

I.L.A. Kollektiv



AT THE EXPENSE OF OTHERS?

How the imperial mode of living
prevents a good life for all

With a
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Who cares?

Care work is essential for society but remains mostly invisible. On care workers and the need for a care revolution.

What would happen if womenⁱ in Germanyⁱⁱ suddenly gave up care work? The events that took place in Iceland in 1975 can maybe give us an idea. On 24 October the country's women staged a strike: 90 per cent of them stopped working and they brought Iceland to a standstill for one day. Schools, hospitals, shops and fish factories closed, and fathers suddenly found themselves overburdened and unable to go to work as they had to handle household chores and were left to care for children and elderly relatives, tasks that were and are — mostly without people even recognising it — usually left to women.¹

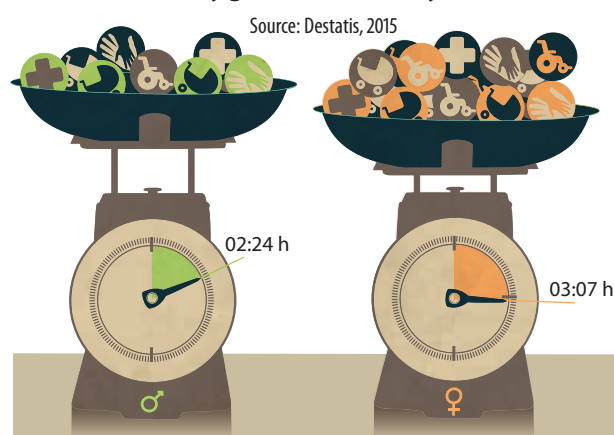
Care work remains invisible and is often unremunerated; yet, for society as a whole, it is indispensable. In 2013, people in Germany dedicated around one third more of their time to unpaid care work than to paid work.² According to estimates by Germany's Federal Statistical Office, if priced at the usual market rates, non-remunerated care in 2013 would have cost Germany around €826 billion — roughly one third of the country's gross national product.³ Free care, however, is not included in national accounts. It is invisibilised work, which is not adequately valued by society. Even the majority of those employed in the salaried care sector are women — and their employment situation is often precarious (see GLOSSARY). The low status of care work particularly affects migrant women. In Germany, many Eastern European women work providing at-home care under harsh employment conditions.

Care work's role in society is an issue that encompasses more than simply discussing questions such as fair pay or opportunities for a good work-life balance. Rather, we must ask how care work is structured and how society values care — issues that are directly linked to the question of a *good life* (see SUMMARY AND OUTLOOK): What kind of work do we as a society assign value to? Which gender roles are implicit in the way care work is organised in our society? How can we build solidarity across borders and classes? How can we organise work better and more justly?

This chapter aims to highlight how and why our society devalues care work and allows exploitative structures to develop in the sector. We will point out prob-

lems and highlight why solving them is proving so hard. As will become clear, the current organisation of care work is an integral part of the imperial mode of living (see INTRODUCTION) and based on deeply engrained gender stereotypes and racist *concepts*. An *infrastructure* of private actors maintains this structure, acting mostly outside of state control. Moreover, state *policies* and the legal framework of the social and health-care sectors ensure that care work continues to exist in this form.⁴ But like the women of Iceland, many social groups are standing up against this broadly accepted framework and developing effective alternatives.

Figure 4.1: Hours spent per day on unremunerated care by gender in Germany, 2013



Care: more than simply work

What exactly is *care work*? Care work, also called *reproductive work*,⁵ includes all the daily tasks that people engage in for their own well-being and that of their community.⁶ Care work is therefore reproductive work that generally maintains society. It is a prerequisite for human labour. Care work can be unremunerated — in particular, within a private, family context — but also take the form of remunerated employment.⁷ In the care sector, this includes jobs such as domestic workers, nursing staff and carers, cleaners and educators.⁸ Private care work comprises, for example, cooking, cleaning, childbearing, parenting, providing emotional support to friends and caring for relatives.⁹ All of these activities increase people's physical and mental well-being and ensure their capacity to work now or in the future. As such, they are not only fundamental ingredients for a positive social environment, but also an indispensable part of any functioning economic system.¹⁰

i We use 'woman' not as a term for people with particular biological sexual characteristics but as a socially constructed category that encompasses particular lived realities and experiences.

ii This is a complex issue. We shall therefore focus mainly on the German system of care.

Care is work with people

Like remunerated employment, caring for our grandparents, cleaning the bathroom or taking our kids to school costs us time and energy. Building on a long feminist tradition, care *work* is often discussed in this context, i.e. a type of work which is provided mostly invisibly in households. The concept aims to increase the visibility of such care and to generate greater political debate around the issue.¹¹

Care work is certainly a special form of work. Our general understanding of work today is that of a remunerated form of employment which produces goods and services. We often assume that work does not depend on a particular person, e.g. it makes little difference who carries out a particular task on the assembly line. We also believe in our capacity to indefinitely increase labour efficiency, i.e. that we will be able to produce equal or even better results in ever-shorter timespans and at ever-lower cost.¹² These familiar concepts, which build on our usual understanding of work, however, fundamentally contradict care work. Work with people follows a set of rules different to those that apply to work that produces goods.¹³ Care work is not simply about maximising the efficiency of a morning shower, but also about giving people the feeling that somebody cares for and values them as they grow old. The human relationship between carers and care recipients, empathy and allowing carers sufficient time are important factors that determine the quality of care work.¹⁴ We cannot subject care to our desire to increase efficiency and economic gain. We thereby use the term *care work* for two reasons: First, because we wish to highlight the important role care plays in society. And, secondly, because we hope to broaden the definition of work. 'Work' includes more than wage labour and goes beyond the efficient production of goods and services.

» *Care work is thus considered an unlimited resource that we can access at very low cost—or even for free.*«

The development of Germany's model of care

Unlike other forms of economic activity, care work does not add monetary value like a production process and therefore often does not produce a financial profit. For the most part, care work is in fact a financial burden on society.¹⁵ Reproductive costs, however, are not accounted for in the public budget and are not included in companies' cost-benefit calculations.¹⁶ These costs are shifted to the private realm. In the industrialising nations, women have been tasked with this private labour (see HISTORICAL OVERVIEW) since the 19th century. Bourgeois modernity separated the public and the private sphere along gender lines: it reserved the public sphere to men, and considered women to have the qualities required for work in the private sphere such as care.¹⁷ Ever since, remunerated employment and the household have been treated as two entirely separate fields, and we only view the former as economically relevant.¹⁸ Care work is thus considered an unlimited resource that we can access at very low cost—or even for free.¹⁹

In the early 20th century, following Bismarck's social legislation, care work came to be seen as a public responsibility. A remunerated care sector with paid

care services developed. Yet, the labour market continued to reproduce the same gender division. Even today, the majority of remunerated care workers are women, and they often work under precarious conditions and are badly paid.²⁰

During the last quarter of the 20th century, conditions in the remunerated care sector underwent a marked change. A neoliberal (see GLOSSARY) restructuring of the welfare state led to the privatisation of the remunerated care sector—with catastrophic consequences for care workers and care recipients. Squeezing a private sector profit out of the needs of care recipients became the primary concern.²¹ Since that time, markets for care work and welfare services have been developing; in care, this trend is evidenced by the increase in private nursing care providers.²²

Migrants to close care sector gaps

Even today, women remain largely responsible for care work. However, many women now also work in salaried employment. This shift was one of the achievements of the women's rights movement, but it also partly resulted from the spread of precarious employment and the subsequent decrease in the household income, which was traditionally earned by the man and served to feed the entire family. Particularly in the Global North, these developments have created gaps in care.²³ Increasingly, the world's upper and middle classes therefore satisfy their care needs by relying on people from poorer regions: precariously employed migrants now make up the shortfall.²⁴

What forms of gender- and class-based inequality, as well as inequalities based on an individual's culture or origin, are inherent to Germany's current system of care? And what structures of exploitation does this lead to?

The numerous inequalities in care

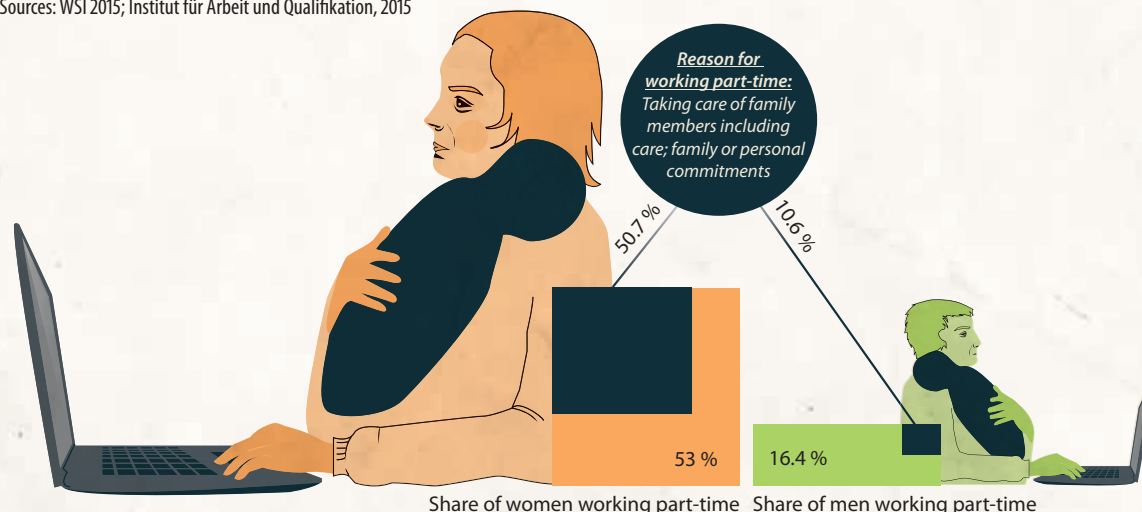
Private care is usually considered 'women's work'

Care for family members is a field that clearly reveals the unequal distribution of care work between the genders. People spend a substantial number of hours providing private care. According to rough estimates, individuals spend a total of up to nine billion hours annually caring for a family member. That is the equivalent of around 3.2 million full-time positions.²⁵ Carers do not receive a salary for their work, but are instead offered a care allowance. However, this allowance is not calculated to ensure the care worker a living wage, but depends solely on the degree of care the recipient requires. Even when all additional supplements (hardship cases) are considered, the maximum care allowance remains below €900, which is not enough to cover the needs of those providing care. According to a survey by German health insurer DAK, nine out of ten of those caring for relatives are female.²⁶ This lopsided distribution is problematic for a number of reasons.

Many women who care for relatives feel overburdened and are more likely to fall ill.²⁷ Moreover, the strains of care work mean that women generally have less time for remunerated employment. Many therefore

Figure 4.2: Part-time employment rates by gender in Germany, 2013

Sources: WSI 2015; Institut für Arbeit und Qualifikation, 2015



work part-time or not at all. Women are also far more likely than men to forego career opportunities for the sake of their families (Figure 4.2).²⁸ Consciously or not, women thereby adhere to traditional roles that prevent a more equitable distribution of care work. The fact that women earn, on average, less than men probably reinforces the unequal distribution of care and remunerated employment. A woman's decision to sacrifice her career for the good of her family not only hampers her professional development; it can also have disastrous consequences later in life. Germany's pension system (see MONEY AND FINANCE) does not adequately recognise the time women spend on care, so their pensions are generally significantly lower than those of men, which means women face a greater risk of old age poverty (Figure 4.3).²⁹ Ironically, when women themselves eventually become old, they have less money to pay for their own care. Frequently, if they have a partner, they remain economically dependent on their partner for their entire lives.

Poor working conditions in care particularly affect women

The overwhelming majority of workers in the remunerated care sector are female. Globally, 83 per cent of

those working in households are women.³⁰ In Germany, too, the majority of formal care work, whether in kindergartens, cleaning or care, is provided by women (Figures 4.4, 4.5 and 4.6).³¹ Employers in these sectors aim to cut costs to increase the profit margin. Mainly, they achieve this through low salaries and standardised work practices. Nursing care professionals across Germany, for example, earn 10.6 per cent less than the average skilled worker. Moreover, care institutions pay women less than their male colleagues: the average gross hourly rate for professional female nurses is 9.4 per cent lower; and for those working in elderly care, the rate is around 4.5 per cent lower.³² The picture for kindergarten educators is very similar.³³ However, it is not only low salaries that create adverse working conditions. Faced by high levels of competition, organisations in the welfare sector establish temporary employment companies as subcontractors to employ nursing staff more flexibly and outside of collective bargaining agreements, i.e. at lower cost.³⁴ For permanent nursing staff, this creates additional pressure, as they fear that temporary staff might make them redundant.

Such employment conditions mean that nursing is not a particularly attractive profession. Society, how-

Figure 4.3: Number of people over 65 at risk of poverty in Germany (by gender), 2013

Sources: Eurostat, 2016; Statista, 2015

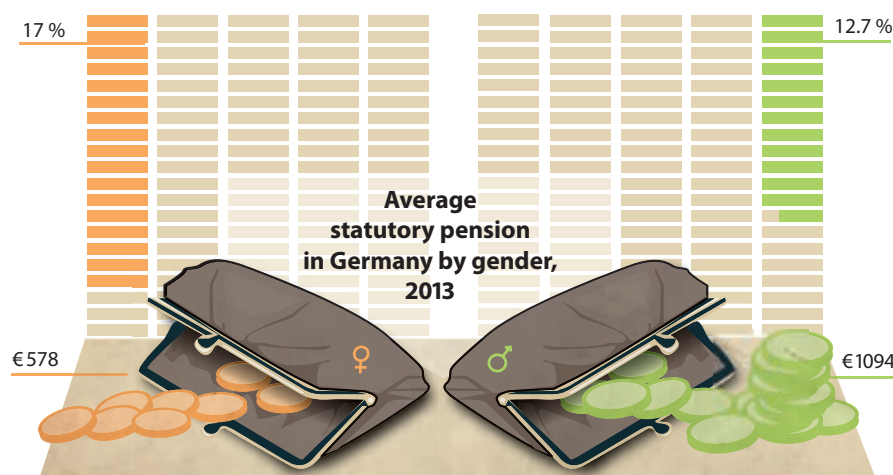


Figure 4.4: Outpatient carers by gender in Germany, 2013

Source: Destatis, 2015

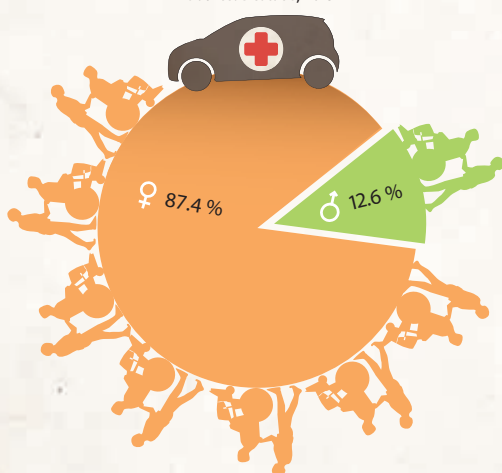
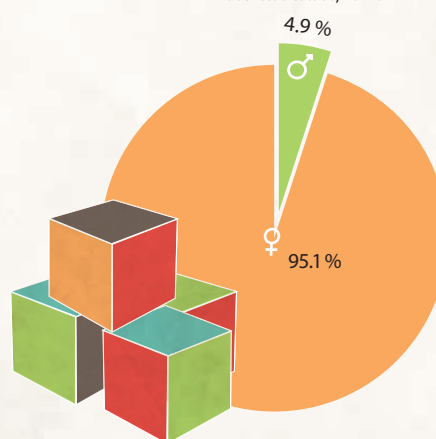


Figure 4.5: Kindergarten teachers by gender in Germany, 2013

Source: Destatis, 2014b



ever, is ageing, and there is a lack of nursing homes and care workers. To adequately look after the increasing number of people requiring care and establish decent working conditions for care workers, society urgently needs to boost the numbers working in the care profession. Already in 2005, Germany was short of 39,000 nurses; by 2025, this figure is set to triple.³⁵ Nonetheless, private care providers continue to reduce staff in an attempt to cut costs. They instruct employees to be more efficient. Concepts such as robots providing care and the collection of patient data are, furthermore, indicative of the determination to increase care efficiency (see DIGITALISATION).³⁶ These trends lead to catastrophic conditions for care workers—and entail dire consequences for those in need of care. The reported number of cases of burnout among care workers, who work for weeks on end without a break, are rising. Ever more frequently, care workers are documenting services they do not actually provide and conditions in inpatient care facilities are becoming increasingly inhumane.³⁷ With less and less time available to care for an ever increasing number of people, the quality of care and the health of care workers are suffering (Figure 4.7).³⁸

The global structures of care are based on numerous forms of discrimination

When care gaps develop in regions of the Global North, care is redistributed—not between women and men in the Global North, but among women from other social classes and regions. The world's upper and middle classes are tapping into an external reservoir of care workers. Women from economically disadvantaged regions and households, in particular, specifically migrate to places with a market for care workers. This can take them from rural to urban regions and across borders (see infobox “Global care chains”).³⁹ As the association Women in Exile highlights, irregular and precarious employment in care sector jobs (for example, as poorly paid cleaners in private households) are often the only jobs available to female asylum seekers or undocumented women in Germany.⁴⁰ Different relations of exploitation begin to reinforce one another: not only is the

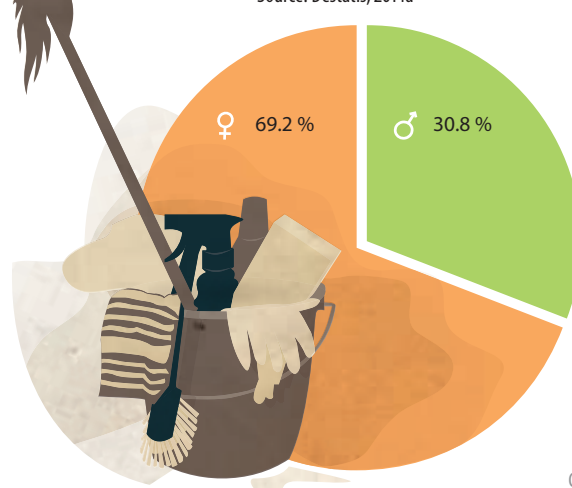
labour offered by a particular gender overly exploited, people of higher economic and social standing also demean the work of care workers because of their country of origin, residency status and social class.

Relying on care workers from economically poorer countries has become the norm in many parts of the world.⁴¹ In Germany, Switzerland and Austria many, in particular, Eastern European women, work as housekeepers and carers in private households, mostly under irregular employment conditions. According to the German Trade Union Confederation (DGB), there were 250,000 registered household employees in 2012—not including the estimated 150,000 to 300,000 irregularly employed housekeepers from Eastern Europe.⁴² Many of these women work in so-called live-in arrangements, which means that they live in the household of the person they provide care to and are therefore available 24 hours a day. Working conditions that include being permanently on call, low pay, a lack of privacy and social isolation are unacceptable. According to reports by the not-for-profit research centre *corrective*, some of these women are also subjected to racist insults, sexual abuse and violence.⁴³

» *When care gaps develop in regions of the Global North, care is redistributed, yet not between women and men in the Global North, but to women from other social classes and regions.*

Figure 4.6: Cleaning sector employees by gender in Germany, 2012

Source: Destatis, 2014a



As we have seen, by shifting the burden of care onto families, where care work by women is taken for granted and appears to exist as a limitlessly available free resource, our system outsources care-related costs to the greatest possible extent.

When families are unable to provide care, people in precarious employment, who in many cases have left their countries of origin, are the ones who bear the costs. The system satisfies the care needs of the world's upper and middle classes and shifts the shortfall in care to other, poorer regions. To describe this practice, the sociologist Christa Wichterich coined the term “transnational care extractivism”. Much like natural resources, a social capacity—the capacity of poorer regions to

provide care—is exploited and a relationship based on neocolonialism is perpetuated (see DIGITALISATION).⁴⁹

How can such conditions persist, even when they cause the suffering of so many people? And why do they continue, despite the fact that they reinforce, and even deepen, existing extreme inequalities?

Grievances abound – but no change

The current organisation of care, replete with its many elements rooted in discrimination, is part of the *imperial mode of living*. It is *imperial* because this mode of living exploits the labour of women, both locally and abroad, which is provided at (almost) no cost.⁵⁰ Moreover, this form of organising care work is spreading and becoming a marker of social distinction: the world's middle and upper classes outsource care and employ people of lower social standing in their households, partly to boost their social position.⁵¹

Care is currently structured around deeply engrained gender stereotypes and discriminatory thought patterns. An infrastructure of profit-oriented stakeholders supports this system, whilst state policies attempt to safeguard its existence.⁵² By looking at individual aspects of these questions, we hope to demonstrate this clearly. We also aim to highlight the framework conditions which the current system of care depends upon—and the levers we could apply to press for change.

Stereotypes and clichés make exploitation seem normal

Unlike other countries (for example, in Scandinavia), Germany's long-standing tradition is for the family to take primary responsibility for care work. The state should only intervene if there are no other options.⁵³ Many who are in need of care, and their relatives, have expressed a strong desire to receive care at home, and see nursing homes only as a last resort. In 2015, nearly half of all those in need of care received care at home that was provided solely by their relatives. Including those who additionally relied on professional care services, nearly three quarters of people requiring care in Germany were cared for at home. This trend towards receiving care at home has actually grown slightly in recent years (Figure 4.8).⁵⁴ Government care policies are also guided by this principle.⁵⁵ The ideal of care as a family duty, however, generally translates into care as a duty for women. Traditional role models of the caring housewife and mother and the male breadwinner remain dominant. According to a representative survey by the Institut für Demoskopie Allensbach, the majority of Germans believe that women's increasing focus on work and career comes at the expense of the family and, in particular, children—with negligible differences between the answers given by men and women. A clear majority strives to live in a family where the woman is mainly or entirely dedicated to child-rearing and the household.⁵⁶

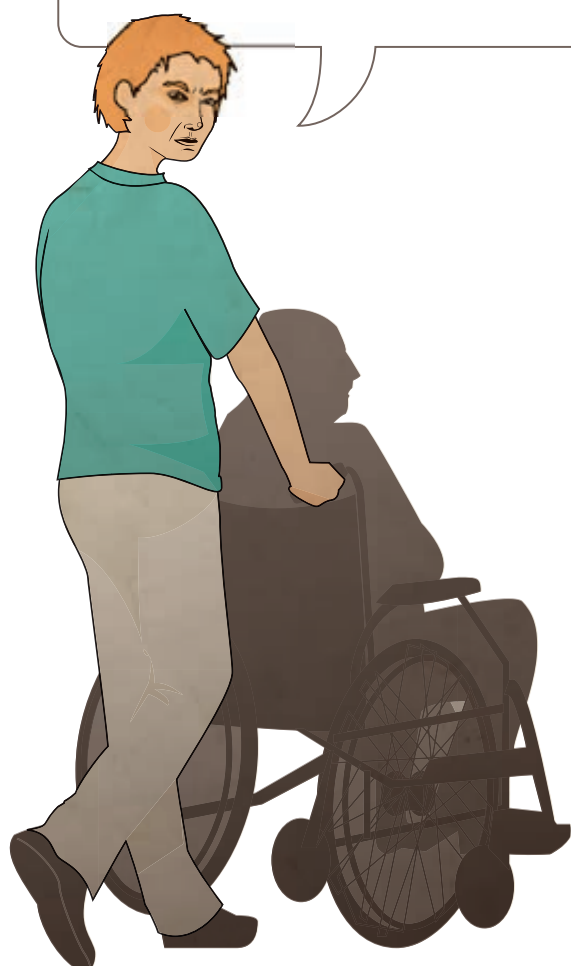
Such deeply engrained family and role models normalise the unequal distribution of care between the

Figure 4.7: Conditions in the care sector

Source: Pflege am Boden, 2017

» Conditions for carers

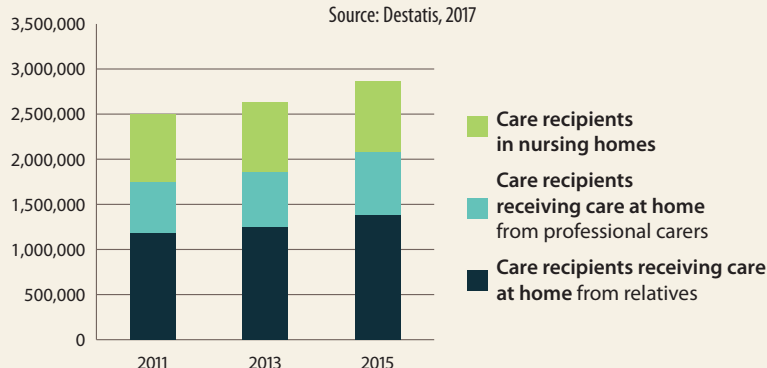
in Germany have deteriorated continuously over recent years. Our daily challenges are further complicated by staff shortages, poor wages and little social recognition. These conditions make our work ever more physically and mentally draining. We are exhausted. Poor working conditions also mean that jobs in the care sector are increasingly less attractive to young professionals at a time when they are so desperately needed. We have less and less time to care for more and more people. Increased demands to document the care we provide robs us of precious minutes we should be spending on patients. This leaves us with too little time to care for people in need.«



» Such deeply engrained family and role models normalise the unequal distribution of care between the genders. They make it harder for society to even think about different ways of organising care.«

Figure 4.8: Number of care recipients by type of care in Germany

Source: Destatis, 2017



genders. They make it harder for society to even think about different ways of organising care, thus preventing real change for those women who suffer under today's care structures.

Deep-rooted stereotypes also normalise the exploitation of foreign care workers: media reports or cliché-laden TV series featuring Eastern European care workers reflect certain stereotypes: Not only are these women always friendly, patient and sacrificial—they seem to have no needs of their own. And they never complain, even though their working conditions would appear unacceptable to most other people.⁵⁷ No wonder companies are so keen to hire them.

Cultural stereotypes also permeate the field of politics. They help legitimise and normalise the recruiting of foreign care capacities.⁵⁸ In a model project, the Federal Ministry of the Economy justified recruiting care workers from Vietnam by stating: “Culturally, Vietnamese workers have traits that qualify them for employment in the care sector: a high level of motivation, as well as a sense of duty and ambition. In Vietnamese culture, the elderly are considered the keepers of tradition and knowledge and thus enjoy a great level of respect.”⁵⁹

Care is becoming increasingly privatised, largely outside of public control

An extensive network of private agencies organises the exploitation of foreign care workers, connecting Eastern European women with German families. They advertise their services by offering 24-hour care for periods lasting several weeks at discount prices. In the countries of origin, they tend to hire unemployed women with no formal care-related professional training.⁶⁰

Grey markets for care have developed, in which the borders between formal and informal care have dissolved.⁶¹ In Germany, these women work as posted workers, and—according to EU law—the German minimum wage and working hour regulations should apply.⁶² Agencies tell women that they will be in regular employment and that the minimum wage will be respected,⁶³ but fail to inform them of their rights as posted workers. Their contracts also generally lack the corresponding clauses. Maximum working hours are often exceeded, not least because these women sometimes live in the

same room as the care recipient and are asked to perform all kinds of care work and household chores.⁶⁴ According to reports, agencies charge the families of care recipients up to €2,500 per month,⁶⁵ yet, with some of these women earning between €800 and €1,400 (net) per month, care workers are not even earning the minimum wage—and the agency keeps the rest as commission.⁶⁶

Public employment agencies could also take responsibility for placing these carers in employment, but the state chooses to leave this task to private agencies. These private agencies have created a shadow economy that exists across borders and is hard to control. For the EU, responsibility lies with the member states, whilst the German government holds the customs office responsible. Here the latter is, however, toothless. Checks of private households require a court order and are therefore extremely rare.⁶⁷

In recent years, care has become a field that increasingly attracts private sector investments.⁶⁸ According to care statistics from the Federal Statistics Office, 42 per cent of inpatient and outpatient care facilities were in private hands.⁶⁹

Between 1999 and 2015, the number of beds in privately run nursing homes increased from 20 to 40 per cent.⁷⁰ There is, however, only a very small number of large private providers. The largest such provider in Germany and Europe grew out of mergers between various nursing home chains and recorded an annual growth rate of nine per cent in 2015.⁷¹ Competition with privately run



INFOBOX

Global care chains

In 2000, Arlie Hochschild coined the term global care chains, i.e. “a series of global personal ties between people based on paid or unpaid care”.⁴⁴ The term describes the phenomenon whereby women migrate to economically more affluent countries or regions to seek employment in care. Other women (domestic workers or female relatives) then take their place.⁴⁵ Such chains can cross several regions or countries. Figures on the extent of this migration do not exist because in many cases such migration is irregular. However, there are certain patterns, e.g. a large number of care workers migrate from South East Asia to the Arabian Peninsula, from Latin America to the US and from Eastern to Western Europe.⁴⁶ These migrants play a key role for the economies of their countries of origin because they send back a portion of their salary to their families as remittances. Governments therefore attempt to strengthen the bond of migrants to their home countries, for example, through prizes for the best migrant household worker.⁴⁷ Often these women pay a high price for their economic contribution: as Human Rights Watch has documented, they not only leave their families but also suffer exploitation and human and labour rights abuses.⁴⁸

nursing homes increases the pressure to raise efficiency and cut costs. Consequently, nursing homes cut back on the most important cost factor, which, in care, is staff expenses.⁷² Many privately run homes ignore the stipulated staff to patient ratios, which already fall too short and are in need of updating, and vacant positions can remain unfilled for an extended period.⁷³

The state also insufficiently monitors private nursing homes. To prevent problems in care and grade care services, the Health Insurance Medical Service (MDK) conducts regular quality assessments, which have repeatedly been criticised for their lack of validity and misleading gradings.⁷⁴ This is because care system stakeholders—health insurers, nursing homes and welfare associations—individually decide what to monitor.⁷⁵ This is compounded by the fact that there is essentially no federal level regulatory authority or complaints body to deal with abuses in care facilities. Munich is the only city in Germany to have established a complaints body for geriatric care.⁷⁶ Help-lines, often run by volunteers, exist in some other cities,⁷⁷ but the care system is basically left to manage itself, and there are no centres where people can turn to if they need help. These circumstances make it extremely difficult for both care recipients and care workers to draw public attention to the dire conditions in the sector.⁷⁸

Politics contributes to current care system inequalities

Care in Germany is therefore currently organised around an unequal distribution of care work between genders and social classes, as well as forms of exploitation that rely on cultural stereotypes as a justification. These structures are effectively reinforced by the state. German care insurance, for example, is based on a model of shared costs. Families are thus expected to contribute towards the cost of care. Those with greater purchasing power can afford to pay for professional and inpatient care, whereas less affluent families are forced to depend on cheaper alternatives, such as foreign domestic workers or care provided by relatives.⁷⁹ Politicians have also adopted measures that strengthen private forms of care within families in the field of childcare. Germany has introduced a €150 childcare supplement for parents willing to care for their children at home instead of taking them to a day care centre. This provided a cheap alternative to expanding the number of day care places, yet this supplement does not adequately compensate the care work parents provide. It has promoted private care and prevented the labour market participation of carers, most of whom are women.⁸⁰

Politicians have also done little to prevent the exploitation of Eastern European women in Germany's care sector. 24-hour outpatient care would entail huge formal care costs that households could not cover alone.⁸¹ In this regard, the German care system requires a complete overhaul and a shift towards a design whereby the total costs of long-term care are met, combined with a significantly higher public budget for care to cover the current contributions made by private house-

holds.⁸² However, as political decision makers do not seem interested in taking this approach, they are effectively helping to sustain current forms of exploitation. For example, when Germany ratified ILO convention 189 concerning decent work for domestic workers in May 2013, the German government introduced a special clause that exempted 24-hour care.⁸³

Perspectives: a change in care?

The concerns outlined here reveal the need for a fundamental re-think of care. Care work is crucial to society and therefore worthy of recognition. But an entirely new framework is needed. Economic profit should not be the focus and key criterion to define the value of work. Rather, solidarity and tolerance need to become society's guiding principles. Achieving this would require society to shift its attention more towards people as well as their needs and capabilities. More concretely, this would mean greater gender justice and emancipation from engrained gender roles, equal rights and opportunities for all people regardless of their origin, as well as publicly funded care that provides everybody with the basic elements they need to lead a decent life. Social scientist Gabriele Winker has coined the term *care revolution* to describe such an approach.⁸⁴

Getting there is going to be arduous. Deep-rooted thinking patterns, the present infrastructure and private stakeholders, as well as policy decisions, all serve to safeguard the current form of care. In other words, the system cannot be changed overnight. However, numerous suggestions have been made as to how the conditions for care work can be changed and how support can be offered to those who are already fighting to make these changes happen.

Increasing appreciation for invisible care work

Currently, society only recognises market-based wage labour as work. Yet, care requires time, energy and money and is of fundamental importance to the functioning of society. Society therefore needs to increase the visibility of non-remunerated care work, for example, by including this work in economic assessments. This would automatically generate a debate on the gigantic proportions and huge significance of such invisible work. Greater recognition for care work, however, would not imply having to pay for all private care work currently being provided free of charge. Rather, we need framework conditions that ensure recognition for private care work in families and allow its organisation. This could include a benefits scheme similar to today's parenting allowances for people who care for relatives, even when they are not in employment that is subject to social security deductions. Moreover, the state should guarantee that relatives providing care enjoy social protection and, crucially, have health insurance cover.



» ***Economic profit should not be the focus and key criterion to define the value of work. Rather, solidarity and tolerance need to become society's guiding principles.***«

Redistributing work

We need to reorganise the way in which society distributes care work and salaried work between women and men. Only when women can freely set the amount of time that they will invest in remunerated employment can they have equal career opportunities. This would require changes to the labour market: a general reduction in working hours, for example, would grant everybody sufficient time to care for themselves and for others. Beyond being merely a theoretical idea, part-time employment would have to become a practical option for everybody. At the political level, one potential approach could be to provide long-term benefits to parents who both agree to reduce their working hours (for example, additional benefits that go beyond current allowances for parents).⁸⁵ A general reduction in working hours to a 30-hour week would not only create space to redistribute care work, it would also free up additional time for social commitment and other activities. How would you make use of your extra leisure time?

Misdirected state incentives that reinforce traditional gender roles, such as Germany's child care subsidy (*Betreuungsgeld*), should be abolished. The compatibility of employment, family life and care needs to increase and employment should not be conditioned by the requirements of high mobility and unlimited availability.⁸⁶ State incentives and alliances of employees, mediated, for example, through the unions, could contribute to a shift in German business culture and lead such jobs to become the norm.

Moreover, an unconditional basic income (see MONEY AND FINANCE) could free up time and energy for those who receive it, allowing them to dedicate time to caring for others and themselves. Traditional gender roles, however, could also mean that both a basic income and a reduction in working hours would not lead us to fundamentally question the current division of labour between women and men; these measures could even see such structures becoming further entrenched.⁸⁷ It is thus key that we develop a care work model that goes beyond traditional gender roles and identities. Such a shift would actually be in everybody's interest and would require commitment from the whole of society.

Providing a social infrastructure for everybody

It would be a tremendous step forward if the state provided everyone, irrespective of their financial means or residency status, with the necessary funds for a decent life. This would have to be built on a social infrastructure that actively tackles inequality, not just by providing money but by offering publicly funded institutions and services.⁸⁸ A more rigorous approach against tax evasion could finance such an infrastructure (see DIGITALISATION). When the state privatises the public infrastructure of care, quality care increasingly becomes a privilege for the wealthy and moves further outside of public control. Public decision makers thus need to halt this development and again democratise our care infrastructure. This will require public investments into community- and solidarity-based projects, such as parent-organised kindergartens, housing com-

munity projects or collectively organised neighbourhoods or health centres.

Through a comprehensive social infrastructure, the state could guarantee care, and everybody could have the freedom to decide how such services are organised. For example, children in Germany are already legally entitled to a place in a day care centre, but the necessary infrastructure needed to make this a reality is still lacking.

Humane care (work) for everybody

Good care work requires good labour conditions. People's needs have to define the rhythm of work, the salaries of care workers have to be sufficiently high so that they have the time to dedicate themselves fully to care recipients. Only such an approach can guarantee dignity, not just for carers but for those reliant on the help of others: children, people with disabilities or those who are old or sick. Moreover, care work needs to take greater account of the rights of those receiving care to self-determination and offer people opportunities to decide on the kind of care they wish to receive.⁸⁹

More specifically, good working conditions would also mean improving the care worker-to-care recipient ratio nationwide, establishing a collective agreement across Germany for the care sector that ensures care workers are paid above the minimum wage, as well as enforcing compliance with German labour legislation independent of a person's nationality. The state needs to close legal loopholes that enable the exploitation of migrants. Not least, ILO convention 189 must also apply to 24-hour care work. Establishing complaints bodies to protect rights that have been hollowed out would be a vital first step.

In addition to changes to the institutional and legal framework, society must also challenge racist (see GLOSSARY) thought patterns: we cannot continue to tacitly accept that the upper and middle classes make up for shortfalls in care work by exploiting migrants.⁹⁰ This requires an in-depth public debate on the state of Germany's care system and the people who are made to bear its burdens.

Care activism

One of the reasons why care workers usually do not get involved in labour struggles is the particular 'work ethos' that dominates many social professions and care work in particular.⁹¹ Going on strike is difficult if such action directly impacts the well-being of care recipients. Society is also largely critical of carer strikes.⁹² Care workers in institutions funded by church welfare organisations are even forbidden to strike.⁹³ Migrants who work in 24-hour care often lack opportunities to organise or simply do not have the time.

Nonetheless, there are people struggling at many levels for better working conditions and a greater recognition of care work in society. In May 2015, educators called for a nationwide strike in day care centres, and in the summer of 2015 the nursing staff at Berlin's Charité hospital also struck for better working conditions. In March 2014, activists founded the network *Care Revolution*, a movement to unite the demands and political strength of care workers and those receiving care.

The *Pflege am Boden* alliance was founded to change care work. The regular activities and networking meetings of both of these organisations promote the goal of decent conditions in care work. In Switzerland, Polish care workers founded the network *Respekt@vpod* together with the public service union VPOD to inform migrants of their labour rights as well as enforce and legally fight for employment conditions that conform to Swiss regulations.⁹⁴ In Germany, *respect*, a political solidarity network for the rights of migrant household employees, follows similar goals.⁹⁵ In the context of the *Faire Mobilität* project, the German Trade Union Confederation (DGB) too has established multilingual *advisory centres* to inform posted workers of their labour rights and support their struggles for fair employment.⁹⁶ However, greater efforts ideally need to be made to support migrants in their attempts to (self-)organise autonomously. Such initiatives are highly important, but in order for them to gain greater prominence in society, they require support. And we would all benefit if the situation for care workers improved: things would be better for those providing care and those receiving it. Through these struggles, care work is becoming a contested sphere, where alliances between people from multiple social backgrounds

become possible, and this holds a great potential for actual change.⁹⁷

A *care revolution* is possible. To increase its potential impact, the movement for decent care needs to link the conflicts surrounding poor working conditions, precarisation and gender inequality in care to similar struggles in other sectors.⁹⁸ Often the causes are similar: public services are privatised and considered primarily with regard to profitability. This exacerbates social divisions because then not everybody has equal access to humane care and fair working conditions. Jointly considering care sector, migration policy, as well as gender and social political grievances and demands is a promising approach. Initial steps in this direction show how difficult this might prove.⁹⁹ We should nonetheless attempt to join forces and apply pressure wherever exploitative practices in care work take hold. If society were able to appreciate and organise care work differently, this would alleviate the pressure on many people who are forced to sell their capacity to care under the most testing conditions.

Care work can become the starting point for a struggle to achieving a *good life for all*. It is a fundament of society: care concerns us all.

Do you agree?

Then get involved! More information is available on our website www.attheexpenseofothers.org.



Endnotes

- 1 The Guardian, 2005
- 2 Destatis, 2016
- 3 Destatis, 2015a, 2016
- 4 Brand & Wissen, 2017
- 5 Winker, 2015
- 6 D'Alisa, Deriu & Demaria, 2015
- 7 Winker, 2015
- 8 England, 2005; Winker, 2015
- 9 Winker, 2015
- 10 Jürgens, 2012; von Werlhof, Mies & Bennholdt-Thomson, 1988; Winker, 2015
- 11 Elson, 2000; Himmelweit, 1995; Winker, 2015
- 12 D'Alisa et al., 2015; Himmelweit, 1995
- 13 Klinger, 2012
- 14 Aust, Andreas, Klenke, Mohr & Zimmermann, 2015; Krenn, 2014
- 15 Winker, 2015
- 16 Klinger, 2012
- 17 D'Alisa et al., 2015; Klinger, 2012
- 18 Ohrem, Häußler & Meier-Gräwe, 2013
- 19 Biesecker, Wichterich & von Winterfeld, 2012
- 20 Klinger, 2012
- 21 Auth, 2013; Klinger, 2012
- 22 Klinger, 2012
- 23 Klinger, 2012
- 24 Wichterich, 2016
- 25 Krenn, 2014
- 26 DAK, 2015
- 27 DAK, 2015
- 28 Institut für Arbeit und Qualifikation, 2015; WSI, 2015
- 29 Eurostat, 2016; Statista, 2015
- 30 ILO, 2013
- 31 Destatis, 2014a, 2014b, 2015b
- 32 IAB, 2015
- 33 Fuchs-Rechlin, 2010
- 34 Krenn, 2014
- 35 Statista, 2016
- 36 BAuA, 2015
- 37 Drepper, 2016a
- 38 AOK Bayern, 2014; Pflege am Boden, 2017
- 39 Biesecker et al., 2012
- 40 Women in Exile, 2014
- 41 Kontos, 2010; Wichterich, 2010
- 42 bpb, 2015; DGB, 2012; Hooock, 2016; Krenn, 2014; Molitor, 2015; Tießler-Marenda, 2014
- 43 Drepper, 2016b
- 44 Hochschild, 2000, p. 131
- 45 Yeates, 2005
- 46 Ehrenreich & Hochschild, 2003
- 47 Lutz, 2007
- 48 HRW, 2006
- 49 Wichterich, 2016
- 50 Wichterich, 2016
- 51 Yeates, 2005
- 52 Brand & Wissen, 2017
- 53 Ohrem et al., 2013
- 54 Destatis, 2017
- 55 Drepper, 2016b; Sorge, 2016
- 56 Köcher, 2011
- 57 Kuszyk, 2017; Nachtsheim, 2013
- 58 Wichterich, 2016
- 59 GLZ, 2014, p. 19
- 60 Molitor, 2015
- 61 Krenn, 2014
- 62 DGB, 2011
- 63 cf. Promedica24, 2017
- 64 Molitor, 2015
- 65 Drepper, 2016b; Molitor, 2015
- 66 cf. Presseanzeiger, 2010
- 67 Klohr, 2013
- 68 Haimann, 2009
- 69 Destatis, 2017
- 70 Haufe, 2016
- 71 KorianGroupe, 2015
- 72 Krenn, 2014
- 73 cf. Pflege-SHV, 2013
- 74 Bohsem, 2015
- 75 Kunze & Uken, 2014
- 76 Stadtportal München, 2017
- 77 Bundesarbeitsgemeinschaft der Krisentelefone, 2017
- 78 VdK, 2014
- 79 Krenn, 2014
- 80 Wichterich, 2010
- 81 Krenn, 2014
- 82 Lungen, 2012
- 83 bpb, 2015; Deutscher Bundestag, 2013
- 84 Netzwerk Care Revolution, 2014; Winker, 2015
- 85 FES, 2013
- 86 Ohrem et al., 2013
- 87 Worschech, 2011
- 88 Gehrig, 2013
- 89 Netzwerk Care Revolution, 2014
- 90 bpb, 2015
- 91 Haller, 2015; Wichterich, 2016
- 92 Haller, 2015; Westfälische Nachrichten, 2015
- 93 Verdi, 2017
- 94 Schillinger, 2015; VPOD, 2017
- 95 respect, 2012
- 96 DGB, 2017
- 97 Dück & Fried, 2015
- 98 Fried & Schurian, 2016
- 99 Netzwerk Care Revolution, 2016

GLOSSARY

This glossary provides short explanations of some of the terms used in the text. However, the list is by no means exhaustive.

Agroecology describes a social movement, academic discipline and agricultural practice. They all share the notion of adapting agriculture to prevailing natural conditions, cycles and local needs. As an approach, agroecology combines traditional and local knowledge with modern scientific methods.

Biodiversity: biological diversity, diversity of species.

Biosphere: the earth's 'life zone', i.e. the totality of all organisms, living creatures and ecosystems on the planet. Often we consider terms such as 'nature' to be a realm entirely separated from humans, and words such as 'resources' implicitly view nature merely with regard to the benefits it provides to people. The term biosphere attempts to avoid these shortcomings.

Capitalism: under capitalism, the market principle largely defines the social fabric. The means of production are concentrated in the hands of a few, thus forcing the majority of people to work. Competition and profit orientation lead to an intensification of the global exploitation of people and nature.

Carbon Capture and Storage: the process of capturing and storing CO₂. The aim is to capture, liquefy and store underground the CO₂ from industrial processes—in spite of considerable risks and the fact that the technology still needs to be further developed.

Climate justice: a political concept that serves to highlight that the climate crisis does not affect all people equally. While the global upper and middle classes, in particular, contribute towards climate change, those who suffer its consequences most acutely tend to contribute the least to global warming.

CO₂: carbon dioxide.

Colonialism: the violent subjugation of foreign territories (in particular in the Americas, South and South East Asia as well as Africa) by European countries. The structures and relations of power that developed during this era persist until today (see also 'neocolonialism').

Commons: goods such as water, seed or software that are used by a community. It describes forms of property, organisation and production that are not based primarily on private or state ownership and competition, but on community ownership, co-operation and participation.

Data mining: the systematic statistical analysis of large amounts of data or 'big data'. The method aims to produce (economically exploitable) knowledge or predict future developments.

Ecological footprint: the space that would be required to maintain the lifestyle and living standard of one person (under the current conditions of production) for all of humanity permanently.

Externalisation: the process of outsourcing social and environmental impacts to other places, or leaving them for future generations to solve. For the imperial mode of living and production, this constitutes a fundamental process.

Food sovereignty: the right of all people to decide over the processes of food production, distribution and consumption. Key to this concept is the development of a socially just and sustainable form of agriculture.

Genetic engineering: the transfer of isolated DNA sequences across different species. Genetically modified seed has drawn criticism because of the way it affects biodiversity, the unknown impacts it has on health and the environment, its emphasis on monoculture production without reducing the need for pesticides and seed patenting instead of promoting free seed exchange.

Global North/Global South are not geographic terms and describe the distinct position of countries in the global political and economic order. The terms also highlight the different experiences with colonialism and exploitation that underpin today's order.

Globalisation: the age of globalisation describes the recent great increase in mobility of information, goods and people. While this mobility has existed for thousands of years, its intensity has increased sharply since the middle of the 20th century.

Good life for all: the realistic utopia of a peaceful and solidary society that includes all people living in harmony with the biosphere. Today, pessimism and fear rule, making the concept seem utopian. From the standpoint of civilization and technology, however, it is a realistic vision.

Indigenous peoples: the descendants of a region's original inhabitants. The term stresses the self-identification of culturally, socially and economically distinct groups in society that may even have their own language. Human rights specifically for indigenous peoples guarantee their right to self-determination and to land.

Industrial agriculture: aims for efficiency in production instead of caring for animals, the environment and people. Monoculture fields and mass production as well as the use of chemical fertilisers characterise the system. It promotes large agricultural corporations instead of smallholder farming. Often, instead of catering to regional demand, this form of agriculture is strongly export-oriented.

Industry 4.0: the Fourth Industrial Revolution after mechanisation, mass production and automation. It aims to 'intelligently connect' digital technology and the physical systems of production. The German government, industry associations, unions and researchers drive this process forward.

Institutions: long-term established organisations that shape society such as parties, unions, churches, international organisations or education establishments. Some definitions will also include institutions with unique characteristics, for example, companies, the (mass) media, as well as parliaments, courts and ministries.

Land grabbing: a colloquial term for the heightened economic interest in agricultural land and the global increase in large-scale land buy-ups. Frequently, while legal, they lack democratic control over land access.

Market-based: according to economic logic or the fundamental principles of the market, i.e. driven by prices, supply and demand, etc.

Modern slavery: all forms of forced labour, human trafficking and debt bondage that (illegally) continue even over 150 years after the abolition of slavery. Globally, an estimated 30 to 50 million people work in slave-like conditions, in particular in agriculture, households and care, as well as forced prostitution.

Neoclassical economics: mainstream economic school of thought taught at universities since the middle of the 20th century. The concept is based on assumptions such as profit and utility maximisation, perfect competition and complete information. It omits or only insufficiently considers aspects such as questions of distribution, differing degrees of power, ethical concerns and environmental issues.

Neocolonialism highlights the economic and politico-structural dependencies that persist in spite of the formal independence of former colonies. Certain trade agreements, for example, force countries of the Global South into the role of suppliers of cheap raw material.

Neoliberalism: an ideology and economic policy model that purportedly promotes a 'free market' and insists that it is best for society to limit political interference in business and the economy as far as possible. Examples of neoliberal policies include demands for liberalisation, privatisation and deregulation. Originally, the term described ordoliberalism, the theoretical basis of the social market economy.

Network effects: an effect particularly prominent on internet platforms and in digital services whereby the attractiveness of a particular site increases with the number of its users (as seen with Facebook, Airbnb, Wikipedia and others).

Precarious employment: a job is considered precarious when the worker earns below a certain threshold, is not sufficiently protected and their salary does not allow them to participate fully in society. Gainful employment is also deemed precarious when it stops being meaningful, lacks social recognition and offers people no security to plan for their futures.¹

Privatisation: the transfer of community property (owned, for example, by the state, communities or indigenous peoples) into private hands (owned, for example, by individuals, companies or corporations).

Racism: a balance of power that exists within society globally that sees people differentiated and hierarchized based on physical and/or cultural attributes and/or their origin or nationality. Being 'white' and 'Western' is judged to be superior to being 'black/non-white' and 'non-Western'.²

Re-feudalisation: the global trend towards the unequal distribution of money and power that resembles feudal medieval societies in which only a tiny elite enjoyed a comparatively high standard of living.

Rebound effect: the phenomenon of absolute energy and resource consumption not dropping in spite of efficiency gains in production, management and logistics. When productive efficiency increases, this leads to goods becoming cheaper, potentially causing consumption of that good to increase.

Sharing economy: a broad term for a growing economic sector that emphasises the shared use of goods or services (either on or offline). For successful companies in this sector, profits and not sharing are the main goal.

Sinks: parts of ecosystems that people use as deposits, for example, the atmosphere, seas or the soil under landfills.

Socialisation institutions: the reciprocal and open process, which shapes people and turns them into members of a society that is, in turn, shaped by its people, is called *socialisation*. In many societies, this process begins in families and schools, which would in this case be *institutions of socialisation*.

Transformation, socio-ecological: a fundamental transformation of political and economic systems away from fossil fuels and the growth logic and towards an economy that ensures a decent life for all. This goes deeper than a reform, yet is less abrupt than a revolution.

Transnational consumer class: includes the global middle and upper classes that follow a consumption-oriented lifestyle. When considering this concept, it is important to remember that discriminating structures such as racism and sexism persist.

Transnational corporations: since the end of the 20th century, the largest and most profitable companies are no longer bound to a particular country. Rather, they act as a network and secure advantages in production (cheap labour and resources or lower taxes) on a global scale across numerous countries.

Virtual emissions: emissions produced in third countries that are ‘imported’ by importing goods from these countries for further processing or consumption. Whereas production-related emissions in the Global North have stagnated or even declined, the imported emissions from the Global South are rapidly increasing.

White and black do not describe the colour of a person’s skin but political and social constructs that underpin both discrimination and privilege in our racist societies. The term ‘white’ is mentioned here explicitly to underline its dominant position, which otherwise often goes unmentioned.³

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- 3 glocal, 2013, p. 10

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THE PROJECT AND THE AUTHORS

The I.L.A. Werkstatt, a project organised by the non-profit association Common Future e.V., began on 1 April 2016 and ended on 31 May 2017 under the leadership of Dr. Thomas Kopp. The I.L.A. Werkstatt is an interdisciplinary collective of 15 young researchers and activists. We jointly developed this text over the course of a year. As a group, we hold university degrees in economics, development and agricultural economics, political science, political economy, international relations, pedagogy, environmental sciences, sustainability studies, history and law. In addition to participating in the I.L.A. Kollektiv, we study and work at universities, in non-governmental organisations, social movements as well as in and alongside trade unions. We are part of a diverse set of emancipatory movements within the broader field of global justice. This text aims to make the concept of the imperial mode of living accessible to a wider public and contribute towards a community-oriented mode of production and living.

If you have questions regarding content, feedback on specific chapters or would like to request a speaker or arrange a workshop with us, any of the members listed below would be happy to help. Please direct your queries to ila_info@riseup.net. Further information is available at: www.aufkostenanderer.org.

Introduction:

Samuel Decker, Hannah Engelmann, Magdalena Heuwieser, Thomas Kopp, Anne Siemons

Historical overview:

Samuel Decker, Jannis Eicker, Ia Eradze, Anil Shah, Lukas Wolfinger

Digitalisation:

Anil Shah, Lukas Wolfinger

Care:

Carla Noever Castelos, Anne Siemons

Money and finance:

Samuel Decker, Jannis Eicker, Christoph Podstawa

Education and knowledge:

Hannah Engelmann, Ia Eradze, Maja Hoffmann

Food and agriculture:

Franziskus Forster, Stella Haller, Therese Wenzel

Mobility:

Maximilian Becker, Magdalena Heuwieser

Summary and outlook:

Samuel Decker, Jannis Eicker, Franziskus Forster, Magdalena Heuwieser, Maja Hoffmann, Thomas Kopp, Carla Noever Castelos, Anil Shah, Anne Siemons

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Today it feels like everybody is talking about the problems and crises of our times: the climate and resource crisis, Greece's permanent socio-political crisis or the degrading exploitative practices of the textile industry. Many are aware of the issues, yet little seems to change. Why is this? The concept of the imperial mode of living explains why, in spite of increasing injustices, no long-term alternatives have managed to succeed and a socio-ecological transformation remains out of sight.

This text introduces the concept of an imperial mode of living and explains how our current mode of production and living is putting both people and the natural world under strain. We shine a spotlight on various areas of our daily lives, including food, mobility and digitalisation. We also look at socio-ecological alternatives and approaches to establish a good life for everyone – not just a few.

The non-profit association **Common Future e.V.** from Göttingen is active in a number of projects focussing on global justice and socio-ecological business approaches. From April 2016 to May 2017, the association organised the I.L.A. Werkstatt (Imperiale Lebensweisen – Ausbeutungsstrukturen im 21. Jahrhundert/ Imperial Modes of Living – Structures of Exploitation in the 21st Century). Out of this was borne the interdisciplinary I.L.A. Kollektiv, consisting of 17 young researchers and activists. Their goal: dedicating a whole year to the scientific study of the imperial mode of living and bringing their results to a wider audience.



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