

A Universal Duty to Care

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1. Introduction¹

The most basic and fundamental need that human beings have is the need to be properly cared for. Already before their birth, human beings need proper care, for example by being provided with the right nutrition, not being exposed to toxics, and receiving the right professional care to check the health condition of the woman who carries the baby. Human beings who are just born are the most vulnerable of all human beings: they literally cannot survive more than a day if they do not receive the right kind of hands-on care: milk, warmth, comfort, protection and the tender love of caring adults.

Despite the fact that this surely has been an undisputed fact for a long time, relatively little attention has been paid to the question what this fact implies for political philosophy in general, and questions of social and distributive justice in particular – a field that has been very important among contemporary political philosophers, including in the work of Philippe Van Parijs. The question *has* been addressed in the literature on the ethics of care, but it is only more recently that these issues have been taken up in the philosophical analysis of justice (Okin 1989, Bubeck 1995, Kittay 1999, Engster 2007, Gheaus 2009). In some specific areas relatively more work has been done. For example, a few novel proposals have been made to use parental leave legislations as a vehicle to address issues of gender injustice, including one by Philippe Van Parijs himself (Van Parijs and Vielle 2001, Brighthouse and Olin-Wright 2008, Gheaus and Robeyns 2011).

In this short essay I aim to contribute to the literature on care and justice by delving into another domain of public policy, namely the question of universal duties or citizen's duties. I will start by arguing that any attempt at addressing care as an issue of justice is faced with a dilemma between the revaluation of care on the one hand, and the redistribution of care on the other. Care

¹ I am grateful for very helpful and stimulating comments by Axel Gosseries, and would also like to thank Anca Gheaus for many discussions on the issue of care and justice over the last years. Financial support by the Netherlands Organisation for Scientific Research is also gratefully acknowledged.

work is undervalued both financially as well as in terms of the social status it commands, but it is also unequally distributed between men and women, with women doing the lion's share of care work, which is arguably an issue of injustice. So from the perspective of justice we would need to both revalue as well as redistribute care work; however, revaluation is likely to lead to a deepening of the inequalities in the distribution of care work, whereas redistribution will not happen as long as care work is undervalued. We thus seem to be faced with a deadlock. Yet since I think the tension is practical and not fundamental, our task should be to use our imagination to find a solution to solve the dilemma. I will then argue that such a solution, albeit perhaps not a *perfect* solution, can be found by implementing a universal citizen's duty to care.

2. Characterising care

Human beings are not born as capable, autonomous, individual adults who can provide and care for themselves. Rather, we are born as extremely vulnerable babies who are fully dependent on the care given to us by others. Following Bubeck (1995: ch. IV; 1999: 423), we can define care as the face-to-face activities that meet basic needs of those who cannot meet these needs themselves. These are "all those activities which make life livable for those not able to 'fight for themselves'" (Bubeck 1999: 423).

Those 'who cannot fight for themselves' are not only the chronically vulnerable people, but all of us at some points in our lives. We cannot survive if we are not given dedicated, time-intensive attention and hands-on care in the first years of our lives, and we continue to be dependent on care work by others throughout our lives, possibly becoming again heavily dependent on hands-on care at old age or in periods of illness and disability. Some human beings remain dependent on fulltime care throughout their lives, such as the severely disabled (Kittay 1999).

Part of the hands-on care for dependents is done by care workers who perform care work as a profession: nannies, elderly carers, disability carers, babysitters, and so forth. In addition to the hands-on care that is done by care workers, the majority of care that dependents receive is unpaid work done by caregivers. These are generally relatives (parents or adult children), friends, neighbours and volunteers. It is often, whether exclusively or partly, a labour of love: it is something that caregivers primarily do out of love, sympathy and commitment for those who are dependent. But the fact that it has these other-regarding motives does not mean that it is not

‘work’: it has to be done by someone, and it requires time, energy, skills and dedication by the worker. Without being properly cared for, human beings risk being treated in an inhumane way, which could violate their dignity. In short, care is crucial for our survival, and for being able to live a dignified life.

3. Why is care work an issue of justice?

Despite the fact that care work has tended to be neglected by mainstream political philosophy, care is an important issue of social and distributive justice. Why is this the case?

First, care work is an issue of distributive justice because it is (a) work that needs to be done by someone, (b) it requires effort and dedication and thus represents significant (opportunity) costs, and (c) inevitably taps into ‘time’, which is a resource that is scarce in absolute terms. We know from time budget studies that people with significant care responsibilities experience a strong pressure on their time allocation, as care work competes with other types of work, especially paid work on the labour market. Put differently, people with care responsibilities for children, the elderly and the disabled, are very likely to be in a time-crunch if they are struggling to combine caring for dependents with holding a job (independent whether having a job is only motivated by the income it generates, or also by other aspirations, such as playing a role in public life or developing a professional identity). One of the consequences of informal care work are therefore its costs to the care worker, since it amounts to significant foregone earnings (Folbre 2008). Scarcity and issues of differential burdens and benefits are prime reasons to consider an issue to be an issue of distributive justice, and ‘care’ meets these conditions.

Second, in most cases care work is very poorly (if at all) rewarded. There are several explanations for this. One explanation is that those who need care generally have limited purchasing power; so the equilibrium price for care work will not be very high. Moreover, care work is very labour intensive, and hence there are few technological gains to be made that can drive down the costs of care work. In addition, care work is culturally coded ‘feminine’ work, and in patriarchal societies or societies with a patriarchal history, work culturally coded ‘feminine’ tends to be undervalued. Finally, people who bear the largest burdens of care work tend to be poorly organized and weakly represented both politically as well as with respect to labour unions; hence no-one is really defending their interests at the political level. Most care

workers don't have the time let alone the energy to do this: if anything, their most intense need is generally either more sleep, or else a little bit of time for themselves.

Third, while care work is generally considered very meaningful and important by care workers and in some cases also overall more enjoyable than alternative options, care work is not only characterised by a poor financial rewarding, but also generally comes with significant non-financial burdens. People specializing in care work are likely to feel isolated, not able to develop all their skills and talents, often lack sufficient meaningful conversations with other adult human beings, have limited autonomy over their work and working conditions, and, for the less enjoyable forms of care, experience much higher levels of stress and risk of burn-out. Moreover, being out of the formal labour market for a while has been shown to have a life-long depressing effect on the earnings of care workers, increasing the risk of poverty after divorce or at retirement age.

Fourth, the burdens of care work are unevenly distributed in society. In particular, women do the vast majority of care work, especially unpaid care work. This is part of the gender division of labour, whereby men do much more of the paid market work, whereas women do much more of the unpaid household work and care work. The current social institutions in western societies only aggravate this situation, for example by discrimination in leave legislations after the baby is born, which discourages fathers from caring for their newborn, and more or less forces mothers to do so (Foubert 2002, Robeyns 2009). In addition, most jobs are still modelled around the assumption that the employee is free from care duties (whether care for infants, children, dependent elderly, or any other form of care). This, together with the less favourable conditions for part-time work compared to full-time work in most Western societies, provides more disincentives for couples to share paid work and unpaid care work genuinely equally compared with a (semi) traditional gender division of labour. Yet with a few exceptions, the vast majority of political philosophers who have analysed the gender division of labour have argued that it is unjust, and generally to the disadvantage of women.

One could wonder whether the pivotal reason why care is an issue of justice is really its unequal distribution. If it were the case that care is scarce, that care work would be undervalued, and come with certain nonfinancial burdens – but at the same time the distribution of care work were equal, would there then still be an issue of justice here? I would expect that in this situation the issues of injustice between care givers would be drastically reduced, perhaps even dissolve

completely – but that there would most likely be an undersupply of care work, which would harm those in need of care. If care work is undervalued, comes with significant nonfinancial burdens and will drastically tap into the scarce resource ‘time’, then it is likely that less care will be offered compared with a situation where care work would come with fewer burdens and would be higher valued. So even under a distribution of care work which would guarantee justice between care *givers*, there could still be an issue of justice between care *recipients* – the dependent children, frail elderly, disabled and ill. Yet clearly the main case for arguing that there is an injustice between care givers comes from the conjunction of the first three reasons with the issue of the unequal distribution of care work.

Note also that the above four reasons are by no means meant to be exhaustive. While there may be more reasons than the ones mentioned here, the above four reasons provide, in my view, sufficient ground to consider care to be an issue of justice.

4. A dilemma and a proposal

If the analysis sketched in the previous sections is correct, then we are facing a dilemma. On the one hand, given the importance of care for those cared for and also for a humane and just society, we should try to *revalue care*: either by paying those who care a decent wage, or else by providing them e.g. with extra pension credits or other state-guaranteed benefits. On the other hand, assuming (as I do) that men and women should have the same *genuine* freedom to choose the kind of lifestyle they want, and thus not be given differential opportunities by gendered social institutions (such as the discriminatory maternity leave regulations) or have their preferences being moulded by a gendered culture, we don’t want to reinforce the traditional gender division of labour. The tension we are then facing, is that revaluing care will strengthen the gender division of labour: so those actions that would contribute to the move towards justice for carers and those cared for, are harmful from the perspective of gender justice, and vice versa. If we revalue care by rewarding it more and making sure the social protection of carers are stronger, more women will not resist the societal pressure on them to perform care work, and hence the gendered division of labour will be reinforced; yet if we do not revalue care, then (as is currently happening) more women have an additional incentive to resist gendered norms and expectations, and the gender division of labour becomes on average more equal, but at the cost of justice for carers and the people they care for. Is there a way out of this dilemma?

I believe there is at least something that can contribute to solving this dilemma, even if it will not be sufficient by itself, and that may also be beneficial for other social goods: the implementation of a citizen's duty to care. Under this proposal, all citizens should, upon reaching a certain age (say, the age of advanced adolescence or adulthood), spend some time caring for those who are in need of care: either small children, the disabled, vulnerable elderly, or the ill. By imposing this as a moral and political duty on all citizens, one would make sure that all adults have had, at the start of their adult life, a significant experience of actually performing care work. The duty should be universal – that is, it should be carried out by all members of society, except if some strong reasons make those members unsuited (on this more below).

Implementing a universal duty to care would be morally recommendable for many reasons. The first reason is the epistemic virtue of the fact that it is a *universal* duty: it would give all a lived-through experience of caring, which would weaken the problem of misrecognition of care work. People who have been primary care workers are much more likely to understand how demanding and burdensome (some forms of) care can be; and they do not think lightly of it, equating it to 'leisure', as most economic models do. They also know what skills are needed to do that work; and are more likely to understand what the costs are to those who are long-term care givers. Thus, by putting all citizens in a situation in which they learn to care, they will better appreciate what care work really entails, which would make them less casual about assuming that those who do the work have an easy time, or that this is work that should not be decently rewarded, since it would amount to merely a hobby or unskilled labour. One important consequence of this epistemic virtue is that if all men and women have an experience of care work before embarking on parenthood, they will make a better informed decision on how to divide up the paid work and care work in their families. There is evidence that fathers who took more leave after birth are more involved in care work throughout the childhood of their children, and are less likely to unthinkingly assume that a (mild) traditional gender division of labour is how they should organize family life.

Secondly, the universal duty to care would turn care work into a public issue, and thereby hopefully increasing the percentage of couples who openly discuss the way they want to organize the division of labour within their family, but also more openly with friends and others; a surprisingly large number of couples do not discuss these issues at all, thus giving all power to habits and traditions. This could entail an important step towards more gender just societies.

Third, a large supply of care workers would meet the growing need for care work which is due to the aging of western societies (and, possibly, the weaker social fabric which provided easier access to more hands-on care). Professional care workers increasingly argue that they are working under such time pressure, that they can only perform the most urgent of care duties; that there is very little time left for emotional care work, or time to simply listen and accompany dependent people. If a citizens' duty to care were implemented, many ears would become available to listen to the elderly, many feet to walk and play with children, many hands to push wheelchairs or make a cup of tea. In other words, a citizen's duty to care would increase the net supply of care-givers.

Finally, even if the epistemic virtue and the increased supply would not have the effects one would hope for, the implementation of a citizens' duty to care will have some redistributive effects, making more men do hands-on care compared to the current situation.

5. Concluding remark

Obviously, there are further modifications needed to this proposal to make it implementable. One qualification is to address the question what to do with those citizens who are unable to perform their citizen's duty to care. Those who are somehow impaired in their abilities which are needed to care (such as the mentally disabled), should be freed from their citizen's duty to care. Those who are already engaging or have engaged in a significant duty to care, should perhaps also be exempted, or else their previous/current care work needs to be taken into account when redefining their citizen's care duty. Finally, those who believe that they are unsuited to care, for example because they don't have the right dispositions (e.g. they have a dominant, aggressive character), should be given an opportunity to learn how to care. Our societies offers courses in all sorts of skills, attitudes, and competencies, so that it should surely be possible to offer courses in which one develops one's skills to care. If, however, a person would still fail such a training course, then he or she can perform an alternative for the citizen's duty to care, for example, by caring for abused animals or caring for a forest.

Ultimately, the hope is that just as for decades the default has been that there are all sorts of duties that we owe to our fellow citizens, such as paying taxes if we are able to, the default should become that each citizen should spend some time caring for those who are not able to fend for themselves. We may, perhaps, be positively surprised to see how it would make our societies

not only more just, but also more humane.

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