Radical Care

Survival Strategies for Uncertain Times

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> Caring for myself is not self-indulgence, it is self-preservation, and that is
> an act of political warfare.
> —Audre Lorde, *A Burst of Light*

Care has reentered the zeitgeist. In the immediate aftermath of the 2016 US presidential election, op-eds on #selfcare exploded across media platforms.[1] But for all the popular focus on self-care rituals, new collective movements have also emerged in which moral imperatives to act—to care—are a central driving force. In a recent interview, Angela Davis explicitly tied social change to care: "I think our notions of what counts as radical have changed over time. Self-care and healing and attention to the body and the spiritual dimension—all of this is now a part of radical social justice struggles. That wasn't the case before."[2] Davis points to a growing awareness that individual impulses and interior lives, the intimate and banal details of family histories and personal experiences, are directly connected to external forces. Care, then, is fundamental to social movements. For examples we might look to the way that Indigenous peoples and their allies have rearticulated their positions as protectors rather than protesters, emphasizing the importance of caring for and being good stewards of the earth, or how Occupy-style actions emerged at US Immigration and Customs Enforcement detention centers to denounce the separation of migrant children from their families in "tender age camps" at the US border, positioning parental care (both to give and to receive it) as a human right.[3] While the phenomenon of care as political warfare has a long genealogy (one that we outline below), it has taken on fresh signifi-

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cance since the election of Donald Trump and its global reverberations: the rolling back of civil liberties, government denial of anthropogenic climate change, and human rights abuses serve as reminders that structural inequity and disenfranchisement come with corporeal and emotional tolls that care seeks to remediate.

Of course, the problem is much larger and older than Trump. Brazil's Jair Bolsonaro, Rodrigo Duterte in the Philippines, and Israel's Benjamin Netanyahu all reflect the global rise of an authoritarian right wing that threatens already vulnerable communities. For the purposes of this special issue of *Social Text*, we define radical care as a set of vital but underappreciated strategies for enduring precarious worlds. While radical care is often connected to positive political change by providing spaces of hope in dark times, the articles in this collection simultaneously acknowledge the negative affects associated with care. Because radical care is inseparable from systemic inequality and power structures, it can be used to coerce subjects into new forms of surveillance and unpaid labor, to make up for institutional neglect, and even to position some groups against others, determining who is worthy of care and who is not. Even so, in the face of state-sanctioned violence, economic crisis, and impending ecological collapse, collective care offers a way forward. In this issue, we look to histories of radical care in the United States and beyond in order to better understand how radical care is intervening in social and political movements today.

More than a Feeling

Broadly speaking, *care* refers to a relational set of discourses and practices between people, environments, and objects that approximate what philosophers like Adam Smith and David Hume identify as "empathy," "sympathy," or "fellow feeling."[4] Theorized as an affective connective tissue between an inner self and an outer world, care constitutes a feeling *with*, rather than a feeling *for*, others. When mobilized, it offers visceral, material, and emotional heft to acts of preservation that span a breadth of localities: selves, communities, and social worlds. Questions of who or what one might care for, and how, can be numerous.[5] While recognizing the pervasive use of care as an imperative for any number of social and personal concerns, our focus here is on the instances where care is employed against immediate crises and precarious futures.

Our framing of care as a critical survival strategy responds to two emergent strains of care discourses that are coincident but vastly different. On the one hand, self-care is both a solution to and a symptom of the social deficits of late capitalism, evident, for example, in the way that remedies for hyperproductivity and the inevitable burnout that follows are commoditized in the form of specialized diets, therapies, gym mem-

berships, and schedule management.[6] On the other hand, a recent surge of academic interest in care and its metonyms across multiple disciplines and subfields through recent or forthcoming volumes, symposia, conference panels, and keynote addresses—all announced between the time this issue's call for papers went out and the drafting of this introduction—considers how our current political and sociotechnical moment sits at the forefront of philosophical questions about who cares, how they do it, and for what reason.[7] Following recent theoretical interventions into the importance of self-care despite its susceptibility to neoliberal co-optation, calls to vapid consumption, and association with a wellness ideology, this issue extends the potentialities of self-care outward to include other forms of care that push back against structural disadvantage.[8]

This issue examines the care strategies used by individuals and groups across historical periods and in different parts of the world when institutions and infrastructures break down, fail, or neglect. Reciprocity and attentiveness to the inequitable dynamics that characterize our current social landscape represent the kind of care that can radically remake worlds that exceed those offered by the neoliberal or postneoliberal state, which has proved inadequate in its dispensation of care.[9] This may sound like a naive proposition, particularly given the precarious circumstances that are culminating in our current moment: anthropogenic climate change, infrastructural ruin, mass extinction, growing wealth inequality, geopolitical failure, and others cataloged by this journal's recent special issue titled "Collateral Afterworlds."[10] When crisis and disaster are the relentlessly pervasive frameworks through which, for some, "redemption is not recognized as immanent or expected as forthcoming," despondence and disorientation are rational outcomes.[11] Despite such unavoidable circumstances, we find hope in locating spaces and enactments of care. Specifically, mobilizations of care allow us to envision what Elizabeth Povinelli describes as an *otherwise*.[12] It is precisely from this audacity to produce, apply, and effect care despite dark histories and futures that its radical nature emerges. Radical care can present an otherwise, even if it cannot completely disengage from structural inequalities and normative assumptions regarding social reproduction, gender, race, class, sexuality, and citizenship. To that end, the articles in this collection locate and analyze the mediated boundaries of what it means for individuals and groups to feel and provide care, survive, and even dare to thrive in environments that challenge their very existence.

Care of the Self and Others: Collectivism and Commercialism

By the time people began turning to self-care as a mechanism for coping with postelection political despair in 2016, a robust industry of neolib-

eral wellness ideology trends offered individualized solutions to structural problems. Digital health technologies, such as fitness and productivity apps, and personal devices, such as Fitbits and smartphones, allow individuals to practice forms self-management embedded within neoliberal logics. Furthermore, by incentivizing health behaviors through insurance discounts, corporations can nudge their employees to stop smoking or exercise more; corporate ideologies regarding self-management align with new technologies intended to promote self-care.[13] Through such technologies, self-care is reduced to the habitual and individual level: have you attended to your own well-being by walking enough steps or eating enough vegetables today? As a form of self-help, these technologies allow individuals to maintain productivity in the face of adversity and exhaustion, offering a New Age salve in a fresh iteration of the Weberian Protestant work ethic. It is no accident that patients' self-care is now a mandatory part of medical treatment plans, including hygiene, prescription drug monitoring, proper sleep, and sex.

In the United States, where so many are without adequate health insurance plans, cancer patients and accident survivors may outsource their care to crowdfunding platforms, where individuals depend on the kindness of internet strangers to help them meet their financial goals before they can receive treatment.[14] In turn, potential wellness solutions are presented through new technologies, such as self-tracking wearables: a mode of care that one must buy into that keeps the onus of care on individuals and often requires the sharing of personal data.[15] A person's life is reduced to metrics, such as counted steps, heart rate, hydration status, weight, and oxygen levels. Self-care is thus popularly associated with self-optimization, or a way of preparing individuals for increased productivity in demanding workplaces when, in reality, things like chronic illness are incompatible with capitalist productivity and even visible forms of activism: it is difficult to join street protests if you are a caretaker, suffer from depression or anxiety, or cannot get out bed.[16] Those who fail to practice self-care may indeed be labeled "noncompliant" and thus less deserving of care.

In this way, the neoliberal model of care as one of moralized self-management produces the body as a site in which idealized citizenship coalesces as an unachievable goal that, simultaneously, glosses over the political, economic, and ideological structures that do the work of marginalization.[17] For example, Lana Lin describes her discomfort with survivorship as a circumscribed identity, wherein the language of cancer survivorship places the impetus on survivors to take care of themselves and losing one's "battle" with cancer becomes a mark of failure.[18] Read through the framework of Michel Foucault's theories about discipline and the care of the self, technologically mediated health practices might be seen as an

extension of modern biopolitics, in which neoliberal subjectivity at once resists and reinscribes the power of the state.[19] Importantly, this formulation of the self operates under a false assumption of agency and choice rather than an acknowledgment that such practices are a key locus that produces some bodies as nonnormative and then, in turn, articulates them as a problem.[20]

Histories of Radical Care

Since the time Audre Lorde wrote *A Burst of Light* (1988), from which we draw our epigraph, her words have become a mantra, or perhaps a way of reminding ourselves that self-care is necessary for collective survival within a world that renders some lives more precarious than others. Within the larger passage where Lorde describes her fight against cancer, she conjures up images of Black activists coursing through her veins as they fight against colonial powers; she connects the anonymity of cancer to governmental neglect; and she jettisons the individualism of Foucault's self-care in favor of coalitional survival.[21] The fact that this quote is often presented without its original context in its popular usage tells us much about the difference between radical and neoliberal self-care. Radical care is not, as Inna Michaeli explains, the kind of self-care that has been co-opted by neoliberal imperatives to "treat yourself" but is, instead, a way of understanding "a self which is grounded in particular histories and present situations of violence and vulnerability."[22] A genealogy of radical care is thereby aligned with the emergence of self-care, but certainly not contained by it: within this formulation, the self is not a generic, philosophical self but a situated self engaged in complex sets of relations. Disabilities studies scholars dovetail with these arguments when they point to the importance of recognizing subjects as inherently networked and interdependent. When Laura Forlano, for example, describes the assemblages of human and nonhuman caretaking devices that allow a disabled cyborg body to function, she states that "in caring for myself, I am enlisted into a practice of actively participating in, maintaining, repairing and caring for multiple medical technologies (rather than using them passively)."[23] This section reconciles the historiography of care through two trajectories that we see as overlapping and complementary: on the one hand, feminist self-care, and on the other, Black and brown activist care work, both of which have aimed to fill in the gaps between structural breakdown, failure, and neglect.

The notion of feminist self-care emerged from the need for medical practitioners—particularly therapists or other professionals who dealt with trauma patients—to maintain a capacity to care for others and for patients to better care for themselves. In her ethnography of faith-based

workers in New Zealand and Uganda, for example, anthropologist Susan Wardell focused on the ways that clergy members and other religious non-profit workers thought of self-care as a way of replenishing the individual after giving too much to others or as a way of keeping care for others sustainable.[24] Arthur Kleinman, an instrumental proponent of self-care, argued that "inasmuch as caregiving (and receiving) is done by individuals who themselves are complex and divided and who inhabit local worlds that are also plural and divided, it needs to be understood as a process that is affected by emotional, political, and economic realities."[25] In other words, care does not happen in a vacuum; rather, care of the self promised to sustain the social and personal costs of caregiving.

At the same time that self-care became important to the business of caregiving, a pivot toward self-care as a radical praxis emerged as one that was particularly attentive to the gendered power dynamics embedded within "women's work." In the early 1970s, autonomist Marxist feminists associated with the Italian anticapitalist Left pushed for the recognition of domestic and reproductive labor in the Wages for Housework campaign, during which Silvia Federici argued that "by denying housework a wage and transforming it into an act of love, capital has killed many birds with one stone."[26] The movement, which spread internationally, critiqued the atomization and invisibility of women's care work within the domestic sphere that made it difficult for women to collectively organize like other workers. By pushing for recognition in the public sphere, the individualized care performed for a spouse, child, or home became tied to a larger collective action.

Principles of collective care through self-care applied to antiracist and feminist political movements. During the women's movement and civil rights era of the 1960s and 1970s, physical health became central to maintaining community resiliency against racism, sexism, colonialism, classism, and homophobia. In the United States, projects like *Our Bodies, Ourselves* (1970) distributed information about women's reproductive health through pamphlets and meetings in intimate spaces like living rooms.[27] Around the same time, the Black Panther Party implemented key programs that sought to fortify community strength and power by linking health advocacy and activism, including a free breakfast program that fed over ten thousand school children per day and free medical clinics that administered preventative health care, as well as housing and social services.[28] These efforts reverberated transnationally, giving rise to global consciousness about the important connections between physical well-being and antiracism work. For example, Maria John has shown how the establishment of urban Indigenous health clinics, from Seattle, Washington, to Sydney, Australia (both formed in the early 1970s), echoed the practical and ideological model of the Black Panthers.[29] To this day, grass-

roots medical and dietary health support services remain a cornerstone of political movements that critique state and environmental racism, as evidenced in the free clinics and kitchens established by water protectors at Standing Rock to protest the construction of the Dakota Access Pipeline in 2016, food justice programs like Soul Fire Farm that make explicit the connections among dietary health, environmental justice, and state racism by framing self-care as a liberatory imperative, and the women's group Las Patronas in Mexico, which prepares and distributes food to migrants speeding by atop freight trains bound for the United States.[30]

Gaps in Care: Institutional Failure and the Co-optation of Care

Our interpretation of radical care comprises underlying tensions. The first, referred to above, is the symbiotic and at times contradictory relationship between self-care and care for others. The second tension reveals the normative assumptions baked into care: it is both essential for social reproduction and yet often invisible or undervalued, which means it is ripe for exploitation and co-optation. Finally, a third tension within care is the expression of solidarity versus charity, or the way that care is mobilized as a response to neglect or catastrophe. In this section, we lay out these considerations against the political and financial economies that shape normative assumptions about who and what drive a practice of care.

Shannon Mattern suggests that the work of care can be easily overlooked because of how its impact is cumulative: a process that requires attentiveness and fortitude over innovation. Mattern also addresses the possible pitfalls of romanticizing both maintenance and care, which are often caught up in globalized development and urban renewal projects:

> Across the many scales and dimensions of this problem, we are never far from three enduring truths: (1) Maintainers require care; (2) caregiving requires maintenance; and (3) the distinctions between these practices are shaped by race, gender, class, and other political, economic, and cultural forces. Who gets to organize the maintenance of infrastructure, and who then executes the work? Who gets cared for at home, and who does that tending and mending?[31]

Crucially, the process of extending self-care outward and building a collective capacity for substantive political change requires hard work. So often this work is performed below the line, ignored by the media or narratives about political leaders and social change agents. Following Michelle Murphy's cautioning "against the conflation of care with affection, happiness, attachment, and positive feelings as political goods,"[32] we acknowledge the ways that fragile communities operationalize care toward liberatory ends despite, through, and alongside unequal power structures by focusing

our attention on the work of caring, but we also notice who is uncared for, who receives care and who does not, and who is expected to perform care work, with or without pay. Care is profoundly present for those performing its labor and—not uncoincidentally—those most easily overlooked by the politically and socially privileged. Herein lie some of the central tensions that surface in colloquial articulations of care, which presume individualism, benevolence, or moral purity despite the fact that distributions of resources, such as social services, fresh and affordable foods, or clean water, shape the conditions by which emotional and physical capacities for care are supported.

Finally, because care can be mobilized as a way to privilege some groups at the expense of others, the "radical" aspect of care can bleed into right-wing and white supremacist politics as much as it upholds leftist utopian visions. In describing her current book project on machine learning and segregation, *Discriminating Data: Neighborhoods, Individuals, Proxies*, media theorist Wendy Hui Kyong Chun argues that social networking platforms rely on a logic of homophily: birds of a feather flock together, so you will want to date, love, and be neighborly with those who are just like you, who share your fundamental values and interests.[33] The problem with care attached to fellow feeling or sympathy is that all too often it means that care is reserved for those deemed worthy. As Cotten Seiler's article in this issue underscores, radical care is also potentially dangerous: affective feelings of compassion and empathy toward poor whites during the Great Depression, for instance, could be used as justification for caring for fellow whites over others, despite the state-backed care offered by the New Deal. What happens when images of suffering or violence fail to inspire warm feelings and subsequent charitable action? Care is unevenly distributed and cannot be disentangled from structural racism and inequality.

In addition to the kind of commercialized co-optation of neoliberal self-care we describe above, political leaders also take advantage of stereotypes about caregiving to extract unpaid labor from citizens. Care is a collective capacity to build an alternative to colonialism and capitalism, but those in power can also instrumentalize empathy and care to their own ends. For example, Andrea Muehlebach has shown how the post-Fordist Italian state valorizes and manipulates compassion in order to absolve itself of responsibility to its most marginalized citizens.[34] In the context of the United States, the American health care and childcare systems are kept afloat by a vast corpus of unpaid or devalued domestic work performed by poor immigrant women and kin members.[35] Domestic workers are some of the most exploited workers, not just in the United States but globally; in Saudi Arabia, Indonesia, and Bangladesh they are often poor

migrant women and are without labor unions or other protections, often subjected to sexual assault and other forms of violence.[36]

To be clear, the problems that radical care seeks to remedy are not just a product of neoliberal policy or the election of Donald Trump and other authoritarian leaders. Older histories of settler colonialism and centuries of exploitation inform the inequalities entangled with care today. As Leanne Betasamosake Simpson and Dionne Brand put it, "The monster has arrived, and the monster was always here."[37]

Conclusion: Solidarity Not Charity

As global capitalism breaks down in various sites across the globe, we see radical care emerge through collective action. While care is often fraught, we end with a more hopeful depiction of radical care by highlighting the work of some organizations that offer examples of what we theorize above. Often the answer is through coalitional work: rather than looking out only for those in your same social positions, coalitions inspire people to work together across class, race, ethnicity, religious, and state boundaries toward a common cause.

After state governments implemented austerity measures in the wake of the 2008 global financial crisis, people organized to care for those who were left in the cold. In Spain, the Plataforma de Afectados por la Hipoteca provides access to fair housing and social rents through mutual aid. The organization was spurred by the collapse of the real estate market and provides emotional as well as economic support to those who cannot pay their mortgages. In Canada, austerity inspired a new wave of disability rights activism that focused on allowing people with disabilities to directly hire their attendants through the Direct Funding Program.[38] Communities come together and use radical care to provide assistance to those who are overlooked by the state and other institutions.

Relief collectives provide supplies and offer labor on a grassroots level in response to the devastation wrought by hurricanes, intensified by climate change. Occupy Sandy is one example of the collective organizing that emerges from catastrophe. Rather than merely donating supplies, relief efforts included building more sustainable communities, bolstering local businesses, and employing skill-sharing techniques. The work of Mutual Aid Disaster Relief, which employs the slogan "Solidarity Not Charity," describes what radical care looks like:

> Disaster survivors themselves are the first responders to crisis; the role of outside aid is to support survivors to support each other. The privileges associated with aid organizations and aid workers—which may include access to material resources, freedom of movement, skills, knowledge, experience, and

influence—are leveraged in support of disaster survivors' self-determination and survival in crisis, and their long-term resilience afterwards, ultimately redistributing these forms of power to the most marginalized.[39]

Charity relies on neoliberal discourses of moral obligation and individual character. Solidarity, however, relies on working with communities and asking them what they need rather than making paternalistic assumptions. Instead of following neoliberal, colonialist development models around innovation and the mining of hope, mutual aid offers space for true collaboration.[40]

Through examples of neglect and exploitation across manifold communities and places, care contains radical promise through a grounding in autonomous direct action and nonhierarchical collective work. Instead of only acting as a force for self-preservation, care is about the survival of marginal communities because it is intimately connected to modern radical politics and activism. As Maria Puig de la Bellacasa notes, caring is "an ethically and politically charged *practice*."[41] During moments of crisis, radical care allows communities to live through hardship. Despite the different time periods and cultural contexts covered in this special issue, the articles develop key points of connection that can begin the work of assessing disparate histories of care and their implications today and to ask what we can learn from previous mistakes or contemporary injustices when it comes to radical care. Importantly, the articles in this issue provide complicated, critical depictions of radical care rather than simply romanticizing care.

The first article provides a historical perspective on how care became racialized within nineteenth- and early twentieth-century thought. Using the iconic image of Dorthea Lange's *Migrant Mother*, Cotten Seiler shows how New Deal–era deployments of eugenics emerged within social welfare programs in the United States. To do so, he carefully unpacks Charles Darwin's and Jean-Baptiste Lamarck's popular theories of evolution and follows them through policy making that employed white supremacist discourses of care, in which sympathy came to be aligned with affective modes of whiteness. In turn, these discourses had implications for government policy, which embedded ideas of deservedness (and, by extension, produced the ideal subjects of care) into social welfare programs. By connecting a history of ideas to their ongoing and violent material effects, Seiler importantly foregrounds the inverse of a politically utopian form of radical care: a care that is "radical" in its alliance with right-wing, white supremacist forces. Seiler calls this "'white care': a surround of institutions and infrastructure dedicated to the education, health, security, mobility, and comfort of the white citizenry," and in doing so shows how romanticizing radical care is dangerous,

because it can be used to exclude and subject some groups to institutional neglect.

When Seiler's article is paired with Micki McGee's article on the "care problem" of the capitalist economy, the failures of institutional care (or, rather, care's institutionalization) become painfully clear. The phenomenon that we know as the "care economy" comprises an overlooked bedrock of patriarchal capitalism: without an army of low- or no-wage care workers to support the cleaning, coddling, organizing, and mending of homes, children, the elderly, and the underserved, our fragile systems of productivity would collapse. She turns to self-help and "life-hacking" literatures that shift the burden of care onto the individual rather than attending to the structural challenges that unfairly burden women (and even more so women of color) in order to reveal how women in academia who "expose a problem . . . pose a problem" (to use the words of Sara Ahmed) through uncompensated and labor-intensive child-rearing.[42] Indeed, while putting together this special issue of *Social Text*, each of the editors conceived, birthed, and nursed new babies, requiring each to channel specific forms of care across our personal and early-career professional lives.

Child-rearing and motherhood alternatively become exploitative props for negligent institutions or become sites for creative forms of radical care. Through her ethnographic study of Argentinean women who are serving their sentences under a special house arrest program for pregnant women or women who are the caretakers of young children, Leyla Savloff identifies radical care as a tactic for dealing with a punitive state apparatus. Women under house arrest are oppressed through normative assumptions about motherhood as well as the carceral logics of the prison system. Through this program, the home becomes a site of incarceration that allows limited forms of creative freedom. Savloff shows how domestic and reproductive care can be instrumentalized and appropriated by the state, which subjects women under house arrest to new forms of labor, coercion, and surveillance. At the same time, the women's collective YoNoFui provides women with opportunities for forming community and learning how to craft, offering a space for radical care rather than reproducing neoliberal individualism. YoNoFui not only provides opportunity for skill sharing and individual empowerment but also actively mobilizes for prisoners' rights and against institutional violence.

Collective responses to institutional neglect are also reflected in Elijah Adiv Edelman's ethnographic research of the DC Trans Coalition Needs Assessment. Opening with the case study of one woman's death, Edelman examines how trans life is constituted through necropolitics: living a life worth living, and a death worth dying. Barbara's death contrasts with the experiences of many trans activists, who are often estranged from birth family members or die violent deaths. Edelman uses her story

"not because her death exemplifies or directly contrasts with trans lives and deaths but because it is often through the messy and frequently traumatic incoherence of death and loss that we experience the full potential of radical care." Using a concept of "trans vitalities," Edelman provides a perspective of radical care that disrupts normative depictions of the good life. For members of the coalition, "the personal and political transformative power of coalition-based trans social justice work functions as a form of radical care and productive life force." Edelman complicates notions of normative care, risk, and resilience that are often attached to trans bodies and experiences.

As highlighted in Edelman's study of trans coalitional activism, those with risky bodies endure coercive forms of care. Care in the form of aid is complicated by the agency of its recipients: when is it strategically and politically sound to resist care itself? Nicole Charles examines how Barbadians treat human papillomavirus (HPV) vaccines as suspicious technologies within a postcolonial state. Charles shows how the impetus to care, or the structural or moral positions that encourage people to offer care, affect recipients' reactions. Rather than blindly accepting biomedical aid, risk and prevention are negotiated instead by refusals of the HPV vaccine. In acts of refusal, parents exhibit care by protecting their children from an untrustworthy medical establishment. Charles uses the legacies of slavery and colonialism in Barbados and the broader Caribbean to contextualize resistance against HPV vaccines in the twenty-first century, considering them as "entangled factors of care, profit, science, black female sexuality, and risk." Through history and qualitative interviews with parents in Barbados, Charles shows how vaccine suspicion and refusal are forms of radical care, as parents push back against biomedical narratives that might label their children sexually promiscuous: "Suspicion embodies a radical potential to teach of a care rooted in deep witnessing and reflection as a precursor to prescription, mediation, and medical innovations." Medical professionals, public health officials, and scholars of science, technology, and society should all reconsider their assumptions about care and vaccine acceptance.

Finally, Dean Spade approaches the topic of radical care through mutual aid, examining community responses to climate catastrophe and immigration raids. His contribution offers a practical primer in collective organizing strategies. Mutual aid projects, including the Oakland Power Project, which trains community members to perform health care without calling 911, and Mutual Aid Disaster Relief, which provides relief to those living in the aftermath of natural disasters, are examples of situated care networks. Spade pays particular attention to mutual aid as the least visible or celebrated kind of work in the context of capitalism, white supremacy, and patriarchy because it is essentially reproductive labor. We have been

taught to valorize and glamorize other activities—giving speeches, passing legislation, bringing lawsuits, organizing marches—and to discount, not notice, not care about care labor. Schüll argues that mutual aid is necessary to mobilize large numbers of people, to build infrastructure for survival that matters now and will matter more in coming disasters and breakdown, and that engaging in mutual aid projects teaches us essential skills that are denied in white patriarchal capitalism, such as collaboration, feedback, and participatory decision making. Mutual aid projects can easily become appropriated in neoliberalism, so those engaged in them are actively trying to resist this co-optation, advocating for solidarity rather than charity.

Taken together, these articles work through the meaning of care as a set of acts, ideologies, and strategies that offer possibilities for living through uncertain times. With care reentering the zeitgeist as a reaction to today's political climate, radical care engages histories of grassroots community action and negotiates neoliberal models for self-care. Studies of care thereby prompt us to consider how and when care becomes visible, valued, and necessary within broader social movements. Rather than romanticizing care or ignoring its demons, radical care is built on praxis. As the traditionally undervalued labor of caring becomes recognized as a key element of individual and community resilience, radical care provides a roadmap for an otherwise.

Notes

1. Kisner, "Politics of Conspicuous Self-Care."
2. Quoted in van Gelder, "Radical Work of Healing."
3. Goodyear-Kaʻōpua, "Protectors of the Future."
4. Fennell, *Last Project Standing*, 22.
5. Martin, Myers, and Viseu, "Politics of Care in Technoscience."
6. Bloom, "How 'Treat Yourself' Became a Capitalist Command."
7. A short list, as most recent instances, includes the 2019 conference "Interrogating Self Care: Bodies, Personhood, and Movements in Tumultuous Times," sponsored by the Consortium for Graduate Studies in Gender, Culture, Women, and Sexuality (see www.gcws.mit.edu/gcws-events-list/selfcaregradconference); Maile Arvin's 2018 plenary talk for the Critical Ethnic Studies Association conference that implored the audience, "We have to work less" (Arvin, "CESA 2018 Plenary Talk"); and a forum on "Ethics, Theories, and Practices of Care" in Gold and Klein, *Debates in the Digital Humanities 2019*. See also Puig de la Bellacasa, "Matters of Care in Technoscience"; and Forlano, "Maintaining, Repairing, and Caring."
8. Ahmed, "Self-Care as Warfare"; Penny, "Life Hacks of the Poor and Aimless."
9. Simpson and Brand, "Temporary Spaces of Joy and Freedom."
10. See Wool and Livingston, "Collateral Afterworlds."
11. Wool and Livingston, "Collateral Afterworlds," 2. Also see Buck, "Pleasure and Political Despondence."
12. Povinelli, "Routes/Worlds."

13. Hull and Pasquale, "Toward a Critical Theory of Corporate Wellness."
14. Berliner and Kenworthy, "Producing a Worthy Illness."
15. Schull, "Data for Life."
16. Gregg, *Counterproductive*; Hedva, "Sick Woman Theory."
17. Guthman and DuPuis, "Embodying Neoliberalism."
18. Lin, "Queer Art of Survival."
19. Dilts, "From 'Entrepreneur of the Self' to 'Care of the Self.'"
20. Guthman and DuPuis, "Embodying Neoliberalism."
21. Lorde, *Burst of Light*, 130.
22. Michaeli, "Self-Care," 53.
23. Forlano, "Maintaining, Repairing, and Caring," 33.
24. Wardell, *Living in the Tension*.
25. Kleinman, "Caregiving as Moral Experience," 1551.
26. Federici, *Wages against Housework*, 2–3.
27. Murphy, "Immodest Witnessing."
28. Heynen, "Bending the Bars of Empire"; Nelson, *Body and Soul*.
29. John, "Sovereign Bodies," 28.
30. Estes, *Our History Is the Future*; Penniman, *Farming While Black*; Icaza, "Decolonial Feminism and Global Politics."
31. Mattern, "Maintenance and Care."
32. Murphy, "Unsettling Care," 719.
33. Chun, "We're All Living in Virtually Gated Communities." In this short article, Chun presents a major argument from her current book project, noting that algorithms group people into online communities based on affinity or shared interest, which leads to further segregation.
34. Muehlebach, "On Affective Labor in Post-Fordist Italy."
35. Chang, *Disposable Domestics*; Armstrong, Armstrong, and Scott-Dixson, *Critical to Care*; Winant, "Trumpcare."
36. Falconer and Kelly, "Global Plight of Domestic Workers."
37. Simpson and Brand, "Temporary Spaces of Joy and Freedom."
38. Hande and Kelly, "Organizing Survival and Resistance in Austere Times."
39. Mutual Aid Disaster Relief, "Core Values."
40. Irani, *Chasing Innovation*.
41. Puig de la Bellacasa, "Matters of Care in Technoscience," 90.
42. Ahmed, *Living a Feminist Life*, 37.

References

Ahmed, Sara. *Living a Feminist Life*. Durham, NC: Duke University Press, 2017.
Ahmed, Sara. "Self-Care as Warfare." *feministkilljoys* (blog), August 25, 2014. feminist killjoys.com/2014/08/25/selfcare-as-warfare/.
Armstrong, Pat, Hugh Armstrong, and Krista Scott-Dixon. *Critical to Care: The Invisible Women in Health Services*. Toronto: University of Toronto Press, 2008.
Arvin, Maile. "CESA 2018 Plenary Talk by Maile Arvin." Plenary talk for the Critical Ethnic Studies Association Conference, September 17, 2018. www.critical ethnicstudiesjournal.org/blog/2018/9/17/cesa-2018-plenary-talk-by-maile-arvin.
Berliner, Lauren, and Nora Kenworthy. "Producing a Worthy Illness: Personal Crowdfunding amidst Financial Crisis." *Social Science and Medicine* 187 (2017): 233–42.
Bloom, Ester. "How 'Treat Yourself' Became a Capitalist Command." *Atlantic*, Novem-

ber 19, 2015. www.theatlantic.com/business/archive/2015/11/how-treat-yourself
-became-a-consumerist-command/416664/.

Buck, Marie. "Pleasure and Political Despondence." *Poetry Foundation Blog*, January
2018. www.poetryfoundation.org/harriet/2018/01/pleasure-and-political-despondence.

Chang, Grace. *Disposable Domestics: Immigrant Women Workers in the Global Economy*.
2nd ed. Chicago: Haymarket Books, 2016.

Chun, Wendy Hui Kyong. "We're All Living in Virtually Gated Communities and
Our Real-Life Relationships Are Suffering." *Wired UK*, April 13, 2017. www
.wired.co.uk/article/virtual-segregation-narrows-our-real-life-relationships.

Dilts, Andrew. "From 'Entrepreneur of the Self' to 'Care of the Self': Neo-liberal
Governmentality and Foucault's Ethics." *Foucault Studies*, no. 12 (2011): 130–46.

Estes, Nick. *Our History Is the Future: Standing Rock versus the Dakota Access Pipeline,
and the Long Tradition of Indigenous Resistance*. London: Verso, 2019.

Falconer, Rebecca, and Annie Kelly. "The Global Plight of Domestic Workers: Few
Rights, Little Freedom, Frequent Abuse." *Guardian*, March 17, 2015. www.the
guardian.com/global-development/2015/mar/17/global-plight-domestic-workers
-labour-rights-little-freedom-abuse.

Federici, Silvia. *Wages against Housework*. Bristol, UK: Falling Wall, 1975.

Fennell, Catherine. *Last Project Standing: Civics and Sympathy in Post-Welfare Chi-
cago*. Minneapolis: University of Minnesota Press, 2015.

Forlano, Laura. "Maintaining, Repairing, and Caring for the Multiple Subject."
Continent 6, no. 1 (2017): 30–35.

Gold, Matthew K., and Lauren F. Klein, eds. *Debates in the Digital Humanities 2019*.
Minneapolis: University of Minnesota Press, 2019.

Goodyear-Kaʻōpua, Noelani. "Protectors of the Future, Not Protestors of the Past:
Indigenous Pacific Activism and Mauna a Wākea." *South Atlantic Quarterly* 116,
no. 1 (2017): 184–94.

Gregg, Melissa. *Counterproductive: Time Management in the Knowledge Economy*. Dur-
ham, NC: Duke University Press, 2018.

Guthman, Julie, and E. Melanie DuPuis. "Embodying Neoliberalism: Economy,
Culture, and the Politics of Fat." *Environment and Planning D: Society and Space*
24 (2006): 427–48.

Hande, Mary Jean, and Christine Kelly. "Organizing Survival and Resistance in
Austere Times: Shifting Disability Activism and Care Politics in Ontario, Can-
ada." *Disability and Society* 30, no. 7 (2015): 961–75.

Hedva, Johanna. "Sick Woman Theory." *Mask*, January 2016. maskmagazine.com/not
-again/struggle/sick-woman-theory.

Heynen, Nik. "Bending the Bars of Empire from Every Ghetto for Survival: The
Black Panther Party's Radical Antihunger Politics of Social Reproduction and
Scale." *Annals of the Association of American Geographers* 99, no. 2 (2009): 406–22.

Hull, Gordon, and Frank Pasquale. "Toward a Critical Theory of Corporate Well-
ness." *BioSocieties* 13, no. 1 (2018): 190–212.

Icaza, Rosalba. "Decolonial Feminism and Global Politics: Border Thinking and
Vulnerability as Knowing Otherwise." In *Critical Epistemologies of Global Poli-
tics*, edited by Marc Woons and Sebastian Weier, 26–45. Bristol: E-International
Relations, 2017.

Irani, Lilly. *Chasing Innovation: Making Entrepreneurial Subjects in Modern India*.
Princeton, NJ: Princeton University Press, 2019.

John, Maria. "Sovereign Bodies: Urban Indigenous Health and the Politics of Self-
Determination in Seattle and Sydney, 1950–1980." PhD diss., Columbia Uni-
versity, 2016.

Kisner, Jordan. "The Politics of Conspicuous Self-Care." *New Yorker*, March 14, 2017. www.newyorker.com/culture/culture-desk/the-politics-of-selfcare.

Kleinman, Arthur. "Caregiving as Moral Experience." *Lancet* 380, no. 9853 (2012): 1550–51.

Lin, Lana. "The Queer Art of Survival." *WSQ* 44, nos. 1–2 (2016): 341–46.

Lorde, Audre. *A Burst of Light*. Ithaca, NY: Firebrand Books, 1988.

Martin, Aryn, Natasha Myers, and Ana Viseu. "The Politics of Care in Technoscience." *Social Studies of Science* 45, no. 5 (2015): 625–41.

Mattern, Shannon. "Maintenance and Care." *Places*, November 2018. placesjournal.org/article/maintenance-and-care/.

Michaeli, Inna. "Self-Care: An Act of Political Warfare or a Neoliberal Trap?" *Development* 60, nos. 1–2 (2017): 50–56.

Muehlebach, Andrea. "On Affective Labor in Post-Fordist Italy." *Cultural Anthropology* 26, no. 1 (2011): 59–82.

Murphy, Michelle. "Immodest Witnessing: The Epistemology of Vaginal Self-Examination in the U.S. Feminist Self-Help Movement." *Feminist Studies* 30, no. 1 (2004): 115–47.

Murphy, Michelle. "Unsettling Care: Troubling Transnational Itineraries of Care in Feminist Health Practices." *Social Studies of Science* 45, no. 5 (2015): 717–37.

Mutual Aid Disaster Relief. "Core Values." mutualaiddisasterrelief.org/core-values/ (accessed August 16, 2019).

Nelson, Alondra. *Body and Soul: The Black Panther Party and the Fight against Medical Discrimination*. Minneapolis: University of Minnesota Press, 2011.

Penniman, Leah. *Farming While Black: Soul Fire Farm's Practical Guide to Liberation on the Land*. White River Junction, VT: Chelsea Green, 2018.

Penny, Laurie. "Life Hacks of the Poor and Aimless." *Baffler* (blog), July 8, 2016. thebaffler.com/war-of-nerves/laurie-penny-self-care.

Povinelli, Elizabeth A. "Routes/Worlds." *e-flux journal*, no. 27 (2011). www.e-flux.com/journal/27/67991/routes-worlds/.

Puig de la Bellacasa, Maria. "Matters of Care in Technoscience: Assembling Neglected Things." *Social Studies of Science* 41, no. 1 (2011): 85–106.

Schüll, Natasha Dow. "Data for Life: Wearable Technology and the Design of Self-Care." *BioSocieties* 11, no. 3 (2016): 317–33.

Simpson, Leanne Betasamosake, and Dionne Brand. "Temporary Spaces of Joy and Freedom." *Literary Review of Canada*, June 2018. reviewcanada.ca/magazine/2018/06/temporary-spaces-of-joy-and-freedom/.

van Gelder, Sarah. "The Radical Work of Healing: Fania and Angela Davis on a New Kind of Civil Rights Activism." *Yes!*, February 18, 2016. www.yesmagazine.org/issues/life-after-oil/the-radical-work-of-healing-fania-and-angela-davis-on-a-new-kind-of-civil-rights-activism-20160218.

Wardell, Susan. *Living in the Tension: Care, Selfhood, and Wellbeing among Faith-Based Youth Workers*. Durham, NC: Carolina Academic Press, 2018.

Winant, Gabriel. "Trumpcare Could Bring Back an Epidemic of Abuse." *New York Times*, June 28, 2017. www.nytimes.com/2017/06/28/opinion/trumpcare-senior-abuse-nursing-obamacare.html.

Wool, Zoë H., and Julie Livingston. "Collateral Afterworlds: An Introduction." In "Collateral Afterworlds: Sociality besides Redemption." Special issue, *Social Text*, no. 130 (2017): 1–15.