

Who Cares? On the Politics and Funding of Health, Care, and Ageing in Europe

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Time Slot:	Tuesdays, 4:30 pm
Language of Instruction:	English
Contact Hours:	45
ECTS Credits:	6

Course Description

Questions of care have long been central to societal debates. The delegation of care raises fundamental questions such as: who cares for whom? Who is deemed worthy of care, and who is not? Who holds power over the delegation of care, and under what conditions?

Within this course we will look at various care systems and ways in which European societies are trying to tackle this Herculean task in the 21st century. We will explore what lies beyond those systems: European welfare systems are not only systems of redistribution; they are systems of organizing, delegating, and obscuring care - thus making the central question of this course not whether societies care, but rather ***how care is distributed, who performs it, and which forms of care remain invisible or unpaid.***

Scholars within the social sciences have identified the entanglements of care with capitalist and patriarchal systems as a highly relevant issue, placing many contemporary societies under significant strain.

Societies of the Global North are – amongst others – characterized by a turn away from “the family” as the structure taking care of the individual in sickness and old age. In the wake of the Industrial Revolution, structures such as social insurance systems, religious or welfare institutions, or “the state” began taking on the responsibility of providing health care for all and support for people no longer active in the workforce. Whether financed by taxes, contributions by employers and employees, or other resources, health care and pension plans in Europe have long been connected to the economically productive segment of society, while “welfare” has been provided by churches or other social institutions.

With the influence and size of the latter waning since the mid-20th century, and life expectancy thankfully increasing over the decades, societies all over Europe have had to reformulate and recalculate who cares for whom, and how to finance health and age care for ideally all members of society. Different intellectual approaches and economic models of how to ensure people’s well-being (on varying levels of comfort) have since been developed and are presently all faced with comparable challenges such as:

- How to prevent good health and a dignified old age from becoming luxury items for only a wealthy few?
- How to generate sufficient funds in ageing societies where people live longer and retirees increasingly outnumber younger working cohorts?
- How to counter the loss of jobs (and thus funds for social insurance and pensions) due to rising technological standards?
- How to cover the rising costs of health care in general, and where to find people willing to work in health or social care under the often precarious circumstances developing there?
- How to distribute the cost and burden for health and age-related services evenly in society, and how to ensure that these services reach those who really need them?
- Eventually, how to avoid societal and/or generational cleavage in the wake of debates on solidarity, entitlement, and generational justice?

While the first half of the course will focus on how care is formally organized through welfare institutions and policies, we will then turn to what lies beyond these structures: care as labor, social expectation, and moral responsibility that is frequently privatized and rendered invisible.

We start by comparing different philosophies and historical approaches to who cares, and why, and follow their development in the 19th and 20th centuries through changing demographic, political, and economic times. During this course questions such as the following will be discussed:

How do population size, economic strength, and political organization factor into the ability of a society to provide health care and dignified retirement to the majority of its members? Has it perhaps become a responsibility that “the state” can no longer take on, and will caring turn more and more into a private matter (and business) that only the wealthy can afford in the future? How are different genders affected differently by the challenges of health care and retirement in (post-)modern societies? How can care be rethought in ways that do not reinforce inequality or serve as a mechanism of social control?

Learning Objectives

At the end of this course, students will:

- Be familiar with historical, philosophical, and anthropological approaches to societal support of people in need and their most prominent European proponents (politicians, social reformers, philosophers)
- Have gained substantial knowledge on different European systems of health and retirement care as well as national economies
- Have acquired analytical tools and strategies to understand and critically assess social and economic policies and propositions for health care, welfare, and social security reforms
- Have broadened their understanding of political discussions in various European societies
- Be able to transfer solutions (or parts of them) to challenges in their own societies
- Have acquired the ability to critically assess care as a non-neutral and political practice shaped by power, gender, and economic structures

Student Profile

Should be in their fourth semester of college/university education or beyond.

Assignments and Grading

Active Participation: 150 Points

Presentation of reading assignment: 100 Points

Independent Project Report: 100 Points

Midterm Exam: 250 Points

Term Paper: 300 Points

Presentation of paper: 100 points

Completion of the Midterm Exam as well as the Term Paper is needed for a grade.

FUB Grade	Points of 1,000
1.0	980-1,000
1.3	950-979
1.7	900-949
2.0	850-899
2.3	800-849
2.7	750-799
3.0	700-749
3.3	650-699

3.7	600-649
4.0	500-599
5.0	< 500

Attendance

Attendance in class is **mandatory**. We also expect you to be **punctual** out of respect to both your instructor and your fellow students. An absence for more than half of a particular day's session will be considered an absence for that day.

If you cannot attend class because you are ill, please **notify your instructor** by e-mail (not via messenger service or through another student) before class. Any absence **without a notification** of your instructor before class will automatically be considered **unexcused**.

Absences because of **illness** are **excused**; however, for the **third** sick day and every other sick day after that (per course), you will need to turn in a **doctor's notice** ("Attest" in German) in order for them to count as excused, too. It is **your** responsibility to keep track of your absences and to know when a doctor's note is required. No doctor's notice issued more than three days after the day of illness will be accepted.

If you miss an **exam** due to an excused absence, your instructor and the FU-BEST team will arrange a make-up exam for you; you may also be entitled to a term paper **deadline extension**. If you, however, do not fulfill all course requirements needed for a grade by the (later) date determined by the program, passing the course is no longer possible.

Please also note that if you miss **more than half** of a course's sessions (even if due to excused absence), passing the course is no longer possible.

Personal travel and visits by relatives or friends are **not** accepted as reasons for absence (i.e., absences for these reasons always count as **unexcused**).

Regarding **unexcused** absences, please note the following:

- Any unexcused absence has consequences for at least the participation portion of the grade.
- Two unexcused absences lead to a lowering of the course grade by a fraction.
- Three unexcused absences will result in a 5.0 (equivalent to an "F") on the transcript.

Literature

Digitized readings posted on the online learning platform Blackboard.

Course Schedule

Calendar	Topics, Readings, etc.
Session 1	<p>"Why does anyone care?" – Health, Age, and Society. An Introduction. Getting to know each other and the course. Subject Matter, Syllabus, Course Assignments, Attendance.</p>
Session 2	<p>"Living the Good Life" – Philosophies and Histories. Basic Concepts and Key Terms. Different Approaches to who is responsible for making sure everyone is alright (oneself, "the State" or Party or Ruler, civil society, "the rich", the "bosses", etc.). Relevant political, social, economic theories. Famous proponents, politicians and practitioners.</p>

	<p>What is (in different contexts or under other names): Solidarity, self-care, welfare, “the health system”, income, “Vorsorge”.</p> <p>Readings</p> <ul style="list-style-type: none"> • Esping-Andersen, G. (1990). <i>The Three Worlds of Welfare Capitalism</i>. Princeton: Princeton University Press. [Chapter 1] • Harcourt, W. (2023). <i>The Ethics and Politics of Care: Reshaping Economic Thinking and Practice</i>. <i>Review of Political Economy</i>, 1–17.
Session 3	<p>Systems of “Care”, Part 1: Europe and Germany. Health systems, institutions, governance, funding, economies and budgets. Germany, France, Sweden, the UK, ...</p> <p>Readings</p> <ul style="list-style-type: none"> • Saltman, R. B., Busse, R. & Figueras, J. (Hg.) (2004). <i>Social Health Insurance Systems in Western Europe</i>. [Chapters to be announced]. • Busse, R. & Blümel, M. (2014). Germany: Health system review. <i>Health Systems in Transition</i>, 16(2), 1–296.
Session 4	<p>Systems of “Care”, Part 2: Europe and Germany. Social systems, institutions, governance, funding, economies and budgets. Germany, France, Sweden, the UK, ...</p> <p>Readings</p> <ul style="list-style-type: none"> • Vike, H. (2024). The politics of solidarity: Explaining real universalism. In: <i>The political economy of care: Reconceptualizing states and welfare in the North of Europe and beyond</i>. Edited by H. Vike, A. Fagertun, & H. Haukelin, Scandinavian University Press. • Rothgang, H. & Igl, G. (2010). The Long-term Care System in Germany. <i>The Japanese Journal of Social Security</i>, 6(1), 54-84.
Session 5	<p>Challenges: Local, National, International, Global? Common Problems, Best Practices, Epic Failures, Common Frameworks (EU?). International Institutions and Programs (UN). Who still cares?</p> <p>Readings</p> <ul style="list-style-type: none"> • Deacon, B. (2007). <i>Global Social Policy and Governance</i>. London: SAGE. [Chapter 3] • Yeates, N. (2012). Global Care Chains: A State-of-the-Art Review and Future Directions in Care Transnationalization Research. <i>Global Networks</i>, 12(2), 132-154.
Session 6	MIDTERM EXAM
Session 7	<p>Systems of “Care”, Part 3: International Comparisons. Health and social systems around the globe, institutions, governance, funding, economies and budgets in different countries.</p> <p>Readings</p> <ul style="list-style-type: none"> • Bambra, C. (2016). <i>Health Divides: Where You Live Can Kill You</i>. Policy Press. [Chapters 2-3]. • Schneider, E. C., Shah, A., Doty, M. M., Tikkanen, R., Fields, K., & Williams, R. D. (2024). Mirror, mirror 2024: A portrait of the failing U.S. health system. Commonwealth Fund. https://www.commonwealthfund.org/publications/fund-reports/2024/sep/mirror-mirror-2024

	<ul style="list-style-type: none"> • Jaworeck, S. (2024). Beyond objective metrics: A comparative analysis of health care systems incorporating subjective dimensions to improve comparability of access and equity in healthcare assessments. <i>PLoS ONE</i>, 19(6), e0304834.
Session 8	<p>The Labour Market: Do health and prosperity go hand in hand? Productivity, net social income, happiness report and better life index. How long should anyone (have to/be allowed to) work? Generational justice. “Bedingungsloses Grundeinkommen” – doable or utopian; fair or unfair?</p> <p>Readings</p> <ul style="list-style-type: none"> • Van Parijs, P. & Vanderborght, Y. (2017). <i>Basic Income: A Radical Proposal for a Free Society and a Sane Economy</i>. Cambridge, MA: Harvard University Press. [Chapter 1]. • tba
Session 9	<p>Care as Work: Professionalization, Precarity, and Global Care Chains Who cares for those who care? Outsourcing to women migrants Gender issues and inequalities. Urban vs. rural situations. Health and treatment as a luxury? Private providers, “business” plans for old age and care. Domestic care work → invisible care?</p> <p><u>Invitation of guest lecturer: Midwife</u></p> <p>Readings</p> <ul style="list-style-type: none"> • van der Waal, R. C. E., & van Nistelrooij, I. (2023). Obstetric violence: An intersectional refraction through abolition feminism. <i>Feminist Anthropology</i>, 4(2), 247-269. • Rodríguez-Modroño, P., López-Igual, P., & Ramos-Pérez, A. (2022). Platform work in the domestic and home care sector: New mechanisms of invisibility and exploitation of women migrant workers. <i>Equality, Diversity and Inclusion</i>, 42(2), 241-257.
Session 10	<p>Self-Care, Neoliberalism, and Individualization Self-care between empowerment and responsibility. Neoliberal feminism and the privatization of well-being. Individual solutions to structural problems.</p> <p>Readings</p> <ul style="list-style-type: none"> • Rahbari, L. (2023). COVID-19 Pandemic and the Crisis of Care: Wellness Discourses, Neoliberal Self-Care, and (Dis)Infodemic. <i>Social Sciences</i>, 12(3), 137. • Minh T. N. N., Zavoretti, R. & Tronto, J. (2017). Beyond the Global Care Chain: Boundaries, Institutions and Ethics of Care. <i>Ethics and Social Welfare</i>, 11(3), 199-212.
Session 11	<p>Care in Crisis (COVID as Catalyst) What did the pandemic expose about care systems? what needs to change?</p> <p>Readings</p> <ul style="list-style-type: none"> • Kienschnerf, M. & Thumm, C. (2024). Social Reproduction Under Lockdown: Capital, Labor, and Gender. <i>Feminist Economics</i>, 30(2), 1-24. • Stevano, S., Mezzadri, A., Lombardozzi, L., & Bargawi, H. (2021). Hidden Abodes in Plain Sight: The Social Reproduction of Households and Labour in the COVID-19 pandemic. <i>Feminist Economics</i>, 27(1/2), 271-287.

Session 12	Paper Presentations Part 1. With Peer Review and Moderation. Readings <ul style="list-style-type: none">• Student presentations – readings from student papers
Session 13	Paper Presentations Part 2. With Peer Review and Moderation. Conclusion and Outlook. “Living the Good Life” Revisited – who cares now? Readings <ul style="list-style-type: none">• The Care Collective (2020). <i>The Care Manifesto: The Politics of Interdependence</i>. London: Verso. [Chapters 2-3].
