Caring is resisting: Lessons from domestic workers' mobilizations during COVID-19 in Latin America

Louisa Acciari

IRDR Centre for Gender and Disaster, University College London, London, UK

Correspondence
Louisa Acciari.
Email: lacciari@ucl.ac.uk

Funding information
Economic and Social Research Council, Grant/Award Number: ES/X00130X/1

Abstract
Domestic workers were one of the most negatively affected groups by COVID-19 in Latin America, yet they have also been resisting and mobilizing in impressive and innovative ways. This article shows that domestic workers' organizations were able to adapt to an extremely adverse context in order to protect their members and defend their rights. Furthermore, their mobilizations provide an alternative vision of society grounded on love and solidarity and offer concrete ways forward to "build back better." Indeed, their core campaign, "Care for those who care for you", demands the recognition of care work as real work and fair treatment for those who provide this care. Based on an analysis of this campaign, I have identified 3 repertoires of care-resistance: the promotion of self-care and well-being, concrete practices of solidarity through the distribution of humanitarian aid, and legal mobilizations for the recognition of care as a fundamental right. I argue that these forms of action contribute to feminist ethics and theories of care and that putting forward the right to care and be cared for in times of crisis is an act of resistance.

KEYWORDS
care, COVID-19, domestic workers, Latin America, resistance
1 | INTRODUCTION

In March 2020, at the start of the COVID-19 pandemic, Helen Lewis (2020) provocatively claimed that “the coronavirus is a disaster for feminism”, arguing that lock down measures and increased care burden were the real disaster for women. In fact, there is abundant evidence on a global scale that the social consequences of the pandemic were much higher for women: loss of employment and income, over-exposure of “feminine” sectors such as health care, lack of access to essential services, violations of rights and increased domestic violence (OECD, 2020; UN Women, 2020). The COVID-19 crisis has also led to a renewed debate on care work, or the “care crisis”, a concept that has been debated by feminists for decades, but became particularly relevant in the present context (Camilletti & Nesbitt-Ahmed, 2022; Elson, 2017; Fraser, 2016). With the closures of most services during lockdown, women have been in charge of cooking, cleaning, homeschooling, and taking care of family members, often at the detriment of their own paid work and well-being (Fortier, 2020; Power, 2020). However, despite this spotlight on care work, very little was done to improve the conditions of paid care workers or to redistribute more equally unpaid care work.

Care work can be defined as a set of tasks necessary for social reproduction, which include unwaged activities happening within households (Federici, 2004; Mies, 2014) as well as paid activities taking place in the labor market and are typically low-paid, precarious, feminine jobs (Folbre, 2018). Nevertheless, care has also been conceived as ethics (Gilligan, 2014; Tronto, 1998), referring to the mutual responsibility we have toward each other and recognizing that all of us will need to be cared for at some point in our lives. The type of care that was debated during the COVID-19 pandemic refers mostly to social reproduction, pointing to the fact that women have been absorbing the tasks that are necessary to sustain livelihoods. I propose here to also discuss care as ethics or mutual responsibility, and think of it as a fertile ground for social transformation (Branicki, 2020; Mandalaki et al., 2022). Indeed, I argue that caring can be understood as an act of resistance in a crisis context.

I use Glenn’s definition of care as a practice, that encompasses both an ethic (caring about) and a set of activities (caring for). As explained by the author: “Caring about” engages both thought and feeling, including awareness and attentiveness, concern about and feelings of responsibility for meeting another’s needs. ‘Caring for’ refers to the varied activities of providing for the needs or well-being of another person.” (Glenn, 2000, p. 86). Understood in this way, care highlights the interconnection between paid and unpaid activities, emotions and work, households and markets. According to the author, care is an essentially a feminine activity that relies on the free or exploited (emotional) labor of women.

However, there are important inequalities between women, and not all women are equally responsible for caring (Duffy, 2007; Glenn, 1992; Guimarães & Hirata, 2021). In this sense, domestic workers are an important group to consider, as they represent one of the largest sectors of employment for women, located at the heart of the care economy, while also being one of the most exploited and vulnerable groups of workers. Indeed, there are about 60 million domestic workers worldwide and 18 million in Latin America, over 90% of them are women, in most countries, they are racialized and/or migrant workers, and their informality rate in the region is above 70%, meaning that the absolute majority works without access to basic labor and social rights (ECLAC et al., 2020). Because of preexisting gender, race, and class inequalities, the pandemic crisis has had devastating effects in the sector, leading to mass unemployment and loss of income (ILO, 2020). Quite paradoxically, when care work was gaining visibility in public debates, those who were paid to provide this work were among the most affected and least protected groups.

Yet, despite these extreme vulnerabilities, domestic workers have been resisting and organizing, and in some cases, even won positive legal changes under such dramatic circumstances. This article focuses on organized domestic workers’ forms of resistance and tries to give more visibility to their actions, moving beyond the well-established description of their multiple vulnerabilities, which can sometimes erase their agency and capacity to mobilize. How do marginalized women resist and organize in a context of crisis? And what lessons can be learned from them?

Based on an analysis of organized domestic workers’ actions during COVID-19 in selected Latin American countries, I will show that they were able to transform the crisis into a mobilizing opportunity. Indeed, they have developed multi-scale modes of collective action, ranging from one-to-one peer support to national legal mobilizations. Their core campaign, “Care for those who care for you”, brings at the forefront their conception of reproductive work
as real work, and offers a vision of a society grounded on love and solidarity. Care is mobilized as an ethics, practice, and right, and forms the basis for an alternative social model. More specifically, I have identified 3 repertoires of action: self-care and the promotion of well-being, concrete practices of solidarity, and legal mobilizations for the recognition of care as work and as a fundamental right. Taken together, these actions offer concrete solutions to the most immediate needs generated by the pandemic crisis while also presenting ways forward to build a more equal and caring society.

2 GENDER, CRISSES, AND CARE

Gender scholars have argued that preexisting inequalities as well as limited access to resources, power, and representation, make women more vulnerable to disasters (Andrabi, 2022; Ashraf & Azad, 2015; Bradshaw, 2013; Enarson & Chakrabarti, 2009). With COVID-19, these debates gained a renewed visibility, and there are abundant evidence on a global scale showing the social impact of the pandemic on women, ranging from loss of employment and income, over-exposure of “feminine” sectors of activities such as health care, violations of rights, and increased domestic violence (Berkhout & Richardson, 2020; Borah Hazarika & Das, 2021; Dlamini, 2021; Fortier, 2020; OECD, 2020; Ryan & El Ayadi, 2020; UN Women, 2020). In Latin America, it is estimated that 13 million women lost their jobs during the first year of the pandemic, and this was due in part to their overrepresentation in the most affected sectors, such as commerce and services (ILO, 2020). Women also faced increased domestic violence and higher restrictions on their sexual and reproductive rights, in particular, access to legal abortion (Alloatti & Matos de Oliveira, 2023; de Souza Santos et al., 2022).

In addition, women are often absent from decision-making and policy responses. The “Covid-19 Gender Response Tracker” designed by UNDP and UN Women shows that, globally, less than half of the measures adopted in 2020 were gender-sensitive, and out of all the gender-specific measures, the majority (70%) focused exclusively on gender-based violence, while only 8% addressed unpaid care work. In the Americas, out of the 634 measures mapped in the database, 281 were gender-sensitive, and of those, only 26 addressed unpaid care work.

2.1 Rethinking care in times of crisis

A dimension that has been less discussed is how women have been resisting and organizing during the pandemic, especially those deemed more “vulnerable.” Existing literature highlights the key role played by women as “shock absorbers” in times of crises, as they usually are the ones who sustain livelihoods, take care of their families, and communities (Brickell & Chant, 2010; Pearson & Sweetman, 2011; Razavi, 2011). However, women are not just useful actors who take upon themselves to fulfill communities’ needs, they are also political agents who oppose, contest, and challenge the very situation of crisis. Women have been mobilizing since the start of the COVID-19 pandemic to demand more inclusive policy responses, a better redistribution of care, and a new social contract rather than a return to “normal.” Thus, I propose to focus on their forms of resistance and give more visibility to their actions in times of crisis, and to conceive gender as a potential driver for collective action rather than just a factor of vulnerability.

One key—gendered—dimension of the pandemic crisis has been the question of care work (Camilletti & Nesbitt-Ahmed, 2022; Thomason & Macias-Alonso, 2020). Academic and public debates have focused mostly on care as the set of activities related to social reproduction, and our collective (in)ability to sustain those activities. While this is a central element to the crisis, care as ethics, and our capacity to care for each other, is also fundamental (Branicki, 2020). I adopt here the definition provided by Glenn (2000) of care as a practice, which includes both the ethical dimension (caring about) and the set of activities related to social reproduction (caring for). This enables us to think about care in its multiple aspects, and to identify how it has been mobilized by social actors.

I further build on the concepts of “community of care” (Vilog & Piocos, 2021) and “deep care” (Banerjee et al., 2022) to consider care as not just linked to specific labor tasks, but also as right-claims, practices, and affects. Vilog and Piocos (2021), in their study of migrant Filipino domestic workers, show how affective relationships and bonds are
created within the migrant community, making it a "community of care" that becomes like a new family. Banerjee et al. (2022) on their side propose the concept of "deep care" to define a community-based and justice-oriented practice of care that emerges from the lowest casts in India. These definitions go beyond care as work, and encompass solidarity practices enacted by vulnerable and precarious women. Therefore, care is understood here as a way of being and considering the other, that brings people together and enable them to resist.

2.2 | Domestic work and COVID-19

Among women and the care sector, domestic workers stand out as one of the most negatively impacted groups. Domestic work is a feminine and racialized sector of activity, with an absolute majority of workers being informal and low-paid. Therefore, when the pandemic started, they had very little resources to protect themselves. The literature presents a quite dramatic picture worldwide: loss of employment and income, growing poverty rates, lack of access to social security, and violations of labor rights (S. Banerjee & Wilks, 2022; Chakraborty, 2020; Chen et al., 2022; García Castro & Lourenço, 2020; Pérez & Gandolfi, 2020; Teixeira, 2021; Wasima & Rahman, 2022). Migrant domestic workers struggled to access national systems of protection, while also being left behind by their home country, and many were not able to return to their families during the lockdown. In addition, undocumented migrants faced barriers to access health care for fear of being deported (Lui et al., 2021; Rao et al., 2021; Rico & Leiva-Gómez, 2021; Rosińska & Pellerito, 2022).

In Latin America, about 75% of domestic workers had been severely affected by the crisis in June 2020, in terms of loss of employment and/or income reduction (ILO, 2020). A multi-country study from IDWF-Latin (Acciari, Britez & Morales, 2021; IDWF, 2021) further confirms loss of employment, while also showing that for those who remained employed, the consequences on their health and well-being has been dramatic. Indeed, they have been exposed to COVID-19 as well as to exploitative working conditions such as overtime, unlawful deductions of pay, forced quarantines at their employers’, violence, and harassment.

However, while domestic workers were undoubtedly hard hit by the crisis, less has been said about their capacity to resist under such an adverse context. Yet, domestic workers, as other marginalized groups, have been organizing and offering concrete solutions to the crisis. Some studies show for instance that migrant domestic workers played an important role in maintaining solidarity within their communities. Those actions range from small-scale informal activities such as checking on a neighbor or taking someone to a medical appointment, to more organized collective action in defense of their rights (Moreno-Vasquez et al., 2022; Nassif, 2022; Rao et al., 2021). In the US, the National Alliance of Domestic Workers launched online campaigns and advocacy activities to defend their members’ working conditions (Rosińska & Pellerito, 2022), while in Latin America, domestic workers’ organizations distributed humanitarian relief to their members (IDWF, 2021).

These examples are not isolated cases, and I argue that they can be understood as being part of a common framework of care as resistance. Thus, I aim to contribute empirically to the body of work on women’s resistance, and more specifically, on domestic workers’ resistance, during the pandemic crisis, showing that care became a powerful repertoire of contention. I further contribute to theoretical understandings of care and gender in disaster contexts as being not just factors of vulnerability but also drivers of collective action. Domestic workers were able to use the situation of crisis to resist and propose an alternative vision of society, grounded in a practice of care. In fact, reclaiming the right to care and be cared for in times of necropolitics\(^3\) can be considered as a revolutionary act.

3 | METHODS AND CASE STUDY

This article discusses the actions of domestic workers’ organizations affiliated to the International Domestic Workers’ Federation (IDWF) in Latin America and the Confederation of Domestic Workers of Latin America and the Caribbean (CONLACTRAHO). Together, these 2 federations are present in 16 countries in the region, representing over 130,000 members gathered in 29 organizations (associations and unions).\(^4\) Table 1 provides an overview of domestic workers’ organizations, their international affiliation, the number of members, and the total number of domestic workers in
TABLE 1 Domestic workers’ organizations in Latin America.

<table>
<thead>
<tr>
<th>Country</th>
<th>National organization(s)</th>
<th>International affiliation</th>
<th># of members</th>
<th># of domestic workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Argentina</td>
<td>SINPECAF</td>
<td>CONLACTRAHO</td>
<td>11,000</td>
<td>1,200,000</td>
</tr>
<tr>
<td></td>
<td>UPACP</td>
<td>IDWF</td>
<td>78,950</td>
<td></td>
</tr>
<tr>
<td>Bolivia</td>
<td>FENATRAHOB</td>
<td>CONLACTRAHO</td>
<td>8000</td>
<td>190,000</td>
</tr>
<tr>
<td>Brazil</td>
<td>FENATRAD</td>
<td>CONLACTRAHO/IDWF</td>
<td>12,000</td>
<td>6,200,000</td>
</tr>
<tr>
<td>Chile</td>
<td>SINTRACAP</td>
<td>CONLACTRAHO</td>
<td>n/a</td>
<td>484,700</td>
</tr>
<tr>
<td></td>
<td>ANECAP</td>
<td>CONLACTRAHO</td>
<td>n/a</td>
<td></td>
</tr>
<tr>
<td></td>
<td>FESINTRACAP</td>
<td>IDWF/CONLACTRAHO</td>
<td>1250</td>
<td></td>
</tr>
<tr>
<td>Colombia</td>
<td>UTRASD</td>
<td>CONLACTRAHO/IDWF</td>
<td>481</td>
<td>700,000</td>
</tr>
<tr>
<td></td>
<td>SINTRASEDOM</td>
<td>CONLACTRAHO/IDWF</td>
<td>300</td>
<td></td>
</tr>
<tr>
<td></td>
<td>UTRAHOGAR</td>
<td>CONLACTRAHO</td>
<td>300</td>
<td></td>
</tr>
<tr>
<td>Costa Rica</td>
<td>ASTRADOMES</td>
<td>CONLACTRAHO/IDWF</td>
<td>1500</td>
<td>135,000</td>
</tr>
<tr>
<td>The Dominican Republic</td>
<td>UNFETRAH</td>
<td>CONLACTRAHO/IDWF</td>
<td>1200</td>
<td>194,000</td>
</tr>
<tr>
<td></td>
<td>ATH</td>
<td>CONLACTRAHO/IDWF</td>
<td>4600</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SINTRADOMES-CASC</td>
<td>CONLACTRAHO/IDWF</td>
<td>4742</td>
<td></td>
</tr>
<tr>
<td>Ecuador</td>
<td>UNTHA</td>
<td>CONLACTRAHO</td>
<td>150</td>
<td>221,000</td>
</tr>
<tr>
<td>El Salvador</td>
<td>SIMUTHRES</td>
<td>IDWF</td>
<td>262</td>
<td>112,000</td>
</tr>
<tr>
<td>Guatemala</td>
<td>SITRADOMSA</td>
<td>CONLACTRAHO/IDWF</td>
<td>375</td>
<td>246,580</td>
</tr>
<tr>
<td>México</td>
<td>SINACTRAHO</td>
<td>CONLACTRAHO/IDWF</td>
<td>1580</td>
<td>2,000,000</td>
</tr>
<tr>
<td></td>
<td>RMEHO</td>
<td>CONLACTRAHO/IWDF</td>
<td>n/a</td>
<td></td>
</tr>
<tr>
<td></td>
<td>RMEHAC</td>
<td>IDWF</td>
<td>647</td>
<td></td>
</tr>
<tr>
<td>Nicaragua</td>
<td>SINTRADOMGRA</td>
<td>IDWF</td>
<td>250</td>
<td>117,000</td>
</tr>
<tr>
<td></td>
<td>FETRADOMOV</td>
<td>IDWF</td>
<td>1170</td>
<td></td>
</tr>
<tr>
<td>Panama</td>
<td>SINGRETRADS</td>
<td>IDWF</td>
<td>80</td>
<td>90,000</td>
</tr>
<tr>
<td>Paraguay</td>
<td>SINTRADI</td>
<td>CONLACTRAHO/IDWF</td>
<td>33</td>
<td>230,000</td>
</tr>
<tr>
<td></td>
<td>SINTRADESYP</td>
<td>IDWF</td>
<td>120</td>
<td></td>
</tr>
<tr>
<td>Perú</td>
<td>FENTRAHOGARP</td>
<td>CONLACTRAHO/IDWF</td>
<td>1400</td>
<td>475,000</td>
</tr>
<tr>
<td></td>
<td>IPROFOTH</td>
<td>CONLACTRAHO/IDWF</td>
<td>150</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CCITH</td>
<td>CONLACTRAHO/IDWF</td>
<td>280</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SINTTRAHOL</td>
<td>CONLACTRAHO/IDWF</td>
<td>500</td>
<td></td>
</tr>
<tr>
<td>Total: 16 countries</td>
<td>29 organizations</td>
<td></td>
<td>132,000</td>
<td>12,593,346</td>
</tr>
</tbody>
</table>


For each country. For reasons well-detailed in the literature, such as dispersion of the workforce, individualized working relationships, emotional bonds to the employers, and rejection of the very status of domestic workers, this sector is considered “hard to organize” (Acciari, 2016; Bapat, 2014; Bonner & Spooner, 2011; Brites, 2014; Kabeer et al., 2013). Therefore, the number of members is relatively small compared to other sectors and to the total number of domestic workers in each country.

Nonetheless, these organizations have been very active and their presence is significant in light of all the challenges they face to organize. The CONLACTRAHO was founded in 1988, being the first regional network of domestic workers, and it played an important role in giving more visibility to the movement and promoting legal changes in the
region (Goldsmith, 2013). IDWF is the result of a global mobilization process around the adoption of ILO Convention 189 on decent work for domestic workers in 2011, which is the first convention addressing specifically the sector. IDWF aggregates already existing associations and unions from around the world, and is the first global union of women (Fish, 2017). Although each country has its specificities, overall, the Latin American region has adopted progressive legislations on domestic work since the 2000s, and is the continent with the highest rate of ratification of ILO C 189. Still, with the exception of Uruguay, domestic workers have a differentiated status within national labor legislations and less rights than the other workers.  

Thus, even though the membership is limited, the organizations affiliated to IDWF and CONLACTRAHO can be considered as representative in terms of the role they play and the successes they have obtained for the sector. This study focuses exclusively on the actions of these organizations, which are the largest, most visible, and most well-known in Latin America. Another important feature to highlight is that although most of the selected organizations are legally recognized as labor unions, they are not unions like in other sectors; they are under-funded, leaders are domestic workers, and are usually volunteers, which means that there is practically no distinction between base-members and the leadership. In most countries, those unions still stand at the margins of labor regulations, and thus have less rights and less power than more established trade unions.

I have been collaborating with domestic workers’ organizations in Brazil and Latin America since 2014, and was involved in their campaigns during the pandemic crisis as IDWF-Latin America staff member. I continuously provide direct support to the Brazilian federation helping them with their projects, website, campaigns and trainings. Thus, I write as someone who knows well, and admires, the work of domestic workers’ organizations and the dedication of their leaders. However, for the purpose of this article, I only collected and analyzed publicly available data from IDWF, CONLACTRAHO, and their members, and refer exclusively to actions that are publicized and can be found online.

Written material: I read all the issues of IDWF-Latin America monthly newsletter Día de Descanso, between March 2020 and January 2021, when we were at the worst of the sanitary crisis and before national programs of vaccination started. The newsletter is available on IDWF’s website (https://idwfed.org/es/recursos/boletin-mensual-de-america-latina). I used IDWF’s own mapping of the actions of its affiliate organizations, which was published in the report “Strong and United Facing up to the Pandemic” (IDWF, 2021), and provides additional sources of data for each country. Audio-Visual material: I attended and watched 20 online events, organized and posted by IDWF between March 2020 and March 2021, all available on its Facebook page. These include a training on prevention protocols for domestic workers’ leaders in Latin America, which ran between July and August 2020, campaigns and webinars. In addition, I was involved as technical support in a series of 5 webinars organized by the National Federation of Domestic Workers in Brazil between May and September 2020, available on the Facebook page of the organization. I have selected some cards and images from the campaigns for illustrative purposes, all available on IDWF’s website and open to the wider public. All translations from Portuguese or Spanish to English are mine.

Using this material, I did a thematic analysis, looking for recurring themes, examples of campaigns, and activities specifically related to the pandemic and direct citations from leaders. Only leaders are cited in this material, as they are the ones who speak at public events and webinars. I then grouped the different forms of action based on their scale (local, national, and regional), frequency (more than one occurrence and/or more than in one country), and relation to the types of care (caring for and caring about). The importance of scales and frequency of actions is based on Lévesque and Murray (2010) framework for understanding unions’ resources and power, while the different types of care have been established in the literature and discussed earlier in this paper. Through this analysis, I established the following categories: health and well-being, humanitarian help, and legal mobilizations.

4 | CARING AS AN ACT OF RESISTANCE

Across the selected countries, I noticed strong similarities in terms of discourses and demands, probably explained by the fact that these organizations are part of the same international federations. The main campaign, “Care for those who care for you”, was launched very quickly in the first few days of the pandemic, and adopted by all the affiliates.
of IDWF and CONLACTRAHO. Through this analysis of campaigns’ material, videos, and reports, I have identified 3 repertoires of contention, which are detailed in the next section: the promotion of self-care and well-being, caring for others and the transformation of local unions into humanitarian actors, and legal mobilizations around the right to be cared for. For the scope of this article, it is impossible to give a detailed account of domestic workers’ actions in all 16 countries; therefore, I have selected illustrative examples for the discussion, and provided an overview of the typology across the different countries in Table 2.

4.1 | Care as ethics and self-care: Promoting health and well-being

Domestic workers’ organizations have always played a very important role in creating social connections and being a space for caring relationships (Acciari & Pinto, 2020). With the pandemic, this became even more necessary and was manifested through different types of actions: informal chats with members, producing and sharing health-related information, and active promotion of mental health and well-being. This mix of old and new repertoires quite distinctively evolved around care, and self-care in particular, at a time where death and disease were becoming so normalized. The first form of action happened quite spontaneously; all the leaders took upon themselves to call, talk to and check-in with their members on a daily basis. Just to know how they were feeling, or to try to reassure them and offer a comforting voice. This is powerfully illustrated by the testimonies of two leaders, published in Día de Descanso:

As a union leader, my work has tripled these days, as the needs of our members grow. The first thing I do when I wake up every morning, is listen to their messages. The responsibility of the leaders is greater in this situation, since we must assist the comrades in matters of health, food and basic care. Our commitment is stronger now. In no way can we allow our members to get sick, because they will most likely not be diagnosed and therefore not receive medical attention. Therefore, our strategy is to guide them in prevention and give them information on how to take care of themselves.

(Liliam Marrero, Dominican Republic, Día de Descanso, April 2020)

I think I have a mission with domestic workers. When my colleagues call me, I never tell them that I’m having a bad time. I listen to their problems: that they have been fired and don’t have enough to eat or pay for their rent, and that many of them walk the streets without knowing what to do. So, I motivate them, I talk to them to make them feel better and I do all the things I can to help them, talking to the Ministry of Labour about unjustified dismissals, looking for a shelter where they can stay, calling the television channels or the Women’s Ministry to support them.

(María de los Ángeles Ochoa, Peru, Día de Descanso, July 2020).

Another important action was to produce information about COVID-19 and how to protect oneself at home and at work, which was sent to members via WhatsApp and shared on social media. This was fundamental in a moment of panic, during which many domestic workers did not have regular access to the internet or mainstream channels of information. In addition, at the start of the pandemic, most national guidelines followed the “stay at home” recommendations, whereas this did not quite correspond to the reality of millions of informal workers and poor people. Thus, alternative guidelines, adapted to the lives of domestic workers and in an accessible language, were fundamental. Tips were exchanged for instance about how to make one’s own hand sanitizers with bleach and water, to avoid having to buy expensive hand sanitizers, or how to sew a mask at home. The cards reproduced below (Figures 1 and 2) were published on unions’ websites and social media and sent to all their members. The webinars and online trainings organized were also publicized to members via WhatsApp and social media.

Lastly, domestic workers’ organizations started claiming more explicitly the right to self-care and well-being, introducing a new type of demand beyond labor rights. In Brazil, the domestic workers’ union of Nova Iguaçu (state of Rio de Janeiro), organized a webinar on August 1, 2020 on the topic “The health of domestic workers”, with two
<table>
<thead>
<tr>
<th>Country</th>
<th>Care as ethic: Health and well-being</th>
<th>Care as practice: Humanitarian aid</th>
<th>Care as right: Legal mobilizations</th>
</tr>
</thead>
</table>
| Argentina        | Tailored information for membership  | Yes                               | Campaign for the right to a paid quarantine  
|                  | Training in sanitary protocols       |                                   | Inclusion of domestic workers in emergency relief program  
|                  |                                       |                                   | Ratification of C 190  
|                  |                                       |                                   | Government's campaign "caring in equality"  
| Bolivia          | Tailored information for membership  | Yes                               | Campaign for the right to a paid quarantine  
|                  | Training in sanitary protocols       |                                   |                                    
|                  | Actions on mental health, peer-support groups |                                   |                                    
| Brazil           | Tailored information for membership  | Yes                               | Campaign for the right to a paid quarantine  
|                  | Training in sanitary protocols       |                                   | Fighting decrees on essential work  
|                  | Actions on mental health, peer-support groups |                                   | Reporting and fighting against forced quarantine at the employers' house  
|                  |                                       |                                   | Inclusion of domestic workers in emergency relief program  
| Chile            | Tailored information for membership  | Yes                               | Campaign for the right to a paid quarantine  
|                  | Training in sanitary protocols       |                                   | Access to unemployment benefits granted to domestic workers  
|                  |                                       |                                   |                                       
| Colombia         | Tailored information for membership  | Yes                               | Campaign for the right to a paid quarantine  
|                  | Training in sanitary protocols       |                                   | Inclusion of domestic workers in emergency relief program  
|                  | Survey with domestic workers         |                                   |                                       
| Costa Rica       | Tailored information for membership  | Yes                               | n/a  
|                  | Training in sanitary protocols       |                                   |                                    
|                  | Support to apply to emergency aid    |                                   |                                    
| The Dominican Republic | Tailored information for membership | Yes                               | Inclusion of domestic workers in emergency relief program  
|                  | Training in sanitary protocols       |                                   | Creation of a national roundtable on care  
|                  | Training in recycling to generate income and creation of a cooperative |                                   |                                    
| Ecuador          | Tailored information for membership  | Yes                               | Ratification of C 190  
|                  | Training in sanitary protocols       |                                   |                                    
| El Salvador       | Tailored information for membership  | Yes                               | n/a  
|                  | Training in sanitary protocols       |                                   |                                    
| Guatemala        | Tailored information for membership  | Yes                               | Campaign for the right to a paid quarantine  
|                  | Training in sanitary protocols       |                                   |                                    
| México           | Tailored information for membership  | Yes                               | Campaign for the right to a paid quarantine  
|                  | Training in sanitary protocols       |                                   | Ratification of C 189  
|                  | Podcast series on voices of domestic workers |                                   |                                    
|                  | Survey with domestic workers         |                                   |                                    
| Nicaragua        | Tailored information for membership  | Yes                               | n/a  
|                  | Training in sanitary protocols       |                                   |                                    |
### TABLE 2 (Continued)

<table>
<thead>
<tr>
<th>Country</th>
<th>Care as ethic: Health and well-being</th>
<th>Care as practice: Humanitarian aid</th>
<th>Care as right: Legal mobilizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Panama</td>
<td>Tailored information for membership Training in sanitary protocols</td>
<td>Yes</td>
<td>Inclusion of domestic workers in emergency relief program Negotiating mobility permission to go to work</td>
</tr>
<tr>
<td>Paraguay</td>
<td>Tailored information for membership Training in sanitary protocols</td>
<td>Yes</td>
<td>Reporting and fighting against forced quarantine at the employers' house</td>
</tr>
<tr>
<td>Perú</td>
<td>Tailored information for membership Training in sanitary protocols</td>
<td>Yes</td>
<td>Ratification of C 189 and adaptation of national legislation</td>
</tr>
</tbody>
</table>

**FIGURE 1** Protocol to enter at home—actions against Covid-19, by the National Union of Domestic Workers of Mexico (SINACTRAHO).
special guests; a psychologist and a social worker, both black women and allied to the movement. During the conversation, the psychologist, Gleicy Souza, commented on the experience of trauma for workers who were locked down at their employers’ homes:

Then, I wonder how this situation is, the psychological aspect of a person who has her family, her house, her responsibilities, who would like to be with her own and is coerced into working in a place that she does not would like to be. So, this kind of psychological pressure, it can generate anxiety, depression, right? It can generate psychological symptoms that we understand as traumas, and some traumas can generate post-traumatic stress.

Cleide Pinto, President of the union, also evokes the issue of moral harassment faced on a daily basis by workers:

Our concern is how domestic workers are suffering. So much sexual violence, psychological violence, I mean, it’s a lot. And finally, they end up getting sick, right? And even harassment too, the moral harassment that domestic workers suffer and they don’t even know that this is moral harassment.

In both speeches, poor mental health is directly associated with working conditions and the treatment domestic workers received at their employers’ house. Taking care of one-self and feeling well stands in opposition to abusive situations. Following from this successful experience, the National Federation of Domestic Workers (FENATRAD) organized online support groups with professional psychologists from October 2020 to February 2021. About 50 domestic workers from various states participated in these weekly virtual meetings, where they could talk about their anxieties and fears, and burst out in a safe space. They all evaluated positively the program and some confirmed that it helped them getting through this apocalyptic time.

In these different examples, care is placed as a fundamental need of every woman and worker, and health is understood in its broadest conception; not only protecting oneself from COVID-19, but in general, thinking about physical, mental health, and personal well-being. In this sense, we can think of care as a weapon of resistance, reminding the words of the black feminist writer Audre Lorde (1988, p. 125): “Caring for myself is not self-indulgence, it is
self-preservation, and that is an act of political warfare." This insistence on the right of domestic workers, who are caregivers, exploited workers, mothers, and wives, to take care of themselves, is in fact an act of resistance.

4.2 | Care as solidarity: Managing humanitarian aid

The second repertoire is one that is quite exceptional for unions, and borrows from the humanitarian sector. Given the extent of the crisis, domestic workers' leaders became first aiders and disaster managers, often without having the right training or resources to do so. Across all the selected countries, domestic workers' organizations have been fundraising to distribute food baskets and basic hygiene items to their members (IDWF, 2021). Unemployment and loss of income hit the sector hard, which translated into domestic workers and their families not having enough money to buy food or pay their bills. Union leaders quickly mapped their members' needs via WhatsApp, and assessed their outreach capacity to decide how many food baskets they would be able to buy and distribute.

The organizations who had cooperation projects in progress discussed with their donors and convinced them to reallocate budgets to the purchase and distribution of food baskets. This was not an easy task as usually those projects are not designed with a humanitarian goal, and emergency relief is not a type of activity domestic workers' unions had done before. Contracts and action plans had already been signed, thus requiring amendments and flexibility on the side of donors. Those who could not count on such funds improvised small-scale fundraising, disseminating appeals to donations via social media. Most organizations did not have the structure in place for this type of action and had to use leaders' personal bank accounts to receive donations.

In some countries such as Panamá, that had very restrictive (and sex-segregated) lockdown measures, distributing food baskets turned out to be a great challenge. Unions were not classified as "essential" services and needed a derogation to open their doors, women could only leave their house for 2 h on specific days of the week, and public transport was not available. Leaders of SINGRETADS, the national union of domestic workers of Panamá, reported that they had to book strict time allocations for members to pick up food baskets, and tried to negotiate with donors that the money be sent directly to people so they could buy their groceries locally during their allowed time out. Similarly, in Colombia, local unions also reported issues with mobility due to lockdown measures, which created difficulties to meet their members and distribute food baskets. In Paraguay, at the height of mobility restrictions, leaders took upon themselves to cook and distribute meals in their community, for up to 100 people, as shown in Figure 3.

Another important challenge has been accountability and proof of spending for the donors. In many cases, it was impossible to provide an official receipt for expenses made, either because the money had been transferred directly to individuals and there was no way to track each one of them, or because the cheapest food providers were small shops with no formal accounting system like supermarkets. Up to that point, donors would always request original documents after a project ended. With the closure of services, including post offices, more and more institutions started accepting pictures as a valid proof of expense: pictures of receipts, of the food baskets, or of domestic workers distributing the food baskets. Quite strikingly, humanitarian aid became part of unions' routine, extending way beyond the initial "emergency" phase. Donors started opening calls specifically related to COVID-19, either for relief actions or to increase organizations' capacities during the crisis. Emergency processes and needs became part of the "new normal." In Brazil, in the year of 2020, the FENATRAD and its affiliates handled 29 projects related to the pandemic crisis and distributed over 6000 food and hygiene baskets (Pinto, 2021).

4.3 | Care as a right: Mobilizing for legal protection

The third repertoire of action, legal mobilizations, is more traditional or more expected of labor unions. The difference with "normal" actions around labor rights is that, throughout the pandemic, the rights of domestic workers were presented as a question of social justice in relation to care. Their argument was straightforward: domestic workers...
dedicate their lives, and in times of pandemic, they literally risked their lives to take care of others, therefore, it is necessary that they are also taken care of. They did not use the academic concept of “care crisis”, but their demands echoed this idea quite well; if they are not protected, it is the entire system of social reproduction that is being put at risk, and consequently, the well-being and survival of millions of families. Domestic workers need to be alive and healthy to keep doing their job. This builds on decades of mobilizations for legal change in the region, and in most countries, the rights of domestic workers improved since the 2000s. According to the ILO (2021b, 2021a), in the Americas, domestic workers are covered by the general labor laws in 15% of the countries, while in 70%, they are covered by a mix of general and specific labor laws. Brazil adopted a relatively comprehensive legislation in 2015, as did Colombia in 2016, which extends almost all existing labor rights to domestic workers, but there are still important gaps, for instance, in the access to unemployment benefits. Quite importantly, those legislations proved to be limited during the period of crisis.

The first weeks of the pandemic, when lockdown measures were being applied in almost every country, “Care for those who care for you” focused on the right of domestic workers to benefit from a paid quarantine at their homes, to avoid the risks of coming into work while also maintaining their salary. In most countries, there were no specific regulations for domestic workers regarding the right to a paid quarantine, so employers would either dismiss them or keep them coming into work but without adequate levels of protection (Acciari, Britz & Morales, 2021). Thus, with this slogan, domestic workers were appealing to the compassion of their employers and stressing their mutual interdependence in the act of caring. Figures 4–6 illustrate the variations of the campaign across different countries.

As the crisis went on, domestic workers’ organizations mobilized for broader legal changes, beyond the immediate relationship with their employers. Faced with an unprecedented situation, unions claimed the inclusion of domestic workers in emergency programs, access to social security and unemployment benefits, or new legislations. Of course, some of these demands are much older than the pandemic, but the crisis context gave unions a new window of opportunity with a very strong moral argument. Indeed, no government could publicly go against measures that would guarantee the survival of millions of women workers.

In Peru, the movement won a new legislation, approved in September 2020, that aligns national regulations with the ILO Convention 189. Law no. 31047 guarantees domestic workers the right to a written contract, the national...
FIGURE 4 Union of auxiliary personal of private house (UPACP)—Argentina. Translation: The days of quarantine have to be paid for, so that we are all taken care of.

FIGURE 5 Union of private house workers (SINTRACAP)—Chile. Translation: domestic workers should not be working during this period, be a responsible employer.

FIGURE 6 Unions of domestic workers (UNFETRAH, SINTRADOMES-CASC, and ATH)—the Dominican Republic. Translation: Don't force me to choose between my health and my salary.
minimum wage, social security coverage, regulation of working hours and extra-time, weekly rest and paid annual leave, and the right to collective representation through their unions. The domestic workers’ unions of Peru had been campaigning for such a reform for years, but it is significant that it took place during the pandemic crisis, thus appearing as a direct victory of the “Care for those who care for you” campaign. In the months following the adoption of law no. 31047, the unions organized a series of online workshops to explain these new rights to their members.

The full regulations and decrees of applications were voted in April 2021; therefore, it is still too early to assess the levels of implementation and efficiency of this legislation. Nonetheless, it gave domestic workers a very precious legal instrument at a time of crisis to claim basic rights that would not only guarantee them decent work but also keep them alive.

In other countries, unions mobilized for the ratification of ILO Convention 190, adopted in 2019, on gender-based violence and harassment at the workplace. Embedding this demand with their discourse on care and the fundamental role played by domestic workers, IDWF and CONLACTRAHO succeeded in gaining more visibility for their cause. The idea that the workplace had to be a safe place was no longer difficult to debate, and became a shared concern for the entire workforce with the sanitary crisis. In 2020, Uruguay and Argentina ratified C 190, followed by Ecuador in January 2021.

In Argentina, this was further linked to a national campaign called “Caring in Equality”, led by the left-wing government, that promoted the recognition of care as “a necessity, a right and a work”. In September 2020, the government started online “circles of discussion on care”, to which the union of domestic workers (UPACPC) was invited. At this occasion, both IDWF and UPACP reaffirmed the importance of including domestic workers in these discussions and recognizing them as part of the care sector (Día de Descanso, September 2020). While Argentina is still debating a proposal of law to regulate care work, in 2021, the government introduced the recognition of caregiving into the pension system (decree 475/2021), which allows women to claim their years as caregivers into their retirement contributions. This reform is considered a landmark in Latin America and worldwide, showing ways forward to recognize the weight of care work in women’s lives.

5 | DISCUSSION AND CONCLUSION

This article has shown domestic workers’ capacity of resistance and resilience, despite them being one of the most vulnerable and hardest hit groups during the pandemic. As domestic work is also one of the largest sectors of employment for women, and domestic workers perform typically “feminine” jobs, their mobilizations are quite significant for feminist theory and practice, and help us rethink women’s resistance in times of crisis. I have argued that domestic workers’ campaigns in Latin America provide renewed conceptions of care, foregrounding an alternative vision of society, more equal and more inclusive. Indeed, the three repertoires of action identified, self-care, humanitarian relief and legal mobilizations, allow us to reconceive care as both ethic and activity (Glenn, 2000), and to understand it as a set of practices that can lead to social transformation (Mandalaki et al., 2022).

The first repertoire includes actions that aim to promote self-care and well-being, which is something quite new for the organizations of domestic workers, usually focused on the defense of labor rights. The context of sanitary crisis had made self-preservation “an act of warfare” (Lorde, 1988), as domestic workers’ survival was being threatened on every level. Local unions developed affective relationships with their members, making the ethics of caring a central part of their actions and becoming, or expanding their role, as “communities of care” (Vilog & Piocos, 2021).

The second type of action, distributing humanitarian relief, shows how care can be a practice, grounded in solidarity, or what Banerjee et al. (2022) have called “deep care”. At the core of these humanitarian actions, was the concern of keeping domestic workers alive and attending to their most pressing needs. Domestic workers’ organizations were able to transform their situation of extreme vulnerability into national and global mobilizations, calling to the generosity of donors and individuals to support their struggle for survival. Here, care is both an ethic (caring about) and an activity (taking care of).
The third repertoire evolves around legal mobilizations. While the demand for equal labor rights started long before the pandemic, an innovative element can be found in the way domestic workers’ organizations have framed their right to be cared for. They have argued that care work is a real work, considered essential to society, and that, as a consequence, care workers should also be taken care of. This position directly echoes feminist theories on the value of care work and the care crisis; indeed, if care workers’ survival is not guaranteed, the entire system of social reproduction becomes unsustainable. In this context, it seemed hard for government to deny domestic workers basic rights and access to social protection.

Considering all the different dimensions of this powerful slogan and campaign, I argue that “Care for those who care for you” has a counter-hegemonic potential. By placing care at the center of the debate, the campaign challenges the false dichotomy between “saving the economy” and “saving lives,” put forward by many governments, and offers an alternative model of society, where reproductive work is properly recognized and valued. More than that, the campaign brings at the forefront the values of solidarity and reciprocity, insisting on our mutual interdependence as human beings, and our capacity for compassion in times of crisis. In this sense, it can be considered as a feminist campaign, proposing a worldview guided by love and care, corresponding to what bell hooks qualifies as “genuine feminist politics”:

A genuine feminist politics always brings us from bondage to freedom, from lovelessness to loving. Mutual partnership is the foundation of love. And feminist practice is the only movement for social justice in our society, which creates the conditions where mutuality can be nurtured.

(hooks, 2014, p. 104)

In times of pandemic crisis, claiming that every life counts and that everyone has the right to be taken care of is a genuine feminist politics and an act of resistance. Future research could explore how deep this change has been in domestic workers’ organizations, and explore whether they have maintained this caring ethos in the post-pandemic.

ACKNOWLEDGMENTS
I would like to thank all the domestic workers’ organizations of Latin America and their leaders for the incredible work they do every day and for making the world a better place. This work was supported by the ESRC/UKRI, grant number: ES/X00130X/1, project “Who cares? Rebuilding care in a post-pandemic world.”

DATA AVAILABILITY STATEMENT
The data that support the findings of this study are available in the IDWF website at https://idwfed.org/covid-19/. These data were derived from the following resources available in the public domain: IDWF, https://idwfed.org/covid-19/

ORCID
Louisa Acciari https://orcid.org/0000-0002-2335-7948

ENDNOTES
1 See the website and the tool: https://data.undp.org/gendertracker/.
3 Concept coined by Achille Mbembe (2003), that defines the “politics of death” implemented by states under exceptional circumstances. During the pandemic crisis, many have qualified the bad management or absence of proper protective responses from governments as a politics of death that purposely let die certain groups of the population.
4 See the complete list of affiliates on their websites: https://idwfed.org/en/affiliates/latin-america and https://conlactraho.org/donde-estamos/.
5 For more details on legal frameworks, see for instance: ILO, 2013, 2021b; Blofield, 2012; Poblete, 2018.
6 See the full list of resources, campaign’s material and pictures from affiliates on IDWF’s website: https://idwfed.org/covid-19/.
REFERENCES


AUTHOR BIOGRAPHY

Louisa Acciari holds a PhD in Gender Studies from the LSE. She currently works as a Senior Research Fellow and Co-director of the Centre for Gender and Disaster at the University College London (UCL), and is a Research Associate of the Núcleo de Estudos em Sexualidade e Gênero (NESEG) of the Federal University of Rio de Janeiro (UFRJ). Between 2019 and 2020, she was Program Officer for the IDWF Latin American team.