

THE UNIVERSITY OF CHICAGO

# **The Global Care Chain:**

An Ethics of Care Approach to Transnational Gender  
Justice in Migrant Domestic Care Work

By

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## **ABSTRACT**

In recent decades, there has been a growing phenomenon of women migrating from the Global South to work as live-in caregivers for households in the Global North. This creates a tension between local and transnational pursuits of gender justice - while care worker migration “liberates” women in the Global North from care burdens by giving them the freedom to choose between work and care, it also perpetuates gender injustice transnationally. The thesis is framed in two parts. Firstly, it argues that the dominant egalitarian paradigm is insufficient in characterizing the issues of injustice that arise from the industry of migrant domestic care work. Secondly, it forwards a positive argument for an ethics of care approach that is grounded in an empirical view of the self as relational, vulnerable, and embodied. By foregrounding care relations as a central aspect of justice, an ethics of care provides a simultaneously critical and complementary approach to egalitarianism, by painting a more complete picture of how the industry for migrant domestic care work perpetuates systemic inadequacies in care, and by being better able to motivate solidarity and action for transnational gender justice.

## **INTRODUCTION**

Care is an essential part of our lives. At various points in our lives, we will need to be cared for, and we will need to provide care for others. Care work is also deeply feminized - historically, care work is viewed as part of the private domain of the household; unwaged work for which women bear primary responsibility. In recent decades, care burdens have been increasing around the world with aging populations, the retreat of the welfare state, and the increasing number of double-earner households. In response, there has been a growing phenomenon of transnationalization and commodification of care. Countries in the Global North have implemented guestworker programs that allow households to hire migrant domestic care workers, overwhelmingly women from the Global South, to shoulder care burdens, thereby allowing women in the Global North to pursue paid employment.

These “global care chains - a series of personal links between people across the globe based on the paid or unpaid work of caring” (Hochschild 2014, p.250) - allow women in more affluent receiving countries to achieve positive outcomes for gender equality by “liberating” them from the burdens of care at home. However, those positive outcomes are accompanied by the perpetuation of gender injustice transnationally. How are we to understand the tension between the local and transnational pursuits of gender justice? How is that informed by the injustice in the care relations created by the rapidly expanding industry of migrant domestic care work?

In this paper, I argue that the dominant egalitarian paradigm is insufficient in characterizing the issues of injustice that arise from the industry of migrant domestic care work. By examining a pluralistic view of egalitarianism, I show that neither distributive nor relational equality can fully capture the demands of transnational gender justice, and neither can they appropriately motivate the kind of moral transformation necessary for solidarity across borders.

Instead, I forward a positive argument for an ethics of care approach that is grounded in an empirical view of the self as relational, vulnerable, and interdependent. By foregrounding care relations as a critical aspect of justice, an ethics of care provides a critical and more complete picture of how the industry for migrant domestic care work perpetuates systemic inadequacies in care, and highlight “practices, institutions, structures and discourses which inhibit or subvert adequate care or which lead to exploitation, neglect or a lack of recognition in the giving and receiving of care” (Robinson 2013, p.137). While egalitarianism remains a useful diagnostic tool, it cannot identify the injustice of political exclusion of migrant workers. An ethics of care presents a case for migrant domestic care workers’ political inclusion by virtue of their care relations with those who are, in turn, in care relations with fellow citizens. Furthermore, unlike an egalitarian approach, an ethics of care approach is better able to motivate solidarity and action for transnational gender justice by drawing attention to the commonalities in transnational and domestic care relations. An ethics of care is hence a distinct approach that is both critical of and complementary to egalitarian approaches to transnational gender justice.

Section 1 characterizes the global industry of migrant domestic care work, and introduces the tension between the local and transnational pursuit of gender justice. Section 2 examines egalitarianism as a theory, looking at both distributive and relational dimensions of equality. Firstly, I show that the distributive dimension alone cannot sufficiently capture the problem of obtaining local distributive outcomes for gender equality through unjust means. Secondly, while I acknowledge that a pluralistic egalitarian approach that emphasizes equality in social relations does better, I argue that it is still insufficient to motivate solidarity for gender justice. Section 3 forwards the positive argument for an ethics of care approach to transnational gender justice in the industry for migrant domestic care workers. I outline the key aspects of care ethics, emphasizing its unique ontology and its foregrounding of care as a primary political concern, before using it as a lens to reveal the intersecting, multi-scalar forces and discourses

that perpetuate injustice in the industry for migrant domestic care workers. I deal with some objections, and show how an ethics of care informs the demands of transnational gender justice.

Section 4 concludes.

## SECTION 1

### MIGRANT DOMESTIC CARE WORK AS A SITE OF INJUSTICE

#### 1.1 What is migrant domestic care work?

Migrant domestic care workers are a subset of guestworkers. Guestworkers exchange their labor for wages in a foreign country, for a specified period of time. The subset of migrant domestic care workers is more specific in two ways. Firstly, they exchange their *care labor* for wages - this involves meeting the caregiving demands of their employer and their household, like caring for children and the elderly. Secondly, the *domestic* nature of their care work means that they are often live-in caregivers - they work and live in their employer's home and perform domestic work.

The characteristics of the rapidly growing industry for migrant domestic care work illustrate how the industry is both *transnational* and *gendered*. The global industry of migrant domestic care work is supported by an interconnected system of labor and migration laws in receiving countries and training and emigration programs in sending countries. In receiving countries, for instance Canada, there is an official system for domestic migrant care workers - the Live-in-Caregiver program - "that allows women who are willing to live in the home of their employers for a set period of time to come to Canada on a temporary work-permit basis" (Straehle 2013, p.123). In sending countries, for instance the Philippines, the Technical Education and Skills Development Authority (TESDA - a Filipino government agency) offers training courses and even scholarships to encourage and equip prospective Filipino women to become migrant domestic workers (TESDA 2017). According to the International Labor Organization, 74% of an estimated 11.5 million migrant domestic care workers globally are women (Gallotti 2015, pp.1-2). Combined with the historical, patriarchal expectation that

women should shoulder care burdens, issues of justice in the migrant domestic care work industry are thereby also gendered.

## **1.2 A picture of the global migrant domestic care work industry**

Care work is an essential part of the daily lives of people around the world. Within nuclear and extended families, care is essential (Robinson 2011, p.1) - parents care for children, and those same children care for their elderly parents when they grow older. We care for our family members when they fall ill, or suffer from injury and impairment. Beyond the confines of family, care burdens are also often shouldered by states or other non-state organizations. To varying degrees in different places, states and other non-state organizations provide primary health care, child care, and elderly care. One crucial thing to note about the nature of care work is that it does not go away, even with increasing affluence and technological progress. Insofar as we (as humans) require care to perform other activities and society requires care work to sustain itself, there will always be a demand for care work. The globalization of care means that countries can now look further afield for people to take on care responsibilities in exchange for wages. To meet the care demands of their citizenry, countries (typically those that are more developed and more affluent) implement guestworker schemes for domestic care workers, and these domestic care workers are typically sourced from less developed and less affluent countries. Apart from the Canadian Live-in-Caregiver program (Straehle 2013), employment and immigration schemes for migrant domestic care workers exist all around the world, from Western countries like the United States and Italy (Degani 2022; Parreñas 2015), Middle Eastern countries like Saudi Arabia and Qatar (King-Dejardin 2019, pp.16-17), to East Asian countries like Hong Kong and Singapore (Bell & Piper 2005).

There are a number of factors that shape the global industry of migrant domestic care work. Economic globalization (e.g., IMF structural adjustment programs, free movement of

capital), while benefiting affluent, developed countries, has restructured the economies of many less affluent and less developed countries, causing structural unemployment in various job sectors like healthcare. Consequently, this has “squeezed the lives of women in the Global South, forcing them to pursue alternative survival strategies, particularly migration” (Raghuram 2016, p.513). The very same forces of globalization and economic restructuring have led governments in developing countries to create institutions that can extract as much economic value as possible from the temporary migration of their own citizens that are employed as domestic carers abroad. TESDA in the Philippines, for instance, is a salient example. The export of female domestic care workers in the Philippines has grown over decades to be such a profitable industry in terms of remittance income that “since the early 1990s, 55 percent of migrants out of the Philippines have been women and, next to electronic manufacturing, their remittances make up the major source of foreign currency in the Philippines” (Hochschild 2014, p.256). Alongside the growth of state-driven institutions, middlemen organizations profit by linking employers in receiving countries with the migrant domestic care workers in sending countries, and also from related services like accreditation and immigration processing (Connell & Stilwell 2006).

In receiving countries, the demand for migrant domestic care work is driven by intersecting economic and social transformations. Many developed countries are undergoing demographic shifts with aging populations that increase the demand for elder care. In addition, increasing female workforce participation has created a care deficit. Historically, stay-at-home women were expected to perform unpaid household labor and care work on behalf of men and the family, but advances in gender equality have given women in less patriarchal countries the freedom to pursue paid employment in the workplace. This means that families in countries where double earner households are common tend to require additional help from others (e.g., extended family, the state, migrant workers) to shoulder care responsibilities. While in some



countries, state welfare and public provision of care services has reduced the necessity for households to hire migrant domestic care workers, in others, like the US, the lack of paid family leave and the inadequacy of public care infrastructure leads households to hire migrant domestic workers at relatively low cost. The lack of concern regarding social provision of care is in part due to the “social norm that conceives of care as largely a family’s - principally woman’s - private responsibility, not a matter for public concern” (Eckenwiler 2014, p. 215). In sum, the combination of an insufficient public care regime and growing care burdens creates a care deficit in developed countries. As a result, there is an increasing demand for migrant care workers - care responsibilities do not simply disappear; they need to be taken up in one way or another.

### **1.3 The tension in the pursuit of gender justice**

Like guestworkers in other sectors of the economy, migrant domestic care workers are denied a slate of political and social rights that citizens (and sometimes permanent residents) are entitled to<sup>1</sup>. The denial of these rights has informed critiques of guestworker programs for being unjust and exploitative in the literature on global justice and migration<sup>2</sup>. However, what is unique about migrant domestic care workers is the fact that they are engaged in a historically feminized occupation of domestic care that is usually also relegated to the private sphere of the

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<sup>1</sup> A succinct summary of the political and social rights denied to guestworkers in general can be found in Ypi 2016, p.154, and specific examples can be found in Stilz 2010, pp. 295-296.

<sup>2</sup> For an overview of the literature discussing exploitation and injustice in guestworker programs, see Attas, D. (2000). “The Case of Guest Workers: Exploitation, Citizenship and Economic Rights”. *Res Publica* 6(1) pp.73-92.; Bell, D., & Piper, N. (2005). “Justice for Migrant Workers? The Case of Foreign Domestic Workers in Hong Kong and Singapore”, in Kymlicka, W. & He, B. (eds.) *Multiculturalism in Asia*. Oxford, UK: Oxford University Press, pp. 196-222.; Lenard, P. T., & Straehle, C. (2010). “Temporary Labour Migration: Exploitation, Tool of Development, or Both?”. *Policy and Society* 29(4), pp. 283-294.; Lenard, P. T., & Straehle, C. (2012). “Temporary Labour Migration, Global Redistribution, and Democratic Justice”. *Politics, Philosophy & Economics* 11(2), pp. 206-230.; Stilz, A. (2010). “Guestworkers and Second-Class Citizenship”. *Policy and Society* 29(4), pp. 295-307.; Ypi, L. (2016). “Taking Workers as a Class: The Moral Dilemmas of Guestworker Programs”, in Fine, S. & Ypi, L. (eds.) *Migration in Political Theory: The Ethics of Movement and Membership*. Oxford, UK: Oxford University Press, pp. 151-174.

home, and furthermore that there is an entire global structure that drives the demand and supply of migrant domestic care. This brings transnational gender relations to the forefront.

The focus on transnational gender relations in migrant care work reveals a tension between local and transnational pursuits of gender justice. In more affluent receiving countries, the proliferation of guestworker programs allows households to hire foreign-born women as domestic workers to shoulder care burdens that would normally fall on members of the household (predominantly and historically, women). The global industry of migrant domestic care work thus “frees women from many household and caring duties and allows them to develop their talents in the ‘public’ sphere, paving the way for future generations of women freed from patriarchal (mis)understandings regarding the ‘proper’ role of women” (Bell & Piper 2005, p.218). Increased labor force participation is hence viewed as a positive in the pursuit of gender justice in more affluent receiving countries, and that progress is made possible not because care responsibilities disappear, but because they are transferred to migrant women from less affluent sending countries, who further “transfer their own familial and community responsibilities to other, still poorer caregivers, who must in turn do the same – and on and on, in ever longer ‘global care chains’” (Fraser 2016, p.114). The global system of domestic care worker migration, while seen as a benefit to gender justice in receiving countries, has negative implications for gender justice as a whole. For instance, within the context of receiving countries, substituting affluent women in receiving countries for migrant women in less affluent sending countries fails to contest (and even reifies) the patriarchal expectation that women are the primary bearers of care responsibilities.

Can theories of global justice sufficiently capture the demands of gender justice in the global industry for migrant domestic care work? We typically understand gender justice as an egalitarian ideal, and so in the next section, I examine if egalitarian theories of global justice

can capture the injustice in the industry for migrant domestic care work, and subsequently the demands of gender justice.

## SECTION 2

### **GLOBAL EGALITARIANISM AND TRANSNATIONAL GENDER RELATIONS**

In this section, I explore egalitarian theories of global justice to examine if they can sufficiently capture the demands of gender justice that the global industry of migrant domestic care work raises. I do so by examining two dimensions of equality in turn: distributive and relational equality. I argue that neither offers a satisfactory characterization of the problems of transnational gender justice that is presented by the phenomenon of migrant domestic care work.

#### **2.1 Distributive dimension of global equality**

The distributive dimension of global equality is non-relational, “in the sense that they defend an egalitarian account of global justice by appealing to what individuals are owed in virtue of their moral status as human beings independent of their relationship to one another” (Ip 2016, p.4). According to Schemmel (2011, p.126), distributive egalitarian theories hold three principles of equality. Firstly, all persons have equal moral worth that is accorded in virtue of their humanity. This means that one cannot argue that Person A is justly entitled to more than Person B because Person A has a superior moral status than Person B (e.g., because of race, gender, or class). Secondly, all persons should be accorded equal moral concern by the social and political institutions that assign benefits and burdens. The third principle outlines that the best way to demonstrate equal concern (in the second principle), is to “regard people as entitled to equal shares of a *distribuendum*” (Schemmel 2011, p.126). The nature of the *distribuendum* matters. If people are entitled to equal shares of a particular currency of equality, then justice would require that the specific currency of equality be the baseline against which to measure someone’s initial relative advantages or disadvantages. Distributive views of equality differ on what the relevant currency of equality is - from resources (Dworkin 2000),

to opportunity for welfare (Arneson 1989), or a broader concept of access to advantage (Cohen 1989). However, the point remains that a distributive view of equality views the concept of gender justice as a matter of deciding what people are entitled to get. As Pogge puts it, distributive views are “purely recipient-oriented” (2003, p.143).

While most egalitarian views are domestic in nature, Simon Caney defends a global view of distributive equality - global equality of opportunity. Caney argues that “persons should have the same opportunity to achieve a position, independently of what nation or state or class or religion or ethnic group they belong to” (2001, p.114). Caney further notes that global equality of opportunity does not mean equal outcomes because equality of opportunity is a “procedural rather than an outcome-related concept” (2001, p.114). Global equality of opportunity is best realized by first understanding what people are entitled to under global equality of opportunity, then designing institutions that best ensure people receive what they are entitled to. At the core of his reasoning for global equality of opportunity is the moral lottery - the circumstances of our birth (e.g., nationality, gender, race, ethnicity etc.) are a matter of luck, and “people should not be penalized because of the vagaries of happenstance...[conversely,] people are entitled to the same opportunities as others” (Caney 2001, p.115).

I now proceed to examine what an argument from global equality of opportunity looks like when it comes to the issue of transnational gender justice in migrant domestic care work. Firstly, global equality of opportunity would encourage care worker immigration as a policy that equalizes opportunities (Caney 2001, p.128-129). Upon recognizing the inequalities that exist between receiving and sending countries, global equality of opportunity would support policies that seek to equalize the opportunities that someone might receive if they were born into a less affluent sending country. More permissive global immigration would serve the

purpose of equalizing opportunities. The ability of a Filipino worker to move abroad and work for a household elsewhere grants them a larger set of opportunities that would otherwise not exist. In many cases, they stand to earn more than they would have if they stayed in their home country (Gallotti 2015, p.3). Secondly, global equality of opportunity would place burdens on receiving countries in terms of how they treat migrant domestic care workers. As human beings with equal moral worth to everyone else, migrant domestic care workers are entitled to equal concern by the social and political institutions in their country of work - this is not the case under current guestwork programs. This means that reform of legal and political institutions is necessary to ensure that migrant domestic care workers are entitled to the same protections and welfare as any other worker in the receiving country. Lastly, and more optimistically, global equality of opportunity would seek to equalize the disparity in opportunities that are accorded to individuals based on their gender. Care could be considered as a burden (the responsibility to provide care) and a benefit (the receipt of care) to be distributed fairly, both domestically and transnationally. This means that within the receiving country, social and political institutions would need to correct for the unequal burdens placed on women to provide care. It also means that across countries, transnational structures that systemically saddle those in less affluent sending countries with the caregiving responsibilities of more affluent receiving countries need to be transformed in ways that ensure that a woman born in the Philippines is not unduly restricted in their life opportunities as compared to anyone born in a more affluent country.

## **2.2 Objections to the distributive dimension of global equality**

In the context of migrant domestic care work and gender justice, there are a number of objections to a distributive view of equality as expressed above. The objection I want to focus on is that a distributive view of equality is inappropriately asocial. In one formulation of this

objection, a distributive view of equality misses the point of equality by purely focusing on the actual distribution of resources, and redistribution of the currency of equality as the remedy for injustice. This sentiment is present in Anderson's (1999, see p.305 and p.333) objections, for instance, which rely on the assumption that some sort of resource transfer is the only kind of remedy for inegalitarian situations, and resource transfer cannot overcome issues of injustice (e.g., equal respect for the disabled). For example, while paying migrant domestic care workers a fair wage and ensuring their legal, social, and political rights would go a long way to making their lives better, it would be problematic to think that resource redistribution alone could ever correct for the institutional and social dynamics that perpetuate the unequal, gendered distribution of care burdens, and the transnational economic and political forces that create and entrench the pattern of female migration from the Global South to the Global North.

However, it is not true that solutions to implement distributive equality are only limited to resource transfers. The pursuit of global equality of opportunity can demand structural and institutional remedies. Whether it does depends on what the currency of equality is. In my formulation of Caney's global equality of opportunity argument in the context of the migrant domestic care industry, the currency is opportunity. Fair equality of opportunity on a global scale would not only dictate a distribution of the material resources necessary to equalize access to opportunities, but also dictate the reform of institutional structures (e.g., labor and migration laws) to ensure that the global care chains do not unfairly restrict the opportunities of people at the bottom of the chain.

A better formulation of the asocial objection to distributive equality is to argue that it "problematically ignore[s] the way that institutions *treat* people" (Schemmel 2011, p.127), and in addition, how people treat each other. The view from distributive equality would maintain that the injustice of unequal social relations is reducible to the distributive effects of those

inequalities. This means that the problem with the way social and political institutions treat migrant domestic care workers is reducible to the unequal distribution of care burdens, social and economic rights, and access to resources (to name a few). The solution that the distributive view of equality might demand may very well include both resource redistribution and the reform of institutional structures to ensure that the design of future institutions do not unfairly disadvantage women in less affluent sending countries. The focus on distribution is problematic not because it cannot pragmatically remedy the problems of gender injustice, but because it cannot identify what exactly is wrong about relations of inequality (Schemmel 2021, p.27).

The injustice that exists in the global industry for migrant domestic care work is not reducible to distributive concerns for three reasons. Firstly, the expressive nature of social relations does matter when we adjudicate how just a particular scenario is. Compare the plight of domestic carers in Countries A, B, and C (inspired by Pogge's illustration, 2008 pp.47-48), and suppose that distributively speaking, they identically lack days off work. In Country A, the guestworker program legally mandates that domestic carers do not have off days. In Country B, legal institutions specify that employers must provide one day off to domestic carers a week, but fail to regulate employers and rarely mete out punishments for infringements. In Country C, there is both a legal requirement to provide days off and sufficient regulation, but an additional system allows employers to financially compensate domestic carers that they employ in exchange for them not taking their legally mandated day off. While the compensation is generous, the hectic work culture in Country C means that all employers choose to compensate their domestic carers in return for not getting a day off, which the carers agree to. If one agrees with my intuition that there are differences in how just the social institutions are between Countries A, B and C (A being the most unjust and C being the least unjust), then evidently the way social institutions treat domestic care workers have implications for justice that are not merely reducible to concerns of distribution.



Secondly, improvement in distributive outcomes can result from inappropriate means - means that are counterproductive to equality in the first place. I do not deny that the transnationalization and commodification of care can be a mutually beneficial relationship that provides positive distributive outcomes, and can even look like progress in gender equality. In being able to hire migrant women to take on care labor, women in receiving countries are “freed” from the responsibilities of caregiving and are able to choose to work. This consequently increases female labor force participation. With guestworker programs, migrant women from sending countries now have the opportunity to earn a living in another country, and often earn more than they would have if they stayed in their home country. To begin with, guestworker programs in reality are not rosy pictures of equality; often, they deny migrant domestic workers important social, political, and economic rights. Differentiated work visas and permits typically class domestic work as low-skill, sub-labeling domestic workers as less valuable within an already subordinate migrant class. Even if there are better distributive outcomes for both parties, migrant domestic care workers are exploited and subordinated. A purely distributive view of equality fails to account for unjust social relations that are perpetuated in the pursuit of better distributive outcomes for gender equality. A system of global equality of opportunity might be able to correct for some of these injustices, but it would be indifferent to the *ways* in which the ends of gender justice are pursued, and by failing to identify the social relations that undergird the perpetuation of injustice transnationally, it is likely to recommend unsatisfactory remedies.

This brings me to the final reason why the injustice that exists in the global industry for migrant domestic care work is not reducible to distributive concerns, which is that a focus on distribution, rather than the way we treat each other, undermines the moral transformation that is necessary for gender justice. This objection is a response to global luck egalitarians (specifically Kok-Chor Tan) who insist that “luck egalitarianism is not an asocial alternative to

equality but an interpretation of what social equality is” (Tan 2011, p.404). To them, distributive equality is not asocial because it requires that global “institutional arrangements among persons who regard themselves as *social equals* must not be such as to transform the contingencies of natural facts about them into actual social advantages or disadvantages” (2011, p.405). Note that Tan’s argument does not actually have the goal of transforming global society into one where people regard each other as social equals. It uses the imagined basis of a society of equals, and then envisions the kind of institutional structure that would be created if it was made by persons who regard themselves as social equals, to then make the point of social equality the distributive arrangement of institutional structures that minimizes disadvantages resulting from natural facts and brute luck. It might pass as having an element of sociality in it, but it is certainly insufficient in achieving the goal of gender justice. I argue the goal of gender justice is not merely a redistribution of resources, and not even a change in institutional structures, but a transformative moral commitment and solidarity to correct the discourses and practices that maintain patriarchal relations. How exactly this looks like will be pursued in later sections when I bring in a care ethics approach to transnational gender justice, but suffice to say at this juncture that merely focusing on the distributive elements of institutions says nothing about the kinds of relational commitments that are created by relations of care, which are crucial to the pursuit of transnational gender justice.

### **2.3 Relational dimension of global equality**

We have seen that global distributive equality suffers from the problem of asociality, and because of that it cannot sufficiently capture the demands of gender justice that the global industry of migrant domestic care work raises. The relational dimension of equality offers a direct answer by foregrounding the importance of social relations to our understanding of equality. Can a turn to relational equality sufficiently capture the injustice in the global industry

for migrant domestic care work and satisfactorily answer the objections that a distributive view of equality suffers from? While a relational view of equality is a marked improvement, it is still unable to do so.

Relational egalitarianism argues that equality is concerned with how individuals relate to one another. The same cosmopolitan principle that supports distributive equality also supports relational equality - that all persons have equal moral worth that is accorded in virtue of their humanity. The demands of justice hence require us to consider what it would require to create a society of equals. Whereas the task of justice for distributive equality “is to identify the thing that justice requires us to equalize” (Scheffler 2015, p.21), the relevant task for relational egalitarians is to identify the “kinds of distributions that are consistent with the ideal of a society of equals” (Scheffler 2015, p.22). For relational egalitarians, equality is hence a social value that is realized when people in a community relate to one another in a certain way, instead of a distributive value that is realized when shares of a currency of justice are equalized between members of a community.

In most formulations of relational equality, there is both a negative claim and a positive claim. The negative claim rests in opposition to hierarchical relationships, status differences, and oppression. For instance, Miller argues that a society that meets the conditions for relational equality is one that is “not marked by status divisions such that one can place different people in hierarchically ranked categories” (1997, p.224). However, not all hierarchies are automatically problematic - Schuppert, for instance, argues that hierarchies become problematic for relational equality if they undermine one’s “free and responsible agency” (2015, p.108). For example, while an employee might be in a position of lower rank than their supervisor, a democratic workplace where employees have sufficient bargaining power and

employers do not possess unilateral control over their workers would not undermine the employee's free and responsible agency.

The positive claim asks what is required of individuals and institutions to bring about a just society of equals. Apart from the reform of institutional structures for egalitarian outcomes, which proponents of distributive equality can also defend, relational equality goes further by arguing that equality not only bears upon the way institutions and people *behave* towards each other, but also how they *regard* each other attitudinally (Anderson 2012; Miller 1997; Scheffler 2015; Schemmel 2011). For instance, Scheffler argues that members of a society of equals ought to abide by a deliberative constraint, where “each person accepts that the other person's equally important interests - understood broadly to include the person's needs, values, and preferences - should play an equally significant role in influencing decisions made within the context of the relationship” (2015, p.25). In addition, each person should also have a “normally effective disposition” to treat others accordingly, and also that everyone “normally act[s] on these dispositions” (2015, p.25). Another example of how attitudes (and not merely actions) matter is in how Anderson describes one of her objectionable types of hierarchy: hierarchies of esteem. Under hierarchies of esteem, those who occupy the lower rungs are stigmatized: by virtue of their identities (e.g., race, gender, sexual orientation etc.), they are considered objects of dishonor and are subject to various forms of discrimination and violence (Anderson 2012, p.43). The positive demands of relational equality are characterized by both actions and attitudes that regulate interpersonal relationships.

One important thing to note here is that there is room for a pluralist conception of equality. Distribution and relational views of egalitarianism are often framed as mutually exclusive, but they need not be (e.g., Lippert-Rasmussen 2018). For example, one could affirm relational equality by arguing that members of a community should relate to one another as

free and equal, while at the same time argue that a particular currency of equality (e.g., resources, welfare, capabilities) should be equalized to minimize the vagaries of random chance.

What would a pluralist conception of equality look like in the case of migrant domestic care work? The demands of equality would bear both on individuals and institutions. For individuals, equality is characterized by both a behavioral and attitudinal component - people implicated in the global care chain should not only act but also regard one another in ways that reflect their equal position in a global society of equals. While there are hierarchies between employers and migrant domestic carers, these hierarchical relationships cannot be of the objectionable sort – they must not undermine the carer’s “free and responsible agency” (Schuppert 2015, p.108). This has consequences for institutional structures as well. Social and political institutions that are implicated in the pattern of care worker migration from sending to receiving countries are to treat people in ways that respect their equal positions, and take into proper consideration their equally important interests. There also needs to be an active opposition to hierarchical relationships, status differences, and oppression - this imposes both personal burdens on people in the Global North that might cast migrant women as systematically inferior, and institutional burdens on labor and migration laws that entrench those differences, for instance the restriction on romantic relationships for migrant domestic workers in Singapore. Relational equality demands more from interpersonal relations, especially from the disposition one has towards others. A pluralistic approach to equality would integrate the demands for equalizing shares of a kind of currency, like Caney’s fair equality of opportunity, together with the demands of interpersonal and social relations that are non-dominating and do not entrench objectionable hierarchies.

## 2.4 Concerns with the pluralistic approach to equality

Could a pluralistic view of equality satisfy the objections to distributive equality from Section 2.2? Certainly, it foregrounds social relations in a way that a purely distributive view of equality does not. The attitudinal elements of relational equality satisfy the objection that how institutions treat people is a matter of justice. A turn to relational equality also corrects for how focusing on distributive outcomes obscures the inappropriateness of achieving some outcomes of gender equality by means that perpetuate the oppression of vulnerable groups, like the less well-off in receiving countries and migrant women from sending countries. A focus on social relations leads to the more satisfying characterization of the wrong of patriarchy and gender injustice - gender injustice is problematic not *merely* because it results in unequal distributions of a particular currency, but that it is a wrongful kind of subordination or domination that undermines a society of equals by creating objectionable gender hierarchies.

While an improvement on a purely distributive view of equality, I argue that the pluralistic view of equality suffers when we attempt to apply it as a global principle to govern relations of care and transnational gender justice. The pluralistic view of equality is insufficient to motivate the kind of behavior that is necessary to overcome gender injustice, and so is inadequate in meeting the demands of gender justice. Take the positive claim of relational equality - members of a community should both regard and act toward each other in a way that reflects their equality of status as members. Defenses of a principle of global relational equality recognize the importance of justifying the premise of a global society of equals. For instance, Heilinger argues that with global interconnectedness, people around the world “indicate a shared frame of coexistence and cooperation... all humans, because of their equal moral worth, should be able to and actually relate to one another as social equals, i.e. that all persons matter equally, and that interactions should be free from oppressive hierarchies between individuals

and groups” (2020, p.98). Heilinger merely asserts that a cosmopolitan principle is sufficient to motivate the global community to relate to each other as social equals.

The argument for a global relational equality might work as an abstract normative claim, but the viability of this claim to motivate actual dispositions of people toward each other breaks down when the boundaries of that community are enlarged. This is reflected in the sociological findings of Lim & Paul (2021) on the attitudes that different social groups have toward migrant domestic workers’ intimacy and relationship needs. They found that “the greater the social distance they see existing between themselves and domestic workers, the less sympathetic they will be to the need of these workers to pursue intimacy and companionship while overseas. Concomitantly, the more these social actors recognize a shared humanity between themselves and migrant domestic workers, the more willing they are to acknowledge workers’ romantic needs as legitimate” (Lim & Paul 2021, p.41). Distance, whether spatial or emotional, influences our attitudes and behaviors toward others. Insisting that distance should not matter to our treatment of each other as moral equals neither diagnoses the problem of *why* distance actually seems to matter empirically, nor gives a picture of *how* to overcome that distance.

At the heart of my worry about a global egalitarian principle is a concern about whether the commitment to global egalitarian principles might obscure how context, history, and reality can vary the application of those principles from setting to setting. Miller (2012, p.17-18) expresses this as a problematic divide between the empirical and the normative. Typically, political philosophy starts from principles without reference to empirical facts - these are usually derived from philosophical reflection (e.g., Rawlsian reflective equilibrium). Empirical facts are relevant only for second-order analysis, where one needs to arbitrate how best to apply those basic principles in real-world settings. In that second-order analysis, the first-order

principle remains untouched, but applications of the principle (e.g., the form of social and political institutions) need to be informed by empirical facts about the societies and situations in which the principle is applied. In sum, the predominant view in political philosophy “draws a line between political philosophy proper, which involves defining concepts and setting out principles in an entirely fact-free way, and applied political theory, which takes these basic concepts and principles and, in the light of empirical evidence, proposes a more concrete set of rules to govern the arrangements of a particular society, or a particular group of societies” (Miller 2012, p.18). Instead, I argue (as Miller does) that empirical facts, history, and context do affect our considered moral judgments, and hence whatever principles that we come up with.

This brings me to my final section, where I propose an ethics of care approach to global justice that foregrounds the empirical context of the global industry of migrant domestic care work and our relation to it.



## SECTION 3

### **A CARE-ETHICS APPROACH TO TRANSNATIONAL GENDER JUSTICE**

In this section, I forward a positive argument that attempts to unite the critical, contextual, and embodied approach of a feminist ethics of care with the normative demands of transnational gender justice. An ethics of care offers a way of framing issues of justice that remains firmly grounded in empirical reality. While a pluralistic egalitarian approach remains a useful diagnostic tool, an ethics of care approach is better able to detect some kinds of injustice in the migrant domestic care work industry that egalitarian approaches cannot. More importantly, by viewing transnational gender justice through the lens of a network of care relations instead of through egalitarian principles, care ethics is significantly better in creating the kinds of solidarities that can upend gender injustice. In this way, I understand care ethics as a critical, but also a complementary approach to egalitarianism.

#### **3.1 What is an ethics of care?**

The first thing to note about care is that care is something we all do - it is fundamental to our daily lives. Care relationships extend from the scope of caring for immediate family members, to people in our local community, to care policies and regimes at the state level, to global care chains made possible by the commodification of care work. The oft-quoted definition of care is that care is a “species activity that includes everything that we do to maintain, continue and repair our ‘world’ so that we can live in it as well as possible. That world includes our bodies, our environments, all of which we seek to interweave in a complex, life-sustaining web” (Tronto 1993, p.103). Tronto goes on to describe four analytically separate but interconnected phases of caring: caring about (the recognition that care is necessary), taking care of (assuming responsibility for care), caregiving (the direct meeting of a need), and care-receiving (1993, p.105-108). Care is both “a way of understanding ethics and a set of practices”

(Robinson 2011, p.4) - it is both a moral *and* political concept that not only has implications for the way we treat one another in our interpersonal care relations, but also for social policy and institutional reform.

The premise of an ethics of care is an ontological understanding of the self as relational. As Hekman describes, the self has no “separate, essential core but, rather, becomes a ‘self’ through relations with others” (1995, p.73). The heart of care ethics is “not that individuals have an obligation to care for others in need. It is that people do care for others – that this is a part of our daily lives in the mundane sense, and constitutive of our subjectivities and identities in a more profound ontological and moral sense. This activity of caring is not peripheral to our lives; it constitutes what makes us who we are, and is, thus, of fundamental social, political and moral significance” (Robinson 2013, p.136). The relational ontology of an ethics of care starts from the empirical claim that as humans, we are not autonomous and equal. At different times and in different circumstances, we are required to receive care and give care, which places us in care relations that center vulnerability and inequality between caregiver and care-receiver. This is not an incidental part but a fundamentally constitutive feature of what it means to be human. This differs from the relational dimension of equality – relationality in that context is not an ontological or empirical claim but a normative one that equality requires that individuals regard and treat one another as equals.

If the ability to give and receive care is fundamental to human existence, then an ethic of care understands injustice (at least partially) as the “practices, institutions, structures and discourses which inhibit or subvert adequate care or which lead to exploitation, neglect or a lack of recognition in the giving and receiving of care” (Robinson 2013, p.137). Care is not merely a matter for the private sphere, but a matter of justice. An analysis of injustice using a care-ethical approach, Robinson hence argues, has three main features: it is an ontologically

*relational* approach; it focuses on *intersecting* structures of injustice; and it explores interacting injustices situated at multiple scales (*multi-scalar*) (Robinson 2013, p.140).

### **3.2 Using the lens of an ethics of care to analyze injustice**

A care-ethical approach to analyzing the injustices of migrant domestic labor would start from the empirical context of migrant domestic labor to examine the transnational relations of care, and the intersecting sites of injustice that occur at various scales, from within the household, to within the state, and finally across borders.

What is the empirical context of migrant domestic labor? Care relations are structured by demographic changes, economic conditions, and gendered discourses. Care is a feminized concept - care is historically and persistently seen as a distinctly female responsibility<sup>3</sup>. As mentioned in Section 1, care burdens in the Global North are increasing with aging populations. Compounding the problem is a massive care deficit created by the retreating of states from the public provision of care infrastructure, which can be linked to the integrating global economy and the influence of international institutions like the International Monetary Fund, the World Trade Organization, and the World Bank. In the Global North, increased global competition has pushed states to reduce welfare spending, gutting public care infrastructure. In the Global South, increasing national debts and the changing economic landscape has also forced states to cut public spending, reducing the provision of services like healthcare, child care, and elder care. The burdens of a stripped-back public care infrastructure fall primarily on women, who are expected to take on care responsibilities that have been forfeited by the state (Jaggar 2009, pp.40-41).

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<sup>3</sup> In Chapter 3 of her book, Nancy Fraser gives a compelling historical account of the feminization of care as social reproduction, as compared to the “masculine” sector of economic production. See Fraser, N. (2022). *Cannibal Capitalism: How Our System is Devouring Democracy, Care, and the Planet and What We Can Do About It*. New York, NY: Verso Books.

The massive care deficits in the Global North are patched up with the pattern of female migration from the Global South. The transnationalization of care labor means that many women in the Global North now have the option to outsource necessary care labor (e.g., the care of children, the elderly, disabled adults or ill family members) to women from the Global South. As Robinson puts it, “women’s entry into the paid labor force in the Global North represents an exercise of ‘choice’ and a desire for financial independence and the satisfaction that work can bring” (2011, p.68-69). The free exchange of money for migrant care labor is beneficial to the financial and social empowerment of women in the Global North. Not only might the freedom to outsource care labor allow some women in receiving countries the freedom of choosing between work and care (which increases their opportunity set), it can also progress gender equality by equalizing the gender pay gap and increasing female labor force participation.

On the surface, positive outcomes can also accrue for migrant women from sending countries. On the one hand, they often do earn more than they would have if they stayed in their home country, and this grants them financial independence. Furthermore, it can help transform the image of childrearing in their home countries. In the Philippines, for instance, where many women work abroad as domestic carers, fathers now become the primary caregivers, which could have positive effects of changing the image of care as a primarily female responsibility (Parreñas 2015).

However, the positive outcomes for gender equality on the surface serve to obscure the ways in which the transnationalization of care entrenches the very social relations that underlie gender injustice. The pursuit of the distributive ends of gender equality, like the freedom from care responsibilities and the freedom to choose one’s occupation and be financially independent, actually perpetuates gender injustice both domestically and transnationally.

To begin with, it completely ignores the role of men - despite the increase in female workforce participation, men have not taken on more care responsibilities. As Ehrenreich and Hochschild put it, “strictly speaking, the presence of immigrant nannies does not enable affluent women to enter the workforce; it enables affluent men to continue avoiding the second shift” (2002, p.9). All migrant care labor serves to do is extend the gendered vulnerability of women transnationally (Jaggar 2009, p.41), without challenging hegemonic forms of masculinity. This is seen through the gendered discourses that attend the hiring of migrant domestic workers for women in the Global North - the exchange of (feminine) care responsibilities of social reproduction for the (masculine) freedom to pursue economic production is considered “liberation” and progress for gender equality. An ethics of care approach would have to “explore how the integration of women – mostly women from the global north – into the paid labor force has been achieved” (Robinson 2013, p.139).

Another gendered norm that is reified by the practice of transnational care labor is the norm that care is a private, household matter, rather than a public matter. If the default solution to the dilemma of balancing work and care is to hire migrant domestic care workers to take on care burdens, then that reduces the necessity and the social impetus to characterize care as a matter of public concern. This creates a cascading effect - the ability of citizens to turn to cheap migrant labor to meet care needs means that governments do not need to spend public resources to provide care as a matter of public concern. This in turn feeds back into the same reasons for the care labor supply crunch - the lack of public provision for care (e.g. workplace childcare, elder care facilities, healthcare facilities for the chronically ill etc.), and weak policies for family leave. This increases care burdens in general, which disproportionately fall on women.

The multi-scalar approach of an ethics of care would point us to examine the injustice of care relations at different scales. Let us start with the domestic effects of inadequate state

provision of care in the Global North. Care remaining a private matter means that it is usually women who suffer the most, especially less well-off women. As long as it is still the expectation for women primarily to shoulder care responsibilities in the household, less well-off women who have care responsibilities either by choice or circumstance are in fact forced to *give up* paid labor to perform care responsibilities at home because the cost of child care or elder care is too high (Robinson 2011, p.69). For some women in the Global North, the system of outsourcing care labor might improve the outcomes of women who can afford to hire migrant domestic care workers. However, for those who cannot afford to outsource care work, the entrenchment of care as a private matter perpetuates the inadequacy and unaffordability of public care infrastructure. Financial need therefore forces less well-off women in the Global North to leave waged work, or take on informal work, in order to meet the burden of being primary caregivers.

On a transnational scale, Fiona Williams argues that the transnational commodification of care through the migration of care workers “represents a profoundly asymmetrical solution - not only between women and men but also between poor and richer regions - to women’s dual responsibilities [of earning income and providing care]” (2011 p.24). Countries in the Global South also suffer from weakened state provision of care, though it is due to debt and dependence on international financial institutions, rather than global competition. The effects of inadequate care regimes, however, impacts women in the Global South significantly harder. Robinson succinctly provides a number of reasons why it is so (2011, p.69-70). Firstly, households in the Global South have far fewer resources to work with. Secondly, unlike women in the Global North who can choose between work and care, women in the Global South have no choice but to work or their children might starve; this means women often have to leave their children unsupervised at home because child care is inaccessible or unaffordable. Thirdly, higher age-dependency ratios mean the burdens of care are heavier on women by virtue of

demographic differences. Lastly, the higher incidences of disease and illness in the Global South means that more time and resources need to be spent caring for those that fall ill. The Global North's import of care labor, while alleviating its own care deficit, exacerbates the care burdens that are already significantly harder to meet in the Global South.

An intersectional approach of examining care relations also reveals how the outsourcing of care labor in the Global North to migrant women in the Global South entrenches transnational racial and gender stratification, demonstrating how racial stereotypes and unequal gender relations intersect in care relations. Not only is care work feminized, "paid care [also] fits a racial pattern... In the American South, before and after the Civil War, African American mammies cared for the children of their white masters while older siblings or kin took care of their own, as in a story told by Toni Morrison in her novel *The Bluest Eye*" (Hochschild 2014, p.255). With the modern transnationalization of care, the care chain now transcends national borders. At the same time, the feminized and racialized nature of paid care work persists. When migrants become care workers in the Global North, they are marked with the stigma of paid care work - they are "clearly designated as appropriate to do servile work and are marked by race, colour, religion, creed, accent, national origin, and so forth" (Tronto 2011, p.173). For instance, people would assume that a Filipino woman who takes a Chinese child to a playground in a wealthy neighborhood in Hong Kong is a migrant domestic worker. A "transnational division of labor" (Parreñas 2015, p.40) is created, and in the context of the Philippines as a sending country, this transnational division of labor refers to a "three-tier transfer of reproductive labor among women in two nation-states: middle- and upper-class women in receiving countries, migrant Filipina domestic workers, and Filipina domestic workers, or poorer female relatives, in the Philippines who are often too poor to migrate" (Parreñas 2015, p.41). This division of labor, combined with the stigmatization of care work where the skills of caregivers are assigned low social value, reproduces the feminized and

racialized nature of paid care work transnationally. Except now, instead of the (mostly white) women in the receiving countries who are the victims of stigmatization, it is the migrant women from sending countries who are marked as appropriate for domestic care work.

More perniciously, the designation of being appropriate for care work that is placed upon migrant women allows receiving countries to determine that the needs of migrant domestic care workers are different from the needs of the “mainstream population” (Tronto 2011, p.174). A pertinent example is in the differentiated treatment of migrant domestic workers in Singapore with regards to romantic relationships. By law, migrant domestic care workers in Singapore are not allowed to get pregnant. They can be subject to pregnancy tests by employers, and even getting in a romantic relationship while on a work permit is grounds for contract termination and deportation. The socio-legal landscape in Singapore clearly establishes that romantic relationships do not qualify as a need for the population of female migrant domestic care workers. This is further reflected in the lack of empathy that citizens and employers feel toward the need of migrant domestic workers to pursue intimate romantic relationships while overseas (Lim & Paul 2021, p.41). In sum, the outsourcing of care labor from receiving countries to sending countries reproduces the very same practices and discourses that lead to gender injustice, both domestically (within the receiving country) and transnationally (to the wider network of sending countries). The means by which a certain class and race of women in a particular geopolitical location achieves desirable outcomes of gender equality not only obscures what is wrong about gender inequality, but also results in serious impediments to the pursuit of gender justice both domestically and transnationally.

### **3.3 Comparing a care-ethical approach to a pluralistic egalitarian approach**

Compared to a pluralist approach to equality, an ethics of care approach to transnational gender justice is superior in three main ways. Firstly, it is better able to identify particular forms



of gender injustice in migrant domestic care, specifically in the allocation of responsibility for care. I acknowledge that a pluralistic egalitarian approach can demonstrate how the transnationalization of care entrenches the same social relations that underlie gender injustice. What it cannot do, however, is to highlight the problem of injustice in *who* gets to decide how care responsibilities are allocated. Most egalitarians view institutional requirements of egalitarian justice to be limited to the relation between the state and its citizens. States should create the conditions that enable egalitarian relationships between citizens (e.g., Schemmel 2011, p.366), and in its actions and attitudes express equal concern and respect for citizens. This justification can be used to extend outward to migrant care workers. For instance, insufficient protection for Filipino care workers is unjustified because it expresses a hierarchical status relation, that people of a certain class (e.g., care workers, Filipinos) do not deserve equal concern and respect. Consequently, the failure to treat migrants undermines egalitarian relationships between citizens *within* the state who may fall into those classes or categories, and thus is objectionable. However, this characterization of injustice is unsatisfactory. To start, it seems like a very roundabout way to extend egalitarian principles to those that are outside the political boundaries of a state without committing to open borders. More perniciously, while migrant domestic care workers might be granted rights and protections in their receiving countries, an egalitarian approach tends to have no commitment to changing their status as non-citizens. In fact, in literature on immigration justice (see Carens 2008 and Miller 2008), migrant care workers are considered “irregular” and deserve less consideration for political inclusion (*vis-à-vis* other migrants) because they leave members of their family behind in their home country.

Conversely, care ethics offers a more complete characterization of injustice, and offers a justification for the political inclusion of migrant domestic care workers into the countries they reside in. An ethics of care approach would reach the same conclusion as egalitarianism

that insufficient protection for care workers is unjust. However, by foregrounding the care relation between employers and migrant domestic care workers, it provides very different institutional implications. In an ethics of care approach, care is understood as both a moral *and* political concept. Care relations, including those between citizens and migrants, form part of the basic structure of the societies we live in. Domestic care workers are engaged in care relationships for the families of their employers, who then are also engaged in caring relations with other fellow citizens. By foregrounding care relations as a political concept, care ethics forces us to rethink the classification of migrant domestic care workers as less deserving of consideration for political inclusion. A full-fledged argument for citizenship has been made by care ethicists such as Joan Tronto (2011), for which a defense is beyond the scope of my paper, but I argue that at the very least care ethics (unlike egalitarianism) forces us to rethink the way we view our interactions and relationships with others transnationally. This highlights a kind of injustice overlooked by egalitarianism – the failure to include migrant domestic workers in democratic decisions about how to allocate care responsibilities. I argue that for migrant domestic care workers, being embedded in relations of care with citizens should at least offer some justification for political inclusion in the deliberative process of creating a care regime and allocating care.

Secondly, it is better able to explain why distance seems to matter to the strength of our moral dispositions. Distance matters because we are ontologically relational - by virtue of our humanity, we are embedded in care relationships that occur on different scales and distances. This is a realistic empirical claim, rather than a principled claim that we *should* care equally about everyone everywhere. The care relations that we are embedded in, both caregiving and care-receiving, structure the obligations and responsibilities that arise from those relationships. If I hire a migrant domestic worker, we are embedded in a care relation. Responsibilities within that care relation are mutually constituted, and as an employer I have a responsibility to

recognize my domestic worker's needs for care. Does that mean we only care and empathize with people we have close care relations with? Not at all. On the one hand, the analysis conducted in the previous section demonstrates that to different extents, we are all implicated in relations of care that are structured by larger institutional and discursive forces - care relations can extend transnationally. On the other hand, as Robinson argues, "many of us will recognize that, like us, all other people in the world have similar networks of care and responsibility that they must sustain, and which sustain them on a daily basis. Thus, an ethics of care is about recognizing our own needs for care and our responsibilities to others for care, but it is also about understanding that others have different - yet no less important - care needs and responsibilities, and that we must account for these in the making of moral judgements and social and economic policies" (2013, p.140).

Thirdly, because an ethics of care approach to transnational gender justice more appropriately foregrounds empirical reality over a fact-free derivation of normative principles, an ethics of care approach is much better placed to motivate the moral transformation necessary to fight for transnational gender justice. Compare the premises of the egalitarian approach to an ethics of care approach. The pluralistic egalitarian view is premised on a cosmopolitan ideal - all persons have equal moral worth that is accorded in virtue of their humanity. I doubt that an abstracted cosmopolitan ideal is sufficient to generate the kind of solidarity that can transcend spatial and emotional distance, even if relational egalitarianism can identify the kinds of social connections that perpetuate injustice. Even if I am implicated in the transnationalization and commodification of care labor, the motivating factor as to "why should I do anything?" requires me to buy into the argument that all persons have equal moral worth, regardless of distance. As Miller would say, it is not appropriately "action-guiding" (2012, p.34). For normative principles to promote action, "they cannot contravene the deeply held commitments of present-day citizens" (Miller 2012, p.34). On the other hand, an ethics of care

approach begins methodologically with a core empirical claim that is easily accepted: care commitments are fundamental to our daily life. Everyone in the world requires care, and has had the experience of receiving and/or providing care, so everyone is embedded in care relations, albeit different ones.

While some might argue that the empirical claim that we are ontologically relational beings embedded in care relations is as abstract as the normative egalitarian claim of moral equality, the difference is that the empirical claim is better able to motivate and create solidarity than the normative claim. I borrow Mohanty's definition of solidarity as understood "in terms of mutuality, accountability, and the recognition of common interests as the basis for relationships among diverse communities" (2003, p.7). The relational premise and the subsequent contextualization of care relations is better able to generate solidarity, especially the transnational solidarity necessary to subvert the hegemonic masculinities that maintain injustice in the migrant domestic care industry.

The normative egalitarian claim might be able to tell us the kinds of actions and attitudes equality requires of us when it comes to gender justice, or at least what kind of hierarchies are inconsistent with equality. However, the imposition of moral requirements as an "ought", while probably justified, is not very good at motivating action or creating solidarity. Without an empirical claim that demonstrates mutuality and commonality, it can be difficult for individuals to be pushed to do something that that ought to be done, especially if action is costly and benefits someone they view as an outsider.

The relational premise of an ethics of care allows us to see other people in different countries as embedded in care relations as well, which are structured by the same forces that regulate our own care relations - for instance, economic globalization and neoliberalism, hierarchies of race and gender. These forces play out differently depending on a woman's social

history and location, but the intersecting and multi-scalar approach of care ethics helps identify struggles that are different, but share the same spectral enemy (Mohanty 2003, p.143). The identification of common enemies to resist closes the distance and creates opportunities to build solidarity across borders and cultures. Take the example of hegemonic masculinities. Hegemonic masculinity shapes the discourse of “liberation” from care work - hiring migrant workers allows women in receiving countries to be “free” to seek paid employment. It does so by denigrating care work as women’s work and elevates paid work as men’s work. This oppressive discursive practice occurs transnationally, which is why women who migrate to perform care work suffer from a lack of recognition and persistent devaluation. The common thread of oppressive gender norms is centralized in an ethics of care approach, and an examination of care relations demonstrates how employers of migrant domestic labor in affluent receiving countries are not actually liberated by are subject to the same forces of patriarchy that their migrant domestic worker employees are. Care relations highlight common sources of injustice that transcend borders, which in turn is much better at creating solidarity.

### **3.4 Dealing with objections**

At this juncture, egalitarians might argue that care ethics is not theoretically distinct from commitments to relational equality, or even distributive equality. I want to separate the critiques from both dimensions and deal with them separately, as I find them analytically distinct.

Relational egalitarians might argue that the ontological distinction of the self as relational does not really make any substantial difference. Does it really matter that egalitarianism starts from a liberal perspective and uses the language of individual rights? I think it does. As argued before, it is methodologically and analytically different - the derivation of egalitarianism starts from a conception of the individual as free and equal, and social

relations come in when deciding what equality means - that individuals relate to each other in a manner which befits a society of equals. The ontological conception of the self, even for relational egalitarianism, is abstract and autonomous. An ethics of care approach starts from the empirical observation that care relations are fundamental to human existence, and so the ontological subject is “embodied, vulnerable and relational” (Robinson 2013, p.131). More insidiously, the preference for reasoned deliberation and abstraction over an embodied, relational view of the self mirrors gendered discourses that have historically cast feminist critical theory (which an ethics of care most certainly is) as a private, ethical matter, rather than a matter of political justice. The private-public, reason-emotion divide in Western political philosophy is itself structured by hegemonic gendered discourses. Jaggar, for instance, highlights the effort of feminist political philosophers like Okin who argued that “the home should not be excluded from the domain of justice but rather recognized as a site within which the demands of justice held sway” (Jaggar 2009, p.6). Furthermore, the assumption of the abstract, autonomous subject obscures the way in which these subjects are actually maintained by a vast global network of care relations. Therefore, it does matter that an ethics of care approach starts with an ontologically relational subject. Other than the instrumental benefit of it being better able to create solidarity, it is itself a critical perspective that attempts to reconfigure the dominant masculine paradigm of individualism and autonomy that characterizes most of contemporary Western political philosophy.

Distributive egalitarians might argue that there is space to take into account care relations. Care could be considered a currency to be distributed fairly, and not confined to a particular segment of the global society (e.g., women in the Global South). In another example, liberal egalitarians like Brake have argued that “caring relationships should be added to the list of Rawlsian primary goods, and that citizens thus have claims of justice to equal distribution of the social and legal bases of caring relationships” (2022, p.213). While I appreciate that care

work and caring relationships have now made their way into discussions of justice in the Rawlsian tradition, and I do not deny that Brake's suggestions would actually result in substantive distributive improvements, I am still wary of the failure to contextualize care relations prior to developing normative principles. Brake's argument exhibits a problematic intellectual slippage between the procedural and the substantive, or the "right" and the "good". In the Rawlsian tradition, Brake would claim that her argument of distribution is procedural and neutral. But Rawlsian procedural arguments do make a substantive claim about the ontological status of citizens - they are self-interested, autonomous, and understand relations with others in a political community as a fair and reciprocally beneficial scheme of mutual cooperation. When we change the ontology by starting with a vulnerable, embodied subject that is embedded in relations of care which makes them partial towards the people they give care to and receive care from, that undermines Brake's argument for distributive justice. A move from rational abstraction to equal distribution of social and legal bases of caring relationships does not appropriately recognize the importance of care. More perniciously, "moral rationalism's thoroughgoing abstraction from particular suffering obscures the actual social and political arrangements that foster oppression and violence" (Beattie & Schick 2012, p.12). For instance, viewing fairness in distribution of care relations as reciprocity between free and equal individuals is deeply problematic - some of us require greater care needs and are more vulnerable and dependent on care. Care relations are, for the most part, greatly unequal. As Tronto puts it, "care arises out of the fact that not all humans or others or objects in the world are equally able, at all times, to take care of themselves. Although much contemporary moral theory rests upon the convenient fiction of human equality, the fact of inequality in relations of care makes this assumption problematic" (Tronto 1993, p.145). As such, subsuming care and caring relationships into distributive paradigms fails to recognize important ontological differences, which then have serious justice implications.

In sum, egalitarian theory is analytically distinct from an ethics of care. They have different methodological starting points, and have different views on the ontology of the subject of justice. Even if under relational equality, a pluralistic view of equality can account for relations of care, it obscures the centrality of care to the relational self, and disregards how different contexts and care relationships can place different demands on us. Care ethics cannot be simply subsumed under other theories of justice.

### **3.5 How can an ethics of care inform the demands of transnational gender justice?**

What does an ethics of care say about the way we pursue transnational gender justice? Firstly, an ethics of care demonstrates how the normative demands of transnational gender justice occur at different scales. This starts from the ontological perspective that we are relational selves that are involved in the practice of care. These care relations differ in scale, and our responsibilities differ based on the nature of the care relation and the scale in which it takes place. Instead of the perspective that “I should care equally for everyone around the world because we all have equal moral worth”, an ethics of care notes that we *do not* care for everyone equally around the world. Everyone is embedded in care relations that are structured by similar forces and discourses, but they are experienced contextually. The differentiated experiences across places and scales does not mean that there are no universal components of care responsibilities. Rather, thinking about how to meet care responsibilities involves both universal and particular components - “on the one hand, it requires a determination of what caring responsibilities are, in general. On the other hand, it requires a focus upon the particular kinds of responsibilities and burdens that we might assume because of who, and where, we are situated” (Tronto 1993, p.137). What transnational gender justice demands of us, then, is to recognize the more general forces and discourses that regulate care relations and responsibilities transnationally, and identify how injustice is perpetuated in particular



circumstances - why some do not have access to adequate care, and why some groups bear more care burdens than others. A focus on care illuminates the demands of gender justice on different scales, from interpersonal relations to transnational institutions. This means that in the pursuit of gender justice, the implementation of more just care regimes needs to be attentive to the impact of care regimes at different scales, and not just within the context of one's own household/community/state. The pursuit of gender justice that embraces the dilemma of navigating the universal and the particular would also be mindful of the dangers of parochialism: of assuming that there is no need to look outside local concerns or care about transnational relations. Care is not merely a private matter - the illustration of how care relations transcend borders and have impacts beyond those who we can see helps to counteract the dangers of parochialism in a care-ethical approach to gender justice.

The universal component of the demands of gender justice as it relates to care brings up a secondary question of how to determine the content and allocation of care responsibilities. To what extent are the demands of gender justice specified procedurally and democratically, or specified substantively? From a procedural standpoint, I would argue that the empirical reality of care relations within a society should dictate who gets to be included in a democratic discussion of the nature, allocation, and fulfilment of care responsibilities in a society. This would be a more expansive set of individuals than just the citizens of a particular state, which tallies with my argument for political inclusion of migrant domestic care workers. However, an ethics of care goes further by specifying the *substance* of democratic politics when care is understood as a central part of gender justice, and justice as a whole. As Tronto expresses, "the task of a democratic politics involves affixing responsibility [for care], and, as we come to recognize the centrality of care for living a decent human life, the task of democratic politics needs to be much more fully focused upon care responsibilities: their nature, their allocation, and their fulfilment" (2011, p.166-167). An ethics of care does not give us a full substantive

list of demands for gender justice. Contextual circumstances in different societies may be different: democratic deliberation about care allocation can result in a care regime in one society that centers public provision of care, and another that might center the efforts of local communities and families. What an ethics of care approach does give us is a justification for expanding political inclusion, and a foregrounding of transforming care relations as a central part of the demands of gender justice.

Secondly, an ethics of care shows how the normative demands of transnational gender justice intersect with other hierarchies and inequalities that co-constitute injustice. By starting from an empirical, historical perspective of paid care work, an ethics of care approach demonstrates the historically racialized nature of paid care work, and how that intersects with the gendered norms that designate care as women's work. The racialized element of paid care work extended transnationally with globalization and increased migration - the racial othering of women within sending countries is now extended to different spatial locations. The normative implications of an ethics of care is not limited to gender norms. Instead, an ethics of care approach implies that the pursuit of transnational gender justice must also involve resisting other forms of binary epistemologies and hierarchies that co-constitute injustice in the industry for migrant domestic care work.

Lastly, an ethics of care provides a motivating and practical framework to advance transnational gender justice. Under an ethics of care, care is understood as an ongoing, relational moral practice that all of us are already engaged in. Drawing attention to our interdependence and need for care as a universal feature of humanity is much better at creating transnational gender solidarity because it is grounded in empirical reality, rather than in an abstract notion of a society of equals. By focusing on care as an ongoing moral practice, Tronto draws attention to four ethical qualities of care - "attentiveness, responsibility, competence,

and responsiveness” (1993, p.127). Understanding care as a practice shifts our attention from merely determining universal principles for why care is necessary to the “particular practices of care in a given situation” (Tronto 1993, p.153). The question for care ethics is not merely a matter of how best to realize principles or distribution of burdens, but of how well care is actually given or received in various contexts. Understanding care as an ongoing moral practice everyone is engaged in gives us a better ground for transnational solidarity, but also concretizes the ways in which we can transform care relations at different scales to ensure that everyone receives adequate care without feminizing care or stigmatizing the burden of care work.

## **SECTION 4**

### **CONCLUSION**

The global care chain shines a light onto significant tensions in the pursuit for gender equality. How can we understand the normative impact of obtaining better gender equality outcomes in the Global North on gender justice transnationally? I argued that the dominant egalitarian paradigm is insufficient in characterizing the issues of gender injustice that arise from the industry of migrant domestic care work.

Instead, understanding our relational need for care as central to our humanity is transformative to the way we think about gender justice. By starting from an embodied, empirical standpoint, an ethics of care is much better placed to capture the relational, intersecting, and multi-scalar aspects of injustice in the industry for migrant domestic care work. Furthermore, the focus of care as a moral practice can better serve to motivate solidarity for transnational gender justice.

The insistence that care can be considered a kind of currency, to be subsumed under liberal egalitarianism as a burden or benefit to be distributed fairly points to the reluctance of political philosophy to engage with the ontology of an ethics of care. By showing how the relational, vulnerable, and embodied ontology of an ethics of care has so much to offer us in our pursuit of justice, I hope that more work can be done to bridge the divide.

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