

Take Care

Issue 01

The Blackwood

July 2017



What meanings are assigned to care, and by whom? Who speaks for care? What ways of knowing, representing, or performing care are erased or marginalized by dominant medical or public health framings of care? Who cares, and under what conditions? How are the perceptions of care and the conditions of care work mutually reinforcing? Where are the spaces of learning to care? What is care's fate under neoliberal capitalism, which is governed by the ideals of competition and individual responsibility? How is the attentiveness necessary for care affected by the demands of contemporary work and always-on media life? How is care enacted or neglected in the affective economies of art and activism? What is the relationship between care and resilience in communities of dissent? What forms and strategies of collective organization are emerging from care work? What would it mean for the exercise of care to be self-determined? What wider political-economic and social transformations are required to democratize the burden of care and establish a "care-centered economy"?¹ How does, and how might, the category of care function politically? Could an expansive conception of care open common discursive ground toward linking multiple struggles in the domain of social reproduction? And finally, how can we work against the tendency of "curatorial and institutional initiatives that perform radicalism on a discursive or representational level, without addressing or transforming the political conditions under which they operate"?² – *Letters & Handshakes*

Front cover:

Anchi Lin, *To The Shore*, 2014.
 Digital video and a broom,
 3:37 minutes, looped.
 COURTESY THE ARTIST.

In *To The Shore*, a broom serves as an instrument for producing a meditative action and sound, transporting the sweeper from the house to the shore.

Editorial Notes

- 1 Ina Praetorius, *The Care-Centered Economy: Rediscovering What Has Been Taken for Granted*, Heinrich Böll Foundation, Publication Series *Economy + Social Issues* 16 (2015): https://www.boell.de/sites/default/files/the_care-centered_economy.pdf.
- 2 Helena Reckitt, "Support Acts: Curating, Caring and Social Reproduction," *Journal of Curatorial Studies* 5, no. 1 (2016): 25. Here, Reckitt draws on Marion von Osten and Andrea Phillips, among others.

The Blackwood is a serial broadsheet publication of the Blackwood Gallery, University of Toronto Mississauga. It is designed to circulate research and support creative inquiry in advance of an exhibition program. It sets out in search of a people yet to come.

Issue 1 anticipates *Take Care*, a transdisciplinary project involving over 100 artists, activists, curators, and researchers critically engaging the crisis of care. Curated by Letters & Handshakes, the project encompasses a five-month exhibition series, performances, workshops, and a publishing program organized around five circuits of care:

Labour of Curation
 September 11–30, 2017

Care Work
 October 16–November 4, 2017

Infrastructures and Aesthetics of Mutual Aid
 November 20–December 9, 2017

Stewardship
 January 8–27, 2018

Collective Welfare
 February 12–March 10, 2018

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Gallery Hours
 Monday–Friday: 12–5pm
 Wednesday: 12–9pm
 Saturday: 12–3pm

The Blackwood Gallery promotes LGBTQ2 positive spaces and experiences and is barrier-free. The gallery is FREE and open to the public.



Tania Willard, *Basket Rescue Operation* (talking to Peter Morin and remembering Dana Claxton's talk for the BCMA in Whistler), from the series *Only Available Light*, 2016. Birch bark basket (reclaimed from antique store), cedar root, copper foil, laser-cut text. COURTESY THE ARTIST AND GRUNT GALLERY.

Basket Rescue Operation is featured in *#callresponse* within the fourth circuit of *Take Care. #callresponse* is an exhibition structured as a connective support system strategically centring Indigenous women across multiple platforms, with a focus on forms of performance, process, and translation that incite dialogue and catalyze action between individuals, communities, territories, and institutions.



Steven Eastwood, *Island* (film still), 2017. 92 minutes. COURTESY THE ARTIST.

Care and Dying

Albert Banerjee in Conversation with Steven Eastwood

Care and death are intimately linked. That we die means we are vulnerable, frail, and at risk—and are therefore in need of care. Mortality provides the foundations for care, yet the fact of our mortality is typically hidden in institutions or spoken of solely through optimistic metaphors of disease and risk, which suggest possibilities for cure and control. They gesture towards an exit; but ultimately, there is none. So, how might we courageously confront our mortality? How can mortality be made visible in ways that contribute to taking care?

Steven Eastwood's hauntingly beautiful film *Island* confronts the challenge of representing the end of life.¹ It follows four people in an English hospice, portraying the transition away from "active" personhood and observing the moment of death. The hospice's location on the Isle of Wight may be coincidental, but it is an analogy for death's place in contemporary Western society: set apart and sequestered. The film wonderfully captures how death is both mundane and otherworldly. I sat with Eastwood to discuss *Island* in the context of taking care.

This is not an easy film to watch: the close-up

images of dying, the lingering. It brings the viewer face-to-face with death...

I wanted to be witness to the moment of death because I felt that this was taboo in our society, and certainly taboo if the image didn't originate from a familial relationship, like a partner or a sibling filming a loved one. I wanted to ask why this is taboo. I wanted to see if it was possible to give attention to the end of life while resisting metaphor.

The idea of resisting metaphor is fascinating. Susan Sontag railed against the use of metaphor in her book on cancer, and later she came to accept metaphors as inevitable. In the context of death, our metaphoric choices tend to conceal it, or we understand it through medical metaphors of disease and risk that set up limited orientations to mortality. Your film is unique in its frankness. Yet it is not a neutral gaze.

I wanted to ask: Can there be an ethics of aesthetics? If the person with terminal illness is denied a certain kind of participation in our culture, denied a certain kind of image, then denying that person an aesthetic is surely also contributing to how they are repressed in our culture. The

film features aesthetic remarks, like pans and tilts and a colour palette, that reflect the strangeness and beauty of the situation. It also states that a filmmaker is present. There is an artist's point of view. This is not a clinical, detached, disassociated eye. This is an eye that looks, and then moves. Things like a focus pull or a pan across a bed can be tactile and attentive, rather than objectifying.

How care reveals itself in Island is instructive. As a researcher working in elder care, I have found a lack of diverse images of care, often restricted to hands being held, or a nurse pushing an older person in a wheelchair. So I was intrigued by how care seemed to recede into the background in your film.

I had a greater challenge accessing images of care than I did finding people who had a terminal diagnosis and were interested in participating in the film. I realize that this is a generalization, but I think it holds up: carers, particularly nurses, are trained to be selfless, and they have a unique way of being with people while partially erasing their own presence. I was halfway through one year of filming when I realized that I had no images of care. Whenever I



Steven Eastwood, *Island* (film stills), 2017. 92 minutes. COURTESY THE ARTIST.

produced my camera the nurses would vacate the frame. We had a meeting with the nurses and said, "Listen, we are giving an inaccurate representation. If you see what I'm filming, it looks as though these people are abandoned." That produced a powerful shift in the nurses' attitudes. They understood that it was important to act against their default behaviour. They had to allow themselves to be visible.

One of the most unique aspects of your film are the close-ups of dying people, sleeping, breathing, being. This is an important contribution to contemporary representations of dying, and I was surprised by the access you were granted. While not voyeurism, the lingering is disconcerting.

One of the things I wanted to ask was: When do we look, when do we look away, and why? How can I continue to look when it may have seemed appropriate to look away? How do we maintain what is appropriate in terms of how we look? I wanted the film to continue to look when the person being filmed is not conscious and cannot return the look. In documentary film, a form of contract hinges on the returned look. If we see that the person being filmed is mindful of the camera, there is a tacit agreement that filming is permitted. When the viewer cannot see that the subject knows they are being filmed, permission is in crisis. However, I feel the film does establish consent and permission and invitation—aurally as well as visually—and, I hope, says that a person who is not conscious can be permitted an image.

The location of the hospice on an island is analogous to the status of death in contemporary Western society. Our mortality—our vulnerability—is hidden, sequestered

in institutions like hospitals and nursing homes. It also speaks of the place of care, which, while central to the reproduction of our society, is treated as a marginal matter, a private issue.

It's interesting to me that the end of life, our mortality, is couched in terms of vulnerability and dignity, but rarely spoken of as natural. I originally planned to make the film working with two hospices in London, but we ended up at a hospice on an island off the south coast of England. Now I realize how fortunate I was, not only with this small community, and not only because the community of care on the island is more integrated and visible, but also because I was given this enigmatic setting—a small island you access by ferry. The island is dependent on ferries for food, supplies, and medicine, and people who need specific chemotherapy must take the ferries to the mainland. So, there's this barrier, this sense of being separate from the wider country. And of course, because it's an island, it has particularly stunning landscapes and weather systems that give the film a floating aspect. I was interested in taking the viewer into an environment which is not entirely familiar and not entirely anchored, so the island and the ferries enabled me to make the film float, to make the film absolutely familiar but also suggestive of another world. The ferries and the pier allowed me to put metaphor in the frame and say that we need metaphor. But metaphor takes us only so far. Metaphor functions, like humour, as a safe place to launch into more challenging and difficult spaces. At points in the film the ferries are metaphorically there, but towards the film's end, metaphor is gone and we are left with direct images, images of unfolding time, including a seven-minute sequence in

which we see someone die. The island is central to the project.

These images make an important contribution to our understanding of death and dying. Your film becomes part of the process of caring for ourselves as mortal beings. I'm curious whether you see a link between care and your position as a filmmaker?

I see similarities between the role of a carer and the role of an artist. In a situation like the making of this film, the artist is something of a stranger, or an interrupter. The filmmaker arrives for a limited time into the centre of a life, without knowing the history of that life, yet is granted uncommon relationships and access, because of a newness and strangeness. For me, one of the exciting things that filmmaking can do is produce new behaviour, for both filmmaker and subject. Talking with nurses, I realized they have similarly uncommon relationships with patients. Often their patients show parts of their personalities or reveal intimacies and private thoughts that they don't share with their families. Nurses are also physically proximate to patients, so they know every aspect of them. This creates a window, almost a liberating opportunity, for the development of new relationships that don't have to conform to patterns and histories.

¹ *Island* will have its international premiere in the summer/fall of 2017. The sibling multi-screen installation *The Interval and the Instant* will open at Fabrica in the UK in October 2017 and at the Blackwood Gallery in winter 2018, during the fifth circuit of the *Take Care* exhibition series.

Care as Infrastructure: An Interview with Ai-jen Poo

Letters & Handshakes

Ai-jen Poo has been organizing immigrant workers since 1996. She is the Director of the National Domestic Workers Alliance (NDWA) and Co-director of Caring Across Generations. NDWA is the voice of the cleaning and caregiving workforce in the United States, representing sixty-four local domestic worker and homecare worker organizations in thirty American cities. She is the author of *The Age of Dignity: Preparing for the Elder Boom in a Changing America*, published in 2016 by The New Press.

How did you get involved in organizing care workers and advocating for better care?

I was raised by proud women who were forced to make some impossible choices between work and family at the expense of their own health and well-being. I very much wanted to honour their work. The other key is my grandfather, who helped to raise me. He became frail as he grew older. At a certain point my father could no longer care for him at home, and he couldn't find the right homecare support. Against his wishes, my grandfather ended up in a nursing home. I visited him and it was dehumanizing. I remember feeling heartbroken that somebody who cared for us was now unable to live on his terms at this important stage of life. That experience stayed with me. I came to commit myself to ensuring that our older loved ones, many of whom cared for us, have real choices to live well as they age.

What does the crisis of care mean to you? How would you describe the contours of the care crisis in the United States now?

What the care crisis means to me at this moment is tied to a paradigmatic change, a generational shift, in American families. On the one hand, the baby boom generation is aging: four million people reach retirement age every year in the US. People are also living longer: the cohort that's eighty-five or older is about to double what it was a decade ago. We're about to have the largest oldest population we've known—and we are woefully unprepared for the support they need and for the dreams and aspirations they have. On the other hand, the millennial generation is turning thirty-five, and having almost four million babies per year.

At both ends of the generational spectrum we have a massive increase in the need for care. And we have less capacity at home to provide that care. Seventy-five percent of American children grow up in households where all the adults work outside the home. We are no longer a society that can count on women as default care support—and we haven't, at a time of incredible need, put systems in place to account for this. That's creating a crisis for so many families. It's a crisis that is emotional, material, practical, and spiritual. Seventy-five percent of the American workforce earns less than \$50,000 per year, and the average cost of a private nursing home room is about \$90,000 per year. The math doesn't add up. There's no way it works for the vast majority of working families.

So, yes, it is creating a crisis. But it is also probably the single greatest opportunity we have to unite cross-sections of our population, across lines of race, geography, and class, and work together to create the kinds of care infrastructure that support all of us who are working and caring for our families.

The struggle to raise the status of care and care work is in no small part a cultural battle. What do you see as the most urgently needed shifts in how care is narrated or represented?

We have to value care and care work as true work. It's the work that makes everything else possible in our economy. We often think about infrastructure as roads, bridges, and tunnels, but care is infrastructure, too, if we think about infrastructure as the arteries that make commerce and everything else in our economy possible. The problem is that we haven't invested in care as infrastructure. We have to rethink our approach to care, how we value care, how we value the human beings and the relationships at the heart of care, and how a well-functioning society invests in care as infrastructure.

It's also about creating a framework to support working people. It's about investing in care jobs that have always been low-wage jobs, with no pathway out of poverty, jobs that have been deeply undervalued. It's about making these good jobs that you can take pride in and sup-

port your family with. This is what we did for manufacturing jobs in the 1920s and 1930s. We organized, as a country and as working people, to transform those jobs. That is what we must do with care jobs.

Care workers, especially home-based workers who are dispersed, are seen as difficult to organize in unions. How have you worked around some of the organizing challenges in your activism?

We do not believe that anyone is unorganizable. We believe that everyone should be a part of an organization that is connected to a community and a movement that represents their aspirations. We've tried to reach care workers through their congregations, their social networks, and even through their employers. This workforce is unique in that the families care workers work for are often not of a different class status. It's a different kind of sector of the economy: it doesn't lend itself to an oppositional framework. You can bring in everyone in a way that builds a broad, powerful force for change. Ultimately, everyone is just struggling to ensure that their families and homes are cared for as they work.

We're taken by the forms of solidarity at work in Caring Across Generations—how it brings together care workers and receivers of care in a single organizational project. How would you describe Caring Across Generations' mobilizing approach?

Everyone is touched by care. There's the famous Rosalynn Carter quote: "There are only four kinds of people in the world: those who have been caregivers, those who currently are caregivers, those who will be caregivers, and those who will need caregivers." We believe that's a powerful framework for people to understand how interdependent we are and how important it is to value the relationships that make everything else possible in our lives—and to make those relationships visible. We built a coalition of consumer groups, groups that represent the elderly, groups that represent those with disabilities, groups that represent workers in the homecare industry, and family caregivers. We try to give voice to family caregivers in particular, because whether it is paid or unpaid, this work is valuable.

Why is love such a necessary concept in your organizing work?

To find solutions that work in the context of human needs and experience, I believe it's important to root ourselves in how people, every day, experience life. The question of what we are doing or not doing for the people we love is at the heart of what drives so many of our decisions. Love is the most powerful force for change. We are driven by it in many ways, so I believe that we have to harness that force to get to solutions that resonate with people, that help people make meaning of what's happening in their lives, and that ultimately help us to make lives better for people.

What, in your view, would a truly care-centred economy look like?

Everyone who is working and has family would have access to the support and resources they need to care for their family: their children, aging loved ones, loved ones with disabilities, etc. They would be able to afford high-quality care of their choice. And caregivers would have a voice at work—they would feel their contributions are recognized, fairly compensated, and really mattered.

Could you talk about your experience in using care as a rallying point to bring together disparate communities and organizations?

There are a lot of cultural traditions of care to draw upon. Our current Hawaii campaign, for example, is "Care for Kupuna." *Kupuna* is the Hawaiian word for elder. Caring for *kupuna* is a big part of the culture in Hawaii—it's a given. And a lot of immigrant communities and communities of colour have well-established cultures of living intergenerationally. Intergenerational care is a natural part of how many communities are organized. We're able to tap into that. We're also able to tap into the fact that a lot of non-immigrants are cared for by immigrants, and, for many, this is the most intimate interaction they could have. When the person caring for you comes from a vastly different place than you, it can build an empathy and connection that's unique. We think this can be tapped to encourage transformative change.

The organizations that you're active in are not limited to taking defensive positions: they forward alternative visions of care. What lessons does this emphasis on alternative possibilities offer to the labour movement more broadly?

You have to organize from a place of humanity, values, and human relationships. If you don't have a vision for where you want to go, it's impossible to have a powerful strategy. If you don't have a proactive vision, you cede the face of the future to your opposition. So, until they figure out how to shift from a defensive posture, the future will always be defined by the few who profit from our economy.

This interview, which took place on 18 April 2017, was edited for length.

covering, distribution, cleaning my instrument

Radiodress

Providing spiritual care to incarcerated people is a tangle of contradictions. I dance between private sanctuaries, individual positions, and public weakness. All over Turtle Island, the physical space of prisons, as well as their internal rosters of "education," "work," and "programming," reveal state-sanctioned violence, control, and revenge. Yet there are leaks, cracks, and fissures where resistance and solidarity emerge. We are the witches, the bitches, the resisters in recovery—the wounded ones who know ourselves, too, to be criminal.

On my laminated Federal Corrections Staff ID card, I am smiling in a denim shirt against a red background. "Chaplain/Aumonier," states my title. In training, we were called Spiritual Care Providers. This attempt at a more inclusive term was developed in the 1920s by Anton T. Boisen, an American consumer/survivor and Presbyterian minister. After a psychotic episode and hospitalization, Boisen recognized that most faiths have few tools with which to encounter the multiplicity, dis/embodiment, and neurodiversity in the people living, often incarcerated, in these institutions.¹

The word Chaplain derives from the Latin *capella*, or covering. It refers to portable field tents used by Western military forces as chapels for prayer. When my name appears next to this history, I wince, and wink: a Jew, a female-bodied person, a queer, a Priestess, all of me/us squished under a Latin word for army tent. The French term *Aumonier* comes from a role prescribed by the Catholic Church. The Aumonier distributed alms to low-income people, including the incarcerated. The Aumonier was a kind of go-between-worlds, someone willing to get dirty in spaces deemed unreachable, impenetrable, undesirable.²

Non-incarcerated people working in prisons have few opportunities to understand the full humanity of an incarcerated person and the wounds that led them to make the life choices they have made. The white supremacist, classist, anti-Indigenous, transphobic, misogynist, and utterly limited thinking behind the penitentiary model is embedded in our titles as paid staff in prisons. Prison Chap-

lains are but age-old cogs in a structure of control and compliance.

Still, I understand my work to be about witness, justice, transcendence, and empowerment. This framework disrupts a system so delicately poised around othering, mockery, simplification, and fear. I see my work as community labour. I work to build solidarity between communities of incarcerated people, the non/un-incarcerated who support them, and the greater mystery beyond. New language, which departs from the Chaplain-as-friendly-vicar and Aumonier-as-charity-distributor, might insist on mutual vulnerability, an interdependence of fracture, where human resilience and brokenness shine in.

¹ "Treating the Soul: A History of Spiritual Care," Centre for Addiction and Mental Health, Toronto, http://www.camh.ca/en/hospital/about_camh/newsroom/CAMH_in_the_headlines/stories/Pages/Treating-the-soul-a-history-of-spiritual-care.aspx.

² J.T.L. James, *A Living Tradition: Penitentiary Chaplaincy* (Ottawa: Chaplaincy Division of Correctional Service Canada, 1990).

Radiodress,
Spiritual Care Toolkit, 2017.
COURTESY THE ARTIST.

Toolkit contents: personal ID cards and tags used for entrance to federal prisons and their Chapels; crocheted labyrinth kippa; watch; capricorn lighter; Sister Spinster "Devotion" tincture; beaded lanyard from the Lake Sebu School (gifted by Jo Simalaya); photocopied blessing of gratitude in Hebrew/English, using the name of the Feminine Divine, Shekhinah.



Dilemmas of Care

Emma Dowling

“Happiness is having someone to care for.” Stenciled in intricate Edwardian curlicue, this phrase frames a picture of a young girl in an apron, a colourful array of flowers at her feet. The toy ironing board on which this is imprinted appears in a collection at the Victoria & Albert Museum of Childhood. A plaque informs young visitors that this toy was produced between 1970 and 1980 and was part of a set that also included a stove, sink, and cookery—everything, according to the museum label, “you would need to copy the work that grown-ups do in the kitchen.” Yet the feminized imaginary conjured up by the picture of the girl, the pastel colours, and the floral motif suggest that this is not about the household chores of adults in general but about the work of women in particular, for whom care is not presented as an obligation to fulfill but as the core of happiness in life. Positioning the opportunity to care as the key to female happiness aligns the needs and wishes of others with a sense of meaning and worth for one’s self.

Feminized care work has not merely involved cooking, cleaning, and ironing in the household, but also encompasses the affective labour of tending to the

emotional needs of those within and outside the household. Against the sanitized view of caring as bliss, the material realities of care work are more complex. Despite some uncoupling of care from gender as a result of feminist struggles, the global burden of caring responsibilities still disproportionately falls on women’s shoulders—even as more women have entered the paid workforce. The market’s incursions into ever more areas of social life has entrenched a highly stratified care sector, where class, gender, race, and citizenship and migration status are intersecting determinants of who does the mostly underpaid, increasingly precarious, and frequently arduous work of tending to others.



Joe Brusky, *Resist Austerity*

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Nonetheless, the suggestion of a causal link between “happiness” and “care” expresses a basic dilemma of care: even if care work remains unequally distributed, or is performed under conditions of duress with insufficient resources, caring is fundamental to what is meaningful about social life. Care, moreover, comes with responsibilities that cannot easily be refused—for needs that cannot simply be ignored.¹

“Take care,” we say to a friend as time spent together comes to an end. “Take care” is not just advice, however: it is an imperative—to slow down and take time to be attentive to oneself, to others, to one’s surroundings. The word “care” stems from the Old English *caru*, meaning “sorrow, anxiety, and grief,” or “burdens of the mind.” Think of the images invoked by the term “care-free,” of being without a worry in the world. The etymology of “care” is distinct from the Latin *cura*, meaning to look after, or ensure the well-being of, something or someone. What a fine line there can be, though, between caring and fretting, between ensuring one’s own well-being and someone else’s, and between being anxious or worried about oneself or someone else, or even about the state of the world. In a way,

the tension between *caru* and *cura* is what is expressed in the Marxian understanding of labour’s double-edged freedom—the freedom to sell our labour power rests upon an absence of freedom derived from a lack of access to subsistence, which determines our need to labour for an income. Seen this way, our impulse to care can come from fear as much as from a sense of affection and connection.

Care work is the lifeblood of our social and economic system, yet, on the whole, we show little appreciation of just how valuable care work is: it provides the very conditions for us to live any kind of life at all, let alone the conditions to create economic value. Although a significant amount of caring is done outside of what we tend to think of as the economy—within homes and families or other personal relationships—caring is no personal, private matter. Care work—how it is done, by whom, under what circumstances, and to what end—is of concern to all of us. Few stop, however, to ask why it is that nurses, teachers, and child-minders, despite their immensely important work, are often some of the lowest paid workers. A satisfactory answer must turn the usual way of thinking on its head: it is not because care work is worth little that it has not been sufficiently valued; rather, the externalization of the cost of care work is the basis on which the system of profit-making is built. Care is offloaded onto the unpaid realms of homes and communities, of over-time, of going beyond our duties, of rolling up our sleeves and taking responsibility—precisely because, well, we care.² Here lurks the ur-dilemma of care work’s cathectic bind in the contemporary political economy, a dilemma exacerbated by the double-squeeze of austerity and privatization that cuts people’s already frayed ability to care for themselves and each other, further deepening the wound of capitalism’s ongoing crisis of care.³

Care, then, is at the heart of capitalism, despite the fact that it appears on the whole to be an un-caring system. There has been much public debate over how the global financial crisis, for example, was caused by a lack of care: bankers out for a big and fast buck, in cahoots with politicians who turned a blind eye to rampant speculation and the lack of regulation in the financial sector. When people seeking refuge from war and conflict drown while attempting hazardous sea crossings, some say that those providing help should not do so, lest this motivate more refugees to come—a demonstrative refusal of care is advocated as a form of political deterrence. Events like this are a stark reminder of a very real stratification of care made up of hierarchies as well as boundaries. Together, such boundaries and hierarchies determine just exactly who is afforded what kind of care and on what basis. At times, though, when populations *are* mobilized to care, their care is refracted through spectacularized outrage that

feeds off what has been termed “poverty pornography,” with its images of hunger, disease, and strife.⁴ Inciting patronage, this care is infantilizing and victimizing; it reinscribes domination, reproduces inequality, and abrogates its recipients of their agency, stake, and voice.

Even the discourse of self-care now exudes a “tactical polyvalence”⁵ as it travels from the ranks of insubordinate Black feminists⁶ and radical philosophers⁷ to self-help guides and diet ads, heavy with self-importance. Where once self-care was conceived as necessary to resist a system stacked against the survival of those it didn’t want or need, self-care’s battle-cry is now the transmission belt for financialized capitalism’s most recent attack on what is left of collective solidarity and public welfare: *Take care of yourself, because nobody else will!*, the billboards warn, as they offer an array of lifestyles, products, and mindsets that promise—if purchased—to ward off our fears.

If the task is to understand care as an enabling force, perhaps even as a basis for politics, we must navigate the contemporary dilemmas of care. Care is a complex relationship, and caring is an affective disposition that can be both oppressive and liberatory. Practices of care have an ethical dimension that has to do with how we value ourselves and others—as well as the natural environment that makes planetary life possible. This is not purely ideational: expressed in material, embodied practices, and inserted into the capital relation, practices of care become sites of struggle over the means to live well.

What would a radical conception of collective care look like for our time? One that can transform the power relations that reinforce care inequalities? One that can withstand the imperative to align one’s self-care needs with the demands of self-optimization in the service of financialized capitalism? One that offers a real alternative to the temptations of a new “caring capitalism”⁸ or “compassionate” capitalism in which an entrepreneurial hand can find its ethical glove in “doing well by doing good,”⁹ making money out of the efforts of communities to address their ongoing care crisis as they put their unpaid, volunteer labour to work in order to fill the gaps in existing welfare provision?



Wages for Housework. Photograph copy: Balloon. Celebrating the opening of NYC Wages for Housework office. Brooklyn, 288-B Eight Street. 15 November 1975. Deposited by Silvia Federici at MayDay Rooms, London, 29 January 2013. THIS IMAGE IS LICENSED UNDER CREATIVE COMMONS (CC BY-NC-SA 4.0).



“Paro” by Japan’s National Institute of Advanced Industrial Science and Technology (AIST) is an animal-like robot that has been in use in Japan and Europe since 2003 for therapeutic purposes—for example, providing care to people with Alzheimer’s disease. Modeled on a baby seal, Paro registers environmental stimuli via two computers and five sensors that measure touch, light, sound, temperature and physical position. This enables it to interact with its human interlocutor. Paro is able to learn—it can recognize 50 different voices and responds to its name.” (Ars Electronica, “Paro,” 10 March 2011, <https://www.flickr.com/photos/arselectronica/5514133373>.)

Photo credit: rubra/Ars Electronica
THIS IMAGE IS LICENSED UNDER CREATIVE COMMONS (CC BY-NC-ND 2.0).

Will the robots marching towards us lend us a helping hand? Our collective fantasies about robotics seem to oscillate between two equally fallacious pitfalls: disparaging techno-skepticism and willful techno-optimism. On the one hand, our fears conjure up a dystopian landscape of algorithmic anomie, of unhappy loners whose social relationships are replaced by robotic interaction.¹⁰ On the other hand (and at times no less eerie) is the utopian polemic for a world without work, where machines do everything humans don’t like to do, so that people can spend their time caring for one another in meaningful ways.¹¹ Yet technology is of course always enabled or constrained by the social, political, and economic power relations it exists within. The key question here is: to what extent do technological developments reinforce and entrench existing inequalities, and to what extent might they be utilized to overcome them?

The politics of care is a politics of dilemmas. Care work is systematically undervalued, yet it is essential to the functioning of society. The more that capitalism undermines our capacities to care for ourselves and one another, the more the crisis intensifies. We know that simply calling on everyone to “care more” does not address the structural inequalities that impose the burden of care on some shoulders more than others, while also marginalizing the voices of those doing the care, as well as those in most need. The demand, then, is not for a politics against care, but a politics that acknowledges and augments the value of care. Yet we should be cautious about framing the value of care in conventional economic terms. Doing so risks confining the politics of care to the register of money, inadvertently preparing the ground for the further marketization and thus privatization of care. Can we think instead about how to drill down into the concrete materiality of care practices in order to truly give value to care? How might we provide and democratize the means, time, and capacities for care as we struggle to find a way out of the crisis?



Photo credit: cathredfern, *another tory cut: graffiti in Tower Hamlets* 12/2010
THIS IMAGE IS LICENSED UNDER CREATIVE COMMONS (CC BY-NC 2.0).

- 1 Silvia Federici, *Revolution at Point Zero: Housework, Reproduction, and Feminist Struggle* (Oakland, CA: PM Press, 2012).
- 2 Mariarosa Dalla Costa and Selma James, *The Power of Women and the Subversion of the Community* (Bristol: Falling Wall Press, 1972).
- 3 Nancy Fraser, "Contradictions of Capital and Care," *New Left Review* 100 (2016): 99–117; Ruth Pearson and Diane Elson, "Transcending the Impact of the Financial Crisis in the United Kingdom: Towards Plan F—A Feminist Economic Strategy," *Feminist Review* 109, no. 1 (2015): 8–30.
- 4 Ratimi Sankore, "Behind the Image: Poverty and Development Pornography," *Pambazuka News*, 21 April 2005, <http://www.pambazuka.org/governance/behind-image-poverty-and-development-pornography>.
- 5 Michel Foucault, *The History of Sexuality, Vol. 1*, trans. Robert Hurley (London: Penguin, 1976), 154.
- 6 Audre Lorde, *A Burst of Light: Essays* (Ann Arbor, MI: Firebrand Books, 1988).
- 7 Michel Foucault, "The Ethics of the Concern for the Self as a Practice of Freedom," in *Ethics: Subjectivity and Truth*, ed. Paul Rabinow (New York: The New Press), 281–301.
- 8 Emily Barman, *Caring Capitalism: The Meaning and Measure of Social Value* (Cambridge, UK: Cambridge University Press, 2016).
- 9 Matthew Bishop and Michael Green, *The Road from Ruin: How to Revive Capitalism and Put America Back on Top* (Danvers, MA: Crown Business, 2010).
- 10 Michele Hanson, "Robot Carers for the Elderly Are 'Another Way of Dying even More Miserably'," *The Guardian*, 14 March 2016, <https://www.theguardian.com/lifeandstyle/2016/mar/14/robot-carers-for-elderly-people-are-another-way-of-dying-even-more-miserably>.
- 11 Nick Srnicek and Alex Williams, *Inventing the Future: Postcapitalism and a World without Work* (New York: Verso, 2015).

Following spread:

Marisa Morán Jahn/Studio REV-, *CareForce*, poster, 2016.
COURTESY THE ARTIST.

CareForce is a public art project, film series, and mobile studio that aims to amplify the voices of America's fastest growing workforce—caregivers. Working with caregivers, their advocates, and a team of artists, *CareForce* attempts to redress policy gaps in order to strengthen caregivers' economic security while ensuring quality care for families. By storytelling with domestic workers, lawyers, organizers, and policy-makers, *CareForce* designs tools, such as this poster, to make complex issues accessible. The goal is to spark public imagination around caregiving relationships through hands-on workshops, screenings, exhibitions, dance sessions, and pit stops at museums, parks, libraries, worker centres, and public spaces. Stay tuned for *CareForce*'s stop at the Blackwood Gallery, University of Toronto Mississauga, in October 2017.



EVERY CAREGIVER IS A
SUPERHERO.
TOGETHER WE ARE
THE CAREFORCE.



Antinomies of Self-Care

Sarah Sharma / Lynx Sainte-Marie / Lauren Fournier

Selfie-Care and the Uncommons

Sarah Sharma

Self-care is a strategy of survival, “an act of political warfare” for bodies neglected and worn down by the intersecting nodes of capitalism, patriarchy, and white supremacy.¹ Self-care is distinct from the *selfie-care* found in glossy, neoliberal, postfeminist magazines, where women are instructed to recharge in order to re-enter currents of patriarchy/capitalism/white supremacy. The self *taking care of itself* has become a photo op, one that too often parades the individual as the most important unit in political struggle. This coopting of the radical necessity of self-care speaks to neoliberal feminism’s ignorance of how gender is mutually raced and classed. Neoliberal feminism is a privileged bystander often complicit with the regime of violence that leaves so many uncared for.

The self-care/selfie-care political spectrum is easy to plot. #Selfiecare is a photo of a pair of feet floating in a pool of sudsy water being worked on by the repetitive motions of the manicurist at the nail factory. On the other end of the spectrum you might find people engaged in communal forms of reproductive labour so others can eat, sleep, and rest. Care in the commons is not so digitally noteworthy—this is a type of care that the medium cannot capture and quickly brandish via a hashtag. Selfie-care comes by way of online self-diagnos-

tic quizzes, clickbait lists, and BuzzFeed tips. Selfie-care lists things one must do: Dance, Eat, Breathe, Hydrate, Touch a Tree, Send a Nice Email.

I suspect those things take on extra special significance in contemporary culture because they can’t be taken care of by a technological device or through the labour of another. Selfie-care makes the commons not only a regime of productivity and efficiency, but also one of over-determined scarcity. The left is not immune from selfie-care. The list, like the selfie, reorients self-care away from an act of refusal toward a momentary retreat, supposedly excusable in this moment of Trump. Self-care becomes a lifestyle choice for a productive, healthful life, whether you are an activist or a capitalist. Sadly, there is no #selfcare list that says: get high, call in sick, watch Netflix all day, punch a bigot or a nazi, and then enjoy a loaf of bread. Ultimately, #whocares if it’s a kale smoothie or loaf of bread—that’s a matter of #selfiecare.

The radical potential of self-care is impeded by the need to document it, publicize it, enclose it in a list. Unlike selfie-care, self-care isn’t about the private domain of the self, but about the maintenance of the conditions of possibility for people to be cared for in common.

The Endless Possibilities of Our Limitations²

Lynx Sainte-Marie

I’ve spent the last several years presenting, performing, facilitating, lecturing, and consulting in spaces all over this colonized land commonly known as Canada. Recently, my focus has been healing justice and disability justice, challenging individuals and organizations to move away from *self care* as an absolute rule—where the onus of care is on the individual—towards a *community care* practice and politic. Healing justice takes much of its teachings from disability justice, borne of sick and disabled, queer, trans, gender non-conforming, Black, Indigenous, People of Colour (BIPOC) communities who prioritize the bodies, leadership, and genius of the most marginalized.³ Both of these intersectionality-centred frameworks—disability justice and healing justice—ask questions like: How can we move towards liberation together? Are we not only giving, but also asking our communities for what we need, and holding them accountable? Communities that heal together resist better together. And sustainability is key. The imperialist white supremacist capitalist cishetereopatriarchy knows it runs more efficiently when we’re separated, outnumbered, and alone.

What oppressive systems teach us about

1 Audre Lorde, *A Burst of Light: Essays* (Ann Arbor, MI: Firebrand Books, 1988).

2 This is a revised excerpt of the article “Can The Work Heal Us,” published in the Disability Justice issue of *The Peak Magazine* 56, no. 4 (2017).

3 I owe so much of my current knowledge of disability justice and healing justice to the wisdom and genius of Black, Indigenous, women, femmes, and non-binary people of colour I’ve encountered URL and IRL, including but not limited to Spectra Speaks, Esther Armah, adrienne maree brown, Yashna Maya Padamsee, Mia Mingus, Ciel Sainte-Marie, melannie monoceros, Jassie Justice, and Danielle Stevens. May our brilliance always light the way through the darkness.

4 Johanna Hedva, “Sick Woman Theory,” *Mask*, January 2016, <http://www.maskmagazine.com/not-again/struggle/sick-woman-theory>.

5 Audre Lorde, *A Burst of Light: Essays* (Ann Arbor, MI: Firebrand Books, 1988); Sarah Ahmed, “Selfcare as Warfare,” *feministkilljoys*, 25 August 2014, <https://feministkilljoys.com/2014/08/25/selfcare-as-warfare>.

the kind of support we should value is poisonous and insidious. It means that people are reluctant to see the everyday, practical things they do as care work. As if, like building muscle, when you’re not wincing from the tearing of tissue, you’re probably not doing it right. Disabled activists who organize online feel the brunt of these ableist narratives every day, even though our arthritic fingers hurt with every hashtag. BIPOC care workers and cultural workers, particularly those of us with multiple intersections of oppression, are paid less than our white/white-passing/lighter-skinned peers, and are often asked to work for free, or not asked at all. Many of us struggle to take care of ourselves, while those of us with more privilege and resources are taught that the people we should be supporting are *out there somewhere*. So, we volunteer at crisis lines four hours a week, while the emotional labour we engage in with loved ones is scarce. We work with disabled youth, yet the struggles of our chronically ill friends go unnoticed. Couple this with all the self-care we should be doing, but aren’t, because the world needs saving, and it’s no wonder so many of us deal with burn-out and compassion fatigue.

But the ways we can and do take care

of ourselves and of each other, with whatever we have at our disposal, are valuable. Now, when I think about the care I want to cultivate with others, I think of the range of things we are able to do for ourselves with the support of our folks. I think about celebrating our self-determination and striving for interdependency. I think about the time they moved carefully beside me down the street, without questions and accusations, watching me as I cautiously took my first neighbourhood walk in a year. And the crowdfunder that he, she and they created on my behalf for the medical device I use for my pain. Or when we promised to check in with one another and spoke about boundary-setting as intentional pathways to each other’s hearts. I think about the capacity I have as a sick and disabled person, and how the Medical Industrial Complex describes my capacity as “limited.” But, when we centre disability, our limitations become endless care strategies and possibilities. We’re powerful on our own, no doubt, but all of us working together—as multi-issue people with complex bodies, histories, relationships to this land, and stories, holding our most marginalized while still getting the care that we need—this is the kind of care that, I believe, will set us free.

Sustaining Our Selves, Collectively

Lauren Fournier

Self-care is ambivalent. On the one hand, *care of the self* has been reclaimed by intersectional feminists as a politicized act of autonomy by which those whose lives have been rendered precarious uphold the value of their lives: in hostile circumstances, survival becomes resistance. Johanna Hedva articulates an ethos of agency for those living with chronic illness,⁴ while Audre Lorde and Sara Ahmed champion “self-care as warfare,” emphasizing how taking care of the self, particularly when that self is marginalized, is necessary for sustaining resistance to social, political, and economic structures that work against us.⁵

On the other hand, to *take care of the self* is a neoliberal imperative that has been criticized for removing responsibility from the state, displacing the onus to the individual. Think, for example, of debates about publicly funded health care and privatization, where right-wing politicians frame questions of “access” to health care in terms of “customers” and the right to purchase, rather than in terms of citizen rights.

Alert to how capitalism swallows resistance movements with such ease, or at least tries to, we must approach “self-care” critically, especially in light of the current context of neoliberal capitalism, with its privileging of the individual *self* above all else.

In my curatorial project *Self Care for Skeptics* (2015), artists, writers, and activists troubled self-care through intersectional feminist, queer, and BIPOC frameworks. Some contributors acknowledged the desirability of self-care practices—it’s important to look good and feel good, for example—even as they critiqued the patriarchal, neoliberal, capitalist, and ableist ideologies that scaffold the notion of self-care. Others moved away from self-care and embraced new conceptions of collectivity, opting for an ethics of *collaborative care* that places renewed emphasis on community.

In *The Sustenance Rite* exhibition, which is part of *Take Care*, artists engage the space of *health* and *care*—both individual and collective—from positionalities grounded in experiences of oppression and stigmatization, mental health issues, physical illness, and mourning and grief. The artists’ projects unhinge dominant conceptions of health and illness, making room for more expansive conceptions of what it means to be well. Reflecting on the rites and rights of mental and physical health care in the contemporary moment, *The Sustenance Rite* makes space for rituals that sustain us.

Other forms of conviviality: The best and least of which is our daily care and the host of which is our collaborative work¹

Park McArthur and Constantina Zavitsanos

SCORE FOR BEFORE

Think about the evening during the day.

Text about when and where.

Be there when and where.

Care collective is a group of ten people who coordinate Park McArthur's nightly care routine. The basic function of care collective is to assist in changing Park's clothes and to lift Park in and out of the shower and into bed. This routine is often accompanied by other convivial activities, such as making dinner, drinking, talking, reading, watching YouTube videos, massaging limbs, drawing, videotaping, and sharing stories. In June 2011, Park and Tina began using letters, text messages, and text-based art to explore ideas of care and intimacy. In November 2011, Park began a routine of brushing Tina's teeth. In April 2012, Park and Tina began writing scores for lifts and transfers. Tina Zavitsanos and Amalle Dublon are care collective Friday night.²

"XO" is often left at the bottom of what appear to be exchanges: kisses for greeting and parting; signed letters; an end to correspondence; a smoothing over of communication delays and failures; the arrangements of players and antagonisms; a process of score keeping. As an abbreviation, XO may signify intimacy or curtail it. Sometimes the banal routine of this curtailment is itself the location of intimacy—when, for example, "love you" means "this conversation is over."

Yet convivial forms of correspondence need not constitute exchange. In the first chapters of *Capital*, Marx suggests that exchange asserts an impossible equivalence between irreducibly incommensurable terms; exchange violates that incommensurability, while mobilizing it as quantifiable (in)difference. Gestures of intimate inclusion are regularly used to make violence appear as equitable exchange. Given that care work has historically been a site of violence done to both domestic workers and those who depend upon care,³ can we find other convivial forms for this labour (care work) that do not depend on exchange? Can these new forms cripple our understanding of labour? What is the capacity of debility in terms of labour power? What are the possibilities of (inter)dependency for the “temporarily abled”?⁴

What if we refuse the convivial forms of care that deal in contracts of exchange? What if we approach care as an event? How are we to accept and coordinate our mutual and divergent forms of precarity and (physical) risk? Let us acknowledge that such precarity and risk are routine.

Can the banality of care, its constant rehearsals and routine demands on buttons, joints, and coordinated movements, produce and sustain intimacy without becoming fixed? Can the intimate actions and bodily movements of care work coordinate themselves in terms of the event—simultaneously static and dynamic?

We—in the midst of care—wonder how needing help with daily activities mandates a physical closeness that complicates the utility of actions and gestures most often associated with intimacy. What might the consistency of this intimacy be if the main caring action of care collective—wrapping arms around each other to lift and transfer bodies—weren’t so reminiscent of a hug? There are many ways to lift and transfer someone, one of which involves leaning forward so that the person lifting can grab around the liftee’s waist, pivoting from surface to surface. Really, how much of this is that we are often cheek-to-cheek in acts of care, head on shoulder? Should the reasons for being this close be intimate ones?

SCORE FOR LIFT AND TRANSFER

“Ready?”

“Ready.”

Work to deliver your bodies safely from platform to platform, surface to surface.

Hold yourself; stand.

Stand and hold yourself while holding someone else.

Learn how the you of your body and me of mine work our mutual instability together.

Learn how the instability of holding while moving is a moment.

Learn that to move is to hold a we. When we are crossing, dressing, lifting, rounding, it reminds me how rarely I share this kind of coordinated unstable touching, these routine experimentations, with others besides Amalle. What contexts, proximities, and spaces permit the sharing of these simple actions?

SHIRT SCORE

Bow your head forward.

Look at your lap.

If the person doesn’t notice your position as a gesture of what you want to do next, say “hey, can we take my shirt off, please.”

Once you are positioned facing one another, put your head very close to your partner’s stomach, placing your hands on your thighs to keep yourself upright.

Feel your stomach tighten as you continue to work to keep yourself stable against the motion and pull of fabric over your head.

Give yourself a challenge; wear a turtleneck.

With the opening of the shirt over your head and resting as a droop at your neck, have your partner pull the bottom of the shirt resting at your shoulder past your left arm.

Your left arm leaves the sleeve.

This helps the right sleeve to pull down, too.

Your right arm is free.

Your shirt is now on your lap.

SCORE FROM BEFORE VII

Share your feelings.

Ask someone to share their feelings with you.

SCORE FOR BACKING UP

Think about your first lift with your partner.

Know that your partner has done this one million times more than you and that in twelve-point font, a list of names of people that have done these lifts with her is thirty-eight inches long when printed and leaves a fourteen-inch block of space for all the names that will come after you. Realize you don’t remember the occasion of your first time, despite never having done this before.

Realize that she probably does remember.

Consider this discrepancy.

Know that now feels like the first time precisely because the first time felt like you’ve done this forever.

Pull the manual wheelchair down the ramp backwards.

SCORE FOR CROSSING AN OPEN FIELD

Notice your partner’s lap has been the same shape for some time and ask if she’d like it tight or open.

Wait for her response.

Bend over and pick up her leg from the mid calf.

Place her ankle over her opposite thigh.

Adjust as directed.

SCORE FROM THE MIDDLE III

Don’t leave me tired.

Make me try.

We are interested not in the exchange of XOs, but in (X,O) as coordinates, or rather unstable coordination. We approach the event of intimate care as a shared risk of falling and failing.

SCORE FROM BEFORE VI

Look up the floor plan online.

Guess the width of the stairs.

Go to the site; imagine holding the weight of another body as you use the stairs up and down. Express your worry.

Show up together.

Look at everyone looking at you with expectation.

Look back with expectation.

Feel the expectation of embodiment.

Reassure each other.

Accept help from others.

Decide on a piggyback classic with additional butt support.

Look at the stairs’ steepness and narrowness.

Look at each other.

Imagine falling together.

Imagine losing footing.

Bend your knees until your hands rest on the ground; stabilize yourself.

Wrap legs around the sides of your body.

Hook elbows and knees.

Lean arms over shoulders, chest on back.

Prepare to stand.

Accept weight.

Accept leaning, working against leaning.

Stand to hold while holding.

Hold onto someone holding you.

Hold on to someone holding onto you.

Take the first step down.

1 This is an edited excerpt of an article previously published in *Women & Performance: A Journal of Feminist Theory* 23, no. 1 (2013): 126–132.

2 Amalle Dublon also contributed some writing to this piece.

3 People with disabilities who depend upon daily care experience a disproportionately high rate of sexual assault, physical abuse, and neglect. In addition to physical violence, affective claims of intimacy—“but she’s one of the family!”—attempt to conceal and steal the reproductive labour of domestic and direct care workers.

4 In “The Ethics of Care, Dependence, and Disability” in *Ratio Juris* 24, no. 1 (2011): 49–58, Eva Feder Kittay terms non-disabled people “temporarily abled” in recognition of the fact that dependency is a reality for all bodies. This reality is not meant to de-centre disabled people from the particular material struggles and real-world concerns that construct their daily lived experiences.

Following spread:

Chloé Roubert and Gemma Savio, *It Takes Work to Get the Natural Look*, 2015. Lawn, 45m x 45m. PHOTO: CHLOÉ ROUBERT. COURTESY THE ARTISTS.

It Takes Work to Get The Natural Look was an intervention on the lawn of the Walter Gropius-designed, UNESCO-listed Bauhaus Building in Dessau, Germany. Taking the Bauhaus lawn as the subject of their site-specific work, Roubert and Savio explore the mechanisms behind the commodification of organic matter, the labour processes concealed within the modern project, and the performative condition of gender. A new iteration will be presented at the University of Toronto Mississauga in July 2017 as part of *How Far Afield?*, an exhibition of campus interventions curated by Alison Cooley and Jayne Wilkinson of the Blackwood Gallery.





WATER



IS LIFE

Seniors' Advocacy in Ontario: An Interview with Care Watch

Kassandra Hangdaan

Care Watch is a non-profit, senior-led, volunteer advocacy group working on issues surrounding the quality of care, in-home care, and community services available to Ontario's senior citizens. The Board of Directors is composed of working seniors and is currently chaired by Josephine Grayson, whom I spoke with by phone and email to learn more about Care Watch's advocacy. The Board draws upon its members' professional credentials and experiences of ageing to produce fact sheets, research reports, letters to the government, and presentations—materials aimed at shifting public understanding regarding services offered to senior citizens and promoting equitable care policies at the provincial, federal, and municipal levels of government in Canada. As Ontario's population ages, the quality of senior citizen home care is becoming an urgent issue, and senior citizens themselves are important players in this discussion.

According to Grayson, Care Watch's work is motivated by a perceived decrease in an individual's social relevance as a result of ageing: "As people age, they tend to become less visible," says Grayson, "their voices cannot be heard." Other challenges that motivate Care Watch include identifying who administers and pays for home care services. Ageing is an inevitable part of life, and standards of care services strongly determine the quality of life experienced by senior citizens. Knowing who administers such services and how

they are funded gives senior citizens a greater ability to advocate for improvements.

Care Watch also evaluates and scrutinizes the effectiveness of new government initiatives regarding care. The organization publicizes letters it has submitted to politicians, including an open letter to the Federal Minister of Health, Jane Philpott, and the Ontario Minister of Health and Long-Term Care, Eric Hoskins. Grayson's letter encourages the "protect[ion] of funding for home care services," amidst an agreement between the provincial and federal governments, wherein the provincial government promised to allocate more funding for mental health and home care services.

But Care Watch's advocacy is not only about letter-writing and influencing policy—it's also about educating the public about what these policies mean, and the impact they'll have on individuals. For example, Care Watch has released fact sheets and evaluations concerning the 2016 Patients First Act, legislation drafted by Minister Hoskins that proposes reforms to home and community care. Asked about the response and reception to her open letter, Grayson says, "when you're an advocate, it's a bit [...] difficult to figure out what the impact has been. We see our success being responded to [...], we've received responses back [from the government], which tells us that we've been heard."

Recently, in conjunction with the Toronto Seniors' Forum, Care Watch initiated *Still Acting Out*, a project that uses publishing, public consultation, and theatrical performance to address senior citizens' experiences of ageism and issues of discrimination faced in home care. Drawing upon the collective experiences of Care Watch's Board of Directors and over 200 participants from across Toronto, the collected responses were scripted into short, dramatic scenes that were acted out by volunteers in a variety of theatrical venues. The importance of this project lies in its function as an educational tool, both for the general public and for other seniors' advocacy organizations, demonstrating the many issues faced in the daily lives of senior citizens. In the near future, the advocacy group hopes to further the progress it has made in expanding access to in-home care, housing, transportation, and Meals on Wheels programs for the benefit of senior citizens. Ultimately, addressing the challenges of ageing is not only a social necessity but a moral imperative. Care Watch aims to improve the lives of individuals regardless of age; after all, any work that increases an individual's quality of life is work worth pursuing.

Previous page:
Christi Belcourt, *Water is Life*, 2016.
Digital image, dimensions variable.
COURTESY THE ONAMAN COLLECTIVE.

Biographies

Albert Banerjee is a health sociologist. His research challenges the ethos of mastery that orients much of contemporary healthcare while cultivating alternatives. One such alternative is the feminist ethics of care, which he is using as a framework to orient quality improvement in the context of nursing homes for older persons. He is CoFAS Marie Curie research fellow at Stockholm University.

Care Watch is a senior-citizen-led organization that advocates for high-quality, affordable, and equitable home and community care for Ontario's elderly. They monitor provincial policy and provide analysis and feedback to decision-makers on how to achieve a home care system that supports dignified ageing.

Emma Dowling is Senior Researcher at the Institute for Sociology at Friedrich-Schiller University Jena. Her interests cover global social justice, feminist political economy, and affective and emotional labour. She is the author of a forthcoming book on the crisis of care to be published by Verso.

Steven Eastwood is an artist and filmmaker whose practice spans documentary film, installation-based moving image, media arts, and theory. He teaches film practice at Queen Mary, University of London. His feature film *Buried Land* was an official selection at the Tribeca, Moscow, Sarajevo, and Mumbai film festivals. Recent and forthcoming exhibitions include Fabrica, Brighton; QUT Gallery, Brisbane; Globe Gallery, Newcastle; KK Projects, New Orleans; and ICA, London.

Lauren Fournier is an artist, writer, and curator. She is a doctoral candidate at York University, where she is completing a SSHRC-funded, cross-disciplinary study of "auto-theory" as a contemporary mode of feminist practice across media. Lauren has worked as a frontline mental-health and harm-reduction worker, and her engagement with mental-health advocacy informs her art and curatorial practice.

Kassandra Hangdaan is a fourth-year student at University of Toronto Mississauga, where she studies philosophy and political science. She writes for on- and off-campus publications such as *The Medium*. In her free time, she enjoys free-style writing and scoping out new places for food.

Marisa Morán Jahn is an artist and founder of the art, media, and social justice non-profit Studio REV-, whose projects include *El Bibliobandido* and *CareForce*. A Creative Capital award recipient and faculty member at MIT and Columbia University, Jahn's work has been showcased in contexts ranging from the White House and worker centres to museums such as the San Francisco Museum of Modern Art, New Museum, and the National Fine Art Museum of Taiwan.

Labrador Land Protectors is a group of concerned citizens fighting against the Muskrat Falls hydroelectric dam in Happy Valley-Goose Bay, Newfoundland and Labrador.

Carolyn Lazard is an artist working in video, performance, and text. Her work engages collective practice to address the ecology of care, dependency, and debility. Lazard has presented work in various spaces including Light Industry, Cleopatra's, Recess, Anthology Film Archives, the Wexner Center for the Arts, and the New Museum. She has published writing in *The Brooklyn Rail* and *Mousse Magazine*. She is a founding member of the art collective Canaries.

Letters & Handshakes is a collaboration of Greig de Peuter (Department of Communication Studies, Wilfrid Laurier University) and Christine Shaw (Blackwood Gallery and Department of Visual Studies, University of Toronto Mississauga). Letters & Handshakes' past projects include the exhibitions *I stood before the source* and *Precarious: Carole Condé + Karl Beveridge*, the forum *Fighting Foreclosed Futures: Politics of Student Debt*, and the symposium and micropublication *Surplus?: Labour and the Digital*.

Anchi Lin is an artist of Taiwanese heritage who lives and works in Vancouver. Her work negotiates and interfaces with concepts such as language, identity, gender, and cultural norms. Lin received a BFA in Visual Art from Simon Fraser University and was the recipient of the Vancouver Contemporary Art Gallery Emerging Artist Award and the Bob Rennie Undergraduate Award in Visual Art. She has exhibited at galleries in Vancouver and Taipei.

Orev Reena Katz is a Hebrew Priestess through the Kohenet Institute and the Jewish Chaplain for four federal prisons in Southern Ontario. Katz's exhibition and performance art work spans twenty years in social practice and community-based art produced under the name **Radiodress**. Her work has been presented at the Art Gallery of Windsor, Art Gallery of York University, Gallery TPW, Koffler Centre for Arts, and Workers Arts and Heritage Centre.

Park McArthur is a New York-based artist working in sculpture, sound, and text. Solo exhibitions include Lars Friedrich, Berlin; Essex Street, New York; Chisenhale Gallery, London; and San Francisco Museum of Modern Art. Group exhibitions include *Greater New York*, PS1 MoMA, New York; *Unorthodox*, The Jewish Museum, New York; Ludwig Forum, Aachen; and the Whitney Biennial, New York.

Onaman Collective is a community-based social arts and justice organization founded in 2014 by Christi Belcourt, Isaac Murdoch, and Erin Konsmo. Onaman Collective is interested in helping Indigenous communities, particularly youth, with reclaiming

the richness and vibrancy of their heritage. The collective combines land-based contemporary art with traditional arts, anishinaabemowin immersion, and Elders' and traditional knowledge.

Ai-jen Poo is the Director of the National Domestic Workers Alliance (NDWA) and Co-director of Caring Across Generations. The NDWA is the voice of the cleaning and caregiving workforce in the United States, representing sixty-four local domestic worker and home care worker organizations in thirty US cities.

Chloé Roubert is an artist and applied anthropologist who has completed independent work on the relation between humans and organic life, urban space, and taxonomies at the Banff Centre for Arts and Creativity, Bétonsalon, and the Bauhaus-Dessau Foundation.

Lynx Sainte-Marie, Afro+Goth Poet, is a multimedia artist, activist, and educator of the Jamaican diaspora, with ancestral roots indigenous to Africa and the British Isles. A disabled/chronically ill, non-binary/genderfluid person, they identify within queer and trans, femme, boi, gender non-conforming, crip, and spoonie communities. A poet across media, Lynx utilizes multiple art forms to engage audiences around issues of identity, oppression, liberation, resiliency, and survival.

Gemma Savio is an architect and academic. Her research is focused on the processes of architectural production under the accelerated conditions of political economy across the twentieth century. Gemma is a PhD candidate at the University of Newcastle, Australia.

Sarah Sharma is Associate Professor of Media Theory at the Institute of Communication, Culture, Information and Technology and Director of the McLuhan Centre for Culture and Technology at the University of Toronto. She is the author of *In the Meantime: Temporality and Cultural Politics* and is working on a new book that explores the gendered politics of exit and refusal, or what she terms the "(s)Exit," within contemporary techno-culture.

Tania Willard, Secwepemc Nation, has been a curator-in-residence with grunt gallery and Kamloops Art Gallery. Willard's curatorial work includes the national touring exhibition *Beat Nation: Art, Hip Hop and Aboriginal Culture* co-curated with Kathleen Ritter, and, more recently, *Unceded Territories: Lawrence Paul Yuxweluptun, Nanitch: Historical BC photography, BUSH gallery, and LandMarks 2017/Repères 2017*.

Constantina Zavitsanos is an artist whose work deals with the material re/production of debt, dependency, and means beyond measure. She has exhibited works at EFA Project Space, New Museum, and Guggenheim Museum, New York; Slought Foundation, Philadelphia; and Tramway, Glasgow. Zavitsanos lives in New York and teaches at the New School.



Carolyn Lazard, *In Sickness and Study* (series), 2015–2016. Digital photographs, Instagram, dimensions variable. COURTESY THE ARTIST.



Photo: Jacinda Beals

Shut. Muskrat. Down. Labrador Land Protectors

We are a group of concerned citizens fighting against the development of the Muskrat Falls hydroelectric megaproject. We are a diverse group and we come from all walks of life. We all bring different experiences, perspectives, and opinions. We are Innu. We are Inuit. We are Southern Inuit/Métis. We are Settlers. And we are all banding together to **#ShutMuskratDown**.

We are fighting against Muskrat Falls for many reasons.

1. Inuit and Southern Inuit/Métis were **never consulted** to give free, prior, and informed consent to this project. This project affects the waterways and lands around Inuit Settlement Areas. That we were not consulted directly violates the United Nations Declaration on the Rights of Indigenous Peoples (Article 28).
2. This project has been fraught with **racism** from the very beginning. Innu workers at Muskrat Falls worksite have faced everything from racist remarks to physical assault on the job. This is unacceptable.
3. The Muskrat Falls dam will cause significant **methlymercury contamination**. Methlymercury is a neurotoxin that bioaccumulates in fat as it progresses up the food web. This is particularly harmful to us because we hunt and fish from these waters. By contaminating the food sources of our traditional diet, Nalcor is cutting us off from our culture and way of life.
4. The dam itself is built on quick clay and poses a **serious safety risk** to the public. Experts have spoken out against the structural problems that arise from building on quick clay and have deemed it "not safe." Furthermore, Nalcor is passing the buck on their inadequate emergency response plans in case of a breach in the dam.
5. The **economic impacts** of this project will haunt our province forever. Nalcor's own CEO called the project a boondoggle! The estimated costs are up to **\$11.4 billion**, and rising. This will impact the entire province, not just Labradorians.

These are just a sampling of the serious issues that we are fighting against. And the only reasonable solution: **Shut. Muskrat. Down.**