



PROJECT MUSE®

Crisis, Care, and the Terror of Uncertainty

Maisam Alomar

Feminist Studies, Volume 46, Number 3, 2020, pp. 596-602 (Article)

Published by Feminist Studies, Inc.

DOI: <https://doi.org/10.1353/fem.2020.0041>



➔ *For additional information about this article*

<https://muse.jhu.edu/article/829521/summary>

Crisis, Care, and the Terror of Uncertainty

COVID-19 AND THE SPECTACULAR FAILURE OF THE RESPONSE in the United States have brought the contradictions of racial capitalism to the forefront. As many have pointed out, the crisis has exposed many failures of racist, capitalist American infrastructures, revealing all too clearly the dysfunction of our “normal” operating procedures and the inequities they produce. To quote poet and novelist Dionne Brand, it “exposes even further the endoskeleton of the world.”¹

Yet, just as this moment serves as an opportunity for political change, both in general and specifically in the healthcare system, it also threatens to intensify existing inequalities. The powers that be have an opportunity to exploit the same inequities made glaring by COVID-19, preying on newly heightened fear, uncertainty, and vulnerability. Surely, the pandemic poses a threat to neoliberal structures by forcing the state to swiftly and temporarily reverse course on a limited number of the austerity measures it has backed for the past several decades through measures like the “economic impact payments,” the eviction moratorium, and the (inconsistent) availability of free COVID-19 testing. At the

-
1. Dionne Brand, “On Narrative, Reckoning and the Calculus of Living and Dying,” *The Star*, July 4, 2020, <https://www.thestar.com/entertainment/books/2020/07/04/dionne-brand-on-narrative-reckoning-and-the-calculus-of-living-and-dying.html>.

same time, the pandemic also threatens to worsen neoliberal structures that have taken advantage of crisis points in the past, as many public sectors, such as local government and education, lose a massive amount of state funding and millions lose their jobs.² Meanwhile, the wealthiest capitalize on emerging social needs, having increased their collective net worth by \$637 billion since March.³

One sector where the endoskeleton has revealed itself is the low-wage healthcare sector, inseparable from domestic work in nursing homes, care facilities, and private residences. Doctors and nurses have found themselves on the receiving end of limited forms of glorification and performative displays of gratitude and hero worship, but they constitute less than 20 percent of healthcare workers. Significantly less attention has been given to the lowest-paid and most highly exploited healthcare workers, such as nursing and housekeeping staff at nursing homes and other care facilities as well as care laborers and health aides in private residences.⁴ These undervalued sectors of the healthcare industry are predominated by black women and other women of color, often immigrants. Black healthcare workers in general are especially vulnerable to COVID-19, and the vulnerability of home health aides and domestic workers is compounded by the fact that, when privately employed, they are often uninsured.⁵ Vulnerability to COVID-19 is determined not only by age and health status, but also by race and class independent of

-
2. Julia Wolfe and Melat Kassa, "State and Local Governments Have Lost 1.5 Million Jobs Since February," Economic Policy Institute, July 29, 2020, <https://www.epi.org/blog/state-and-local-governments-have-lost-1-5-million-jobs-since-february-federal-aid-to-states-and-localities-is-necessary-for-a-strong-economic-recovery>.
 3. Hiatt Woods, "How Billionaires Saw Their Net Worth Increase by Half a Trillion Dollars During the Pandemic," *Business Insider*, October 30, 2020, <https://www.businessinsider.com/billionaires-net-worth-increases-coronavirus-pandemic-2020-7>.
 4. Molly Kinder, "Essential but Undervalued: Millions of Health Care Workers Aren't Getting the Pay or Respect They Deserve in the COVID-19 Pandemic," *Brookings* (blog), May 28, 2020, <https://www.brookings.edu/research/essential-but-undervalued-millions-of-health-care-workers-arent-getting-the-pay-or-respect-they-deserve-in-the-covid-19-pandemic>.
 5. Adia Harvey Wingfield, "The Disproportionate Impact of Covid-19 on Black Health Care Workers in the U.S.," *Harvard Business Review*, May 14, 2020, <https://hbr.org/2020/05/the-disproportionate-impact-of-covid-19-on-black-health-care-workers-in-the-u-s>.

these other factors, with black and Indigenous people dying of the illness at rates five times higher than white people.⁶ In line with general trends, black healthcare workers are dying at the highest rates. While some healthcare and domestic workers initially found themselves suddenly out of work as their private employers became fearful of infection, most have been deemed “essential,” a euphemistic designation for those who do not have the option to stay home.

The race and gender composition of these undervalued and underpaid sectors of healthcare are a microcosm of the hierarchized valuation of life, the naturalization of black women’s servitude, and the slow passive forms of genocide that COVID-19 has made visible. To discuss a particularly instructive example: at the height of the Black Lives Matter protests that followed the murder of George Floyd, *The Help* was one of the most watched films on Netflix.⁷ What is it about the fantasy of black (women’s) domesticity that provides solace to an American civil society in crisis and a racial order under threat? This particular film choice reflects a longing for “racial reconciliation” coupled with an inability to imagine such a “reconciliation” that is not premised on black servitude. Such deep-rooted desires have served as “a way for Americans to define the character of the nation, the meaning of freedom, and the racial and gender boundaries of citizenry.”⁸ Today, a highly disproportionate number of care laborers are African American women, and many more are immigrants from various parts of Latin America and the Caribbean. The vast majority of laborers in home aide and related caregiving positions are women, comprising 85 percent of the total workforce. Nearly a million immigrants work as certified nursing assistants, home health aides, or personal care attendants, making up more than a fourth of the total workforce for these positions. Roughly 35 percent of care laborers

-
6. “Health Equity Considerations for Racial and Ethnic Minority Groups,” Centers for Disease Control and Prevention, July 24, 2020, <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/racial-ethnic-minorities.html>.
 7. Dana Rose Falcone, “The Help Hits #1 on Netflix amid Anti-Racism Protests Years After Viola Davis Criticized It,” *People Magazine*, June 5, 2020, <https://people.com/movies/the-help-tops-netflix-after-viola-davis-criticizes-it>.
 8. McElya, Micki, *Clinging to Mammy: The Faithful Slave in Twentieth-Century America* (Cambridge: Harvard University Press, 2009), 13.

in the United States are “black, non-Hispanic.”⁹ Similar patterns can be found for non-paid care of friends and relatives—these are especially time-consuming for black and Latina women because they are least likely to get help from paid workers.¹⁰ This gendered and racial composition arises from the material realities and ideologies that have historically characterized care labor in the United States. This is not a natural or inevitable social reality, but an outcome of deliberate policy making and institution building that began with slavery and lived on through the institutions and measures that followed, such as the Federal Labor Standards Act, which exempted domestic labor from its purview.

As the state has divested from care facilities while a generation of baby boomers has been aging, the demand for in-home care laborers has grown significantly over the past several decades. COVID-19 has accelerated the growth of this demand, with an increasing number of vulnerable elderly people who would prefer not to be in high-risk environments. It can be tempting to think of a growing population of unemployed and vulnerable people as an obvious supply that could meet this demand. Yet, it is necessary to recognize that highly exploitative care labor industries, as they currently stand, are a quintessential reflection of American racial capitalism and the afterlife of slavery. In this model, care is figured as a commodity, laborers as a resource, and access to care is premised on one’s wealth and ability to consume. It is also more challenging to refuse this model altogether in favor of a commitment to reimagining systems of collective care.

Reimagining systems of collective care requires that we allow the existing, highly exploitative system to fall by refusing the call to complicity. Brand explains, “‘We must get the economy moving,’ they say. And, ‘we must get people back to work,’ they say. These hymns we’ve heard, these enticements to something called the normal, gesture us toward

-
9. Anita Bercovitz et al., “An Overview of Home Health Aides: United States,” US Department of Health and Human Services - Centers for Disease Control and Prevention, National Health Statistics Reports, Number 34, May 19, 2011, 7, <https://www.cdc.gov/nchs/data/nhsr/nhsro34.pdf>.
 10. Kathryn EW Himmelstein and Atheendar S. Venkataramani, “Economic Vulnerability Among US Female Health Care Workers: Potential Impact of a \$15-per-Hour Minimum Wage,” *American Journal of Public Health* 109, no. 2 (2019): 198–205.

complicity.”¹¹ It is far more challenging to practice this refusal than to identify the oppressive history and exploitative nature of the care labor system. As critical race theorist Jared Sexton put it, “There’s a difference between developing a language of freedom and developing a desire for it; and we shouldn’t presume that there is a desire for freedom, or only a desire for freedom.”¹² What COVID-19 also reveals is the extent to which the momentum of our everyday lives and our reliance on the familiar gets in the way of our “desire for freedom.” We, too, ground ourselves in immediate concerns and a desire for “normalcy” that competes with, pushes back against, and sometimes eclipses a desire for freedom — with all the discomfort, uncertainty, and sacrifice that collective freedom might entail for many of us. We are invested in the meaning we have made of our lives, even as we can often clearly analyze how they are structured and controlled by racial capitalism.

The present disruption has shined a light on our “normalcy” and has forced conversations about the extent to which it should be maintained. Most conspicuously, the push for a return to “normalcy” has been used by capitalists and politicians to placate their own fears of losing money and power with a superficial gesture of feigned sympathy for the many people who have found themselves unemployed and unable to pay rent. Beyond that, the pandemic has produced tension by exposing the dysfunction of normalcy for many who may nevertheless depend on it. Major home healthcare agencies are expressing concern about the shrinking pool of workers. A recent *JAMA* study confirms that in addition to the usual stressors, long hours, and little pay, home healthcare workers are particularly stressed and overlooked in the COVID-19 pandemic, given little to no preparation or personal protective equipment, and experiencing high rates of infection.¹³ Still, many report feeling con-

-
11. Dionne Brand, “On Narrative, Reckoning and the Calculus of Living and Dying,” *The Star*, July 4, 2020, <https://www.thestar.com/entertainment/books/2020/07/04/dionne-brand-on-narrative-reckoning-and-the-calculus-of-living-and-dying.html>.
 12. Jared Sexton, presentation at Scenes at 20: Inspirations, Riffs, and Reverberations, Rutgers University, New Brunswick, NJ, October 7, 2017, video, 3:05:30, <https://africandiasporaphd.com/2017/10/06/videoconf-scenes-at-20-inspirations-riffs-and-reverberations>.
 13. Madeline R. Sterling, Emily Tseng, and Anthony Poon, Jacklyn Cho, Ariel C. Avgar, Lisa M. Kern, Claire K. Ankuda, and Nicola Dell, “Experiences of Home Health Care Workers in New York City During the Coronavirus

cerned about the possibility of being unable to return to work. A National Domestic Workers Alliance (NDWA) survey reports similarly that black immigrant domestic and home care workers are caught in the midst of converging crises, experiencing disproportionate vulnerability to illness, racist working conditions, and particularly dire economic conditions in the present moment.¹⁴ In reference to the findings of this survey, NDWA Black Organizing Director Aimee-Josiane Twagirumukiza explains, “As state economies begin to open up, what we don’t want to do is for things to go back to normal. We can see that normal hasn’t worked for most industries, and especially not for domestic workers.”¹⁵ Although there are many who have persuasively argued that we should never return to “normal,” that this crisis has exposed its problems, and that we should not live simply to work, there are also many who, understandably, have wanted to go back to work, have depended on exploitative jobs, and have, in the midst of a pandemic, lost access to healthcare that, in the United States, was tied to their employment. There is a real fear that the corrupt “normalcy” will be replaced by something even more corrupt, and in the face of that fear, it can be tempting and comfortable to cling to the familiar. While state and corporate investments in normalcy are unwavering, activist critiques are intellectually sound and convincing, but the relationship of individuals to “the normal” appears to be equivocal, fraught with contradictions, and burdened by competing concerns.

As we find ourselves in a moment when another world is thinkable, we have to reckon with how profoundly uncomfortable, inconvenient, frightening, and challenging it would be to make way for it. Our task is to refuse a resolution to this crisis that prioritizes “healing,” “restoration,” and “reconciliation” by defaulting to the familiar and the comfortable, sometimes through reforms that are increasingly palatable versions of the same ideologies and structures. Change requires a willingness to commit to refusal, to divestment and abolition, to letting

Disease 2019 Pandemic: A Qualitative Analysis,” *JAMA Internal Medicine*, August 4, 2020, <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2769096>.

14. Negin Owliaei and Sofia Salazar, “Black Immigrant Domestic Workers Share Notes on the Storm,” *Common Dreams*, June 23, 2020, <https://www.commondreams.org/views/2020/06/23/black-immigrant-domestic-workers-share-notes-storm>.

15. *Ibid.*

structures fall even in the face of uncertainty about what will replace them. Change requires that we forgo our material and ideological investments, embrace the “end of the world,” and venture into the unknown.¹⁶

16. Vincent Lloyd, “The End of the World: Reflections from Black Activism,” *Berkeley Forum* (blog), Berkeley Center for Religion, Peace, and World Affairs, June 9, 2020, <https://berkeleycenter.georgetown.edu/responses/the-end-of-the-world-reflections-from-black-activism>.