

BOOK REVIEW

Living with an Infected Planet: COVID-19, Feminism, and the Global Frontline of Care

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One silver lining of the COVID-19 pandemic was that it highlighted how central and vital care is to societies and economies. It also generated a small publishing boom on the need for reimagined responses to ongoing care crises. Elke Krasny's book, *Living with an Infected Planet: COVID-19, Feminism, and the Global Frontline of Care*, offers a refreshing and innovative approach that connects care crises with interlinked global crises—health, ecological, epistemological, and ethical—and calls for cross-disciplinary thinking and new political and public imaginaries. Krasny, an Austrian feminist cultural theorist, is guided by a “social obligation to look at and listen to words and images” (16). With a nod to Donna Haraway, she approaches words, images, and metaphors as “material-semiotic nodes or knots” (17) with multiple material histories and perform-activities. Her evidence and data are drawn mainly from political speeches and press briefings of international organizations such as the United Nations (UN), the World Health Organization (WHO), the International Monetary Fund (IMF), and national governments; governmental, non-governmental, and feminist policy documents; and media coverage and popular imagery.

Krasny began writing this book on March 13, 2020, as she listened to António Guterres, Secretary-General of the United Nations, “the world's largest universal multilateral international organization” (11), declare war against the COVID-19 virus. In the months that followed, she observed and analyzed how the pandemic “affirmed

and celebrated the masculinist and militaristic rhetoric” and “militarized care essentialism” (13) while also revealing “the absence of public imaginaries of care” (15). This led Krasny on a journey “to comprehend” (11) and to find “new caring ways of relating to and living with our infected planet” (108). Her central philosophical question is: “What, then, does it mean in cultural, social, spiritual, affective, and emotional terms that the response to the pandemic health catastrophe was not articulated in a vocabulary of care, but in the terminology of war?” (12).

Krasny’s book is beautifully and creatively written. The reader is drawn into her compelling personal and political journey of intermingled “*feminist worry and feminist hope*” (16) which, she says, “motivate and drive this book” (13). Krasny’s movement toward feminist hope is fueled by her shift away from war imaginaries to care imaginaries, by her discovery of examples of “feminist recovery” plans from around the globe, and by her rethinking of care and “care feminism.”

Living with an Infected Planet is composed of a substantive Introduction (“Worry and Hope”), three core chapters (“We are at War,” “Serving at the Frontlines,” and “Feminist Recovery”), and a short Conclusion (“We Care Therefore We Are”).

Chapter 1, “We are at War,” explores a series of widely shared metaphors and images of war and militarized versions of care that were mobilized in speeches made by multilateral organizations, including the UN, the IMF, and the WHO, and national government leaders, such as French President Emmanuel Macron. Krasny develops feminist worry as an approach and a “method” that guides her concern and analysis about the lasting material effects of these hegemonic war metaphors and their ability to “penetrate legal and economic policy in times of non-war” (13).

In Chapter 2, “Serving at the Frontlines,” she further excavates a wide range of militarized images and metaphors as they appear in international speeches, media coverage, and public and political imagery throughout the pandemic lockdowns. These images and metaphors include “frontline worker,” “hero nurses,” and “COVID warriors.” A few examples of what she calls the “pandemic gaze” (95) are India’s Prime Minister Narendra Modi and how he “turned the community health workers into Covid Warriors” (88); a photo essay in the April 2020 issue of *National Geographic* entitled “Photos show the world’s essential workers serving on the front lines” (211); and *Time Magazine*’s front cover image (December 2020) of health care workers and the title “Guardian of the Year: Frontline Health Workers”. Krasny writes about the latter as a cover image whose “composition and visuality ... subtly counteract any notions of the feminization of care”, noting their “pandemic frontline uniforms, their protective masks, and their blue or white hospital clothing, suggestive of health workers who are working together and standing in solidarity...” (96).

Chapter 3, “Feminist Recovery,” is guided by Krasny’s “feminist hope”. Seeking to shift from war imaginaries, Krasny describes how alternative imaginaries need to be “critically unearthed and reconstituted from the long history of multiple silences around care” (15). She locates examples of care imaginaries in some feminist recovery plans, which were developed during the early months of pandemic lockdowns in 2020. These include for example, initiatives created by several national non-governmental organizations (e.g., the YWCA in Canada; a pan-African feminist initiative, the Afrifem Macroeconomics NAWI Collective; and the Women’s Policy Group in Northern Ireland), universities (e.g., Rutgers University and the University of Warwick), and recovery plans from feminist, Indigenous, and immigrant groups within governmental agencies (e.g., the Maui Council in Hawaii, United States). She highlights

how these were all intersectional approaches centered on “the interlocking devaluation of class, caste, race, gender, sexualities, and the environment” (106).

Krasny maintains that feminist recovery must be premised on care imaginaries that move beyond “assumed human exceptionalism and human-centered speciesism in care” toward the view that “care is planetary” (107), with “planetary interconnectedness, interdependencies, and inter-vulnerabilities” (108).

Both Chapter 3 and the Conclusion lay out Krasny’s expansive definition of care imaginaries and care feminism as processes, practices, and approaches that are simultaneously “corporeal, material, infrastructural, natural, environmental, ecological, epistemological, emotional, spiritual, and ethical” (14). She acknowledges that she is building on the work of other care theorists, including approaches that interweave care, ecologies, and more-than-human care, as well as twenty-first-century activism around climate change, colonialism, and racism. Her approach “planetary care” and her contributions to “the emergence of a new twenty-first century care feminism” (131) are the key take aways from this book.

Krasny offers her book as “a modest contribution to a still largely unwritten history of political, economic, and epistemic cultural imaginaries and social ontologies relevant to understanding care” (15). I applaud her efforts and view this work as a rich base for further exploration and research. There are three areas, however, where her book could be more closely connected to broader feminist philosophical conversations and debates. First, although Krasny cites feminist philosopher and epistemologist Lorraine Code, she could have given more attention to Code’s work on social imaginaries. This would have deepened the significance of the wide-reaching effects she attributes to public and political imaginaries (see Code 2006; see also McHugh and Doucet 2021). Second, Krasny links care and epistemologies throughout the book; this focus could have been strengthened by a more robust weaving with the extensive body of work on feminist epistemologies, some of which have appeared in this journal (e.g. Dalmiya 2002; Longino 2010). Third, the key concerns of this book—interplays between war, violence, and care—were also the focus of the late feminist philosopher Sara Ruddick and subsequent debates that built on her work. Although Ruddick wrote about mothers and maternal thinking, her broader contributions braid together epistemologies and care. She argues that care offers an alternative to dominant, rational practices of “indifference and assault” (Ruddick 1995, xi) and is antithetical to war, militarism, and violence (e.g. Bailey 1994; Confortini and Ruane 2013).

These comments on widening this book’s connections and conversations do not, however, diminish its important contributions. Krasny’s argument that the “poverty of imaginaries of care is part of the profound crisis of care” (19) will stay with me. In one of the book’s back cover endorsements, Joan Tronto writes that she was “deeply moved by this thoughtful book’s trajectory from ‘feminist worry’... to ‘feminist hope’; for a genuinely transformative recovery imagined as a new care feminism.” On this and many other matters, I agree with Tronto.

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