

10. On Elder Care

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Introduction

“Care work,” especially eldercare, has come in recent years to the center of public attention in the countries of the OECD in response to a number of trends that have put many traditional forms of assistance into crisis. First among these trends have been the growth, in relative and absolute terms, of the old age population and the increase in life expectancy (Kotlikoff and Burn 2004), not been matched, however, by a growth of services catering to the old. There has also been the expansion of women’s waged employment that has reduced their contribution to the reproduction of their families. (Folbre 2006: 350) To these factors we must add the continuing process of urbanization and the gentrification of working class neighborhoods, that have destroyed the support networks and the forms of mutual aid on which older people living alone could once rely, as neighbors would bring them food, make their beds, come for a chat. As a result of these trends, it is now recognized that for a large number of elderly, the positive effects of a longer life-span have been voided or are clouded by the prospect of loneliness, social exclusion and increased

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vulnerability to physical and psychological abuse. With this in mind, I present some reflections on the question of eldercare in contemporary social policy, especially in the US, to then ask what action can be taken on this terrain and why the question of elder care has been absent in the literature of the Marxist left.

My main objective here is to call for a redistribution of the 'common wealth' in the direction of elder care, and the construction of collective forms of reproduction enabling older people to be provided for when no longer self-sufficient and not at the cost of their providers' lives. For this to occur, however, the struggle over elder care must be politicized and placed on the agenda of social justice movements. A cultural revolution is also necessary in the concept of old age, challenging its degradation as a fiscal burden on the state and the younger generations (on one side), and (on the other) its mystification as an 'optional' stage in life that we can 'cure,' 'overcome,' and even prevent, if we only adopt the right medical technology and the 'life enhancing' devises disgorged by the market (Joyce and Mamo 2006).¹ At stake in the politicization of elder care are not only the destinies of older people and the un-sustainability of radical movements failing to address such a crucial issue in our lives, but the possibility of gen-

¹As Joyce and Mamo point out in "Graying the Cyborgs" (2007), driven by the quest for profit and an ideology privileging youth, a broad campaign has been underway targeting the elderly as consumers, promising to "regenerate" their bodies and delay aging if they use the appropriate farmaceutical products and technologies. In this context, old age becomes almost a sin, a predicament we bring on ourselves, by failing to take advantage of the latest rejuvenating products.

erational and class solidarity, which for years have been the targets of a relentless campaign by political economists and governments, portraying the provisions which workers have won for their old age (like pensions and other forms of social security) as an economic time-bomb and heavy mortgage on the future of the young.

1. The Crisis of Elder Care & the Era of Neoliberalism

The present crisis of elder care, in some respects, is nothing new. Eldercare in capitalist society has always been in a state of crisis, both because of the devaluation of reproductive work in capitalism and because the elderly, far from being treasured, as they were in many pre-capitalist societies as depositories of the collective memory and experience, are seen as no longer productive. In other words, elder care suffers from a double cultural and social devaluation. Like all reproductive work, it is not recognized as work, but unlike the reproduction of labor-power, whose product has some recognized value, it is deemed to absorb value but not to produce it. Thus, funds designated for eldercare have traditionally been disbursed with a stinginess reminiscent of the 19th century Poor Laws, and the task of caring for the old, when no longer self-sufficient, has been left to the families and kin with little external support, on the assumption that women would naturally take on this task as part of their domestic work. It has taken a long struggle to force capital to reproduce not just labor-power 'in use,' but the work-force throughout its

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entire life cycle, with the provision of assistance also for those who are no longer part of the labor market. However, even the Keynesian state fell short of this goal. Witness the Social Security legislation of the New Deal, enacted in 1940 in the United States, and considered "one of the achievements of our century" (Costa 1998: 1). It only partly responded to the problems faced by the old, as it tied social insurance to the years of waged employment, thus excluding unwaged house-workers from it, and provided assistance only to those in a state of absolute poverty.

The triumph of neo-liberalism has worsened this situation. In some countries of the OECD, some steps were taken in the 1990s to increase the funding of home-based care, and provide counseling and services to care-givers. [OECD 2005; Benería 2008: 2-3,5] Efforts have also been made to enable caregivers to 'reconcile' waged work and care work. In England and Wales, where it is reckoned that 5.2 million people provide informal care, starting in April 2007, caregivers for adults were given the right to demand flexible work schedules. (Carmichael et al.: 7).² But the dismantling of the welfare state and the neo-liberal insistence that reproduction is the workers' personal responsibility have triggered a counter-tendency

²Benería cites as an example a law passed in Spain in 1999, mandating employers to provide "different forms of temporary leaves to facilitate care work" (p.5), followed by a more extensive one in 2006-7 "funding a portion of the expenses individuals household spend on care." (ibid.) In Scotland, the Community Care and Health Act of 2002 "introduced free personal care for the elderly" and also redefined caregivers as "co-workers receiving resources rather than consumers... obliged to pay for services." (Fiona Carmichael et al. : 7).

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that is gaining momentum and the present economic crisis is accelerating.

The demise of welfare provisions for the elderly has been especially severe in the US, where it has reached such a point that workers are often impoverished in the effort to care for a disabled parent. One policy in particular has created great hardships. This has been the transfer of much hospital care to the home, a move motivated by purely financial concerns and carried out with little consideration given to the structures required to replace the services the hospitals used to provide.³ As described by Nona Glazer (1993), this development has not only increased the amount of care-work that family members, mostly women, must do. It has also shifted to the home "dangerous" and even "life threatening" operations that in the past only registered nurses and hospitals would have been expected to perform.⁴ At the same time, subsidized

³According to various surveys, as a consequence of these cuts, ... 20-to 50 millions family members in the US provide care that has traditionally been performed by nurses and social workers. Family care givers supply about 80% of the care for ill or disabled relatives and the need for their services will only rise as the population ages and modern medicine improves its ability to prolongs lives.With more terminally ill people choosing to remain at home until their final days, family members or friends now serve as informal caregivers for nearly three fourths of sick or disabled older adults living in the community during their years of life, according to a report in the Archives of Internal Medicine of January 2007 (Brody 2008).

⁴As a consequence of this "transfer," the home (Glazer writes) have been turned into a medical factory, where dialyses are performed and housewives and aides must learn to insert caterers, medicate wounds, while a whole new sort of medical equipment has been manufactured for home use. [Glazer 154ff.]

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home-care workers have seen their workload double, while the length of their visits has increasingly been cut forcing them to reduce their jobs "to household maintenance and bodily care." [Boris and Klein: 180] Federally financed nursing homes have also been taylorized, "using time- and motion studies to decide how many patients their workers can be expected to serve." (Glazer, *ibid.*: 174)

The globalization of elder care in the 1980s and 1990s has not remedied this situation. The new international division of reproductive work that globalization has promoted has shifted a large amount of care-work on the shoulders of immigrant women. (Federici 1999: 57-8, Pyle 2006: 283-9) As is generally recognized, this development has been very advantageous for governments, enabling them to save billions of dollars they would have had to pay to create services catering to the elderly. It has also enabled middle class women to pursue their careers and has allowed many among the elderly, who wished to maintain their independence, to remain in their homes without going bankrupt. But this cannot be considered a solution to elder care. Beside conferring a new legitimacy to the neo-liberal doctrine that governments have no responsibility for social reproduction, this policy is condemned by the living and working conditions of the paid care workers, which reflects all the contradictions and inequities that are characteristic of the process of social reproduction in our time.

It is because of the destructive impact of economic liberalization and structural adjustment in their countries of origins that thousands of women from Africa, Asia, the Caribbean Island, and the former socialist world, migrate to the more affluent regions of Europe, the Middle East

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and the United States to serve as nannies, domestics, and caregivers for the elder. To do this they must leave their own families including their children and aging parents behind, and recruit relatives or hire other women with less power and resources to replace the work they can no longer provide. (Pyle 2006:289; Hochschild 2002) Taking the case of Italy as an example, it is calculated that three out of four "badanti" (as care workers for the elderly are called) have children of their own, but only 15% have their families with them. (Di Vico 2004) This means that the majority suffer a great deal of anxiety, confronting the fact that their own families must go without the kind of care they now give to people across the globe. Arlie Hochschild has spoken, in this context, of a "global transfer of care and emotions," and the formation of a "global care-chain." (2002: 26-7; 2000: 134-5). But it is a chain that most often breaks down, as immigrant women become estranged from their children, stipulated arrangements fall apart, relatives die during their absence.

Equally important, because of the devaluation of reproductive work and the fact that they are immigrants, often undocumented and women of color, paid care workers are vulnerable to a great deal of abuse: long hours of work, no paid vacations, or other benefits, exposure to racist behavior and sexual assault. So low is generally the pay of home care workers in the US that nearly half must rely on food stamps and other forms of public assistance to make ends meet. (New York Times, 1/28/09) Indeed, as Domestic Workers United –the main domestic/care workers organization in New York, promoter of a Domestic Workers Bill of Rights– has put it, care workers live and

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work in "the shadow of slavery."⁵ It is also important to stress that most elderly people and families cannot afford hiring care-workers or paying for services matching their real need. This is particularly true of elderly people with illnesses who require day-long care. According to statistics of the Cnel of 2003, in Italy only 2.8% of elderly receive non-family assistance at home; in France it is twice as many, in Germany three times. But the number is still low. (Di Vico 2004) A large number of elderly thus live alone facing hardships that are all the more devastating the more invisible they are. In the 'hot summer' of 2003, thousands of elderly people died, throughout Europe, of dehydration, lack of food and medicines or just the unbearable heat –so many died in Paris that the authorities had to stack their bodies in refrigerated public spaces until the families came to reclaim them.

When family members care for the old, the tasks falls mostly on the shoulders of women⁶, who for months or years live on the verge of nervous and physical exhaustion, consumed by the work and the responsibility of having to provide care and often perform procedures for which they are not usually prepared. Few jobs are as demanding as adult care; not surprisingly, a high percentage of family caregivers show symptoms of clinical depression. Those who have jobs outside the home are especially penalized.

⁵The Bill of Rights Domestic Workers United has campaigned for was finally introduced in the legislation of New York State in November 2010, the first in the country to recognize care work as work. Similar campaigns are presently taking place in other parts of the US, especially in California.

⁶However, in the US the number of men caring for elder parents has been steadily increasing. (New York Times)

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Though the number of adults caring for their parents has greatly increased,⁷ employers have made no provisions to help workers carry out this task. On the contrary, at a time when the power relation is in their favor, they expect workers to spend more hours on the job and are reluctant to make any concessions. Thus, according to a recent AARP report, workers caring for their parents, in the US, must hide the fact that they are care-givers for fear of being refused a raise or losing their jobs, well-knowing that lay-offs are always around the corner. They also fear the resentment of their co-workers (Abrahms: 12) Particularly stressed are those referred to as the "sandwich generation," who simultaneously are raising children and caring for their parents. [Beckford 2009] The crisis of care work has reached such a point that in low-income, single-parent families in the US, teenagers and children, some no more than eleven years old, take care of their elders, also administering therapies and injections. As the New York Times has reported, a study conducted nationwide in 2005 revealed that " 3% of households with children ages 8 to 18 included child caregivers." (New York Times, March 2009: A18).⁸

⁷According to a recent AARP report, in 2009, the number of US family care givers providing care for an elderly was estimated at 42.1 millions, the estimated monetary value of their contribution amounting to \$450 billions. aarp.org/bulletin, September 2011, p.10.

⁸Other countries where children have become care workers include Britain and Australia, which often recognize them the right to participate in "patient-care discussions" and ask for compensations for their work. (New York Times *ibid.*)

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The alternative, for those who cannot afford buying some form of assisted care, are publicly funded nursing homes, which, however, are more like prisons than hostels for the old. Typically, because of lack of staff and funds or these institutions provide minimal care. At best, they let their residents lie hours in bed without anyone at hand to change their positions, adjust their pillows, massage their legs, tend to their bed sores, or simply talk to them, so that they can maintain their sense of identity and dignity and still feel alive and valued. At worst, nursing homes are places where old people are drugged, tied to their beds, left to lie in their excrements and subjected to all kind of physical and psychological abuses. This much has emerged from a series of reports, including one recently published by the US Government in 2008, which speaks of a history of abuse, neglect, and violation of safety and health standards in 94% of nursing homes. (New York Times, 8/30/08) The situation is not more encouraging in other countries. In Italy, the country beside the United States that I have most researched, reports of abuses in nursing homes perpetrated against disabled or chronically ill elders are very frequent, as are the cases in which needed medical assistance is denied.⁹

⁹See on the topic: Francesco Santanera “Violenze e abusi dovuti anche alla mancata applicazione delle leggi” in *Prospettive Assistenziali*, n.169, gennaio marzo 2010. *Prospettive Assistenziali* is a journal in existence since 1968 dedicated to struggle against social exclusion, especially of disabled and elder people. Santanera’s article can be read also online: <http://www.superando.it/content/voew/5754/121>. According to government controls realized in 2010, one third of institutes for the elderly violate the legal norms.

2. Eldercare, the Unions, & the Left

The problems I have described are so common and pressing that we would imagine that eldercare should top the agenda of the social justice movements and labor unions internationally. This, however, is not the case. Unless they work in institutions (hospitals, nursing homes), as is the case with nurses and aides, care workers are usually ignored by labor unions, even the most combative like COSATU in South Africa. (Ally 2005: 3) Unions negotiate pensions, the conditions of retirement, and health-care. But there is little discussion in their programs of the support systems required by people aging, and by care workers, whether or not they work for pay. In the US, until recently, labor unions did not even try to organize care workers, much less unpaid care-workers. To this day, care workers working for individuals or families are excluded from the Fair Labor Standards Act, a New Deal legislation that guarantees "access to minimum wages, overtime, bargaining rights and other workplace protections." (Boris and Klein 2007: 182) And the US is not an isolated case. According to a ILO survey of 2004, "cross-national unionization rates in the domestic service sector are barely 1%". (Ally 2005: 1) Pensions too are not available to all workers, but only to those who have worked for wages and certainly not to unpaid family caregivers. As reproductive work is not recognized as work and the pension systems compute benefits on the basis of the years spent in waged employment, women who have been fulltime house-wives can

http://www.ansa.it/notizie/rubriche/cronaca/2010/02/26/visualizza_new.

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obtain a pension only through a wage-earning husband and have no social security in case they divorce.

Labor organizations have not challenged these inequities, nor have social movements and the Marxist Left, who, with few exceptions, also seems to have written the elderly off the struggle, judging by the absence of any reference to elder care in contemporary Marxist analyses. The responsibility for this state of affairs can be in part traced back to Marx. Elder care is not a theme that we find in his works, although the question of old age had been on the revolutionary political agenda since the 18th century, and mutual aid societies and utopian visions of recreated communities (Fourierist, Owenite, Icarian) abounded in his time. (Blackburn 2002: 32, 39-41; Nordhoff 1966).¹⁰

¹⁰As Robin Blackburn points out, it was at the time of the French Revolution that the first proposals for paying pensions to people in old age and want appeared. Tom Paine discussed the issue in the second part of *Rights of Man* (1792), so did his friend Condorcet who offered a plan that was to cover all citizens. On the footsteps of these proposals, "The National Convention declared that 10 Fructidor was to be the date of the *Fête de la Veillesse* and that there should be old people homes established in every department. . . The Convention adopted the principle of a civic pension for the aged in June 1794, just a few months after the abolition of slavery" (Blackburn 2002 : 40-1).

In Marx's time, forms of assistance against sickness, old age, and death, as well as unemployment, were provided by the "friendly societies," workers' clubs organized on the basis of trade, described by John Foster as "the one social institution that touched the adult lives of a near majority of the working population" (Foster 1974: 216). Moreover, while the zenith of utopian socialism was in the early part of the 19th century, as late as the 1860s communitarian experiments, committed to protect their participants

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Marx was concerned with understanding the mechanics of capitalist production and the manifold ways in which the class struggle challenges it and reshapes its form. Security in old age and elder care did not enter this discussion. Old age was a rarity among the factory workers and miners of his time, whose life expectancy on average did not surpass twenty years at best, if his contemporaries' reports are to be believed. (Marx, Vol.1; Seccombe 1993: 75-7) Most important, Marx did not recognize the centrality of reproductive work, neither for capital accumulation nor for the construction of the new communist society. Although both him and Engels described the abysmal conditions in which the working class in England lived and worked, he almost naturalized the process of reproduction, never envisaging how reproductive work could be reorganized in a different, non-exploitative society or in the very course of the class struggle. For instance, he discussed "cooperation" mostly in the process of commodity production overlooking the qualitatively different forms of proletarian cooperation in the process of reproduction which Kropotkin later called "mutual aid."¹¹

Cooperation among workers, in Marx, is a fundamental character of the capitalist organization of work, "entirely

from poverty, helplessness and old age, continued, especially in the United States. A contemporary journalist, Charles Nordhoff, counted at least 72 organized according to cooperative/communitistic principles. For a powerful history of Fraternal Societies in the United States see: David T. Beito (2000), *From Mutual Aid to the Welfare State. Fraternal Societies and Social Services*. Chapel Hill: University of North Carolina Press.

¹¹For Kropotkin's concept of Mutual aid see in particular the last two chapters of the homonymous work. Peter Kropotkin, *Mutual Aid. A Factor of Evolution*. (1902)

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brought about by the capital[ists]," coming into place only when the workers "have ceased to belong to themselves," being purely functional to the increase in the efficiency and productivity of labor. [Vol.I, Chapter 13: 449, 451]¹² As such, it leaves no space for the manifold expressions of solidarity and the many "institutions for mutual support", "associations, societies, brotherhoods, alliances," that Kropotkin found present amongst the industrial population of his time. (Kropotkin: 208, 221) Yet, as Kropotkin noted, these very forms of mutual aid put limits to the power of capital and the State over the workers' lives, enabling countless proletarians not to fall into utter ruin, and they sowed the seeds of a self-managed insurance system, guaranteeing some protection against unemployment, illness, old age and death.

Typical of the limits of Marx's perspective is his vision of the last stage of capitalist production as articulated in the famous "Fragment on the Machines," in the Grundrisse (1857-8), where he projects a world in which machines do all the work and human beings only tend to them, functioning as their supervisors. Whether understood as a utopia or a dystopia, this picture ignores in fact that, even in advanced capitalist countries, much of the socially necessary labor consists of reproductive activities and this work has proven not to be easily replaced by mechanization.

Only in part can the needs and desires of non-self-sufficient older people, or people requiring medical assistance, be addressed by incorporating technologies into

¹²"As cooperators," Marx writes, workers "merely form a particular mode of existence of capital." The productive power they develop "is the productive power of capital." (*ibid.*)

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the work by which they are reproduced. The automation of eldercare is a path already well traveled. As Nancy Folbre (the leading feminist economist and student of eldercare in the United States) has shown, Japanese industries are quite advanced in the attempt to technologize it, as they are generally in the production of interactive robots. Nursebots giving people baths or "walking [them] for exercise," and "companion robots" (robotic dogs, teddy bears) are already available on the market, although at prohibitive costs. (Folbre 2006: 356) We also know that televisions and personal computers have become surrogate "badanti" for many elders. Electronically commanded wheelchairs enhance the mobility of those who are sufficiently in charge of their movements to master their commands.

These scientific and technological developments can highly benefit older people, if they are made affordable for them. The circulation of knowledge they can provide certainly places a great wealth at their disposal. But this cannot replace the labor of care workers, especially in the case of elders living alone and/or suffering from illnesses and impairments. As Folbre points out, robotic partners can even increase people's loneliness and isolation [ibid.]. Nor can automation address the predicaments -fears, anxieties, loss of identity, loss of the sense of one's dignity- that people experience as they age and become dependent on others often even for the satisfaction of their most basic needs, like walking, eating, washing, defecating. It is not technological innovation that is needed to address the question of eldercare, but a change in social relations, whereby the reproduction of our lives is no longer subordi-

nated to the valorization of capital and is organized as a collective process.

3. Women, Aging & Elder Care In the Perspective of Feminist Economists

For a start, we need to recognize (as some feminist economists like Folbre have done) that the question of eldercare is essentially a gender question. Although increasingly commodified, most care work is still done by women and as unpaid labor that does not entitle them to any remuneration and pension. Thus, paradoxically, the more women care for others, the less care they can receive in return, because they devote less time to waged labor than men and many social insurance plans are calculated on the years of waged work done. Paid caregivers too are affected by the devaluation of reproductive work, forming an 'underclass' that still must fight to be socially recognized as workers. In sum, because of the devaluation of reproductive work, practically everywhere women face old age with fewer resources than men, measured in terms of family support, monetary incomes and available assets. Thus, in the United States, where pensions and Social Security are calculated on years of employment, women are the largest group of elderly poor and the largest number of residents of low-income nursing homes, the lagers of our time, precisely because they spend so much of their lives outside of the waged workforce in activities not recognized as work.

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Science and technology cannot resolve this problem. What is required is a transformation in the social/sexual division of labor and, above all, the re-cognition of reproductive work as work, entitling those performing to a compensation, so that family members providing care are not penalized for their work. The recognition and valorization of reproductive work is crucial also to overcome the divisions which the present situation sows among care workers, which pit, on one side, the family members trying to minimize their expenses, and, on the other, the hired care-givers facing the demoralizing consequences of working at the edge of poverty and devaluation.

Feminist economists working on this issue have articulated possible alternatives to the present systems. In *Warm Hands in a Cold Age* (2007), Nancy Folbre has outlined the reforms needed to give security to the aging population, especially elderly women, taking an international perspective, and pointing to the countries that are in the lead in this respect. At the top, she places the countries which provide almost universal systems of insurance. At the bottom there are the US and England, where elderly assistance is tied to the history of employment. But, in both cases, there is a problem in the way policies are configured, which confirms an unequal sexual division of labor and the traditional expectations concerning women's role in the family and society. This is one crucial area where change must occur.

Folbre calls for a redistribution of resources re-channeling public money from the military-industrial complex and other destructive enterprises to the care of people in old age. She acknowledges that this may seem "unrealistic," equivalent to calling for a revolution. But

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she insists that it should be placed on "our agenda," for the future of every worker is at stake, and a society blind to the tremendous suffering that awaits so many people once they age, as is the case with the US today, is a society bound for self-destruction.

There is no sign, however, that this blindness will soon be dissipated. With the pretext of the economic crisis and low growth, policy makers are turning their eyes away from it, everywhere striving to cut social spending and bring state pensions and social security systems, including subsidies to care work, under the ax. According to the dominant, obsessive refrain the presence of a more energetic elderly population, stubbornly insisting on living on, is making every social form of assistance unsustainable. It was possibly thinking of the millions of Americans determined on living past 80, that Alan Greenspan, in his memoirs, confessed that he was frightened when realizing that the Clinton Administration had actually accumulated a financial surplus! [Greenspan 2007: 217] But even before the financial crisis of 2008, for years policy makers had been orchestrating a generational war, incessantly warning that that the expansion of the 65 + population would bankrupt the Social Security system, leaving a heavy mortgage on the shoulders of the young. And as the crisis deepens, the assault on elder care, either in form of cuts to services or cuts to pensions, intensifies. Already in Greece, since 2010, pensions have been cut by 25%. In England, the ideology of the "Big Society" masks the attempt to place social services on a voluntary basis, possibly to be picked up by laid off women. Meanwhile, in the US, conservative politicians (like the Republican candidate Rick Perry) call the Social Security system a "Ponzi

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Scheme,” or mechanically repeat the system is collapsing and must be drastically restructured.

For sure, no one is arguing for an increase in government funding of elder care, or a reduction of working hours to make space for eldercare, or a remuneration of this work. (Watson and Mears 1999: 193)

It is urgent, then, that social justice movements intervene on his terrain to prevent a triage solution to the crisis at the expense of the old, and to bring together the different social subjects implicated in the question of elder care: care workers, families of the elders, and the elders themselves who are now told they are in an antagonistic relation to the young. Examples of this kind of alliance are already visible in the struggles over elder care, as nurses as patients, paid care workers, and families of their clients are coming together to jointly confront the state, aware that when the relations of re-production become antagonistic both producers and reproduced pay the price. Meanwhile, a "commoning" of reproductive/care work is under way.

Communal forms of living based upon "solidarity contracts" are presently being created in some Italian cities by elders, who in order to avoid being institutionalized, pool together their resources, when they cannot count on their families or hire a care worker. In the US, a younger generation of political activists has been discussed creating "communities of care,"¹³ aiming at socializing the

¹³The organization of "communities of care" is the project of some anarchist activists, on both coasts of the United States, who are inspired by the solidarity work done by Act Up in response to the spread of AIDS in the gay community in the 1980s, which, against all odds, marked a major turning point in the growth of that move-

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experience of illness, pain, grieving and the care work involved, in this process reclaiming and redefining what it means to be ill, to age, to die. These efforts need to be expanded. They are essential to a reorganization of our everyday life and the creation of non-exploitative social relations. For the seeds of the new world are not to be planted online, but in the cooperation that we can develop among ourselves, which is most tested when confronted with the task of ensuring that the lives of those who are tied to wheelchairs or hospital beds do not become a living torture, as it is so often the case in our society.

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ment. Information on "communities of care" can be found in a variety of zines produced on this subject. On this topic see "The Importance of Support: Building Foundations, Sustaining Community." In *Rolling Thunder. An Anarchist Journal of Dangerous Living*, Issue Six, Fall 2008, 29-39.

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