

Spreading the Care: The Call for Global Solidarity

Merel Visse and Bob Stake

In the course of a few weeks, our response to COVID-19 changed the world as we knew it. Suddenly, we became potential 'vectors' and 'victims' of the virus. We are forced to make small and large-scale decisions that affect our private and public lives. Hard decisions. Most of them are steered by doing everything in our power to prevent the virus from spreading. Bodies are framed as precarious biological and social bodies. All suitable framings and decisions, but more hard choices, need to be made. Choices on how we care. How could a caring approach help us to find our way of responding to the pandemic?¹.

Concentric circles of care

To untangle and reflect upon what is happening, let us start with *three concentric circles of care*². This is an imagery: in reality, the circles intertwine, their boundaries are open. The first care circle is our intimate circle. It consists of the life-sustaining web of our family and friends, no matter if they are living in the same house, or far away. The second circle is the community that we are part of. Here, the web extends to our colleagues at work, acquaintances in our neighborhood, the cashier at our local supermarket, friends of friends, our spiritual or religious communities. The third care circle seems more distant and abstract, but is actually very nearby. It is the tapestry of all those who reside in respective countries, closely connected with the rest of the world. This circle is a national and global circle. In all circles, we are entangled with non-human livings, animals, gardens, rainforests, oceans, atmospheres: our ecology.

First circle: listening and responding to our needs

In the first circle, care begins by connecting with ourselves, by closely listening to our bodies. Next, allying ourselves with reliable sources on our health and well-being. Organizations such as the Center for Disease Control teach us about what is happening, how it may affect our health and well-being, and what we can do. Dr. Anthony Fauci, the American immunologist who directs the National Institute of Allergy and Infectious Diseases and is a member of the White House Coronavirus Task Force, has become one of those reliable sources. So far, the media gave most attention to our physical health. We also need to care for our mental, emotional and spiritual well-being.

¹ Care is an interdisciplinary field of research that, in addition to public health, may offer us another perspective on our personal, communal and (inter)national well being (Leget, Van Nistelrooij, Visse, 2019).

² Emily Abel and Margaret Nelson used 'circles of care' in a different way in their book *Circles of Care: Work and Identity in Women's Lives*, 1990.

Next, in our immediate care circle, care is about *paying attention* and *listening* to our own needs and the needs of close ones. Remember: needs are not always clear-cut or visible. Some may not tell us what they need, either because they do not know, or they have difficulty speaking up. Pay close attention when you sense something is 'off' with someone that you know. Ask. Probe. Ask again.³ Gradually, you will know what to do, but it may take time. Especially with COVID-19, people may be fearful to admit that they have symptoms. What if they are judged or blamed? Why not do our very best to refrain from any judgment, and instead show compassion and understanding as a form of care? Here, care is also about *responding* to our needs and to the needs of others. By responding and by *taking action*, we show and take *responsibility*. We do something for ourselves or others. We may buy them groceries, we may bring them to the doctor, we may even advocate for them, but many times simply sitting down with someone and taking the time to listen, can be a significant act of care.

Second circle: who we are together.

In the second care circle, the circle of our community, we may need to revise our view on how to make the right decisions. Decisions on who needs care the most urgently, how to better protect nurses and doctors, or what should be done for the elderly or chronically ill, cannot be made from one stance only. We are connected with each other. Decisions are always culminations of *who we are together*.

We cannot expect that other people will take responsibility for situations that we are responsible for together. Who decides about who needs most the last pack of toilet paper? Instead of hoarding toilet paper, every one of us is called to care about the others by not buying all available goods. We need to practice *solidarity*. We need to *trust*. Share products with those who need it the most, trust that we will have enough for ourselves. There are no clear-cut ethical guidelines for us follow, the situation is too complex for general rules. We already see many stores putting a limit on products that people are allowed to buy. No more than three packages of medicine. But what if someone suffers from a chronic illness and is more vulnerable to infection than others? Should people without a chronic illness share their packages? Reaching decisions on what is the best path to follow, should take these subtle differences into consideration. Trust the pharmacist. Trust the receptionist.

Third circle: a pandemic and caring society

On a national and international level we are expected to be a 'pandemic' citizen⁴. We are called to follow regulations by being a responsible citizen. We are demanded to act in the interest of the collective. Compliance, self-mastery and self-protection align with that vital view. This view is

³ Always keep the option open that there might be a second thing that's wrong.

⁴ The pandemic citizen as a concept from critical health literature (Maunula, 2017).

challenging too, because people are assumed to be rational beings, capable of compliance and self-mastery. The last few weeks show that reality may be different. People are capable, and vulnerable too. They cannot fully 'self-master' their lives all the time and in every situation. Some of us carry particular responsibilities that conflict with these expectations. For example, the care-worker who is exhausted but who carries on because nobody else is able to stand in. Who takes care of her? Just as some citizens have gone crazy with gun violence, and just as some attempt to buy companies for exclusive rights on vaccines, we cannot predict how others will respond to the virus, nor can we predict how the virus will develop in the future. From a care perspective, we are open to learning about how to relate to this uncertainty in a meaningful way.

A care lens also invites us to acknowledge that we are *caring* citizens. Being a caring citizen, in line with Joan Tronto's work on the *homines curans* (caring people), demands for us to see the human being as being closely interconnected with others in webs of care. Others as in other human beings, but also as in non-human others. Some of those others are more vulnerable and precarious. Yes: as a pandemic citizen, social distancing is crucial. As a caring citizen, we also search for ways to stay connected with close and distant others. To keep social distancing healthy, we need an outlook on how to support people who are living in isolation. How they can preserve and maintain their relationships, whilst complying with regulations. For many, being in isolation, at least for a while, may come with the gift of time, silence and solitude. But what if some do not experience this as a gift at all? What if our jobs are on the line? What if we miss graduation day? What if we lose that which makes us human: the experience of being close to someone or someplace we care about? Care in this third circle means expanding our response to the virus with a vision on how to protect the notions that are central to a global, caring society: solidarity, equity and trust.

This is a call for a global solidarity. A solidarity that is not restricted to us as humans, but that respects our entanglements with matter and all living creatures. An entwined solidarity that assists us in responding to what is unravelling in and around us.

Learn more:

[Medical and Health Humanities Program, Drew University](#)

[Drew's Religion and Global Health Forum](#)

[Laena Maunula, *The Pandemic Subject*](#)

[Joan Tronto, *Caring Democracy*](#)

www.care-ethics.org

We thank Carlo Leget and Joan Tronto for reading and commenting on earlier versions of this text, and Priscilla Stadler for sharing her images online (www.priscillastadler.com).