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GLOBALIZATION AND MULTIPLE CRISES OF CARE

The events since the destruction of the World Trade Center, public debates about outsourcing, exploitative work conditions in developing countries, immigration issues, and crises of work–family balance all underscore our new awareness of living in a world deeply interconnected on a global scale. Sociologists among others are investigating how this global interconnection affects economies, populations, kin, and the environment. But issues of gender are rarely raised in discussions about a global world. We still know remarkably little about how global interconnections are structured by and affect gender relations here in the United States and around the world.

To understand globalization as a gendered phenomenon, one approach we can take is to analyze the hidden and taken-for-granted carework, both paid and unpaid, that holds together and fortifies individual lives and, by extension, entire societies. It is important to investigate this side of globalization; that is, to examine what is happening to everyday tasks of care, support systems, and expressions of love and nurturing as a consequence of the dramatic economic and labor force changes—changes governed not by local communities or even countries or regions, but by global markets and the growing power of worldwide multilateral organizations. These forces, as discussed in Part 1 by authors Saskia Sassen and Grace Chang, have created global cities where high-end jobs are concentrated, as well as a platform of low-end jobs that service and maintain them. As each of the four parts of this book reveals, carework in these new contexts plays a pivotal role in accentuating gender and global inequalities.

One of the key features in globalization is the movement of laborers within and across national borders. Large populations move about—mostly from south to north and from the countryside to large, global cities—in response to the growing difficulty of sustaining income in poorer regions of the world and a lack of social and economic opportunities. Our image of globalization is fixed on high-profile business travel or video conferencing from one global city to another; however, in reality much of the population movement involves workers searching the globe for resources for themselves and their families. When we focus on gender, the human infrastructure composed largely of women and immigrants becomes visible. Within the dominant narrative of globalization—which Sassen criticizes for “concern[ing] itself with the upper circuits of global capital, not the lower ones” (Sassen 2002, 254)—the troubling underside of outsourcing and cheap service work is obscured. To the more critical eye, in contrast, the exploitation of low-wage and immigrant labor (especially women), as well as a myriad of other problems such as pollution, ill health, and poverty, exist beyond the dazzling images of high-rise office and entertainment districts.

We know too little about the gender patterns and the relations of caring that are structured into global population shifts. As Sassen suggests, “it seems reasonable to assume that there are significant links between globalization and women’s migration, whether voluntary or forced, for jobs that used to be part of the First World women’s domestic role.” In writing this book we ask several questions: How has globalization affected women’s traditional work of (unpaid) caring and nurturing as well as their employment in jobs that incorporate these same tasks? Why are many migrant women going into jobs that involve forms of carework? What happens to the carework for their own families once women leave? How much of the labor system, especially in global cities, depends on a reserve army of underpaid careworkers? How has the gendered division of labor changed in globalization?

These questions and others form our thinking about the challenges or crises that constitute globalization. We call them “crises of care” to signal the ongoing and serious changes in our social systems of caring that have been wrought by globalization. These crises emerge from the intersection of gender, globalization, and carework and, as we shall see, reveal how local gender inequalities are becoming transformed into global gender hierarchies. In this book, we define and explore four crises of care: (1) the care deficits in families and among kin when women perform paid carework, either locally or in transnational situations, and the complexities global migrants face in managing both “hands-on” care for employers and long-distance care for their own children and families at home; (2) the commodification of care, with carework increasingly defined as a marketable product,

bought and sold often in exploitative working conditions and disconnected from relational contexts; (3) the influence of multilateral (supranational) organizations and structural adjustment policies in adjudicating carework arrangements both nationally and globally, often perpetuating inequitable gendered divisions of labor that reduce women's empowerment; and (4) intensifying global stratification systems based on race, class, and gender as a consequence of globalized carework and contributing to the growing gap between rich and poor nations.

This essay begins by considering the analytical readings that frame Part 1. The individual works of Saskia Sassen and Grace Chang provide us with a set of fundamental concepts and understandings that are helpful as we analyze the multiple crises of care. After defining and discussing each crisis, we turn to the four research studies that complete Part 1, showing how they exemplify these carework crises in the context of gender relations and globalization.

ANALYTICAL CONCEPTS

In "Global Cities and Survival Circuits," Saskia Sassen helps us to see the centrality of women workers, particularly women migrants, in globalization. She elaborates characteristics of the "new" international economy under globalization. Her work lays out a basic connection between women and globalization through the concept of the *global city*. Global cities serve as magnets for the migration of women into low-paying jobs, many of which, through service and domestic work, support the high-paying, upper-level positions created in these new urban centers. In large part, workers migrate from "sending countries" in the southern hemisphere to "receiving countries" located typically in the north. Women migrate to seek opportunities; however, many end up providing cheap service labor instead. A key point in Sassen's analysis is that this "new" labor supply of women and immigrants breaks the traditional dynamic that would ordinarily have empowered these workers. When women have entered local labor markets in the past, their new status as wage earners has brought them greater independence, which they have used to renegotiate male domination in traditional relationships and institutions. For women migrants today, this process of empowerment—both individually and in terms of collective action—is impeded by their physical isolation and invisibility. Sassen argues that, while the transformations of the global marketplace hold out some hope for greater autonomy and empowerment for women through labor force participation, the wealth of the global city has not "trickled down." Gendered (and race-based) cultural definitions that devalue women, she asserts, serve to legitimate their exploitation and lack of empowerment in receiving countries.

Sassen also describes the related problem of *informalization* in the global economy, where employers downgrade work by relocating it to residential areas or to workers' homes. In global cities there is a "double movement" that disproportionately affects women and immigrant workers: paid work is shifted from public to somewhat more private settings (i.e., informalized) where labor costs are lower and work conditions and policies more difficult to regulate; and, at the same time, low-paid carework jobs are created out of what was once unpaid work due to the concentration of affluent professionals who purchase care for their households and children. These shifts blur the lines of distinction between what kinds of work are paid versus unpaid and conducted in public versus in private household settings. The trend from unpaid to paid carework and the accompanying changes in the conditions of such work are part of a *commodification of care* through which the informal and unpaid assistance and caregiving of family and friends (typically women) becomes disaggregated into specific tasks and jobs, performed in the market for wages. Commodification of care has profound implications for the level of control that careworkers have over themselves, their bodies, and their work.

Another helpful concept for our analysis of globalization, gender, and carework is Sassen's notion of *survival circuits*. Because of the characteristics of global cities and the transformation of labor markets around these centers, economic survival in many parts of the world falls more and more "on the backs of women." Households, as well as governments, according to Sassen, increasingly depend on migrating women workers for survival. Decisions to migrate are complex: a combination of individual choice, family decisions, economic necessity, and sometimes coercion and deception. As she points out, these circuits are often the product of third parties such as governments or illegal traffickers who, in one way or another, depend on the movement of populations across national borders and remittances sent back home. Her discussion of the dynamics of Third World debt within the context of the *structural adjustment* programs of multilateral organizations, such as the International Monetary Fund and the World Bank, shows that exporting workers and importing their incomes is often a coping strategy to inject more financial resources back into the national economy. The resulting survival circuits "are often complex, involving . . . increasingly global chains of traders and 'workers'" (see Chapter 2).

In "Disposable Domestic" Grace Chang takes a different approach, pulling us directly into the daily world of undocumented domestic workers. Her work argues against the idea of voluntary immigration, showing instead how migrant women workers are effectively imported into the United States from the Third World and channeled into service jobs, specifically in care work or paid reproductive labor

(see Chapter 3). Her work focuses our attention on the central place of domestic carework within the broad interface of gender and globalization that Sassen outlines. Chang's research has the additional benefit of sensitizing us to their often-difficult situations and to issues of exploitation (a theme followed in even greater detail in Parts 2, 3, and 4). She points out the inconsistency between the stereotype of undocumented workers as a drain on the U.S. economy (because they use social services and education) and the valuable carework they perform in support of American workers. Chang highlights the contradictory social policies that attempt to limit benefits for undocumented workers and their families and at the same time continue the importation of cheap careworkers' labor to support highly paid dual-earner American families. Her discussion evokes Sassen's observation of the underlying role of third parties in survival circuits, helping to supply affluent countries with cheap female labor. The term *reproductive labor* is often used in the carework literature, referring to the work of raising and caring for children as well as to the housework, caregiving, and nurturance required to sustain the lives of other family members. One of Chang's key points is that the importation of migrant domestic workers into the United States enables a significant reproductive *work transfer*, where middle-class and upper-class women transfer their previously unpaid carework to poor immigrant women in exchange for a relatively low wage. Transfers are also made to documented foreign workers and U.S. citizens; however, the chances for transfers of reproductive work are enhanced because the immigrant careworkers are often undocumented and have few employment options. Chang illustrates how such women serve as valuable supports for highly paid professionals in the global cities of the north. She also describes the potential collaboration of governments in such arrangements through the introduction of guest worker proposals such as the "nanny visa."

Sociologist Arlie Hochschild (2000) has further conceptualized the global work transfer. Drawing on data collected by Rhacel Salazar Parreñas (see her article in Chapter 4), Hochschild observes that carework in a globalized world increasingly involves a pattern—a "chain"—of women leaving their own families in the care of others and migrating to wealthier countries or global cities where they relieve more privileged women of carework by taking care of their children and families. She calls this phenomenon a *global care chain*, defined as "a series of personal links between people across the globe based on the paid or unpaid work of caring" where each careworker depends for carework on another. This parallels Sassen's work on women's migration patterns, up to a point, but Hochschild adds the idea of work transferred between First and Third World women—that is, the transfer of carework between women of different classes (and possibly racial or ethnic

groups) in sending countries and between women of different nationalities, classes, and races or ethnicities in receiving countries.

Care chains and work transfers create other crises when women migrate for jobs abroad, leaving a *care deficit* at home. Children, elderly family members, and others who depend on the absent women will lack care until her services are replaced. Care deficits, as shown in the articles by Parreñas, Repak, and Blair-Loy and Jacobs, occur when the inadequacies in care stem from a shortage of paid carework (such as when nurses migrate from one country to another) as well as unpaid carework (such as when mothers leave the countryside for the global city). Men are involved in care deficits as well. As Terry Repak shows, women may migrate in part to escape male violence. Additionally, in some cases, the migrants who cross borders for jobs in carework themselves are males—for example, male Filipino housecleaners in Italy. In other cases, men are forced to assume caregiving at home as a result of new care deficits, which, in turn, may cause further disruption because these roles often contradict cultural understandings of masculinity.

CRISES OF CARE

For the remainder of this essay, we turn to four crises of care that are central to the globalization of carework. To theoretically locate these crises and to ground them in the empirical world of globalization, we draw on the conceptual points that are made by Sassen and Chang. We also provide illustrations through the four research articles that appear in Part 1.

We consider each crisis separately in order to accomplish two objectives. First, we show how the concepts we have identified—global city, informalization, commodification of care, survival circuits, structural adjustment policies, reproductive labor, work transfer, global care chains, and the care deficit—appear together in the context of real people doing carework. While we treat each crisis individually, keep in mind that in reality they overlap and intersect with each other as part of the overall process of globalization. Our second objective is to show how these analytical concepts can be used and corroborated in research. In excerpts from four studies, each a recent sociological investigation of carework, we show the gendered effects of globalization on the lives of women, men, and children. These studies help us connect the theoretical and conceptual issues of globalization, gender, and carework to the level of everyday life. They allow us to view a neglected side of the global economy—the consequences for individuals, their gender relations, families, and personal survival and empowerment. Together they exemplify multiple

crises of care, the central themes in this book, and provide an overall perspective, which we will continue to elaborate with greater detail in Parts 2, 3, and 4.

Crisis 1: The Care Deficit

Deficiencies in care are presumably as old as human relations. They occur for individuals and for households and families when care is needed but cannot be provided—perhaps as a result of new care needs related to childbirth, illness, or increasing disability; or perhaps related to labor shortages in the sources of care, either paid or unpaid, such as when a daughter, mother, or wife enters full-time employment away from home, when a caregiver becomes too frail or dies, or when paid careworkers migrate out of a community. Care deficits thus involve a lack of paid care (or affordable paid care) as well as a lack of informal, family care. Finally, care deficits occur individually or as patterned phenomena in groups or populations due to systematic changes such as epidemics, wars, natural disasters, or dramatic social changes.

Care deficits are tied inextricably to women's labor and position in the gendered division of labor. In most societies, women constitute the backbone of carework provision. Changes in their labor force participation, alterations in resources available for childcare and family maintenance, and changing national and international laws all create potential "care deficits" because women's traditional carework patterns and the underlying gender division of labor are threatened.

An example of a large-scale change that affected women's carework took place in the early to mid-1980s when the home care needs of sick individuals rapidly escalated due to changes in U.S. federal policy. Medicare began paying hospitals a fixed amount per diagnosis rather than reimbursing for the actual length of stay. Medicare's policy change created a strong incentive to release hospitalized patients as soon as possible and thereby save money. This signaled a momentous change in hospital lengths of stay and discharge procedures with huge consequences for families and for paid careworkers in the home health-care field (Glazer 1993). Patients who no longer needed intensive hospital care were dismissed regardless of whether they could care for themselves, placing new burdens on family members, especially women. Home health agencies grew, often by providing de-skilled jobs and paying workers minimum wages. In addition, the care deficit resulting from this U.S. policy led to labor recruitment abroad, such as discussed by Grace Chang and illustrated in the studies by Parreñas and Repak. The resulting care deficit and related problems—including ongoing issues of fraud in the home health sector—have plagued the United States for the past two

decades. In addition, care deficit issues stemming from this policy change led, in part, to increased legislative support for the federal Family and Medical Leave Act (FMLA) of 1993. Though the FMLA did not provide paid leave, it gave approximately half the workforce the right to take a twelve-week leave of absence for childbirth and caregiving and not lose their job.

Other major care deficits are just one or two policy changes away. For example, according to the U.S. Department of Labor (2005), 78 percent of mothers of school-age children are in the labor force. School hours do not always coincide with work hours, producing patterned care deficits among school-age children in the early morning and late afternoon. Think of how these deficits would swell if schools changed their hours so that classes ended substantially earlier, say at 1 p.m. A huge care deficit would result. Or, consider countries such as Africa, where as many as 30 percent or more of mothers are infected with HIV and cannot take care of their families. The care deficits in these countries are astronomical. Because carework can either be unpaid or paid and, where paid, financed either publicly or privately, care deficits can occur in any or all situations. Indeed, these patterns show the extreme vulnerability of carework in any system of labor.

The dynamics of globalization create care deficits in sending countries due to the global care chains that leave gaps in both paid and unpaid carework. The same dynamics produce deficits in receiving countries when professional workers spend long hours at work rather than at home. And, as we have seen, these patterns are related. Care deficits in the First World create paid carework opportunities for women to migrate as domestic workers. Some migrant women are themselves nurses, creating another set of deficits when they leave their paid jobs in hospitals and clinics.

Globalization can foster large-scale labor force shifts where occupational groups are systematically recruited from poorer to wealthier countries. Women in care occupations are key targets in these efforts; however, careworkers are imported under different terms depending on their circumstances and characteristics. For example, au pairs, usually young white women from Europe, are given government protections and legitimacy, while other domestic workers are not (Zarembka 2004). A notable example of an institutionally supported large-scale labor migration in recent years is the recruitment of African nurses and physicians for work in European countries, particularly in the United Kingdom. The scale of the care deficit related to these migration patterns multiplies quickly when one considers potential consequences when poor African countries—for example, Zimbabwe, Malawi, and Botswana, which have been dealing with catastrophic numbers of people with AIDS—lose large numbers of their doctors and nurses.

According to a recent study by Aiken and colleagues in the journal *Health Affairs* (2004), the numbers of new registered nurses entering the United Kingdom from countries including Zimbabwe, Nigeria, Ghana, Zambia, Kenya, Malawi, and Botswana have increased dramatically in the past five years. “Overall, between 1999 and 2002, the number of foreign-trained nurses based in and eligible to practice in the United Kingdom more than doubled, to 42,000” (Aiken et al., 73). This migration is occurring in a context where there is already a huge gap in the nurse to population ratio between many African countries and the United Kingdom—for example, 847 nurses per 100,000 persons in the United Kingdom compared with 66 per 100,000 in Nigeria and 129 per 100,000 in Zimbabwe. There are similar concerns with respect to the migration of physicians. Overall, the care deficit has assumed crisis proportions in many areas of Africa.

Examples such as these allow us to better understand the dynamics of globalization in relation to the care deficit crisis. To expand our analysis, we now turn to an introductory discussion of four research studies that are included in Part 1, each of which illustrates the key concepts and ideas we have been discussing as well as adding the rich detail and complexity of everyday life circumstances and events.

In the first of these articles, Rhacel Salazar Parreñas analyzes interviews she conducted with 72 Filipina domestic workers, 46 of whom have migrated to Rome and are working there and 26 who are working in Los Angeles. Their accounts richly illustrate what it is like to be part of the global care chain. They show how women migrate to fill the care deficits of these First World cities and how their decisions simultaneously produced care deficits back home in the Philippines. Filipina migrant domestic workers are unusual in that they tend to be middle-class and well-educated women who often leave professional jobs at home for lower-status jobs abroad because of higher wages. They live a contradiction in that their relatively high status at home is the opposite of their low status as domestic workers abroad.

While Parreñas examines how migrant domestic workers perceive their care-work and the status contradictions of living “in the middle” of the care chain, that is, worrying about adequate care for their own children while providing care for the children of others, Terry Repak focuses on the migration process itself. She uses interview and survey data from Salvadorans to study the gendered nature of the recruitment activities that bring Central American women to the receiving city of Washington, DC. Most of these women arrive to work as housekeepers and thereby to address the First World care deficit. In contrast to women migrants from the Philippines, the majority of those Repak interviewed were unmarried and had migrated alone or with their children. These circumstances meant that they helped fill a care deficit in the United States without being likely to leave one at

home. Repak's study provides evidence that Washington diplomatic offices, including agencies of the U.S. government, actively assisted in recruitment activities. This finding supports Sassen's observations that women's global migration follows survival circuits, charted not only by individuals but also by institutions.

Mary Blair-Loy and Jerry Jacobs also conducted an interview study in urban America, in this case New York City. The care deficit involved in their study, however, does not promise to be addressed by migrant workers but rather by professional mothers and wives who either have or are considering leaving paid work for unpaid carework at home due to pressure from the global workplace. Some of these women find alternative work structures, still in the high-status sector of brokerage, to help meet the demands of family care and work. In contrast to the other selections, this study shows a different type of globalized worker—the “valorized” and highly paid beneficiary of the global economy. However, when we look at their circumstances through a gender lens, we see that what is happening to them is reinforcing (or at least not negating) the gendered division of labor. Due to globally induced care deficits, some of these high-end workers are faced with having to leave, or alter, their careers. Instead of engaging in a work transfer, these mothers may opt to stay home, placing their own career development and advancement on hold. This study shows that globalization can work to perpetuate and even deepen gender inequality at the high end as well as the low end of the globalization hierarchy.

Arlie Hochschild (2000) suggests that emotions as well as careworkers travel along the global care chain. Long-distance mothers providing caring for employers' children in homes far away from their own children constitute one example. When these women give hands-on expressions of love and affection to the children they work for, Hochschild argues that these positive emotions are being taken or “displaced” from the careworkers' own children back home. Her concept adds an additional and perhaps somewhat startling dimension to the notion of care deficit. We are not used to thinking of affection as a scarce or transferable resource in the same way that we might think of the labor supply. But if Hochschild's hypothesis is correct and there is an emerging global hierarchy of emotional care and love, depriving poorer nations and further enriching wealthier ones, then the changes put into motion by globalized carework may have even more ominous consequences.

A counterargument calls into question some of Hochschild's underlying assumptions. It takes issue with the notion of families in sending countries being deprived of care. While domestic workers and nannies do form meaningful attachments to their employers' children, these feelings of “love” in most situations

cannot be equated with (or exchanged for) the attachment they have to their own children. Thus, developing affection for an employing family does not signal that feelings for one's own children back home have been removed or diverted. Embedded in Hochschild's argument is an assumption that women careworkers (in this case, migrants) have a fixed amount of love, which, if given to an employer, must be taken from one's own family. There is no evidence for such a "zero-sum" phenomenon.

Similarly, there are also assumptions concerning the family left behind. Rather than viewing the sending country and family as passive and victimized, seemingly without the means to replace the mother's hands-on affection and caregiving, in actual fact, we know very little about how care deficits are addressed in sending communities and kin networks. Where Hochschild theorizes an emotional deficit as well as a care deficit, it seems equally (or more) likely to argue for the persistence (or transcendence) of love. Migrating mothers continue to love and to communicate that love to their children back home. While they are not there to hug or caress their child, this does not mean that those children have no hugs and caresses (see Part 3). Other family members may well demonstrate affection as they assume care for these children. Litt (2000) has shown, for example, that in the case of working mothers in the United States new networks and relations of care are developed to provide for children in economically vulnerable families. Thus, the boundaries of the nuclear family and the construction of "motherly love" stretch and change in these new relations of care.

The debate over transfers of love and affection destined for children or the elderly in sending countries to their more affluent counterparts in receiving countries underscores a central point of this book—that globalization involves considerably more than labor markets and economic factors. Grace Chang's research illustrates the personal dimensions of this phenomenon within the overall context of the exploitation of migrant domestics. As one of her respondents remarks, "We *love* the children, but the employers just *need* us" (italics added). Whether or not we agree with the idea of an emotional transfer, themes of long-distance mothering and caring appear in a number of articles throughout this book.

Rhacel Parreñas in her article references the terms "diverted mothering" and "displaced mothering" to refer to time and energy channeled from "more rightful recipients" (the women's own children) to the children and families of employers. She notes that this often makes the work of caring for the children of others a more painful experience. On the other hand, Parreñas finds that most of the women she interviewed felt less guilt for leaving their families as a result of "pouring their love" to their employer's family.

An additional dimension of Parreñas's article is the connection between the racial division of labor, discussed by sociologists in reference to labor shifts of domestic work from white women to women of color in the United States, and the global division of reproductive labor currently emerging. She elaborates the racial dimensions of this shift, comparing the historical transfer of carework from white mothers to African American domestic workers in the United States to the current international transfer from employers in northern urban centers to women from the Philippines, Latin America, and the Caribbean. Parreñas's work identifies an international racial division of reproductive labor. Her work documents the growing trend for race, class, and gender inequalities to expand and deepen into global systems of stratifications.

Crisis 2: The Commodification of Care

This crisis refers to the fact that carework is increasingly being organized into services and products that can be bought and sold. Economic theories suggest that the long-term trend of capital is to expand by continuously identifying, marketing, and selling new products. In the late twentieth and early twenty-first centuries, this process of expansion took hold in the domain of human services and carework. It is nothing new for housekeepers and maids to be employed in the homes of the elite few; however, new forms of commodification of care refer to a broader phenomenon that involves a wide range of care tasks and extends well into the middle class. With commodification, carework activities that previously were carried out informally (outside the market) at home or among friends become transformed into discrete "products" and "product lines" and the means of provision into specialized jobs and carework occupations.

Globalization has intensified the commodification of care with mixed consequences. On the one hand, for consumers in affluent countries the availability of care services and workers in the marketplace has increased the ability of high-end workers to pursue work and careers outside the home. At the same time, it has created jobs in carework with the potential for empowering lower-class women and migrants by allowing them to enter the labor force. From this standpoint, the consequences of the commodification of care seem beneficial. Why, then, are we presenting it here as a crisis?

Commodification imposes a bureaucratic, rationalized authority structure over work. When carework is commodified, it is easy for impersonal rules and procedures, rather than personal affection, to take precedence over relationships and nurturing. Moreover, global migration ensures a supply of low-paid carework labor performed by individuals in conditions of limited social and political

resources. Careworkers often cannot oppose or actively resist being exploited and find it difficult to leave (Zarembka 2004). Thus, as Chang articulates, many continue to work under conditions that other workers would find intolerable. While the commodification of carework and the related issue of exploitation are not new, they have been intensified by an increasingly globalized economy and the resulting care deficits and worker cross-border migration.

Commodification in the context of globalization and in terms of gender issues can be considered a crisis because, as Sassen has suggested, the idea of service sector jobs as empowering for women who otherwise would not have employment possibilities is attenuated in the context of global care chains and survival circuits. Women and migrants may end up located in harsh conditions from which it is not easy to exit. Rather than economic security and independence, these jobs often bring low wages, unregulated work conditions, and even vulnerability and sexual abuse. In addition, the particular commodification of care in the context of current globalization creates the conditions for suppressing the emotional, nurturing side of carework. By breaking down care tasks into discrete functions, a more highly differentiated and impersonal division of labor is encouraged, so that care becomes specialized and technical rather than holistic and embedded in human relationships. We argue that in this way an overly commodified arrangement for carework threatens the social bonds and cohesion that are necessary for human well-being. This deepens rather than alleviates social divisions.

We also need to recognize that impersonality and fragmentation of care are equally visible among high-end service workers, such as those who work in the upscale environments of global city hotels. When we think of the historical ideal for how hotel guests should be treated, we think of personal and nurturing care, much as a guest would be cared for at home. This is not the case, however, in the highly commodified hotel workplaces studied by Eileen Otis (2004). Her research involved hotel workers in two luxury hotels in two of China's newly global cities. Paying particular attention to the gender dimensions of work, Otis documents the realities of commodified carework in these settings. Interestingly, though the workers she studied were women and care defined by hotel policy as individualized and "intimate," no link was made between this type of personal care and feminine nurturing or caregiving. In fact, commodification in these environments appeared to redefine care away from such a predisposition. According to Otis,

Female frontline staff . . . memorize the names and titles of each guest, their partners and children and even their favorite dishes and drinks. The hotel uses the knowledge employees glean at the point of interaction with guests to build individual customer computer files containing lists of preferences amounting to, in

some instances, fifty pages of information. The hotel plays on the appeal to its cosmopolitan clientele of being watched and attended to, that is, becoming hyper-visible to a relatively invisible retinue of female frontline workers. Virtual personalism is encapsulated in the hotel's advertising slogan, "We know you intimately." . . . Yet, these forms of deference were never construed by management or workers in terms of a feminine predisposition to care or to nurture. Indeed, workers were not predisposed to this level of service. . . . (2004, 17)

The picture emerging from these settings is disturbing. It seems that commodification with its bureaucratic detail and precision has become so exaggerated that it adds a new layer of employee responsibility and deference. Moreover, it appears as a system of surveillance and discipline. This theme is revisited in Part 2.

A final dimension of the concept of commodification of care is that it highlights the division between paid and unpaid care as well as the continuities and blurred boundaries as carework moves back and forth from unpaid to paid and back again. Earlier we discussed the idea of work transfer, primarily where the unpaid domestic work of affluent women is transferred to paid domestics who are typically women of color. We must also acknowledge that the work transfer can go the other way. Paid carework also can be *decommodified*—that is, taken out of the market. The policy change cited previously that resulted in declining lengths of stay in U.S. hospitals provides a good example here. Prior to the 1983 Medicare payment change, sick patients received paid (professional) care during hospital episodes that lasted as long as the person needed such care. After the policy change, however, patients were dismissed when their medical needs diminished, but before they could take care of themselves. The care that had previously been provided in the hospital was still needed, but the venue changed from hospital to the patient's home, and the care provider shifted primarily to unpaid family members supplemented in some cases by short visits from home health workers. Thus, health carework for these patients was transferred from paid to unpaid and thereby decommodified.

Globalization has arguably encouraged commodification to a greater extent than decommodification of carework. Both the Parreñas and Repak studies provide a detailed look into the processes and consequences of commodification. With respect to the question of whether women migrants are empowered or exploited, the two studies provide somewhat differing accounts. The women migrants from El Salvador that Repak interviewed appear to have found greater autonomy in Washington. They are unique, however, in that most are single women, who did not leave husbands and children behind or engage in the

discontinuities of the global care chain. The women in the Parreñas study, in contrast, while benefiting from the relatively higher income abroad, found anguish rather than empowerment in being caught in the middle of the global care chain. Not only did they miss their children at home, they had to endure the status inconsistencies of being middle class in the Philippines and a servant abroad. Neither of these studies reveals the degree of exploitation that Chang presents in her study of migrant domestic women in Los Angeles (see Chapter 3). Such conditions were further compounded by the impersonal, bureaucratic nature of commodified work. For example, Chang describes the anguish of one of the women she studied who “often became very attached to the children she cared for, only to find that she would be dismissed coldly and abruptly when her services were no longer necessary.” Her study illustrates the emotionally difficult challenges for caregivers transferring work that at home was embedded in close human relationships to the rationalized context of commodified care in global cities.

The relationship of globalization to de commodification is less apparent. If we think of paid carework being downgraded rather than shifted entirely to unpaid work, however, then the connections become clearer. Sassen argues that in globalization, paid work, especially work performed by women and migrants, is downgraded to residential areas or informal settings such as worker’s homes. As a result of this phenomenon, which she terms “informalization,” work is less subject to regulation and workers more subject to exploitation. While Sassen is referring to industrial work, a similar process occurs in the case of carework.

Fúlvia Rosemberg’s policy analysis of the recent history of early childhood education in Brazil provides an excellent illustration of the dynamic processes of commodification and informalization in the context of globalization, showing the particular implications for women and girls. In 1988, Brazil embarked on improving its system of early childhood education. Leaders promised that the reforms would empower women by increasing the educational requirements for childcare workers and by providing them with greater opportunities to enter the labor market. In the context of global economics, however, these progressive policies were quickly reversed by the World Bank (see the following discussion), which used the argument that the newly upgraded early childhood education centers would cost as much as five times that of preschool programs in private homes. As a result, early childhood programs reverted to a de-skilled and more informal type of care, which, Rosemberg argues, perpetuates gender subordination. Once again, we see the dual dynamic of empowerment and exploitation for careworkers in globalization, with an outcome that to date appears to favor the latter.

Crisis 3: Supranational Organizations and Their Impact in Shaping Carework

Supranational organizations constitute a powerful force in determining the nature of carework. Because of their growing influence and how it is used particularly in the developing world, we consider their presence another of the multiple crises of care connected to globalization. The term *supranational* refers to multilateral organizations—organizations involving more than two nations or parties—that carry the authority to impose rules and standards over their constituents. Because they form a governance structure at a higher level than those of participating nations, their policies can supersede the policies of nations. The European Union, United Nations, International Monetary Fund (IMF), and World Bank are all examples of multilateral organizations that can also be called supranational. While some authors refer to such organizations as multilateral, we use supranational in order to underscore the potential of their policies to dominate and shape carework both within countries and globally. We should also point out that the global political arena also includes nongovernmental organizations (NGOs) such as Amnesty International that are international in scope, working to apply pressure to affect national as well as supranational policies (see Part 4 for examples). Supranational organizations have the power to counteract local grassroots efforts (as well as support them) and influence the internal social agendas of nations, including efforts to redefine and improve the status and conditions of carework. Rosenberg's study of Brazil provides a compelling example of such a situation using the specific case of early childcare and education policy. She argues that outside intervention from supranational organizations is not new, but rather dates back at least to the activities of the United Nations in the mid-1960s. Globalization, however, has increased the legitimacy and reach of multilateral organizations and, accordingly, expanded their policy role.

These developments raise a troubling question. How can individual societies effect positive social change and move forward in areas such as increased status for carework and the empowerment of women, when the policies of multilateral organizations can work against these efforts? These issues are of particular concern for the developing world. Research and analysis in Africa, for example, suggest that structural adjustment policies block the advancement of women by reinforcing traditional roles and activities. Supranational economic organizations, namely the IMF and World Bank, provide loans to countries to enable them to deal with cash flow problems and to modernize economic systems. But these loans come with strings attached; they require increasing the private sector (to generate cash to re-

pay the loans) and decreasing the public sector, scaling back public services and either making them fee-based—for example, medical services—or pushing them back to the home, as in the case of childcare. These “structural adjustments” often disproportionately affect women because decreasing the public services typically means informalizing work or transferring it to women for no pay.

The impact of multilateral organizations is not limited to structural adjustment in debtor nations, however. Their power also extends to advanced economy countries in northern Europe (e.g., Sweden, Norway, Denmark, and Finland), which have instituted welfare state policies that compensate family carework. These policies offer a counterforce against the commodification of care. By shifting responsibility for a significant amount of carework from individual households to the state, policies have discouraged the private market in carework services and have transferred funding from private to public sources. The relation between social policies such as these and carework is examined in greater detail in Part 4.

The Rosemberg study shows how early childhood education in Brazil shifted from largely informal, unskilled, and poorly paid carework to more highly paid work that required advanced education for teachers, and then back again. It illustrates Sassen’s notion of the informalization of carework. In addition, it provides a compelling example of the role of supranational organizations in constraining and shaping the nature of carework. Specifically, first the United Nations and then the World Bank imposed guidelines on Brazil that included how to structure early childhood education. Their policies, developed to facilitate economic development, were oriented to saving money and not to the interests of women and girls. Hard-fought Brazilian national policies that upgraded early childhood education and teacher training were overturned. Higher wages and educational requirements for teachers in early childhood programs were substituted with cheaper care at home provided by mothers. Women’s “traditional” caregiving roles at home represented cost-savings. The advancement of women and poor children through the programs that were cut was not on the agenda. This and other care crises related to supranational organizations confirm yet another mechanism whereby issues of globalization and carework serve to expand and deepen an international gender hierarchy.

Crisis 4: Reinforcing Race and Class Stratification Globally

The final crisis of care concerns the deepening global divisions on the basis of race and class. We contend that race-ethnicities and socioeconomic divisions need consideration along with the rise of a global system of gender hierarchy as a primary concern of this book. The key question here is, To what extent is globalization

helping to move humanity toward a global stratification system of haves and have-nots that is built upon hierarchies of race-ethnicity, class, and gender? We have seen that globalization in many ways encourages and perpetuates traditional gender patterns that devalue and exploit women's work. In addition, the theories and research presented here suggest that, under globalization, other divisions are intensified as well. The new global economy, according to Sassen, elevates or "valorizes" some workers and devalues others. Why do white male professionals constitute the valorized workers while poor women of color perhaps fall deeper into lives of poverty with little autonomy? To answer this question requires that we take an overall look at the various issues discussed to this point, reconsidering them in terms of the race, class, and global divisions they represent.

Parreñas's research raises issues of class, racial, and ethnic stratification because the Filipina workers, both in the United States and Italy, are involved in historical patterns of work transfer that are themselves hierarchically based. The transfer of white women's domestic and reproductive labor to women of color has taken on global proportions, according to Parreñas. Now, she argues, we are faced with an international transfer of reproductive labor and an international system of racial stratification in reproductive carework. Her work also raises the issue of discontinuities in racial and ethnic identity. Through migration, individuals who form the majority population in their home countries suddenly find themselves confronting a new status and a new identity as a "minority" in their receiving country. Part 2 examines these issues in greater detail.

The Rosemberg study also reveals racial stratification issues within the context of supranationals' influence on women's carework. Those most negatively affected by the multilateral policies involving early childhood education in Brazil have been women and girls of color. Thus, global policies have resulted in deepened race stratification in Brazil. Moreover, supranationals undermined Brazilian policies that were designed to counter race and gender inequalities. Repak draws attention to the migration process of Central American women to work as domestics in Washington, DC. Their arrival strengthens and further solidifies the race-class-gender hierarchies of this global city—the pattern where affluent whites hold the top positions with the women of color and migrants who serve and care for them at the bottom. Private agencies working at least in one instance in cooperation with a governmental office facilitated migration. Thus, Repak's work also suggests that mainstream institutions (albeit unintentionally) are helping to build this hierarchy.

As these studies show, far from creating new opportunities that work against historical patterns of race, ethnic, and class discrimination, globalization through the mechanism of gendered carework may, in fact, propel these nation-specific patterns into new and formidable systems of global stratification. We will continue to examine this process in Part 2.

Looking at carework and gender relations within the context of globalization allows us to see that current developments have yielded multiple crises of care. The purpose in this first chapter has been to introduce and discuss these four crises, along with key concepts that are useful in analyzing them. To further illustrate and elaborate the gendered dynamics of these crises, we turn now to the six remaining chapters in Part 1.