Christa Wichterich: Comment

The Imperial Mode of Living and the Present Global Situation

Ulrich Brand and Markus Wissen

Since years, I am involved in a conversation with Uli and Markus about the inclusion of SR and care into the imperial mode of living acknowledging the indivisibility of production, social reproduction and the mode of living. I proposed to integrate the gender hierarchical relations of caring and social reproduction as a form of internal patriarchal imperialism what Maria Mies called "internal colonisation". To facilitate this integration I proposed the concept of care extractivism – analogous to resource extracivism – which can be used at the national and at the transnational level across class and caste divisions, and divisions between the Global North and the Global South. The paradigm of care extractivism could bring in a stronger intersectional perspective which was missing in the beginning and could deepen the look at racialised and ethnicised labour and resource relations. It could sharpen not only the necessary analysis of labour and class relations in a historical perspective but also the analysis of changing power, actors and political agency from colonial times to Fordismus and Post-fordist societies.

Now the pandemic has illustrated the central and essential role of social reproduction for the mode of production and living. And I am very happy that the paper takes up care work and the health sector in a prominent way, moving between Naomi Klein's Corona capitalism which assumes that the crisis is used to establish new modes of accumulation, and Mike Davis' optimistic focus on the restructuring of the health sector as turning and fishing point. However, I still feel we need more profound research on the structures and the labour relations in the care economy.

In my reading, the paper is an exploration of the question whether and to which extent the Corona crisis – like other crisis – is a chance for socio-ecological transformation. Let me disclose that in my personal political biography the Corona crisis is the forth crisis – after the oil crisis in the 1970s, the Asian crisis end of the 1990s, the financial crisis 2008/9 - which is discussed as a window of opportunity for a shift of paradigm. The paper by Markus and Uli is breathing very much this optimism regarding transformation. I shared this optimism once again at the beginning of the Covid-19 crisis when the essentiality of care work became visible and perceptible in a broad public. The overworked and underpaid nurse of an intensive unit who didn't get enough protective gear became the icon of the crisis of social reproduction during the pandemic - she and not the worker in the automobile industry like in earlier crisis situations. By the way, feminists prefer to call care work essential to life instead of calling it essential to the system which is a more functionalistic reference to the capitalist efficiency-obsessed economy (e.g. Aulenbacher 2021). However, in earlier crisis situations we learned that

there is no automatism about a crisis turning the tide towards an alternative paradigm. It all depends from critical agency and changing power relations.

I was asking myself while reading: are Markus and Uli overoptimistic, meaning unrealistic. Their optimism is grounded well in five aspects, however cross-cutting in this crisis – much more then in earlier crisis – authoritarianism and nationalism in governance, fostered by civil society organisations and social movements, are on a rise and result in many countries in shrinking democratic spaces.

I would like to take the health sector as an essential area of every day life and the imperial mode of living, and check the arguments of Markus und Uli and at the same time sharpen them, while asking: if we talk about Corona capitalism, what does this mean in the health care sector?

Additional to Naomi Klein I like to refer to Tithi Batthacharya who has written a theory of social reproduction. She sharpened Klein's point by calling the "Covid capitalism" an economy of destruction which gives preference to death making over live making in nature and society (2020).

The Covid-19 crisis aggravated an already prevailing crisis of social reproduction, primarily a shortage of care workers and their precarious working conditions. Since years, neoliberal health systems with big health and clinic corporations are marked by a profound crisis caused by an institutional drive to grow in terms of technology and profits on the one hand and on the other hand austerity regarding health care labour. Health care institutions are understaffed, the staff is overworked, their work is undervalued and underpaid, burn out is considered a normal occupational disease. This indicates that the rationale of care and the capitalist rationale of the labour market clash due to neoliberal policies and privatisation. At the end of the day, the system is unfit to provide "good" care and to deal with the emergency situation. This delegitimises the neoliberal set-up.

In Germany, the attention paid to health care work had the effect that the government promotes now slightly better wages for healthcare workers , however, without touching the neoliberal structures of the system. The health minister insists on sustaining the accounting system in hospitals according to diagnosis related groups which create a financial squeeze in health institutions and austerity measures. At the same time, he promises tirelessly to recruit the much needed health personnel from abroad, from Bosnia to Mexico through government contracts, thus normalising transnational care extractivism in order to guarantee the imperial mode of living in social reproduction.

Covid-19 has fuelled the commodification of care with dramatic effects. Presently, the Philippines for example are suffering from an life-threatening shortage of nurses in their hospitals. Last year, President Duterte even imposed a ban on the outmigration of nurses for some months. But he offered to Britain and Germany a deal to exchange

nurses against vaccines. Obviously, the German government agreed in order to combat the shortage of nurses in Germany at the cost of health provisions for the Filipino population.

The managing of the post-pandemic crisis is done by special and technical fixes. New austerity measures and new forms of care extractivism will accelerate the spiral of crisis situations in the health sector: a care spiral means to me that a crisis is managed with a care-extractivist strategy, e.g. more taylorisation and digitalisation of care work, but this creates a new depletion and burn out of the workforce and the structures, and thus a new crisis situation which provokes a new form of care extractivism and so on. The system is moving towards a tipping point where the entire health system could collapse. The same holds true for the existing nuclear family system due to home schooling, home office, refamilisation of care work and retraditionalisation of gender roles.

Another structural feature of the embeddedness of care extractivismus in the capitalist economy is the financialisation of transnational care work and migration. Migrant nurses and caretakers of the elderly as entrepreneurs of the self are often highly indebted because they pay fees for nursing education in private institutions or to travel and placement agents. In skill training e.g. in the Philippines or in India nurses learn to treat diseases of wealthy western countries, not the common diseases in their home country. This follows very much patterns of colonial education, e.g. the construction of nursing as a gendered profession in India by anglo-saxon missionaries. Schleswig Holstein, a Bundesland in Northern Germany has contracted agencies to recruit young Vietnamese to come to Germany and get a language and skill training as nurse for the elderly. Though fees are banned, women pay 10.000 Euro to agents for the trip and the placement. Indebtedness works as a facilitator for care extractivism which nurtures the IMol. All these features signify that SR is a mode of accumulation deeply embedded in the neoliberal capitalist regime, and if the state wants to further maintain the Imol it tends to sustain the systemic structures by modernisation and new technical and special fixes. We have to take into account the ongoing modernisation strategies and understand their relevance for the imperial mode of living.

Nivedita Menon (2020), an Indian feminist sociologist, calls digital surveillance which is pushed forward during the pandemic, the top end of the Corona capitalism while the lower end is forced and precarious labour. They stand for a new mode of capitalist accumulation and a modernisation of consumerism through Amazonisation, platforms and internet shopping. All this makes for a modernisation of the imperial mode of living too.

The pandemic itself advances the digitalisation of the health sector. Automatisation and roboterisation in care and surgery claim to ease the labour of nursing sick and elderly people. Platformisation e.g. the mushrooming food delivery services and platforms where you can hire online care for the elderly or for children, or for cleaning and cooking for a few hours, claim to make care work redundant. They are based on

dumping jobs and extreme precarious labour, often by migrants. At the same time, digitalisation also results in more surveillance, e.g. apps which measure and control behaviour, mobility and bodily functions in everyday life, which is dangerous for democratic structures and spaces in the context of authoritarianism. Additionally it leads to an intensification of care work due to so-called documentation. We have to further analyse these ambiguous developments and the enshrined labour and power relations in a historical perspective in order to understand the resilience of the capitalist system and the consensual agency of the state, corporations and middle classes to uphold the imperial mode of living. And I doubt that it has been deeply delegitimised and is in a deep crisis.

Yes, at the peak of the pandemic in 2020 the neoliberal health system has been delegitimised to some extent, and its failure to cope with the situation was stressed by protests and strikes by health care staff in many countries. They scandalised and politicised the neoliberal structures and the intensified care extractivism. Interesting about this is the emergence of struggles and strikes by essential workers in many countries and their policies of alliance building: firstly between health workers from different classes in very hierarchical institutions, from nurse assistants who do the 'dirty' work to doctors, secondly in the case of the Charité in Berlin between health care personal, patients and normal citizens in the city who can be patients tomorrow. So they are actors we should not loose sight of.

In the past ten years, care work was taken up by a number of service oriented trade unions and integrated as a critical issue into feminist and other social movements in many countries. The Precarias in Spain and the german network Care Revolution call for a local re-organising and recognition of care work and care councils on a community and municipality level similar to eventual climate, food and housing councils (Winker 2015); solidarity cities offer caring and health facilities to all inhabitants, citizens, migrants and non-documented people alike. Many link care issues with climate change, with the debate around commons and caring for the nature.

Following Joan Tronto, politicising care means to discuss it as an issue of democracy, justice, and citizenship with a transformative perspective (Tronto 1993). This opens up pathways to think the economy from the vantage point of care as commons and the rationale of caring as suggested by the Commission on a Gender-Equal Economy (2020) and the "Care Manifesto" in England (2020). The imaginary is a caring economy, a caring state and a caring democracy.

To wrap up: What do these findings in the health care sector tell us about further chances of a system change and the future dynamics of Imol? The mechanisms of care extractivism create solutions to the crisis in terms of modernisation of the neoliberal structures and don't point in direction of system change. I would agree that the Corona crisis is not a minor crisis, but right now I won't say that it is a great crisis which can not be overcome within the existing regime. Care for the elderly and nursing in hospitals are

absolutely dependent from transnational care extractivism and not easily to convert into a solidarity mode of living. On the other hand, a growing number of community-based projects such as housing cooperatives, urban agriculture, self-organised kindergardens and solidarity clinics explore the transformative potential of the care economy. And a large section of the young generation have already strategically chosen road of emancipation of the convenient life at the expense of others and the nature, constructing new models of wealth, and new identities and subjectivities.

It is not an either Naomi Klein's Corona capitalism or Mike Davis' optimism for change: as in earlier post-crisis situations we will face the two currents of continuation of capitalist power regimes and stabilisation through modernisation, and explorations and practices of a solidarity care economy, meaning there are contradictory perspectives and different directions in the mode of production, social reproduction and the mode of living side by side in the society. And we have to settle once again in another version of the Gramscian narrative of the optimism of the heart and the pessimism of the intellect. However, my fear is that based on the current political polarisation in societies e.g. a strong anti-feminism, open, conflicts and confrontation between those who want to preserve the imperial mode of living and those who want to dismantle will grow. But this is no reason to surrender.

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