

Chapter 2: Serving at the Frontlines

With the global outbreak of the coronavirus, the rapid spread of infection, and rising numbers of Covid-19 deaths in spring 2020, governments around the world were swift to take policy measures. They introduced mandates and laws to prevent the spread of the deadly virus, which caused mass infection and rising numbers of people dying from the Covid-19 disease. Lockdown measures, previously unimaginable during times of peace, included shelter-in-place and stay-at-home orders. Businesses, shops, daycare facilities, kindergartens, schools and universities, restaurants, museums, cinemas, theatres, and airports closed. Pandemic emergency measures included curfews and led to travel restrictions or travel bans.¹ Measures to reduce the time people come into contact with one another and restrict, or deny, access to public spaces were aimed at slowing down the spread of the deadly virus and flattening the curve. Entire continents, such as Australia, or countries, like Japan, imposed travel bans and closed their borders to protect their population. At the very same time, governments were under obligation to ensure the continuity of essential critical infrastructure and its operation. Governments defined what counts as essential critical infrastructure and activated regulatory and legal frameworks, ordering the workforce needed for maintenance of essential critical infrastructure to continue working and not shelter in place. Frontline workforce was the official policy term used for these essential workers. While one group of people was ordered to shelter in place, the other group, the frontline workers, was not allowed to stay at home and see to their own safety: they were obliged to leave their homes and continue working. The frontline workforce was made responsible for ensuring the continued and unbroken provision of infrastructures and of care, elements which are essential to human life and survival. All those decreed mandates, laws, and policies went into safeguarding care. This chapter examines the language of war with its militarized imaginaries at the level of pandemic frontline ontologies of

care. It juxtaposes the politics of invisibilizing care expressed through the term standstill with the hyper-visibility of care effected through the term 'frontline' and concomitant expectations of sacrifice and heroism.

On April 3, 2020, when many countries were in their first full lockdown, Kristalina Georgieva, a Bulgarian economist, who since 2019 has been the managing director of the International Monetary Fund, spoke at the World Health Organization Press Briefing. Georgieva stated the following: "Never in the history of the IMF, we have witnessed the world economy coming to a standstill. [...] It is way worse than the global financial crisis."² This diagnosis, which was communicated through the captivating figurative language of the world economy in standstill, was most widely circulated in the global public sphere. The standstill of the world economy was reported by international news outlets around the world, such as the *Financial Times* or the *Deccan Chronicle*.³ Global commentators, representatives of international organizations, and journalists were quick to pick up on the notion of standstill to capture the exceptional situation of the lockdown in its entirety: "Life as we know it has come to a standstill."⁴ Some commentators even went so far as to describe the entire year of 2020 as "the year the earth stood still" on account of completely deserted squares, airports devoid of people, and vacant urban centers.⁵ The word standstill has a wide affective reach and a high metaphorical density. Standstill captures a condition of crisis, where movement has become impossible. Standstill invokes feelings of the state of being stuck and a sense of dread and impossibility, especially if such a standstill is not of one's own choosing but has been imposed upon people, as was the case with pandemic lockdown restrictions. What is of interest is that the diagnosis of the world economy at a standstill betrays a very narrow understanding of what counts as economy and what does not.

Frontline and Standstill

The pandemic crisis required an immediate political response. Pandemic rules and regulations along with situation reports were communicated in public political speeches, global press briefings, and in measures taken to communicate policies as swiftly and widely as possible. In this context of politicians addressing the public, international organizations holding press briefings, and public administrations communicating public pandemic policy and legal frameworks, a new political vocabulary emerged. This pandemic political

vocabulary relied heavily on the use of specific terms in order to articulate the response to crisis and its diagnosis and management. Frontline and standstill were used as political figures of speech in response to the pandemic crisis. As these two words spread swiftly and widely and thus came to be included in what Raymond Williams called a “shared body of words and meanings” when he elaborated his concept of keywords, I kept asking myself with growing worry what kind of political ideas surrounding care, and consequently what kind of public imaginaries, were articulated by these notions of frontline work and the world economy coming to a standstill, while everything had to be done to ensure that all the caring labors, all the essential tasks were, in fact, being continued.⁶ The realities of the pandemic required the workforce in entire sectors, such as the health care sector, the care sector in general, or the essential retail business, to name just a few here, to continue working. The work of those in the paid care sector as well as of unpaid care providers became longer, harder, and physically, emotionally, mentally and spiritually much more challenging. Many of the frontline workers who were obliged to continue working under lockdown conditions were exposed to higher risks of infection, were confronted with Covid-19 mass death, and had to deal with high levels of stresses including pandemic grief, fear and anxiety. Their work went into overdrive, as demands, pressures, risks and dangers increased. The physical, mental, and emotional health of the care workforce was under threat. Yet their labors, and the threats that their continued working under pandemic conditions posed to their own health and wellbeing, are conspicuously absent from the diagnosis of the standstill of the world economy. For these reasons, the political use of the words frontline and standstill stirred my feminist curiosity, but even more my deep feminist worry.

What worried me is that, viewed from a perspective informed by decades of feminist activism and critical scholarship, it did not even come as a surprise to me that the International Monetary Fund pronounced the diagnosis of the standstill of the world economy. As a feminist, one could even go so far as to say that the use of the metaphor of standstill to describe the situation of the world economy under lockdown conditions only confirmed, out loud, the structural devaluation and extraction of care under capitalism: considered unproductive, care simply does not count; such is the extent of economic violence against care in globalized capitalism. Analysis of the gendered, classed, and racialized dimensions of the extraction and exploitation of caring labors from female bodies and minds was central to the emergence of modern feminism in the nineteenth century. Since then, labors of care have informed central femi-

nist organizational policies aimed at transforming the structural conditions of the political and economic systems that had established a political economy of care as extractable and exploitable. Transnational and local feminist activism and international feminist politics today continue to organize around caring labors.⁷ Feminist activists, policy makers, and scholars and researchers have analyzed and collected data on the classist, sexist, and racist dimensions of the systemic exploitation and extraction of care. How this relentless extraction of care from women's bodies and the devaluation of care in the hegemonic economy went hand in hand with a cultural invisibilization and social silencing of care remains less well understood. How the lack of public imaginaries of care induced by the hegemonic economic system has impacted on the ways in which care is thought of and felt socially needs further inquiry and study. The analysis here contributes to such an inquiry by examining the political vocabulary and its cultural effects on public imaginaries of care. Placing the metaphor of the standstill as diagnosis of the world economy against the realities of unpaid and paid care work under lockdown conditions renders legible who and whose work are silenced by this metaphor. All those who were obliged to perform the essential work of care were hardly in standstill. Quite the contrary: they were required to work more, and harder. UN Women observed that "Care Work" meant "Increased Burdens for Women" in the pandemic.

Paid care workers in the health sector have faced increased workloads [...]. The burden of unpaid care and domestic work, which already fell disproportionately on women before the pandemic, has increased dramatically during the pandemic, and data shows that women are continuing to shoulder an unequal portion. Working parents, and mothers in particular, have had to juggle paid work with full-time childcare in the wake of school and daycare closures. The burdens of caring for sick family members and collecting fuel and water, among other tasks that tend to fall disproportionately on women, have also increased during COVID.⁸

The diagnosis of standstill is absolutely brutal when placed against the realities and the enormous amount of demanding, stressful, and exhausting labor required of all those who provide this essential work. There is ample reason for feminist worry because of the political and epistemic ignoring of care implied in this standstill diagnosis. What had me worry even more was the use of the term frontline to safeguard the continuity of essential caring labors, which, at the same time, were completely invisibilized and silenced by the metaphor of standstill. While standstill perpetuates the structural devaluation of care, the

frontline brings war into care. Viewed together, standstill and frontline produce the present-day formation of patriarchal ideology through the convergence of the silencing and the militarization of care. The specific politics of pandemic care extractivism argued through necessity and responsibility is the product of taken-for-grantedness and forced mobilization. This can be seen not only as pertinent to the economy, public health, and policy, but it also has cultural, ethical, epistemological, emotional, and spiritual implications.

How Metaphors Can Be Made Accountable

What follows unfolds a worried feminist analysis, in fact a very worried feminist analysis, of the meaning of the pandemic political keymetaphors standstill and frontline, with the major part of this chapter dedicated to the implications of making use of the frontline as a political idea and as policy framework: which was not only propagated through words, but also through the emergence of a new popular visuality depicting armies of essential workers or hero nurses at the pandemic frontlines. My worried analysis in this chapter proceeds through the methods of reading back and reinscribing literal meanings of the two words standstill and frontline into their figurative use as political metaphors. Literal meanings are understood primarily through material realities and contexts, rather than through historical semantics and etymology. Reading back such material realities and contexts into figures of speech takes seriously the power that metaphors unfold as political ideas. How power relations, and gendered, classed, racialized social norms, and perspectives on nature, the environment, and resources are articulated by metaphors, how metaphors speak to a relational ethics of bodies, minds, and environments in complex interdependencies is rendered legible through the attentive and slow reading of keymetaphors and into how their meaning-making unfolded in public imaginaries, social ontologies, and material realities. Metaphors powerfully draw imaginary, social, and material worlds of meaning together. This makes metaphors so very effective as political ideas. They are imaginary, social, and material at once, and, at the same time, they are claimed to be only figurative and therefore are held less accountable to their meaning than words in their non-figurative use. Here, I seek to raise awareness of how metaphors can be made accountable to the power implications of their meanings. A single metaphor can be associated with wide semantic contexts, which the political use of metaphor strategically brings into play. In the case of standstill and

frontline, these wider semantic contexts are movement and war. How, then, to understand better the ethical and social implications of the semantic webs of movement and war which were articulated by standstill and frontline, the terms that expressed the political response to the pandemic? And how to comprehend the way this response defined the political economy of care in these conditions of crisis? How to relate to these two key metaphors ethically and critically? How to produce an analytical narrative that makes the hegemonic use of metaphors accountable to their power of meaning-making? The word standstill draws attention to the existence of a central economic vocabulary comprising distinct economic imaginaries that derive from terms of movement. The word frontline raises awareness that there exists, also, an economic vocabulary with its associated economic imaginaries that come from the use of terms of war and the military. Economy, then, can be understood through movement and through war. An inquiry into terms of movement and war as central to the history of political economy, and to popular everyday economic imaginaries as well, goes far beyond this chapter and this book. Here, my intention is to deliver some observations that show how standstill and frontline are connected to a larger field ripe for worried analysis. Historically, the term progress, literally defined as movement toward a desired state, has been used to articulate one of the core ideas of modern capitalism.

Today, the term fast capitalism perfectly captures the acceleration and speed-centricity of globalized capitalism in its neoliberal version, which relentlessly requires bodies, resources, and things to move as dictated by the economy. Movement in response to economic conditions also includes the forced movements of economic migration or displacement due to climate catastrophe, ecological ruination, and massive accumulation of debt. In *Capital*, his foundational analysis of political economy as materialist theory, Karl Marx developed a specific analytical language based on terms of movement and on terms of war. Marx turned to signification through metaphors. He deployed metaphors as analytical tools beyond the boundaries of distinct scientific disciplines. Metaphors, even when primarily used for the purpose of analysis, never lose their other dimensions, their connections to realities and their affective effects. Metaphors constitute imaginaries, as they allow readers, or listeners, to open up their thoughts to associations with realities, materialities, ideologies, and politics. Metaphors in Marx serve the dual purpose of anchoring the analysis in scientific objectivity and of making analysis part of political aims. Wanting his analysis to be on a par with the scientific objectivity held to be the domain of modern natural sciences, Marx states at

the very beginning of volume one of *Capital* that the purpose of his analysis is to “lay bare the economic law of motion of modern society.”⁹ Motion describes the physical properties of movement. An object’s state of motion is defined by its speed and direction of movement. Speed and direction are firmly established as key imaginaries of the capitalist economy. Marx’s use of the word motion underlined his claim to scientific relevancy and objective analysis, as law of motion is a direct reference to Newton’s law of motion, and it made terms of movement central to political economy. At the same time, Marx’s writings provide ample evidence that his scientific analysis of the economic law of motion led him to express the social condition created by the capitalist economy using the terminology of war. The capitalist organization of time and the subordination of work to capitalist time is diagnosed by Marx as a form of civil war: “The establishment of a normal working day is therefore the product of a protracted and more or less concealed civil war between the capitalist class and the working class.”¹⁰ Armies, barracks, soldiers, or non-commissioned officers—that is, officers who have been granted the authority to supervise enlisted soldiers by commissioned officers who, in turn, have received their authority from a sovereign power—all figure in Marx’s analysis of the condition of the working class:

The technical subordination of the worker to the uniform motion of the instruments of labour...gives rise to a barrack-like discipline...dividing the workers into manual labourers and overseers, into private soldiers and the N.C.O.s of an industrial army.¹¹

Marx analyzes history under capitalism as a class struggle, which his analysis expresses in terms of war. The vocabulary of war, enmity, and fighting has become central to viewing the economy. Metaphors of war are used in economic theories, scholarly writing in economic studies, and business and economic journalism as well as in everyday parlance: the market is a battlefield; competitors attack one another; companies plan the hostile takeover of other companies. In the economy, some win, some lose, yet others are forever defeated. The frontline is not the only term that views the economy as war. Quite the contrary: the frontline is one word in a whole vocabulary that conceives of the economy as perpetual war.

In this chapter I approach the frontline through its literal meanings. These are connected to the material realities of the military and of armies, with conditions of the battlefield and patriarchal definitions of masculinist values of endurance, commitment, honor, and heroism. I read these literal meanings

back into the term *frontline* used as a political metaphor and a policy term. The *frontline* penetrated essential work and care, on the military's organizational and managerial model based on command hierarchies and strict compliance with orders; the masculinist moral code of honor built on sacrifice and fighting to the death was also followed. Militarized understandings of hierarchy, heroism, and morality, therefore, are deeply inscribed into the metaphorical use of the word *frontline*. The realities of the *frontline* in times of war are defined by atrocities, violence, and woundedness. Historical images of *frontlines* show the disastrous effects of combat violence through wounded bodies, harmed environments, damaged infrastructures, and a general condition of death-making. The *frontline*, which is a highly mobilized space, a space made out of fighting bodies and their weapons organized for battle, is associated with loss. Every *frontline* in military battle leaves behind dead, wounded, injured, or mentally and physically harmed bodies. Every *frontline* in military battle leaves behind wounded environments with the earth, the water, and the air defined by toxic residue, abandoned weapons, and the lasting aftermath of destruction. The metaphor of the *frontline* as a political idea of care is an ideology of violence. It proclaims out loud that care is based on a regime of war. While it was emphasized that war in pandemic political oratory was used as a metaphor, *frontline* is a policy term. In the context of policy and economy, the *frontline*, even though—of course—it still has the semantic properties of a metaphor, is, strictly speaking, not used figuratively, but literally. Understanding this transformation of the word *frontline* from a military war term into a term that is part of the specialized vocabulary of policy and economy allows me to show that the *frontline* not only articulates the lastingness of a deep culture of war within the economy, but was used urgently and acutely for the purpose of the pandemic mobilization of care as a war effort. Mobilizing the pandemic *frontline* of care as part of the pandemic war effort leads to viewing and organizing care through a regime of violence. The *frontline* is a most worrying political metaphor and policy term. From the perspectives of feminist cultural analysis, political keymetaphors have to be examined as a distinct and important part of the history of political ideas and of collective public imaginaries. Because they join the power of meaning to emotions and feeling, metaphors are a very specific tool of communicating ideologies without making an explicit claim to a distinct ideology. The *frontline* as metaphor conveys the ideology of war-fighting and militarization with its masculinist value system. The *frontline* made the war against the virus a global reality and connected care to the ideas, realities, and social imaginaries of war. "In times of war, men [...] are expected to be

able to be transformed into people willing to go through the torture and terror of soldiering, war-fighting, and killing.”¹² In pandemic crisis, all care workers, all essential workers, are expected to be able to be transformed into people willing to fight the virus. Political scientist and feminist war studies scholar Laura Sjoberg, who has analyzed the militarization of masculinities and femininities, observes that “war-fighting requires, then, the military control of masculinity/ies (and by extension, men) asking them to behave as *men*—as soldiers, protectors, and providers—not only for their family or their city or their town but for state and nation, at the risk of all else, including death.”¹³ Analogously, the virus-fighting requires the political control of essential care, with care workers asked to behave as soldiers, protectors, and, ultimately heroes at the risk of all else, including death.

Worried Analysis

Using here the methodology of worried analysis as a specific feminist approach, my central concern throughout this chapter is how the use of military metaphor of the frontline as a political idea for care is, in fact, an expression of the militarization of care and of a new ideology of violent care extractivism, in which care is seen as military duty. In order to understand better what the frontline means with its shift to seeing care as virus-fighting and its militarization of care in pandemic crisis, the first section focuses on today’s militarized care essentialism. I understand militarized care essentialism to be an expression of the most recent transformation of patriarchy and its political economy of care, which is connected to the modern idea of care essentialism as it was shaped by Enlightenment epistemologies and their production of caring femininity and warring masculinity. These epistemologies were central to the historical establishment of the gendered divisions of care and war and, ultimately, the reason behind how modern patriarchy and colonial racial capitalism invisibilized, silenced, and devalued care and, at the same time, led to the persistence of inequality through the extraction and vulnerabilization of care.

Worried analysis takes time. Worried analysis is persistence in uneasiness. It is a continued effort to raise awareness of the space of meaning between the figurative and the literal, in which material realities and social imaginaries have to be understood as co-constitutive. The use of metaphors in politics and policy, in particular the use of metaphors of war and the military, is a distinct

form of how patriarchy takes command (sic!). The ongoing process of patriarchalization is shaped through the establishment and use of keymetaphors, of which the pandemic politics of turning to war and the frontline is an expression. Worried analysis takes time to feel and to think. Here, it takes the form of slow and attentive readings that examine the selected examples with the commitment to feeling-thinking, “sentipensar”, the immense violence and pain caused by the inscription of war into care.¹⁴ From introducing militarized care essentialism, the chapter’s second section moves on to a close reading of the contradictions between the so-called economic standstill and the essential continuity of care, which were rendered legible in the joint press briefing of the World Health Organization and the International Monetary Fund. Along the way, the second section analyzes how the central term of the frontline was surrounded by other terms of war, such as attack or siege, in order to show how the imaginaries of war were unfolded not through one single term, but through a whole new pandemic political vocabulary. The third section examines how the rhetoric of the frontline led to realities of the militarized mobilization of care, using as an example India’s *Covid Warriors*. Concurrently with the political use of the frontline, a new pandemic visuality emerged in documentary photography and painting. The chapter’s fourth section examines key examples of this frontline visuality and introduces the pandemic gaze as an analytical tool to examine how the pandemic frontline ontologies were articulated visually. The reading of visual examples expands the analysis of the frontline as metaphor in political oratory and policy to the use of the frontline in pandemic “keyimages”.¹⁵ Building on the well-established critical feminist, anti-imperial, and decolonial analytic of the gaze as a way of scrutinizing hegemonic ways of seeing, this chapter introduces the pandemic gaze as an analytic to examine pandemic ways of seeing care.¹⁶ The dichotomy between the economy in standstill, with people sheltering in place, and the essential critical workforce at the pandemic frontlines was rendered legible as a relation of seeing and being seen. A politics of ‘we’ as global class opposition between the “caring classes” and those who are not part of the caring classes was visually established through the pandemic gaze and its politics of vision.¹⁷ Those at the global frontline were captured in documentary photographs, drawing, painting, and portraiture and rendered visible to those not at the frontlines. The pandemic gaze was constituted by a ‘we’ of those who finally took notice of the previously invisible essential care workers. The former looked at images of the latter from the safe distance of their homes. This pandemic gaze is spectacularly revealed in Banksy’s painting *Game Changer*, which established the visual keyimage of the super-

hero nurse. Such compulsory heroism, celebratory applause, and the hypervisibility of care was met with resistance by healthcare workers. The fifth section looks at how nurses pushed back against clapping and being called heroes. The chapter concludes with feminist worry and feminist hope. A worried analysis is committed to understanding the ethical and epistemological implications of the power of meaning-making processes—and to not giving up hope that such understanding can contribute to feminist recovery. Reviewing the fields of critical inquiry which were opened up by my critical feminist analysis of the pandemic imperative to serve at the frontlines of care, future feminist work gains a clearer perspective on the immensity of historical violence against care as it underpins the present-day pandemic violence against care. In the name of overcoming this violence and understanding care differently, I introduce the notion of planetary care, which I see as central to the new care feminism of the twenty-first century, of which the feminist recovery plans for Covid-19 and beyond—the focus of the following and final chapter—are a central expression.

Militarized Care Essentialism

Militarized care essentialism is introduced as a tool for analyzing care in pandemic times. The concept of care essentialism has assumed different historical forms at different points in time and is therefore useful to the project of feminist analysis of cultural imaginaries, social ontologies, and material conditions of care beyond the historical moment of the pandemic, when it was transformed into the current version of militarized care essentialism. I will first lay out care essentialism and then move on to introduce militarized care essentialism. Care essentialism is underpinned by Enlightenment naturalism, which marks the beginning of modern scientific sexism and was based on what I propose to call mammalian epistemologies.

The understanding of essentialism follows Marxist cultural theorist Stuart Hall's reading of Marx's 1857 introduction to the *Grundrisse*.¹⁸ According to Hall, "essentialism" denotes "those parts at the core of a concept" which remain "common and stable".¹⁹ Care essentialism refers to how the modern gender system is based on a commonly accepted and historically stable concept of care viewed as women's duty on account of the specific properties and material capacities of women's biological bodies. Enlightenment naturalism provided the epistemologies for this modern gender system and its care essentialism.

The new Enlightenment taxonomy of modern naturalism redefined the human species as mammals. Enlightenment naturalist, physician, and taxonomist Carolus Linnaeus argued that the presence of “milk-producing mammae” constitutes an entire class of vertebrate animals and that human beings are part of this specific group of animals.²⁰ Read in political terms, Linnaeus’ taxonomy connects two different strategic moves. This epistemic shift made it possible to argue that human beings are, in fact, animals and have to be included in what was at the time referred to as the animal kingdom. This meant an enormous political and social reorientation, and even a threat to the status of the emergent modern human subject of Enlightenment Man, who cast himself as supreme and dominant over nature via culture and science. At the same time, though, this new taxonomy actually asserted and even boosted Man’s superior subject position, as men’s bodies did not correspond with the new and highly gendered taxonomy. Only the female part of the human species had the specific biological and embodied nature that provided the justification for viewing human beings as mammals and including them in this new zoological system. This is central to the establishment of modern scientific sexism and the gender system. Modern care essentialism is firmly rooted in the taxonomy of scientific sexism. Women were regarded to be more of nature than of culture and were, consequently, obliged to fulfill the social and embodied care needs of all human beings. This modern gender system had far-reaching effects on all human genders. Based on heteronormative gender binarism, women were defined by the separatist logic of care essentialism just as much as men. Mammalian epistemologies provided the basis for the political and economic arguments and the social ontologies that have it that women were born to care. While women were viewed to be natural carers, men were excluded from the knowledge of everyday care, and to be caring was seen as unmanly.

The modern idea of the independent and autonomous subject was based on a body with clear boundaries, which a female mammal’s body is clearly not. The notion of the modern subject was also based on imaginaries of control, discipline, and strength, with the mind controlling and overcoming physical and emotional needs. Care, tied as it is to both embodied and emotional needs, was therefore at odds with this understanding of modern subjectivity. Mammalian epistemology and care essentialism led to Man having to distance himself from the provision of care as well as from the embodied dependency of his own care needs, which had to be met quietly and silently. Because of the reproductive and nurturing function of mammalian glands, women were

excluded from “public power”, as the “maternal breast became nature’s sign that women belonged only in the home”.²¹ This had far-reaching epistemic, political, and economic effects and drained social ontologies’ access to imaginaries of care based on epistemologies of care. It led to the exclusion of women’s knowledge and the knowledge of care, broadly understood, from the hegemonic knowledge tradition and from what counts as meaningful to public knowledge and politics and as valuable to the economy. Furthermore, this led to new hierarchies among women, with some women expected and forced to perform more caring labors than others. One can trace this, for example, in the history of the modern system of extracting milk from wet nurses, creating new embodied divisions among women which were based on class, caste, and race. Modern care was transformed into the labor of sexualized, racialized, and classed or enslaved human beings. Or reversely, being socially and culturally forced to perform caring labors was central to the formation of modern sexism, racism, classism, casteism, and slavery. At the same time, modern Enlightenment sexism and mammalian epistemologies impacted the historical formation of masculinity and led to men being excluded from the everyday experience of care and even viewed as having no knowledge or understanding of what it takes to care. A gender-critical investigation of the implications of the absence of care in the modern imaginaries of masculinity and what this means to hegemonic understandings of politics and the economy had, until more recently, not been embarked upon in critical feminist analysis.²² Viewed from the perspective of the intellectual and political history of ideas, modern naturalism and its mammalian epistemologies are foundational to the formation of modern structural sexism. Looking at the development of modern medicine and healthcare, this new epistemology can be identified as the reason behind the hierarchies of modern professions, with the scientific knowledge of doctors gendered male and the caring knowledge of nurses gendered female. In broader societal and political contexts, Enlightenment mammalian epistemologies led modern state politics relying on patriarchal values to define the conditions of care, including the specific politics and economies around care under colonial, capitalist, communist, fascist, or neoliberal regimes. In cultural, spiritual, and intellectual terms, these mammalian epistemologies have led to a conspicuous lack of public imaginaries of care, from which we are still suffering today.

Militarized care essentialism, which was the response to the pandemic care needs, penetrated the essentialism of care with masculinist values of militarization. Based on the modern gender system, militarized care essentialism

effectively joins together the imaginaries of care and the imaginaries of war. The modern gender system not only resulted in the profound gendering of the economy based on the idea of the *homo oeconomicus* and the realities of a highly gendered division of labor, but also led to very different expectations of what was viewed as women's national duty and what was held to be men's national duty. The Latin root of nation helps understand this. *Nascere*, to give birth, is the etymological root of nation. The national duty of women was the biological and social reproduction of the nation. This expectation to provide nurture and care as the national duty of women was aligned with mammalian epistemologies. The protection of the nation in times of war and defending the nation against attack and siege, on the other hand, was seen as the national duty of men. Joan Tronto observes that the function of the military is understood as protection.²³ Enlightenment thought not only established modern scientific sexism, which underpins the gendered expectations of national duties of women and of national duties of men, it also gave rise to new notions of modern warfare based on a new military paradigm of professionalism and its novel idea of the male citizen as soldier. Here, one can see the difference between care viewed through essentialism and war viewed through professionalism. To this day, war is closely associated with values and ideals of masculinity.

Historically war, just like care, has been organized through a gendered division of labor, which required of men to be ready to fight and to serve their people or their nations in times of war; which has, in turn, culturally shaped notions of masculinity, in particular military masculinity as the paradigmatic model for male duties and male professionalism. In her 2020 book *War. How Conflict Shaped Us*, historian Margaret MacMillan observed the following: "The assumption that it is the men who should be warriors seems to be almost universal through time and across cultures [...]."²⁴ Militarized care essentialism relied on the historical gender system and forcibly joined together the deeply gendered imaginaries of masculinity and femininity as they are tied to war and to care. Following gender and militarism scholar Cynthia Enloe, "militarization is never gender-neutral" as it relies on "ideas of femininity and masculinity".²⁵ Militarization encompasses a range of values. Among these are most significantly, on the one hand, "dominance, [...], independence, self-sufficiency, and willingness to take risks",²⁶ and on the other hand, "sacrifice, compassion and cooperation".²⁷ While the former qualities are perceived to be gendered exclusively masculine, the latter can be considered feminine as well. The militarization of care relies on combining these values strategically and selectively. Militarization of care projects these values as expectations onto care workers as

warriors, from whom it is expected that they perform self-sufficiently, take high risks, are ready for sacrifice and, at the same time, show deep compassion and a willingness to give everything in cooperation. The profound gendering of care and the profound gendering of war informed the militarization of care essentialism and were inscribed into the social ontologies of the frontline. The frontline served the purpose of overwriting care gendered as female with the masculinization of war, while keeping the structural conditions of feminization unchanged and, in fact, worsening the actualities of care through added pressures. Far beyond the context of regulatory documents or legal frameworks, the widely publicized policy term of the frontline became highly influential over cultural and visual articulations of pandemic care.

Economic Standstill and the Essentiality of Care

At the beginning of April 2020, when Kristalina Georgieva presented her diagnosis of the standstill of the world economy at the joint press briefing of the World Health Organization and the International Monetary Fund, “about half of the world’s population was under some form of lockdown, with more than 3.9 billion people in more than 90 countries or territories having been asked or ordered to stay at home by their governments.”²⁸

I place both the standstill and the frontline in relation to modern economic imaginaries which have, crucially, been articulated in terms and metaphors of movement. Growth and progress, the two main key words of modern capitalism and perhaps even modernity at large, provide imaginaries of the economy in the service of the constant and uninterrupted movement of capital and the maximization of profit. One may also think, here, of other terms of movement, such as acceleration, upturn, flow, or expansion as well as slump or slowdown, which are widely used for describing the state of the economy. Placing these imaginaries of movement, which express hegemonic understandings of the economy, adjacent to the imaginaries of movement that typically connote care is helpful for analyzing the implications of the pandemic key words standstill and frontline. Reflecting on the way ideas of economic thought and realities of economic histories are captured through imaginaries of movement, I came to understand that there is another history of imaginaries of very different kinds of movement that shaped the ideas and realities of care. Movements centrally connected to the understanding

of care are continuity and repetition. Furthermore, care is commonly seen to be a burden and to weigh heavily on the bodies and minds of those who give care. Bodies burdened or weighed down by continuous and repetitive labors of care do not correspond with the economic imaginaries of growth, progress, and acceleration. Quite the contrary: laborious, slow, and repetitive movements are a threat to the fast, unhindered, unburdened, and forever accelerating speed of the economy. These opposing imaginaries of movement that are commonly associated with the economy and with care render evident the fact that care was not only excluded from what counts as economy, but viewed as antithetical and as a hindrance that obstructs the economy's very movement. The imaginaries of movement connected to care come very close to slowing down the economy or even causing times of standstill. From this one can surmise that the kinds of movement needed for the continuity of care presented a threat to the economy. This has to be understood as one of the profound reasons why care was excluded from the hegemonic understanding of what is counted as economy. Historically, the threat of standstill to the economy was very well understood by workers. We may think, here, of the traditional German labor anthem of 1863: "All the wheels shall stand still if thy strong arm so wills."²⁹ The political strategy of strike in international labor movements is the organization of economic standstill. Standstill, therefore, is the economy's worst enemy. What is needed for the continuity of care has either remained disregarded by the hegemonic organization of the economy or even been seen as a threat to keeping the economy running. Conversely, the acceleration of the economy poses extreme threats to the continuity of care.

The more growth and progress accelerated, the more disruptions there are to the provision of adequate care for oneself and others. This is perhaps best understood through how capitalist economies are encroaching on sleep. In his 2014 book *24/7: Late Capitalism and the Ends of Sleep*, art historian and essayist Jonathan Crary lucidly observes that the compulsory idea of a 24/7 economy with the marketplace running uninterrupted is not compatible with the bodily needs of sleep. Those who have to keep the economy running around the clock work longer and longer hours and do not get enough hours of sleep.³⁰ Sleep is being shortened. From the perspective of the economy, sleep presents the threat of standstill. Thinking of the centrality of fast and uninterrupted movement to today's globalized economic world order, standstill is the worst possible crisis, a death threat to the economy as we know it. The actualities of care under accelerated neoliberal capitalism have severely suffered from the effects of the economy's requiring more and more flexibility as it kept speed-

ing up. The diagnosis of the standstill of the economy during lockdown conditions demonstrates not only that the hegemonic understanding of the economy completely silences the tremendous increase in care responsibilities on account of the pandemic, but that the economy has little to offer to the continuity of care. The void of silence around care and the absence of any economy providing for the continuity of care not only left the organization of care to state governance, but it also left open a vacuum. This vacuum was filled by the policy measures of the frontline, which was fully aligned with the imaginaries of war that characterized the political response to the pandemic.

The joint press briefing of the World Health Organization and the International Monetary Fund made clear that the health of the economy is viewed as separate from the health of people. My worried feminist reading of this press briefing focuses on how the imaginaries of war gripped the public response to the virus outbreak. Georgieva's speech contributed to the pandemic war rhetoric, to which she brought the metaphor of the siege. She stated the following: "WHO is there to protect the health of people; the IMF is there to protect the health of the world economy; they both are under siege."³¹ The siege was her choice of war metaphor. A close and worried feminist reading of her choice of metaphor causes me to think about the siege in relation to the attack. Episodes of war produce a specific form of time, with distinct imaginaries of how bodies and environments are under threat. The most striking difference between the attack and the siege is the specific episode of war each of them stands for. Attacks are forceful, aggressive and violent. Attacks are considered to be fast, with the aim of defeating the enemy at once. Key imaginaries connected to the attack are swiftness and unexpectedness. The enemy is surprised by the attack. Those who come under attack—those who have been attacked—can suffer from the effects of the attack for years, decades, or even centuries to come. In contrast, a siege is very different from an attack. Central imaginaries of the siege were formed by medieval warfare. Besieging begins with an attack and can then go on for months. Populations of cities under siege are expected to be resilient. They are expected to not give in, to hold out, to rely on what they have prepared for their protection, to make do with the resources they have and to cope with shortages. For a deeper understanding of the war metaphor of the siege as chosen by the director of the International Monetary Fund, one has to relate the imaginaries of the siege to the imaginaries of the attack as they are connected to Covid-19 conditions. In public political oratory, the coronavirus outbreak was framed as an attack. This is aligned with popular medical imaginaries that engage the war

metaphor of the attack in order to describe what viruses do to human bodies. *Medline*, an online information service by the United States National Library of Medicine, explains what viruses do as follows:

They invade living, normal cells and use those cells to multiply and produce other viruses like themselves. This can kill, damage, or change the cells and make you sick. Different viruses attack certain cells in your body such as your liver, respiratory system, or blood.³²

Military metaphors shape the cultural deep structure between disease and medicine and even disease and health at large. With diseases viewed as the enemy of health scientists, doctors, nurses, and patients are seen to be fighting diseases. The metaphor of the siege builds on the metaphor of the attack. After the swift and unexpected deadly attack of the virus a siege is to be expected. Georgieva's speech invokes the siege in order to describe the condition of the lockdown and what is expected from those who have come under siege. The lockdown understood as siege demands endurance, steadfastness, and resilience of the planet's population. Through the metaphor of the siege, the director of the International Monetary Fund comes close—at least—to obliquely acknowledging the essential continuity of care, which her oratory displaced from the economy. Living on an infected planet under lockdown conditions is much like living in cities under siege: life and survival are under threat from denial of access to food, water, or energy. Life under the conditions of lockdown, much like life under the conditions of siege, depends on preparedness and protection. While the use of the war metaphor of the siege comes very close to addressing the realities of the essential continuity of care during the pandemic lockdown, the notion of economic standstill effectively silenced what has to be provided for continued life and survival. The press briefing renders legible the consequences of the modern episteme of dichotomy, separation, and independency which has dislocated global public health from the health of the world economy. This shows the historical violence of capitalist economies that separated what is needed for the continuity of care from what is needed for an accelerated growth- and progress-centric economy. Not the interests of human health and wellbeing are at the center of the economy, but the interests of capital. The episteme of mammalian epistemologies, which I introduced earlier, was highly influential to the formation of the modern patriarchal organization of the economy with its separation of care—understood as women's world and of no value to the economy—from the hegemonic economy, which was understood as men's world. The lasting

impact of the modern economic gender system became obvious during the pandemic, with the continuity of care widely understood as women's duty.

The patriarchal organization of modern capitalism has led to a subordination of the needs of human beings to the demands of the economy. Put differently, the health of workers was subjugated to—or even sacrificed in the name of—the health of the economy. This has resulted in the exploitation and extraction of care as well as in the dispossession of care as knowledge. In what follows I will focus on the effects of exploitation and extraction and turn to the dispossession of care as knowledge in this chapter's concluding reflections on feminist worry and hope. The analysis of the political economy of capital as developed by Karl Marx remains a critical frame of reference for understanding how maintenance of workers' bodies and health was subjugated to the needs of capitalism. Worker's bodies were defined as labor-power and seen as a source ripe for capitalist exploitation and extraction. Workers were under obligation to ensure they sustained their own labor-power. Health, therefore, was subordinated to the needs of labor-power in the interest of capital. In 1867, Marx writes the following in the first volume of *Capital*:

If the owner of labor-power works today, tomorrow he must again be able to repeat the same process in the same conditions as regards health and strength. His means of subsistence must therefore be sufficient to maintain him in his normal state as a working individual.³³

Labor-power, according to Marx, is provided by the living and healthy body of the worker.³⁴ How is the health of the worker to be maintained? How is their strength restored? How are the means of subsistence provided for? The hegemonic idea of the economy provided no effective solutions for this. Neither did the analysis of Karl Marx.

In the 1970s, feminist Marxists began to analyze the lacunae in the political economy developed in the writings of Friedrich Engels and Karl Marx. Feminist activists, economists, sociologists, or political theorists have critically analyzed the consequences of the historical organization of the daily maintenance of the living body outside of capitalist wage relations. Using the key notion of social reproduction for their analysis of how maintaining and ensuring the continuity of care has resulted in the exploitation of women's unpaid and badly paid labor under capitalism, they are the originators of today's extensive body of critical scholarship on care and on social reproduction theory. This body of work, which has been developed and advanced by feminist scholars and theorists since the 1970s, has always remained in close commu-

nication with women's labor struggles and feminist activism concerned with the systemic crisis of care caused by the patriarchal organization of capitalist economies.³⁵ Since care is essential and constitutive to the continuation of life, capitalist economies have most strategically, cunningly, and violently exploited the condition of essentiality and firmly linked the essentiality of care to women's bodies essentialized as caring bodies. These gendered economic realities were built on the foundational legacies of modern naturalism and its mammalian epistemologies, which were the basis for capitalist economies that transform women's bodies into a natural resource for care. Capitalism erased the essential labor of care and social reproduction from the wage-relations that define the economy. In recent years there has been a renewed interest in this line of inquiry and in making caring labors the focus of feminist analysis and struggle. This has led to a new generation of feminists revisiting and reappraising the formation of social reproduction activism in the 1970s connected to the Wages for Housework movement, founded by Maria Dalla Costa, Silvia Federici, Brigitte Galtier, and Selma Jones, or the Black Women for Wages for Housework campaign, founded by Margaret Prescod. This revitalized interest in social reproduction has also led to a number of recent publications, in particular the new series *Mapping Social Reproduction Theory*.³⁶ On the analysis that the classed, gendered, sexualized, and racialized conditions of caring labor result from capitalist violence across time, today's split between the health of people and the health of the economy originates from the violence of placing the living body outside of the responsibility of the economy or, put differently, of freeing the economy from responsibility for living bodies.

Feminist Marxist theorists have tirelessly pointed out that the conditions for social reproduction are in and of themselves a "product of history" and therefore open to change.³⁷ This finding invites more studies on how the modern conditions of reproductive labor were historically shaped by patriarchal capitalism, racist colonialism, scientific racism, and scientific sexism. At the same time, this finding encourages feminist hope and energizes feminist struggles working to change and transform the conditions of social reproduction and care. With the outbreak of the coronavirus, social reproduction and caring labors have now become a product of pandemic history. I have shown that the diagnosis of the standstill of the economy rendered invisible and silenced the essential continuity of care. Enter the state in shaping care as a product of pandemic history. States used their powers for regulatory frameworks or legal mandates that ensure the continuity and maintenance

of essential care under lockdown conditions. The frontline emerged as the term most widely used for the essential critical workforce needed to maintain the essential critical infrastructure. The continuity of unpaid caring labors in private homes was incorporated into the frontline used by states to ensure the continuity of care. Traditional gender roles were reinforced by the pandemic. Expressions like “moms on the frontline” show how the gendered imaginaries of the frontline expected women to provide care as part of the pandemic war effort.³⁸

Understanding the global frontline of care as a product of pandemic history and realizing the central importance of the state in constituting the frontline imaginaries and the new frontline ontologies of care raises awareness of the state’s role in shaping care as a product of history at any given time. What can be learned from the pandemic situation, in which the state established frontline rules that led to public frontline imaginaries and altered expectations of care, is that more critical research is needed on how states have, in the past, shaped public articulations and imaginaries of care. While the economies of the structural feminization and devaluation of care are well understood, there is no genealogy of public articulations of care as they were historically produced in public political oratory or regulatory frameworks and therefore no easily accessible history of how the state, regulatory frameworks, policies, and public political oratory constituted public articulations and imaginaries of care. Gaining access to care as a product of state history and public political articulations will be helpful to undoing the vast silence around care.

The pandemic presents us with a present-day example of how the state shapes not only legal frameworks and conditions of care, but also care’s public imaginaries. Official mandates and regulatory frameworks that ensured the continuity of pandemic care were based on the understanding of essential critical infrastructure. The following broad definition of critical infrastructure describes it as a “term used by governments to describe assets that are essential for the functioning of a society and economy.”³⁹ The European Commission defines critical infrastructure as a “system which is essential for the maintenance of vital societal functions.”⁴⁰ The U.S. Department of Homeland Security and its Cybersecurity and Infrastructure Agency defines essential critical infrastructure as “both public health and security as well as community well-being”.⁴¹ Critical infrastructure sectors include public health, emergency services, food and agriculture, electricity, drinking water, wastewater, transportation and logistics, communications and information technology, government operations, critical manufacturing, financial transactions, and chemical and

hazardous materials. The official US list of essential workers included the following:

cleaning staff; building security staff; food workers; crop pickers; miners; armored cash transporters and ATM servicers; powerline repair people; truck operators; grocery store workers; the people who cut tree branches away from overhead electrical lines; sewage processing plant workers; road repair crews; bus drivers; plumbers; waste disposers; telecommunication repair people; IT workers who maintain the internet; metal workers; chemical workers; laundromat staff; janitors.⁴²

The term frontline worker is an established term to classify a specific part of the workforce and is used in the context of law, policy, and governance as well as by researchers. The European Parliament uses the term frontline to establish that “frontline workers” are needed for “maintaining basic economic, social and health facilities” and were therefore “exempted from confinement measures and movement restrictions and often had to work in face-to-face situations.”⁴³ According to a poster presentation at the Population Association of America Conference 2022 by Lindsay M. Monte and Lynda Laughlin, working in the Social, Economic & Housing Statistics Division at the U.S. Census Bureau, “essential frontline workers” are all those “who must physically show up at their job”.⁴⁴ Elected politicians as well as high-ranking public officials were soon to give public praise and recognition for the work performed by essential frontline workers, with the militaristic imaginary informing their choice of war-related vocabulary. In March 2020, the website of the New York City Comptroller stated:

If there is any collateral benefit (sic!) to the COVID-19 tragedy, it is that the labor and contribution of those in our social service, cleaning, delivery and warehouse, grocery, healthcare, and public transit industries have finally received the attention and respect that they are due.⁴⁵

Such attention and respect, while of course very important, neither diminish the health risks of the essential frontline workforce nor do they translate into adequate pay.

Science journalist Debora MacKenzie, whose specialization is in infectious disease, highlights the classed dimension of the essential workforce. In 2020 MacKenzie wrote “that a lot of critical infrastructure depends on low-income people.”⁴⁶

Greater vulnerability among low-income people worsens the spread and impact of a pandemic in the most critical parts of the complex system: firefighters, paramedics, police, care workers, the people who produce everyone's food, drinking water, electric power, the list goes on.⁴⁷

MacKenzie's sharp conclusion is the following: "More inequality, and more poverty, means more risk."⁴⁸ Economic hardship has, as studies have shown, exacerbated pre-existing inequalities and presented health risks including growing cases of depression and "mental health deterioration".⁴⁹ The essential critical infrastructures were maintained and continued by the frontline workers. Working at the frontlines presented a high risk of exposure to the virus leading to pandemic trauma or even death. The imaginary of the standstill silenced these realities of the frontline workers. Income injustices, health injustices, and the exploitative and deadly vulnerabilization of frontline workers are the result of hegemonic economic imaginaries which structurally dispossess and annihilate what is essential. This shows that systems solely predicated on economic growth and progress—the so-called health of the economy—and not on the existence, health, and wellbeing of human beings, and particularly all those human beings who provide what is essential for life and survival, are in and of themselves a deadly threat to life and survival. The imaginaries of the frontline effectively posed the pandemic imperative to care. Questions of income justice or health justice for essential workers are effectively deposed by the military ethos of obligation enforced by the frontline mobilization.

Frontline Mobilization and Covid Warriors

The call to the pandemic frontline of care must be understood as part of the general mobilization of essential workers in the name of the war against the virus. "Mobilization is the act of assembling and organizing the national resources to support national objectives in time of war or other emergencies."⁵⁰ This definition of mobilization is helpful in order to understand how care was being organized. With war presented as the political response to the global virus outbreak, mobilization took command in order to forcibly transform care into an obligation so that the national objectives of fighting the virus could be met. Following the view that the virus is the invisible enemy of human beings, roles were recast in terms of mobilization for the global war against the virus. All essential workers were required to understand their work as a war effort

at the pandemic frontlines. Scientists were viewed as “the new generals”, and “economists” were expected to “draw up battle plans”.⁵¹ This forcible pandemic mobilization of care as a national resource in the war effort against the disease is very different from a mobilization for care that would represent a mobilization for actual social and economic recognition, more resources, better infrastructures, and improved working conditions and higher pay for care workers. While the mobilization can be seen as an un-silencing of care, the newly gained presence in public political oratory—which, in light of the viral threats to global public health and human life, foregrounded the essentiality of care as central to the war effort—translated into the social and cultural normalization of expecting from care workers sacrifice, endurance, and even heroic deeds. These public expectations made a banality of the exposure to high risks faced by frontline workers who were obliged to continue working. The health sector, in particular, left many frontline workers without sufficient protective gear and also presented them with challenges of not being able to care adequately for those in their care, as the health infrastructure was overwhelmed and dangerously overstretched. Continuing their work, maybe more than ever before, led not only to physical exhaustion, but also to previously unknown forms of pandemic grief and trauma. To provide just one example here of how traumatic and painful it was to continue working in the healthcare sector under pandemic conditions, I quote the following from a report on the situation of nurses “caring for Covid-19 patients”, published by the *American Journal of Nursing* in August of 2020:

There are refrigerator trucks filled with bodies outside our hospitals. Many of us have to pass by them when we go into work, knowing that among those bodies are the patients we cared for yesterday, and when we leave 12 hours later, some of the patients we cared for today will join them. Even harder to handle is the knowledge that among those bodies may be a colleague or friend, fellow nurses who caught COVID-19 while caring for others. It is heart-breaking and terrifying because we know that we too could end up in a body bag shelved in a refrigerator truck.⁵²

Studies have shown that the frontline condition led to extreme exhaustion as “frontline nurses” faced “enormous mental health challenges” resulting in “burnout, anxiety, depression, and fear.”⁵³ The realities of the global frontline of care were characterized by risk, danger, exhaustion, depression, loss, and death. The imaginaries of the pandemic frontline insisted on bravery and heroism.

The frontline mobilizes a very specific military imaginary: the frontline is the line of confrontation, the position closest to the conflict in war. The meaning of frontline as the foremost part of an army is very old and originated in the early modern period. Over the ensuing centuries the frontline took on the meaning of operations in direct contact with the enemy. Today, the frontline is commonly understood as the military line that is formed by the furthest advanced tactical combat units, and regarded as the physical space where two armies face each other and engage in fighting during a war. The frontline is a space made out of bodies that move. The bodies of the soldiers who fight on the ground are the frontline. They make the war move. Their bodies are the movement of the war. The term frontline captures this movement and joins together concrete physical territories with all their human and nonhuman beings, weapons, infrastructures and other technologies of fighting, conditions of weather, and fighting bodies of soldiers. The term frontline is associated with imaginaries of battles, of death and bravery, sacrifice and heroism, suffering and perseverance. Today, the term frontline is widely used beyond the military context. It has migrated into the economy and the organization of companies. Frontline staff are all “those who interact directly with customers.”⁵⁴ The frontlines of businesses include, for example, desk support and customer complaints. Social services or street-level bureaucracies are understood to be in frontline interaction with the public. Direct contact with customers, clients, or members of the public is understood through the meaning of the frontline, which has historically been shaped by the realities and imaginaries of war. It is profoundly unsettling that direct contact, be it in businesses, social services or street-level bureaucracies, be it at the counter, via phone or e-mail, is viewed as a military operation. On the website of a service learning technology company this connection to the military is well understood: “frontline employees are in the trenches, handling problems, overcoming obstacles [...]”⁵⁵ An article published on a career support website stated that “frontline employees make up 70% of the globe’s work population”. Quoting the findings of “a team of analysts from McKinsey & Company and the Conference Board, a business research organization” who “has studied companies known to engage the emotional energy of frontline workers”, they share that the U.S. Marine Corps was not only included in the study, but that the 100 interviews conducted with them revealed that the “Corps outperformed all other organizations when it came to engaging the hearts and minds of the front line”.⁵⁶ Finding that “discipline” is a key ingredient to their success, the article concludes that companies and the military have the “same critical objectives: speed, responsiveness, and flexibil-

ity.” It is worrying to realize this deep penetration of civilian life and the organization of businesses, organizations, and institutions by frontline imaginaries. Understanding the other as a potential enemy is central to the meaning of the frontline.

The semantic career of the term frontline presents an exemplar for the spillover of military meanings and war imaginaries into civilian realities. Through war terminology and war metaphors, the imaginaries of war and the ideology of enmity have deeply penetrated civilian life. The language of civilian life and life in so-called peace is filled with imaginaries of war. Military imaginaries govern social ontologies. Here, my focus is on the “the ideologies” that are “encoded” in how the pandemic imperative made use of the frontline.⁵⁷ In particular, I am foregrounding the gendered implications of the imaginaries and ontologies of the frontline. All metaphors, especially when they are incorporated into legal definitions or policy frameworks, have, at once, semantic and material consequences. The frontline imaginary forcibly joins together essentiality, conscription, and duty and, at the same time, gives special meaning to frontline work as it is incorporated into the war effort against the virus. Beyond the legal definition, the term frontline allows for the political exploitation of introducing a powerful public image of essential care workers as warriors or soldiers, who have historically been gendered male. Historically, those fighting wars on the frontline have been men and those nursing the wounded have been women. This is the modern gendered political economy of war and care as it emerged since the 1800s. In contemporary usage, the frontline seems to connote that a person’s activity is important. I argue that the military framing of the frontline produced not only hyper-visibility for the pandemic frontline workforce, but also attributed a different cultural and social status and a higher symbolic value by mobilizing military imaginaries commonly gendered male. The global frontline of essential workers is considered key to the war effort against the virus. The essential workers exhibit and perform the political determination to defeat the enemy and are expected, as frontline soldiers of an army would be, to give everything for the shared sacrifice. In the context of the pandemic imperative, the choice of the term frontline for essential work is strategic. It renders clear that essential work is being lent special importance—just as war, in cultural and social terms, apparently bestows special importance on human activities—and, at the same time, it manages to essentialize frontline workers as the ones who are in the first line of contact with the deadly virus. Frontline imaginaries, operating on the level of ontologies, fully incorporated the bodies of those

who provide vital care and maintain essential activities into the war effort by articulating a military ethos of recruitment and duty.

This militarized care essentialism dramatically changed women's work and women's lives under pandemic realities. In December 2020, South African politician Phumzile Mlambo-Ngcuka, who for two terms, between 2013 and 2021, served as the Executive Director of UN Women, published an op-ed titled "Women working on the frontline".⁵⁸ She stated the following:

Globally, women make up 70% of the front-line workforce in the health and social sector. They are the doctors, nurses, midwives, cleaners and laundry workers, working [...] to care for the sick and keep communities safe, often in the lowest-paying jobs.⁵⁹

A key example of this highly militarized care essentialism and women recruited to serve at the pandemic frontlines can be found in the Indian government's organization of the *Covid Warriors*. "Starting in March 2020, nearly 1 million ASHA workers across 600,000 Indian villages were tasked with containing the community transmission of coronavirus. They survey their populations to find suspected COVID cases, monitor patients' oxygen and temperature levels daily, contact-trace, ensure patients complete their quarantine period, and help them get medical care."⁶⁰ Asha, which has a Sanskrit etymological root that means hope or desire, is the acronym for Accredited Social Health Activists. They are central to India's National Rural Health Mission. Since 2005, these voluntary community health workers, whose voluntarism is expected as community service, receive only very low pay, approximately 40 dollars per month, far below the minimum wage in India, from the Ministry of Family and Health Welfare. They are "trained to work as an interface between the community and the public health system." According to the National Health Mission, an "ASHA must primarily be a woman resident of the village married/ widowed/divorced, preferably in the age group of 25 to 45 years" and she "receive[s] performance-based incentives."⁶¹ Healthcare provision in India is characterized by differences of class, gender, and caste. "With less than one doctor for every thousand people, and a medical system stretched to its seams, women have shouldered an enormous burden of care since the pandemic started in India."⁶² In structural terms, there are a number of different interconnected dimensions to be made out in the feminization of mobile health care workers. Mobile healthcare workers have the task of introducing and working toward the acceptance of new health norms, in particular norms having to do with reproductive health, contraception, pregnancy, birth, immunization, and the

prevention of infections. The mobile female health workforce was expected to embrace voluntarism and their low pay. Their volunteered time was seen as an extension of women's domestic caring in the service of the betterment of the community's health.

As part of the political response to the pandemic, Indian Prime Minister Narendra Modi turned the community health workers into *Covid Warriors*. On April 27, 2020, Modi announced "COVID Warriors", which was the "new Coronavirus-related website".⁶³ The purpose of the website was to act as an "umbrella portal to provide information related to doctors, nurses, ASHA workers, NSS, NCC, and people related to these industries are all present on the website. People can look for information on this and even become a volunteer to serve during the Coronavirus crisis".⁶⁴ This militaristic shift had far-reaching consequences, as in "one authoritarian move, one million ASHAs, [...] were transformed into 'frontline fighters' against the disease" with many of them on Covid duty twelve to fifteen hours every day.⁶⁵ In June 2020, Modi stepped up the war rhetoric. Addressing an event at the Rajiv Gandhi Health University in Bengaluru via video conference, Modi said the following:

The virus may be an invisible enemy. But our warriors, medical workers are invincible. In the battle of Invisible vs Invincible, our medical workers are sure to win. [...] The world is looking at them with gratitude, hope, and seeks both 'care' and 'cure'. [...] At the root of India's brave fight against Covid-19 is the hard work of the medical community and our corona warriors. In fact, doctors and medical workers are like soldiers, but without the soldiers' uniforms."⁶⁶

His political praise of care acts had the effect of militarized pressure, articulating a politics of expectation that *Covid Warriors* have to win the war against the virus and prove that they are invincible, while, in reality, health care workers lacked proper equipment and had to cope with enormous stresses and traumas.

Findings of a study on the situation of ASHAs during the pandemic, conducted under the guidance of development researcher, and program manager in disaster mitigation at the Intermediate Technology Development Group in Sri Lanka, Madhavi Malagoda Ariyabandu, were published in the *National Institute of Disaster Management Journal*. The findings included the "mental and physical stress a woman *Covid warrior* undergoes as she multitasks the entire day like taking care of patients at the workplace, fear of contracting Covid-19, PEE's [Personal Protective Equipment] ill fitting, lack of transportation and

sanitation facilities.”⁶⁷ Furthermore, essential care for themselves was under pressure, “as the community health workers “face issues concerning menstruation and lack of sanitary napkins at the workplace. They fail to eat their meals on time as they need to attend to patients or other related matters immediately.”⁶⁸ The political rhetoric of the *Covid Warriors* and its deeply ingrained ideology of “heroes” and “sacrifice”, as diagnosed by sociologist and scholar-activist Christa Wichterich, added pressure and led to thousands of ASHAS contracting Covid-19.⁶⁹ Using an intersectional approach, Wichterich examines interlinked dimensions of inequalities connected to “gender, class, caste, and race or ethnicity” as they “structure the division between productive and reproductive labour”.⁷⁰ With many of the AHSAs Dalits, who “in the Indian caste hierarchy represent the lowest groups and must perform the most polluting and impure work”, the rhetoric of the warrior and the hero has to be understood as an expression of class violence.⁷¹ Prime Minister Modi, frequently using the hashtag #ModiWithCoronaWarriors, was aware of gendered violence and even sexual abuse against the voluntary community healthcare workers, as he stated that “violence, abuse and rude behaviour against frontline workers is not acceptable”.⁷² Yet, instead of investing in structural and infrastructural measures for the protection of community health workers, against sexual violence and from the risks of infection with the potentially deadly virus, Modi encouraged the public to “clap, ring bells or beat plates for health care workers” to “boost their morale and salute their service”.⁷³

Many in the health sector were infected with Covid-19 and died from the disease. In honor of deaths in the health sector, the prime minister “encouraged ordinary citizens to light lamps, and the Indian air force showered flower petals from helicopters on hospitals in various cities.”⁷⁴ Such acts of public symbolic public recognition and the officialdom of militaristic imaginaries served to enforce care voluntarism and present a rhetoric of policing: warriors do not demonstrate, heroes do not strike. In 2020, the ASHAs did precisely that. They organized, demonstrated, and went on strikes. Dressed in their pink uniforms, they demonstrated in New Delhi in August 2020. At their rallies, they demanded “the legal status of full-time workers, better and safer working conditions, and higher pay.”⁷⁵ Together with millions of other so-called scheme workers they went on strike again in September 2020, and they have continued coordinating strikes with the big labor unions since. In 2022, Tedros Adhanom Ghebreyesus, deciding on the awardees of the Global Health Leader Awards, chose to give the award to the entire team of ASHA workers, which they received during the 75th World Health Assembly in Geneva. Tedros stated

that “these awardees embody lifelong dedication, relentless advocacy, commitment to equity, and selfless service of humanity.”⁷⁶ In connection with this award ceremony, the All India Co-ordination Committee of ASHA workers affiliated with the Centre of Indian Trade Unions critically stated that

scores of ASHA workers sacrificed their lives succumbed to COVID-19 and the Government of India doesn't even have statistics on them. Their families are yet to receive the ₹50 lakh [approximately 60 USD] for death due to Covid-19 for frontline workers.⁷⁷

The paradigmatic example of the *Covid Warriors* in India demonstrates the politics of structural uncaringness and the social realities of highly exploitative and deadly care extractivism.⁷⁸ The “responsibilisation of the weakest” was based on demands for selflessness. Care workers were turned into warriors and warriors were turned into heroes. The difference in gender and caste between those in danger out there and those safe at home is clearly exposed in an article by independent journalist Priyamvada Kowshik, which was published in the *Times of India*. Titling her article “Women Warriors Against Covid” and sharing with the public “stories of the faceless (sic!) wonder women fighting on the forefront of the war against the ongoing pandemic” Kowshik writes the following:

What did it take to keep us #safeathome, while a virus unleashed a war? An army, no doubt. An army of people researching, testing, strategising, treating and creating safe spaces—battling against a microbe that had brought the world to its knees. These are stories of some of the female foot soldiers. Stories of women at the forefront, down in the trenches, out on the field who made a difference, putting their lives on the line.⁷⁹

The example of the *Covid Warriors* in India manifests the deep class antagonism with its split between those who have to care and those who are safer at home, which, as I will show in the next section, is articulated in the pandemic gaze. The militarist ideology of an army of *Covid Warriors* fighting the virus is not a metaphor. It is not merely political rhetoric. It created material, social, and corporeal realities. The pandemic world order was based on the class antagonism between those who were forced to fight on the frontlines and those who were not. This class antagonism was visually expressed through the pandemic gaze with its focus on frontline workers and the emergent imagery of highly militarized care heroism.

The Pandemic Gaze and the Hero Nurse

On April 23, just three weeks after the managing director of the International Monetary Fund had diagnosed the standstill of the world economy, the *National Geographic*, an American monthly known for its photojournalism, published an essay “to show the world’s essential workers serving on the front lines”.⁸⁰ Composed as one long visual essay, the piece contains a large number of documentary photographs showing essential workers from different parts of the world. This essay was among the first visual articulations to establish the new frontline imaginaries through photography. Using as my example the lead image of this photo essay I am able to show how the visual tools of documentary photography were employed to create the new imagery of the essential worker as paradigmatic pandemic warrior serving on the frontline. The lead image is central to the articulation of the pandemic gaze. It shows a man at work in an otherwise almost empty street, with only very few people in the background. He is wearing a white full body protective suit with a hood attached to it, which he has drawn tight around his face. A white mask covers his mouth and his nose. Large protective goggles with an orange-brown frame, ready to be pulled down over his eyes again, are pushed up on his forehead. Both of his hands are fully covered with yellow plastic gloves that reach up on his wrists. Only a tiny bit of skin is exposed between his wrists and the protective suit. His left arm reaches across his body and both of his hands are gripped tight around a black rubber hose, which from its metal tube releases a disinfecting agent that forms a big cloud of white mist in the narrow street in Istanbul’s Beyoğlu district. The man’s task is to disinfect the street. His protective suit makes him look as if he were wearing a special kind of uniform. The hose can quite easily be interpreted as a weapon, and the white mist appears to be a powerful chemical agent. If this were a scene from a science fiction film, one would immediately, and without any doubt, take the man to be a sole and brave warrior, who is out on a mission to protect his neighborhood or to defend his city against an alien invasion. In the pandemic situation of April 2020, the image of this man is not read to be of a science fiction warrior, but is easily identified as one of the many “workers who now find themselves at the frontlines of the Covid-19 pandemic” in the words of Rachel Hartigan, writer and editor for *National Geographic*.⁸¹ This photo was taken by Turkish photojournalist Emin Özmen, who is known for documenting human rights violations and refugees. During the lockdown conditions, like other photographers who focus on war as well as on so-called natural disasters and ecological and humanitarian crises, he focused his at-

tention on essential critical labors and helped create the visual imagery of the pandemic frontlines. The lead image captures important elements that render previously unnoticed mundane activities, such as the cleaning of streets, legible as part of the dangerous fight against the spread of the virus. This established the frontline as a distinct perspective of pandemic visuality.

The *National Geographic* essay shows how the visual means of documentary photography were put to use to stage essential workers as warriors, whose protective gear, clothes, gestures and movements made visually manifest that they were fighting at the frontlines with the high risks of exposure to the virus. The pandemic-defining images show nurses, staff at supermarkets, bus drivers, casket makers, food deliverers, pharmacists, doctors, ambulance drivers, fumigation workers, and many other essential workers. I see these images as a new visual genre, which I propose to call frontline visuality. Such images provide visual evidence of the global frontline of care, which was created by government ordinances and legal frameworks that defined essential work as frontline work. Such images also created the public visual understanding of the frontline, as part of the political response to the pandemic, as a war effort against the virus. The images that appear in this photo essay highlight specific elements of the new frontline visuality. These elements include frontline workers wearing masks, plastic shields, gloves, or protective body suits, which made the workers appear to wear uniforms ready to fight the pandemic war. This new militaristic iconography of war visually transformed all kinds of different types of work, such as the maintenance of streets, the stocking of supermarket shelves, or the care of Covid-19 patients, into essential frontline work. Evoking associations of protection, defense, and combat, such imagery is fully aligned with the political rhetoric of “fighting’ coronavirus” and of uniting populations globally in a war against the pandemic.⁸² Images like this one made the previously widely ignored and unnoticed essential work hyper-visible and raised awareness of its essentiality as it changed its image from the work of ordinary workers into the work of courageous warriors. The essentiality of the continuity of care and the imaginary of the frontline were made visually and ideologically inseparable. Frontline images created the pandemic visuality of militarized care essentialism and this makes manifest how frontline imaginaries operated visually on the level of pandemic frontline ontologies.

In the opening paragraph of the *National Geographic* photo essay, Rachel Hartigan, *National Geographic* editor and writer, makes the class antagonism between the caring classes and the others, who are dependent upon their care, explicit as a visual relation between those who are seen and those who see.

Hartigan writes that “we are finally seeing the faces of the people we need to survive.”⁸³ This sentence kept coming back to me and provoked deep feminist worry. Reading this sentence through the lens of feminist worry raises critical and painful questions: Whom does this sentence address? Who is the assumed we of readers looking at the images of essential frontline workers? Who is made to identify with this we? Are we all the people who are now, under pandemic conditions, being found out to be the ones who had previously not seen, that is, who had chosen not to look at the faces of those who perform essential work? “We only see what we look at,” writes John Berger and goes on to argue that “to look at is an act of choice.”⁸⁴ Had ‘we’ made a public and collective choice to not look at the faces of essential workers? What had made such a choice of not looking at the faces of essential workers possible? What about essential workers, the majority of the workforce globally? Are they not assumed to form part of the readership? Are they assumed to not see the faces of other essential workers, who are their colleagues? What about their way of looking at those who depend upon them for their survival? How do they see the faces of those who are inessential workers? The regime of seeing captured in the observation that ‘we’ are finally seeing the faces of the people ‘we’ need to survive exposes the violence of structural invisibility, while, at the same time, it makes manifest new forms of class antagonism expressed in the pandemic ways of seeing care as the war fought by others—whom ‘we’ finally notice—on ‘our’ behalf. My feminist diagnosis looks at the implications of ‘we’. In order for there to be an assumption of the existence of a group constituting a ‘we’, there is, most often, the assumption of the existence of a second group, who are not we, who are they. We and they are understood to be different from each other: ‘we’ are not ‘them’, and ‘they’ are not ‘us’. The political, ethical, social, and cultural understandings of ‘we’ and ‘they’ are as complex as they are contested. With these notions of us and them, us against them, or us for them, global politics is continually being made and remade. With these notions of us as different from them, the globalized structures of racism and sexism were produced. Of the notions of us as superior to them, the histories of genocide and ecocide were the result. The histories of us against them are filled with nationalism, enmity, and war. Yet there exists, also, another way of understanding the histories of ‘we’ through the politics of organizing the formation of a ‘we’: histories of liberation and emancipatory struggles, histories of activism, histories of anti-capitalist, anti-sexist, anti-racist, or environmental movements. In feminist activism, the political idea of a ‘we’, informed by the politics of essentialism, has historically been invoked to articulate the political idea “that

women are a class having a common condition.”⁸⁵ The idea of a ‘we’ in feminism has also been articulated through the idea of universal sisterhood, which invokes a political feeling of relatedness because of a commonly shared condition as women. These figurations of a feminist ‘we’ through the ideas of class or sisterhood have been central to feminist organizing in struggle and solidarity. At the same time, the idea of such a homogenous female subject articulated as ‘we’ women united in feminism has been widely and fiercely disputed as essentialist. In particular, pushing against essentialism was a political feminist reaction to Western modernity’s understanding of women as mammals and as providers of unpaid caring labor in the modern gendered division of labor, which viewed nurturing and caring as a natural resource to be freely extracted.

Historically, caring work was constructed as a biological condition of the nature of women as nurturers and carers. The formation of a political feminist ‘we’ in relation to the condition of women’s lives and existence has, of course, to be understood in relation to the conditions created under specific economic and political regimes as they resulted in oppression, subjugation, discrimination, and exploitation. The creation of these conditions has historically been centrally organized around dimensions of women’s bodies, including their capacity to care and their reproductive function. Women’s bodies were essentialized as caring bodies with the patriarchal gaze rendering care invisible—or visible—in a narrowly circumscribed way, as it is depicted through imagery of maternity or domestic servitude, including domestic slavery. Thinking through and debating the implications of pushing against an essentialist and naturally assumed we, and struggling for a political we, has led to disruptions, rifts, splits, and deep wounds in feminism as well as to an extremely rich and nuanced production of feminist theories and methodologies. This immediate recognition of the pandemic split between those who have to perform essential work and those who do not as a class relation is, of course, owed to critical feminist scholarship, which has diagnosed the historical “mistress–maid”⁸⁶ relationship and pointed out that “the greater liberty of these middle-class women, however, was achieved at the expense of working-class women”.⁸⁷ The social stratification among women, which is part of patriarchal racial capitalism and manifested today in a globalized division of caring labor, is classed and racialized. “Race”, as Marxist cultural theorist and sociologist Stuart Hall writes, “is thus, also, the modality in which class is ‘lived’, the medium through which class relations are experienced [...]”⁸⁸ The same holds true for gender, which continues to be a modality in which class is lived. Decolonial feminist activist and thinker Françoise Vergès has called for “politiser le care” using a

framework that connects the intersecting, yet different axes of gender and race.⁸⁹ Analysis of classed and racialized divisions between women who have to care and women who can pay for care is helpful to understanding the class relation between those who have to work at the pandemic frontlines of care and those who finally notice them in the new pandemic visuality of the front-line. The *National Geographic* essay observes that these workers “have always been essential, but we’re just now noticing them.”⁹⁰ Therefore, the photo essay in the *National Geographic* exposed the endemic violence of class as “the caring classes” were being made visible and documented so they could be looked at by those who did not have to work at the global frontlines of care.⁹¹

By December of 2020, the pandemic gaze was fully established, as evidenced by “Frontline Health Workers” chosen as “Guardians of the Year” by *Time* magazine and put on its cover.⁹² In 2020, the Guardians of the Year were described as follows:

Guardians put themselves on the line [...]. In 2020, they fought on many fronts. On the front line against COVID-19, the world’s health care workers displayed the best of humanity—selflessness, compassion, stamina, courage—while protecting as much of it as they could. By risking their lives every day for the strangers who arrived at their workplace, they made conspicuous a foundational principle of both medicine and democracy: equality. By their example, health care workers this year guarded more than lives.⁹³

The cover, created by illustrator and painter Tim O’ Brien, who specializes in lifelike portraiture and whose work first appeared on the cover of a *Time* magazine back in 1989, quite seamlessly blends photography and illustration.⁹⁴ The cover centers on the half-portrait of one health care worker, who wears a plastic face shield with a white facemask underneath, a light blue hospital gown with a rounded white neck, a black sweater, and a white T-shirt. The chin is slightly raised, the hair is framed by a colorful twisted band, and the eyes are intently focused as they seem to look not at the reader, but beyond, facing the pandemic world. This figure, whose skin color reads as brown, is at the very front of the cover, literally at the frontline, and fills up the space of the cover with the sleeves of the gown of this half-length portrait touching the fine white line next to the bold red frame by which the covers of *Time* magazine are easily recognized. To the left and the right there are chest portraits of two more health workers. The figure to the left wears a turquoise mask and a white coat, and has *sindoor* applied at the root of the hair and a *bindi* between the eyebrows.

The figure to the right wears a black sports cap, eyeglasses, and a white medical shirt with the top buttons open. The figure's nose, mouth, and part of his black beard are covered by light blue surgical mask. There is one more figure to the left, behind the figure with the green mask, who is shown in full color. This figure wears a light blue surgical mask, a white coat, a blue top, and has a stethoscope around the neck. Behind them one can make out the heads of more figures, shown in shades of sepia, and then more silhouettes which dissolve into the white top of the cover. Visually, this implies to the viewers that the health workers who are shown here also represent all the other health workers, whose number goes far beyond what the space of a cover can hold. They are all wearing their pandemic frontline uniforms, their protective masks, and their blue or white hospital clothing, suggestive of a global frontline of health workers who are working together and standing in solidarity with those who need them and are dependent upon them.⁹⁵ The composition and visuality of the cover subtly counteract any notions of the feminization of care. Even though, at first glance, the cover seems to represent gender, ethnicity, race, or age in a very straightforward way, there is a conscious downplaying of gender identity, particularly in the way the central figures are being shown. This can be understood as the visual articulation of the masculinist values and the military ethos attributed to the frontline health workers. Their faces—eyes intently trained on the pandemic world, mouth and nose fully covered—show the determination to “put themselves on the line” as they are ready to “fight on many fronts”.⁹⁶

The article even encouraged readers to purchase a print of the cover. This is of interest, as it expands recognition for health workers to the level of popular esteem, or celebration, that is associated with hanging up posters of popular culture idols for admiration at home.⁹⁷ Such popular forms of visual recognition had previously not existed for health workers, the care sector, or essential workers in general. The cover art also inspired new forms of popular, and commercial visual portraiture of health workers, of which I will cite one example here. Watercolor artist Steve Derrick, a video game developer based in Clifton Park, New York, who devotes his spare time to watercolor painting, found his “inspiration in the faces of health care workers who were honored in *Time Magazine's Person of the Year* issue.”⁹⁸ Painting hundreds of portraits of medical workers, nurses, and doctors, Derrick shares them via Instagram. An article in the local newspaper in Clifton Park, New York, where Derrick paints in his basement, emphasized that he “has managed to honor and capture the heroics of men and women battling on the front lines – a legacy that will far outlive this pandemic.”⁹⁹ What matters to my purpose, here, of examining the condition of

care as defined by frontline imaginaries and of conducting a feminist analysis of the military ethos mobilized for its provision and recognition, is how easily the frontline was popularized as a new visuality of care, celebrated through posters and watercolor portraits, and how readily it was embraced as a new value system expressing the best of humanity. While, before the pandemic, the value system of care was already widely cognate with selflessness and compassion, stamina and courage are pandemic additions that align with the idea of the frontline. The latter correspond with the process of valuation through ideals of masculinization. While selflessness and compassion have, historically, been constructed as feminine virtues of care, stamina and courage have been largely gendered as masculine virtues that are proven at the frontline. While selflessness and compassion speak to the idea of a weak self, which lives in mutual interdependence with others and opens to them through feelings of empathy, stamina and courage represent an understanding of a strong subject rooted in independence, autonomy, and power.¹⁰⁰ The notion of the weak self, introduced here to complicate the implications of the frontline from a critical feminist perspective, resonates with recent feminist theories of resistance as well as a queer/pandemic analytical framework for contemporary social theory. Queer theorist Yener Bayramoğlu and postcolonial theorist and trauma scholar María do Mar Castro Varela introduce the “queer/pandemic” as a distinct analytic framework: they develop their “new theory of fragility” as they argue for the “search for possibilities to train the skills and reflexes that keep alive our capacity for solidarity, empathy, and care.”¹⁰¹ Fragility as the basis from which to understand interdependency, interrelatedness, and inter-vulnerabilities is central to the idea of a weak and porous self, open to feeling and living with others. This is very different from the concept of a strong, independent and bounded self, based on masculinist, militarized, and heroic values which were mobilized and promoted by the frontline.

The hero nurse is, perhaps, the clearest articulation of the effects of the masculinist militarization of what is expected from care workers in everyday language and of the popularization of the pandemic gaze. Heroism is associated with powers beyond the normal, super-powers that can overcome bodily limitations or infrastructural constraints. During the first wave of the pandemic, in May 2020, a new piece by globally famous anonymous artist Banksy appeared on one of the walls of London’s Southampton general hospital. The mostly monochrome, one square meter-large painting shows a young boy looking up at the toy figure of a nurse, which he holds over his head in his left hand. The only color in the painting is the red cross on the nurse’s uniform.

Eyes wide open, cap firmly placed on her hair, face masked, and cape billowing behind her, the nurse is ready to fly. Her left arm is stretched out high in a pose well known from superheroes such as *Batman* and *Spiderman*.¹⁰² The flying nurse, with her war uniform and her cape, which would typically have been worn by nurses around 1900 at the time when nursing emerged as a new respectable profession for women in the wake of the Crimean War, alludes to the essentiality of nurses in the historical theatres of war, and, of course, immediately forms a visual and semantic connection to the present-day war against the virus. The boy, who is much bigger than the toy figure of the nurse, at which he looks admiringly, is kneeling next to a garbage bin. He has disposed of his former superhero figures, a *Batman* and a *Spiderman*: they are now garbage. A new, more impressive superhero has arrived in the form of the hero nurse. Now he is playing with the toy figure of the nurse. The painting inserts the visual figuration of the essential frontline health care worker into the popular visual world of superheroes. Celebrated for decades in comic books and films, superheroes come with their own troubling legacies of ideologically stereotypical and problematic representations which, for a long time, tended to reinforce gendered, sexed, and raced tropes of heroism. Superheroes, as is widely known, have powers that are never exhausted. They never give up, and they never fail. Most importantly, superheroes always win. This translates the expectations of the politics of the frontline of care into what is expected from the nurse as superhero. The expectation is that the nurse has superpowers—which she generates all by herself—and that these powers will enable her to win the war against the virus. Reproductions of the image can be bought online as a mounted print or poster, for example at wall-art.de. While the original was titled *Game Changer*, the online reproductions of this new form of medical pandemic merchandise are named *Real Hero* and marketed as “critical social art for your walls.”¹⁰³ The image immediately became immensely popular on social media and received “2,8 million likes and over 30.000 comments on Instagram”, as reported by the art broker and Banksy expert Joe Syer.¹⁰⁴ The painting “sold to an unnamed buyer for €19.4 million plus costs—the highest ever for a Banksy painting—after fierce bidding at Christie’s auction house in London.”¹⁰⁵ The proceeds from the auction were donated to National Health Service charities. Christie’s auction house stated that “as an artwork, however, it will remain forever a symbol of its time: a reminder of the world’s real game changers, and of the vital work they perform.”¹⁰⁶

While one may think that the superhero nurse presents a welcome intervention into the highly gendered landscape of toy super heroes available for

young children, I want to argue here that the painting deepens the militarized gendering of care through its celebration of the nurse as superhero associated with war and masculinity. Even though “masculinity is a malleable category” it is “always connected to war—when war is present.”¹⁰⁷ Conversely, one can observe, when masculinity is present—it has historically been connected to war. At the same time, one can suggest that, even though femininity is a malleable category, it has always been connected to care. The hero nurse mobilizes deep connections to both femininity and masculinity. Converging child’s play and heroics, the image does not in fact center on the nurse, but on the young boy, who has abandoned his former heroes in favor of the hero nurse, who has taken their place. Discarding one’s old, previously much-loved toys is a gesture of power and neglect, as is the transformation of a health care worker into a super-hero toy figure and visual merchandise, neglecting the realities of care in pandemic times. Super heroes, as is widely known, never work for pay. They can always give their super powers for free and they are always ready to save the world. The celebration of an image of heroism makes invisible and silences the exhaustion, trauma, stress, fears, pains, and anxieties real nurses suffer from. Furthermore, the hand that wields the power to make the nurse fly is the hand of a child clearly gendered male. He has the power to lift the nurse and raise her up. He also has the power to drop her and toss her into the bin, where he previously dropped his other unwanted superheroes. The painting, perhaps unwittingly, exposes the vulnerabilities and risks of what it means to be raised to the status of superhero. Rather than an image of the valuation and celebration of care, the *Game Changer* portrays the violent logics of masculinist powers and dependencies, with the hero nurse, reduced to the status of a toy, dependent upon the hand that lifts her up. The hand is not stretched out give help, support, consolation. The hand symbolizes the power to bestow symbolic value and recognition. The hand does not represent a politics of solidarity, mutuality, or reciprocity.

The *Game Changer* does not provide transformative social and cultural inspiration concerning how to better care for care but, rather, exposes masculinist imaginaries of power and their violent effects of super-heroism. Unlike real nurses, who need to look after themselves, who need to sleep, to take care of their own kin and friends, who have to pay the rent, cannot continuously work double shifts and are dependent upon reliable infrastructure, superheroes are not burdened by any of these social, economic, and infrastructural realities of care. Failure, stress, sadness, depression, or low pay are absent from the world of superheroes. Marketing and selling reproductions of the image under the

name *Real Hero* suggests that the powers of super heroes, understood to be fiction, have now become expected from the real heroes, the nurse heroes. In many places around the world, public consciousness was informed visually and rhetorically by the image of heroism. StreetARToronto started the *Front Lines Heroes Art Project* with a series of murals honoring essential service providers, including portraits of nurses. The hero imaginary was even taken up by the profession in the television special *American Nurse Heroes*, produced by the American Nurses Association, Al Roker Entertainment, and HealthCom Media, which premiered on Thursday, June 24, 2020 on *Discovery Life*. The documentary was announced on *GlobeNewswire* to “feature inspiring true stories of nurses who selflessly provide expert, compassionate care on the frontlines of the COVID-19 pandemic.”¹⁰⁸ With the imaginary of the hero as nurse firmly entrenched in public consciousness, heroism came to be viewed as normal and to be expected from those in caring professions. This not only continues to place essential care outside of the economy and thus disconnects, and depoliticizes, all forms of public recognition of labor struggles or wide public political support for fair pay, but it also comes to consider normal the heightened exposure to risk and death which is historically connected to the ideology of war heroism.

The pre-pandemic silence around essential work and the cultural and social devaluation of caring labors was replaced by militarized hyper-visibility. These articulations made traditional assumptions of caring femininity and military masculinity hyper-visible and informed, as I have shown, a new pandemic visibility of the global frontline of care. The frontline was established as visual pandemic motif, which was primarily articulated through imagery, in particular portraiture, of frontline workers. The imagery of the frontline rendered public the pandemic class division between those in standstill, instructed to shelter in place, and those at the frontlines, who were obliged to leave their homes in order to fulfill their national duty of ensuring the continuity of essential critical infrastructures. In response to and in visual support of the political imperative to fight a war of care against the virus, there was the emergence of popular pandemic imagery that translates the masculinist ethos of militarized heroism circulating in public political oratory and media commentary into a new public visual language of the pandemic. I argue that the violence of militarized care essentialism so easily conquered public imaginaries of care because of the acute historical lack of public articulations and imaginaries of care and the poverty of understanding care as valuable work and a form of useful public knowledge. The legacies of modern Enlightenment epistemologies of separa-

tion, which split bodies from minds and humans from all other living and non-living planetary beings, have to be understood as politics of violence, which ultimately gave rise to defining the provision of care through imaginaries of war and enmity and to militarized care essentialism. The expectations of heroism from essential workers not only led to headlines calling frontline workers heroes or to the visual imagery of nurses as heroes, but also to other forms of symbolic recognition, such as public applause and collective clapping for healthcare workers during lockdown: people in cities around the world gathering on their balconies or at their open windows at an agreed hour in the evening to show their thankfulness and their respect. This shift from invisibility to visibility, from silencing to applause, did nothing to change the structural and systemic conditions of care. Quite the contrary: militarized care essentialism enforced a public view that essential work and care, while finally noticed, was to be expected as a duty which frontline workers were obliged to fulfil for the pandemic war effort. Statements by nurses highlight that care workers were very well aware of these new and violent pressures that resulted from the militarized imperative to care and its imposition of heroism, which was culturally affirmed, and even celebrated, in visual hyper-visibility and public applause.

Stop the Clap, Stop Calling Us Heroes

On April 3, 2020, the very same day the joint press conference of the World Health Organization and the International Monetary Fund took place and the diagnosis of the standstill of the world economy took effect, an American online publisher of medical news and information on human health reported the following: “Worldwide, People Clapping for Hospital Workers.”¹⁰⁹ In cities around the world, people organized and coordinated public applause for health workers and medical staff to show their respect and their thankfulness. “New Yorkers have leaned out of windows, stepped onto balconies or fire escapes, and even climbed onto roofs to applaud hospital workers during the evening shift change.”¹¹⁰ Hashtags like “#ClapForOurCarers” were trending. In Italy, people “shared videos of their neighbors chanting and singing from windows, in an effort to cheer on hospital workers and lift their neighbors’ spirits.”¹¹¹ During the first lockdown, the clapping for the NHS—the National Health Service in the UK—had been named *Clap for Carers*; for the second lockdown, the organizers wanted to bring the applause back, calling it *Clap for Heroes*. *Nursing Times*, a monthly magazine for nurses published in the UK,

titled “Nurses say they do not want return of applause” and reported strong pushback on social media.¹¹² Clapping, and calling nurses heroes, had become political. Commentary diagnosed the clapping as a “hollow gesture” and called “on the public to campaign for fair pay for nurses.” Nurses emphasized that they had “seen too much Covid denial, general abuse and harshness towards the medical profession [...] to fully believe the sentiment is real” and that they wanted “people to stick to the guidelines and for the government to raise wages for nurses.” In particular, the term hero was viewed as dangerous. “We aren’t heroes or brave. We are educated professionals with careers in nursing”, stated Vickey Bintley, one of the persons quoted.¹¹³ Kirstie Hill, another of the persons quoted in the article, observed that “they believed hero was a “dangerous” term, because it “implied invincibility”. “We are not invincible and when we do say we’re struggling, we’re not believed.”¹¹⁴

Already in July 2020, David Berger, an Australian remote general practitioner advocating outspokenly for public health education and Zero-Covid, had published an opinion piece in the *Sydney Morning Herald*: “Please stop calling healthcare workers ‘heroes’. It’s killing us.” Berger lucidly diagnosed a necropolitical normalization of death that is characteristic of militaristic and emotionalized reporting on the deaths of health care workers. He writes:

The military rhetoric in emotional news reports of healthcare worker deaths has normalised the notion that healthcare workers caring for sick patients will inevitably die of COVID-19 contracted while doing their duty, when the truth is that this doesn’t have to be normal at all.¹¹⁵

Insisting on not being “soldiers in some kind of war” he states: “I don’t recall pledging to unhesitatingly sacrifice my health or my life to protect my patients, when that risk was entirely due to organisational incompetence and negligence.”¹¹⁶ In 2021, the WHO published a working paper on the impact of Covid-19 on health and care workers coming into close confrontation with death. The WHO estimates that “between 80 000 and 180 000 health and care workers could have died from COVID-19 in the period between January 2020 to May 2021, converging to a medium scenario of 115 500 deaths”. Yet the actual number of deaths may be much higher, as the “figures largely derive from the 3.45 million COVID-19-related deaths reported to WHO, a number that by itself is proving to be much lower than the actual death toll (60% or more than reported to WHO).” The report states that there is “mounting evidence that the number of deaths due to COVID-19 among HCWs is much greater than officially reported.”¹¹⁷ In India, where *Covid Warriors* was the political term of

choice for healthcare workers, the public viewed them as heroes who were under the obligation to be the “foot soldiers of India’s battle to improve public health”.¹¹⁸ The “Indian state government” had initially “knowingly put ASHAS at a high risk of contracting COVID-19 by failing to provide proper protective equipment like masks or gloves” and “ASHAS were injured, infected, or died as a result of their work.”¹¹⁹

Political metaphors can be very dangerous, even deadly. The imaginaries produced by the frontline as a designation for essential workers, along with the expressions of the pandemic gaze—which made hyper-visible the masked faces of those who had to perform care across many different sites of care, in hospitals, in intensive care units, in nursing homes, and in private homes—articulated the expectation that caring classes had to be heroic and selfless. The re-gendering of care through its association with masculinist values of warriors and heroes articulated a militarized care essentialism based on an ethos of war, which moved all frontline care workers closer to associating the profession with exposure to high risks and death. Overstretched and failing provisions by states and the existence of a profound class antagonism between the caring classes and the others led to new forms of structural carelessness and “necro-care, a unique mode of care in which the death of certain individuals is an integral part of care for others”.¹²⁰ This philosophical and theoretical understanding of necro-care builds on analytical lineages of “necropolitics”, as introduced by Achille Mbembe, and of “necroeconomics”, as written about by feminist sociologist Beverley Skeggs in the context of the pandemic.¹²¹ This approach to care assumes the power to decide over life and death. This is the ultimate expression of the deadliness of power produced and delivered in the name of care.

Hands that clap can easily stop clapping. A hand that firmly holds a toy celebrating the nurse as superhero can easily drop its new hero and bin it alongside other toys no longer needed. Recognizing and celebrating what is essential through symbolic gestures aligned with metaphors of war-heroism is harmful. With the pandemic fully exposing the crisis conditions of public health, social care, and care in general, the frontline allowed talk of an acute crisis, while camouflaging the pre-existing conditions. Reasons for the crisis in care include austerity measures, shortages of equipment, and lack of infrastructural investment, combined with the rampant bureaucratization of care as well as shortages of personnel. The low pay in the care sector also presents a form of crisis made permanent, as many working in low-pay sectors—many of them women, who continue to have more care obligations—have to work longer and

longer hours to prevent impoverishment and are thus faced with increasing levels of exhaustion and less time for care for themselves and others.

The pandemic imperative to care at the frontlines shows that the borders between essentiality, essentialism, and conscription were being redrawn. The military imaginaries embedded in policy frameworks, political rhetoric, and public commentary reordered the social and material actualities of caring work. The term frontline has strong connotations of crisis, risk, and death. The frontline is the mobile frontier of crisis, its *avantgarde*, meeting the crisis first, wherever and whenever it hits. Frontline imaginaries and war heroism came to define the realities of essential frontline workers. They were obliged to fight a war against the virus. The notion of essential frontline work invoked heroism with associations of masculinist honor and bravery. With heroism normalized as social expectation, care workers were viewed as foot soldiers serving at the pandemic frontlines, as a vaccination army and as hero nurses. After wars, soldiers returning from the frontlines went on to live with bodies that had lost limbs, and struggled with shellshock, with emotional, psychological, and mental illnesses and post-traumatic stress. Because of the pandemic war, care workers live with grief due to pandemic death and loss, traumatic stresses, exhaustion and chronic fatigue, and the impact of long Covid. There is also awareness of the effects of militarized hyper-visibility and new pressures on care due to social expectations of compulsory heroism. Moving care as virus-fighting into the masculinist tradition of war will leave behind physical, mental, emotional, and spiritual scars and wounds that will be difficult to diagnose and heal.

The public visibility and celebration of care must not be confused with structural change. In fact, celebratory gestures expressing honor and gratitude are not at all helpful to labor struggles organizing for adequate economic recognition of essential work and for acknowledgement of demands to transform the world economy in such a way that essential work is actually placed at its center. Such gestures, even though perhaps unintentionally, contribute to confusing symbolic recognition. The realities of work in the care sector have actually worsened. Because of the pandemic working conditions, many in the sector are now physically and mentally ill, and even unable to continue working. In July 2022, Kelly Fearnley, who is a foundation doctor at Bradford Royal Infirmary, and Shaun Peter Qureshi, who is a specialist registrar in palliative medicine in Glasgow, published a joint article titled “Who’s clapping now? UK healthcare workers with long Covid have been abandoned” in the *Guardian*.¹²² The two authors report that thousands of healthcare workers are

suffering from the chronic illness and disability of long Covid. These health-care workers acquired the infection in the workplace. Now these very same workers, who risked their lives for others to whom they provided essential care, are faced with disciplinary procedures, the risk of losing their jobs, and financial destitution.

Meanwhile, as tens of thousands of us NHS workers face this precarious and frightening situation, we cannot help but feel we have been treated as though we are expendable, and are now being abandoned. Somehow the faint memory of people clapping and banging pots and pans on Thursday evenings doesn't quite make up for it.¹²³

Living the afterlife of infection and with chronic illness, essential frontline workers are faced with failing support and an absence of actual social and economic recognition for having delivered essential frontline care. The crisis of care is deepening, as the virus continues to mutate.

Feminist Worry and Feminist Hope

The imaginaries of the frontline, operating on the level of military ideology, led to the formation of frontline ontologies of care, which was supported by the conspicuous silence around care in the hegemonic view of the standstill of the economy. My examination of how public political oratory, policy, and publicly circulating pictures redefined and re-gendered care through frontline imaginaries, militarized care essentialism, and hyper-visible heroism has introduced feminist worry as an analytic. Feminist worry, at once an ethical stance and a methodological orientation, directed at public imaginaries of care, also opens up new fields of future inquiry dedicated to examining how political oratory, policy, reporting, and public imagery have, in the past, re-defined care in times of crisis and beyond. Political speech in times of crisis relies on metaphors. Terms like standstill or the frontline raise awareness of the need for more feminist cultural analysis in order to understand better the interconnectedness of political, economic, and military imaginaries, and in particular crisis imaginaries, as they impact on the ontologies of care. A critical feminist analysis of terms of the military and of war is needed in order to understand better what it means that so many of these terms have migrated to contexts beyond the military and actually unfold their deep meaning in many different contexts beyond times of war and the military. Militarized and

warring cultural and social imaginaries have profoundly shaped how human beings relate to one another and all other living and non-living beings on the planet in times of so-called peace.

The way in which states and economies have worked together to produce pandemic care also requires us to think of future analysis on how historical care regimes were organized and what the specific roles of the state and of economies were in this. Care, understood through the historical conditions of political and economic regimes and their specific violence, will need to be more extensively studied. This requires future inquiries on imperial care, “colonial care”, fascist care, socialist care, communist care, or welfare care. Such critical analytical work will lead to a more complex understanding of the impacts of ideologies and imaginaries on care practices and allow for a widening understanding of the functions and doings of all those responsible for creating the conditions of care, who include, among others, politicians, policy makers, scientists, educators, and the whole range of different care workers as they are historically specific.¹²⁴ This will have to centrally include intersectional approaches to sexism, racism, classism, and casteism in the organization of all essential work, along with a deeper understanding of how caring labor, understood as feminized, relates to other forms of essential work, which were historically masculinized.

My observations on the visibility of care under pandemic conditions and my reading of the frontline imagery led to my diagnosis of the pandemic gaze. This analytical framework of the pandemic gaze suggests a wider historical investigation in order to understand, in visual and epistemic terms, the formation of the modern gaze on care with its public articulations of care imaginaries across social, political, cultural, aesthetic, spiritual, and religious contexts. This will necessarily have to include the study of how imagery and imaginaries of care were visually articulated in previous times of public health emergencies and pandemics.

There is an urgent need to understand better the poverty of public articulations and imaginaries of care which, as I argue, have been caused by the centuries-old dispossession of care as knowledge. This lack of knowledge and its concomitant lack of language and articulations is hugely damaging. If the knowledge of care had informed modern epistemologies, politics, and economies, we might today have a rich and complex knowledge of care and established epistemologies of worry and of hope. Worry and hope are learned, experienced, and practiced with care. The interlocking devaluation of class, caste, race, gender, sexualities, and the environment, which is foundational

to patriarchal epistemologies and their ways of knowing, has excluded the knowledge of care from what is considered valuable knowledge. This has violently harmed the understanding of knowledge and deprived ways of knowing of the resources to know how we relate to one another and the planet with worry and with hope.

My critical feminist analysis of the response to the pandemic catastrophe in terms of war and militarization started from worry. Worry, therefore, has to be understood as central to feminist epistemologies. Worry is a method that comes from the knowledge of care. Marxist feminists have pointed out that care is a product of history. This allows the following thoughts. If care is a product of history, then there is hope that the conditions for care can be changed. If the knowledge of care is a product of history, then the knowledge of care can, in fact, be made central to the organization of politics and economies, which would not displace care but put its essentiality and continuity at the center of how they organize the conditions for care. In Covid times and beyond, care has to be understood as a product of pandemic history. Feminist worry, as a method, has allowed critical analysis of how the political response to the pandemic resulted in militarized care essentialism. Feminist worry raises awareness of the harmful, exploitative, extractivist, and deadly consequences of these frontline ontologies of care. Such analysis is needed in order to understand what present-day and future feminist work is up against and what feminist hope needs to counteract and overcome. Worry and hope in critical feminist cultural analysis are helpful to understanding how care is shaped as a product of history and what needs to be changed so relations to interdependencies, inter-vulnerabilities, and complexity are placed at the center of organizing care differently. Working against the necroeconomics and necropolitics of care extractivism and the dispossession of care as knowledge is central to new forms of feminist activism, thought, and organizing in the twenty-first century.

Through the novel care feminism of the twenty-first century, one can learn that care is planetary. While not all feminist organizing and activisms are connected with all the different interdependent and interconnected dimensions of care, there is rising awareness of how the historical epistemologies of separation that split the public from the private and human bodies from their environments, also known as nature, have been most harmful to the essential continuity of care, in which all human bodies and minds, living and non-living beings, environments, technologies, and infrastructures are interconnected and interdependent. Such is the complexity of care that epistemologies of split-

ting—separating minds, bodies, environments, technologies, and infrastructures from one another in order to enact power relations of subjugation—always result in violence. Therefore, care has to be understood through planetary interconnectedness, interdependencies, and inter-vulnerabilities. Today, this means finding new caring ways of relating to and living with our infected planet, with the Covid-19 pandemic and future pandemics resulting from the Man-made careless ruination of the planet. Understanding how this pandemic introduced the imperative to serve at the global frontlines of care provides insights into the immensity of violence and the warification of the mind, the consequences of which current and future feminist work will have to repair and overcome. Analysis of the forcible outsourcing of care to global frontlines of essential workers leads to understanding how care workers have been subjugated to new forms of care extractivism presented as the national political duty to care. At the same time, the harms of pre-existing care injustices have not even begun to be taken care of so they can start to heal. All this will result in new care divides and heightened planetary care injustices.

Feminist work for planetary care not only responds to care as a product of contemporary pandemic history, but also to care as a product of previous histories of care violence and structural carelessness.¹²⁵ Planetary care views the whole planet as a territory of care consisting of interdependent sites of care with locally distinct care needs that arise from uneven and unequal histories of carelessness, uncaring, and neglect. While care needs are always locally distinct, the ways in which they are taken care of—or not taken care of—have planetary consequences. Understanding care as planetary, in political, economic, and ethical terms, needs new imaginaries and ontologies. Feminist recovery plans, which emerged as a feminist response to pandemic conditions, and the collaborative local and transnational efforts of feminist policy, care workers, activists, grassroots organizations, researchers, and scholars behind these recovery plans, introduce such new care imaginaries. These feminist recovery plans for Covid-19 and beyond are the focus of the following and final chapter of this book.