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The Traditional Global Care Chain and the Global Refugee Care Chain: A Comparative Analysis

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Abstract

The global care chain theory describes the migration of women from the Global South to the Global North to perform reproductive care services. The objective of this paper is to develop the global humanitarian care chain concept, specifically refugee care, through a comparative analysis of the experiences of individuals from the Global South in the traditional and the global refugee care chains. Using the migrant domestic labor regime in the United Kingdom and the Moria refugee camp as illustrative case studies, the analysis finds that as in its current form, the global care chain theory does not appropriately reflect the reality of the internationalization of reproductive labor.

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1. Introduction

First articulated by Arlie Hochschild, the global care chain theory is a concept that attempts to explain the migration of women from the Global South¹ to the Global North² to perform reproductive care services, specifically in the domestic environment (Hochschild 2000). In the last decade, scholars have expanded Hochschild's original articulation of the theory by widening the definition of reproductive care work to include other types of care labor such as nursing and teaching (Yeates 2009). The most drastic and least explored deviation from Hochschild's framework remains the inclusion of humanitarianism as a type of globalized reproductive care. Recent literature classifies the humanitarian sector as "counter-migratory" care work to distinguish the labor migration from the Global North to the Global South that takes place in humanitarian work from the migrant trajectory described in the original care chain concept. However, beyond making this classification, scholars have yet to earnestly study the counter-migratory care work of humanitarianism through the global care chain lens.

Broadly, the objective of this paper is to develop the global humanitarian care chain concept, specifically regarding refugee care. In typical global care chain analysis, as the sections below will describe in detail, the care chain framework is simply applied to different care economies. First developed to explore labor migration trends in domestic work, researchers have since used the global care chain concept to study trends in care industries outside of the home. Although the portfolio of care industries has evolved, researchers continue to conduct their analyses from the laborer's perspective. Their studies are centered on the systems and structures that enable and restrict the migration of care workers, the factors that influence the conditions under which they carry out their care duties in receiving states, and the effects of care labor migration seen in sending countries. The analytical approach of this paper departs from this typical method. As opposed to focusing on the laborer, this paper develops the global refugee care chain concept by comparatively analyzing the experiences of individuals from the Global South in the traditional global care chain and the counter-migratory global care chain of humanitarian refugee care. The comparative analysis is facilitated by three research questions.

¹ This paper uses the term 'Global South' to generally refer to the group of countries in Africa, Latin America, and the developing parts of Asia (Cambridge University Press n.d.).

² This paper uses the term 'Global North' to generally refer to the group of countries in Europe, North America, and the developed parts of Asia (Ibid).

First, the analysis will consider the question “How does the treatment of people from the Global South in the traditional global care chain compare to their treatment in the counter-migratory global refugee care chain? Why?”. The paper will then consider the question “How does the comparison impact the credibility of the global care chain theory to describe both traditional and counter-migratory care?”. This paper uses a qualitative research design to comparatively analyze the collective experiences of individuals from the Global South in the traditional and counter-migratory global care chains. The high-level analysis includes illustrative case studies of the migrant domestic worker regime in the United Kingdom (UK) and the Moria refugee camp. These two profiles reveal that whether in the role of care worker or recipient, those from the Global South are contained in a state of substandard living at the hands of the state. Therefore, this paper argues that while the expansion of the global care chain theory to include humanitarianism as a type of globalized reproductive labor is justified, it is incomplete. As the production of both the traditional and the counter-migratory global care chains yield the subjugation of migrants and refugees from the Global South, the global care chain theory cannot reasonably serve as the primary analytical vehicle for globalized care without acknowledging this consistent element of production. To do so, the care chain framework must incorporate a bare life lens.

The following section explains the global care chain theory in detail. The section begins with an introduction to the concept and continues by describing how the global care chain theory has evolved and expanded. The paper then describes the methodology used in the three-part comparative analysis of the collective experiences of individuals from the Global South in the traditional and counter-migratory global care chains. The discussion section lays out the findings in relation to the research questions. The paper then concludes by summarizing the key arguments.

2. The Global Care Chain

2.1. Introduction

Declaring the pattern a “world-wide gender revolution”, Arlie Hochschild describes the migration of women from the Global South to the Global North as the “globalization of women’s work” (Ehrenreich and Hochschild 2004, 2-3). Hochschild and her colleague Barbara Ehrenreich are the earliest and most prominent academics on the subject. Their research

explores global care chains primarily from a feminist perspective. The global care chain concept is a natural extension of Hochschild's earlier literature, specifically her research into the unequal domestic labor burdens placed on women, now widely known as "the second shift" (Hochschild and Machung 2003). The second shift describes the unpaid household work women perform in addition to their paid work in the formal labor market (Hochschild and Machung, 2003). To complete this research, Hochschild conducted interviews and household observations of couples in the 1970s and 1980s from diverse socioeconomic backgrounds to investigate the balance household labor between genders (Hochschild and Machung 2003). From this evidence, Hochschild developed three typologies of marital models, the traditional, egalitarian, and transitional (Hochschild and Machung 2003). According to Hochschild, women in traditional marriages take on the majority of the care burden, men and women have equal care responsibilities in the egalitarian model, whereas couples in the transitional model oscillate between the traditional and egalitarian arrangements. The global care chain concept picks up where this conversation leaves off, exploring what happens when women outsource their second shift.

The global care chain concept emerged among two concurrent trends: the feminization of the labor market and the increase in women's economic migration. The 'feminization' of the labor market concept explains how types of jobs become 'feminized' by women performing work historically completed by men, and how jobs adopt characteristics traditionally associated with women's labor market participation, including poor work conditions and inadequate remuneration (Standing 1999). This theoretical framework describes the processes that have shaped gendered outcomes in the labor market, the most consequential for women being their designation as informal, low-skilled, flexible workers (Standing 1999). The second trend that led to the development of the global care chain concept is the recognition of women as economic migrants. In 2015, 48 percent of international migrants were women and girls (O'Neil et al. 2016). Women have always migrated, but until recently were regarded by the international community as dependents rather than the primary economic contributor (UN Women 2017). While international migration is nearly equal among men and women, it is gendered. Both the expectations for women and girl migrants held by family members at home and the employment opportunities accessible in their receiving countries are shaped and restricted by gender norms. For example, women and girls are more likely than men and boys to regularly send home remittances (O'Neil et al. 2016). In receiving states, women and girl migrants have access to a pool of employment opportunities restricted by the perception of

women as nurturers and caretakers (King-Dejardin 2019). Within these restricted opportunities, one of the most common fields for migrant women is domestic care work.

Nearly one in every five care workers is an international migrant (ILO 2015). Hochschild (2000) describes the migration of women from low-income countries in the Global South to high-income countries in the Global North to provide care services as a 'global care chain'. At the top of this chain are women living in wealthy countries who find themselves unable to fulfill their care duties, typically due to their entry into the labor market. To satisfy their needs, these women recruit others to perform care services for their families (Hochschild 2000). The recruited women, the next node in the care chain, increasingly come from households in relatively poorer countries (Hochschild 2000). By migrating to provide reproductive care services for families abroad, migrant care workers create a care deficit within their own homes (Hochschild 2000). This creates another node in the chain, as migrant care workers often pull women from even poorer households in their home country or recruit a member of their family to fill the deficit in their homes. The further down the chain, the value of the labor decreases and often becomes unpaid (Yeates 2009). Hochschild's introduction of the global care chain concept sparked academic inquiry in the topic. Since then, researchers across disciplines have considered the potential for a wider application of the concept (Yeates 2005). Either by evaluating the foundational assumptions of the theory (Hochschild 2000; Vaittinen 2014; Yeates 2004; Yeates 2005) or applying the theory to a specific country or sector of the reproductive labor market (Holden 2002; OECD 2010), exploration into the concept is only beginning to deepen.

2.2. Evolution and Expansion

The global care chain theory rests on the assumption that the influx of women in the Global North into the formal labor market is made possible in part by the similarly rapid migration of women from the Global South to rich countries (Ehrenreich and Hochschild 2004, 4). Once they arrive, migrant women take up jobs as nannies, housekeepers, and sex workers. So convinced of this correlation between the domestic care deficit created by women's labor market participation and care migration, Ehrenreich and Hochschild comment that "it is as if the wealthy parts of the world are running short on precious emotional and sexual resources and have had to turn to poorer regions for fresh supplies" (Ehrenreich and Hochschild 2004, 4-5). Ehrenreich and Hochschild also investigate the conditions in the migrants' sending

countries that may encourage them to travel internationally to find employment, and why the migrants tend to be women. The factor that emerges in both queries is poverty. First, a lack of economic opportunities in their home countries pushes migrants to search for employment elsewhere. Recalling back to the feminization of migration, sending countries often encourage women specifically to migrate in part because studies show that women are more likely than men to send remittances home (Ehrenreich and Hochschild 2004, 7). In short, Ehrenreich and Hochschild's global care chain concept explains that women from the Global South are *pulled* into domestic work in the Global North by increasing rates of women's labor participation in rich countries and *pushed* to migrate due by poverty at home. While Ehrenreich and Hochschild do discuss the complexities within the pull and push factors that are essential to their global care chain framework—for example gender norms that allow for men to avoid the second shift in the Global North and the fact that a high number of women migrants from the Global South do not come from the poorest class of their society—their analysis focuses on the interpersonal side of globalized care (Ehrenreich and Hochschild 2004, 8-10). Consequently, their framework fails to take into account the institutions and global structures that enable and support the globalization of reproductive care. As scholarship on the global care chain concept grew, so did the number of theoretical perspectives used to evaluate care. At the forefront of this literature is Nicola Yeates, whose analytical model fills the gaps left by Ehrenreich and Hochschild by employing globalist and institutionalist lenses to global care chain research. Studying globalized care through these lenses leads Yeates to develop five ways of expanding the global care chain framework (Yeates 2004).

The first change Yeates calls for is an expansion of the types of labor encompassed in the care chain concept. Rather than focusing exclusively on unskilled care labor, Yeates argues that researchers should take into account migrant workers at a variety of skill levels to reflect the increase in skilled migration seen in recent years (Yeates 2004, 81). Next, in recognition of the family members aside from children who rely on migrant women for care, including parents and grandparents, Yeates advocates for a consideration of how care migration may affect the migrant's extended family (Yeates 2004, 81). Third, Yeates rejects a definition of care work that is restricted to social services. For Yeates, care work includes health, educational, sexual, and religious services as well (Yeates 2004, 81). Furthermore, a care regime confined to the household is also too restrictive, as Yeates calls for the inclusion of care workers in both state and non-state institutional settings (Yeates 2004, 81). Lastly, Yeates describes how all care chain analysis must include relevant historical context (Yeates 2004, 81). These five points

differentiate Yeates' global care chain framework from the one originally conceived by Ehrenreich and Hochschild. As an illustrative example of how this expanded analytical framework can be applied, Yeates examines the migration of Irish nurses during the 19th and 20th centuries. In this example Yeates explores the long history of labor exporting from Ireland, the growth of services economies abroad, and the policies influencing and governing the concentration of Irish women in foreign service economies (Yeates 2004). More relevant to this research, though, is Yeates' exploration of care chains wherein reproductive care labor flows from the Global North to the Global South. This type of movement defines what are known as 'core to periphery' care chains.

2.3. Core to Periphery Care Chains

Yeates considers international voluntary aid, such as religious missions and humanitarianism, the only examples of care migrating from the core to the periphery. In her work, however, Yeates only explores the religious element of core to periphery care in a concept she calls global religious care chains (GRCCs). This analysis focuses on the Catholic Church and the faith-based non-governmental organizations (NGOs) that support their work (Yeates 2009, 179). While Yeates' look into core to periphery care chains is useful due to it being one of the earliest and only analyses of North to South care labor movement, religious workers are too unique of a population for this analysis to represent core to periphery care chains generally. For instance, Catholic religious migrants are less likely to have domestic care responsibilities due to their obligatory chastity vows and strongly encouraged acceptance of the church as their new family (Yeates 2009, 179). Additionally, while there may be economic circumstances around the Catholic Church's international religious activities, the religious care workers themselves do not benefit financially from their labor (Yeates 2009, 179). A final characteristic of religious care workers that prevents the group from acting as a representative sample of counter-migratory care is the type of care services these workers provide. For obvious reasons, the spiritual care provided by religious workers differs greatly from the social, health and educational care that dominates global care transactions (Yeates 2009, 179). While these unique characteristics of global religious care chains limit the ability to draw broad generalizations about counter-migratory care chains, Yeates' analytical structure does provide a blueprint for further research, including this paper.

3. Methodology

3.1. Research Design

The objective of this paper is to comparatively study the experiences of individuals from the Global South in traditional global care chain and the counter-migratory global refugee care chain through the questions: “How does the treatment of people from the Global South in the traditional global care chain compare to their treatment in the counter-migratory global refugee care chain? Why? How does the comparison impact the credibility of the global care chain theory to describe both traditional and counter-migratory care?”. Answering these questions requires a research design which uses qualitative methods to study the counter-migratory care chain of refugee camps in comparison to the traditional global care chain. The qualitative analysis draws on two brief illustrative case studies. The case of migrant domestic workers in the United Kingdom serves as an example of the traditional global care chain, while the Moria refugee camp in the Greek Island of Lesbos is representative of the counter-migratory refugee camp care chain. These cases were chosen based on the availability of evidence and are woven throughout the analysis. The analysis follows Yeates’ (2009) care chain analytical structure described in more detail below. It is important to note that this discussion of the global refugee camp care chain will remain high level and general. The research limitations of this generality and other methodological decisions are discussed below. The remainder of this section describes the theoretical foundations of this research, the paper’s analytical structure, the evidence used in the analysis, and the limitations of the chosen methodology.

3.2. Theoretical Foundations

Following Yeates’ study of care economies, this paper investigates the global refugee camp care chain with the global care chain theory at its foundation (Yeates 2009, 4). As such, this research maintains the globalist, institutionalist, and feminist lenses critical to the Yeates approach to care chain analysis, yet rejects Yeates’ laborist lens (Yeates 2009, 4). As Yeates explains, the globalist lens accounts for the international nature of care economies, allowing for an analysis that includes factors within the sending countries, receiving countries, and at the international level (Yeates 2009, 4). The institutionalist approach is central to the analysis of the agents involved in the global refugee camp care chain. This lens accounts for a variety of structures—economic, social, and political—that exist around global care economies (Yeates 2009, 4). This paper employs a feminist lens in its recognition of the uneven care

responsibilities often placed on women in general, but particularly in internationalized care settings (Yeates 2009, 4). Finally, this analysis rejects the laborist approach to care chain analysis, which focuses on the labor completed within the chains, both paid and unpaid, and the individuals who complete it (Yeates 2009, 4). Instead, this paper demonstrates how important insights into care chains can emerge from focusing on a specific population across chains. In another departure from Yeates' analysis, this research utilizes a definition of 'care' that more appropriately matches the lenses described.

Although Yeates frames her analysis as an expansion of the original care chain theory meant to enable a more comprehensive exploration of the labor within and structures supporting global care chains, Yeates continues to use a normative definition of 'care'. For Yeates, 'care' describes "a range of activities to promote and maintain the personal health and welfare of people who cannot, or who are not inclined to, perform those activities themselves" (Yeates 2009, 5). This research, however, adopts a definition of 'care' that aligns more closely with the globalist, institutionalist, and laborist analytical approaches. Rather than restrict the concept of care to individual interactions, this paper will define care as:

[. . .] processes of creating, sustaining and reproducing bodies, selves and social relationships – dialectical processes in which aspects of competitiveness and solidarity, anxiety and solicitude are interchangeably present and continually struggle with each other. They encompass practices, politics and discourses undertaken by individuals and social institutions, immersed in diverse relations of power that we seek to untangle in the individual contributions (Nguyen, Zavoretti, and Tronto 2017, 202).

The three theoretical perspectives of Yeates' framework and this revised definition of 'care' all form the foundations of this research. The thesis of this paper, however, advocates for an additional theoretical lens. As will become clear in the analysis and discussion sections, Giorgio Agamben's reflections on the relationship between the state, states of exception, and the refugee are crucial for global care chain analysis.

For Agamben, the state is founded on its ability to dictate states of exception—periods during which normal law is suspended (Agamben, Binetti, and Casarino 2000). For example, it is the distinct ability of the state, when facing a perceived threat, to declare martial law during a civil war and restore normal order once the conflict has ended. Writing about concentration camps, Agamben notes that camps were born out of states of exception, such as martial law, rather

than ordinary law (Agamben, Binetti, and Casarino 2000). When states of exception become permanent rather than temporary, these camps persist (Agamben, Binetti, and Casarino 2000). Two questions then emerge: “why do states need sustained camps?” and “who are the targets of these camps?”. In contemporary societies, Agamben argues, the states now consider the refugee a threat to the principles of the nation-state (Agamben, Binetti, and Casarino 2000). More specifically, the refugee represents a paradox of rights for the nation-state. On one hand, the international community has decided that all human beings, by nature of being human, are entitled to certain rights. On the other hand, while nation-states have no explicit provisions for guaranteeing ‘human rights’, they do have obligations to ensure the rights of individuals on the basis of their citizenship (Agamben, Binetti, and Casarino 2000). In other words, “in the system of the nation-state, so-called cared and inalienable human rights are revealed to be without any protection precisely when it is no longer possible to conceive of them as rights of the citizens of a state” (Agamben 1998, 126). It is because human rights are grounded in the nation-state that refugees, stateless people with no protected human rights, represent bare life (Agamben 1998). Agamben combines this conclusion about refugees with an understanding of humanitarianism as a system that enables states to use their power in ways that perpetually condemns individuals to a state of bare life (Fassin 2007). For Agamben, the refugee represents “the most significant sign of bare life in our era” (Agamben 1998, 145). The comparative analysis within this paper demonstrates the necessity of including Agamben’s reflections on the relationship between the nation-state and bare life in the global care chain framework.

3.3. Analytical Structure

While this comparative care chain study remains high level and general, it gains some depth by focusing on one of the three structural elements of global care chains. Similar to Yeates’ exploration of the global nursing and religious care chains, this paper recognizes three core analytical elements of care chains: production, territoriality, and governance (Yeates 2009, 76). Figure 1 describes these elements and provides examples of each from the traditional global care chain.

	Global care chains
Production (inputs and outputs)	Education and training of the care worker, recruitment of care labour, organisation of care service system, travel of labour to site of service deliver, service provision
Territoriality	Geographical spread of networks of labour encompassing individual workers, households, labour brokers, labour organisations, migrant organisations
Governance <i>Internal</i> <i>External</i>	Relations of power and authority between diverse agents within the labour network Education and training, immigration, labour and professional regulation, health and social care polities, tax and social welfare, trade policy

Figure 1: Core Elements of Care Chains (Yeates 2009, 59)

Yeates borrows these elements from global value chain analysis, which studies the activities involved in the global production and trade of goods and services (Yeates 2009, 59). This paper will focus on the production element in its comparative analysis of the traditional and refugee care chain. Four factors influenced this decision. First, and most importantly, the production element is the only one that captures the experiences of individuals in care chains, which is essential to answering the research questions of this paper. Second, time and length restrictions on this paper do not allow for a complete and thorough analysis of the production, territoriality, and governance of the refugee camp care chain. Third, the territoriality and governance of humanitarianism are similar to those of migrant domestic work. For example, the similarities in the geographical spread and governing authorities involved in each care chain are readily apparent, even at the surface level. Finally, while specifically outlining the territoriality and governance of refugee care is valuable and necessary for a full schematic picture of the global refugee care chain, such work is mostly descriptive rather than analytical. Descriptive research is not an issue in general, although such work does not serve the objectives of this paper. Rather, the chosen analytical structure supports the exploratory research questions of this paper. The varied sources of evidence referenced throughout the analysis also support the exploratory nature of this paper.

3.4. Evidence

This paper references secondary evidence regarding the analytical structure, the migrant domestic worker regime in the United Kingdom, and the Moria refugee camp. The evidence

informing the analytical structure of the paper is sourced from the literature on global care chains. This selection of literature prioritizes researchers who have contributed the most formative pieces on the under-explored care chain concept, including: Gorbán and Tizziani (2014); Himmelweit (1995); Hochschild (2000); Hussein and Christensen (2017); Kofman and Raghuram (2012); Raghuram (2012); Razavi (1999); and Yeates (2004). These academics come from the fields of sociology, social policy, political science, and feminist labor economics. Yeates' (2009) analytical framework serves as the primary resource for this paper. Evidence on migrant domestic worker regime in the United Kingdom comes from news stories, studies from international governmental and non-governmental organizations, UK Government guidelines, and reports from UK migrant domestic worker advocacy groups. For the Moria refugee camp, this paper uses secondary reporting on the European migrant situation, the migrant trajectories of migrants and refugees, and conditions inside refugee camps as the evidence. These reports are sourced news media, reporting from international development, humanitarian, and advocacy organizations, and academic ethnographic studies. Reports from these sources contain a mix of third-party and first-person accounts of experiences within refugee camps. This paper takes into account that the content and tone of some reports, especially those published by international development, humanitarian, and advocacy organizations, may be influenced by the publishing organization's objectives. The perspectives and potential biases of the academic studies are also accounted for.

3.5. Limitations

The methodology and sources of evidence chosen for this paper incur a few limitations. First, this comparative analysis of the traditional and refugee global care chains is rather general. The analysis uses the basic geographic categories of 'Global North' and 'Global South' and generalizes the experiences of individuals from both regions. While this paper sacrifices depth for breadth, the analysis of the inputs and outputs of production for both care chains fits with the broad generalizations made in the global care chain concept in the first place. As described above, although Yeates managed to refine the framework, the global care chain concept provides more of an outline than a blueprint for explaining the globalization of reproductive care. The two integrated illustrative case studies and the paper's focus on one structural element of care chains, production, help mitigate this limitation. Additionally, as Yeates acknowledges in her analysis, it is not easy to assess value in global care chains (Yeates 2009, 70). The examples of inputs and outputs in Figure 1 are considered elements of production because they

have some instrumental value, intrinsic value or both. In a typical value chain framework, the value of those factors is measured in monetary terms (Yeates 2009, 70). In care chains, however, the inputs of reproductive labor services do not always come at a monetary cost, nor do they generate profits (Yeates 2009, 71). Furthermore, global care chains are comprised of complex relationships between actors at the household, local, national, and global levels demonstrated in Figure 1. Within and between these relationships, actors exchange a variety of inputs and outputs whose value is difficult to identify and track (Yeates 2009, 71). The third challenge with value assessment in global value chains is that in the service sector, and especially the humanitarian sector, the importance of care services transcends the original providing organization, institutions, and borders. As Yeates identifies: “care workers are strategically important to states, societies and economies in ways that commodities tend not to be” (Yeates 2009, 71). Taken together, all of these challenges make it difficult to conceptualize the value of production across global care chains.

Regarding the sources of evidence, an overarching limitation is the difficulty in gathering accurate data on populations on the move. Concerns for women’s safety (if, for example, they are leaving a dangerous situation in their home country), uncertain immigration statuses, and unpredictable movement are barriers to the data management of international migrants (OHCHR 2015). This data limitation is increased when attempting to gather information on migrant domestic workers, as many of these workers are employed informally (OHCHR 2015). These data limitations were the primary determining factors in the choice of case studies for this paper. Additionally, the comparative analysis relies on secondary sources. These sources, specifically the organization evaluations and reports, may be biased or incomplete to serve the interests of the publisher. Even the evidence from seemingly independent sources may have some bias meant to protect the humanitarian endeavor generally. Finally, this paper includes a literature review. As with all literature surveys, there is a risk of exclusion of key arguments due to restricted access to materials or unintentional oversight (Barrientos 2007). Theory synthesis in development studies comes with several valid concerns and tradeoffs as well. Furthermore, the theories that serve as the building blocks for this paper are ‘meta-narratives’, and by their nature do not account for nuances that context-specific theories might capture (Sumner and Tribe 2008, 85).

This analysis adds to the literature on global care chains by exploring the underdeveloped concept of counter-migratory care workers. A multidisciplinary field developing in real-time,

researchers conducting care chain analysis have yet to substantively explore international counter-migratory movements of reproductive labor. This paper begins to fill the gap in the analysis of the deployment of care workers from ‘core’ to ‘periphery’ states. While unable to supplement the qualitative analysis with empirical evidence, this paper opens up a conversation about how one theory can support and explain opposing migratory flows of care labor. The comparative analysis of the production of the traditional global care chain and the global refugee care chain below is divided into three sections. After a brief introduction, the paper explores the outputs and inputs of refugee care in conversation with those of the traditional care chain. A discussion section will follow, in which the results of the analysis are considered as they correspond to the paper’s three research questions.

4. Analysis

4.1. Introduction

On the surface, the differences between the traditional migrant domestic care chain and the refugee care chain are more apparent than the similarities. The most obvious difference lies in the flow of labor migration. The migrant trajectory of laborers in refugee care work, or ‘counter-migratory’ care work, tracks in the opposite direction of the traditional global care chain. However, this paper suggests that rather than place the laborer at the center of analysis, it is possible to gain new insights into the globalization of reproductive labor by comparing the experiences of the same demographic in two opposing chains. This analysis explores the similarities between the treatment individuals from the Global South experience in both the traditional and the counter-migratory global refugee care chain through two illustrative case studies. The first case describes the experiences of women in the traditional global care chain who migrate from the Global South to the United Kingdom (UK) as domestic care workers. The second case describes the case of individuals held at the Moria refugee camp, a particularly crowded stopgap for migrants and refugees seeking to enter the European Union. These two profiles reveal that whether in the role of care worker or recipient, those from the Global South experience restricted, risky, and exploitative migration trajectories which contribute to the social and physical containment to a state of bare life; all to the benefit of states. As a result, this paper argues, the global care chain framework must integrate a bare life lens.

In global value chains, profit drives production (Gereffi et al. 2001). If the market fails to produce value for the actors at each node of the chain, the chain would shift, dissolve, or transform (Gereffi et al. 2001). The global care chain theory conceptualizes the internationalization of reproductive care as a global value chain. Researchers such as Yeates suggests that humanitarianism is a form of reproductive care, and consequently that the global care chain framework, and therefore the global value chain model, also applies to the humanitarian system. Both the international migration of domestic workers and the systems designed to support and protect migrants and refugees have existed for decades. While each industry has undergone internal changes, they have not fundamentally shifted, dissolved, or transformed. For the traditional global care chain, the movement of labor from the Global South the Global North has grown over time (Yeates 2009). On the other hand, not only has the number of displaced peoples worldwide reached a 70-year peak in 2018, exceeding 70 million individuals, but also the humanitarian principles that guide refugee response have remained unchanged (UNHCR 2019; Rysaback-Smith 2016). Therefore, those in the position to reap the benefits of both chains must gain some value from the inputs and outputs of production within them. In her analysis, Yeates expands the scope of the elements of production to include the additional factors that enable and support the internationalization of reproductive care, such as the education and training of care workers, the recruitment of care labor, and others (see Figure 1). Yeates also states that the value of these elements is difficult to measure in part because the importance of care services transcends the original providing organization, institutions, and borders (Yeates 2009, 71). This analysis builds from Yeates' acknowledgment that outside institutions have a strategic interest in the globalization of care by focusing on states. The task first task of this comparative analysis, then, is to determine states' contributions to the inputs of production in both the global care chain and global refugee care chain. The analysis will then consider the outputs of, and therefore the value states gain from, those systems.

4.2. Inputs of Production

The input of production in both the traditional and global refugee care chains is the restrictive, risky, and exploitive migration of individuals from the Global South. In the traditional global care chain, both regular and irregular migration of domestic workers have become capitalistic industries. The migration trajectories of domestic care workers entering the UK mirror the experiences of care workers throughout Europe. Many individuals who migrate to the UK as

domestic workers do so using exploitative intermediary migration networks (Demetriou 2015). While some migrate using connections made through family members or their personal network, many domestic workers migrate through recruitment agencies, trafficking networks, or other intermediaries (Demetriou 2015). Intermediaries have been shown to increase risks of exploitation through charging recruitment fees, making false promises about employment conditions, and entrenching workers in complicated systems of subcontracting (European Union Agency for Fundamental Rights 2019). In the counter-migratory care chain, the journey for refugees and migrants to Europe has proven to be extremely risky. The UNHCR estimates that in 2018, 2,275 refugees and migrants died while attempting to enter Europe via the Mediterranean Sea (UNHCR 2019a). In June 2019, seven people, including two children, died in a shipwreck off the eastern coast of Lesbos (UNHCR 2019b). The danger in traveling by the Mediterranean to Europe is due not only to the difficulty of sea travel but also to the commercialization of migration. Human smugglers charge for passage on their dinghies, which are often overcrowded and lacking basic protections such as life jackets (Kaplan 2016). Capitalizing on this protection vacuum, manufacturers in Izmir, Turkey, a popular departure point for refugees and migrants waiting to cross into Greece, began producing and selling fake life vest (Kaplan 2016). These vests are packed with material that absorbs water rather than repelling moisture, increasing the likelihood of drowning (Kaplan 2016). For those who successfully make the journey to Europe, the hardship continues. The UNHCR estimates that as of 20 June 2019, 80,6000 refugees and migrants have arrived and remained in Greece since the 2015-2016 flow (UNHCR 2019b). Of that total, an estimated 17,150 remain on the Greek Islands (UNHCR 2019b). Hygienic and sanitary conditions in island reception centers continue to deteriorate as a result of increasing overcrowding (UNHCR 2019b). While the traditional and global refugee care chains have a common input, the two care chains derive this input through separate mechanisms.

Beginning with the traditional global care chain, this input is produced through strict visa and migration regimes in receiving states, often with visible domestic political influences. One regime approach that has become popular in European states in recent years is to restrict legal forms of migration for those workers specifically. An example of this comes from the United Kingdom. As of January 2019, there were 19,000 people on overseas domestic worker visas living in the UK (Karpf 2019). Prior to 2012, migrants who entered the UK under the 'Domestic Workers in Private Household visa' could extend their stay in the UK every year, apply for permanent settlement in the UK after five years as a domestic worker in the country, bring their

partner and children under 18 years old, and change employers at their will (Home Office of the Government of the United Kingdom n.d.). The Government of the UK has made two major changes to the scheme in the past decade, however, and effectively eliminated the path to residency for migrant domestic workers. The two changes directly reflect the overall immigration agenda of the Government at the time to restrict immigration.

Between 2010 and 2015, immigration was one of the key policy areas for the UK Coalition Government (Portes 2015). Former Prime Minister David Cameron summarized the Government's immigration policy objective at that time as reducing overall net immigration levels by promoting "good immigration, not mass immigration" (Gower and Hawkins 2015). In the years between 2010 and 2012, the Government began to turn these objectives into real immigration reforms (Gower and Hawkins 2015). In April 2012, the Government eliminated the four freedoms of the 'domestic workers in private households' immigration scheme listed above. Migrant domestic workers could no longer extend their stay, settle in the UK, migrate with family members without additional visa applications, or change employers after they arrive in the country. The Coalition Government defended these changes by arguing that "the 2012 changes were necessary to bring the visas in line with its strategy of prioritising entry for the 'brightest and best' skilled migrants and restricting eligibility for permanent residence" (Gower 2016, 3). The Government did not consider migrant domestic workers as a part of the 'brightest and best'. The changes to the domestic worker scheme are just some of the ways the Government restricted low-skilled, non-European immigration. Figure 2 summarizes the additional reforms implemented between 2010 and 2012.

- Limiting the number of visas available to skilled workers with a job offer, and introducing stricter criteria to determine who is eligible to stay permanently in the UK.
- Closing the visa allowing highly skilled workers to come to the UK without a job offer, but creating some more selective visa provisions for high skilled/ 'high value' migrants (such as investors, entrepreneurs and those with 'exceptional talent').
- Amending student visa conditions in order to deter abuse, including by limiting international students' rights to work and bring family members to the UK
- Introducing new family visa eligibility criteria, such as the £18,600 'minimum income' requirement for partner visas, in order to encourage integration and protect public funds.
- Restricting new migrants' entitlements to certain welfare benefits, in an attempt to address some of the perceived 'pull factors' for European immigration
- Legislating for the Immigration Act 2014, which was intended to make it easier to remove people refused permission to stay in the UK and to create a more 'hostile environment' for people living in the UK without a valid immigration status.

Figure 2: 2010 - 2012 Home Office immigration reforms (Gower and Hawkins 2015, 1)

Mounting concerns over these changes pressured the Coalition Government to commission an independent review of the domestic worker visa conditions (Gower 2016). The Government made a few concessions regarding the ‘domestic workers in private households’ visa in light of the recommendations in the review. In 2016 the Home Office made a minor exception that enables migrant workers to change employers within six months of their stay (Grant and Kelly 2016). After these six months, migrant domestic workers’ legal right to work and live in the UK is once again permanently tied to the employer that originally sponsored their visa. The UK Government’s removal of a settlement path for migrant domestic workers suggests a clear attempt to discourage the immigration and long-term stay of low skilled migrants from the developing world. As a result of this strict visa and migration regime, migration has become dangerous and exploitative for workers in the traditional global care chain. The global refugee care chain derives this input through different means. A case study of the Moria camp reveals that strict refugee regimes between states, often influenced by global politics, drives the input in the global refugee care chain.

The Moria refugee reception and identification center is located on the Greek island of Lesbos. With an estimated 8,500 occupants as of September 2018 and a capacity to host only 3,100, Moria is home to refugees who largely come from Syria, Iraq, and Afghanistan (IRC 2018). The camp opened in 2015 as an intended short-term transit post, however, rather than staying for days as originally designed, individuals and families have remained at Moria for years (Nye 2018). This change can be partly attributed to the sheer number of refugees entering Greece, and also to 2015 EU-Turkey deal. While the scale of the 2015 ‘refugee crisis’ in Europe was exaggerated in the global media and removed from its historical context, the number of maritime arrivals to Europe did sharply rise after 2014 (Andersson 2016). As of December 2015, more than 800,000 refugees and migrants traveled via the Mediterranean Sea from Turkey to the Greek Islands (BBC 2015). Nearly 3,550 died attempting to make the journey, and around 75 percent of those arriving on European shores fled conflict in Syria, Afghanistan, or Iraq (Spindler 2015). Although these increases in sea migration did present a new and significant challenge to European states, it is crucial to situate these figures within the historical context of migration to Europe and global migration flows. With the establishment of the Schengen area in 1995, northern European states put pressure on their southern neighbors to restrict their migration regimes (Andersson 2016, 1057). As legal pathways of immigration into the southern states began to disappear, irregular land and sea migration increased, particularly affecting Spain, Greece, and Italy (Andersson 2016, 1057). Even with these

increases, however, the majority of irregular migration has been visa overstayers (Andersson 2016, 1058). Considering the 2015 ‘refugee crisis’ within the context of global refugee movement further erodes the emergency imaginary of the event. Developing nations host around 86 percent of the world’s displaced people (Andersson 2016, 1058). It is estimated that if the European Union member states’ political will to accommodate the migrants arriving by land and sea matched their capacity, the migrant ‘crisis’ would not have occurred (Andersson 2016, 1058). Increases in migration alone cannot explain the transition of Moria from a short-term facility to an overcrowded camp. A deal brokered between the European Union and Turkey also contributed to this change.

In 2016 the states of the European Union and Turkey announced a statement of cooperation between their governments aimed at controlling the number of refugees and migrants entering Turkey through Greece, and specifically the Greek islands (Long 2018). This agreement was a direct response to what the influx of people arriving in Europe described above, a trend internationally recognized as the ‘refugee crisis’ (Long 2018). The deal effectively ended irregular migration from Turkey to the EU, stipulating that “all new irregular migrants crossing from Turkey to the Greek islands as of 20 March 2016 will be returned to Turkey” (European Commission 2016). In exchange, one Syrian refugee would be resettled in the EU for every Syrian returned to Turkey from the Greek islands (European Commission 2016; Long 2018). The benefits this deal gave the EU and Turkey are clear. European states successfully erected additional barriers to refugee and migrants crossing their borders, and through the deal Turkey secured an initial €3 billion and later an additional €3 billion of funds from European institutions and governments to “improve the humanitarian situation” for the around 2.7 million Syrian refugees in the country (Long 2018). Turkey also saw political benefits, including customs union reform and visa-free travel for Turkish nationals to the EU (Long 2018). For the subjects of this deal, however, their situations worsened. First, this deal fails to meet the asylum needs of non-Syrian refugees. In 2018, more than two-thirds of non-Syrians who were returned to Turkey from Greece were deported back to the country from which they fled (Alfred and Howden 2018). Additionally, as a result of migration paths to Turkey closing, Moria turned from a temporary reception and identification center into a camp of indefinite confinement (IRC 2017). Together, the UK’s migrant domestic worker regime and the Moria refugee camp reveal a significant commonality between the input the traditional global care chain and the global refugee care chain.

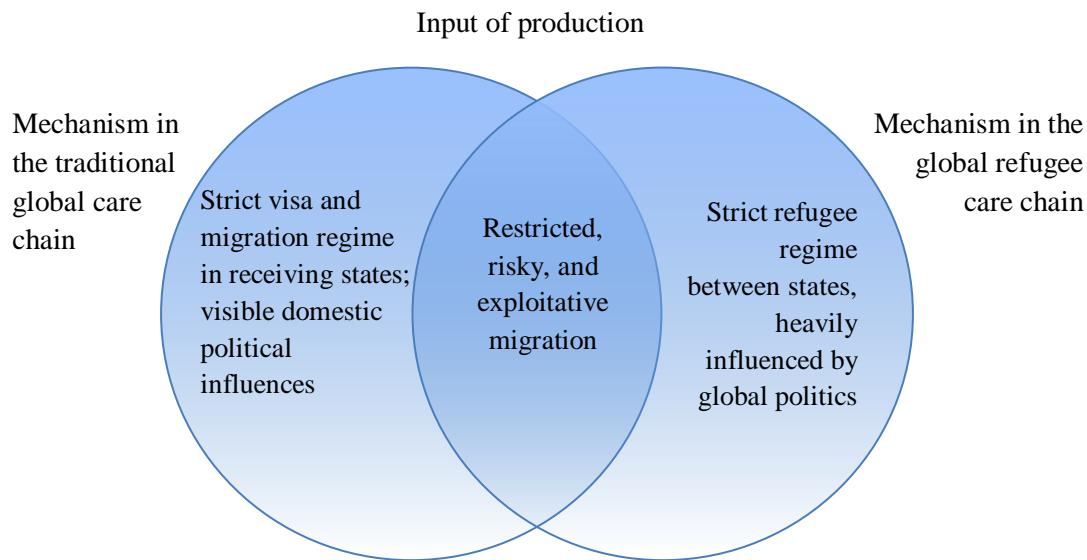


Figure 3: Visual comparison of mechanisms and input of the traditional and global refugee care chains

Figure 3 illustrates that while the mechanisms of restriction in the two care chains differ, the inputs of both chains are characterized by the restricted, risky, and exploitative migration of individuals from the Global South. A similar comparative dynamic emerges from the study of the outputs of the two global care chains below.

4.3. Outputs

In both the traditional and refugee global care chains, the output is the containment of individuals from the Global South to a state of bare life. Once again, the two care chains have separate mechanisms for producing this output. In the traditional global care chain, states in the Global North contain the movement and mobility of migrant domestic labor through a variety of oppressive practices. Once in the UK, the work restrictions imposed by domestic worker visas place limits the mobility of these workers (Grant and Kelly 2016). This lack of mobility directly translates into a lack of protection. Once the window closes on their legal right to change employers, migrant domestic workers in the UK are left without the power to bargain for the working conditions they deserve. A European Union Agency for Fundamental Rights (EU FRA) study found that the majority of workers throughout Europe experience poor living conditions, malnutrition and undernutrition, and verbal and physical violence. In the United Kingdom, hunger is one of the main factors that drives workers to leave “A domestic worker in the United Kingdom was denied food by the employer. She relied on biscuits and

free drinks from hotels and eating the children's leftovers. She described sneaking out to meet other Filipinos in the park, who would give her food and money" (EU FRA 2019, 53). Workers in the UK also report their employers asking them to perform additional unpaid tasks, illegal activities, and to work without a contract of employment (EU FRA 2019, 49-50). Figure 4 outlines the strategies employers use to intimidate and exploit domestic workers in the UK and throughout Europe.

- False promises to regularize workers' status
- Threats of nonpayment, dismissal, reporting those with irregular migration statuses to authorities and violence
- Verbal violence
- Physical violence
- Sexual harassment
- Financial control
- Creating a degrading environment through sleep deprivation, undernutrition, etc
- Withholding identity documents such as passports and visas
- Spatial and social isolation

Figure 4: Employer Strategies of Exploitation (European Union Agency for Fundamental Rights 2019, 55)

The workers interviewed as a part of this EU report identified different risk factors that contribute to the exploitation they have experienced. Perhaps the most severe risks are tied to workers' residence status. Those who migrated irregularly and lack the legal right to live and work in the UK have an increased dependence on their employer, who may use their strengthened position to exploit their employees and threaten deportation if the employee does not comply (EU FRA 2019). Migrants with irregular situations are also unable to obtain an enforceable work contract. Without the protection of a legal contract, these workers have limited ability to resolve issues related to their work tasks, hours, and other employment expectations (EU FRA 2019). Those with contracts often were unable to understand them due to language differences, were provided contracts with fraudulent claims, or both (EU FRA 2019, 51). The work restrictions that the UK puts on migrant domestic labor makes workers vulnerable to poverty, hunger, exploitation, and abuse. Therefore, these restrictions successfully contain migrant workers in this subjugated state and create considerable barriers to their social mobility. In the global refugee care chain, state contain migrants and refugees through different oppressive mechanisms.

By all accounts, from international news investigations to NGO reports, conditions inside the Moria camp are unacceptable. Not only do refugees remain in constant confusion regarding the future of their asylum claims, but also in their immediate environment they lack protection, basic services, and support needed to live safely and comfortably in the camp (IRC 2018). From a basic health and sanitation perspective, Moria does not meet minimum standards of care. With a reported 62-70 people sharing a single toilet and 84 people for every shower, personal hygiene facility usage is twice and three times the humanitarian minimum standards respectively (Clark 2018). Reports of diarrhea and skin infections resulting from unsanitary conditions, overcrowding, and inadequate washing facilities and toilets are demonstrative of the conditions in the camp (Oxfam 2019). Additionally, families begin queuing in line for their allocated food and water hours before distribution and can still leave empty-handed (Carrigan 2018). The inhumane conditions inside Moria camp, along with the trauma migrants have endured at home and during their distressing journey to Lesbos, have created a uniquely virulent mental health environment at the camp (Hamamdjian 2018). In July 2018 Médecins Sans Frontières reported receiving 15 to 18 weekly referrals of individuals with acute mental health needs from other NGOs operating in the area (MSF 2018). Data from the IRC's mental health program, which at the time served 126 clients from Moria camp, shows that 60 percent of patients were experiencing suicidal thoughts, 29 and 15 percent had attempted suicide and self-harm respectively, and 64 percent were experiencing depressive symptoms (IRC 2018). These mental health issues are further exacerbated by the abuse, violence, and general insecurity in the camp. Among that same IRC caseload, 50 percent of clients experienced gender-based and sexual violence, of which 67 percent were women and the remaining 33 percent men (IRC 2018). Violent clashes among migrants, confrontations between migrants and the police and fires intensified by the overcrowding have led to multiple deaths (Reuters 2016; BBC 2017).

Similar to the inputs of production, there is significant overlap in the outputs of the traditional and global refugee care chains. Figure 5 shows that again while the mechanism through which the output is realized differs between the two chains, the core value of the output is the same. Both the traditional and global refugee care chains contribute to the social and physical containment of individuals from the Global South to a state of bare life. The significance and consequences of these inputs and outputs are discussed below.

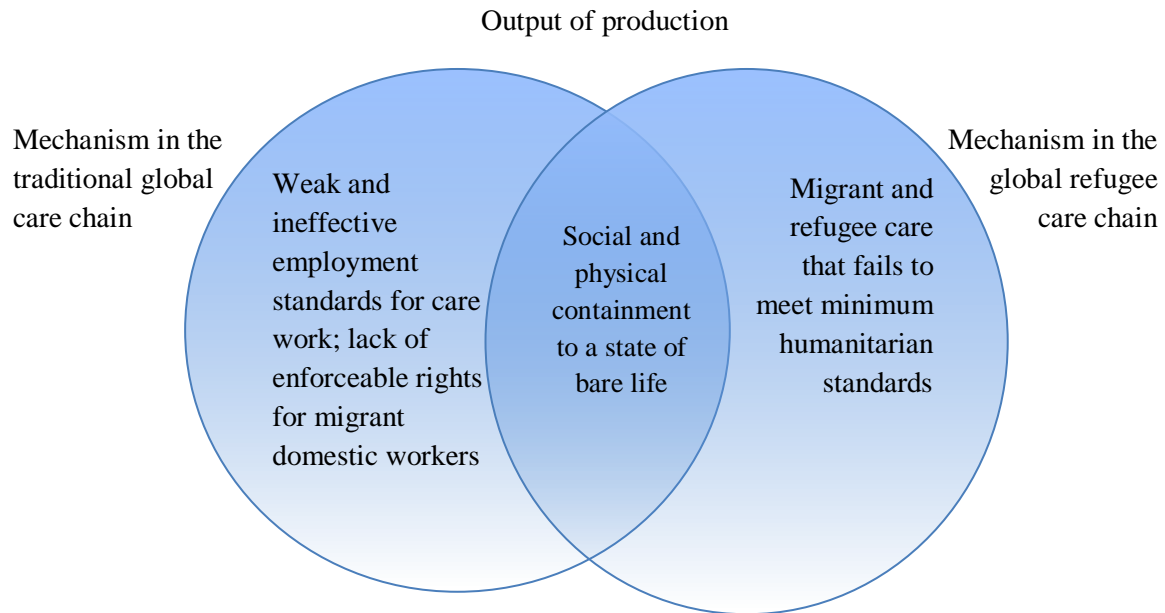


Figure 5: Visual comparison of mechanisms and output of the traditional and global refugee care chains

5. Discussion

5.1. How does the treatment of people from the Global South in the traditional global care chain compare to their treatment in the counter-migratory global refugee care chain? Why?

In comparing the global care chain and the counter-migratory global refugee care chain, two key points emerge. First, while labor within the two systems flows opposite each other, the experiences of individuals from the Global South are similar. In both chains, the entirety of the migration trajectory for those from the developing world is fraught with danger and ill-treatment. In the global care chain, migrant domestic workers generally not only endure painstaking journeys from their countries of origin to their receiving countries, but also face exploitation, subjugation, and discrimination at the hands of employers and the state once they arrive. In the global refugee care chain, individuals whose reality in their home countries have faced such persecution that they knowingly embark on a deadly voyage to Europe, are contained in camps where minimum standards of human life and care are not being met at the behest of states. Second, in both the global care and global refugee care chains, the valued output of production rests with a Global North institution. In the traditional care chain, the family household is the direct beneficiary of migrant care labor, however, those benefits are transferred. In keeping with Hochschild's original theory, employing migrant domestic

workers enables those previously saddled with domestic responsibilities, mostly women, to enter the workforce (Hochschild 2000). These liberated workers contribute to the country's economy, making migrant domestic workers an input of state production. On the other hand, the confinement of refugees and asylum seekers in camps directly serves the political interests of affected states. The discussion of the Moria refugee camp demonstrates the connection between political motives to stem immigration and the policies related to refugee camps. As it stands, the global care chain framework does not account for these realities. Therefore, to accurately describe the internationalization of reproductive labor, the framework must change.

5.2. How does the comparison impact the credibility of the global care chain theory to describe both traditional and counter-migratory care?

The global value chain analogy does provide valuable mechanisms for identifying the actors involved in the internationalization of care. The global value chain model also helps to describe the complex networks through which those actors interact and function. Furthermore, Yeates' expansion on the global care chain model incorporates different lenses and previously unrecognized types of globalized exchanges of care work. While this expansion to include work such as nursing, religious work, and humanitarianism and international development and evaluated the global care chain theory, it does not go far enough to improve upon the theory. As the subjugation of Global South migrants and refugees exists throughout both the traditional and counter-migratory chains, the global care chain theory cannot reasonably serve as the primary analytical vehicle for globalized care without acknowledging the experiences of that population. To do so, the framework must incorporate a lens that accounts for restriction, exploitation, and containment of individuals from the Global South to a state of bare life for the benefit of the state. Agamben's conceptual relationship between the nation-state, refugees, and bare life best articulates these points.

5.3. Counterarguments

This paper argues that the suppression and containment of populations from the developing world is a fixed element of production in global care chains, whether they be traditional or counter-migratory chains. As a result, the global care chain framework must adopt a bare life lens as an equally fixed element of global care chain analysis. This argument naturally provokes the questions: if such a change is necessary, why expand the global care chain concept

to include humanitarianism, and more generally counter-migratory movements of reproductive labor, in the first place? Does the need for an additional analytical lens illustrate that the global care chain theory is not an appropriate analytical tool for humanitarianism and other ‘core to periphery’ work? As a response to this counterargument, this paper suggests that as opposed to signaling that the global care chain theory does not apply to ‘core to periphery’ work, the need for an additional lens illuminates an aspect of global care chains that previous research has failed to identify. Additionally, this counterargument does not account for the fact that the revised framework argued for in this paper successfully addresses existing critiques of the global care chain concept.

A major critique of the global care chain framework is that the theory stresses the role of individuals over the state in a way that promotes “self-responsibilization and self-reliance” of reproductive care (Nguyen, Zavoretti, and Tronto 2017, 209). According to this criticism, social problems such as a need for reproductive care are the responsibility of the state rather than individuals and families (Nguyen, Zavoretti, and Tronto 2017). While more thorough care chain frameworks such as Yeates’ incorporate an institutionalist lens that recognizes the schematic position and importance of institutional actors, the concept still stresses the exchanges between individuals and families (Nguyen, Zavoretti, and Tronto 2017). This paper focuses on the reported collective experiences of individuals in the traditional and counter-migratory global care chains. The lack of primary evidence in this paper, initially addressed as a limitation, helps take the analysis out of the household and onto the global stage. This analysis incorporates state objectives and the international political environment in ways that have been lacking from care chain analysis, according to the criticism above. This paper also helps to address critiques of the theoretical lens advocated for in the findings. One of the most common critiques of Agamben’s bare life concept remains the lack of evidence used to support his claims (Lemke 2005). In some ways, that critique also applies to this global care chain analysis of refugee camps. As discussed in the methodology section above, the absence of monetary transfers makes it difficult to assess value in global care chains (Yeates 2009, 70). Additionally, the exchange a variety of inputs and outputs that take place within the complex relationships between actors at the household, local, national, and global levels creates further barriers to identifying and tracking value (Yeates 2009, 71). While this research does not contribute primary evidence, it does provide a filtered analysis of documents and texts. To build from the conclusions drawn in this analysis, future research should collect data from inside refugee

camps and interviews of individuals living and working in the camp and at other levels of the care chain.

6. Conclusion

This paper is framed by the desire to develop the concept of the counter-migratory care chain and the idea that important insights into care chains can emerge from focusing on a specific demographic across chains. From there, the paper takes a new analytical approach to care chain analysis. As opposed to using the laborer as the focal point of the analysis, this paper compares the experiences individuals from the Global South in two opposing chains. Using the migrant domestic labor regime in the United Kingdom and the Moria refugee camp in the Greek Island of Lesbos as illustrative case studies, the analysis finds that as in its current form, the global care chain approach to analyzing migrant labor flows does not appropriately reflect the reality of the internationalization of reproductive labor. The input of the global care chain, as well as its counter-migratory iteration, is the restricted, risky, and exploitative migration of individuals from the Global South. The shared output of both chains is the social and physical containment of people from the Global South to a state of bare life. Without acknowledging the consistent experiences of migrants and refugees across global care chains, the global care chain theory cannot reasonably serve as the primary analytical vehicle for the field.

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