CHAPTER 41

Care Geographies: Work, Home, and Bodies

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> Sometimes we call them care webs or collectives, sometimes we call them "my friend that helps me out sometimes," sometimes we don't call them anything at all – care webs are just life, just what you do.
> (Piepzna-Samarasinha 2018, p. 6)

Discourses of care, it seems, experienced unprecedented popularity during the COVID-19 global health crisis. In response to the pandemic, businesses and governments released statements declaring their care for residents, "essential" workers were often defined as those in roles centered on social reproduction and care work, and cuts to healthcare systems were made abundantly clear with inadequate resources to respond to the pandemic (Bhattacharya and Jaffe 2020). Even Facebook has a "care" reaction for posts, allowing users to say they "care," if reactions of "like," "love," "haha," "wow," "sad," or "angry" are inadequate. This resurgence of care discourses provides an opportunity to reflect on care geographies, including considerations of urgent questions of care that face the discipline of geography as we try to imagine a life beyond COVID-19.

The ground covered by care geographies is wide reaching and cannot be addressed in sufficient detail in a single chapter. As a result, this chapter offers a focused discussion of multiscalar approaches to care in geography. In the following, we briefly review some of the geographies of care literature. Then, we provide an overview of care as work, including the commodification of care. From there, we turn to an overview of the home as a site of care, including a review of emerging scholarship emphasizing the relationship between care and housing. This material is followed by a discussion of care at the scale of the body, including the "cared for" body, the pregnant and breastfeeding body, and healthy body. We conclude with some suggestions for future directions of care geographies.

Geographies of Care

At its core, care is a "species activity that includes everything we do to maintain, continue and repair our 'world' so that we can live in it as well as possible" (Fisher and Tronto 1990, p. 40). Care is significant to our everyday lives, yet the work of care is unevenly distributed, with women and people of color doing more (Lawson 2007). Feminist scholars have extended and challenged

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theorizations of care, advocating for its significance and demonstrating the ways that care is fundamentally shaped by power and sociospatial processes (Held 1995; Tronto 2001; England 2010; Lawson 2009; Cox 2013). Geographical theorizations of care often draw on specific phases of caring: caring about, caring for, receiving care, caregiving, and later caring with (Tronto 2001, 2013). Conceptualizations of "caring with" build on the prior four care categories, with a goal of challenging normalized hierarchies between caregivers and care receivers and advocating for symbiotic care relations (Lopez and Gillespie 2016; Piepzna-Samarasinha 2018; Power 2019; Thompson 2021). Although many theorizations of care suggest that it fulfills needs and enables survival, care can also be about meeting desires (Cooper 2007). Moreover, caring relationships do not necessarily result in "good" care, yet care relations still serve a key role in structuring society (Bartos 2018).

For some time now, geographers have expanded the concept of care to consider the spatialities of care and the difference that location, scale, and space make in the practices and processes of care (e.g. Lawson 2007, 2009; Raghuram et al. 2009; England 2010). Feminist geographies of care often engage with Joan Tronto's work (2020[1993]) but have also evolved in conversation with postcolonial and antiracist scholarship on care (Hill Collins 1990; Narayan 1995; Raghuram et al. 2009; Bartos 2019). Geographic care theory explores diverse spaces and places associated with the politics, practices, and processes of care, with a particular focus on the home, community spaces, institutions, and the state (e.g. Conradson 2003; Milligan and Wiles 2010). More recent scholarship continues to expand geographic theorizations of care: from addressing the creation of more inclusive caring spaces that, for example, account for lesbian, gay, bisexual, transgender, and queer (LGBTQ) elders (Radicioni and Weicht 2018) to exploring the role of care in different types of housing tenure (Power and Bergan 2019; Thompson 2021) to demonstrating how care can be "uncaring" (Bartos 2018).

Other geographic work focuses on theorizing the spaces and relationships of care work, such as those in health care, home respite care, and domestic work (Brown 2003; England and Henry 2013; Bastia 2015). These theorizations do important work in terms of understanding how relationships of care are often positioned as a hierarchy between caregiver and care receiver, as well as how care work is underpaid and undervalued because disproportionately, women of color are doing the labor. Exploration of how working parents, particularly mothers, negotiate home and paid work responsibilities has also been a long-running theme in care geographies (Huang and Yeoh 1994; James 2017). Feminist approaches are prominent in care geographies, and as a result, many analyses use gender as their primary analytical lens. Recently, these gender analyses have also included interrogations of the intersections between care work and masculinities (Brown et al. 2014; Barr et al. 2020). Although care work is often understood to be located in the home, geographic research has increasingly emphasized that care work takes place in a range of spaces and across scales, from the body to the home to the global (Cox 2010; Gallagher 2018). Although care geographies have expanded to include a range of topics, spaces, and approaches, ongoing critiques of the subdiscipline illustrate that there are a number of gaps in care geographies that must be engaged, moving forward. These gaps include demands for greater engagement with postcolonial theory and disability justice; interrogations of the whiteness of care theory and of the intersections of care work with social hierarchies of race; and further discussion on care geographies' focus on cisheteronormative reproductions of gender binaries (Cooper 2007; Raghuram et al. 2009; Hobart and Kneese 2020; Malatino 2020).

A new strand in the geographies of care literature explores the question, "How do we practice care where we work?" (Bartos 2021). As many of us work in neoliberal universities that privilege competition and individualism over collectivity and care relations, how can we bring care geographies into academic spaces? This care work has already begun, whether through the enactment of slow scholarship or academic "buddy-systems" (Mountz et al. 2015; Lopez and Gillespie 2016). Geographers have also interrogated the circumstances and conditions of mental health in the academy (Peake et al. 2018) and created academic solidarity collectives led by care politics and friendship. For example, the Place + Space Collective (P+S), of which Samantha Thompson is a member, is based at Simon Fraser University. According to their website, the P+S Collective

> creates a space for members to reflect on our geographies, engage each other and our departments, and present and publish as a collective. Established in 2016, the P + S Collective leads with solidarity for each other and works within a non-hierarchical model of consensus, friendship, empathy, and care as we navigate interdisciplinary challenges and the ongoing neoliberalization of the institution. (Place + Space Collective 2021)

The Collective's work has included organizing a conference to support the creation of other solidarity collectives, raising money and resources for land defenders, Venezuelan migrants, and Colombian River Communities, organizing with graduate students against workplace harassment and bullying, and creating an art project in solidarity with calls for Simon Fraser University to take steps to decolonize the campus. These examples illustrate some of the ways we might still center care work, despite the pervasively neoliberal university.

Care Work

Care is socially constructed, and the gendering of care is part of that construction. As an analytical tool, care demonstrates the ways that patriarchal structures shape the valuing and doing of care work (Glenn 2010; Tronto 2013). It is feminized (including when carried out by men), undervalued, and underpaid. Care is often represented as unskilled work and as a naturalized "labour of love" imbued with its own intrinsic rewards, which "justify" the low wages associated with paid care work (England 2010, 2017; Cox 2013).

Geographers focused on care work often underscore its significance as a commodity and how this commodification affects conceptualizing care as a relationship (e.g. Cox 2013). Care has been increasingly commodified in the Global North since the 1980s, with the rollout of neoliberal policies and the emergence of a "care-economy" divide where care as a commodity is seen as more valuable than, and separate from, care as a set of social relations (Green and Lawson 2011; Ho and Huang 2018; Schwiter and Steiner 2020). This division makes it easier to imagine people as autonomous human beings whose successes are achieved without care from others. From this neoliberal framing of human subjects flows the belief that these successes do not need to be shared collectively, even though care is "life's work" (Strauss and Meegan 2015).[1]

Many women work as paid care workers in other people's homes, and these women are disproportionately women of color, many of whom are also recent immigrants (Glenn 2010). The increased transnational migration of care workers speaks to broader questions about globalization, neoliberalism, and the restructuring of care within and across nation-states (Strauss and Meegan 2015; England 2017; Schwiter et al. 2018). For example, importing nurses is often a "quick fix" policy solution to address labor shortfalls in the Global North (e.g. Connell and Walton-Roberts 2016; Raghuram 2016). However, "quick fix" policies raise troubling questions about the active recruitment of international nurses and the ethics of depleting other countries of their healthcare workers. Nurse migration, in turn, affects not only those sending countries' ability to provide adequate health care for their citizens but also their future social and economic development (England and Henry 2013).

The paid care work relation is saturated with discourses about intimacy and affective labor (Glenn 2010). When paid care occurs in someone else's home – a site already deeply suffused with complex feelings, emotions, and ideals – those discourses become even more potent (e.g. Yeoh et al. 2023). For home care workers, for instance, the care work relation is emotionally complex and power inflected. Unlike work relations in an institution, the home-based care work relation is more likely to be shaped by ideas of friendship and family (Yeoh et al. 2023). Another consideration is representations of care recipients in institutions and homes as passive receivers of care in these relationships (England and Dyck 2012). However, as disabilities studies scholars

1 However, this is not to say that nonmarket care relations are always superior or unproblematic (Cox 2013).

demonstrate, many care recipients actively resist practices that render them as mere objects of pity, and they are often also care providers themselves (Hobart and Kneese 2020). Additionally, although the premier site of care is often assumed to be the home (or a medical facility), care occurs and plays out differently in different places. For example, Brown et al. (2014) argue that contrary to many depictions, gay bars are also a place of men's caring. Their analysis of historical documents and their interviews with elders reveal that it was in bars that "gay men cared for each other, their worlds and were cared for by others across difference" (p. 312).

Colonial and postcolonial framings are also important in understanding care (Raghuram 2016). Postcolonial critiques of care point to the global relationships of care shaped by historical and contemporary colonialism, as well as the prominence of assumed Global North locations and whiteness in a majority of care research (Raghuram et al. 2009; Raghuram 2016). For instance, a "spatial fix" of care is embedded within global hierarchies as care worker "shortages" in the Global North are addressed by recruiting care workers from the Global South. Other, potentially more caring, strategies are possible, such as addressing "shortages" domestically by increasing wages, improving the retention of nurses, and investing in nurse education (England and Henry 2013). There are variegated geographical landscapes of caregiving and paid care work, and at minimum, comparisons of care work across places and scales promise to create richer and more nuanced knowledges of the cultural, economic, and political processes that produce similar and different care work practices.

There is also growing attention to linking men, masculinities, and care in ways that refuse the essentialization and naturalization of particular characteristics of gender. Tarrant (2020), for example, draws attention to the intergenerational geographies of caring masculinities, focusing on grandfathering as a spatiotemporal practice. Boyer et al. (2017) speculate that the growth in stay-at-home fathers in the United Kingdom raises the potential for changing divisions of care work and even the regendering of care itself. Shwalb and Shwalb (2015) consider the geographic and cultural diversity of fathering in the Caribbean, Central/East Africa, China, and India, and Gorman-Murray (2017) stresses that local and regional masculinities create an uneven geography of acceptance of men's caregiving and fathering practices.

Recent work additionally underscores how normalized understandings of caregiving can reproduce cisgender binaries that exclude trans, nonbinary, and gender-nonconforming (GNC) individuals (Hines 2007; Malatino 2020; Davenport 2020). For example, Marvin (2019) demonstrates how intergenerational caring relations often occur in trans and queer communities as a result of widespread bio-family rejection. Such relations include the STAR (Street Transvestite Action Revolutionaries) House, founded in 1970 by Sylvia Rivera and Marsha P. Johnson in New York City, where trans youth were housed and cared for by elders. Marvin (2019) uses this case to emphasize a fundamental link between dependency and solidarity.

Still, we find that in general trans, nonbinary, GNC, and queer networks, relations, and politics of care remain undertheorized and relatively underexplored in care geographies, and future research should address this gap. Overall, geographic scholarship on care work demonstrates that care is multiscalar and encompasses various processes and relations, including neoliberalized public policy (such as health care and immigration) and the spaces of care (such as homes, hospitals and bodies). A focus on care work also offers geographers opportunities to meaningfully engage with existing and emerging scholarship on disability justice, masculinities, and trans geographies, as well as postcolonial critiques.

Home and Housing

The home has long been theorized as an important space of care by geographers (England 2010; Milligan and Wiles 2010). In particular, there has been significant discussion about the different types of care that occur in the home, including care for the self, inter/intragenerational care, and other types of physical and emotional support for people and animals in the home, as well as

neighbors (McKeithen 2017; Bowlby and Jupp 2020; Thompson 2021). Care geographers also consider the different conditions under which care occurs in the home, including terminal hospice care and domestic workers' care labor in other people's homes (Brown 2003; England and Dyck 2012; Yeoh et al. 2023), and the ways that care in the home is shaped by intersecting social structures of power, including race and gender (hooks 1990; Longhurst 2017; McTighe and Haywood 2018).

Further, geographers have theorized the ways that care occurs (or does not occur) in houses-as-homes: the upkeep and decorating of the home; the intentional destruction of home; the meaning of home for individuals who are homeless; and senses of belonging in homes and neighborhoods (Parsell 2012; Daya and Wilkins 2013; Blunt and Sheringham 2019). For example, in her rethinking of "domicide," Nowicki (2014) suggests that this intentional destruction of home and the geopolitics embedded within acts of domicide must be taken up in geographers' explorations of meanings and relationships of home. Questions of care work in the home interrogate under what conditions care labor takes place, how care is commodified, and who is doing this "dirty work" or intimate care work, and why (England and Dyck 2012; Tronto 2013). These types of care are uniquely shaped by the fact that they occur in domestic spaces or the private sphere, further complicated when the private space of the home is simultaneously the workplace for paid care workers.

The home, however, is more than simply the site of care work and is "intimately connected to sites and relations beyond it" (Blunt and Dowling 2006, p. 114). For example, connections between home and care are demonstrated by the myriad ways actual home healthcare practices are shaped by developments in the organization of health and social care at national and regional scales, including the regulation of paid home care workers (Schwiter et al. 2018). Critical geographies of home recognize the home as a complex, multiscalar space that is composed of intersecting materialities and feelings (Blunt and Dowling 2006; hooks 1990). Notably, the home is not always a house: home can be many different places simultaneously, and individuals may not feel at home in their housing. This distinction is of particular importance because the equation of house to home is predominantly a Western notion, which typically fails to account for Indigenous knowledge and experiences of housing and home (Penfold et al. 2020). Through critical geographies of home, we can understand that theorizing the home as a space of care work is only one dimension of many that shape the relationship between home, care, and housing.

These connections are teased out through recent geographic work emphasizing a broad understanding of the relationship between care and housing, which can include diversifying the types of housing available to meet different needs (Power and Mee 2020); tenant organizing and neighbors building relationships to create feelings of home (Thompson 2023; Power and Gillon 2021); and the complex role of "caring" housing policies, including during the displacement of tenants (Ruming and Zurita 2020). A growing subdiscipline within care geographies theorizes the intersections between care and housing to better understand the spaces and relationships of care within housing and "make visible, re-vision and re-value the caring possibilities and constraints of housing" (Power and Mee 2020, p. 486). Experiences of care in housing are shaped by housing's tenure and materialities, housing policy, and relationships within the housing itself, as well as by intersecting identities of residents and property owners (Power and Williams 2020; Ruming and Zurita 2020; Power and Gillon 2021; Thompson 2024). Geographers have argued that care in housing is an important factor in whether housing is understood as home (Ruming and Zurita 2020; Thompson 2021). Further, as Spade (2020) argues, everyday care plays an important role in developing collective responses for and by tenants as a result of systemic inequalities.

One point of inquiry taken up in the geographies of care and housing is the positioning of housing as an "infrastructure of care" that expands the theoretical possibilities for both housing and care (Power and Mee 2020). Understanding housing as an infrastructure of care means accounting for the ways that care is affected by the materialities, markets, and governance of housing (Power and Mee 2020). For example, how do different housing tenures or the built

environments of housing make possible different types of care practices and politics? Considering housing as care facilitates theorizations of care that pay attention to the spectacular and mundane and to the everyday practices and politics of care, while also expanding understandings of the multifaceted relationships between home, housing, and care.

Bodies

Feminist conceptualizations of the corporeality of actually existing bodies are increasingly important in geographers' understandings of care. This section engages work on embodied care, especially managing one's corporeality, the pregnant and breastfeeding body, and the implications of the promotion of the "healthy body." For geographers, the body's fleshy materiality is infused with emplaced social meanings of gender, race, sexuality, and other dimensions of intersectionality (Longhurst and Johnston 2014). This emphasis on embodiment underscores how bodies are not separate from their constitutive material and discursive processes and highlights the spatialities of bodies and the body itself as a geographic scale.

The cultural and social processes whereby powerful discourses are embodied in "the lived body" of everyday encounters in particular spaces have been a key theme in care geographies (e.g. Dyck 2011). Early work on embodiment included self-disciplining the body through bodybuilding and exercise (Johnston 1996) and pregnancy and motherhood as multiscalar (Longhurst 1997). Johnston (1996) found that women bodybuilders' sculpted bodies disrupted normative expectations of women's bodies, as well as the masculinized spaces (gyms) in which the sculpting takes place. Coen et al. (2020) draw on emotional geographies to suggest that gyms are "emotionally fraught environments" (p. 314) that might restrict the gym as a space of self-care for some groups of women. Richardson et al. (2017) draw similar conclusions regarding people with disabilities who spoke of valuing the health benefits of physical fitness but also feeling excluded in gyms. However, Little (2017) explored women's exercise identities (as runners) and their use of fitness technologies, concluding that bodily fitness and controlling body size might be important factors for the women but are only one component of "a broader sense of caring for the body" (p. 327).

If the able-bodied, well-exercised, "cared for," and "thin" body is taken as a signal of both self-care and self-respect, then discourses about "fat" bodies problematically swirl around an implied lack of self-care and control and of bodies in need of intervention, medical or otherwise (Colls and Evans 2014; Longhurst and Johnston 2014). Yet the narratives around desirability and disgust concerning particular body sizes are culturally varied, and the meanings and embodied experiences of "fatness" change from place to place, as well as across time (e.g. Lloyd 2019). Indeed, Strings (2019) details the persistence of the racist historical roots of fatphobia and the racialized ideal of thin bodies, both steeped in anti-Blackness. To consider the ways that fatphobic discourses of self-care can be challenged, Oliver and Cameron (2021) recount the story of a fat-identified softball team, the Heavy Hitters, in British Columbia. These athletes simultaneously challenged chronic fatphobia, enacted fat activism to challenge stigmas around why fat people move their bodies and created community through organized group sports.

Another early theme in embodied care is the pregnant body. Robyn Longhurst (1997) asked pregnant people about their transforming bodies and comfort level in particular public spaces. The multiple ways that the politics of pregnant bodies, childbirth, and motherhood are interwoven with cultural and social processes remain a mainstay in care geographies (e.g. Boyer 2018). Indeed, M. England et al. (2018) make the case for reproductive geography as a research agenda for feminist care geographies, asking us to expand understandings of spaces of reproduction to include the embryo and placenta, the home and the clinic, the community, and the nation-state as scales of analysis. Breastfeeding is one practice of parenthood that is manifestly embodied care (Boyer 2018; Porter 2018). For instance, in her exploration of the spatialities of parenting practices, Boyer (2018) interprets breastfeeding as an act of care but also an act of "corporeal intra-action" and a potential act of "care work activism." Porter (2018) looks at lactation support

programs in the workplace, addressing the spatialized lived experience associated with the increase in workers pumping breastmilk and, from that, the potential for transformative social and spatial possibilities in the workplace.

The body, of course, is also at the center of healthcare systems. Early on, Dorn and Laws (1994, p. 107) called for a deeper commitment by medical and health geographers to understand "the body in both its material and representational forms." Since then, scholars have made the case for interweaving medical, sociocultural, and sociobiological interpretations of the body and for truly embodied care geographies (Parr 2002; Dyck 2011; Parry et al. 2015; Hirsch 2020). Healthy lifestyle promotion and risk-reduction messaging have become key themes in neoliberalized systems of care, especially publicly funded care, in ways that direct populations to take control of their own health management. In the United Kingdom, Ortega-Alcázar and Dyck (2012) argue that the rise of discourses and practices of health care promotion is undergirded by an uncritical, medicalized view of health and bodies that is steeped in cultural determinism that can reinforce stereotypes of particular immigrant and ethnic minority groups.

Neoliberalized embodied health care practices are happening in the Global South, too. In a project on body-mass index (BMI) "camps" in rural North India, Nichols (2020) argues that the supposed "normal" BMI (based on Western bodies) has become a technology of discipline used against "underweight" women (color-coded ribbons are put around their waists), reducing their bodies to a metric and individualizing responsibility for their poor nutrition. On the other hand, Hirsch (2020) uses the lens of Black geographies to explain the refusal of Sierra Leoneans to accept Western-style treatments for Ebola. Looking to South Africa, King et al. (2018) focus on the gender-health-place nexus related to public health interventions associated with HIV management and the expanding biomedical HIV/AIDS treatment regimens around antiretroviral drugs. Clinics also advocate for additional "healthy" behavioral practices that are difficult to achieve in places already experiencing food insecurity and that complicate existing gendered social relations around women's bodily care, sex practices, and caring for their gendered selves (also see Rishworth and King 2021). As care geographers' attention to bodies and embodiment in research projects such as those outlined in this section make clear, the body is an important scale of analysis and the practices and policies of care (and uncare) are brought into existence in and through the intimate space of the body.

Future Directions

Recently, care geographies have expanded the breadth of which spaces are conceptualized as sites of care and deepened understandings of who cares, how and where. These new research pathways are particularly urgent in the face of the intensified depoliticization and commodification of care via neoliberal racial capitalist regimes. Bartos (2019), for example, reminds us that even as care geographic scholarship seems to be growing, many societies remain largely uncaring *across* scales. As a result, she argues, the continued stretching of care's boundaries is of utmost importance, and we must expand our theorizations of what care is, who are carers, how care can be uncaring, why care is valuable, and the countless and multifaceted ways that care is both a practice and a politics. Some of the greatest issues facing care geographies at present are the absence of deep engagement with postcolonial and decolonial work; the overwhelming focus on cisgender women, to the exclusion of trans experiences of care; and the ongoing whiteness that runs through normative understandings about care. Given these challenges, where do we go from here? We suggest that there are a number of clear avenues and urge care scholars to continue to think about how the boundaries of care geographies can be expanded (Bartos 2019).

First, home is multiscalar, and questions of where home is, and whose home matters, must remain central to explorations of the intersections between work, housing, and care. Further, although not unique to housing, there are important absences that care geographers must grapple with when considering the spaces and places of care. Largely because of sustained focus on

care in a Global North context, care geographies have been critiqued for failing to adequately engage with postcolonial theory and address the role of whiteness in relationships of care (Raghuram 2016; Hirsch 2020). Raghuram et al. (2009, p. 9) ask a number of questions that remain central to theorizations of postcolonial care geographies:

> We have to always ask ourselves, responsibility in what spaces, places, time and for which people? What are the limits to responsibility and how are those worked through in different spatial arrangements? When does acting responsibly mean refusing to be responsible?… Who benefits from delivering care? Is care necessarily good for the carer/cared? When does caring actually become an irresponsible act?

Raghuram (2016) suggests that geographers are uniquely positioned to draw out the tensions and complex nature of care, due to their attentiveness to spatial variations. An engagement with postcolonial theory, however, remains a significant gap within care geographies. Future research in care geographies must engage with decolonial and antiracist geographies to firmly situate care work and politics within projects of racial capitalism and settler colonialism (A. Simpson 2014; L. B. Simpson 2017; TallBear 2019). For example, Gilmore (2020) points to the necessity of organizing health care and housing for survival, while simultaneously organizing against racial capitalist, cisheteropatriarchal, colonial systems. Importantly, Neely and Lopez (2022) emphasize that longstanding Black feminist care analysis has always accounted for racial capitalism and been embedded in intersectionality.

Second, although care is often turned to for hope and just futures, care can also exacerbate violence and cause harm (Bartos 2018; Schwiter and Steiner 2020). The emphasis on community-based care, as public services continue to be underfunded or privatized, necessitates ongoing critical analyses (Milligan 2001; Milligan and Wiles 2010). Theorizations of the commodification of care can also be extended in this dimension, expanding understandings of the ways that commodification has led to care that is not inherently "caring." Commodified care focuses on profit, not social relationships, and has made care more available to some than to others (Green and Lawson 2011; Schwiter and Steiner 2020).

Third, explorations of uncaring care can be developed further through an examination of responses to uncaring care, or care that develops when state systems of care fail or perpetuate violence. For example, Piepzna-Samarasinha (2018) describes activism and care networks grounded in disability justice made by and for sick and disabled predominantly Black and brown queer people. These networks, or care webs, aim to provide needed care with autonomy and dignity through "caring deeply" "in a way where we are in control, joyful, building community, loved, giving, and receiving, that doesn't burn anyone out or abuse or underpay anyone in the process" (p. 1). Piepzna-Samarasinha (2018) draws connections to settler colonialism as well, arguing that a fear of accessing care by sick and disabled people comes from centuries of being locked up, without rights, and abused if care was needed. This work emphasizes the need for expanded engagement by care geographers with disability justice in care theory and demonstrates ways that uncaring, commodified care can be subverted.

Finally, care geographies must expand understandings of care beyond the cisgender white woman subject and cisheternormative constructs of femininities and masculinities. Recent work by Davenport (2020) and Malatino (2020) illustrates the complex relationships involved in trans health care and care for and with trans individuals and communities. For example, through an analysis of oral histories, Davenport (2020) demonstrates that navigating trans health care requires shared knowledge among trans communities on online platforms. In his recent book, Malatino (2020) reminds us of the value of decentering care from spaces outside imaginaries about the home and nuclear families, recognizing the everyday, often-mundane, spaces of queer and trans care where part of the care work is ensuring that the care work itself is sustainable.

We conclude by returning to where we began this chapter. As we continue to navigate the COVID-19 pandemic's multiscalar impacts, questions of care retain their urgency and significance. Care geographers will undoubtedly aim to conceptualize different care pathways necessitated by

the COVID-19 pandemic. These pathways will take care geographies across spaces and scales, from responses to COVID-19 by academic institutions to the rising prominence of mutual aid projects (and, we anticipate, their subsequent depoliticization by the state). Certainly, Bartos (2021, p. 315) warns us that when considering care in universities, we must "pay attention to *whose* worlds are being maintained, continued and repaired" and be wary of the "false hope" that results in false care in academic institutions. Moreover, Neely and Lopez (2020) demonstrate the ways that COVID-19 again made visible our inherent relationality and responsibility to one another, something that feminist care geographers have addressed for some time. This recent work points to some of the many ways that the COVID-19 pandemic will undoubtedly shape the futures of care geographies.

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