

Care Feminism for Living with an Infected Planet

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Since early 2020, we are living in COVID times with their new pandemic regime. Around the world the changes of the pandemic regime, even though playing out in very different ways in different countries around the world, are experienced as swift and dramatic. Hashtags newly surfacing and trending online in spring of 2020 present an articulation of the lived everyday realities of the global present. Pandemic hashtags include the following: #stopspreadingthecoronavirus #washyourhands#covercoughsandsneezes #stayathome #wearamask #becalmbesafe #besafe #stayhealthy #keepadistance #socialdistancing #quarantinecare #protectothers #wereallinthistogether #takecareofyourself #takecareofothers #takecareoftheworld. These hashtags show how the new rules have transformed everyday life as they were instantly translated into everyday behaviors for individual and collective care. The pandemic regime has declared individual and collective survival its priority.

Observing the realities through a multifaceted news landscape including hashtags, blogs, newspapers, the news on radio and television is useful to the fast-emerging COVID-19 commentary, reflection, and scholarship, which this essay forms part of. The viral condition, the new rules, the new every day, information on the news, online commentary, and instant scholarship all unfold in real-time. Gathering together a small selection of hashtags at the beginning of this essay serves my purpose of thinking about care for living with an infected planet. These hashtags present the shorthand of the pandemic rules as they become lived realities and they are useful to teasing out the underlying ethics that govern the political and economic decisions in COVID times. Globally, social movements, activists, and critical thinkers are fast to react to the COVID condition and to the responses by governments and economies around the world. We can call these underlying ethics characterizing COVID times pandemic ethics. They unfold in the concrete realities of our lives, down to the most mundane details of our everyday such as proper handwashing, in particular the length of washing hands in order to protect oneself from the infection with the corona virus. Yet, such a rule presents a fundamental challenge for many as they do not have access to adequate hygiene infrastructure and water resources. This one example of the challenges around following the pandemic rule of washing hands serves to show that pandemic ethics are torn apart by the contradictions between the politics of rules and the economic realities on the ground. Even though the basic pandemic rules are the same all over the world, the possibilities of following these rules in order to take care of oneself and of others are highly unevenly distributed. Pandemic injustice kills. Pandemic injustice results from the deadly inequality that defined the lives of many before the outbreak of the virus. Poverty, poor drinking-water access, lack of provisions for sanitation and hygiene, hollowed out health infrastructure, crowded living conditions mostly experienced in informal settlements or in refugee camps, and the impact of the climate catastrophe make it impossible for many to follow the pandemic rules, the new

instructions for care. The majority of the planet's population does not have access to adequate care provisions and care infrastructures. Therefore, it is made impossible for them to take care of themselves and of others. This is why a new global international care order is needed.

While some of the world leaders and some heads of states, including leaders of some of the most populous, some of the richest, and some of the poorest countries in the world, understand the vocabulary, the rhetoric, the actions, and ultimately the entire ideology of a war regime to be the best possible response to the COVID-19 situation, and while some of the globally most widely read and listened to public intellectuals, in particular those rooted in masculinist thought traditions, use the state of exception as their key analytic frame to make sense of the state of infection, this essay mobilizes care feminism as the central orientation for living with an infected planet in post-pandemic futures. Understanding the pandemic situation as a crossroads deciding the course for the future, care feminism provides the tools for understanding that a new global international care order is necessary. Care feminism also inspires the hope needed for envisioning post-pandemic futures based on the centrality of care, repair, recuperation, restoring, and healing for an infected planet.

Care and Survival

The pandemic hashtags such as #wereallinthis together, #takecareofyourself and #takecareofothers illuminate that care is essential. The hashtags stress that we are interconnected in care as they state that we are all in this together taking care of ourselves and of others. The rules for surviving the pandemic converge in the inseparability of taking care of oneself and of taking care of others. We have to think the inseparability in care on all levels, from the level of the individual body to the level of the planet, from the level of the home to the level of the government, from the level of the community to the level of global international relations. With the lives of millions in peril because of the COVID-19 virus, the pandemic has made care the utmost priority. Survival hinges on care. Already in 1990, feminist political theorist and care ethicist Joan Tronto together with the educational philosopher Berenice Fisher has lucidly written the following: "Survival establishes the fundamental context of caring. As a species, we have no choice about engaging in caring activities."¹ Care therefore is not, as neoliberal ideology with its promotion of hyper-individualism tries to make us believe, about choice and merit. Care is not about the individual having the freedom of capitalist choice from a spread of different care options. Care is not about the individual who has achieved the merits to having rights to care. The confusion of choice with freedom, and the confusion of merit with rights, are the two fundamental errors threatening care through the economization of life under neoliberal reason. As the pandemic shows, providing the best care possible for all individuals is the basis for collective survival. Yet, the best possible care for all individuals around the world is not enabled and supported by the global realities with its environmental, and social injustice. Therefore, pandemic ethics that place the care for survival at the center are in conflict with the global realities created by the economic conditions. Care is, of course always at the center of collective survival, but

global consciousness for this is only rising now as we are living through a period of the most difficult and most challenging conditions with an infected planet. The essentiality of care is finally being globally recognized, not only as an abstract concept or an ethic ideal, but as a reality hinging on practical and material doings, on adequate numbers of care workers, on adequate provision of masks and protective gear for care workers, on sufficient health care infrastructures, on access to food and shelter, on the possibility to actually stay safe and practice bodily distancing.

With the new pandemic regime unfolding globally, yet measures taken and rules defined nationally as real-time as response to the corona virus, it has become more than evident than ever that from a historical and an international perspective life under capitalism, and in particular life under today's version of neoliberal capitalism with its acceleration of rampant destruction, has not been defined by placing care at the center. The current approaches in the neoliberal economic model of capitalism including financialized capitalism with its sole focus on financial services, petrocapi-talism which is hinged on the strategic commodity of oil, and the silicon and lithium powered surveillance capitalism with its behavior monitoring through algorithmic systems including the uberization of labor through exhausting hours and accelerating piecework rhythms via digital platforms, have exactly nothing to offer for the provisions needed for caring, healing, recuperating, restoring, and repairing. Progress-cum-innovation, growth-cum-profit, and productivity-cum-independence have been heralded as the authoritative master narratives since the beginnings of modern colonial capitalism. The colonial present results in disregarding the needs of bodies and land through stripping bodies of their humanity and land of its fertility and vegetation. Rendering the bodies of some and the land of some dispensable in today's neoliberal capitalism is the root cause of not only not prioritizing the concerns of care, but of effectively preventing that the perspective of care is being placed at the center for organizing political, economic, and social life.

Care, Life, Labor Power

Irrespective of the way political, economic, and social life is organized in any historical social formation with its specific structures and traditions, care is indispensable to human existence. As humans we are dependent upon physical, mental, emotional, and spiritual care and the necessary provisions for fundamental needs including air, water, food, health, clothing, shelter, sociality, education, and self-expression. The necessity for care is therefore not tied to any historical social formation. Much rather each historical social formation examined through the lens that care is essential for human life and earthly survival will reveal how caring about care, how taking care of care is being done through its economic, political, and social institutions. The way care is being organized reveals the how and the what of the conditions that are being created for living with the planet in any historical period. Focusing on the capitalist transformation of care is important for understanding better the deep impact of capitalism's historical social formation on subjectivities,

bodies, minds, life, and land. Much like the transformation of land into property, the living body was transformed into labor power.

In the first volume of the *Capital* Marx writes that the “possessor of labour power (...) must rather be compelled to offer for sale as a commodity that very labour-power which exists only in his living body.”² With life under capitalist relations subordinated to the sole purpose of offering up labor power and labor power generated through the living body, care was consequently subordinated to keeping the living body alive as the source of labor power that has to be regenerated daily, weekly, monthly, yearly, life-long basis. In short, life was subordinated to labor power, and care was subordinated to keeping alive life for the sake of labor power. While all the elements of the master narrative, progress, innovation, growth, profit, productivity, and independence were assigned the greatest economic importance and celebrated as productive, the essential, the indispensable, the vital labor needed to keep alive labor power alive on a daily basis, in the household, was quite effectively obscured, in particular in Marx’s own writing, as Tithi Bhattacharya has lucidly pointed out.³ “If the owner of labour-power works today, tomorrow he must again be able to repeat the same process in the same conditions as regards health and strength. His means of subsistence must therefore be sufficient to maintain him in his normal state as a working individual.”⁴ The traces of earlier, pre-capitalist subsistence economies can be made out here, as they are being subsumed under and subordinated to capitalist relations. Marx himself remains eloquently imprecise about the what, the how, and, maybe most importantly, the who regarding the labor necessary for reproducing the living body. What Marx did acknowledge and what is important to the purpose here of envisioning a new global international care order rooted in care feminism for post-pandemic futures, is that all the kinds of work, to which I refer in very broad terms as care, are, in fact, a “product of history.”⁵ While care is always essential and indispensable to human life and earthly survival, the way in which care is being organized and provided is clearly a product of history and therefore open to future transformation, and even radical change. This point is important for imagining that a new global international care order can, could, and will be established for living with an infected planet in post-pandemic futures to which the last section of this essay will be dedicated.

So far, I have foregrounded that care is essential to the living human body, and, by extension, to the survival of the human species, and I have roughly traced the relevant Marxist observations that are important to a race-critical feminist approach for understanding how such indispensable caring labor was disappeared from its centrality in the organization of the capitalist economy. Paradoxically, precisely because of its indispensability caring labor was rendered most vulnerable, most precarious, and most easily exploitable from the perspective of capital. With life, and survival, dependent upon care, capitalism in the most cunning way understood that what humans cannot live without would be delivered regardless of what the conditions of payment, value, or rights are. Thus, the historical formation of capitalism understood how valuable care is and most violently harnessed it as a resource to be exploited at no cost. Precisely what makes care central is what made care exploitable under

capitalist relations creating conditions of systemic classed, gendered, racialized, and sexualized care injustice. With “capitalism (...) born from racist and colonial violence” including gendered and sexualized violence, care has to be understood as a product of this history. The implications of care as a product of racist, colonial, gendered, and sexualized violence inherent to capitalist relations result in widespread care discrimination. This includes the highly unequal distribution of what is called the burden of care and the availability and access to adequate provision for care including most importantly food, health care and housing.

The multiple and dynamically entangled relations of difference including vectors of difference and oppression such as ability, age, class, ethnicity, gender, race, religion, and sexuality, as developed by intersectionality theory, are complexly embedded in the split that tears care and life apart. This will be rendered legible here from a historical and international perspective via putting in dialogue with each other two global international frameworks, one economic and one political. How this split that I call the care dilemma results in the experience of specific care injustice and care discrimination in a given historical and local contexts needs, as outlined above, an intersectionality theory approach for empirically grounded activist scholarship that works in tandem with activism, social movements, and political action in order to transform conditions of prevailing injustice and discrimination. A perspective on global international frameworks will allow to understand the general care dilemma that plays out differently in different times and different locales around the world.

Care Dilemma: Contradictions between Economic Value and Political Right

The global international care order was, as I will show here, established through two frameworks that emerged in the aftermath of economic crisis and war in the twentieth century. This order, as we will see, has resulted in a global international care dilemma. The experiences of the economic meltdown during the Great Depression, the war economy, and the changing political landscape that followed after the end of World War II gave rise to two international frameworks that still largely determine the concepts of what is being defined as economic values and what is being understood as human rights. These two frameworks are the Gross Domestic Product GDP, which was internationally accepted after the Bretton Woods Conference in the year of 1944, and the Universal Declaration of Human Rights, which was adopted in the year of 1948. These two frameworks are of interest to my purpose here of imagining the possibility for a new global international care order for living with an infected planet. Placing these two frameworks in dialogue with each other allows for a much clearer understanding of the structural causes behind the care dilemma resulting from the prevailing, and if anything, deepening, contradiction between the economy and politics. The Great Depression, to which Gita Gopinath, the chief economist of the International Monetary Fund, compares today's economic shock of the Great Lockdown, shattered the world economies after the stock market collapsed in October 1929 and lasted through the 1930s.⁶ After this experience of the crash in 1929, governments felt they needed to know more about the state of their economy to be

much better prepared for future economic crises and to have a good early warning system in place. This led to the first such statistical account measuring the economy of the United States in 1934 and consequently to the international adoption of this model of measuring the gross domestic product of the economies of countries ten years later in 1944. Measuring the economy was firmly tied to the organizational model of the nation state. Interestingly enough, the war economy which, of course, allocates all its resources in such a way that it serves the war production based on the military complex with its defense industry, and which furthermore relies heavily on the subsistence economy largely in the hands of women in the hinterland, most visibly popularized through the images created to promote war gardens or victory gardens in the US context, was the kind of economy from which the standard for measuring the Gross Domestic Product emerged. Today, the Gross Domestic Product is still the standard measure for determining the size of a nation's economy in the time of a year. As statisticians and economists decided what was of global international importance for governments to know about the economy as a whole and what was going to be included in the data measured "what governments do and what businesses do came to be seen as the definition of the economy".⁷ Everything else, even though it might have economic value, was not considered part of the Economy and therefore neither considered to have value in the Economy's sense nor was it included in the data that were measured. And we can easily see what this meant for care and for women.

The official definition of the Economy with capital E excludes all kinds of care work such as housework, child care, elder care, cooking, cleaning, or subsistence gardening. This work was not simply forgotten when the experts decided on what was going to be included in the data collected for determining the Gross Domestic Product. Quite on the contrary. After discussions it was knowingly decided that even though there was acknowledgment of the "economic value in that work" to exclude it from having economic value that was measured.⁸ Caring work, or reproductive labor to use the feminist Marxist term, was disappeared in terms of economic value. Here we can see how the internationally employed standard of the Gross Domestic Product, in and of itself of course a product of history, effectively erased the economic value of reproductive labor. Even though the consequences are much more far reaching than can be elaborated here, the short story is long hours of unpaid, demanding, and exhausting work done by mostly women round the globe; hours that do not appear in the data being measured, hours that are held to be of no value in the official economy, but are indispensable to keeping the economy running. Far from organizing the economy centrally around that fact that care is essential, care was erased from what is officially held to be 'the economy'.

One year after the global standard for measuring the Economy was adopted internationally in the Bretton Woods Conference, representatives of the Allies of World War II including China, France, the United Kingdom, the United Kingdom, and the United States came together for a conference in San Francisco in 1945 that led to the Charter of the United Nations, which is the foundational treaty of the United Nations, human rights were actually not their prime motivation. Human rights were not even on the official agenda. Yet the experience of human rights under pressure

because of the hardship suffered during the Great Depression and during World War II, the trauma of the Holocaust, and also the beginning struggles for liberation from colonial oppression, led to many arguing for the inclusion of human rights in the agenda of the United Nations. In 1946, a nine-person commission with members from Norway, Belgium, France, Peru, China, the Soviet Union, Yugoslavia, India, and the United States was appointed and began to work on what then became the International Declaration of Human Rights. The commission was chaired by the US Delegate to the United Nations, Eleanor Roosevelt, a political activist and social reformer with ties to the civil rights movement and to the women's movement. Historian Allida Black has emphasized that Roosevelt's understanding of what human rights are, had been shaped most profoundly not only by the knowledge about the Holocaust, which has often been emphasized as crucial to Roosevelt's active engagement for basic human rights, but also by the experience of the Great Depression that impacted disproportionately the lives of African Americans and other disenfranchised and marginalized communities with the increase of racialized violence and injustice caused by the economic meltdown.⁹ This experience led to Roosevelt insisting on political rights not being abstract ideas or ideals, but much rather concrete practices relevant to everyday life. Due to Roosevelt's insistence rights that centrally address care including food, shelter, clothing, or health have been written into the declaration of human rights. In order to show that human rights which are political rights are fundamentally rights to care, I will quote Article 25 of the Universal Declaration of Human Rights in full length:

(1) Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.

(2) Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection.¹⁰

In a 1953 speech Eleanor Roosevelt gave to the UN, the local dimension and everyday importance of the political rights expressed through the global international framework of human rights are highlighted as follows: "Where, after all, do universal human rights begin? In small places, close to home – so close and so small that they cannot be seen on any map of the world. Yet they *are* the world of the individual person: The neighborhood he lives in; the school or college he attends; the factory, farm, or office where he works. Such are the places where every man, woman, and child seek equal justice, equal opportunity, equal dignity without discrimination. Unless these rights have meaning there, they have little meaning anywhere. Without concerted citizen action to uphold them close to home, we shall look in vain for progress in the larger world."¹¹

The global international care order created by these two frameworks, the measurement of the Gross Domestic Product and the Universal Declaration of Human Rights, clearly manifests how care was being torn up through this split that separates economy from politics. This resulted in the creation

of a global international care dilemma. This care dilemma is faced with an economy that does nothing to uphold the rights to care but demands everything to provide for care. This care dilemma is caused by a political world order that recognizes human rights as legally binding, yet does very little to actually guarantee that these rights, including the rights to care, are upheld in lived concrete realities. A different politics in and for the economy is needed in order to reconcile this dilemma. I see this politics embodied and practiced in care feminism which can offer the basis to imagine a new global international care order based on a new economic framework that defines the value of everything, and most importantly, the value of care differently. The last section describes the fears, anxieties, and hopes for the possibility of a global international care order that would make care the center of organizing the economy and politics.

Feminist Fears, Anxieties, and Hopes: How to Live with an Infected Planet in the Future?

What are the insights to be gained and the lessons to be learned from the pandemic that has placed individual and collective survival at the center and has raised global consciousness for inseparable interconnectedness between human bodies. Can there, and even more importantly, will there be new global approaches to repairing and overcoming the care dilemma with its currently irreconcilable contradiction between the capitalist economy defining the value of care and the political dimension of care rights? Globally, we are at a crossroads to work on those decisions that concern post-pandemic futures of living with an infected planet. There are feminist fears, anxieties, and hopes with regard to how these decisions will be reached and what their effects will be. As we have seen with the impact of the Great Depression on the establishment of the global international care order, such decisions are not only the product of history, they also establish frameworks that set the course for decades to come. The question is if there will be a new global international care framework for actually recovering from the enduring systemic crises and for working toward repairing the future.

When I speak of living with an infected planet, I think about two different, yet inseparably interconnected things at the same time. Living with an infected planet refers to the global pandemic crisis following the COVID-19 outbreak in late 2019. This has been at the center of this essay. Yet living with an infected planet also refers to living with the consequences of a much older structural crisis which concerns the critical condition of the planet infected by invasive capitalism gone viral. Since the beginnings of colonial capitalism, the planet has been infected with viral forms of exploitation, exhaustion, extraction, and depletion. The conflation of life with labor as well as the conflation of nature with resource resulting from the rule of capitalism render the planet sick and unhealthy for living.

Regarding the insights gained and lessons learned from the COVID-19 situation, I will speak from the perspective of feminist fears, and feminist anxieties, and tentatively and hesitantly from the perspective of feminist hope. One of the lessons gained from some, yet by far not all, responses by

governments to the COVID-19 outbreak is that governments can prioritize health and that they do not have to subordinate all their decisions to the interest of the neoliberal capitalist economy. While of course not all governments have taken the same measures in the same way, they have demonstrated their use of power and their agency for fighting the viral infection and for keeping humans alive and healthy. Measures have been swift and dramatic. With the climate catastrophe which is imperilling the lives and the livelihoods of millions now and in the future, we have not seen governments take action in the same way. The response of governments to the speed and deadliness of the climate catastrophe has been anything but swift or decisive. Quite on the contrary, keeping the cogs of the fossil-addicted economy running smoothly has been prioritized over planetary health and wellbeing. The question is if the profound experience of interconnected and interdependent bodily vulnerability during the global pandemic situation will give rise to a deeper understanding of how bodies and environment are co-constituted as interconnected and interdependent in their living with an infected planet. Human bodies are inseparably connected with their environment which is not only travelling through bodies via inhalation and ingestion, but also always surrounding bodies. As the measures taken by governments are seeking to adapt to the deadly speed of the virus, we have to ask if such strong measures will be taken by governments in the future to prevent the worsening impact of the climate catastrophe.

Even though there is a sliver of hope in what I have sketched out above, there are many fears and anxieties regarding the actual possibility of establishing a new global international care order. The current response to the pandemic crisis reveals that health care can be placed at the center and it shows that everything else can be subordinated to caring for health in order to work toward survival and life. Yet, the response also reveals not only the continuation, but the effective deepening of pre-pandemic care injustice and care discrimination. Marginalized and vulnerable communities are at much higher risk which results in much higher mortality rates. Gendered, sexualized, and racialized violence increase because of pandemic pressures and restrictions. And even though health, and health care, are being absolutely prioritized by the COVID-19 regime, care pressures are actually rising with dramatic consequences for women, who are disproportionately affected for multifaceted reasons. Already in 2019, a working paper published by the World Health Organization about “Gender equity in the health Workforce” presented an “Analysis of 104 countries” and stated that “women form 70% of workers in the health and social sector.”¹² And an article in the German weekly *Die Zeit* has diagnosed the pandemic as “the crisis of women” bringing to the fore the detrimental effects of the crisis on women with women losing their income and their jobs, in particular jobs connected to the informal and formal service sector, that women are losing their jobs because of the fact that they have to take care of children otherwise in preschool, kindergarten, or school, that women’s working hours are skyrocketing as they combine home office hours and caring labor hours, and that women are widely exposed to contracting the virus as they work in the service sector and the health sector including intensive care units and mobile health services in particular in underserviced rural areas and urban slums.¹³ All this not only reveals the false mantra of freedom of choice that has been spread by

liberal feminism promoting that, above all else women should have a choice if they wish to perform care labor at home or if they wish to join the paid work force, but also shows that liberal feminism is in full alignment with the interests of the capitalist economy and today's neoliberalization of bodies, minds and has, in fact, contributed to worsening the sexualized and racialized dimensions of the care dilemma under capitalism. Therefore, liberal feminism not only has nothing to offer to repairing and overcoming the care dilemma, but actually has to be fought against and undone in order to work toward solutions for the care dilemma.¹⁴ This becomes most apparent during the pandemic with care injustice on the rise and with care workers facing increased exposure to infection. Care do not have the freedom to choose whether to stay at home or whether to go to work, many care workers lack the provision of adequate gear and protection needed for their jobs, many care workers do not know how to organize care for kin and family with institutions like kindergartens, preschools, and schools closed. Furthermore, reports by the UN Climate Change News and the World Health Organization raise awareness for the increasing violence targeting women because of the climate and COVID-19 crises.¹⁵ A new care feminism for post-pandemic futures centers therefore not only has to rely on the broadest concept of care possible, it also has to start from the premise that global care is only as good as the worst kind of care available for those who need it the most. A care feminism for taking care of the health, survival, and wellbeing of the infected planet builds on traditions of anti-capitalist, anti-imperialist, anti-fascist, anti-racist, decolonial, degrowth, and eco-just feminist to work toward a care feminism rooted in health justice and climate justice.

From the response to the Great Depression we have gained the lesson that the goal to have an early warning system in place about measuring the health of the economy came at the expense of the value or care. Measuring the health of care, so to speak, was not part of the goal. Historically, the economic crisis and its aftermath in the first half of the 20th century have led to a crisis of care which resulted in deepening and heightening gendered, sexualized, and racialized injustice, inequality, discrimination, and violence. As I have already pointed out earlier, the lived experience of the Great Depression has profoundly influenced the establishment of the globally accepted accounting mechanism for measuring the economies of countries. This accounting mechanism of the Gross Domestic Product has rendered care a “costless resource”.¹⁶ But, the experience of the Great Depression also led to the inclusion of care rights into the international framework for human rights as the example of Eleanor Roosevelt has shown. Her memories of everyday hardship for the vast majority of Americans and the rising racial violence caused by the economic shock of the Great Depression led her to insist on the inclusion of the rights to food, health, and shelter into human rights. Roosevelt has pointed out, human rights are neither abstract nor solely located at the level of governments and international treaties, but are only relevant to human's lives if they begin in small places close to home, so small that they cannot be seen on any map of the world, yet constituting the world of the individual person.¹⁷

The historical conjuncture of climate crisis and pandemic crisis presents a crossroads for the future. Will the future be premised on an economy that is capitalist? Or will the future be premised on an economy that recognizes the essentiality of care as central and organizes the economy accordingly. What motivates this writing is the feminist hope is that today's Great Lockdown will address the historically inherited problem of the care dilemma that makes the pandemic the crisis for women*. What further motivates this writing is that this specific moment will present a possibility for a new economic order that leads to a new global international care order. Such an economy would not place the control of capital at the center, but the care for care. This would repair the care dilemma that renders millions of lives unlivable through the economical devaluation and rampant exploitation of care and the impossibility of making the political right to care a reality under the dictatorship of a capital-centric economy. Therefore, a new economic system based on the premise of guaranteeing and upholding the right to care implemented through the international human rights framework, would effectively establish a new global international care order.

Today, in pandemic times, we witness the essentiality of care at all hours. What keeps care alive, is the energy and the insistence of all those dedicated to performing the care needed in these extreme conditions. There are myriad critical care acts performed by medical and health care workers who make human life and human dignity their utmost priority every day, there are countless and priceless hours of care work performed under the new social-distancing rules at home, and there are also important new and emerging forms of enduring, if tenuous, solidarity activism with “nearly 100 distinct methods of non-violent action that include physical, virtual, and hybrid actions” that have been identified by human rights experts and political scientists Erica Chenoweth, Austin Choi-Fitzpatrick, Jeremy Pressman, Felipe G Santos and Jay Ulfelder.¹⁸ The centrality and essentiality of care has surfaced in feminist manifestos written and published in early 2019 just months before COVID-19 outbreak. *¿Qué quiere el movimiento feminista? Reivindicaciones y razones* written collectively and published by the Comisión Feminista 8M de Madrid, the network that organizes the March 8th Feminist Strike which is first and foremost a care strike. *Feminism for the 99%. A Manifesto* authored together by Cinzia Arruzza, Tithi Bhattacharya, and Nancy Fraser, rallies for anti-capitalist, anti-imperialist, and eco-socialist feminism which forms the basis for developing care feminism for living with an infected planet. These manifestos and the feminist social movements they are connected to are most inspiring and most relevant to envisioning a new global international care order. In COVID times, there are new feminist proposals addressing the urgency, emergency, and immediacy of the pandemic. One such feminist proposal is the “Feminist emergency plan in the face of the Coronavirus crisis” for new forms of communally sharing care and collectively fighting against sexualized and gendered violence published by the Coordinadora feminista 8M in Chile are leading the way and make it possible to envision a new global international care order.¹⁹

For years to come, will be living in the aftermath of a global health emergency and a global climate emergency. Even though emergency and urgency are most prominently part of what orients

the responses to the conjuncture of our global present with its combination of multiple disasters, catastrophes, and crises all happening at the same time. Even though care is omnipresent on the news, in social media, in the speeches of politicians, health care, and care in general, are spread thin. Care is actually under pressure, and will be under even more pressure in the future. Many community and state institutions around the globe are hollowed out by austerity measures, lack sufficient resources, adequate staffing and infrastructures. Yet, the infected planet might be put at even greater risk if emergency and urgency alone offer the orientations for future economic and political frameworks. Urgency and emergency frameworks are dangerously close, too close, to the premises of war economies and state of exception ideologies. Still, imagining futures for living with an infected planet in the aftermath of virial global capitalist destruction and the global pandemic, is definitely to be understood as a call to action, a call to long-term action. Currently, in spring 2020, we live with the exceptional experience of an economy on hold because of the pandemic. Never before in my lifetime have I experienced the interests of the economy not being prioritized. Much rather the interests of caring for survival and life are seen as priority at the moment. Yet, there is not much in terms of global news that would actually offer an indication that the experience of the economic shock and the unemployment crisis are provoking a turn to a different economy. Understanding the present conjuncture as a call to action should not be understood as a call to returning to the way it was before. This would be the real catastrophe. The world we have lost was a frantic world in turmoil, a world already teetering on the brink of collapse. We have been living at the edge of the ongoing sixth mass extinction event for decades. Even though care feminism is centrally dedicated to restoring and healing the infected planet, it is not about restoring the world as we knew it since this world was based on a politics of global capitalist destruction and toxic human exceptionalism. If world leaders and business leaders, if people in general, think about post-pandemic futures as rushing back to the status quo before the COVID-19 outbreak, they are actually pursuing a politics of care-lessness and global inequality. What we should work toward, and fight for, is a structural transformation that prevents the economy from returning to the status of global injustice, inequality, and destruction.

Care feminism is a political project. Care feminism is about what living with an infected planet could be. There is very much to be learned from the essentiality and centrality care has gained under the current pandemic conditions. On her COVID-blog doula, women's rights activist, and author adrienne maree brown has written the following on April 29, 2020:

when i listen to my bones the instruction is care: care for this body and all other bodies, care generates harmony and balance, care for boundaries without borders. care for each connection, and if it must end, care for the ending. care for communities and have as many as you can care for. care for this planet with how you pet, feed, water, eat, till, plant, and harvest. if it is too challenging for you personally to care for strangers, accept your limitation, and just care for family, you define it, you define who you care for. care generally for futures, or specifically for your own future and the futures of those you can care for.

Against the odds of reality, the hope embodied by care feminism is that the world at the crossroads of climate catastrophe and the Great Lockdown is ready for change and for working collectively on spreading care and on establishing a new global international care order rooted in the solidarity of social, health, and climate justice. On her blog Vandana Shiva has written the following on March 18, 2020: “We are one Earth Family on one planet, healthy in our diversity and interconnectedness. The planet’s health and our health is inseparable.”²⁰ Care feminism starts from this very premise of the centrality of inseparability, interconnectedness, and interdependence in our ontological vulnerability which has far reaching ethical, economical, and political implications. Care feminism works toward imagining the reality of a new global international care order in a world which is no longer under the dictatorship of viral capitalism ruled by growth through destruction, productivity through extraction, progress through extinction, and profit through exhaustion. Care feminism stands up for continued living with and taking care of infected planet where life is no longer subordinated to labor, and nature is not considered a resource to be extracted and exploited. Despite prevailing fears and anxieties, there is hope for a new global international care order that can, could, and will overcome the existing care dilemma in the future built on the premise of a different economy. As long as values proclaimed by the capitalist economy are being maintained, the economy will continue to belie the values of human rights to care. In light of, and despite of, the catastrophic conditions that define our realities, care feminism, which we see emerge in action around the globe, inspires hope. Believing in this hope leads to imagining that local and global activism, art practices, activist humanities, critical scholarship, and radical thought can, could, and will make contributions that are relevant to moving forward a new global international care order for living with an infected planet in need of repairing, restoring, recuperating, and healing.

¹ Joan Tronto, Joan and Berenice Fisher: “Toward a Feminist Theory of Caring,” in: Emily K. Margaret K. Nelson (eds.): *Circles of Care. Work and Identity in Women’s Lives* (Albany: State University of New York Press, 1990), 39.

² Karl Marx, *Capital: A Critique of Political Economy*, vol. 1, translated by Ben Fowkes (New York: Penguin Books, 1976): 272.

³ See: Tithi Bhattacharya, “How Not to Skip Class: Social Reproduction of Labor and the Global Working Class,” in *Social Reproduction Theory. Remapping Class, Recentering Oppression*, edited by Tithi Bhattacharya (London: Pluto Press, 2017), 68-93.

⁴ Marx, *Capital*, vol. 1, 275.

⁵ Ibid.

⁶ Gita Gopinath, “The Great Lockdown: Worst Economic Downturn since the Great Depression,” *IMFblog. Insights and Analysis on Economics & Finance* (April 14, 2020), accessed April, 22, 2020. <https://blogs.imf.org/2020/04/14/the-great-lockdown-worst-economic-downturn-since-the-great-depression/>.

⁷ Caroline Criado Perez, “A Costless Resource to Exploit,” in *Invisible Women. Exposing Data Bias in a World Designed for Men* (London: Vintage, 2019), 240.

⁸ Ibid.

⁹ Allida Black. *Fundamental Freedoms: Eleanor Roosevelt, the Holocaust, and the Universal Declaration of Human Rights*, Video (9:18 minutes) including transcript, 2015, accessed April 4, 2020. <https://www.facinghistory.org/resource-library/video/fundamental-freedoms-eleanor-roosevelt-holocaust-and-universal-declaration> (10.12.2018).

¹⁰ United Nations, *Universal Declaration of Human Rights*, accessed April 4, 2020. <https://www.un.org/en/universal-declaration-human-rights/>.

¹¹ Eleanor Roosevelt, Eleanor: “Where do Human Rights Begin? Remarks at the United Nations, March 27, 1953,” in *Courage in a Dangerous World. The Political Writings of Eleanor Roosevelt*, edited by Allida M. Black (New York: Columbia University Press 2000): 190.

¹² Mathieu Bonol, Michelle McIsaac, Lihui Xu, Tana Wuliji, Khassoum Diallo, and Jim Campbell, “Gender equity in the health Workforce. Analysis of 104 countries.” Health Force Working Paper 1. *World Health Organization* (March 2019), accessed April 6, 2020. <https://apps.who.int/iris/bitstream/handle/10665/311314/WHO-HIS-HWF-Gender-WP1-2019.1-eng.pdf>

¹³ Elisabeth Raether, “Die Krise der Frauen. Weniger Geld, keine Zeit, mehr Arbeit: Wie die Pandemie sich von Finnland bis Indien auf das andere Geschlecht auswirkt.” *Die Zeit* (April 23, 2020): 8-9.

¹⁴ See: Nancy Fraser, “Feminism, Capitalism and the Cunning of History,” in: *Fortunes of Feminism. From State-Managed Capitalism to Neoliberal Crisis* (London and New York: Verso 2013): 209-226; Françoise Vergès, “Les confinés ne sont que la partie visible de la situation,” interviewed by Fanny Marlier, *Les Inrockuptibles* (March 20, 2020): accessed April 4, 2020, <https://www.lesinrocks.com/2020/03/20/idees/idees/francoise-verges>.

¹⁵ World Health Organization, “COVID-19 and violence against women. What the health sector/system can do,” (March, 26, 2020): accessed March, 28, 2020, <https://www.who.int/reproductivehealth/publications/emergencies/COVID-19-VAW-full-text.pdf>; UN Climate Change News, “Climate Change Increases the Risk of Violence Against Women,” (November, 25, 2019): accessed March 2, 2020, <https://unfccc.int/news/climate-change-increases-the-risk-of-violence-against-women>.

¹⁶ See: Caroline Criado Perez, “A Costless Resource to Exploit,” 239.

¹⁷ Eleanor Roosevelt “Where do Human Rights Begin?” 190.

¹⁸ Erica Chenoweth, Austin Choi-Fitzpatrick, Jeremy Pressman, Felipe G Santos and Jay Ulfelder, “The global pandemic has spawned new forms of activism – and they are flourishing,” *The Guardian* (April 20, 2020), accessed April 20, 2020, <https://www.theguardian.com/commentisfree/2020/apr/20/the-global-pandemic-has-spawned-new-forms-of-activism-and-theyre-flourishing?fbclid=IwAR1qHGswLbsL7LASfZoYHCw6ckiScdEhNbFURBiEjUted2SP76OosYVEVuU>.

¹⁹ See: Coordinadora feminista 8M, “Feminist emergency plan in the face of the Coronavirus crisis,” *Toward Freedom. A Progressive Perspective on World Events Since 1952* (March 19, 2020), accessed April 4, 2020. <https://towardfreedom.org/blog-blog/chilean-womens-movement-releases-feminist-emergency-plan-in-the-face-of-the-coronavirus-crisis/>. This link assembles: <https://wideplus.org/2020/03/26/covid-19-crisis-from-a-feminist-perspective-overview-of-different-articles-published/>

²⁰ Vandana Shiva. “Ecological Reflections on the Corona Virus. One Planet, One Health – Connected through Biodiversity,” *Jivad – The Vandana Shiva Blog*. (March 18, 2020). Accessed April 4, 2020. <https://www.navdanya.org/bija-reflections/2020/03/18/ecological-reflections-on-the-corona-virus/>