Introduction

On the tenth floor, the elevator dropped Maria Arellano and me off directly across from Eileen Silverman's front door. Maria was Mrs. Silverman's home care worker, I was the visiting ethnographer. Mrs. Silverman, who was in her late seventies, hired Maria to help her live independently. Maria assisted Mrs. Silverman with everyday tasks she could no longer manage alone, like bathing, housekeeping, and running errands. After Mrs. Silverman buzzed someone in to the lobby 14 floors below, she cracked open her door and went about her business, knowing she would hear the elevator doors when visitors arrived. We entered a large beige-carpeted space to the sound of running water coming from the bathroom. On one wall, dark wooden shelves held a television, books, and dozens of photographs. From the back of the room, a bank of windows glowed with a view of Chicago's western horizon. We said quick hellos, setting down our bags. Maria and Mrs. Silverman quickly reviewed their plans for the day, and then Maria excused herself to go prepare Mrs. Silverman's bath.

Mrs. Silverman anticipated Maria's visits for several reasons, but the baths surpassed them all. Mrs. Silverman turned the hot water on a few minutes before Maria was due to arrive each day, filling the bathtub. She liked her baths nearly scalding, but her skin no longer registered the heat as quickly as in the past. A shower was no substitute, Mrs. Silverman told me; a hot bath was the only thing that would calm her nerves and make her feel truly clean. She felt it important that she start the bath herself—she liked to do what she could for herself, to be as independent as possible—even if she no longer felt safe taking the bath without someone else to help her. She needed Maria to make sure the water temperature was safe, and to make sure she did not slip entering or exiting the tub.

To prepare the bath for Mrs. Silverman, Maria used her body to imagine the bodily experience of the older woman. This form of imagination
was an exercise in empathy that was as much sensorial as emotional. It was up to Maria to find a temperature that would be warm enough to satisfy Mrs. Silverman's craving for heat without burning the older woman's fragile skin. To cool down the steaming tub, Maria repeatedly drained small amounts of the hot water, replacing it with fresh cold water. As I observed her doing this, Maria gave out a small yelp each time she dunked her hand in the water to open the drain. It was a slow, meticulous process.

In the simple act of testing the water, Maria imagined what it was like to inhabit Mrs. Silverman's body, reaching across differences of age, race, class, and lifetimes of experience to transform her body into a proxy for Mrs. Silverman’s older, more fragile, richer, whiter, heat-loving one. Doing so depended on Maria’s accumulated experience of what mattered to Mrs. Silverman at a visceral level—which sensations gave her pleasure and made her feel like herself—as well as her intimate knowledge of Mrs. Silverman’s bodily condition and limits. When Maria finally got the temperature right, she asked me to test it, and we both agreed that the water was still much warmer than either of us would find comfortable. Mrs. Silverman declared it perfect, and as soon as we left the room, she settled in for a long soak.

In the seemingly mundane act of filling a bath, Maria’s subtle attentiveness and empathy belie common perceptions that home care work is simple, something anyone could do. Officially, home care workers hired through agencies, like Maria, are employed to assist older persons with a concrete list of tasks delineated in bureaucratic documents called “care plans.” In these plans, care of persons and care of homes blend into one another. Assistance with bathing, cleaning the bathroom, laundry, toileting, washing dishes. Grocery shopping, cooking, feeding, cleaning the refrigerator, dressing. This kind of house- and personkeeping work is widely thought of as women’s natural inheritance, rather than the consequence of gendered socialization. As a result, there are no national requirements for home care worker training or licensing.

Though technically, Maria was just doing her job, and earning a living, she saw her work as more than the formal list of tasks delineated by Mrs. Silverman’s care plan. Her work required more than keeping her client alive. Care also required sustaining her client’s way of life, and her subjectivity; her sense of being herself. Maria would later tell
me: “Your true self comes out when you’re old . . . everyone is a person of their own. And I always try to find that little thing that person likes. They pretty much tell you what their thing is if you give them half a chance, they tell you what their surrounding was, okay? . . . So you find their thing and you work with that.”  

The scalding hot baths were part of what constituted Mrs. Silverman as a “person of her own.” Maria never considered replacing Mrs. Silverman’s baths with a shower, a more efficient and possibly safer alternative. Jeopardizing Mrs. Silverman’s health or safety was also out of the question. Instead, Maria creatively employed a deeply empathic form of bodily imagination to balance between the sometimes conflicting moral goods of Mrs. Silverman’s bodily safety and sensorial self-recognition. In balancing between these moral goods, Maria exemplifies the “tinkering” that philosopher Annemarie Mol and her colleagues describe as a “specific modality of handling questions to do with the good.” The notion of tinkering highlights the ways in which care practices involve practical negotiation and experimentation about “how different goods might coexist in a given, specific, local practice.” Home care workers’ daily practices involve constant tinkering as they work to realize multiple, and sometimes conflicting, moral goods, such as maintaining their clients’ physical health, sustaining their subjectivities, and enabling them to be seen as independent.

Drawing a bath. In this most quotidian of activities, Maria exemplified the subtle bodily attunement that forms an essential part of what the older Chicagoans whom I came to know during two years of fieldwork experienced as good care. Using her body as a flexible medium for reproducing Mrs. Silverman’s life, Maria set aside her own emotional and sensory preferences, her own histories of experience, to engage in the intimate life of another. In doing so, she worked not only to sustain her elderly client’s biological life, but also her subjectivity and independence. This meant understanding that a searing hot bath was not an incidental pleasure for Mrs. Silverman, but rather a way of sustaining the older woman’s ability to feel like the person she knew herself to be.

Home care is one of the fastest growing occupations in the United States. The field is growing due to a convergence of demographic, technological, and social changes. Never before in human history have so many people lived so long. Improved sanitation and new biomedical
technologies mean that more people survive the vulnerabilities of infancy and early childhood. Biomedicine transforms previously fatal diseases into chronic conditions, enabling ever longer lives. Yet survivors often require intensive and ongoing treatment. At the same time, declining fertility rates, the expansion of wage labor, and changes in family organization mean that there are fewer people in younger generations available to provide care for older adults who require it. In places like the United States, where elder care was traditionally the province of unpaid female kin, women’s increased participation in wage labor markets further strains previous methods of organizing care for frail elders. A variety of market-based forms of long-term care have emerged to fill this gap. Market-based long-term care is provided both in institutional settings like nursing homes, as well as in settings like assisted living facilities and private homes. Home-based care is increasingly preferred because it enables older adults to remain more independent.

Few older adults and families are able to afford extensive and ongoing long-term care, and most rely on either private insurance or public programs to fund it. As the population ages, increases in the overall public spending for home care have been inadequate to meet demand for these services. In the United States, many older adults rely on the federal health programs Medicare and Medicaid to fund long-term care. Medicare provides federal health insurance to older and disabled adults, but only funds ongoing care in nursing or private homes for limited periods of time in the aftermath of acute health events. Medicaid, a social health care program for people with limited resources, is administered by the states. Medicaid provides ongoing long-term care, and funds the vast majority of home care services.

Cash-strapped state Medicaid programs play a significant role in determining home care wages. Pressures to keep taxes low incentivize policy makers to reduce spending on programs like home care. In most states a greater number of older adults are eligible for publicly funded home care than can be provided by current budgets, leading to long waiting lists. As a result, state programs aim to provide as much service as possible without expanding budgets, which creates pressure to keep home care wages low. Yet low wages make it difficult to recruit and retain workers with the empathic and domestic skills necessary to sustain older adults’ homes and independence. Consequently, these programs
face immense economic and workforce challenges as the number of people requiring care continues to grow.

Home care workers like Maria play an essential role in the everyday lives of older Americans, but they struggle to live up to societal expectations of independence. Home care workers’ wages and working conditions place them squarely in the ranks of the working poor. Home care jobs are disproportionately filled by women of color and immigrant women. Their wages are constrained, in part, by older adults’ limited budgets and by limited public funding for their services. In 2015, home care workers in the United States earned an average hourly wage of $9.61. Very few home care workers work full time due to the unpredictable hours and part-time schedules common across the home care industry. Thus, median annual wages for home care workers in 2015 were approximately $13,000, having remained stagnant over the previous 15 years. Home care workers rarely receive health insurance, paid sick leave, vacation pay, or retirement benefits through their jobs. More than half of them live in households with incomes low enough that they qualify for a variety of public poverty-relief programs. Thus, a similar proportion of home care workers live in households that rely on public benefits including food stamps, Medicaid, and heating assistance to make ends meet. Because of their use of need-based government benefits, home care workers, like other members of America’s working poor, are regularly depicted as lazy, as not contributing their share to the social good, and as inappropriately dependent on public largesse.

Home care work is often considered in tandem with other “direct care” jobs in which workers are responsible for the daily labor of sustaining life, like bathing, toileting, and feeding older and disabled adults. Some direct care providers are employed in institutional settings like assisted living facilities and residential care programs for people with disabilities. Direct care workers with Certified Nursing Assistant (CNA) training are qualified to work as nursing home assistants and home health aides. These forms of employment pay slightly higher wages than home care, but face similar challenges. While home care workers sustain the lives of vulnerable older adults, their economic status is closer to that of maids and housekeepers. Housekeepers, child care workers, and home care workers share the designation of being (at least partly) domestic labor. The low wages earned in these types of jobs reflect, in
part, the ways in which the broader economy depends upon the invisibility of exploited labor hidden within the walls of American homes.

Paid care work sits at the nexus of two of the United States’ biggest social challenges: rising inequality and an aging population. Policy and advocacy initiatives typically treat poverty and care of the aged as distinct forms of vulnerability. They are considered as having separate causes that require different solutions. For this reason, perhaps, people have often asked me whether this book focuses on older adults or on care workers. By attending to the lives and histories that coalesce at the urgent intersection of aging and inequality, I argue that these challenges are bound up with one another. At the heart of this book lie the diverse relationships generated by care and their connections to longer national histories, policies, and institutional contexts. The vulnerabilities of older adults and care workers are commingled: low wages and poor working conditions render workers’ lives precarious. In turn, high turnover rates and endemic worker shortages translate into waiting lists and lower quality care for older adults. In home care, the fate of older adults and the working poor are connected, entangled by the broader indifference of a society that devalues both aging and care. Poverty is generated in tandem with care.

Centered around quotidian moments like Mrs. Silverman’s bath but also within the longer life histories and social contexts that shape people’s lives, this book argues that everyday care work is a form of generative labor that simultaneously sustains independent persons and intensifies inequality. By generative labor, I refer to the wide range of moral imaginings, practices, processes, and relations through which people work together to generate life in all its forms. I focus on care relationships in practice; that is, on the historical and everyday processes that create home care relationships, and the meanings and consequences of these relationships for those who directly participate in them and for society. And I attend to the ways in which these relationships are embedded in peoples’ longer histories of experience and in institutional contexts. In turn, home care relationships themselves constitute persons, histories, and institutions. In the process of making life happen, practices of generative labor like home care create forms of meaning, personhood, morality, relatedness, and difference. Care also generates inequalities that are defining features of social life in the United States.
By focusing on home care as one form of everyday care, this book lays bare the contradictions that animate care of all kinds in the United States. Home care shares much in common with other occupations responsible for the daily labor of sustaining domestic life and the lives of vulnerable people across the life course. Ideologies of caring labor being something other than “real work” have long been formalized by legal and regulatory structures in the United States, legitimizing and exacerbating intersecting forms of economic, racial, and gender inequality. Though generally discussed separately, the history and fate of domestic workers, child care workers, and care workers who attend to both disabled and older adults are connected. Each of these groups undertakes labor that has long been considered women’s duty to perform, unpaid, on behalf of kin. These fields are shaped by ongoing legacies of gender and racial discrimination such that they are dominated by women of color and immigrant women. While some of the challenges facing paid home care are unique to the field, the daily care provided by care workers makes possible all other economic activity. In return, these workers are paid so little that they and their families live in perpetually unstable and precarious conditions. In a nation founded on a belief in political and personal independence, we struggle to accommodate the profound interdependencies that make life possible. Those who care for the most vulnerable among us become ever more vulnerable themselves. It is a system that consumes those who sustain it.

Nobody Really Cares

Many months after my lesson with Mrs. Silverman’s bath, Maria and I sat down for a formal interview. More than any of the other home care workers I got to know, Maria had taken me seriously when I asked her to treat me like a trainee during my weekly visits with her and Mrs. Silverman over the previous eight months. She teased and cajoled me until I could finally perform the simplest tasks in a way that mimicked her finely attuned care. At the grocery store: “No, don’t push the grocery cart—let Mrs. Silverman push so she can lean on it if she gets tired.” At the library: “Don’t suggest books to her unless they have it in large print font—if you say the book is good, she will check it out, but if she can’t see the words she gets frustrated and gives up—then she won’t have enough books to last the week.”
Maria spent the afternoon caring for another client before the interview. She was visibly exhausted, smiling, and trying to be upbeat. We had not seen each other for a few weeks before the interview. As she caught her breath and I tested my recorder and microphone, we chatted a bit, catching up on each other’s lives. Maria had come to terms with the idea that her husband, who had moved out of their apartment a few months earlier, was not coming back to her. She was planning to move to a new, smaller basement apartment that would cut her commute time in half, and she had no special affection for the gritty Back of the Yards neighborhood where she had lived for several decades. Named for the stockyards and slaughterhouses that once drew generations of immigrants, and an epicenter of early twentieth-century labor and community organizing, Maria experienced Back of the Yards as dirty and dangerous. She thought the leafy, calmer North side would be better, though it meant leaving behind the places that reminded her of her son, who had died a few years earlier. It would be a fresh start—not a chosen one, but maybe one that would work out for the best.

When Maria turned the conversation to me, I tried to deflect, but empathic as always, Maria could tell that I was feeling down. My eyes welled up. The previous evening my parents had called and told me that my father had been diagnosed with Parkinson’s disease. My pain was fresh and shallowly disguised. Maria immediately knew this for what it was. She put her hand on my shoulder and I struggled not to melt into my sadness. Maria did not press me to talk more, and I turned our attention back to the interview, finding reprieve in the dry legalese of consent forms.

I started the interview by asking Maria to tell me the story of how she became a home care worker. The words falling into the tape evoked heartbreak, struggle, and survival. Raised by her grandmother in Puerto Rico, Maria was sent to live with her mother in Chicago as an adolescent. They moved constantly, her mother worked long hours and went out most nights. When her younger brother came to live with them, things took a turn for the worse. Maria ran away to Texas with her boyfriend as a young teen. He drank too much and worked too little. Eventually, she left him. By her mid-twenties, Maria was raising their three children on her own. She learned about jobs in home care from another mom at the public aid office.
She started as a home care worker soon after, joining the rapidly growing ranks of women earning near-minimum wages caring for others. “I don’t know how we managed, but I always had food to feed my children. Always. It didn’t matter if I was inventing. Take a few hot dogs, some salad and you literally had supper. People would say, you have nothing to eat. I said, yes we do. We have macaroni or just a big pot of white rice and ketchup, but we had food. . . . There were a few things that would hurt. My children would say ‘is there any more?’ and I would be eating. I would say ‘oh no. But I am full. Here.” She shook her head, remembering the hunger.

Maria narrated this memory as another lesson in caregiving, describing how she made it through days as tough as the one I was having. “I try not to let it show with my patients. If you live long enough, you deserve so much. As a caregiver, you are so happy, you show everyone such a good time that nobody even noticed where you lacked.” She continued, “But you also need laughter! I very strongly believe you can be crying your head off, but as soon as you walk out the door, wash your eyes, put a smile on your face. My problem is not yours. Don’t ever, ever forget that, okay?” I responded that this sounded exhausting, and Maria grimaced. “It is exhausting. I remember, I took care of a lady. She was blind and I was going through a lot. I would cry and she could not see me. She’d ask, “how are you doing?” “Oh, I am just fine.” But it was exhausting. It was better though, because I could cry, cry all day with her ’cause I knew she could not see me. It was a relief that I could cry. I wasn’t around the kids. I wasn’t able for her to see me losing it. I was going through so much, you know. But you put your face on. And I put my face on for a long time.”

Like other home care workers I knew in Chicago, Maria wore her smile like armor, protecting herself and those around her. Maria’s smile is an instance of what sociologist Arlie Hochshild calls “emotional labor.” A defining feature of service work, emotional labor requires workers to manage their affective performances in order to elicit particular emotions from consumers in ways that benefit corporate bottom lines. While Hochschild argues that emotional labor alienates workers from their true emotions, home care workers like Maria were critically aware of the distinction between their own subjectivity and the ways they expressed emotion around clients. Home care workers’ emotional labor
was intentional and protected older adults from being accountable for the ways that their independence is bound up with their care workers’ hardships.

The moral demand for carers to set their own needs and feelings aside in order to sustain the lives of others is at the very heart of the social relations that generate both independence and inequality. Maria's smile was a professional mask shielding her frail and vulnerable elderly clients from sharing in her suffering. In her insistence that “my problems are not yours,” Maria acknowledged that American ideologies of responsibility and independence held her alone responsible for her circumstances—even though many of her struggles were directly connected to low wages, long hours, and unpredictable schedules that created the conditions in which she cared for others. These ideologies were formalized in the employee handbook of the home care agency that employed Maria, which listed discussing “your personal problems with your client” as one of the “unprofessional behaviors” that could get a worker fired. Sharing problems could lead to workers and clients becoming overly enmeshed in one another’s lives. The irony was not lost on Maria: she was responsible for her own struggles, even though her clients’ most intimate problems had become her responsibility. The paltry wages she was paid to make her clients’ problems her own may have been necessary for her survival, but they did not compensate for the lack of reciprocity in the terms of her home care relationships.

Maria also wore her face to protect herself from the indifference of others. She spoke of teaching her kids “the strength you have to have. Everybody can feel sorry for you, but nobody is going to hold your hand. And the same thing with yourself. Everybody loves you, and cares for you, but nobody wants to hear you say I am a hundred dollars short for my phone bill. But that same person will invite you out to eat and spend two hundred dollars on your dinner tomorrow. But would he give you that hundred dollars? No.” In Maria’s experience, the pity, concern, and affection of others had never translated into the actual assistance she needed to support her family.

She continued the lesson, telling me how she used her emotional labor not only to please her clients, but to protect herself from their hollow concern. “You learn to swallow it, take care of it. Deal with it, give a little if you can. You don’t have to give a hundred percent, but you could
show a hundred percent. Okay? One day, you might forget to fix the bed, or throw out the garbage, or give that extra hug or something because your mind was somewhere else. That day, that week, your world is coming down. Like yours. You know. You can give me twenty-five percent, fifty percent, but show one hundred percent. Because even though everybody will feel sorry for you, nobody really cares. And that’s the secret of staying alive in America.”

A damning statement, even more so from this woman, this mentor of mine who had spent her adult life caring for people in every direction—her children, her husband, her elderly clients. How to reconcile Maria’s profound commitment to caring for others, and her indictment that “nobody really cares”? Rather than interpret her statement as an admission that her own care was insincere, I interpret Maria as commenting on the way her life was shaped by flows of empathic attunement and concern that only ran in one direction—from her, and care workers like her, to those they served. In Maria’s experience, those for whom she cared at work were more concerned with the ways in which her emotional performances affected them than with her actual well-being. So she used her smile to camouflage the exhaustion and absent-mindedness produced by the unrelenting strain of economic and social precariousness. For Maria, a woman deeply committed to caring, survival demanded accommodating society’s fundamental indifference.

The secret to staying alive in America, Maria argued, was never forgetting that society expected her—and workers like her—to be materially independent. No one would offer to pay her bills no matter how much they enjoyed her companionship. No matter that her same skillful companionship, in the context of paid labor, was so poorly compensated that it rendered her life and the life of her family perpetually precarious. Care workers enable their clients and employers to be seen as independent and make it possible for higher paid workers to sustain their households and families while still earning sustainable livelihoods. Nevertheless, public discourse in the United States often represents low-wage workers, including care workers, as parasitic, dependent on public largesse rather than as crucial contributors to national well-being. The irony of being seen this way was not lost on Maria, who underscored how odd it was that so many could rely on her caring labor and still think of her as problematically dependent because of her economic sta-
tus. Maria’s generative labor was only worthy of state-subsidized compensation if framed as independent “work” caring for non-kin. On the other hand, receiving state support for similar kinds of labor performed on behalf of her family rather than consumers represented an unacceptable form of dependence.

The indifference Maria experienced is connected to America’s foundational ideology of independence. It refracts through people’s experiences and stories of care, shaping the ways that they care for one another and the ways that this generative labor produces gradients of care, concern, and indifference. Ideologies of independence create erasures and silences that make secret the profound ways people—in this case older Chicagoans and home care workers—are necessary to one another. In laboring to maintain older adults as independent persons, care work simultaneously generates a seemingly compulsory veil of indifference that conceals the profound contributions and hardships produced by care labor. Social indifference to care workers’ struggles feeds off of and intensifies broader forms of racial, gender, and class inequality. The indifference demanded by ideologies of independence is the secret at the heart of care that generates inequality in the very moments that sustain life.

Generative Labor

Through the concept of generative labor, I analyze how care can simultaneously produce forms of morality, independent persons, and social inequality. This concept highlights two aspects of social life: first, that the everyday practices that make and sustain life—both social and biological—are necessarily entwined with the makings of political economy. In this sense, these practices are labor. Second, these forms of labor determine which and how different lives matter around the world; they generate both lives and social difference in the process. The category of generative labor highlights the messy, disparate forms of practice through which people work to make life happen, and how these practices continually bring particular kinds of persons, social relations, and political economies into being. Generative labor draws attention to the ways in which these practices do not simply reproduce unequal social structures, but create kinds of inequality and difference that are historically connected to but also distinct from those of previous moments.
Analyzing care as one of many vernacular forms of generative labor draws attention to the ways in which different moral understandings of human interdependence are created and put into practice, as well as to the political and economic social forms that are generated through those practices. By theorizing care as generative, I argue that we should understand it as a central force in creating social life.

The concept of generative labor builds on the concept of reproductive labor, crucially extending its insights across the life course and to new questions. Sociologist Evelyn Nakano Glenn defines reproductive labor as “the creation and recreation of people as cultural and social, as well as physical human beings.” Feminist scholars have long theorized care by thinking of it as reproductive labor, showing how social relations of care reproduce existing forms of difference and inequality. The concept of reproductive labor highlights the ways in which capitalism devalues social interdependence and the daily labor necessary to sustain social life. But the language of reproduction has several limitations. Its implied link with biological reproduction has led scholars to emphasize childbearing and childrearing, limiting theorization of the care across the life course. The language of reproduction also implies that such labor has the effect of extending past and present ways of living, including social inequalities, into the future. I argue that the labor of creating social and biological life does not simply extend already existing forms of sociality, it constantly generates both life and ways of living.

As conceptualized by feminist scholars, reproductive labor complements and makes possible the “productive labor” by which people create goods and services for market exchange. Historical gendered divisions of labor under industrial capitalism rendered productive labor the more highly valued province of men. Capitalist markets typically do not account for the costs of reproducing laborers’ lives when accounting for the costs of making things. Divisions between productive and reproductive labor are enforced when government policies deny public and corporate responsibilities for sustaining people’s lives.

The persistent devaluation of reproductive labor in capitalist economies partially fuels paid care work. Critical feminist scholars have long argued that women’s responsibility for unpaid reproductive labor in domestic spaces is at the heart of women’s oppression, and a primary driver of intersecting racial, gender, and economic inequality. It is not surpris-
ing that women who have privilege and resources tend to hire others to do the most belittled forms of reproductive labor—the “dirty work” of maintaining homes and human bodies—while reserving for themselves the more morally and emotionally valorized aspects of childrearing and elder care. Throughout the history of the United States and other colonial/postcolonial societies, poor women of color have been coerced into undervalued reproductive labor through chattel slavery, occupational discrimination, and racially restrictive labor laws. These racial divisions of reproductive labor in the United States are, as Glenn writes, “key to the distinct exploitation of women of color and is a source of both hierarchy and interdependence among white women and women of color.”

The coercive recruitment of poor women, and especially women of color and immigrants, into paid reproductive labor generates what anthropologist Shellee Colen calls “stratified reproduction.” This term describes the processes by which different groups come to have vastly different resources to support their physical and social reproduction as a result of intersecting social differences based on class, race, gender, ethnicity, ability, migration status, etc. Processes of stratified reproduction themselves reproduce inequality by, according to anthropologist Marcia Inhorn, “inequitably privileging the reproductive trajectories of elites over those of the poor and disempowered, whose right to reproduce may be called into question and even despised.” Though the language of reproduction directs attention toward biological reproduction and early life, these forms of labor sustain life at every age.

Many analyses of the devaluation of reproductive labor in capitalist societies focus on the ways in which capitalism demands but does not compensate the labor of reproducing new generations of workers. By focusing on the reproduction and care of young people, calls to “invest” in the “future” uncritically accept the ways that capitalist economies value the future over the past and productive capacity over all other ways of valuing life. Capitalism’s demand for productivity is intertwined with American anxieties about aging and obsessions with independence. As people age and move away from playing “productive” roles in the paid workforce, they come to be seen as “dependent” and are treated as marginal to society. Older Americans, who may need help with daily activities, come to be considered as burdensome, drawing the energy and resources of younger generations away from productive activities.
use the term generative labor to advance an intersectional, life course approach to thinking about the stratification of labor that sustains social and biological life.

Drawing on the thinking of the Gens Collective of feminist anthropologists, the concept of generative labor attends to people’s “varied pursuits of being and becoming particular kinds of people, families, or communities.” These scholars argue that political economic forms like late capitalism are derived from “divergent life projects” and thus are not unified logics but rather “unstable, contingent networks” that are fragile, intimate, and “generated from heterogeneity and difference.” From this perspective, analysis of political economy requires attention to “the full range of productive powers and practices through which people constitute diverse livelihoods (and from which capitalist inequalities are captured and generated).” The Gens approach links the apparent diversity and complexity involved in the daily generation of life to the production of global economic forms, specifically contemporary capitalism.

I also advance the category of generative labor as a means to enable comparison between Euro-American practices of “care” and the myriad other social practices and moral imaginaries through which people around the world engage with the interdependent practices that make life possible. Generative labor both expresses and generates peoples’ moral imaginaries about which kinds of persons and social relations exist and should be supported. Moral imaginaries provide the social and moral basis upon which systems of resource distribution are justified; as such they play a crucial role in the generation of political economies like capitalism. In contrast to similar concepts like “ideology” or “belief,” I use the concept of moral imagination to highlight the social processes that generate shared but diverse ideas about how life should be lived. While the term “imagination” implies a focus on cognitive processes, I use it expansively to include the ways in which bodily practices produce moral understandings. Moral imagination draws attention to the dynamic ways people play with, work on, and adapt their ways of thinking about what “should be” through ongoing engagements with one another and over time. These engagements crucially include the intertwined practices of care, memory, and storytelling through which people come to understand humans’ interdependence on one another and the broader world. Attention to the ways generative labor is mutu-
ally constituted with moral imagination shifts focus from normative discussions of care toward a focus on how people understand, make sense of, organize, and practice interdependence as a foundation for socio-political-economic life.

When scholars use the term “care” to describe a wide variety of practices around the world, they often do so in ways that uncritically reflect powerful moral imaginaries that inflect the term care with connotations of warmth, concern, and kindness. Both popular and academic discussions of care often index Euro-American moral imaginings about the ways that the interdependencies necessary for generating life should be organized—who should care for whom, in what ways, for which reasons, and to what extent. These assumptions infiltrate both scholarship and popular discussion of care. Clearly identifying how moral imaginaries shape the ways that researchers and everyday people in the United States (and elsewhere) describe care is an essential step toward more meaningful analyses of the ways that generative labor creates different kinds of lives and political economies.

Euro-American moral imaginaries about care, kinship, and work are often described as the “separate spheres” ideology, which prescribes distinct and gendered moral, relational, and affective norms for the public and private spheres. The ideology that public and private are “separate spheres” plays a constitutive role in capitalism, historically arising alongside and naturalizing the movement of paid work out of dwelling places (where agricultural, manufacturing, and human reproduction occurred in close proximity) and into designated workplaces like factories. The public sphere of work and politics, long associated with men’s sociality, is imagined as a sphere of autonomous, rational individuals who appropriately act in self-interested ways. The private world of intimate relations, associated with women, has been constructed as a sphere requiring intimacy, solidarity, and sacrifice to reproduce and sustain social relations. Separate spheres ideologies imagine money and love as morally opposed motivations for human action, and especially for care.

The implicit association of care with sentiment and moral practice diverts attention from the crucial role that the care plays in generating different kinds of persons and political economies. Imagined as inherently private, care is paradigmatically found in bodily intimacies between mothers and children, and thus evokes notions of domestic
warmth, attachment, love, and sustenance. These associations make it difficult to think of care as a source of violence or suffering; the term is often used in ways that excise or romanticize the physical pain, exhaustion, and exploitation that many carers experience. Moral imaginaries that oppose economic and sentimental motivations make it difficult for many Americans to imagine that care could be appropriately provided within economic markets or by state institutions. In this formulation, good care is that which is undertaken by those motivated by deep moral and emotional commitments to the well-being of others rather than by material and economic concerns.\textsuperscript{40} Thus, professionalized and market forms of care like health care, child care, and paid home care suffer suspicion from an implicit contrast between the warmth of familial love and the assumed sterility, bureaucracy, detachment, and economic incentive associated with clinical and institutional settings.\textsuperscript{41} Care, when understood as principally referring to loving kin practices, impugns the labor and motivations of paid care workers who, some worry, might take these jobs “just for the money.”\textsuperscript{42}

Scholarship that uncritically adopts dominant Euro-American moral imaginaries surrounding care hinders analysis of the darker aspects of care, including the ways that care practices produce power and inequality in social life. A growing number of ethnographies show how the implication that care is an inherent moral good obscures practices of power operating in the name of care. Instead, these ethnographies suggest that investigations of generative labor should ask questions about how different understandings of “the good” implicate specific forms of power and violence. For example, anthropologist Lisa Stevenson documents the ways in which the Canadian government’s attempts to care for indigenous people with tuberculosis valued life itself, as measured by epidemiological population counts, over actual lives and indigenous ways of life. These forms of care created intergenerational disruptions and violence, which contribute to high rates of youth suicide. Current forms of care through suicide prevention continue to value life itself over the ways of being that are dreamed of and pursued by indigenous youth.\textsuperscript{43} In a different vein, anthropologist Angela Garcia shows how forms of attachment and care among kin can simultaneously participate in harm and violence. In this case, mothers and daughters in the Hispanola region of New Mexico care for one another by participating in shared her...
oin use as a form of solidarity, relief, and affection in the midst of long histories of dispossession, poverty, and the absence of other forms of communal and governmental care. In France, anthropologist Miriam Ticktin shows the perverse effects of that nation’s attempt to care for international victims of sexual assault and HIV by offering them asylum. Ticktin argues that the purportedly apolitical morality of this form of care instantiates a violent politics that disregards the suffering caused by global economic inequalities and forces migrants to perform various forms of victimhood. In each of these cases, we see how the language of care can obscure forms of violence and how practices called care can themselves perpetuate violence and inequality. Thus, instead of narrowly understanding care as a form of nurturance or moral response to suffering, thinking about care as a form of generative labor helps to direct attention to what such labor produces—including violence.

The concept of generative labor highlights the ways in which moral imagination, interdependence, and social inequality are generated over and over, in new and not-so-new forms, in the same intimate moments and processes that generate life. It opens analytic possibilities for recognizing the transformative as well as reproductive potential of those inevitable moments of friction that occur amidst the messy day-to-day of making life happen. Considering care as not only reproductive but generative draws attention to the processes that create generations of people and regenerate complex social forms, highlighting that which is altered and made anew through these processes. From this perspective, the fact that care is deeply patterned by racial, class, gender, age, and global economic inequalities is not simply a legacy of discriminatory history but is central to contemporary processes generating both personhood and social relations.

Home care and other forms of paid care are especially important forms of generative labor in that they are multiply generative—making possible the lives of older adults, workers, and their respective families. Home care also makes possible the broader workings of an economy that depends on inexpensive care to make available other workers for more highly valued and lucrative occupations. The contradictions and entanglements created by the concurrent, multiple forms of generativity in paid care highlight the links between multiple scales of care from the intimacies of embodied interactions to the abstractions of national policies.
Generating Independent Persons

In the United States, independence is socially valued. Widespread ways of morally imagining how independence is constituted play a central role in the ways that people, institutions, and governments organize interdependence. Despite Americans’ emphasis on independent living, people of every age and ability profoundly rely on others. We rely on other beings—both human and non-human—in every aspect of life, from those activities necessary for our very survival to those that form the foundation of our ways of life. Older adults’ independence comes into question not because they are more reliant on others than those of other ages, but because their interdependencies are more visible. In the United States, concerns about independence index the forms that interdependent relationships take, with anxiety accruing to moments and forms of reliance believed to impede individuals’ abilities to make decisions without being influenced by others. I show that independence is not a quality that Americans gain outside of their relationships with others, but rather is generated within relationships characterized by difference and inequality.

Independence is a normative category rather than a descriptive one. In the United States, independence is a defining moral criterion for personhood—meaning a recognized member of human social worlds. Most of the older adults I knew in Chicago saw meeting normative expectations of independence as an ongoing battle of attrition fought in subtle and everyday ways against the mounting age-related debilities changing the ways they inhabited the world. Failing to live in a manner deemed “independent” might mean that others no longer recognize them as full persons and instead treat them as children or objects who are unqualified to make the most basic decisions about their everyday lives. In the United States, the attribution or denial of independence is often coterminous with the attribution of personhood. To be seen as dependent is to be seen as something less than a full person.

This form of personhood, sometimes described as the “liberal person,” is enshrined and inscribed in US laws, social policies, and economic systems. Anthropologist Elizabeth Povinelli describes liberal personhood as based on the moral claim that “what makes us most human is our capacity to base” intimate, political, and economic rela-
tions “on mutual and free recognition of the worth and value of another person rather than basing these connections on, for example, social status or the bare facts of the body.” Liberal personhood also prioritizes the ability of individuals to live in a manner that reflects and expresses their subjectivity; this is sometimes described as freedom. In this ideology, freedom is made possible by independence.

For many older adults in the United States, continuing to live in a private residence (rather than in an institution) is one of the most important markers of their ongoing independence and personhood, regardless of how much assistance they require from others to do so. This reflects the fact that in the United States, a person’s ability to exert agency and autonomy in daily life is widely understood (and legally enshrined) as intimately tied to control over homes and private property. In order for private ownership of property to make sense, people must be seen as autonomous and distinct from the social relations in which they are embedded, such that one individual human can be seen as having rights over possessions. Euro-American legal and philosophical traditions connect notions of the person and independence to an individual’s rights and abilities to control houses and other forms of private property. For example, US legal theorist Margaret Radin has influentially argued that certain kinds of property, such as homes, are constitutive of personhood and that control over these objects is critical for psychological well-being. Working within these widespread forms of moral imagination, prominent US-based gerontologists John Rowe and Robert Kahn have argued that successful aging and independence are defined in part by “continuing to live in one’s own home, taking care of oneself.” The centrality of independent living to notions of personhood thus creates particular risks for those who struggle to maintain private homes due to bodily or economic limitations.

One of the generally unacknowledged contradictions of liberal personhood is that presuming that persons have value outside of their social relations devalues the actual relations and forms of obligation that generate such persons. Especially in physically vulnerable moments, generative labor plays a critical role in making, transforming, and unmaking persons—liberal or otherwise. At the beginning of life, forms of generative labor, including feeding, bathing, and cooking, play central roles in the constitution of personhood around the world. Toward
the end of life, the social relations that arise through generative labor as people experience dementia, brain death, and vegetative states often create liminal, situational, and contested forms of personhood. For such people, everyday care practices can play a significant role in generating or eroding personhood.56

Home care generates older adults as independent, liberal persons even as home care workers’ very presence threatens to reveal elders’ diminishing ability to meet the demands of liberal personhood. Together, home care workers and older adults navigate these fraught relationships, working to arrange themselves in ways that obscure older adults’ dependencies. Older adults recognized themselves as independent not only when they were able to make autonomous decisions, but also when they were able to act as equal partners in reciprocal relations and maintain familiar ways of life. Enabling older adults to remain “a person of their own,” as Maria put it, also meant caring for them in a manner that recognized their diverse subjectivities by creating social and sensorial continuity in their lives.

Concealing older adults’ dependence means effacing the most complex and nuanced aspects of care workers’ jobs. These practices exacerbate perceptions of home care as unskilled labor, and conceal home care workers’ vital contributions. Such concealments are facilitated by workers’ social marginality; their contributions are simultaneously naturalized and hidden by their gender, their poverty, and their race. Though home care workers sustain older adults’ personhood and enable their residential stability in later life, their jobs do not enable workers to similarly create stable lives for themselves or their kin. Home care policies and practices presume that workers are less vulnerable than their clients. Moreover, home care practices generate older adults as liberal persons in part by indifference toward care workers. From this perspective, independence is generated by inequality.

Independence as Policy in the United States

In the United States, ideals of liberal personhood and independence guide the advocacy efforts and social policies fueling the home care industry’s rapid growth. Notably, these efforts typically focus on the independence and personhood of older and disabled adults, but have
less to say about low-wage workers, who are also made vulnerable by liberal capitalism. On the other hand, critics of social safety net programs mobilize ideologies of independence to undermine programs that support poor families by arguing that such programs harmfully promote dependence.

Since the 1960s, disability rights advocates have mobilized discourses of independence to fight the institutionalization of disabled and older people in places like asylums and nursing homes. Disability rights activists imagined deinstitutionalization as a mechanism of liberation, in which inhumane institutions were replaced by a continuum of community-based supports. One of the movement’s signature policy victories, the 1990 Americans with Disabilities Act (ADA), requires that services for people with disabilities are provided in the most appropriate, community-integrated setting possible, rather than in institutions. The ADA explicitly frames independence, and especially independent living, as both a civil right and a method of reducing the costs of dependence and institutionalization.57

Beginning in the late 1970s, neoliberal health care reformers recognized the potential cost savings gained from deinstitutionalization, which shifts many costs of daily care (like food and shelter) to individuals and their families. For example, when the Illinois state government established its state-funded home care program, called the Community Care Program (CCP), in 1979, it described the program as “aimed at assisting seniors to maintain their independence and providing cost-effective alternatives to nursing home placement.”58 Implementation of deinstitutionalization has long been entangled with efforts to shrink public funding for social services, leaving inadequate community supports and shifting the costs of care to individuals and families.59 As the population of older adults has grown in the intervening decades, the twin goals of supporting elders’ independence and reducing the costs of elder care have only become more urgent priorities for state and national policy makers.

Deinstitutionalization led to policy reforms expanding public funding for Home and Community Based Services (HCBS), accelerating the expansion of the home care industry. At the federal level, this was accomplished primarily by making Medicaid funds available for home care and other HCBS. As one measure of the growth of HCBS, in 1995,
only 18 percent of Medicaid long-term care spending went to HCBS. By 2013, 51 percent of all Medicaid long-term care spending went to HCBS services. In 2013, about half of the older adults receiving long-term care funded through Medicaid were living at home rather than in institutions.60

The relationship between home care work and poverty is not coincidental. Many home care workers, including Maria, found home care jobs through welfare-to-work programs created by neoliberal welfare reform policy in the 1990s. Many home care agencies participate in these programs and receive tax incentives to hire welfare-leavers. Based on charges that welfare encouraged dependence, welfare reform ended the practice of providing funds for single mothers to care for their own children on charges that welfare encouraged dependency. Welfare reform pushed a vast pool of women into dead-end, low-wage jobs by placing limits on the total length of time they could receive benefits and by making those benefits contingent on their participation in job training or welfare-to-work programs.61

At the same time, policy makers aiming to restrict government spending on health care programs like Medicaid fail to allocate the funds necessary to pay care workers living wages. Care workers’ labor enabling older adults to remain in their homes is accompanied by their own economic and housing insecurity. Thanks to low wages, rising housing costs, and limited public support for low-income housing, home care workers—like other low-wage workers living in major cities—often struggle to afford housing, food, and other necessities. In Chicago, as elsewhere in the nation, the twin goals of cost-effectiveness and independence generate home care practices and policies that undermine the stability of home care relationships and intensify social inequality.

Ideologies of independence create impossible expectations for older adults and for home workers. Both kinds of people experience societal indifference when they struggle to meet social expectations that they sustain impossible forms of independence. Workers’ and older adults’ related struggles to be recognized as liberal persons shape the intimacies of paid home care in profound ways. In home care, older adults and working-poor women, two groups marginalized by American fixations with independence, are thrown together. They depend on one another to stay alive, and to make those lives meaningful.
Studying Home Care in Chicago

I moved to Chicago in 2006 to learn from and with those involved in the city’s home care industry. Nicknamed “the city of broad shoulders,” Chicago has long been imagined as a city shaped by (implicitly white) male manual laborers and industrial workers employed by Chicago’s factories and famous (but now mostly defunct) slaughterhouses, lumberyards, and rail yards. Later, images of Chicago’s dangerous and crumbling public housing projects dominated portrayals of the city. The projects became symbols of violent young black men trapped in neighborhoods without jobs and of the dependence of unemployed single black women on a neglectful society.

Chicago’s position as the gateway to the American West has made the city a major center of both national and international labor migration. Since the early 1900s this legacy positioned Chicago as one of the most important laboratories for urban ethnography and scholarship on the social geography and reproduction of race and inequality. The majority of these studies have focused on urban life within Chicago’s famous ethnically and economically segregated neighborhoods, attending less to the ways in which movements between such neighborhoods influence the texture of urban life. As care workers spend time in households across Chicago’s racially and economically segregated neighborhoods, they experience and embody its inhabitants’ diverse ways of life. Focusing on home care work draws attention to the ways in which domestic and direct care workers, primarily women of color, have long knit the city together, crossing between homes and neighborhoods.

The experiences of home care workers in Chicago highlight the contributions that poor women of color have made to the life of the city. Home care is one recent instantiation of the hierarchies of race, class, and gender that have organized labor in Chicago for more than a century. The city was created not only by the backbreaking and bloody work of manual laborers but also by the care labor of generations of domestic workers. The legacies of gendered labor and racial segregation that shaped the city are remade anew as home care weaves together the lives of the city’s elderly with those of its poor.

Chicago is a critical node in webs of care that link the fates of workers and families across the city, the country, and the globe. Sociologists in-
including Arlie Hochschild and Saskia Sassen use the term “care chains” to describe the processes that draw women of color from the global south to wealthy northern cities where they care for the young, sick, and elderly members of richer, whiter families. Frequently, poorer women and kin in the global south are then drawn from rural areas to expanding cities to care for the young and old relatives of migrant care workers. I follow anthropologist Laura Heinemann in describing neighborhood, national, and international linkages between women and families as “webs of care,” to account for “the multidirectional flows” of care that create interdependencies implicating people, families, and communities across great distances.

Some scholarship describes care chains as a relatively recent consequence of globalization. Yet in Chicago, these linkages stretch back at least to the Great Migration of black Americans who came North seeking to escape poverty in the Jim Crow South in the early- and mid-twentieth century. Pushed into domestic service jobs by discriminatory laws and practices, many of the black women who came to Chicago could find employment only as domestic workers. Today, as then, transnational immigrants join the daughters and granddaughters of Chicago's Great Migration as both groups are funneled into poorly paid domestic work and direct care jobs.

Home care in Chicago is patterned by the city’s unique history and social geography. Yet long legacies of both migration and racial segregation shape labor markets and family life around the country. No one city or region can represent the vast diversity of the United States, or any practice or population within it. At the same time, home care in Chicago shares much in common with home care as it is practiced around the country. In many ways, the state and local policies regulating home care in Chicago are unremarkable—funding is neither especially generous nor stingy, and regulations are not significantly more or less demanding compared with other regions. In some cities, immigrant workers fill a greater proportion of direct care jobs than in Chicago. In many rural areas, direct care workers are more likely to be white.

The experiences of home care workers and older adults in Chicago are theirs alone. Yet in their very specificity, these experiences offer a sense of the diverse hopes and struggles of people working to stay alive and to make their lives meaningful. Nationally, gradients of inequality
and the desire for independence pattern social relations. As economic inequality rises, working-class families of every stripe have seen their wages stagnate.\textsuperscript{70} The decimation of social welfare programs pushes people into low-wage jobs that do not cover the costs of food and housing, much less the costs of child and elder care that people might provide for kin if they were not working multiple jobs to keep roofs over their heads. All the while, the costs of care—the costs of sustaining life—rise. Everywhere older adults and families face impossible choices about how to fund and provide care, choosing among limited and mostly undesirable options. Across the United States, people feel powerfully their obligations to provide for those they love. They seek work that is both materially and morally rewarding, hoping their labor will sustain their families and contribute to their broader worlds.

Chicago’s webs of care forge human links among the city’s otherwise segregated populations, as home care workers provide care across economic and racial spectrums. As in much of the United States, Chicago’s home care services are bifurcated along economic lines. If older adults (or their kin) have sufficient income and assets to afford to hire workers themselves, they have a number of choices about how to organize this care. They can hire workers directly on what is colloquially known as the “grey market”—a clever term referring both to the typical color of elders’ hair and to the legal ambiguities introduced by hiring workers directly.\textsuperscript{71} Others rely on full-service home care agencies that employ and supervise home care workers. Not surprisingly, most of Chicago’s privately funded agencies were located on the wealthier, whiter, north side of the city and served the city’s northern and western neighborhoods and suburbs. At the time of my research, privately funded agencies were subject only to the rules and regulations applied to other businesses in the state.\textsuperscript{72}

In Chicago, older adults who have limited assets and income can receive services through the Illinois Community Care Program (CCP).\textsuperscript{73} The CCP negotiates contracts with home care agencies to provide publicly funded services to older adults who qualify. Agency contracts spell out supervisory ratios, training requirements, and hourly reimbursement rates for home care. While the CCP pays for most of the cost of care, older adults receiving its services typically pay a small sliding-scale fee for services (usually less than a dollar per hour of care). In Chicago, many of the CCP-funded agencies’ offices are located in and around the
downtown loop and serve clients across the city. The city’s privately and
publicly funded home care services are connected through webs of in-
terdependence. For example, an older adult’s children might pay for a
home care worker to make sure their parent doesn’t fall, while the home
care worker’s parents rely on CCP services.

The fieldwork upon which this book is based involved traversing do-
mestic and bureaucratic sites of care across Chicago from 2006 to 2008.
I spent much of that time learning from the employees and clients of
two home care agencies: Plusmore Home Care Inc., and Belltower Se-
nior Services. In the following discussion, I note the costs and wages in
2008, and in parentheses adjust these numbers to account for inflation
as of 2017. However, reimbursement and wages in the intervening years
have not kept up with inflation: accounting for inflation, workers earned
slightly less in 2017 than they did the decade prior.

Plusmore Home Care Inc. provided need-based services to approxi-
mately 2,500 older adults through its contract with the CCP. The state
reimbursed Plusmore approximately $13 ($14.71 in 2017) per hour of care
it provided, which exceeded its total costs (including insurance, bond-
ing, and administrative overhead) by only pennies per hour.74 The huge
economies of scale generated by Plusmore’s large caseload enabled it to
turn a profit on these small hourly margins. Plusmore workers were rep-
resented by the Service Employees International Union (SEIU), which
negotiated contracts and advocated with the state government to in-
crease wages. Plusmore workers earned a starting wage of $7.65 ($8.66
in 2017) an hour and received a five-cent raise each year they remained
employed up to a maximum of $9.15 after 26 years of employment. No-
tably, these wage increases were not adequate to keep up with inflation.
Plusmore’s supervisors, workers, and clients were overwhelmingly black
women; the agency also had designated supervisors and workers able to
serve Spanish- and Russian-speaking clients.

Belltower was privately funded, serving about 200 clients who paid
an average of $19 ($21.50 in 2017) per hour of care.75 At the time of my
fieldwork, Belltower paid workers a starting wage of $6.75 ($7.64 in
2017) per hour. While some benefits and paid leave were available at
each agency, very few workers qualified for them.76 Although the gap
between fees and wages was far greater at Belltower, administrators wor-
rried constantly about generating enough revenue to keep the organiza-
Belltower’s clients were nearly all older white adults, while its workers were most likely to be African American, Puerto Rican, or Filipina. Belltower also employed a sizeable number of Polish and West African women.

During fieldwork, I spent several months in each agency’s offices, observing supervisors’ daily work, training sessions, and staff meetings, and in the process learned about hundreds of older adults and workers beyond those I was able to observe directly. I also collected a wide range of institutional policy documents, recordkeeping systems, and promotional material. I joined agency administrators when they attended meetings of local professional groups and attended meetings at the local SEIU offices, learning about new trends in elder care as well as state and national policy advocacy undertaken by these groups.77

I worked with agency supervisors to identify and seek permission from older adults and workers willing to allow an ethnographer ongoing access to their homes and lives. Older adults who required live-in care or had significant cognitive deficits were excluded from the study due to concerns about their ability to provide ongoing consent to my presence. Supervisors tended to direct me toward clients whom they perceived would be welcoming, based on their own interactions with older adults. Plusmore supervisors additionally seemed to screen out clients living in situations in which they believed I would not be safe. After older adults consented to participate in the study, I sought separate consent from their workers.78

The heart of my ethnographic fieldwork was the six to eight months I spent visiting the homes of each older adult when their worker was present. The older adults with whom I conducted this intensive participant observation included five women and two men; the workers were all women. Demographically, both older adults and workers reflected the general population of their respective agencies. Older adults received anywhere from eight hours to more than forty hours of care each week. This group reflects somewhat healthier and perhaps lonelier older adults than the home care population at large, given that these older adults were willing to let me encroach so much on their lives.

I visited home care pairs on a weekly or biweekly basis, depending on their schedules. Each pair had its own daily routine, and with each I developed methods of balancing my time with them. Most older adults and workers spent about half their time doing activities together, and half their
visits separate from one another. Typically, when a home care worker was cleaning or cooking, the older person sat in another room. I moved between them—sometimes alternating during the same visit, sometimes balancing things out over different visits. When sitting with older adults, we chatted about matters light and heavy—family and neighborhood gossip, politics, times gone by. I asked workers to treat me as a trainee, showing me how to do their jobs and allowing me to assist with daily work ranging from grocery shopping to cooking to cleaning. With only one older adult was I invited to help with bathing and dressing. Some workers were more interested in my help and attention, while some were warier—their invitations more than anything else determined how I spent my time. As we worked, they told me of their lives past and present, their families, and their dreams. They teased me for my apparent lack of a personal life and wondered why I was bothering them instead of keeping busy caring for my own ailing grandparents. Asking for instruction as a carer-in-training elicited a wide variety of moral and practical instruction about what they considered “good care.” I regularly joined workers and clients in running errands, eating in restaurants, and attending doctors’ appointments. At the end of six or eight months of visits, I sat down and recorded long life history interviews with these workers and older adults, asking them to tell me about how experiences of care had shaped their lives.

Over time, most (thought admittedly not all) workers came to see me as a pleasant and helpful companion. This is not to say that my relatively elite status and relationships with supervisors receded into the background. Some participants came to see me as a potentially useful ally, occasionally asking me to advocate with supervisors and others on their behalf. Many workers hoped that by participating in this project, audiences both near and far might come to better appreciate their labor. In this way, my arguments are both animated and limited by older adults and home care workers’ broader moral and personal projects.

Organization of the Book

This book moves across social and temporal scales, engaging home care as involving both the immediate practices and relations that develop in the course of daily care and the longer histories of care, training, and policy that give shape to daily practice. People’s past experiences of care form
their subjectivities and moral imaginations, thereby playing a crucial role in shaping the stakes and practices of home care. Drawing on extended life histories and observations, the first chapters show how past experiences of care and kinship shape the stakes of care. Home care management and training practices harness these legacies of care and transform them into paid care work. The later chapters focus on the ways in which everyday home care practices work to sustain older adults’ bodies and homes and in the process strive to engender independent persons who live “on their own.” These chapters show how home care practices simultaneously hide the traces of workers’ labor and forestall emergent forms of reciprocity. Workers embody the very different subjectivities of those for whom they care, generating embodied moral hierarchies that deepen and recreate the social inequalities that pattern home care. While these practices generate older adults as independent persons, they simultaneously generate instability in the lives of both workers and elders.

The first chapter draws on the life histories of three very different older adults. In telling their histories, older adults’ narratives describe how their moral imagination of care, personhood, and kinship were formed. These forms of moral imagination are crucial for understanding the meanings and stakes of care for older adults and how they distinguish good care from bad. Crucially, older adults did not imagine independence as requiring them to sustain their lives without assistance from anyone else. Instead, many understood independence as generated through reciprocal relationships in which they contributed equitably to the well-being of those upon whom they relied. Older adults typically took solace in the fact that their home care workers were paid, seeing this as a more independent manner in which to receive care than relying on unpaid but morally obligated relatives. In this way, home care kept older adults from becoming a burden on those they loved, protecting them from the always present specter of dependence.

Home care workers typically develop indispensable expertise caring for kin in difficult circumstances. Drawing on the life histories of two home care workers, chapter 2 shows how workers’ care for kin generates forms of moral imagination in which care practices are inextricably linked to notions of obligation, reciprocity, and sacrifice. For workers, these moral and domestic lessons become survival skills thanks to long histories of discriminatory social policy that regenerate the racial and
gendered contours of poverty while funneling poor women of color into domestic and care jobs. Their stories highlight their resilient and creative responses to poverty, and their central role in generating the independence of others.

Home care agencies transform women's domestic expertise and their moral imaginations into wage labor that can be bought and sold at an hourly rate. Chapter 3 traces the extractive process through which publicly and privately funded agencies train, staff, and manage the workers and clients necessary to their enterprise. By making care into work, agencies strive to manage the fraught tensions that regularly arise in home care, all the while navigating contradictions at the heart of American ideologies of public and private. Agencies face competing pressures to stay afloat, abide by relevant laws and public policies, be good employers, and provide high-quality services. Home care agencies and their supervisors negotiate the contradictory demands of care ideologies, economic pressures, and legal regulations in order to generate both profits and lives. In the process of navigating these competing demands, home care agency practices generate older adults and home care workers as independent both from one another and from the broader kinship networks and histories in which they are embedded.

Embodied care practices are at the center of home care work. They generate deep but fragile entanglements between the lives and bodies of older adults and those of their home care workers. These practices involve forms of empathy that blur the boundaries between older adults’ and home care workers’ bodies and their personhoods. Chapter 4 shows how home care workers engage with their own bodies as the experiential ground for imagining and sustaining elders’ lives. In the process, they transform seemingly straightforward tasks like cooking, cleaning, or grocery shopping into moral practices that help older adults feel independent—like the persons they have always been. Through this process, home care workers’ bodies become the ground upon which moral hierarchies between persons are built, experienced, and justified on a day-to-day basis. Daily home care practices generate ways of embodying social hierarchies, and shape individual subjectivities, thereby making those hierarchies feel morally legitimate.

Taking care of homes is inseparable from caring for persons in home care. Chapter 5 shows how homes are invested with history and
memories, becoming a material sign of older adults’ independence. In tandem with maintaining elders’ bodies, workers learn to maintain their clients’ homes to sustain their personhood. They attend to the smallest details, noting where to place each kitchen item or bottle of soap so that an older adult will be able to find it. They also gently suggest subtle changes to the home to make it safer or more inviting, drawing on their knowledge of elders to figure out what changes will be palatable. Flows of people, money, and material goods link workers and elders’ homes. Agency policies attempt to restrict these flows, leaving workers struggling to maintain their own households. In this way, home care workers’ domestic instability is generated by the same policies and practices that generate older adults’ abilities to live independently.

By the end of my fieldwork, three of the workers that I knew best had quit or been fired from their jobs; another seemed on the verge of leaving. In each case, job loss stemmed from workers’ inabilities to sustain both their own households and those of their older adults without blurring the boundaries between them. Across the United States, home care faces perpetual worker shortages and endemically high turnover levels estimated at between 60 percent and 90 percent per year. Chapter 6 examines cases of turnover in rich ethnographic detail, focusing on the ways in which the inability of agency and public policy to recognize the interdependence of older adults, workers, and their families contributes to this startling statistic.

Current forms of care generate inequality through efforts to sustain independent persons. The conclusion builds on key arguments of the book to suggest several routes toward building a caring economy that instead generates equitable interdependence. Current methods of organizing care leave people and families across the social spectrum with inadequate and precarious ways of sustaining ever longer life spans. The growing demand for care only exacerbates these challenges. Continuing to undervalue generative labor while placing its demands on the backs of those already struggling is simply untenable. Instead, I invite readers to imagine with me ways of organizing care work that value familial histories and embodied labors so as to sustain meaningful ways of life. Valuing care work is a crucial step toward generating a society that values people of every age and background.