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Abstract

This paper investigates a moral conflict that care workers, defined as workers who care for dependent others, confront when they go on strike. Care workers who confront decisions about whether to go on strike are, in my analysis, caught between impossible options: Should they prioritize the needs of those who are currently dependent upon them, and forego striking, or prioritize their long-term ability to provide the best possible care, and partake in strikes? I argue that care workers who confront these decisions are often caught in a tragic moral conflict where “moral failure” is inevitable. However, I argue that we should place blame for said moral failures not upon striking care workers themselves but upon employers and others responsible for creating the decision contexts in which care workers must morally fail. I also argue that those responsible for creating the decision contexts in which care workers must morally fail are guilty of various moral and material harms to care workers.

Keywords: moral failure, moral conflict, care work, labor, unions, strikes

After a long period of declining strike activity in the US, the tactic is once again showing signs of life. Teachers from every county in West Virginia went on strike for close to two weeks in March 2018, completely shutting down the state’s public education facilities. The strike was so successful in convincing the state government to cede to teachers’ demands that teachers throughout the country—including teachers in Oklahoma, Arizona, North Carolina, and Colorado—followed suit, launching strikes of their own under the banner of the “Red for Ed” movement (McAlevey 2018a, 2018b). In a different sector, nurses at Tufts Medical Center as

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well as at Baystate Franklin Medical Center went on strike in 2017 (McAlevey 2017). In summer 2018, hundreds of nurses went on strike at University of Vermont Medical Center (D'Ambrosio 2018). In 2015, 2,600 mental health professionals employed by Kaiser Permanente went on strike for over a week (Papazian 2015).

A fascinating feature of the strikes² just mentioned is that they all involve care workers. Many care workers, including ones involved in the strikes referenced above, go on strike for reasons related to their roles as carers—claiming that improvements to their pay, benefits, and working conditions will enable them to provide the highest possible quality of care.³ Because empirical research supports the claim that substandard working conditions do in fact undermine the quality of certain types of care work (McHugh et al. 2011), as well as the claim that strikes succeed in improving pay, benefits, and working conditions (Burns 2011; McAlevey 2016), the decision to go on strike as a means of improving quality of care seems reasonable.

However, when care workers strike, they confront a moral conflict that striking workers in other sectors do not typically face. When workers at an auto factory go on strike, the primary consequence is that they undermine their employer's ability to make a profit. By contrast, through striking, care workers deliberately abandon their role-based obligations to provide care to specific individuals who are dependent on them. Care workers are then caught in a moral conflict: should they prioritize the immediate care needs of those who are currently dependent upon them, and forego striking, or prioritize their long-term ability to provide better care, and partake in strikes?

Care workers thus face a unique moral conflict that this paper aims to illuminate. I argue that care workers who face decisions about whether or not to strike are often caught in a moral conflict where they must choose between impossible options.⁴ Care workers who confront this conflict often experience feelings of "moral failure"—and attendant moral emotions such as regret, shame, or guilt—whether they choose to go on strike or not.

² Not all of these actions were labeled by workers as "strikes," though they fit that description. In some cases, workers chose instead to describe their actions as "walkouts," because of legal consequences to striking in their areas; see White (2018).

³ This is evidenced by the frequent use of slogans like "Teachers' working conditions are students' learning conditions," or the parallel, "Nurses'/social workers'/therapists' working conditions are patients' healing conditions." See, e.g. West (2018).

⁴ To be clear, performing each leg of the conflict is possible; what is impossible is doing both actions (striking and not striking) simultaneously.

While philosophers have addressed this issue insofar as it applies to strikes by a specific subtype of care workers—particularly health-care workers like doctors and nurses⁵—this paper differs from that body of work in two ways. First, it aims to extend some of the observations of that literature: I argue that the conflict nurses face when considering whether to strike generalizes to other forms of care work. Second, even within the literature that highlights practical conflicts that health-care workers face when considering whether to go on strike, existing discussions do not center the moral emotions that striking workers themselves experience as they confront this conflict. Taking up a perspective that centers the moral experience of striking care workers has the following advantages. One is that it allows us to see that when there are broad institutional failures in the social provision of education, health care, and so on, failing institutions often force care workers into situations where they *must* morally fail. This is a form of harm to care workers, as I will argue. Another is that taking up the perspective of striking care workers allows us to see how the existence of this conflict shapes and constrains the tactics that care workers employ when going on strike—in both a prudential and moral sense.

Section I defines care work and draws some distinctions that will be important for the subsequent discussion. Section II discusses the ways in which care workers experience decisions about whether or not to strike, highlighting the conflicting moral emotions often involved. Section III argues that we can best make sense of these emotional responses through an analysis that sees care workers as confronting a moral conflict. Section IV illustrates how the existence of this conflict constrains the range of tactics that care workers employ when engaging in strike activity. Section V articulates what I take to be the primary upshot of this discussion: we should place blame for these moral failures squarely upon the shoulders of employers and other powerbrokers who make up institutions of care provision, rather than upon striking care workers. The final section raises some complications for the account that I have provided and poses some additional questions for future work on the subject.

I. Care Work: Definitions and Distinctions

For purposes of this paper, “care workers” are those who are responsible for caring for dependent others. One is dependent upon others if one must “rely on the care of other individuals to access, provide or secure (one or more of) one’s needs, and promote and support the development of one’s autonomy or agency” (Dodds 2014, 183).⁶

⁵ Neiman 2011; Tabak and Wagner 1997.

⁶ Some authors employ broader definitions of care work, such as this one by England, Budig, and Folbre (2002): care work consists in providing “a face-to-face

The people who perform care work so defined include many people who are paid for it as well as many people who are not. Professions where people are typically paid to perform care work include teachers, nurses, childcare workers, eldercare workers, therapists, and social workers, among others. Roles where people are not typically paid to perform care work include parenting and child-rearing as well as care for elderly, disabled, or sick family members.

Whether they are paid or unpaid, care workers are usually women. For example, 77% of public school teachers in the US are women (NCES 2019). Some data suggest that about 90% of Registered Nurses (RNs) in the US are women; an even higher percentage (about 93%) of Licensed Practical Nurses (LPNs) are women. Women of color in particular comprise the largest demographic group within the home-care workforce (Newkirk 2016). The Family Caregiver Alliance (2019) estimates that “upwards of 75%” of all unpaid caregivers are women, and that women “may spend as much as 50% more time providing care than males.”

I focus on strikes by paid care workers in what follows, because strikes by paid workers offer clearer examples of the conflict that I mean to elucidate.⁷ Developing an account of how the moral conflict described below applies to unpaid care work is a fascinating subject that is beyond the scope of this paper. That said, I will return briefly to the subject of unpaid care work—insofar as it interacts with paid care work—in the final section.

II. Experiences of Care Workers on Strike

Care workers who face decisions about whether or not to go on strike often confront complex moral emotions in the process, in which they feel caught between impossible options. They describe the status quo as intolerable and as creating

service that develops the human capabilities of the recipient” and where “human capabilities” include “physical and mental health, physical skills, cognitive skills, and emotional skills.” Care work thusly defined will include many professions which do not involve caring for dependent individuals: piano teachers, personal trainers, etc. If one prefers this broader definition, then the rest of my argument will apply only to the subclass of care workers whose roles consist in caring for dependent others.

⁷ Furthermore, even though I take the broad shape of what I say to apply to strikes by unpaid care workers, some of the terms that I use in my discussion do not translate easily from the paid context to the unpaid context. For example, in section IV, I refer to “employers” and their responsibilities for creating conditions where care workers must experience moral failure. Those observations will not apply in the same way to many unpaid care workers, because unpaid care workers typically do not have “employers” in a straightforward sense.

conditions which make it difficult or even impossible to do their jobs well. As one social worker wrote of her working conditions:

The problems we are asked to confront often feel insurmountable. How are we supposed to work with someone with decades of chronic, complex trauma without the pay and support we need? We got into this field to help people, but that is impossible when we have to wait a month after their initial appointment to bring in a traumatized client. (West 2018)

Nurses describe working conditions in which they have many more patients than they can adequately care for:

I'm routinely seeing more patients than I can really manage, and I don't have time to get back to them. I have a colleague who works in an office where they have a position that's sat open for two years, so she's been working 50-, 60-hour weeks and also can't ever get back to patients in a timely fashion about their results. So it just leaves us feeling incredibly nervous that patients are going to die or that something really bad will happen. (Adie 2018a)

However, even when they come to believe that going on strike can be a powerful remedy for these problems, care workers also acknowledge feelings of regret, failure, and concern about strike action. As one striking nurse at University of Vermont Medical Center described it, she and her fellow strikers had "sincere and deep concerns about leaving our patients in the care of scab nurses," but despite that "entire units joined each other on the picket lines" because "the majority of nurses . . . were angry about our working conditions" (Adie 2018b). Echoing a similar sentiment, a student in West Virginia—who organized many of her fellow students to show up and support teachers on the picket line—described her reasons as follows:

Our teachers do so much for us and we know that a lot of them felt down during the strike, like they were failing us by not being in class. We wanted to show that we supported them—and we wanted to fire them back up. (Blanc 2019, 79–80)

These feelings of *failing* the students, patients, and others, while striking are common. They seem to become particularly prevalent, however, when something bad happens to a student or patient during a strike. For example, when nurses at an Oakland, California, hospital went on strike in 2011, a patient tragically died due to a

medical error committed by a scab nurse. A local news outlet reported that nurses responded with “a mixture of anger and sadness” following the patient’s death (Colliver and Bulwa 2011). One nurse remarked, “I might go to work and we’ll all start crying. . . . I know I’ll get over it and it will make me stronger, and I’ll fight even more for our patients” (Colliver and Bulwa 2011). Another nurse at the same hospital said, “Nurses do not come into this profession to strike. . . . We’re here because we want to provide safe patient care, but our employer leaves us no choice other than to strike as a last resort” (Colliver and Bulwa 2011). What unifies these different accounts is the sense of being caught between impossible options—of having no choice but to do something they take to be wrong, either by not striking (and thus allowing an intolerable status quo to continue) or by striking and “abandoning” those in their care.⁸

How should we evaluate these feelings of moral conflict? One response would have us dismiss them—provided it is the case that one can make an all-things-considered judgment that one course of action is the right thing to do. In other words, if choosing to strike is better for more people in the long term than choosing not to do so, it seems clear that going on strike is the right thing to do. Therefore, a striking nurse should dismiss feelings of guilt, failure, or regret she may have about the path not chosen. This response would have us rid ourselves of “moral remainder”—the residue of emotions that lingers in the aftermath of choosing one particular path in a moral conflict (Tessman 2017, 45)—provided we choose the all-things-considered correct path. This approach sees moral remainders as misguided, unwarranted, or irrational.

⁸ One Certified Nursing Assistant who formerly worked at a nursing home describes acute feelings of moral conflict simply around the question of whether or not to take fifteen-minute breaks (to which CNAs are legally entitled) twice a day. Though not specifically about striking, it is relevant to our subject because it involves moral conflict surrounding a stoppage of care work. It is easy to imagine how this feeling of conflict would be heightened if the author engaged in strike action:

Our bodies’ need for a short break, one that rejuvenates us to be more patient, more clear-headed, and less susceptible to careless mistakes was pitted against our residents’ immediate bodily needs. This was our daily moral dilemma. Having to weigh this dilemma every day was mentally exhausting. Either choice we made, we blocked out something deeply human—either our care for our own bodies, or our care for others’. It shouldn’t be so hard, not like this. Not just so our callous bosses can hike their paychecks by saving on staffing, at our expense. (Jomo 2012)

One advantage of this kind of approach from a pro-labor perspective is that it provides a powerful way to undermine a common attack that care workers encounter when striking. Often employers and other powerbrokers blame care workers for striking, on grounds that they are “abandoning” those for whom they care. For example, former Kentucky governor Matt Bevin responded to a statewide teacher strike by claiming that the teachers were responsible for putting their students in danger of sexual assault (Darby 2018). An op-ed which ran before the Arizona teacher’s strike called the planned action a “war against parents,” because parents were “begging friends and family to watch their kids” and “worrying if they’ll be able to afford” daycare during the strike (quoted in Blanc 2019, 46). US Education secretary Betsy DeVos condemned striking teachers in Oklahoma by suggesting that teachers were putting their own interests above students’, saying, “I think we need to stay focused on what’s right for kids. And I hope that adults would keep adult disagreements and disputes in a separate place, and serve the students that are there to be served” (Balingit 2018). In a similar vein, referring to teachers and nurses who go on strike as “greedy” and fundamentally self-interested is common (Furman 2018). A spokesperson for Tufts University Hospital, for example, accused striking nurses of seeking to “harm our great medical center” and patients (LaFratta 2017). If we want to say that such criticisms of care worker strikes are unwarranted (as I do), one way to do so would be to categorically deny that striking care workers are doing anything bad or wrong. Striking is the all-things-considered best option for students, patients, and so forth, so these claims from employers and others do not hold water.

But what if we could take care workers’ complex tangle of emotions about striking seriously—understanding these emotions as reasonable responses to the existence of conflicting moral reasons—without also giving ammunition to anti-union employers and politicians? If such a move is possible, I think that we should pursue it. One reason is that it allows us to avoid condescending to care workers who experience moral remainders; we do not have to maintain that these emotions are irrational or that care workers who regret striking (or not striking) are fundamentally confused. But I think there are additional benefits to this approach. As I will argue in section V, it allows us to more fully comprehend the emotional toll taken upon care workers when they are forced to make choices between intolerable options. It also, as I’ll argue in section IV, provides a better framework for understanding the decisions care workers themselves make when engaging in strike actions. This alternative approach is still compatible with believing that, in many circumstances, care workers do make all-things-considered correct choices when they choose to go on strike. However, my approach differs from the dismissive

approach above by avoiding the verdict that care workers' moral remainders are irrational.⁹

III. The Moral Conflict

An agent faces a moral conflict when she has moral reasons to do (or not to do) two different actions, but where doing (or not doing) both actions is impossible.¹⁰ Given this definition, showing that care workers confront a moral conflict when they face decisions about whether to go on strike requires me to show that they have moral reasons to go on strike and not to go on strike.

There are two types of moral reasons that are relevant to this discussion: moral reasons that arise from general moral obligations and moral reasons that arise from specific roles that agents occupy. One might have moral reasons to perform or to not perform some action because the action straightforwardly violates a general moral obligation or is morally required. One has moral reasons not to kill another human being, for example, because doing so would violate a general moral obligation. But one might also have moral reasons to perform or not to perform some action because of a specific role that they occupy. For example, a parent plausibly has special moral reasons, vis-à-vis that role, to provide for their own children which they do not have toward children who are not their own.

Moral conflicts can arise when general moral reasons and role-based moral reasons recommend conflicting courses of action. But they can also arise when general moral reasons conflict with one other and when role-based moral reasons conflict with one other. An example of a conflict that arises when general moral reasons conflict with role-based moral reasons occurs in the novel *Les Misérables*, where Jean Valjean must decide between stealing bread to feed his starving nephew or letting the nephew go hungry. There, he faces a conflict between violating a general moral obligation not to steal and falling short with respect to a role-based obligation to provide for his family. But moral conflicts do not only arise when

⁹ This is not to deny that dismissing feelings of guilt or regret might be the best and most prudent first-personal strategy for care workers on strike. For example, it might be difficult to put in long hours on the picket line if you are unable to put feelings of guilt and shame about striking from your mind. But this need not have any bearing upon the question of whether care workers' emotional responses to striking are rational. In other words, having a prudential reason to manage your emotions in a certain way does not mean that the existence of those emotions is irrational or misguided.

¹⁰ This definition of moral conflicts is adapted from McConnell (2018), who defines them as cases where "an agent regards herself as having moral reasons to do each of two actions, but doing both actions is not possible."

general moral reasons conflict with role-based moral reasons; two general moral reasons can also conflict with each other, such as when an agent confronts a choice between killing someone or letting people die when such deaths are avoidable. This plausibly is a conflict between two general moral obligations to not kill others and to prevent harm when doing so is possible.

There are also moral conflicts that arise from conflicts within the class of role-based moral reasons. These kinds of conflicts fall into two broad categories. One category is when role-related expectations from different roles may come into conflict, such as when someone who is a doctor and a parent can either spend more time caring for an extremely ill patient or attend her child's parent-teacher conference, but not both. The second category is when the same role gives rise to moral reasons that recommend conflicting courses of action. For example, when medical professionals must make decisions about resource allocation that end up determining which patients live or die,¹¹ they face a moral conflict that occurs within the singular role of "medical professional," and not between different roles or between role obligations and general obligations.

I think the conflict that striking care workers confront belongs to this final category: it is a conflict between different moral reasons that arise from within a single role (one's paid care role). Given the importance of role-based moral reasons to the overall discussion, I will focus in the next section on defining roles and explaining the connection between occupying a role and moral reasons.

III.A. Roles and Morality

Zheng (2018, 873) defines roles in the following way:

Social role: A social role **R** is a set of expectations **E**—predictive and normative—that apply to an individual **P** in virtue of a set of relationships **P** has with others (such that anyone standing in the same type of relationships as **P** occupies the same **R**), and where **E** is mutually maintained by **P** and others through a variety of sanctions.

On Zheng's definition, 'nurse', 'teacher', 'therapist', 'fire fighter', 'parent', and 'citizen' are roles, insofar as these are all positions that are attached to certain expectations about how people who occupy them *will* and *should* behave. The normative and predictive expectations associated with these roles are also enforced through a variety of sanctions—ranging from legal punishment to interpersonal blame. These roles are often (though not necessarily) part of institutions like

¹¹This occurred at certain hospitals in New Orleans in the aftermath of Hurricane Katrina; see Fink (2013).

schools, governments, hospitals, and so forth.¹² The role of US citizen, for example, is inextricably bound up with the institution of the US government; that government is a big part of what articulates the expectations for the role, as well as the sanctions for failing to meet some of those expectations.

The normative and predictive expectations of any given role will, however, “never fully specify in complete detail exactly what the [role-]occupier is supposed to do” (Zheng 2018, 874). As Zheng observes, “Performing a role . . . is an ongoing process of making infinitely many tiny decisions about how to perform it, thereby calibrating one’s behavior with another’s expectations and behavior at the same time that the other is calibrating their expectations and behavior with yours” (2018, 875). In making these decisions about how to discharge their social roles, agents are guided by their conception of the “role-ideal,” or their conception what makes a *good* nurse, teacher, citizen, parent, and so on. Zheng defines role-ideals in the following way:

Role-Ideal: For every social role **R** occupied by an individual **P**, a role-ideal is **P**’s interpretation of how she could best satisfy the expectations constituting **R**. (2018, 875)

In this way, role-occupiers have “wobble room” within the normative expectations that attach to their roles to enact their conceptions of the role-ideal. Furthermore, because the obligations and expectations that attach to any given role are never fully specified, part of performing the role necessarily involves constructing, reflecting upon, and striving towards a role-ideal. As Zheng helpfully puts it,

Constructing a role-ideal requires critical reflection on the purposes and aims of the role, how it might be modified to better achieve them, what auxiliary

¹² Crawford and Ostrom write that “institutions are enduring regularities of human action in situations structured by rules, norms, and shared strategies, as well as by the physical world” (1995, 582). Institutions are dynamic, insofar as “the rules, norms, and shared strategies are constituted and reconstituted by human interaction in frequently occurring or repetitive situations” (Crawford and Ostrom 1995, 582). Likewise, Hardimon claims that institutions include “rules that define offices and positions, which can be occupied by different individuals at different times” (1994, 335). He illustrates this by giving the example of hospitals, which “retain their identity across changes of health-care professionals, patients, and staff” (335). On these definitions, other examples of institutions would include police forces, schools, churches, businesses, and nation-states.

roles should be created or modified, and how to collaborate with others possessing similar aims. (2018, 878)

Part of being a good teacher or nurse will, then, involve critical reflection about what the role-ideal of “teacher” or “nurse” involves. While some roles have their role-ideals spelled out explicitly in the form of professional codes of ethics, those codes are subject to ongoing interpretation and revision as the expectations of the role and circumstances within which the role is enacted change.

What is the connection between roles and moral reasons? Philosophers who work on role morality often debate the kind of moral import that role-related expectations have (e.g., Andre 1991). It’s easy to see, for example, how the normative and predictive expectations attached to certain roles do not always or necessarily give rise to moral reasons. This is because not all roles are *moral* roles. If your job is to torture innocents for an organized crime group, the demands of your role plausibly conflict with the demands of morality. So, a role like “torturer of innocents” will not give rise to moral reasons to fulfill the demands of the role. Such roles may, however, give rise to moral reasons to construct and strive for a role-ideal which consists in bringing about conditions where the role in question no longer exists (Zheng 2018, 882).

The various roles that care workers perform are of fairly clear moral importance, however, so these thorny questions about the relationship between roles and moral obligations have more straightforward answers. Feminists have long drawn attention to the importance of care work for the very maintenance and continued functioning of society. That a sufficient number of individuals perform care work is essential for “social reproduction,” as Nancy Fraser and others have argued (e.g., Dodds 2014, 195; Kittay 1999). Fraser writes that “birthing and raising children, caring for friends and family members, maintaining households and broader communities, and sustaining connections more generally” is “indispensable to society” (2016, 99). Without anyone performing this kind of work, “there could be no culture, no economy, no political organization” (99) because there would be no one to “produce new generations of workers and replenish existing ones, as well as to maintain social bonds and shared understandings” (102). This leads Fraser to conclude that “no society that systematically undermines social reproduction can endure for long” (99). I take this to be sufficient reason to consider many of the various roles care workers hold—teachers, nurses, therapists, social workers, and the like—to be of moral importance. This suggests that the obligations and reasons that come along with care workers’ roles do not give rise simply to role-related reasons but also to moral reasons that are acquired and discharged through roles.

Further, as Zheng argues, the normative expectations associated with roles include expectations to perform the role well—to, in other words, cultivate a role-ideal and strive to achieve it. It is part of being “a good college teacher” to ask,

What course offerings are we missing? What trends are shaping higher education today, and what political and economic conditions are affecting my students’ ability to learn? What committees or local organizations should I serve on to address the problems I see? (2018, 878–879).

But for morally important roles, like care roles, one not only has role-related reasons to strive toward a role-ideal but also has moral reasons to do so. This is because of the deep moral importance and social necessity of care work.

III.B. Moral Reasons to Strike

We’re now in a position to see how care workers, in certain contexts, have moral reasons to strike. Part of what it is to occupy a role that consists in care work is to occupy the role *well*—to, in other words, critically reflect upon what one’s role-ideal is and to attempt to achieve it. And while different care workers’ role-ideals may differ, there are certain structural and institutional barriers that can prevent carers within a given context from realizing any of their role-ideals. For example, institutional conditions like substandard pay, benefits, and working conditions plausibly prevent care workers from realizing their role-ideals, even where those role-ideals differ in some details.¹³

My contention is that care workers have compelling moral reasons to go on strike when institutional barriers prevent them from realizing their role-ideals. The moral reasons to go on strike plausibly become weightier along with the severity of the institutional failures in question. A teacher whose school is catastrophically under-resourced, causing teachers to fall far short of realizing their role-ideals, has a weightier moral reason to go on strike than a teacher whose school is well resourced and which provides conditions for teachers to more closely approximate their role-ideals.

This claim is compatible with the reasons care workers themselves give for going on strike: they want, among other things, institutional conditions that enable

¹³ Care workers may also have duties of self-preservation that play an important part in grounding reasons to go on strike. Because there is controversy over whether self-regarding duties truly count as “moral” rather than “prudential,” I omit them from discussion here.

them to provide better care.¹⁴ When Chicago Public Schools teachers went on strike in 2012, one of their reasons for doing so was the fact that class sizes were too large—a feature of their working conditions which compromised their ability to serve students effectively (Moran 2012). The more recent 2019 Chicago Teachers Union strike was almost entirely about improving the institutional conditions in the Chicago Public Schools district: teachers fought for the district to hire more support staff, like social workers, psychologists, and nurses; for smaller class sizes; and for other resources for students (Burns 2019). One reason nurses at Tufts Medical Center went on strike in 2017 were burdensome nurse-patient ratios that undermined their ability to give each patient sufficient attention (McAlevey 2017). When mental health professionals went on strike at Kaiser Permanente in 2015, the primary reason was that Kaiser did not “staff its psychiatry departments with enough psychologists, therapists, social workers, and psychiatric nurses to treat the ever-growing number of patients seeking mental health care” (Papazian 2015). This produced a staffing crisis where “patients in dire need” were forced “to endure lengthy and illegal waits for treatment,” which, in some cases, led to patient suicides (Papazian 2015). A major motivation behind the wave of teacher strikes in the US in 2018 was inadequate funding for public education, which has resulted in crowded classrooms, crumbling facilities, out-of-date textbooks, and many other issues that compromised the quality of the education teachers were able to provide (DenHoed 2018; McAlevey 2018a, 2018b).

Further, empirical evidence vindicates the claims of care workers who argue that improvements to their pay, benefits, and working conditions will result in improvements to care provision. A body of literature on teacher turnover shows that teachers leave schools because of poor working conditions (Johnson and Birkeland 2003; Johnson 2006; Allensworth, Ponisciak, and Mazzeo 2009; Johnson, Kraft, and Papay 2012). High teacher turnover, in turn, has a demonstrably negative impact on students’ abilities to learn (Allensworth, Ponisciak, and Mazzeo 2009; Balu, Béteille, and Loeb 2009; Guin 2004; Ronfeldt, Loeb, and Wyckoff 2013). Likewise, the quality of nurses’ working conditions—including the safety of the work environment, their pay and benefits, and nurse-patient ratios—has a direct impact

¹⁴ In a news analysis piece, journalist Andrea DenHoed (2018) writes the following about the 2018 statewide Oklahoma teacher strike:

Every teacher I spoke to in the past week said the same thing: they were in it for the long haul, and “this is not about the raise. It’s about the kids.” They told stories of teaching from badly outdated textbooks, or turning to crowdfunding sites to purchase books for their students or furniture for their classrooms, of passing unprepared students on to the next grade because another overcrowded classroom of children would arrive in the fall.

upon patient outcomes and the overall quality of care nurses are able to provide (Institute of Medicine 2004; McHugh et al. 2011; Trinkoff et al. 2011).

Because evidence also supports the claim that strikes do in fact succeed in improving pay, benefits, and working conditions, the decision to go on strike as a means of improving quality of care in the long term seems eminently reasonable. Zigarelli (1996) found that laws protecting teachers' rights to strike were associated with improvements to their working conditions, like higher salaries. McAlevey (2016) and Uetrict (2014) also argue that strikes are a potent weapon for improving pay, benefits, and working conditions, with a special focus on the 2012 Chicago Teachers Union strike.

In summary, care workers have moral reasons to strike when the institutions of which they are a part fail to provide conditions that enable them to enact their role-ideals and when care workers have reason to believe that striking will improve this state of affairs. I take these conditions to be met in the strikes I have primarily focused on here: the wave of teacher strikes at US public schools in 2018; the Chicago Teachers Union strikes in 2012 and 2019; nurses' strikes at Baystate Franklin Medical Center and Tufts Medical Center in 2017; and the Kaiser Permanente strike of mental health providers in 2015. Those strikes largely succeeded in bringing about the changes that care workers demanded and were linked to improvements in care provision (Papazian 2015; McAlevey 2018a; Uetrict 2014).

III.C. Moral Reasons Not to Strike

The moral reasons that care workers have not to strike also stem from their roles within institutions of care provision. Care workers have moral reasons not to strike because, as voluntary participants in institutions of care provision, they have incurred role-based obligations to specific individuals who are dependent on their care and whom they abandon in striking. The moral reasons not to go on strike may become weightier along with the extent of the dependency of those cared for.

We can use Dodds's observations about care, dependency, and vulnerability to elucidate why care workers have moral reasons not to go on strike and why these reasons may become weightier along with the cared-for's degree of dependence. While vulnerability, for Dodds, is a general part of the human condition, "dependence is one form of vulnerability" that "requires the support of a specific person (or people)" (2014, 182). She continues, "The provision of personalized, reliable, and attentive care is particularly important in responding appropriately to those whose dependency is extensive (covering a wide scope of vulnerabilities) or enduring or intimate" (2014, 184). The relationship between care providers and those cared for is one of dependency, where those cared for rely upon specific individuals who have been tasked with caring for them. Because strikes disrupt the provision of the "personalized, reliable, and attentive care" that dependent

individuals need, and which care workers have agreed to provide, we can see the decision to go on strike as violating these role-specific obligations to those for whom they care.

We can feel the force of this by considering what happens to dependent individuals when their care providers go on strike. In most cases, those dependent on care either go without it or must adjust to receiving care from a temporary “scab” workforce. Either scenario is unwelcome. When nurses go on strike, for example, hospitals frequently hire a scab workforce to ensure that patients continue to receive medical attention. Nevertheless, the National Bureau of Economic Research estimates that in-hospital mortality increases by 19.4 percent and hospital readmissions increases by 6.5 percent for patients admitted during a strike. Hiring replacement workers does not help, as

hospitals that hired replacement workers performed no better during strikes than those that did not hire substitute employees. In each case, patients with conditions that required intensive nursing were more likely to fare worse in the presence of nurses’ strikes. (Wright 2010)

Another study found that “hospitals functioning during nurses’ strikes do so at a lower quality of patient care” and that strikes increase safety risks for patients (Gruber and Kleiner 2012, 127). When teachers go on strike, it is less common for schools in the US to hire a scab workforce and more common for them to shut down for the strike’s duration (Uetracht 2014). This means that the students and their families may be left without essential services that they depend on, like free or reduced-cost meals and childcare. But students also suffer by being deprived of their education for the strike’s duration. For example, students can fall behind in important subjects; high school seniors may experience disruptions to their college application process (Hendrickson 2019); and students with histories of trauma, particularly if the trauma was caused by separation from their family members or other caregivers, may be re-traumatized by the sudden absence of their teachers (Garrett 2019).

These considerations suggest that care workers have moral reasons not to go on strike which become weightier along with the degree of the cared-for’s degree of dependence upon specific care providers. This reality, combined with the previous section’s conclusion that care workers have moral reasons to go on strike, suggests that, in many circumstances, care workers face a moral conflict where they must choose between impossible options and where they may experience moral failure. However, before turning to the question of who is to blame for these moral failures, I’ll briefly address some practical implications of this moral conflict for organizing efforts.

IV. Implications of the Conflict for Labor Organizing

First, I claim that the existence of this conflict constrains the range of tactics available to care workers who go on strike. Second, I claim that it provides a moral—rather than merely prudential—reason for care workers’ unions to adopt organizing strategies grounded in “social movement unionism” rather than “business unionism.”

IV.A. Moral Constraints on Tactics

In an analysis of labor movement tactics in the twentieth-century United States, Joe Burns (2011) argues the most effective kind of strike is one that completely halts the employer’s production, rather than one where a group of workers withdraws their labor only to be replaced by a temporary “scab” workforce. He writes, “A strike which involves putting up picket lines and waiting for scabs to cross while workers essentially ‘quit’ *en masse* is not one that favors workers” (2011, 22). In strikes where workers are unable to halt production, and the employer hires a scab workforce to allow operations to continue, “strikers force the market to determine the value of their labor as a group” (20). In other words, it is less likely that striking workers whose employer hires a scab workforce will be able to raise wages or secure benefit improvements above the going free-market rate (Burns 2011, 23). This is because the employer has no incentive to pay the striking workers more than they would pay their scab workforce. By contrast, if workers are able to completely halt production by preventing their employer from hiring scabs, they will have a much better chance of securing improvements that are better than the going market rate for their labor. Tactics utilized by strikers to completely halt production have historically included “mass picketing to block plant gates,” “monopolizing union labor through the closed shop or control of training,” and “the social ostracizing and punishment of scabs,” as well as solidarity strikes and secondary boycotts (Burns 2011, 23).

My aim is not to deny Burns’s point that strikes which completely halt production are more effective ways of convincing an employer to make concessions than strikes which do not halt production. Instead, my aim is to draw out the implications of this claim for care workers. If Burns is correct that an ideal strike is one which completely halts production, this ideal may be unacceptable for care workers—and, crucially, this ideal may be unacceptable for *moral reasons*. This is because, if care workers go on strike and succeed in halting production, what they would be doing is *halting social reproduction*: the work of caring for others, maintaining communities, and cultivating social bonds (Fraser 2016). Halting social reproduction may be the most effective way for care workers to win concessions from their employers and other powerbrokers; however, it comes with a moral cost that may be too high to bear.

In practice, striking care workers negotiate this conflict in a variety of ways. Nurses frequently go on strike for very short periods of time; their strikes typically only last for a few days (Bradbury 2014). One common tactic for nurses' unions affiliated with Service Employees International Union (SEIU) since the mid-1990s has been the use of one-day "publicity strikes," where the union informs their employer that they will be going on strike but will be returning to work within 24 hours. This can have the effect of preventing the employer from hiring scabs; however, the limited duration of the strike means that it typically produces little gain for workers (Burns 2011, 73). When nurses strike for longer than one day, their employer typically hires scabs. In those situations, if nurses aimed to completely "halt production" by preventing the hospital from hiring a scab workforce—as Burns recommends workers in other sectors do—their action could result in deaths, medical emergencies, or other issues, rather than simply hurting their employer's ability to turn a profit. While schools do not always hire a temporary workforce when teachers go on strike, striking teachers typically engage in other forms of care work for their students while on strike—meaning that, even while on strike, many teachers never completely "halt production." In the 2018 West Virginia teachers' strike, for example, teachers engaged in a variety of forms of care work for students who depend on their schools for free or reduced-price lunch (Blanc 2019, 78). They packed lunches for economically vulnerable students, organized and promoted food donations and drives, and organized various childcare and day care options for working families (Savransky 2018). As one West Virginia organizer put it, "Before [the teachers] made the decision to strike, they wanted to make sure their students' needs were taken care of" (Savransky 2018).¹⁵

These observations taken together have one interesting—albeit depressing—upshot. If Burns is right that the most effective kind of strike will completely succeed in halting production, and if I am right that this kind of strike is morally unacceptable for many care workers, this might provide part of the explanation for care workers' low pay relative to workers in other sectors. As Folbre and Smith write, "Jobs that involve care provision typically pay less than other jobs, even controlling for differences in individual human capital and other job characteristics" (Folbre and Smith 2017; see also England, Budig, and Folbre 2002). It is possible that the moral

¹⁵ Another way in which care workers negotiate this conflict in practice is by treating striking as a last resort. In many contexts, striking is not only an effective way to discharge this requirement to provide adequate care but is most often utilized when it is the only strategy care workers have left. Care workers typically utilize the strike weapon when many other strategies for making change—petitions, contract bargaining, protests, pickets, and the like—have been exhausted (Morris 2018; Ketter 1997).

cost of utilizing the most effective type of strike weapon—a production-halting strike—forms part of the explanation for why this is so. If these observations are correct, it shows how the existence of this moral conflict creates material, in addition to psychological, harms for care workers.

IV.B. Social Movement versus Business Unionism

Organizers and labor scholars commonly draw a distinction between two models of union organizing: “business unionism” and “social justice/movement unionism.” According to labor scholar Kim Moody, business unionism has a limited vision which “does not extend beyond ‘bread-and-butter’ issues related to workers’ compensation” while social movement unionism “identifies itself as a vehicle for society-wide transformation on issues that affect communities beyond individual workspaces” (cited in Uetricht 2014, 111). Social movement unionism may still concern itself with bread-and-butter issues, of course, but it also has a broader vision that prioritizes social justice and the liberation of the working class.

Scholars, activists, and organizers have often focused upon providing *prudential* reasons for why social movement unionism is preferable to business unionism. They argue that social movement unionism is more likely to win gains for union members (McAlevy 2016) and to help unions weather attacks (Uetricht 2014, 111), as well as having a host of other benefits (see Blanc 2019, 44–47). Uetricht’s work on the 2012 Chicago Teachers’ Union (CTU) strike offers one representative example of this prudential justification for social movement unionism:

In the case of CTU, the strike was part of a broader fight against neoliberal education reform. Its fight was based on a broad vision of what progressive education reform could look like; it included genuine organizing alongside communities and public demonstrations beyond teachers’ bread-and-butter concerns, such as provisions beneficial to students. Placing the strike within the framework of a larger strategy allowed Chicago’s teachers to win. (2014, 116)

A social-movement-unionism model that emphasized the relationship between teachers’ working conditions, students’ learning conditions, and the welfare of the Chicago community as a whole is what, on Uetricht’s analysis, enabled the success of the CTU strike.

The existence of the conflict described in the previous section allows us to envision a *moral*—rather than merely prudential—reason for care workers’ unions to pursue models rooted in social movement unionism. In fact, a moral commitment to social movement unionism is baked in to the characterization of care workers’ moral reasons to strike that I provided in section II(b). If the moral reasons to strike

have to do with providing support for those for whom they care—reasons to provide high-quality care, in line with their role-ideals—then it is only right to adopt a model of social movement unionism. This is because a central purpose of strike action will be to provide better care. In other words, for care workers, the reasons one has to go on strike are other-directed—going beyond bread-and-butter issues—from the very beginning.

V. Responsibility and Blame

Because striking care workers often (though not always) confront a moral conflict, many are caught in conditions where moral failure is inevitable. However, I argue that we should not blame striking care workers for these moral failures, but rather blame those who are responsible for creating the conditions wherein that failure is inevitable. To make this case, it's crucial for me to draw a distinction between culpable and nonculpable moral failure.

Nonculpable moral failure refers to cases when the conditions that make moral failure inevitable arise through bad moral luck or through other circumstances that, for whatever reason, could not have been avoided. Imagine, for example, that a hurricane strikes a group of sailors who are out at sea. The sailors are as prepared as they could possibly have been for this contingency—but, through no fault of their own, the hurricane severely damages their food supply, meaning that there won't be enough food for everyone to survive the journey. So the sailors must sacrifice a member of their crew. This counts as moral failure because, in killing any member of the crew, the sailors violate general moral obligations. But this counts as nonculpable moral failure because no individual or institution was responsible for creating the decision context wherein the moral failure had to occur—its existence was just bad moral luck.

Culpable moral failure, by contrast, refers to cases where some identifiable individual, group, or institution is responsible for creating the conditions in which moral failure must occur. One example of this latter category that appears frequently in the literature on moral conflicts and dilemmas is the story of “Sophie’s Choice.” In the story, Sophie and her two children are taken from their home and sent to Auschwitz. There, Sophie encounters a concentration camp guard who tells her that one of her children must die and gives her a choice about which one to sacrifice. In this situation, Sophie’s moral failure is inevitable, because in choosing to sacrifice either child, she violates a moral requirement. However, this is a case of *culpable* moral failure, because an identifiable individual (the guard) and institution (the Nazi party) were clearly responsible for creating the decision context. In other words, once presented with the decision, Sophie could not have avoided moral failure; however, the existence of the context in which Sophie’s moral failure took place was clearly avoidable and was the fault of the guard and the Nazi regime.

The conflict that striking care workers face often belongs squarely within the category of “culpable moral failure” as I’ve articulated it above, insofar as there are identifiable individuals and institutions who are responsible for creating the decision contexts that lead to care workers’ moral failures. Exactly which individuals and institutions are responsible for creating the decision context in which care workers must morally fail, however, is a highly contextual matter. Sometimes the responsible institution will be their direct employer, like a particular hospital, while other times it will refer to other aspects of the system within which care workers function, such as a local, state, or federal government which is responsible for allocating funds to care provision. Given this contextual variation, going forward I will refer to those parties responsible for care workers’ moral failures as “institutions of care provision.”

How is it that institutions of care provision can be responsible for care workers’ moral failures? It is because they create the conditions that generate care workers’ moral reasons to strike. Without moral reasons to strike, no moral conflict arises. For example, Oklahoma teachers went on strike in 2018 to demand that the state increase funding for public education (Blanc 2018). Oklahoma education funding was so low that many public schools could only stay open for four days per week, could not afford to buy new textbooks when the old ones had almost completely fallen apart, had to function with enormous class sizes, and had to cut art and music education (Brown 2017). In other words, if state politicians hadn’t made deep cuts to education funding over the course of decades, the moral reasons to strike would likely not have arisen in the first place. Likewise, when thousands of California mental health professionals went on strike in 2015, they were protesting a staffing crisis where patients were forced “to endure lengthy and illegal waits for treatment” (Papazian 2015). A California health-care regulatory agency found their employer, Kaiser Permanente, to be responsible for the crisis, issuing a “scathing report” that resulted in the “unusual step of referring the findings for immediate enforcement” (Clifford 2013). Had Kaiser Permanente staffed their facilities adequately, those mental health professionals would not have had moral reasons to go on strike in the first place, and thus would not have experienced moral failure.

There are many more examples of cases where institutions of care provision are responsible for creating conditions where care workers must experience moral failure.¹⁶ In these cases, there is an obvious sense in which the institutions in question and the most powerful individuals within them—elected officials, CEOs, and so on—are blameworthy because they too have role-based moral reasons to

¹⁶ The entire wave of teacher strikes in 2018 in the US was (plausibly) caused by nationwide funding cuts to education; see Brown (2017), Blanc (2018, 2019), and Goldstein (2018).

ensure that the institutions of care provision of which they are a part function adequately. Insofar as Kaiser Permanente, for example, is an institution whose purpose is to provide health care and mental health care, its leaders—as part of that institution—also have responsibilities to ensure that their institution adequately fulfills the demands of the social role. Because care workers need adequate support in order to provide care in alignment with their role-ideals, and because institutions of care provision are responsible for providing that support, it is easy to see how employers could be blameworthy in these circumstances. In short, it's because they've reneged on their own role-specific obligations to contribute to care provision.

However, I would like to suggest that employers are blameworthy in a second sense: they are blameworthy for harming the care workers who must then live with the fact of having failed morally. Even where agents know that they could not have helped but fall morally short, the first-personal experience of moral failure is often one of self-blame, guilt, and shame (Tessman 2015). As discussed in section II, care workers may also experience anger, sadness, hopelessness, disempowerment, and uncertainty. Given that the decision contexts which force care workers in to positions of moral failure are often avoidable, the negative moral emotions they experience in the aftermath of this kind of moral failure are, then, avoidable as well. The very existence of these emotions—and the distressing and disempowering effect they may have upon care workers—can be blamed upon those culpable for institutional failures.

This is why those who are responsible for conditions in which care workers are forced to experience these moral emotions are worthy of condemnation. Institutions of care provision and powerful individuals within them make matters worse when they not only fail to acknowledge the horrible position they've put care workers in but turn to blame them for attempting to improve their working and caring conditions by going on strike.

VI. Interactions between Paid and Unpaid Care Work

For simplicity's sake, I have focused upon the moral conflict as it applies to paid care workers. Though a full exploration of how this conflict applies to unpaid care workers is beyond the scope of this paper, I do want to say a little bit about the interaction between paid and unpaid care work, because it gives rise to additional issues and questions. This is because paid care workers often perform unpaid care work as well—in the form of parenting or caring for sick, disabled, or aging family.

When an individual who occupies both paid and unpaid care roles chooses to go on strike from the paid care role, she may do so not only because she wants to improve the conditions under which she provides paid care but because she wants to have more money or benefits available to her so that she may better shoulder the

responsibilities of unpaid care roles. Furthermore, care workers themselves may have dependent children or family members who rely upon the very institutions from which they are on strike. When McAleve (2018a) writes, “Educators, like health-care workers, have an incredibly powerful, organic relationship with their communities,” she is likely referring to both of these ways in which unpaid care roles interact with paid ones. Teachers often have children who attend school in the same districts or even in the same schools where they teach; nurses often have family who utilize the hospitals or clinics where they work. Characterizing nurses, teachers, and others exclusively as paid care workers obscures the fact that those individuals likely occupy unpaid care roles that give them complex and multilayered connections to the communities and institutions of care provision of which they are a part.

The fact that many care workers perform both paid and unpaid care roles gives rise to the following question. Can a moral reason to strike arise when institutions fail to enable the successful performance of other, *unpaid* care roles? It’s easy to imagine, for example, that an underpaid teacher who must take on a second paid job to make ends meet—and who is also raising children—might strike because she wants to be paid enough so that she is not forced take on the second job. Not having to take on a second job will mean that she is able to spend more time with her children or better able to afford childcare. If she made a bit more money, had better benefits, or had more time off, she might be able to more closely approximate her role-ideal for her role as a “parent” or “mother.”

Whether or not these cases generate moral reasons to strike will turn on how we answer the following question: What kind of responsibility do institutions of care provision have to the communities of which they are a part? Remember that one state of affairs that must obtain in order to generate moral reasons to strike is that institutions of care provision fail to provide conditions that enable care workers to realize their role-ideals. The relevant question, then, involves whether institutions are responsible for creating conditions that allow care workers to realize role-ideals that are outside of the auspices of the formal mission of the institution.

A school superintendent or a hospital CEO might say that saddling hospitals or school districts with responsibilities to enable their workers’ successful performance of auxiliary care roles is too high a cost. A care worker within a hospital, school, or other institution of care provision will, however, have the following rejoinder available. The United States is unique among advanced capitalist countries in that almost the entire social safety net—including childcare, retirement, health care, and so on—is provided through employers rather than through public programs (Windham 2017). If employers do not provide these kinds of benefits, care workers’ abilities to perform unpaid care roles will suffer. In turn, as Fraser (2016)

argues, the very project of social reproduction will suffer, which will undermine these kinds of institutions in the long term.

I cannot hope to adjudicate this debate here. I simply raise it to illustrate some important and unresolved questions about the relationships between paid and unpaid care roles, as well as the need for further work on the morally complex—and often painful and fraught—situations that care workers find themselves in when institutions fail to provide conditions that enable them to achieve their role-ideals.

I also raise this issue of interactions between paid and unpaid care roles to combat what I take to be a pervasive—but misguided—perception of care workers' unions as representing greedy individuals who want plum jobs at the expense of students and patients. One reason this stereotype about care workers' unions is misguided is because it fails to reckon with the actual reasons that care workers provide for going on strike, which have to do with improving paid care provision. But there is also another way in which this stereotype fails to map on to reality: it does not recognize the many ways in which care workers are embedded within communities that are impacted by the institutional failures in question. When we realize that teachers and nurses are also likely to be parents and guardians—whose own children and families may be impacted by the institutional failures in question, as well as by strike activity—we can begin to see this stereotype of the greedy, self-serving care worker for what it truly is: a complete and utter fiction, cynically promoted by those who are actually culpable for the issues to which the strikers are responding.

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