Globalizing the Ethics of Care: Policy, Transformation, and Judgment

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Abstract

This thesis argues that the ethics of care is an important lens through which to view complex international moral and political contexts. Specifically, I argue care ethics offers a different perspective than human rights discourses, because the relational perspective care ethics offers generates different questions, and thus different answers, about the moral and political landscape than the traditionally individualist perspective of mainstream human rights theories. This thesis does not deny the usefulness of human rights analysis, but instead questions their assumed pride of place, especially when assessing and addressing contexts such as severe poverty, gender and race oppression, and the activity of care work itself. Further, this thesis argues that the ethics of care is, in some situations, the better philosophical tool for the task at hand.

Fiona Robinson’s body of work on a global ethic of care is central to this project. She claims that global institutional relations structure our lives and our relationships with others, and as such, are a prime target for a critical care analysis, revealing the ways in which governments, corporations, and social norms shape our lives. In particular, her focus is on how such institutions perpetuate harmful relations of power, which continue to marginalize women and the work of care itself from public consideration. This critical care analysis prioritizes understanding the root causes of such moral and political contexts in order to transform the way in which we approach and judge these contexts, which in turn would allow us to craft longer lasting and more holistic solutions.

The global care ethic, however, has faced sharp criticism about its ability to be a prescriptive theory because of its contextual flexibility. I engage with the work of Daniel Engster and Kimberly Hutchings, who each critique the global, critical ethic of care. Engster argues that critical care ethics is too flexible to be practicable, especially where public policy is concerned, and as such he argues a ‘care based’ human rights theory provides better action guidance. Conversely, Hutchings’ critique of care ethics criticises the universalization of the standpoint of care, which then negates its usefulness in making intelligible moral judgments across cultures.

I reject Engster’s ‘caring’ human rights and argue that care ethics can be a substantive guide for public policy. I do so by critiquing Engster’s version of care theory, and then using care ethics to examine real world case studies of public policy to demonstrate its practical applications. I also reject Hutchings’ final claim, arguing we need not relinquish the standpoint of care as an important moral point of view. Instead, I argue that the critical ethic of care is, in fact, able to outline a means by which we can reach moral and political judgments across cultures, spurring the transformation of our moral and political landscape.
Preface

I declare that the research presented here is my own original work and that all the assistance received in preparing this thesis and sources have been acknowledged. I also declare that this thesis has not been submitted to any other institution for the award of a degree.
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Introduction

The last twenty years have seen a decrease in absolute levels of severe poverty, with the number of people in severe poverty halved from 1990 to 2010, such that there are 900 million people in poverty or 12.7 percent of the global population.¹ The largest decreases in poverty have been in China and India, and the World Bank estimated that in 2015 those in severe poverty only comprised 9.6 percent of the global population.² There has also been marked success in the education of women and girls, with an increase in the number of girls receiving primary and secondary education, and an increase in the number of countries that have achieved gender parity in primary and secondary education (from 36 countries in 2000 to 62 countries in 2015).³ There has also been an increase in legal reforms addressing women’s concerns such as more equitable family laws, stronger laws against sexual harassment, and protections for parental leave and childcare.⁴

However, in spite of these successes, the growth and increase in prosperity is not evenly distributed across countries.⁵ Even within countries economic inequality is on the rise, which is often linked to increased political and social inequality. A recent report on inequality in OECD Countries⁶ demonstrates that even nominally prosperous ‘developed’ nations are beginning to face ever increasing levels of unequal wealth distribution and income.⁷ Further, trying to pinpoint the exact cause of inequality is nearly impossible. While some point to increased globalization, ill-advised taxation schemes, or a shift in the job market, it is more likely that a combination of factors is responsible for the pervasive inequality we face locally and globally. Compounding the problem is a growing awareness that current solutions are largely ineffective at curtailing the rising inequality.⁸

Further, women and girls, on average, continue to face structural barriers to health, education, housing, technology, and financial independence. Recent data suggests that “[e]ven where women and men are both just as likely to live in a poor household, women are more likely to be deprived in other key areas of well-being, such as education, and less likely to have an independent source of income through paid work, which can result in the uneven distribution of

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² Ibid.
⁶ The current countries with OECD Membership are: Australia, Austria, Belgium, Canada, Chile, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Israel, Italy, Japan, Korea, Luxembourg, Mexico, Netherlands, New Zealand, Norway, Poland, Portugal, Slovak Republic, Slovenia, Spain, Sweden, Switzerland, Turkey, United Kingdom, and the United States.
⁸ Ibid., 38.
power and resources within the household."9 The austerity measures taken by some nations in response to the Global Financial Crisis of 2008 have also pushed women back into the role of the care giver, because such women no longer receive childcare, elder care, health care and other kinds of support that had previously enabled them to enter the labour market.10 The current rough estimate is that women and girls perform 2.5 times as much of the domestic work as men do,11 signalling that although there are policies that prioritize women entering the labour market as a matter of equality, there is little that has been done to make the division of caring labour more equitable.

Women and girls in the Global South still struggle to receive an education as well. The gender disparity in education widens at higher education levels, and the poorest girls in the world still continue to face the largest obstacles to even setting foot in a school, let alone finishing their education.12 The challenges that women and girls face are significant and include: structural barriers and discriminatory social norms, child marriage, long travel distances to schools, the costs of education, a lack of female teachers and gender-sensitive teacher training,13 and sexual harassment from older male students and even male teachers.14 Additionally, the gender bind cuts both ways, sometimes forcing boys to drop out because their families need them to pursue employment, owing to the male-breadwinner social norm.15 Nevertheless, women and girls, on average, face more challenges to their prosperity than men and boys. They are also more vulnerable in general to the indirect effects of conflict and natural disasters, which includes but are not limited to increased migration, a higher likelihood of being a displaced person or refugee, gender-based violence, which includes rape, human trafficking, forcible marriage, and forced pregnancy.16

Women are also nearly half of all international migrants, leaving their homes in the to seek work abroad, and as of 2015, make up 48% of the international migrant population.17 Further, while migration between nations in the global South has outpaced migration from the global South to the global North,18 female migrants outnumber male migrants in North America and Europe, whereas

10 Ibid., 49.
11 Ibid., 84.
13 Ibid., 4.
14 Ibid., 29.
15 Ibid., 4.
18 Ibid., 7.
men outnumber women in Africa, Asia, and particularly Western Asia.\(^{19}\) A possible reason for the difference in the distribution of men and women might be due to the increased global demand for inexpensive carers, either professionally (as nurses, hotel staff, or in elder care facilities) or informally as domestic carers. While women in these situations most often leave behind their own families (which in turn are often cared for by hired help or extended family networks, creating a ‘global care chain’), women in the informal sector are generally more vulnerable to a wide variety of abuses. Such women are also more likely to be trafficked persons. Sadly, human trafficking remains a large industry, garnering nearly $150 billion (US) per year.\(^{20}\) Further, the United States government recognizes that human trafficking taints the entire global market, allowing the continuation of slavery, child labour, forced labour, and prostitution through various methods such as debt bondage, removal of passports, and other unsavoury means.\(^{21}\) The methods human trafficking are closely related, and often run parallel to, patterns of international migration.

In other words, despite the successes during the late 20\(^{th}\) and early 21\(^{st}\) century in lowering the absolute rate of poverty and improving the lives of women and girls on average, it is at best a qualified success. There is a rising tide of inequality that affects not just some nations, but the entire world. Women and girls still face overall reduced life choices compared to their male counterparts, receiving less schooling, less healthcare, and are often placed in greater levels of insecurity due to natural disasters and human conflict. Also, women are more likely to suffer abuse when they become international migrants, either legally or through human trafficking.

In general, human rights discourses have been instrumental in combating the problems of poverty, the discrimination and abuse of women and girls, and the injustices of human trafficking. However, it is my contention that human rights alone are not enough, because they cannot always account for the root causes of structural inequality nor do they necessarily give us the tools to transform how we think about social justice with regard to the perspective of care. There is a growing consensus that in order to eradicate, rather than reduce, these problems, we must more deeply investigate their structural causes,\(^{22}\) cultivate wider community engagement by building upon existing networks,\(^{23}\) and incorporate a greater understanding of the role that care provision plays in all of our lives.\(^{24}\) We must be able to better clarify why these problems occur in the first place, we must understand the underlying norms and institutional supports of such problems, and we must

\(^{21}\) Ibid., 13-8.
attempt to solve these problems in a way that brings to the fore the knowledge that care is necessary for all human beings.

The central argument of this thesis is that the critical ethics of care provides a different perspective on the international realm in comparison to human rights discourses, and that this perspective is a valuable one. It can be used as a lens through which to view international moral and political contexts, offering new information, new motivations, and the ability to provide cross-contextual judgments. Additionally, it is able to guide us toward different solutions, which enable the transformation of our world. In the first instance, I argue that the critical ethics of care can be used as a lens through which to view these global moral contexts and highlight the political nature of the provision of care. For example, through the lens of care we can see how a lack of legal protections for parental leave can unfairly impact women and have profound economic and social consequences. It also has political consequences, for when women continue to be relegated to the private sphere, they are often rendered unable to participate fully in political discourse. The lens of care can also demonstrate how, when those in the global North import domestic carers, they do more than import labour, they also import affection, tenderness, and other forms of emotional investment, which means that such women are not only exploited for their labour, but also for their love. This love is redirected away from their own children and toward the children of those who have, to some degree, abrogated their own caring responsibilities in favour of other pursuits. The ethics of care gives us the tools to investigate and understand how these contexts impact real people’s lives as they live them, and their root causes as well. The foundation for such contexts is often due to the still-strong link between women, femininity, and care provision, and it is a link we must work toward breaking. Not to say that care provision is unimportant, quite the reverse: that caring should be a human activity, not solely a female one. Care ethics strongly fights the devaluation of care and the concurrent devaluation of those who provide and receive care, as though care had no political ramifications, or that those who engage in care are themselves not proper political subjects.

It is these kinds of analyses that most mainstream human rights discourses cannot provide. Because human rights discourses cannot provide these different kinds of analyses, they are also unable to provide a different array of solutions. Therefore, I argue that the different view offered by the critical, feminist ethics of care can provide not only new information, but new kinds of solutions as well. We cannot rely on ‘business as usual’ to foster greater equality. That idea runs counter to

the data that indicates the rising rate of inequality in the world in spite of stated human rights commitments. We must reach for new ways of seeing the world, which provide new ways of solving these very real problems experienced by real people. This does not mean that I argue that human rights should be abandoned: far from it. Rather, I argue that human rights alone cannot address the complex moral and political contexts that exist in the world today. We need another tool, and that tool is the ethics of care. Lastly, I argue that the different solutions offered by a care analysis would lead to the transformation of our world. It would not be a fast transformation, rather a slow, gradual one, sustained in dialogue with others about how care is best accomplished. Yet, it would be a transformation all the same, toward a world where the concerns of care are seen as primary to human life and given greater consideration than they are today. Alongside that comes a deep feminist commitment to overcoming the barriers erected by patterns of power that in turn foster harmful patterns of exclusion based on race, gender, class, sexual orientation, and religion. It is not a commitment to erasing our differences, but instead a commitment not to allow our differences to be the reason for barring particular groups of people from making political choices about their own lives.

In Chapter One, I explore the conceptual history of the ethics of care, investigating its beginnings, outlining the critiques of early care ethics, and exploring its development into a robust political ethic, which laid the foundation for a global critical ethic of care. I begin with the work of Carol Gilligan, who in 1982 published her book *In a Different Voice*, which challenged the then prevalent assumptions about the trajectory of human moral development. The assumption was that the ‘highest’ level of development occurred when persons embraced a Kantian-like, rule-based universal morality. Gilligan argued that women reason differently than men in moral matters, focused more on how to balance the responsibilities they have in virtue of being inexorably embedded within a web of relations. Nel Noddings, publishing only two years after Gilligan in 1984, used Gilligan’s work as a starting point to further refine the scope of care ethics and demonstrate that it was an important moral theory that could guide our interpersonal interactions. Noddings in particular focused on the importance of the emotional aspect of caring, and the implications of the relational ontology of care ethics. The ethic of care, then, was predicated on two basic ideas. The first is that traditional ‘male’ moralities were unable to encompass the experiences of women, and that the assumption of ‘gender-blindness’ in traditional moralities actually served to obfuscate

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27 Ibid., 62.
important moral questions. The second idea was that the ethics of care begins from the viewpoint of humans-in-relationship, and the moral question becomes how we best fulfil our caring responsibilities, rather than how one best fulfils one’s obligations based upon abstract, rule-like duties. It was in her book that Gilligan coined the term ‘ethic of care,’ and since then the theory has grown from its small, and somewhat controversial beginnings.  

However, this early (‘orthodox’) care ethics was not without its challengers. The three major critiques of this ‘orthodox’ care ethics were that: 1) the ethics of care could only ever be a private morality, not suited for public concerns; 2) that care ethics was unable to answer questions of justice; and 3) that care ethics served to reinforce instead of challenge pervasive norms about gender (i.e. that women are essentially carers). These critiques, however, instead of dooming care ethics, benefited the theory. In order to answer these criticisms, the ethics of care was developed into a political ethic. The work of Joan Tronto, Eva Feder Kittay, and Virginia Held were instrumental in shifting the scope of care ethics to expressly include political concerns. Their work showed how questions about how our relationships are structured, how care work is allocated, and how care work is (under)valued are deeply political questions. This later version of care ethics is a sharply critical theory, posing difficult questions about the root causes of moral and political problems. It requires us to examine the underlying norms of race, gender, class, and ability, to challenge the relations of power that structure our lives that either hinder or enable good caring relations, and to understand how perceptions of difference and patterns of exclusion are perpetuated through those very norms and relations of power. Rather than focusing only on relations between persons, the critical ethics of care examines how the political shapes the webs of relations we inhabit. Further, this critical care ethic is able not only to critique present arrangements, but can also offer positive guidance in how to assess and provide solutions to moral and political problems. Tronto’s practices

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29 The philosophical commitments of these original ethics of care feminists have, of course, evolved since the 1980s, but in this project I am providing an account of the development of care ethics, and these arguments constitute the original conceptual framework of the theory. Gilligan, for example, took on the criticism regarding her focus on white middle class women and co-authored a book with Jill McLean Taylor and Amy Sullivan entitled “Between Voice and Silence: Women and girls, race and relationships” (1995) that focused on the racial and socio-economic dimension that was missing from her first book. Noddings also has a focus on the philosophy of education and continues to produce works arguing for incorporating the ethics of care into education, not only to infuse educational institutions with caring practices, but to aid in the ethical education of children as well. Some of these works include: “The Challenge to Care in Schools: An Alternative Approach to Education” (1992), “Justice and Caring: The Search for Common Ground in Education” (1999), and “A Richer, Brighter Vision for American High Schools” (2015).


32 Dietz, 20.

of care (attentiveness, responsibility, competence, and responsiveness) are the basic guidelines for action, a method by which the goals of care ethics might be positively enacted, as well as providing a standard measure of success for any action. These practices as formulated by Tronto also serve as the grounds for how the lens of care can then be applied to international moral and political contexts. However, this political aspect of critical care ethics would not have been possible without the critiques of the early, ‘orthodox’ ethics of care, and also owes much to the work of early care theorists. The conceptual history of care ethics demonstrates that the ethics of care is a theory that can adapt and evolve based upon critique, able to expand its scope and offer new insights, motivations, and solutions to moral and political problems. Although the core of care ethics, its relational ontology, has remained unchanged since Gilligan’s book, the way in which we understand the moral content of our relations has expanded considerably. Not only must we balance our responsibilities to particular others, but we begin to understand that our relations themselves are structured by larger forces, norms, institutions, and patterns of power that serve to underscore the deeply political nature of how and why we care for particular others.

The critical ethics of care expanded the scope of care ethics, making explicit that the moral problems that arise in caring relations are also profoundly political ones. This view, that norms and institutions shape our caring relations, laid the foundation for expanding care ethics to the global level. In Chapter Two I follow the pioneering work of Fiona Robinson, who was the first to articulate a global, critical ethic of care. In this chapter I argue that the ethics of care is an important and viable different perspective in comparison to human rights discourses when it comes to addressing global moral and political contexts. Further, because the critical ethic of care challenges the pervasive norms and institutions that shape our caring relations (often shaping them to our detriment), it is aimed at the transformation of the international landscape in order to foster better caring relations between persons. I review the unique insights that are offered by a critical care ethic, as well as unpack the different practices of care (attentiveness, responsibility and responsiveness) used by Robinson. This set of practices does not neatly map to Tronto’s formulation, which includes a markedly different conception of responsiveness and a fourth practice termed ‘competence.’ From there, I clarify how we can justifiably use the ethics of care on the international level. In brief, the argument is that if we accept that the ethics of care is able to assess and provide moral guidance and judgment for relationships, and that the international realm is a set of relationships between institutions that structure our interpersonal caring relations, then care ethics can and should be used to analyse and judge moral and political contexts on the international level.

It is, to use a turn of phrase, ‘turtles all the way down,’ that is, everyone exists within a web of relations that does not stop at state boundaries.\(^{36}\) The benefits of such an analysis is that it opens up new areas of moral and political inquiry, new motivations for action, and even different possible solutions to problems. Specifically, we can begin to see certain contexts, ones that were previously not considered to be of express moral or political concern internationally. In this chapter, I focus on the contexts of difference, exclusion, gender, and violence to highlight how the ethics of care can ‘make seen’ the background assumptions that are part of our current international landscape that, in fact, serve to render people unable to fulfil their caring obligations or to receive the care they need. In the aforementioned contexts, I argue that the practices of care are an important guide to transforming the international realm, based on the ability of a care analysis to enable us to challenge our assumptions, offer new motivations for action, and suggest different kinds of solutions.

In Chapter Three I directly engage with human rights discourses to clarify what I mean when I claim that critical, feminist care ethics offers a different lens through which to view international moral and political contexts. Because the ethics of care is often cast in opposition to human rights, it is necessary to spend time understanding what human rights are and the benefits they offer when addressing global moral contexts. However, I argue against the claim that human rights should be our only, or even the primary, tool we use when thinking about and working to address complex international moral and political contexts. First, I do acknowledge that human rights literature is a vast area, and as such I present more of a summary than a detailed picture of human rights. I strive to present a fair picture of what human rights are, examining the work of prominent rights theorists such as Thomas Pogge, Charles Beitz, and James Griffin,\(^{37}\) to demonstrate that in spite of the differences between types of human rights discourses, they nevertheless have two important features in common: they are considered 1) to be a set of (sometimes negotiable) moral and political standards that are aimed at protecting what it means to live a ‘human’ kind of life, which subsequently 2) generate claims of duty upon institutions and individuals.\(^{38}\)

Further, human rights discourses are similar enough in basic structure such that they can be understood as providing the same kinds of benefits, as well as being vulnerable to the same kinds of critique. The first benefit of human rights is that they are strong claims of justice. They are expressed in terms of duties and obligations, which can serve to define who the relevant actors are,

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\(^{37}\) Although these philosophers are by no means exhaustive of human rights literature, they do represent the main proponents of those human rights discourses that are aimed at the reduction of severe poverty and generally championing wider enforcement of human rights internationally.

avoiding possible ambiguity when assigning responsibility for particular harms done to others. Second, human rights also mark out problems that are of international concern, issues such as severe poverty that transcend national boundaries and do not stop at ethnic, religious, or social divisions. Lastly, human rights can also provide clear guidance for policy makers, in that they are standards that are set, and are less likely to be stalled by contextual factors. Yet, in spite of these benefits, human rights are not, nor should they be, our only means by which to address moral and political contexts internationally. The care critique brings to the fore aspects of the international realm that human rights discourses frequently overlook or deem as outside their scope, and although the first and second points of the critique are not necessarily unique to the feminist ethic of care, it was critical, feminist care theorists who put these critiques together to form a larger, more sustained critique of mainstream human rights theories. First, human rights can overlook the embedded structural harms of globalization, such as the way in which relations of power foster harmful forms of exclusion, or the emotional exploitation of transnational migrant care workers. Secondly, the care critique highlights that human rights also carry with them cultural and gender biases, because human rights come from a very specific tradition that developed in Western Europe and was often focused on men or male-led households until the last century. These biases serve to render invisible the way in which difference is obscured in favour of ‘sameness’ and how gender deeply alters the way in which human rights claims can be made. Finally, human rights are generally unable to encompass issues of social reproduction, i.e. the work of care itself, which means that care, under a human rights discourse, is often devalued or marginalized, along with those who give and receive care. Thus, these critiques offer very good reasons not to solely rely on human rights to provide the answers to international moral and political problems. Yet, this does not mean that we should abandon human rights altogether. Rather, we should, as I argue, use the lens of care to provide a different means of understanding moral and political contexts, supplying different motivations, and suggesting a wider array of solutions that can lead to substantial transformation for the better.

In light of the care critique of human rights, and the lingering problem with care ethics (that its flexibility renders it too unwieldy to address global moral concerns, which are assumed to require ‘harder’ answers in the form of rights standards), a reasonable solution might be to craft a set of ‘caring’ human rights that incorporates the best of both theories. In Chapter Four, I examine the

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41 Robinson, 63.
attempt Daniel Engster made, and ultimately conclude that combining care ethics and human rights does not provide a satisfactory kind of care theory. Engster suggests that his ‘caring’ human rights would provide human rights with a cross-culturally acceptable foundation (care) instead of something contentious like human dignity or agency. He also argues that a critical ethic of care cannot offer guidance for public policy, and as such it is too ambiguous when it comes to providing answers to global moral problems. Engster argues for a rational theory of obligation, based on our mutual dependence, in order to ground our various caring obligations and justify the purchase of caring human rights. We have, he argues, residual responsibilities of care to distant strangers when their own circles of family, friends, and community are unable to fulfil their human rights.

While I am sympathetic to Engster’s practical aims, and some of his proposed solutions, there are two major problems with his theory. The first problem with Engster’s rational theory of obligation is that it is built upon an uncritical acceptance of dependence. Engster agrees with care theorists that our (inter)dependence is an inexorable fact of our lives, but what he fails to make clear is how our very relations of dependence are shaped by global and local patterns of power, such as norms of gender and race, economic forces, and political forces. Because the caring human rights Engster develops are built upon his rational theory of obligation, which in turn is based upon an uncritical view of dependence, I argue that his caring human rights would only serve to perpetuate the harms of difference, exclusion, gender, and violence. The second problem is that he claims in order to have wide acceptability and broad uptake of his theory, he must make his rights minimally feminist, i.e. not incorporate strong claims for women’s equal status or political participation. Not only is this disingenuous to the history of care ethics, but I argue that by not pushing for stronger feminist commitments his caring human rights would still leave room for women to be strongly linked to care. This means that care and women would both remain devalued, and that women would continue to be excluded from power. Further, I argue that taken together, these problems make it very unlikely that caring human rights could address the complicated context of the transnational migrant care worker, and its darker aspect, human trafficking. Without the ability to see how global and local patterns of power impact people’s dependence relations, and without the

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42 Not that we should avoid reimagining human rights from different perspectives. Jennifer Nedelsky’s work on relational rights provides an excellent example of this very goal, though her work is more focused on the legal aspects of rights not necessarily the moral aspect. My concern here, however, is specifically about the ‘ground-level’ political and moral reality of people’s lives as they live them, embedded in relations that are shaped by institutions, public policy, and socio-cultural norms. The point here, then, is that Engster’s attempt was problematic because of the kind of care theory he produced, not necessarily the outcome for human rights.


44 Ibid., 171.
gender analysis of a strong feminist theory, we cannot fully engage with the underlying causes of transnational migration or trafficking, and therefore cannot begin to find lasting solutions. In sum, I argue that this attempt to combine care ethics and human rights, because it removes vital parts of care ethics, is a ‘non-starter.’ Doing so does not ‘solve’ the problem of the practical application of care ethics, but instead allows the same problems found in human rights discourses to continue unchallenged.

In Chapter Five, I argue, in direct answer to Engster’s original critique, that the critical ethics of care can, in fact, be used as a guide for the public policy process. This chapter utilizes the policy stages theory in order to break down the process of policy making into more intelligible steps, although I acknowledge the complex and often cyclical nature of policy making. With the policy stages as a ‘road map’ for the policy process, I show how although human rights discourses offer some benefits to the policy process, the ethics of care can also be used at each stage of the policy process to uncover the root causes of social problems, offer different kinds of solutions, guide policy decision-makers and policy implementation, as well as suggest different standards for the success or failure of a policy. Throughout the chapter I focus on real policy, real case studies, and real outcomes in order to demonstrate the problems that arise when we assume that human rights alone can provide a full and complete set of solutions to the complex moral contexts that exist in the real world. What is necessary, I argue, is a more flexible moral guide that places an emphasis on the contextual nature of any problem, and the importance of understanding how policy affects the lives of real persons. I argue that the different perspective afforded by the lens of care is an important addition to our policy processes, locally and globally, and that through policy we can achieve some of the transformative potential of critical, feminist care ethics. The major shift would be bringing into focus how policy can shape our caring relations. We would be able to begin crafting policy that enables us to fulfil our caring responsibilities, to ourselves and others, where ‘productive’ work fits into our lives as carers, rather than care work fitting into our lives as ‘productive’ citizens.45

The final chapter of this thesis addresses one last critique of the ethics of care, which challenges its transformative potential, and the assumed ability of care ethics to enable moral judgment in particular contexts from the universal perspective of care. As Kimberly Hutchings points out, it is the methodology of care ethics that is suspect, because it is similar to feminist standpoint theory. The problem with feminist standpoint theory, and thus with the ethics of care, is three-fold. First, both have a universalizing aspect (that of care or women’s experiences) that sits uneasily with the understanding that all knowledge, especially ethical knowledge, is situated and contextual.

Second, while both theories assume that dominant discourses are ill-suited to handle some moral contexts, such as the ability of human rights to ‘see’ issues of care, neither theory explicitly incorporates the understanding that they, too, have limits in scope and applicability. Third, the standpoint for each theory grounds a larger moral and political project, which rests on the problematic universalizing aspect of the theory. Essentially, the claim is that the ethics of care does not go far enough in rejecting universalist foundations, nor can it fully address embedded gender biases. The goal, claims Hutchings, should be to mark out a feminist ethical *method* that entirely eschews any universal claims, and instead focuses on the specific feminist concerns that she elaborates, which is meant to lead to a more material kind of transformation of the global moral political landscape. It is not that the world will merely be ‘more just’, but rather that some kinds of harms, such as the mass rapes of the Bosnian war, would be unable to be conceived of in the first place, i.e. rape is no longer an abhorrent, though grimly expected, part of warfare.

While I concede that the ethics of care and standpoint theory have similar methodologies, I reject Hutchings’ conclusions. First, I argue that the transformative potential of care ethics is rooted not in its ability to render certain moral contexts unthinkable, but rather in its ability to engage with the moral contexts we face today and to view them in a different way, working to understand their underlying causes and imagine different kinds of solutions from the perspective of care. Even though is not the kind of transformation that Hutchings endorses, does not mean it is not transformation at all. Rather, it is transformation that works through existing webs of relations in order to reshape them. Second, I use the work of Seyla Benhabib to support my claim that care ethics can underwrite moral judgments from the universal standpoint of care. In short, the argument is that because care is a part of every human life, it can serve as a shared ‘touchstone’ between persons engaged in dialogue, allowing people from different contexts to have a shared point of commonality that can transcend their differences. However, we must also be honest about our own contexts, and how our particular circumstances can colour our judgments. By accepting the vulnerability of judgment the ethics of care is able to take on board the critique elaborated by Hutchings, and has gained a more nuanced method of ethical judgment. In the end, I conclude that the ethics of care retains its transformative potential and ability to make ethical

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47 Ibid., 113.
49 Although the content of Benhabib’s work specifically deals with Arendt’s interpretation of Kant, the methodology of her argument is one that can also be applied to the ethics of care.
judgments. It is a feminist theory that is well suited to today’s moral and political international landscape, one that can be utilized right now in order to begin transforming the world from its current state into a world that enables beneficial caring relations instead of perpetuating harmful ones.
Chapter One: A Conceptual History of Care Ethics

The history of the ethics of care in philosophy is relatively short, emerging in the late 1970s and early 1980s, but since that time it has grown from its roots in moral psychology into a global political ethic. In this chapter, my primary goal is to provide a measure of context for the genesis of care ethics and trace its evolution into a political ethical theory. Care ethics began by questioning the primacy of deontological ethical theories and the early strains of care theory championed a wholesale rejection of Kantian, neo-Kantian, and rights based ethical theories.\(^1\) I do not subscribe to such versions of care ethics. Instead, I reject the primacy of deontological ethics and human rights approaches in the global political and moral arena. The history of care ethics provides reasons for this rejection and the further claim that the ethics of care illuminates moral and political problems that Kantian ethics and human rights approaches are either unable to encompass or to fully explain. Using the lens of care ethics makes visible particular moral and political situations (relationships, care work, dependence, exclusion, gender, race, and class) in a different way—a way that provides new information, motivations, and solutions. I develop this idea more fully in Chapters Two and Three, and in this chapter I focus more on the historical and conceptual context that laid the foundations for a global ethic of care.

I begin with the early ‘orthodox’ care ethics, exemplified by the early work of Carol Gilligan and Nel Noddings. Then I will explore how philosophers Joan Tronto, Eva Feder Kittay, and Virginia Held developed the ethics of care into a political theory in response to the three major critiques of early care theory. As I trace the history of care ethics in this chapter, I will highlight key features of the theory. In particular I focus on the moral situations (or contexts) illuminated by the lens of care as the theory continued to grow from its roots into a viable political ethic. As the ethics of care continued to grow and expand in scope, the theory began to encompass not just norms about care itself, relationships, and gender, but also norms about race, class, sexual orientation, dependence, exclusion, and even violence. This expansion continued as the ethics of care became globalized, which is addressed in Chapter Two. Lastly, I will briefly outline the codified set of caring practices that Joan Tronto developed and that other care theorists, such as Fiona Robinson and Olena Hankivsky, have continued to utilize. Elaborating Tronto’s caring practices sets the stage for

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\(^1\) However, this questioning does not necessarily lead to a complete rejection of the importance or the usefulness of Kantian ethical theories or of human rights discourses. As discussed in Chapter Three, human rights discourses offer ways to identify and address global moral problems, however, as I argue throughout this thesis, human rights alone are not enough to fully address all the complex global moral problems that exist in the world today.
demonstrating how the global critical ethic of care differs from earlier political conceptions of care theory.

Section 1 – The Genesis of the Ethics of Care
In 1982, Carol Gilligan published *In a Different Voice*, a work on psychological moral development that had profound implications for how moral concerns might vary along gender lines. Noddings’ book *Caring* (1984) continued in much the same vein as Gilligan’s work, contrasting what she termed a male-morality with a female-morality. Both suggested that men and women had different methods of moral reasoning, and that the ‘male’ morality and the ‘female’ morality could not be substituted for one another. Noddings states that until the theorization of this new morality emerged, “ethics has been discussed largely in the language of the father: in principles and propositions, in terms such as justification, fairness, and justice. The mother’s voice has been silent.”

The claim is that the unique experiences and perspectives of women had been absent from moral reasoning, either through inattention or actively silencing dissenting viewpoints. What care ethics began to elaborate was an alternative moral epistemology, a “different way of identifying and appreciating the forms of intelligence which define responsible moral consideration.” Care ethics was based upon a unique standpoint, a feminist standpoint that viewed the moral world differently from traditional ethical theories. This new source of moral knowledge was important because it challenged the supposed ‘gender-blindness’ of traditional moralities, uncovering a male bias, which in turn meant that women’s experiences and subsequent moral content remained in the private realm. Further, Gilligan and Noddings both claim that women’s experiences opened up a new way of looking at the world, a relational ontology where all persons are understood as existing in the context of their relations with particular others. They did not claim that only women viewed the world this way, but that women were more likely to, and that this relational perspective provides a more accurate picture of human life.

The philosophical theory of care ethics has roots in moral psychology and the psychological studies of Nancy Chodorow and Carol Gilligan. Chodorow’s work in the 1970s challenged the then-current masculine bias of psychoanalytic theory and explored the psychology of gender identity formation. This work focused on how gender identity formation impacted the way in which men

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2 Noddings, 1.
4 There is tension between the situated standpoint of care ethics and the universal claim of care, and that tension will be addressed in Chapter Six.
and women engage in relationships, particularly relationships of dependence. Gilligan, aware of Chodorow’s work, and frustrated with the apparent male-centric bias in the work of psychologist Lawrence Kohlberg, with whom she had worked, undertook a review of Kohlberg’s study. She also organized her own interviews with female subjects to demonstrate that women, on average, tended to use a different kind of moral reasoning than men. Kohlberg originally performed a series of interview-based experiments to explore the moral development of girls and boys as they grew into adulthood. However, Kohlberg’s six-stage hierarchy of moral development was based on his study of eighty-four boys over a twenty-year period, thus embedding a male bias in his methodology. Kohlberg claimed that his six stages were universal, but his study produced the outcome that women were, in general, judged to be morally deficient when compared with men; that is women consistently arrested in the third stage whereas men were often able to ‘progress’ to later stages, where relationships took second place to abstract rules. The majority of women seemed to be stuck in the concrete, relational stage, with few developing to the sixth and highest stage of the Kantian and abstract stage of moral development.

Gilligan identified two major problems with Kohlberg’s results. First, that his results were heavily biased towards a pre-conceived idea of what the so-called ‘highest and best’ level of moral development might be, that is, a morality focused on rights and non-interference, a neo-Kantian model of ethics. Second, the results seemed to reinforce the idea that women were not as good at moral reasoning as men. The first problem was a result of the way in which Kohlberg established his baseline for moral development. To determine his six stages, Kohlberg initially only interviewed boys and men. Gilligan, by contrast, found in her own set of interviews that when women are the baseline for determining what moral development is, moral problems arise from competing responsibilities, not competing rights. The way in which Kohlberg researched the stages of moral development was already skewed to present men as being more morally developed, because Kohlberg’s research counted the experiences of men as though they were ‘universal’. This biased baseline produced the second problem that Gilligan identified. Rather than ask why the data

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7 The six stages are grouped into three paired sets. The first set is Pre-conventional morality, which contains stages one and two, stage one is concerned with avoiding punishment, and stage two is concerned with self-interest. The second set is Conventional morality, containing stages three and four, where stage three is concerned with interpersonal accord and conformity, and stage four is concerned with authority and social order. The third set is Post-conventional morality, containing stages five and six, stage five being social contract morality, and stage six being morality based on universal ethical principles.
8 Gilligan, 18.
9 Ibid.
10 Ibid., 22.
11 Ibid., 19.
seemed to show women as ‘less morally developed’ than men, and thus investigate if the scale of moral development based only on men was problematic, Kohlberg initially seems to accept his results as a fact of moral psychology.

Gilligan rejects the primacy of male-centric theories, and in particular she rejects the idea that Kantian ethics should hold pride of place among ethical theories as the ‘end’ of moral development. This work in the field of psychology was paralleled by feminist philosophers, particularly Sara Ruddick and Nel Noddings. Sara Ruddick advocated an understanding of care through the process of mothering. Though she did not claim that only women were mothers, she did put the concepts of motherhood and birth at the forefront of her ethical reasoning. Virginia Held noted that until 1980 and Ruddick’s article *Maternal Thinking*, “the practice of mothering had been virtually absent from all nonfeminist moral theorizing, there was no philosophical acknowledgment that mothers think or reason, or that one can find moral values in this practice.”12 The point for Ruddick was two-fold, first that the unique experiences of women, especially the activities of mothering and care giving, had previously been ignored in moral philosophy and second, that through a philosophical inquiry into mothering and care giving, one could find different kinds of answers to moral problems.13 Other philosophers, such as Nel Noddings, identified an additional problem with mainstream ethical theories14 as ignoring the sphere of private relationships, that is, issues of family and friends, and how to negotiate conflicts between and among these private relationships. This rejection was coupled with the insight that “[m]any persons who live moral lives do not approach moral problems formally. Women, in particular, seem to approach moral problems by placing themselves as nearly as possible in concrete situations and assuming personal responsibility for the choices to be made.”15 For Noddings, the ethics of care is heavily grounded in concrete situations, as that was where women’s experiences lay, in contrast to the “traditional logical approach to ethical problems that arises more obviously from masculine experiences.”16 Like Gilligan, Noddings worked to demonstrate that previous ethical theories were, perhaps unintentionally, biased towards a more masculine experience, which focused on duties and obligations. This, in turn, would mean that for a woman to count as or be considered as a moral actor, she must adopt the masculine framework and leave behind the feminine and the ethical concerns that fell outside the scope of duties and obligations.17

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12 Held, *The Ethics of Care: Personal, Political, and Global*, 26. Emphasis in the original
14 Kantian ethics, utilitarianism, and to a lesser extent, virtue ethics.
15 Noddings, 8.
16 Ibid.
The rejection of the primacy of Kantian ethics for early care theorists required the creation of a new kind of ethical theory. Although early care ethics faced heavy critique and criticism, it was a turning point in feminist ethics because it demonstrated a firm shift away from feminist readings or critiques of Kantian or utilitarian ethics and the development of a purely feminist ethic.¹⁸ For both Gilligan and Noddings, the first salient point of difference between care ethics and Kantian ethics regarded the ontological view of persons and self-identity. The ethics of care requires the understanding of persons to occur within webs of relationships with particular others instead of a focus on the individual as a discrete agent, who can be thought of in absentia from their particular relationships with concrete others. Gilligan claims this is an integral part of how women reason morally, and that relationships themselves are deeply constitutive of any individual’s self-identity or personhood. In her work she found what she believed was a deep difference in the way men and women might construct their moral identities.¹⁹ Men’s self-identity is measured against abstract ideals of perfection, whereas women’s self-identity is assessed through particular activities of care,²⁰ which underscore a social dimension of their identity. Gilligan claims that this is borne out by how men and women understand relationships, where men focus on a hierarchy, which expresses “the wish to be alone at the top and the consequent fear that others will get too close.”²¹ Conversely, women view themselves as being in a web of relationships, where there is “the wish to be at the centre of connection and the consequent fear of being too far out on the edge.”²² The contrast between the conceptual relationship models of the hierarchy and the web, for Gilligan, demonstrates the difference in how men and women think about themselves as moral agents and subsequently reason morally.²³ Because women appeared to reason from this relational standpoint, this means that feelings of empathy and sympathy are no longer seen as moral deficiencies, but are instead “essential components of adult moral reasoning at the postconventional stage” and thus “women’s apparent moral confusion of judgment becomes a sign of their strength.”²⁴ The deep concerns of the self as a moral agent impacts how the agent approaches and solves moral problems,

¹⁸ Held, The Ethics of Care: Personal, Political, and Global, 23.
¹⁹ Interestingly, Marilyn Friedman argues that what Gilligan uncovered was not the ‘different voice’ of women as such, but rather that she “discerned the symbolically female moral voice, and has disentangled it from the symbolically male moral voice.” (1995, 65, Emphasis in the original). The idea is that the moral voice Gilligan uncovered is, to some degree, is a moral dichotomy that she expected to exist. Friedman, however, does not take this to mean that care ethics is without merit, rather that this kind of expectation points to conceptions of justice and care that are disassociated from each other. What must be done is rethink both concepts in order to obtain a better picture of our moral reasoning.
²¹ Gilligan, 62.
²² Ibid.
²³ The imagery of the web is used in contrast to a hierarchy, such that in a web, there are different points of lateral connection, as opposed to a vertical stratification of relations.
²⁴ Benhabib, 149.
and for care ethics is firmly connected to the emotional connection to the concrete other. Thus: “Since relationships, when cast in the image of hierarchy, appear inherently unstable and morally problematic, their transposition into the image of a web changes an order of inequality into a structure of interconnection.”

Women’s identity, as constructed within a web of relationships, grounds a unique, non-rights based approach to moral problems. This conception of identity as constituted in relationship is the relational ontology, or the ‘relational turn,’ that is a fundamental part of care ethics. Noddings also underscores the importance of this relational ontology because all care work is done with the understanding that “[t]he ethical self is an active relation between my actual self and a vision of my ideal self as one-caring and cared-for. It is born of the fundamental recognition of relatedness; that which connects me naturally to the other, reconnects me through the other to myself.” We first understand ourselves in relation to others, and care theory asserts that this is the only way to understand the self. Then we realize that we are in, what Noddings calls, concentric circles of care: family, friends, acquaintances, and finally, distant strangers. We must be prepared to care for all of them, though in relation to strangers she notes that while we might not be bound to care for them in a very direct and lasting way, one “can remain receptive” to the caring needs of distant others without being tightly obligated to them. In the early ethics of care, the focus was primarily on how one cares for one’s ‘nearest and dearest,’ because emotional caring over vast distances would prove difficult or even impossible. This focus on the emotional aspect is an obstacle to globalizing a theory based around the practices of care and how this obstacle is overcome is explained in Chapter Two. Regardless, the importance of relationships cannot be understated because the “self and other are interdependent and that life, however valuable in itself, can only be sustained by care in relationships.” Relationships between people are what foster care in the first place, and also allow us to understand human life as inherently interdependent. This is in stark contrast to the traditional moral view of all persons as autonomous individuals, where traditional understandings of autonomy often contrast sharply with the concerns of nurturance or bonding (i.e. care). This dichotomy serves to reinforce that autonomy is necessary for political, public life, whereas care work is best left in the private realm of home and family. Traditional moralities tend to entrench this understanding, and conversely the ethics of care serves to highlight how traditional moralities unnecessarily restrict the scope of moral reasoning.

25 Gilligan, 62.
26 Noddings, 49.
27 Ibid., 47.
28 Gilligan, 127.
29 Benhabib, 158-9.
Because of the relational ontology, responsibility is understood differently through the ethics of care. Gilligan noted, “Development for both sexes would therefore seem to entail an integration of rights and responsibilities through the discovery of the complementarity of these disparate views.”

This means that women understand that “rights and responsibilities [take] place through an understanding of the psychological logic of relationships.” Moral reasoning for early care ethics was not about rights, but the need to balance the competing responsibilities that people had in virtue of being in relationships with particular others. The fully realized moral agent would then be one who could negotiate between the conflicting relationships involved while respecting the rights of others; they could care and be fair at the same time. Gilligan’s subsequent work, based on interviews with women who are going to have or have had an abortion, underscores this conception of responsibility, because “women impose a distinctive construction on moral problems, seeing moral dilemmas in terms of conflicting responsibilities.”

Noddings also investigates what it means to balance responsibilities of care. She argues that through the ethics of care our obligations are self-limiting. In this context, ‘self-limiting’ means that our obligations to care become less binding as they are further from the immediate sphere of our concern, because those who are closest to us have the greater claim on our care due to emotional commitment and a willingness to become engrossed with each other’s needs. However, as Noddings stressed “We are never free, in the human domain, to abandon our preparedness to care.”

Noddings also more explicitly investigates the ways in which emotional attachment to particular others can and should play a role in moral reasoning. She notes, “Feeling is not all that is involved in caring, but it is essentially involved.” Concerns of love, joy, even frustration and anger are important in the ethics of care. Emotions must be accounted for and brought to the fore for consideration and analysis. If one denies emotions a place in moral reasoning, one downplays an integral part of the human experience. In part, we become engrossed, that is, invested, because of emotions, even though “this engrossment is not completely characterized as emotional feeling.” It is this combination of emotion, investment, and motivation that forms the basis of what it is to care and perform morally good care. Importantly, Noddings does not say that all care is good care, or that all care is done in a morally good manner. She acknowledges that caring can go wrong. It is possible that the cared-for person can become an object of caring, or that one’s worries about caring

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30 Gilligan, 100.
31 Ibid.
32 Ibid., 105.
33 Noddings, 86.
34 Ibid., 32. Emphasis in the original.
35 ‘Engrossment’ for Noddings is a technical term, such that one’s motivational energies are directed toward a particular other in whom one is invested.
36 Noddings, 33. Emphasis in the original.
can shift inward, focused on the self and the burdens caring places on the care giver. Instead of deeming all caring morally good, the ethics of care seeks to find a way to morally evaluate close, caring relationships.

These psychological and philosophical investigations into the distinctive moral experiences of women, along with the ethical exploration of the work of care, resulted in a major shift in how moral reasoning is understood. Starting with a rejection of ‘masculine’ theories, particularly Kantian ethics and its focus on the individual, the ethics of care emphasized the relationality and interdependence of persons. In the early ethics of care, care work itself was seen as a source of information about how people reason morally in the everyday, particularly with regard to the experiences of women. Because women were (and are) the main providers of care to others, it was their experiences that provided the most information about how an ethics of care functions. It underscores that attention to particular persons, rather than generalized, abstract persons, entails a different epistemological standpoint, which requires a distinctive kind of understanding about the world. Part of this understanding is the relational ontology of care ethics, which stresses the self as constructed in the context of relationships with others, and the moral questions that are embedded within those relations.

From these beginnings, many other women found the idea of care ethics to resonate more strongly with their own experiences and have greater impact upon their daily lives when compared with traditional ethical theories. However, the ethic of care faced sharp criticism, not only from Kantian and utilitarian ethical and political philosophers, but from feminist philosophers as well. In the next section I examine three primary critiques of early care ethics. I claim that because care ethics was forced to answer these three critiques, care ethics was then able to develop into a viable, fully-fledged political ethic, with codified practices of care to provide greater structure to the theory. While the early, ‘orthodox’ care theory began the investigation, the development of a political ethic of care laid the foundation for a global critical ethic of care.

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37 Ibid., 12-3.  
38 ‘Masculine’ theories being those theories judged to have a built-in masculine bias, where the experiences of men are considered universally applicable, and can stand in or ‘count’ for the experiences of women.  
39 Walker, 17.  
40 It is beyond my scope to fully unpack the subtle connections between epistemology and ontology. For more on this point, particularly with reference to care ethics and other relational theories, see Margaret Urban Walker (1989).
Section 2 – The Development of a Political Ethic of Care

The ethics of care offers more than a different morality, but also a different grounding for political philosophy. Joan Tronto argued that an ethic of care could only be workable if political institutions themselves are first critically assessed by a standard of care. This step, crafting the ethic of care into a political theory, was vital for not only addressing the major objections to the ethic of care, but also for providing the groundwork for a global critical ethic of care, which is further explored in Chapter Two. In this section, I will first briefly introduce the three major critiques of early care ethics. Then I will demonstrate that by answering these critiques, the ethic of care was able to develop into a political ethic, because care philosophers argued that the lens of care could illuminate previously obscured or ‘unseen’ problems of private, public and political practices. As I trace this development, I will also highlight how the scope of the lens of care came to include difference and dependence as areas of moral and political investigation.

Section 2.1 – Three Major Critiques of Early Care Ethics

The first critique of the ethic of care is that it can only be a private ethic, or even worse, that it actually serves to reinforce the split between the public and the private. The assumption is that the ‘orthodox’ ethic of care could not be applied to a public context because what it is concerned with is private, interpersonal concerns, and as such it has no purchase in political reasoning. To understand this critique, it is important to define this particular terminology, namely, the private, the public, and the political. First, I consider the private as the relationships we have in our daily lives with particular others, friends and family are most common. The public is commonly everything outside that private sphere of one’s own life. The public has multiple parts, a civil society, the marketplace, and a political realm. Civil society includes strangers on a train or in a park who inhabit a public realm together, whereas the marketplace is a more particular subset of the public, which includes the workplace. The public also includes the political realm, which can be understood as the state and the power the state has with regard to its citizens, and also what the state might owe its citizens. Therefore, it is more precise to speak of the private, the civil, the marketplace, and

41 Tronto, 157.
42 Throughout this thesis I use the terms ‘global ethic of care’, ‘critical ethic of care’, ‘feminist ethic of care’, and ‘critical, feminist care ethics’ interchangeably, and from this point forward I consider ‘care ethics’ to denote the feminist critical ethic of care. The ‘orthodox’ ethics of care will hereafter always be referred to as such.
43 These are not the only critiques of care ethics, but three of the major ones. Gilligan’s work in particular faced heavy criticism. Some of those critiques are: 1) that in spite of her rejection of hierarchy, she herself created another moral hierarchy; and 2) she had an overly individualist outlook on responsibility, and she embedded racial and class bias by only interviewing white, middle class women in her abortion study. See Kathleen League (1993) for the full argument.
44 Dietz, 25.
the political, each marking a different set of relationships. Considering the ethic of care began by arguing “that in the sphere of interpersonal relations, it is desirable that an agent be swayed in her thinking by her partiality, her particular feelings of care and concern, toward the other,” 45 it is evident why this objection took root. An ethic based on particular bonds of affection can remain parochial and suitable only to the private realm, and therefore cannot function when there are no bonds of affection present or possible. The basic assumption about the public and political realms is that moralities in these realms require an abstract set of rules all persons could be expected to adhere to, without needing to rely on kindness to address public moral problems. 46 For this reason, it was long thought that Kantian or utilitarian theories were more apt for the public and political realms than anything built on sentiment or notions of care. 47

The second major critique of the ethic of care comes from the belief that the theory cannot address the problems of justice, and conversely that justice cannot always answer the problems of care. An ethic of justice might be understood as the expression of Kantian or utilitarian ethics as a rights-based system, concerned with issues of fairness and equal treatment by the state, which was part of the dominant moral and political landscape of the 20th and early 21st centuries. Rights discourses have been instrumental in improving the lives of women and other oppressed populations throughout recent history. From the women’s suffrage movement, to civil rights, gay rights, minority rights, and rights of the disabled, the ethics of justice—based either in Kantian or utilitarian ethics—has been mobilized in the bid to reduce the inequality and oppression in the world. Rights language has been, and continues to be, very powerful. 48 Early, ‘orthodox’ care ethics, on the other hand, was understood as primarily focused on small, private moral concerns, about how to balance competing responsibilities with particular others. Care and justice were seen to be concerned with different spheres of life, and as such care theory had no purchase on questions of justice and the reverse was also true: an analysis of justice could not be applied to the realm of care. For example, how could care have a place in a courtroom or a legislative body? It could not speak to what rights should be upheld or how a particular right has been violated. Similarly, questions of rights and fairness might seem inappropriate when engaging in caring relations. This critique is closely linked to the public/private critique, because care was seen as a private concern, whereas

47 Held, The Ethics of Care: Personal, Political, and Global, 23.
48 Ibid., 140.
justice is a public concern. If the ethics of care could not cross the public/private divide, then it could not answer questions of justice.\textsuperscript{49}

The third, and last, major critique of the ‘orthodox’ ethics of care, particularly from other feminists, was that care ethics seemed to demonstrate that there are fundamental differences between men and women, and that these differences carry over to how men and women reason morally. Thus care ethics actually serves to reinforce the relegation of women to a second-class status. The ethics of care, on this account, only served to further entrench gender norms, and other forms of oppression, not combat them.\textsuperscript{50} The tension here arises out of a history of women traditionally being caregivers, the early feminist drive to re-think traditional gender roles, and the lingering question regarding the possibility that mainstream ethical models are somehow inherently male-centric. The anxiety about the ethics of care reinforcing gender essentialism (especially the idea that women are essentially carers) stems from the worry that the ethics of care as presented by those such as Gilligan, Noddings, and particularly Ruddick’s brand of care theory based on the practice of mothering, would only serve to reinforce “a one-dimensional view of women as creatures of family.”\textsuperscript{51} The objection is that the ethic of care does describe a different kind of morality, but a morality that is used mostly by women, as if it describes something essential about women themselves that women are meant to be carers. This picture of women as natural carers is at odds with the larger feminist project of challenging the very gender norms that historically relegated women to the home and the private sphere.\textsuperscript{52}

\textit{Section 2.2 – A Political Ethic of Care}
Without the above critiques and the need to respond, the ethics of care might have remained as it was in its early stages, focused primarily on interpersonal relationships and the competing responsibilities they entailed. Critical, feminist care ethics emerged as a different moral epistemology that could function as a lens to reimagine how we think of moral and political problems.\textsuperscript{53} Because the core of the critiques outlined above has to do with the public/private divide, questions of justice, and socially constructed gender roles, care theorists responded to these critiques by crafting a \textit{political} ethic of care. In this section, I demonstrate how a political ethic of care answered the three major critiques of early care ethics. As care ethics was used to examine the

\textsuperscript{49} Ibid., 68-9.
\textsuperscript{51} Dietz, 20.
\textsuperscript{53} Walker, 20.
political, it expanded the range of moral concern to include ideas about dependence and difference, challenging traditional moral and political views of these concepts. Vital to this enterprise was the work of Joan Tronto, Eva Feder Kittay, and Virginia Held, who continued the rejection of dominant theories, in particular that of John Rawls, as the ‘best’ way to assess a political system. The work of Tronto, Kittay, and Held, although primarily focused on the national political realm, was another necessary step toward the creation of a global care ethic.

Attending to the critique that early care ethics can only be a private morality, Tronto and Held make two points: first that the critical, feminist ethics of care calls into question the private/public divide, and second that the relational values identified in the ethics of care are applicable to the public realm. Tronto argues that it is possible to use “a concept of care that will serve as the basis for rethinking moral boundaries and, by extension, the terrain of current moral and political life.”54 The ethics of care seeks to challenge the boundaries or the very definition of the different spheres of life (i.e., the private, civil, marketplace, and political). Tronto calls into question the sharp divide between the moral and the political that some philosophers seek to maintain. In so doing, she claims that it is possible to see how a morality, specifically the ethic of care, can have political purchase and great effect. This questioning of the moral boundaries of everyday life speaks directly to the supposed inability of ‘orthodox’ care ethics to be a public morality, and challenges the entrenchment of the public/private divide itself. In addition, as Held argues, the perspective of care calls for a reorganizing of the private sphere (such as the domestic tasks of cooking, cleaning, child care, and elder care), and “an adequate understanding of the ethics of care should recognize that it elaborates values as fundamental and as relevant to political institutions and to how society is organized, as those of justice.”55 People in civil society and the political realm can be assessed through the lens of care, because all people are in relation to each other; persons are interdependent not independent.56 This interdependence holds true even in wider, less intimate social contexts because political systems are inexorably shot through with countless dependencies that are necessary for the processes of daily life.

First, just as the critical, feminist ethics of care seeks to rethink the relation between persons in discrete spheres of life “relations between the spheres of society also need to be rethought from a feminist point of view.”57 Because the ethics of care can be used to question the public/private divide itself, we can see how the boundary between the two spheres of life has already become blurred. For example, public concerns have already broached the private realm of the family in

54 Tronto, 101.
55 Held, The Ethics of Care: Personal, Political, and Global, 18.
57 Held, The Ethics of Care: Personal, Political, and Global, 65. Emphasis in the original.
terms of custody battles, alimony payments, and domestic violence legislation. Yet, akin to how justice has been inserted into the private, critical, feminist care ethics charges that a “fairer division of responsibilities for care, the care made available through the institutions of the welfare state needs to be strengthened as well as reformed. Care and justice, then, cannot be allocated to the separate spheres of the private and the public.”58 The ethics of care, rather than being a solely private morality, instead works to challenge basic assumptions about the realms of human life: in this instance about how we divide concerns into public and private categories. We should be sceptical of moves to relegate theories like care ethics, with its focus on particular others, to the private sphere, in favour of relying on more abstract, universalist ethics for public contexts.59 Perhaps nothing is completely one or the other, considering “as a society we cannot do without dependency work in the narrowest sense and that standard theories ignore this most fundamental work and form of relationship.”60 Using the lens of care to view persons as being situated in relationships would alter how we reason morally and politically. These relations of (inter)dependence, and the work of care, foster continued human life, and a political care ethic would expand the scope of public concern as well as provide guidance in addressing these concerns.61

Second, as our webs of relations extend ever outwards, a public conception of care is necessary for the betterment of our governments, our societies, our economies, and our environment. Not only can an ethic of care assess our personal relationships but:

If we understand care as an important value and framework of interpretation for government as well as for the sphere of the personal, we will approach many of the issues involved in the relation between government and the economy differently from those for whom the government should be only the protector of rights or the maximiser of preference satisfaction. We can see how government should foster caring connections between persons and put limits on the markets that undermine them. The ethics of care provides grounds for arguing that we should care about one another as fellow members of communities, including gradually of the global community on which the future health of our mutual environments depends.62

The kinds of laws about family, welfare, housing, and taxation structure the ways in which we are able to fulfil our caring responsibilities to particular others. Care, as a critical standard of government action, can challenge the ways in which laws and policies prevent people from carrying

58 Ibid., 69.
59 Walker, 23.
60 Kittay, 38.
61 I am referring here to more than only philosophical investigation and guidance, but a more material guidance in terms of incorporating care ethics into the policy process. See Chapter Five for a more in depth argument for the viability of care ethics in public policy.
62 Held, The Ethics of Care: Personal, Political, and Global, 119.
out their caring responsibilities. Further, the lens of care can serve as a different standard of political participation by asking how the structures of institutional relations “combine with typical situations to enable or deform the abilities of all concerned to hear and be heard.” The ethics of care is a theory that can find purchase within every sphere of human activity and challenge the very lines we draw between them. In no way is the critical, feminist ethics of care a ‘mere’ private morality. Rather, it is a powerful tool that can be used to question negative assumptions about the feasibility of care as a public good.

Once care is used to address the public realm, then the understanding of other related concepts begin to shift. In particular, when assessing the moral quality of any political system, there needs to be some set of standards, and Tronto claims “care serves as a critical standard.” If the political is measured by a standard of care, the kinds of questions we can pose of any political system are altered. Questions about needs and desert shift away from the idea that persons are entitled to what they have because they have ‘earned’ it, and toward the idea that: “people are entitled to what they need because they need it; people are entitled to care because they are part of ongoing relations of care.” The lens of care also provides a window into relations of power that colour our everyday lives, because “people can be in different positions vis-à-vis those who care for them.” Extending this to the political means that care ethics can analyse the ways in which governments and public policy structure our lives and the caring relations we engage in.

From this point we can respond to the second critique of ‘orthodox’ care ethics: that care cannot address the problems of justice. Held makes the claim that justice and care cannot replace one another, but that concerns of justice inform caring practices, and that caring practices can be subject to the concerns of justice. For example, welfare and social services, being state concerns, often operate on an ethic of justice, that the citizenry have certain rights to be protected to some degree by their governments against the perils of modern life. Yet, the burden of poverty and caring for others more often falls upon women, such that women are more often placed in vulnerable positions, caught between their caring responsibilities to dependents and the need to provide for them as well. Held notes that there should be “greatly increased public concern for child care, education, and health care, infused with the values of care.” It is not enough, therefore, to simply claim one’s rights, and await governments to fulfil their obligations properly, but rather, the ethic of

63 Walker, 23.
64 Tronto, Moral Boundaries: A Political Argument for an Ethic of Care, 154.
65 “Care as a Basis for Radical Political Judgments,” 146.
66 Ibid., 145.
68 Ibid., 69.
care may be used to impose a responsibility to meet those rights. Conversely, traditional spheres of care might also require more fairness, i.e. more justice. There is little justice in the traditional division of labour in the home, even less so when women are often working and come home to what is called the ‘double-day,’ where they must also provide the bulk of the care work as well. This domestic sphere, a traditional seat of care, has already been subject to the lens of justice in the form of divorce proceedings, custody battles, and domestic violence legislation. While such practices are emotionally complicated and sometimes volatile, nevertheless, concerns about justice have been factored in to the situation. In the end, Held argues that “caring relations should form the wider moral framework into which justice should be fitted.”

This is because while justice-based ethics proclaim a formal equality, it does so on the assumption that all persons should be extended equal treatment. However equal treatment as a political good fails to incorporate the profound ways in which difference (gender, race, class, sexual orientation, and ability) affects how we live our lives and can serve to reinforce deeper inequalities.

Kittay’s critique of theories of justice, however, is much more pointed. She heavily critiques, and rejects, the liberal political theory of John Rawls. She rightly argues that although Rawls’ theory contains a commitment to equality and liberty, it fails “to attend to the fact of human dependency and the consequences of this dependency on social organization.” Kittay, importantly, began to bring ideas about dependence into the critical, feminist ethics of care, and demonstrated that relations of dependence matter when it comes to ethical and political thinking. She shows how the lens of care could illuminate moral and political problems that theories such as Rawls’ either ignored or could not ‘see,’ i.e. they were not considered to be problems for a liberal political theory, but through the lens of care were revealed as vitally important areas of public moral concern.

Although Rawls’ liberal political theory championed the ideals of liberalism, equality and liberty, Kittay claims this presumption of equality is, in and of itself, a problem. A presumed equality blinds us to the reality of the vast inequality present in the world today, and the relationships of dependence that permeate our lives. She notes that, “[b]ecause dependency strongly affects our status as equal citizens (that is, as persons who, as equals, share the benefits and burdens of social cooperation), and because it affects all of us at one time or another, it is not an issue that can be set aside, much less avoided.” An ethic of justice, especially a Rawlsian one, presupposes a fully functioning and fully informed adult, but such people are few and far between, and as such an ethic

69 Ibid., 71.
70 Difference is one of the aspects that the lens of care is uniquely suited to examine. See Chapter Two for more on this topic.
71 Kittay, 76.
72 Ibid., 77.
of justice seems to contain a starting position that is far too abstracted from the realities of day-to-day existence. Children are dependent upon their parents, an aged person is dependent upon his or her nurse, who in turn is dependent upon his or her employer. Even ‘fully-functional’ adults are dependent. Consider a heterosexual couple with children, and we find that a husband is often heavily dependent upon his wife for several kinds of care, because frequently she is the one who attends more closely to the chores of daily life: cooking, cleaning, and caring for children. For example, one of the more recent valuations of the work done by a full time stay at home mother is upwards of $112,962 a year (in the United States), and even to replace the care work of a mother who also works outside the home would cost over $60,000 a year. The traditional ‘autonomous’ male, the breadwinner of the family, is unavoidably dependent upon others, especially his wife, for his care. In contrast, most liberal theories portray dependence as a failure on the part of the individual, instead championing independence and self-sufficiency, both impossible ideals. Critical care ethics views human life as moving through different states, a dependent child, perhaps less dependent as an adult (though still interdependent), and then once more dependent as one grows old, each state with varying levels of vulnerability. Kittay developed, as an alternative to the Rawlsian liberal ideal, the concept of the doula, which encompasses the idea that “[j]ust as the caretaker has a responsibility to care for the dependent, the larger society has an obligation to attend to the well-being of the caretaker.” This concept would serve to bring to bear a responsibility upon the public, and thus governments, to care for those who are already caring for others, because if care-givers are not themselves maintained (and often due to time and financial constrains they cannot always adequately care for themselves), the care that their dependents receive can suffer as well. The ethics of care can highlight the ways in which governments have responsibilities to their constituents that goes beyond merely respecting their rights. The lens of care illuminates those to whom governments have and should fulfil their own caring responsibilities.

Even though Held and Kittay demonstrate that the ethics of care could address justice issues, there was still a lingering about doubt whether ‘orthodox’ care ethics provided an intelligible picture

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75 This concept is based upon the Greek notion of the doula, the person who cares for the new mother so that the mother may focus upon caring for the child.
77 This idea is expanded upon when care ethics is globalized, and will be examined in Chapter Two. In short, global care ethics allows us to challenge the relations of power that most often hinder persons in fulfilling their caring responsibilities, and also questions why our responsibilities are apportioned in certain ways: i.e. why women shoulder the majority of caring labour.
of reciprocity. The problem is that without an intelligible picture of reciprocity, the ethic of care cannot fully attend to concerns of justice because justice requires a measure of reciprocity to function properly. To address this doubt, care theorists have argued that care theory can provide a coherent picture of reciprocity. In ‘orthodox’ care ethics, Noddings claims that reciprocity is achieved when the recipient of care is able to, through whatever means, acknowledge that care has been given.\(^78\) It need not be verbal or even written, but some kind of body language or even a meaningful moment of eye contact might be enough to qualify as reciprocity. However, this concept of reciprocity is not robust enough for the political realm where actors do not necessarily have such close relations. In the political, it is assumed that something more substantial than mere acknowledgement is required for reciprocity to have occurred.

Kittay returns to the key feature of the ethics of care: our relatedness, to develop a different notion of reciprocity that has a more substantial outcome. If our equality is connection-based, if “we can see each individual nested within relationships of care, we can envision relationships that embrace the needs of each.”\(^79\) All of our relationships are nested, or linked, to one another, and our communities are wide and capable of much. As Kittay explains:

>This chain of obligations linking members of a community creates a sense of reciprocity between those who give and those who receive that raises the expectation that when one is in the position to give care, one will, and when that person is in need another who is suitably situated to give care will respond. It is a reciprocity of those who see their equality in their connection with, and obligation toward, others.\(^80\)

Instead of a traditional ‘pay it back’ notion of reciprocity, Kittay suggests a ‘pay it forward’ understanding. Thus any transaction (so to speak) of care (or rights and duties) is not bi-directional, but a multi-directional web. Our care or our fulfilled duties flow from us and are focused on some other, and in turn their care and duties flow from them to others, and eventually return to us. This formulation of reciprocity based on the ethics of care rejects the idea that care theory could only support reciprocity within kin structures, but instead places an emphasis on the fact that “the affective boundaries of reciprocity are fluid and are not fixed by kinship alone.”\(^81\) Reciprocity is part of critical, feminist care ethics. Instead of reciprocity imagined as a two-way interaction between two individuals, we can picture reciprocity as a series of connections beginning with ourselves, stretching toward particular others, and from those persons on to others, until the connection loops around to us once again. Our web of relations ensures that while those I care for might not have any direct responsibility to care for me, other persons might, and as long as caring needs are met and we

\(^78\) Noddings, 74.
\(^79\) Kittay, Love’s Labor: Essays on Women, Equality, and Dependency, 66.
\(^80\) Ibid., 68.
\(^81\) Williams, 23.
all take part in the work of care, reciprocity is possible. This does not mean that all persons will take part in the web of relations and this less direct kind of reciprocity, but like an ethic of justice, care ethics claims that those who fail to do so are bad moral actors.

Tronto approaches reciprocity by arguing that an ethic of care is important for a just political system, and actually helps to promote a better democratic nation. Tronto notes, “unless a democratic theory deals substantively with the question of ‘who cares,’ it results in an account of politics that misconceives citizens and their lives, overvaluing their lives as workers, devaluing their lives as people engaged in relationships of care.” To do otherwise obfuscates care givers, care receivers, and the sheer amount of care work that is necessary for any society to function. While an ethic of care seeks to challenge inequality, and acknowledges the inequalities present in politics today, it presumes one way in which human beings are all equal (and perhaps that is a good place to begin a political theory): we are all care receivers. If we were to view all citizens as care receivers, then “citizens’ needs for care and their interdependent reliance on others to help them meet their caring needs becomes the basis for equality.”

Justice and care need not be thought of as opposing opposites. They can be theorized as complementary, able to take on aspects of each other, such as equality and reciprocity, or as Virginia Held argues, that care is the wider moral framework into which justice fits as one component. Regardless, by rejecting or at least questioning the primacy of dominant political theories, a political ethic of care can be used to expand the scope of justice, illuminating the ways in which standard theories of justice fail to encompass all persons and human activity, particularly those who do the work of care, those who are dependent upon the care of others, the political implications of difference, dependence, and the work of care itself. Annette Baier notes that in dominant moral and political theories, the important relationships were relationships between equals, and historically those who were not equal often were outside the scope of moral and political thought. Even though previously marginalized persons have often ‘gained’ a measure of equality before the law in most Western states, she argues that we can question the material content of this equality. Certainly some vulnerable groups have achieved desired protections in this way, but it “somewhat masks the question of what our moral relationships are to those who our superiors or our inferiors in power.” It is this insight, that care ethics can be used to assess relations of power that makes critical, feminist care ethics a robust critical lens for the political sphere. The lens of care can illuminate the power

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83 Ibid., 29.
the state has to structure our relations with particular others, which reveals new information about our lives and how we live them.

The ethics of care, when translated into a political theory challenges the traditional public/private divide and expands the scope of justice. In this process, it also interrogates many of the social norms that have often relegated women to the role of the caregiver and subsequent secondary citizen status, directly challenging the third critique of ‘orthodox’ care ethics (that care ethics in fact serves to reinforce instead of challenge gender norms). A goal of critical, feminist care ethics, rather than reinforce the picture of women as essentially carers, is to reject gender essentialism that claims women or men are essentially better at particular roles, i.e. that women are carers and men are providers. Care ethics instead claims that caring is a human activity that men must fully participate in as well. Care ethics can also be used to assess the political implications of gender, and the effect social policy has on different groups of people, such as men and women, but also the implications of race, class, ability, age, and sexual orientation. The ethics of care challenges the gender bias and assumptions present in other strains of moral thought. As Held notes, the ethics of care does not merely “accept and describe the practices of care as they have evolved under actual historical conditions of patriarchal and other domination; it evaluates such practices and recommends what they morally ought to be like.”

Unlike the ‘orthodox’ ethics of care, the political, feminist ethic of care does not say anything essential about women; rather it highlights as a failure any practice that continues to devalue and marginalize the work of care and those who give and receive care, highlighting how different social locations produce different experiences for carers. For example, a white, middle-class woman performs caring labor under different conditions to a transnational male domestic worker from the Philippines. Racialized conceptions of persons, intersected with geopolitical origin, and gender combine to create a complex picture of who performs caring labor and under what conditions: it is this picture that the critical, feminist ethics of care is well suited to examining.

Further, just because the ethics of care describes and investigates an arena that women traditionally have occupied does not mean it equates womanhood and care work, which in turn allows men to receive a ‘pass’ exempting them from care work, or maintain a position of “privileged irresponsibility.” As Kittay notes: “Dependency work is done not only in the home, but in nurseries and hospitals as well. Still, where affectional and domestic labor is assigned to women, dependency work is also assigned by gender.”

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86 Held, _The Ethics of Care: Personal, Political, and Global_, 39.
87 Tronto, _Moral Boundaries: A Political Argument for an Ethic of Care_, 146.
racialized persons are still the majority of dependency (care) workers, and such people are often underrepresented in positions of power, either politically or economically. Care ethics, instead, can become “a tool for critical political analysis when we use this concept to reveal relationships of power.” Those in power are often able to be what Tronto terms ‘care-demanders,’ people who expect to be cared for, but do not do any of the care giving themselves. They seek to be given a free ‘pass’ on the basis of their earning power, or their gender, but mostly because “they are engaged in other activities that they (and, presumably society) deem are simply more important than caring.” Such passes illustrate that there are some for whom caring is not important, largely because it is rendered invisible. The ‘care-demanders’ take for granted the work of maids, child carers, and janitors, among many others. Should care providers disappear, however, the need for care would become very apparent. Persons in positions of power, these ‘care-demanders,’ are just as enmeshed in webs of care as anyone else, the only difference is that they are unaware of it. Indeed, those who rely most heavily on ‘unseen’ care are the most vulnerable to its disruption. However, the lens of care illuminates how power matters, and how care, especially the commodified care of the transnational care worker, takes place within unequal relations of power, often to the detriment of the care worker. These powerful care-demanders frequently hold a position of ‘privileged irresponsibility.’ Often those who hold positions of privileged irresponsibility are those who consume or pay for care, and increasingly women in the global North consume care by employing transnational migrant carers to carry out caring labour in the home, which reinforces inequalities between differently situated women. It is not as simple as a male/female binary, but rather how different kinds of work is valued, such that care is de- or undervalued, and therefore so too are those who perform the caring labour. Increasingly in the global North, migrant women, who experience multiple forms of difference, including racial, ethnic, linguistic, and national, undertake the care work of those who ‘have more important things to do.’ The ethics of care, however, questions the political and social means by which norms about gender, race, national origin, and the work of care itself are reproduced to the detriment of those who shoulder an undue burden of care.

Instead of reinforcing gender stereotypes, care theorists reject the primacy of current dominant ethical and political theories that treat equality as “an association of equals [which] has trained our gaze on one side of the sexual division of labour: the inclusion of women into the male half.” Much work has already been done to bring women, especially in the Global North, into the

89 Tronto, Moral Boundaries: A Political Argument for an Ethic of Care, 172.
90 Ibid., 33.
public sphere, work that was necessary in the fight for gender equality, but it is not enough that women are included in the traditional male realm. Men must also be fully incorporated into the traditional female realm in order for a more material equality to be realized. The political ethics of care challenges traditional gender norms, where women and the female gender have attained a symbolic association with care work, vulnerability, and dependency; where vulnerability and dependency in particular hold negative connotations of failure for an individual under the liberal conception of the person. The ethics of care seeks to relocate the concerns of vulnerability, dependency, and need. Instead of vulnerability, dependence, and need remaining states to avoid or as a hallmark of individual failure, those who are in such states can be viewed as persons who require extra care, full in the awareness that at some point in the past and at some point in the future, all persons require such care. Beyond the usual examples of children (who rely on adults for material and social support), the developmentally and physically disabled (who are usually accorded some measure of aid out of a sense of fairness), the very ill (who might not always receive the same standard of care), or the very old (who again are often marginalized), everyone is in a constant state of vulnerability, dependency, and need. The problem with the political liberal conception of equality is that “vulnerability and dependency easily become separated from the ideal self and localized in, or projected onto others: weak or ‘needy’ people.” Instead, an ethic of care “situate[s] vulnerability, ambiguity and dependency within the moral subject.” Doing so avoids the dangerous othering that might occur when only others are needy. The well-off individual might believe that they are not needy in that they have been able to meet all their needs ‘on their own,’ but this is not the case. Likely someone else cleans their home, tends their garden, cooks their food, and cares for their children or elderly parents, in addition to the goods and services provided by the government and funded by a vast pool of tax payers.

By rejecting the primacy of dominant ethical theories, the critical, feminist ethics of care strives to offer a more complete, holistic conception of human beings because of its view of persons as relational and interdependent instead of as highly individualized and autonomous. The ethics of care is not a female morality or a woman’s ethic, but rather a profoundly human ethic that challenges current conceptions of gender and the gendered division of work and power present in and perpetuated by the current structures of social and political power. While the ethics of care developed from investigations into the unique experiences of women, it sought to use those experiences as a starting point to better understand human relationships and moral issues that had been previously overlooked by traditional philosophy. In particular, a political ethic of care

94 Ibid.
challenges the public/private divide by using care to expand our political concerns to questions of
care work, dependency, relationships and responsibilities, and norms about gender, race, sexual
orientation, and class. In answering the critiques that were levelled at the early ethics of care, later
care theorists created a robust political ethic that brought care to the fore as a public good that must
be part of our political theorizing and understanding of justice. To do otherwise is to engage in
privileged irresponsibility and ignore the real needs of real persons. Political silence on these issues
only serves to reinforce their invisibility, and the invisibility of the persons who do care work or are
cared for by others. This is a powerful political ethic that, at base, rejects the primacy of dominant
political theories, such as the ‘mainstream’ political liberal theory of John Rawls, because a liberal
political theory alone is not enough to address the moral-political problems that contemporary
societies face. Something more is needed, and that is the ethics of care.

From the political ethic developed by philosophers Tontro, Held and Kittay, it is possible to
begin thinking about care theory as something that could be applied globally, not only as a global
ethic, but also a critical ethic that investigates the political underpinnings that serve to perpetuate
the vast scale of suffering and inequality in the world today. Before turning to the critical global
ethic of care in Chapter Two, I will first highlight the practices of care as developed by Joan Tronto.
Understanding these practices is important to foreground the work of Fiona Robinson, who
developed a global ethic of care, where these practices became part of the lens of care that is used
to uncover new information, new motivations, and new solutions to global moral problems.

Section 3 – The Practices of Care
A political ethic of care not only responds to the critiques of early care ethics, but also provides a
positive guide to action that corresponds to the activities of care. Tronto developed an analysis of
the practices of care to provide a more formal means of action in the political realm on the basis of
critical, feminist care ethics. Because it is a guide for action, care must be understood as a practice.
Care as a practice is an alternative to viewing care as an emotion or a principle, but is rather
something that provokes and fosters action, with a goal and a method of carrying it out.95 Lastly,
because the practices of care serve as guides for action, these practices can also serve as a standard
of satisfaction in relation to the process of caring itself. If the care provided does not meet the
standards set out by the practices of care, then the care-receiver cannot be said to be well cared
for.96 These practices work to better clarify what care is, how it functions, and by which standard we
might measure the completion of care. This will be especially important once care is fully integrated

95 Tronto, Moral Boundaries: A Political Argument for an Ethic of Care, 108.
96 Ibid., 110.
into a political framework, because political action needs to have a standard of completion and a scale of success.\textsuperscript{97}

The practices of care that Tronto outlines are \textit{attentiveness, responsibility, competence,} and \textit{responsiveness}. Tronto couples each practice of care with what she calls \textit{phases} of care that signify different kinds of caring that persons engage in, which serves to clarify what otherwise would remain an ambiguous concept. Robinson utilizes only three of these practices, that of attentiveness, responsibility, and responsiveness, folding competence into the other three practices. Robinson also refines all of these practices for use on the global level as discussed in Chapter Two. However, understanding the first formulation of these caring practices allows us to see the difference between Robinson’s work and the work that preceded her.

The first phase, \textit{caring about}, corresponds to the first practice: \textit{attentiveness}. Caring about is where one person recognizes the need for care to take place, but takes no personal responsibility for it. Tronto points out that caring about can be seen in the public realm by society’s response to the homeless, not just the individual response.\textsuperscript{98} To care about, one must practice attentiveness, for if we are not attentive, “then we cannot possibly address those needs. By this standard, the ethic of care would treat ignoring others—ignorance—as a form of moral evil.”\textsuperscript{99} For example, an employer who ignores the fact that an employee is a single parent and has several small children, yet demands they work overtime, would not be attentive to the needs of their employee, and thus we could judge the employer as engaging in morally bad behaviour.

Attentiveness is important because it reinforces the relational aspect of care. Someone must be attentive to \textit{someone else}, such that when I am attentive to another I do so from a particular position. As Alison Jaggar notes:

\begin{quote}
Turning our attention inward as well as outward encourages reflexive consideration of what the agent brings to the situation, her interests, her location, the context, her warrant for intervention. Conceiving moral reasoning as interactive encourages reflection not only on the moral implications for others of action or inaction but also on the implications for the self, how it expresses or develops her moral character.\textsuperscript{100}
\end{quote}

Because part of care ethics is the acknowledgement and understanding of how concrete particulars matter deeply to our moral and political lives, we cannot escape the fact that we are always located somewhere, and are embedded in certain kinds of knowledge. The practices of care are informed by

\footnotesize{\begin{itemize}
\item \textsuperscript{97} For more on using care as a standard of success of political action, specifically in public policy, see Chapter Five.
\item \textsuperscript{98} Tronto, \textit{Moral Boundaries: A Political Argument for an Ethic of Care}, 106.
\item \textsuperscript{99} Ibid., 127.
\end{itemize}}
the different moral epistemology of care ethics, the situated view of the relational moral agent, as someone who must take into account the knowledge that informs our daily lives. 101 This different standpoint underscores the importance of the relational ontology of care ethics. 102

The second phase of care is taking care of and corresponds to the practice of responsibility. In this phase, either the individual or the group assumes some measure of responsibility: “taking care of involves the recognition that one can act to address these unmet needs.” 103 The caring practice of responsibility is where the “responsibility to care might rest on a number of factors; something we did or did not do has contributed to the needs for care, and so we must care.” 104 The notion of responsibly here is flexible, such that one is not necessarily obligated as other moral theories might have it, but rather we fulfill our responsibilities as we are best able, or find another way to fulfill the need if we are unable. Because care ethics recognizes that all persons are more or less dependent upon others at any given time, not being able to fulfill one’s caring responsibilities is not necessarily a failure. It is, however, a moral failure to deny that one has caring responsibilities regardless of one’s ability to fulfill those responsibilities at any given time.

The third phase is care-giving, which “involves the direct meeting of needs for care,” 105 and corresponds to the practice of competence. Care-giving is different from taking care of. Taking care of another can be accomplished through financial means, but Tronto separates out financial support from the physical work of care-giving to underscore two important points. First, that money will not always solve the caring needs of others. For example, although money will provide for higher quality long term elder-care, there still remains the actual labour of caring that needs to be done to attend to the needs of another, which is care-giving. Second, that one cannot substitute taking care of for care-giving. These are not interchangeable phases of care, and as such one cannot count for another, allowing for those who financially support others to maintain a position of privileged irresponsibility. One cannot ignore one’s responsibilities to engage in the labour of being a parent in favour of a narrow focus on financial security, as though taking care of one’s family gave one a ‘pass’ on performing caring labour. Thus the practice of care associated with this phase is competence. One must be a competent care-giver, if one is to give care properly, and competence will guard

101 Walker, 24.
102 However, there is a critique about whether the feminist standpoint of care offers a truly transformative feminist ethic, and it will be addressed in Chapter Six.
103 Tronto, Moral Boundaries: A Political Argument for an Ethic of Care, 106.
104 Ibid., 132.
105 Ibid., 107.
against “[i]ntending to provide care, even accepting responsibility for it, but then failing to provide good care, means that in the end the need for care is not met.”\(^{106}\)

The fourth phase of caring is care-receiving which corresponds with the practice of responsiveness.\(^{107}\) This stage focuses on the one receiving care and can be used as a measure for whether or not particular caring needs have been met. Though Tronto acknowledges that perceptions of needs can be wrong, the need of the carer to proceed with the tasks of care might be less important than the care receiver’s need for something else, e.g. “a person with mobility limitations may prefer to feed herself.”\(^{108}\) Those who receive care, if they are able, should respond in some way so that the care-giver can better care for them. The point here is that the feedback of the one who is receiving care is of vital importance for the care to continue and to ensure that the care is good in so far as it meets the needs of the one who is being cared for.

The practices of care, as outlined here, are not exactly the same ones that are used by Robinson or myself when arguing for a global critical ethic of care. The importance of introducing the practices of care here is to provide a contrast for how Robinson’s critical ethic of care is different from the early, ‘orthodox’ care ethics as well as the political ethic of care that grew in response to the three major critiques of early care ethics. Certainly the global ethic of care retains the focus on relationships, the balance of responsibilities, gender, race, class, and dependence, but it also incorporates and questions norms that perpetuate exclusion and violence, as well as expanding inquiries into the social norms around all forms of difference and how we might best negotiate difference in a political landscape.

From its inception in the late 1970s to early 1980s, the ethics of care grew from an inquiry into the psychology of women’s moral reasoning, into an ethic based upon the idea that moral questions and answers could be found within care work, to a robust political ethic that challenges entrenched patterns of power that perpetuate harmful social norms (particularly those about gender), the public/private divide, and the primacy of liberal theories of justice. A global critical care ethic continues questioning the primacy of dominant liberal political theories. In particular, it questions dominant theories of international relations and the pride of place given to human rights discourses on the assumption that human rights are best situated to address global moral concerns. The ethics of care is a political ethic that can transform the way in which we view complex moral problems in the world today. Using the lens of care, exemplified by the practices of care, allows us

\(^{106}\) Ibid., 133.
\(^{107}\) Ibid., 134.
\(^{108}\) Ibid., 108.
to uncover new information about global moral concerns, provide new kinds of motivations, as well as aid in the development of new solutions to these concerns.
Chapter Two: Globalizing the Ethics of Care

In this chapter I argue in support of globalizing the critical, feminist ethics of care as a means to provide a different and important perspective on the international sphere, encompassing political, economic, and socio-cultural concerns. This perspective, I claim, can give us new information about substantive issues such as global poverty, especially the kind of poverty experienced by those who are marked out as carers (either by gendered, racialized, or geopolitical difference, or any combination thereof), and subsequently provide new motivations and methods of action to remedy such issues. This shift in how we see and address such issues also means that the ethics of care is a transformative ethic. I will closely follow the work done by Fiona Robinson, who has pioneered the effort. It should be noted that I do not argue care ethics should be used instead of international human rights discourses. I believe that human rights discourses offer their own important perspectives and answers to issues of human suffering and injustices across the globe. Rather, considering the complexity of some of the moral contexts that exist in the world today, I hold that human rights is not always the appropriate ethical theory to assess moral contexts, as I will discuss in Chapter Three. There are moral contexts that are better served by using a critical ethics of care as the tool of analysis.

This is not to say that the global ethics of care is without its critics. Daniel Engster claims that although the ethics of care is an excellent tool for critique, it cannot suggest policy or provide guidance for institutional frameworks. If care ethics is unable to suggest solutions to the problems it identifies, then it is not able to function as an instrument of justice as discussed in Chapter One. Kimberly Hutchings makes a dual argument. First, that because care ethics holds assumptions about the universality of care, it embeds gender assumptions into its approach and thus is not an acceptable feminist international ethic. Second, that Robinson’s approach is too inconsistent to have prescriptive force. I will address Engster’s claim in Chapter Four, and Hutchings’ claim in Chapter Six. However, it is important to foreground them here to avoid the impression that the critical global ethics of care is somehow the perfect answer to all our theoretical problems with creating an international ethical discourse. It is not. I doubt that there is any one answer.

1 Robinson uses the word ‘contexts’ instead of issues because Robinson wants to avoid the language of ‘ethical issues’ for three reasons: 1) she rejects the idea that “the issues themselves are in some measure discrete, distinct, and separate from one another;” 2) “because there are ethical issues, there must also be some non-ethical issues in international relations;” and 3) “that the issues themselves may be regarded as distinct from moral values and ethical ideas embedded in them.” (Robinson, 1999, 137. Emphasis in the original.) The ethics of care rejects this separationist mindset, of breaking things down into isolated issues, some ethical, some not, that are free from bias. Instead, Robinson elects to talk about ‘contexts.’
Instead, I take the position that while international human rights discourses can provide valuable insights, human rights need not be our only method to address international ethical concerns. For example, many women’s groups use human rights language to bring attention and legitimacy to their concerns and problems. However, human rights discourses in general lack the ability to ‘look under the hood’ and find the source of those problems embedded within the social, cultural, religious, political, and economic contexts. Another tool is required. The ethics of care is such a tool, allowing us to examine global moral contexts through a new perspective, and provide a better understanding of the root causes of these problems, and new methods for addressing them.

First, I will provide a brief review of the critical (political) ethics of care that grounds global care ethics, and demonstrate how the work of Fiona Robinson is subtly different from other political care ethics, largely in terms of how Robinson defines and mobilizes the practices of care and expressly takes on the ability of care ethics to judge across cultural divides. Second, I will turn to the justification for using the critical ethic of care on a global scale. Third, I will highlight four moral contexts that the ethics of care is well situated to assess to demonstrate how the ethics of care would transform how we see and address global moral contexts. These four contexts are difference, exclusion, gender, and violence as it relates to human security.

Section 1 – A Critical Ethics of Care
Before I provide the justification for using critical, feminist care ethics on a global scale, it is important to reinforce the differences between a critical ethic of care and the earlier ‘orthodox’ care ethics of Gilligan and Noddings, and also to draw out the subtle differences between the work of Robinson and other political care philosophers like Tronto, Kittay, and Held. Recall from Chapter One, that the orthodox ethics of care is typically associated with the private sphere—the home, between friends and family, and the emotional investment of caring—rather than the “wider social causes of suffering and need.” Instead of trying to extend emotional caring to its very limits, Robinson takes the track opened by Tronto, Kittay, and Held, who use care ethics to critically examine the structures of power and exclusion that are present in the world today. Certainly these three political care theorists are critical care theorists, but there are differences between these earlier political/critical care philosophers and Robinson. The main difference is that Robinson focuses on being able to make care serve as a critical standard for international (and therefore inter-cultural) moral and political judgment, and she accomplishes this by developing a different analysis

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2 I use the terms ‘political’ and ‘critical’ ethic of care interchangeably to denote the same thing. A critical care ethic is concerned with the political, and a political ethic of care is inherently critical. They are one and the same.

3 Robinson, Globalizing Care: Ethics, Feminist Theory, and International Relations, 131.
of the practices of care discussed in the previous chapter to increase their scope and their flexibility as tools of analysis.

A critical care ethic focuses on how institutions, norms, and relations of power shape our relationships, either enabling good forms of care or perpetuating harmful ones; care ethics is used as a lens to assess relations. It does not entail the claim that we care equally about all persons in any kind of universal sense, but that “[care] relies on existing and potential relations among moral agents and the capacity of those agents to learn how to listen and respond to the needs of others.”

The critical ethics of care avoids the problem that would occur for global care ethics if we were to base it upon Noddings’ account of care, where caring became less obligatory as relations became more distant. Instead, a critical care ethic suggests that a person’s caring responsibilities are not an injunction to care, but instead it is assumed that we already do care, and we do so in a multi-directional web of relations. The critical lens of care allows us to understand how patterns of power (international, national, economic, and socio-cultural) shape and alter the caring relationships we have with particular others.

This critical lens of care, however, does not of itself create universal norms or rules. Lacking universal norms or rules makes moral judgment difficult and risks devolving into moral relativism. When judging between different moral claims, because the ethics of care does not have a standard set of prescriptions as such, it could be thought that there is an open question with how to judge “the relative validity of those moral claims.” Moral judgments formed in specific contexts might not always be intelligible in a different context. The critique is correct to a degree. Unlike human rights discourses, care ethics does not seek to create a set of over-arching normative rules. For example, the Universal Declaration of Human Rights (UDHR) can serve as a trump or bulwark against harmful values and cultural contexts that we have in the world today. However, the arguments for an ethic of care are based upon scepticism of the possibility of a grand unifying ethical theory that is formalizable, i.e. rule producing. Taken together, it might lead one to the concern that the ethics of care devolves into moral relativism, especially when we recall that the focus of care ethics is supposed to be on the concrete and the particular. This results in questions such as: how can care

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4 Ibid., 40.
5 Noddings, 47.
7 Robinson, Globalizing Care: Ethics, Feminist Theory, and International Relations, 40.
ethics function as a critical tool if it cannot judge the disparate value systems in the world, and how can it be applied globally if it is actually relativistic in terms of its moral outcomes.\(^8\)

In direct answer to those questions, several points can be made. First, care ethics does privilege a set of values and practices: the values and practices of care. Point in fact, care is meant to serve as a critical, universal standard for moral judgments, and importantly care is a standard of judgment that is much more flexible than rights standards.\(^9\) Moral judgment, for the ethics of care, is “based on the possibility of making evident, in particular contexts, what makes [relationships] healthy and nurturing, or oppressive and exploitative.”\(^10\) The normative question is not, solely, aimed at how I fulfil my caring responsibilities, but what aspects of our political and social lives impact (for good or ill) the kinds of relationships and responsibilities I have. Certainly, this formulation is more ambiguous than theories of human rights, but its very ambiguity allows for a greater flexibility in applying critical, feminist care ethics to concrete situations as they arise. The habit of looking for rule-based answers, like those that are produced by international human rights discourses, is not always beneficial nor is it always necessarily going to produce the answer that will solve the problem. It is possible that such answers can sometimes obscure the deep complexity that underlies many global problems, such as poverty, and especially the poverty that women face around the globe, as one example of persons who are coded as ‘carers’. This leads to the second point, namely, the benefits of applying care ethics to international relations is that it will illuminate moral contexts that human rights often overlook or do not even ‘see’ and thus cannot address, such as complex cases of difference and exclusion, both of which have profound impacts on other moral contexts such as gender and violence. The lens of care, then, can be used to expand the limits of moral and political thought.\(^11\) Third, although there is no claim to a specific set of universalizable moral rules, there is one thing that holds across all human cultures: people do live within webs of relationships, and require a bare minimum of care to at least survive. This statement is not infused with any normative content, however, and is instead the ontological starting point of care ethics. A critical ethics of care is another tool by which one can analyse and assess complex ethical situations, in addition to human rights discourses. It is important to reaffirm that I do not advocate an either/or

\(^8\) This is an echo of the argument presented against orthodox care ethics, that it could not address justice concerns. Moral relativism, according to Robinson, states “there can be no criteria for judging between moral systems or for ascertaining a single objective truth.” (ibid., 41.)

\(^9\) The tension between the universal standard of care and the practical aim of care theory to be flexible and sensitive to context will be addressed in Chapter Six.


\(^11\) Benhabib, 164.
situation for care ethics and human rights, but rather acknowledge that both have their specific uses within the international context, and both have their particular benefits.\textsuperscript{12}

Focusing more closely on moral judgment, Robinson’s global critical care ethic uses the practices of care as a standard measure for normative and political contexts. The first practice is \textit{attentiveness}, which means we must accept that there can be no assumed ideal, abstract, or universal moral situation. Rather, those who practice a critical ethics of care “must listen to and learn from the particular standpoint of real individuals.”\textsuperscript{13} The practice of attentiveness requires us to be sensitive to the needs and the situations of other people without ascribing to them the label of \textit{Other}.\textsuperscript{14} Unlike Tronto’s version of attentiveness, which can be understood as ‘flagging’ a problem or perspective, Robinson’s approach to attentiveness requires more engagement, an active kind of listening where we must not only be aware of a moral context, but be prepared to engage and interact with those who experience the particular context.

The second practice is \textit{responsibility}, which is a “primary moral value because [the ethics of care] argues that moral action and social change require a recognition of individual and shared responsibilities.”\textsuperscript{15} Robinson extends Tronto’s practice of responsibility to groups and institutions to underscore the point that institutions have the ability to shape our particular caring responsibilities.\textsuperscript{16} For example, societies have a collective responsibility toward their least fortunate, and the institutions in a society that aid the homeless and hungry allow for collective responsibly to have tangible outputs, and those institutions also serve to structure the way we think about and relate to the least fortunate. If such services are handled by the state, aiding the least well off can be understood as a public good. In contrast, if such services were handled by private charities, aid for the homeless and hungry is seen as optional and even supererogatory. The lens of care shows that the way in which responsibilities are handled by institutions matters to our particular relationships with other people.

The last practice is \textit{responsiveness}, which means the ethics of care is a practical morality with a “concrete vision of agency and action.”\textsuperscript{17} While Tronto’s practice of responsiveness focuses

\textsuperscript{12} See Chapter Three for a larger discussion of the benefits of human rights and the care critique of human rights discourses.
\textsuperscript{13} Robinson, \textit{Globalizing Care: Ethics, Feminist Theory, and International Relations}, 39.
\textsuperscript{14} For someone to be \textit{Other}, in this sense, is that which is alien or different from the particular point of reference, and that being different is often seen as ‘lesser’ or ‘bad.’
\textsuperscript{15} Robinson, \textit{Globalizing Care: Ethics, Feminist Theory, and International Relations}, 39.
\textsuperscript{16} In a more recent book, \textit{Caring Democracy}, Tronto also discusses group and institutional responsibilities, which is very close to Robinson’s expansion on Tronto’s earlier book, \textit{Moral Boundaries}, however Tronto is largely focused on the national, democratic (and thus Western) context, rather than the international. For more on the practice of responsibility in a caring democracy, see Tronto (2013).
\textsuperscript{17} Robinson, \textit{Globalizing Care: Ethics, Feminist Theory, and International Relations}, 39.
upon the care-receiver and the need for feedback, Robinson’s formulation of the practice of responsiveness means that action must follow intent, and do so in a timely manner. Policy cannot be made and then ignored, nor can commitments be agreed to and then abandoned. Intention alone is not enough to garner an actor moral praise. Instead, the moral worth of our interactions are largely dependent upon our concrete actions as they flow from our intentions. A critical ethics of care is not preoccupied with necessarily prescribing morally good actions taken individually, or assessing the moral worthiness of a person’s mental state. Instead, the moral quality of the actions people and—more importantly for my purposes here—instiutions take are assessed by whether or not they fulfil their caring responsibilities and are in line with the practices of care, and if they also enable others to do the same.\(^\text{18}\) For example, in terms of persons, fulfilling one’s caring responsibilities could be understood as the normal day-to-day actions taken by most parents, or by nurses at a retirement home.\(^\text{19}\) In terms of institutions, the practices of care might be better understood in terms of social welfare, how the policies in place can enable individuals to fulfil their caring responsibilities, such as the case with Australia’s carer pension, which provides payments to those who provide care for an elderly or disabled family member.

Through the lens of care, institutions are recognized as forces that shape our relationships with others and in turn how we care for those others. A critical ethics of care takes the basic concepts from the more ‘orthodox’ care ethics and extends it to encompass more than individuals-in-relationships. A critical ethics of care is focused on how entities like governments, corporations, and Non-Governmental Organizations (NGOs) enable or hinder us as individuals-in-relationships to fulfil our caring responsibilities, the hindering of which is what creates the moral contexts that we must address. Next, I will provide an argument for the justification of applying a critical ethics of care globally, as well as highlighting its potential as a transformative ethic.

**Section 2 — Globalizing Care**

I argue that it is not only possible, but also that it is justifiable to use critical, feminist care ethics as a tool of assessment and transformation of global moral contexts. The critical ethics of care is first and foremost a tool of assessment, a method of discovery to uncover what underlying forces have contributed to the production and perpetuation of gross injustices such as extreme poverty,

\(^{18}\) From this point forward, when I write about responsiveness, I am always using Robinson’s conception of responsiveness, not Tronto’s, unless otherwise specified.

\(^{19}\) Here, I am not necessarily discussing the problems with the difference between unpaid (parents) and paid (nurses) care work, nor am I delving into concerns about the poor pay care workers receive and how it can be seen as a part of the devaluing of care. Such concerns are incredibly important, and will be addressed as I continue.
systemic violence, and gender and racial discrimination. Further, one of the more valuable aspects of the critical ethics of care is that it is a theory that, while aiming for transformation, firmly works to deal with the world as it is today. By this, I mean it does not rely on any kind of ideal theory to frame it, nor does it seek to create a sharp break between the present and some transformed future. The kind of transformation that care ethics provides is more reform than revolution, and it is one that is based on new understandings, and also suggests ways that caring practices themselves can enable transformation.\textsuperscript{20} Care ethics can be used by different institutions with different aims, but still be firm in the use of care as a critical standard and a basis for moral judgment, and reinforce the importance of caring practices in our lives. In this section, I will provide an overview of the global ethic of care and in the next section discuss in more detail the unique advantages the ethics of care offers when working with moral contexts centred on difference, exclusion, gender, and violence.

Using a global ethic of care depends upon accepting the idea that the current state of global affairs can be understood as a series of relationships between states, corporations, other groups, and specific people and that the ethics of care can be used as a critical tool to assess those relationships. It is not the mere fact of globalization that makes the critical ethics of care viable as a global ethic. Rather it is the fact that the current global situation “forces us to confront the unique paradox of increasing interrelatedness in the context of profound differences.”\textsuperscript{21} Nations, companies, and people live within a web of global relationships, which requires us to be guided by the practice of attentiveness in order to understand how individual lives are constituted by their particular location within this web of global relations. If one accepts that relationships provide multiple seats of moral concern, and that the critical, feminist ethics of care is well suited to assessing relationships, then it follows that the ethics of care can be used in a global context because relationships exist between international entities. It cannot say whether someone’s mental state is virtuous, or whether someone’s rights have been met or violated. Both of these assessments can still be incredibly valuable, but they do not themselves hold all the answers to the often-complicated ethical situations that exist the world over. The ethics of care instead can assess the moral content of the relationship between international actors, and it can also go beyond simple assessment to a critical questioning about what a bad relationship is and what makes that relationship occur in the first place. These relationships can perpetuate patterns of unequal power, difference, and exclusion, and it is the simple fact that these relationships exist that justifies our ability to use a relational ethic like care ethics as a tool of assessment of the current global order.

\textsuperscript{20} Conradi, 118.
\textsuperscript{21} Robinson, Globalizing Care: Ethics, Feminist Theory, and International Relations, 45.
To illustrate the value of using care ethics to assess international relationships, consider the ‘global care chain’ where some women migrate from their home countries to a host nation in order to find better paying employment. Many of these migrant women work in homes, care facilities, or as nurses to make up for a care deficit incurred by women in a host nation working outside the home, a lack of people willing to take on low-pay, low-status care work, or a nursing shortage.22 These migrant women are often mothers themselves, who leave behind children and family, to whom they remit much of their pay. Those children in turn need looking after, so often local women in the home country are nannies themselves, leaving their children behind to look after the children of a woman working overseas.23 These care chains are not the product of so-called ‘free choice’ (and in Chapter Three I briefly discuss how the lens of care illuminates ideas about freedom and choice), rather there are global “interlocking systems of oppression that produce domestic workers and the women who depend upon them.”24 By ‘produce,’ it is important to make clear that transnational care workers are not imagined to have no choice, no autonomy, or cannot resist the forces of globalization as though they were perfectly overwhelming. Rather, the point is that the current patterns of power that exist locally and globally produce the set of choices that some women face, and the acknowledgment that these choices are sometimes so constrained as to not be ‘free.’25 Transnational workers certainly make choices, and do so with the best information they have available to them, and have already begun to resist the relations of power that, in part, constitute their lives as domestic workers. For example, the International Domestic Workers Network operates in 47 countries and is made up of over half a million domestic workers.26

The patterns of power that produce the choices domestic carers face are an interplay between norms about gender, care work, ‘productive’ work, national and foreign policy, and economic and social pressures combine to create the factors that: 1) pull women toward wealthy nations to fill the care deficit created by ‘Western’ women engaging in the labour market; and 2) push women out of their home countries to provide more material security for their own dependents. As Fiona Williams notes, there is a marked preference, at least in some European countries, for ‘mother substitute care’, and notes that equality for some women has come to mean a deeper inequality for other women, those who take up the undervalued work of care that ‘working’ women no longer have time to perform.27 As Allison Weir argues, the primary focus must

23 Hochschild, 19-21.
25 See Chapter Three for what I mean when I say ‘free’ choices.
27 Williams, “Markets and Migrants in the Care Economy,” 26-7.
be on the immigrant care workers and the question of whether “they would be doing these jobs at all if the global economy did not force them to leave their impoverished home countries to care for the children of the wealthy,”28 does more to directly address the fraught position that the transnational care worker inhabits. Examples of the global care chain will be present throughout this thesis and serve as a prime scenario to illustrate how the lens of care can offer a different perspective than human rights discourses, which I will address in Chapter Three.

Another point in favour for using care ethics internationally is that the focus on relationships means that when assessing the moral impact of any political, social, or economic policy, there is a different standard of what it means for human beings to flourish and thrive where care and its ‘reproductive’ tasks are just as vital as traditional ‘productive’ labour. Care ethics, and its practice of attentiveness, turns our gaze to aspects of globalization that are not often ‘seen’ by some of the more mainstream human rights discourses. For all that I have discussed the importance of fulfilling one’s caring obligations, it is just as important to assess “the way in which moral and social responsibilities are assigned and distributed within different social-moral systems, and examining the attendant power relations and material consequences of those distributions.”29 For example, consider the ‘double day’—where women engage in paid work outside the home and caring work at home—that many women experience as a ready example to demonstrate the ways in which social responsibilities are often unevenly and unfairly distributed. The reasons could be a lack of state protections for parents to have flexible work hours, socially reinforced norms about women, not men, being carers, or a combination of both that contribute to the continued existence of the ‘double day’.

When the concerns of care are understood as vital to human flourishing, we can begin to see how the critical ethic of care can transform our understanding of global moral contexts. Using the lens of care, we can begin to picture a world of profound interdependence, and use the practice of responsibility as a guide for how to assign our caring responsibilities, personally and institutionally. The increased interconnectedness and interdependence of the world means that our relationships with distant strangers are not so distant as we might think, and that all humans (not only women, and not only women in and from developing nations) would greatly benefit from rethinking the relationship between work and care, which could contribute to greater human flourishing around the world. Robinson notes, “The tasks of social reproduction—including fostering the virtues of caring and the carrying out of the practices of daily caring work—would be seen as important forms

of civic participation.”  

She acknowledges, however, that this would not be the only part of civic participation, but an important one that makes caring a part of the lives of all persons.

In focusing on the relational aspect of human existence and flourishing and the concerns of care, one of the global moral contexts that a critical ethics of care brings to the fore is the specific disadvantage women experience globally, and specifically in the Global South. Although there are substantive issues with determining whether or not there has been a ‘feminization’ of poverty, it is at least true that by some of the most popular poverty metrics, such as the World Bank’s International Poverty Line (IPL), that the situation of poor women is not well documented or understood.  

Further, because the IPL is a metric based on households, it cannot encompass the ways in which the distribution of household resources is unequal. For instance, “more money is often spent for boys’ education than for girls’ and on health care for men and boys than for women and girls.”  

Nor can the IPL necessarily assess the ways in which migrant workers might earn more money than in past decades, but their families are still poor. In spite of an increase of women engaging in paid work, especially in export-manufacturing, there has been “a continuing erosion of their potential and existing social entitlements,” entitlements that often supported women such as childcare, elder care, and health care. Further, because women’s “lives as workers cannot be separated from their lives as carers,” friction is created between the women who work and their employers because of the assumption that work and home should be separable. This is one of the many pressures experienced by women, because while there is an increase of women in wage work, women are also heavily relied upon to supply non-paid care work for their family to survive. One answer to the problems women face in working in many developing countries has been the International Labour Organization’s labour rights and standards. However, the problem is that such standards and rights are constructed as ‘gender-blind,’ which does not give enough space to the understanding that the reproductive work of care is just as important to the survival of families as the productive work of paid labour. Instead, the ethics of care is sensitive to the ways in which gender, race, geopolitical location and power work together to marginalize some women. For example, poorer women often lack access to reproductive health, but are nevertheless accountable

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30 Ibid., 20.  
32 Ibid.  
34 Ibid., 326.  
35 The problem with ‘gender-blindness’ as a virtue is that it ignores the ways in which gender deeply matters to our moral and political lives. This idea is expanded upon in Section 3.3 of this chapter.  
for their children as though they had the same choices as women who do have that access. This ‘double-bind’ as it were, demonstrates that serious attention must be paid to the particulars of the root causes of women’s poverty, and we cannot be tempted by the luxury of assumptions.

Critical, feminist care ethics challenges how we view the relationship between work and care, and brings forward the understanding that care is necessary for human beings to survive and thrive, that is, to flourish. Our caring responsibilities certainly exist, and the caring practice of responsibility in critical care ethics demands that we investigate why they exist as they do now, and make clear that there is nothing ‘necessary’ about their current configuration. This leads to the transformative force of care ethics. The shift in perception necessary for this kind of transformation does not need to originate from the state, because “care as a critical practice can itself inspire and challenge conventional thinking.” Transformation itself is something we practice, and we can understand transformation as something that we do in relation to and with particular others. The possibility of social transformation through the practices of care are based on the idea that when we act differently we are doing two things at once: 1) “demonstrating how to act better;” and 2) “counteracting bad practice, such as improving bad conditions or flawed organisations.” Such transformations are already occurring in developing countries around the world. Different organizations of women workers are coalescing in order to protect the interests of their members and to help them balance ‘productive’ work and caring labour in ways that do not leave them with the larger share of the sum total of the two. Such organizations include Nari Uddug Kendra and Uthsao and Phulki in Bangladesh, and the very successful SEWA (Self-Employed Women’s Association) in India. These organizations enact different kinds of practices, demonstrating that there are other ways to act that can meet their needs, and working against the bad institutional practices that led them to create their own organizations in the first place. They are demonstrating how the state should have been treating them, and as such practicing the transformation that the state would not enact itself. Additionally, success stories such as the ones listed above could very well serve to call attention to the ways in which governments and other institutions have failed the very people they should have been supporting. These organizations serve to demonstrate that there was a gap in governmental support and we can use the lens of care to question why that gap occurred and what made it politically acceptable.

Lastly, a critical ethic of care is not simply a way to protect human flourishing within relationships, but to provide direction for ethical (i.e. morally praiseworthy) globalization. The

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38 Conradi, 123.
39 Ibid., 124. Emphasis in the original.
increased interconnectedness of persons and institutions is an ever more visible factor of human life. Simply looking at where my food comes from demonstrates that national isolation is hardly possible or a truthful picture of the world for most states in the early 21st century. The question becomes how to best adjust social and political policy to globalize ethically, given the interconnected nature of modern human civilization. Using the lens of care, core moral problems would shift from what rights to protect and how to protect them, to issues about dependence, vulnerability, and the relations of power present in the world that can prevent human flourishing. With different core moral problems identified, there would be a subsequent shift in the kinds of policy and government programs that are in place. Ultimately it would mean “fostering a global culture of care.” While the values of care would be prioritized, that does not mean that care would be romanticized. One of the benefits of care ethics is that it is self-critical, as it must always guard against concerns about parochialism or paternalism. It can be self-correcting, because central to care ethics is the knowledge that others do not share our own background assumptions, and the theorist must be sensitive to that in a real and meaningful way, guided by the practice of responsiveness. This means that the ethics of care is well suited to uncovering deeply held norms that pervade the current global order. It is to some of these norms that I turn to next, demonstrating how the ethics of care can shed light on these often unseen or ignored global moral contexts.

Section 3 – Global Moral Contexts
The focus of this section is to provide concrete examples of the capacity of the critical, feminist ethics of care to assess global moral contexts and provide a critical analysis. The transformative effect of applying critical, feminist care ethics will be addressed in Chapter Five where I discuss the intersection of care ethics and public policy. Here, I am more interested in demonstrating one of the benefits of a critical ethics of care, which gives greater attention to the background conditions of inequality and injustice. Many of these background conditions have to do with issues of social reproduction, which are necessary for human life to continue. These issues include the division of responsibility for care labour in the home and the community, the lack of resources for care, the status of care workers, and that care work is either low-paid or unpaid, which sustains a cycle of inequality and exploitation. One of the major areas of investigation for global care ethics is the transnational migration of care, i.e. ’global care chains.’ These complex chains of care demonstrate that care is a transnational issue, that care shortages matter, and that perhaps norms about care and

41 “Care, Gender and Global Social Justice: Rethinking ‘Ethical Globalization’,” 22.
work need to change, especially norms that foster racial and gender inequality. All of these issues are reflected and influenced by macroeconomic policies instituted by both domestic and multinational institutions.

A related benefit of examining these contexts through the lens of care is that the analysis that care ethics provides presents a challenge to the norms that underlie these issues and create systemic marginalization and vulnerability on a global scale. The norms around difference, exclusion, gender, and violence are primary examples of sites of moral concern that can be assessed and investigated by the ethics of care. Further, this analysis can provide a different perspective on the ways in which we understand such moral contexts. This different perspective, in turn, can provide new reasons to act and new sites of potential transformation.

As will be more fully explored in Chapter Three, contrasting the ethics of care with a standard human rights approach can provide very different perspectives on injustice. Human rights, while often used to identify an existing site of inequality or injustice, does not necessarily tell us anything about why a particular injustice occurs in the first place. For example, we accept that there is a human right against racial discrimination. However, this right only says that racial discrimination is wrong; it does nothing to investigate why someone might hold racist views, nor can it challenge powerfully held racist views. The proclamation of rights tells us “very little about why [some] are unable to exercise those rights.” The ethics of care, on the other hand, would seek to examine why someone would hold such views in the first place, and perhaps finding that there is a feedback loop between pervasive social norms, legal sanctions, and personal ignorance. Then, one might be able to not only determine that racism is, of course, wrong, but is also able to understand how racism can take hold in the first place. Of course, simply understanding something does not automatically fix the problem, but my contention is that a deeper understanding will provide a wider range of options when attempting to combat pervasive and insidious problems like racism, where often times the reasons a racist holds for being racist are not that clear to even her or himself. Greater understanding leads to greater potential for transformation.

\[\text{Footnotes:}\]
44 Recall I am using ‘contexts’ as Robinson does, instead of calling them ‘problems’ or ‘issues.’ See Footnote 1 in this chapter for a more detailed explanation.
45 Robinson, *Globalizing Care: Ethics, Feminist Theory, and International Relations*, 49.
Section 3.1 – Difference

One of the main benefits to using the critical, feminist ethics of care for global moral contexts is that it can be a more nuanced and subtle approach to handling problems and issues that arise from the need to balance increased connectedness and the profound differences that still exist in the world today. Using the lens of care, we see that difference should not be erased nor should it be an excuse to continue to avoid matters of deep moral concern. Instead, the ethics of care prioritizes “[r]ecognizing and respecting the worth of human differences”\(^{46}\) in order to challenge notions that simply treating others as the same is enough to combat injustice. The ethics of care instead denies that difference necessarily creates social distance, nor does it assume that assimilation of difference is the solution.\(^{47}\) Rather, an ethics of care, with the practice of attentiveness, questions background assumptions about what “makes some differences salient and others unimportant.”\(^{48}\)

Difference is best understood as existing “in the context of a relationship.”\(^{49}\) For differences to be identified, a relationship must exist in order to give that difference meaning. For example, consider the Filipina women who migrate to Canada through a guest worker program. Many of these women leave behind their own children to care for the children of often, white middle-class women. The Filipina nanny and the family that hired her have a relationship, as do the governments of Canada and the Philippines, and one of the results of that relationship is the guest worker program. The inequality between Canada and the Philippines in terms of bargaining position and overall standing in the global relations of power is a part of how the relationship between the family and the nanny are constructed. Canada, and thus the Canadian family, has the greater parity of the power, and as such has more ability to exert that power over the Philippines and the Filipina nanny. Without the transnational guest worker program, Canadians would not necessarily construct Filipinas as being prime candidates for domestic work. The lens of care, here guided by the practice of attentiveness, can uncover how public policy, like the guest worker program, can foster and perpetuate forms of difference, especially racialized forms of difference in this instance, that serve to conceptually connect non-white women and good provision of care. As Allison Weir notes, eliminating race and class oppression is vital to overcoming gender oppression as well.\(^{50}\) These differences in race and class allow for the perpetuation of harmful conceptions of others, and also stand in the way of larger gender solidarity, dividing women into care-consumers and care-providers. If we are to resolve the problems that constructions of difference can generate, we must be aware

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\(^{47}\) Robinson, *Globalizing Care: Ethics, Feminist Theory, and International Relations*, 100.

\(^{48}\) Ibid.

\(^{49}\) Ibid., 155.

of the ways in which difference itself is perpetuated through norms, institutions, and other relations of power.

Difference is constructed in relationship, and those relations are also shaped by the very norms surrounding how difference is handled and perpetuated, and difference can be further reinforced through “the structural and normative inequalities present in the global capitalist political economy.”\(^{51}\) How difference is constructed can serve to render some persons as Other, as someone who is only fit for certain kinds of work, or a certain place in the world, that does not hold the same kind of assumed worth that other roles are favoured with, such as that of a professor or doctor or even a white collar office worker. This kind of difference can be linked to the worth of a person, where those who engage in caring labour are often seen as worth less than those who engage in ‘productive’ work. Further, when disparate groups hold to different value systems, this can be used as a reason to not engage in a shared moral project at all.

Importantly, the caring practice of attentiveness requires us to engage with the racialized context of care, and how “changing regimes of care provision reconstitute, for better or for worse, existing racial divisions of labour.”\(^{52}\) Canadian women are often seen as ‘freed’ from having to be a stay-at-home mother, having to be seen as ‘essentially’ a wife and mother. Feminism has done a great deal for Canadian women, and millions of other Western women, gaining such women entry into the workforce. What has not materialized alongside such liberation, however, is a corresponding cultural shift that would firmly de-couple women and child rearing, incorporating men more fully into the sphere of domestic labour instead of allowing care to ‘pass on’ from men to women or racialized ‘other’ persons. Some women avoid having to work a ‘double-day,’ by hiring nannies, and in order to keep costs down it is easier to hire women\(^{53}\) who will do good work but for less money. Here, it is possible to see a very subtle, racialized kind of difference at play in situations like this. For example, Filipina women are construed as ‘different’ from their often-white employers, in that they are considered more suited for domestic work, trustworthy in terms of childcare, and willing to accept less pay than full Canadian citizens, by virtue of the image of the ‘good Filipina mother.’ Further, the labour rights that protect a Canadian citizen from workplace abuse do not necessarily extend in full material form to the Filipina nanny. Because the material circumstances are very different, and there is so much less oversight in domestic work, treating the citizen worker and the transnational domestic worker as the same does not necessarily prevent or call attention to

\(^{51}\) Robinson, *Globalizing Care: Ethics, Feminist Theory, and International Relations*, 114.

\(^{52}\) Williams, "In and Beyond New Labour: Towards a New Political Ethics of Care," 484.

\(^{53}\) And it is often women who are hired to be nannies, reinforcing the possibility that there is still, in our socio-cultural structure, something that deeply links women and children that results in a marked preference for women to be caretakers instead of equally qualified men.
possible sites of injustice. Then, because the Canadian family lives in close proximity with the Filipina woman, the assumed differences can be reinforced and perpetuated because their main contact with Filipino persons and culture is with a Filipina domestic worker. How we define people as different and therefore as deserving different kinds of protections is also part of the social construction of difference. This is important to understand because difference is often a prelude to harmful exclusionary practices.

Section 3.2 – Exclusion
Exclusion is often predicated upon and can also produce perceived, negative types of difference. In the international system, exclusion is often accomplished through citizenship and a sense of national belonging, and at the same time defining the self in relation to Others. Iris Marion Young examined this political phenomenon in the context of racial and social groups within a state, noting that “[t]he ideal of community [...] validates and reinforces the fear and aversion some social groups exhibit toward others.”54 This can also hold true for the nation-state, when the nation itself is idealized as being composed of certain kinds of persons, this underwrites the exclusion of those who are different from the ideal. The critical, feminist ethics of care can offer an important lens on exclusion because of the “construction of identity linked to citizenship and nationality.”55 The practice of citizenship and identity building in relation to a particular nation-state necessarily excludes others, marking those non-citizens as different from citizens and imposing a structure on our caring responsibilities. This is not to say that states themselves are the problem, or that they should be abolished in favour of some sort of world government. Rather, the point is that when pursuing a theory of ethical globalization, we must be attentive to the construction of identity and patterns of exclusion that serve to keep billions of people in positions of insecurity, as well as how the work of care itself can be obscured from deeper consideration.

Just like difference, exclusion cannot happen without a relationship.56 It is always within the context of two or more actors. The ethics of care, as a relational ethic, is well suited to uncovering the often complex ways in which international organizations and national governments interact, with the global rich often being able to dictate terms to the global poor. Care ethics, guided by the practice of responsibility, can also critically assess how those exclusionary international relationships...
impact the lives of real people within the context of their concrete personal relationships, because norms and institutions shape how we carry out our caring responsibilities. These kinds of tensions are played out all over the world. Let us once again use the example of the Filipina domestic worker holding a place of employment with a Canadian family. She has left her home country, and in predominantly Caucasian Canada she is an ethnic minority, unable to gain the same benefits of citizenship in her host country. She is excluded from the benefits of the country in which she lives, even though she might pay taxes to that country. She is responsible for the care of children who are citizens, but is not a part of the family. Further, this woman is in a unique position of vulnerability, often unable to demand overtime pay, days off, and is dependent upon a visa to continue to work.

While perhaps none of her rights are being violated, at least not in a civic sense, she is certainly not ‘one of us’ to Canadians, but rather ‘one of them’, an Other, someone who is present to do the work that no one else wants to do. Her difference is part of her exclusion from the larger discussion about why there is a demand for transnational migrant labour, or why Western women and men feel the need to hire domestic workers in the first place. In a more material sense she is also excluded, by her lack of citizenship, from being able to vote to strengthen domestic labour laws, as well being unable to use her own voice to give vent to her concerns. The Filipina nanny in this instance faces more than one type of exclusion: from having a political voice and from having her care needs attended and responded to. Her relative lack of power in the context of others having much more power over her is part of what allows such exclusions to happen in the first place. Through the lens of care, we can see that when the balance of power is so heavily skewed, the globally disadvantaged cannot always put pressure on the more powerful to deal fairly with those who are often marginalized and excluded.

Critical, feminist care ethics would also challenge the ways in which considerations of care are also excluded from public concern as well. This exclusion of care from public concern occurs not only through legislation, but through accounting metrics as well. The United Nations System of National Accounts (UNSNA) is still one of the most widely used accounting metrics, but it relies on a ‘consumption boundary’ where “many domestic and personal services […] do not ‘count’ when they are produced and consumed within the same household.” This allows for the work of care to be rendered invisible, to be excluded from conceptions of ‘work’, which serves to keep the work of care and those who provide it (often women, and/or racialized persons from different geopolitical

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locations) from public consideration and understanding. When care is relegated to the private sphere, when it is seen as only a moral consideration for the family or close friendships, then we exclude from view the ways in which care is profoundly shaped by political, economic, and cultural patterns of power. Rather, if as I argued in Chapter One and Section 2 of this chapter, we understand that institutions profoundly shape our relations with particular others, and that how we care for others is not necessarily fixed (i.e. there is nothing ‘natural’ about any of the ways we currently provide care), then care itself must be included in political discourse, nationally and internationally. The imperative to include care in international politics is predicated upon the understanding that not only do national policies have international scope (in the case of the Filipina nanny, or cases of immigration or refugees), but that the practices of care, especially how caring responsibilities are portioned out between persons, are already internationalized. We must be able to understand the current migration of care work between nations, and the lens of care ensures that we include these concerns when we reason internationally.

The ethics of care, as an analytical tool, seeks to uncover the ways in which exclusion is created and perpetuated throughout the international realm. The question of exclusion—who counts and who does not count—has been long a part of what political philosophy has been very concerned with. For example, in the last few decades there has been unprecedented economic growth, but this growth has not been evenly distributed. While the so-called West (or Global North as some label it) has profited, many nations in the Global South have more debt, greater levels of “poverty, hunger, exploitation of labour, destruction of the environment, [and] cultural devastation.” This unequal playing field, in part propped up by the construction of difference, can determine who has a ‘voice’—or at the very least whose ‘voice’ is the ‘loudest’—in the conversation about globe-spanning issues, like international trade agreements, or environmental protections. The trans-nationalisation of care work exemplifies the unequal power relations that exist in the world today, because a care deficit in one part of the world creates enough of a demand for labour that some women from other nations become migrant care workers to fulfil that demand, and leave behind them a care deficit in their home country. These unequal power relations allow the continued exclusion of care workers, and even the concerns of care itself, from political consideration, thus shaping our caring responsibilities.

60 Tronto, "Care as a Basis for Radical Political Judgments," 145-6.
61 Williams, "In and Beyond New Labour: Towards a New Political Ethics of Care," 486.
63 Williams, "In and Beyond New Labour: Towards a New Political Ethics of Care," 485-6.
Section 3.3 – Gender

The ethics of care is, at its roots, a feminist ethic, and as such it expressly examines the lives of women. However, it is important to consider more than femininity and how women’s lives are lived. The ethics of care, constructed as critical tool, can be turned to our constructions of gender on a larger scale. It is important to take a critical eye to the construct of masculinity just as much as the construct of femininity. Both concepts of gender shape the world that we live in and influence the moral choices that all people make. The ethics of care considers the moral implications of gender beyond basic social justice, which turns on the idea that no one should be discriminated against on the basis of their gender. Instead, the ethics of care asks how being gendered alters the way in which we experience the world around us, and how that gendered experience can be understood as a site of moral concern. However, the point is not to say that there is anything essential about men or women, nor is it to say that our individual behaviours are the target. Instead, the goal is to look at the ways in which institutions and norms shape our relationships as well as our constructions of gender. Further, because now there are fewer formally stated prescriptions based on gender in people’s lives, especially in the West, the ways in which being gendered affects a person’s life is often subtle and not explicitly obvious. Care ethics, through the practice of attentiveness, can be used to draw attention to these less obvious problems and through critical analysis identify possible sites of transformation. Although gender, by itself, is not the end of analysis, because the ethics of care is able to acknowledge the intersection of race and geopolitical location to how gender is constructed. However, in this section I focus on gender in isolation to bring to the fore how care work itself is deeply linked to our conceptions of femininity and masculinity in order to challenge our gendered assumptions about care work and resist the continued devaluation of care.

Typically, the critical, feminist ethics of care focuses on how the feminization of care is legitimized and sustained, and that of care as a social and economic issue. This can be understood as the ways in which caring work is relegated, through official and unofficial means, to women. For example, women are overrepresented in professions like early childhood care, elder care, nursing, and other kinds of employment that are primarily concerned with caring reproductive labour. This overrepresentation can in turn reinforce the idea that those are positions and tasks that women are suited to, that is, caring is a feminine activity. In contrast, the ethics of care claims instead the idea that caring is a human activity, and that all people regardless of gender must fulfil their own caring

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65 Ibid., 36.
responsibilities. Because of this focus, often norms about masculinity have been pushed to the sidelines; however, the norms of femininity are linked to the norms of masculinity.\textsuperscript{67}

Norms of masculinity have often been applied to those who are biologically male, whether they agree with them or not, much the same as how femininity has been applied to women. However, the idea is not to target specific individuals through a critical care ethic, but instead to assess the institutional means that produces and perpetuates these gender norms. Using care ethics, we can uncover the ways in which gender norms are perpetuated through institutions, and the relationship between the conceptions of masculinity and femininity. Just as many gender norms for women seem to reinforce the idea that women are, at base, carers, it seems that many gender norms for men either privilege non-caring activity or go so far as to stigmatize men who do engage in caring reproductive labour. In contrast to women, men are overrepresented as CEOs, politicians, soldiers, and in the STEM (science, technology, engineering and math) fields. Men are expected to engage in ‘productive’ work outside the private sphere or domestic concerns. Further, because men have been in these kinds of positions for so long, it reinforces the idea that men are suited or best equipped for such kinds of work. These male-centric norms have been termed \textit{hegemonic masculinities}, and are not taken as anything essential about any individual or even all men. Rather, “[hegemonic masculinities] explains a set of fluid, socially constructed norms about ’maleness’ that are constituted by and embedded in social structures and institutions.”\textsuperscript{68} Families, schools, work places and other institutions all contribute to the gendering of an individual, and this holds true for norms about masculinity as well as norms about femininity.

Yet this gendered division of labour, in and of itself, is not the whole of the problem. The problem deepens when one type of work is seen as ‘better’ or as more praiseworthy than the other. Often, it is productive work, not reproductive labour, which is seen as the ‘better’ option, more ‘fulfilling,’ or even able to infuse the productive worker with greater moral worth because they have ‘contributed’ to society as a whole. This is in contrast to reproductive labour, which has the connotation of not contributing anything material to society, and often those who engage in reproductive (care) labour are in greater positions of vulnerability due to lower lifetime earnings and less economic security. Even the emotional attachments that are a part of care work can render those who do care work more vulnerable, “discouraging them from demanding higher wages or changes in working conditions that might adversely affect care recipients.”\textsuperscript{69} Not only is one type of

\textsuperscript{67} Robinson, \textit{The Ethics of Care: A Feminist Approach to Human Security}, 82.

\textsuperscript{68} Ibid., 39.

\textsuperscript{69} Folbre, 607.
work less valued, but those who engage in care work (paid and unpaid) are often in far more vulnerable positions than those who engage in ‘productive’ work.

Thinking further on the case of the Filipina nanny and the Canadian family, we can see how the ethics of care can be a tool of analysis, revealing the ways in which gender can be a moral context by being attentive to the particulars of the case. In this situation, we can ask questions such as: why is so much of the domestic pressure on women in Canada such that many women deem it necessary to hire a nanny, and why do male partners not perform an equal amount of care work? Do employers not offer flexible hours to allow for picking up children from school, do they not offer paternity leave, or offer only marginal maternity leave? Who does the Canadian government accept as guest workers, and whom do they turn away? Is it mostly women who are allowed in the country to work because they are ‘better’ domestic workers? Are men not hired at the same rate because they are ‘not good’ in the domestic sphere? Additionally, we can also ask what the pressures are in the Philippines that drive these women to seek work abroad. It is not only about the gender norms of the host country in this instance, but also about the ways in which women view their own nation and how the gender dynamics of their home can put pressure on them to care for friends or family in the only way available to them: by leaving. Taken together, it is possible to see that the gender norms involved allow Canadian (and presumably these situations occur in most other highly industrialized Western nations) women and men to abrogate their caring responsibilities, at least insofar as they pay someone else to rear their children. For although hiring a nanny might ensure the children are looked after, the parents in such cases are not themselves meeting the standards of care with regard to their own children. Further, the situation means that Filipina women ‘choose’ to neglect their personal caring responsibilities in order to provide for their children, leaving their children with female relatives or a close female friend, or even hiring a nanny of their own with their remittances.70

Considering care ethics views relationships as a seat of moral concern, then we can see how the ethics of care deems the above situation morally problematic. The systems, institutions and the gender norms in play allow a select few to avoid their caring responsibilities by having others neglect their own. This example serves to highlight the role institutions play in the construction of gender roles, and the ways in which they contribute to morally problematic contexts where women are linked to the ‘lesser’ work of care, while men are expected to pursue the ‘better’ productive work.

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70 While those women who become migrant care workers do, in some sense, choose to leave their families to work abroad, it is not an unbounded choice. It is a choice predicated on sometimes very desperate needs. I do not discuss the gray areas of choice here, but it should not be controversial that transnational migrant workers are not making a completely ‘free’ choice. See Chapter Three for a discussion on the ‘free’ choices that some women have to make, and that they are really, as Allison Weir calls them ‘impossible choices.’
This example also underscores the privileged status ‘productive’ work receives. This is another instance of ‘privileged irresponsibility,’ whereby people, most often men, receive a ‘pass’ from their caring responsibilities due to ‘providing’ for their family in a monetary sense. This idea is predicated on the still pervasive idea that men are the breadwinners or the economic earner in the family. Further, their status as the economic earner means that men are in a position of greater power socially. Privileged irresponsibility does not necessarily break down when women enter the work force either. Although the ‘double-day’ is still a concern, this example demonstrates that women can engage in privileged irresponsibility as well, and still perpetuate racial and gendered assumptions about caring labour.

The lens of care allows us to understand how both men and women are “affected by the institutional context in which care is provided,” and that the issue at hand is not that of feminine values against masculine values, but “how to reconfigure femininity and masculinity in ways that could move us towards more gender equality along with higher quality of care.” The transformative potential of care ethics with regard to gender lies in the understanding that even merely questioning the validity of current gender norms weakens the norms and the institutional support for those norms. Once we begin to question the power that gender norms have to shape our caring relations, we are then able to understand that not only are gender norms changeable, but so are our relations of care. There is nothing ‘natural’ about the way in which care is currently provided, and challenging these assumptions is the first step we must take if we are to have more material equality between the genders and in terms of who provides the work of care. Although as per Robinson’s practice of responsiveness, it is true that we must do more than question norms if we are to achieve the kind of transformation that is the ultimate goal of the ethics of care. Doing so requires a reimagining of public policy, which I will address in Chapter Five. Next, however, I turn to the care analysis of violence and human security.

Section 3.4 – Violence and Human Security
A persistent concern in international relations is how to conceptualise and understand violence, and there are doubts that “the ethics of care can appropriately address violence against women, from violence in intimate relations to the so-called public violence of wartime.” Yet, these types of situations are ones that an ethic of care should be able to address. Care ethics does acknowledge, “that violence is an aspect of human reality that must be expected, but we can successfully work to

71 Folbre, 609.
72 Ibid., 612.
73 Ibid., 610.
Violence is a part of human life as it stands today, and the critical, feminist ethics of care is aimed at reducing the legitimacy of the use of violence locally and globally. Questions about violence can be understood to be about human security, a field of inquiry that has arisen in contrast to the field of national security. The question has become about the survival of individuals, instead of the survival of states. A lack of security can be understood as many things, but often it is the position of being vulnerable, marginalized, and poor, a condition that roughly 1.2 billion individuals inhabit today. Like the other global moral contexts previously discussed, the lens of care, and its attendant practices, can be focused on the topics of violence and human security to identify underlying causes and possible sites of transformation.

The more nuanced approach of critical care ethics can uncover the ways in which insecurity and violence are made possible by not only economic conditions but also through moral understandings related to gender and the ways in which women and other carers (racialized women and men, and transnational carers from the Global South) have been devalued on a global scale because of cultures or ideologies that “denigrate the moral values and activities associated with caring.”

Further, this is not only a moral problem, but a political problem as well, because the ways in which violence is either made legitimate or illegitimate depends on institutional stances on particular types of violence. For example, although there might be legal codes against domestic violence, the local institutions such as the police and hospitals might not fully engage with victims or perpetrators to stop such actions, or they might simply not engage at all and allow the violence to continue, abrogating their caring responsibilities. Care ethics, guided here by the practice of responsibly as well as responsiveness, would ask why such institutional laxity occurs, in addition to posing questions regarding what factors contribute to such violence in the first place. The root causes of domestic violence cannot be easily pinpointed, but can encompass several factors such as, the history of legally sanctioned male violence against women, the troubling fact that “women are not exempt from the influence of mainstream, masculinist understandings of domestic violence” (i.e. that women internalize the male perspective of violence, such that they ‘should have stayed,’ or ‘shouldn’t have made him so mad’), and that domestic violence most certainly does not occur between two adults of equal standing. Rather, the lens of care can help uncover the asymmetrical relations of power involved, and uncover how the public/private divide serves to reinforce the idea that male violence against women occurs in private, not public spaces, or that domestic violence is

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77 Ibid., 169.
78 Ibid., 177.
not necessarily a public concern. Because care ethics poses a serious challenge to the public/private divide, as elaborated in Chapter One, we can then see that domestic violence is one form of male violence against women that cannot be understood in isolation.  

Violence, then, is one of the major reasons why people are rendered insecure. Human security, and its opposite, human insecurity, are a nucleus of ethical issues for the ethics of care. It is most concerned with the ways “our normative and ontological understandings of security serve to reinforce, rather than challenge, existing relations of power, thus perpetuating and even deepening conditions of insecurity for much of the world’s population.” The norms about what it means to be secure, what security is, and how it is obtained, all serve in many ways to render some few people secure at the expense of millions of others. For instance, the price of making Americans secure from terrorist threats have made it that much more difficult for refugees to reach the United States. When refugees cannot escape the persecution or violence that drives them from their homes, they are effectively trapped in a condition of insecurity. The security concern about terrorism as a threat to human lives privileges the lives of Americans over the lives of others who might also be victims of terrorism who have become refugees, but are not American citizens. A care analysis of terrorism and terrorists, however, would ask why terrorism occurs in the first place, what political, economic, and personal pressures make violence an attractive option to some. The goal would be to “reduce the appeal of violence” rather than using military intervention, which often results in more violence, instability, and deprivation, i.e. the background conditions for more terrorism.

When care is made central to questions of human security, we can see who is responsible (through the practice of responsibility) for care and under what conditions they have to perform the work of care. This in turn can reveal much about the socio-political conditions of race, gender and class in any given society. When such conditions are uncovered, we can see the ways in which social norms are reinforced that in turn can contribute to continued insecurity. Akin to the problem with establishing an objective standard of poverty, as per Allison Jaggar’s work discussed in Section Two of this chapter, care theorists recognize the problems with attempting to hold to an objective standard of insecurity. Rather, as the ethics of care is based on a feminist relational ontology, an understanding of human security should be understood from the position that “the continuity of life and a sense of security in people’s day-to-day lives are impossible without relations and networks of care and responsibility.” A feminist care ethics incorporates the effects of gender, race, class, and

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80 Ibid., 735-6.
82 Held, “Can the Ethics of Care Handle Violence?,” 122.
84 The Ethics of Care: A Feminist Approach to Human Security, 44. Emphasis in the original.
geopolitics when it comes to understanding security. The focus is not on any individual actor, but the relations among the actors. As Robinson notes:

Changing the lens to focus not on any single actor but on the relations among those actors—relationships that are responsible for the maintenance of life itself—is important not only because it recognizes the values and activities traditionally associated with women. It also questions the denigration and feminization of these activities and demonstrates their importance to mitigating conditions of insecurity—for men and women—in a variety of contexts. 85

Human security is not an objective condition; it is not an absolute thing that is experienced individually. Instead, care ethics understands that no one “experiences security or insecurity ‘alone’.” 86

Critical, feminist care ethics identifies security threats as ones that present “an existential threat to maintenance and flourishing of the relational webs that constitute and sustain all persons.” 87 An analysis of cases of violence and insecurity must uncover the root causes, and investigate the ways in which such threats are played out in people’s everyday lives, and as per Robinson’s practice of responsiveness require real, concrete action which can be guided by the answers generated by the practices of attentiveness and responsibility. Engaging in this kind of reflective analysis opens up the understanding that human security is not only dependent upon protections against gross instances of violence or unjust government action. Instead, the field of human security is opened up to factors such as environmental disasters or health concerns. Both of these situations see women facing the majority of the burden for handling the related workload. Women are more often caretakers of extended family in both instances, and in the case of natural disasters when civil order is disrupted, are more often victims of violence and sexual assault. Further, the case of HIV in sub-Saharan Africa is a primary example of how women are more adversely affected by the disease than men. Women more often care for the sick, thus missing work (and pay), and can lose their jobs due to a lack of other caring options for sick family members. In cases of violence, natural disasters or health problems, women are often in the most insecure situations. 88

The ethics of care asks, in addition to its usual question about why women are the primary reproductive labourer, what norms are at play in the moral and social landscape that also contribute to such insecurity. Further, it would determine which political institutions are present that might aid or even hinder those who are carers, and which institutions and practices are in place that might prevent such instances of insecurity in the first place.

85 Ibid., 45.
87 Ibid., 184.
88 McGinn et al., 21.
Importantly, it is not enough to examine the causes of insecurity within nations alone. A global critical ethic of care must also assess the relations of power present within the international realm that contribute to human insecurity. For example, for all its good intentions, the food aid that the United States sends to many African nations does feed people, but also can collapse local farming due to the ability of the United States to undercut grain prices. This dearth of work forces many people into a state of deep insecurity, unable to make a profit from their work any longer.

Women in the global South often find themselves pushed into the informal sector for work to make ends meet, or opt to work abroad but in so doing can become trafficked as a domestic or sex worker with no way back home. Women in the informal sector, locally or internationally, have even less protections than in the formal sector, regardless of the socio-moral landscape. Neither are women the only ones affected. Children of women who experience insecurity cannot always go to school, they do not always get enough to eat, and their life options shrink dramatically. Men, who are out of work, might abandon their families or seek work elsewhere, but this also puts them at risk, because when they are cut off from their families, they do not necessarily have access to the kinds of care that might become necessary if they are sick or injured. It also isolates men from their relationships, which may perpetuate feelings of disconnection and underwrites the ‘freedom’ to engage in violence to meet their individual needs.

The ways in which humans experience insecurity and violence are complex, but these complex situations do have a major benefit: they offer a plethora of sites for transformation. For example, the United States could alter its food aid policy, perhaps donating better quality seed and only providing enough food to aid locals through a planting season, which could give farmers a chance to better their own crop yields. Western nations would then have to change their thinking about aid, perhaps seeing aid as a way to help others improve their own lives rather than as an expansive kind of gift. The local government could offer better services for its citizens, perhaps recognizing that a more educated and healthier populace is just as much a part of the survival of the state as is military defence. Lastly, and most difficult, gender norms could be challenged to question why women face an unfair share of the reproductive labour involved in maintaining a family, understanding that such norms are embedded in local and non-local institutions. Although this last site of transformation is the most difficult, it might be the most worthwhile. It is not to say that women should be ‘freed’ from the task of reproductive labour, nor is it to valorise care. Rather, care

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89 The terms ‘informal’ and ‘formal’ for different kinds of work refer to whether or not the type of employment is contractual or more ad hoc. For example, office work of most kinds is in the ‘formal’ sector where duties and benefits are formalized in clear arrangements. The work of the migrant fruit picker is in the ‘informal’ sector, because the duties and benefits are left more ambiguous, often to the advantage of the employer.
ethics advocates a shift to viewing reproductive labour as infused with issues of great moral concern that are important for all human beings to be actively involved with maintaining.

I have argued that if one accepts that the critical lens of care ethics can assess moral and political relationships, and that the current global landscape can be conceived of as a series of institutional relations, then using the ethics of care on a global scale is reasonably justifiable. Further, that the lens of care, guided by the practices of care, is better suited than, for example, human rights theories to identify the root causes of moral contexts such as difference, exclusion, problematic gender relations, and violence and human security. Because the critical, feminist ethics of care engenders this deeper analysis, it can also be used to identify possible sites of transformation, places where we can alter the very moral and political practices that produce complicated moral contexts in the first place. Although Kimberly Hutchings doubts that care ethics properly challenges gender norms, and lacks prescriptive force, I reject this view in Chapter Six. Further, care theorists argue that NGOs and governments can take action now to alter the global political landscape based on the analysis of care. I will address this possibility in Chapter Five, when I examine care and public policy.

Next, however, it is important that I address what I have only referred to in this chapter: international human rights discourses. In Chapter Three, I will discuss what international human rights are, where they have come from, and how they function today. I will focus primarily on the mainstream understanding of human rights because they have the most purchase in international political discourse. I will explore their advantages, and then I will outline their disadvantages from the perspective of feminist care ethics. Care ethics itself is a critique of traditional human rights discourses. Yet, owing to the fact that human rights discourses are very powerful, I want to maintain an understanding that critical, feminist care ethics and human rights can work side-by-side. We do not need to combine them, but instead might be better served by using each for a very specific purpose when examining global concerns of inequality and injustice. This is not an either-or scenario, but a way to expand our moral toolkit by denying that one theory is all that is necessary to handle the wide variety of ethical problems that are present in the world today.
Chapter Three: Care Ethics and Human Rights

I have argued that a global critical ethic of care can be used as an analytical tool that can provide a different perspective on the international: a tool that gives us new information, new reasons to act, and new ways to affect social and political transformation. The previous chapter demonstrated the justification for using critical, feminist care ethics on a global scale and argued that care ethics can uniquely address particular moral contexts, which are often invisible to other approaches. I only occasionally stated that the ethics of care offers a different perspective than international human rights discourses. That gloss is rectified here as I argue that although human rights have an important place in our global moral landscape, they nevertheless fail to make visible or encompass particular harms that people experience, even if their human rights have been met.

Certainly, human rights are important, in part because they have become a widespread discourse that has reached nearly global coverage. However, rights discourses offer far more than merely practical benefits. They have great power to identify cases of gross injustice or inequality, as well as offer legitimacy to many marginalized groups that wish to be heard by the global community. Rights discourses can also offer arguments for why we have very real and binding obligations to distant strangers, and many who write on international human rights discourses do so with an eye to at least reducing severe global poverty. I hardly disagree with the general aims of those who do work on international human rights. Rather, I question the idea that human rights are our first, best, or only option when it comes to global moral contexts.

My underlying aim is to show the kind of theoretical framework that we use can profoundly shape how we see the world, what we think of as problems, and what kinds of solutions are available to us. When talking about the world, politically, economically, and culturally, “it is indeed interpretation all the way down,” or in other words, “in the social world there is always more than one story to tell.”¹ The kind of theory any philosopher has about anything, especially an international political and ethical theory, is closely tied up in what they want to explain, which in turn rests upon their beliefs and values.² Where and how we live impacts our understanding of the world, and can affect the kind of theory we believe is necessary to answer the problems that we identify. I argue that the effort to create a more just world, a world with less inequality and suffering can only be aided by expanding our moral toolkit, not restricting it to a homogenous discourse.

² Ibid., 5.
In this chapter I first provide a brief overview of international human rights and their main features. Then I will discuss some of the benefits of using human rights discourses. Lastly, I will argue that in spite of the benefits, the problems inherent in human rights discourses mean that we cannot rely on human rights alone to provide all the answers to the complex moral contexts that exist in the world today. The three critiques that I focus on in this chapter are concerned with: 1) the questionable ability of human rights discourses to combat the structural harms of globalization; 2) the cultural and gender bias of human rights; and 3) that human rights do not often ‘see’ the pressing, morally complex issues of social reproduction. On the basis of these critiques, I reaffirm my argument that not all cases of global moral concern are necessarily rights issues.

Section 1 – Human Rights Discourses
In this section I begin with an overview of what human rights actually are, exploring the two major features and three background assumptions that are a part of most mainstream human rights theories. Second, I look at the distinct advantages that human rights offer when approaching international moral concerns.

Section 1.1 – What are Human Rights?
Modern international human rights theories are hardly monolithic. There are a wide variety of human rights theories, often divided roughly into the ‘moral’ and ‘political’ conceptions of human rights. They often disagree about what grounds the theory, be it human dignity or human agency, as well as who counts as an agent, and how each theory defines agency. Yet, there are two important points of commonality that we can find across the different discourses that exist today. The first is that rights themselves are standards, regardless of the specific list of rights that any philosopher might enumerate. The second is that human rights are enforceable claims. Taken together, the standards, whatever they may be, enumerated by rights, generate claims upon others that can and should be enforced. There are also three assumptions that operate in the background of most human rights theories. These are the assumed equality of persons, the universality of human rights, and that human choice is important and should be protected. Although the specifics might be different, mainstream human rights discourses share these important features.

3 I acknowledge that I cannot give a full treatment to international human rights discourses. I can offer only a short overview that highlights the more prominent ideas about human rights.
Section 1.1.1 – Human Rights as Standards

The first shared feature is that “human rights are meant to provide certain shared standards – or at least a shared framework – for evaluating and criticizing various practices of political societies in relation to their members.” This does not mean that the list of standards themselves must be agreed upon. Rather, human rights discourses agree in general that there should be a list of standards that can be used as a way to evaluate how a political institution treats its members. The agreement to have evaluative standards means that there can be open discussion about what kinds of standards are appropriate, and also entails an expectation of future judgment; we judge or evaluate societies based upon a set of human rights standards. Some theories are more expansive than others. Some philosophers, such as Thomas Pogge, allow for more expansive sets of human rights, at least using the Universal Declaration of Human Rights (UDHR) as a way to demonstrate how political, economic, and even social rights can have international scope. Conversely, there are those who seek to provide a narrow set of human rights standards, such as James Griffin and Michael Ignatieff who express concern about human rights ‘inflation’.

The difference between how expansive or how narrow human rights standards are depends on what those standards are meant to appeal to or protect. There are many different accounts of the grounds of human rights standards. Some theories ground human rights on human dignity or human agency, which are seen as necessary to live a ‘human’ kind of life. Theories such as this are often labelled as ‘moral’ conceptions of human rights. While ‘moral’ human rights discourses do function as a bulwark against political power, they focus more upon the individual and how to maintain the activity of human life for the individual in a political environment. James Griffin, for example, identifies human rights as “protections of our human standing or, as I shall put it, our personhood.” Our personhood, as Griffin suggests, is a morally infused concept that encompasses all the things necessary to living our lives as human beings, which allows him to include rights to education in addition to basic subsistence.

Other theories set out minimal standards for the functioning of human society and establish these standards in order to protect the kind of society that allows human beings to flourish. This is a more ‘political’ conception of human rights. The focus becomes less about the moral foundation of rights, but rather how human rights function as a practice within any political system. Charles Beitz is a proponent of human rights as a practice, and he writes: “[o]ne might think that although

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5 Ilison, 200-1.
8 Ibid.
9 Ilison, 204.
people disagree about the content of human rights, they might agree about the role of human rights in practical reasoning about the conduct of global political life. This role defines the concept of a human right.”

Human rights as a practice focuses on how we negotiate the power any political organization has over its constituent members, be it a national political organization or the international conglomeration of political power that has become even more profound due to increasing globalization. The emphasis here is on the practical worth of human rights in the political, without any commitment to an underlying moral foundation.

Human rights, then, regardless of the differences between specific theories, protect what is assumed to be necessary to live as a human being, and that is often understood as protecting human agency. Again, we come to a concept that has a multiplicity of interpretations. For Griffin, human agency (which he understands as interchangeable with autonomy) is what underlies his very concept of personhood. He explains agency as having three parts: 1) to be an agent “one must (first) chose one’s own path through life—that is, not be dominated or controlled by someone or something else (call it ‘autonomy’),” 2) “one’s choice must be real; one must at least have a certain minimum education and information,” and 3) “others must also not forcibly stop one from pursuing what one sees as a worthwhile life (call this ‘liberty’).” Human agency can then be understood, according to one interpretation, as being able to make choices that are not unduly constrained, that are well informed, and that can be acted upon. Therefore, if human agency, so understood, is our very basis of being a person, then human rights must protect our ability to make and act upon our choices. This is not the only understanding of agency or autonomy. For Pogge, autonomy is slightly different. It is understood as being able to develop and live out one’s own idea of what it means to flourish, where flourishing is when a human being considers their life is good or worthwhile in a broad sense. To respect a person’s autonomy is to “accept his measure of his flourishing as well as his way of arriving at this measure.” Autonomy in this sense is not about giving one’s self directives, but rather “having one’s own directives: a purpose of one’s own.”

The point is that although there might be different explanations for what agency is, human rights theories that privilege the importance of agency aim at largely the same goal: grounding rights in the idea that human choice matters, especially with regard to one’s own life. Because our choices

11 Griffin, 33.
12 Ibid.
13 Ibid.
14 Ibid.
15 Ibid., 34.
16 Pogge, 33.
17 Ibid., 37.
18 Ibid.
about our own lives are important, either for moral or political reasons (or both), human rights are meant to serve as protections for the choices we make about our lives. Human rights can then be viewed as the standards by which we determine what is necessary to live a human life. For example, we hold that part of living as a human being means that we should have some measure of bodily integrity, and our choices should not be curtailed by force. If I choose to peacefully protest a government action, I should not be subject to officially sanctioned physical harm. It might not be the case here that I have a human right to protest, but that I have the right to protest in a peaceful manner without suffering physical harm for acting upon my choices. The right in this instance is aimed at protecting my choice by preventing the state harming me for that same choice.

Section 1.1.2 – Human Rights as Enforceable Claims
The second feature common to mainstream human rights theories is that human rights compose a set of enforceable claims. Human rights, as a set of standards, mean very little unless they have political and legal purchase. This means that with rights come duties or obligations, a kind of authority held against individuals or institutions. For a right to have authority it must be able to be held against someone or something; in other words, it is the obverse of a duty. The requirement of specificity, and the degree to which any claim is binding, varies. In the case of international human rights, the question of who are the duty-holders is contentious. Thomas Pogge provides one answer, stating that:

While the government may, then, be the primary guardian of human rights and the prime measure of official disrespect, the people are their ultimate guardian on whom their realization crucially depends. Enduring respect of human rights is, then, sustained not just by the country’s constitution, its legal and political system, and the attitudes of its politicians, judges, and police. It is sustained more deeply by the attitudes of its people, as shaped also by the education system and the economic distribution.19

Human rights claims are primarily standards that should be enacted through one’s own national government. However, Pogge extends this further, making the salient point that any political organization is dependent upon the attitudes of its constituent members, all of whom play an active role in determining how any national government sustains its commitment to the standards of human rights. Human rights can be understood as having multiple levels of duty holders. The first level is the local government and its representatives. The second level are the ordinary citizens of the nation itself, who express their own commitment to human rights depending upon who they vote into office, in their individual practices (such as their shopping habits), and their endorsement of certain behaviours which show respect for other’s human rights. In order to have purchase at the

19 Ibid., 69.
international level, then, we must be able to draw a connection between the global poor and the global wealthy. Pogge does so by making an argument based on the increased economic globalization of the last several decades, which is summarized succinctly by Duncan Ivison as follows:

[T]here is a set of economic and political institutions – including norms, rules, practices and processes [...] – that have a profound effect on the quality of life of individuals and peoples around the world. It follows that it has a profound effect on the capacity of states and peoples to exercise forms of political agency in ordering their lives as they see fit, according to their own conceptions of the right and the good.\(^\text{20}\)

The current global economic order embodies a set of practices and norms which overall contribute to the harm experienced by the global poor. The harm of severe poverty is not only being poor, but also the fact that being so poor often renders one unable to make choices for her or him self, let alone act upon them. Essentially, the current level of poverty prevents over a billion people from exercising their human agency.

The global economic order, furthermore, is understood as a structure supported by wealthy nations and their citizen-members. Human rights claims, then, can be made against any given official institution (often governments), and also against the individuals who support the institutions. Therefore, global human rights claims are not only held against national governments (one’s own or another that is contributing to a such harms), nor only against international bodies, but against those individual members who continue to support the institutions, national and global, that contribute to severe poverty and the profound limiting of human agency around the world. It is not enough to say that institutions have a duty to stop harming people, but that those citizens who support those institutions must work to change how their institutions function within the international sphere. For example, while the United States Federal government should cease its gross violations of human rights in Guantanamo Bay prison, it is also incumbent upon United States citizens to take action and inform their representatives that they do not support the continued operation of the prison. This case is less nuanced than the complex interactions that serve to create and perpetuate severe global poverty, but the point remains that although vast political and economic institutions have power, they are nevertheless made up of individuals who can and should reiterate their support for the enforcement of human rights. A failure of institutions to live up to the obligations placed upon them by human rights claims does not only reflect on the institutions themselves, but also on the individuals that support those institutions. According to some human rights theories, then, when our institutions fail, we have failed.

\(^{20}\) Ivison, 200.
This connection between individuals and institutions is not the only way in which theorists have described how human rights function as enforceable claims. Beitz, for one, focuses more narrowly on an institutional model, not necessarily claiming that individuals can be responsible for institutional failure. He describes five features of international human rights doctrine, which emphasize human rights as more than protections against threats to personal security and liberty. First, they “guarantee some recourse against arbitrary use of state power, but also to protect against various social and economic dangers and to guarantee some degree of participation in the political and cultural life.”

He stresses that no single strategy is required, but that human rights can be implemented, often through policy, in many different ways and still be acceptable. Further, because of the heterogeneous nature of human rights, “not all of the human rights of contemporary doctrine can plausibly be regarded as peremptory.” This is in particular a reference to the UDHR, such that depending on circumstance, a human right to holiday pay might not be intelligible. For example, in the case of family or subsistence farmers who are not employed by anyone, their holidays are taken to coincide with the growing season, if they can take a holiday at all. Beitz also notes that human rights in some measure depend on certain background assumptions that “certain types of institutions either do or can be brought to exist.” Because human rights do not make sense without some measure of enforcement or legal-like framework, there are institutions that must or should exist in order for human rights as a practice to function. Lastly, Beitz points out that “human rights doctrine is not static.” It is changing and changeable, depending on the human rights needs of the populace, and depending on how we engage with human rights as a practice of enforceable claims. Human rights, for Beitz, is a thing that we do, something that we engage in and shape as we talk about it and try to enforce it throughout the world. It does not exist as a set of static standards alone, but as a practice where we make special kinds of claims upon others that we expect to be enforced.

Section 1.1.3 – Three Assumptions of Human Rights

There are three background assumptions that are shared by the vast majority of mainstream human rights theories. These assumptions are necessary if human rights are to be a cogent set of standards that can function as enforceable claims. The first point is that human rights discourses consider all human beings to have equal standing. Here, it is important to recall that human rights theories are

21 Beitz, 29-30.
22 Ibid., 30.
23 Ibid.
24 Ibid.
25 Ibid., 31.
26 Just because they are assumptions does not mean that they are in and of themselves problematic. I will discuss the problems with these assumptions in Section 2, but it is important to keep in mind that these assumptions have great power and purchase in political discourse and are not critiqued lightly.
not ahistorical. Modern human rights theories have grown out of the natural law tradition. A large part of that natural law tradition was the then radical idea that all men (white, able-bodied, propertied men) were equal, which has since been extended to all persons. This can be found in the work of Thomas Hobbes who wrote: “Nature hath made men so equall, in the faculties of body, and mind...” and John Locke who wrote that all men were equal because they were all “the workmanship of one omnipotent, and infinitely wise maker...”. Although in more secular Western societies, the basis of equality became more removed from religious grounds, the lingering idea of the equal status of all human beings remains a strong and important background condition for human rights theories today. Without the assumption of human equality, human rights can lose some of their purchase, because it becomes possible to ignore the human rights claims of others if they are considered less than other humans. History provides us with many examples where this has been the case, in the mass genocides of the 20th century, where those in power have rendered so-called undesirable groups as less than human. Those persons labelled as undesirable could not make binding human rights claims, nor did they require the standards of living that most human rights discourses seek to protect. Further, current events, such as the refugee crisis due to the Syrian civil war, demonstrate that these pervasive moral harms still occur on a grand scale. Therefore, for human rights to be cogent, we must assume that all human beings have equal moral worth, regardless of the source (or lack thereof) of that moral worth.

The second assumption is that human rights are universal. This does not mean that the list of rights enumerated by any particular human rights theory is universal, and holds for everyone for all time in some sort of ahistorical fashion. Human rights are universal in the sense that certain parts of human life are considered worth protecting for all human beings. Historically, human rights first explicitly gained universal scope after the French Declaration of the Rights of Man and Citizen (1789), where it was declared that certain rights applied to all persons rather than being rights of a particular people. However, this ‘universal’ aspect was not carried out in practice, and non-citizens were left with no way to make rights claims. Nearly 150 years later after the French Declaration, in 1948, when the Universal Declaration of Human Rights was approved—after three years of drafting and review—it was a turning point for how international politics were negotiated. Although the UDHR is still easier to endorse than enforce, it has at least provided the first truly universal, international baseline for the judgment of political communities not our own. If governments failed

27 Ivison, 48.
to guarantee the human rights of their citizens, those governments could be understood as lacking legitimacy, and certainly open to judgment if not intervention. In more recent scholarship, however, another way to accomplish this universality is to pitch it at a more abstract level, and leave the details of human rights implementation to depend largely on local conditions. Griffin notes:

We should expect abstractly formulated rights, when applied to the conditions of a particular society, to be formulated in the language of its time and place and actual concerns, and we should expect no one particularly to notice when the move down the scale of abstraction passes from global to local vocabulary. We should claim only that universality is there at the higher levels.

These higher levels that Griffin mentions are the important parts of human life that we seek to codify and protect when talking about human rights. The universality of human rights is concerned with the fundamental things that are necessary for all humans everywhere to have in order to live a ‘human’ kind of life. In spite of the disagreement about particular standards, there is often agreement about what the standards are meant to protect.

Lastly, the third assumption is that human choice is vitally important to living a ‘human’ kind of life, and is what all human rights are meant to protect. In Section 1.1.1 of this chapter, I unpacked Griffin’s understanding of human agency, as being made up of autonomy (being able to decide for one’s self) and liberty (being able to act on those choices). Although there are different understandings of agency in terms of the particulars, the common thread between them is that of being able to live a life of one’s own. The ability to make choices, act on them, and decide for one’s self how to live. For example, not having enough food to survive would certainly curtail my ability to make choices and act upon them. My choices would reduce to a subsistence level rationale, unable to engage my ability to think and chose for myself the kind of life that I might actually want to live, instead of the one I am forced to live. The human rights claim here would be that I should have access to the basic necessities of living in order for me to make more meaningful choices about my life, not simply about how I might obtain enough calories to survive another day. This claim does not mean that I must be provided with gourmet dinners, but that at the very least I might be extended emergency food aid to relive the immediate danger of death, and then be given access to work or educated on improved farming techniques. Once I am no longer in danger of starving, I can then make choices about the life I want to live, and take steps toward achieving that life. This, however, does not mean I am guaranteed the kind of life I want. Instead, human rights claims are about being able to act, without any kind of insurance that the actions will result in success. There is a greater

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32 Hunt, 205-8.
33 Griffin, 50.
emphasis placed upon the ability to act in light of one’s choices, than with the success or failure of any particular human action.

In general, then, human rights are universal in the sense that they aim to protect the same thing, typically human agency or the ability to act on the choices one makes about one’s own life and the equality of all human beings, i.e. the equal right of all persons to be able to make choices about their own lives. The framework of human rights can be understood as being a set of non-static standards. The disagreement about what standards to include is less important than the fact that we agree that there should be a set of standards in the first place. Lastly, these standards can be used as enforceable claims, creating a duty or obligation upon others (institutions and individuals). The details vary, but the basic notions remain the same across a plethora of human rights theories. Next, I will look at the distinct benefits of human rights discourses.

Section 1.2 – The Advantages of Human Rights

The general field of human rights has distinct benefits that are part of the reason why human rights remain powerful in the political and moral landscape today. First, human rights are strong claims of justice, because human rights are aimed at preventing harm from official institutions. For institutions to be legitimate, they must provide some kind of justification to individuals for the “rules, laws and norms to which they are subject.” Abiding by the standards that human rights set out seems to offer a measure of that political legitimacy to governments and other institutions. Pogge calls the failure of governments to protect the human rights of its citizens ‘official disrespect’ as a way to separate it from a more private kind of wrongdoing. He notes that official wrongs are often seen as worse because they harm and frighten more people and “masquerade under the name of law and justice.” ‘Official’ moral wrongs are not subversions or perversions, but are all out attacks on the “very idea of right and justice.” Human rights, then, derive their strength from being understood as standards for justice. For a government to engage in official disrespect of a person’s human rights is for that government to attack the very concept of justice and forfeit claims of political legitimacy. What we think of as justice, or as an institution being justifiable to its constituent members, has become a government abiding by the human rights claims that its members make.

Second, human rights serve to identify issues of international concern. Beitz expands on this idea, noting that human rights are: “norms worked out for one among many possible situations of

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34 Ivison, 211.
35 Pogge, 65.
36 Ibid.
human interaction found in a world order in which political authority is vested primarily in territorial states.”

Human rights are normative guidelines for international interaction, especially when there are issues of international concern at hand. Beitz singles out rights to freedom from poverty, rights of political participation, and the human rights of women as all being paradigm cases of human rights doctrine growing to encompass such issues as being of international concern. In the case of the right to be from poverty, for example, Beitz notes:

[W]hen one asserts a human right, one is saying, among other things, that international agents have reasons to act when domestic governments fail. In the case of severe poverty, it is plausible to believe that in typical cases there will be reasons for action available of significant weight, even if the contents of these reasons and the nature and extent of required action depend on features of the individual case.

Human rights are more than standards of domestic political legitimacy, they are also claims of justice that can cross national borders and create binding obligations on international agents. The agents in question might be other nations, NGOs, or individuals. Although the details will vary from case to case, the weight of international human rights claims is still very strong and tied to a non-localized idea of justice. We cannot justify to the global poor any non-action on our part in the face of a failure of their domestic system, whether or not we were responsible for the failure in the first place. This is only one partially presented case. The point is that human rights mark out problems that are of international scope, which cannot be considered as only a local problem, and also require a measure of international action to solve.

Lastly, human rights have a practical benefit of being able to offer guidance for public policy. Human rights norms can offer guidance when developing and shaping public policy to address identified moral problems. This does not mean that policy must be the same across cultures. Different cultures might emphasize different elements of any particular human right, but the core norms would remain the foundation for policy. Policy can be seen as a reasonable, practical extension of human rights theory. For example, the human right to be free from physical harm can take many different forms in public policy, where the same right can ground different laws and policies. It can spawn a policy against police brutality, as well as allow police to use force to prevent harm to innocent by-standers. The way in which policy interprets and makes human rights norms manifest is not absolute, and they are not perfect. As Griffin notes, “moral philosophy cannot realistically aspire ultimately to abolish this element of policy; its more realistic, but still ambitious,

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37 Beitz, 160.
38 Ibid., 173.
39 Griffin, 127.
aim is to arrive at the best policy.” Policy is assessed on the basis of how well it performs the desired function in society and how well it enacts human rights norms in the practical and legal sphere of the real world.

These are important advantages of human rights, ones that we should not overlook when trying to address complex problems, such as global poverty, and particularly the poverty experienced by women and girls around the world. Thus far, my goal has been to offer a fair (if very brief) picture of what human rights are, how they function, and what they offer as a theory and a practice. This does not mean that human rights are, nor should they be, our only answer to the complex global moral contexts that exist in the world today. In order to demonstrate why human rights cannot fully encompass all of our international problems, I turn to the care ethics critique of mainstream human rights discourses.

Section 2 – The Care Ethics Critique of Human Rights
Care ethics, at its beginning, grew out of questioning and critiquing mainstream ethical and political theories, including human rights theories and their assumed primacy for addressing global moral concerns. Yet, the critical, feminist care critique of human rights does not require that we abandon the project of human rights altogether. As Robinson notes: “While a wholesale rejection of notions of individual rights and obligations is surely undesirable, one may still accept the profound moral incompleteness of an ethics dominated by these concepts.” Nevertheless, the care critique calls attention to the fact that “our moral vocabulary must extend beyond rights if we are to create a full and rich language which is capable of addressing the variety of moral problems confronting the international community.” Human rights cannot and should not be our only recourse when addressing global moral contexts. I demonstrate that although human rights discourses certainly have particular benefits, they also overlook particular moral issues and are unable to address the root causes of these issues.

Section 2.1 – First Critique: Structural Harms of Globalization
The first critique is that human rights discourses cannot always best address the background conditions of harm and insecurity that occur because of the processes of globalization. Human rights can be understood to be “a feature of, rather than a challenge to, globalization and global

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40 Ibid.
41 For more on human rights, the ethics of care, and public policy, see Chapter Five.
42 Robinson, Globalizing Care: Ethics, Feminist Theory, and International Relations, 49.
43 Ibid., 63.
The point is that human rights discourses are not necessarily sensitive to or critically reflective about the relations of power that can make the practice of human rights problematic on the level of international relations. On the level of international relations, human rights are more than a theory. They are, as Beitz noted, a practice. They are a practice that is most often controlled by those with a greater share of global power, like the United States and other Western nations, as well as the United Nations, the World Bank, and International Monetary Fund (IMF). This kind of control is made easier because human rights, at least as far as the mainstream theories go, are not geared to look at the relations of power that operate in the background of the current global order. Because human rights theories are not necessarily well equipped to take power relations into account, they can often fail to ‘see’ the full array of problems attendant on the enforcement of human rights claims, or the full depth of any particular problem, such as the case with exclusionary practices. Failing to fully appreciate the differences in power in the international realm in many ways can mask the complex moral relationships we have with “those who are our superiors or our inferiors in power.”

Recall in Chapter Two I argued that the lens of care is uniquely suited to uncovering particular global moral contexts, one of which is exclusion. Exclusion is a very real and endemic feature of the current international landscape, in spite of the fact that human rights are understood to be universal. This is because when we think about the implementation of human rights as enforceable claims, they require a political body to do the work of enforcing them. In the current global order, the political body in question is often assumed to be states, and so “the entitlement to and the exercise of [...] rights that one’s status as a ‘citizen,’ as a member of the body politic will be established.” This means that citizenship status, and the subsequent ability to exercise one’s rights with respect to a government is one of the ways in which exclusion can occur. While being a foreign national in a host country does not strip one of their rights, it certainly means that one has a different kind of identity, which invariably alters how well one’s rights are enforced. As Fiona Williams argues, transnational care workers are often subject to being made vulnerable because of

45 To reiterate the concept from Chapters One and Two, relations of power are the ways in which institutions shape our lives. On the international stage, then, relations of power are the way in which international power structures shape the relationships between institutions such as national governments, often to the detriment of those nations and organizations that are less powerful. Further, this skewed relationship is not necessarily seen as problematic by those with power because it is not ‘seen’ at all, i.e. people in such powerful institutions are not aware of their privilege.
48 Ibid., 727.
“a lack of citizenship status, devalued as workers in the isolating privatized economy of household labour, subject as women to intimate, personalized and emotionally exacting care work, and, as ‘other’ nationals, entering situations heavy with the histories of racialised subordination.”

Critical, feminist care ethics, however, calls into question our current justifications for multiple kinds of exclusion. For example, the Filipina nanny in Canada cannot vote in her host country to change the ways in which she is treated. Although she works in Canada for a Canadian family, she has no voice in how her legal status is considered, and her ability to voice any grievance or mistreatment can be severely curtailed so as to be nonexistent. Care ethics, in this sense, provides a sharp challenge to current trends of globalization and global governance, because it would demand that she have a voice, that she be able to have greater input on her situation. Or, on an institutional level, that the policies of Canada and the Philippines be assessed to determine why transnational migration is necessary for Filipina women and why having a nanny seems necessary for the Canadian family.

Human rights discourses, on the other hand, cannot always see what the root causes of such problems are in the first place, including the norms that may be at work in particular cultures. The Filipina woman might have a right to fair pay and not to be mistreated, but “[p]roclaiming that the poor, the needy, and the powerless have rights tells us very little about why they are unable to exercise those rights, and about who is responsible for what sort of action to alter their state of poverty and powerlessness.”

The proclamation of rights must be teamed with a robust theory of obligation and moral motivation for action to occur. As outlined in Section 1, human rights are standards and enforceable claims; they must be acted on in some way for them to make sense. Even on generous accounts that demand a nation’s citizen members take responsibility for that nation’s bad actions at home and abroad (and as such there is a theory of obligation that puts the responsibility for human rights doctrines in the hands of all persons), there is still no vital moral motivation to compel action. For human rights to be acted upon in the case of the Filipina nanny’s political exclusion, Canadian families would have to actively start campaigning for reforms: either to voting rights or to the guest worker program. Yet even if human rights obligated citizens to take such action, human rights cannot assess the gender norms that ground the practice of women working the ‘double-day,’ or the company policies that can be punitive for women with young children, such as no flexible hours or unpaid or low-paid maternity leave, that care ethics identifies as a contributing factor to the Filipina nanny’s situation. Because the norms identified by care ethics

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49 Williams, "Migration and Care: Themes, Concepts and Challenges," 386.
50 Robinson, Globalizing Care: Ethics, Feminist Theory, and International Relations, 49.
are typically seen as ‘private’ concerns—not ‘public’—they are not necessarily going to fall under the purview of human rights discourses.

Further, human rights discourses cannot always see the full scope of the harms of the structural patterns of globalization. The transnational migration of care work is not merely exploiting labour, but also an emotional exploitation. Human rights cannot access the ways in which transnational carers are isolated, emotionally, from their own dependents, or the ways in which their children suffer emotionally and intellectually compared to their peers, in spite of increased material security.51 It is this emotional exploitation that the lens of care is well suited to examine, and very much a part of the structural patterns of power that serve to create and reinforce unequal relations between people, locally and globally. We can begin to understand ‘love’ as an exported resource, because the carer is emotionally invested in her charges, and this affection is extracted from the emotional energy that would normally have been directed toward her own family.52 For example, when ‘Western’ mothers were asked about their decision to employ nannies, they focused on the nanny’s relationship with their own child, praising the other woman’s mothering skills, not acknowledging what the woman has had to give up and leave behind.53 Human rights discourses, while they can address political, economic, and some social problems, are not necessarily well equipped to handle the emotional aspect of transnational migration, or other moral contexts that are inexorably linked to emotional attachment. Emotional exploitation or emotional outsourcing is difficult to see through the lens of human rights, and it is one of the patterns of globalization that must be understood if we are to commit to a more ethical kind of globalization that I argued for in the previous chapter. The lens of care, however, is uniquely suited to acknowledge ‘imported love,’ make clear why it can remain unseen, and guide our solutions for this troubling aspect of transnational care migration.

Because the standards and claims of human rights cannot address or sometimes even ‘see’ the background conditions of global moral contexts, this means that human rights can leave in place relations of power that serve to perpetuate the harms that exist in the world today. While human rights have done much to correct some of the injustices in the past century, they are not enough to combat the vast array of injustices still present in the world. As Williams argues, “home-based work isolates the worker, makes the work invisible, and renders difficult forms of collective mobilization for rights.”54

51 Hochschild, 22.
52 Ibid., 22-4.
53 Ibid., 26.
54 Williams, “Markets and Migrants in the Care Economy,” 27.
I argue throughout this thesis that critical, feminist care ethics can offer us a unique insight on the moral problems that are present in the international realm, and that insight can underwrite new kinds of motivation and new paths of action that would not be available by clinging stubbornly to the idea that human rights is our only moral tool in the international. As Griffin writes:

Human rights cover only one special part of morality; there are very many highly important moral domains outside the domain of human rights: for example, certain considerations of justice and fairness, some forms of equality, and many cases of one person’s cruelty to another. In addition, human rights can be at stake in ways that are not especially important: a pretty minor liberty might be at stake, or a minor exercise of autonomy. If so much of such very great moral importance falls outside the domain of human rights, can infants, the severely mentally handicapped, and sufferers from advanced dementia not find the protection they deserve there?55

Much is left outside the sphere of human rights, by Griffin’s formulation certainly, but I do not think it is unique to Griffin’s account of human rights. This means that while human rights certainly have aided people in the past, they are not enough to address the complex nature of exclusion or international relations of power as they stand today.

However, mainstream human rights have more recently been reaffirmed in the United Nation’s Sustainable Development Goals (SDGs), which pay closer attention to the background conditions of global moral and political problems. The SDG is a list of seventeen development goals that are strongly rooted in human rights, express a deep commitment to gender equality, and directly address the growing inequalities present in the world today.56 These goals, and the development work they have produced have been beneficial to thousands of people since their creation in 2012. The SDGs, and the UN reports, specifically focus on poverty, migration, trafficking, and the fact that women’s unpaid domestic work is a significant factor of women’s continued oppression and marginalization.57 Additionally, these goals stress the importance of leaving no one behind, in incorporating often overlooked populations, such as elderly women who are routinely excluded from the scope of development policy and work.58

In spite of the excellent work that the SDGs have produced around the world already, these goals entail some of the same blind-spots as other human rights discourses. A prime example, in the case of Goal 5: Gender Equality, the documentation for this goal focuses on the need for women to

55 Griffin, 95.
have more economic freedom, political access, rights on par with men, and the lost opportunity costs that women experience by performing the bulk of the caring labour.\textsuperscript{59} Such considerations are heartening, and the commitment to women’s political and economic empowerment should be applauded along with the acknowledgement of one of the major factors standing in the way of women’s empowerment. Yet throughout the entire document, men are largely absent. In the section about the importance of women working outside the home while hampered by being ‘burdened’ with the bulk of the domestic labour, men are not mentioned at all. There is no corresponding language to bring men \textit{inside} the home while moving women outside of it. This signals a dual problem for the SDGs for all that they are a more progressive embodiment of human rights. First, the goals still do not fully take into account the role that men and hegemonic masculinities play in women’s continued oppression. As discussed in Chapters One and Two, men often receive a ‘pass’ from performing caring labour, owing to their status as ‘productive’ workers or simply by being men and thus not expected to do what has traditionally been ‘women’s work.’ Additionally, hegemonic masculinities, as discussed in Chapter Two, do not say anything about any single man in particular, but instead are the ways in which problematic masculine values (such as the false ideal of independence) are reproduced and perpetuated through official and unofficial means.

The invisibility of men in the Goal 5 documentation is predicated upon and entrenches this picture of men as outside the scope of women’s empowerment and gender equality more generally, ignoring that gender and empowerment are constructed by our relationships with others. Women’s empowerment and economic and political power will not be accomplished, not fully, without incorporating men into the picture. Second, the language of Goal 5’s documentation continues to privilege ‘productive’ work over and above the work of care. While certainly women can and should participate in public life, in the marketplace and the political sphere, it is dangerous to assume that this kind of work is more important than the work of care, the work that sustains the continued survival of every human being. The language of the documentation around Goal 5 does not acknowledge that once a woman is working outside the home, then \textit{someone} will have to perform the caring labour that she used to do. This second problem, therefore, ties into the first, because if men are not incorporated into the goals of gender equality and sharing the load of work in and outside the home, then these goals might only serve to reproduce continued gender inequality and the devaluation of care work.

\textsuperscript{59} “Undp Support to the Integration of Gender Equality across the Sdgs Including Goal 5,” 4-5, 8, 10.
Section 2.2 – Second Critique: Cultural and Gender Bias
The second major critique of human rights discourses is that they carry with them cultural and gendered biases. Human rights theories as a whole have grown out of a long tradition, begun in Europe, that started with natural law theory and became a general rights theory though the work of Thomas Hobbes, John Locke and through the French and American Revolutions. Most of these theorists also assumed that the rights of men were specific to men, and women were attendant upon men as part of the household.\(^{60}\) To be sure, in the last century much has changed about how rights, and human rights in particular, negotiate the role of women and cultural diversity. Women and oppressed non-European groups have utilized rights language in order to assert their claims and to gain a more materially equal standing to European-descended men. This does not mean that modern human rights theories claim that they can be understood as ahistorical, as a ‘view from nowhere’ without any cultural or gendered background assumptions necessary for them to operate. Care ethics, however, explicitly aims at uncovering the ways in which our cultural differences and our gender affect our lives and as such they are important moral and political sites of investigation and potential transformation.

The root of the problem here, I argue, is that human rights are predicated on the idea of equality, which is often understood as *sameness*. This kind of equality is one that many people in the Western tradition come to expect and hold in high regard.\(^{61}\) However, this assumption of sameness can obscure the gendered and racialized relations of power that exist, and that our ethical lives are structured by and through these relations of power. The need for ‘women’s human rights’ and organizations that are centred around investigating the human rights abuses that are unique to women, in some measure call into question the ability of human rights analyses to treat everyone the same and still protect against profound kinds of injustices. It is only through recognizing our differences, and how our differences result in different treatment, that we can come to rectify some of the systemic structural mistreatment that the globally vulnerable experience. In Chapter Two, I argued that our differences have a profound affect on our lives, and we can understand that there are different sets of norms, different expectations, and different values attached to people on the basis of their gender. Assuming all persons are the same is to ignore the differences that can affect and alter someone’s life.\(^{62}\) Also, if human rights analyses assume all persons are the same, this begs the question: what is the benchmark of ‘sameness?’ Often that benchmark is understood to be the European-descended male who typically has been the recipient of rights from the beginning. The

goal of human rights analyses has to bring everyone to the same level, while not taking into account the embedded cultural and gender differences that claims of sameness habitually overlook.

Pushing back against this kind of critique, James Griffin presents the human rights theorist with two options when it comes to negotiating cultural difference. First, we can accept that human rights is unalterably a Western discourse, and hope that other cultures adopt human rights because they find it acceptable or a better way of doing things. That is, these cultures will negotiate their own relation to Western ideals of autonomy and liberty, and make the human rights claims they deem necessary.63 Alternately, we can find non-Western or indigenous beliefs that might support the case for human rights or something like them.64 Griffin not does think that the differences between cultures are as great as we might think them to be, and that we exaggerate the “disagreement between societies over human rights.”65 However, Griffin asserts that the first option, accepting human rights with its Western cultural background, is the better option. He argues against the second option because although it might make the conversation easier to start about human rights by looking for local values that are akin to Western autonomy, justice, fairness, and liberty the conversation might come apart in those early stages. He writes:

A useful human rights discourse is not made possible just by agreeing on the names of the various rights, which is all that agreement on the list secures. We need also to be able to determine a fair amount of their content to know how to settle some of the conflicts between them.66

Different cultures may have different ideas of fairness. For example, one culture may extend fairness to all persons, while another culture has separate connotations of fairness-for-men and fairness-for-women. The human right to fair treatment under the law then can allow for men and women to be treated differently when it comes to the same legal statute. On Griffin’s account, the concept of fairness must be the same everywhere for the human right to be consistent. Another point Griffin makes is that Western ideals have been used to help oppressed groups assert their human rights against Western powers. His primary example is India—often cast as a spiritual, mystic counterpoint to Western rationality and science—which overlooks India’s “long tradition of secular rationality, scientific investigation, and freedom of thought.”67 He points out that India appropriated ideas like autonomy and liberty to gain their independence from the British.68 Griffin concludes that

63 Griffin, 137.
64 Ibid., 137-8.
65 Ibid., 138.
66 Ibid., 140. Emphasis in the original.
67 Ibid., 141.
68 Ibid., 141-2.
adopting Western thought is not necessarily bad, and it is something every culture can negotiate for itself.

Griffin, at least, admits to the cultural background that comes with a human rights discourse. He privileges the concepts human rights embody and the entailed culturally specific priorities for a very clear and cogent reason. However, Robinson argues, and I agree, that the cultural bias of human rights is inherently problematic. Further, human rights also entail a gendered bias that ignores the way in which constructions of gender shape our lives and even the kinds of human rights claims we make. Her argument is that the influential organizations of global civil society, like the World Bank, the IMF, other northern-based NGOs, and social movements, rely on human rights discourse to “promote a set of values that are heavily gendered and which reflect a Western bias.”

Because of this gender and cultural bias, I argue that human rights has limited applications for those persons “who are made most vulnerable by the processes of globalization.” Consider, for example, that poor women in the global South have experienced greater levels of vulnerability due to the processes of globalization. They are most often supporting their families financially, and caring for them emotionally and physically as well. This means they are carrying a massive burden that might not exactly be a violation of their human rights, but certainly limits the choices they can make about their lives. If their pay is just enough, and their hours are not too many, and their working conditions not too bad, then those in the global North might consider that the cost of doing business and not consider it morally problematic that these women experience truncated life choices.

Returning to the case of the Filipina nanny, even if she has decent pay, and works for a good family that does not take advantage of her, she is still in Canada instead of in her home country, near her own children. It might have been her choice to go into the guest worker program, but how free is her choice, how much is she living a life of her own, when that was the best way to make money to provide for her children? In many ways she has sacrificed her own conception of a good life for herself in order that she might provide for her children, and allow a Canadian woman to have her own conception of the good life as well. I am not saying that caring for one’s children is something only women do, but often that women in poorer nations assume much more of the burden and that they are often doing so without the aid of men for a plethora of reasons. Current social norms place the burden of care on women, and in order to shoulder that burden many women suffer, while at the same time allowing men to experience ‘privileged irresponsibility,’ where they may receive a ‘pass’ on their caring obligations in virtue of their masculinity or engaging in more ‘worthwhile’

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69 Refer to Chapter Two, Section 3.3 for more on how gender is an important moral and political context that is identified and best assessed through the lens of care.


71 Ibid.
work.\textsuperscript{72} Suffering like this is not necessarily a human rights violation, and thus not ‘seen’ by human rights discourses. Human rights are not useless for women, but they cannot encompass all the ways in which social norms, globalization, governments, institutions, and other people harm women because human rights do not pay close attention to the historical and cultural context of women.

This critique might be resolved by creating a special category of human rights for women. However, Beitz, responding to arguments for women’s human rights, claims that they do not need to be understood as a special set of rights, but merely are the same rights with some unique consideration of women’s reproductive issues. Betiz does acknowledge that the criticism of the public/private divide in human rights discourse has validity and that women are often under specific kinds of threats particular to women. Yet, he writes that aside from issues of reproduction, “the interests of women which are subjects of distinctive vulnerability are perfectly general—they are mainly interests in physical security and personal liberty.”\textsuperscript{73} The goal, for Beitz, is to argue against the idea that talking about the human rights of women is inherently problematic. He thinks there are good reasons to talk about the human rights of women because: “The human rights of women are properly considered matters of special concern because certain important interests of women are subject to gender-specific forms of abuse.”\textsuperscript{74} Beitz considers how the human rights of women might override cultural practices that are heavily oppressive of women, because the human rights of women “seek not only to disallow certain forms of conduct by the state and to mandate changes in law and policy, but also to change patterns of belief and conduct in the surrounding society and culture.”\textsuperscript{75} For example, it is not enough that women be considered to have a right to be free from physical harm, but that the cultural practices and beliefs take on the norm of women’s bodies as being inviolate. This could be demonstrated as the rape of women being fully prosecuted instead of the offender paying off a woman’s (often male) relatives, or a culture abandoning the practice of female genital mutilation in favour of a more symbolic ceremony of a girl becoming a woman in the community.

Here, it is important to recall that Beitz sees human rights not only as a theory, but also as a practice. If human rights are to be realized, they must be acted upon. The practice might require, in the case of gross violations of women’s human rights, heavy intervention. The question becomes if a local government fails women, do outside agents have compelling reasons to intervene? Beitz answers this by claiming that NGOs can be considered relevant agents, because it is often NGOs that

\begin{itemize}
\item \textsuperscript{72} See Chapter One, Section 2.2 and Chapter Two, Section 3.3 for more on privileged irresponsibility.
\item \textsuperscript{73} Beitz, 188.
\item \textsuperscript{74} Ibid., 189.
\item \textsuperscript{75} Ibid., 194.
\end{itemize}
bring women’s issues to international attention. The success of an NGO is often measured by working with locals to change beliefs and practices by “offering information and persuasion rather than by imposing sanctions.” The successful NGO is one that engages with local people in order to further the practices of human rights discourses. This can mean that states are not necessarily required to intervene when women’s human rights are under attack. Further, on the question of whether or not women’s human rights are a special class, and thus undercut the universal ideals of human right themselves, Beitz responds: “Most human rights of women are open to the same range of protective and remedial action by outside agents as most other civil and political rights, so the problem about feasibility in the special case need not be especially troubling for women’s human rights as a class.” The source of women’s human rights is the same as men’s, and Beitz, like Griffin and Ivison, does not require that a fully fleshed out list of rights be the final word on what exactly our human rights are. They all accept the need for human rights to change and grow. Certainly, this formulation of rights is more women-friendly than documents like the UDHR, which contains built-in assumptions that households exist, which are often assumed to be male-led households, and thus can overlook unfair treatment within a family or marginalize female-led households.

It is telling, however, that Beitz acknowledged at least one case, the case of reproduction, where women’s rights cannot be the same as men’s. Pregnancy is certainly a condition unique to women, and issues like abortion, forced pregnancy, or a lack of legal rights to their own children would require a special set of rights. This opens up our ability to think of ways in which gender oppression can occur without any human rights violations. The point is not to say that human rights discourse is useless, but that it does not cover the multiple ways in which women can be and are harmed by governments, other institutions, cultural practices, and even their own friends and family. It is certainly not a violation of a woman’s rights if, in a heterosexual relationship, the woman stays at home to care for the children. She and her husband could have sat down upon learning she was pregnant, looked at their financial situation, the price of good quality day care and their respective incomes, and determined that she would have to stay home until the children went to school. There is no right being violated, and one might say the decision was purely a financial one, but that does not mean she will not suffer from mental isolation, boredom, depression, greater vulnerability to abuse, nor that she will not miss her work, especially if she found her work particularly fulfilling, her long term career goals may suffer, and she may subsequently experience poverty in her old age. Care ethics would ask why she had to stay home, and why was her husband making more money,

76 Ibid., 195.
77 Ibid., 196.
78 Ibid.
79 Ibid., 188.
and why was there no affordable day care. Surely it is also important for both parents to bond with young children, and one could question why the male parent does not have flexible hours so he might have that emotional bond with his own children as well. I argue it is telling that human rights cannot approach the root causes of women’s continued oppression and marginalization or men’s privilege to outsource their caring obligations, even if all of a woman’s human rights have been met.

Section 2.3 – Third Critique: Ethics of Social Reproduction

The last critique critical, feminist care ethics levels at human rights discourses is that they can overly focus on the individual agent, and too closely circumscribe who counts as an agent in the first place. This means, very often, international theorising based on mainstream human rights discourses can lose sight of the importance of how we live in relation to other people. The language of rights cannot always adequately encompass certain goods such as “economic and social security, the fulfilment of basic human needs, and the cultural survival of groups,”80 because such goods are predicated heavily on social responsibility and care. For the most part, human rights discourses are aimed at protecting the rights of the individual, not necessarily disconnected from their wider social and political framework, but with the primary focus being the individual as a moral agent.81

Care ethics and human rights define the normative agent very differently, and how we define the normative agent has real implications for how we understand social reproduction. For some human rights theories, the normative agent is any human being, regardless of age or intellectual development. Griffin, however, restricts who can be considered a normative agent. He disallows infants and very young children, the mentally handicapped, and the senile from being considered normative agents, because they lack agency, that is, the ability to determine a life of their own. This does not mean they do not have moral worth for Griffin, but that they cannot make human rights claims.82 He also rejects the idea that because infants have the potential to be fully human or that they exist in a state of unique vulnerability, they should be protected as though they

80 Robinson, Globalizing Care: Ethics, Feminist Theory, and International Relations, 63.
81 I acknowledge the important work done on group rights, in particular indigenous rights, in order to protect the rights of specific, historically oppressed and marginalized cultural groups. Duncan Ivison argues that some groups, particularly indigenous Australians might have group rights, because group rights in this case protect certain crucial interests of the group as a whole (2003, 323). Ivison also argues for group-differentiated public policy that goes beyond the traditional protections of individual political and social rights (2005). However, human rights in the mainstream are still more often aimed at the individual. Often, if one does include a human right to cultural protection, it is cast in the light of the individual having a right to be able to participate and not be unduly barred from engaging in their cultural heritage. For example, Articles 22 and 27 of the Universal Declaration of Human Rights both suggest that it is the individual who has the right to the cultural life of the community, not that any cultural group in and of itself has rights. Additionally, the United Nations Declaration of the Rights of Indigenous Peoples also codify and affirm collective rights.
82 Griffin, 92.
were full normative agents and had the ability to make human rights claims. Griffin does not think potentiality or vulnerability by themselves are enough reason to protect something; the thing in itself must be worth preserving, and the intuitions behind such methods must be “accommodated by an adequate ethics.”

Griffin sees the problem of potentiality again when one applies theories of personal identity, or consciousness, to the idea of ‘person’ to see if infants can be considered persons on that account. But it is not as though Griffin thinks that non-normative agents do not have any rights or that they do not have moral worth. Instead, he wants to stipulate what is necessary for human rights in order for human rights themselves to be less unwieldy and more streamlined. The point is that even though human rights might be considered to apply to all humans everywhere, equally, the debate about who counts, about who is in and who is out, is still pertinent to human rights discourses. This is because of the focus on the individual. If the individual person is the seat of concern, then we must determine what kind of person is allowed to make human rights claims. I will not further explore the debate about who counts as a human rights claimant, but merely note that the debate itself signals that human rights analyses, in general, give less consideration to the relations in which individuals exist and the attendant issues of social reproduction that are necessary for individuals to continue to survive and even thrive.

The critical, feminist ethics of care, on the other hand, brings to the fore issues of relationships and social reproduction, which are not often seen when the focus is on the individual as a normative agent. Human rights are “not ends in themselves, but guarantees of freedom which allow individuals to pursue chosen ends without obstruction.” Rights analyses place greater value on the individual person being able to make choices for themselves and act upon those choices. Focusing narrowly on the protection of individual choices means that other aspects of human life are rendered less important or devalued. The very time one ‘chooses’ to spend on caring activities can be devalued. As Yanqiu Zhou illustrates, the dominant mode of temporal understanding, which values time spent on productive labour tends to marginalize and supersede the time spent on reproductive labour. This ‘choice’, which is mostly associated with women’s lives, can serve to re-entrench the public/private divide in terms of not only space, but time spent on particular kinds of labour and who ‘should be’ doing said labour. Taking the time necessary to engage in reproductive labour is unavoidable for our continued survival, but who spends time on caring labour is constituted by the choices we make, which are irrevocably bound by ties of obligation to friends and family. The

83 Ibid., 85.
84 Ibid., 86-7.
85 Ibid., 94.
86 Robinson, Globalizing Care: Ethics, Feminist Theory, and International Relations, 63.
assumption that our ability to choose enables our independence allows us to overlook our fundamental interdependence, and that sometimes our ‘freedom’ of choice necessarily curtails the choices of others, such that others are forced to make impossible choices. However, as Allison Weir argues, if we prioritize an understanding of interdependence we can reimagine freedom of choice as freedom from having to make impossible choices. do I work or care for my children, do I go overseas and earn enough to support my children or stay and care for my aging parents? The care lens allows us to more deeply investigate what it means for human beings to survive and thrive, and also what it means for us to make choices in the context of relationships. Protecting the freedom of the transnational care worker would mean that we must ask what institutional patterns have pushed her into making an impossible choice in the first place, which are a combination of the demand for care abroad and the multiple kinds of instability (economic, political, and social) in her home nation.

The requirements of social reproduction are vital tasks that must be accomplished for the continued survival of individuals and the human species. We must come to understand that rights and responsibility are not always the same thing. We might be obligated on the basis of rights, but responsible for much, much more. For example, it is up for debate whether future generations or potential persons have rights. According to Griffin, they do not. However, we might still have a responsibility to future generations to preserve the planet and prevent wide scale ecological disaster and mass extinctions. If Griffin is correct, that human rights can and should only apply to normative agents, and there are a limited subset of humans that have what he calls full agency, then we still might be responsible for those who are not normative agents. It is important to note that those who are not normative agents for Griffin—infants, the very young, the very old, and the mentally disabled—are those for whom much care is required. The moral worth of such persons is not undercut by their lack of normative agency, because they still require care. Care, as a morally infused term of assessment, critique, and policy guidance, with its relational ontology can ‘see’ global moral contexts that human rights discourses often overlook. Such contexts include the Filipina nanny in Canada on a guest worker program, who had to leave behind her own children to support them, where her political exclusion might not be considered a human rights violation. Care ethics can also assess the underlying norms and laws that hinder her ability to directly care for her children, because she also must hire or entrust another woman with her children because she might not trust her male partner, or he might not be available to care for his children at all.

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89 Ibid., 167.
In response to this critique, the rights theorist might say that not all rights theories place undue focus on the individual, and this would be correct. Hegelian rights theories are heavily invested in the importance of the social, and the relationships that people engage in. The problem with Hegel is that he claims the relationship between parents and children is “subversive of morality for male citizens, whose primary loyalty should be to the universal rationally realizable, in his view, only at the level of the state.”

Trying to rescue Hegel’s relational rights for feminist theory is fraught at best and troubling at worst. The assumed naturalness of male and female gender roles is not something that can be neatly cut out of Hegel’s work, and also perpetuates the problem of categorizing care as a lesser activity than political participation. The tasks of social reproduction should not be glorified, but neither should they be devalued. We should understand such tasks as a necessary part of human life and survival, and a site of moral engagement and moral complexity.

In contrast, Nedelsky’s relational rights are very much rooted in the feminist tradition, and owe a great deal to the transformative insights of care ethics, although she does not see her work as a moral project. She focuses on the legal aspect of rights, and as such her brief treatment of international human rights points to the idea that in addition to concerns about their implementation, we must also pay attention to “who has defined the rights in question.”

According to Nedelsky, in order for human rights to be considered universally legitimate, the processes that produce human rights must themselves be legitimate, where legitimacy is obtained through democratically justifiable means. While Nedelsky’s work points to the influence that care ethics has had on some strains of human rights discourses, especially drawing out the relational aspect of rights and autonomy, this does not mean it can stand in for care ethics. Ivison, when he wrote that relational agency and relational rights are feasible, also noted:

In order for us to be capable of forming meaningful relationships, and fulfilling our obligations in the first place, certain conditions are required, including achieving certain basic capabilities and thus being protected from harms that prevent us from doing so. Not all of these harms are best addressed through human rights, but they remain one way of marking out and identifying these capabilities and the harms that can befall them.

Certainly relational rights, like Nedelsky develops, are a good guide for how the law can mark out possible ways in which people have been harmed (morally and legally), however, critical, feminist care ethics is an important different moral perspective through with we can view the international

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93 Ibid.
94 Ivison, Rights, 207. Emphasis mine.
realm, which bears on political (local and global), economic, and socio-cultural norms and practices. The different moral standpoint care ethics occupies cannot be overlooked, because the moral dimension of international political contexts is an important part of how we address them.

Another approach, which has been instrumental in changing human rights discourse, is the capabilities approach first authored by Amartya Sen and then further developed by Martha Nussbaum. Sen pioneered the capabilities approach in his landmark Tanner Lecture in 1979 titled “Equality of What?”, and later argued that the capabilities approach should be used to help explain and expand human rights theories, unpacking the difference between the opportunity and the process aspects of human rights. By opportunity, Sen means, “whether a person is actually able to do the things she would value doing.”95 The process aspect of human rights is the contingent means of how the opportunity is carried out. Sen claims that because the capability approach highlights the former over the later means the theory resists a focus on income and primary goods, which could not pay attention to how, for example, a person in a wheelchair would not necessarily be able to do the same things as a person with the full use of their legs, if given the same circumstances and goods.96 Sen’s work, however, still bears the marks of the economic discourse out of which it arose, and as such has an over-focus on counting, on tallying up results, and does not necessarily incorporate a corresponding sense of moral motivation: i.e. “Why should one care about individuals and particular capabilities?”97 Further, Sen’s work is not necessarily a critically feminist picture of human rights and does not incorporate concerns about care and the institutional ways in which our lives our structured, and as such I have not incorporated Sen’s capabilities approach in this thesis.98

Nussbaum, conversely, critiques Sen for his lack of feminist focus and overlooking how institutions play a role in our lives.99 For Nussbaum, the capabilities approach is either a supplement or an alternative to human rights theories.100 In some of her early work, she explicitly albeit briefly, incorporates the understanding that we are all necessarily dependent beings, and that society should care for those who are in extreme conditions of dependency “without exploiting women as

96 Ibid., 153-4.
98 In addition, much has already been written about Sen’s approach. See Martha Nussbaum (2011, 2002), Gasper and Truong (2008), and Ingrid Robeyns (2011) for feminist critical appraisal of Sen. My approach takes the treatment of Nussbaum and Truong to be more relevant to the achievement of the aims of this thesis.
they have traditionally been exploited, and thus depriving them of other important capabilities.”

Further, Nussbaum’s list of capabilities explicitly incorporates the importance of emotion and affiliation, which entails being able to have important forms of social interaction and to not be discriminated against on the basis of gender, race, sexual orientation, religion, national origin, caste, or ethnicity. While Nussbaum’s capabilities approach shares many of the same feminist, critical goals as the ethics of care, her work does not necessarily target the historical conditions of current inequalities or the relations of power that produce and perpetuate global moral and political contexts. Nussbaum’s work, like mainstream human rights discourses, focuses on correcting for current injustices where the capabilities of the individual agent are the primary locus of concern. This is a vital goal, but the critical, feminist ethic of care focuses on uncovering and understanding the root causes of injustice. Care ethics shifts the focus of our reasoning the complex interplay between normative commitments (rooted in local and global cultural practices), political power, and economic forces that underwrite the continued devaluation and marginalization of the work of care itself (and so too care-givers and care-receivers) from public, political discourse. This means that while Nussbaum’s work is an excellent supplement for human rights discourse, the goal and focus of her work is substantively different from the critical, feminist ethic of care that is the focus of this thesis. In spite of some shared priorities, those of care and affiliation, care ethics works for the transformation of the moral and political landscape by bringing care—with its relational ontology, its emphasis on uncovering the root causes of oppression, marginalization, and exclusion, and its investigation of conditions under which people give and receive care—to the centre of our political reasoning, not the capabilities of individual persons.

Critical, feminist care ethics, with its relational ontology, encompasses a wider range of human activity than most mainstream human rights theories. It sees many people who are not often seen, those are not considered ‘normative agents,’ and investigates situations that are often sites of domination and oppression but not necessarily human rights violations. If there is one thing that some rights theorists—such as James Griffin and Duncan Ivison—and care theorists like Fiona Robinson agree on, it is that human rights theories alone are not necessarily enough to combat the vast array of human suffering that occurs in the world today.

Human rights most certainly fulfil a function in the international political landscape. They are excellent as a starting point for disparate groups to craft a mutually agreeable set of standards, or as a way to single out gross injustices. Human rights also offer certain practical benefits, in that they are understood as strong claims of justice, mark out issues of international concern, and

101 Ibid., 66.
102 Creating Capabilities: The Human Development Approach, 33-35.
provide clear guidance for public policy. However, I have argued that human rights cannot address every complex context in the international sphere, and as such it is not always the correct tool for the task at hand. The care critique of human rights demonstrates that in spite of the benefits of human rights, it can overlook the structural harms of globalization, import cultural and gender biases, and can devalue the concerns of social reproduction. These critiques have moral and political significance. Care ethics, because it is first a tool of critical assessment, is more suited to looking ‘under the hood,’ to identify the deeper roots of any moral situation. Further, it can provide guidance as to how to address the pervasive and often ‘unseen’ norms or practices that lead to negative outcomes associated with difference, exclusion, gender, and often culminating in violence.

However, the rejection of human rights discourses as a primary mode of analysis does not entail that care ethics can function as a guide for public policy. In light of my goal to put forward a practically applicable theory, it might seem beneficial to use care theory to ground a set of human rights standards. This would seem a reasonable solution considering that one of the major benefits of human rights discourses is that they are functional public policy guides. In the next chapter, I examine the work of Daniel Engster, who created a theory of caring human rights, where one of his aims was to offer a more practical solution for care based public policy. Although I am sympathetic to Engster’s goals, and some of his proposed solutions, his work demonstrates the exact reasons why we should at least be sceptical of attempts to meld care theory and human rights. I argue that Engster develops a construction of care that is unable to make visible the relations of power that shape our relationships with particular others, and as such his practical outcomes are not well grounded on the basis of care. We should resist attempts to lessen the critical, feminist capacity of care ethics, and instead work to demonstrate that critical care theory itself can serve as a guide for public policy, which is the subject of Chapter Five.
Chapter 4: Can Care be a Foundation for Human Rights?

In light of the care critique of mainstream human rights discourses, it might seem reasonable to create a set of human rights centred on a core idea of care. This is exactly what Daniel Engster set out to accomplish in his book, *The Heart of Justice: Care Ethics and Political Theory*. He attempted to create a set of human rights that were not vulnerable to care critiques, and to have a type of care theory that could guide public policy. However, Engster’s definition of care and his resultant ‘caring’ human rights is not without its own problems. In this chapter, I will critique Engster’s theory in two parts, both focused on how Engster’s care theory is not necessarily suited to addressing or even ‘seeing’ the relations of power that structure our lives in the first place, and which are often the root cause of the problems he strives to address. First, Engster uses the fact that we exist in webs of dependence relations to ground his theory of rational obligation. The problem is that Engster is not critical of those very dependence relations, and not taking a critical lens to dependence relations can allow for a continuation of entrenched patterns of power. This means Engster’s care theory cannot address the root causes of oppression, marginalization, and their attendant harms. Second, because Engster only has minimal feminist commitments,¹ I will argue that his care theory cannot assess the gendered relations of power that exist in local and global contexts. While Engster argues that women should not be oppressed or marginalized, and it is clear he is aware of cultural and historical considerations, I will explore how a lack of full, material equality is part of the very oppression and marginalization that are a part of women’s lives. This means that Engster’s caring human rights are vulnerable to the same kind of critique as mainstream human rights discourses, as discussed in the previous chapter.

My critique also demonstrates that Engster’s caring human rights are not well suited to evaluating transnational care contexts, particularly the migration of care workers and human sex trafficking. Although Engster does acknowledge that we should be critical of policies and practices that engender poverty and suffering, because his own definition of care is not sufficiently critical of existing patterns of power, and his caring human rights are only minimally feminist, we still need a theory to do the job of critical assessment. The critical ethics of care, as I argued in Chapter Two, is well suited to provide such an assessment. Contrary to Engster, I claim that it is vitally important to maintain the critical, feminist dimension of care ethics if care ethics is to provide a substantively different perspective than mainstream human rights discourses. While that still leaves Engster with the claim that his care theory can guide public policy, I argue in Chapter Five that a critical care ethic

¹ Engster, 13-5.
can also serve as a guide for public policy. Therefore, we do not need ‘caring’ human rights in order to provide a substantive alternative to human rights to address global moral contexts, either by critically assessing them or providing policy guidance.

Section 1 – Care as the Heart of Justice?
In this section, I will provide a brief outline of how and why Engster develops his theory of caring human rights. He offers a thorough overview of an admittedly incomplete\(^2\) set of standards for domestic, economic, and international justice on the basis of care theory. First, I will unpack Engster’s own particular version of care theory, which uses a rational theory of obligation to create binding duties of care. Second, I will show how Engster’s care theory informs and develops a set of caring human rights and elaborate some of its practical outcomes.

Engster provides three reasons for why a theory of care should be made foundational to theories of justice. First, Engster claims that no “theory of justice can be said to be consistent or complete without integrating the institutional and policy commitments of care theory.”\(^3\) Because Engster firmly supports the idea that care is central to human life, he argues that care must be made central to theories of justice because this would better reflect the actual material conditions of life. Second, Engster claims that care theory offers better justifications for a welfare state than traditional liberal theories of justice and a more flexible approach to public policy.\(^4\) Third, he claims that care theory “supplies a minimal basic morality that can help to mediate the cultural, religious, and moral differences among people.”\(^5\) However, while these are compelling reasons, and while there are points of commonality between Engster’s theory of care and the feminist ethic of care, I do not advocate using Engster’s theory of care as a foundation for human rights, because it does not critically engage with how our dependence relations are constructed and only has minimal feminist commitments. Rather, I will argue that the critical, feminist ethics of care should be maintained as a discrete ethical-political theory.

Section 1.1 – Care and a Theory of Rational Obligation
Engster develops his own specific care theory because he argues that the kind of care theory advocated by ‘orthodox’ care ethicists, like Gilligan and Noddings, is too narrow, while the feminist critical political theory of care offered by Joan Tronto is too broad. Instead, he seeks to find a middle

\(^2\) Ibid., 241.
\(^3\) Ibid., 5.
\(^4\) Ibid., 15-6.
\(^5\) Ibid., 16.
ground between the two and to provide a better foundation for a moral and political theory.\(^6\) The first step he takes is to offer a definition of caring that meets the task of offering a ‘middle ground.’ Second, he develops a theory of rational obligation to enforce our moral caring duties, and third he outlines a distribution of our caring duties, including to distant strangers. Because Engster claims we have duties of care to distant strangers, he is then able to justify a set of caring human rights that is morally binding internationally.

\section*{Section 1.1.1 – Engster’s Definition of Caring}

The definition of caring, for Engster, rests upon what he views as the three main aims of care. He summarizes the first aim as follows: “When we care for individuals, we most basically help them to satisfy their vital biological needs.”\(^7\) This includes access to goods such as water, food, shelter, medical care, protection from harm, and even important physical contact for young children and infants. The second aim of caring is to help “individuals develop and sustain their basic or innate capabilities;”\(^8\) i.e. the skills (social, psychological, and practical) that enable basic social functioning in a particular society. This includes speech, reasoning, imagination, emotion, literacy, and numeracy, among others that are particular to any given society. Some societies might view computer use as a basic capability, while others might require members to learn how to hunt and track game, thus this aim of care is necessarily flexible. The third aim of care is “helping individuals to avoid harm and relieve unnecessary or unwanted suffering and pain so that they can carry on with their lives as well as possible.”\(^9\) Engster defines care so as to ensure people can live their lives and function in their own specific society with as few impediments as possible.

His definition of care also relies on three virtues of care. These virtues are directly inspired by Tronto’s practices of care. Engster enumerates the virtues of care as \textit{attentiveness, responsiveness,} and \textit{respect}.\(^10\)

\begin{itemize}
  \item Attentiveness means noticing when another person is in need and responding appropriately. 
  \item Responsiveness means engaging with others to discern the precise nature of their needs and monitoring their responses to our care (whether verbal or nonverbal) to make sure they are receiving the care they actually need. 
  \item By respect, I do not mean anything so strong as equal recognition of others but more simply the recognition that others are worthy of our attention and responsiveness, are presumed capable of understanding and expressing their
\end{itemize}

\(^6\) Ibid., 23-4. 
\(^7\) Ibid., 26. 
\(^8\) Ibid., 27. Emphasis in the original. 
\(^9\) Ibid., 28. 
\(^10\) The distinction between Engster’s caring virtues and the practices of care in critical feminist care ethics is not problematic because it is not this difference that renders his caring human rights uncritical; rather it is his construction of dependence that does so. This point is more fully explored in Section 2 of this chapter.
needs, and are not lesser beings just because they have needs they cannot meet on their own.\(^{11}\)

Care, on Engster’s account, thus “include[s] everything we do directly to help others meet their vital biological needs, develop or maintain their innate capabilities, and alleviate unnecessary pain and suffering in an *attentive, responsive and respectful manner.*”\(^{12}\) It is important to note that, although Engster views care as an activity that requires direct connection between carer and care recipient, he does stipulate collective caring as a kind of care, where the state cares for those who are in need by developing policies that directly help individuals meet those needs.\(^{13}\) Thus, he is able to avoid the same critique the ‘orthodox’ ethics of care was subject to as outlined in Chapter One: that caring could only ever be a private concern. For example, Engster argues that one of the general functions of a caring national government would be to incorporate the understanding that even when there is a relatively prosperous social environment, “some capable individuals may not be able to satisfy their basic needs at minimally adequate levels.”\(^{14}\) We thus require state policies to address the situation, such as housing assistance, job training, and even basic unemployment insurance.

Engster’s definition of care thus functions as a justification for the welfare state. Engster argues that his definition of care theory is able to offer a better justification for a welfare framework than traditional theories of liberal justice,\(^{15}\) although those particular claims are beyond the scope of my argument here.\(^{16}\) The problem, as I will argue in Section 2 of this chapter, is that Engster uncritically accepts our dependence relations as a foundation for a larger theory of caring rights, which could leave unchallenged harmful normative assumptions about gender, race, ability, age, citizenship, and sexuality.

### Section 1.1.2 — A Theory of Rational Obligation

On the basis of this definition of care, Engster utilizes a theory of rational obligation about our caring responsibilities to explain: 1) why we must care for other persons; and 2) how care functions to enable moral judgment. He claims such a theory is necessary for three reasons. First, without such a defence of caring, it is “not self-evident why people should encourage the development of sympathy and compassion.”\(^{17}\) Second, because his theory of obligation extends to even distant strangers, it can be used to counter the critique that care theory can be used to support parochial

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\(^{11}\) Engster, 30-1.

\(^{12}\) Ibid., 31. Emphasis in the original.

\(^{13}\) Ibid., 36.

\(^{14}\) Ibid., 91.

\(^{15}\) Ibid., 94.

\(^{16}\) For Engster’s justification of a caring national government, and its features, see Engster (2007), the chapter titled “Care Theory and Domestic Politics.”

\(^{17}\) Engster, 37.
limits to caring, i.e. support further exclusion. Third, a rational theory of obligation can function to strengthen or develop sympathy and compassion, which also works to avoid a re-entrenchment of the reason/emotion dichotomy that Engster claims has been used by both care and non-care philosophers to claim the supremacy of one over the other (where care theorists, Engster claims, prioritize emotion, whereas Kantian or utilitarian philosophers prioritize reason).\(^\text{18}\) Importantly, he does not claim that a rational theory of obligation will compel moral transformation. Rather, the theory of rational obligation can serve as a logical and consistent guide to mark out moral or immoral actions on the basis of care theory, i.e. provide a guide for moral judgments.\(^\text{19}\)

Engster’s theory of rational obligation borrows heavily from Eva Kittay’s account of our caring obligations. She argues that because we have received care, we in turn are obligated to give care to others. Our web of relationships, in ever expanding concentric circles, determines the caring obligations we have toward others. Further, we do not necessarily just care for those who cared for us, as sometimes that is impossible. Instead, we care for those who are dependent upon us at any given point in time.\(^\text{20}\) Engster formalizes this idea and produces a theory of rational obligation to argue why we are obligated to care for particular others and see the care claims of others as legitimate, which is as follows:

1. “All human beings can be assumed to value their survival, the development and functioning of their basic capabilities, and the avoidance or alleviation of unwanted pain and suffering—unless they explicitly indicate otherwise.”\(^\text{21}\)

2. “[A]ll human beings depend upon the care of others to survive, develop and maintain their basic capabilities, and avoid or alleviate unwanted pain and suffering.”\(^\text{22}\)

3. Therefore, “all human beings can be said at least implicitly to value caring as a necessary good and to make claims on others for care when we need it, meaning that we at least implicitly assert that others should help us to meet our basic needs, develop and maintain our basic capabilities, and avoid or alleviate pain when we cannot reasonably achieve these goods on our own.”\(^\text{23}\)

4. “In claiming care from others, we imply that capable human beings ought to help individuals in need when they are able to do so consistent with their other caring obligations.”\(^\text{24}\)

Lastly, Engster arrives at the guiding principle of his theory of rational obligation, the principle of consistent dependency, as a means to validate our claims of care upon others, and other’s claims of care upon us:

\(^{18}\) Ibid.
\(^{19}\) Ibid., 39.
\(^{21}\) Engster, 46.
\(^{22}\) Ibid.
\(^{23}\) Ibid.
\(^{24}\) Ibid., 48.
5. “Since all human beings depend upon the care of others for our survival, development, and basic functioning and at least implicitly claim that capable individuals should care for individuals in need when they can do so, we should consistently recognize as morally valid the claims that others make upon us for care when they need it, and should endeavor to provide care to them when we are capable of doing so without significant danger to ourselves, seriously compromising our long-term functioning, or undermining our ability to care for others.”

Resting on the principle of noncontradiction, Engster claims that this theory of rational obligation serves as a moral basis for the right to care, and that those who do not uphold their moral duty to care not only behave hypocritically, but “renounce the web of caring upon which their own lives, society, and human life generally depend.”

This does not mean that Engster assumes we have a ‘natural’ instinct to care. Rather, moral motivation must be cultivated in persons, especially when we consider what we owe in moral terms to distant persons or persons who have traditionally been made Other by dominant groups. Engster makes a series of practical suggestions as to how a society may cultivate this kind of moral motivation, from advanced parental leave policies, to more expansive early childhood care, to public education reforms, and even an investigation into the role the media plays in how we perceive the practices of care. He suggests that there are very real and concrete ways to cultivate a larger care movement by employing particular strategies such as favouring universal over means tested programs (because universal programs have been found to foster caring between groups of people, while means-tested programs often entrench race and class biases), working with businesses to change the dynamics of work and care, and “highlight the universal vulnerability of individuals and the moral duty to care.” Engster also identifies the gendering of care as a reason why care has been historically devalued (particularly in the context of places like the United States and Australia), and also as a condition that curtails larger social motivations to care in the first place.

Section 1.1.3 – Distribution of Caring Obligations
Engster argues that the ultimate benefit of the rational theory of obligation is that we have a right to care, because we “can all make valid—that is, justifiable—claims on others for care when we need it.” Yet, this does not mean that all individuals must extend care to all other individuals. There is not necessarily a one-to-one exchange of caring. Instead, Engster stratifies our caring obligations in

25 Ibid., 49.
26 Ibid.
28 Ibid., 301-2.
29 Ibid., 305.
30 The Heart of Justice: Care Ethics and Political Theory, 223.
31 Ibid., 53.
order to ensure a more targeted, logical, and practical division of our caring responsibilities. The basis for this division of caring duties is the argument for assigned responsibility by Robert Goodin. The argument, in sum, is that while we have general moral duties to all others, we have special moral duties that are ‘distributed moral duties’ that are more effective when particular persons are assigned particular tasks.\(^{32}\) This argument grounds the justification that we can and should be invested in the care of particular others, although this does not preclude the fact that we have residual responsibilities to distant others.\(^{33}\) The upshot for Engster is two-fold. First, this distribution underpins the justification for a set of international caring human rights. Second, it is meant to provide a well-structured framework to guide our action and avoid the ambiguities that Engster argues are problematic for other accounts of care ethics, particularly Tronto’s and Robinson’s critical, feminist accounts.\(^{34}\) Additionally, it is important to understand how Engster’s caring human rights rest upon this distribution of caring responsibilities, because his caring human rights are ultimately grounded on an uncritical acceptance of our dependence relations and thus can actually perpetuate the same problems as mainstream human rights discourses, as discussed in the previous chapter.

According to Engster, our caring obligations are stratified, where the first obligation is care of self, predicated on the view that one must be able to care for one’s self, and that individuals are usually best able to determine their own needs. Further, because if people cannot provide adequate care for themselves, then they are unlikely to be able to provide adequate care for others. Lastly, Engster provides the caveat that self-sacrificing care should always be considered supererogatory. The second obligation is to our intimate relations (generally our friends and family, but we can also consider that doctors, nurses or others in caring professions have these secondary obligations to their patients due to the specific circumstances of their relationship), because we are usually best situated to understand the needs of our intimate relations better than other compatriots or strangers. This secondary obligation can also extend to strangers, however, in emergency situations, where proximity and desperate need are combined. Our third tier of obligation is to those who live in close proximity or share a social relationship (neighbours, club members, and compatriots), because we are better situated to understand their needs than strangers. We are justified to prioritize the care of our compatriots over strangers because such persons have the potential to become future intimate relations, as well as the fact that compatriots, especially fellow national citizens, are part of the larger social environment we all depend upon for our care. The fourth, and last level of obligation is to distant strangers. This is because we are often unable to fully

\(^{32}\) For more on assigned responsibilities, see Goodin (1995).

\(^{33}\) Engster, The Heart of Justice: Care Ethics and Political Theory, 55.

\(^{34}\) Ibid., 2.
understand their needs, and have little to no control over the institutions that govern the distribution of their resources. Rather, our residual responsibility to care for distant others is best carried out by enabling them to care for themselves and their intimate relations and compatriots.\textsuperscript{35} Engster acknowledges that this distribution of care allows the nature of our caring obligations to remain indeterminate, so he suggests three guidelines for a principle of responsibility for how we can determine who does what kind of caring. First, he notes that “we assume a special obligation to do our best to provide at least adequate care for individuals when we take some action that indicates our intention to take on primary responsibility for their care.”\textsuperscript{36} Such is the case with parents who choose to have children, or with persons who choose to become doctors. Second, he argues the norms that undermine a caregiver’s own care needs are morally unjustifiable, like the norm that women care for children sometimes to the detriment of themselves. The guideline here is that the caring needs of others should not necessarily supersede the caring responsibility one has to one’s own self. Third, there is a responsibility to provide care for those individuals who require it, and for those who are themselves caregivers.\textsuperscript{37} It is this distribution of caring obligations that gives his caring human rights international purchase, because our residual responsibilities demand that we care for distant others when their own friends, family, and nation are unable to care for them in the first place.

\textit{Section 1.2 – Caring Human Rights}

It is our residual duty of care that obligates us to care for distant strangers, according to Engster. Further, because Engster strives to avoid ambiguous claims about what international global care might look like, he defines a set of human rights grounded on his particular theory of care. The reason he seeks to ‘cut a middle ground’ between care and human rights is because both theories have, in his view, problematic draw backs that are best corrected through merging the two theories together. The problem with human rights, he claims, is that the moral status of human rights remains contentious and lacks substantive cross-cultural agreement, which result in a diluted enforcement of human rights standards.\textsuperscript{38} Regardless, it is his critique of Robinson’s critical ethic of care that is important to understand for my purposes. He does note that the critical ethic of care is meant to “identify and change social institutions that make individuals needy and dependent in the

\begin{footnotesize}
\begin{enumerate}
  \item Ibid., 55-8.
  \item Ibid., 58.
  \item Ibid., 59. This is similar to Kittay’s conception of the \textit{doula}, a concept I discussed in Chapter One, where the wider society has an obligation of care for those who provide care to particular others, which enables a higher standard of care overall and does not unfairly penalize those who cannot engage in ‘productive’ labour. (Kittay, 1999, 143)
  \item The Heart of Justice: Care Ethics and Political Theory, 163-4.
\end{enumerate}
\end{footnotesize}
first place,” and that one of the solutions Robinson proposes is to “critically [assess] our relationships with others and [develop] more egalitarian partnering relationships,” particularly with NGOs. Engster’s charge against Robinson’s critical ethics of care is that while it provides useful descriptions of how to care for others in international relations, “it does not tell us enough about whom or what we should care about,” and because it is “[f]ramed so abstractly, Robinson’s theory provides little practical guidance for policymakers, activists, and the general public in thinking about what it might mean to care for others abroad.” Instead, he claims that grounding human rights in care theory produces “a normative international relations theory that applies to all human beings regardless of their culture, religion, or morality, and can provide substantive guidance for cross-cultural dialogue among diverse peoples about the moral treatment of all human beings.”

However, before I outline Engster’s notion of caring human rights, I will very briefly foreground my response to Engster’s critique of Robinson. I will argue more fully in Chapter Five of this thesis, contra Engster, that the critical ethics of care can be a substantive guide for public policy. I claim that Engster does not give enough credit to what a critical care ethic can actually accomplish. Fiona Robinson constructed a critical ethics of care as a lens for international relations. Therefore, although Robinson argues for understanding the suffering of real persons, she targets solutions at the global-institutional level. This means that the vital questions are not about fulfilment of obligations or rights, but rather the more vital questions are about how care is structured. Why are important forms of care, such as child or elder care, physical and mental health, and education so lacking in the world? Why is care undervalued, and why are carers often women or racialized persons? As I argued in Chapters One and Two, the question of who and what we care about is already answered by a critical care ethic. It is not that we are obligated to care, but have a responsibility to carry out the practices of care in the context of our particular relations. Therefore, guidance for policy makers can be found in asking questions that allow us to see the ways in which our caring relationships are constructed by national and international policy, pervasive social norms, and economic forces. These different questions result in new information, which in turn can allow us to consider new solutions. The greater concern, on a critical care account, is how and why care is structured in particular ways, and the ways in which people are made vulnerable and unable to care

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39 Ibid., 160.
40 Ibid., 161.
41 Ibid.
42 Ibid., 162.
43 Ibid.
45 See Chapter Two for a larger discussion on the kind of analysis that a critical ethic of care can provide, particularly about international moral contexts.
for their particular relations. Engster focuses on who must care, and on the quality of care required but glosses over the critical force of care ethics, which seeks to identify impediments to fulfilling care obligations.

Returning to Engster’s caring human rights, he claims that while national governments have the primary responsibility to secure the human rights of their citizens, if any government cannot do so, it falls to the international community to assume their collective residual responsibilities to ensure human rights standards are met. Engster allows that there are limits to such aid, that such a responsibility toward distant others only holds when one’s closer responsibilities have been fulfilled.46 Such aid would, he claims, actually be simple because a small percentage of the above-poverty income of persons in most industrialized nations would be able to underwrite the cost of such efforts.47 Further, these caring human rights are minimal moral standards, which means that the list of human rights becomes very short, especially when compared to the Universal Declaration of Human Rights. They are as follows: 1) a right to physical security; 2) a right to subsistence goods and adequate care to survive, develop, and function; 3) the right to personal and social care necessary for their basic capabilities and functioning; 4) the right to work and earn a sufficient living; 5) the right to care for dependents and self without undue interference; 6) the right to a safe workplace; 7) the right to unemployment and disability insurance; 8) the right to protection against discrimination; 9) the right to a responsive (though not necessarily democratic) government; and 10) the right to enter into relationships free from coercion.48 This short, targeted list of human rights, grounded in our residual obligation to care for those who are not cared for, is a beneficial outcome of his theory, according to Engster. Certainly this list is much shorter than the Universal Declaration of Human Rights, and more geared toward fulfilling Engster’s definition of care as outlined in Section 1.1.1. However, this state-centric focus feeds into my critique that Engster’s caring human rights could overlook the plight of the transnational care worker because it remains an open question which government is responsible for the rights of citizens overseas, particularly those working in the informal sector.

The second benefit of this minimal standard of caring human rights, according to Engster, is that it is less contentious cross-culturally, which provides greater purchase for cross-cultural dialogue and judgment. There are minimal standards for civil and religious freedoms, as well as

47 Ibid., 172.
48 Ibid., 170-1.
nationality, cultural expression, and self-determination. While caring human rights would not be able to support the same rights as a robust set of liberal human rights, they would nevertheless support such rights when they become a matter of basic survival or functioning. For example, a right to free speech might sometimes be protected by caring human rights when censorship laws inhibit basic functioning. The claim is that these rights are less contentious, because they can offer “a practical standard for determining the minimally adequate care of individuals.” Thus, cross-cultural judgment can be less problematic, and can take place in a dialogue format, guided by the caring virtues.

Take, for example, female genital mutilation (FGM). One might argue that, for a particular culture, FGM enables the basic functioning of local women because without FGM they are not considered ‘marriageable’ and as such are vulnerable to not having a place in their society. Engster’s counter-argument is that however much FGM might be understood by individuals in a culture as enabling social functioning, it nevertheless is wrong because it “deprive[s] girls of sensation and feeling, cause[s] them suffering, and threaten[s] their survival and long-term health.” The dialogue that we engage in to make this cross-cultural judgment, however, must be guided by the virtues of care: we must be attentive, responsive, and respectful, and pursue a dialogue even though it is difficult. Although Engster is not explicit here, we could say that on a theory of caring human rights it is not acceptable to promote one kind of right over another. We cannot promote social functioning over and above basic health and survival when there are alternative options available to promote the same kind of social functioning; a woman may receive another, less harmful way to mark out her status as a marriageable woman. However, as I will argue in my critique in the following section, because Engster’s theory is only minimally feminist and lacks a critical investigation into dependence relations, his approach could overlook other forms of oppression that women in such cultures face, leaving some problematic aspects of interpersonal relationships unchallenged. This means that Engster’s theory is not necessarily substantively different from mainstream human rights discourses as it cannot provide a thoroughly different perspective on global moral contexts.

The remaining question for Engster to answer is how, after one has engaged in dialogue, we are meant to fulfil the rights of others on this account. He outlines two general principles of caring.

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49 This would not preclude having a more robust set of liberal human rights in addition to caring human rights. I do not think Engster would find that problematic. See Engster (2007), pages 176-7 for a full discussion on the topic.
51 Ibid., 179.
52 Ibid.
human rights, which follow from the nature of his definition of care. First, “[t]he goal of caring should be to enable to individuals and families as much as possible to care for themselves.”53 Second “[l]ocal peoples and governments should be involved as much as possible in the formulation and implementation of programs designed to help them.”54 Also, there are different methods to fulfil our caring human rights, either through direct aid, through capacity building, or through changes to international law, yet the point should be to follow the principles as outlined regardless of the method used.55 Engster does not prioritize supplying direct aid, however, because direct aid, particularly food aid, can often have harmful outcomes such as the collapse of local food markets and increased dependence on foreign aid in general, although some emergency situations warrant such assistance.56 A better strategy, according to Engster, would be to help local persons develop the social infrastructure for goods they need. Such methods would include extending loans to governments to build schools, bridges, and hospitals, should they decide that is what they need, and to withhold loans from governments that are irresponsible or behave badly toward their people.57 Engster also does give some weight to the critical care lens to help identify policies that render distant persons unable to care for themselves, but he points out Robinson does not spend much time developing how care ethics can substantively guide policy.58 Engster suggests that certain international treaties might be altered to allow for a better standard of care worldwide, such as international intellectual property agreements that have “restricted the access of many people in poor countries to basic medicines.”59 Further, as a practical consideration, when governments do behave badly, rather than have a lopsided, self-interested effort by one nation, there must be consensus from the international community, ideally through international organizations and regulatory bodies that declare some governments illegitimate and suspend the borrowing or resource privileges of such governments.60 Engster further claims that when such declarations and subsequent withholding of resources is not enough, it might be justifiable to undertake humanitarian intervention to fulfil the human rights of distant strangers based on our residual responsibilities to care for others when their local institutions have failed them. Engster argues that care theory “justifies the use of military force to ensure people’s physical security and support their ability to care for themselves.”61 If a government fails to fulfil the rights of its people, it has,

53 Ibid., 182.
54 Ibid.
55 Ibid., 183.
56 Ibid., 184.
57 Ibid., 185-7.
58 Ibid., 187.
59 Ibid., 190.
60 Ibid., 189.
61 Ibid., 193.
According to Engster, voided its rights to sovereignty and non-interference because such rights are predicated on the government caring for its people. When a right to sovereignty is voided by gross harms committed upon a people, combined with a residual duty to care for distant strangers, care theory also justifies the use of humanitarian military intervention. ⁶² Engster also stipulates two additional requirements. First, such operations cannot be futile. They must have a chance of success, which is defined as “not only protecting individuals from immediate threats to their survival and functioning but also returning them to their normal lives as quickly as possible.” ⁶³ Second, a representative international body must also authorize such interventions, and Engster suggests the United Nations Security Council as one such option. He acknowledges that this would highly restrict the deployment of humanitarian military intervention, because it would then truly be a method of last resort. ⁶⁴

Before concluding this section, Engster’s treatment of military and humanitarian intervention, using care theory to justify their use, requires a brief comment. Clearly, care theory must be able to address violent moral contexts, and I argued as much in Chapter Two. Just as clearly, as Engster recognizes, care theory justifies only the most restrained and reasonable uses of force, because violence disrupts the important caring practices of human life. Notably, the use of care theory in military thought has already begun. Daniel Levine argues that the lens of care can be important in counterinsurgency operations, because care ethics “deals head-on with questions of how to build relationships in the presence of coercion, power imbalance, force, and even violence.” ⁶⁵ By taking into account the importance of relations (between counterinsurgents, civilians and insurgents in combination ⁶⁶), and using the practices of care as a part of a new military ethos (where courage is reimagined as holding back from violence while under threat ⁶⁷), the lens of care would allow for military forces to conduct counterinsurgency operations in a more moral manner. The ability of care ethics, then, to function in a militaristic setting is beginning to take shape in the literature. However, in Engster’s work there is less attention paid to the ability of care theory to assess, critique, and suggest solutions to address the root causes of violence in the first place, and lessen the need for military interventions in total. ⁶⁸ It might be the case that in order to prevent more grievous harms, some force or violence against belligerent aggressors might be necessary, but this should always be accompanied by strategies to undercut the appeal of violence, “to deter and

⁶² Ibid.
⁶³ Ibid., 194.
⁶⁴ Ibid., 194-5.
⁶⁶ Ibid., 150.
⁶⁷ Ibid., 155.
restrain rather than obliterate and destroy; to restrain with the least amount of necessary force so that reconciliation remains open; in preventing violence, to cause no more damage and pain to all concerned than is needed.”

Engster does not explicitly incorporate the understanding that one of the main priorities of care ethics is to address the root causes of violence, to make violence itself the least appealing option to marginalized and historically oppressed groups. Engster’s caring human rights assumes the permissibility of violence and military intervention, which is not substantively different from the kinds of justifications human rights discourses provide for intervention. For example, Thomas Pogge suggests that nations should not singly supply this kind of ‘aid’, but if such actions were authorized or enacted by the United Nations, they could be acceptable. While there is no doubt that horrible violence still happens in the world today, and that care ethics must be able to address violence, modern organized, militarized violence is less about expansionist state policy as it was in the past, and more to do with what might be understood as ‘terrorist’ violence. Because terrorists are usually groups of people who have been oppressed or marginalized, violence is often seen as the best means to address their particular concerns. Instead, if we were to give some focus to the grievances of such persons rather than only on their methods, then we might be able to avoid violence in the first place.

I agree with Engster’s aim to foster better and more care worldwide and lessening the scope of severe poverty and human suffering. Additionally, Engster allows that caring for others abroad does entail “critically assessing national policies and international law in order to determine whether they hinder the ability of distant peoples to develop responsive governments and care for themselves.” However, I argue that Engster’s definition of care cannot support the same depth of analysis, and thus is unable to provide the same information as a critical ethic of care. It is this problem that is consistent throughout Engster’s discussion of care theory: his formulation of care theory does not critically examine our dependence relations, and as such it cannot provide the necessary kind of information about global moral contexts if we are understand and transform our global moral landscape, as I argued in Chapter Two. Lacking critical scope, Engster’s care theory cannot access the root causes of suffering and vulnerability, and as such his caring human rights do not pose a robust alternative to most mainstream human rights discourses. It is my critique of Engster’s caring human rights that I turn to next.

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69 Ibid., 17.
70 Pogge, 159.
71 For a larger discussion on terrorism, violence, and the prevalent kinds of organized violence that are in the world today, see Held (2008), Held (2010), and Robinson (2011).
72 Engster, The Heart of Justice: Care Ethics and Political Theory, 190.
Section 2 – Critique of Engster’s Caring Human Rights

I am sympathetic to Engster’s aims, and find some of his solutions to a lack of political consideration for care laudable, such as parental leave and childcare support, and the focus on international capacity building. However, in trying to cut a middle ground between a critical ethic of care and mainstream human rights discourses, Engster has largely removed the critical, feminist lens from care theory, which generates serious problems. The critiques I develop here serve to demonstrate that Engster’s caring human rights actually are vulnerable to the same criticism that care ethics levels at mainstream human rights theories. That being the case it is unclear why, if we want a moral theory that provides a different perspective, we should use Engster’s care theory, because it overlooks some of the same moral contexts as human rights discourses.

In this section, I put forward two critiques of Engster’s theory. My first critique examines how Engster uses the concept of dependence as foundational to his rational theory of obligation to care. I claim that because his brand of care theory is not critical of our dependence relations, it is not suited to address the background conditions of power that shape our dependence relations, which means we can be led to overlook deeply morally problematic issues. My second critique is that Engster has made the ethics of care minimally feminist, which means that Engster’s caring human rights does not encompass the ways in which women experience truncated life choices around the world, nor why women in particular are rendered more vulnerable in the aftermath of disasters (natural or man-made), or why women and children often experience more severe levels of poverty than men.

Combined, these problems mean that Engster’s theory of caring human rights is ill-equipped to judge and handle many transnational concerns, particularly ones around the transnational migration of care, and its darker side of human sex trafficking. The latter is doubly difficult because Engster has removed sexual activity from his scope of concern when he defined the activity of caring in the first place. He claims that it is not a part of ‘basic survival,’ because it pertains to the generation of life, not the sustenance of it. Further, Engster fails to incorporate sexual activity into his understanding of ‘basic functioning,’ along with religion, art, and sports, because they are part of a conception of ‘the good life’ which he tries to avoid because of the contentious nature of debates about what constitutes a good life. Certainly, Engster might respond that human trafficking is an issue of bodily integrity, but that does not tell us why human trafficking occurs in the first place, and the root causes of sex trafficking have to do with, among other things, sexual activity. Trying to separate the economics of sex trafficking from the more intimate concerns of sexual gratification

73 “Rethinking Care Theory: The Practice of Caring and the Obligation to Care,” Hypatia 20, no. 3 (2005): 52.
74 Ibid., 53.
would create an incomplete picture of sex trafficking as a whole. Importantly, we must reinforce the understanding that the point of critical, feminist care ethics is, as Robinson puts it, “not to ‘transfer' care from one sphere to another (i.e., the public sphere) but, rather, to deconstruct the gendered dichotomies that have created two separate realms of human existence.”

Engster could counter my objections, pointing out that he does state that critical analysis is required if one is to fully address moral problems. There are three locations where he makes such statements in his book. However, I claim that any such critical assessment that proceeds on Engster’s terms would be inadequate. Such a critical assessment, for Engster, would likely be based upon his own particular definition of caring and his caring human rights, especially in the international realm. While Engster does provide normative standards defining what ought be the case, and even provides suggestions for how to inculcate a more caring attitude among people (focused on the United States), these standards are unable to encompass the ways relations of power (gendered, racial, sexual, national, economic, and international) shape our very lives, or how difference and exclusion are made manifest.

In short, while Engster could claim he does provide a critical analysis, it is not the same kind of analysis that the critical ethics of care can provide, and as such his analysis cannot ‘see’ the same problems, nor can it suggest substantively different solutions, as I will argue in Chapter Five when I examine the ability of care ethics to guide public policy. I argue, instead, that it is vitally important to retain the critical and feminist dimensions of care ethics if it is to be substantively different to human rights discourses, not just another type of human rights discourse.

Section 2.1 – First Critique: Uncritical Dependence
Part of a critical, feminist ethic of care is an understanding that caring practices exist within patterns of power “both material and discursive” and are constituted by ideas about gender, race, age, ability, and location. Care ethics is and must be “inherently critical, in that it questions both our normative assumptions about caring practices and values, as well as the bases on which decisions about the giving and receiving of care are made.” Because caring practices are often the subject of such patterns of power, an ethic of care must be critical of the very practices that shape how people

76 Engster, The Heart of Justice: Care Ethics and Political Theory, 161, 87, 90.
77 In all fairness, Engster does not explicitly elaborate the method of analysis, though one might assume it is an analysis based upon his definition of caring and his caring human rights.
78 Robinson, “Global Care Ethics: Beyond Distribution, Beyond Justice,” 132.
79 Ibid., 135.
care for others, and understanding the circumstances under which caring practices often occur. This critical aspect does more than reveal that there has been an injustice, because it also reveals the causes of such an injustice in the first place. For example, critical care theory does not just point to girls being denied schooling as a wrong, but also investigates the root causes of girls being denied schooling as they are embedded within a particular cultural context. Neither does care ethics expect there to be one reason. A critical, feminist care ethics would be able to illuminate the intersection of the socio-cultural and economic realities that exist in a particular society that shape these girls’ lives, such as families possessing only limited funds and having to choose which children to send to school, or a cultural bias against education for women and girls.

One place where this lack of critical analysis is evident is in Engster’s theory of rational obligation. Although Engster constructs his theory of rational obligation in such a way as to guard against the paternalistic, parochial, and possibly harmful side to care, his theory of obligation cannot explain how or why those relations of dependence are constructed and how they are possible in the first place. This means that his theory could leave intact some of the structural harms of globalization, like patterns of exclusion, just as mainstream human rights discourses do. Engster argues for a rational theory of obligation based upon the principle of consistent dependency, but he does not seriously investigate the patterns of power that create that very dependence. He acknowledges that there is a history of women being tied to the work of care by social norms about gender, however, such an acknowledgement does not begin to approach how such norms are perpetuated or entrenched through various forms of power, such as the normative, economic, and political. There are two ways Engster might claim that his theory serves as a way to prevent unequal relations of power. First, he might claim that his definition of care and its guidelines are meant to prevent an unequal distribution of caring labour. Second, his caring human rights are also meant to serve as a set of standards to prevent powerful institutions from denying us our right to engage in caring relations, and the giving and receiving of care. While such standards are intended to prevent avoidance of one’s caring responsibilities or allowing harm to continue, they do not question why the harms occurred in the first place. Further, because he also stratifies our caring responsibilities so sharply, that can in turn serve to further naturalize certain dependence relations, including their unequal relations of power. For example, although he argues that we have an obligation to care for our ‘nearest and dearest,’ he does not build in ways to question harmful relations of power that can exist within the family. Perhaps Engster might argue that we can choose to leave harmful close relations, but that does not give enough weight to the power of norms around family life, or the

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80 Ibid., 133.
81 Engster, *The Heart of Justice: Care Ethics and Political Theory*, 49.
82 Ibid., 59.
legal and emotional difficulty of leaving such situations. Rather, the idea that we are obligated to care for our families is somewhat beside the point—we already do care—but the question that is more important is why certain kinds of power relations, even within families, are viewed as acceptable in the first place. ⁸³

Conversely, a critical, feminist ethic of care is able to question how “different forms of ‘power’ come to exist, and how they are distributed in society.” ⁸⁴ It is not enough to say that women should not shoulder the larger burden of care. We must also investigate the ways in which norms about gender and care are still perpetuated through wider social norms and political processes, particularly public policy. Further, the caring practice of attentiveness requires us to understand how these norms shape the lives of real people. For example, the increasing number of domestic and care workers in private homes in Western countries has been shaped by several factors: a change from the male-breadwinner to adult-worker model; shifts in migration patterns of women from the Global South to support their families financially; and how the immigration policies of Western nations shape the flow of migration. ⁸⁵ Equally important, although the ‘pull’ factors from wealthy nations are part of the migration of care, so too are the ‘push’ factors, the conditions in the home countries of migrants that compel them to seek work abroad. Even if the ‘pull’ factors were decreased, the situation of transnational migrate carers cannot be fully understood or addressed without understanding the reasons why they migrate in the first place, such as a lack of adequate pay, supplies, and personnel. ⁸⁶ The critical lens of care illuminates the situation of the migrant worker, illustrating that the “yawning gap between rich and poor countries is itself a form of coercion, pushing Third World mothers to seek work in the First for a lack of options closer to home.” ⁸⁷ Only through a critical analysis of the root causes of migration are we able to see the larger picture of care migration, as well as the care drain and the harms that it perpetuates, especially considering that most women who migrate to do care work are themselves mothers, who leave behind children who often do not adjust well. ⁸⁸

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87 Hochschild, 27.
88 Ibid., 21-2.
This uncritical acceptance of dependence as a basis for a rational theory of obligation poses problems for Engster’s caring human rights. All human relations take place within webs of dependence, and dependence is constantly constructed by social and political patterns of power. Further, because these caring human rights are largely focused on how any particular state ensures the caring needs of its own citizens, it cannot examine the root causes of transnational caring, effectively reinforcing harmful patterns of exclusion that are already present in the world today. This is the same problem with mainstream human rights theories as outlined in the previous chapter; they cannot ‘see’ or even challenge the structural harms of globalization. Only through a critical examination of dependence does it become clear that care deficits in one part of the world creates a demand to import carers from other parts of the world, which in turn creates a new care deficit. The ability for Western nations to demand care from other parts of the world is also part of a legacy of colonial power relations, perpetuating inequality through “the translation of the unequal relations of personal interdependency into the unequal relations of transnational interdependency.”

Consider again the example of the Filipina nanny. There are several layers of dependence that can be analysed. First, a critical ethic of care can analyse the way in which the nanny and the family are dependent upon each other. The Filipina nanny is dependent upon her employers for not only her income, but for her continued stay within Canada, and the power that her employers have over her is prone to abuse. In turn, the Canadian family is dependent on the Filipina nanny to care for the children and maintaining the house. The balance of dependence falls more heavily upon the nanny than the family, because the family can always find another Filipina woman for the job, whereas the nanny might not be able to find another employer/sponsor for her continued stay within Canada. A second level of dependence analysis is at the international level if we examine the discrepancy between Canada and the Philippines in international politics. Canada, though its citizens rely on cheap imported labour, has a greater bargaining position than the Philippines, which is desperate to export its own women to expiate its national debt through the remittances of those women.

Third, and last, we can examine how national and international policies generate the possibility of importing care workers actually serves to perpetuate gendered and racialized forms of power, and allows some persons to shift their caring responsibilities to others. These policies can be understood as “cost-effective ways of securing family norms and meeting care needs (even though these norms and needs have now changed)” and can illuminate how “these women’s [like the

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89 Williams, "Markets and Migrants in the Care Economy," 28.
90 "Towards a Transnational Analysis of the Political Economy of Care," 25.
Filipina nanny’s] social relations and citizenship rights were inscribed with gendered and racialised inequalities. The caring practice of responsibility, focusing on how our responsibilities are structured, allows us to see how importing carers can allow many different layers of norms and normative structures of power to remain intact, and allow for some people to continue their ‘privileged irresponsibility.’ Because most often migrant carers are racialized women, this can allow norms about family structure to remain relatively intact, because the burden of care is shifted to another woman, whose racial or ethnic difference also serves to mark her out as someone who is presumed to be ‘naturally’ a carer, and by occupying that role of carer, her differences are reinforced. Further, the relations of power between nations can remain intact as well. Just as important as it is to investigate norms around race and gender, we cannot ignore the relations of power shaped by historical patterns of colonialization, and historical migration patterns. As I argued in Chapter Two, the parity of power between nations is of vital importance when we analyse global moral contexts, because such relations are often shaped to benefit the more powerful party, which at least partly generated the moral context in the first place.

If Engster’s care theory were to use a critical analysis of dependence, in an effort to refute my critique, he would have to rethink the purchase of his rational theory of obligation to care and his stratification of caring obligations. Once we critically assess our dependence relations, it becomes difficult to ground a theory of rational obligation upon those very relations in the first place. Recall that the point of a rational theory of obligation is to say that if I deny that others need care, I then deny that I need care, which is unintelligible because all persons need care in order to at least survive. However, once dependence relations are critically assessed, and the nature of our dependence relations is challenged, the rational theory of obligation itself can be questioned. Because the shape of our dependence relations are structured by norms about gender, race, and class, it is problematic to use dependence as a grounds for a rational theory of obligation, as though it were a concept without normative content. For example, once we are critical of gender roles and the normative implications inherent in heterosexual marriage, we can question whether or not a wife is rationally obligated to provide certain kinds of care and maintenance for her husband. Certainly, one hopes that the couple cares for each other, emotionally and materially, but it is unclear, if Engster were to incorporate a critical view of dependence, why a wife is obligated to care for her husband (or vice versa) if their dependence itself is structured by norms and relations of

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92 Williams, "Towards a Transnational Analysis of the Political Economy of Care," 29.
93 See Chapter Two, Section 3.1 for a more detailed discussion on the construction of difference and its possible harms.
95 Engster, The Heart of Justice: Care Ethics and Political Theory, 49.
power, and further reinforced by public policy that continues to privilege the husband working outside the home and the wife caring for the home and children.

Once the rational theory of obligation loses its secure foundation, Engster’s stratification of caring responsibilities does not necessarily make sense, particularly with regard to the idea that we have \textit{residual responsibilities} for the caring human rights of distant strangers. The rational theory of obligation made possible the idea that we could neatly stratify our caring responsibilities, because we are best able to fulfil our obligations to those closest to us. However, if we do not have a firm foundation for our obligations to care, it is unclear what our residual responsibilities are. Because a critical picture of dependence makes it possible to question our rational obligations to care, the stratification of our caring obligations breaks down. There is then no clear distinction between the different tiers of our obligations, and while we might be able to acknowledge that the care claims of distant strangers are valid, that does not mean their claims are able to find direct purchase with us. For example, the cocoa farmers who supply the world with chocolate certainly have claims of care, but if the stratification of our caring obligations breaks down, it is not clear any longer to whom they make their claims of care. Once we lack a residual responsibility to care for distant strangers, it is unclear why it remains our responsibility to seek to fulfil their caring human rights. Thus, incorporating a critical picture of dependence into Engster’s caring human rights is deeply problematic for his project because it relies on an uncritical acceptance of dependence in order to generate caring human rights claims in the first place.

\textit{Section 2.2 – Second Critique: Minimally Feminist}

Engster claims that his brand of care theory is minimally feminist, and that this is acceptable because while it does something less than pursue a full commitment to women’s equality and rights, it goes “a long way toward supporting more social equality for women, since women’s inequality is closely tied to their traditional role as caregivers and the low valuation that caring practices have been accorded by most theories of justice and most societies.”\textsuperscript{96} I argue, on the contrary, that the ethics of care should be strongly feminist, and that it should not back away from larger claims about women’s equality. By constraining the feminist aims of care ethics, Engster is unable to investigate the ways in which women, on average and especially those women in and from the Global South, experience truncated life choices even if all their caring human rights have been met, thus leaving intact gender biases like mainstream human rights theories. While Engster does not necessarily tout minimal feminism as a prime feature of his brand of care theory, I argue that we should at least be

\textsuperscript{96} Ibid., 14.
sceptical, and perhaps even oppose, any kind of care theory that does not have strong feminist commitments. Although Engster claims that there is nothing preventing us from using a liberal rights theory to support a more robust notion of women's equality, relying on liberal human rights to achieve goals already contained within the feminist ethic of care indicates that Engster has missed a vital point. Like Engster’s uncritical acceptance of dependence, a minimally feminist care theory cannot investigate the root causes of global moral problems, in this case women’s subjugation on a global scale, particularly with regard to transnational care migration and its darker side: human sex trafficking.

In the previous section, I examined what it meant for care ethics to be critical, and here I must explain what it means for care ethics to be feminist. Care ethics is feminist because it, “concentrates on the ways in which decisions about care are constituted particularly by relations of gender, but also of global and local relations of ethnicity, race and class.” That means, unlike Engster’s formulation of care theory, which only has minimal feminist commitments, a feminist ethic of care expressly examines the ways in which our caring relations are shaped by local and global norms about gender, race, class, and ethnicity. Engster’s minimal feminist commitments are largely, I argue, a set of standards that women should not be expected to shoulder the majority of the care work, or that women should not experience unique harms due to their gender. However, these should nots are bulwarks only. The mere standard does not require engagement with the why and how of women’s subjugation, and the especially precarious position of transnational care workers. As such Engster’s theory is not substantively different from mainstream human rights discourses, because it can leave intact gender biases and overlook important locations of social reproduction, i.e. the transnational context of care.

In presenting solutions to combat the gendered division of care, Engster also examines a possible cause of the gendered division of labour, although as I shall argue below it is a shallow examination that does not fully challenge the way in which the political sphere matters for the gendered division of labour. His examination focuses in particular on the work of Nancy Chodorow. Although he is aware of the critiques of her work, he bases his solutions on the not unreasonable understanding that the perpetuation of the gendered division of care has a great deal to do with

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97 In fact, Virginia Held argued that accepting the idea of a non-feminist ethic of care would be disingenuous to the history of care ethics, and its growth into a substantial moral and political theory. See Held (2006) for the full argument.
98 Engster, The Heart of Justice: Care Ethics and Political Theory, 14.
100 See Chapter Two for a discussion on how the ethics of care works to achieve this feminist aim. Also, I am aware that there are concerns about the feasibility of contextual judgments based on a universal standpoint of care. In Chapter Six of this thesis, I argue that the solution to this problem is, in part, to accept the vulnerability of judgment. See Chapter Six for the full argument.
unequal parenting arrangements (i.e. the gendered division of parental responsibility), and as such girls receive messages to engage in care while boys are socialized not to engage in care. Therefore, Engster’s primary solutions are geared towards equalising parenting arrangements, where governments should foster substantial parental leave, encourage men to take family leave, and protect flexible work arrangements for parents of both sexes allowing both women and men to be seen as caregivers. This, Engster claims, would aid in eroding the norms around gender and care. Additionally, Engster also argues that there should be greater incentives for men to enter traditionally female dominated professions, such as early childhood education, elementary education, and nursing, much like how women have more recently been encouraged and empowered to enter traditionally male-dominated fields such as math, science, technology, and engineering. Engster claims that the government can play a role in changing the gendered division of care work through a series of policy incentives, which will enable us to view caring as a human activity, that men and women both should engage in, not only a feminine one.

Engster acknowledges that care has been historically devalued, and he suggests several strategies for inculcating people with the values of care. However, because he does not address the underlying power structures involved, particularly the gendered structures of power, his theory of caring human rights cannot investigate “the patriarchal conditions under which values and practices associated with caring have developed in societies.” If care is to be a public, political issue, and if we are to really challenge the entrenched public/private divide that underwrites the feminisation and devaluation of care, then those who care, those who historically have been most associated with caring practices, must have a full and equal part of the political process. Even if the caring human rights of women were met, they would still experience unnecessary restrictions on their life choices, particularly with regard to being able to directly access political power. Engster’s caring human rights, therefore, cannot be used as a way to ensure that women have equal voice in the political arena. Moreover, it could be the case that using caring human rights as a set of standards could legitimize the continued exile of women from the political sphere. Although care itself might become a public concern, if women are not considered fully equal with men, and thus not able to participate in political discourse, then they are still going to be relegated to the private sphere and lack a substantial voice in policies and actions that directly impact upon their lives and the lives of the people they care for. We can see this play out in how transnational families have to struggle to provide care for their children.

102 Ibid., 223-5.
103 Ibid., 226.
In a study of Chinese immigrant families in Canada, Yanqiu Zhou examined how Canadian visa requirements made it difficult for the grandparents of immigrant families to help raise their grandchildren, and that the caring labour of the grandparents (mostly grandmothers) was deemed necessary not only by traditional Chinese kin-structures, but also because of the lack of care provision in Canada itself.\textsuperscript{105} Because these transnational grandmothers are not heard by the Canadian government, due to language barriers and the high levels of bureaucracy that serve to keep some elderly women in a cycle of perpetual visas, the lens of care can aid in exposing the “complex multiple inequalities and exploitations (based on gender, age and geography) of care on both familial and transnational levels.”\textsuperscript{106} Zhou’s study points to the fact that although it might be tempting to construe a lack of women’s full political participation as a local, cultural problem, we cannot ignore how transnational norms about gender bear upon women, or that international relations of power can serve to isolate women from local politics.\textsuperscript{107}

Engster’s minimal feminism also renders his caring human rights as doubly problematic when we attempt to investigate the root causes of and the situation of the transnational migration of carers. Considering that Engster’s caring human rights are only minimally feminist, and that Engster does not include sexual activity in his understanding of care, this means he cannot fully understand one of the darkest markets: human sex trafficking. Certainly Engster would say that human sex trafficking is a violation of his caring human rights, particularly the first one: “All individuals have the right to physical security,” which includes sexual assault as harm.\textsuperscript{108} This is a good standard to have. I am not arguing that we should abandon the standards of human rights, especially ones that serve as bulwarks against gross physical harms. However, standards alone are not enough. They cannot access the ‘why’ of human trafficking, the factors—such as the intersection of norms about violence and gender, economic considerations, and political instability—that continue to make human sex trafficking a $150 billion (US) per year industry.\textsuperscript{109} A critical ethics of care is able to access the ‘why’ for two reasons. First, because it is feminist, it expressly uses the lens of gender to examine the ‘masculine’ values that are some of the underlying causes of human trafficking. Second, it is able, through the practice of attentiveness, to bring to the fore the importance of trying to understand the experience of sex workers.

\textsuperscript{106} Ibid., 291.
\textsuperscript{107} Zhou also incorporates an interesting discussion on how we should not be totally occupied by the paid dimension of global care chains, and that transnational kin-care is in fact a large part of global care chains as they exist today. However, they are often overlooked because it is more difficult to obtain data and interact with the women who relocate overseas to help their female immigrant relatives.
\textsuperscript{108} Engster, \textit{The Heart of Justice: Care Ethics and Political Theory}, 169.
On the first point, although Engster does claim that we should critically investigate the causes of such massive harms, he does not expressly stipulate the critical method we should use when doing so.\textsuperscript{110} However, the critical, feminist lens of care ethics is able to examine how “cultures of hegemonic masculinity are integral to both the discursive and material constitution of globalization.”\textsuperscript{111} The current global power structure is predicated on particular values, values traditionally coded as masculine such as self-sufficiency and a kind of ‘privileged irresponsibility’ with regard to care. This means that we cannot allow an investigation of gender to stop at the home or even the national level to address particular problematic constructions of ‘maleness’ that are embedded within social structures and institutions. We can see these masculinities as part of the current harmful patterns of globalization. Therefore, to combat these patterns we need to address these constructions of maleness through the institutions of global economic and security governance.\textsuperscript{112} The emphasis on these ‘male’ values in global political and economic discourses contributes to the harmful processes of globalization that allow care to continue to be devalued and commoditized for consumption rather than a human practice necessary for the continuance of life. One of the commodities is, unfortunately, sex. Importantly, it is not enough to simply think of sex trafficking as a result of supply and demand, because a purely economic lens removes the normative questions from view.\textsuperscript{113} Rather, we must investigate why some persons view sex trafficking as acceptable in the first place. Certainly, most people would condemn the practice, but the fact remains that sex traffickers earn a healthy living on their activities, and that people, most often men, are willing to pay for sex, even though they might be aware of the plight of the person whom they are abusing. It is, on one level, a legitimized form of male power and values that underwrites the continued trade in human beings for the purpose of sex. It is not just norms about violence or gender at play here, but rather an intersection of these norms that link masculine discourses to norms about violence which continue to render women insecure across the world.\textsuperscript{114}

Second, the feminist lens can also be used to better engage with and understand those who have experienced sex trafficking themselves by following the practice of attentiveness. Because Engster does not include sexual activity in his definition of care (though he does have a proscription against sexual assault), his understanding of care could serve to further single out and stigmatize sex workers. Rather, we cannot nor should we separate out sex workers form other forms of care

\textsuperscript{110} The Heart of Justice: Care Ethics and Political Theory, 190.
\textsuperscript{111} Robinson, "Care Ethics and the Transnationalization of Care: Reflections on Autonomy, Hegemonic Masculinities, and Globalization," 137.
\textsuperscript{112} Ibid., 138-9.
\textsuperscript{113} Ibid., 128.
\textsuperscript{114} See Chapter Two, Sections 3.3 and 3.4 for a discussion about how hegemonic gender norms (not necessarily individual men), and norms about violence often serve to render women insecure.
workers, but instead be attentive to their life experiences. Singling out sex workers is often done through moral prohibitions against sex work, which obscures the extent to which current patterns of globalization actually ground these practices, and further stigmatizes sex workers. We cannot ignore the importance of listening to the women who have survived and been able to leave (because we will likely never hear from women who cannot leave their situation). Not only is it part of a critical, feminist ethic of care to take seriously the experiences of others, but through the practice of attentiveness we also learn how central care is to the lives of women trafficked for sex: their desperate need to care for others in spite of structural impediments that resulted in being trafficking the first place and their subsequent “inability to care well in their present circumstances.” The testimony of these women serves to highlight that not only was there a deficit of care in the country to which they were trafficked, but that there are many factors that push women into transnational migration in the first place, such as their own need to care for their dependents.

The experiences of trafficked women are also important because they demonstrate that the same processes that serve to import domestic carers and live-in nannies also pertain to sex traffickers. Because there is a global demand for ‘women’s work’ in affluent states, all “forms of labor can only be made sense of when viewed through the lens of global gendered relations of power.” Most of the women who are trafficked for sexual abuse assume they will be domestic carers or other transnational migrant workers, but have the ill luck to be trafficked for darker reasons. Reviling and condemning the traffickers is not enough, and does not help us understand the underlying causes of human trafficking the first place. The various factors such as a lack of political stability, lack of social services, troubling socio-economic situations, and the increased role of women in poorer countries as providers for their families in the context of high unemployment, often push women into migrant work, which often results in them being trafficked.

Were Engster to reply to this critique by claiming that his theory could incorporate stronger feminist claims, I do not think it could do so without undercutting his prudential aims. His claim that the minimal feminism of his care theory will ensure that care is taken seriously in the political sphere while at the same time not requiring full, equal political participation of history’s traditional carers (i.e. women) also means that it would be likely to be adopted world-wide. While his practical goal is

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116 Crozier, 124.
119 Ibid., 153.
laudable, it is too deeply flawed to be viable. Were Engster to put forth a more strongly feminist kind of care theory, he would have to push for a more substantive understanding of the way global and local gendered relations of power play out in a person’s life. Such a strongly feminist understanding would require Engster to expand his list of caring human rights to include more substantive civic protections, particularly for women who are the traditional providers of care. The basic point is that incorporating critical feminist aims would invariably alter Engster’s care theory and his caring human rights. By eschewing the feminist lens and exercising sex from his definition of care, Engster is unable to do more than hold to a set of standards, which, as I have argued in Chapters Two and Three, is no longer enough to combat the harms experienced in the world today. We must investigate the root causes of sex trafficking if we are to better understand the reasons for its continued success, and ultimately dismantle the system that allows sex trafficking to continue.

The unique and powerful perspective of critical feminist care ethics should not be easily set aside. Rather, “a critical feminist ethics of care does not understand ethics as a set of principles waiting to be ‘applied’ to a particular issue in world politics; rather, it views the task of normative or moral theory as one of critical moral ethnography,”¹²⁰ that is to say how morality is embedded and reproduced in society. It is not enough to produce a set of standards, rather it is imperative to investigate and understand how social, economic, and political arrangements structure our lives, and the ethical implications of that structuring, as guided by the practices of care. My critique of Engster’s theory, however, does not address his claim that the critical, feminist ethics of care is not a practical guide for public policy. Therefore, next in Chapter Five, I argue that a critical ethic of care can guide public policy without the need to rely on any human rights framework. That being the case, it is unclear what ‘caring’ human rights offers that cannot be accomplished by a critical feminist ethic of care.

As demonstrated in Chapter Four, Engster’s caring human rights analysis has major flaws. Engster developed his theory in response to the worry that the ethics of care, as formulated by the majority of care theorists, cannot provide substantive policy guidance. He claims that Tronto’s definition of caring is “too broad to provide clear guidance on moral and political issues” and that “her political theory of care is also vague.” Of Fiona Robinson’s critical, global theory of care he states: “Framed so abstractly, Robinson’s theory provides little practical guidance for policymakers, activists, and the general public in thinking about what it might mean to care for others abroad.”

In this chapter, I argue, contrary to Engster, that critical, feminist care ethics can be a viable source of ethical guidance for public policy on two fronts. First, as explored earlier in Chapters Two and Three, the lens of care can expose how policy based exclusively on human rights has certain ‘blind spots.’ For example, a human rights approach cannot always ‘see’ how race and gender norms, dependence, and exclusion contribute to and construct pervasive political and moral problems. Secondly, critical care ethics can spur a transformation of the policy process itself. The transformative potential of care ethics provides an opportunity to engage in the real world process of public policy, as I argued in Chapter Two. Although there are other sites (e.g. public administration, business practices, health care fields, and education) where engagement with care ethics would be transformative, I focus on the policy process for two reasons. First, it is important to directly answer Engster’s charge that Robinson’s critical ethic of care is not a suitable ethic for policy guidance. Second, policy speaks authoritatively about its area of concern, be it gender, race, sexuality, or socio-economic considerations. Policy documents are a source of authority in both a legal and a normative sense, and when policy documents make particular assumptions about care requiring private, not public, consideration, this can push care and its concerns out of the public sphere. Research done by Fiona Williams illustrates that, “[w]hat is lacking in the current policy debate is a recognition of these ethical approaches, and of their importance in people’s lives. The emphasis on work overshadows care; interdependency is the poor relation of economic self-sufficiency; and educational achievement frames child-centredness.” By making a strong case for care to be incorporated into public policy, care itself can more fully be understood as an issue of

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1 Engster, The Heart of Justice: Care Ethics and Political Theory, 67.
2 Ibid., 162.
public concern and incorporated into our public discourse, which would more accurately reflect “the way people [attempt] to balance their own sense of self and the needs of others.”  

I begin this chapter with a brief explanation of the policy stages theory of public policy, which is what I use to explore the policy process. Second, I will provide a brief overview of how human rights have been incorporated into these stages of public policy and elaborate on some of the problems of policy viewed exclusively through a human rights lens. Throughout this discussion, I will incorporate my argument for using the lens of care to correct for some of these problems: that critical, feminist care ethics can be a guide for determining public policy, and ultimately that critical care ethics can transform the policy process. By transformation of the process I mean the ways in which problems are defined and prioritized, what kinds of tools are seen as available to address said problems, and how different evaluation metrics can offer different standards of policy success or failure. My claim is not that we should abandon human rights as a basis for public policy, but that human rights should not be our sole basis for moral and political reasoning, especially in the policy process.

Section 1 – Policy Stages Theory

There are many ways to understand the policy process. Here, I will focus on one of the more ‘classic’ methods to assess policy, that of policy stages and the policy cycle. Policy stage theories categorize the different stages of the policy process, determine who the actors are at each stage, and explore the ways in which each stage affects the others. Although the word ‘stages’ implies that there is a finished product this is not necessarily the case. Policy stage theories bring to light how the policy process is not always a linear one, and can be better understood as cyclical, repeating over and over again.

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5 I acknowledge that there is a vast array of theories about how the policy process functions, but there are certain advantages to using the policy stages theory. For one, it is heavily used, and as such is often incorporated into how ethical philosophers think about policy in general. Another advantage is that it simplifies the policy process in such a way as to allow us to see how different ethical theories shape different parts of the process and generate different outcomes.
6 As an aside, I take it as a given that ethical guidance should be incorporated into the public policy process. If one believes that ethical reasoning has no place within the policy process, the choice between human rights or care ethics becomes moot. Here, however, I shall assume that moral considerations are integral to the policy process. For more on the importance of ethics in the public policy process, see: Tom L. Beauchamp Ethics and Public Policy (1975) on how public policy is an excellent method for applying ethical theories to modern moral problems; Robert Goodin Utilitarianism as a Public Philosophy (1995) for a defense of utilitarian ethics as a guide for public policy; or Jonathan Wolff Ethics and Public Policy (2011), for an exploration of areas of public policy (issues of crime, health, animal welfare, drug use, disability, and more) from a philosophical perspective to demonstrate how philosophy, ethics in particular, can intervene in policy debates to clarify the issues at hand. These are not exhaustive, but a small sampling of works that explore the ways in which moral philosophy can inform and benefit the public policy process.
as policies are refined and altered through time. In spite of this non-linear, cyclical view of policy, it is nevertheless helpful to break down the process into stages in order to come to grips with the complex process that is policy making, and because this policy-stage model can be used at all levels from local government to the international arena.

Although it is important to refrain from thinking of policy as a linear process, we must begin our assessment and understanding of policy at some point along the policy cycle, and agenda setting is a good point of entry. Agenda setting begins when a government (or other policy making institution) recognizes a problem within society. As an initial matter, policies are generally created to address social problems. Understanding the ways in which social problems are identified and interpreted by policy makers, policy advocates, and the general public can provide insight into the relationship between how the problem is framed and what kinds of solutions are then considered possible. Second, agenda setting is also a stage where policy makers can decline to act, that is, they can determine that a social problem is not a problem at all, or at least not a problem that is appropriate for a particular institution to address.

Policy formulation is the stage of the policy process when policy makers and other relevant policy actors first draft and discuss possible courses of action to rectify or counter a determined problem. That does not mean that this is an orderly process, often far from it. The relevant actors involved are a mixture of policy decision-makers, experts in specialized fields, public social groups, or special interest groups. In the context of governments, actors are elected officials and sometimes invited experts. In other institutions, they might be select workers in a business, or trained development workers in a Non-Governmental Organization (NGO). Experts can be scientists, doctors, psychologists, sociologists, artists, or other persons who provide specialized information and insight about a particular problem. Social groups include parent advocacy groups, charity groups, or a social justice organization like Amnesty International or Greenpeace that operate in the public eye and work through public campaigns to exert influence over the formulation process. Lastly, special interest groups can be businesses, religious organizations, or single-issue groups that operate closer to the seat of decision-making and try to steer policy formulation toward an outcome that benefits them in some manner.

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8 Ibid., 13.
9 Ibid., 14.
10 Ibid., 121.
11 Ibid., 143.
While the formulation stage produced a pool of possible solutions, in the third stage, decision-making, a small set of actors—decision-makers—make the final choices about what policy solution to pursue. There are two different kinds of policies that can result from the decision-making process. Some policies can be ‘positive,’ altering the status quo, or they can be ‘negative’ by upholding the status quo instead. Further, “public policy decision-making is not a technical exercise but an inherently political process.” There are winners and losers in so far as some people get something out of the decision while others do not. Decision-making is a process that has directly grown out of the two previous stages, and involves a great deal of back and forth in which actors often trade promises in order to reach an agreement.

Policy implementation is “where policy decisions are translated into action.” At this stage of the policy process, the scope widens once again to encompass not only the policy decision-makers, but also those who will be directly delivering the policy outcomes and those who are receiving the policy outcomes. In a government, this means that politicians might be the decision-makers, but those who implement the policy are often civil servants. The policy system now also expands to include target groups: “groups whose behaviour is intended or expected to be altered by government action.” These are the members of the general public who are the recipients of policy implementation, or are acted upon by the policy-making institution.

Lastly, policy evaluation is “the stage of the policy process at which it is determined how a public policy has actually fared in action.” Like the other stages of the policy process there are built-in biases present, which can lead to colouring the outcomes of any evaluation, especially considering the terms success and failure can often be subjective. Therefore, many policy evaluations rely on policy ‘judges’ that have information enough to make “reasonably intelligent, defensible, and replicable assessments.” The actors in the evaluation stage are not always located within the government or other policy institutions themselves, but can be from wider social structures, such as businesses, interest groups, the media, and the general public. From this evaluation process, there are two outcomes: feedback and termination. Feedback is where the

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12 In a government decision-makers are primarily elected officials, while in businesses or NGOs they are senior executives or board members.
13 Negative and positive are not used as stand-ins for ‘bad’ and ‘good’ outcomes, but merely a way to categorize the type of action taken by decision-makers. Sometimes upholding the status quo might be the more beneficial outcome.
14 Howlett and Ramesh, 162.
15 Ibid., 185.
16 Ibid., 187.
17 Ibid., 188.
18 Ibid., 207.
19 Ibid., 208.
20 Ibid., 209.

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policy loops back to a different stage in the policy cycle to be reviewed and adapted as time goes on.\textsuperscript{21} Termination occurs when the policy is halted or disbanded.\textsuperscript{22}

Admittedly, much of the information about the policy process in this brief examination focuses on the domestic policy of nation states as a basis for analysis. Yet, the kinds of policy processes discussed here are not necessarily unique to nations and thus do not preclude thinking about how NGOs, corporations, and other institutions draft policies or agendas. Second, international influences have gained greater purchase in public policy over the last several decades due to the processes of globalization.\textsuperscript{23} Globalization has not only increased international connectedness, but the interconnectedness between different kinds of policy as well, such that “[t]raditional social policy areas such as social security and health care have thus become a part of economic policy making as a result.”\textsuperscript{24} In terms of international institutions, their ability to affect policy is often determined by whether or not an “international regime facilitates their involvement.”\textsuperscript{25} An international institution can have more room to act if other, powerful international actors promote said involvement. For example, smaller, less powerful nations might be eager to apply for membership in international institutions if larger, more powerful nations promote joining the institution on the basis of the smaller nation gaining economic and social benefits by doing so. The ability of an international institution to act within any particular national context can also depend on the political structure of the nation in question, as well as its disposition toward international involvement. That said, we should not discount the ability of NGOs as a site of policy making, and the ability of NGOs to work and exist in nations that are not well disposed toward large-scale international intervention. NGO’s, due to their peculiar nature of existing between the public and the private, are often able to implement policy without the stigma of broad international intervention.\textsuperscript{26}

Section 2 – The Lens of Care and Issues in Public Policy
In this section, I will begin by briefly explaining how human rights standards are used to inform each policy stage, and then I will use the lens of care to highlight the ‘blind-spots’—the contexts of difference, exclusion, gender, dependence, and care itself—that occur because of an exclusive focus on a human rights perspective. I will then argue that the crucial, feminist ethics of care, and its

\begin{itemize}
\item \textsuperscript{21} Ibid., 216.
\item \textsuperscript{22} Ibid., 218.
\item \textsuperscript{23} Ibid., 55.
\item \textsuperscript{24} Ibid., 59.
\item \textsuperscript{25} Ibid.
\item \textsuperscript{26} Robinson, \textit{Globalizing Care: Ethics, Feminist Theory, and International Relations}, 157-60.
\end{itemize}
corresponding practices (that of attentiveness, responsibility, and responsiveness as outlined by Robinson) can be used to provide new kinds of information and new ways of acting at each stage of the policy process. Although the practices of care can be a part of every policy stage, I generally single out one practice that I consider to be vital at each stage as an example to highlight the ways in which care theory and the practices of care can inform and transform the policy process. Policy shapes our lives, and how we live in relation to particular others. Considering that critical, feminist care ethics investigates and provides guidance for judging how institutional patterns of power shape these relations, this means that care ethics can and should be used as an ethical guide for the policy process. I will break this section into five sub-sections following the policy stages in order to provide clear comparisons between a care ethics and a human rights perspective on the policy process.

Policy, from a human rights perspective, is the effort to implement human rights standards through government action. While this might seem to be the norm today, this was not always the case. Until the 1990s human rights discourse was not necessarily expressly incorporated into legislative action. A change occurred, however, after the collapse of Soviet Union, and the subsequent end of the Cold War, when it seemed that there was a powerful connection between neoliberal capitalism, representative government, and human rights standards. Governments then began to use human rights as a way to present or ground their political platforms, and as a guide for political and public action. However, the language of rights had to negotiate with the concept of New Public Management (NPM), which is “concerned with improving the efficiency of public administration.” Throughout the end of the 20th century, there was tension between the drive of NPM to privatize public programs and a human rights standpoint that “emphasized that the international obligations that the state has assumed should be clearly expressed and implemented through its public policy.” Eventually, policy makers found a workable solution between human rights discourses and NPM: human rights provided the objectives of public policy, while the procedures and specific execution of any policy were guided by NPM.

The ethics of care has yet to be incorporated into state policy processes. However, my goal here is to argue that care ethics a part of public policy, it would serve as a way to clarify assumptions about public goods (such as care), drive an investigation into how policy impacts real people, embedded in real relationships and are affected by social norms that policy often serves to

28 Ibid.
29 NPM’s goal of privatization worked on the assumption that this would produce better financial cost-benefit solutions, albeit sometimes to the detriment of those people the government should have been helping.
30 Vazquez and Delaplace, 37-8.
31 Ibid., 38.
reinforce, drawing particular attention to norms around dependence, exclusion, race, and gender. The critique that critical, feminist care ethics cannot guide or inform policy is a critique based upon the assumption that because we have not used care ethics as a guide it is not suitable. Yet, simply because it has not been done before does not mean it is implausible. Throughout the remainder of this chapter, I will argue that using care ethics as a guide for public policy is possible and something that we should do. Care ethics can provide new insights, motivations, and paths of action that would serve to transform our political, social, and economic contexts into ones more conducive to people being able to live and build their caring relationships with particular others, and in a way that does not conform to current exploitative and harmful assumptions about gender, race, dependency, and exclusion. In terms of global public policy, for example, we could work to not only eliminate the ‘pull’ factors that draw transnational migrant carers into wealthy nations for work, but also understand the pressing ‘push’ factors that underwrite migrants leaving their families behind, producing an even larger care deficit in their home country. In order to do that, we would need to use the ethics of care, with its practices of attentiveness, responsiveness, and responsibility to focus on the way in which migrant workers live and often make impossible choices.32

Section 2.1 – Agenda Setting
Because human rights have been used to outline the objectives for public policy and government action, human rights create: “[A] logic of responsibility through accounting mechanisms and legally binding obligations. Seen through this lens, the objective and the essence of public policy is not to solve specific problems or respond to unsatisfied demands but, rather, to fulfil rights.”33 Public policy from a human rights perspective reinforces the idea that the state has an obligation to its citizens, and specifically that obligation has to do with the fulfilment of their human rights. Although human rights can still be used to identify problems, that action is subsumed by the drive to fulfil the human rights of all citizens. That means in the agenda setting stage the goal is to ‘unpack’ the right, or to understand the obligations that the right will require, which then forms the basic content of public policy.34 For example, a human right to education will first focus on the obligations that right generates: access to schools, available materials and personnel, and a certain standard of quality in teaching. These obligations are ones that the government ‘ought’ to meet. Therefore, when drafting policy, although costs are kept in mind, the objective of the policy is to ensure that certain

33 Vazquez and Delaplace, 39.
34 Ibid., 41.
standards are met such that the human right to education is fulfilled. This also means that the state might have to intervene when non-state actors deny children the right to education.

There are, however, two particular problems that the human rights perspective on public policy cannot address at this stage. First, the background conditions and assumptions that exist within any society greatly influence the kinds of problems that can be ‘seen’ as suitable for policy solutions in the first place. Ideas about what is normal, what are deviations from normal, and normative political ideals are all bound together in defining any social problem. As I argued in Chapter Three, human rights do not necessarily identify some social problems as politically relevant nor do they investigate the background causes of identified social problems. The second problem for a human rights perspective is that the agenda setting stage requires a fair degree of ‘active citizenship.’ This ‘active citizenship,’ is where the right to participation and consultation in public matters “implies the active, documented participation of all persons who are interested in the formulation, application, and monitoring of public policies.”

The problem with ‘active citizenship’ is that those who do not have the time to participate in this way are often left out, excluded from the policy process even though their problems, often deep ones around gender and dependency, are not brought to the policy table. Such persons can be rendered invisible to the political process because they cannot participate through traditional means.

Critical, feminist care ethics can be a vital asset at this stage of the process for three reasons that directly address the failing of human rights based approaches noted above. One, because of its critical examination of the root causes of problems, a care theory analysis of any social problem can provide different information than human rights that then can allow for a greater understanding of any particular problem, as I argued in Chapters Two and Four. This greater understanding, in turn, can lead to more effective and longer-term solutions than might otherwise be considered. The second reason care ethics can be important at the agenda setting stage is because it can widen the scope of what counts as a problem, such that concerns about care and dependency would come to be addressed through social policy. Third, care theory’s practice of attentiveness can be used to underscore the importance of policy makers being attentive to the needs and concerns of the target groups of any policy and proactive in seeking out the affected participants to be part of the agenda setting stage.

To illustrate the point, consider a case study from Yanqiu Zhou and Shelia Neysmith on transnational grandparenting, where elderly Chinese grandparents travel to Canada in order to assist

35 Ibid., 43.
their children by taking on the labour of caring for the home and young children. The Canadian government certainly benefits from this transnational grandparenting, because it does not have to invest as heavily in early childcare. However, these arrangements are often stressful for everyone involved. The grandparents are trapped in a cycle of expensive visa regulations, which is often further problematized by a language barrier. The adult children who live in Canada are under pressure to ‘start again’ and often face the problem of downward mobility, and their children face the stresses of uncertain caring arrangements. To the Canadian government, this situation is not a policy ‘problem’ because it does not take into account the ways in which immigration policy shapes the very lives of immigrants from China. These transnational grandparents “directly contribute to their immigrant children’s participation in the labour force and the well-being of their grandchildren as ‘Little Canadians.’” Immigration and childcare policies in Canada shape the immigrant family, often penalizing grandparents for trying to help their children fill a childcare gap that they cannot fulfil on their own. This demonstrates how agenda setting matters, because the Canadian government does not see transnational grandparenting as a social problem to be addressed through policy, regardless of the fact that current policies—the intersection of a lack of childcare and immigration policy—are the very thing that generates the problem in the first place. The pervasive norms in this situation might be ones that prioritize family care over paid care, or even government provided care, and norms around ‘desirable’ and ‘undesirable’ immigrants as borne out through immigration policy.

However, by using the lens of care in the agenda setting stage, instead of policy reinforcing social norms, one can investigate the norms and assumptions that underlie the attitudes that gave rise to the social problem in the first place. In particular, the practice of attentiveness would entail that policy makers should listen to the needs of their ‘productive’ immigrant population, which would speak to a need for increased childcare provision, and also listen to the grandparents in this situation who take up the labour of care to the betterment of the Canadian economy. A possible solution, rather than the more expensive expansion of government care would be to create special provisions for grandparents who travel to Canada in order to provide in-home childcare, making the visa process less complicated and less expensive. This change would signal the understanding that care is an important and necessary feature of life, and one that makes productive work possible in

40 Neysmith and Zhou, 155.
the first place. A care analysis of such norms can demonstrate the actual roots of the problem, which often are the failure of prevailing norms and laws to incorporate a person’s lived experience into a larger, institutional framework. Through this critical analysis of the causes of social problems, the problem will not necessarily be seen as the fault of the person who does not fit into the institutional framework, but a failure of the framework to alter its scope in order to accommodate a wider variety of persons. The tension between incorporating more lived experiences and maintaining a workable framework will require constant negotiation, because it is entirely possible that a particular lived experience will not compel a framework to change, but it is vital that such negotiations become a part of our policy processes, especially when first identifying social issues.

Another way we might transform the agenda setting process is by using the practice of attentiveness to help guide action. Care ethics based policy would require policy makers, especially at the agenda setting stage, to pay attention to "what is actually the problem as experienced." Policy makers would be required to listen to those who have a problem and do their best to understand how the problem affects people in their daily lives and with regard to their relationships with others. The practice of attentiveness is important for policy makers because we cannot rely upon all persons being able to take part in the aforementioned ‘active citizenship.’ For example, women who must work at a paid job and then care for family members at home often lack the time to become involved in ensuring that their concerns are brought forward for policy assessment. If they do make the effort to become an ‘active citizen’ they invariably sacrifice either some paid labour time or, more likely, some of the time necessary to fulfil their caring responsibilities. Care ethic’s practice of attentiveness would, instead, provide guidance for how policy makers would need to engage with citizens who are often not heard. The ethos of the ‘active policy maker’ would supplement that of the ‘active citizen,’ because care ethics would highlight that the actual responsibility for care in the relationship between the policy maker and the citizen lies most heavily upon the institution and the individuals who make policy, not the citizen. The citizen is often the target of policy, which means that while the citizen certainly has some responsibility to respond to the policy and to provide feedback if they are able, the policy maker is the one who must be attentive to the needs of the policy recipient. Care ethic’s practice of attentiveness means that policy makers would have to expend effort trying to understand the lives of single parents, domestic workers, and others who lack the time or funds to take an ‘active’ role in the political process.


However, the person upon whom policy acts is not necessarily a citizen, particularly in the case of immigration policy. I use citizen as a stand-in, admittedly a flawed one, for all persons who are affected by a policy.
Perhaps this could be accomplished through new social media, which is integrated into many people’s lives already, or by offering more convenient and more frequent opportunities for face-to-face interaction, and by including services like child-minding during such meetings.

Section 2.2 – Policy Formulation
The second step, on a human rights perspective, once the right has been ‘unpacked,’ is to then identify which state institutions are responsible for fulfilling any given obligation, or how policy is formulated. The questions that human rights standards ask of policy makers are what are the “structural causes of a right not being exercised.” However, no final decision is made at this point, because this is merely where possible solutions to address the problem are considered; where policy actors weigh the advantages and disadvantages of one particular government office taking the lead on addressing a problem and perhaps commission studies to further understand the problem and gather data. This also means that human rights public policy is a holistic enterprise; i.e. one that involves multiple government offices working together. To fulfil the right to education, for example, there must be standards for the education of children directly (though the setting of curricula), and also for the education of prospective teachers. There must also be building codes for schools to ensure a safe learning environment, and a campaign to convince parents of the importance of educating their children. No single government department is enough to fulfil the right, which means multiple departments must work together. Every barrier to fulfilling human rights becomes a ‘public problem,’ and thus must be addressed through appropriate state action.

A problem with public policy informed by current human rights discourses is that in many ways it still reflects a mainstream liberal idea of citizenship, that of the autonomous individual who is able to meet their basic needs on their own. This conception of the person allows for dependence in the private sphere, but assumes that once an individual is in the public realm, they are meant to “transcend dependency.” Human separateness is a necessary feature of public policy on a human rights perspective, and dependence may still be assumed to be a failure on the part of the individual. This is a current feature of traditional, mainstream human rights based policy, which

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44 Vazquez and Delaplace, 48.
45 Holistic in the sense that Vazquez and Delaplace mean here is that it requires multiple government institutions to work together holistically to address the problem. While this is very important and necessary for good policy, I argue that policy must be more holistic in its treatment of people, understood as embedded within relationships.
47 Vazquez and Delaplace, 44.
48 Hankivsky, Social Policy and the Ethic of Care, 5.
49 Ibid.
treats the individual as the locus of primary concern without taking into consideration the role the larger community has to play in the lives of individuals. An example of this pitting of the individual against the community is present in health care policy, even when such policy explicitly seeks to incorporate community-oriented solutions. Selma Sevenhuijnsen uses a health care policy document by the Dutch government called *Choices in Health Care* to highlight key problems with standard policy practices.\(^{50}\) She notes that although the document seeks to depart from an overt focus on the individual by “invoking communitarian solutions or by selectively stating that needs might be socially constructed,”\(^{52}\) the individual remains the primary subject of concern. The policy document makes it clear that it is the individual who is responsible for assessing their needs and expressing them as claims within the health care system. However, this document also assumes that the individual is irresponsible, that they have ‘unlimited’ needs that must be curbed by a responsible political community in order to discuss responsible health care choices.\(^{52}\) For example, we could imagine an individual who places undue strain upon the health care system by going to the doctor based upon each symptom rather than looking for underlying causes of the symptoms. Through a community-oriented process, the various symptoms might resolve as a single problem, thus rendering the demands upon the system much less overall. Yet, this separation of the individual from the larger community and from their relationship networks renders the community and the individual at odds with one another. The ‘irresponsible individual’ can be perceived as a threat to the wider political community. Conversely, because the political community argues about care “with abstract, legal norms as its main point of reference,”\(^{53}\) the individual can be isolated, the subject of judgmental scrutiny, where the main concern is not so much their well-being as a person, but how to ensure the individual meets a certain set of health standards without causing undue stress upon the community as a whole. Pitting the individual and community against each other is exactly what we do not want in public policy. While care ethics based public policy must be sensitive to the problem of limited resources, it would, however, disallow the perpetuation harmful notions of dependence that set the individual and the community at odds, especially if the reason for doing so is to be perceived as conserving resources.

In light of the above example, one of the most striking insights that critical feminist care ethics can provide at the policy formulation stage, though the practices of attentiveness and responsiveness, is how care and dependency are problematically structured, both politically and

\(^{50}\) Sevenhuijnsen, 122.  
\(^{51}\) Ibid., 133.  
\(^{52}\) Ibid.  
\(^{53}\) Ibid.
socially. By paying attention to those who do the bulk of the caring labour, by actually listening to such persons, and then responding to their needs, this would open up the field of possible solutions to include ones that take into account the way in which policy can help or hinder those who do care work. The assumptions around care and dependency are themselves shaped by current policy, namely the tension between how current policy shapes caring practices, and a continued insistence that a critical care perspective is unnecessary or unable to guide policy, particularly policy that impacts caring practices. As Selma Sevenhuijsen argues, if care is going to be adequately discussed in the political arena, this “presupposes that we handle with care a number of key values for good care provision in the public sphere,” which “implies a re-evaluation of care in politics or, rather, a relocation of care from the margins to the centre of political judgment and collective action.” Using care ethics provides new insights that require an examination of not only caring practices, but also the norms and assumptions around care, bringing care into the centre of our political process and policy-making.

Public policy from a human rights perspective is about the fulfilment of human rights, and although some policies might acknowledge the need to correct for past or current structural problems (such as discrimination against women), this does not protect the individual from being cast as a failure when they are dependent upon aid, or as the above example illustrated, a threat in health care policy where the goal is to reduce undue strain upon the system from ‘irresponsible individuals’ through a self-policing community. This tension between the individual and the community, and our problematic construction of dependence, is fostered by human rights based public policy, which often rests upon human autonomy as its foundational principle. These problems occur because human rights are not geared toward challenging normative notions of dependence; they are often silent about such norms. Instead, problematic norms of dependence are left in place. Using the lens of care can be the first step toward changing how we think of dependence, and thus how we craft policy.

Once care ethics is incorporated into the making of policy, the array of possible solutions will shift. This does not mean that the array of solutions will necessarily become larger or smaller, merely that the nature and kind of solutions will not necessarily resemble previous sets of possible solutions. A prime example can be found in a case study by Olena Hankivsky, who examined the

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54 See Chapters One and Two for more on the inherent problems in the current ways in which institutions, norms, and the marketplace structure care.
ways in which victims of abuse in residential schools in Canada had their claims addressed and the kinds of solutions offered to make restitution to the victims, solutions that were intended to provide closure or healing.\textsuperscript{57} One of the primary means of restitution was to provide monetary payments once survivors had gone through a claims process, specifically for “therapeutic expenses and pecuniary loss arising from injury, pain, and suffering.”\textsuperscript{58} The problem with these payouts is that putting a dollar amount to a person’s suffering is difficult, and while a payout might be acceptable for some individuals, others felt insulted or angry, because thinking of compensation only in monetary terms may “trivialize the survivor trauma and distract from more important therapeutic options.”\textsuperscript{59} Others felt confused when they were given a payment without any advice or assistance in how to manage the money. By incorporating care ethics into the policy process, possible solutions expand from the idea of monetary compensation, but do not necessarily exclude it. For some survivors money and guidance about how to best invest or utilize the funds would be most beneficial to aiding the survivors as they worked to rebuild their lives.\textsuperscript{60} For others, simply the chance to explain and tell their story, to be listened to and have their stories acknowledged during the claims process was enough. Other survivors might require sustained therapy, or assistance with finding a job so they reach their professional and personal goals, or even a commitment from the government to prevent further instances of institutional abuse.\textsuperscript{61}

Care ethics can generate possible solutions with the understanding that sometimes it is necessary to be flexible and responsive to the needs of the policy’s target group, and thus the practice of responsiveness is of primary importance at this stage. The insights from the previous stage are further expanded upon as policy makers begin to formulate possible solutions. When we assess situations from a care perspective, we can see that to address some problems much more than monetary payments might be required. The possible set of solutions thus generated can encompass the many different ways in which persons can be affected by policy decisions, providing a better picture about how to address any given social problem. While perhaps more expensive in terms of money and time in the short term, in the long term the human benefit and the wider benefit to society to have healthier, happier, and more productive citizens could very well outweigh the upfront costs. In the example from Hankivsky’s work, although it might require more money and time to fully address the trauma caused by the residential schools, the net result would be more

\textsuperscript{57} Hankivsky, \textit{Social Policy and the Ethic of Care}, 61.
\textsuperscript{58} Ibid., 65.
\textsuperscript{59} Ibid., 75.
\textsuperscript{60} Care ethics would also require advisors to guard against paternalistic attitudes while dispensing advice, which would require public administrators to be attentive and responsive to the needs of any particular individual.
\textsuperscript{61} Hankivsky, \textit{Social Policy and the Ethic of Care}, 78-9.
stable adults that can participate more fully in society because their trauma was addressed in a way that allowed them to heal and regain their sense of autonomy.

Section 2.3 – Decision-Making

Human rights perspectives on policy tend not to touch much on the decision-making stage, largely because most human rights models tend to view this stage as the one that determines “which of the possible solutions presents the greatest degree of technical certainty based on the available evidence.” While there is an allowance for the fact that the political outcomes of elections can greatly impact this process, and that such outcomes can be as important as technical evidence, the human rights analysis of the decision-making stage does not investigate the ways in which policy decisions are actually made and how deeply decision-making is influenced by any particular decision-maker’s understanding of governmental responsibility. Because human rights discourses offer little guidance for policy makers other than existing as a set of standards, as discussed in Chapter Three, I directly proceed to a discussion of the advantages of the ethic of care at this policy stage.

Decision-making is a process that has directly grown out of the two previous stages, and involves a great deal of back and forth in which actors often trade promises in order to reach an agreement. Perhaps because this stage is the most political in terms of deal-making among the narrowest set of actors, one might be tempted to argue that critical feminist care ethics would find it difficult to gain purchase at this stage. However, the decision-making stage would be no less altered by care ethics than the other stages of public policy. The question of policy decision-making can be understood as a question about how any given institution can be held responsible for addressing a particular social problem. This question about institutional responsibility in politics is often tied up with ideological political ideas about the role of the state, and what we mean when we charge that an institution such as a government is ‘responsible for’ public goods. This means that the caring practice of responsibility is an excellent lens through which to view the decision making stage. For example, care ethics can be used in the decision-making stage to help clarify the scope of governmental responsibility, and how governmental institutions already deeply shape people’s lives, allowing for ‘privileged irresponsibility’, which is a problem care ethics can be used to directly confront.

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62 Vazquez and Delaplace, 35.
63 In brief, ‘privileged irresponsibility’ is the idea that some persons (as well as some institutions in this case) are given a ‘pass’ from doing the work of care because their paid work is more important. Further, privileged persons, because of their financial security, are often not aware of the amount of care work that they rely upon. For more on ‘privileged irresponsibly’ see Chapter One.
To understand more fully how care ethics can be helpful in this stage, we must consider the different theories that have been used to understand how a public policy decision is made. First, there is the rational choice model, where actors (legislators, board members, those who make the choice about what policy to pursue) are thought to maximize benefits and minimize costs on rational grounds when deciding on policy. Second, there is the incremental model, where “decision-making is a political process characterized by bargaining and compromise among self-interested decision-makers.” Changes to the status quo are seen as being incremental in nature, achieved with a high degree of bargaining and compromise not necessarily related to the rational choice or ‘best solution.’ Third, the mixed scanning model combines both the rational choice and incremental models, taking the best aspects of both (the rationality and the incremental type of change) while discarding the troublesome ones (the limited scope of rational understanding), but ultimately is unsatisfactory to many policy theorists. These first three kinds of decision-making processes all maintain a focus on achieving the best ‘technical solution,’ which runs parallel to the human rights view of decision-making as noted above. The problem here is that these represent shallow understandings of how any decision is made in a highly political process. Fourth, and most helpful, there is the ‘garbage can’ model, which embraces the irrationality of the decision-making process: “... decision making [is] a highly ambiguous and unpredictable process only distantly related to searching for means to achieve goals.” The garbage can model emphasized, and paved the way for other theories to encompass, the idea that “decision-making often tends to occur in multiple locations or venues, each with a distinct set of actors, rules of procedure, and ability to influence the outcome of a decision process in a preferred direction.” These venues are not static, which creates many different points of contact for decision-making.

What the ‘garbage can’ model allows us to understand is that decision-making is highly political, and bounded by rules and procedures. In addition, political actors are not merely rational benefit maximizers, but human beings who have ideological assumptions about the role of government. In particular, there are assumptions about what a government can and should be responsible for when it comes to the lives of those affected by its policies. Care theory’s practice of responsibility can be used to clarify in what way institutions, particularly state institutions, are responsible, and to combat some of the harmful ideological notions about governance that allows the government itself to make policy from a place of privileged irresponsibility. The problem is that

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64 Howlett and Ramesh, 167.  
65 Ibid., 170.  
66 Ibid., 173.  
67 Ibid., 175.  
68 Ibid., 178.
governments make policy about care work and those who perform the labour of care without using care theory to fully understand the issues at hand or the stakes that are involved with such decisions, which often serve to keep the concerns of care in the private realm.

One kind of responsibility, which adheres to the state, is one that compels the state to address social problems in an attentive way. However, it is important to note that because some social problems are not directly about the citizens of a state (such as foreign workers who are especially vulnerable and targets of policy, particularly immigration policy), this responsibility cannot be exclusively directed toward citizens of a particular state, or we run the risk of perpetuating harmful patterns of exclusion. This kind of responsibility is one that calls for an attentive, engaged response to any problem that arises. This responsibility is demanding because even when the state attempts to disengage itself from the lives of individuals as much as possible, that very non-involvement can serve to shape the lives of individuals in their relationships with particular others. For example, if it is state policy to not become involved in domestic disputes, that very lack of engagement with abusers, victims, and with social norms around gender and violence, codifies it as a private problem wherein those responsible for solving the problem are only private individuals. Using the lens of care, it becomes possible to see the ways in which the state structures and shapes our relationships with particular others. Thus, the kind of responsibility that bears upon the state to address social problems is one that is borne out of the understanding that the state structures human lives regardless of what it does. Policy making institutions have a responsibility to use their authority and wide-sweeping power to combat social problems instead of maintain a vantage of what is, essentially, privileged irresponsibility. Governments can maintain such a position predicated on the notion that the importance and seriousness of ‘actual’ government demands more attention and concern than social problems like domestic violence, the crisis of care, or even wealth inequality, disregarding the fact that government involvement (or non-involvement) is integral to shaping the world we live in, especially whether it fosters or fights patterns of institutional privileged irresponsibility.69

Section 2.4 – Policy Implementation
During the design and implementation stage is when the human rights perspective is in most conflict with the drive to be as cost effective as possible. Although the design process will have different outcomes for any given human right, one of the aids in policy design is a Logical Framework Matrix (LFM) which maps out the points of negotiation between the objectives of the policy (a human right)

69 Sevenhuijsen et al., 316.
and the practical considerations of policy. The LFM helps policy makers weigh the actions, components, purpose, and goals of policy as outlined by a human right against the risks of the policy and how a policy will be evaluated.\textsuperscript{70} The idea is that since the end goal of any public policy is the fulfilment of a human right, all the other factors involved will take on a human rights perspective, which will enable human rights indicators to be established.\textsuperscript{71} Using the human right to education as an example, because the end goal is ensuring the education of citizens meets a certain standard, the design process will incorporate ways to measure the education of students (such as standardized testing), to evaluate the effectiveness of certain educational practices (such as teacher performance evaluations), and to anticipate some of the risks associated with public education (such as overly invested parents).

However, because the focus on human rights as enacted through government action is largely concerned with the benefit of its own citizens, this means that often non-citizen target groups, especially transnational migratory care workers (i.e. those who participate in the ‘global care chain’\textsuperscript{72}) are acted upon by policy, not acted with in order to address the real concerns and problems faced by the people in these precarious situations. They are excluded from much of the policy process and as such when policy implementation occurs, they are a target group of policy without any say in how that policy affects their lives. Further, because care workers are often excluded from the policy process, this serves to also exclude ideas about care itself from the process. The exclusion of care (and those who engage in care) from larger public debates is juxtaposed with the vital caring needs, particularly in the Western world with its aging populations, with women who are torn between the labour market and care work at home, and norms about masculinity that allow for men to avoid full and equal participation in the work of care. In spite of the need we all have for care, and the policy documents that seek to find ways to provide it for citizens, such documents do not acknowledge deeply important questions about care itself.

As previously noted, human rights have come to be embodied through public policy and are now more than bulwarks against illegitimate government action. Further, ideas about inclusion are

\textsuperscript{70} Vazquez and Delaplace, 50-1.
\textsuperscript{71} Ibid., 51.
\textsuperscript{72} Global care chains are discussed more directly in Chapter Two. In brief, it refers to the way in which care shortages in the Western world draw in (mostly) women from other nations to perform care work, as professionals or as informal servants. These migrant women often leave family behind, who must be cared for by others, either hired by the migrant worker or by other extended family members. Regardless, once again it is mostly women who care for the family that has been left behind. This is called the ‘global care chain’ where a care demand in one part of the world precipitates care demands in another part of the world. For more on global care chains, see Hochschild (2002).
often “grafted onto a notion of citizenship in terms of rights.” In conflating human rights with citizenship rights, governments create categories that allow noncitizens to be excluded from the rights provided to citizens. This means those persons in liminal situations, like the transnational migrant worker, are often excluded from human rights fulfilment because governments restrict those rights to citizens, and thus can find the protection of their human rights severely compromised. The exclusion of transnational care workers, through public policy, can also serve to reinforce the invisibility of care and deepen inequality between the people who consume care (i.e. pay for it) and those who provide care. Public policy based on human rights is concerned with the human rights of the citizens of the particular state that makes the policy, and as such often overlooks the effects such policies can have on foreign nationals living with state borders, or distant strangers living in other states. As such, these policies serve to reinforce two forms of inequality, that of “the devaluation and invisibility of the private care-domain and its subservience to the public world of work, and [...] the translation of the unequal relations of personal interdependency into the unequal relations of transnational interdependency.” Without women from other nations willing to leave their homes and do the vital work of caring, Western nations would be in an even deeper crisis of care than they currently are. To allow such a state of affairs to remain unexamined and unchallenged is morally and politically problematic. Additionally, the ethics of care can incorporate the understanding that it is not just gender, but also that geopolitical and radicalized differences contribute to the continued ability of the wealthy and powerful to import and consume caring labour. This intersection of gender, race, and nationality matter because according to a 2013 report by the International Labour Organization, 17 percent of international domestic workers are men. Such men are marked by their different racialization and geopolitical origin, and as such are ‘acceptable’ domestic workers. However, when race intersects with gender, the ethics of care investigates why, in spite of being ‘acceptable’ domestic workers, male domestic workers are viewed

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74 One might suggest that I am not giving due consideration to the difference between human rights and citizen rights. While I am aware of the vast amount of literature discussing the differences between human rights and citizen rights, that is outside my scope here. My point is that even though transnational workers are understood to have human rights, their position can be so precarious that human rights alone are not enough to understand the ways in which they are made vulnerable. They are often excluded from forms of public life, and their difference from citizens is often constructed as a failing that allows them to be legislated upon without due consideration for their lived experience and in light of the caring responsibilities they have towards particular others, such as family in their home country.

75 Williams, "Towards a Transnational Analysis of the Political Economy of Care," 25.

with suspicion or face serious challenges to finding work. Such attitudes toward male domestic workers highlight the continued problematic association of women, femininity, and care. If care was not considered ‘women’s work’ male domestic workers would not face such stigma or difficulty in obtaining work in the first place, although they would still be inscribed with racial and national differences that label them as ‘care-providers’ rather than ‘care-consumers’.

A deeper exploration of the problems faced by transnational migrant workers will serve to draw out more clearly how policy can foster the exclusion of care workers and care work itself. Transnational migrant workers, especially those who work in caring professions or those who take up domestic work, often within the home of their employer, and under tight controls from the host government. Canada’s Live-in Carer Program demonstrates how host nations invite foreign nationals to fulfil a desperate caring need, but they do so without providing those vital workers the full, material protections of citizenship. Such persons are given ‘partial citizenship,’ which grants formal access to rights but due to the ‘points based’ two-year path towards full citizenship, makes enforcing or fulfilling their human rights problematic. There is a lack of oversight, especially with regard to monitoring for abuses and the enforcement of contracts. This partial citizenship is particularly problematic because those who only have partial citizenship are not fully integrated into their host state nor are they fully protected by their home state. This exclusion is brought about by public policy designed to fulfil the human rights of the citizen, and points to the fact that “traditional concepts of rights, justice and citizenship may be inadequate to address the contemporary challenges of care and well-being at the transnational scale.” Additionally, immigrants are often put in the position of being made to demonstrate that they deserve to be included, not excluded, when it comes to policy protection. The notion of who ‘deserves’ the protection of the state can put an undue burden on those who might not competently speak the host language or understand the bureaucracy of the host state. This question of ‘deserving’ can then further reinforce the concept of included and excluded groups. Notions around why or why not an individual ‘deserves’ the protections of the host state can be particularly problematic when the policy of the host country is in place to fulfil a gap in the provision of care, considering the vital role care plays in everyone’s lives.

This liminal space afforded to care providers, then, can in turn continue to foster the exclusion of care providers and care receivers from being seen as ‘full participating citizens.’ First, those who provide care are treated poorly, excluded from full citizenship, or assumed to be carers in virtue of their gender status. Second, those who receive care are often constructed as ‘dependent’ upon the system in order to have their human rights fulfilled. These two aspects combine to demonstrate that human rights based public policy can exclude carers and care receivers from being ‘full participating citizens,’ because their preoccupation with care (providing or receiving) renders them unable to fully participate in the public, political sphere. When care remains a private concern for Live-in Carers, or the family (and thus for women), questions about how we care, whom we care for, who does the caring, and all the assumptions such questions entail, are left to the side, unanswered and overlooked in public discussions.

The lens of care can offer particular insights into the policy implementation stage, particularly around relations of power between those who enact and implement policy and those who are the targets of policy. In particular, it can interrogate the reasons why more powerful target groups like businesses might have more of a say in what policies are implemented upon them, where businesses and policy makers might act in concert, compared to the target groups that often lack immediate power and influence in the policy process. The ethics of care can also provide guidance for how target groups are approached and treated by policy makers and those who implement the policy, because the policy implementation stage is where the three practices of care come together most strongly as a guide for action in public administration.

Critical, feminist care ethics, because it is primarily concerned with relationships and the structures of power that can underlie and shape relationships, requires attention to be paid to all the components of the relationship. This means that the lens of care would require an analysis of policy implementation to be mindful of mechanisms of implementation more broadly, at the level of administrators and managers, as well as being aware of how the day-to-day processes of implementation occur at the level of individual persons. To be certain, the component of care ethics that is concerned with outcomes would be geared toward understanding how policy actually affects concrete individuals in the context of their relationships. For example, does a new family leave policy make it easier for new parents to care for their children, make it more difficult, or serve only to reinforce gender norms about care giving? Yet, this does not mean that the lens of care ethics would be narrowly focused on the small scale. The ethics of care is a flexible tool, able to scale up or down as needed. On the level of administration and management, the ethics of care would inquire

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81 Yuki Tsuji, “Reimagined Intimate Relations: Elder and Child Care in Japan since the 1990s,” ibid., 112.
82 Sevenhuijsen et al., 317.
about and guide wider-reaching decisions about implementation so as to be aware of the relations of power between the institution and the target group. Institutions, and especially governments, can and should be mindful of the relations of power within which we all exist. Often, states have a great deal of power over others, particularly those who are most vulnerable, and therefore should act with greater levels of caution in order to avoid paternalistic or exploitative actions. Examining the power relations at play can “contribute to exposing oppression, repression and systematic forms of dominance and assist in ways of reversing these.”

The question of who holds the greater parity of power when implementing policy can be made clear using the lens of care ethics, and how that power is used must be carefully considered to foster a responsible use of power for the betterment of people and the relationships people maintain.

Policy implementation is also where the three practices of care come together most strongly. Attentiveness, responsibility, and responsiveness are all practices that would serve to aid civil servants as they perform the work of administering policy to a target group, especially the practices as articulated by Robinson. These practices would need to become embedded in the various implementation styles that institutions utilize in order to administer policy to their target groups. These different methods result from the many constraining factors, such as the number of agencies involved, target group size, and the social, economic, political and technological conditions that all institutions face when doing policy. These constraining factors can affect policy, and are part of the system that policy-makers and implementers must work within. Different implementation styles can also play a role in determining what kinds of instruments are used to implement policy, which can be understood as ranging from regulations, to subsidies, to direct provisions, to information dissemination, and finally to institutional reorganization, such as moving tasks from one department to another. Yet, regardless of the policy style, or regardless of the constraints within which policy implementation operates, the practices of care can still be of great benefit to those who are the targets of policy, as well as a useful guide for those who implement the policy. Returning to Hankivsky’s example of the victims of institutional abuse at residential schools, many of the survivors were able to tell their stories and express how their experience of the abuse shaped their lives and continues to shape their relationships with friends and family, which helped to expiate some of the trauma of their experiences. The emphasis on listening to the survivors was prioritized because the Canadian government worked to avoid paternalistic attitudes, listened to those whom the policy was intended to help, assumed responsibility for their compensation, and was responsive to the

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83 Sevenhuijsen, Citizenship and the Ethics of Care: Feminist Considerations on Justice, Morality, and Politics, 66.
84 Howlett and Ramesh, 191-3.
85 Ibid., 203-4.
86 Hankivsky, Social Policy and the Ethic of Care, 70-1.
suffering of the survivors when the policy was implemented. This was by no means a perfect process. Policy is never a perfect process, but this particular policy was vastly superior to a bare acknowledgement of their suffering. By acknowledging that the target group of most policies are actual human beings who are embedded within webs of relationships, caring policy implementation is a more holistic, albeit more complicated process. Although the process might be more complicated, it could also produce greater benefits for those target groups, because such persons now have more stability and are more productive, they can directly foster wider social stability and productivity.

Additionally, we must be aware that individuals are not the only ones who are the targets of policy. Often the family or local communities are policy targets. However, businesses and other, formal organizations are often regulated or given subsidies for various economic and political reasons. Care ethics could provide valuable insights into why certain interests are prioritized, as well as providing guidance for how to resist the consuming interests of money and the power it brings by questioning how policies that shape business practices benefit or harm concrete persons within their webs of relations. For example, a law that disallows worker’s unions might be argued to be of great economic benefit, on the assumption that less regulation can spur greater growth, and thus more wealth. A care ethics analysis may reveal such claims as spurious. For example, the wealth created in such a manner is often not evenly distributed, so the greater wealth in question is not beneficial to all persons. Weaker unions also correlate to less worker protection, higher insecurity, and a negative impact upon the relationships the workers try to maintain. Alternately, environmental protection laws can put a greater strain on businesses. Yet, such laws can be the catalyst for new technology as well as underwriting the importance of a clean environment for the continued health of human beings and other life on this planet. These examples help to demonstrate that policy, no matter its target, has a deep impact on individuals within and outside of state borders. How we implement policy, all kinds of policy, can ultimately have its effects felt in all our lives, in how we work and live together.

Section 2.5 – Policy Evaluation
On a human rights account, evaluating the success or failure of any policy can, at a basic level, be understood as the fulfilment or non-fulfilment of a human right. This basic understanding can be broken down into certain kinds of indicators of success: structural, process, and result based. Structural indicators refer to legal codes and institutions conforming to or facilitating the fulfilment

87 By holistic, I mean that the ethics of care maintains a focus on policy treating the person more holistically.
of human rights.\textsuperscript{88} Process indicators “seek to measure the quality and magnitude of the State’s effort to implement rights.”\textsuperscript{89} Progress indicators measure the reach of the policy and whether it encompasses all the necessary functions in order to fulfil the right. Results indicators reflect the actual impact of the policy on real persons.\textsuperscript{90} For example, the right to education could be measured by what laws are in place that facilitate children gaining an education (structure), how much effort the state exerts in providing the education (process), and how well educated children actually are once their schooling is completed (results). Another interesting point is that one of the ways in which some measure human rights fulfilment is by the kinds of policies that governments enact. Measuring aggregate human rights through policy is an indirect measure, to be sure, but the statistics gathered by policy implementation and evaluation can be used as a “suitable proxy [measure] to capture the degree to which states are implementing [human rights] obligations.”\textsuperscript{91} These kinds of aggregate, indirect measures can be used to demonstrate the degree to which governments “are committed to putting in place the kinds of resources needed to have a ‘rights-protective regime’ in place.”\textsuperscript{92}

However, how we understand the success or failure of any policy by human rights standards does not necessarily take into account the fact that it can leave problematic social norms intact, particularly about race, gender, and care work, which in turn undercuts the basic equality which human rights are meant to embody. Even the metrics that are used to measure development can incorporate a bias against care work itself, considering all in-home, family-consumed care work to be unimportant when it comes to economic reporting and accounting. This can serve to render care work, and the workers themselves, invisible to public policy metrics.\textsuperscript{93} In large part, this is because human rights, and the public policy it inspires, charges that all individuals should be treated as ‘the same,’ but the lingering question remains: the same as whom? What model of individual is our ‘standard’? As Olena Hankivsky argues, feminist critiques have demonstrated that the standard for equality comparisons has “usually been a very specific, historically privileged group in society – white, able-bodied, middle-class males.”\textsuperscript{94} Because white men are often the ‘norm’ against which other equality claims are considered, public policy based on this assumption cannot encompass certain differences, which often require different needs to be fulfilled, as well as allowing certain social

\textsuperscript{88} Vazquez and Delaplace, 52.
\textsuperscript{89} Ibid.
\textsuperscript{90} Ibid.
\textsuperscript{92} Ibid., 926.
\textsuperscript{93} Waring, 35-6.
\textsuperscript{94} Hankivsky, \textit{Social Policy and the Ethic of Care}, 45.
norms, particularly those of race and gender, to remain unexamined and intact. While there might be some cases and issues where a universal standard is sufficient to address public problems:

[W]omen and men are not similarly situated for the purposes of legal equality rights interpretation. Because women may differ from men in their capacity for childbearing and in their socio-economic status, there may be no basis in the male standard to prove the inequality they may be experiencing.\textsuperscript{95}

Thus, even if someone’s human rights are being fulfilled by a public policy, there might be other problems that exist, because a human rights perspective cannot always ‘see’ the problem, such as how the tasks of social reproduction are unfairly allocated in families, as I argued in Chapter Three. Further, policy based on human rights seeks to overcome historical disadvantages without engaging with the root causes of those disadvantages in the first place. It is still the case that most of the dependency work (care work) that is done, is performed by women and racialized women, who are often transnational workers.\textsuperscript{96} The unequal division of caring labour persists in spite of increased participation of women in the work place and the policies in place that foster that participation. This is because human rights based public policy does not challenge the deeply held and historically situated norm about care work as being tied to femininity, and the norms around men being released from performing care work due to their role as a worker in the labour market.\textsuperscript{97} When looking at global care chains, current transnational migration of care work follows historical patterns of exploitation, particularly colonization, and international patterns of racial or ethnic division.\textsuperscript{98}

For example, the history of African-American women caring for white children in the United States reinforces the perceived ‘normality’ of non-white women employed to care for children not their own,\textsuperscript{99} which has been expanded to include women from Latin America, drawing poorer women from poorer countries across borders. The focus on the bare fulfilment of an individual’s human rights does not necessarily mean that the historical background will cease to have any impact on our lives as we live them.

This kind of oversight can be seen in two examples, where the success or failure of policy was judged without reference to the current problematic structures of gender or care. The first revisits the Dutch policy document \textit{Choices in Health Care}, and the second focuses on the South African \textit{White Paper for Social Welfare}. In the document \textit{Choices in Health Care}, women play a dual role. On the one hand, women’s health organizations were invited to participate in the campaign

\textsuperscript{95} Ibid., 46.
\textsuperscript{96} Ibid., 112.
\textsuperscript{98} Erel, 9.
because they were seen as “the vanguards of autonomy and free choice [in health care provision], as opposed to medicalization.” However, prior to that point, in this document women were addressed as persons who manage and influence the consumption of care within the family unit, so while women’s health organizations were seen as political actors, women in general were cast in their traditional role as facilitating or caring for their family members. Although the policy document is primarily concerned with how to ensure that the elderly’s human right to health care is fulfilled, it does so by accepting the role of women as carers, drawing on the “silent logic of a ‘natural’ provision of care within the family and kinship networks.” Even if the policy were successful on the grounds that it increased the quality of elder care, it will have done so by utilizing the assumed naturalness of pairing women and care work.

The second example comes from an examination of the *White Paper for Social Welfare* (WPSW) from South Africa. Written in 1996, the document expresses a strong commitment to human rights, and even a professed commitment to the ethics of care (although the commitment was not carried out in relation to the way social welfare was conceived). Throughout the document, there are discussions about care provision and the important role care plays in the lives of citizens. However, the WPWS contains contradictory language concerning women and care, which leads to two problems. First, care giving is presented as a gender-neutral activity, which ignores the pervasive gendered divisions within the family unit. Second, it singles out women as a ‘special group’ that has particular ties to care work and should be supported in that endeavour.

Concerning the first problem, the WPSW was informed by a familial understanding of care, such that care giving was the main focus, and that care giving was largely carried out within the private sphere among kin-groups. Additionally, in the chapter of the document about care “family life is described in gender-neutral, functionalist and moral terms.” The silence regarding the fact that women still do the majority of the care work is problematic, obscuring pervasive gender divisions in spite of a formal gender-neutrality. It is only in a later chapter, about women in particular, that this gendered division of labour is addressed. Yet, there is nothing in the policy about rethinking the division of care work, but instead the document argues that women “should be supported in their caring roles without the gender division in care being questioned in the light of gender justice or of promoting care giving as an aspect of the quality of men’s lives.” Once again, there is a real problem within

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101 Ibid.
102 Ibid., 131.
103 Sevenhuijsen et al., 301-2.
104 Ibid., 306.
105 Ibid., 307.
the document as to how it seeks to resolve the conflict between the unequal division of care and a commitment to the fulfilment of human rights. The second problem can be seen throughout the document, because women are depicted as a ‘special group’ with the need for special protections against domestic abuses, support in their caring roles, and as a group vulnerable to HIV transmission. However, the document does not discuss men’s roles and the constructions of masculinity that necessitate the need for such protections. This invisibility of men within the WPWS underlies the problem with how policy concerned with human rights fulfilment does so on the grounds of protecting women so that they are able to function within society on the model of the self-reliant and independent citizen that men already are assumed to hold.  

This policy could also achieve a successful evaluation while still perpetuating the norms around gender and care that work to keep women and care from full political consideration.

Conversely, critical, feminist care ethics can be integrated into policy evaluation, transforming how we understand the success or failure of any given policy. This transformation would not erase important features of policy evaluation, but would alter collective priorities about policy and care itself. The ethics of care would ask of any policy whether it aided people to live within particular relations of care without reinforcing harmful patterns of power, particularly those of race and gender. Policy can then fail if it serves to entrench harmful relations of power, or undermines the caring relations in which people are embedded. Policy, through the understanding of care ethics, would be successful if it worked to challenge or overturn harmful social norms or oppressive relations of power. A care evaluation of policy would, as with the other policy stages, investigate assumptions about what makes good policy, the role of state involvement, and the practices we use to implement policy. Although there are three main methods of policy evaluation (judicial, political and administrative), I shall focus on the administrative method of policy evaluation because these evaluations are a prime target for the lens of care ethics. Judicial evaluation (i.e. judicial review), though it can be powerful and sweeping, is rare and often contentious. Political evaluation (i.e. voting in elections) is often fleeting, and does not necessarily accurately reflect the success or failure of policy. Administrative evaluation, however, is a driving force of whether a policy is terminated or fed back through the policy cycle for further refinement. Administrative evaluations are generally more concerned with examining the delivery of services and “…whether or not ‘value for money’ is being achieved.”

These kinds of evaluations are typically based upon a financial cost-benefit model and consider what the policy actually produced,

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106 Ibid., 311-2.
107 Howlett and Ramesh, 214-5.
108 Ibid., 210.
if the policy met the stated goals, how much effort the policy required, and an efficiency evaluation of the policy administration processes.\(^{109}\)

While care ethics must be sensitive to the fact that there is a limited amount of resources, it would be able to question and challenge the idea that a financial cost-benefit analysis should have pride of place among administrative concerns. For example, when looking at the outcomes of the deinstitutionalization of health care in Canada, policy-makers prioritized cost saving as a metric of evaluation for how well the policy worked. Unfortunately, families and communities were “neither prepared nor able to provide the care and services needed to respond to this shift,” which meant that in many instances “this policy change is increasing rates of morbidity and mortality among patients as well as among their caregivers.”\(^{110}\) Instead, care ethics can be used to expand the list of recognized costs and benefits (the tangible and intangible) to create a more holistic balancing exercise.\(^{111}\) An evaluation that incorporated the information provided by care ethics, and its practices, would be sensitive to the financial needs of the state, but would resist saving money at the expense of real human lives, not only in terms of loss of life, but loss of opportunity and the ability of caregivers to make life choices well. Also, care ethics would require a greater awareness of the fact that caregivers for in-home patients would likely be women, or hired help (who would likely be non-Caucasian persons or foreign nationals). This policy, as it stands, serves to reinforce the idea that care can and should be a private concern, and that policy is, in general unconcerned, with who shoulders the burden of care, once again marginalizing women and racialized persons, as well as further obscuring those who are dependent upon care. When care is placed in the private sphere it is removed from public consideration, and those who need and give care are often removed from public concern as well: made invisible once more. The ethics of care would not discount economic concerns, but a care evaluation would serve to make clear that economic evaluations “fit into a wider decision-making frame, where other values and priorities have equal or sometimes more importance.”\(^{112}\) Care ethics is a means by which we can transform how we understand the success or failure of any policy, moving beyond a financial cost-benefit analysis as the primary concern, and focusing instead on how policies impact people in their caring relationships, taking into account how various forms of difference such as race and national origin constitute different conditions under which care occurs, and how any policy can serve to reinforce or fight entrenched problematic social norms.

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\(^{109}\) Ibid., 211-2.

\(^{110}\) Hankivsky, Social Policy and the Ethic of Care, 99.

\(^{111}\) Again, holistic for care ethics meaning treating the person more holistically.

\(^{112}\) Hankivsky, Social Policy and the Ethic of Care, 100.
I have argued that the critical, feminist ethics of care can be a substantive guide for the public policy process, and that it has the potential to transform the policy process itself. The transformative potential lies in care ethic’s ability to expand the scope of public discourse about care, gender, race, sexual orientation, age, wealth, and citizenship status. This expansion is possible because of the lens that care ethics brings to the intersection of social norms, political patterns of power, and the marketplace, providing policy makers with new kinds of information. With that new information, and guided by the practices of care, policy makers can use care ethics in the crafting of public policy. Through the examples used in this chapter, we can see how human rights based policy can fail to encompass or challenge the way social norms and institutional patterns of power can serve to perpetuate current patterns of inequality, creating a feedback loop between policy, norms, and the way people live their lives. Care ethics can be a guide for how to bring these problems into the realm of public discussion, and offer suggestions for how to shape our public discourse. Our resultant policy would then better enable people to live in their webs of relations. These kinds of insights and suggestions for action might be more complicated, and as such more difficult, but they would be longer lasting, deeper solutions that address the root causes of social problems.

There is a final challenge that care ethics must answer. The ethics of care is a profoundly feminist ethic, rooted in a rejection of ‘individualist’ ethics and directly aimed at deconstructing the norms and relations of power that make the link between women and care work seem ‘natural’. Conversely, Kimberly Hutchings contends that the ethics of care assumes a universal standpoint—that of care—which is inherently problematic for a feminist international ethical project. Her critique involves two important claims. First, a standpoint cannot be separated from its context and thus is ultimately unable to be prescriptive. Second, the standpoint of care does not attack embedded notions of gender sufficiently enough to constitute a feminist ethic. However, in the next chapter, I will defend care ethics from Hutchings’ feminist critique, arguing that if we take her criticism seriously, the critical, feminist ethics of care can incorporate a more nuanced method of ethical judgment.
Chapter 6: A Problematic Method?

In this chapter, I examine a tension that remains at the heart of the ethics of care, and is best articulated by Kimberly Hutchings. Hutchings investigates the resonances between the methodology of care ethics in general (the ‘orthodox’ and critical, feminist versions) and feminist standpoint theory, a theory that argues that previously undervalued viewpoints (typically those of women) contain different and equally important knowledge about the world. Her critique is two fold: 1) that neither theory goes far enough toward eschewing universalist claims to moral foundations, which throws into question the ability of either theory to enable moral judgments in the particular and, 2) that neither theory sufficiently addresses the gendered ideas embedded in moral contexts. This critique is focused on the similarity of method that care ethics and standpoint theory utilize for their critical analyses, and ultimately concludes that these types of methods do not have enough force to justify making moral judgments. To clarify, I consider ethical method the way in which we investigate moral or political contexts, the steps taken or questions asked as we analyse or assess any given situation, as opposed to the content or the guiding principles of an ethical theory. For Hutchings, method matters, and she seeks to find a different kind of ethical method that can navigate between all standpoints, guide our moral judgments, and provide a method for international feminist ethics. Hutchings claims such a method is possible if one first eschews any claims to a moral starting point, be it claims about human dignity, the experiences of women, or the standpoint of care. The end goal for Hutchings is that ethics be transformative. Transformative not in the sense of correcting for past moral wrongs, but in the sense where certain kinds of moral wrongs cannot even be thought of as possible in the first place. Hutchings argues that care ethics is not transformative in this way, which she deems problematic for care ethics, for two reasons. First, care theory privileges the universal standpoint of care, and claims it is applicable to all contexts. Second, the ethics of care in some sense gives legitimacy to bad practices and norms by its very engagement with those practices and norms. If Hutchings is correct, then the ability of care ethics to guide international policy is seriously hindered. However, in taking Hutchings’ critique seriously, I argue that we can use the ethics of care to judge across contexts, and that its transformative potential is not a null prospect as Hutchings claims.

I will first provide a brief overview of feminist standpoint theory and elaborate on the relationship between standpoint theory and the ethics of care. Second, I explore and develop Hutchings’ critique of care ethics and feminist standpoint theory, drawing out how standpoint theory and the ethics of care have similar methodologies, which allows Hutchings’ critique to have
purchase. This critique is closely tied to her positive argument for a different and new kind of ethical method that avoids the pitfalls of standpoint theory and thus is a better method for engaging in feminist international ethics. My aim, in this chapter, is rather narrow. Instead of providing a critique of Hutchings, I demonstrate that critical, feminist care ethics can adapt to the criticism that Hutchings levels against the theory, much like the shift from the ‘orthodox’ ethics of care to a critical ethic of care as outlined in Chapter One. If my rejection of Hutchings’ conclusions about critical, feminist care ethics is successful here, then my argument in the previous chapter stands, and care ethics remains a viable substantive guide for public policy. First, I argue that Hutchings’ understanding of transformation is admittedly more radical than that of care ethics, but that does not mean care ethics lacks a transformative capacity. Care ethics, instead, represents a reformist-type transformation, which rests on continual discursive exchange. Second, that the tension between the universal standpoint of care and moral judgments in any particular context is not impossible to overcome. I take inspiration from the well-known work of Seyla Benhabib and argue that this tension does not necessarily preclude us from being able to morally judge in particular contexts, even when our particular context does not match the context of another. Hutchings’ critique, in the end, forces care ethics to confront the tension that lies in the heart of the theory, and in so doing, pushes care ethics to hold a more nuanced practice of moral judgment.

Section 1 – Care Ethics and Standpoint Theory
Feminist standpoint theory (or standpoint epistemology) originated in the early 1980s as a way of developing a different picture of how we experience the world and what kind of knowledge we have about the world. Standpoint theory argues that there is a gendered production of knowledge, where women have special knowledge about the world that men do not. This line of argument draws from a Marxist epistemology, which argues that those who are less privileged in a society know more about that society than privileged others. Although standpoint theory is not without its internal differences and external detractors, those nuances are not the focus here. The focus here is first to provide a brief overview of what standpoint theory is in general. Then, I will discuss how the ethics of care, both the ‘orthodox’ and critical, feminist versions, are related to standpoint theory. I will present Robinson’s argument that the two theories are too dissimilar in content to be critiqued on the same grounds, because each theory has a different grounding principle. Care as an ethical foundation, the claim is, is not problematic in the way that women’s experiences are.
Section 1.1 – Feminist Standpoint Theory

The most basic principle of feminist standpoint theory is that "it is women’s unique standpoint in society that provides the justification for the truth claims of feminism while also providing it with a method with which to analyse reality."¹ Women have special epistemic status within society, and this status provides justifications for the larger goals of feminism, and also provides women with another tool to critique the reality they live within according to their own standards. As standpoint theory has evolved, its course has been shaped by two central claims: 1) "knowledge is situated and perspectival"² and 2) "there are multiple standpoints from which knowledge is produced."³ This means that whatever anyone knows about the world is just that, *what they know*. Their knowledge is embedded with and bracketed by their culture, their place in society, and the relations of power that surround them (i.e. politics). However, every person has different knowledge about the world, which means that standpoint theory has had to contend with charges of relativism and has struggled to incorporate intersectional analysis, i.e. the way in which multiple forms of difference (gender and race, for example) combine to make an entirely unique lived experience that cannot be broken down into discrete parts.

Standpoint theory requires that standpoints be developed through an awareness of oppression and in cooperation with others. A standpoint, therefore, “requires political organization to do that work [of achieving a standpoint] because the perceived naturalness of the dominant group’s power depends upon obscuring how social relations actually work.”⁴ The simple fact of being a woman does not provide me with a standpoint. I might not notice my oppression, nor have given critical thought to my possible future role as a wife and mother. My knowledge claims about the world are incomplete if I do not think about my role within the larger framework of my culture and society, or about the relations of power that are threaded through my life. Achieving a standpoint, on the other hand, is something that is accomplished through concerted collective efforts.⁵ To continue the above example, instead of not noticing my oppression, I take note of it. Then I become involved with work aimed at challenging the dominant group’s power or discourse (in this case that group is men). I work with others—academics, social advocates, or community members—to undermine assumptions about women, disrupting the supposed naturalness of the social order. The process, for most standpoint theorists, is meant to be a critical and rigorous one, requiring reflective thought rather than relying on any assumptions one had before beginning this process. Still then, perhaps I have not achieved a standpoint, but I have helped to achieve a

² Ibid., 342.
³ Ibid.
⁵ Hekman, 346.
standpoint that is a collective understanding, unique to women, about the world that we inhabit. A standpoint is able to better explain the world as I live it by standards that make sense to me and others like me, not by the standards of the group in power.

In standpoint theory, one claim is that the less privileged standpoint has a ‘better’ understanding of the world as it actually is. The first formulations of standpoint theory drew heavily on the work of Marx and the idea that the proletariat had a more complete picture of the world because they knew both the world of the worker and the world of the bourgeoisie, whereas the latter only knew their own world. This assumption about ‘less privileged’ persons having greater knowledge was then abstracted to the feminist viewpoint that women, then, have a better understanding of the world because they know both their own world and the world that men inhabit. Men, conversely, do not need to understand the world of women in order to get along in life, thus men do not necessarily know what women know. The oppressed section of society, then, is deemed to have a sort of epistemic privilege. Although they might be less privileged in more material ways, any oppressed group must understand the dominant group in order to survive. As such, their knowledge about the world draws from more sources than the non-oppressed group. Therefore, any claim the oppressed group makes about the world is closer to the truth than any claim the non-oppressed group makes because the latter have less information about the world.

However, the idea that any one standpoint had any ‘better’ way of understanding the world created tension between feminists. The dual claims that all knowledge was situated and that there were multiple standpoints sat uneasily with the idea that the standpoint of all women was privileged. The problem was that the standpoint of women in general obscures the standpoints of black women, Hispanic women, Asian women, and women in non-Western nations. Yet there was theoretical resistance to breaking down the female standpoint, in part due to a fear of relativism, which had plagued feminist theory for years. What was, and still is, at stake for non-white, and non-Western women is that their standpoints and unique experiences become subsumed under that of white, middle-class, heterosexual, Western women, because the standpoint of such women was taken to amount to the standpoint of ‘women in general’. The problem occurs most strongly when gender is the only lens through which one views the world, because oppression is not perpetuated through only one process, but the intersection of many different processes. For example, although white

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6 Ibid., 343.
7 Ibid., 356.
and black women might be subject to similar gender norms, the black woman has to negotiate not just gender norms but the intersection of gender and race that makes her lived experience and thus the knowledge she has about the world different from that of a white woman’s. This intersection, or intersectionality, of race and gender is necessary to understanding the particular oppression a black woman faces. Intersectionality makes manifest the unique worlds and problems of those who experience multiple forms of oppression, and it is more than a matter of adding together the different layers, but understanding how the different patterns of privilege combine to make each experience of oppression in the world unique. The intersectional critique of standpoint theory foregrounds Hutchings’ critique of care ethics, which is focused on the tension between holding any universal standpoint while attempting to judge across contexts.

Section 1.2 – Care as a Standpoint?
The ethics of care, especially the ‘orthodox’ ethics of care of Gilligan and Ruddick, was informed and assisted by the then nascent standpoint theory. Robinson, however, distances her critical ethics of care from the ‘orthodox’ ethics of care and from standpoint theory in general. Robinson argues that care ethics and standpoint theory are not synonymous, that a critical care ethics does more than offer “an epistemological argument about women’s privileged standpoint based on their universal oppression.”¹⁰ I will argue, however, that in spite of the theoretical distance that Robinson tries to establish about the content of both theories, critical care ethics shares a methodology with standpoint theory. Because methodology is the focus for Hutchings’ critique of standpoint theory, her claims have purchase on critical, feminist care ethics as well.

Early, ‘orthodox’ care ethics is tied to standpoint theory, particularly the work of Gilligan and Ruddick, who argued that it was women’s situated knowledge about the world (their relational outlook) that produced the moral judgments that we have come to call care ethics.¹¹ Sara Ruddick, in her book *Maternal Thinking*, argued that there was political importance in the way that mothers think.¹² The mother’s standpoint was one which “illuminates both the destructiveness of war and the requirements of peace.”¹³ Ruddick drew on other theorists to assert that the mother’s standpoint was a superior one that was opposed to the dominant moral and political discourse. From this, we can see how early care ethics was very similar to standpoint theory when it came to how (i.e. the methodology used) both theories examined the world. Standpoint theory also offers a

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¹⁰ Robinson, “Care Ethics, Political Theory, and the Future of Feminism,” 305.
¹¹ Hutchings, 115-6.
¹² For Ruddick, ‘mothers’ could be female or male, as ‘fathers’ were something different. She did not necessarily link mothering to gender, but did note that often mothers were women.
¹³ Ruddick, 136.
way to see and resist the dominant group’s distortion of political discourse. The production of knowledge and the ability to use that knowledge to shape a discourse can generate power for those who have produced the knowledge in the first place. That power can in turn be applied to other groups, using the knowledge produced by the dominant group to oppress others. For example, the discourse that care is a private matter, not to be the subject of public discourse, is, in and of itself, an application of ‘knowledge’ about the practices of care. This knowledge is not only generated by people in power, with the kinds of legislation they enact, focus on, and dismiss, but also by every individual who maintains that how and why we care for particular others is somehow an apolitical area of life. Because care, then, is not a suitable public concern, those who provide and need care are often excluded and marginalized from political participation and devalued by the wider socio-cultural community, as argued in Chapter Two. The production of knowledge generates social power, but standpoint theory also seeks an “engagement with the particular ways such knowledge/power relations work out in the public agenda and disciplinary contexts, among other sites.”\textsuperscript{14} Standpoint theory and the ‘orthodox’ ethic of care do not end with the assertion of epistemic privilege, but extend to an analysis of how the production of knowledge can generate social power and how that power is carried out through political policy. The goal of both theories is to put forward the knowledge claims about the oppressed group in order to disrupt the dominant discourse, either that of women or ‘caring mothers’ as per Ruddick’s work. If all knowledge is understood as situated and discursive, then there is no basis on which to judge any one set of knowledge as more ‘true’ than any other.

This inability to disrupt the dominant discourse is tied to dual problems for standpoint theory and the ‘orthodox’ ethics of care: the problems of reductionism and essentialism. Yet, the experience of mothering, like the standpoint of a woman, is hardly the same for all women, i.e. standpoints are not reductive. Racial and socio-economic divides produce different standpoints, and what one subset of mothers knows about the world is not what all mothers know about the world. Additionally, Carol Gilligan was roundly critiqued for her work \textit{In a Different Voice} because her interviewees, upon whom she based the ethic of care, were predominantly white, middle-class women with higher levels of education.\textsuperscript{15} Although Gilligan defended her claims by arguing that her work was defined by theme not gender, this raised problems for extending her formulation of care ethics across racial and socio-economic divides. In spite of Gilligan’s defence, her critics maintained that the experiences of some women could not count for the experiences of all women even when it came to how women understand and practice care, because differently situated women carry out

\textsuperscript{14} Harding, 196.
\textsuperscript{15} Robinson, \textit{Globalizing Care: Ethics, Feminist Theory, and International Relations}, 22.
caring labour under different pressures and inside of different sets of normative assumptions. In other words, early care ethics was, like standpoint theory, charged with being reductive. Second, both theories appeared to make essentialist claims about gender. For example, Ruddick claimed that the mother’s standpoint was the best platform from which one might begin to resist war and implement peace. This implies that there might be something inherently peaceful about the role of mothering, which requires one to adopt a particular point of view, privilege the needs of another, and become receptive to another with whom you cannot always communicate. Ruddick gives ample space in her book to how women are possibly as bloodthirsty as men, but this is only because these women are adopting the masculine values about war, duty, and honour, instead of investing in the more feminine virtues of peace and compromise.16 Gilligan’s theory was also criticized for producing an essentialist view of gender. For Gilligan women’s different experiences—their very knowledge—of the world produces a different moral outlook.17 The concern for other feminists was that if feminine knowledge produces a different moral outlook, it might, in fact, mean that women are more concerned about particular others and less concerned about abstract rules than men are, taken as a whole. The critique levelled at both Gilligan and Ruddick, as explained in Chapter One, was that by elaborating a theory of care or mothering, their work reinforced a kind of gender essentialism, that women by virtue of being women were carers. These two critiques, of the reductionism and essentialism present in early care ethics, culminate in the criticism that like standpoint theory, early care theory does not actually disrupt the dominant discourse. These theories instead focus overtly on the ‘feminine’ and not on the ‘feminist.’

Both standpoint theory and critical feminist care ethics, however, responded to their critiques. The first critique was that the early incarnations of both theories were unable to disrupt the dominant (or hegemonic) discourse. Hegemonic discourse in some sense can be viewed as writing a “particular script for a certain category of subjects.”18 Consider the script that we follow for the majority of modern political theory we have today, where human rights have become a hegemonic international political discourse. It is grounded in absolute, universal principles, such as the drive toward crafting a set of human rights that could be applied regardless of gender, race, sexual orientation, nationality, age, or culture. The rights outlined in the UDHR are a one-size-fits all protection against government aggression that are profoundly shaped by a particular historical context. Yet, as noted in Chapter Three, over the last sixty years human rights has become a

17 Gilligan, 74.
18 Hekman, 357.
hegemonic discourse,\textsuperscript{19} one that is used by many people and groups around the world to lend legitimacy to their causes. For example, there is the Gulabi Gang in India that challenges the norms around domestic violence and sexual violence against women on the basis of human rights.\textsuperscript{20} Indigenous Australians have also taken up the language of human rights, and have utilized the United Nation’s Declaration on the Rights of Indigenous Peoples, to underwrite their advocacy and goals for recognition, hoping to change mainstream white Australian attitudes toward Indigenous people.\textsuperscript{21} However, as also noted in Chapter Three, often the discourse cannot encompass the varied and complex situations that arise in wildly different contexts around the world. Modern humans rights discourse cannot incorporate moral contexts where although people suffer, their human rights have been met, such as the case of the transnational migrant care worker who has not been abused or exploited (as we might understand it today), but has been put in the position of making the impossible choice between providing better material support to her children and being able to directly care for her children herself, to love them directly and not have her love imported and expended on a child not her own.\textsuperscript{22} The script provided to the transnational care worker is that she should be glad of the opportunity to earn more money for her children in spite of the fact to earn that money she must export her love and loving labour, spending it on another’s child. Resistance, however, can come from using “other discursive formations to oppose that script,”\textsuperscript{23} such as, but not limited to, care ethics. Standpoint theory offers a different script as well, although the standpoint would be that of the worker herself, by focusing on her experience of her life as she has lived it. The ethics of care and the standpoint of the transnational care worker provide different starting points to different moral and political scripts.

In answer to the second problem, that both standpoint theory and ‘orthodox’ care ethics were feminine theories not feminist ones, the critical ethic of care was structured as profoundly feminist, and aimed at challenging embedded relations of power that contribute to oppression and suffering. Robinson draws on Tronto to make the difference between feminine and feminist clear, and this is how Robinson, in part, strives to put theoretical distance between standpoint theory and critical care ethics. The feminine theory is one that is constructed in opposition to the masculine, and ties women to care work, which stands in opposition to the political and social activities of men. The feminist approach instead works to de-couple gender and care work, undermining pervasive

\textsuperscript{22} Hochschild, 21-2.
\textsuperscript{23} Hekman, 357.
harmful norms, and collapsing the dichotomy of gender rather than reinforcing it. The feminine theory is problematic for care ethics because the *attentiveness* aspect of care could then “be seen as a survival mechanism for women who are dealing with oppressive conditions—a way of anticipating the wishes of one’s superior.”24 A feminine approach to care theory to some degree accepts traditional gender roles and devalues the activities of women who are in those caring roles. In this sense, caring is only “a corrective morality”25 that does not suggest fundamentally new kinds of thinking or areas of moral concern.

Feminist care ethics, as argued in Chapters One, Two and Four, instead seeks to illuminate and transform current notions of gender as well as expand the scope of moral and political concern. In reviewing the critiques levelled against standpoint theory, Robinson notes: “‘Standpoint’ feminists argue that their perspective accounts for the achievements of feminist theory because it is a politically engaged approach which starts from the perspective of the social experience of the subjugated sex/gender.”26 However, to attempt to develop a politics that aims to free all women from gender hierarchy, based on a single type of woman’s experience, produces the result that standpoint theory is simply “yet another falsely universalizing project.”27 Robinson argues that standpoint theories are themselves suspect. In addition, she argues that critical care ethics is not a standpoint theory because the critical ethics of care expressly does not generalize from women’s unique experiences as the traditional caregivers. Robinson’s argument is predicated on the idea that it is the content of each theory that sets critical care ethics and feminist standpoint theory apart. While standpoint theory attempts to generalize from the perspective of ‘women,’ the ethics of care does not privilege any one type of person but instead a type of activity that all human beings should engage in. However, in spite of Robinson’s attempt to distance the critical, feminist ethics of care from standpoint theory, I acknowledge that the similarity of methodology allows for Hutchings’ critique to have purchase.

**Section 2 – Feminist International Ethics**

Kimberly Hutchings critiques not only Robinson’s critical ethic of care, but also standpoint theory in general. Her criticism does not necessarily take issue with their goals, but rather the ethical method that both theories employ. Hutchings argues that if we do not use the correct ethical method, we run the risk of extending legitimacy to the very problematic moral contexts we wish to transform.

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25 Ibid., 23.
26 Ibid., 21.
27 Ibid.
According to her, the better ethical method to employ is one that is properly transformative, where we avoid the risk of legitimizing bad practices and instead create possible new worlds, worlds where morally problematic practices and modes of thought are rendered unthinkable. Hutchings argues that this is possible when we stop privileging the ethical content of particular theories, such as the standpoint of women or care. This section will proceed in three parts. The first part will provide the background for Hutchings’ critique, elaborating some of the basic concepts she utilizes. The second part will focus specifically upon the critique of the critical ethics of care, and where I concede that Hutchings makes a salient point about a previously unexplored tension in critical, feminist care ethics. The third and final part will examine Hutchings’ argument for how to engage in international feminist ethics without a standpoint.

Section 2.1 – The Background
For Hutchings, ethical method (the way in which we do ethics), not just its content, is inherently political, which means that morality and ethical judgment are irrevocably bound up in the political. Hutchings does agree with standpoint theory (and care ethics) about one thing, which is “that moral knowledge like other knowledge is situated.” Because moral knowledge is not abstract or objective, it is possible to understand that our moral knowledge and ethical method are in many ways shaped by our political contexts. Politics, and by extension power, produces “patterns and hierarchies of inclusion and exclusion,” and these in turn shape what is good and what is bad, what is right and what is wrong. Ethics is not something that works counter to world politics. Rather, ethics is “one of the discourses through which world politics is actively produced and re-produced.” Just as politics can shape one’s moral picture of the world, one’s moral picture can in turn reinforce (or perhaps alter) the production of power in the world. The relationship between ethics and politics is not simply a one-way street, but rather a very complicated circle of influence, production, and possible change that cannot have its parts separated out and theorized about as though distinct.

The job of the theorist, specifically the ethical theorist, is to illuminate and possibly begin to explain the relation between ethical stances and relations of power. The goal of the feminist theorist is then to bring focus and attention to the ways in which gendered understandings of power play out in moral and political systems. For Hutchings, “the key feature of feminist international

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30 Ibid., 103.
31 Ibid., 100.
ethics is that it necessarily bring politics back into the heart of moral judgment and prescription."  
This suggests a different way of doing ethics, specifically international ethics, which would have implications for the norms involved around sites of power and gender discrimination. Admittedly, while the goals might be similar to critical, feminist care ethics, the method to achieve those goals is very different from care ethics, which employs a standpoint-like method of analysing specific contexts from a universal perspective, that of care, in this case. And for Hutchings, method matters. Since morality and politics are not separate, this means that the theorist can no longer hold any claim to being outside the picture of their theory; they too must be ‘seen.’ This ‘seeing’ involves understanding that one’s own moral foundation is contingent, as is the foundation of others. Therefore, one’s own moral phenomenology and genealogy must be ‘seen’ as well as the other’s, and understood as a part of the social and political context within which they were formed.

When it comes to an international ethic, moral phenomenology works to make one ‘see’ the “range of values and principles institutionalized within different aspects of the international order,” and how they function either in support or opposition to each other. How I experience the world, and how I assess the world from a moral point of view greatly depends upon where I sit within the international order. My experience of the moral goodness or badness of anything is heavily informed by my lived location. Genealogy, understood and defined with relation to morality, is three things: 1) a historical account of how knowledge claims come to be; 2) the way moral theory emerges out of those practices that produced those knowledge claims; and 3) the political and social effects of this historical process. Genalogy seeks to make clear what the effects of power are. Thus, we must ask what are the “benefits and inclusions, costs and exclusions [that] follow from any particular normative prescription and on what grounds are they identified as costs and exclusions?” The theorist must then be honest about placing their ideas within the context that gave rise to them. This is another level of ‘seeing’ in terms of understanding one’s own subjectivity. As Hutchings asserts, our lived ethical selves and our historical background influence our moral methodology. Assuming any sort of objectivity or claim to universalizability is dishonest and methodologically suspect, obscuring the ethical picture that any particular philosopher builds, which according to Hutchings is the prime failing of the ethics of care because it is not honest about its specificity.

33 Walker, Moral Understandings: A Feminist Study in Ethics, 100.
Section 2.2 – Critique of Robinson’s Global Care Ethic

Hutchings’ critique of Robinson’s critical ethic of care is twofold. First, she claims that Robinson’s argument does not have clear prescriptive consequences.37 This might seem redundant to my stated argument in Chapter Five, which is that critical, feminist care ethics can offer practical policy guidance; however, the point here is that care ethics cannot provide clear cross-contextual moral judgment. This is founded on Hutching’s second critique, which is that, like standpoint theory, the critical ethics of care utilizes a problematic ethical methodology that results in an appeal to the universal ideal of care, while at the same time attempting to hold on to sensitivity to context and partiality of judgment. The result is that the critical ethics of care is not transformative in the way that Hutchings’ claims feminist ethics should be.

Although Robinson argues that the content and the scope of standpoint theory and the ethics of care are different, this does not directly address Hutchings’ critique, which is focused on the similarity of method of the ethics of care and standpoint theory. The methods of standpoint theory and care ethics share three main features.38 The first point of similarity is that like standpoint theory, critical care ethics has a universalizing aspect that sits uneasily with the assertion that all knowledge, and thus all ethical reasoning, is contextual. This seems at odds with the fact that Robinson argues strenuously against a universalizing ethics within the international context. She argues that, in order for a universal ethics to hold, the moral principles employed must be ones that are acceptable to all rational persons, or at least ones that cannot be reasonably rejected. The problem, however, is the “pronounced diversity of individuals, cultures, societies, and indeed moralities in the world today.”39 Ethical principles that are so abstract to be acceptable to all persons have a dual problem. First, they are too abstract to be practicable. Second, as argued in Chapter Three, abstraction often treats all persons as ‘the same,’ which begs the question ‘the same as what?’, and also obscures the ways in which differences matter materially to people’s lives as they live them. The problem for critical, feminist care ethics, however, is that care itself becomes an abstract, universalized concept. The ethical and political project of care ethics does not hold that we must care about all other persons. The point of critical care ethics is to instead begin to see what has been hidden: the division of labour, the gendered aspects of care, the ways in which political

38 Hutchings does not explicitly draw out these three similarities between standpoint theory and the critical ethics of care, rather they operate in the background of her argument. I elaborate them here based on my own interpretation of the relation between standpoint theory and care ethics.
39 Robinson, Globalizing Care: Ethics, Feminist Theory, and International Relations, 70.
policy fails to support the caring relationships people need.\textsuperscript{40} As I argued in Chapter Two, these once-hidden facets can be revealed on a global scale, demonstrating that the relationships between nations can be assessed by the standards of the practices of care, which are assumed to be reasonable tools of universal ethical engagement.

The theorized concept of care, then, is the concept that grounds the critical assessment aimed at disrupting the dominant discourse. It is, methodologically, a standpoint, and this is the second point of similarity, that both theories use a standpoint of some kind. Understanding what it means to care and what the practices of care entail offers a different sort of knowledge about the world. The moral epistemology of care “includes taking experiences into account, exercising self-reflections and sensitive judgments where contextual differences are attended to.”\textsuperscript{41} This knowledge then grounds the larger philosophical project at hand: globalizing an ethic of care. Since the lens of care can assess every level of human interaction, and even institutional interaction, on the basis that these are all different types of relationships, then care can be mobilized to critically assess and suggest political courses of action. Standpoint theory, Hutchings argues (and I concede), does functionally the same thing. When the oppressed group’s standpoint begins to emerge, then the standpoint can be used as the basis to challenge the dominant discourse and change the political landscape. The larger project for the critical ethics of care and standpoint theory is not merely to critique the world, but to change it. In sum, both theories advocate that the world should be brought more into line with the information the formally ignored standpoint (of women or care) has about the world.

Third, the ethics of care, even as a critical tool, is one aimed at universal application. The assumption is that the practices of care (attentiveness, responsibility, and responsiveness as outlined by Robinson) are tools that are abstract enough to be able to fit the vastly different moral contexts around the world. Although Robinson eschews the feasibility of any universalized ethics that focuses on abstract principles that cannot be reasonably rejected by rational actors, she does argue for the possibility for the standards of care being a universal moral bedrock that can nevertheless be applied with contextual sensitivity to particular moral contexts internationally, and most importantly cross-culturally. Perhaps it is possible that the practises of care, as they are practices, are not as unyielding as the abstract moral rules of the kind that rights-theorists might employ. For example, were one to no longer be attentive, then one is no longer upholding a kind of ethic of care. What attentiveness might entail could be different for different people and cultures,

\textsuperscript{40} Hankivsky, \textit{Social Policy and the Ethic of Care}, 2.

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but it must remain as a practice to be carried out and not abandoned. Regardless, this could very well culminate in the problem that what care means to some people is not what care means to others. Just as early standpoint theory sought to theorize from the standpoint of all women, other philosophers soon realized that to do so was to obscure and marginalize the standpoints of black or queer women. Although critical, feminist care theorists no longer make identity claims, the *methodology* of critical care ethics is similar enough to standpoint theory that Hutchings' critique about the tension between the universal aspect of care and the goal of contextual moral judgment can be applied.

Hutchings’ elaborates three questions that any feminist theory should have answers to. The point of these questions is to ascertain what any particular feminist theory is actually doing, and the nature of its theoretical scope. The questions are:

- From a feminist perspective, how are the nature and conditions of ethical judgment within the international arena to be understood?
- From a feminist perspective what is ethically significant within the realm of international politics?
- What are the prescriptive consequences of taking a feminist turn in international ethics?  

The three areas of focus then are ethical judgment, ethical significance, and the prescriptive consequences of the theory. These questions are important because they not only form the standards of critique for care ethics, but are the questions that *all* feminist ethical theories must be able to answer. Hutchings claims that care ethics cannot adequately answer these questions and as such it is not the feminist ethical theory we require for a true transformation of international politics.

First, Hutchings calls into question what exactly the morally prescriptive consequences of the critical ethic of care are. If ethical judgment is always relational and contextual, in virtue of ways in which our responsibilities are embedded in relationships with particular others, then there cannot be morally universally applicable principles. Yet contextual judgments are both necessary and difficult, and are “oriented in relation to the mode of responsiveness to others which is defined as ‘caring’.” Ethical and contextual judgment are supposed to be able to give a larger picture and provide an injunction against rushing into premature judgment and focus on “paying attention to the actual situations from which moral dilemmas and questions emerge.” Ethical judgment in critical, feminist care ethics is caught between an abstract standard of judgment and the acknowledgement of the need to judge in light of particular contexts. For example, I hold a

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43 Ibid., 118.
44 Ibid.
particular concept of what it is to care, but it is not necessarily the case that I can apply that standard of care to others in contexts not my own. Therefore, I am not necessarily able to judge others outside my own context because we lack a shared ethical background, which informs our different conceptions of care in the first place.

Hutchings notes that for Robinson ethical significance is found in the structures and institutions of the international system, and the relations of power between them. In terms of ethical judgment, care ethics goes beyond a prescription against, for example war, but also critically assesses the institutions that support the possibility of global violence and inequality in the first place. The question is not so much whether or not something is wrong, but what the root causes of any situation are. Yet Robinson does not provide an “explicit prescriptive agenda in relation to war” itself. Hutchings claims that Robinson’s overall prescriptive agenda is not clearly defined. The problem lies in the mismatch between the partiality of judgment and the universal scope for the significance of that judgment. This means that for care ethics, because its ability to judge is suspect and is juxtaposed with the aim to judge international relations of power, it seems as though any prescriptive agenda is inherently flawed. If judgment is suspect and cannot be universally applied, then any claims to being able to judge internationally are ‘non-starters,’ so to speak. They have no purchase to begin with.

Thus we are led to the second part of the critique: the tension between the drive to understand ethical judgment as situated on the one hand and the idealization of care as a standpoint on the other. The stated purpose of the critical ethic of care is not only to judge, but also to transform the current international realm into one where caring is protected and sustained. This universal drive sits uneasily next to Robinson’s “insistence of the importance of power relations, complexity and context.” This tension is in and of itself problematic, and is something that Robinson strove to avoid as evidenced by her critique of standpoint theory. But while Robinson shows that the content of critical, feminist care ethics is very different, the methodology remains the same.

Standpoint theory and the critical ethic of care are both theories that work to explain the world as it is, and to transform it into a world where the wrongs experienced in the now become unthinkable. The very norms that permit the moral wrongs are ones that will be challenged and overturned. Yet, the problem remains that if all ethical judgment is situated, then applying the standards and practices of the ethic of care would depend upon the ethic of care having some sort

46 Ibid.
47 Ibid.
of authority. The point for Hutchings is that the ethical theories of one context do not necessarily have authority over moral questions in another context, and that instead we must understand ethics as embedded within politics and thus never free from power dynamics. If care ethics is never free of power dynamics, we can question the ability of care ethics to pass judgment on those very power relations in the first place.\textsuperscript{48} The conclusion remains that in order apply international feminist ethics one must reject any standpoint. How Hutchings accomplishes this, is what I turn to next.

Section 2.3 – Hutchings’ Ethical Method
Hutchings does not seek to develop an ethical theory based on a particular morally privileged foundation, such as an appeal to human dignity, women’s experiences, or care. Instead, she outlines an ethical method that eschews any foundational standpoint. Because Hutchings’ ethical method eschews a moral foundation, she cannot offer an ethical theory that has universal rules or even ethical guidelines. Rather, she offers three examples to showcase how her method operates by answering the questions about ethical judgment, significance, and prescription. The examples are about how perceptions of war and human rights have impacted our ethical evaluations of specific international moral contexts. To underwrite her method, she mobilizes the understanding that ethics and politics are never separable. Further, that every individual’s moral bedrock is shaped by his or her moral phenomenology (i.e. the experience of living in a specific moral community) and genealogy (the history of the moral rules they live by). In acknowledging this, Hutchings one interdiction is that feminist ethics should “always be sceptical of any kind of moral essentialism or claims to ethical necessity.”\textsuperscript{49} This ethical method is meant to make clear what our ethical assumptions are by questioning those things that are thought of as ‘necessary,’ such as the norm that designates women as ‘natural’ carers. Once we are able to see how norms are considered ‘necessary’ and that these ‘necessary’ understandings permeate the world, we can then challenge more aspects of life that have this embedded ethical significance. This is meant to be a sharp contrast to the method of critical, feminist care ethics (and standpoint theory) because once we give up any claims to a universal ethics we must then accept the vulnerability of our own ethical judgments considering that the judgment of others might be just as valid as our own. The ethics of care and traditional ethical theories, on the other hand, have morally troubling outcomes, because they do not view their own judgments as vulnerable. This acceptance of vulnerability, alongside Hutchings’ three guidelines to for prescriptive judgment, is meant to enable her ethical method to fulfil the promise of the transformative power of ethics.

\textsuperscript{48} Ibid., 121.
\textsuperscript{49} Ibid., 123.
The first example Hutchings uses concerns the ethics surrounding warfare, just war theory, and our ethical judgments about it. The point here is to demonstrate the ability of her ethical method to make ‘seen’ what was previously ‘unseen,’ specifically the implicit judgment that war, on some level, is necessary. Just war theory, she notes, typically focuses on war as an action of last resort. Yet for any feminist method of ethics, violence, even constrained violence, is problematic when the starting point for analysis is that violence may be necessary in some circumstances. If Hutchings is correct here, then it is problematic that some feminist ethics can be used to endorse just war theory, such as liberal feminist ethics. Further, as Robinson and Held have argued, critical, feminist care ethics must be able to deal with issues of violence if it is to reduce the possibly of violence in the first place, which I discussed in Chapters Two and Four. The point for Hutchings is that the feminist theories that endorse any use of force are not going to be properly transformative because they will only perpetuate the acceptability of violence, which is part of our moral experience of the world owing to the long history of violence being an acceptable method to solve international disputes. Hutchings claims her ethical method “calls into question the assumed boundaries between violence and non-violence, peace and war, security and insecurity.”50 Such an ethic does not operate on the bald opposition to the notion that political violence is ever necessary, but rather it questions “the kind of ethical life which generates the tragic dilemma of weighing up individual lives against each other or against collective interests or abstract norms.”51 Violence itself is not forbidden as a practice, but rather the assumption of necessary political violence as a norm is strenuously questioned and opposed. The attempt to justify violence is something that is possible to question, but any claim to ‘justified violence’ cannot be ruled out “in advance by an appeal to a necessary standpoint for judgment.”52 Hutchings uses the example about just war theory to demonstrate the ability of her method to assess contexts for previously unseen ethical problems in addition to underscoring her scepticism about the possibility of any ethical standpoint to reject problematic claims without first engaging with them.

The second example centres on female circumcision and its ethical significance. Hutchings states that the first question should be to determine “how [a practice] is ethically meaningful within the context of a particular form of ethical life.”53 Often, such practices are considered an ethical necessity within the community itself. However, once again Hutchings’ method would first establish that ethical necessities are not absolute necessities, but are instead tied up in socially constructed

50 Ibid., 124.
51 Ibid.
52 Ibid., 126.
53 Ibid.
understandings of culture, politics, economic practices, and institutions. Human rights advocates, she notes, often condemn the practice, and do so under the guidelines of the UDHR. They ignore, unfortunately, that the UDHR also invests ethical significance in the family and the community. As such, these rights are in tension with the right to be protected against torture, which many activists mobilize in an effort to stop female circumcision. This is the problem with any attempt to universalize moral standpoints: they often conflict when applied to contexts that did not produce them. Hutchings suggests that, instead of keeping the same set of rights and simply extending their sphere of applicability, it might become necessary to create new rights, which might in turn “revolutionize or even destroy the institutions to which the UDHR refers.”

Ethical significance in the case of female circumcision is not a right against torture, because rights themselves are not actually “ethical trump card[s],” that is they are not ethically necessary. Rights must be understood in relation to how they function in the broader social and political context. Failing to understand rights in context results in the problematic tension explored here. What Hutchings’ feminist ethical method can say about female circumcision, then, is that when the ethical significance of any practice has particular burdens that are almost exclusively borne by a particular group, specifically along gendered lines, that is where we can begin to question the norms that surround the practice. But in order to question, one must also understand, which enjoins the theorist and the activist to engage with the people by whom and on whom female circumcision is practiced. This means that the theorist must first understand their own moral context (a combination of moral phenomenology and genealogy) as well as try to understand the moral context of those who practice female circumcision. Once there is honesty about one’s own moral contexts, the conversation can progress to an ethical judgment made through dialogue, and then a possible solution can be achieved.

Hutchings’ final example is how the organized and systematic rape in the Bosnian War was categorized as a crime against humanity, and how the content of our ethical prescription matters. It is important that such a heinous action is condemned, but the reasons behind it were ultimately very problematic. The rapes in the Bosnian war were justified as crimes against humanity on two counts: 1) it was organized systematically (‘weaponized’), and 2) it was an attempt at ethnic genocide by enforced pregnancy. There are two strident responses to this within Hutchings’ feminist ethical method. The first is that weaponized rape only makes sense within a specific

54 Ibid.
55 Ibid., 127.
56 Ibid., 127-8.
57 Ibid., 128.
58 Ibid.
context of “patriarchal assumptions about the meaning of rape as an instrument for hurting and undermining, not the victims themselves as individuals, but their male relations and compatriots who comprise the ‘enemy.’” Rape as a weapon is constructed not as an action taken against the women *per se*, but rather against husbands, brothers, and fathers who would be demoralized when finding out their female relation or partner had been raped. The victims themselves are obscured by the focus on the reaction of her male relations and their reactions to the violence committed upon her body and mind. This first point also focuses on only female victims of rape. The male victims of rape are hidden from view, which renders their suffering as not worthy of being noted as a crime against humanity at all. Secondly, the view of systematic rape as attempted genocide also obscures women, viewing them primarily as “vessels for the propagation of the race.” This understanding continues to tie the value of women as people to their ability to produce children. The reasons, then, for categorizing the rapes in the Bosnian war as crimes against humanity only serve to reinforce the ways in which rape *can remain* a weapon. By engaging with the deplorable acts in the Bosnian war in the terms used by the perpetrators, the legal prescriptions only serve to reinforce a world where such acts remain a possibility. This case also demonstrates the danger of assuming that the theorists’ position is universalizable, because this “*globalises* [...] the privileged position of the theorist.” If there is to be a real transformation of the world we must be ever vigilant against the reproduction of our standpoints through our assumptions that our understanding of the world can count for that of others, even the assumption that care can be universally applied. Unreflexive or uncritical judgment is what will result in “reproducing old exclusions or introducing new ones.”

This returns us to what Hutchings claims to be the failure of critical, feminist care ethics: that ethics should, but so far has failed to be transformative. Although the critical ethics of care is constructed to be able to assess the world as it is and suggest possible new worlds, according to Hutchings it does so by too readily engaging a universalizing claim about care in order to judge whether or not certain relationships foster and sustain care. Instead, what is necessary is to move beyond the drive to judge the actions of others in light of abstract principles, and begin to assess and deconstruct the “background values, practices and institutions which give those actions meaning.” The first order within Hutchings ethical method must be to understand the possible assumptions behind the practice, rather than judging from a standpoint, either that of women or that of care.

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59 Ibid., 129.
60 Ibid.
61 Ibid.
63 Ibid., 27.
64 “Towards a Feminist International Ethics,” 129.
However, this rejection of a ‘bedrock’ for judgment, and a corresponding focus on how context colours all aspects of judgment, leads to the question of whether moral judgments are possible at all. Margaret Urban Walker notes that although we could judge within the system, we cannot judge outside the social system, and we have no authority to do so. Those who do not have the same moral bedrocks might not hold to ethics that are mutually intelligible. In order to cross that divide, one would have to change the entirety of someone’s socio-cultural life, which is impossible, morally wrong, or more likely both. If we cannot judge because we have no authority, there is no rational justification for any intervention in the lives of others. The moral actions we take, then, are ones that are geared toward ensuring that whatever changes we make to our ways of life do not negatively impact others.

Hutchings, however, rejects the impossibility of judgment. If ethics are to be transformative in fact, not just in vain hope, then judgments must occur. Feminist ethics must be primarily focused on the problems stemming from the norms that produce gendered relations of power, and the judgments involved should be aimed at challenging those norms. Yet, these judgments are not mean to be universal ones, because all judgment is built upon one’s own moral and political bedrock. Even feminist concerns are not apolitical. Rather than striving for universally applicable judgments, Hutchings accepts the vulnerability and contextual nature of judgments and suggests three guidelines for the theorist to follow when judging. First, the theorist must “recognise and acknowledge the moral imaginary that she takes for granted.” This is a restatement of the earlier understanding that the ethical theorist must be aware of their own moral bedrock from which they theorize. Second, she must “work on engagement with other moral imaginaries in modes other than those of protection, education or punishment.” Instead of assuming that the role of the theorist is to engage in only their native mode of thought, the theorist instead seeks to expand their understanding of the different moral imaginaries in the world before taking other action. Third and last, “to embrace the risk of judgment as one in which worlds are always wagered and in which wins and losses are crucial for everyone, including the moral theorist herself as well as those about whom she writes.” The ethical theorist accepts that when she judges, she does so in very real terms that can entail real consequences. To judge another’s world is to invite judgment about your own world, and that is a very risky proposition, intellectually and personally.

65 Walker, Moral Understandings: A Feminist Study in Ethics, 208.
66 Ibid., 209.
67 Ibid., 210.
69 Ibid.
70 Ibid.
Section 3 – Transformation and Judgment

The critique that Hutchings levels at the ethics of care suggests that critical, feminist care ethics is vulnerable to the problems created by the tension between the universal standpoint of care and the particularity of moral judgments. Further, because care ethics engages too closely with harmful norms and practices (gendered power relations being one example), it might only reinforce the status quo, making it unable to support the kind of transformation that Hutchings deems preferable for feminist ethics. Yet, I question the notion that there is only one acceptable mode of transformation, and we can think of the transformation that Hutchings offers as being more radical while the transformation of care ethics is more reformist. I argue, contrary to Hutchings, that there is nothing wrong with wanting to reform international politics, to fix it step-by-step rather than seek radical transformation. Further, I argue the tension that Hutchings draws out is one that care ethics must pay close attention to if it is to be transformative, and that it is a tension that is compatible with the possibility of moral judgment based on the practices of care in the first place. Because of Hutchings’ critique, the ethics of care can be further refined and improved, much as the theory developed to answer the critiques of ‘orthodox’ care ethics as discussed in Chapter One.

Section 3.1 - Transformation

Considering that my goal in this thesis is to demonstrate the practicability of critical, feminist care ethics as a tool of critical analysis for global moral and political contexts, as well as a guide for public policy, it remains my conviction that care ethics is an ethical theory that can give us practical guidance to engage with the world as it is today. I am dubious of the viability of an ethical method that, once it identifies bad moral practices and norms, attempts to transcend them in favour of the creation of new practices on the assumption that this is the best way to defy patterns of oppression. Even if I were to concede that Hutchings outlines a better method, I need not concede that her kind of transformation is the only kind of transformation possible. The transformative potential of care ethics is reformist in nature. It is not a platform for a ‘care revolution’ in a radical sense, “but only a slow, plodding journey where tiny victories are achieved each time a moment is spent listening attentively and patiently to the needs of another, where that moment spent can be recognized as deeply moral and of great personal and societal value without coming at great immediate or long-term cost, either to individuals or to society as a whole.”\(^{71}\) The critical ethics of care offers a more modest, and perhaps more fraught kind of transformation, but it is the kind of transformation we

can start enacting right now in our lives as we live them by using the standpoint of care to assess ourselves, those around us, and the state of the world today. We can change the world, and although it will come in small steps, in a long process, it is not beyond us.

Hutchings has too readily dismissed what it is to engage with harmful norms and practices. She claims that the best way to defy the oppression that these norms and practices foster is to ensure that we do not perpetuate them.\(^2\) She uses the example of the mass rapes in the Bosnian war to illustrate how engagement can be problematic for transformation. In spite of the legislation passed to categorise ‘weaponised rape’ as a crime against humanity, the legislation itself obscures the gendered relations of power inherent in rape. Further, because it defines forcible impregnation as genocidal, this reinforces and tacitly accepts the idea that “the rapist determines the nationality, ethnicity, race or religion of the child and confirms both the potential effectiveness of rape as a weapon and the justifiability of the shame experienced by and attributed to the victims.”\(^3\) In an attempt to engage with the horrors of the Bosnian war, the United Nations issued legislation that was not critical enough of the underlying assumptions that made mass rapes possible in the first place. But although this is a telling point against human rights discourses, it is the same problem that the care critique holds against human rights. As I argued in Chapter Three, human rights do not always ‘see’ the root causes of complicated moral and political contexts. The care critique of human rights specifically targets the fact that human rights cannot always ‘see’ the underlying normative assumptions that produce the problem in the first place, such as the idea that issues of social reproduction are not proper political concerns, which has fostered the crisis of care we currently face as well as the plight of the transnational migrant care worker.

The ethics of care is a critical tool that is meant to engage with, understand, unpack, and access the root causes of why these atrocities happen in the first place. Engagement with current practices is necessary, and it allows us to engage with and alter current practices by bringing them more in line with the critical, feminist ethics of care. This is vastly important, as changing practices also changes those who are impacted by those practices.\(^4\) Without engagement, we cannot understand. Without understanding, we cannot alter what is into something else, that is, we cannot transform the moral and political landscape. As Zhou points out, when we document, map, and trace how our dense interdependent relations are shaped by policy, norms, and other institutional patterns of power, this “provides an empirical basis for developing social justice theories, and their related policies, wherein the pursuit of equity includes issues that go far beyond the classic welfare

\(^2\) Hutchings, "Towards a Feminist International Ethics," 129.
\(^3\) Ibid., 130.
\(^4\) Conradi, 118-9.
state model...” but expands to include “... the social division of labour and structures of decision-making power.” The ethics of care seeks to transform the world, but not through a sceptical ethical method. Rather, it works through existing relationships and patterns of power to question those patterns of power. As argued in Chapter Two, the transformative potential of critical, feminist care ethics lies in its ability to enable and stimulate a different kind of action that can serve to counteract morally problematic practices. Action is not just individual action but takes place between persons “in the way individuals simultaneously relate to one another in common (and collective) interaction, within and with regard to institutions.” The location and method of transformation that care ethics offers is relational, opposing oppressive relations of power through a demonstration of how we can act better as individuals, and also how institutions can enable rather than hinder our caring relations. No less than Hutchings’ method does the ethics of care strive to make ‘seen’ what was previously rendered invisible by the current state of international politics: the relations of power between nations, gender and racial norms, and economic and political forces that render certain people vulnerable to oppression, marginalization, and exploitation. These relations are then reformed, reshaped and altered so that they promote worlds in which people can better fulfil their caring responsibilities.

Section 3.2 - Judgment

However, Hutchings’ main claim is that the critical ethic of care is caught between the universalizing standpoint of care and the acknowledgement that cross-contextual judgment is inherently problematic. The soundness of our moral judgments, even based on the standpoint of care, is problematic when we always make judgments embedded within particular contexts. The claim is that, as such, we cannot properly judge the context of others. However, this tension is not impossible to overcome. Seyla Benhabib argues that it is possible to make judgments in the particular from a universal abstraction. Benhabib focuses on a similar tension in the work of Hannah Arendt in making this claim, and I adopt her method in order to reconcile this tension in the critical, feminist ethics of care. Given Hutchings’ emphasis on method rather than foundational moral content, it is fitting that I adopt the same strategy in defence of her charge against the ethics of care. Although both Arendt and Benhabib use the language of duties and maxims, Benhabib’s aim is the same as my own: to demonstrate how we can have moral judgments about particular contexts while operating from a universalist position. Unlike Benhabib, I focus on care. Interestingly, she claims

75 Neysmith and Zhou, 154.
76 Conradi, 119-20.
77 Ibid., 125.
78 Hutchings, “Towards a Feminist International Ethics,” 120.
that although Arendt’s attempt to combine Aristotle’s concern with particulars with a universalist Kantian standpoint was confusing, it nevertheless contained a deeply important insight. The insight was that “by weakening the opposition between contextual judgment and a universalist morality,” this can “help us see through some false fronts in contemporary moral and political theory.”\(^79\) For example, one of the false fronts that critical, feminist care ethics allows us to see through is the division between the private and the public spheres of life, as discussed in Chapter One. The methodological result is that moral and political judgment become part of a political ethic, where we must incorporate honesty about how our own particular contexts influence our judgments based on the universal standpoint of care. In being honest about our own moral contexts, we are able to engage in a transformative project with others—who also have their own particular contexts—because we can both begin from the shared standpoint that care is necessary to the continuance of human life. Because every human society involves some form of care, whether it is emotional, physical, or institutional, we can start from this fact and use it as a flexible tool to change the world.

Benhabib argues that moral judgment is a pervasive and unavoidable part of human life; she writes: “Moral judgment is what we ‘always already’ exercise in virtue of being immersed in a network of human relationships that constitute our life together.”\(^80\) If we withdraw from moral judgment, however, we cease to interact with the rest of the human community.\(^81\) If we accept that moral judgment is an integral part of human life, then the critical, feminist ethics of care must be able to engage in judgment. Refusing to judge, even across contexts, would then be to remove ourselves from the patterns of relations that connect our world together. There are few who are so isolated as to be completely untouched by the web of global relations that are sustained through political, economic, and cultural exchange. We must be able to have the tools of moral judgment if we are to engage with the rest of the world.

There are three ways in which moral judgment can be understood as a form of moral interaction with others. These are, in general terms, the assessment of one’s responsibilities, one’s actions regarding the carrying out of responsibilities, and the ethical ‘bedrock’ as expressed or revealed through one’s actions.\(^82\) With regard to one’s responsibilities, there is a tension between how we understand them in the abstract, based on the standpoint of care, and what the practices of care would demand of us in any particular situation. Our caring responsibilities for others are often extended toward friends and family, and how we assess our responsibilities depends on the contextual situation of those relations. In other words, “The exercise of moral judgment that is

\(^79\) Benhabib, Situating the Self: Gender, Community and Postmodernism in Contemporary Ethics, 124.
\(^80\) Ibid., 125. Emphasis in the original.
\(^81\) Ibid., 126.
\(^82\) Ibid., 127.
concerned with the epistemic identification of human situations and circumstances as morally
relevant does not proceed according to the model of the subsumption of a particular under a
universal.” For example, I might have a responsibility to my friend, but the circumstances that
surround our relationship can alter the content of that responsibility, such as distance. Similarly,
governments have responsibilities toward those who fall under their power (understanding that
governments can act on non-citizens as well as citizens), and the content of those responsibilities
can change as the relationship itself changes. Consider that when children grow into adults the
government then has different responsibilities for that person generated by their changed status.
That we have caring responsibilities is not in dispute, but the question is how we judge what the
content of those responsibilities should be in light of shifting contextual factors. Judgment is
possible because the practices of care, particularly attentiveness, can be used as a critical tool to
investigate what our responsibilities should be. In the case of my friend, I can perhaps rely on
intuition (though in cases where my intuition fails, I could use the lens of care to try to uncover what
my friend might need from me). In the case of governments, as I argued in Chapter Five, the ethics
of care and the caring practice of responsibility can be used to clarify the responsibility the
government has toward particular persons under its power, such as the responsibility the
government has to develop a policy that will address, for example, the needs of the transnational
care worker. Establishing the responsibilities of individuals and institutions, and how that
responsibility is made manifest, is the first step toward being able to make moral and political
judgments.

Secondly, we must consider that how we act on our responsibilities is another source of
moral interaction. Benhabib claims that: “The identity of a moral action is not one that can be
construed in light of a general rule governing particular instances but entails the exercise of moral
imagination which activates our capacity for thinking of possible narratives and act descriptions in
light of which our actions can be understood by others.” For example, although the practices of
care demand that caring polices are responsive to their target groups, the different requirements of
each person in the target group of any policy might require slightly different responses from us (i.e.
actions) based on their context. Judgment is not as simple as ‘responsive or not’, as though it were a
tick-box on a form. Rather, judgment would depend on how well the policy responded to the
nuanced needs of the target group bounded by the contexts of that policy, especially the various
kinds of resources that were available to enact the policy in the first place. Perhaps the policy could
only be minimally responsive because of a lack of money or personnel, or perhaps there was enough

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83 Ibid., 128. Emphasis in the original.
84 Ibid., 128-9. Emphasis in the original.
money and people to implement the policy but it was not deemed worth the investment of such resources. Our judgment in this case rests on a sliding scale, changing as we track the conditions in which any policy is enacted. In the first instance we might make the moral judgment that the government doing something imperfectly was better than not doing it all, but that in the second instance there was a degree of failure in the government’s responsiveness to the target group because it could have enacted a more responsive policy.

Third, and last, we must assess what our ethical foundations are as they are revealed through our actions. As Benhabib notes: “The assessment of the maxim of one’s intentions, as these embody moral principles, requires understanding the narrative history of the self who is the actor; this understanding discloses both self-knowledge and knowledge of one’s self as viewed by others.” Essentially, if I am to be honest about my ethical foundations, which is a necessary precondition for engagement in cross-contextual moral judgment, I must understand how my self is constructed through the webs of relations I inhabit, not just from inside my own mind, but in the minds of others as well. Unless I can see myself and understand that others might see something different, we cannot properly access our ethical ‘bedrock’ and thus cannot be honest about it. Consider, for example, an attempt to build peace between two previously hostile factions. Both sides see themselves as having valid, even heroic reasons for acting, and often cast the other as an unreasoning belligerent. Alternatively, they ascribe motives to the opposing faction that are only internally intelligible, making real, honest communication unlikely. Rather, we must combine the internal and external views of ourselves if we are to assess the way in which the universal standpoint of care is expressed through our particular contexts.

This results, then, in the creation of a robust political ethic that is able to mediate between a universal moral standpoint of care and the varied, particular contexts in which care is expressed, enabled, or hindered. Further, Benhabib claims that the political ethic can go a step further and involve the cultivation and encourage a particular public ethos. For Arendt, that would be an ethos of democratic participation. When based on the standpoint of care, it is instead a public ethos of care that would be cultivated and encouraged. This ethos would focus on bringing care firmly into the public sphere, because the practices of care are necessary to all life. As argued in Chapter Three, without the acknowledgement of the importance of care in our lives, we can obscure important moral concerns about social reproduction and continue to devalue care, care givers, and care recipients.

85 Ibid., 129. Emphasis in the original.
86 Ibid., 139-40.
It is through this particular method of resolving the universal and the particular that we come to understand that “articulation of differences through civic and political associations is essential for us to comprehend and to come to appreciate the perspective of others.” Rather than close off the possibility of moral judgment between contexts, we must be open to it, because only through this moral and political engagement are we able to overcome the notion that our differences are a source of inexorable division. Overcoming this notion will also challenge institutions, norms, and other practices that use our differences as a source of oppression, exclusion, and violence. We must be open to the perspectives of others, because in so doing we are able to cultivate our moral imaginations, allowing for our self-centred perceptions of ourselves to be “constantly challenged by the multiplicity and diversity of perspectives that constitute public life.” Our self-perceptions, and thus our ethical foundations, can be profoundly challenged on the international level. This kind of challenge demands the honesty of the self and our ethical ‘bedrock,’ which in turn means that although we accept that our judgments are most intelligible from within the perspective of our own contexts, this does not preclude the ability to extend that judgment outwards.

The ethics of care, therefore, owes a debt to Hutchings, for without her critique of the methodology of care ethics and the challenge to its capacity for prescriptive judgment and its transformative aims, it may have run the risk of remaining unresponsive to an internal tension. Like the response to the critiques of the early, ‘orthodox’ ethics of care as discussed in Chapter One, which pushed care philosophers towards a political ethic of care, this response to Hutchings does not demonstrate that care is immune to critique, but rather demonstrates the ability of critical, feminist care ethics to adapt to important critiques without losing its core commitments. It is through critiques that the ethics of care has grown, developed, and become a robust moral and political theory. The ethics of care remains committed to a relational understanding of persons, to demonstrating how the lens of care can be used to analyse the ways in which norms, institutions, and patterns of power shape those relations, and to identify the root causes of global moral contexts. Additionally, care ethics is committed to furthering practical outcomes, and argues that the practices of care can be used to guide not only personal but institutional action as well, specifically through public policy. Although we must accept the situated nature of moral judgment, this does not preclude the possibility of judgment at all, because the standpoint of care provides us with a touchstone for cross-contextual dialogue as we negotiate our self-perceptions in light of a wide

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87 Ibid., 140.
88 Ibid., 141.
diversity of perspectives. The possibility for transformation, then, lies in our willingness to continue to engage that very dialogue and act upon our judgments.
Conclusion

The main concern of this thesis is to assert that while human rights discourses have done much to ground the efforts that institutions and individuals have made to reduce the prevalence of global poverty and increase the security, education, and economic wellbeing of women and girls around the world, these issues are nevertheless ongoing. Further, human rights discourses have not been able to curtail the rising levels of inequality within and between nations, and neither are they well suited to addressing the context of the transnational care market, the migrant care workers who are in that market, and the dark logic of human trafficking that often runs alongside the ‘legitimate’ migrant care market. The primary argument of this thesis is that the ethics of care is a powerful tool that can be used to address these contexts by offering new insights, redefining problems, expanding the scope of moral and political concern, while also being able to provide cross-contextual judgments, new motivation for action, and spurring the transformation of our global moral political landscape.

However, in order to understand how we can justify using care ethics on a global scale, it has been necessary to explore the conceptual history of the ethics of care, demonstrating how critique has been important to the development of care ethics since its inception in the early 1980s. The ethics of care began in the work of Gilligan, Noddings, and Ruddick, all of whom express profound dissatisfaction with mainstream ethical theories, because such theories hold a (perhaps unconscious) male bias; thus care theorists reject the primacy of mainstream theories such as Kantian ethics or utilitarianism. The ethics of care, Gilligan claims, more accurately represents how women and girls reason morally, because they view the moral self in a multi-directional web of relations rather than a vertical hierarchy of rights holders and duty bearers. Predicated on this conception of self as embedded within relations with others, moral questions are less about to whom one owes duties, but rather about how one best balances the competing responsibilities one has in virtue of the inexorable fact of our embeddedness in relations. Noddings’ and Ruddick’s work on care ethics builds on Gilligan’s work, expanding beyond her work on psychological moral development in order to produce a philosophical account of the ethics of care as a fully-fledged moral theory. While Ruddick argues that care could be understood through the practice of mothering, her main focus is how women’s experiences, especially those of care giving, were absent from traditional moral philosophy, and the claim that such experiences could provide a basis for different answers to moral problems. Noddings argues that it is not only women who have been ignored in moral philosophy, but the entire private sphere. This is problematic because the private sphere is where care giving
and receiving takes place, and historically the only one women could occupy because they were barred from public, political participation. Noddings also draws out the importance of emotional attachment in our ethical reasoning, arguing that feeling is an essential part of caring, though not the only part. Importantly, Noddings also acknowledges the possibility that care can be paternalistic, manipulative, or exploitative, and as such she highlights an important distinction for the early, ‘orthodox’ ethics of care: although we assess relations from the perspective of care, the goal is not to say ‘all care is good’, but rather to find ways to morally evaluate relations of care.

However, the early ethics of care faced sharp criticism from different sources. Mainstream ethical philosophers questioned the ability of care ethics to be a public ethic, that is, to have scope outside of the private sphere because of its focus on interpersonal relationships. While certainly there needed to be an investigation into the moral choices one makes in and amongst one’s relations, it was not clear how the ethics of care could ever be used as an ethic for public life. If the ethics of care could not be applied to public life, then it would also be unable to answer moral questions of justice. Between these two critiques, it seemed as though the ethics of care would remain a private, parochial ethic. On the other hand, feminist philosophers expressed deep concern and critiqued the ethics of care because they claimed it served to reinforce gender roles, linking women and care work, rather than challenging them, based on the claim that women’s experiences as carers gave them unique insight into the moral contexts around care work.

As biting as these critiques were, I have argued they were nevertheless a vital part of the growth of care ethics from its origins into a robust political ethic with a deep commitment to critical, feminist analysis. The work of Tronto, Held, and Kittay demonstrates a shift away from the focus on the individual in relationship and the moral choices one faces there, to a question about how institutions such as governments, businesses, and social norms shape the relations we inhabit. The ethics of care became a critical theory, a lens on the political that asked questions guided by the practices of care. For Tronto the practices of care are attentiveness, responsibility, competence, and responsiveness. When we ask questions such as “why do women the bulk of the care work at home?” and “why is the provision of care not considered a public good?” we begin to see how care work, carers, and care receivers have often been pushed to the political margins, sidelined and unable to give political voice to their interests. The ethics of care is more than a private morality; it is a morality that challenges the public/private divide, and highlights how questions of justice and care cannot be neatly separated from one another. While the public sphere, on the grounds of justice, has already infiltrated the private sphere, particularly in family law, the reverse has not often been the case; care provision has remained an issue often sidestepped in politics, particularly in nations like the United States. Additionally, the increased prevalence of austerity measures since
the 2008 Global Financial Crisis has shrunk the care provisions in formerly more expansive nations, which has primarily impacted “women, children, minorities, migrants, and the poor,” i.e. those who are most often vulnerable to oppression, marginalization, and exploitation. Lastly, and most strongly, care theorists argue that the ethics of care does not necessarily reproduce gender norms, but can instead critically investigate such norms as one of the root causes of women’s continued marginalization and oppression. Because the ethics of care has become a political ethic, it is possible to see how policies such as family leave or welfare can potentially serve to reinforce gender norms. Rather than reinforcing the idea that women are ‘naturally’ carers, the critical ethics of care argues that social, political, and economic patterns of power serve to ‘code’ women as carers to others. The responses to the critiques considered here demonstrate the ability of care ethics and care theorists to go beyond the early formulation of care ethics, improving the theory to better articulate the world around us and provide different answers to moral and political questions.

Although care ethics is a political ethic, my goal has been to address global moral and political contexts, and to do so I explored the work of Fiona Robinson, who was among the first to turn the critical, feminist lens of care ethics to the field of international relations. The justification Robinson supplies, and I support, is that if we accept that the international sphere is composed of sets of relationships—both institutional and individual—and that the ethics of care is a prime method to assess relationships in general, then the ethics of care is an excellent tool to use to assess these international relationships. I have argued that a critical ethics of care is a viable tool to address specific issues of moral concern within the global context in addition to a human rights analysis. The central claim is that a care ethics analysis, guided by the practices of care, offers deeper insight into the root causes of moral contexts such as difference and exclusion, skewed gender relations, and violence and human insecurity. Further, it uncovers the ways in which norms about gender, race, and class are embedded in institutions, which in turn can shape the concrete relationships that are shared by people in their everyday lives. Subsequently, the information revealed by the lens of care allows us to imagine and enact different kinds of solutions to the problems we face today, problems such as an increase in transnational migration and the exploitation of caring labour, the continued difficulties that women and girls face in obtaining an education, housing or even basic security, and the patterns of exclusion that allow for the continuance of severe poverty. In my analysis I drew on the work of Weir, Hochschild, Wilcox, and Jaggar to underscore the theoretical aspect of a global care ethics with practical examples of women’s continued oppression and marginalization, in particular focusing on the case of the

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transnational migrant care worker. I sought to show how the lens of care is able to bring to the fore moral contexts that were often over looked by mainstream human rights discourses.

Additionally, because care ethics offers this deeper analysis and demands critical, reflective engagement with the moral contexts it investigates, it also can be used to identify possible sites of transformation. These sites are places where our understanding, and then possibly our actions, can be altered to ensure that our subsequent actions enable, rather than hinder, the practices of care that are necessary for human life to continue and flourish. Transformation in this instance must also be understood as a relational practice, one that happens between and with others and with regard to institutions. The transformative potential of care ethics lies in its different perspective and in the practices of care that are meant to guide our actions as we develop and implement solutions, such as through transforming the policy process to bring considerations of care into focus. Robinson’s practices of care (attentiveness, responsibility, and responsiveness) remind us that although we might have the best of intentions, it is entirely possible for ‘care’ to be paternalistic or pernicious, such as enacting policy measures that unnecessarily curtail or dictate the activities of a portion of the population ‘for their own good.’ The practices of care, if followed correctly, are meant to help guide our actions without falling into providing bad forms of care. A global ethic of care does not mandate that we should care about all others. Instead, it approaches global moral contexts from the view that care is vital to continued human survival, and the ways in which institutions and individuals devalue care contribute to human suffering. Care ethics offers a different way to understand issues of inequality and injustice that goes beyond an identification of a problem in order to ask: what caused the problem in the first place and how might the causes of such problems be addressed?

The fact that the critical, feminist ethics of care rejects the adequacy of mainstream moral and political philosophies does not mean that I argue for the wholesale rejection of human rights discourse. I provided a brief overview of the nature and the usefulness of human rights to address international moral and political contexts through the work of Griffin, Beitz, and Pogge. Through their work I argue that in spite of the differences in human rights discourse, human rights can be thought of in general as a set of standards that function as enforceable claims. What this means is that human rights function as a minimum moral and political standard for what it means to live an autonomous life, and that these standards sometimes generate far-reaching claims of duty upon institutions and individuals. The benefits of using human rights are not to be easily set aside, and I agree that human rights have important advantages. First, human rights are strong claims of justice, such that the standards of human rights are not ones that require others to perform acts of extraordinary kindness, but rather justice demands that we ensure people do not fall below a particular standard. Secondly, human rights often mark out areas of international concern, and are
often taken up by disadvantaged groups around the world to lend legitimacy to their concerns. Third, and last, human rights can offer clear and well-defined policy guidance.

My argument has not been to reject the importance or usefulness of human rights, but rather to question the capacity of human rights to address the complexity of moral and political contexts in the international sphere. I have argued that in spite of the advantages of human rights discourses, it is not the only ethical tool available when assessing and attempting to address complex global moral concerns. In this thesis I have critiqued human rights from the perspective of care in order to show that human rights can overlook the very contexts that the lens of care brings into focus. I have sought to demonstrate, firstly, that human rights discourses often cannot address the structural harms of modern globalization because they cannot ‘see’ the root causes of the moral contexts in the first place. Proclaiming that certain persons have rights does not necessarily tell us why some people are unable to access those rights in the first place, because the reasons for a lack of access may be due the underlying structure of the current global order. Further, human rights can carry with them a cultural and gender bias, and although it would be wrong to claim that other cultures cannot negotiate their own relationship to human rights discourses, it is true that women and other historically disadvantaged persons often need to be treated as recipients of ‘special’ rights, particularly in the case of reproductive rights for women. However because having ‘special’ rights can undercut the intended universal nature of human rights, we can begin to understand how oppression and marginalization can occur even if someone’s human rights have been met. Lastly, human rights also struggle to incorporate the concerns of social reproduction, i.e. care work, because rights discourses do not often ‘see’ care work as an area where rights are an issue. Because human rights discourses most often focus on the individual taken singly, this obscures the fact that we are embedded within webs of relations. Some crucial human relationships are structured in such a way that women shoulder the majority of the care work. As such care work, care givers, and those who receive care are often rendered less important and devalued on a human rights account. When the primary goal is to answer questions of justice—construed in terms of rights and duties—questions about who cares and why are often pushed to the side, even though the current ways in which care is allocated is certainly unfair and unjust. The point, then, was to show that while human rights are important, they are not the only way to approach moral and political problems; there are some areas where human rights are not well suited to provide possible solutions. Instead, we can and should turn to the critical, feminist ethics of care to be our moral and political guide, in some situations in particular, and more broadly as a way to expand the scope of our thought and generate even more ways to address global moral contexts of injustice.
This thesis has worked to highlight the unique and powerful perspective of the critical, feminist ethics of care when it comes to global moral and political contexts. For the ethics of care, our situated contexts matter, and we can come to understand how those very contexts and the relations we hold are shaped by international patterns of political, economic, and social power. In line with Robinson, I have argued that the institutional relations at the international level are ripe for a care analysis. By using the practices of care to guide our thought about such institutions, we are able to see moral and political contexts in a different light and bring to the fore: the experiences of those who have faced exclusion predicated on being ‘different;’ the impact gender and race have upon one’s lived moral and political life; and how violence can be perpetuated through our normative and institutional commitments. This is not to deny the practical usefulness and the importance of human rights as a political ethic, but rather to encourage an expansion of our theoretical toolkit.

However, one might be tempted to combine care ethics and human rights to create a single, powerful political ethic. Daniel Engster made one such attempt. He claims that in spite of the analysis that a critical care ethic can provide, it lacks the ability to provide cogent action guidance, particularly for makers of public policy. It is the very flexibility of critical, feminist care ethics that, while useful for providing analysis, renders it problematic when one tries to take specific action or make public policy. He also argues that building a theory of human rights based on care would have two general benefits. First, they would ensure that concerns about care itself become central to our concept of what human rights are meant to protect. Second, care as a foundation for human rights would avoid having to make cross-culturally controversial esoteric appeals to autonomy, personhood, or basic human dignity. If care is a human universal, as care theorists claim, then it seems obvious that grounding a set of human rights on care theory would generate the care claims we want to make, but in the powerful language of rights.

While I have expressed sympathy with Engster’s aims, and find some of his policy suggestions laudable, I have argued that his conception of care theory is deeply problematic. First, Engster relies on an uncritical acceptance of our relations of dependence in order to ground a theory of rational obligation that forms the basis for the ‘caring’ human rights claims of distant strangers. Yet, as I have argued, relying on an uncritical acceptance of our relations of dependence serves to perpetuate the very moral contexts that care ethics is meant to address: contexts of exclusion and difference. The second problem is that Engster presents his ‘caring’ human rights as only minimally feminist in order to underwrite the practical aim of increased uptake and broad acceptance across cultures. This is problematic, I argue, because by not supporting women’s full and equal political participation, his care theory could allow for the continued of the exclusion of women from political
life, which has long been a part of women’s oppression, marginalization, and greater vulnerability. Engster assumes that simply bringing care into public discussion would be enough without women—history’s traditional carers—being a part of that discussion. Therefore, I maintain that we should not utilize a combination of care ethics and human rights that requires that we alter care ethics so that it lacks the very components that make it such a powerful tool in the first place.

My rejection of Engster, however, meant that I was left with the challenge of whether the critical, feminist ethics of care could be used to guide action, specifically in the formation of public policy. My argument for using care ethics as a guide for policy is a culmination of my larger argument that human rights alone are not enough to address the deep moral problems present in the world today. Human rights, for the past fifty years, have been increasingly incorporated into the business of real world politics, and in particular the processes of public policy. While human rights have specific benefits, they also tend to overlook the deep, structural factors that allow suffering, oppression, and violence to continue. The major focus of human rights since 1948 has been the fundamental equality of all persons, often construed as ‘sameness’, which cannot encompass the ways in which difference matters to our lives as we live them. This means that those who are ‘different’ from the hegemonic model (the historically privileged group), have often had to be considered a ‘special group’ with special kinds of rights. Any public policy that speaks about care, gender, and race, and which does so in an authoritative way, codifies the ways in which we think about care, or sexual and racial difference. When women are constructed as a ‘special group’, in need of special protections to ensure they can continue to care, or if they are assumed to be the primary carer, or the one who initiates the consumption of care, this only serves to reinforce morally problematic gender norms within a socio-political community. Public policy informed only by a human rights discourse is not enough to combat the ways in which those who are different (women, racialized persons, differently abled persons, gender-queer persons, and those of lower socio-economic status) are often marginalized and excluded even if all of their human rights have been met.

In this thesis, I have sought to show that the critical, feminist ethics of care can be a substantive guide for the policy process. I used the policy stages theory as a guide to demonstrate that the ethics of care can be used at every point in the policy process to offer a fresh perspective on social problems and public goods, generate different sets of solutions, reimagine the role of institutions in our lives, guide policy implementation, and suggest a different measure of policy success. I used case studies offered by Hankivsky, Sevenhuijsen, Williams, and Zhou in order to underwrite my claims about care ethics having practical applications. Their case studies demonstrate that while care ethics is certainly a robust critical theory in terms of assessing the
quality of public policy, policies nevertheless could be improved by relying on the practices of care as a means of action guidance for policy makers. The ethics of care could transform the policy process itself, requiring policy makers to be more attentive to the needs of those they are meant to represent, encouraging us to rethink the kinds of responsibilities institutions have toward people and the webs of relations they inhabit. Care ethics also demands a more responsive kind of public administration of policy, and can provide a different metric for policy evaluation. The practical application of the ethics of care is possible and can be put into action right now.

Lastly, I investigated whether or not the critical, feminist ethics of care was vulnerable to the criticism directed at human rights discourses, namely, that such discourses often overlook and are not sensitive to people’s lived ethical and political experiences. Hutchings offers a strong critique of the ethics of care along these lines, claiming that the theory does not provide the right tools for cross-contextual prescriptive judgment or the actual transformation of our international moral and political landscape. As Hutchings points out, the ethics of care uses a method that appears to be similar to feminist standpoint theory, and as such is vulnerable to the same criticisms. Her criticism is that care ethics valorises the standpoint of care, which means that when we use care ethics to guide our moral reasoning, we are actually privileging our own conception of care and are unable to engage with others who do not share our cultural framework. Thus, we cannot produce intelligible judgments across cultural divides. In other words, care ethics is another falsely universalizing project. Further, the transformative potential of care ethics is suspect because it too closely engages with the current problematic norms and practices that engender harmful situations in the first place. Care ethics could possibly result in lending further legitimacy to those norms and practices. Subsequently, Hutchings develops her own feminist ethical method to demonstrate that it is not necessary to have a theory as such, but rather to insist that ethical reasoning is in and of itself a practice, that is, the method by which we carry out ethical judgment matters. Judgment, for Hutchings, is then based on an ethical method that eschews a universal standpoint and instead asks particular questions designed to show how such harmful norms and practices impact real persons. By understanding the norms and practices that underwrite the situations that we have judged to be morally suspect, we are then meant to be able to transform the global moral and political landscape. Our judgments will not be focused, exclusively, on how to correct or compensate for certain harms, but rather spur a transformation of the norms and practices involved that generated the harm in the first place. The transformative goal for Hutchings is that we radically reimagine the norms and practices that generated harmful outcomes such that they will no longer be able to produce those harmful outcomes at all.
While I concede that care ethics and feminist standpoint theory share certain methodological similarities, I have rejected Hutchings’ claim that the critical, feminist ethics of care lacks the capacity for moral judgment or to spur socio-political transformation. Care ethics has its foundations in the dialogue between the normative and the empirical, and as such it must take into account the interaction of context and value. I claim the ethics of care owes a debt to Hutchings for the elaboration of a previously unexplored tension at the heart of care ethics. However, the ethics of care is a flexible tool and is able to respond to her critique. By taking Hutchings critique seriously, care ethics can maintain the understanding that people make situated judgments, while still holding to the useful and powerful standpoint of care as a moral foundation. I drew on the well-known work and insight of Benhabib to support my argument that a negotiation between a universal standpoint and specific moral contexts is possible. Because care ethics expands the domains of moral consideration from the private to the global level, the tasks of the moral philosopher are then: to investigate and explain other moral communities; to begin a dialogue about problems and possible solutions; to provide well-reasoned justifications; and to draw out possible inconsistencies and outcomes of acting on certain moral commitments. The point is that through an honest interaction with the values and contexts of others, and accepting that our own values and norms are subject to similar types of challenges that we pose to others, we are able to negotiate different contexts while maintaining the universal standpoint of care. The awkwardness that Hutchings identifies within care ethics—that it is situated between the universal standpoint of care on the one hand, and the acknowledgement of the partiality of judgment on the other—sits uneasily only when we fail to be honest about our own contexts and perspectives. Judgment for the ethics of care is not a simple yes/no proposition, but a constant dialogue with others, negotiating judgment in a back-and-forth effort to reach greater understanding in order to aim for a cooperative transformation of our shared world.

Further, I reject Hutchings claim that the kind of transformation that she suggests, that of rendering certain harms unthinkable, is the only or best kind of transformation possible. The kind of transformation that the critical, feminist ethics of care offers is a slow process, but one that is nevertheless worth working towards. It is one that will require concerted effort, but an effort that could serve to improve the lives of billions of people. It is a transformation that reorders our priorities, predicated on the understanding that we are inexorably connected to each other through international relations of power that have become part of our daily lives. Further, only once we acknowledge that these relations of power shape our lives can we challenge the embedded norms and assumptions within them and then reshape them to enable better caring relations instead of allowing them to perpetuate harmful ones. The ethics of care demands change, but does so through
the practices of care and prioritizes contextual sensitivity, with the standpoint of care as the starting point for moral and political dialogue with others. The ethics of care requires us to accept the vulnerability of our judgment, understanding that only once we are honest about our own contextual biases can we make progress.

The ethics of care is a feminist ethical and political theory that can be used today, can be applied to the world as it is in order to begin a process that could one day change the world, where care is finally understood as a necessary condition for human life and given subsequent respect as such. Without care, none of us would survive. Without good care, none of us would be able to thrive. By expanding the critical, feminist ethics of care to have global scope, we begin the process of creating a different kind of world: a world where women and girls in particular would face fewer structural barriers to their health, happiness, and security; a world where there is less inequality; a world where there is less division, exclusion, and violence. We begin to create a more caring world.
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