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The Governance of Care

By

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Abstract

I examine what I call the *governance of care*, the policies, politics, and policy formation processes that organize and distribute the resources, relationships, and labor necessary to maintain life. This includes health care, housing, water, food, and other forms of essential economic relief. By governance, I mean not only formal policies, but also legislative debates, media, and cultural discourses that surround this formation. I analyze the governance of care through the experiences of immigrant women and women of color who, under the global flows of neoliberal racial capitalism, perform paid and unpaid reproductive labor in order for societies in the Global North to function and maintain racialized and gendered hierarchies. I look specifically at immigrant women who live and work in the Silicon Valley, and situate myself within the COVID-19 pandemic, which has exacerbated the need for reproductive labor. By examining how the governance of care is lived, particularly through the narratives of immigrant women workers and women of color, I, thus, look at not only who is able to live and die, but I examine who *must* die in order for others to live. Drawing from scholars rooted in social reproduction, racial capitalism, and critical immigration studies, I examine the necropolitics and the biopolitics that shape the governance of care, and how racialized and gendered images reinforce the exploitation of immigrant women and women of color.

Table of Contents

Introduction & Methodology

The Governance of Care

"I know that if I get sick or injured at work and have to stop working, I don't have the protection other workers have, like a good health insurance plan or paid sick leave. We homecare workers, we can't just stay home, we are essential to keeping the sick and elderly out of our overburdened hospitals, but we need to be taken care of as well."

-- Lee Plaza (California Domestic Workers Coalition, 2020)

Three weeks after Governor Newsom declared California's shelter-in-place orders, the California Domestic Workers Coalition (CDWC) launched their Health and Safety For All campaign. Immigrant women workers across the state demanded to pass Senate Bill 1257 to end the historic exclusion of domestic workers from safety protections granted by the California Division of Occupational Safety and Health (CAL/OSHA). Domestic workers, as well as day laborers, are the only workers barred from the state's protections due to legacies of anti-Black racism, which purposely excluded domestic workers because Black women were relegated to take up these jobs. (Perea, 2011) In the campaign's virtual launching, Lee Plaza, a Filipina caregiver, remarks on her experiences in taking care of her patients during a public health crisis without the necessary personal protective equipment. During this time, care workers, from doctors to nurses, were lauded for their efforts in taking care of sick COVID-19 patients while risking their lives, with Newsom calling health care workers "the heroes of this moment." (Office of the Governor, 2020) Lee's story demonstrates a different reality from the heroism, one that includes performing dangerous care work with little to no protections from the state that praises them.

After months of campaigning, SB 1257 was ultimately vetoed by Governor Newsom. In his veto message, he states that new policies that regulate workers protections "must recognize that the places where people live cannot be treated in the exact same manner as a traditional workplace or worksite from a regulatory perspective." (Office of the Governor, 2020) Such protections would be too onerous for private homeowners and renters to follow. Governor Newsom's veto on health and safety protections raises questions around the role of policy making in shaping the lives of the many immigrant women and women of color who provide care to ensure communities live, all while bearing the brunt of state failures and exclusions. The Health and Safety for All Campaign illuminates an ideological struggle around racialized and gendered discourses on reproductive labor, from viewing the private home as a deregulated space to seeing the home as a workplace. The campaign highlights not only pushbacks, but also the ways in which immigrant women and women of color, like Lee Plaza, are creating new radical visionings and praxis of "care" in a moment of crisis. My dissertation focuses on these tensions and contradictions in understanding why immigrant women workers are deemed both disposable and essential during a global pandemic, as well as the alternate futures of care necessary for our communities to thrive.

Understanding the Governance of Care

My dissertation asks the following questions:

- Amidst the global COVID-19 pandemic, how do policy formation processes organize and distribute the resources, relationships, and reproductive labor to maintain life?
- How are these processes shaped by discourses around race, citizenship, and gender?
- How are these policies lived through and by immigrant women and women of color who perform paid reproductive labor? Specifically, why are immigrant women and women of

color deemed both “disposable” and “essential” in this pandemic moment? Why are immigrant women and their families barred from government protections during a global health crisis?

- What are our alternative futures, and how are immigrant women and women of color shaping a new type of radical care, a new type of governance?

Using these questions as a guide, I examine what I call the *governance of care*, the policies, politics, and policy formation processes that organize and distribute the resources, relationships, and labor necessary to maintain life. This includes health care, housing, water, food, and other forms of essential economic relief. By governance, I mean not only formal policies, but also legislative debates, media, and cultural discourses that surround this formation. I examine how the governance of care employs and is shaped by ideologies of race, gender, and citizenship, determining who gets to live and who gets to die. (Mbembe, 2008)

I analyze the governance of care through the experiences of immigrant women and women of color who, under the global flows of neoliberal racial capitalism, perform paid and unpaid reproductive labor in order for societies in the Global North to function and maintain racialized and gendered hierarchies. (Glenn, 1992; Parrenas, 2015) I look particularly at immigrant women and women of color who perform low wage reproductive labor and who are engaged in political and grassroots organizations. In this way, I define care work and reproductive labor broadly beyond the work of caring for a body or bodies but as an umbrella that involves the work and resources needed to maintain life. I see "essential work" and “frontline work,” key terms used throughout the pandemic, as falling under this category and I use the term "reproductive workers" or "reproductive laborers" as the people who perform such work.

The COVID-19 pandemic has highlighted how immigrant women and women of color are overrepresented in frontline service industries, such as caregiving to food preparation, with many of these industries under regulated, if at all. (Frye, 2020) These frontline industries serve as hotspots to contract COVID-19, leaving immigrant women and women of color at high vulnerabilities to illness and death with little legal and medical protections. By examining how the governance of care is lived, particularly through the narratives of immigrant women workers and women of color, I, thus, look at not only who is able to live and die, but I examine who *must* die in order for others to live. Drawing from scholars like Grace Chang, I examine the necropolitics and the biopolitics that shape the governance of care, and how racialized and gendered images reinforce the exploitation of immigrant women and women of color. (Hardt, 1999; Chang, 2000)

I examine my research questions during the COVID-19 pandemic to further understand what Nancy Fraser calls, capitalism's crisis of care, or, in other words, the contradiction between social reproduction and production. (Fraser, 2016) I look at how health and human services such as housing, caregiving, and government assistance are relegated and regulated by the state, and demonstrate how cracks and failures in the governance of care were exacerbated during the COVID-19 crisis. I locate my dissertation in the Silicon Valley, and the Bay Area more broadly, to further understand these questions.

The Bay Area serves as an illuminating case study. The region is known for producing highly advanced technologies and information systems as home to Silicon Valley. At the same time, I ask: how is the Bay Area in a crisis of social reproduction where the resources and labor necessary to maintain life are stretched to its breaking point, unable to keep up with the pace of production? Low wage service workers who provide food and care are exploited, and rarely

protected even under state health and safety regulations. In order for the Bay Area to produce these technologies, there needs to be a janitor to clean Facebook's offices, a cook to serve meals to Amazon's employees, caregivers and health care workers to care for Google's engineers. Behind these relationships are public policies that maintain such a system. Yet, what happens when our janitors, cooks, and caregivers are displaced from their homes or become ill? How does this contradiction shift and change under a global pandemic? By looking at the immigrant women and women of color who perform low wage reproductive labor, I further answer my research questions by looking at the racialized and gendered tensions between social reproduction and production, and its connection with local and statewide policy making.

I situate myself within the interdisciplinary frameworks of social reproduction, critical immigration studies, and racial capitalism and speak to scholars working within Critical Ethnic Studies, Law and Cultural Studies, Asian American Studies, and Women of Color Feminisms. My primary interventions are within the field of social reproduction, primarily in building upon Michelle Murphy's concept of distributed reproduction and Shellee Colen's stratified reproduction. (Colen, 1995; Murphy, 2011) I intervene by connecting the role of policy making in facilitating this stratification of care and reproductive labor based upon lines of race, gender, and citizenship. Secondly, I draw upon Grace Chang's work of analyzing discourses around immigrant women and women of color and how such ideologies shape policies that distribute means of social reproduction such as housing, economic relief, and healthcare. Finally, I build upon Valerie Francisco-Menchavez's work around the communities of care & Hobart and Kneese's theorization around radical care to further understand how immigrant women and women of color workers are redefining care and radical care in their activism. My work is in conversation with emerging scholarship that are asking similar questions during this historic

time, particularly around disability justice, healing justice, and other-mothering. Ultimately, I seek to further understand these questions to create new possibilities and new worlds. (Khan, 2020; Sharma, 2020)

Literature Review

Interventions in Social Reproduction

What is Social Reproduction and What is Care?

Social reproduction and its relationship with labor and governance are a centerpiece to my project. There are multiple definitions, one of them being the biological reproduction of people, which includes breastfeeding, commercial surrogacy, and pregnancy. (Bhattacharya. 2017) The second relates to Marxist theory which looks at the reproduction of capitalism and its structures of class inequality. The third is, as defined by feminist scholars, "the activities and attitudes, behaviors and emotions, responsibilities and relationships directly involved in the maintenance of life on a daily basis and intergenerationally." (Brenner and Laslett, 1989) This can include food, shelter, clothing, care work, and socialization. Often called "life's work," there is a variety of work needed for social reproduction to happen -- this can be the unpaid work of washing dishes to the paid work of janitors or the unpaid work of mothering to the individuals and institutions who perform paid caring labor. (Mitchell, Marston, and Katz, 2012) Social reproduction is thus needed to maintain life and reproduce the next generation.

The discourse around social reproduction has shifted and changed across time and in response to social movements. In the 1970's and 1980's, Marxist feminist scholars critiqued the relegation of a masculine public sphere, or paid productive work that produces a commodity, and a feminized private sphere, or the reproductive work of maintaining people. (Vogel, 1983) Marxists feminists and autonomous Marxists Feminists, like Sylvia Federici, saw this gendered

construction of reproductive labor as the center of women's oppression. (Federici, 1975) This labor was often carried out by women, and this work was invisibilized, unpaid, and not seen as real work. Such analysis formed the basis of the "Wages for Housework" movement in the 1970's, In response, scholars, like Nakano-Glenn and Davis, argued that this division of reproductive labor is not only gendered, but racialized and reinforced a public and private division that did not apply to Black women and women of color. In Angela Davis' *Women, Race, and Class*, she argues that the Wages for Housework Movement's analysis is based on a narrow definition of "woman:" the white, middle to upper class, housewife. (Davis, 1981) For Black women, "housework has never been the central focus on Black women's lives" since Black women have long worked outside of the home because of slavery. While Black women have never quite been the "housewives," they have always done the housework, doing the "double burden of wage labor and housework."

These questions around social reproduction have flourished by not only looking at racialized divisions of reproductive labor but how such divisions are transnational. Scholars like Rhacel Parrenas, for instance, have put forth concepts such as the international division of reproductive labor where "women pass their care labor as paid or unpaid work to other women in the global context." (Parrenas, 2015). Scholars have looked at new forms of reproductive labor produced through shifts in the global economy, such as customer care to the production of biological commodities through commercial surrogacy and organ selling. (Vora, 2015) Vora, for instance, has traced how these new forms of reproductive labor are connected to legacies of racialization and colonization. Feminist science and technology scholars have further asked questions around understanding reproductive labor as it relates to non-human technologies and what kinds of "life" are considered when discussing "life's work."

Similarly, care has also expanded through social movements and discourses. Care, more broadly, is "everything that we do to maintain, continue, and repair 'our world' so that we can live in it as well as possible. That world includes our bodies, ourselves, and our environment, all of which we seek to interweave in a complex, life sustaining web." (Tronto, 1993) It is a relational set of discourses and practices between people, environments, and objects that identify as empathy and sympathy. (Fennell, 2015) It can be mobilized in various ways, from extracting unpaid labor, to state surveillance, to determining who receives care over others. Although care brings up positive feelings, it has its tensions and contradictions. As Puig de la Bellacasa argues, care moves beyond humans as well and recent scholarship has questioned what type of "life" counts in "life's work" further including care around the environment and non-human life. (de la Bellacasa, 2017)

Governance, Policy Making, and Care

In my dissertation, I intervene in the field by looking at the role of governance and policy making in maintaining, facilitating, and distributing forms of care and reproductive labor through an interlocking lens of race, gender, and citizenship. I define governance as not only formal laws and policies, but as Nakano Glenn offers, the local formations, social relations, legislative debates, and cultural discourses that surround these formations. (Glenn, 1992) I build upon two concepts, stratified reproduction and distributed reproduction, to interrogate my research questions. Stratified reproduction, as defined by Shellee Colen (1995), is where:

> *"Physical and social reproductive tasks are accomplished differentially according to inequalities that are based on hierarchies of class, race, ethnicity, gender, place in a global economy, and migration status and that are structured by social, economic, and political forces. Reproductive labor -- physical, mental, and emotional...is differentially experienced, valued, and rewarded according to inequalities of access to material and social resources in particular historical and cultural contexts."* (Colen, 1995)

My first intervention, thus, focuses on analyzing how governance and policy making stratifies care and reproductive labor and creates differential experiences for immigrant women and women of color who perform low-wage reproductive labor across various sectors. Much of the literature has focused on racialized and international divisions of reproductive labor, as well as how the immigrant women worker is positioned within neoliberal global flows of reproductive labor. (Ehrenreich and Hochschild, 2003; Parrenas, 2001) These divisions, as scholars have argued, are engineered through neoliberal migration policies, like labor export policies and guestworker programs, that facilitate the export of immigrant women workers to serve as low wage workers to meet the demands of care labor in the Global North. (Tung, 2000; Parrenas, 2001; Choy, 2003; Espiritu, 2005; Rodriguez, 2008)

While I acknowledge the ways in which neoliberal migration policies have shaped global flows of care, I am interested more in looking at local, regional, and statewide policy formations, and how they shape and are shaped by immigrant women workers. I look at the California Health and Safety For All Campaign as one example. The lack of health and safety protections from the state creates a differential reality for domestic workers in comparison to other care workers, such as doctors and nurses, who, in the eyes of the state, work in more "legitimate" settings like a hospital. In this campaign, immigrant women workers must put forth their own narratives to show how their care work in private homes is "real" work in order to change their lived realities through influencing policy formation. I interrogate how regional governance maintains and facilitates these unequal lived experiences amongst various sectors of reproductive workers.

Secondly and relatedly, I examine the cultural discourses and narratives around care that inform regional policy formation. I understand governance as an ideological struggle around how care is defined, what is "real" care work, and who must perform it. I draw from Grace Chang's

Domestic Disposables as a key example in this intervention. (Chang, 2016) Chang focuses on the racialized and gendered discourses that target immigrant women and women of color as "breeders" and "hoarders" of public benefits. These discourses are then used to inform governmental policies that deny benefits and protections to immigrant women and women of color while further exploiting women workers into low wage sectors to perform paid reproductive labor. Within my project, I build upon this analysis by analyzing policy making and surrounding discourses in the COVID-19 moment. Relief policies, such as the CARES Act, barred many essential workers with precarious statuses from receiving government relief. At the same time, essential workers were praised for their service and their sacrifices. I question what are the cultural discourses that informed this exclusion, especially during a global health crisis. I, thus, understand policy making as a struggle around meanings of care, the values placed on reproductive labor, as well as the bodies who perform them.

By looking at policy formation, I draw upon Michelle Murphy's idea of distributed reproduction which looks at reproduction as a macrological process that is "extensive geographically in space and historically in time." (Murphy, 2011) Scholars such as Morgan and Roberts have put forth the idea of reproductive governance, which they define as "the mechanisms through which different historical configurations of actors – such as state, religious, and international financial institutions, NGOs, and social movements – use legislative controls, economic inducements, moral injunctions, direct coercion, and ethical incitements to produce, monitor, and control reproductive behaviors and population practices." (Morgan and Roberts, 2012) In this way, they focus on the governance of bodies through specifically looking at how the state controls various technologies around biological reproduction from abortion, sterilization, and emergency contraception. Although not the focus of my project, I acknowledge

the ongoing conversations of how governance is shaping and controlling birthing bodies and how people produce and reproduce. Yet, my intervention is to look at social reproduction, as Murphy describes, beyond the body, and how governance controls other services, labor, and provisions needed to live, such as housing, healthcare, and food. My term, governance of care, looks at reproduction beyond the cellular and biological level, and how reproduction is intertwined with issues of political economy and macro logical structures.

In my dissertation, I expand definitions of care and reproduction to not only look at paid reproductive labor, but also issues around health and safety in the workplace, social services, and the home as necessary means of maintaining life. Moving "beyond the body", I examine the following as issues related to the need for social reproduction:

- Health and Safety in the Workplace: This entails the state policies and legal protections that keep reproductive laborers emotionally and physically safe and well in their places of work.
- Home and Environment: This involves not only the unpaid care labor in their homes, but also the policies and politics that surround the home such as environmental issues, gentrification, and market driven policies that affect overall wellbeing.
- Organization and Distribution of Social Services: This includes examining the distribution of direct relief, financial aid, access to quality food, medical care, and other forms of services needed to maintain life.

In my chapters, I examine how immigrant women and women of color navigate a governance of care that stratifies access to these means of social reproduction through the state and beyond, such as through community programs and mutual aid. Further, I use the terms,

"reproductive laborers" or "reproductive workers," as connected to not only caregivers and nurses, who are directly providing direct care to those who are ill, but, more broadly, domestic workers, janitors, and fast food workers as people who are performing the work of maintaining life. I see the term "essential workers" as a part of the reproductive worker umbrella.

Lastly, my third intervention relates to Fraser's crisis of care within the COVID-19 pandemic moment and within the local formations of the Bay Area. (Fraser, 2016) The Bay Area serves as a key example of this crisis and connection. The region has been known for its soaring rents and mass gentrification of primarily low-income communities of color. The communities who bear the brunt of market-driven policies are more often than not home to service workers who provide the needed reproductive labor, from cooking to cleaning, to maintain the Bay Area's productivity of running the globe's information economy. For instance, I interview service workers at Stanford University who prepare food and clean the university's dorms and offices. Stanford University is a central hub in producing key information technologies regionally and around the world. At the start of the pandemic, service workers were laid off without continuation pay and a few months later, were left to figure out how to pay for rent in their homes, as well as childcare and elder care for loved ones. I question, how can Stanford function without the integral reproductive labor their service workers provide? By connecting broader social policies with reproductive labor, I answer broader questions around distributed reproduction as it relates to this ongoing crisis of care.

Care Through Political Organizing and Mobilization

In addition to looking at policy formation, my project looks at how care is being redefined through political organizing and mobilization. I draw on Francisco-Menchavez's concept of "communities of care," which explain how migrants use fictive kinship with those in

their physical locations to build solidarity and care with one another, especially under government neglect and economic exploitation. (Francisco-Menchavez, 2018) By extension, I question how we can build communities of radical care, or as Hobart and Kneese define as, "the set of vital but underappreciated strategies for enduring precarious worlds." (Kneese and Hobart, 2020)

Under the COVID-19 pandemic, these formations of radical care and communities of care have been seen through mutual aid programs and people's food banks. For immigrant women workers, for instance, organizations like the Pilipino Association of Workers and Immigrants began PPE Drives for other caregivers and nurses, and within the Health and Safety for All campaign, immigrant women workers supported each other through dancing and singing through virtual rallies. This type of radical care shows a type of care that engages with histories of grassroots activism while opening up tensions around seeing care as essential for social reproduction but invisible, undervalued, and easily co-opted, as well as understanding care as solidarity versus charity. In this dissertation, I aim to understand these forms of communities of care and radical care forged through and beyond the advocacy work undertaken by immigrant women workers.

Critical Immigration Studies & Racial Capitalism

Critical immigration studies and racial capitalism are key fields that offer a backdrop to understanding the role of policy making, governance, and care. A critical immigration studies framework does not only look at immigration as solely an economic and political process, where migrants enter and leave borders. It considers how race, gender, citizenship, and histories of colonization shape immigration law, the processes in which people migrate, as well as the meaning of the borders crossed (Romero, 2008). I use a critical immigration studies framework

to understand the global flows of reproductive labor and care within neoliberal racial capitalism. Scholars have long discussed how immigrant women and women of color in the Global North have performed reproductive labor for the white professional class. (Nakano Glenn, 1992; Parrenas, 2001; Rodriguez, 2008; Tung, 2000) These divisions of labor have been facilitated by migration policies that have relegated immigrant women and women of color into low-wage work, namely service work and reproductive labor. (Chang, 2016; Rodriguez, 2010) These transnational processes shape the lives of immigrant women and women of color who perform such labor, as well as the regional policy making processes that I will be analyzing.

In conjunction with Critical Immigration Studies, racial capitalism offers a key insight to understanding the role of state and local, national, and international political economies in racializing and gendering immigrant women workers in order to accumulate capital. In *Black Marxism,* Robinson specifically looks at how the development of world capitalism was influenced by racism and nationalism, and how racialism within feudal relations of production within European civilization contributed to the making of racial capitalism: “The tendency of European civilization through capitalism was thus not to homogenize but to differentiate-to exaggerate regional, subcultural, and dialectical differences into "racial" ones.” (Robinson, 1983) This racializing process was reproduced into capitalism, and laid the foundation for racialism between Europeans and non-Europeans through Western imperialism to the present. Racial capitalism is, thus, the process in which bodies and resources are assigned value by the white elite in order to exploit and produce profit. (Clerge, 2019)

Robinson’s concept of racial capitalism allows me to further think about the policy formation process of the racial-capitalist state. How does the racial-capitalist state, from its bureaucracies and policies, function and maintain a type of governance and political economy,

ridden on the backs of Black, Indigenous, and communities of color? Scholars in Law, History, and African and African American Studies have helped illuminate this question. For instance, I draw from Marable's *How Capitalism Has Underdeveloped Black America* which examines America's history of governance and political economy to argue how the US state has been developed to under-develop Black communities. Black people bear the brunt of the growth of the American capitalist and racist state. (Marable, 1999) Racial capitalism and its relationship with law and political economy helps me think about how care and social reproduction are managed and regulated within these structures and systems, and how they are lived locally and through social relations.

Additionally, Robinson's thinking of the Black Radical Tradition provides a framework to look at movement building and radical care. Cedric Robinson not only maps out the racialized functions of Marxism but also the development of the Black Radical Tradition, or in other words, the ideological, philosophical, and epistemological natures of the Black Movement rooted in historical struggles. The Black Radical Tradition has allowed Black people to define "the terms of their destruction: the continuing development of a collective consciousness informed by the historical struggles for liberation and motivated by the shared sense of obligation to preserve the collective being, the ontological totality." (Robinson, 1983) When discussing care and reproductive labor within the American capitalist-state, it has long been Black women who have taken up domestic service, due to the fact that such work was seen as a promiscuous work environment and unwanted by white women. (Davis, 1981; Nakano Glenn, 1992) As shared by scholars like Premilla Nadasen, Black women workers in the 1950's to the 1970's led groundbreaking domestic labor organizing even while shut out by key federal labor protections and even mainstream labor union organizing spaces. (Nadasen, 2015) The domestic workers

rights movement, led by Black women, is a part of the Black Radical Tradition and offers lessons for scholar-activists and movement organizers who are creating radical care away from racial and patriarchal capitalism.

Understanding the Governance of Care from Above and Below

I look at the governance of care through two perspectives, from *above* and *below*. By looking at the governance of care from above, I focus on how the governance of care functions as a part of the racial capitalist state. Under neoliberal racial capitalism, I argue that the governance of care from above is organized to maintain and protect whiteness, white wealth, and white life, at the expense and vulnerability of racialized and gendered communities who often serve as low wage reproductive laborers. The neoliberal governance of care produces a set of relationships in how white communities relate to communities of color and is upheld by racialized and gendered discourses that uphold stratified reproduction. The governance of care from above can be seen in how policies organize and poorly distribute social services, health and safety protections, and safe and affordable homes for low wage reproductive laborers. For instance, in one testimony, Socorro Diaz, a housecleaner and leader of the California Domestic Workers Coalition, shared how she was given little to no personal protective equipment while cleaning her employers' homes affected by the California wildfires. Under California Occupational Safety Standards, she, as a domestic worker, was not protected by law at the time in terms of health and safety. As a result, she experienced major health concerns, such as inhaling toxic ash, affecting and polluting her lungs. (California Domestic Workers Coalition, 2020) Socorro's experiences under the neoliberal governance of care meant the protection and maintenance of white property over her own life and wellbeing, with little to no protections from the state.

Alternatively, I examine in my later chapters a governance of care from below, which focuses on the radical and collective care practices of immigrant women and women of color. I examine how the governance of care from below includes how reproductive workers have produced counter-narratives in response and in resistance to the governance of care from above. These counternarratives include messages that argue that the lives and wellbeing of reproductive workers is life that must be protected and that reproductive labor is legitimate work. These counternarratives further unmakes the discourses that justify racial and patriarchal capitalism. The governance of care from below also examines how care is new world making. Reproductive workers are building new foundations and worlds that value and protect the life of those who have long been marginalized and exploited to build and accumulate wealth. Through practices of radical care, reproductive workers are producing new ways of relating to each other, relationships in which intimacy, solidarity, and collective care are core values. We see these practices in various ways throughout the pandemic, from mutual aid, the intimate practice of offering virtual spaces where reproductive workers can dance and gather amidst loss, grief, and hardship, to challenging the state in expanding health and safety protections to low wage reproductive laborers.

Methodology

I employ two interdisciplinary methods that draw from sociology, law, cultural studies, and critical ethnic studies. First, I utilize a Law and Cultural Studies approach that examines the policy making process and how such policies and processes are lived as my objects of study. Imani Perry defines the Law and Cultural Studies approach as a way to view laws as ideological "texts" to further understand racial and political underpinnings. (Perry, 2005) Cultural Studies methodology draws from seeing the world as a series of texts, and understanding how these texts

relate and speak with each other. Perry argues for a new methodology where "law...is not simply a set of rules through which power is exercised, but a cultural and epistemological institution."

In relation to my project, I analyze the policy formation process and how it is lived as my text. This archive includes:

- Policy memos
- Cultural discourses that surround policy formation, which may be employed by social media, campaign launches, images, and op-eds.
- The impact of policies and the policy formation process which can be seen in people's lived experiences and narratives.

I draw from Gramsci's work around cultural hegemony and Williams' work of seeing culture as a site of power to understand how law is shaped by race and how race shapes the law. (Hall, 1986; Williams, 1995) I aim to look at, for instance, how stakeholders, such as workers rights coalitions to employers, utilize racial and gendered images for political goals within legislative campaigns around health and safety standards for frontline workers. How do these groups develop ideological blocs to persuade the public to support or oppose a certain policy?

I look to Daniel Martinez Hosang's *Racial Propositions* and Clyde Woods' *Development Arrested* as models in this interdisciplinary Law and Cultural Studies approach. In *Racial Propositions*, HoSang examines how ballot measures in postwar California history have shaped the process in "proposing and generating racial meaning and forging racialized political communities." (Hosang, 2010) He argues that these ballots reinforce and struggle around California being a racial apartheid state through the use of meaning making and policy formation. Ballot measures offer insights into this meaning-making process through public policy:

> *"ballot measures...create public spectacles where competing political interests necessarily seek to shape public consciousness and meaning. Because the instruments of direct democracy by definition are intended to advance the will of 'the people' these organized groups and interests must always make their claims in populist rather than partisan terms, thereby defining the very meaning of the common good...ballot measures transform condition propositions into unconditional political and ideological truths.*

Similarly to Hosang, I look at statewide legislative campaigns as meaning making processes around race, gender, and citizenship. For example, I examine how the Health and Safety For All Campaign redefined the value of reproductive labor as well as definitions of citizenship through their involvement in shaping governance from the ground up and culture making through art and media. In relation, policy makers, as seen with Governor Newsom's veto message, opposed to the Act also create narratives that counter the Coalition's political goals utilizing racialized and gendered discourses, one of them being that domestic work is not real work because it takes place in the private home. Much like Hosang's work, I aim to look at the various meanings, spectacles, and ideologies shaping these stakeholders' political goals in the policy making process.

Similarly, I see Clyde Woods' *Development Arrested* as another model in understanding policy, race, and culture. *Development Arrested* examines the Lower Mississippi Delta Development Commission (LMDDC) as part of a larger history of the Mississippi Delta's plantation regime and its various transformations throughout mobilizations & crises. Woods' methodology examines the Commission's policy memos and documents to understand what he calls the "plantation bloc" to further understand how this bloc has dominated regional politics and even federal politics. (Woods 1998) In relation, he examines the "blues bloc*",* which is rooted in the history of the Blues, African American working-class epistemologies, and resistance movements to the dominant plantation bloc. I find Woods' methodology fitting because of his interdisciplinary analysis of policy memos, commission hearings, culture, and

music to see how political blocs struggle over meanings around race, gender, and power. Drawing inspiration, I am interested in analyzing the meanings centered in the campaigns, policies, and politics that affect immigrant women and women of color performing reproductive labor. How is care and relief defined in these legal texts and for whom? How do ideologies around race, gender, and citizenship shape these questions?

Secondly, I seek to understand the meanings found in women workers' lived experiences through Participatory Action Research (PAR) inspired methods. Inspired by Marxist thought and social movements stemming from the Global South, PAR combines theory, action, and participation for the interests of exploited groups and class, challenging established academic norms while holding true to the need to accumulate and systematize knowledge. Tuck and Guishard's work on decolonial participatory action research (DPAR) methodologies moves this work further through dismantling settler colonialism in their research (Tuck and Guishard, 2013) In regards to understanding the policies of the racial-capitalist state, and how they are lived in the form of care and reproductive labor, I utilize PAR and DPAR as a part of my own scholar-activist praxis that seeks to make sense of the world in order to change it.

I look to Francisco-Menchavez's *Labor of Care* as a key model. Francisco-Menchavez looks at the intimate relations of transnational families based in New York City and the families left behind in the Philippines. She examines the care work done by both migrant and non-migrant family members, both in its paid and unpaid form, and care as both labor and active agency. (Francisco-Menchavez, 2018) Francisco-Menchavez uses a multi-sited and longitudinal approach to studying 11 families, which in total encompassed 25 family members. Inspired by PAR as well, she collaborated with migrants in the Kabalikat Domestic Workers Support Network to design methods of observation, construction of interview guides, and dissemination

around the research. Migrants were a part of the research's participatory advisory group, and the project primarily used *kwentutans*, or talk stories, as the primary method for data collection.

Silicon Valley Workers Stories Project & PAR Methods

Inspired by PAR and Law and Cultural Studies approaches, I developed the Silicon Valley Workers Stories Project in partnership with the Santa Clara County Wage Theft Coalition. During March of 2020, I joined local coalition meetings with the Santa Clara County Wage Theft Coalition to learn how to support immigrant frontline workers in my neighborhood. One of the coalition's main asks was to help interview and uplift essential workers' stories. From there, I began listening and documenting the stories of caregivers, janitors, and fast food workers in my community. They shared their fears and anxieties of contracting the virus in their workplace, as well as their frustrations of losing their job, their homes, and even, friends and family. We named the initiative the "Lifting Worker Stories" project, and these interviews became spaces of care amidst the ongoing and systemic loss that we were collectively healing from. Similar to the Kabalikat Domestic Workers Support Network, the project utilized a similar process of creating our interview guide collectively and having worker-leaders themselves leading *kwentuhans* with their friends and coworkers.

The Lifting Workers Stories Project was a labor of care within itself. From April 2020, through my role as the Director of Policy and Community Engagement at the UC Davis Bulosan Center for Filipinx Studies, I acted as a project manager and organized the Silicon Valley Worker Stories Team to gather stories collectively. I facilitated monthly meetings with a diverse set of community members: student volunteers from the Bulosan Center, student activists with Stanford for Workers Rights, lawyers, worker leaders, and local community organizers focused on fast food workers, caregivers, and domestic workers. In our first few months, I developed an

interview training for worker-leaders and students on how to record, interview, and transcribe worker stories through Zoom. Together, we learned how to safeguard interviewees' stories and also follow a decolonial research perspective, which meant honoring people's stories as expertise and to engage in our research as a way to take action and build power. We then developed an interview questionnaire collectively of what topics would be relevant to local and statewide campaigns and our partner organizations. These partnerships included:

- The South Bay chapter of the National Domestic Workers Alliance and the Pilipino Association of Workers and Immigrants (PAWIS) to interview child care workers, home health aides, and caregivers in Santa Clara County. These story collection efforts were used to support the California Domestic Workers' Coalition's Health and Safety for All campaign to include domestic workers in the state's health and safety protections.
- Fight for 15, a union of fast food workers, to interview predominantly Spanish-speaking workers on their conditions during COVID-19. At the time of our interviews, fast food workers across the Bay Area were experiencing atrocious health and safety conditions. The stories we collected were used to provide testimonies for Fight for 15's campaigns for better health and safety protections.
- Stanford for Workers Rights's campaign which responded to Stanford University's mass layoffs of service and janitorial staff, many of whom are Spanish-speaking immigrant workers, without guarantee of continuance pay. The Silicon Valley Workers Stories project partnered with the Stanford Students for Workers Rights (SWR), a student activist group on campus, to interview service workers and their stories and connect workers with key services and mutual aid.

- Santa Clara County Wage Theft Coalition's second Wage Theft Report where the narratives were to be used to document key wage theft policies in the region.

Through our organizational partnerships, we were able to build rapport and trust with our interviewees, utilize their testimonies for larger regional and statewide campaigns, and further, connect them with other services, such as food, legal support, and rent support. In addition, I interviewed my own family members who served as care workers, which included nurses and caregivers.

Together, we used the project as a way to both collect worker narratives and to also push forward initiatives to build the power of essential workers at the local and statewide level through the policy formation process. The questionnaire included topics such as life before and after the pandemic, health and wellbeing, immigration stories, as well as their treatment in their workplaces and their solutions for what resources and policies must be passed. During our meetings, we shared updates on how many stories were collected and transcribed. I developed meeting agendas to help facilitate our conversations and asked for feedback from team members of what could be changed and added. I also sent regular updates to volunteers, worker-leaders, and organizers around the project and overall coordinated partnerships with member organizations to schedule interviews with worker leaders and ensured that we were balancing the project with worker-leader capacities. Overall, our research team included twenty student interns and ten community volunteers, including caregivers and worker-leaders, to lead and transcribe our stories in Spanish, Tagalog, and Farsi.

Altogether, we collected 32 stories from April 2020 to February 2021, with the majority of them collected by organizers and those in the community. In analyzing and disseminating the data, I followed Francisco-Menchavez' model in ensuring the migrant workers involved are

major decision makers in the process by asking throughout meetings what major themes came up during the interviews. A majority of our interviews were immigrant women and women of color and were predominantly Asian and Latina immigrant women with home countries in Mexico, the Philippines, and Nepal. Our interviewees' ages ranged from 23 to 73, with a majority in their mid-40's. In terms of immigration, our interviewees held varied statuses, with some being undocumented, others about to apply for a green card, to some who have been green card holders for over a decade.

From November 2020 to April 2021, I disseminated the findings through the Coalition's Wage Theft Report and through developing an online archive of our interviews through a Silicon Valley Worker Stories Website. With the Wage Theft Report, I worked with the coalition's main organizers to support in writing sections of the report around issues such as worker health and safety. For the website, I and a team of interns distilled each of the 32 stories into digestible summaries and key quotes, uploaded most of the stories onto the website, and designed the worker stories website to be used as a place for the public to learn about worker narratives.

The Silicon Valley Workers Stories Project served as a way to understand the lived experiences of reproductive laborers throughout changing policies that managed and distributed care during the COVID-19 pandemic. The process of creating the project also became a way to understand the practices of care, such as mutual aid, resource sharing, and relationship building, that were being employed during this particular moment of crisis amongst reproductive laborers. For instance, throughout the project, I documented how care was utilized amongst worker-leaders, students, and community members during our interview collection process, our meetings, and beyond. Student volunteers on the team were able to connect worker-leaders to rent relief and mutual aid funds, while community members offered workers connections to legal

advice around employment law and worker rights education. The project became an act of radical care itself, and a way to understand an emerging governance of care from below.

Participant Observation & Health and Safety for All Campaign

I became involved with the Health and Safety for All campaign during its launch in April 2020 through my own positionality as a participant with the Santa Clara County Wage Theft Coalition and as the Policy Director of the Bulosan Center for Filipinx Studies. Through the Wage Theft Coalition, I was collecting stories with fellow caregivers and domestic workers in the South Bay Area and many of the caregivers and domestic workers in the Coalition were active in the statewide campaign. The stories and testimonies collected were also shared as testimonies at lobby day visits and other media to push the campaign along. As the Policy Director of the Bulosan Center, I acted as an ally to the Coalition where I joined monthly coalition calls, called legislators throughout the policy making process, and participated in digital and eventually in-person rallies.

Between March of 2020 to November of 2021, I gathered ethnographic notes and engaged in participant observation during the campaign's two legislative cycles. I also gathered digital media as it related to the campaign such as policy memos and media created by the Coalition such as social media posts and video testimonials. Additionally, I led three key informant interviews in early 2022 with Megan Whelan, the Coalition's Associate Director; Vanessa Barba, a lead organizer of the Health and Safety for All Campaign, and Cristina or "Ate Bingbing," a caregiver and worker leader with Filipino Advocates for Justice. These informant interviews served as reflections to mark key highlights of the campaign and policy making process, key strategies in moving the campaign forward, as well as ways Coalition members incorporated and practiced forms of care throughout the process.

Autoethnography

My understanding of the governance of care has been shaped by my own experiences in navigating the COVID-19 pandemic, as well as my own experiences caring for my Dad before his passing. During my first two years as a PhD student, I cared for my Dad who was experiencing renal failure as a result of chronic disease. Being a caregiver for my dad, as well as seeing my mom being a caregiver while working two jobs, shaped much of my perspectives in understanding how immigrant bodies are cared for, or not. It has also opened my eyes around the difficulties and inequalities when it comes to providing and receiving reproductive labor and how difficult it can be to maintain life in a system that is very much anti-life and anti-care.

My understanding of care became further deepened when my father passed away in December 2019 and when the pandemic began shortly after. With the exception of myself, all of my immediate family members were working as essential workers as nurses, therapists, and doctors. While my mom, sister, and I quarantined together, I would often purchase groceries and cook us food as I witnessed my mom and siblings go to work at their respective hospitals, with the risk of potentially contracting COVID-19. My mom would share with us stories of how there was a lack of personal protective equipment at local hospitals to even seeing the gift shop as an extra ward for COVID-19 patients. My sister would express how the number of patients at her hospital would grow, especially during the winter, all while providing care at home to raising a newborn in a pandemic. Because of these experiences as a provider and a witness of both paid and unpaid reproductive labor in my family, I offer and weave my own personal stories and autoethnography of my family and I navigating a neoliberal governance of care while also creating our own forms of collective care as ways to keep each other safe.

Chapter Outline

Chapter 1: Navigating a Neoliberal Governance of Care

In Chapter 1, I examine the governance of care from above in the Santa Clara Valley and the broader Bay Area during the COVID-19 pandemic. I, first, trace how a neoliberal governance of care emerged in Santa Clara Valley through looking at the Valley's roots in the agricultural industry in the 20th century towards the region's shift towards a booming global tech economy. I look at how the Valley developed and maintained a governance of care that prioritized white wealth and white life at the expense of low wage, immigrant women labor, the health and wellbeing of immigrant women bodies in their homes and workplaces, and the disinvestment in social services and infrastructure in the neighborhoods in which immigrant women resided. Such disinvestments and hierarchies in care were justified through policies and cultural discourses shaped by race, gender, and class. In examining the history of the region's governance of care, I shift to how immigrant women and women of color who perform reproductive labor are navigating this neoliberal governance of care. Through analyzing the stories gathered from the Silicon Valley Workers Stories Project, women reproductive laborers offer how they have moved through the tensions and contradictions of how care has been organized and stratified amidst the COVID-19 pandemic. One of these tensions include how workers have been both praised by government officials for their reproductive labor to various sectors of society, yet also neglected and invisibilized when it came to policies that governed care in their homes and their workplaces. This chapter elaborates on how the neoliberal governance of care has been lived through reproductive laborers and illuminates the stratifications of care and reproductive labor.

Chapter 2: Struggling over the Governance of Care

Chapter 2 looks at how the governance of care is an ideological struggle from above and below. I focus on social reproduction through looking at the health and safety standards in the

workplace for domestic workers. I look specifically at California Domestic Workers Coalition's (CDWC) Health and Safety for All campaign which aimed to end the historic exclusion of domestic workers and day laborers from California's Division of Occupational Safety and Health (Cal OSHA). The campaign, which occurred in the thick of the pandemic from March 2020 to September 2021, served as a cultural and political struggle around the importance of reproductive labor and those who perform such essential work. I argue that the CDWC developed counter-narratives around reproductive labor and the immigrant women and women of color who perform it as a way to challenge racialized and gendered narratives stemming from a neoliberal governance of care. These discourses include viewing care work as invisibilized, illegitimate, and deregulated labor because such labor is performed in the private home. It also includes seeing care work as feminized labor and viewing the care worker as a "machine." Through storytelling and cultural resistance, worker-leaders and their allies countered such narratives by uplifting the following discourses: (1) care work is legitimate work that necessitates protections and safety, and (2) domestic workers are not only workers but people that need care themselves. Further, these counternarratives were used to build alliances and "historic blocs" across various sectors of society in order to shift unequal hierarchies of care and to change the lived realities of reproductive workers.

Chapter 3: Care As New World Making

Chapter 3 goes deeper into the "governance of care from below" and focuses on the practices of care that have long been built by immigrant women and women of color even beyond the COVID-19 pandemic. I examine how such care is new world making and how through these practices we are already planting seeds for a new vision of collective care. I build upon Francisco-Menchavez's concept of "communities of care" and Kneese and Hobart's "radical

care" where we already see our future through the ways in which community members have cared for each other during this global pandemic. I examine how women reproductive workers are practicing care through mutual aid, resource sharing, building new kinds of intimacies and relationships based on solidarity, as well as planting seeds for a governance of care that unmakes neoliberal racial capitalism. I discuss how essential workers offer models of building connection and solidarity during times of crises and violence created by the state itself, and how we can continue to build spaces and institutions to protect and defend our communities.

Conclusion and Future Directions

I conclude my dissertation through summarizing the findings found throughout my research over the past three years. Further, I share invitations to researchers, scholars, and activists around future directions and scholarship on the governance of care.

Epilogue: If the "Pandemic is a Portal," Where Are We Going?

As writer Arundhati Roy points out, "the pandemic is a portal." (Roy, 2020) Yet, now years in, where are we going? What does the governance of care look like, especially as we move through neoliberal and individualist policies that threaten our lives? I offer questions and final reflections as we continue to unmake a violent governance of care from above and water seeds towards a liberatory and radical world of care.

Chapter 1: Navigating a Neoliberal Governance of Care

A month before I left for graduate school, my Dad had a heart attack. Calcium deposits blocked his arteries because of the mixture of chronic diseases he was experiencing for years: diabetes, hypertension, and kidney failure. The doctors had stated it was "mild" – perhaps as a way to ease my and my mom's emotions -- but it was, nonetheless, a heart attack that weakened my Dad's health. As my Dad's condition became worse, my visits back home were no longer catch-ups around the dinner table, but moments to provide care as he became weak. After about six months, my Dad was 120 pounds, and it became clear that my Mom could no longer sustain herself working two nursing jobs while taking care of my Dad at home.

During the first year of my program, I drove from Davis to San Jose every week -- a 2-hour drive one way -- to take care of him. My days would consist of finishing up readings, teaching classes, and then commuting to make sure he was eating, practicing his physical therapy, and taking his medicine. I felt exhausted, and even though he was still alive at the time, I felt like I was grieving him. He was tired and exhausted, too, and of course, never wanted to feel like a burden to us.

After a month-long hospital stint, it was clear that our family needed support -- my sister, who had moved back home, and my mom were working full-time. I was in school miles away, and we needed someone to care for him. It was a conversation at home that really struck me. My family and I gathered in my Dad's room, and we were figuring out how we were going to pay for a caregiver. It was there that my Dad said, "I don't want to be a burden. We can use my savings." After, my Mom said she could use her earnings from her second job to pay too.

Overhearing my parents' conversation made me feel a deep sadness and anger. My throat began to hurt, and my shoulders were tense. Throughout decades of seeing my mom and dad

work multiple jobs, to see their earnings to be used so my Dad could survive was heartbreaking, to say the least. We had an immense privilege to be able to hire a caregiver, and yet, it felt like we were hanging on by a thread.

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"It [the pandemic] has created confusion. It created anxiety – more anxiety, because I don't know what is going to happen. I mean, you're always afraid to go out, because one thing, at the back of my mind, I don't have insurance. What if I got sick, right?"

– Dana

In 2017, Dana migrated from the Philippines to San Jose, California to follow the person she fell in love with. She decided to move across continents to get married and create a new life. When she arrived through a work visa, her husband abandoned her, and she lost her status, rendering her undocumented. Struggling to find work, she became an on-demand caregiver under a homecare agency. Before the pandemic, she experienced wage discrimination, was not fully paid for the days she worked, and was verbally abused through her employer, who threatened her with deportation.

When the COVID pandemic began and shelter-in-place orders were implemented, she struggled finding a consistent job. Due to her immigration status, she had difficulty finding adequate food assistance, and felt like she had to gamble her health with no health insurance amidst a global pandemic. As she shares:

> "*What happened to our world, like the pandemic…there's no work. We're paranoid. We cannot engage in the regular things that we love to do. Like our job, especially the caretakers, we are so affected, because families do not want their own to be taken care of by [an] outsider now because they are afraid their mom or dad is going to be affected because they are vulnerable [to] the virus."*

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These stories highlight how those living in the wealthiest regions in the world are navigating through a neoliberal governance of care. The Santa Clara Valley is home to an abundance of resources: hospitals, water, food, housing, child care and elder care services. Even with these resources in place, the stories of my family, Dana, and so many others expose an unequal distribution of care. Before the pandemic, as seen in my family's story, care was already inaccessible and exploitative with my family using our savings to pay for the high prices charged by home care agencies. As we later found out as a family, these agencies withheld a large percentage of these monies from caregivers themselves. We were on our own to seek the assistance and support we needed while also being a part of a stratified system of care that took advantage of low wage reproductive workers. When the pandemic hit, these inequities became exacerbated, especially for undocumented workers like Dana, as many reproductive workers either struggled to find employment or had to risk their health while caring for the most vulnerable. These stories highlight the region's crisis of care that has long been built over time in the Valley.

In this chapter, I examine the neoliberal governance of care from above in the Santa Clara Valley and the broader Bay Area during the COVID-19 pandemic. To set the stage, I look at how a neoliberal governance of care emerged in the Santa Clara Valley. I start at the Valley's roots in the agricultural industry in the early 20th century and move towards the region's shift towards a booming global tech economy. I argue that the region developed and maintained a governance of care that prioritized white wealth and white life at the expense of low wage, immigrant women labor. This includes the lack of care towards the health and wellbeing of immigrant women bodies in their homes and workplaces, and the disinvestment in social services and infrastructure in the neighborhoods in which immigrant women resided. Such disinvestments and hierarchies in

care are further justified through policies and cultural discourses shaped by race, gender, and class.

In examining this history, I focus on how women reproductive workers are navigating a neoliberal governance of care in the pandemic era. In analyzing testimonies from the Silicon Valley Workers Stories Project, women workers share how they are moving through the tensions around how care has been organized and stratified, both in their workplaces and in the places in which they live.

Defining A Neoliberal Governance of Care

The governance of care from above is shaped by the processes of neoliberal racial capitalism. Racial capitalism, as defined by Cedric Robinson, is the process in which bodies and resources are assigned value by the white elite in order to exploit and produce profit. (Clerge, 2019; Robinson, 1983) By neoliberal racial capitalism, I mean the present-day form of racial capitalism that is marked by privatized basic goods and services, financialization, and liberal trade practices. Under neoliberal racial capitalism, the allocation of care is stratified in terms of who must perform care and who receives care along the lines of race, gender, class, citizenship, and ability. (Colen, 1986) Scholars like Grace Chang argue that this stratification is rooted in how labor migration is engineered through immigration and welfare policies, and bolstered by cultural discourses that racialize and gender immigrant women and women of color as "breeders" and "hoarders" of governmental assistance. (Chang, 2000) These discourses are used to inform governmental policies that deny benefits and protections to immigrant women and women of color while further exploiting women workers into low wage sectors to perform paid reproductive labor. These policies fulfill a dual agenda of forcing immigrant women to take up and remain in low waged work and minimizing costs for providing basic needs, care, and rights

to immigrant women workers. “Ultimately, both private employees and the state capture a pool of cheap labor -- cheap because women are cheated of fair wages, because they are denied the rights and benefits of citizen workers, and because they have already been raised and trained in their home countries.” (Chang, 2000, pg. 12)

Building upon Chang’s scholarship, the neoliberal governance of care backs an unequal allocation of care and reproductive labor across race, gender, and citizenship through: (1) anti-immigrant and anti-worker policies that deny benefits, care, and protections for immigrant women and women of color who perform paid and unpaid reproductive work, (2) poor and limited regulation of privatized & exploitative industries, and (3) the abandonment of social safety nets and welfare that leave families and communities on their own in seeking care. These policies trace a neoliberal governance of care that increases burdens for those who perform and receive care.

Further, feminist scholars like Joan Tronto mark how neoliberalism accounts for care in the following ways. (Tronto, 2017) First, care is one’s own personal responsibility. It requires people to ignore the needs of others, or to judge others’ choices by their own standards. Secondly, care is a market problem. As Tronto mentions, “if a need exists, then a market solution will emerge...in this way all needs can be considered met.” Lastly, the family is seen as the proper locus of care. Neoliberal strategies are rooted in reducing government costs and orienting care towards the market. As Brown argues, the family is also seen as actors in governmental cost-saving measures around care. (Brown, 2015) As Tronto summarizes:

> *“Putting these three pieces together provides us with a kind of theoretical account of how people should care for themselves and those close to them within a neoliberal society: care for yourself by acting rationally and responsibly; if there are care needs that you cannot meet for yourself, then use market solutions; and, finally, if you cannot afford market solutions, or prefer to care on your own, then enlist family (and perhaps friends and charities) to meet your caring needs.”*

Scholars like Coburn (2000) have demonstrated how these neoliberal strategies have failed in maintaining communities and human life. Further, feminist scholar Nancy Fraser marks how these strategies highlight capitalism's crisis of care. (Fraser, 2016) Capitalist societies separate social reproduction from economic production, devaluing reproductive labor. Yet, economies are dependent on these processes of social reproduction in which they devalue. This paradox becomes a source of instability. Capitalist economic production is thus not self-sustaining even though it needs and relies on social reproduction - all while capitalism's need to accumulate threatens social reproduction, which we all need. Fraser (2016) discusses how neoliberal capitalism's crisis of care operates:

> *"The last and third regime is globalizing financialized capitalism. This regime has relocated manufacturing to low-wage regions, recruited women into the paid workforce, and promoted state and corporate disinvestment from social welfare. Externalizing care work onto families and communities, it has simultaneously diminished their capacity to perform it."*

In other words, all stages of capitalism, including neoliberal capitalism, hold a crisis of care where social reproduction is needed for accumulating more capital and to produce, but capitalism also limits & destabilizes the processes that social reproduction needs to happen. Thus, capitalism at all stages struggles to sustain and maintain life.

Although unsustainable, these neoliberal practices have continued to be used during a global pandemic. These strategies maximize a low wage essential workforce that is racialized and gendered, while cutting costs in providing governmental benefits and protections for the people who make up this workforce. We see this with the initial exclusion of undocumented immigrants from CARES Act relief funding, even though undocumented workers make up a large portion of those who perform reproductive labor. For instance, the Center for Migration Studies suggests that 19.8 million immigrants serve as essential workers. (Kerwin et. al, 2020) In

the healthcare industry alone, 200,000 undocumented immigrants are health care workers. (Nowrasteh & Landgrave, 2020) These neoliberal strategies include allowing employers to decide upon their own health and safety protections, building upon the already limited regulation of frontline industries before the pandemic. This often has meant essential workers buying their own personal protective equipment because their employers have cut costs. This also meant mass layoffs and disposability of essential workers for employers to cut costs as well. Although governmental policies like the CARES Act and local policies like eviction moratoriums provided temporary forms of relief, these forms of relief were either short lived as funding ran out or were another form of exclusion. In essence, the neoliberal governance of care has multiple purposes: to maintain a continuous supply of cheap, racialized and gendered labor to perform frontline work and maintain the nation's critical infrastructure, while saving costs on care and benefits. Under racial capitalism, this is a means to maintain white life, property, and wealth accumulation while denying life-saving support and resources to reproductive laborers.

The Neoliberal Governance of Care in the Silicon Valley

The neoliberal governance of care plays a particular role in maintaining racial capitalism in Silicon Valley. The region's economy is known for its billion-dollar companies, producing global technologies and products that we rely upon everyday. Yet, companies such as Google, Twitter, and Meta would not be sustained without the productive and reproductive labor performed in these employees' offices and homes, from house cleaning, delivery services, to child care. Silicon Valley's wealth accumulation depends on low wage, reproductive labor. For the immigrant women and women of color who perform such labor, this has resulted in a lack of care in their workplace, such as deregulated health and safety standards, and in their homes, disinvestments in social services and in their neighborhoods. Such stratifications in care and

reproductive labor are relegated through policy and justified through racialized and gendered discourses.

We can see this governance of care from above emerge as the Santa Clara Valley moved from an agricultural economy in the early 1900's to its current high tech economy.

Governing Life in the Valley of Heart's Delight

Before the region's transformation into a bustling urban center, fueled by multi-billion dollar technology companies, the Santa Clara Valley was known for its long stretches of orchards, horticulture, and canneries. Given names like "Valley of Heart's Delight" and the "Garden of the World," the region was famed for its fertile grounds that gave way for plentiful fruits and produce. (Todd, 2022) Behind the region's rich and successful production were immigrant workers who would provide menial agricultural work and cannery production labor. Between the 1880's to the 1940's, the Valley was in its peak of horticultural production. Yet, even as the Valley transformed into the Silicon Valley in the 1970s, immigrant workers, especially women, continued to work in cannery production. (Tsu, 2013; Zavella, 1987; Park and Pellow, 2002)

I argue that historically, the governance of care from above protected the wealth accumulation of the region's agricultural production, which included protecting whiteness, particularly white life and white property. This protection came at the expense of limiting care and life saving resources towards immigrant and non-white communities that worked and resided in the Valley. We can see this through the lack of care dispensed to immigrant workers in their places of work in the late 19th and 20th centuries. Immigrants were highly segregated to work in low wage productive industries. For instance, from 1880 to 1940, Asians made up 2 - 7% of the total population, while comprising a majority of agricultural workers. (Tsu, 2013) Within the

canneries, Chinese men represented 60% of the San Francisco cannery labor force in 1870. In the 1900s, the number of women cannery workers grew rapidly, and displaced Chinese workers as Asian workers experienced racial animosity. By the 1970s, immigrant women represented 47% of the workforce. (Zavella, 1987)

Immigrant women workers, in particular, were sought after because employers used racial and gendered justifications to pay them lower wages and exploit them for their labor. Employers believed that women had an "inherent" skill in handling produce, a stereotype that justified racist and sexist hiring practices. (Park and Pellow, 2002) Even young girls, as young as twelve years old, were recruited to do piece work in the canneries. Employers would further seek out immigrant women workers because they were thought to be much easier to control than those born in the United States. Racial and gendered tropes were used to rationalize immigrant women to be siphoned into a low wage workforce.

The canneries and fields were places that did not care for workers' lives. Health and safety standards were abysmal and workers were constantly vulnerable to illness and injury. In Zavella's *Women Work and Chicano Families* (1987), she shares how most cannery workers would experience immense physical exhaustion and witness chemical spills occur regularly. As Zavella explains:

> *"At one plant a chlorine accident in 1978 hospitalized seven women working on the line sorting tomatoes. A worker in the sorting department told me that management turned off the flow of chemicals, but the water was recycled. "They never closed the line down and we worked up there, and we finished our shift. " She claimed that no one advised her of the problem or explained why it occurred…Workers were bitter about having to tolerate such conditions, and they considered the callousness of company officials to safety issues to be a denial of human dignity. Connie complained: "They don't relate to cannery workers as people; they try to work us like animals. There are little things they could do to make working conditions easier. But it costs money, and they don't want to put out any more money than they have to." (Zavella 1987)*

In addition to chemical spills, workers had to endure extreme weather conditions, from blistering heat to freezing temperatures as well as noise pollution. For women workers, they experienced gendered and racist violence and environmental and economic threats towards their health and wellbeing. Their workplaces were spaces of anti-care, and the disregard of health and safety standards served as a neoliberal cost-saving measure to uphold the region's agricultural industry.

Beyond the workplace, the governance of care protected white life and property through racial covenants and the disinvestment in neighborhoods where immigrant and non-white communities resided. During the peak of the region's agricultural industry, there were many white fears of immigrant settlement. In *Devil in the Valley,* Stephen Pitti documents how white communities in Santa Clara County felt threatened by Mexican laborers settling in the region. (Pitti, 2003) Mexican migrants were seen as ineligible for citizenship and settlement because they were seen to "ruin" the Valley. The Santa Clara County Central Labor Council even considered a repatriation campaign of Mexican migrants. (Flores, 2003) To further restrict settlement, real estate deeds and restrictive covenants were used to limit the settlement of non-whites. These covenants became particularly rampant between 1920 to 1945 as native born and European immigrant residents began to live in new middle class neighborhoods to the south and west of downtown San Jose.

As a result, Mexican neighborhoods formed on lands free from restrictive covenants. These lands were mainly in East San Jose, tied to the Valley's fruit economy. (Pitti, 2003) These rural neighborhoods were seen as the county's rural backwater. These areas were rejected by white farmers because of its poor soil, yet, due to the lack of restrictions, East San Jose became occupied by Mexicans settling in the 1920's. (Regua, 2012) One of the East Side's largest

neighborhoods was called Sal Si Puedes (*Get out if you can*) because of the neglect from the city, lack of development, and unpaved roads. There was a severe housing shortage where residents had a hard time finding affordable housing because of overcrowding. The area remained largely underserved and vulnerable to environmental degradation. Through these land restrictions, the Valley's governance of care stratified resources around land, labor, and life.

The governance of care during this time ultimately served as a way to maintain the region's image of what Cecila Tsu calls the "white agrarian ideal." In Tsu's *Garden of the World*, she explains how the Santa Clara Valley embodied the vision of the "American agrarian ideal" in which the American cultural imagination was a vision of "white citizens tilling the soil and contributing to the stability and virtue of the new nation." (Tsu, 2013) Although, for white owned farms and orchards in the Valley, it was not only white families who tilled the land, but Asian immigrants from China, Japan, and the Philippines in which white farmers relied on. As she explains, "the deep rooted conception of the American family farm, according to which white European-American, male headed households operated farms requiring only the labor of family members to maintain, was at odds with rural realities." (Tsu, 2013)

As a way to protect a governance of care that preserved whiteness, white growers and residents had to negotiate relationships and everyday interactions with immigrant farm workers to continue to rely on Asian farm labor while also holding on to "agrarian whiteness" in fruit growing. Through these interactions, white growers resolved this contradiction through racializing Asian immigrants. For instance, white growers would assert that Chinese immigrants were suited for tedious and labor intensive labor and were not fit for growing orchard fruit. (Tsu, 2013) Further, they developed a labor system based on race, gender, and crop. These logics extend to the immigrant women and girls who worked in the region's canneries, bolstering the

Valley's wealth accumulation around produce and crops at the expense of the health of the immigrant women who performed this work. The governance of care from above thus produced a set of relations that further protected whiteness in the form of the "white family farm."

The Governance of Care in the Silicon Valley

From the 1950s to the 1970s, the region experienced rapid agricultural de-industrialization. Canneries and orchards quickly declined due to the growth of California's Central Valley as the new agricultural region of the state, the union organizing of cannery and farm workers, and the high cost of complying with environmental standards. (Dominguez, 1992) It was during the 1970s and 1980s that the electronics industry began to emerge as partnerships amongst the US military, universities, and government officials began to construct the culture and political economy of the "Silicon Valley."

In the late 1940s, the US Department of Defense provided large grants to firms and universities such as Stanford University to create a center for military and defense research. In 1946, Bay Area financiers and university officials partnered to create the Stanford Research Institute to develop research for US industrial and defense centers. By 1951, the university founded the Stanford Industrial Park to lease land and funding from lucrative federal contracts to electronics firms, such as Hewlett-Packard. In return, firms would provide equipment for university laboratories and help sponsor relevant projects. Municipalities contributed by providing tax relief and clearing tracts of land for industrial development (Smith and Woodward, 1992) The Silicon Valley was thus developed through private-public partnerships from the federal government, local governments, universities, industry, and the military.

By the 1970s, the tech economy greatly expanded, with hundreds of firms located in Santa Clara County. By 1979, two hundred thousand people in the county were directly or

indirectly employed in the electronics industry. With Fairchild, National, and Intel becoming the "Big Three" corporations of the industry, the development of the microprocessor and large scale integrated circuits led to the explosion of consumer use of computers, making Silicon Valley a global leader in the electronics industry. (Park and Pellow, 2002)

In developing the region, the construction of the Silicon Valley depended on a governance of care that protected the influx of tech workers, while relying on the labor and lives of working class residents, including immigrant women and women of color, to perform low wage productive labor. This was seen through the occupational segregation that continued with nearly a third of Spanish-speaking women in the county working in blue collar jobs, such as in the local canneries and in the emerging tech industry. (Pitti, 2002) Additionally, San Jose public schools kept Latino students out of school, contributing to the local educational attainment gap. High school counselors even dissuaded Latino students from going to college, rendering students to work in low wage jobs as electronics assembly workers. As people of color were kept out of the prosperity of Silicon Valley, Stanford University sought to attract white, middle class, English speaking workers in higher paying positions and instead, keep people of color, immigrants, and women in low wage assembly work. (Findlay, 1992)

Occupational segregation was particularly acute as immigrant women disproportionately worked in high tech assembly shops. According to a study by Karen Hossfeld in the late 1980's, immigrant women accounted for about 68 to 90 percent of the operative labor force in high-tech shops. (Hossfeld, 1988) Similarly to the Valley of Heart's Delight, the concentration of immigrant women was fueled by discriminatory hiring practices. In Hossfeld's research she shared that employers' hiring formula focused on workers who were "small, foreign, and female," as employers assumed that immigrant women would work for less wages and that they

were second wage earners. (Hossfeld, 2019) High tech managers would use racialized images of the “passive Asian” or the “militant black” to create a workforce that would less likely organize. These images also included myths that women workers had more “nimble fingers" in performing the intricate work required at electronics firms.

Silicon Valley also relied on a governance of care that used cost-saving measures around health and safety for immigrant women workers working in high tech assembly shops. For instance, Park and Pellow’s *Silicon Valley of Dreams* examined the social and environmental costs of the tech industry at the expense of immigrants, women, and people of color who experienced environmental racism in their workplaces as assembly workers and in their homes. (Park and Pellow, 2002) They found that since the mid-1970s, Silicon Valley production workers were experiencing high rates of occupational illness – rates more than three times that of any other basic industry. These illnesses included respiratory disorders, miscarriages, birth defects, and cancer. As workers made microchips, circuit boards, cables, and other hardware, these workers became exposed to at least seven hundred different chemicals. Those most affected were immigrant women workers who experienced a range of health effects including impacts on their reproductive symptoms such as miscarriages, birth defects, and toxic breast milk.

Some of the stories highlighted include the story of Armanda Esperanza, a Chicana at a major electronics firm. She began working in the canneries after high school until it closed in 1968. She then worked in what was called a “clean room” and was exposed to a chemical called epoxy. Her only protection was latex gloves which would disintegrate from handling methylene chloride. This lack of protection was due to inadequate health and safety training, and limited regulation of the workplace by management and state agencies. Even as women tried to seek care, workers could only choose either company doctors, who were paid by the very firms

making workers ill and had an incentive to underreport illnesses, or to seek independent doctors, who had limited knowledge of occupational hazards. Women workers received little to no care and were often called "hysterical" in sharing their grievances. Similar to the canneries, immigrant women workers who were siphoned to do the low wage productive work that the region's economy depended on while being left to work in spaces of anti-care, where the lives of workers were disregarded and discarded.

This neoliberal governance of care was found both in their workplaces and in their homes and local environment. In preserving white space, the disinvestment of communities of color continued through post-war urban renewal policies in which cities were developed to keep working class residents out of the city as new elite workers came in. Immigrant-concentrated neighborhoods, like in East San Jose, were further marginalized, with neighborhoods in the Eastside often being called "female ghettos" due to the concentration of immigrant women who lived there. (Pitti, 2002) At the same time, San Jose city government responded to the rise of the high tech economy by developing housing for the influx of white managerial elite and tech workers coming into the city for "high skilled" work. As a result, San Jose local government invested millions of dollars to re-develop its downtown in the 1980's to cater to its new tech workforce and to hone its new reputation as the "Capital of the Silicon Valley". For instance, at this time, about 300 households were displaced from the Guadalupe-Auzerais redevelopment area because of the city's plans to build the Tech Museum and the Children's Discovery Museum in downtown San Jose. (Novoa, 1985) This mass displacement incited residents to protest, where they ultimately received relocation money after losing their campaign.

The governance of care from above in the Silicon Valley thus was created to organize care in a way preserve a certain "whiteness" affiliated with the region, from the "white agrarian

ideal" to the "white tech entrepreneur ideal" that continues to characterize the region's wealth accumulation through global technologies. Since the mid-20th century, government officials, universities, and the media have supported the construction of Silicon Valley through policy and racial and gendered ideologies. This was seen through the siphoning of immigrant women into a racialized and gendered low wage workforce to perform the dangerous assembly work in which the Silicon Valley relied upon, using tropes such as the "fast fingered Malaysian" to justify racist and patriarchal hiring practices. Workers experienced illness in their workplaces through the cost-saving measures of deregulating health and safety standards and the denial of quality health care. This contributed to the "premature death" of the many workers subjected to neoliberal racial capitalism as it played out in the Valley's factories (Gilmore, 2002). Beyond the workplace, immigrant women experienced a lack of care in their homes and neighborhoods through disinvestment and displacement as white settlement was preserved and maintained for middle to upper class tech workers. Under neoliberal racial capitalism, the region's governance of care was and is organized in a way to promote and maintain the white accumulation prospered from the global tech economy and to preserve white life at the expense of racialized and gendered communities.

Moving Through the Valley's Crisis of Care

> *"I helped raise their children...I served the whole family, I did their laundry, I cleaned their home. I did whatever they asked me to do at any time of the day… Despite that, they treated me with great disrespect."*
>
> - Julieta Yang (Halim, 2015)

Julieta was hired by two Uber and Airbnb executives to work as a live-in caregiver in their San Francisco home. In 2015, a news story broke out about her experience of violence and harassment. Although she was paid to work five days a week, she was in fact working nine hour days for six consecutive days, while also receiving no overtime pay or breaks. Most jarring of

her story, one of the executives would walk around nude in their house while making unwanted sexual advances towards her.

Julieta's story demonstrates the region's governance of care, one in which the Silicon Valley relies on both paid productive and reproductive labor. By the 2000's, the baby boomer population became a growing elderly population that needed care. At the same time, middle-class women became more professionalized and entered the workforce, increasing the need for child care – all while social support and welfare were being cut at multiple levels of government. This crisis of care was particularly true for the region, and these conditions created a perfect storm for immigrant workers, particularly women, to fill the labor demand of care work. In the most extreme cases, reproductive laborers, like Julieta, would be subject to extreme violence while providing care on the job.

When the global pandemic occurred and shelter-in-place orders were put in place, this neoliberal governance of care was exacerbated especially for immigrant women and women of color performing reproductive labor. In a study conducted by the Bay Area Equity Atlas, in Silicon Valley, 37% of the essential workforce are immigrant women and women of color, mainly based in child care, health care, janitorial service, and the grocery industry. (Henderson, McCullough, & Treuhaft, 2020) Regionally, frontline workers are more likely to live in poverty, have limited English, and lack US citizenship. Workers also have increased care demands at home where they are providing for children and seniors.

Even though reproductive workers are providing the necessary services to support the region, they have limited access to social services. Many lack internet access and health insurance. For reproductive workers performing cleaning services and domestic work, uninsured rates surpass 15%. (Henderson, McCullough, & Treuhaft, 2020) Within their workplaces,

reproductive workers are more likely to experience a lack of sick days and an inability to advocate for their rights due to precarious labor.

In their homes and neighborhoods, workers are surviving from costly housing and transportation, with the Bay Area having one of the world's most expensive rental markets. Additionally, workers are concentrated in areas that have been historically disinvested in, such as East San Jose, a region that suffered through high rates of COVID-19 transmission. For instance, during the early months of the pandemic, the Mercury News reported that zip-codes in East San Jose had the highest number of COVID-19 cases and deaths. (Castenada, 2020) Four in ten adults do not have health insurance, seventy percent of workers in East San Jose neighborhoods are unable to work from home, and half are at risk of being unemployed. (UC Berkeley Othering and Belonging Institute, 2020)

Along with these disparities, the discourses around reproductive workers have changed drastically in the last few years. In the early months of lockdown, essential workers were regarded as the pandemic's heroes with government officials, celebrities, and media heralding them for their willingness to "risk their lives" to maintain society. Yet, these discourses have masked the difficulties, vulnerabilities, and burnout of such workers. (Yuan et. al. 2021) These discourses have even changed particularly as reproductive laborers have had to uphold certain public health guidance – some even experiencing violence for doing so. Now, reproductive laborers are largely invisible in the media as health and safety protections are dismantled despite ongoing transmission. (Larkin, 2021; Huang et. al, 2021)

Within this history of the Valley's governance of care from above, I shift to looking at how immigrant women and women of color have navigated the neoliberal governance of care during the pandemic. I examine the stories gathered during the Silicon Valley Stories Project to

understand how care has been distributed unequally in the workplace, in the home, and through social services and safety nets.

Limited Health and Safety Protections as a Cost Saving Measure

Health and safety protections in the workplace served as a major theme for the reproductive workers we interviewed. They not only expressed accessing limited equipment to keep them safe from COVID-19, but also the lack of guidance from local and state governmental bodies and their employers. Connected to Silicon Valley's history and its regional neoliberal governance of care, the dearth of health and safety protections in the workplaces served as a cost-saving measure for employers to maximize profit generation, even while reproductive workers were at risk for illness and premature death. Further, the limited guidance from the state left reproductive workers on their own to determine their own practices of keeping themselves and the people they care for safe.

We see this in the story of Elena, a Filipina who has worked as a nurse for close to forty years. At the time of our interview, Elena was 64 years old, and spent her last year of work navigating the pandemic before her retirement in 2021. She came to San Jose in the early 1980's where she previously worked as a nurse in Kuwait and, before that, in the Philippines. When she arrived in San Jose, her mother, father, and siblings had already begun building a home in East San Jose, and later joined them along with her family. For decades, she has been working at two hospitals which I will name anonymously in this dissertation: Johns Hospital and Glenn Hospital.

In her full time job, she worked at Johns Hospital as a nurse manager. Geographically, the hospital is located in Santa Clara, California, a short distance away from the headquarters of Google, Apple, and other tech companies, and is a part of a well-endowed national hospital system. Further, it is based in West Santa Clara County, which is a largely middle to upper class

part of the region. Elena's part-time job, where she worked night shifts over the weekend, was in Glenn Hospital, one of the few and only medical centers that serves East San Jose. The hospital primarily serves those insured on MediCal, and immigrant and low-income communities in the region. While working at Glenn Hospital, she shares she would even see patients coming as far as Salinas and King City, and that there would be. increased police presence due to the cases brought into the hospital.

Before shelter-in-place orders began, Johns Hospital had always taken usual precautions such as having surgical attire, medical supplies, masks, and warm jackets on hand. During the first two months of shelter in place orders, the hospital was ill-prepared for the pandemic. She stated that the hospital received a mandate from the CDC to close their operating room because at the time Santa Clara County was a hot spot due to an unknown death in the county. The County was one of the first in the country to enforce lock-down orders, and the hospital had to close elective surgeries to ensure that there were enough beds for COVID-positive patients. She said that the first months were stressful due to the fact that there were not enough protective equipment for nursing staff and the lack of clarity around exposure:

> *"They [the hospital] are not issuing N95 masks to all the nurses that are taking care of patients. They only issue it to nurses that they think are taking care of a patient that is positive. Since there was no testing then, we don't know if we are taking care of a patient that is positive or negative so we don't know if we are being exposed right there."*

Because of the limited supply of personal protective equipment, she and her colleagues began creating make-shift face shields for her department. Using pieces of foam, plastic laminated sheets, and headbands, they created an assembly line in their office to produce dozens of face shields for hospital workers, on top of their ongoing responsibilities of caring for patients. Although Elena and her staff were able to respond creatively and resourcefully, their response

was due to the limited and poor handling of providing protective equipment from the hospital itself.

In addition to the response from the hospital, there was little guidance from the county and state government around how reproductive workers can protect themselves from COVID. The limited guidance increased anxiety and stress amongst Elena and her co-workers. Yet, once health and safety guidelines were in place, the workplace became much less worrisome for staff:

> *"I remember I think during March and April, I can sense and I can feel how their anxiety and their stress level is. Because they do not know, there is not much guidance. Because we did not start taking temperatures right away, or start wearing masks right away when you enter the building. It started happening two weeks after the lockdown because there is now guidance from the County and the Governor that when you enter the building you have to wear the mask, temperature has to be taken, you have to do your gelling, wash your hands, don't touch your face. Those kind of things. Once we started those, there are ways to mitigate the widespread of the virus, then the staff's stress levels decreased."*

She even shared that eventually, there was a distribution center of scrubs where employees can change and return their dirtied scrubs back to the hospital so they will not be exposing the illness to their families. Even after months after shelter-in-place orders and increased health and safety protocols, there were still many shortages of key protective equipment. For instance, in May of 2020 when we had our interview, Elena shares how there were supposed to be a supply of masks and equipment, such as ventilators, sent to the hospital, but FEMA intercepted the supply so it can be sent to areas where they were experiencing high levels of cases, such as New York at the time.

Overall, Elena's experiences with Johns Hospital have been inconsistent when it came to health and safety protections. Even as a well-funded hospital system, the hospital still struggled in providing enough protective equipment and guidance around protecting its reproductive workers. Eventually, the hospital was able to offer protective measures such as a scrub distribution center and increased N95 masks. Elena compares her experience at her part-time job

in East San Jose. At Glenn Hospital, there were even more COVID positive patients than Johns Hospital, averaging around sixty patients at the time. Personal protective equipment often ran short, causing delays in providing care to patients. She explains her frustration in finding a negative pressure room available to mitigate the spread of the coronavirus to her patients:

> *"That's why I was in the OR and I don't want to start a case without the proper PPEs for the people who will be involved in the case. They don't have a room, a negative pressure room, they wanted to take the case in a positive pressure room, the air goes out that way. Then you're spreading the virus if you're going to use that room. And I said, nope, you have to find a room that has negative pressure, negative pressure means there is no air coming. The air just stays in there so the virus does not go."*

Elena's experience offers how the limited health and safety protocols not only fails to protect reproductive workers, but the people they are caring for. Even as Elena tries to find a negative pressure room in this example, she was pressured to continue the surgical case in a room that would further spread the virus to both the healthcare team and the patient.

When I asked her as to why there were more COVID positive patients at Glenn Hospital, she shared that the hospital is surrounded by skilled nursing facilities. With skilled nursing facilities, she shares that they are "shorthanded in terms of manpower," which means shortages in personal protective equipment and staff to accommodate patients. Caregivers are often given a high caseload, which can further spread illnesses across the facility since they are seeing multiple patients at one time, while perhaps re-using protective equipment because of the limited supply. When patients in the facility experience and contract severe disease, these patients are then sent to Glenn Hospital for treatment.

This is evident in the experiences of Trisha. At the time of our interview, Trisha was 53 years old and worked as a caregiver for years in San Jose. Back in the Philippines, she worked as a garbage collector, explaining that she did not graduate college. As she grew older and saw her children grow up, her "expenses became larger" and was concerned about how she was going to

pay for her children's education. While she was garbage-collecting, she helped a man whose car had a flat tire and he offered that he knew someone who could help her get to the US, but she had to pay a larger sum of money to get his support. By luck, she bet her money on a Filipino game called "jueteng" and won enough pesos to pay him and receive a visa.

When she arrived in the US, Trisha became a caregiver, but did not know what the work entailed. She observed for months before working with patients with Alzheimer's, dementia, and Parkinson's disease. While she worked, she never had a room to sleep in. Instead, she would have to stay by her patient's bedside and find a spot in the room to sleep. In one of the care homes she worked in, she explained that the care home did not even have napkins , and so she and other caregivers would have to go to the nearby Starbucks to get napkins for their patients. She shared that they could not even feed the patients because they ate "whatever was at the Food Bank. I said to myself, "I'm not going to last here if this is how they run the place."

When the pandemic began, her income was greatly reduced and her agency offered limited benefits including medical leave:

> "*Even with the agency, nothing, they won't give you anything -- which is why that's our problem, what if we get sick? "Well, that's your own problem to take care of." Just like that…If you get sick, you have to self-medicate. If you don't go to work, you don't get paid. And you don't have any benefits that you can wait to get.*"

Trisha's experiences demonstrates a recurring theme of how employers have used cost-saving measures such as reducing work benefits, like medical and sick leave, as a way to increase profits. This is seen further as she shares that her agency also does not give her proper uniforms, protective equipment, masks or gloves. Fortunately, because she watched the COVID-19 pandemic unfold in China, she began building her own supply of protective equipment through purchasing gloves and sanitizer. Although, because of the lack of protective equipment,

she often has to re-use the same gloves and equipment, even though these supplies have already been exposed:

> *"I'd say to myself, 'Maybe that'll come here and people are gonna start panic-buying gloves and such.' So what I did was, I immediately bought my own. So my gloves arrived just in time, right when you couldn't buy it anywhere else, so at least I ended up getting them…Yeah, we complained about that … Because when you come to work, you're supposed to spray your shoes and leave them at the door, and every two hours you have to wash and sanitize your hands. I asked if they had sanitizer and they said no. So what you do instead is, you iron after each use and you put it in the dryer for 20 minutes -- then you reuse.*"

Elena and Trisha's experience exposes geographical, workplace, and occupational stratifications when it comes to the neoliberal governance of care in Silicon Valley. In terms of geographic divides, we can see this with the different experiences regarding Johns and Glenn Hospital as it relates to health and safety protections. Even though Johns Hospital is within a well-resourced hospital system, the hospital still struggled to provide protection, equipment, and guidance to its reproductive workers, to points where staff members had to develop their own makeshift face shields out of plastic laminating sheets. Yet, Johns Hospital eventually was able to provide their staff with personal protective equipment and even a distribution room for its workers to dock off their scrubs to avoid exposure to their families. On the other hand, Glenn Hospital, as a hospital serving a historically disinvested region in Santa Clara County, had increased difficulties through high caseloads of patients, as well as ignoring health and safety protocols during surgeries, as shared by Elena.

As seen in Trisha's stories, skilled nursing facilities, including the ones that surround Glenn Hospital, are experiencing even worse health and safety protocols, where caregivers are re-using personal protective equipment while also working with limited sick leave. These limited protocols further spread illness and disease amongst reproductive workers and patients alike. Trisha and Elena's stories demonstrate there is not only a stratification of care amongst those

who work in hospital settings and skilled nursing facilities, but an interconnected organization of care. As health and safety protections falter in skilled nursing facilities, there is then a strain on the hospital system, where reproductive workers must treat and care for those who contract severe disease as a result of these limited protections. These stratifications are failures of the neoliberal governance of care at multiple levels. At the state level, there was an initial lack of guidance from local and statewide governing bodies that put reproductive workers and their patients at risk in all these settings, as seen with Elena's story at Johns Hospital. At the employer level, the limited protections at care facilities that have been used to cut costs, such as saving money on providing paid sick leave and other necessary equipment, put reproductive workers and patients at risk for premature death to COVID-19 and other diseases.

We see these stratifications impact reproductive workers beyond health care settings. In our interviews with fast food workers in the Bay Area, they shared how limited health and safety precautions have been rampant in fast food franchises as a way for franchise owners and companies to increase profits. This has left reproductive workers on their own in terms in protecting themselves and their loved ones. We see this occur in Marisela's experience. At the time, Marisela worked at McDonald's in Oakland for about a year. Before the pandemic, she was working eight hours a day and had enough funds to cover the costs of her food and rent. She continued working even when she found out she was pregnant. When shelter-in-place orders were implemented, she decided to keep working up until her third trimester, even though her manager reduced her hours:

> *"When the pandemic happened I continued to work, risking my life, traveling by bus with many people, and later I was only given three hours, three and a half, four, but I continued to work from the start of my pregnancy up until 7 months in."*

The reduction in hours was a struggle for her and her family because she was not able to have enough funding to help pay for her children's expenses and her rent. About six months in, the franchise she worked in experienced a surge of cases, with many of her co-workers being infected. She explained that their manager gave them masks that were actually diapers for dogs: "The manager made us some masks, but when I put on the first mask that the manager brought over, the first thing that my coworker mentioned was that the masks were diapers."

As a result, the store closed down temporarily, and she and other staff were asked to disinfect the store and were given an ultimatum as to whether to continue working or to leave:

> *[After the] employees who were infected, all they did was order for the store to be disinfected. I asked my manager what I should do, because I was pregnant, diabetic, and had gastrointestinal issues and I was not willing to risk my life. The manager told me that the owner was not going to close the store, so those who want to stay can stay but those who don't want to work can leave. After that I decided I wasn't going to go, because my baby and my health were more important. We went on strike because it was so unfair, but after the strike, nothing happened. They reopened the store, and they did not tell me to go back to work. I thought they were going to ask me, but they did not. I did not receive any support from the store.*

Marisela's story shows how the neoliberal governance of care has failed and continues to fail those who perform reproductive work. These organizations of care fail to protect their bodies, especially those most vulnerable to COVID-19. The use of diapers as masks demonstrates the disposability of reproductive workers in the workplace, where health and safety protections are limited and rarely enforced, if at all, to protect both workers and customers as a way to cut costs on proper protections. These failures further impact care responsibilities at home and on the bodies of immigrant women, as shared by Marisela who had to navigate how to protect her body and her children from illness, even while experiencing economic hardships due to the reduced hours from the franchise she worked in.

Even as fast food workers protested for improved protections, these efforts were met with retaliation, as seen with Maria's story. Maria is a leader with the Fight for 15 union, and worked at McDonald's franchise in San Jose for sixteen years. She is the sole breadwinner for her family, where she raises two daughters, one of whom was pregnant, and her two grandkids. During the beginning of the pandemic, Maria worked without protective equipment, such as masks, gloves, or soap, or safety practices to protect her and other workers, and she would constantly be worried about her own health. She eventually had to purchase her own supplies, such as sanitizer, and bring these supplies to work. The stress of becoming sick further impacted her own body through intense headaches:

> *"How was it possible that they could not even give us gloves, to handle food or money? We didn't have any of that and the truth is we were really worried. I was worried. I started to feel scared about getting close to people, if someone sneezed, if someone coughed, or even sometimes due to maybe suspicion my head would hurt too…I was alarmed that they were not giving us PPE and so I started to go out on actions. I organized with my coworkers and we went on strike at my job. We reported that they were not giving us PPE and other problems that we had. Like when our machines were not being provided for us. When I made those reports I was fired from work."*

In her testimony, Maria further shares that she made many complaints to not only her employer, but to local health agencies in Santa Clara County, but her grievances were largely neglected. Even after working for years at McDonalds, she was fired because of her involvement with the strikes associated with Fight for 15 around better health and safety protections at work, but she was allegedly blamed by the franchise for using the wrong dispenser for the coffee machine. Based on Marisela and Maria's own analysis, they express that much of the franchise's reasoning for their actions have been due to profit maximization. As Marisela offers, "Everything here is all about money […] money moves everything." They both astutely define the root of the neoliberal governance of care which include denying health and safety protections for reproductive workers, particularly those who perform low wage reproductive work, as a way

to improve profits even during a global pandemic. This leaves this to the detriment of the bodies and wellbeing of reproductive workers, including their own families, who are further exposed to illness because of the dearth of protections in the workplace.

As evidenced in the stories of Elena, Trisha, Marisela, and Maria, the systematic exclusion of health and safety protections protects wealth accumulation, at the expense of immigrant women who perform key reproductive labor in their workplaces and the people they care for. These limited protections are further bolstered by the state, which has been seen through the neglect and limited guidance by state and local governments. Similar to legacies of immigrant women who worked as cannery workers and electronics workers, who faced disregard of their bodies in their places of work, these limited protections greatly impact care responsibilities at home, as seen with Marisela and the care of her children and Maria as the breadwinner of her multi-generational family.

Being "Unfit" To Care: Disability as Disposability

The neoliberal governance of care relies on a reproductive labor force that can provide the care needed to maintain life -- from preparing food, supporting elders and those with disabilities in taking their medicine, to cleaning offices and homes. Yet, what happens when these bodies are "unfit" to care and are disabled themselves? Within the stories gathered in the Silicon Valley Workers Stories project, a common theme was the role of disability within the lives of reproductive workers.

We see this through the story of Rosa. Rosa came to the United States in 1989 and began working at McDonalds in 1996. While working, she would not only prepare food, but clean the franchise, wipe down tables, and ensure that the eatery was clean and sanitized for its customers. In 2017, she suffered a stroke and it took her two years to fully recover. In January 2020, she

received papers from her doctor to return to work, yet even though her employer knew she was recovered, they refused to have her return to work because of her limited ability to perform the reproductive work at her franchise:

> *"They didn't give my job back. They told me I'd have to wait some 4 or 5 months before they'd give me my job back... but it turns out that no, there's nothing! I don't think they're going to talk about work with me anymore, because I can no longer give the 100% that they expect from their workers. Because I've been skewed to the left side-- I only have one functional leg, and so I won't be able to work at my 100% capacity, so I can't do the tasks that they demand."*

In the eyes of her employer, her body was no longer "productive" enough to keep up with the pace of the job. This act of disposability left her unemployed and having to navigate financially on her own. At the time of the interview, she separated from her husband and shared that her children can only offer limited support. As a result, she began selling used items at the San Jose flea market as a way to purchase food.

In accordance with the fact that her employer has not provided her job back due to seeing her disability as a "lack" of productivity, she is also experiencing issues in receiving state benefits:

> *"So what's going to happen to me now? I can't get unemployment, I can't enroll for disability, I can't-- I can't get anything. And I need help, I need support, so I can do something about the job I had. Because it's not fair that I worked for so many years, just for it all to come to nothing. [stutters] Just for me to be out of it, in the same situation I was before. Without any benefits, without any support, my patrons have all gone. There's no work, there's nothing. And there--they-- they do all the work."*

Because she was not laid off nor does she have employment, she is unable to enroll in disability or unemployment benefits, demonstrating the gaps and furthering of state neglect towards bodies that are "unfit" to provide care. Rosa is left in a limbo when it comes to receiving social support. This gap exposes a connection between employers and the state in failing to provide necessary social services.

Rosa shares her own analysis of the situation, demonstrating the violence and premature deaths rooted in a neoliberal governance of care is based upon the protection of wealth:

> *"There's going to be more contagions, there's going to be more deaths. And what McDonalds doesn't want is for people to move…they don't care about the people's lives. It doesn't matter to them what happens. If they die, or if they're already dead. But in the meanwhile, the owner won't answer. The owner won't answer to the challenges that come up in situations like these."*

Similarly, we see this situation happen with Lala, a Filipino caregiver in San Jose. Before coming to the United States, she was a teacher in the Philippines. Due to her growing family of four children and her husband being unemployed, she became the sole breadwinner of her family and sought out a better paying job, even if that meant being physically away. It was then she applied to a recruitment agency who extracted large sums of money from her to the point where she needed to receive a loan. As arranged by the agency, she first immigrated to Washington DC in 2010 and was told she would teach in a public school. But when she arrived, she found out there was no contract with the local public school system, and was told by her recruiter to apply to work in a daycare. As a result, she became rendered undocumented and continued to work at the daycare. Eventually, she and a group of workers were able to sue the recruiter and receive a visa due to being trafficked.

After experiencing human trafficking in Washington DC, she relocated to the Bay Area where she began working as a caregiver. In 2014, she was told by her doctor that she needed to be diagnosed and analyzed for kidney issues, but she shares: "But I did not mind it, I was just working, working, working. But when I was working in San Francisco in 2014, I already had the symptoms: I don't like to eat, when I eat, I throw up, then when I go to sleep I cannot sleep." At the time, she was insured through Kaiser Permanente and had to pay $149 a month for her premium. As she included her other family members in her plan, she was paying $219 a month.

By 2018, Lala was diagnosed with kidney issues that necessitated constant dialysis sessions at a local medical center. Yet, even while experiencing regular dialysis treatment, she continued to work as a caregiver. When shelter-in-place orders began, she shared that although her client has treated her well, her agency gave her limited personal protective equipment that she had to re-use for her patients:

> *"When this COVID came, we were just told to use the… well, they provided us with PPE, but only very minimal. Like four pieces only and then we have to reuse it. So it's not good to be reusing those masks. And then they just told us to spray them with disinfectant and reuse it again. So, it's really hard for me to do it because, you know, my condition…so we were only given four PPE masks and a box of gloves but these gloves are not really enough. So every time our client do number two, we have to reuse it again"*

Because of her own risk of contracting COVID as an immunocompromised person, she decided to quit her caregiving jobs to keep up with her ongoing dialysis appointments and because of her own fear of becoming ill as her agency did not follow proper health and safety precautions. The decision to keep herself safe has left her unemployed. Further, because of her precarious immigration status, as she was applying for a green card under the Trump administration, she was told by her lawyers that she was unable to apply for safety nets like food stamps as it may jeopardize her application.

In Lala's experience, the neoliberal governance of care has failed her in multiple ways. Firstly, she was excluded from governmental benefits, such as food stamps and even medical care at one point, based on her immigration status. Secondly, her agency failed to protect her and her wellbeing through asking her to re-use soiled personal protective equipment. Lastly, the governance of care from above, including her agency and the state, have left her with limited choices: either continue risking your life and become ill, or lose your economic livelihood as a way to stay alive. Lala was able to act with power and agency, though choosing her life and

wellbeing over the exploitation of her agency. At the same time, Rosa and Lala's stories demonstrate how the neoliberal governance of care is rooted in the disposability of bodies, based on their value around ability. Reproductive workers' bodies are valued based on how "fit" they are to perform care work. As workers fall out of such fitness, state policies exclude those "unfit" to care from governmental support and social services.

Navigating "Care on Your Own"

A neoliberal governance of care assumes that individuals have biological families and friends that can offer necessary support, especially when the state is limited in providing these services. For many of the women interviewed, this assumption does not apply to their own care networks. The reproductive workers we spoke to were mainly sole breadwinners, caring for multiple generations of family and loved ones while caring for themselves. Many did not have loved ones to care for them at home. In this way, the neoliberal governance of care reinforces a heteronormative, nuclear familial structure, whereas people who have an arrangement outside of this structure fall through the cracks in terms of care.

We see this in the case of Bella. Bella is a Spanish-speaking woman who lives in South San Jose and worked at Stanford University as a janitorial staff for three years where she would clean the campus' offices. Early on in the pandemic, she was laid off by the UG2, a company that manages subcontracts with janitorial workers on campus. Bella was laid off with no guarantee of continuance pay. Beyond work, Bella is a single mom and lives with her 9-year old son and an 18-year old daughter, who helps her when she can. Throughout her interview she shared her many stressors as a single mom, explaining that "she does not have the support of anyone." It has been difficult for her since the lay-off because of the lack of income to pay rent and other basic necessities for herself and her family.

> *"I live here with my daughter but there is not a lot of support. I manage as much as I can to get food. I don't drive. I walk and ride the bus and well for me it is hard. It is hard to be a single mother and bring the food for the kids home…it is difficult without having someone to support me it is even harder… I am a very nervous person. Previously, I was learning to drive but I lost practice… I can't fall. I have to say I can do this because if I remain like that I'll get sick. I'll get sick and I still have two [children] that I am responsible for. I have six kids but I only have two that are still with me. My son who is 9 and my daughter who is 18. The others have gone their own ways. They've gotten married and well those are the ones that are with me. My other daughter, she doesn't drive. She doesn't know how to drive yet. She is the one that helps me. But it is stressful, it is stressful. I have to give myself courage and have strength and say I can do this, I can do this."*

For herself, Bella is navigating care solely on her own as the main adult working to raise, feed and shelter her children. Even throughout the interview, she shares an increased nervousness and pressure to care for herself and her loved ones, saying that she "can't fall." Yet, even as she shares that she must be strong enough to "do this," her story demonstrates how the neoliberal governance of care has failed her in providing the care she needs and deserves.

Similarly, with Esther, she experiences the difficulties in being a single mom and being in a care network that goes beyond the confines of a heteronormative family structure. Esther is a Spanish-speaking woman who was also laid off suddenly by UG2, and explains how the sudden lay-off has affected her and her care responsibilities at home:

> *"So, everything fell on us like a glass of cold water because I supported myself from that job. I have two children, one is 15 and the other is 13 so imagine, I pay rent, I pay bills and I have my kids with me so it is something very heavy because a lot of people and colleagues have their husbands. They have something or someone to help them but I have no one to help me… Right now things are difficult. I don't have [money] for anything. Excuse me for getting like this but things are very hard for me. I am behind on rent, I owe almost 700 dollars and the truth is that it is almost 3 months that I am not working… what I need economically is money because you know I have my kids and my youngest asks me for money and I tell him mijo, the truth is I don't have it okay, mom are you okay [he tells me] and this situation right now is very hard because we can't work, there is no work."*

As Esther explains, since the lay-off, she has been behind on paying her rent, her power bill, as well as experiencing difficulties in receiving food. She further explains that she wants to

keep working, explaining that "where I live is work" and that most of her payments from her job mainly goes towards rent, sharing that she does not have enough left over for savings.

In explaining her life at home, she shares that she arrived in the United States twenty years ago when she was 23 years old. That year, she got married but her relationship with her ex-husband was violent and abusive. She ended up separating from him as a result. Eleven years after her first marriage ended, she had her first child, and then her second baby years later. Even though she is separated from him, she is still in contact with him through her children:

> *"Like I was telling you, he doesn't support me with anything. He takes the kids and everything, he buys them [things]. Not right now because he also doesn't have a job but when he had a job my kids weren't deprived of anything. My kids love him, he treats them well. I have nothing to say about that…but he doesn't have a job either."*

In addition to the father of her children being unemployed, at the time of the interview, he suffered from a recent stroke with his mouth, left hand, and left foot "twisted" as she explains. He was in therapy recovering but was unable to find work after recovery. As a result, for Esther's own caring responsibilities, she has immense pressure to take care of herself and her children due to the limited ways her ex-husband can offer support, due to disability and unemployment. Her lay-off offers a heavier blow because of her responsibilities to pay for her basic necessities such as rent and food.

Esther and Bella's stories offer how the neoliberal governance of care fails those whose support structures go beyond the heteronormative family. As seen with their stories as single mothers and sole breadwinners, their care responsibilities are increased at home, with their paid reproductive work as ways to pay for rent, food, and other social services. Their lay-offs at the beginning of the pandemic not only shows the disposability of reproductive workers, but also

how that disposability increases the stress and pressure on the unpaid reproductive work of supporting their families.

Government Neglect and Exclusion from Safety Nets

Lastly, a major theme that arose from our interviews was the exclusion of social services from the state due to immigration status, unemployment, and/or limited income. Because of these exclusions from governmental assistance, reproductive workers relied on privatized services and community-based services for necessities such as transportation, food, and rent relief.

We see this through Rita's experience. At the time of her interview, Rita was 73 years old and migrated to the United States from Ilo Ilo, Philippines. She lived in East San Jose and worked in a six-bed residential facility throughout the pandemic. She shares that even though she receives $18 an hour, her wages are not enough to pay for the resources she needs for care, such as her own medical needs, the Uber she pays to travel to work, as well as the money she sends back home to the Philippines.

Before the pandemic, she was able to ride the local bus since the schedule coincided with her work schedule. During shelter-in-place orders, she was not able to reach her workplace on time at 7 am because the bus arrives between 8 am to 8:40 am. Because of the late bus schedule and the lack of reliance from the public bus system, she paid for an Uber every day to go to work.

This has been the case with other women we interviewed, where they often had to purchase privatized services, like Uber, in order to get to work on time. For instance, with Trisha, she often had to limit her own wages as a way to accommodate Uber and food expenses. During her interview, she shared that she works for twelve hours a day and earns $20 per hour,

but even then, she expressed that her wages were not enough for the costly prices of rent and transportation in Silicon Valley.

> "*If you think about it, it's like you're just fitting in however much you're making. For rent. For Uber. Plus, with everything going on right now, it's not safe to work, and it's not safe to Uber. So you have to give up your other jobs just to… and then what I do is I have to pay someone to take me to work. But only for one job. So the other job, I had to give it up because it's hard, the commute is difficult to manage…It's more expensive because you have to base it on… you have to base it on the fact that you're the only one they [the driver] picks up. So I pay them around $20 per trip. So $40 a day."*

Because of the expensive rates for transportation for Uber, Trisha had to give up her other job since the commute for both was not only difficult to manage but costly, which further took up wages away from other necessities such as food and rent. Trisha and Rita's experiences show how unsustainable a neoliberal governance of care is as privatized services, like Uber for transportation, are primarily accessible to those who are wealthy, leaving those with low wage work struggling to find services to meet their basic needs.

As reproductive workers are forced to rely upon privatized services, we also see workers excluded from governmental assistance due to their precarious immigration statuses. We see this in particular with Dana, as mentioned in the beginning of this chapter. Dana arrived in the United States on a tourist visa in 2017 from the Philippines and at first, was invited by her friend to come. Her friend shared that her aunt could pay her plane ticket to come and work in her care home. Her friend then introduced her to her brother, whom she eventually married at the time. When she arrived, the care home paid her below minimum wage. Like many other of the women we interviewed, Dana was a single mom and used the money she received to send it back to her sons back home in the Philippines. She shares, "I'm the only one taking care of [them] and [the] head of the family. Their dad is no longer supporting them, so I'm the only one supporting my sons. I tried my best to, you know, have the money to send it all to my sons." As shared, she

became undocumented once her husband in the United States abandoned her, making it difficult to care for herself and her loved ones.

During the pandemic, she shared her struggles finding employment because the families she has worked with have been nervous about bringing in caregivers into their homes during the pandemic and potentially exposing their older relatives. Because of her immigration status and difficulties finding work, she is denied many governmental services such as food stamps. Currently, the main assistance she is receiving from the state is MediCal, but even then some of these services can mainly be used during emergency purposes, such as being placed in an emergency 72-hour 5150 hold, as Dana explains below:

> *"The only assistance that they gave me is MediCal. I applied for MediCal because I have health issues because of my mental...you know, I am undergoing psychological mental health issues; I was diagnosed [with] PTSD, so I need that for that and that's the only thing -- and they, oh my god -- they gave me hardship on that [laughs] just to get that. They denied me for EBT. They said it's because I'm not documented, I'm not a resident-- so I'm not entitled…because before I had a MediCal and they didn't ask for a lot of requirements, but now they dig into everything: 'Oh where's your son?', 'How long is your son away from you?', 'Where can I have that letter of the immigration to you?', 'Do you have an ID number?' It's like, even my tax information, they asked. Then they approved me, but for emergency purposes only. So I need to be 51/50 first, before I can have a free MediCal -- to go to the emergency [room], so the MediCal can cover for it."*

Even with access to MediCal insurance, these services are limited to mainly emergency purposes. When asked about private services, she shares that they are out of her financial range due to the high costs of living in Silicon Valley. She continues to share that for housing, for example, she has to navigate between choosing a lower cost housing, which is often unsafe, and more expensive housing that is safer and keeps "her mind at ease."

The exclusion of governmental assistance and the high costs of privatized services exacerbates the reproductive and caring responsibilities in her own personal life:

> *"Ah well, as I said, I need to adjust. I mean everything I need to adjust, like, I need to adjust my budget. My priority now is the rent. At the end of the month, I need to have money for rent and then the extra--that's my second priority--is my son. So, I need to--even if a small amount--I will send them...I have to send money for them, because in the Philippines right now, it's more difficult than here, so that's my second priority. The third priority, myself, is just the last priority."*

She explains that her wages are used to pay for her housing and extended towards her care to her children back in the Philippines. In terms of resourcing her own care, her wellbeing is last on her list.

Further, we have seen these exclusions with the women mentioned throughout this chapter. For instance, Rosa explained how she was unable to receive benefits because of her disability and being kept out of employment without unemployment benefits. Lala, as a worker on a limited visa status, was unable to obtain the CARES Act stipend and other benefits such as unemployment. For workers trying to adjust their status, such as Lala, applying for benefits during the Trump administration proved difficult due to being deemed as a public charge, or a non-citizen using governmental benefits and thus jeopardizing their application to change their status. The fear of public charge and its chilling effect was seen in our interviews as women were determining whether or not to apply for governmental assistance, such as food stamps.

The inaccessibility from governmental support, and even outright neglect, left women finding support outside of the state with many receiving mutual aid, donated food, and rental assistance from the organizations they were a part of. For instance, for many of the women who were laid off from their employment at Stanford, they received rental assistance from a fund created by Stanford students to help with monthly payments. Fellow caregivers received legal advice during our interviews, where they learned they could receive workers' compensation and information on where to receive food in Santa Clara County. Community organizations primarily

served as informal safety nets amidst government neglect and exclusion towards its own essential workforce, a point I will further elaborate on in Chapter 3.

Discussion and Conclusion

In tracing the history of the Valley's governance of care from above to the stories of reproductive laborers in the pandemic, we can see throughlines across changes in policy, politics, and political economy. In a neoliberal governance of care, we see that care and reproductive labor is organized in a way to preserve and maintain whiteness which include wealth accumulation, white property, and white life. Whether that be the "white agrarian ideal" or the white tech worker, whiteness is protected at the expense, exploitation, and exclusion of immigrant women and women of color from care. This can be seen with the lack of protections of their health and wellbeing in their workplaces, the disinvestment in their homes and neighborhoods, and limited access to life-saving social services as distributed by the state.

During the pandemic, reproductive laborers navigated and lived through a neoliberal governance of care that proved precarious for immigrant women and women of color. We can refer back to Tronto's (2017) three ways in which neoliberalism handles care as a framework to understanding these stories:

- Care is personal responsibility
- Use market solutions to find care
- If you cannot afford market solutions, rely on your family, friends, and charities to meet your needs.

These neoliberal organizations of care are accessible to perhaps the white tech workers who can work remotely or who own a home in the region, yet with the women of color we interviewed, this organization of care proved inaccessible, exclusive, and violent. Although our

interviewees were providing the critical infrastructure to maintain life in the region, many had difficulties receiving the care and support they needed, and instead, served as a way to maximize profits for the state and employers.

First, we see individualized and privatized care wreak havoc on the lives of immigrant women workers in multiple ways. Reproductive workers are often left to navigate ways to obtain governmental assistance on their own, especially disabled and undocumented workers where their supports are much more limited. Additionally, for some who lack medical care from their employment, they are left paying sums of money for healthcare, such as Lala who paid hundreds of dollars to receive health insurance for her and her family. We see these limitations on care particularly for women who have precarious statuses where they are left to navigate government exclusion from stimulus checks, as well as fear of public charge, in finding support.

Secondly, we find that market solutions to care are not only inaccessible for essential workers, but exploitative. We see this particularly in the disposability of women workers who have been laid off from their employers as ways for employers to cut costs. This is particularly blatant in Rosa's story as she is being laid off because of the lack of "productivity" in her fast food workplace. We also see this with the mass layoffs occurring at Stanford University, as janitors being laid off had no guarantee of continuance pay. Even for workers who were not laid off, these market solutions within care and essential work industries are seen with the stratification of health and safety protections that disproportionately harm low wage workers. For instance, caregivers mentioned that they had to either purchase their own personal protective equipment because of the limited supply of PPEs in their facilities. This is further corroborated in other studies around essential workers :

> *For low-wage Latino immigrant laborers their experience vacillated between being deemed essential workers, which exposed them to health risks related to the pandemic or*

> *disposable workers, when the economy contracted in response to pandemic lockdowns, placing them at risk for job loss and work hour reductions. Their labor-related vulnerabilities were reflected in high rates of COVID-19 infection and disruption in employment."*

Because of these market solutions towards care, immigrant women and women of color are left on their own to find the needed care for themselves and their families.

Lastly, living under a neoliberal governance of care means relying on family as a source of support. Yet, for women workers who had a number of care responsibilities at home, the family is a precarious, or non-existent, source of care. For single mothers we interviewed, they are often the main breadwinner in supporting young children and disabled family members, even loved ones back in their home country. Although governmental support grew through the Golden Stimulus Checks and eviction moratoriums, these supports expired after about a year, leaving women on their own to find other support. This lack of government and biological familial support has meant that women had to rely on community organizations as a form of support, as seen with workers rights organizations providing funds for rent, food, and PPEs.

Ultimately, a neoliberal governance of care has left immigrant women and women of color navigating a stratified system of care. These practices are in fact anti-life for reproductive workers, yet maintain a racial-capitalist state on the backs of racialized and gendered reproductive workers.

Although workers had to navigate a system that does not care about them, they have been instrumental in constructing a new world that is rooted in valuing care and those who perform such labor. In the next chapter, I share how women reproductive workers respond to the neoliberal governance of care through political organizing and cultural resistance.

Chapter 2: The Struggle for Care

"The exclusion of domestic workers from Cal/OSHA protections is unfair and comes from many years of racism that we have been dealing with since the 1930's, when we were excluded from labor protections. As women we feel discriminated against and unprotected. Now is the time to include domestic workers, who take care of homes and families."

- Guillermina Castellanos, Director of La Colectiva de Mujeres of the Dolores Street Community Services in San Francisco (California Domestic Workers Coalition, 2021)

As reproductive workers navigated through stratified reproduction, the pandemic served as a moment where workers utilized political organizing as a way to respond to neoliberal organizations of care and reproductive labor. Workers across various sectors launched campaigns around health and safety as a key struggle around the governance of care. From fast food workers, janitors, to domestic workers, they launched regional and statewide efforts to push for protections around their wellbeing in their workplaces. In this chapter, I focus on one of the many campaigns connected to the Silicon Valley Workers Stories Project: the Health and Safety for All Campaign.

Led by the California Domestic Workers Coalition (CDWC), the statewide campaign called to end the historic exclusion of domestic workers and day laborers from safety protections granted by the California Division of Occupational Safety and Health (Cal OSHA). Domestic workers were excluded because Black women were historically relegated to take up housework in the aftermath of the Civil War. Southern lawmakers desired for domestic workers' workplaces, often the private homes of white families, to be deregulated. (Perea, 2011) This exclusion would continue on for fifty years within California.

The campaign responded to the ongoing health and safety issues domestic workers experienced at the frontlines of multiple crises. In years prior to the pandemic, workers cleaned homes ravaged by wildfires in Northern and Southern California and were left with limited

safeguards because of limited state guidance and employer protections. Health and safety issues heightened as domestic workers worked on the frontlines of the pandemic. Caregivers for children, the elderly, and the sick would care for vulnerable populations without necessary protections, as shared in Castellanos' testimony.

As lockdown orders were in place, frontline workers were lauded for their services and sacrifices by government officials and celebrities alike. Discourses around the "frontline worker" conjured images of doctors and nurses, but not necessarily those who cleaned homes or took care of the elderly. Domestic workers were also key frontline workers who performed critical "life's work," but were more invisible to the public eye.

As I argued in Chapter 1, many of those who worked in private homes and elder care facilities were given little protection in their workplaces (Nasol and Francisco-Menchavez, 2021) These contradictory messages and policy inactions showcased a struggle around the governance of care -- one in which raises the question: how do we value reproductive labor? Further, how can we understand health and safety standards as a part of social reproduction? How does protecting the lives of reproductive workers relate to the struggle around governing care?

In this chapter, I delve into the California Domestic Workers Coalition's (CDWC) Health and Safety for All Campaign to examine how the governance of care is an ideological struggle from above and below. Through the campaign, domestic workers as reproductive workers confront narratives espoused by a neoliberal governance of care during the pandemic. These narratives are in itself contradictory where officials and media herald essential workers for their "sacrifices," yet in policy and practice, they are neglected when it comes to health and safety in their workplaces. This narrative further protects whiteness and racial capitalism.

In response to these contradictory narratives, the Health and Safety for All campaign used cultural resistance through developing counter-narratives that marked the importance of reproductive labor. These counter narratives included:

1. Care and reproductive work is legitimate work that necessitates safety.
2. Care and reproductive work are critical and at the helm of multiple crises, many of which have been created and worsened by neoliberal racial capitalism. These crises include the COVID 19 pandemic, climate change, racial violence, and the dearth of care infrastructure.
3. Domestic workers are not only workers but people & bodies that need care themselves.

Domestic workers and activists utilized various strategies such as building what Stuart Hall calls "historic blocs," or alliances with employers and disabled clients; developing digital testimonies and organizing throughout the policy formation process; and using arts, culture, music, and embodied storytelling. (Hall, 1986)

While I focus on domestic workers and their organizing in this chapter, I look at how the Health and Safety Campaign pushes forth counter-narratives around the importance of care and reproductive work more broadly. I will also go more in depth about the efforts of reproductive workers across the Bay Area and California that used political organizing as a form of care, which I will illuminate further in Chapter 3.

What is Cultural Resistance?

To understand cultural resistance, it is important to first understand the process of cultural hegemony and its role in shaping politics and culture. Cultural hegemony is an ever-changing process where there is a constant struggle to obtain the consent of the masses to follow certain

ideologies, norms, and cultures that may, or may not, go against their interests. This consent is achieved through spreading the dominant group's ideologies through "ideology-producing institutions" such as schools, media, and other institutions. (Cole, 2018; Gottlieb, 1989)

Cultural hegemony can be articulated through *common sense*, the approval and consent of the masses to dominant forms of thinking and ideology. As common sense becomes perpetuated through ideology-producing institutions, the dominant group is able to "perpetuate their power, wealth, and status [by popularizing] their own philosophy, culture, and morality." (Boggs, 1976) Common sense is a terrain of ideological struggle, and as Stuart Hall states, it is "a historical, not a natural…necessarily fragmented" form of thinking. (Hall, 1986) This struggle is formed against historic blocs, which as Gramsci, defines as alliances of classes and social forces that push and maintain power. (Sotiris, 2018) Cultural hegemony is rare to achieve and has to be won through multiple struggles, not just economically, but morally, intellectually, and culturally. There must be a willing agreement by the people to be governed by laws and norms that they see are in their best interests, when in reality, they may not be. Instead of using coercion or force to convince the masses of dominant ideologies, often the dominant group uses other persuasive means besides violence to convince the masses to agree to their ideologies

Cultural hegemony is an incomplete process, and can be seen more as a political strategy. As Hall states, "the theory of ideology helps us analyze how a particular set of ideas comes to dominate the social thinking of a historical bloc… and thus, helps to unite such a bloc from the inside, and maintain its dominance and leadership over society as a whole." (Hall, 1986) Hegemony deals with achieving mass consent produced by the bloc in power and often, this consent is fragile. Due to this delicate nature, counter-hegemonies can be formed to develop a new consciousness that inspires the masses to action. They can be developed by, for instance,

new interpretations of a dominant ideology that asserts an alternative or contradictory message, and hegemony can fall through if the dominant ideology is weaker than its social resistance. (Lull, 1995)

Cultural resistance thus becomes a powerful tool to develop counter-narratives against the dominant culture. Duncombe defines cultural resistance as using culture -- "a set of norms, behaviors, and ways to make sense of the world" -- to resist and/or change dominant political, economic, and/or social structures. (Duncombe, 2002) Cultural resistance offers a space to experiment with new ways of being, seeing, and visioning the world, and since culture is a collective process, it can be a way of building community. Cultural resistance can be a political activity where culture is the canvas of writing or rewriting political discourse, while also being a platform for gathering.

We can see cultural hegemony and resistance when it comes to race and gender as ideological formations. Social constructions of race and gender are often lifted by the dominant group. When looking at the construction of race and racism in the United States, much of this construction has been solidified through the cultural messages embedded in laws, cultural norms, and educational institutions throughout history. Government Exclusion Acts, Jim Crow Laws, minstrel shows, and culturally appropriated mascots, for example, have contributed to the racialization of marginalized communities. These messages are mainly put forth by a historical bloc led by white wealthy elites, a dominant group, that have had the most control in developing this status quo. The development of race and the mass consent of racial stereotypes is also rooted in everyday cultural practices, not just the state apparatus or economic position.

As the dominant group pushes forth white supremacist and patriarchal culture, whether it be backlash towards Critical Race Theory or the reversal of Roe v. Wade, we have seen cultural

resistance in response to these dominant constructions and messages around race and gender. The murders of George Floyd, Breonna Taylor, Ahmaud Arbery, and countless of Black lives spurred a cultural and political reckoning that reverberated throughout social media and several institutions around pushing forth anti-racist cultural practices, both on and offline, to combat anti-Blackness and white supremacy overall. Movements like #MeToo pushed a counter-narrative around the pervasiveness of sexual violence and rape culture across various spaces. These strategies of cultural resistance have long been used by reproductive workers in responding to dominant perceptions around the value of care and reproductive labor.

Cultural Resistance and the Governance of Care

The governance of care -- the policies, politics, and policy formation processes that organize and distribute the resources, relationships, and labor necessary to maintain life -- is shaped by this ideological struggle around the meaning and value of reproductive labor. As Muller argues, the abjection and devaluation of care is a condition of capitalism. (Muller, 2019) Cultural discourses around care and reproductive labor have mainly been seen as feminized work that is often invisibilized. The labor of child care, cleaning, and preparing food has often been characterized as not "real" work, and thus, not seen as deserving of protections. This location of this labor within the private home has also deemed this work as illegitimate. (Vogel, 2013; Federici, 1975) Women of color feminist scholars have further theorized that the value of reproductive labor is stratified under racial capitalism, with white upper and middle class women hiring immigrant women and women of color to perform the menial "dirty" work of social reproduction such as house cleaning. (Glenn, 1992; Davis, 1983) Racialized and gendered narratives such as Black women being "loyal" to the white families they serve are used to justify these unequal distributions of care based on race, gender, and class. These cultural discourses

shape the policy formation processes that organize care, and further protect and maintain white life and property.

Yet, through the movement building of reproductive workers, domestic workers in this case, there has been cultural resistance to develop counter-narratives that emphasize the importance of reproductive labor and the people who perform it. This cultural resistance shapes the material realities of domestic workers, whether that be changed policies to increased access to life-saving resources such as health care and economic relief. Counternarratives in the form of storytelling have been used to organize sectors of society to see domestic workers as legitimate workers and further, as people who deserve to have their lives and safety to be protected. Cultural resistance includes showing how domestic work is not only real work, but, to quote the National Domestic Workers Alliance, it is the "work that makes all other work possible." (National Domestic Workers Alliance, 2023)

Domestic workers have used many ways to resist hegemonic discourses around care and the exploitation of reproductive workers. For instance, in the early twentieth century, the Bureau of Indian Affairs sent Native American girls from reservations to serve as domestic servants in the homes of white families. "Outline matrons" would surveil and manage young Indian women in urban areas like Tucson, Arizona. These programs served as an extension of the US government's assimilationist agenda. (Haskins, 2012) Native domestic workers would often experience isolation and loneliness in being away from family and loved ones. One way women resisted was through culture. They engaged in social dancing as a way to connect with other Native women, practice their traditional cultures, and resist dehumanization and labor exploitation through claiming their free time. For instance, Tohono O'oodham women in Tucson would organize dances, or *wailas*. As their employers desired to monitor their productivity and

sexuality, these dances were forms of resistance against their surveillance. These gatherings brought together people in the neighborhood where participants would dance in pairs to *waila* music. Social dances were also common practices in other urban centers such as Oakland, California. In the 1950s, the Four Winds Club became a meeting spot created by and for Native families arriving through the Bureau of Indian Affairs relocation program with Esther Rogoff, a former domestic worker, as a founding member. (Lobo, 2002)

Another example of cultural resistance includes African American domestic worker-activists who organized from the 1930's to the 1970's. Before World War II, domestic work was one of the few occupations African American women could take up. The domestic work of African American women in white homes often meant economic and sexual exploitation and surveillance and control from white male and female employers. (Nadasen 2015) A key narrative that was used to justify domestic labor performed by African American women was the "Mammy" figure, or as Nadasen defines, "an African American woman who represented the ideal loyal servant and embodied a harmonious view of race relations." (Nadasen, 2021) The "Mammy" figure was used extensively in the arts, advertising, and literature throughout the twentieth century as a way to quell racial violence and also to presume that African American domestic workers provided loyalty, love and care for their employers. Instead, the African American community saw this figure as a symbol of racial exploitation.

African American women used storytelling as a way to resist these tropes. In the 1930's, Marvel Cooke and Ella Baker co-authored "the Slave Market of Domestic Labor" which highlighted the two-hundred informal markets in New York City where African American women would wait to be hired by white employers. (Nadasen, 2015) Cooke's documentation of the city's domestic workers and their experiences influenced New York City Mayor La Guardia

to establish a Committee on Street Corner Markets, which outlawed the hiring of women off the street, and to open two employment offices to combat exploitative practices. The article also fueled the organizing of the New York-based Domestic Workers Union (DWU). Formed in 1934, DWU organized in parks, apartment buildings, and in "slave marts." DWC's organizing combatted the "Mammy" figure and redefined domestic work as work that deserved living wages and protections. They rejected the framing of their labor as loyalty and critiqued the emotional demands expected of them. (Nadasen, 2021)

Storytelling and cultural resistance continued to be a key strategy for domestic workers to build power. By the mid-1970's, African American women became a shrinking percentage of the domestic workforce. Immigration laws, such as the 1965 Hart Cellar Immigration Act, ended discriminatory immigration formulas in the 1920's that favored immigration from northern and western Europe, and gave way to increased immigration from other parts of the world. These immigration laws expanded the pool of new immigrants seeking employment and contributed to a change in demographics in domestic work. Immigrant women began becoming the majority in the domestic workforce, particularly as household labor became ways to support their families. Racial and gendered tropes continued to be used to justify immigrant women as "ideal" domestic workers with Puerto Rican women seen as "tidy" while Filipino women were viewed as "docile and hardworking." (Nadasen, 2015; Guevarra, 2014) As immigrant women continued to migrate from Latin America, Africa, and Asia, these narratives became coupled with other dangerous narratives such as immigrant women as "welfare dependent mothers" to "breeders of dependents." These images reinforced what Grace Chang argues as extracting the benefits of immigrant labor while "minimizing and eliminating any obligations or costs, whether social or fiscal, to the "host" US society and state." (Chang, 2000)

As a way of resisting these narratives, immigrant women used theater, story gathering, and cultural work as a means to build power, forge multi-ethnic alliances, and sustain connection and care for each other as domestic workers. For instance, in 1989, the Dreams Lost/Dreams Found study helped document the *testimonios* of undocumented women experiencing violence. (Hoagland and Rosen, 1990) Through the project, lead interviewers Clara Luz Navarro and Maria Olea formed a small support group of women in the Bay Area. Together, women shared their own stories of domestic violence and abuse from their employers and their partners, and developed the organization, Mujeres Unidas and Activas (MUA).

Throughout the 1990s, MUA utilized guerilla theater, a participatory grassroots organizing tactic, as a way to use the arts, culture, and narrative to address interpersonal violence and harmful immigration and workers rights policies in their community. Created by Gullermina Castellanos, MUA used popular theater to address the 1996 Illegal Immigration Reform and Immigrant Responsibility Act, which criminalized certain immigrants, penalized employers of undocumented workers, and militarized the US Mexico border. El Teatro MUA focused on the challenges faced by a Latin American immigrant family and used humor to highlight the struggles and experiences of immigrant women in their homes. The use of humor was used to talk and discuss about patriarchy and *machismo*, to provide information about new laws, and for domestic workers to share their experiences. (Guglielmo and Joffroy, 2021)

Similarly, in 2011, Professor Valerie Francisco-Menchavez and Professor Robyn Rodriguez launched the Caregiver Research (CARE) Project in collaboration with Filipino caregivers in Northern California. The project collected *kwentuhan*, or talk story, amongst caregivers to share their experiences in their workplace. Caregivers served as active participants and researchers through leading interviews and analyzing key themes. Further, the story

gathering process were ways for Filipino immigrant caregivers to build political organizations and develop testimonies to advocate for key policies like the Domestic Worker Bill of Rights. (Francisco-Menchavez, 2012)

In looking at the history of domestic worker organizing, cultural resistance involved pushing forth counter-narratives around reproductive work through storytelling and story gathering, as well as building community, solidarity, and political power. CDWC's Health and Safety for All campaign builds upon these legacies through workers and organizers engaging in an ideological struggle around the contradictory narratives around reproductive work and reproductive workers. In their campaign, they expose how care has been stratified in the eyes of the state. Domestic workers and day laborers are excluded from state protections that would help "maintain life" in their workplaces. The lack of health and safety protections from the state creates a different reality for domestic workers in comparison to other care workers such as doctors and nurses, who in the eyes of the state work in more "legitimate" settings like a hospital. Domestic workers, thus,constructed their own narratives in representing how care work in private homes is real work in order to change their lived realities in accessing care through policy formation.

Because of shelter-in-place orders and the limited ways in which the coalition could gather in the initial stages of organizing, the campaign utilized cultural resistance in unique ways. The Coalition navigated the COVID-19 shelter in place orders through utilizing digital technologies, like Zoom, Twitter, and Facebook, as necessary platforms to build counter-narratives. Storytelling was shared through multiple mediums, from Tweets, pictures, videos, as well as research studies and arts and culture. The Coalition also used creative modes of narrative building during a changed policy making process where lobby visits and state hearings were also

adapting digitally. Ultimately, the CDWC utilized storytelling and media to navigate these tensions and challenges as a way to influence the policy formation process and shift narratives around domestic work, and reproductive work as a whole.

Health & Safety for All: Troubling the "Pandemic Hero" Discourse

Although the pandemic heightened the discourse of the "frontliner"and the "essential worker" through media, celebrities, and government officials alike, the term's origins stem from definitions rooted in US immigration and surveillance systems. On March 19, 2020, the US Department of Homeland Security's Cybersecurity and Infrastructure Security Agency (CISA) issued guidance to define and clarify essential work functions. (Cybersecurity and Infrastructure Security Agency 2020) The purpose of the guidance was to:

> *"clarify the scope of critical infrastructure and protect the health and safety of key personnel who are essential in operating critical systems and assets as communities enter new phases of restrictions due to the increased number of infections. Critical infrastructure requires continuity and resilience to maintain the health and economic wellbeing of communities and the Nation."*

According to CISA's definition, the term essential worker is deeply tied to critical infrastructure, or as defined by the USA Patriot Act of 2001, any "systems and assets, whether physical or virtual, so vital to the United States that the incapacity or destruction of such systems and assets would have a debilitating impact on security, national economic security, national public health or safety, or any combination of those matters." (National Institute of Standards and Technology, 2022) In the perspective of a governance of care from above, essential work, and more broadly reproductive work, is thus tied to safe-guarding the national security and the maintenance of the US racial-capitalist state.

With the "essential worker" being so deeply tied to the survival of the neoliberal governance of care, government officials and the media invested in the discourse of heroism

around the "essential worker" in multiple ways. State & local politicians utilized news statements and regional policy-making to implement temporary social services and programs during the early months of the pandemic. For instance, on May 1st, 2020, on International Workers' Day, Governor Newsom released a statement lauding the state's essential workforce for "keeping the state operating during the COVID-19 pandemic" (Office of the Governor, 2020):

> *"This May Day is particularly special as we recognize essential workers who go to work every day to ensure that Californians are cared for in our hospitals and nursing homes and in their own home, and that we can all access essential services like food, child care and utilities during this challenging time," said Governor Newsom. "At the same time, many California workers have been displaced and are struggling to get by. Today we thank our essential workers and let those who have been displaced by this virus know that we see you, we appreciate you, and we have your backs."*

In his statement, he specifically thanks not only health care workers, but also caregivers in nursing homes and in private homes, as well as those who provide key utilities and food. Governor Newsom ended his statement by listing various policies and programs his administration implemented and offered to reproductive workers, from providing hotel rooms for health care workers to offering food trucks at public rest stops for truck drivers. Similar discourses of "having the backs" of reproductive workers were shared across news outlets, social media, podcasts, and magazines. During April 2020, Time Magazine featured a high profile special report called the "Heroes of the Frontlines," featuring doctors, nurses, grocery store workers, paramedics, and coroners who are "risking their own lives to save ours." (Felsenthal, 2020) The report utilized phrases such as "the country won't work without them" alongside pictures of healthcare workers masked in busy hospital settings amidst their patients to cafeteria workers holding plastic bags of food for the children they serve. Locally, Bay Area media outlet San Francisco Chronicle developed news articles and podcast stories to highlight the experiences and resilience of nurses for National Nurses Day (Thandani, 2020):

> *"The risks on the job are high, especially for those with families and loved ones waiting at home. Many lie awake at night, tortured about the dangers of the job and fearful of what the next day might bring. But still, every day they show up…They were on the frontlines long before the pandemic ravaged the Bay Area, and they will still be there, ready to serve, when this crisis fades."*

These media discourses highlighted how the survival of the state and society at large rely upon reproductive workers and their labor of care, especially during times of crises. These discourses also constructed narratives of how reproductive workers hold tenets of innate resilience, arguing that those who provide care will always be "ready to serve" as these crises ebb and flow. These media narratives construct an inherent resilience of reproductive workers, which in the eyes of the governance of care from above makes them "heroes" – those who are often forced to be on the frontlines will be open to risking their lives for the survival of the racial-capitalist state.

Yet, with such investment in the pandemic hero discourse, the experiences of domestic workers and reproductive workers highlighted a different reality from the praise and heroism shared in the media. During the early months of the pandemic, house cleaners were asked by employers to not clean their homes and were thus out of work and lacked access to safety net benefits. For most, they did not receive income for months. For caregivers, they were asked to live with their employers since employers had fears of caregivers coming in and out of their private homes. Caregivers who previously did not live with their employers were then being asked to live in the place they worked, which raised issues around overtime pay. Caregivers often felt isolated and afraid since they were caring for patients most vulnerable to the disease with limited safety equipment. As Vanessa Barba, a CDWC lead organizer, shares: "They were being asked to be frontline workers without any health and safety protections, which means they

don't have the right to even a mask or gloves, protective equipment, or the right to know if the employer has COVID."

Even before the pandemic, domestic workers were asked to be on the frontlines of crises. Through 2018 and 2019, CDWC heard from member organizations in Sonoma County and Malibu County about the experiences of domestic workers who were at the helms of wildfires and environmental degradation. Some were asked to stay behind and protect their employer's property during evacuation. Others were asked to act as firefighters and use garden hoses to protect their employers' properties. These stories prompted conversations to start the Health and Safety for All Campaign to end the exclusion of domestic workers from Cal OSHA's health and safety protections. Once shelter-in-place orders began, the clamor for health and safety protections became even more dire, and prompted the bill, then named Senate Bill 1257 (SB 1257), to enter into the legislative cycle.

Responding to the heightened "pandemic hero" discourse, the campaign highlighted how reproductive workers were the essential workforce that the racial-capitalist state relied upon, a key fixture in maintaining and preserving its operations even amidst crises and violence. At the same time, the campaign used counter-narratives that exposed how the neoliberal governance of care invested in them as symbolic heroes, but not necessarily in policy and practice. As a workforce at the forefront of maintaining life during multiple crises, created and developed by a racial-capitalist state, the campaign developed discourses to expose the violence of a governance of care from above, and to instead push forth policies and governances that protect the lives and bodies of reproductive workers and the people they care for. These discourses were seen in the CDWC's organizing practices through using cultural resistance to build solidarity amidst physical isolation.

We saw these counter-narratives prominent during the Coalition's campaign launch. During April 2020, I, like many others, were reeling from the many changes in the world and still learning how to adapt to shelter-in-place orders. I was navigating the increased reliance on digital platforms as a way of gathering and community building. When I logged on to Zoom and joined the Coalition's virtual campaign launch, I was sitting on the bedroom floor in my mother's home, where I was quarantining. I pressed the Zoom link, and I glanced at the participant list -- over 200 participants were present on the call. The chatbox was explosive with participants sharing where they were from in California (and even nationally), with messages in Tagalog, Spanish, and English. The messages fired off rapidly while the Zoom was filled with boxes of participants' worlds, some in their cars, others in their bedroom, while other participants were calling in. The energy felt electric, particularly because health and safety were at the forefront of our minds.

Throughout the launch, the campaign intervened in the "pandemic hero" discourse through the testimonies of worker-leaders themselves, such as Lee Plaza and Socorro Diaz. Set against the yellow Coalition virtual backdrop, Lee Plaza introduced herself, sharing that she is a private home care provider and worker-leader at the Pilipino Worker Center here in Los Angeles. Wearing a black top and looking at her computer screen, she shares that she moved to Los Angeles from the Philippines eight years ago, and that she has been involved with the Pilipino Workers Center since 2017. (California Domestic Workers Coalition, 2020) In her testimony, she expressed her own fears and worries:

> *"I fear for my health especially because domestic workers are the only group of workers excluded from occupational health and safety protections. We are on the frontlines caring for vulnerable patients. One of my clients is a 98-year old bedridden woman…I am actually quarantining myself as we speak because I may have been exposed to the coronavirus taking care of this client in this facility…On Friday, some of my co-workers from the agency sent me an article that 7 patients in this facility have tested positive for*

the coronavirus. Today, I received the news that one died. The facility and the agency did not even tell us that any of the residents were sick and the assisted living facility did not give out the necessary protective equipment since last Wednesday, even though we have known about the risk of corona for weeks. The homecare agency is my actual employer but they still have not provided protective equipment."

Lee's story demonstrates how her facility and agency devalues those who perform the needed reproductive work for those most vulnerable in the pandemic. Her story looks at the nuances in where caregivers are often not heralded and treated as heroes, as seen through the limited protections from the state and their employers. In her testimony, these safety protections were poorly enforced even before shelter-in-place, showing the crises of care before the pandemic. In her story, both elderly clients and caregivers are at risk for premature death in this situation, while agencies and facilities are able to profit from these casualties through keeping wages and the quality of care low. Lee's physical presence during the launch, as someone exposed to illness, exposes the limits of the hero discourse while demonstrating that reproductive workers are people that need care and safety as well.

Similarly, Socorro Diaz shared her testimony and elaborated how reproductive workers have always been at the helms of crises. Wearing black with her hair tied up, she held her paper in front of her screen. She begins her testimony by sharing in Spanish that she has worked as a housecleaner for sixteen years and serves as a leader at ALMAS, a group with the Graton Day Laborer Center based in Sonoma County, California. As fires raged across Sonoma County in 2017, she began cleaning homes evacuated by their owners. As she shares, the homes were still smoky and ashy, yet she cleaned these homes for two weeks, stating, "I knew it might be dangerous but I had to work because my family really needed the money." As a result, she began to feel ill and suffered through headaches that lasted for weeks, expressing that she had never

experienced headaches before. She continues to share how limited state protections and climate change have affected her body:

> *"My skin became very dry, my eyes burned, one day while cleaning, I began to feel this terrible burning in my face, and soon after, I had a nosebleed. Something that had never happened to me. I had bought my own mask and cleaning gloves to use and they [employers] did not explain the dangers of the job. I also started having breathing problems, and I went to a clinic. They said it was because I was exposed to so much smoke. My lungs became comparable to someone who smoked."*

Because her employers never gave her personal protective equipment, she had to bring her own masks and cleaning gloves. She ends by saying, "It is important that we include domestic workers in Cal/OSHA protections because occupational safety and health is not a luxury; it is a necessity and right for all workers. Imagine, if we had made this change to the law ten years ago? How many of us would not have been hurt or gotten sick at work?"

Socorro illuminates how reproductive workers have always been essential in responding to structural violence created and worsened by neoliberal racial capitalism. She served through cleaning people's homes in the aftermath of the fires and ensured that these homes were safe to live in for the families who owned them. Yet, her reproductive labor harms her own body, causing her to be ill. These illnesses are exacerbated by the violence of limited to no health and safety precautions by the state. Her testimony ultimately exposes how the neoliberal governance of care has wreaked havoc on the bodies of reproductive workers long before the pandemic.

Socorro and Lee's testimonies make interventions in the "pandemic hero" discourse by showing how care and reproductive work are not only critical during times of crises, but that the bodies and wellbeing of reproductive workers must also be held with care and safety. These counternarratives are further summed up with Kimberly Alvarenga, the Director of CDWC, and her words offered during the launch, "Not in times of crisis. Not when domestic workers are on the front lines, making sure our homes are safe and healthy and that seniors and other vulnerable

groups stay out of hospitals and thus further overwhelm our overburdened healthcare system. Now more than ever we can see that the health and safety of every household and every worker is inextricably linked. Now It's time to make a change!" (California Domestic Workers Coalition, 2020)

We see the Coalition further build upon these discourses through digital modes of research and storytelling. As the statewide lobbying process was also learning how to adapt digitally, the Coalition developed media testimonies and videos as a way to push forth their own political power and influence to state legislators. One example included a collaboration between CDWC and the UCLA Labor Occupational Safety and Health program in developing the report, "Hidden Work, Hidden Pain: Injury Experiences of Domestic Workers in California." (Ponce et. al, 2020) The report documented how reproductive workers -- specifically housecleaners, caregivers, and child care providers -- experienced injury and illness in their workplaces. The report was based upon interviews with 84 individuals who were injured by working.

The coalition developed a video to bring the report to life through linking key findings with a story from a worker-leader. (California Domestic Workers Coalition, 2020) The video gave soul and life to the research while exposing the broader trends of injury and illness experienced by reproductive workers. It was also used to influence policy makers and allies as a way of exerting narrative power when being in person was not possible. The video brought flesh and real people's experiences to policymakers' attention and further, became a way to shift political discourse around care and care work.

The video's stories emphasized how reproductive workers have literally cleaned up the messes of neoliberal racial capitalism, even while given limited care, safety, and protection. This limited care further impacts the unpaid care work they perform for their own families and loved

ones. We see this in a video testimony created by Erika, a worker-leader and a house cleaner. Taking a video from her phone in her car, she shared her testimony in Spanish with English subtitles at the bottom:

> *"It is sad but the reality is that with this pandemic, I feel safer when I am at my job working as a janitor cleaning a shelter than at my other job cleaning a private home. At the shelter, my bosses give me protective equipment, mask, gloves, and training to protect my health and the health of others. In the house where I work, they don't give me any protective equipment. It doesn't make sense to me that in one of my jobs, my employers by law have to take measures to protect my health, but in the other, they don't…So I am asking elected officials to support SB 1257, the Health and Safety for All Act."*

Erika's video-story offers various points, one in which reproductive workers are cleaning and responding to the violence of homelessness through cleaning shelters. She raises a key disparity between a community setting versus a private one, demonstrating the lack of accountability in private settings because of private ownership over the home. This rationale is rooted in protecting a neoliberal governance of care in which private ownership, a key value of racial capitalism, takes priority over the health and wellbeing of the people who clean and take care of these properties.

Megan Whelan, the Associate Director of CDWC, offers the following insight and impact of Erika's story:

> *"I think of Erika…she worked cleaning for a shelter where she got everything she needed, and had the protective gear and everything. And then she compares that to a private household, and have nothing…and her dad had just passed away because of COVID. And so like the level of fear and grief that she's experiencing because of COVID."*

Although Erika does not share about her father in her video testimony, Erika, like many reproductive workers, are experiencing a personal crisis of care, where the limited safety in their workplaces impacts the unpaid care work they provide to their loved ones. This fear and grief impacts worker-leaders emotionally and physically, and further pushes the narrative for the dire

need for care for reproductive workers. The video continues to share this messaging through Mirna's story, demonstrating how reproductive work and its limited protections have affected worker-leaders' bodies in becoming vulnerable to illness due to the violence in their workplaces and further impacting their unpaid care work at home.

In the video, Mirna, wearing pig-tails and shiny earrings, shares her testimony in Spanish:

> *"85% of domestic workers have been seriously injured on the job. My name is Mirna and I am one of them. I worked at a cleaning company for two years. The first accident I had was when I slipped while cleaning and hit my head and back. I spent a week in a lot of pain and the company did not pay me sick days for the days of work I missed. When I got pregnant, I had to keep working."*

As she begins to share the next part of her story, Mirna's voice cracks during this moment: "One day we worked cleaning houses from 6 in the morning until 10 and I started to feel a lot of pain in my leg, my back, and my stomach. I told my boss but they said we had to keep working." She starts to tap her arm as her sniffles are audible through the video. Tears began to well in her eyes. "Early the next morning they took me to the hospital. I had a miscarriage and lost my baby. I don't want any other domestic worker to go through what I went through." She sighs here and lets out an exhale.

Mirna's story, including her body language and voice, demonstrates the violence not only from her employer, but also the limited protection from the state. This violence has in turn affected her own care work at home and her own emotional and physical well-being in multiple ways. In her first experience with injury, she experienced bodily injuries on her head and back as well as financial loss, which has affected her unpaid care work at home. In her second story, this violence has affected her own biological and emotional mothering through the loss of her child.

Drawing to similar narrative strategies used by past domestic workers, the video uses story and research to expose the crisis and devaluation of care. It served as a way to show how

this devaluation, from employers and the state, deeply affects people's bodies, emotional and psychological wellbeing, and personal lives, even while bearing the brunt and violence of climate crises, a global pandemic, and the dearth of protections provided by the neoliberal governance of care. The video offered an embodied way of showing this message to legislators and the Governor's office, arbiters of the state, during a time when it was dangerous to do so in person with shelter-in-place orders.

In addition to video testimonies that were crafted, the Coalition shared these counternarratives online and offline, through Twitter and postcards sent directly to policymakers. On Twitter, they utilized "Twitterstorms" with the hashtag #MyDignityMyHealth to engage both worker-leaders and allies to pressure policy makers to vote yes on SB 1257, often sending videos or pictures of their post-cards especially as policy makers relied on Twitter for public messaging and engagement with the public. We see this with a tweet written by Nayantara Mehta (2020), the Director of Worker Power at the National Employment Law Project, a key ally with the Coalition:

Figure 1: Image from @NayantaraTweets

> *"Dropped off my postcard asking @CAgovernor @GavinNewsom to sign #SB1257 **#myhealthmydignity** on a day when the mailbox is covered in ash from wildfires and the sky is orange - visceral reminders that domestic workers need health and safety protections."*

In her tweet, she shares a picture of her postcard with animations of a domestic worker cleaning and sweeping while wearing a mask, a child care worker caring for a child, and a caregiver wearing a face shield while caring for an elder sitting in a black wheelchair. The postcard says "Governor Newsom, all workers deserve health and safety at work." The postcard is set to the background of an orange sky in the Bay Area due to the wildfires that ravaged the region in the summer of 2020. Mehta's Tweet reinforces the narrative of reproductive workers at the cusps of caring for communities experiencing the brunt of violence. With the orange sky set as the backdrop, the Tweet hearkens back to Socorro and the many other workers who cleaned homes filled with ash and smoke. The picture offers a glimpse of how workers will continue to be at risk after the orange sky clears and will have to continue cleaning more homes covered in ash. The people, masks, and face shields in the postcard paint a picture of the crises of the pandemic and spread of disease. Further, with the murders of Breonna Taylor, Ahmaud Arbery, George Floyd, and many more Black lives, the heightened discourse around anti-Black racism was illuminated in this postcard through the visual representation of Black and Brown domestic workers, who make up a large part of the reproductive workforce. Mehta's Tweet, and its tagging of Governor Newsom, showed how the Coalition and its allies used digital media to offer a sober reckoning to policymakers of the urgency and dire nature of how worker-leaders must be protected as multiple crises unfold.

In tandem with digital testimonies and Tweets, the Coalition used music and culture as a creative strategy to voice their demands to the Governor's Administration through creating a

"Health and Safety Bom Bom." (California Domestic Workers Coalition, 2020) Written and performed by domestic worker leaders, Coalition members adapted popstar Selena's "Bidi Bidi Bom Bom" into a serenade. In past years, the Coalition have used in-person serenades at the Sacramento State Capitol to voice their political demands to policy makers throughout the lobbying process. Because of shelter-in-place orders, the Coalition adapted their serenade into a virtual one through their Health and Safety Bom Bom video, and used it as a way to pressure the Governor's Office to sign the bill. Their Bom Bom was created through spliced videos from allies, domestic worker leaders, and staff members singing and dancing to their parodied song. In the video, each person wore their yellow California Domestic Workers Coalition shirt, giving a glimpse of each person's inner world while apart. One domestic worker was a Filipina worker with a background of the Pilipino Workers Center San Diego sign, singing with her headphones on. A Latina domestic worker, also wearing her CDWC shirt, was clapping and smiling in a dark room. Another was dancing in her bedroom with her bed in the corner, a picture of her children in the background, dancing a light cha cha. Other videos included a Latina domestic worker-leader, dancing and moving her arms in her kitchen with magnets in the background, while another woman danced with a child who gestured a heart to the camera. The video interlaced videos of worker-leaders in the places they resided and worked with pictures of key moments in the Coalition's history. Some pictures included moments at the San Francisco Filipino Community Center with elders and youth activists clapping. These pictures and videos were timed with their lyrics: "Nuestra salud es importante, el exclusion que cambiar … Frontliners, we are human, we need dignity, pass the bill SB 1257, health and safety we need protection."

As the video ended, the Coalition showed pictures of workers' families sharing their support with a picture of a grandchild holding a red poster that said, "My Grandma Deserves

Health Rights" as well as other pictures of children sharing signs in support of SB 1257. As the singers and dancers of the videos chanted and called on Governor Newsom's office to take action, the video ended with pictures of mother worker-leaders and their children.

As Megan shares:

> *"The Health and Safety Bom Bom serenade that we did, [we were] creatively thinking about things that will bring cultural work into campaigning and songs and dance and our culture into the campaigns. Selena is a favorite artist of the Coalition and we often will sing her songs and do karaoke as a coalition together when we are together in person and so it was really nice to have it be Selena's song and the whole remake was really fun."*

The video served as a collective action in itself, editing videos of members singing and dancing in their own specific locations together as well as photos of domestic workers in the streets and in their workplaces. The video even brought in the voices of workers' families through signs to pass SB 1257. It served as cultural resistance in the way that music and dance brought Coalition members and their families together, who were otherwise apart during the campaign. The Bom Bom was a way of mitigating social isolation, with the video process in itself being a part of larger community building practices created and practiced in the political process. The Health and Safety Bom Bom served as a reflection of a governance of care from below, or in other words, an organizing of care in which care & life is valued and protected, especially the lives of those violated from neoliberal racial capitalism.

As Nadasen (2015) shares:

> *"Storytelling became a means of building community, motivating participation, and shaping political perspectives; and storytelling is, of course, intimately tied to history, since it is those stories we remember or choose to remember that we tell. Storytelling became a way to construct the past and convey ideas. I found activists' use of storytelling to be strategic. The significance of these narratives has less to do with objectivity and truth than with their explanatory power—their ability to express women's sense of themselves and their current predicaments. So their stories are not simply interesting to read, but reflective of a particular moment. For the women I write about, what they*

remembered became a form of action and a way to disrupt conventional wisdom and construct new identities."

The first year of the Health and Safety for All campaign exemplified how domestic workers were able to use stories in various mediums to express their experiences at a time in which those performing necessary reproductive labor were both praised as heroism and invisibilized through state policy. The video testimonies, the digital media, and the cultural work developed by the Coalition shed light on the frontline labor of domestic workers during climate crises and a global pandemic, while being met with government neglect when it comes to legal protections in health and safety. Storytelling also were spaces of building community during times of isolation and economic upheaval, where women could "express their sense of themselves and their current predicaments" in their own words, as well as a political strategy to build broad support for care and care workers.

Governor Newsom's Veto

In September of 2020, the Coalition was met with disappointment as Governor Newson vetoed the bill. In his veto message he states that domestic work is done in private homes that should not be regulated. "However, new laws in this area must recognize that the places where people live cannot be treated in the exact same manner as a traditional workplace or worksite from a regulatory perspective." (Office of the Governor, 2020) Newsom's message elaborated that private homeowners and tenants would have to go through "onerous" processes such as creating an injury prevention plan, conducting outdoor heat training, and following procedures outlined by Cal-OSHA, flagging that these procedures would "raise significant policy concerns." His message ended by elaborating his commitment to protecting domestic workers but also individual property and privacy.

Governor Newsom's veto message echoed historical narratives surrounding reproductive labor, a message that echoed a neoliberal governance of care. His message pushed forth narratives that protected whiteness and racial capitalism, particularly property and property owners at the expense of the lives of reproductive workers. In sharing how the process would be too onerous for homeowners and renters, his veto was used to protect property. Secondly, his message shows how the neoliberal racial-capitalist state views the "home" as an illegitimate workplace. These narratives include how reproductive labor, such as caring for elders or house cleaning, is work done within the private sphere and is seen as separate from other forms of labor that are seen as otherwise "productive." These narratives have long been criticized by feminist scholars and activists for invisibilizing and marginalizing such work. Lastly, his veto demonstrated a larger message in which the state views the private home as an illegitimate workplace even though for many low-wage, racialized and gendered workers, such as domestic workers and day laborers, the private home has long been a place of work. His veto message stood in deep contradiction with his political actions and speeches earlier in the year where in which he heralded essential workers, like firefighters, doctors, and teachers, as "pandemic heroes." (Office of the Governor, 2020)

Governor Newsom's veto demonstrated how the governance of care is an ideological struggle with the Coalition and allies responding with frustration and anger. As Vanessa shares about this moment:

> *"The veto was a very heavy, hurtful, and invalidating thing because it felt like [we are] asking for the most basic thing. This is the government's responsibility to make sure that people are safe…I think we more than anyone really saw how much people really were putting into it [the campaign] not just individually but like with their whole families and, and all of that it did feel like a very dehumanizing and hurtful experience. To get this message from the government that people that we're working with so closely, our families, our community deserves something so simple like, not inhaling toxic smoke and having the right to know if they're being exposed to COVID. I think those things were*

really difficult but it's also the kind of injustices that we were all already aware of, and that already have brought us to the work."

Vanessa's reflection expresses how the veto served as state violence and neglect in itself, highlighting the disposability of reproductive workers, especially as she reflects on how families and community members deserve to "not inhale toxic smoke or have the right to know if they're being exposed to COVID." She emphasizes the importance of protecting people from premature death and illness. And yet, she shares that these injustices were things the Coalition was "already aware of and already brought us to the work," indicating that this devolution of care from neoliberal racial capitalism is not new, but exacerbated.

Shortly after the veto announcement, the Coalition organized rallies at the San Francisco and Los Angeles federal buildings to counter the discourse around the disposability of care and care work. These rallies were mechanisms to come together in person for emotional support in response to state neglect. In a video of the San Francisco protest, dozens of domestic workers stood at the front of the San Francisco federal building proudly wearing their yellow CDWC shirts and masks to keep each other safe during a time before the distribution of COVID vaccines. (California Domestic Workers Coalition, 2020) Christina, otherwise known as *Ate* Bingbing, is a worker-leader with Filipino Advocates for Justice, and she stood on the steps of the federal building, yelling into a microphone in Tagalog:

"I was very disappointed when I heard Governor Newsom vetoed SB 1257 especially because domestic workers and home care workers are essential workers and frontliners during this COVID pandemic and the raging wildfires across California. I don't understand why Governor Newsom wanted to veto SB 1257."

Even through the livestream, the pain and anger in her voice came across in the video, as her voice cracked into the microphone. It is clear that she was holding back tears from her disappointment. She then turns towards the federal building, with fellow domestic workers

standing behind her, holding a purple banner saying “Domestic Workers Denounce Governor Newson’s Veto.” *Ate* Bingbing yells towards the building, a physical representation of a racial capitalist state: “Do you know what I’m feeling right now?! This hurts so much!”

Ate Bingbing’s words expressed the pain, anger, and anguish that many domestic-worker leaders experienced from the veto. For instance, in a video highlighting the veto rallies, one domestic worker, wearing her blue surgical mask, held a banner saying “In a global pandemic, amidst wildfires, if not now, when?” with a drawing of the earth engulfed by flames, further showing the crises of climate, racial and gender violence, disease, as well as care. (California Domestic Workers Coalition, 2020)

Responding to the message from the state, domestic workers utilized embodied storytelling through staging die-ins and laid their bodies at the steps of these visible representations of the government to honor the caregivers, house cleaners, and domestic workers who fell ill and passed away due to the lack of health and safety protections in their workplaces. At the San Francisco rally, they laid a white tarp in front of the steps. A dozen worker-leaders laid on the ground, embodying those who have died due to limited health and safety protections. They rested their banners next to them and used them to shield their faces. Domestic workers lying on the ground even wore signs taped to their shirts saying “Trabajadores Limpieza” or house cleaner. As they laid on the concrete, you could feel the somber energy, even through the livestream, hearing the sounds of cars rushing by and people passing by them.

The die-in represented a way to protest government neglect towards human life, especially the lives of those performing dangerous and vulnerable care work, and to embolden other domestic workers to continue the fight. Breaking the silence, the emcees of the rally yelled into the microphone as the workers laid on the steps:

> *"Is this what you want Governor Newsom? Is this what you want to see? Domestic workers are suffering and dying slowly. Putting themselves in danger and cleaning toxic ash after the wildfires, cleaning houses during the dangerous pandemic, this is where we're headed. Is this what you want?!"*

The lain domestic workers began to rise up and raise their fists as those around them began cheering and clapping. The emcees ended the die-in, amplifying, "My sisters, stand up with dignity, how strong we got during this campaign, how much more powerful we are now and how we will never give up… we will never give up!" (California Domestic Workers Coalition, 2020)

New Beginnings

During the second year of the campaign, the Coalition pivoted their strategy. Coming off the heels of Governor Newsom's veto, they entered their second legislative cycle in passing the Health and Safety for All Act. The bill was renamed to Senate Bill 321, and the Coalition engaged in discussions internally and with the Governor's administration in ways to best move forwards. The Coalition attempted to receive feedback, and learned from the administration that if the Coalition were to move forward with the same bill, Governor Newsom would veto it again. The Coalition began developing amendments and discussed the following options: (1) to escalate and apply more pressure towards the administration with the same bill, or (2) develop ways to address the administration's concerns around privacy and the demands on employers. Through conversations with domestic worker leaders, the bill removed ending the exclusion, and instead shifted towards creating an advisory committee to develop voluntary health and safety guidelines under Cal OSHA which would be implemented by 2023. The advisory committee would include domestic workers themselves in shaping these guidelines.

The campaign further continued to boost the counter-narratives that domestic work is legitimate work, and utilized historic blocs and allied with employers and clients to further build

this counter narrative. This focus in strategy was seen in the Coalition's SB 321 statewide calls across the coalition. During the first Coalition Zoom meeting since the Governor's veto in March 2021, thirty-four organizations across California joined, speaking multiple languages particularly Spanish, Tagalog, and English. The meeting first focused on updates given by Kimberly Alvarenga in terms of where the campaign was heading to next:

> *"We have been active since the veto. After the campaign, it was very hard to hear the Governor's decision at the end of the year. We have been sheltering in place very strictly and staying closely to the health and safety of our membership. Our members decided it was important to get out there and express our outrage. We were out in LA and SF at the state building and did a die in to express our outrage on what the Governor did to us last year. This is the piece of part that came out of campaign, made of papel piccado with the sacrifice our workers did to fight during our campaign."*

After we heard updates, we had a larger conversation as a Coalition on how to gain momentum and the new possibilities ahead for 2021. Throughout the call, organizers referenced Governor Newsom's rationale on why he vetoed the bill, focusing on the difficulty of enforcement by employers and concerns around "invasions of privacy." Hand in Hand, a coalition of domestic worker employers in solidarity with worker-leaders, played an important role in emphasizing the narrative that "our homes are workplaces" and that SB 321 would provide critical guidance on workplace safety. This practice of solidarity further resisted values of a neoliberal governance of care that prioritized private ownership, and instead, focused on protected peoples' wellbeing and safety. As a result, we brainstormed ways to involve employers in lobby visits, social media, and trainings.

In tandem with the strategy to emphasize employer solidarity, participants in the call strategized how to connect the campaign with anti-Black violence and climate change, and in relation to care and care work. One participant on the call with the California Immigrant Policy Center shared that "domestic workers are taking care of their own families. This is a tool to

engage with women of color." Her comment drew parallels to how reproductive labor has often been siphoned to Black, immigrant and women of color. Another organizer, from Worksafe, emphasized to continue connecting the campaign with the wildfires. They made critical comments in counter-messaging the Governor's rationale on privacy, showing how privacy has been co-opted to hurt workers.

This narrative shift was further enforced in our August statewide call, especially before the Governor's signing. During the call, organizers from Hand in Hand wanted to reinforce the messaging around how "employers are not told how to be a good employer." Hand in Hand in particular worked on organizing employers across the state to support the campaign with their stories, participating in lobby visits, especially as employers were used as a strategy to veto the bill. As an organizer from Senior Disability Action mentioned, "Employers still don't know how to engage and how to be responsible employers. How do we use these guidelines even if they are voluntary?"

We saw this narrative shift come to life during CDWC's first in-person state rally. On May 21st, 2021, I drove to the Sacramento State Capitol to join the CDWC in their first major statewide rally since the beginning of the pandemic. I felt excited, being that it was my first rally since 2019 and a momentous moment especially coming off of Governor Newsom's veto. As I parked in the garage on the side of the Capitol, I saw a mass of yellow CDWC shirts in front of the Capitol. There were many moments that struck me. I saw Tina and Megan who were very busy huddling up with worker-leaders, and they handed me a tripod and their phone, and tasked me with videoing the rally for the CDWC Facebook while going on Facebook live.

After marching to the steps of the Capitol, I videoed the backdrop of the rally: dozens of candles, bright yellow flowers, and an orange and yellow carpet, representing the domestic

workers who passed away due the lack of health and safety protections, an offering and altar to represent those who died. At the steps, the Coalition physically used art as a political way of laying death at the steps of the Capitol.

Against the backdrop of the altar, Maria, a member leader of Hand in Hand, came up to the microphone to share her story as an employer:

> ***"****The other morning I was greeting my housecleaner and heard a news story that Cal OSHA was delaying a policy for the removal of masks and offices that are reopening…Why is it that the domestic workers working in the homes of these workers returning to their offices aren't afforded these protections? Domestic workers who make it possible for other workers to go back to their officers don't have the same protections as their employers. I have real concerns about this new equity -- this exclusion is rooted in systemic racism. I am an elder with a disability that has benefitted from this help…it will provide guidance to make sure my home is a safe workplace, if our homes are safer for our employers, then they will be safer for ourselves."*

Maria's testimony echoed the narrative shift in our calls to express the support of employers towards reproductive workers that care for them. She shares that without domestic workers, other workers are unable to do the work they need to do. Her mention of systemic racism also bridges the intersections to specially anti-Black racism and the history of excluding Black domestic workers from labor protections. Her ending of ensuring that her home is a safe workplace offers counter-messaging to the rationale in the Governor's message, further intervening in the logics of racial capitalism in which property is prioritized over life. She instead argues that the life of reproductive workers must be prioritized. Her testimony emphasizes this historic bloc forged through the Coalition's organizing in responding against the logics and values of a neoliberal governance of care.

The coalition was able to express this broad support visibly and through cultural production. Towards the end of the rally, around twenty leaders held a thirty-foot long petition to deliver it to the Governor. As they held the petition, Elizabeth, one of the emcees, shared,

“We’re going to go knock at the door of the Governor to pass SB 321.“ (California Domestic Workers Coalition, 2021) Elizabeth began walking alongside the collective holding the petition and led chants until they reached the doors of the Capitol: “Se ve, se siente! Los trabajadores están presente!” The worker-leader at the front of the petition line continued chanting once at the doors of the State Capitol and almost broke into tears. The petition holders and the community surrounding them began chanting right outside the security glass doors. “Governor Newsom, estamos aqui!” The petition, which had over 1500 signatures, almost enveloped the Capitol entrance, with worker-leaders and allies barely holding it up.

As Megan shared about this moment:

> *“Given we weren't sure if there was going to be an opening this year in 2021, or not. One of the key campaign moments is when we unfurled this long petition to the Governor, demanding health and safety rights following the veto, and it was beautiful. [It was a] 20 feet plus 30 feet long petition with all these names, lots of employers, lots of workers signed on, and then, you know, held by a dozen or so of our worker leaders and marching up to the doors of the Capitol. And just how heightened that was, because that was probably the the moment where people really were feeling angry, and the doors of the Capitol were shut, and because of the pandemic, I think like that urge to really bang on the door, and be like, listen to us…It was powerful..and just really emotional, too. It was also the first time that we've been together in person like, many of us had a lot of emotions that day.”*

The unfurling of the petition was a powerful moment to witness in person, after a year of grief, economic and physical turmoil, as well as a political defeat through the Governor’s veto. Seeing the Coalition members chant in front of the pristine exclusive doors of the State Capitol served as a visual representation of the ideological struggle of the governance of care in itself -- as the neoliberal governance of care was kept protected inside through security guards, the governance of care from below was literally and physically banging on its doors.

Winning the Health & Safety for All Act & Lessons Moving Forward

In September 2021, Governor Newsom signed SB 321 into law. The law passed in creating an advisory of domestic workers, employers, and health and safety experts to develop a set of voluntary health and safety guidelines under CalOSHA. Although the bill changed from its original guidance, the Coalition saw the bill as an initial and historic step of domestic workers building power, particularly through the policy formation process.

Years later, the CDWC have continued their storytelling work through the film "Dignidad" which draws from testimonies and footage captured throughout the Health and Safety for All campaign. (Biddle, 2023) In the trailer are videos of the music, art, culture, dance, and movement that cultivated messages of care towards and with reproductive workers. Through Dignidad and many other cultural events, the Coalition has furthered their counter-messaging across various mediums. Their narrative work has also been entangled with their political work. Since the beginning of the Health and Safety for All campaign, the Coalition has engaged in local campaigns such as organizing for a Paid Time Off ordinance in San Francisco, as well as passing their first set of health and safety guidelines from their statewide committee of domestic worker leaders, employees, and allies. (Said, 2021; Said, 2023)

The campaign demonstrated the struggle around the governance of care through the policy formation process, pushing forth narratives and counternarratives surrounding the importance and value around reproductive labor and the people who do this work. The coalition used storytelling and cultural resistance to resist policy decisions that protected property over the lives and people who perform the labor to protect and care for life. Cultural resistance was utilized in many ways, from using art and song, sharing testimonials and stories to build alliances and community, and to develop historic blocs to further these narratives. The campaign continued the legacies of domestic worker organizing in demonstrating to broad sectors of

society that domestic workers are performing legitimate reproductive labor that help maintain and protect life. We saw this through worker-leader testimonies as they shared their own experiences of being at the frontlines of cleaning homes affected by California's wildfires and caring for those who were most vulnerable to contracting COVID-19. The campaign's stories exposed a stratification of reproductive labor as it relates to crises under neoliberal racial capitalism, in which reproductive workers are protecting the life of various sectors of society, and yet are neglected by the state in receiving care and safety, as expressed through Governor Newsom's veto. Amidst these challenges, worker-leaders successfully built alliances with employers and clients to push forth these counternarratives. Through embodied storytelling, digital stories, and testimonies, the Coalition gathered employers, allies, clients, and domestic workers to share how domestic work is critical work, especially during times of crises. Ultimately, the Health and Safety for All campaign was able to demonstrate how care work is legitimate work that necessitates protections and dignity.

Developing and building counternarratives served as a part of a larger legacy of building a new world that protects and cares for life, especially the lives of marginalized communities. Beyond the policy making and power building process, the campaign also served as a space for domestic workers to build connection, healing, and care particularly as workers were experiencing grief, economic hardships, and isolation. In my next chapter, I share how immigrant women and women of color workers have practiced radical care throughout the pandemic and beyond.

Chapter 3: Care as New World Making

Introduction

When I think about care, I am taken back to when I was five years old, going to my grandparents' large and lively Filipino parties. Every weekend, my *Lola* (grandma) Vicky and *Lolo (*grandpa) Perfecto would host gatherings in their home in East San Jose, a working class immigrant enclave concentrated with taquerias and pho restaurants.

Entering their home felt like a festival. Chicken *adobo, pinakbet,* and *dinungdun* would be rested in aluminum trays in the kitchen. The smell of cooked goat would fill the house. My aunties would gossip in *Ilokano* in the living room while uncles would smoke freshly rolled tobacco while playing *mahjong* in the garage. My cousins and I would loudly sing "My Heart Will Go On," aiming to reach the coveted 100 score on the Magic Mic karaoke machine. Everyone's stomachs would be full, and life was celebrated.

These gatherings were intergenerational and transnational. Families who newly immigrated from my *Lola's* barrio in Anduyan would attend, where they found a sense of familiarity in a foreign country. Those who immigrated in the 1920's, like my *Lolo* Pete, would watch as everyone mingled. It was during these gatherings that forms of care would be exchanged. My mom supported my aunties in finding employment at local hospitals. *Lola* Vicky would cook the oysters she gathered off highway 101 and provide family friends with fresh seafood and *sinigang*. It was older children like my sisters and my cousins who, in their teenage years, took care of me and my younger cousins. They often changed our diapers or made sure we were safe during our adventurous (and dangerous) games of *lava* on *Lola* Vicky's couch.

These forms of care would extend beyond family parties. When my parents were busy at work, Lolo Perfecto would pick me up from school and bring me to their home, where Lola

Vicky would fix up a hot cup of Maruchan ramen for me and my cousins. Whenever there was a death in the family, extended family members would facilitate large group prayers, provide funds to help with funeral costs, and offer trays of Filipino food to help nourish the grieving family for weeks. As my grandparents grew older, my sisters and I would care for them in return by bringing them to their hospital appointments and, by request of my Lola, pick up her favorite KFC order.

These gatherings were and continue to be a way of life -- a practice of creating refuge, support, and sustenance for intergenerational immigrant families living in a place that was often unfriendly, unsupportive, and even violent.

When shelter-in-place orders began, my family and I continued providing care for each other amidst a global crisis, especially under a federal government that did not protect us, or even understand that COVID-19 was a serious disease. While my sister and my mom went to work, offering therapy and medical services, I offered to pick up groceries, cook meals, and drive my mom to her night shifts. Like many families, friends, and loved ones who were sheltering in place, we developed practices of care beyond what the state could provide.

The pandemic, the murders of George Floyd, Ahmaud Arbery, Breonna Taylor and so many more that triggered 2020's racial reckoning, and the surge of anti-Asian violence has kindled conversations around mutual aid, care, and collective healing. These times have called on communities to determine how we can sustain ourselves during a time of, as Adrienne Maree Brown calls, "mass death." (Lady Don't Take No, 2022) As Brown shares in a conversation with Alicia Garza, a co-founder of Black Lives Matter, the United States has become so comfortable with mass death and disposability. These crises have highlighted what *has* been occurring under racial capitalism, which is not only mass death, but perhaps, a targeted premature death towards

racialized, gendered, poor, and disabled communities. Activists, scholars, and community organizers are building conversations around the ways in which we care for each other in crises, where in fact, these practices of care, whether it be providing mutual aid funds to caring for a sick loved one, are the foundations of creating a new world.

When I reflect back on the care practices I was surrounded by as a child, all while family members were experiencing economic hardships, immigration issues, and patriarchy, I argue that, indeed, we *have* been practicing radical care. Caring for each other in times of crises and beyond is not new. Perhaps, we have been building this new world all along.

In this chapter, I go deeper into the "governance of care from below," or in other words, the new worlds that immigrant women and women of color are forging through their practices of care during the COVID-19 pandemic. I look at how women essential workers are (and have been) building the foundation for a governance that centers and values life, is liberated from racial and patriarchal capitalism, and organizes care and social reproduction in a way where peoples' needs are met. I am in conversation with the many scholars and activists that are sketching what "care as new world making" means, not only in theory but in practice (Woodly et. al 2021). I look at threads from Black feminist scholarship and disability justice activism, and engage with Francisco-Menchavez's concept of "communities of care" and Kneese and Hobart's "radical care" as ways to understand how women reproductive workers are contributing to this new world. Throughout the chapter, I share how women workers have been able to practice care -- from forging deep relationships, redistributing care and life saving resources, to political organizing.

Conversations on Care as World Making

I center the following frameworks to understand how women reproductive workers are engaging in care as new world making: "radical care" and "communities of care."

Hobart and Kneese define "radical care" as "the set of vital but underappreciated strategies for enduring precarious worlds." (Hobart and Kneese, 2020) Radical care focuses on the practices and strategies used to address crises and uncertain futures.

The origins of radical care can be traced from feminist and social justice movements. One stream involves feminist self care where trauma workers needed to care for themselves while giving to others. These theorists saw self care as tied with gendered power dynamics and women's work. In the 1970's, for instance, the Wages for Housework movement led by Italian Marxist feminists desired for reproductive labor to be recognized, and they critiqued the invisibilization of women's care work within the domestic sphere. A second stream is rooted in Black and Brown activist care work. Principles of collective care were prominent in the 1960s and 1970s as the distribution of pamphlets on women's reproductive health and the Black Panther Party Free Breakfast program as well as grassroots medical and support services were key parts of political movements.

A key strategy of radical care that has resurged during the COVID-19 pandemic has been mutual aid. As Dean Spade shares, "there is nothing new about mutual aid, but capitalism and colonialism have created structures that disrupt how people have historically connected with each other…In this context of social isolation and forced dependency on hostile systems, mutual aid—where we choose to help each other out, share things, and put time and resources into caring for the most vulnerable—is a radical act." (Spade, 2020) Mutual aid has been a constant strategy within and beyond social movements with examples being running feminist health clinics, child care collectives, tenants unions, and community food projects. Mutual aid projects

hold a different ethic of care beyond charity, and holds three major tenets: (1) mutual aid must meet survival needs while building an understanding as to why people do not have what they need; (2) they must mobilize people and movements; and (3) they must involve collective action versus saviors to solve problems. Mutual aid, as a strategy of radical care, serves as creating a new world by developing interdependent relationships while disrupting the isolation and violence of racial capitalism.

Because radical care is entangled with political structures, it comes with tensions as well, one of them being a tension between self care and caring for others. The second being care as essential for social reproduction but invisible, undervalued, and easily co-opted, and lastly, understanding care as solidarity versus charity. Care is often overlooked because its effects take time to see, all of which are shaped by race, gender, class, and political,economic, and social forces. Yet, radical care calls communities to practice a form of care that engages with histories of grassroots activism and "negotiates neoliberal models for self care." (Hobart and Kneese, 2020)

Radical care serves as a key framework because of its connection to the lived experiences of reproductive workers navigating multiple sets of crises. Its origins in feminist self care is relevant for women who are negotiating not only unpaid reproductive labor at home and the paid reproductive labor they provide for their employers, but also how to care for themselves in the process. Secondly, the women workers I interviewed are activists engaging in care practices not only to care for themselves, but to change multiple systems of oppression that devalue care work and the people who perform such labor.

A second framework I engage with is Francisco-Menchavez's concept around "communities of care," or the ways in which migrants use fictive kinship with those in their

physical locations to build solidarity and care with one another. (Francisco-Menchavez, 2018) The concept draws from two major frameworks: one of them being queer of color critique, where Francisco-Menchavez builds upon the formation of "chosen families" amongst queer communities, and Black Feminist concepts of "other mothering" which is rooted in the cultures and practices amongst African and African American communities where community members share in mothering responsibilities in their families and in their larger community. (Collins, 1995; Manalansan, 2006) These concepts provide a foundation for building "communities of care" and understanding how migrants, under the violence of heteropatriarchy and neoliberal racial capitalism, are building kinship beyond biological ties.

Communities of care is key to understanding care as new worldmaking because it helps us understand what kinds of intimacies and relationships are needed in this new world. Women reproductive workers are developing radical communities of care, where relationships are formed to (1) extend and redistribute life saving resources especially when the market and the state provides limited support and (2) build relationships that are rooted in not only solidarity but deep intimacy and mutual support. These relationships are building blocks in rearranging care and unraveling oppressive structures.

Within migrant communities, this has looked like migrant women workers facilitating gatherings, taking care of each others' children, living in one household, and cooking for each other. Even my *Lola's* practice of gathering would be ways for immigrant women to exchange information with each other, from health insurance to employment. Communities of care serve as life support within itself especially as women reproductive workers experience isolation in their workplace, and in the case of COVID-19, shelter-in-place orders. As Woodly argues, "care labor is everyone's labor—it is what not only sustains each individual through physical and emotional

support, it is also the work of building social relations, community, and modes of relationality (Woodly et al., 2021).“ Communities of care offer ways of connection and shared responsibility amidst xenophobia, the devaluation of care and care work, and economic exploitation.

I see communities of care and radical care in conversation with the many threads documenting care as new world making. One thread includes a Black feminist ethics of care, which is rooted in recognizing and unmaking racial capitalism (Okechukwu, 2021; Neely and Lopez, 2022) Based on her research around the Movement for Black Lives, Deva Woodly builds upon these frameworks through examining a radical Black feminist pragmatism and a politics of care. She defines this politics of care in which governance “(re)arranges laws and practices—political, social, and economic—so that people do not suffer, at least not in systematic and predictable (and thus, preventable) ways, because people matter, and the purpose of politics…is to assign responsibilities for care and ensure that people are as capable as possible of participating in this assignment of responsibilities.” (Woodly, 2021) Through her interviews with Black activists and leaders, she includes the following tenets as a part of engaging in a politics of care:

- The acknowledgement of oppression as traumatic
- The centrality of interdependence
- The embrace of unapologetic blackness
- A focus on accountability
- Defense of Black Joy
- Commitment to Restoration And Repair

A key strategy to this framework includes abolitionist care which is grounded in unmaking worlds based in harm and punishment and towards investing in systems of support and repair. These vital systems include practices and resources related to social reproduction, from child care, health care, housing, to education. As Woodly describes, “the politics of care is an

abolitionist politics…abolition is not primarily about absence—the absence of police and prisons—it is fundamentally about presence, the presence of "jobs, education, housing, health care—all the elements that are required for a productive and violence-free life." It is about investing in "vital systems of support that many communities lack" (Woodly, 2021; Kushner, 2019). Abolition is a necessary aspect of care as new world making, because the process includes dismantling systems and worlds based on punishment and carcerality, and building new systems and governance structures where means of social reproduction -- housing, care, connection, resources that communities need to survive -- are met.

Along these lines, healing justice is also key to how a politics of care is practiced. Healing justice is as defined by Cara Page and the Kindred Healing Justice Collective (n.d):

> *"a mode of analysis and action that acknowledges that oppression causes harm that is more than distributional, instrumental, or infrastructural, and that addressing that harm requires both personal and political action toward care. That is, healing justice recognizes that "our movements must invest time and money" in identifying how "we can holistically respond to and intervene in generational trauma and violence, and . . . bring collective practices that can impact and transform the consequences of oppression on our bodies, hearts, and minds," as well as on our politics."*

Healing justice is key to world building because the oppression inflicted by a neoliberal governance of care is traumatic. Practicing healing justice entails collective action and changing the roots of oppression. Additionally, healing justice sees care and life saving resources as not only housing, medical care and other social services but also emotional safety and psychological wellbeing. In essence, a politics of care, and its various strategies, are grounded to "understand the purpose of politics is to be creating the conditions under which everyone, starting with those who have been marginalized and subject to oppression and its accompanying traumas, can have access to the care that they require to develop their capacities, secure their well-being, build communities, and determine the course of their lives." (Woodly, 2021)

Related to healing justice, disability justice is a key conversation when it comes to building new worlds. Leah Lakshmi Piepzna-Samarasinha (2018) describes disability justice as the following:

> *"Disability justice centers sick and disabled people of color, queer and trans disabled folks of color, and everyone who is marginalized in mainstream disability organizing. More than that, disability justice asserts that ableism helps make racism, christian supremacy, sexism, and queer- and transphobia possible, and that all those systems of oppression are locked up tight…It means asserting a vision of liberation in which destroying ableism is part of social justice. It means the hotness, smarts, and value of our sick and disabled bodies. It means we are not left behind; we are beloved, kindred, needed"*

In centering disability justice, we are building new practices of care where, as Piepzna-Samarasinha points out, go beyond processes that burn people out, abuses or underpays caregivers, and beyond models of paid attendants and system where the state, the market, and the biological family -- assumed sources of where care lies -- are the main care providers. Disability justice moves beyond a neoliberal governance of care, and is also honest about the difficulties of care work, even amongst communities themselves. Disability justice asks us, how can we build communities of care and a governance of care that honor our bodies and abilities and centers the most marginalized in steering the conversation? As Piepzna-Samarasinha (2018) shares:

> *"I believe we stand at the crossroads, between both the gifts and the unexpected, inevitable collapses of our work, and we have the opportunity to dream and keep dreaming ways to build emergent, resilient care webs. I believe that our work in creating the new world depends on it— because all of us will become disabled and sick, because state systems are failing, yet "community" is not a magic unicorn, a one-stop shop that always helps us do the laundry and be held in need I believe that the only way we will do this is by being fucking real, by not papering over the places where our rhetoric falls flat, where we ran out of steam, or where this shit is genuinely fucking hard."*

Disability justice offers an integral framework for the women reproductive workers in this study because as mentioned in Chapter 1, women reproductive workers are not only

employed to care for disabled clients, but they may also be disabled themselves, either emotionally, physically, or psychologically. As Akemi Nishida argues, the neoliberal political economy and its structure around care is in itself a disabling process for those who receive and provide care because of a system that underpays, abuses, and rarely protects reproductive workers and those they care for. (Nishida, 2022) It also further causes harm to disabled communities where the state, market, and family are often unreliable and violence sources of care. Disability justice helps us interrogate and understand what kind of world must be created so that care and reproductive labor can be organized so that as Woodly shares, "we create institutions and routines that understand care for all kinds of bodies, abilities, and levels of health to be a basic, necessary function of governance." (Woodly, 2021)

Conversations around healing justice, abolitionist care, and disability justice help us understand the ongoing practices occurring in building a governance of care that centers the most marginalized -- how communities themselves are protecting, redistributing care to each other amidst state neglect, and unmaking neoliberal organizations of care that places the burdens of care on the most oppressed. In these next sections, I offer how immigrant women and women of color are planting seeds for a world that provides care to the reproductive workers, a world that values life and care beyond crises.

Building Intimacies of Care

On a hot May day in Sacramento, the California Domestic Workers Coalition led one of their first in person rallies at the California State Capitol since the beginning of the pandemic. The Central Valley heat was strong, and the sun's rays pressed down on us as we chanted and walked towards the steps of the Capitol. As the formal rally began, a row of women held a banner as a backdrop to the policy makers, activists, and fellow domestic workers sharing their

testimonies at the podium. As the sun pressed on, one of the women brought out a blue plastic bottle to help her friend next to her put on sunscreen. One by one, each of the women holding the banner helped protect each other by passing along the sunscreen across the row. It was a simple action that could have been overlooked. But beyond the visible political work -- the chants, the speeches, and all -- it was this small practice of care that emphasized connection, mutuality, and wellbeing.

The COVID-19 pandemic has highlighted the immense violence racial capitalism has inflicted upon immigrant women and women of color, while illuminating that racial capitalism depends on the care labor they provide. Racial and patriarchal capitalism is not only an abstract, economic system, but a process of how we relate to each other. As Ruth Wilson Gilmore explains, "racial capitalism, which is to say all capitalism, is not a thing, it's a relation. Fighting racial capitalism and the unequal world order it constitutes—enacting worlds otherwise—requires a reorganization of relationships." (Gilmore, 2002) When it comes to building practices of care that will sustain marginalized communities, this means reorganizing how we relate to each other and thus, how we care for each other.

This particular moment at the Health and Safety for All rally struck me because these women were building these intimacies of care with each other during times of economic hardship, isolation, and grief, resisting the isolation that racial capitalism depends on. These intimacies form the basis of communities of care and stronger connections in the face of multiple oppressions.

We see these intimacies forged during the beginning of the Health and Safety for All campaign. When the campaign launched, women workers, as shared in Chapter 2, were experiencing job loss, limited social safety nets, to economic exploitation and vulnerability to

contracting disease. The campaign had to quickly pivot to digital organizing where organizers and worker leaders had to learn how to gather allies, coalition members, and workers together. The use of digital gatherings transformed the ways in which workers could connect and relate with each other, even if that meant through Zoom. As Vanessa Barba, a CDWC lead organizer states:

> *"Obviously, the pandemic has been a struggle for everyone, and has meant a lot of loss and collective trauma and all these things, but specifically for the workers that are participating in our campaign and their families. Our base, I think that people felt really isolated at the beginning. And so we did see not only an organization, but in all the organizations that make up the coalition that a lot of people were participating, like, everyone saw way higher participation than they had in the years before, because I think people were really feeling that isolation and seeking out community more."*

These digital gatherings became ways to build digital communities of care amongst other workers and allies especially as many were seeking connection. During these meetings, as shared by Megan and Vanessa, organizers made space for story circles for worker-leaders to share about their experiences in a way where it did not necessarily have to be a part of the political or campaign process but for the purpose of relationality. These digital spaces would include not only story sharing, but music and culture, as Megan shares:

> *"Music is always a big part, always having time for music, always having time for breaks. Like, within our meetings, we do in our retreats, we would try to, like incorporate movement, or meditation, or, like dance lessons, or we have like, at the end of last year, you know, we brought in like a band, you know, to play and to serenade folks in the zoom."*

Even through the fast pace of the political process and adapting to digital organizing, the Coalition was able to incorporate these intimacies of care through various mediums, such as story sharing, music, and movement. These forging of new communities were practices of healing as women experienced trauma, both personally and in the world. It opened up a new way

of political organizing that centers rest, relationship building, and as Megan shares, making room for people's whole being to be a part of the movement.

This ethos also included using digital platforms as a space to build connections with each others' families. For instance, the CDWC organized a Mother's Day Action in 2020 encouraging domestic workers to post pictures of them and their families with signs demanding for the Health and Safety for All Act to be passed. The Coalition gathered pictures of children holding signs such as "My Mom Deserves Health and Safety," even with children in El Salvador and the Philippines.

For instance, in one video, four children from the Philippines created a TikTok video greeting their mother for Mother's Day. (California Domestic Workers Coalition, 2021) With a bright green background, the children wore matching white shirts and set their video to Rachel Platten's "Fight Song." They began the video saying, "Happy Mother's Day to all Domestic Worker Mothers." From there, they showcased a TikTok dance representing the reproductive work domestic workers perform on a daily basis. The four kids arranged themselves in a line, with one child motioning and dancing with a spray bottle and another balancing on one leg showing a plastic face shield. As they continued their choreography, they arranged themselves near a ballet bar, as if practicing plies, with one hand on the ballet bar and the other hand waving a surgical mask. After each child performed a solo dance, they then held posters saying "Practice Social Distancing," "Wash Your Hands," and "Take Vitamins." One of the smaller children in the back then held a green poster with a drawing of a virus. The child then turns their poster over to show "Stay Safe." At the very end of their video, they ask in subtitles and a voiceover, "Governor Newsom, will you support domestic worker mothers who need health and safety protections?" while the videos of the kids dancing synchronously plays. Lastly, the children

alternated in saying their final message: “The kids of domestic workers also deserve to know their mothers will come back home from work healthy and safe.Please support the hashtag #SB321 and end exclusion now.”

These digital actions built intimacies of care even transnationally, bringing in the children of worker-leaders who are rooted in their home countries. As immigrant women provide care through remittances and through virtual and in-person relationship building to their children back home, posts like these demonstrate how these intimacies of care are multi-directional with children taking time to build creative videos to ensure that their mothers are protected (Francisco-Menchavez, 2018). As Vanessa shares, “it's one of those things that adds humanity to it all. How could you resist the kids wanting their mothers safe?”

Further, online and offline gatherings became a space of healing justice, where workers could process the trauma of economic exploitation with other domestic workers as well as to grieve family members, fellow workers, and friends who passed away due to COVID and other related illnesses. During virtual meetings, there were moments to lift up people’s names for those who have died, and as gatherings were safe to be in person again, CDWC offered physical spaces to honor Coalition members. During their first in-person statewide rally, for instance, they facilitated a large altar at the steps of the California State Capitol to honor those who have passed away due to the lack of state protections and government neglect towards reproductive workers.

While attending the rally, I remember the altar being a powerful moment for the Coalition members, particularly as they began a die-in where the worker-leaders began to lie down in front of the altar to honor their friends and colleagues who have died. As the action started, Latina and Filipina worker-leaders and allies laid on the brick floor of the Capitol steps with their arms wide open, as a slow acoustic song played on the speakers. Over a dozen leaders

laid in front of the colorful altar filled with tall glass candles. The workers laid still as others walked around them, even in the Central Valley heat, when the ground was warm. The altar was filled with candles with some candles holding a picture of the person who died underneath them. Even one woman who had a wrist injury still laid down, while others placed signs under their bodies to protect themselves from the hard concrete. Workers began placing candles next to the leaders who were laying down to represent those who passed. When the song ended, the women who laid on the ground began rising and chanting "Rise Up!" These spaces, such as the altar and die-in, to grieve and lift up the names of friends and family developed stronger communities of care amongst worker-leaders beyond the political organizing, but as community members deeply indebted to each other and their wellbeing.

Lastly, workers were able to build intimacies of care through story sharing. During the Silicon Valley Stories Project, we had students, activists, and worker-leaders act as interviewers, gathering stories from reproductive workers across Santa Clara County around how the pandemic affected them. Even though we had a set of interview questions, much of the interviews were facilitated as a *kwentuhan*, or talk story, which eased the interview into more of a mutual conversation. These *kwentuhans* became ways for building deeper relationships and to have a space to openly share what people were going through, for both the interviewer and interviewee. For instance, in one interview, a local activist, Jorge, interviewed Rosa, who was previously shared in Chapter 1. As Rosa shared about her experiencing working at McDonalds, Jorge also expressed that his mother also worked for a fast food franchise while he was growing up:

> *Jorge: Yes. Thank you ma'am. It's pretty heavy for me too, my mom worked a lot as well, and for many years she worked at Burger King--*
>
> *Rosa: Yup, I had two jobs at Burger King and McDonalds, and it was the same thing--*

Jorge: Yeah--

Rosa: --it was the same thing! McDonalds and Burger King, they're the same. Burger King was also stressful, because it would only be one person all afternoon. It was only one person working for all of it.

Jorge: Yeah, I was telling you about it because my mom, when I was little, and she-- whoo, they were long days, hard days. And she-- she was one of the managers for the place, so she had more responsibilities, in making sure the food was good, that-- that if there was a problem with a client she would deal with it, if they were issues with her coworkers, she would need to get involved and smooth it out--

Rosa: Placate them.

Jorge: Mhmm. Uh-- I remember when I was little, there were a lot of people who were coming down, and so they went to her workplace, and a couple of them-- I mean, some of them weren't in their right senses, and they-- well, they did whatever they wanted, right? And I felt gross about it, because my mom didn't deserve to deal with their problems, right?

Rosa: Mhmm.

Jorge: It-- it [stutters] It was sad, because she needed to help sustain us, help sustain her family, provide for her family and help the business, help Burger King, along with navigating all those people that came there, those who weren't in their right senses, those who were on drugs, those who were aggressive--

Rosa: All of them.

Jorge: All of them, and yeah, it was a pretty difficult job, and it's a job that lots of people-- well, lots of people only see the food they receive, but they don't see the worker that gives them their food. People-- people don't know anything about the workers' conditions. They-- they only see--

Rosa: People-- people don't think about those working in the background.

This moment in the conversation between Jorge and Rosa was powerful because it embodied Ruth Wilson Gilmore's analysis in re-organizing how we relate to each other. Although Jorge was an interviewer, his sharing of his own background and seeing his mother perform reproductive work, while being invisibilized, offered a moment of connection and closeness in the interview, sharing that he has seen how the neoliberal governance of care has

been violent towards reproductive workers. Rosa, in return, also shares care through not only listening to his story about his family and his mother, but also affirming these difficulties in her own experience. Further, their conversation, although translated above, was mainly in Spanish and so speaking in the language Rosa felt comfortable with also added safety in the space.

A similar moment occurred between Aliya, an activist based in the Midwest who volunteered as a Spanish-speaking interviewer, and Bella, who was a janitor who worked and was subsequently laid off from Stanford and felt more comfortable speaking Spanish. In their conversation, Aliya asks Bella, what helps her during moments of crises. Although this question was not on our main interview guide, it felt like a relevant and needed question to ask after Bella shared her struggles:

> *Aliya: What helps you?*
>
> *Bella: Well, what has helped me, I start singing, I start singing, I put on music and well I really like to talk and laugh and well I go out, I go out for a walk, right now I do not go out like that just a little bit but I start listening to the music so as not to stress so as not to feel so stressed but like this or to talk, I have a friend that I talk to and that is the way that, so that you do not stress so much, you are not thinking about the same things.*
>
> *Aliya: And I have an aunt here where I live, she worked in a factory and they laid her off for a while and there was a time when she called me a lot and says that she did sat with her phone to see who to see who answered her to talk for a while and at least keep up her spirits.*
>
> *Bella: Yes, I am like this and I say, no I have to go on, I have my son. He is 9 years old. And sometimes the tears come out and he comes near me and tells me mom, what is happening, mom? I tell him nothing, my son, and he looks at me like he also wants to cry. I tell him oh no, there's nothing and then he says, I want to work. I want to be big already and I ask him why, you focus on your studies. He says, I want to be big to help you. Oh my son, I tell him, oh my son, I don't want you to be thinking about that, I tell him. Leave that to me. But children know when one is desperate, if one is stressed. [He asks], are you okay mom? Yes, yes, I am fine but he still worries.*

Aliya: Yes, I was recently talking to a friend about the same things too. Especially if you are in an immigrant family. Usually you begin to develop that consciousness from childhood that your parents have to work hard and that they have to work many hours. Sometimes I remember when I, too, since I was a little girl, started [saying] I want to help, I want to work to help. It is difficult but I imagine it is also difficult as a parent. My mom cleaned homes and my dad worked 2 to 3 jobs.

Bella: Yes, here with two people working to try to get ahead but in my situation unfortunately I am alone so I have to get ahead

This piece in the conversation, similar to Jorge and Rosa, offered such a critical connection for many reasons. For one, Bella expressing how she builds an intimacy of care with herself was impactful in showing her own ways of building joy in her life through singing and music. Even building connections with her friend has served as an important lifeline for her to relieve the stress of the pressures she described. Secondly, Aliya's offering in sharing how talking with her aunt after being laid off shows an affirmation to continue making those connections during these times of crises. In the later part of this conversation, Bella shares a vulnerable moment around her relationship with her son. When Aliya shared that she herself was like Bella's son, the moment offered a reflection and connection between them.

These conversations offered spaces of vulnerability but also, like how Bella mentioned, moments of joy and laughter. In one conversation between Rita and Tet, who is a worker-leader who acted as an interviewer of the conversation, there was a moment of joking and levity that made the talk-story much more rich and intimate. In asking for Rita's age, Tet makes a quick joke, showing the closeness Tet has with Rita:

Tet: Pwede po ba naming malaman ang inyong edad, kung gusto niyo ring sabihin sa amin ang iyong edad.

Can we know your age and if you would like to share her age with us.

Rita: Senior citizen. 73.

Tet: Bata pa.

You are still young.

Rita: 73 years old.

Tet: Bata pa kayo manang.

You're still young, older sister.

In other talk-stories, workers would reminisce about experiences back home in the Philippines, connecting over the labor recruitment process or perhaps their children back home. Other times, there would be banter amongst the workers, often making fun of each other and their antics. In one instance, a group of caregivers working at the same residential care facility began making fun of their employer, who has also engaged in wage theft. The *kwentuhans* were forms of intimacy even while these interviews were connected through Zoom, and were a source of emotional support. Even simple jokes were forms of resistance. Ultimately, these spaces, even digitally, built communities of care amongst workers and their loved ones amidst social isolation and fear induced by government neglect and state violence.

Mutual Aid & Connection through Resource Giving

While providing emotional support to each other, immigrant women developed communities of care through sharing funds, life-saving resources, and exchanging information around their rights in the workplace. For instance, in March and April of 2020, PAWIS led a drive to gather personal protective equipment and delivered them to caregivers working in care homes and residential care facilities. As a grassroots organization of caregivers themselves, they not only provided critical resources to ensure caregivers were protected, but engaged fellow caregivers to join in meetings and gatherings as a way to further build out communities of care and mobilize caregivers to engage in political organizing, such as campaigns to further provide necessary safety equipment in their workplaces.

Similarly, the California Domestic Workers Coalition offered stipends for caregivers who lost work or were in situations where they could not work due to being vulnerable to severe illness to COVID-19. One of these workers include *Ate* Bingbing, a domestic worker leader a part of the Coalition: "At the beginning of the pandemic, [I] didn't have work at all. [I am] thankful for organizations such as FAJ (Filipino Advocates for Justice) and CDWC (California Domestic Workers Coalition) who gave out stimulus checks for domestic workers to help them out financially and also from members of those organizations who also gave out their moral support during [these times]." These stipends offered ways for Ate Bingbing to purchase basic necessities but also allowed her to engage in organizing other domestic workers during the Health and Safety for All Campaign.

Additionally, the Silicon Valley Workers Stories Project and *kwentuhans* were also spaces of resource exchange. For instance, in the interview between Bella and Aliya, Sasha, a youth activist from Stanford for Workers Rights (SWR), a student organization supporting Stanford campus workers, later joined in the interview as Bella asked questions around support for rent relief funds:

> *Bella: I was going to ask another question but I don't know if I should wait if it's you or another organization that's going to help me with the rent. I don't know, I think it was another organization. I sent forms but they were gonna send me some forms but I am not sure if they have been sent yet.*
>
> *Sasha: SWR is trying to help cover rent for workers but I can double check but I think that they are fundraising money to help pay off rent for the workers. I can check and have someone reach out.*
>
> *Aliya: Sasha will ask because the student organization was working to fundraise money for things like that, to help with rent and other financial support but she said she will communicate with someone that is working with that and she will see if something needs to be filled out or follow up. More than anything, if we have, with your permission, is it ok if there is another mutual aid, can we try to contact you? Do we have your permission*

to try to communicate with you and make those connections to see what other support there is?

Bella: Thank you so much. You are very kind and thank you very much. May god pay you and continue to help you so that you can keep helping other people in this situation. It is difficult for the people that were left without jobs. It is difficult and I thank you. Thank you so much to everyone that is cooperating, helping. May god pay you and keep helping you.

Aliya: No, thank you for sharing as I said and well more than anything in this moment keep helping each other as community and build consciousness. Also, to let other people know how difficult that situation is for many families and like you in particular for single mothers… build that consciousness right. So I will be in communication and will follow up with [Sasha] to see what other connections we can make, see what other help, if there is additional support.

After the interview was over, Aliya offered Bella support through connecting them with SWR's Community Care Fund to support with rent funds as well as connecting them with other local organizations in Santa Clara County that support with rent relief. The *kwentuhan* itself served as a resource connection especially when dealing with the high costs of social support in the Silicon Valley and the neglect of government assistance rooted in the neoliberal governance of care.

Similarly, with interviews facilitated by PAWIS, the interviews served as ways to share information about workers rights and education. For instance, in an interview with a caregiver who is undocumented, the interviewers, which included student leaders and PAWIS organizers, the facilitators engaged in "small talk" in between the formal interview questions around her attorney and one of the PAWIS organizers, Lina, who is also an attorney, offered support around employment law and workers rights education when asked questions from the interviewees about the workplace. In an interview between Gloria, a volunteer interviewer; Amelia, a member with PAWIS and interviewee; and Lina, Amelia asks questions around her workplace and Felwina was able to offer a brief moment to clarify her rights in the workplace:

Gloria: Have you ever been given sick pay or PPE while working there?

Amelia: Hmm we have a PPE here, but sick pay, I haven't got that yet.

Lina: You're entitled to one hour for every 30 hours work… I don't know if na-remember mo yan na sa ano presentation... Were you able to listen to the presentation at the [Workers] Rights Clinic?

> *You're entitled to one hour or every 30 hours work... I don't know if you remembered that in the presentation... Were you able to listen to the presentation at the [Workers] Rights Clinic?*

Amelia: Uhm hindi ko po natapos.
Um, I didn't finish.

Lina: Oh okay. So it's three days in a year usually.

Amelia: Oh okay.

Lina: You get that three days in a year. It's [cumulative] one hour for every 30 hours of work. So in a year it will total to around 3 days.

Amelia: May question po ako. Yung sa ano po… dapat po ba per two weeks kailangan ang regular lang po is 80 hours?
I have a question. As for what...is it supposed to be 80 hours per two weeks? […]

Lina: Okay so to answer that question, under California Law, you should be paid for all the hours you work. So it doesn't matter if you work 80 hours, 90 hours… for as long as you are paid. But there, you have to be paid overtime. So ang mangyayari, if you work in a day, for example you said that you work 9.5 hours in a day or 9 hours in a day. So yung 8 hours is regular, so that's 8 times 16, kung yun ang minimum wage, tsaka minimum wage lang yung binibigay sa inyo. And then uhm any hours in excess of 8 hours per day that's 1.5. Uhm so meaning to say that's like $23 something. And then, any hours in excess of 12 hours in a day, that's double time. So if it's $16, uhm so maging $32. $32. So yung ang sinasabi namin na you have to be careful if you're live-in. Wala bang… wala bang nakikinig sayo diyan?

> *Okay so to answer that question, under California Law, you should be paid for all the hours you work. So it doesn't matter if you work 80 hours, 90 hours... for as*

long as you are paid. But there, you have to be paid overtime. So what will happen, if you work in a day, for example you said that you work 9.5 hours in a day or 9 hours in a day. So the 8 hours is regular, so that's 8 times 16, if that's the minimum wage, then you're only given the minimum wage. And then any hours in excess of 8 hours per day that's 1.5. So meaning to say that's like $23 something. And then, any hours in excess of 12 hours in a day, that's double time. So if it's $16, so it's $32. $32. So what we are saying is that you have to be careful if you're live-in. Is there… is there no one listening to you there?

Amelia: Wala po. Naka headset naman po ako.
None. I have a headset on.

Lina: So, if you work, saan na ba? So if you work ah even if they say that ano na matutulog ka after siguro starting 10 pm or midnight or 1 PM natutulog ka, but if you're expected to wake up, take care of patients, you need to change their diapers, or magbigay ka ng ano, magbigay ka ng ano medicine, uhm that should be hours paid. So usually pag yun ang mangyayari, supposed to be, you'll be paid double time for those hours.
So, if you work, where are you? So if you work, even if they say that what will you sleep after maybe starting 10 pm or midnight or 1 PM you sleep, but if you're expected to wake up, take care of patients, you need to change their diapers, or give medicine, that should be hours paid. So usually when that happens, you'll be paid double time for those hours.

In the exchange between Amelia and Lina, Amelia asks how much she should get for overtime and throughout the exchange, Lina clarifies what hours are her regular hours and which ones are her overtime hours where she must be paid more because it is in excess of the forty hours. Lina asking if Amelia is in a safe space to listen also offers a form of care through safety, and ensuring that Amelia is not retaliated against by her employer. Ultimately, these interviews also became forms of mutual aid in not only funding and resources, but also an exchange of rights and education to further engage workers in community organizing. These conversations provide a community of care in which they could lean on, as well as ways for workers to have a community of people who can keep them protected.

Organizing A Governance that Centers Life

As Paul Harris shares, "the only horizon of an ethics of care is a world undone. By undoing the world, I mean the practice and process of extracting ourselves and each other from the ideas, values, and institutions of Western modernity…At its core, to undo towards an otherwise world is to refuse our violent and totalizing system of knowledge anchored in and (re)produced by anti-Blackness, racial capitalism, and cisheteropatriarchy." (Woodly et. al, 2021) As argued throughout my dissertation, reproductive labor and those who perform it have been racialized and gendered to perform this work are often disposed of, even though such labor is necessary for human survival. Throughout the pandemic, immigrant women and women of color who perform paid reproductive labor have done the work of "undoing" such a world where bodies are racialized and gendered as machines for profit.

One way has been through political organizing and scaling a governance of care from below. CDWC's Health and Safety for All Campaign has been one example. The campaign has worked to unmake a racial-capitalist world through its aims in ending the historic exclusion of domestic workers and day workers from health and safety protections, an exclusion based on anti-Black racism and a devaluation of care work. The campaign was a way to respond to state violence and economic exploitation with reproductive workers as both essential and disposable during times of crisis, whether it be climate crises and the global pandemic. Through political organizing, domestic workers built power through responding to government neglect, developing governing bodies where domestic workers shape the health and safety standards they are working in, and to qualitatively shift governance to protecting human life, particularly the lives of racialized and gendered workers. Vanessa Barba shares the following about this transformative shift:

> *"For the coalition, the first decade or more was about wage and hour rights. There was the Domestic Workers Bill of Rights campaign. We've done a lot of work around getting*

overtime rights, fighting wage theft, training workers on their rights..everything has been really focused on the wage and hour parts which still feel tied to productivity in a way… Switching to the health and safety piece really moved away from that…I would hear workers talk about how they're not machines… A lot of our workers are aging themselves. People are also feeling things in their bodies. I feel like it was a step away from the minimum of getting paid for what you work and really move more into this greater world of, not only health and safety, like physically as well. It's very much tied to all of the other parts of emotional and mental well being and how that connects to your physical health and safety. A definition of health and safety that also includes not being sexually harassed or assaulted at your job, or feeling the psychological stress of somebody yelling at you and telling you to work faster and be a robot basically… I think it was moving more in that direction, in seeing workers as whole people."

The campaign served in itself a process and practice of undoing policies -- and even movement practices -- that centered around worker productivity, such as wages, and towards the health and wellbeing of reproductive worker bodies.

This was further seen with the incorporation of care practices, such as connection building, meditations, and groundings, as a part of the political organizing work. These practices were key to sustaining worker-leaders attending eight to ten hour lobby visits, all while working a full time job. Throughout the campaign, workers offered music, movement, dance, and lessons during virtual meetings. Story circles were also used, not only to build testimonies for the campaign, but also as a way to honor each other's experiences. As Megan Whelan, the Associate Director of CDWC, expresses:

"The coalition does really put value in caring for each other and seeing everybody as full beings coming into this into the meetings… Even creating the space for grief and starting the year where a lot of people passed away and a lot of people had lost loved ones and like really taking time and our spaces together to to lift up their names and to remember and to like hold each other. I thought was was really important because people were experiencing loss and and it's not like you can say, "Okay, let's dive in now let's start this next campaign and but like really take the space to like, recognize and celebrate lives and lift up people within the coalition who had passed away and people's loved ones as welI. I think that that's an example of just like, making room for, for people's whole beings to be a part of the movement."

Radical forms of care and communities of care, even in the small moments of holding space for grief, served as sustenance in the larger collective practice of unmaking violent and neglectful institutions.

Although I have focused extensively on the Health and Safety for All campaign, reproductive workers across industries have led important regional and statewide campaigns to push for a governance of care from below. A key campaign that was also connected to the Silicon Valley Workers Stories Project included Fight for 15's campaign for the FAST Recovery Act. Since 2020, California fast food workers have pushed to pass AB 257, the FAST Recovery Act, which would create a Fast Food Worker Council, which includes worker-leaders, to set industry standards around wages, health and safety, and training. (Kuang, 2022) AB 257 and the Fast Food Worker Council Campaign as a way of scaling a governance of care where workers have a say over health and safety protections and the resources needed to care for their bodies in their workplace and at home.

Across the state, fast food workers early on in the pandemic utilized online strategies, such as Twitterstorms, research studies, and sharing stories online through gathering a large archive of fast food worker complaints around health and safety. Workers and organizers also utilized story collection projects like the Silicon Valley Workers Stories Project to further share out their stories in the press and with press conferences with key state officials. By March 2021, fast food cooks and cashiers filed more than 160 health and safety complaints with local and state health authorities, highlighting key stories and ways in which fast food workers have been impacted by the lack of health and safety protections in their workplace in a press release (Williams, 2021; Taylor, 2020; Aguilar, 2020):

"The Doggie Diaper McDonald's: An outbreak at an Oakland McDonald's in May 2020, where workers were told to wear doggie diapers and coffee filters as masks, got at least 25 sick and spread to workers' families, including children as young as 10 months old. More than 30 workers went on strike for their safety for 48 days, the longest strike in Fight for $15 history. Five filed suit alleging McDonald's failure to protect workers presented a "public safety hazard" to the Oakland community. In August, Judge Richard L. Seabolt of Alameda County Superior Court issued a preliminary injunction in favor of the workers, imposing 11 healthy and safety measures on the internationally infamous store to help stop the spread of COVID-19.

COVID-related Stroke: Paz Aguilar, an Oakland fast-food worker who works for KFC, Taco Bell and Jack in the Box filed complaints with Cal/OSHA and the Alameda County Department of Public health in September 2020 alleging managers at her KFC/Taco Bell location had failed to enforce mask-wearing or social distancing, and had hidden COVID-19 diagnoses from her and others.

Aguilar ultimately tested positive for the virus and spread it to her sister-in-law with whom she shares a home. She then suffered a COVID-related stroke that required she be placed in a medically-induced coma for 4 days. When she awoke and inquired about paid sick leave or quarantine pay, the KFC/Taco Bell managers told her she had used all her sick time and instead offered her a free fried chicken sandwich lunch. She is currently paralyzed on one side of her body and unable to return to work.

Instructed to Lie to Public Health: Workers at a San Francisco McDonald's reported as many as 10 confirmed and suspected cases of COVID-19 at their store, during an outbreak in December and January of 2021. Management did not notify or quarantine all close contacts, and has actively tried to hide COVID-19 cases, not only from workers, but also from public health authorities.

"When I informed management that I had COVID-19, the store manager told me: "I will pay you for the time that you are out sick, but it's very important that if the city calls you, you tell them you got COVID-19 somewhere else--don't tell the city you got COVID-19 at work," Araceli Nava, a worker at the store reported in a health complaint.

The stories shared were just a small portion of the many stories collected to further alarm and expose the violence of the neoliberal governance of care. These stories accompanied walkouts and strikes from fast food workers across the state.

As offline strategies became safer, Fight for 15 began organizing car caravans surrounding local fast food franchises to further put pressure on a statewide car caravan at the state capitol to hold employers and the state accountable for failing to care for reproductive

workers. On February 2021, I joined a car caravan organized by Fight for 15 to surround a McDonalds in Milpitas which two worker-leaders, Ana Martinez and Maria Ruiz, as mentioned in Chapter 1, went on strike with their co-workers because their employers did not provide PPEs or paid quarantine. As explained in an email before the rally, there were already three positive cases at the store. Maria Ruiz had been fired the previous year because of the lack of PPEs and cleaning supplies at the store, which led to nationwide walkouts. She also filed public health complaints to Santa Clara County around the precarious conditions at her McDonalds stores and organized her co-workers to engage in strikes. For Ana, she and her husband tested positive for COVID shortly after the franchise manager came to show up at work with symptoms, exposing them to COVID-19, and then tested positive days later.

When I arrived at the Great Mall parking lot in Milpitas, it was largely empty except for the group of dozens of cars in the back of the parking lot. I drove in and saw that organizers were offering posters and car decals to join the caravan. As the caravan started, one car after another began forming a line in the parking lot. We followed the car at the very front, where there was a worker-leader leading chants. The drivers following rolled down their windows and chanted along as we drove around the large parking lot. When we reached the McDonalds at the back of the mall, it felt like we were surrounding the franchise with our cars. We immediately filled the McDonalds small parking lot. As I drove in, I began honking in support of the protesters and saw worker-leaders at the front wearing red Fight for 15 shirts in front of McDonalds and waving flags that said “McDonalds Protect Essential Workers” at the front. There was a brown van covered in Fight for 15 posters and a banner covering the store’s front windows, saying “Fast Food Worker Power! Los trabajadores de comida rápida tienes poder! Fast Food Workers

Demand Action!" As the line of cars in front of the store eventually found parking spots, we began hearing testimonies from the workers as we honked and cheered for them.

As a result of both online and offline organizing, workers in Santa Clara County were able to win emergency standards and support from county officials. (Reese, 2020) The Santa Clara County Board of Supervisors, as a result of the numerous complaints across the county, ordered an investigation of fast-food working conditions, along with Los Angeles County. Shortly after, Cal/OSHA voted to establish an emergency COVID-19 protocol to develop statewide rules for screening, social distancing, ventilation and deep cleaning after a hearing in which McDonald's workers gave testimony on their experiences. (Zhou, 2020) On September 5, 2022, and after years of campaigning and hundreds of health and safety grievances, the Act passed, building worker power over the conditions affecting their wellbeing in their workplaces. (Cohen, 2022)

The FAST Recovery Act Campaign and the Health and Safety for All Campaign served as two of the many examples of political organizing in scaling a governance of care that centers life. The California Nurses Association has been instrumental in leading campaigns around just care, from establishing a single payer health system, enforcing public health guidelines, to ensuring those who provide patient care have guaranteed meal and rest breaks. (California Nurses Association, 2022) Regionally, in Silicon Valley, worker-leaders across various industries, from nurses, fast food workers, caregivers, to child care workers, formed the Essential Worker Council which led campaigns across the County around hazard pay, protective gear and paid sick leave. (Alaban, 2021) Political organizing has become a battleground to organize governance in a way that centers and invests in care and life-saving resources towards those most vulnerable.

Planting New Seeds

Immigrant women and women of color workers have long practiced radical care and communities of care even before the COVID-19 pandemic. The multiple crises of the pandemic, as well as racial violence and climate crises, have put these practices to the test. As seen with the workers interviewed and with the multiple campaigns led by reproductive workers, there has been much planted in building new worlds. Reproductive workers have strengthened communities of care on and offline, and built spaces where they can grieve, connect, laugh, and heal from the traumas of state neglect. They have redistributed care, funds, and resources in ways of building solidarity. They have used political organizing to unmake systems of racial capitalism built on exploitation, and instead, worked towards building new systems where marginalized communities can receive care in the places where they live and work.

Conclusion

This dissertation examines the *governance of care*, or the policies, politics, and policy formation processes that organize and distribute the resources, relationships, and labor necessary to maintain life. I analyze how these processes are shaped by race, gender, class, and citizenship and how these processes are lived through and by immigrant women and women of color who perform paid reproductive labor. I intervene in scholarship around social reproduction by connecting the role of local and regional policy making in facilitating this stratification of care and reproductive labor. I expand definitions of care and reproduction to not only look at paid reproductive labor, but also issues such as health and safety in the workplace, social services, and the home as necessary means of maintaining life. I specifically examine how policy formation processes are an ideological struggle between the governance of care from above and below. I examine these processes using various methods:

- Participatory action research-inspired methodologies, through the Silicon Valley Workers Stories Project, which gathered 32 interviews with reproductive workers in the South Bay Area.
- An analysis of policy memos and media around care and reproductive labor.
- Participatory observation and ethnography of political campaigns surrounding reproductive workers, namely the California Domestic Workers Coalition's Health and Safety for All Campaign
- An autoethnography of my own experiences navigating care and reproductive labor in my family and during the pandemic.

In Chapter 1, I examine the governance of care from above, which I also define as the neoliberal governance of care, as to how such governance structures use media, culture, and

policies to protect whiteness, specifically white life, wealth, and property. I find that the neoliberal governance of care has been solidified historically in the Silicon Valley through cultural discourses around race, gender, and immigration that further inform and shape local and regional policy making. This can be seen through the protection of the "white agrarian ideal" at the expense of immigrant women workers. This was seen through the abysmal health and safety protections of cannery workers, and the disinvestment of immigrant enclaves like East San Jose. The governance of care from above protected the "white agrarian ideal" of the Santa Clara Valley, which prioritized white life and white wealth in the name of the region's agricultural industry.

Similarly, we see the governance of care from above reproduce itself as the region grows from the Valley of Heart's Delight to the Silicon Valley, further investing in the construction of the tech economy. Immigrant women who worked in high tech assembly shops faced numerous health issues in their workplaces, such as cancer and respiratory disorders, while their homes in immigrant enclaves were further disinvested in through post-war urban renewal policies. The governance of care from above was thus constructed to protect the "white tech entrepreneur ideal" and further, the white wealth of the region's tech economy, at the expense of the health of immigrant women who live and work in the area.

During the global COVID-19 pandemic, I find that the neoliberal governance of care continues through the stories of immigrant women who perform paid and unpaid reproductive work in the Valley. Namely, we see this through the stratification of health and safety protections in their workplaces, where fast food workers were given dog diapers as masks and the dearth of guidance from the state and employers around health and safety. We also see the neoliberal governance of care play out through the disposability of disabled workers, since their "lack of

productivity" poorly impacts profit generation for employers. Thirdly, the governance of care from above has left reproductive workers to either turn to privatized services, such as Uber for transportation services, while many are excluded from social support from the state, particularly undocumented workers, and social support from their biological families. I ultimately find that the neoliberal governance of care for immigrant women and women of color is precarious, exclusive, and violent, leaving reproductive workers on their own while providing the necessary care that the region depends on.

In Chapter 2, I delve deeper into how the governance of care is an ideological struggle from above and below. I examined the California Domestic Workers Coalition's Health and Safety Campaign, and looked at the back and forth narratives and counternarratives surrounding the value around reproductive labor and the people who do this work. I find that this struggle includes a defining and revaluing of care. As the state developed policy memos that saw care as a matter of the private home, a way to protect white property and wealth, the CDWC used storytelling and cultural resistance to resist policy decisions that protect property over the lives and people who perform the labor to protect and care for life. This cultural production of media, art, and storytelling produced discourses that revalued care, as well as built historic blocs amongst employers, allies, and reproductive workers.

We can also see this resistance and the governance of care from below through the practices of care that immigrant women and women of color have been implementing at multiple scales, from the interpersonal to the structural. As I shared in Chapter 3, I find that women reproductive workers have always been at the forefront of using care as new world making, and that continued to be true throughout the global pandemic. Immigrant women and women of color re-organized relationships under racial capitalism through building intimacies of care -- from

using talk-story to laugh and gossip, to honoring loved ones who passed away through digital and in-person altars. They developed processes of mutual aid, exchanging both tangible items, like masks and food, and rights education as a way of challenging the exclusion of social support from the state and employers. Lastly, reproductive workers used political organizing as a way to scale the governance of care from below and challenge the state in their exclusion of care towards the reproductive labor in which it depends on, as seen with the organizing of fast food workers, caregivers, and domestic workers.

Future Research & Directions

I began this research in 2020, rooted in my mother's home in San Jose where I was quarantining with my family. Now, three years later, the governance of care, from both above and below (and one could argue, in between), have changed in many ways, and I look forward to seeing how this scholarship can grow.

Understanding How Things Have Changed

I am curious to see how the governance of care from above and below has changed and will continue to change as we see the effects of the pandemic unfold. I encourage researchers and activists to continue gathering stories with reproductive workers in Silicon Valley and elsewhere to see how reproductive workers have been impacted years later and how they are both navigating the neoliberal governance of care and continuing to create new worlds in the places where they are rooted. I also invite researchers to trace how the neoliberal governance of care has changed over the years and under different political regimes. I began this research under the Trump administration, and during a year of political revolution due to the many Black lives murdered by state violence. Now, a few years under the Biden administration, in which his administration promised to end the pandemic, COVID-19 and other illnesses have continued to

ravage the most marginalized of communities with limited and sunsetting protections from the state. I hope researchers can continue this research in examining the neoliberal governance of care, and ways we can develop new ways and new worlds.

Healing Justice and Disability Justice As A Part of Worldmaking

Although I touch upon the importance of healing justice and disability justice, I would like to see future research go more in-depth with connecting care as new worldmaking with these two strands of the conversation. I include Rosa and Lala's stories as key pieces to understanding disability and disability justice, as people who both rely on care work and also as people who perform it. I would be interested in researchers and activists to continue parsing through the tensions and nuances of disability justice and reproductive labor. Additionally, I would like to see researchers continue building upon the ongoing conversations around healing justice and care. Healing justice, at this moment, is experiencing a resurgence, similar to mutual aid, and I would be curious to see how the world making of immigrant women reproductive workers lies in the historical purview of healing justice. I would like to see scholar-activists to build upon the work of Cara Page and Erica Woodward, specifically their work within their anthology of "Healing Justice Lineages," to make these connections of how the communities of care built by immigrant women reproductive workers are connected with Black Feminist modes of thought and practice. (Page and Woodward, 2023)

Can Care Be Governed?

Lastly, I invite scholar-activists to question: can care be governed? Should it be? As I proposed my research questions to my committee members, these questions became clear curiosities throughout the process. In my dissertation, I have focused on how reproductive workers are impacted by the state- and are engaged with the state through the policy making process, which

further organized the resources and reproductive labor that maintain life. Yet, what are the limits in engaging with the state, particularly a racial-capitalist and settler-colonial state at that? What are the limits of this policy making process in new world making? I encourage scholars and activists to question the neoliberal governance of care and interrogate what a governance of care from below looks like, if there is a governance at all.

Epilogue: Where Do We Go From Here?

In 2020, writer Arundhati Roy wrote about how the "pandemic is a portal," where "pandemics have forced humans to break with the past and imagine their world anew. This one is no different. It is a portal, a gateway between one world and the next." (Roy, 2020)

While writing this dissertation, now three years later, multiple variants have caused many to be ill, including my close friends, family members, and myself. COVID-19 has continued to be, as disability activist Imani Barbarin describes, a mass disabling event. (Barbarin, 2021) Although many have been able to access life-saving vaccines, 16 million people in America are struggling through long-COVID, with children, elderly, and immunocompromised and disabled peoples remaining at risk. (Bach, 2022) These vulnerabilities have been stratified across race, gender, and disability with communities of color at greater risk for COVID as a chronic disease. (Berger et. al, 2021) Even with such mass disability and premature death, 2022 became the year of "individual risk," "you're on your own," very familiar words that when it comes to neoliberal organizations of care. Ultimately, the burden is on the individual to navigate illness and premature death.

Although we are in a different administration from when I first started my research, a federal administration that promised to end the pandemic once and for all, it feels as if this strategy of "being on your own" has placed us under a more precarious situation. Public health guidance has been murky and confusing, mask mandates have ended, and the protectiveness of COVID-19 vaccines have been waning. At the same time, other forms of social reproduction, like health and safety protections in the workplace, housing, and social services have begun to sunset. Within the Bay Area, an area that became known nationally as being stringent around COVID restrictions, COVID protections along with local safety nets have all but ended.

Although the pandemic is a portal to a new world, it seems as though the neoliberal governance of care has continued in multiple ways. Much like COVID itself, it has continued to reproduce a systemic structure that values the individual, versus the care and wellbeing of the collective, especially those most marginalized. It is a system that is clawing on to protect whiteness, property, and white life. Yet, as argued in past chapters, a governance of care that places responsibility on the individual is in fact upholding racial capitalism itself and contributing to the premature deaths of those who do not have access to the social support that an "individual" should have.

For reproductive workers, the nurses, janitors, domestic workers, and caregivers, much of the narratives around essential worker heroism have all faded in the background of our minds. Immigrant women and women of color who provide such labor have become invisible again as society has opened up. Some have even been met with violence, with workers experiencing the brunt of hate when, for instance, upholding mask mandates and public health guidance. Many are burnt out, with reproductive workers leaving their jobs because of the increased neglect.

Despite this, what has grown in this portal have been the seeds of a new world in which collective care can flourish. Amidst a neoliberal governance of care are communities who are and have been developing new practices to ensure that we can heal from racial capitalism and create something anew, a world in which the lives of Black, Indigenous, and communities of color are valued. I have seen this in my research through the work of story gathering and building community on and offline. I have seen this through community healing circles and spaces for community members to grieve, cry, and hold each other. I have seen this through altars, community organizing, and simple acts of grace and compassion.

Beyond my research, I have seen a resurgence of healing practices that recenter Black and Indigenous forms of healing. I have seen greater awareness of disability and access. Even within my own circles and my family, I see a stronger sense of coming together, of building stronger relationships, and a greater awareness of care.

Navigating care is difficult at this time, since care and reproductive labor comes as a result of the violence of the neoliberal governance of care. But it can also be our sanctuary, our refuge.

This dissertation offers lessons from immigrant women and women of color who perform reproductive labor, the labor that makes all else possible, and I hope it is a place where we can find hope. Because a new world is not only possible, but it is here and growing.

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List of Figures