

10



THESIS TO ADDRESS DEBATES AND POLICIES TOWARDS THE SOCIETY OF CARE



In the Covid-19 pandemic framework and, later, of ECLAC XV Regional Conference on Women in Latin America and the Caribbean, AFM organized a series of internal conversations to reflect on the urgency of producing public policies to respond to the care crisis in the region. As a result of these conversations, at least ten relevant areas were identified. We are proposing them as a set of thesis to support the debates and design of care policies now that the region, as a whole, has committed to promoting societies of care centered on the sustainability of life and the planet and the implementation of a new paradigm for re-existence.

1. In the face of the environmental and care crisis, the debate must be framed in a proposal for the sustainability of life. The sustainability of life recognizes eco-dependence- the care of the planet and the environment- and not only the social reproduction of human life. In this sense, care policies challenge social and ecological ethics and the ethics of human life. It is about positioning care as part of a systemic change from a feminist perspective, which proposes a new paradigm outside the capitalist, patriarchal, colonial, racist, and heteronormative coordinates, a system that decenters markets to advance to a care society as an axis of coexistence and justice.

2. Debates on care can only be done by considering time and the use of time as political and philosophical axes. It is impossible to separate work time – paid or unpaid - from personal time. Time is one, so the care overload implies that women do not have time for paid work, self-care, or resting. Separating the debates about care, unpaid work,

and the effects on the opportunities and perspectives of inserting women in the labor market with formal and quality jobs is impossible. It is also important to note that because of unpaid work, women's opportunities to be inserted in the educational system are affected, generating a chain of affectations. Women's unpaid work, however, sustains the work that all people do in society.

3. The notion of care is polysemic and under construction.

This means that not all actions involving care must be part of the care policies or systems. Defining what care means beyond colloquial denominations allows for determining the scope of policies and avoiding the formulation of empty contents. In this sense, it is crucial to define, at least, whether the notion of care encompasses paid work, unpaid or both; direct care, indirect care, and management, the administrative tasks required as part of direct care -or all of them. For example, some policies are essential for care. However, we must differentiate health and education policies already implemented as State policies from those actions aimed at generating a care system. Beyond that complementarity, the health and education sectors must contribute to policy actions to reduce loads in homes, preventing those loads from moving from these sectors to the houses.

4. Inequalities in Latin America and the Caribbean are expressed in territorial injustices and space use.

Space and time are two main vectors that define in the different territories according to their conditions - towns, cities, and neighborhoods - routes involving time and monetary costs.

Therefore, the attribute of proximity is relevant to the location of the care infrastructure - equipment and services - and central to the life of those who perform care tasks. The territory must be considered an active variable to account for the work overloads on those who perform these activities. It is necessary to plan the cities and neighborhoods by placing different people and their needs in the center and questioning hegemonic and extractivist urbanism. Feminist urbanism conceives the city from the diversity of the subjects that inhabit it, challenging the neutrality of androcentric policies and placing the collective over the individual to develop the necessary physical support for people's daily life.

5. The social experiences of resistance to capitalist destruction of bodies and territories contain a vast wealth of collective ways to strengthen the social fabric based on cultures of cooperation and care. We are confronted with an eco-political crossroads that imposes a change in the production, reproduction, and consumption system. This approach allows us to recover the daily transformation of our ways of being in the world and relating with each other and nature.

6. The burden of care tasks vary according to different exploitation and oppression systems - capitalist, patriarchal, racist, and heteronormative -. As with those inequalities of a structural nature - in this case, the unjust social organization of care always falling on women's shoulders - it is not possible to formulate policies without reviewing the situation of women according to their intersecting life

experiences in multiple systems of oppression: race, gender identity, sexual identity, class, socio-economic level, age, among others. These intersections determine not only care loads but also the presumptions and stereotypes built on care: to whom it corresponds, who performs it, with what intensity, etc. Likewise, socioeconomic position determines the location of people in production systems, impacting access and enjoyment of the material, social and cultural resources.

7. A feminist policy on care must question the place assigned to women in a patriarchal and neoliberal society. This policy should be oriented to de-feminization, de-hetero-normalization, and de-marketing, guaranteeing a collective co-responsibility of care. This means paying attention to the role of women in support of life, collective memory, and the construction of community networks. On the contrary, we value shared care between people in the private sphere and communities.

8. Community care is a form of citizen participation. The unpaid care work is also expressed in community efforts that are part of the social activism for survival strategies of the popular sectors - in which women have contributed so much - which express social solidarity in multiple ways. Care needs to question the sectorization of State policies and highlights the absences or insufficient responses of the State to the sustainability of life. In this sense, it is essential to amplify the debates and reflections on the experiences of shared care by activists, collective groups, and communities that promote the cooperative, collaborative, creative,

and solidarity dimension of the care world.

9. Women caretakers must be at the center of the policies.

Recognizing the role of women caregivers, assigning value to their work, and placing them in the center of care policies is fundamental because they have carried the overload of these tasks affecting their lives in dimensions that range from the difficulty of building their economic autonomy to the lack of time for any other social, political or cultural activity. We are facing a crisis of care expressed in the aging of the population, which will mean a greater demand for care. Finally, care work is socially unprotected, carried out without schedule limits, and at the expense of the risks that caregivers assume.

10. There is no care policy without a cultural change.

To transform the unfair sexual division of the works that sustain our economies and the reproduction of life, a cultural shift in social relations between women and men and between generations is necessary so that care is part of the universe of all human beings. This change will make the enjoyment of the right to care possible. Understanding the continuum of productive and reproductive life is essential: this is the revolution proposed by the society of care.