For the first time in United States history, the average American couple has more living parents than children. Women spend more years caring for elderly parents than for dependent children. They constitute over 70 percent of informal caregivers, and half of all employed women also care informally for a relative. Women of color are more likely to combine formal employment and informal care. At the end of the first decade of the twenty-first century, the United States is facing a crisis in care. In Forced to Care, Evelyn Nakano Glenn posits that “the social organization of care has been rooted in diverse forms of coercion” that have historically tracked gender, racial, and class lines.

Glenn defines caring as “the relationships and activities involved in maintaining people on a daily basis and intergenerationally.” (p. 5) Caring can be direct, including physical and emotional care; it can involve maintaining the environment in which people live; or it can be “the work of fostering people’s relationships and social connections.” (p. 5) By “social organization of caring,” she means “the systematic ways in which care . . . is allocated and how the responsibility for caring labor is assigned.” (pp. 5-6) Glenn claims that the American social organization of care is based on four things: “reliance on the private household, feminization and racialization of care, devaluation of care-work and care workers, and abnegation of community and state responsibility of caring.” (p. 6) Finally, she defines coercion as the “physical, economic, social, or moral pressure used to induce someone to do something.” (p. 6) She claims that two types of coercion shape the social organization of caring in the United States. The first is status obligation, in which women are triply duty-bound to care based on kinship status (as mother, wife, or daughter), gender, and, for some, membership in a subordinate racial or class group. (p. 7). Coercion’s second form is what Glenn refers to as “racialized gendered servitude,” a labor system where one party can de jure or de facto “command the services of another.” (p. 7)
INTRODUCTION

Glenn takes the reader through the history of “free-labor” industrialization, the development of so-called private and public spheres, and nationalist reforms of the Progressive era to set the stage for her main claim: that gender, race, and class are central to our understanding, valuation, and organization of care-work in the United States. She then evaluates marriage and family law, social welfare provisions for disabled individuals, the exclusion of home care workers from standard labor protection acts, the rise and fall of welfare programs for low-income mothers, and immigration through this lens. She ends with a call to rethink our entrenched ideas about care-work.

A QUICK TOUR OF LABOR AND GENDER HISTORY

Glenn spends the first third of her book giving the reader an introduction to labor and gender history. She guides us through two eighteenth-century ideas: “Republican Motherhood,” in which women’s civic role derived from shaping their husbands and sons into virtuous citizens of a free republic, and “Evangelical Motherhood,” in which women made homes into pure, Christian territories uncontaminated by the outside world (p. 15). These roles gave way, Glenn claims, when the Industrial Revolution established the new norms of breadwinner-father and housewife-mother (pp. 20-21). This evolution relegated care-work to the private sphere, reclassifying it as non-productive and economically dependent (p. 22). By the beginning of the twentieth century, the middle-class ideal demanded a stay-at-home wife devoted to cooking, cleaning, and mothering (p. 22).

Simultaneously, notions of coercive labor were changing. The Atlantic slave trade, indentured servitude, convict labor, and child apprenticeships slowly gave way to wage labor and sharecropping (pp. 25-32). This did not mean that coercive labor had run its course by the end of the Civil War. Southern blacks were effectively forced into debt peonage through agricultural contracts, and other employers likewise relied on debt bondage and penal contracts (p. 32). Southern states also enacted vagrancy statutes and other laws that allowed black men and women to be leased out to state and private contractors as punishment for petty crimes (p. 32). Black men and women in the north and Midwest, while not legally restricted from certain fields, were nevertheless effectively barred from all but the most seasonal and insecure occupations (p. 33).

These changing notions of labor and gender, Glenn claims, created an economic system by which women’s primary responsibilities, although varying by economic class, were “stripped of economic significance and instead viewed as moral and spiritual vocations.” (p. 35) She continues, “In contrast to men’s paid labor, women’s unpaid caring was simultaneously priceless and worthless—that is, not monetized.” (p. 35) This leads Glenn to conclude that middle-class women’s care-work was elevated in “spiritual, moral, and altruistic terms on the one hand” and devalued in “economic and political terms on the other.” (p. 36) Emo-
tional care-work was valued; physical care-work—especially “dirty” or high-exertion work—was not (p. 36). Poor women and women of color, women whom Glenn identifies as “subjected to coercive labor regimes,” were forced to step in and fill the gaps (p. 36). This coercion included denying welfare benefits to single mothers of color and using criminal vagrancy laws to sentence unemployed black women to domestic servant positions (p. 37). These women thus faced a choice in name only: do the care-work that upper-class women would not do, or suffer starvation or incarceration (p. 37). When women of color chose the former, their own children lacked a caregiver, and white society labeled them deficient mothers (p. 37). The cycle of inequality was, therefore, self-perpetuating.

Although this historical background and the conclusions it draws are largely valuable, some of it relies on relatively outdated scholarship about “separate spheres” and Marxist demarcations between public and private modes of life. Separate spheres analysis has been roundly criticized by gender historians since the 1980s as a trope “employed by people in the past to characterize power relations for which they had no other words and that they could not acknowledge because they could not name.” Separate spheres became a means for early women’s historians to “(1) explain universal female subordination and (2) to legitimate the need for a distinctive effort to inquire into women’s particular experiences.” But much of the analysis on which separate spheres and the Marxist public/private divide rely has been carefully constructed to “help historians avoid thinking about race” and class. Only recently have historians begun to expand their analysis beyond the white upper and middle classes and to insist that gender analysis be combined with other axes of subordination.

It is therefore especially odd that Glenn uses these static models when she herself does a commendable job discussing the ways that gender, race, class, and citizenship status interact to create a system of coerced care. When she uses largely discarded historical dichotomies that apply only to the white middle class, how can the reader discern which parts of her analysis apply to other groups? Her larger points would be more convincing if she cited to more recent scholarship that recognized how various axes of subordination combined to force women to care.

The remaining chapter of Glenn’s tour of American gender and labor his-

10. Kerber, supra note 8, at 17.
11. Id. at 17 n.16.
12. Lasser, supra note 8, at 116.
tory is less problematic. She performs a comparative analysis of three Progressive-era movements to reform the caring of non-elite women: Native American boarding schools, female prisons for women convicted of “morals offenses,” and “Americanization” programs for immigrant mothers (p. 44). Glenn admits that historians and other scholars have analyzed each movement individually (p. 44) and, to that end, relies almost exclusively on secondary sources (pp. 217-26). She is therefore restricted to analyzing what other scholars have already investigated and her conclusions may be constrained. Nevertheless, her summaries are interesting and disturbing. The “squaw drudge” stereotype, which held that Indian women were degraded and oppressed and that defective caregiving and housekeeping were direct results, led to boarding schools that taught girls the ins and outs of care-work (pp. 47-49). In female-only penitentiaries, reformers sought out working-class white women convicted of low-level sexual offenses like “exercising sexual autonomy.” (p. 61) These women were then graded on their care efforts; the authorities expanded or contracted their sentences depending on their progress (pp. 65-66). The best-behaved were rewarded by being placed as domestic servants in private homes (p. 66). Lastly, Eastern European immigrant women were the focus of progressive reformers’ Americanization projects, which were aimed at “create[ing] a patriotic American home and family” through housekeeping and mothering training (p. 76). English lessons started with domestic-speak: “I cook. I wash. I iron. I sweep. I mop. I dust.” (p. 76) When the lessons progressed to imperatives, it became difficult to separate the language lesson from a lesson about normative American standards of domesticity: “We must eat good food. We must drink good water. We must have good milk. We must bathe often.” (p. 77)

To Glenn, these three histories show that “the domestication of subaltern women operated as an essential element in larger projects for incorporating potentially disruptive groups into a stratified social order.” (p. 86) Native American girls were trained in domestic tasks as a means of “civilizing” all Indians (p. 86). Female inmates were “trained in domesticity” to control their sexual natures and prepare them to have their own hetero-patriarchal families or work in the homes of other such families (p. 86). If immigrant women could be schooled in ‘American’ standards of cleanliness, childrearing, and consumption,” the threat posed by outside groups could be eliminated through assimilation (p. 86). Just as importantly, the female reformers who headed all three efforts were burdening low-income women and women of color with the drudgery of care-work while keeping the emotional and moral benefits for themselves (pp. 86-87).

This background sets the stage for the rest of Glenn’s book. Without this

13. For example, Glenn does a good job of discussing the reactions of girls at the boarding schools. She claims, however, that “the perspectives of immigrant women who were the targets of these Americanization efforts are by and large not documented.” (p. 80) In support of these statements, she cites to secondary source authors who may not have been interested in documenting immigrant women’s voices. It is possible that Glenn’s original research could have uncovered helpful information not otherwise available.
quick tour through gender and labor history, it would be impossible to understand the historical origins of society’s attitude toward care-work and care-workers. However, because it is largely a summary of other scholars’ primary research, it would be more effective if it were shorter or if it included more original research. Nevertheless, especially for readers who are less educated about the relevant history, the background Glenn provides is necessary for many of her later conclusions.

WHY DO WOMEN CARE, AND WHY DON’T WE VALUE IT?

The next part of Glenn’s book is both the most substantial and the most engaging. She examines several studies that demonstrate “the deeply held belief that women ‘ought’ to care and the widely held expectation that women ‘will’ care.” (p. 88) Women describe their rationales for caring for sick or disabled family members with words of obligation: “natural,” “expected,” “right thing to do,” “I would feel guilty if I didn’t.” (p. 89) They excuse others from doing this work by describing themselves as “oriented toward caring” and others, usually men, as otherwise occupied (p. 91). For Glenn, however, legal and social policy has done more to shape these status obligations than anything else, “legitimating them and giving them material force (through granting or withholding resources).” (p. 91)

To demonstrate this, she first examines contract law and private agreements to compensate wives for care. Glenn located twenty court cases brought by widows or wives for enforcement of agreements to compensate for housekeeping or nursing care (p. 95). Early cases were met with widespread skepticism from the judges. One judge asked, “Would the maintaining of an action against the husband for nursing him in sickness, greatly promote the harmony of the marital relations or tend to increase domestic happiness and comfort?” then answered himself in the negative. 14 Another court held that “where the wife is authorized generally to make contracts, she may contract with her husband only for such services as are outside of the purely domestic relations implied in the marital contract.” 15 Any agreement within marriage to receive payment in exchange for care-work was voided for public policy reasons (p. 97). This included a wife’s promise to take on her husband’s own caring duties, such as caring for his elderly parent. 16

More recent court decisions have maintained this understanding of marital obligation but have used gender-neutral language. In Borelli v. Brusseau, 16 Cal. Rptr. 2d 16 (Ct. App. 1993), a widow claimed that her husband had agreed to leave her property if she cared for him at home instead of placing him in a nursing home. 17 The court voided the agreement and refused to enforce it. 18 Accord-

14. Grant v. Green, 41 Iowa 88, 91-92 (1875).
15. Frame v. Frame, 36 S.W.2d 152, 154 (Tex. 1931).
ing to Glenn’s research, courts have universally refused to enforce contracts that purport to commodify the caring relationship between spouses.

Glenn next turns to Torts law and suits against third parties to compensate husbands for injuries suffered by their wives preventing them from performing care-work—in other words, loss of consortium claims. Although nineteenth century married women’s property acts generally gave a woman her own cause of action, her husband was also able to bring suit “for expenses incurred for her medical care and for consequent damage to his rights to her services.” (p. 103) Judges did not demand precise evidence of the value of wives’ services to their husbands; rather, judges instructed juries to use their own experience to award monetary damages (p. 104). Women, however, were deemed to not have the right to reciprocal services (p. 103). Not until 1950 did a court hold that “the husband owes the same degree of love, affection, felicity, etc., to the wife as she to him.” As of 2002, only thirty-eight states recognized a wife’s right to sue for the deprivation of benefits arising from a spousal relationship (p. 106).

Glenn’s research into court-recognized and court-ordered care is fascinating but incomplete. Although she does not speak to her research strategy, she notes that the cases involve white-only litigants (p. 94). People of color were long denied access to the court, both formally and also from a lack of financial resources (p. 94). She thus does not attempt to infer too much from such a skewed sample. But Glenn could solve her sample’s skew if she looked beyond online legal databases that limit her to state and federal appeals cases. The rich array of county-based records would expand and enrich her analysis. Historians have persuasively argued that county courts, not state or federal ones, were actively involved in shaping people’s daily lives. County courts practiced “socialized law,” which asserted “that law purposefully reshaped society by directly addressing concrete problems of social life”—most likely including care-work. County courts routinely ordered families to care for their own dependents or paid others to care for mentally or physically ill individuals whose own families were unable to do so. If Glenn had chosen to peruse county court records on micro-

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18. Id. at 20.
21. This research would likely involve visiting the county archives themselves. Geographically and demographically diverse counties with large numbers of African Americans and lower class people would likely yield especially helpful information.
23. WILLRICH, supra note 22, at 98.
24. See, e.g., MICHAEL B. KATZ, IN THE SHADOW OF THE POORHOUSE 29 (1996) (explaining that poorhouses often directed their clients to care for other people in the poorhouse); Jan L. Hagen, Whatever Happened to 43 Elizabeth I, c.2?, 56 SOC. SERV. R. 113-14 (1982) (giving examples of courts ordering relatives to provide support to family members). Another example is the case of Joseph/Lucy Ann Lobdell, a transgender man who varyingly lived in the
film, or even used secondary accounts of these records, she likely would have found a vast array of evidence supporting her thesis that included low-income families and people of color. Instead, she chose to limit her data and, thus, her conclusions.

Source limitations are less problematic when Glenn turns to other forms of state-enforced coercion to care, specifically worker compensation and disability assistance programs. There, the state historically performed backup functions but assumed that family members would help injured and ill people in their daily activities without compensation (pp. 106-07). Through the first half of the twentieth century, the state compensated this so-called supplemental care only when the caregiver was “professionally qualified and rendered professional services.” (p. 109) Glenn concludes that “the mere fact of being a housewife and not being employed outside the home contributed to courts viewing wives’ services as unskilled, and the allocations of long hours of attendance . . . as not above and beyond the call of duty.” (p. 110)

Slowly, courts began to claim that this work was compensable if it took the place of more expensive institutional care and the caregiver had the option of working outside the home for a wage (pp. 111, 114). A big exception, however, is Medicaid: “legally responsible relatives”—spouses and parents of dependent children—cannot be reimbursed through its funds (p. 115). Although some states, including California, attempt to foot the bill themselves, recent budget cuts have drastically reduced these gap-filling measures (pp. 115-16). Critics of paid care claim that it is fiscally irresponsible to reimburse family members for work they should do for free—despite the fact that home care is much less expensive than institutional alternatives—and that payment will lead to shoddy care by greedy relatives only in it for the money (p. 117). Glenn points out that the research simply does not support these claims: there is “no higher incidence of fraud, abuse, neglect, or unreliability than [with] non-family home care.” (p. 117)

The devaluing of home care-work does not end with family care, however. Those paid to care are legally and practically excluded from protections the state provides to most other workers. For all the progress labor unions and workers’ rights groups have made in the last century, from the National Labor Relations Act to the Fair Labor Standards Act (FLSA), domestic workers and other care-

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25. Glenn notes that this care was often not supplemental at all and instead included large amounts of time and effort (p. 109).
givers were systematically excluded (pp. 134-38). A 1973 effort to amend the FSLA to include domestic workers was watered down to exempt many workers from minimum wage and overtime provisions and, most significantly, was interpreted by the Department of Labor (DOL) to deny protection for workers in assisted living facilities, full-time housekeepers, live-in domestic aides, home health aides, and certified nursing assistants in private agencies (pp. 142-44). The Supreme Court has upheld these interpretations,26 expressing concern not for the caregivers denied minimum wages and benefits but instead for the sick people potentially forced into institutions if the DOL’s interpretation were struck down (p. 146).

New York is, so far, the only state to give domestic workers recourse for sexual harassment and other abuse and entitle them to temporary disability benefits, unemployment, and overtime.27 The significance of the Domestic Workers’ Bill of Rights’ 2010 passage did not escape the notice of domestic workers. “It will mean that we will have protection, that the work we do will be recognized,” said one. “We take care of the sick. We take care of the elderly. We take care of their worldly goods.”28 But this is precisely why, in Glenn’s view, care-work is so undervalued. Because care-work is located in the home, Glenn concludes, it, “whether paid or unpaid, is treated as though it is governed by altruism and status obligations.” (p. 149) This hurts everyone involved, from the family caregiver to the employee caregiver to the care receiver himself or herself.

To Glenn, the situation is only becoming bleaker. She identifies three trends that contribute to the current care crisis: the return of care to the private household, the dismantling of welfare programs, and economic globalization. All three “intensify[] the conflicts between caring and earning and increas[e] the stresses on caregivers, both paid and unpaid.” (p. 152) The first trend has its roots in both cost-cutting measures driven by health insurance companies and government agencies and also in political activism by disabled persons to obtain services allowing them to live independently (p. 154). Both influences rely on an unquestioned assumption that “the home offers a superior environment for the patient.” (p. 154) However, patients are being sent home “quicker and sicker” than they have ever been, increasing the caring burden on family and friends, and the care-work required is increasingly more technical and complicated (pp. 154-55). Glenn writes that care coercion is especially likely given the changing circumstances and can occur in at least four ways: 1) a person’s status position may compel them to “take on a disproportionate amount of high-tech care,” 2) there may be no alternative care solutions, 3) caregivers may “lose aspects of their identities and personhood,” and 4) “opting out” may become impossible once the caregiver has initially assumed the responsibility of home care (pp. 157-58). Be-

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28. Id.
cause most policy analysis of home-care “focus[es] on the welfare of the care receiver,” caregivers’ “needs and welfare” are rendered invisible (p. 160).

The second trend Glenn identifies is the intensifying dismantling of welfare programs for single mothers. Glenn goes through the bleak history of the welfare system likely familiar to most readers. In the Progressive Era, state Mother’s Pensions developed “as a means to allow poor women to raise their children at home rather than neglecting them or placing them in orphanages.” (p. 162) It extended only to widows and deserted mothers; other women deemed “unworthy,” including all minority women, were excluded (p. 163). The federal government took over during the Depression but the racial disparities continued; minority women were generally deemed “employable” and thus ineligible for aid (p. 164). The civil rights movement forced the program to expand to include non-white women but, nevertheless, “[p]ublic assistance programs consistently treated African American mothers’ caring as less worthy than that of white mothers.” (p. 166) As the public perception of welfare recipients fell, “welfare reform” led to Temporary Aid to Needy Families in 1996 (p. 166). It aimed to “reduce dependence of low-income families on government aid, promote employment and self-sufficiency, promote marriage, and reduce births outside of marriage.” (p. 167)

But Glenn argues persuasively that what it has done instead is to further devalue the care-work that low-income and minority women do and, even more disturbingly, make their care-work even more difficult to perform to their own satisfaction (pp. 166-74). While high-income women’s care-work is valued and even respected, low-income women are perceived as dependent unless they work outside the home.

The final trend is that of “neoliberal economic restructuring that has displaced people from traditional means of livelihood” in the global south and brought them to the United States “in search of work so as to support their families.” (pp. 10, 181) Many female migrants, especially when undocumented, can only find jobs in the service industry, both formally and in the gray market (pp. 178, 181). Glenn writes that employers favor immigrant women “not only because they are cheaper but also because they view them as superior caregivers.” (p. 180) The workers’ undocumented status allows employers to gain even more control over their employees, producing a power relationship of overwhelming coercion (p. 180). These women are forced to do care-work in other people’s families, reinforcing their second-class status and further devaluing care-work in the United States.

Coercion, Glenn concludes, continues to shape care-work, “even if the outward appearance of the forms may have changed.” (p. 182) Slavery, debt bondage, and Americanization programs may no longer legally enforce our understandings of care-work, but the work continues to be coercively “shaped by political and economic forces, social policy, and popular discourse.” (p. 182) Her book is thus a study of continuity, rather than upheaval: “more women than ever before are being forced to care, in new and problematic ways.” (p. 182)
TOWARD A CARING SOCIETY

Fortunately, Glenn does not leave the reader with this dreary conclusion. Instead, the entire book is a basis for questioning some of our underlying assumptions about care-work and care-workers. First, society views the family as the “proper location for meeting dependency needs” and family members as under a moral and legal obligation to do this work (p. 184). Second, because “gender, class, race, and citizenship status are central axes in the social organization of caring,” the burdens of care-work are placed disproportionally on the shoulders of the most oppressed members of the population (p. 184). Third, because caring has historically “been associated with lack of freedom,” even “paid caring labor is expected to operate outside of the vaunted market principles valorized by economists.” (pp. 184-85) Because care-work is performed in the home, performed by the most oppressed members of society, and often performed because of economic coercion, the low status of care-work and care-workers is self-perpetuating (pp. 184-85).

But it doesn’t have to be this way. Although Glenn does not advocate specific policy recommendations, she has successfully questioned the basic structure of care-work in society. To fill the void, she envisions a society in which caring is valued. Caring must be “recognized as ‘real work’ and as a social contribution on a par with other activities that are valued.” (p. 188) Care-receivers must be “recognized as full members of the society and accorded corresponding rights, social standing, and voice.” (p. 188) And, caregivers must be “accorded social recognition and entitlements for their efforts similar to those who contribute through other forms of work.” (p. 189) For this to happen, however, certain conditions must be met: “[c]aring is recognized as a community and collective (public) responsibility rather than as purely a family (private) responsibility”; access to care is distributed relatively equally, as in the push for universal healthcare; and the “responsibility and actual work of caring are relatively equitably shared so that the burden of care does not fall disproportionally . . . on disadvantaged groups.” (p. 189) Policy-wise, this means we must expand social citizenship rights to:

1. make caretaking allowances and support universal (as in the case of Social Security) rather than being means tested; 
2. have such support explicitly framed as entitlements for carrying out an important citizenship responsibility, not as charity or replacement of a breadwinner’s contribution; and 
3. provide support for combining employment/earning and caregiving, so as to equalize the costs and benefits of caregiving versus earning (p. 192).

Caregivers, whether paid or unpaid, family or non-family, need to be empowered and valued (p. 198). Likewise, care receivers must be “given voice and influence over their care.” (p. 199) When both groups are empowered and given full social citizenship rights, the historic link between coercion and care can subside and both caregivers and care-receivers can receive the respect they deserve.
CONCLUSION

Glenn sets out to show how race, class, gender, and citizenship status force individuals to care and how these factors combine to make care-work undervalued. She largely succeeds. Where she falters, it is a consequence of her sources and not her ideas or analysis. Using better historical theory and compiling a wider range of data would simply make her conclusions more far-reaching. Nevertheless, her book will have widespread appeal to readers in fields from labor law to health care to welfare policy. More importantly, it should define the conversation policymakers, lawyers, and academics will be having as they seek to redefine care-work in America.

Allison Hartry