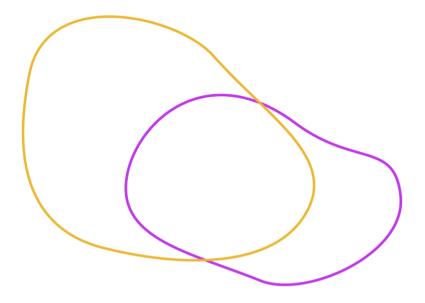
Care Stories





Care Stories

24/7 [1]

Grassroots organizing of unpaid care workers for caring societies in Mexico and Latin America

Jana Vasil'eva [2]

The coronavirus pandemic has brought to light the centrality of care in sustaining life. This crisis also highlighted the exploitation of the care economy required to sustain the current notion of *development*. This is one that exacerbates inequality, embodied oppression and extractive care arrangements by framing care mainly as a private and feminine issue, whilst driving a logic of growth that functionalizes all forms of life and nature.

While the pandemic context seems to have intensified quests for **integral care policies** –especially but not exclusively– in the Latin American and Caribbean (LAC) region, the voices of full-time care workers are mostly peripheralized in public, academic and social debates. In what follows, I reflect on a grassroots organizational effort of unpaid care workers in Mexico, Chile, Perú, Colombia and Guatemala that seeks to situate the lived experiences, voices and knowledge of unpaid caregivers at the center of the struggle for social, economic, cultural and environmental justice.

The project arose in midst of the coronavirus pandemic, which exacerbated the unjust social organization of care. During the most critical periods of this pandemic, households became the center of public measures to contain the spread of the virus increasing the workload and exacerbating the care crisis that is a daily matter to many unpaid care workers. However, as this endeavor reveals, the virtualization of social dynamics in the pandemic context also became an opportunity to expand the alliances and grassroots organizational efforts of unpaid care workers who push for more just social care arrangements and solutions to the deep problems that mark their everyday lives. This is due to the fact that the vast majority of full-time care givers do not have space nor time to participate in face-to-face dynamics because of the intense workloads that always confine them to their homes – 24 hours a day, 7 days a week, pandemic or not.

The debates around **integral care policies** date back to the second wave feminisms of the 1970s. As for now, policy and practice in this field is an eclectic landscape in formation; a preliminary field of consensus consists of moving towards: i) the recognition; ii) and redistribution of care work between the state, the market, communities and within households; iii) as well as the reduction of the drudgery in care work (Elson, 2017).

Especially in LAC, efforts have focused over the last 20 years on instituting comprehensive care systems. Being highly context specific, these systems can be conceptualized in general terms as: "a set of [public] policies aimed at implementing a new social organization of care with the purpose of caring for, assisting and supporting people who require it" (Bango & Cossani, 2021: 22). Implementing care systems [3] requires "a change in the development model that situates care and sustainability of life at the center (ibid.: 3) and a coresponsibility "that allows us to move from a 'State that cares' to 'a society that cares' " (ibid.: 31). Under the premise of "moving 'from the logic of services to the logic of people'" (ibid.: 23), Uruguay was the first country in the region to implement a National Integrated Care System in a process of gradual construction, drawbacks and joint efforts between manifold national and local government institutions as well as wide community participation (e.g. representatives of all groups of the population that are identified as priority groups according to each context, civil society organizations, worker unions, academic organizations) in the territorial spheres.

On the one hand, the coronavirus pandemic intensified efforts at national levels (e.g. Argentina, Dominican Republic, Colombia, Mexico, Perú). On the other hand, the crisis due to the pandemic catalyzed important local care systems, such as the care blocks (in Spanish: manzanas del cuidado) of the care system in the district of Bogotá, Colombia, as well as the Utopías [4] in the local care policy of Mexico City's largest district Iztapalapa. Both initiatives consider to some extent the human right to care in the acknowledgement of the interdependencies between caring for human and non-human life. These immense efforts are crucial whilst the structural challenges are immense and the road to the care society as set forward during the fifteenth session (7-11 November 2022) of the Regional Conference on Women in Latin America and the Caribbean (ECLAC, 2022)- a long-term effort.

"¡CUIDADO, VENIMOS MARCHANDO!" [5]

On the 10th of November 2019 a group of long-term unpaid care workers organized the first demonstration for the human right to care in Mexico. This demonstration took place in a few cities in Mexico and, simultaneously, in other cities of Latin America as part of Yo Cuido, a regional grassroots network that brings together care workers in Chile, Peru, Mexico, Colombia and Guatemala to advocate for their rights. In Mexico, over 350 care givers and their families came together for the demonstration. This historical step consolidated the collective Yo Cuido México, which "Emerges as a cry for help in the face of the inequalities and challenges mostly experienced by women who give care to relatives with dependency as a result of disability, rare diseases, chronic diagnoses, and the passing of the years" [6].





Demonstrations of unpaid care workers in Mexico and Chile [7]

Shortly after the demonstration, the coronavirus pandemic began to make its way through Mexico and the beginning efforts of the collective came to a halt. I had participated in the demonstration and established ties of collaboration with some participants of the collective – this endeavor was calling me strongly. For some years I had been part of the efforts to push for change in the social organization of care, mainly in spaces of advocacy and public policy design whilst I was working in an international organization. However, in 2018, I put a halt to other responsibilities to take care of my mother during a health crisis and to accompany my aunt in progressing disease and death. This was a formative experience that shifted my perspectives profoundly. Once my mother was able to return to her normal activities I felt a calling to contribute to the organizational efforts of unpaid caregivers.

LISTEN CAREFULLY

At the beginning stages of the pandemic, I was building up a partnership with the radio station NoFM and the organization Alta-Voz Social y Cultural, with whom we wanted to co-create a community radio project to promote a culture of care. This is when I began to realize that the radiophonic project could be a vehicle so that the participants of Yo Cuido México, who after the demonstration and with the beginning of confinement in the pandemic context did not have many moments of confluence, could come together virtually, in a specific activity by sharing experiences and creating a series of podcasts. The participants of Yo Cuido México accepted the invitation and joined the radiophonic initiative.

We planned and created a series of podcasts Escucha con Cuidado in a cycle of reflection around underlying questions, such as: "What does it mean to care? What does care sound like? How is care perceived through the hands, the eyes, the bodies of the persons who give care? What are the spaces like in which we give care? What are the territories like that we take care of?". During a five-month period, we developed nine podcasts, in small teams, on themes that participants proposed and the group deliberated in virtual plenary sessions. The themes encompassed self-care, building the movement of Yo Cuido, the temporality of care, memories, community care and ancestral knowledge systems of interdependencies with earth, as well as the dialogic process of creating the podcasts. The radiophonic project became a doorway to a grassroots organizational effort between unpaid care workers, which we built up -in the midst of the most intensive stretches of the coronavirus pandemic, in iterative cycles of participatory action research-by way of virtual study circles, creative writing, photovoice and strategic advocacy at the local, national and regional levels in LAC. Today, Yo Cuido México brings together unpaid care workers from 12 states from the northern,

eastern, western and southern regions of Mexico and is part of a wider movement of caregivers in LAC.

THE GROUP OF COLLABORATIVE ENTREPRENEURSHIP WITH CARE PERSPECTIVES

Since the demonstration we have come a long way and recognized that the grassroots organizing effort of Yo Cuido México can be a response to the silencing, physical and emotional isolation that many caregivers perceive as part of their day to day. We are determined to continue walking together, not without differences and deep challenges, but with the notion that "<u>We</u> cannot remain in the shadows" [8]. Building on these notions, in June 2022 we established a Group of Collaborative Entrepreneurship with Care Perspectives, where unpaid care workers articulate solutions in the realm of the social and solidarity economy such as care, worker, cultural, housing cooperatives and other forms of community-based association.

The Group is a multi-actor working space that emerges out of the urgencies in the lived realities of many fulltime unpaid care workers in societies as unequal as Mexico; lived realities that play out in seemingly endless cycles of time and monetary poverty, often intertwined with manifold forms of violence that unleash in midst of the precarity and exploitation of the vast majority of full-time care givers. The Group of Collaborative Entrepreneurship with Care Perspectives cultivates economic autonomy and ecologies of productivity that seek to sustain the lives of full-time care givers whilst materializing forms of production beyond the logics of extractive capitalist patriarchy. The horizon that guides this working space is that building towards societies and economies which situate the processes and relationships of care at the center requires making time and space for care and recognizing that that giving care is not a burden per se but becomes a burden to many care givers as a consequence of socioeconomic contexts that individualize and exploit care - within families, households, communities, friendships, public and private organizations, social movements, in the majority of spaces and dynamics through which we transit day by day. Situating care at the center means recognizing that giving care is a formative experience that can articulate alternative systems of power and pathways out of a status quo which destroys the common grounds of our everyday existence and interdependence.

The first generation of caregivers that join the Group of Collaborative Entrepreneurship with Care Perspectives envision seven initiatives such as *Granja Integral Mirasoles* [9] - an agro-ecological ranch in the state of Zacatecas that combines i) sustainable processes based on indigenous ancestral knowledge systems; ii) collaborative housing options for individuals and their caregivers; iii) consumer and producer cooperatives; and iv) worker cooperatives.

These initiatives aim to move towards **economic autonomy** and ecologies of productivity that sustain the lives of fulltime caregivers whilst materializing forms of production beyond extractive capitalist patriarchy.

One of the seven initiatives is *Un Respiro para la Tribu* [10]. Un Respiro para la Tribu brings together eleven care givers mainly to children and youths with Down Syndrome in the south of Mexico City. They joined the Group of Collaborative Entrepreneurship with Care Perspectives to learn how to self-organize a support group. This is the basis for a longterm effort they are planning, consisting of:

i) a housing cooperative, which includes living options for them as well as their children;

ii) a joint consumer cooperative for health services, care services provided by caregivers who organize in worker cooperatives for care provision and personal assistance;

iii) agroecological products from worker cooperatives by caregivers based in the south of Mexico City (Xochimilco);

iv) a producer cooperative of sustainable office supplies they will target to the local governments as well as public schools and universities.

After more than one year of work, the Group of Collaborative Entrepreneurship with Care Perspectives enters now a new cycle and will keep on articulating pathways to collective care solutions in specific domains, whilst at the same time exploring pathways to the materialization of integral care policies and public care systems in concrete territories. We will share our insights in this blog, the social media of Yo Cuido México [11] and an upcoming publication.

NOTE

Infinite thanks to all the *compañeras* of You Cuido México for the collective work that articulates the endeavor, which I reflect on in this essay.

CITED LITERATURE

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https://lac.unwomen.org/sites/default/files/Field%200 ffice%20Americas/Documentos/Publicaciones/2021/1 1/TowardsConstructionCareSystems_Nov15-21%20v04.pdf

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https://doi.org/10.1177/1095796017700135

FOOTNOTES

[1] Title of the first written reflections that accompanied the emergence of the grassroots collective of unpaid care workers Yo Cuido México. Garfías, M. & Vasil'eva, J. (2020). <u>24/7 – de la reflexión</u> <u>a la acción, por un México que cuida. Mexico City:</u> Friedrich-Ebert-Stiftung.

[2] Jana Vasil'eva coordinates the Group of Collaborative Entrepreneurship with Care Perspectives of Yo Cuido México and a process of participatory action research in this grassroots collective of unpaid care workers. This article is based on her doctoral thesis (FLACSO México), which supports the creation of this grassroots collective in Mexico and across Latin America, with a focus on designing and implementing collaborative learning and action strategies. | Contact: janalu.vasileva@gmail.com

[3] The cited publication by Julio Bango and Patricia Cossani is a milestone that guides many practitioners in LAC in designing and implementing integral care policies. Julio and Patricia coordinated for many years the collaborative and multi-actor process of materializing the first care system in the region in Uruguay. [4] The Utopías are 12 spaces of integral care that have been created by the local government of Iztapalapa, the largest and most densely populated district of Mexico City, with a population of almost 2 million who are mostly informal workers of the exuberant economy of the largest city in Latin America. Whilst being a social hotspot of deprivation and seemingly unmanageable overloads in public provisioning of basic infrastructure and care, Iztapalapa is also a territory with longstanding grassroots organizing; recent local governments have built upon this to advance towards a comprehensive territorial care system. The experience of the Utopías has not yet been systematized from a care perspective, and will be part of the series of dialogues and publications on territorial care solutions that Yo Cuido México will create with our partners in 2024 and 2025.

[5] Title of one of the seven podcasts of the first season of podcasts <u>Escucha con Cuidado</u> that we created in 2020.

[6] *Yo Cuido México. Hacia dónde vamos.* Internal presentation by Margarita Garfías, main caregiver to her adolescent son with multiple disabilities and the founder of the collective, to participants of Yo Cuido México (09.27.2021; translated by J.V.).

[7] Thank you to María Angélica González Silva from Chile and Lucero Cárdenas Quiroz from Mexico for the pictures.

[8] The title "We cannot remain in the shadows" is based on a reflection of Sofía Martinez, main care giver to her young sons and her husband with cancer, during the closing session of the photovoice cycle Miradas al Cuidado.

[9] This project is envisaged and lead by María Concepción González, main care giver to her adult son with multiple disabilities and retired teacher.

[10] In English: *A break/ breath for the Tribe*. This project is envisaged and lead by Elvia Torres and Isabel Velarde, unpaid fulltime care givers to their sons with the Down Syndrome.

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