

Multi-level Analyses of Homecare Labor

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This chapter develops a multi-level, intersectional framework for analyzing homecare that places dilemmas of servitude experienced by workers within the social organization of homecare, which is shaped by the state's central role in the care political economy. It highlights three related dynamics of how the state arranges care: to consider the social locations of workers, receivers, or both; to recognize individual, organizational or multiple actors in the employment relationship; and to support workers' collective voice. The value of the framework is illustrated through analysis of three cases of homecare in urban centers of California and Ontario (Canada). Findings reveal how a state's limited regulation of employment conditions –combined with conflicting axes of oppression of workers and receivers– continually risks the slippage of homecare into servitude, even when receivers are also marginalized. Yet where there are mechanisms for workers' collective voice, there is potential to challenge domestic servitude.

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Feminist scholars have long recognized the fraught relationship between domestic servitude and caring work. Black and women of color feminism developed an intersectional analysis of servitude, revealing domestic workers' experiences of abuse and resistance under slavery and industrial capitalism (Collins 1990; Glenn 1992; hooks 1984:13-14; Romero 2002). Focusing on the relationship "between women" (e.g. Rollins 1985), much scholarship delineated how micro-power relationships reflected and reinforced relations of domination and subordination within a white supremacist society. It did so in part by engendering white women's consent to a gendered political economy that defined care as the responsibility of families and household labor as a protected sphere of activity from state regulation. Comparative studies of Asian, Black, Latinx-, and Indigenous domestic workers augmented our understanding of how racialized gendered servitude, and white women's consent to it, endured across time and place (Higgenbotham 1983; Glenn 2010). Gender and migration scholars extended intersectional analyses of domestic servitude by placing micro-level indignities between women within the global political economy that structures inequalities between rich and poor countries, prompting migration and fueling citizenship inequalities (Lan 2002; Parreñas 2015). Across this literature, domestic workers' resistance is a key focus (Chun et al. 2013; Collins 1990; Hondagneu-Sotelo 2007; Guevarra and Lledo 2013; Romero 2002), which is crucial for analyzing challenges to servitude.

This rich scholarship provides foundational insight into how intersecting power relations shape one of the most devalued yet rapidly expanding sectors in the labor market: state-funded but highly personal paid care delivered in receivers' homes [hereafter homecare]. In urban areas of white settler countries like the United States and Canada, poor Black and immigrant women of color provide the vast majority of paid, daily assistance to aging, disabled or chronically ill people in their homes—like help with bathing, cooking, and cleaning. However, unlike in private household labor systems, multiple actors influence how and under what conditions state-funded homecare is provided and received, including care receivers and advocates, social workers, government agencies and labor unions. Furthermore, different homecare programs classify workers variously— as paid family providers, domestic workers, independent contractors, or employees – and consider the receivers consumers, clients, employers or welfare recipients. Under subsidized homecare programs, most receivers like workers are poor and racialized, complicating familiar class and status hierarchies. Governments' efforts to provide care at little cost is also generating new configurations of care provisioning that exacerbate intimate tensions and structural fault lines linked to the level and form of state funding (Cranford 2020). Given new configurations of actors, it is becoming increasingly important to ask: (how) is servitude reinforced, or undermined, when the state funds reproductive labor?

In this chapter, we develop a multi-level, intersectional framework that places dilemmas of servitude experienced by workers within the social organization of homecare, which is shaped by the state's central role in the care political economy. The framework highlights three related dynamics of how the state arranges care: 1) to consider the social locations of workers, receivers, or both; 2) to recognize individual, organizational or multiple actors in the employment relationship; and 3) to support workers' collective voice. We illustrate the value of this framework by analyzing three cases of homecare in urban centers of California and Ontario (Canada). We find that a state's "hands-off" approach to employment conditions—combined with conflicting axes of oppression of workers and receivers—continually risks the slippage of homecare into servitude, even when receivers are also marginalized. Yet where there are mechanisms for workers' collective voice, there is potential to challenge domestic servitude. The conclusion elaborates how these dynamics mark key differences between private domestic work

and state-funded homecare labor. It also comments on the challenges, and opportunities, for scholars to extend intersectional analyses of domestic servitude further to encompass the complexity of homecare labor.

Building Blocks of a Multi-level, Intersectional Framework for Homecare

Glenn (1992; 2010) identifies a central problematic that plagues the social organization of caring in countries facing increased demand for care workers: the persistence of racialized gendered servitude. As a coercive labor system, racialized gendered servitude utilizes ideologies of gender, race, and class inferiority to enable a dominant group to command the social reproductive services of a subordinated group (2010: 7). Racialized gendered servitude persists through a combination of *de jure* and *de facto* practices. Many workers continue to be denied basic labor protections through Jim Crow era exclusions of domestic workers from the U.S. National Labor Relations Act that regulates unionization and parallel exclusions from Labor Relations Acts in Canada (Boris and Klein 2015; Fudge 1997). The consignment of poor Black women and immigrant women of color to jobs on the bottom rungs of racially- and gender-stratified labor markets intensifies their vulnerability to racialized gendered servitude as a form of unfree labor. As Glenn (2010: 129) emphasizes, due to lingering assumptions—often steeped in racist ideologies—that view household domestic and care employees as disposable and hired property, “the employer is assumed to be entitled to the services of the employee at whatever time the employer wants him or her, and the employee is assumed to be obligated to be available at any time to do whatever is asked.” Glenn’s racialized gendered servitude concept directs us to the central role of the state in perpetuating conditions of un-freedom through labor regimes that limit domestic and care workers’ labor protections, and the enduring *de facto* consequences of conditions of servitude on the job.

Domestic and care work scholars have shown how states preserve racialized gendered servitude through intersecting labor- and migration regimes. The difficulties of challenging continuities in racialized, gendered servitude link to the institutional conditions of un-freedom that restrict the ability of migrant domestic workers “to maintain their own families and exercise their full range of labor rights” (Romero 2018: 1180). Some studies uncover how migration regimes restrict the choices of domestic and care workers without legal status through risk of deportation and the power that threat gives employers (Hondagneu-Sotelo 2007; Nazareno et. al, forthcoming). Others illuminate how temporary work schemes legislate un-freedom by tying workers to employers and requiring workers to live-in (Parreñas 2015; Tungohan et al. 2015). Whether the state directly regulates un-freedom, or indirectly does so by empowering employers, this scholarship reveals how domestic and care workers have limited ability to quit, in hopes of finding a better job or kinder employer, and commonly endure poor conditions, thus reinforcing servitude on a global scale.

The significance of state schemas in fostering the conditions of unfree labor for migrant domestic and care workers fuels robust studies on intersecting regimes of care, migration and employment. This scholarship uses comparative analysis to show how various states shape the demand for migrant care workers through clusters of policies, like migration quotas for care workers or cash grants to hire domestic workers (Williams 2010). This work also interrogates assumptions embedded in policies showing how, for example, systems of familial care rely on gendered ideologies but in different ways depending on the meaning of nation underlying the migration regime (Michel and Peng 2012). Yet, these institutional analyses tend to neglect how local labor market dynamics reinforce, or undermine, intersecting inequalities. Many state-

funded care workers in the U.S., Canada and other white settler countries are immigrants with permanent citizenship, although some entered with precarious status (Anderson and Shutes 2014; Cranford 2020; Tungohan et al. 2015). For these workers, what is important to understand is how the care labor regime meets up with racialization of immigrant workers in the labor market generating such precariousness that choice is limited de facto (Chun and Cranford 2018). Glenn (2002) argues, in her comparative-historical study of the U.S., citizenship is less about one's contractual status than the way in which race, gender, class, migration and other dimensions of social difference shape perceptions of who does and does not belong to a national polity (i.e. substantive citizenship). This is largely due to the fact that "individual actors operating at the local level"—be local police, merchants, elites or others with decision-making authority—play a consequential role in interpreting and enforcing laws (Glenn 2002: 2). Thus, local labor market actors play a significant role in the actual rights and freedoms to which subjugated populations have access.

Extending intersectional theory to incorporate the case of homecare thus requires an analysis of how interlocking care, migration and labor regimes take form and have effect at the organizational level. Unlike in private domestic work where the employer is an individual paying out of pocket, state policy makers exert growing influence on homecare through the way they fund and deliver it. The privatization of the U.S. and Canadian welfare states shapes the outsourcing of care to a range of non-profit and for-profit organizations that are government subsidized to provide direct services, or to individuals to purchase their own care (Armstrong and Armstrong 2005; Boris and Klein 2015). Although states fund workers' wages and determine eligibility requirements, they rarely serve as the direct employers-of-record. Homecare workers are classified either as independent contractors without labor protection, hired by individuals as domestic workers with partial protections or through subcontracted arrangements by organizations with little oversight. A growing number of studies include agencies or other labor market intermediaries linking care workers and receivers in a context of state outsourcing of care provision (Bakan and Stasiulis 2005; Cranford 2020; Showers 2018). These studies can illuminate how for-profit intermediaries accommodate care receivers' gendered and racialized preferences for workers, possibly reinforcing racialized gendered servitude.

Expanding intersectional theory to include the case of homecare also requires an analysis of how organizations that provide or mediate homecare interact with immigrant community organization. Immigrant social networks are a key community structure shaping the labor market in both domestic and care work (Hondagneu-Sotelo 2007; Showers 2018). Similarly, social networks funnel immigrant women into precarious sectors of homecare in cities as different as Toronto and Los Angeles (Cranford 2020), suggesting continuity with racialized gendered servitude. Ethnic economies are a second community structure. Nazareno (2018) argues that the nexus of economic globalization, colonial relations between the U.S. and the Philippines and the austerity of the US welfare state have led to the emergence of immigrant Filipina owned long-term care enterprises, which operate as a "welfare-state replacement" catering to low-income chronically ill and aging adults who qualify for government assistance. Owners of homecare businesses have become middlewoman minorities connecting white middle class older citizens to Filipina undocumented workers, reinforcing domestic servitude through new citizenship inequalities between women of color (Nazareno et al., forthcoming). Lan (2002) analyzes Taiwanese and Hong Kong immigrant families' "subcontracting filial piety" to other ethnic Chinese workers in California, reinforcing its ideological gendering. In state-funded homecare, community-based organizations link poor immigrants to homecare services, marking another

community structure. Here the state both uses and reinforces filial duties in immigrant communities (Chun and Cranford 2018).

Given the organization of homecare, we might expect conditions of servitude to be different from those in private domestic work. A key conflict discussed in studies of domestic work, is its construction as menial or dirty work when women of color do it (Roberts 1997; Rollins 1985). As Roberts (1997:52) argues, “the ideological distinction between spiritual and menial housework”, that is, the valued caring labor linked to gendered morality versus labor that is considered lacking in skill, justifies the unequal racial and class division of reproductive labor between women. Homecare, however, introduces unique dilemmas of servitude. Care work scholars emphasize that poor aging and/or disabled people’s need for state services, and ideologies vilifying dependence, complicate power relations on the job (Duffy et. al 2015). Conditions of servitude are even more complex where a limited welfare state intersects with racialization of poverty, resulting in over-representation of people of color, including immigrants, as receivers. Yet, building on Glenn (1992), Aronson and Neysmith (1996:70) argue that the reality of homecare workers’ providing unpaid ‘extras’ to people in need is “more or less coerced” by a gendered “sense of moral compulsion” and lack bargaining power, especially for immigrants. How workers can challenge the slippage of care work into servitude?

To understand how state-funded homecare operates as a contested sphere of racialized, gendered servitude, we highlight the significance of worker collective organizing, which has long defined how poor women of color and immigrant women challenge intersectional power and inequality (Chun et al. 2013; Hondagneu-Sotelo 2007; Guevarra and Lledo 2013; Romero 2002). Several studies have analyzed homecare unions in alliance with receivers’ organizations to enable unionization and improvements to wages and benefits (Delp and Quan 2002; Rhee and Zabin 2009). Identifying shared interests and implementing collective solutions also require careful consideration of the tensions that undermine quality care provision (Cranford 2020). Stacey (2011) argues that unions need to understand that homecare workers cultivate a “caring self,” that finds dignity in dirty work, if they want to organize them to be active in the union, suggesting the need to both recognize and undermine ideologies of gendered servitude. However, unions must also challenge racialized servitude. To do so, homecare unions need to cultivate immigrant women workers’ leadership as evident within community-based labor organizing (Chun et. al 2013; Cranford et. al 2005). However, we have not theorized the difference unions and other labor organizations could make in the ever-present possibility of care work sliding into racialized, gendered domestic servitude. We build on these insights to analyze how the state, local labor market-, community and workers’ organizations interact to reinforce, or undermine, domestic servitude through comparative analysis.

Collaborative, Comparative Methodology

The questions, methods, and goals of our research are guided by the principles of activist scholarship—that is, a way of doing research that is “in dialogue, collaboration, alliance with people who are struggling to better their lives” (Hale 2008: 4). As indispensable partners, social movement organizations bring crucial expertise and practical knowledge to understanding urgent social problems through the “situated knowledges of communities in struggle” (Lipsitz 2008: 90). Their efforts to make sense of and overcome the multiple contradictions of everyday life for aggrieved groups also challenge existing paradigms and epistemologies in ways that have helped create path breaking modes of inquiry such as the field of intersectionality studies (Lipsitz 2008; Cho et. al 2013). The long-term commitment of our community partner, Asian Immigrant

Women Advocates, provides a powerful lens for theorizing intersectionality as a social movement strategy (Chun et. al 2013).

AIWA's emphasis on immigrant women—rather than specific jobs and industries—enabled the organization to redirect their focus from exploitative supply chains in the global garment industry to the intimate and unregulated sphere of private homes. As their aging members faced increasingly restrictive job options in the context of ongoing deindustrialization and the rapid growth of the care labor market, AIWA uncovered a key dilemma for the predominantly unionized IHSS workforce. Young Shin, AIWA's Executive Director, recalled that their members had the protection of union collective bargaining when it came to issues such as wages and benefits, but they had little recourse against individual employers when it came to unjust treatment and retaliatory firings. To develop an organizing strategy that could strengthen homecare workers' voice and job security, the organization sought to answer the following questions. What constraints did labor unions face when it came to the intimate sphere of care provisioning in state-funded care? How could community-based organizations like AIWA utilize creative, grassroots organizing to overcome the gaps and contradictions of basic employment protections for immigrant homecare workers?¹

The co-authors worked collaboratively with AIWA to conduct a comparative study that could clarify the complex tensions and alliances that characterized state-funded homecare, building on previous and new research (Cranford 2020; Chun et. al 2019).² This chapter compares three cases. Direct Funding: Self-Managed Attendant Services (DF) in Toronto, based on interviews with 10 workers and 15 receivers; Outreach Attendant Services (OAS) in Toronto, based on interviews with 11 workers, 17 receivers and 7 managers; and In-Home Supportive Services (IHSS) in Los Angeles and Oakland, based on 28 and 17 interviews with Korean and Chinese immigrant workers, respectively. We also draw on program documents and 15 interviews with actors from unions and community-based organizations in these cities. These cases allow us to illuminate how the varied organization of homecare shapes workers' capacity to undermine domestic servitude when the state neglects to regulate employment standards in the giving and receiving of paid reproductive labor. They do not encompass private-paid homecare, although some examples of state-funded homecare are supplemented with out-of-pocket expenses. They also do not include variation across other cities within, or states/provinces outside, California and Ontario.

These programs assemble within different care regimes, which shape who is eligible for services. The Canada Health Act guarantees universal funding of hospital care, but leaves homecare funding up to provincial governments, yet need, not ability to pay, defines eligibility in Ontario. In contrast, to qualify for California's IHSS, funded by a mix of State, County and Federal (Medicaid) funding, one must be at the poverty level. Notwithstanding this difference, our comparison rests on the organization of services across similarly state-funded programs within an Independent Living model of disability. Key variations we consider are employment and labor relations. Labor legislation classifies DF workers as 'domestic servants', with no ability to unionize, and unions have not taken up the challenge of organizing DF workers. By contrast, in OAS non-profit agencies are the legal employers, encouraging unionization by several unions including Local 40, which pursues a "grassroots social unionism" emphasizing worker involvement, to quote one organizer. In IHSS, an alliance of the Service Employees International Union (SEIU) with movements representing employer-receivers passed innovative legislation allowing for unionization in 1999. Yet, workers have had to push their union to address intersectional oppression. To guide our analysis of these cases, we focus on how the

nexus of the organization of state provision and labor as a collective voice variously shapes the ability of workers to challenge domestic servitude.

State-Funded Servitude: Direct Funding³

DF was the most similar among our cases to private domestic work and relations of racialized, gendered servitude that pervade it. The state classified care receivers as employers, called “Self-Managers”, who had a unique social location as people marginalized by a disabling society, but relatively privileged as young, predominantly white people with higher levels of education and more employment experience than the average disabled person, reflective of the program requirement to manage one’s own services. Due to intermittent needs, Self-Managers hired a diverse range of individuals as “Personal-Attendants”, from white, men and women for whom this is a supplemental job to migrants with precarious citizenship. For racialized women workers, the conditions of DF work were most likely to slip into servitude due, in part, to intersecting labor market inequalities of race, citizenship, class and gender that undermine their ability to maneuver the conditions on the job, in line with Glenn’s (2010) theory. For example, Sarina, a South Asian woman born and raised in East Africa who migrated to Canada in the 1990s with precarious citizenship and little education, faced intense labor market discrimination. Sarina was working only 5 hours a week for a single Self-Manager, who paid less than the maximum DF wage, so Sarina combined the DF job with direct work for a private pay aging client and through two temporary agencies that placed her in homecare jobs. DF was one of the few jobs open to Sarina, and its funding and delivery shaped her precarious labor market position and related (in)ability to challenge servitude on the job.

The organization of DF introduced new relations and actors, but the state played a significant role in the possibility of its slippage into domestic servitude. As funder, the Ontario government shaped working conditions by setting guidelines for service hours and wages and contracting transfer payment to a disability advocacy organization: Centre for Independent Living Toronto (CILT). CILT determined Self-Managers’ hours and thus budget, within policy parameters, through an assessment that incorporated their own and peers’ input. Yet, CILT did not enforce labor standards, and sometimes it merely advised Self-Managers on how to navigate intermittent needs by hiring a range of casual workers. The state delegated responsibility for enforcing standards to Self-Managers and Personal-Attendants. CILT provided support to Self-Managers who sought it but labor legislation that regulated unionization excluded Personal-Attendants and unions had not developed alternative strategies to organize them. Thus, DF leaves workers acutely vulnerable to the good employer/bad employer distinction that is so prevalent in the private market.

Most Self-Managers considered hiring and firing as key to their autonomy, yet the state’s sub-contracted delivery of DF meant their relative position of privilege created proximities to what Glenn (1992) described as the “contradictory location” of white women managing domestic care and services in private households. Jennifer, a white, middle-aged Self-Manager who used a wheelchair explained that she moved from agency services to DF to gain “more control over who I choose to have in my life.” Jennifer described her extensive yet fragmented need for personal support workers. “They’re essential. I can’t get up without them”, she said, yet as a professional she needed help at home only in the mornings and evenings, and had another person assist her at work. Thus, Jennifer used her 34 hours a week to employ four Personal-Attendants all but one of whom were women of color, and two also immigrants. Jennifer paid them the maximum funded rate but their hours were few. CILT guidelines directed her to pay social security benefits and

submit reports showing how she spent the budget. However, she was under no obligation to complete a formal training about how to ensure just and dignified working conditions. CILT also had not been able to pressure the government to increase hours for people who needed 24 hour support, and such cases are at most risk of encouraging working over paid time and other forms of exploitation. In this way, even advocacy organizations can reflect intersectional, contradictory interests that reinforce state power and both workers' and disabled people's oppression, and these contradictions bubble up on the job.

Lack of labor market choice limited the ability of women of color and immigrant Personal-Attendants to challenge conditions of servitude on the job, despite potential to recognize devalued social reproductive labor. Jennifer emphasized that a key difference between DF and other homecare services is "you don't have 3 different people coming in doing different functions" and insisted, "my laundry is as important to me as dressing." Jennifer also avoided a division of tasks to make the shifts longer and more worthwhile, a strategy suggested in CILT documents. Since Self-Managers were the employers, however, they could impose a gendered and racialized division of labor, and some did. Sarina said the other PA working with the Self-Manager who employed her had more hours, would leave dirty dishes in the sink for Sarina to wash, and go home early but still be paid. Sarina linked this to longstanding racialization of tasks seen to be menial and dirty.

"The guy I was working with, he was just looking for somebody to do cleaning. And it happens a lot when you are dark, I guess. So if you're a white person you wouldn't see it, because it doesn't happen to you."

White women Personal-Attendants largely consented to cleaning work because their better labor market position allowed them to choose to work for good employers who valued their contributions but racialized Personal-Attendants did not have nearly as much freedom. Sarina said sometimes she would "keep bad clients... because I need the job." Thus, as Glenn predicted, there is considerable continuity in the ability of race, class (and often gender) privileged people, even those marginalized by disability, to command the labor of women of color. This pervasive dynamic was bolstered by a program design that limited workers' collective voice.

The fairly hands-off, educational and peer support approach with Self-Managers promoted by CILT was in line with ideals of empowerment within the Independent Living movement of which it is a part, but it also provided an avenue for CILT, and some Self-Managers, to distance themselves from responsibilities as employers. Since the Ontario Labor Relations Act (OLRA) excluded employees of individuals, and unions had not developed alternative organizing strategies for this sector, Personal-Attendants had no collective ability to push CILT or the state to regulate bad employers. Sarina called to complain about the Self-Manager who was showing racialized favoritism in shifts and tasks but CILT has no system for hearing workers' complaints.

"At first they didn't want to take that down. They told me it would be too much to go through. They wanted to ignore it, I think. And I have to really push and say, 'I have to talk to somebody 'cause it's not fair.'"

Sarina was not sure if CILT did anything to address the problem, but she did know she would not be given equivalent work if she quit or was fired. Sarina had worked with three SMs in the past. One man Sarina quit due to sexual harassment, and a woman who was "so mean" about how she wanted things done, fired her, but Sarina went back to CILT's Consumer Attendant Roster since "you can find some nice people." Sarina felt Personal-Attendants needed "someone to complain to" and a union or association that could raise pay. But unions organizing workers in other

homecare sectors were opposed to DF at its inception, viewing it as an individualization that “runs counter to all our principles”, to quote one union official, and as part of a “cheap labor strategy,” tied to privatization to quote another. Unions’ critique of DF, for which Independent Living activists fought hard, meant those activists were unwilling to work with unions. However, homecare programs could also be designed to support both receiver and worker voice, as we show next.

Challenging Servitude: Outreach Attendant Services

OAS was the most different among our cases to private domestic work, and relations of racialized, gendered servitude that pervade it, although the threat of slippage into servitude was still present. Similar to DF Self-Managers, OAS clients were marginalized by disability and (most) have white privilege but, unlike Self-Managers, most OAS clients were poor, reflecting the correlation of poverty with disability. Marginalized in the polity, economy and society, OAS clients had little ability to command the labor of multiply oppressed workers in the broader labor market, yet given that market’s racialization, the majority of OAS workers were immigrant women, and some men, of color. Gail came to Canada from St. Lucia as a temporary domestic worker in the early 1980s, although by the time we interviewed her she was a Canadian citizen. In Toronto, Gail completed health and personal care assistance courses and worked in temporary health care jobs before securing a position with a unionized, OAS employer with guaranteed hours. Through unionization, OAS workers like Gail were able to challenge their position in the stratified labor market, and conditions of servitude on the job. Our analysis of OAS thus further builds the claim that the state plays a significant role in the possibility of care work’s slippage into domestic servitude but shows the potential for a progressive impact of the state through its support of workers’ collective voice.

The state structured OAS to encourage responsibility of the multiple parties involved, enforced through mechanisms for representation and voice of both workers and receivers. The Ontario government contracted service provision to agencies who sent workers to disabled people’s homes. Thus, OAS clients do not hire or fire, but the state designed the program to support their ability to direct their services, which did give them influence over which services were provided and when. A manager described OAS as “client-directed independent living.” Thus, clients were involved with the needs assessment done by the agency. As Owen, a single man with a 9th grade education on Ontario’s low income, disability support program, who had received services for 11 years due to a muscular disease described: “Ok and you tell [the agency] basically what your days and needs are and then they figure out, you know, who to send you and how much time.” OAS clients also had collective voice through mandated representation on the agencies’ Board of Directors. Program design did not require workers’ voice but encouraged it by designating non-profit agencies as the legal employers, which fit better with the system of collective bargaining assumed by the OLRA thus encouraging unions to organize. Furthermore, immigrant workers of color actively sought out unions beginning in 1980s, organizing through their social networks across workplaces. Due to near complete unionization of the sector, workers were able to negotiate both respect on the job and labor market security.

OAS workers were able to push employers to provide more job security through their membership in labor unions, marking a challenge to domestic servitude. An OAS manager described six provisions in the collective agreement on wages and hours. For example, if a worker lost a client because the client died, moved to an institution, or some other reason beyond the workers’ control, “they have a provision in their collective agreement that [the employer] has

five days to do the replacement of hours.” The union also pushed for a minimum payment for four hours of work even if the client cancelled with short notice, paid travel time, more full-time workers with guaranteed hours, and increases in hourly wages and benefits. Importantly, unions that ally with collectivities of clients can support the quality care that bolsters secure work. As Owen said: “Well I think if they get paid fairly well, they’re inclined to keep working.” Workers’ retention was also shaped by fair conditions on the job.

Union representation not only allowed workers to gain more job security but also to contest the slippage of home-based reproductive labor into work resembling servitude. The union helped workers negotiate with clients’ family. Union informant and former worker said workers “recognize that yes there is a bit of a gray area of how much work we do for able-bodied family members but it was getting fairly clear that with some people, they were going just way overboard in terms of their demands” and this issue was a key reason workers wanted a union. Clients directed their services but managers required them to negotiate tensions, including clients’ or their family’s expectations of servitude. As one manager explained:

We’re trying to encourage both client and staff because they need to work with the office team so we can coach and work through - negotiate through issues. Because the clients have responsibilities as well as the staff.

Managers’ intervention to require negotiation linked to unionization. As Gail said: “And if you cannot resolve it, then... well, manager first. You don’t get results, you go to the union.” In sum, the OAS case demonstrates the possibility of care work slipping into domestic servitude (even when the receivers are poor people in need), but also shows the counter force a union can make. Our comparison of the limits of DF and the promise of OAS should not imply, however, that service delivery through agencies is the only program design that could facilitate challenges to domestic servitude. Rather, the key mechanism the comparison reveals is the importance of workers’ collective voice. Next, we consider IHSS where unions in alliance with the Independent Living Movement created a new model of voice, thus building the argument that homecare introduces actors overlooked in intersectional scholarship, yet vital for challenging servitude.

Confronting servitude: Asian immigrant workers in California’s IHSS program⁴

On the surface, the relationship between workers and employers in California’s IHSS program bore little resemblance to the intersecting inequalities that have long tracked poor women of color and immigrant women into servitude. In communities such as Oakland Chinatown and Los Angeles Koreatown, the people who “commanded” domestic and personal services were low-income, monolingual Asian immigrant seniors who qualified for home-based public assistance due to age and disability. The workers who became “obligated” to provide daily care for aging persons in need were from similar racial and ethno-linguistic communities and faced related economic hardship as aging, monolingual, Asian immigrant women with few job options beyond minimum wage work in co-ethnic economies. In addition, a significant proportion of homecare workers were once paid family providers, who left low-paid jobs in factories, restaurants, and small businesses to care for ailing parents, aunts, uncles, and other relatives. Myung-ja, a Korean immigrant woman in her early 60s who left Korea with her father in the early 1970s, quit her minimum wage job in a Korean-owned dry cleaning store and entered IHSS when her father needed care. After he passed away, she decided to work permanently as a homecare worker and spent the last two decades providing end-of-life care for Korean-speaking seniors in Los Angeles Koreatown. Similarly, Zhaoli entered IHSS as a paid family provider soon after she moved to Oakland from Guangzhou, China in 2014, coming out of retirement at the urging of her 88 year-

old mother-in-law. She cooked, cleaned, bathed and assisted her mother-in-law with a variety of daily activities, three hours each day, six days per week, and occasionally worked as a “substitute” for other residents of the subsidized senior apartment building to supplement her low wages. Despite similar locations of workers and receivers within intersecting hierarchies of race, class and gender, the way in which the IHSS program was designed by the state means that here, too, workers confronted the prospect of servitude.

The state’s organization of IHSS introduced new actors that potentially gave workers leverage, but workers still faced dilemmas of servitude. As an Independent Provider system, the IHSS gave individual “consumers” the autonomy to choose their own “providers”, including family members or friends. By hiring, firing, and supervising, IHSS recipients acted as employers. However, “grandmothers are not the bosses,” as Myung-ja put it, because they did not directly compensate workers or determine wage rates or number of paid hours. Social workers for the IHSS program, housed in the county government’s Department of Public Social Services (DPSS), assessed eligibility, approved the number of hours, authorized tasks, and approved timesheets submitted by recipient-employers. The California State not only funded the program but also issued workers’ paychecks and contributed to unemployment insurance and social security. Hourly wage rates and job-related benefits were determined through collective bargaining with SEIU. However, SEIU did not bargain over intimate aspects of care provision, or engage in workplace strikes that could jeopardize the health and well-being of people who need continuous care. These concessions, which aim to safeguard employer-recipients’ autonomy, were crucial in securing disability rights advocates’ support for SEIU’s organizing (Rhee and Zabin 2009). Welfare state retrenchment also set limits.

The state’s insufficient funding and lack of monitoring shaped a disconnect between the services and hours an employer-recipient was authorized from the state to ask a worker to do and the actual services the latter fulfilled, thus moving this job towards *de facto* servitude. To “remind” the “consumers” to adhere to the list of “authorized tasks,” the California DPSS mailed a document to them that stated, “REMEMBER: IHSS will only pay for services that have been authorized by your social worker.”⁵ Despite the state’s note of advisement, they did not enforce their own regulations so there was little workers could do if employer-recipients asked them to complete tasks not on the list or stay beyond authorized hours. Myung-ja described the IHSS list as just a piece of paper (Kim 2020: 145). It had little influence on the tasks she or other workers did in LA’s Koreatown. Workers talked at length about the “extra” tasks they performed, especially for the “grandmothers” who pressured them to cook home-cooked foods for their adult children such as kimchi, which is a fermented pickled cabbage that involves handling heavy boxes of Napa cabbage and takes days to prepare. Yingzi, who provided care for three non-family employer-recipients in Oakland’s Chinatown, echoed Myung-ja’s sentiments:

“The government mails a sheet [to the employer-recipient] with the number of hours written on it and what to do. However, the employer-recipient says, ‘I want you do this or that,’ and often it is outside of the hours that the government gives you.”

By leaving it up to employer-recipients to “remember” to, “not ask your provider to do things you can safely do yourself,” the state did little beyond offering superficial guidance, rendering workers vulnerable to unfair working conditions.

The state’s hands-off approach was particularly disadvantageous to immigrant women workers of color who were dependent on their jobs for economic survival, marking another similarity with domestic servitude. Ruhua, who spent eight years working as an IHSS live-in worker for Chinese immigrant seniors in Oakland, worked far more hours than she was paid, but

employer-recipients often threatened to replace her if she continued to “complain.” Many workers simply consented to employers’ unreasonable demands because they could not afford to lose their jobs. Myung-ja explained that even though workers repeatedly emphasized they were not required to do tasks outside the authorized list, employer-recipients commonly responded, “then, go ahead and quit. There are many people I can use besides you.”

The proximity to domestic servitude came up repeatedly among Korean immigrant workers, who expressed a heightened sense of resentment when seniors treated them like maids or *sigmo*, which was a type of domestic servitude associated with Korea’s feudal system of slavery. IHSS workers such as Myung-Ja tended to assert their identities as *ganbyeongin*, which is the term used in South Korea to refer to workers who receive their pay directly from the government. She explained:

“Hardly anyone recognizes us [homecare workers] as people who work for and get paid by the government through the *ganbyeongin* [IHSS] program. Even though they [Korean immigrant seniors] don’t pay us directly, the people who feel like we owe them for our livelihood call us helpers (*doumi*) and personal aides and their servants. 99 percent of them, I think, have the image that we have to do what they say [because they think we owe them].”

Myung-ja and others recognized this attitude as an expression of the kind of prejudice associated with the “older generation” of Korean immigrants who experienced war and poverty and brought “outdated” ideas with them after they immigrated. However, their ability to understand where employer-recipients were coming from did not mean their attitudes were considered acceptable. By reframing their identities as government employees rather than domestic servants, Yang-Sook Kim (2020: 163-64) argued that “the ‘government pays us’ narrative provide[s] workers with leverage to guard their dignity.”

Homecare workers consistently challenged the idea that they were “servants.” Ok-ja, who had been caring for her mother-in-law for the past six years, emphasized her refusal to be dehumanized by IHSS recipients, including relatives, who viewed state-funded homecare as an opportunity to have their own “maid.” Ok-ja recognized that public subsidies for home-based care enabled poor and low-income immigrants to continue living independently in their own homes. But, she was deeply critical of employer-recipients who were of “sound mind” yet took advantage of their eligibility “to have people work under them,” When encountering this kind of “scheming” and “strategizing,” she explained that homecare workers were “old enough” to resist. Ok-ja emphasized, “We don’t want to go under them. It’s not like they pay us. I just want to work and be treated as a human being. I don’t want to be treated like their maid.”

This rejection of their treatment as servants was part of a collective consciousness that shaped, and was shaped by, workers’ engagement with their union and other unionized workers. Korean-speaking IHSS workers in Los Angeles had become actively involved in their union, which provided members with a crucial support system when faced with employer-recipients who insisted on treating them as “servants,” instead of paid workers. Since they began organizing with SEIU in 2013, Korean-speaking homecare workers developed a strong level of internal organization, with about 60 active rank-and-file members gathering virtually every month to share information and conduct trainings at the union office. Although the union cannot bargain collectively over basic aspects of care provisioning in their contract negotiations, workers consulted union leaders to intervene on their behalf when faced with abusive employer-recipients and unreasonable demands. One worker, Hyun-sook who has been working through

IHSS for seven years, explained how their sub-group union leader intervened on their behalf with employer-recipients:

“We have our own Korean group “captain” inside the union. She has gone out to talk to the grandfathers and grandmothers, maybe two or three different times. [For care receivers] who are still beholden to their old way of thinking, our captain firmly tells them that it is not okay to think that way.”

For Myung ja, who was serving in the role of the “captain” at the time of our interview, engaging in these types of face-to-face interventions was not only essential for helping advocate for the dignity of fellow worker. It was also essential for the optimal operation of the co-ethnic labor market, ensuring the match between employer-recipients and workers was a “good fit” and that both parties could give each other what they needed. It is crucial to note that this type of advocacy was not provided by paid union staff, which does not employ a bilingual Korean speaker, but rather the volunteer leadership structure that Korean-speaking workers have established within the union.

Unionized IHSS workers in Oakland’s Chinatown also rely on collective representation to address the challenges of working for abusive employer-recipients, marking the potential for challenging relations of domestic servitude. Fuzhen sought help from the union to intervene on her behalf when the employer-recipient’s family began insisting that she work 24 hours per day for their 90-year old mother without leaving the home, despite the fact that she was only getting paid 137 hours per month by IHSS. She explained, “After I told them what the union said, the family was more reluctant because I had the backing of the union [and] they didn’t bring up this issue again. They do, however, still say they can still find someone who works for less.”

The union played an important role in strengthening workers’ voice, but its unwillingness to invest resources into more actively supporting member needs and leadership reproduced exclusions along race, ethnicity, and language that have long plagued unions. In this context, grassroots community organizations such as Asian Immigrant Women Advocates (AIWA) played a crucial role in addressing limitations of unions as part of immigrant workers’ movements (Chun et. al 2013; Cranford and Ladd 2003). Although the union made crucial interventions on behalf of workers like Fuzhen, this type of support was no longer possible after they eliminated the paid Chinese-speaking organizer position, much to the dismay of rank-and-file members. According to one AIWA leader, who did part-time work as an IHSS provider for her mother, AIWA has helped many Chinese immigrant homecare workers organize collectively outside the union to advance their interests. This includes demanding language-accessible translation and hotline services from IHSS, advocating within the IHSS bureaucracy to address payment problems, and providing trainings to workers about issues ranging from how the IHSS program works to how to protect themselves against unsafe working conditions. In sum, the lack of job options for aging, limited-English speaking, Chinese and Korean immigrant women perpetuated highly unequal relations of domination of subordination, even when both parties were from similar class and ethnic backgrounds, yet through self-organizing within the union or in community-labor organizations, immigrant women are confronting servitude.

Towards Multi-Level Analyses of Homecare Labor

Extending formative analysis of domestic servitude by Black and women of color feminism to encapsulate the organizational dynamics of in-home, aging and disability support programs augments our understanding of care work as a site of intersectional inequalities and power. As assistance with daily activities in private spaces – often while people are vulnerable like during

bathing and dressing – quality homecare relies on relations of trust and obligation forged between individual care providers and receivers. Yet, in entering into different institutional arrangements for care provisioning, the state creates opportunities for a multitude of actors, including labor unions, community organizations and care receiver advocates, to contest intersectional inequalities and power in homecare.

In this chapter, we built on Glenn's (1992; 2010:7) ground-breaking analysis of continuity in racialized, gendered servitude – a coercive labor system that utilizes ideologies of gender, race, and class inferiority to enable a dominant group to command the social reproductive services of a subordinated group – despite changes in the organization of caring. The intersectional relations between homecare receivers – marginalized by disability and class, and often race – and, mostly, immigrant women workers, reflects a more complicated set of contradictory interests than those theorized from the hierarchical relationship between white, middle class women who command the reproductive labor of women of color. This complexity is the norm in state-funded services, at least in white settler nations with austere welfare states like the U.S. and Canada. At the same time, the state plays a significant role in the ever-possible slippage of homecare into servitude. Integrating foundational analyses of domestic servitude with carework scholarship analyzing multiple, meso-level dynamics (Williams 2010; Chun and Cranford 2018; Nazareno 2018; Showers 2018) we analyzed how homecare work is at risk of falling into servitude, and the organizational dynamics that provide workers leverage to resist this slippage, with a comparative, intersectional methodology rooted in activist scholarship.

Our comparison of three homecare cases reveals how immigrant women, homecare workers face constant dilemmas of servitude, even when receivers of their labor are aging and disabled, and/or poor and immigrants, but also that their ability to challenge servitude hinges on how the state's design of homecare meets up with organized labor. What becomes starkly evident in our examination of DF is how the state's reliance on and reinforcement of gendered and racialized servitude works both through labor law based on an outdated factory model that does not protect domestic workers and more specifically through the design of homecare programs, both of which discourage unions. As a result, immigrant women DF workers are most subject, among our cases, to a central dilemma of domestic servitude – the good employer/bad employer dichotomy – even though state funding introduces a range of institutional actors beyond the care provider-receiver dyad that could theoretically give workers leverage.

In contrast, our investigation of OAS illustrates how the state can choose to design a homecare program that supports collective representation through which workers can undermine servitude. The organization of OAS, in that it incorporates voice for workers and holds employers accountable, allows workers to negotiate collectively over what the job entails. It is this mechanism, not just an institutionalized legal regime, which supports workers' challenges to servitude. Our analysis of OAS thus illuminates potential for progressive impact of the state via organized labor. The delivery of OAS through a non-competitive agency model encourages unions to organize workers, since labor legislation works relatively well in such settings. Yet, workers' organizations must organize more individualized programs since states continue to download responsibility.

Our analysis of IHSS shows how unions have forged new models of collective voice in alliance with movements representing care receivers, but the specter of servitude is still evident in part due to labor's concessions in the face of both receiver demands for autonomy and state austerity. The unionization of homecare workers has demonstrated the capacity of one of the most excluded groups – poor women of color and immigrant women workers engaged in

domestic and personal service for private households – to secure labor protections. Despite impressive strides, state-funded homecare programs, such as IHSS, can remain entrenched in conditions of de facto servitude. Once again, workers are empowered to confront conditions of servitude not simply through institutionalized protections. Instead, our analysis of Korean and Chinese immigrant women shows how workers’ self-organizing, within the union or in community-based workers’ centers, provides a means to challenge racialized, gendered servitude.

Table 1: Multilevel Framework for Analyzing Home Care Labor

	Private Domestic Work : micro & macro levels	State-funded Home Care: elevating meso-level	Key dynamics in the organization of homecare	Dilemmas of Servitude
Social location of actors in care relationship	Race, immigrant status, class inequalities and power between women	Multiple configurations of intersecting oppression and privilege	Does the state organize services to mitigate oppression of receivers, workers or both?	At risk of slippage
Actors in employment relationship	Householder-receiver as single legal employer	Multiple legal and/or de facto employers, including state, agencies, individuals	Receivers by deeming them employers/ both by recognizing multiple employers	Continuity / change
Mechanisms supporting collective voice	Individual acts of resistance	Unions & community- based workers organizations	Workers by facilitating community unionism	Potential to challenge

By comparing these case study findings to domestic work scholarship, we emphasize three contrasting dynamics evident in state-funded homecare but overlooked in most studies of private domestic work. The first involves the social location of the actors in the care relationship. Studies of private domestic work understandably foreground race, immigrant status and class inequalities and power between women employers and workers. Some studies include an analysis of these racialized and class inequalities between workers and receivers who are not employers (like children) but emphasize race, immigrant status and class privilege of the care receiver, despite age differences. In contrast, the study of homecare reveals multiple configurations of intersecting oppression and privilege. In some programs, like DF, receivers are privileged by race and class but marginalized by disability, while workers are oppressed by race, class and gender, but privileged in relations of disability. In other programs, like OAS, receivers are privileged by race and immigrant status but marginalized by class and disability, while workers are exploited through inequalities of class, race and immigrant status yet advantaged in

relations of disability. Still in other cases, like IHSS, both receivers and workers are oppressed through multiple relations especially race, immigrant status and class, but workers are relatively advantaged in relations of disability. Other homecare cases introduce different interlocking relations of oppression and privilege but the consistent difference from private domestic work is that homecare introduces a broader and more complex array of inequality and power configurations (Cranford 2020). Despite greater variation of power and privilege patterns, we find that homecare is at risk of slippage into servitude, as theorized by Glenn (2010). However, homecare compels us to analyze a key dynamic: namely, whether the state organizes services to mitigate the oppression of receivers, workers or both.

Considering how the state addresses complex relations of power and privilege brings us to a second dimension of difference between private domestic work and homecare: the actors in the employment relationship. Private domestic work scholarship foregrounds the legal employer, who is an individual householder. The analysis of homecare, however, requires we consider the state as a *de facto* employer, given its power over funding, whether the legal employer is the individual receiver or an organization contracted to the state. In our cases, the state organizes services to address the marginalization of receivers by acknowledging principles articulated by the Independent Living movement. This reflects the broader reality that care services are receiver-focused, which meets up with neoliberal ideologies (Nazareno 2018). Analyzing this dynamic through the lens of domestic servitude, we argue that the state's singular focus on the marginalization of receivers, coupled with neoliberal practices and ideologies, results in continuity with servitude, as Glenn (1992; 2010) theorized. In homecare organized through agencies, receivers are the *de facto* employers (i.e. OAS), yet when multiple, (state, receiver, organizational) level entities are recognized (i.e. IHSS), we see an important change in social organization that begins to address both receiver and worker social locations.

Change in social organization is not sufficient to challenge domestic servitude and the third dimension in the framework is mechanisms supporting workers' collective voice *vis-à-vis* multiple actors in care and employment relations. Many studies of private domestic work emphasize individual acts of resistance (i.e. Rollins 1985), although others document domestic workers' organizations (Boris and Nadasen 2008; Hondagneu-Sotelo 2007; Moore 2018). We found that when mechanisms for collective voice were evident, like in IHSS and OAS, there was potential for workers to challenge servitude. However, this does not erase the need for community-based worker organization to address the gaps of trade unionism evident in its troubled application to the complex interlocking power relations in homecare.

Analyses of multi-level intersecting inequalities and power in homecare would thus place dilemmas of servitude within meso-level organizational dynamics, which are, in turn, shaped by a political economy defined by welfare state retrenchment in line with the ideology of care as a private problem. A theoretical challenge is to extend multi-level, intersectional analyses of care with new sites of inquiry (i.e. Kim 2020; Nazareno et. al, forthcoming). One empirical challenge for future research is to analyze care programs within countries where homecare is not means-tested (i.e. U.S.), or only contingently universal (i.e. Canada). More integration of institutional-level insights from scholarship on intersecting gender, migration and care regimes is a fruitful way forward, yet we must not lose sight of the everyday negotiations of servitude in home-workplaces (Williams 2010). One way to capture multiple levels of analysis, which we have employed here, is to focus on worker's collective struggles with ongoing legacies of servitude in paid reproductive labor; yet an important dynamic we largely bracketed is the potential for alliances between workers and receivers' organizations to undermine servitude through a broader

community unionism. We could only hint at how civil society organizations embed intersectional interests. The National Domestic Workers Association in the U.S., its local and international affiliates and allied organizations representing care receivers, like Caring across Generations, provide a multi-level optic on domestic servitude at the intimate and infrastructure levels. The challenge, and opportunity, is to continue to develop intersectional, multi-level frameworks to analyze homecare through activist scholarship.

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³ This section draws on and extends Cranford (2020).

⁴ This section draws on and extends Chun and Cranford (2018).

⁵ <https://www.cdss.ca.gov/Portals/9/Documents/2021%20Forms/IHSSAuthorizedTasks.pdf> (accessed May 31, 2021)