

PHILOSOPHICAL TOPICS
VOL. 37, NO. 1, SPRING 2009

The Moral Harm of Migrant Carework: Realizing a Global Right to Care

Eva Feder Kittay
State University of New York at Stonybrook

ABSTRACT

Arlie Hochschild glosses the practice of women migrants in poor nations who leave their families behind for extended periods of time to do carework in other wealthier countries as a “global heart transplant” from poor to wealthy nations. Thus she signals the idea of an injustice between nations and a moral harm for the individuals in the practice. Yet the nature of the harm needs a clear articulation. When we posit a sufficiently nuanced “right to care,” we locate the harm to central relationships of the migrant women. The “right to (give and receive) care” we develop uses a concept of *a relational self* drawn from an ethics of care. The harm is situated in the broken relationships, which in turn have a serious impact on a person’s sense of equal dignity and self-respect, particularly since the sacrifice of central relationships of the migrant woman allows others (mostly women) to maintain these same relationships.

The paper ends with a brief discussion of some of the solutions we need to consider.

I. THE PURPOSE AND SCOPE OF THE INQUIRY

“Migrant labor” evokes images of men leaving villages to work on oil rigs or at seasonal jobs while women stay home to tend to families. That picture is no longer accurate. More than half of those who migrate with the intent of sending home remittances are now women, many of whom leave their families—aging parents, spouse, and children—behind. In the receiving countries, these women frequently occupy paid positions in the domestic sphere where they provide direct care to children, frail elderly, or those chronically ill or disabled.¹ Wealthier nations employ the migrants to solve a “care crisis,” presumably brought about by changing demographics and women’s increased full-time participation in the labor force. Sending countries, in turn, have come to depend heavily on migrant women’s remittances to bring in needed capital.² But the absent female workers leave the sending countries with a “care deficit.”³

The migration of women care laborers constitutes a global movement of caring labor, circulating as if it were a scarce resource, from those parts of the world where there is a need for cash to those parts of the world where there is both a demand for caregivers and a willingness to pay for their services. In an essay suggestively entitled “Love and Gold,” Arlie Hochschild describes the situation of a college-educated Philippina schoolteacher who left her five children in the Philippines for a job as a live-in domestic caring for a young child. Although she opted for migration and chose to do carework in Los Angeles, the teacher, Vicky Diaz, spoke of her depression, saying, “the only thing you can do is to give all your love to the child [in your care]. In my absence from my children the best I could do in my situation is to give all my love to the child.”⁴ Hochschild glosses the bestowal of Diaz’s love and care to the children in Los Angeles that would otherwise go to her children in the Philippines as a “global heart transplant” (GHT) in a global “care chain.”

To speak of this global transaction as a “heart transplant” starkly represents the view that something critical and irreplaceable to an organism is extracted to serve another’s need. The idea that there is a moral harm is clear. Yet the nature of the moral harm needs an articulation as it is a practice that can be defended in light of the facts that these women are not overtly coerced to migrate, their children (for whom they send back remittances) tend to do better materially and have more opportunities than children of comparable families without income from remittances, and the GNP of sending countries goes up as a consequence of these remittances. The women themselves may also benefit from the migration by being able to leave abusive spouses and by developing a greater sense of agency. In other words, it is arguable that all (i.e., the children, the mother, the sending nation) who might be thought to be harmed in this transaction, when considered separately, gain significantly from the transaction.

Beginning with the idea that the GHT is morally problematic, I set out to clarify the harms in question and the moral resources needed to identify these harms.

I focus on the micro-relationships between individuals whose important relationships are now transnational, although there is an important story to tell about the macro-relationships between nations and the mid-level relationships between both sending and receiving countries and the migrant worker. The argument effectively is that traditional theories consider the impact of the GHT on each party considered as an *independent* entity. It is not that traditional theories have nothing to tell us about the harms. It is rather that in each case one can find responses that seem to counterbalance the harm with significant goods. However, when we posit a sufficiently broad and nuanced right to care, we see that there is an important harm to the migrant women's central relationships. These are not easily addressed using the traditional theories from which challenges and defenses are drawn. And this harm affects individuals not as individual citizens of particular nations but as families, which, separated by space and time, function as "transnational families."

Using conceptions of "self" and "harm" derived from an ethic of care, that the self is relational and that among the most serious harms people experience are the fracturing of central relationships, we can diagnose the harm of the GHT more adequately. Given these conceptions and the realities of women's migration, I set out to develop a right to give and receive care, a right that is at best imperfectly realized by these women, even as their own work facilitates the more perfect realization of this right on the part of those employing them. Because caring relationships and the right to nurture these (a right to give care) are so critical to one's self-respect, especially for women who are expected and who expect themselves to care for those who depend on them, the injury to the migrant careworker is also an injury to her self-respect, which Rawls identifies as the most important of social goods. However, this deployment of the concept requires that we understand the "self" in self-respect to be relational, that is, a self that views broken relationships as the worst of harms. But a fully developed right to care also understands the distribution of such goods as requiring a global framework. The right to care sketched here transcends national boundaries and requires transnational institutions as guarantors of these rights. I conclude with some brief remarks about what a resolution to the moral quandary of migrant carework will involve.

What we are calling the GHT is characterized by a set of conditions. These include *commodified carework*, *migration between economically disparate nations*, and *fixed gender roles*.

Commodified Carework: The work the migrant women assume is *carework*. The carework is frequently done in a domestic setting, a setting which itself presents some moral hazards.⁵ Yet not all this carework is done in private homes.⁶ When done in nursing homes and daycare facilities, it still partakes of the uncomfortable transmutations of "love" into "gold" highlighted by Hochschild.

Migration across Economically Disparate Nations: The migration is transnational from poorer to wealthier nation. The migrants earn wages,

which, though low by the standards of wealthier receiving nations, are lucrative compared to what they can garner at home (even in higher status work). Additionally (i) the migration is not permanent; that is, all or most of the family remains in the country of origin, and the migrating worker intends to return to her home country; and (ii) the absences are extended, lasting ten years or more because the distances are great and the cost of travel is high. Many prefer to use the money they earn to send back to their families instead of using it for transport back and forth.



Gender in Fixed Roles: We are talking about *women—women in traditional gender roles of caregiver in and outside the family*. It is these women who sending nations have traditionally depended on for the care of children, the ill or disabled, and the elderly; that is, the “inevitably dependent.”⁷ Although they forego engaging in intimate daily care with their dependents, they understand themselves to be acting as good mothers and daughters, caring by providing material benefits and finding responsible people to do the daily care. If these women defy the traditional gender roles in their countries of origin, they nonetheless enact the traditional gender role of caregiver in receiving countries by “pouring,”⁸ as they say, love into their charges.

Many questions have been raised about the practice. An economy normally has to consider the costs of reproducing its labor force, but here receiving nations are absolved of the costs of raising, sustaining, and educating the next generation. Nancy Folbre asks whether such practices are sustainable.⁹ That is, whether the sending nations will be able to manage their own care crisis and whether the supply of such transnational careworkers will therefore continue.

Others have asked whether the use of migrant labor to do carework is not in conflict with feminist ideals of shared responsibility for carework?¹⁰ Still others have emphasized the exploitation, daily humiliations, and violence many endure.¹¹ Elsewhere I and others have made the case that it is precisely women’s increased workplace opportunities that has contributed to the demand for hired careworkers, making this issue especially important for feminists.¹² Each of these discussions focuses on some of the conditions above. But the GHT involves all three. We will take up each in turn.

II. THE COMMODIFICATION OF CAREGIVING

Central to the inquiry is the propriety of treating caring labor as a commodity like any other. Carework that is bought and sold is nothing new, but certain new features arise when it is considered within a globalized economy.

Care, when worthy of the name, generally involves an emotional bond between the caregiver and another individual. As Folbre points out, this bond frequently serves as the “intrinsic motivation” beyond the material compensation that com-

monly motivates work.¹³ Thus even when the carework is paid for, we are not simply transmuting the love into gold. Whence comes this intrinsic motivation when the carework does not emerge from intimate bonds but is initiated in a material transaction? From the work of care itself—that is, from the bond formed in the process of devoting time and attention to ensure the welfare of another, and from the perceived response from the cared-for that such attention returns.¹⁴ Surely, this can feel very similar to—and to a third party may look very much like—the bond between a familial caregiver and her dependents.

In the national context a nanny, for instance, returns home each evening to nurture her own child, thus renewing their relationship. But as the separation grows lengthier, because of the employer's demands or of the distance imposed by geography, the bond motivating family caregiving increasingly appears—to her dependent, to outside observers and to the woman herself—to be displaced, hijacked from the familial to the commercial relationship.

In the transnational context the absences are of necessity lengthy, both because of distance and cost, impeding the restoration of intimacy that feeds the familial affective bond. The women attempt to maintain closeness through telephone, email, letters, but these cannot fully replace the embodied, fleshly contacts that signal intimacy. Therefore it seems as if the work of care and the love so often tied to informal carework make the transnational journey together, that the familial affective bond is effectively expropriated. It appears that, as Mary Zimmerman puts it, “there is an emerging global hierarchy of emotional care and love, depriving poorer nations and further enriching wealthier ones.” That there can be a hierarchy of this sort seems particularly unjust—an injustice that goes beyond a material injustice. But why?

One difficulty in articulating *why* lies in the usual language of justice. This language is largely voluntaristic. If adults voluntarily consent to an arrangement wherein each benefits, then there appears to be nothing unjust in that arrangement. The movement of labor and care are not *overtly coerced*, and there are real benefits to the sending nations as well as to the receiving nations, the employed as well as the employer. As one defender of globalization Jagdish Bhagwati puts it: “The migrant female worker is better off in the new world of attachments and autonomy: the migrants’ children are happy being looked after by their grandmothers, who are also happy to be looking after the children; and the employer mothers, when they find good nannies, are also happy and they can work without the emotionally wrenching sense that they are neglecting their children.”¹⁵ Why worry?

While this rosy picture presents a skewed view, there is *some* truth here. Women would not volunteer to leave their children for ten years or more if there were no advantages that accrued to them and their families. One recent World Bank report cites studies indicating that these migrations lower the poverty levels of sending nations, that the children of migrant families stay in school longer and are healthier, and girls especially are impacted in a positive way.¹⁶

Still even traditional moral concepts indicate that the practice is morally problematic. It is normally a parent's responsibility to see to it that a child has hands-on

daily care and has the material provisions needed to provide that care. Traditionally these responsibilities have been defined by gendered familial roles. When parents (however the responsibilities are divided) cannot provide both, when one is sacrificed for the sake of the other, parents face a Sophie's choice, one in which either option means foregoing an important good; yet one must choose. The dilemma is encountered whenever there is no institutional support and the income prospects of all available familial providers are insufficient.

For the migrant woman, it is nonetheless a choice; poor as the alternatives are, they do not involve starvation or total destitution.¹⁷ The money that she can earn is far greater than any position available to her in her native land. She may be excited about the prospect of new possibilities. She might be leaving behind an unhappy or abusive marriage. She may prefer to do carework so that she can at least have an emotional connection to another similar to the sort she had to abandon. She may feel that her children will be better looked after by her own mother than they would be if cheap childcare arrangements in the new land would have to suffice. She might feel that she can save her own child the humiliations that she will experience as a migrant. She may see how the children of her neighbors have better opportunities because their mother left and is sending home remittances and she wants such opportunities for her own children.¹⁸

Although the woman certainly appears to be making autonomous choices, these preferences could be seen as cases of adaptive preference formation. In many ways it looks as if the woman is acting against her own best interests, for mothers generally do not make choices to leave their small children for extended periods of time (not only for the sake of their child but also because they themselves do not want this sort of separation). The classic case of adaptive preference formation is the woman who claims she wants to eat leftovers^s and prefers that her husband eat first. Similarly, the migrant woman, rather than remain with her family and demand better pay, chooses to leave; rather than stay at home and work out her marital problems, opts to migrate; rather than saving her affectionate labor for those who are most meaningful in her life, bonds with another's child. As these choices appear to diminish the woman's own flourishing, they are suspect. The choices, while not coerced nor necessarily a consequence of desperation are nonetheless constrained by adverse conditions—ones, as we will see below, where globalization figures as both a cause and a response. Under more just conditions and under conditions that do not offer the transnational opportunities, she is likely to choose to give daily attention and care to her dependents and have an income sufficient for them to live well.¹⁹ As we will see in section 3 below, there are reasons to believe that there are economic benefits to be had by all parties involved. Yet even if we grant the benefits of this migration, it doesn't mean that the remedies do not come at significant costs.

The cost that we are considering is the commodification of the *affective component* of care. I do not here want to argue that care should not be something we pay for—or rather I do not want to argue that carework is not something for which

^s
marital

/still more clearly

one should get paid—indeed I have argued that all carework should be recompensed and Bhatwati may be right when he suggests that the value of carework will increase as more seek to hire careworkers.²⁰ But caring labor has properties that resist commodification. First is the intrinsic motivation requirement. Because the motivation for the caring tends to derive from the affective bonds more than from extrinsic rewards, it is more likely that the carer will do the caring for relatively low extrinsic rewards, thus keeping the market value of the care labor relatively low, lower than its actual social value. Furthermore, tradable commodities are tradable largely because they are fungible. But in the case of care, it matters who cares and for whom one cares. And not only does it matter—it matters a lot. This is a point to which I shall return below.

This last argument against the commodification of care would be definitive if it were not the case that care can sometimes be fungible. The nurse or hospital orderly who comes in one day may be different from one who comes in the next. If the mechanisms for the transmission of important information are in place and if the standard of care is kept high, the caregiving need not be compromised. Still, such professionalized care shares little with that of the migrant careworker who lacks the same status, pay, and access to her own familial attachments.

III. THE MORAL SIGNIFICANCE OF TRANSNATIONAL CAREWORK

The Sophie's choice, as I have dubbed the choice to migrate for remittances, is the consequence of “background *injustice*”—that is, unjust global and national basic institutions.²¹ What is morally problematic with the “GHT” therefore begins with the context in which it occurs.

Forces of globalization that include inequities in global trade agreements, monetary policies, neocolonial practices, and structural adjustment policies have eviscerated public services in developing countries, thereby endangering women's economic well-being, impoverishing the middle class, and deepening the poverty of the poor. In the Philippines, which has been extensively studied, there is a 70 percent poverty rate. Both men and women have poor employment prospects. Because overseas employment tends to be more easily available and more lucrative (because less seasonal) for women, it is the women who choose to migrate in order to provide private education in the face of a deteriorating public education system and to earn enough for nourishing fare rather than sugared fried bread.

The concerns raised here can be analyzed on three levels.

Macro-level concerns: *The extraction of care-resource.* Parreñas, using the analogy of colonial exploitation of the natural resources of colonized lands, has referred to the care chain hierarchy as “care-resource extraction.”²² Care that is more highly valued leaves and care that remains is less highly valued: care is compensated at a lower value the further down the chain we go. That is, a migrant

woman who receives 400 dollars a week working as a nanny is likely to pay her own domestic about 50 dollars a week.

The metaphor of “extraction” gains credibility when we take into account the fact that, as a rule, sending nations have had to reduce education and welfare provision (forms of care in a larger sense) to restructure and refinance their debts. This restructuring has additional adverse effects on women’s caregiving responsibilities²³ and becomes an important factor driving many to migrate in order to earn income sufficient to purchase private services rather than depend on deteriorating public services. In this way, the worth of care is “extracted” in three strokes. First, the sending nations use money, which would otherwise go into social services providing forms of care, to pay off foreign debt. Care is not here directly extracted, but the worth of that care (the money that would be used to provide the care-related services) is sent from the poorer to the wealthier parts of the world. Second, the women who would otherwise provide care leave their dependents to care for dependents in wealthy nations, resulting in a direct extraction of care. Finally as remittances increase not only the earning of the migrants’ families, but also inject valuable wealth into the local economy, the wealth can be taxed and used by the government to pay off foreign debt. Once again the worth of the care (the income it has generated this time) is extracted from the poorer nations and sent back to the wealthy nations.²⁴

Mid-level concerns: Costs of migrating with families and immigration policies. There are two sets of concerns. First, as reproduction costs are higher in receiving nations, workers simultaneously find migrant work profitable and are discouraged from bringing along their families. Receiving nations get the benefit of the laborer’s labor without having to pay reproductive costs of maintaining her family.²⁵ Second, harsh immigration and reentry policies discourage family reunification, making it difficult for workers to return home frequently (even if it were economically viable). Calls for respecting the human rights of migrants have urged more lenient immigration policies, an end to raids, and granting basic welfare provisions to migrants.²⁶

Micro-level concerns: Potential for exploitative wages and work hours of migrant careworkers. Lacking good language skills, worker protections, citizen rights, or ties to friends and family, the migrants are especially vulnerable to abuse and exploitation. It is this interpersonal relationship between employer and employee that many feminists have targeted for criticism.

The above concerns need to be evaluated in light of advantages that accrue to the women, their families, and their nations. Advocates of globalization respond that the answer to the ills of globalization is more globalization. While the global dimensions of the migration offer multiple sites for injustice, migration for remittances has been called the largest antipoverty program in the world.²⁷ As we will see below the benefits to the families are especially felt by the girls to whom the marginal utility is more likely to accrue. Furthermore, a migrant woman’s ability to work unencumbered by family responsibility and to provide a very substantial por-

tion of her family's income may bring about an increase in her agency, especially if she comes from strongly patriarchal and traditional societies.²⁸ If Amartya Sen is correct in claiming that the increased agency of women is a powerful positive force in development, such increases in women's agency freedom, as well as remittances sent home, contribute to a nation's development.

One might therefore argue that exploitation in the macro and micro situations of sending nations and migrant women is offset on the macro-level by economic importance of the income produced by migration for the development of developing nations and on the micro-level by the increased agency of the migrating women. Thus, while the wealth inequality that creates the push and pull that drives the migration of careworkers from poor nations to wealthy ones is, in itself, morally condemnable, it may be that the migrations themselves are active in redressing this very inequality. Furthermore, the migrant women may derive a benefit of increased agency precisely by releasing women from daily care responsibilities for family members. If so, then the global dimension may serve in several ways to mitigate the moral wrongs in the situation of the migrant women, even if it is also responsible for many of those wrongs. Clearly it is a daunting bit of moral mathematics to weigh the benefits and harms. Nonetheless for all moral harms articulated in the traditional language of justice, there are significant countervailing benefits that can be held up as mitigating (if not canceling) that harm.

IV. THE GENDER QUESTION

The persuasiveness of the above argument may be undercut by gender considerations. Gender issues have been pervasive in our discussion already, for, after all we are speaking of women's migrations. In addition, it is women who are expected to care for and are held responsible for the welfare of their families; it is women who suffer most when social services are cut, when daycare is curtailed, when hospitals discharge patients early, and when schools decline; it is women who are sought to do low-paying carework. Were we to live in a world in which we have gender justice, where the entire burden of dependency care would not fall on women's shoulders, and where such work was valued with high status and high pay, assuming carework would be taking on a coveted position, not a move of desperation.

We asked above if the migrant's agency is enhanced given that these women broke with traditional gender roles when they migrated and left their families behind. Tellingly, studies appear to indicate that gender roles in at least one sending nation, the Philippines, are reinforced, not subverted, by the migration of mothers and that children want fathers, not mothers to migrate.²⁹ Unabated patriarchal attitudes of sending nations help shape expectations that leave children feeling more abandoned by their migrant mothers, and allow fathers to avoid assuming the carework of absent mothers. In the receiving nations, gendered workplace rules

are the reason that women, when they migrate, return at less frequent intervals than men. The fact that migrants are women is often viewed as an advantage to an employer insofar as they can exploit socially ingrained values of submissiveness. The women are vulnerable to sexual exploitation, especially when they work in the intimate space of the private home. There can be little doubt that the fact that the workers are women increases the possibilities of exploitation and abuse of migrants.

Yet for many of the reasons we have already mentioned, it is not necessarily an unalloyed evil for all the women involved, although all suffer from the lost intimacy with their children. Women coming from strictly patriarchal nations into ones that have a modicum of gender equality can acquire a new sense of self-worth. Many of the women express real pride in what they alone can provide for their families. Coming to and working in a foreign land can be an enriching experience for them, no less than for citizens of wealthy nations. The impact of the women who hire the migrant women is a question in itself, as is the relationship between the “madam” and the “maid.” And many a “maid” is a “madam” in her own land.

As I mentioned previously, the benefit accrued to the children of migrant women are especially felt by the girls, thus sowing seeds for increased gender equality in the future of sending nations. Ghazala Mansuri’s results on educational benefits provided by remittances are especially noteworthy: “Enrollment rates increase by 54 percent (from 0.35 to 0.54) for girls but only by 7 percent (from 0.73 to 0.78) for boys.” Again, “The decline in dropout rates is also substantially larger for girls: 55 percent (from 0.56 to 0.25), compared with a decline for boys of 44 percent (from 0.25 to 0.14).”³⁰

There are many more gender tales to tell than I have space for. But with respect to the harms that more directly affect the individuals involved, we can conclude that while gender injustice accounts for some harms, opportunities for gains in gender equality are also made possible for the women and their daughters. These gender factors cannot fully explain the particular moral opprobrium expressed by the idea of “a global heart transplant.”

There is still another gendered aspect we should mention, one which relates to the nature of the care labor. Some have argued that the practice of caregiving gives rise to distinct ethical values and a subjectivity that conceives of the self as always in relationship. As carers have traditionally been women, it is likely that women more than men view themselves in relational terms. We shall explore the importance of this notion for the GHT in the next two sections.

V. THE HARM OF THE GHT AND THE “RELATIONAL SELF”

Traditional theories of justice, what Nancy Fraser has called “normal justice,”³¹ treat relations among citizens and the relations between a state and its citizens. But the

harm we encounter in the case of the GHT is not inflicted on citizens qua citizens. Migrant laborers are neither citizens of the receiving nations nor is there overt coercion in sending nations that obligates them to make the journey.

A theory of global justice³² meant to govern relations between nations allows us to diagnose injustices between sending and receiving nations. As we have seen, although the practice of the global migration takes place in the context of unjust conditions, and we can identify harms suffered by sending nations, one can argue that the benefits sending nations receive outweigh the harms. Thus, it can be argued, these benefits in turn constitute a positive response to the very background injustices that are (partially) responsible for the economic disparities between nations that create the possibility of the practices under discussion.

A cosmopolitan theory that identifies global harms to individuals qua individuals might do better than the two previous models, and the sort of gender injustices that migrant women are vulnerable to may fall into this category. But once again, there are arguably countervailing benefits to be gained by the women and her children, especially the girls.

But we also need a diagnosis of the moral harms to the individuals as persons whose lives and critical relationships span across national boundaries.³³ Perhaps a theory of justice is not well suited to such a task—those of which we have spoken are not. An ethic of care can be helpful because it understands that the self is not construed as an independent entity; instead it understands the self as formed through and sustained by relationships.

Care ethics' emphasis on relationality, I argue here, helps clarify the special harm of the GHT: the threat to core relationships—relationships that are pivotal to identity. We occupy some relationships by virtue of critical social or institutional roles: mother, daughter, parent, child, teacher, etc. But the particular individuals who occupy these roles give specificity to our emerging selves. Pivotal relationships in our lives are often ones in which affection and caring are the norm.

What is lost in the migration of the mother for extended periods of time? Kin or domestics can execute the daily care more or less satisfactorily. The mothers normally continue to love their children—in fact their work is in the service of their love for their children. Yet children receiving physical daily care from kin, domestics, and fathers are receiving these intimacies from someone other than the individual with whom they first formed these caring relationships and, not insignificantly, the one with whom they expected to form this relationship.

If care ethicists are correct in their understanding of the self as relational—that is, an understanding of a self-identity that incorporates one's relationships into the construction of identity rather than standing apart from identity—then such a relational self will incorporate those close dependency relations into its very identity. After all, the very preservation and development of self, as well as self-understanding, depends on this other. Surely then, whomsoever you relate to in these crucial ways—*that* individual—is incorporated into your own self-identity. If you are the vulnerable dependent, it is *this* individual and her relationship to you that forms

the very ground of your being—at least that is how a young dependent would experience it, and for an ill or ailing person it is only someone with whom she has such a relation that offers real solace during a vulnerable time. Such bonding makes the boundaries of the self porous. When physical, day-to-day contact between the people who stand in such relationships is blocked, there is a danger that the cathartic potential for an essential relationship goes unrealized. The mothers speak of not recognizing their children, of the children not recognizing them.

When the mothers take on carework the cathexis occurs to another nonfamilial dependent. The energy is released by “pouring” the love into another child—her charge. Given the relational constitution of self, and the motivational structure of care, the care expected of a hired caregiver occupies a phantom space in this geography of relationships. The expression of “pouring” one’s love into ... is reserved for the relationship with the ward and is not used when speaking of their own dependents. Perhaps the idea of “pouring love into” another is an image that captures the less-than-fully relational nature of that love.³⁴ While the relationship to the charge may in some way lessen the harm to the woman migrant, as it provides an object for cathartic energy, it is not a relationship that she can genuinely invest in fully. It is rather a temporary bond.

Again, it is not that someone other than a person motivated by love cannot perform the tasks that make up the repertoire of caring activities—they can and, under good circumstances, can do it effectively and with kindness and affection. But when the relationship forged through dependency is disrupted and different actors are substituted, a relational conception of the self would predict a disturbance in one’s self-understanding as well as a rupture in relationship that cannot always be mended. Thus on the one hand, identity-forming relationships which should not be fractured become so; on the other, the meeting of dependency needs that forge such identity-forming relationships are ersatz relationships—formed only to be broken. In her empirical work on women, Carol Gilligan found her subjects most wanted to avoid broken relationships. Migrant mothers make the attempt to sustain their relationships with their own children, but relationships forged in intimacy are difficult to maintain across distance, especially for a dependent child whose ways of knowing and relating to her mother reside in the intimacies of daily care and emotional sustenance. When mothers leave for a foreign land they risk fracturing centrally important relationships. When they take on carework, they become vulnerable to investing too much in relationships that are meant to be broken. The GHT results in a compound fracture—a specific harm of this sort of arrangement—a harm that is inextricably related to the nature of care and the relationships it promotes. If the fractured relationships are harmful not only to the dependents, but to the migrating women as well, should we not say that there ought to be a right to care—to give it and to receive it? If so, can we then return to more conventional language or rights to delineate the harm of the GHT? We can, but the right will have a relational twist.

VI. HUMAN RIGHTS AND THE RIGHT TO CARE

Caregiving is Janus-faced. While caregiving can be burdensome (a responsibility to be discharged), it can also be among our most meaningful and rewarding work (a right to be exercised). While different cultural attitudes and circumstances influence these views, even those who seek to avoid caregiving may feel bereft when actively deprived of the opportunity to care for loved ones; similarly those who embrace a life of caregiving will see the work as too burdensome at times. Furthermore, while we happily give care to those we care about, care *demand*ed of us by others can seem to be sheer toil. Given the complexities of care, how should we view the choice of migrant careworkers? In leaving their families behind, are they shedding a burden or foregoing a benefit? In assuming caregiving for a stranger are they recouping some of the benefit of caring or are they redoubling the burdensome nature of caregiving? And how should we view the situation of the children and other dependents. Do they experience the material advantages as a form of care that is an adequate replacement for the hands-on care? Is the fact that the source of their mother's or daughter's income is caring for another a source of comfort or salt in a wound?

Perhaps it is the burdensome nature of care for the caregiver that has obscured the extent to which we want the ability to care for those who are close to us as a protected right (or freedom or capability necessary for flourishing). While the UN Declaration of Human Rights never stipulated either a right to care or be cared for by family members, Principle 6 of the Declaration of the Rights of Children does posit a right of a child to be cared for and in the earliest years, to be cared for by the mother. It states: “[The child] shall, wherever possible, grow up in the care and under the responsibility of his [*sic*] parents (not mother), and, in any case, in an atmosphere of affection and of moral and material security; a child of tender years shall not, save in exceptional circumstances, be separated from his mother.”³⁵

Similarly it would seem that all frail elderly have a right to decent care and treatment. But is it a right to be cared for by a specific individual? Must the care be delivered in one's own home? Will any passable level of care discharge the right to receive care? Does the obligation that is the correlate to the right fall only on family members or does the state owe anything either to the one with the right to be cared for or the one who has a right to give care. While no UN Declaration specifies a right to care for the elderly as such, Article 25 of the Declaration of Human Rights states: “Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.”³⁶ This does seem to indicate that care for our well-being is owed to us as a right during our old age, even though it doesn't state explicitly who is responsible for assuring this right.

A serious difficulty arises, however, when we try to define what counts as care. Much depends on our definition. Fisher and Tronto have given a particularly inclusive conception of caring as “a species of activity that includes everything that we do to maintain, continue, and repair our ‘world’ so that we can live in it as well as possible.” This is too inclusive to be helpful here.³⁷ To capture the sense of care we want we must parse the concept.³⁸

Diemut Bubeck adopts a definition of “caring for” that emphasizes the idea that care requires “face to face interactions.”³⁹ We have also pointed out that much caregiving is nonfungible. We could say, therefore, that a right to care for and be cared for needs to have two features:

First Try:

- I. The recognition and protection of the nonfungible nature of caring.
- II. The protection of the importance of face-to-face care.

The GHT can then be viewed as violating a right to care for and be cared for since the caregivers have to substitute another to give face-to-face care to those for whom their own care is really not fungible. However, while we want a right to give care to protect the importance of nonfungible, face-to-face care, such a right can only protect the *choice* to engage in such caregiving—otherwise it would be a coercive demand, not a right for the caregiver. The migrant mothers, we have said, have chosen not to do so.

Furthermore, it is not clear that all dependents have a right to demand such care from specific others. Formulating a right to care in this way suggests falsely that the children are being neglected when in fact they generally do have their basic care needs met. Equally important, it suggests that the mothers are not engaged in caring for their children, which is not how they themselves view what they are doing. Sociologists Pierrette Hondagneu-Sotela and Ernestine Avila interviewed transnational mothers from Mexico and Central America and they note that these women believed that their role as breadwinner *expanded*, rather than replaced, their caregiving roles.⁴⁰ Women interviewed in many different studies have reported that they regret not being with their children, watching them grow up, being involved with the intimate details of their lives, helping them with their daily activities, and so forth. But it is the absence of adequate resources, not distance as such, that they see as the greatest obstacle to properly caring for their families. Only through their work abroad can they send home sufficient money to enable their children to have, both objectively and in their view, better lives—lives in which they receive the care their mothers want for them.

It is important to note that these mothers do what they do for the sake of their children. The significance of this motivation is incorporated by Steven Darwall in his definition of caring: caring for someone means desiring what is good for the person *for his own sake*.⁴¹ While a set of contested practices constitute what it is to care *for* another, this attitudinal aspect is central to any notion of caring *about*, though it is not as stringent as the nonfungible condition in our first definition. Let

us try again to define caring, but we loosen the face-to-face condition and the non-fungible condition: caring is *attending to those interests of another that the person in need of care cannot reasonably be expected to satisfy on his or her own, and to attend to these interests for the sake of the one in need of care.*

To say that care requires attending to the interests of one for the sake of the other is one way to characterize Folbre's concept of the intrinsic motivation characteristic of carework. Thus we may *attend to x's need n* because we want to promote x's welfare for x's own sake. But *why* do we want to promote x's welfare for x's own sake? This *second-order* motivation has three possible sources:

1. I have acquired the *virtue* of acting to attend to another's interests for that person's sake. This is the virtue that a good nurse has acquired. Acting in this way does not require any preexisting personal relationship with the person in need.
2. I may have a strong bond with the person in question such that this person's welfare is as or more important to me than is my own welfare. When another's welfare is constitutive of our own well-being we tend to call such a bond "love." This is motivation characteristic of a parent, a spouse, a child acting on behalf of an ailing parent, or a friend attending to needs of a treasured friend.
3. I may believe that the duty I have voluntarily assumed obligates me to attend to another for his or her own sake. A doctor or lawyer may exemplify this more delimited form of intrinsic motivation. So may a person hired to care for a dependent.

Looking at care from the second-order motivational perspective allows us to see that it is both possible to give and receive care without the affective bond characterized by 2—that is, a child or ailing relative can receive more than perfunctory care even when it is not given by one who loves you. But it may nonetheless be the case that we want to say that a child, if not a friend, spouse, or ailing relative, should be able to claim 2.

Furthermore, the motivational considerations above suggest that if there is a *right* to give care it must be the sort of care that has the motivational structure of 2 (which retains the nonfungible aspect, though less stringently). This is because rights are not invoked to protect the cultivation and exercise of a virtue, and nor is the relevant right to care limited to obligations that are voluntarily assumed. Let us then reformulate our right to care to reflect these considerations.

Second Try: A right to care will consist of two parts, each of which has a number of conditions.

- I. The right to give care:
 - a. Protects the expression and manifestation of an attitude of care by allowing one to engage in the practices of care toward certain *particular* persons; these are persons

- i. who are dependent on another to meet essential needs to survive and thrive, which they cannot meet themselves.
 - ii. whose welfare the carer cares about for the sake of the cared for and because the carer's sense of well-being is greatly diminished when these persons are not well cared for.
- II. The right to receive care is just the right to be a recipient of the caregiving protected in I above.

Under this definition, mothers who try to ensure that their children are well cared for by working abroad to send home remittances, all the while sacrificing or deferring their own desire to be with their children, may be said to be *caring for* their children, and so their children are being cared for by them. But in that case, transnational migration violates neither the right of a dependent for care nor the woman who leaves her dependents behind. Perhaps something important is missing from this conception of a right to care.

Robin West has argued that we have a right to care that she calls a “doulia right.”⁴² Doulia (after the postpartum carer, a *doula* who cares for the mother so that she can care for her newborn baby) is a principle that claims that some third party, often the state, must support those doing “dependency work,” so that the dependency worker does not have to sacrifice her own well-being in order to discharge her duties to her dependents.⁴³ “Dependency work” is care limited to meeting the needs of one who is in a condition of inevitable dependency. Dependency work also delimits certain practices of care, namely those devoted to meeting needs that are a direct consequence of the dependency and that are, for the most part, hands-on: dressing, feeding, fundamental points of healthcare, instruction, and socialization, as well as the emotional needs that accompany this state of need. We can acknowledge that procuring the necessities that are a precondition for meeting those needs is also part of caring, but it is not the hands-on care that the term dependency work delimits. Doulia is a concept that captures the support a dependency worker requires of a “provider” to provision both the dependent and dependency worker, allowing both to survive and thrive.

Our earlier formulation of a right to care failed to distinguish these moments of care. We need a clause about the need for a carer to be supported in her caring for dependents. The second part of Article 25 in the UN Declaration of Human Rights can be seen to affirm such a right for mothers when it states: “Motherhood and childhood are entitled to special care and assistance.” We could interpret this clause to say that a right to care needs to include or be backed by a right to the material means to carry out such care. Let us try again.

Third Try:

- I. The right to give care must
 - a. protect the expression and manifestation of an attitude of care by allowing one to engage in the practices of care toward certain *particular* persons; these are persons

- i. who are dependent on another to meet essential needs to survive and thrive, which they cannot meet themselves.
 - ii. whose welfare the carer cares about for the sake of the cared for and because the carer's sense of well-being is greatly diminished when these persons are not well cared for.
 - b. include Doulia rights: To be able to engage in the practice of dependency work with provisions adequate to meet the needs of the dependent and without depleting the resources of the dependency worker or otherwise making it impossible for the dependency worker to meet her/his own urgent needs.
- II. The right to receive care includes
- a. a right to be cared for when we are unable to meet our own essential needs
 - b. and to be cared for by one who cares for us in the sense of 1a.

This formulation of care does not preclude activities such as procuring the economic means for the dependent to survive and thrive. Migrant mothers are not denied a right to care in the sense of 1a, where practices of care include procuring the means for benefiting the dependent. But these women could be said to lack doulia rights precisely because they are not supported in their efforts to do the hands-on dependency work for the dependents closest to them. Their dependents may be cared for in some respects by them, but not in other important respects.

This right to care still leaves many questions unanswered: Who is authorized to define care practices for the purposes of fashioning "a right to care?" And what public entity is to secure these rights? Sending nations lack the resources for such provisioning, which is why the women are motivated to migrate in the first place. Do the receiving nations have duties correlative to these rights? Does this formulation help identify the specificity of the harm of the GHT? Finally: whence come such rights? That we may have rights to receive certain goods and services essential to our ability to survive and function is not in question if we accept something like the UN Declaration of Human Rights. That we have a right to a family is also already in the UN declaration and does not require the formulation of a specific right to care. But while 1ai or 2b might be inferred from passages in the UN charters, one justification for interpreting the clauses of the charters in such a way is found in a care ethics that has gone global. For the relational account of the self and the notion of harm as the failure to maintain critical relationships give us a right to care that incorporates both the importance of clauses 1aii and 2b. It also undergirds the need for doulia, without which maintaining these critical relationships is either not possible or is deeply damaging to at least one of the parties in the relationship.⁴⁴

VII. CONCLUSION

When a woman cannot exercise her right to care in the full sense we delineated above, and she engages in caregiving for another, it seems as if her heart leaves home to service another. Yet as suggestive as the phrase “global heart transplant” is, there is really not even a metaphorical “heart” transplant. We know that the migrating women do what they do for their dependent’s sake and attempt to maintain as close a contact as possible. They do not transfer their love. But neither appearances nor expectations are inconsequential. How does the mother who can contact her child only by phone convince that child that as she takes care of another she is not transplanting her love? How does the family receiving the renumeration understand and distinguish motivations? How does the mother herself keep all the motivational structures clearly delineated? And how is she to maintain her own understanding of her ethical self, her sense of self-respect?

John Rawls famously argued that the most important of social goods is self-respect. It is the social means by which we recognize ^{our} the equal inherent worth. In a just society the quest for self-respect ought not be a zero sum game. But in “the global heart transplant” one individual sustains her self-respect as a carer (or as someone who discharges her responsibilities to care) at the expense of another.

This paper has attempted to give voice to the specificity of the harm inherent in the global migration of those who give care for dependents. Some of the harms can be mitigated with better working conditions, better immigration policies, and specific provisions to make it easier and financially rewarding for careworkers to return home on a regular basis. But it still will not address all the harm of the length of absences which are unavoidable in transnational families and which are at the source of the difficulty of maintaining relationships of intimacy. Boosting welfare provisions in wealthy states, including increasing the pay for careworkers, although all these should be done, also will not necessarily help the women who migrate. If carework is not available because native workers are attracted to the higher pay of carework in a state that pays well for carework, we can still expect that the push of poverty will induce many women to make the voyage abroad. Even if they do not do carework, the migrants’ right to care would remain partial. Bolstering welfare provisions in sending as well as receiving nations would help with the pull as well as the push that drives the migration of careworkers. Yet unless we rectify the vast economic disparities that motivate migration such increases are unlikely.

Additionally, *all* inequities in care labor require a more equitable division of labor between genders. Finally, all inequities in care labor require recognizing the ways in which the intrinsic motivation of carework works against the market forces. Therefore we need to assure that carework is well renumeration whether its motivation is based on familial responsibilities or professional obligations, and that we do not allow market forces alone to adjust the pay of careworkers. More work is needed to review recommendations that have been offered to redress the injustices

we find in the global trade in carework. Here we will be satisfied if we have correctly diagnosed the harms.

NOTES

1. INSTRAW. Laboral Insert. In *Gender and Migration*, United Nations INSTRAW, <http://www.un-instraw.org/en/grd/in-numbers/women-migrants-laboral-insertion-in-numbers-3.html> (accessed December, 2008). Also see Rhacel Salazar Parreñas, *Children of Global Migration: Transnational Families and Gendered Woes* (Stanford, Calif.: Stanford University Press, 2005), 22. The receiving nations have come to depend on this female labor. Cf. Lisa Eckenwiler, "Health Worker Migration and Transnational Justice." *IJAB* (2009 [forthcoming]) for a study on migrations of healthcare workers.
2. Parreñas, *Children of Global Migration*, 22–23. Also see Stilwell et al., "Developing Evidence-based Ethical Policies on the Migration of Health Workers: Conceptual and Practical Challenges," *Human Resources for Health* 1, no. 1 (2003): 8.
3. Ofelia Schutte, "Dependency Work, Women and the Global Economy," in *The Subject of Care*, ed. Eva Feder Kittay and Ellen K. Feder (Lanham, Md.: Rowman and Littlefield, 2003), 138–59.
4. In Arlie Hochschild and Barbara Ehrenreich, *Global Woman: Nannies, Maids, and Sex Workers in the New Economy* (New York: Henry Holt and Company, 2002), 22. The quotation is from one of the interviews in the excellent study by Parreñas, *Servants of Globalization*, 87.
5. Joan C. Tronto, "The Nanny Question," *Hypatia* 17, no. 2 (2002).
6. "The [care] chains bring together multiple modalities of care in a diversity of spaces which include the market, the household and public or private non-profit institutions." In *Gender, Remittances and Development Global Care Chains, 2007 Working Paper 2: A Strategic Instantiation of the Migration-Development Link: Global Care Chains*. United Nations International Research and Training Institute for the Advancement of Women.
7. See Martha Albertson Fineman, *The Neutered Mother, the Sexual Family and Other Twentieth-Century Tragedies* (New York: Routledge, 1995). Also Eva Feder Kittay, *Love's Labor: Essays in Women, Equality and Dependency* (New York: Routledge, 1999).
8. Parreñas, *Servants of Globalization*, 181.
9. Nancy Folbre, *The Invisible Heart: Economics and Family Values* (New York: New Press, 2002), 185–205.
10. Tronto, "The Nanny Question."
11. See Judith Rollins, *Between Women: Domestic Workers and Their Employers* (Philadelphia: Temple University Press, 1987); and Grace Chang, *Disposable Domestic: Immigrant Women Workers in the Global Economy* (Boston: South End Press, 2000), among others. See also *Long Island Care at Home, Ltd., et al. Petitioners v. Evelyn Coke*, 551 U.S. 06–593 (2007).
12. See Lisa Eckenwiler, "Health Worker Migration and Transnational Justice," *IJAB*, forthcoming. Also see Eva Feder Kittay, with Bruce Jennings and Angela Wasunna, "Dependency, Difference, and Global Ethic of Longterm Care," *Journal of Political Philosophy* 13 (2005): 443–69. Kittay, "The Global Heart Transplant and Caring across National Boundaries," *Southern Journal of Philosophy* 46 (2008): 135–65; Allison Weir, "Global Care Chains: Freedom, Responsibility, and Solidarity," *Southern Journal of Philosophy* 46 (2008): 166–75.
13. Nancy Folbre, *Caring Labor*, A Transcription of a video by Oliver Ressler, 2003, URL http://www.republicart.net/disc/aeas/folbre01_en.htm.
14. See Stephen Darwall, *Welfare and Rational Care* (Princeton, N.J.: Princeton University Press, 2002) for a discussion of the close connection between care and welfare. Also see Bernice Fischer and Joan Tronto, "Towards a Feminist Theory of Caring," in *Circles of Care*, edited by Emily K. Abel and Margaret K. Nelson (Albany: SUNY Press, 1990), for the idea that response from the cared-for is necessary to complete the act of care. I would rather say that the carer "perceives" a response,

because it is not always clear that the cared-for is capable of responding, but the carer nonetheless has a subjective experience of responsiveness.

15. Jagdish Bhagwati, *In Defense of Globalization* (Oxford: Oxford University Press, 2004), 78.
16. World Bank, *Global Economics Prospect 2006: International Remittances and Migration*, (Washington, D.C.: World Bank, 2006), 1.
17. Parreñas, *Servants of Globalization*.
18. Parreñas, *Servants of Globalization*.
19. Serene Khader, "Judging Others' Deprivation: Adaptive Preferences, Moral Pluralism, and the Good" (Ph.D. diss., Stony Brook University, 2008).
20. He writes: "The social value of childcare ... becomes more manifest as mothers seek it from others instead of providing it themselves freely at home because of their traditional roles." Bhagwati, *In Defense of Globalization*, 78.
21. See John Rawls's discussion of background justice in *Justice as Fairness* (Cambridge, Mass.: Harvard University Press, 2001), 50–51.
22. Rhacel Salazar Parreñas, *Children of Global Migration* (Stanford, Calif.: Stanford University Press, 2005), 10, 14.
23. See Ofelia Schutte, "Dependency Work, Women and the Global Economy," in *The Subject of Care*, edited by Eva Feder Kittay and Ellen K. Feder (Lanham, Md.: Rowman and Littlefield, 2003), 138–59.
24. There is still another form of care extraction which I will not discuss here. The poorer nations train nurses and other healthcare professionals from poorer nations, thereby allowing these countries to pay for training careworkers without enjoying the fruits of that investment, and leaving serious shortages of trained careworkers in those countries. See Celia Dugger, "U.S. Plan to Lure Nurses May Hurt Poor Nations," *New York Times*, May 26, 2006. Also Francesca Bettio, Annamaria Simonazzi, and Paola Villa, "Change in Care Regimes and Female Migration: The 'Care Drain' in the Mediterranean," *Journal of European Social Policy* 16, no. 3 (2006): 271–85.
25. Cf. Nancy Folbre's fantasy island, CorpoNations where there are no dependents and no dependency responsibilities in *The Invisible Heart: Economics and Family Values* (New York: New Press, 2002), 185–208.
26. NGO Committee on Migration. "Statement for the 2008 Global Forum on Migration and Development: A Call for a Human Rights-Based Approach to Migration and Development," in *Seventh Coordination Meeting On International Migration* (New York: Population Division, Department of Economic and Social Affairs, United Nations Secretariat, 2008).
27. *Marketplace*, <http://marketplace.publicradio.org/>, Wednesday evening, October 16, 2007. According to Dilip Ratha and Maurice Schiff of the World Bank Group, "Remittance flows are more than twice as large as total development aid and represent the largest source of foreign exchange for numerous countries." "Migration and Remittances." Review of Reviewed Item. World Bank Group News and Broadcast no. (2009), <http://web.worldbank.org/WBSITE/EXTERNAL/NEWS/0,,contentMDK:20648762~menuPK:34480~pagePK:64257043~piPK:437376~theSitePK:4607,00.html>.
28. For an argument that women's freedom means not having to make such a choice, see Allison Weir, "Global Care Chains: Freedom, Responsibility, and Solidarity," *Southern Journal of Philosophy* 46 (2008): 166–75.
29. See Parreñas, *Servants of Globalization*.
30. Çağlar Özden and Maurice Schiff, *Global Economics Prospect 2006: International Remittances and Migration* (Washington, D.C.: World Bank, 2006), 6.
31. Nancy Fraser, "Abnormal Justice," *Critical Inquiry* 34, no. 3 (2008): 393–422.
32. Such as John Rawls, *The Law of Peoples* (Cambridge, Mass.: Harvard University Press, 2001).
33. For a fuller exploration of an ethics of care for the question of transnational caring, see my Kittay, "The Global Heart Transplant and Caring across National Borders."
34. Parreñas, *Servants of Globalization*, 122, 183.
35. Declaration of the Rights of the Child. November 20, 1959, Principle 6.

36. The Universal Declaration of Human Rights. December 10, 1948, Article 25.
37. Bernice Fischer and Joan Tronto, "Towards a Feminist Theory of Caring," in *Circles of Care*, edited by Emily K. Abel and Margaret K. Nelson (Albany: SUNY Press, 1990), 40.
38. Cf. Fischer and Tronto's four phases of care, 49.
39. Diemut Bubeck, *Care, Gender, and Justice* (Oxford: Clarendon Press, 1995).
40. Pierrette Hondagneu-Sotela and Ernestine Avila, "I'm Here, but I'm There": The Meanings of Latina Transnational Motherhood," in *Global Dimensions of Gender and Carework*, edited by Mary K. Zimmerman, Jacqueline S. Litt, and Christine E. Bose, 254–265 (Stanford, Calif.: Stanford University Press, 2006), 259. Their findings replicate those of Parreñas, whose work stands behind most of the empirical claims made here.
41. Stephen Darwall, *Welfare and Rational Care* (Princeton, N.J.: Princeton University Press, 2002), 7.
42. See Robin West, "A Right to Care," *Boston Review: A Political and Literary Review* (2004), and "A Right to Care," in Kittay and Feder, *The Subject of Care*, 98.
43. See Kittay, *Love's Labor*, ch. 2.
44. For a thorough discussion of this last point, see Kittay, *Love's Labor*.

