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Cosmopolitan Care

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I develop the foundation for cosmopolitan care, an underexplored variety of moral cosmopolitanism. I begin by offering a characterization of contemporary cosmopolitanism from the justice tradition. Rather than discussing the political, economic or cultural aspects of cosmopolitanism, I instead address its moral dimensions. I then employ a feminist philosophical perspective to provide a critical evaluation of the moral foundations of cosmopolitan justice, with an eye toward demonstrating the need for an alternative account of moral cosmopolitanism as cosmopolitan care. After providing an explanation of how care ethics in connection with Kantian ethics generates a duty to care, I consider one main feature of cosmopolitan care, namely the theory of obligation it endorses. In developing this account, I place special emphasis on the practical ramifications of the theory by using it to analyze gender violence in conflict zones.

Keywords  Moral Cosmopolitanism; Cosmopolitan Care; Cosmopolitan Justice; Duty to Care; Feminist Philosophy; Care Ethics; Kantian Ethics; Gender Violence; Darfur

During the past two decades, care ethics has advanced beyond critique to become an established moral theory in its own right. It has done this through the refiguring of existing mainstream moral theories, as well as through more original and inventive efforts. Where does care ethics find itself today? What major contributions to philosophy is it poised to make? Which new directions are open to care ethicists both as theoreticians and as practitioners? The focus of this paper—contemporary philosophical discussions of cosmopolitanism—constitutes one main area ripe for care ethics’ distinctive blend of critical and constructive engagement. In current discussions of cosmopolitan ethics, justice-based theories dominate the philosophical landscape (Appiah 2005; Beitz 1999; Caney 2005; Moellendorf 2002; Nussbaum 2006; Pogge 1989, 2002; Tan 2004). To date, only a few theorists have made advances in the direction of developing a sustained theory of cosmopolitan care (Engster 2007; Robinson 1999; Slote 2007a, b; Held 2005, 2008). Taking a critical approach to cosmopolitanism is certainly not a new move. Scholars from various perspectives have offered...
multiple critiques. Care ethics, however, offers a somewhat distinctive angle of criticism that deserves further exploration. After determining the limitations of cosmopolitan justice from a care ethics perspective, I will counter with an alternative cosmopolitan moral formulation that care ethics generates. In brief, the shortcomings of predominant theories of moral cosmopolitanism as cosmopolitan justice currently on offer open a space for moral cosmopolitanism as cosmopolitan care.

My account of the important contributions that care ethics can make to cosmopolitan conversations advances in four main movements. I begin by offering a characterization of contemporary cosmopolitanism. Rather than discussing the political, economic, or cultural aspects of cosmopolitanism, I instead address its moral dimensions. I then employ a feminist philosophical perspective to provide a critical evaluation of the moral foundations of cosmopolitanism as understood from the justice perspective, with an eye toward demonstrating the need for an alternative account of moral cosmopolitanism as cosmopolitan care. After providing an explanation of how care ethics in connection with Kantian ethics generates a duty to care, I consider one main feature of cosmopolitan care, namely the theory of obligation it endorses. In developing this account, I place special emphasis on the practical ramifications of the theory by using it to analyze gender violence in conflict zones.

The Limitations of Moral Cosmopolitanism as Cosmopolitan Justice

The need for a care-based theory of cosmopolitanism emerges clearly against the backdrop of cosmopolitan theories of justice. Contemporary scholarly discussions of cosmopolitanism offer up multiple main approaches, many of which, though important, are not my current focus, which is instead the moral dimension of cosmopolitanism. Several main commitments are emblematic of moral cosmopolitanism in the justice tradition. Most notably, moral cosmopolitanism evidences a fundamental commitment to the equal moral worth of all human beings and to the use of impartiality in the process of moral judgment. Exactly how those commitments are enacted depends on the particular variety of moral cosmopolitanism under consideration. Such varieties are identifiable through their underlying philosophical commitments as Utilitarian, Kantian, Rawlsian, or Aristotelian, for example. A critical assessment of each of these subfields is not within the aims of the present effort. Identification and critical evaluation of the features held in common among them, however, will prove vital to the task of establishing cosmopolitan care as a viable alternative theory. By employing feminist philosophy as a critical lens through which to evaluate cosmopolitan justice, the need for a feminist account of moral cosmopolitanism based in cosmopolitan care clearly emerges.

1. Some important examples of such critical work include Lu (2000) and Scarry (2002).
Perhaps most obviously, any account of the moral foundations of cosmopolitanism must incorporate a form of moral regard for all of humanity. Beneath this allegiance to humanity, however, rests a prior allegiance ‘to what is morally good—and that which, being good, I can commend as such to all human beings’, as Martha Nussbaum has underscored (Nussbaum 2002, p. 5). Here the cosmopolitan’s moral universalism shines through. The primary allegiance that the moral cosmopolitan holds is to principles or values, and more specifically, to the good and the right. It is worth noting that Nussbaum articulates this as an allegiance to ‘justice and right’ (Nussbaum 2002, p. 5), which evidences the justice-based nature of her approach. This strong identification with justice as a fundamental, guiding value epitomizes many contemporary approaches to moral cosmopolitanism as cosmopolitan justice. In addition to a primary allegiance to the moral principles of justice and right, moral cosmopolitans in the justice tradition adhere to three related principles, namely individualism, universality, and generality, as Thomas Pogge sets forth in a well-known essay entitled ‘Cosmopolitanism and Sovereignty’ (Pogge 1992). Individuality for Pogge means that individuals are the most significant units of moral concern. Collectivities, such as familial, national, or cultural groups, qualify only as indirect units of moral concern. The idea behind Pogge’s conception of universality echoes a sentiment expressed by Nussbaum above: the equal moral standing of all persons. The third notion, generality, dictates that the equal moral standing of persons is a concern for all moral agents.

When reflecting on Nussbaum’s and Pogge’s contributions collectively, another important way of articulating a main conceptual thread of moral cosmopolitanism emerges. Moral cosmopolitanism involves a requirement of impartiality in moral judgment and structures of obligation. Cosmopolitan justice is deeply rooted in impartiality, which renders the ties of partiality questionable. Affective ties of family, friendship and fellowship, as well as geographical ties of nation and culture, find limited legitimate moral expression in a cosmopolitan justice framework. Under justice, moral cosmopolitans are to render moral judgments apart from the connections of partiality. Various modes of relatedness that give rise to special obligations, be they a matter of proximity, emotion or identity, are, to some degree, morally questionable. Special obligations gain little traction within this approach. At best, they are obligations of secondary importance. At worst, they are matters of suspicion.

With this general picture of moral cosmopolitanism in the justice tradition in mind, I now take a critical turn to evaluate moral cosmopolitanism through the lens of feminist critique. More specifically, my aim is to bring insights from care ethics to bear on the model of cosmopolitan justice. Four main criticisms occupy my attention. Care ethicists find fault with predominant versions of moral cosmopolitanism for their hyper-individualism, idealization, abstraction, and acontextuality. While I will treat each of these criticisms in turn, the conceptual overlap between some of them will be apparent at points. Aspects of this discussion will at moments have a familiar ring for those knowledgeable about the earlier justice-care debates, as some tensions that are present in the general
normative discord between these perspectives plays out in a similar fashion at the cosmopolitan level.

One of the most distinctive contributions of care ethics has been its emphasis on relationships, both in terms of the relational nurturing and generating of moral agents and the intrinsic moral worth of relationships. Care ethicists would charge that the individualism at the heart of current accounts of moral cosmopolitanism amounts to a hyper-individualism. In the context of cosmopolitan justice, the individual is the ultimate unit of moral concern, a view challenged by the foundational moral importance that care ethicists ascribe to human relationships. The atomistic, disconnected social ontology characteristic of the modern philosophical period, of which feminist theorists have been highly critical, reemerges, or perhaps carries over to contemporary theories of cosmopolitan justice, where individuals somehow separated from the relationships in which they are intertwined function as primary normative units. Care ethicists counter the hyper-individualism of cosmopolitan justice with their view of the primary moral importance of human interdependence and of the moral self-in-connection. From this vantage point, it is not possible to understand the moral self apart from the relationships in which it is embedded. From the cosmopolitan care perspective, a theory that fails to appreciate the primary normative significance of human interdependence—as cosmopolitan justice appears to do—is not a viable normative approach. Proponents of cosmopolitan care render interdependence the most morally salient feature of humanity. In this regard, cosmopolitan care and cosmopolitan justice are interestingly both varieties of moral universalism in form, though obviously the content of that universalism differs dramatically.

In addition to the hyper-individualism of cosmopolitan justice, care ethicists reveal that the typical moral agent of this normative stance is an idealized version of humanity, one that denies our shared vulnerability and finitude. The rational abilities featured in both Kantian and Rawlsian versions of cosmopolitanism demonstrate this trend rather clearly, with their emphasis on human reason and autonomy (O’Neill 1986, 2000; Rawls 1999). Cosmopolitan care ethicists approach matters of global responsibility with full awareness of the limitations that human beings face as always finite and often dependent creatures. In the cosmopolitan care framework, dependency relations are deserving of special moral attention, given the pivotal role that relations of dependency play in cultivating both moral reason and autonomy. Foremost in formulations of global responsibility from this perspective will be the needs and suffering of moral agents. Moreover, beyond guaranteeing that others’ needs are met, cosmopolitan care makes the importance of care primary in the sense of ensuring the ability of moral agents to care, that is, to ensure that caring relations can happen in practice on the ground. This is a slightly different structure of obligation than the obligation to meet another’s needs. It amounts to an obligation to support persons’ abilities to meet others’ needs, that is, to ensure that they can care.
The intertwined nature of the two final criticisms of cosmopolitan justice, targeting its abstraction and acontextuality, generally recommends treating these two complaints together. For the purposes of clarity, however, an initial attempt to disentangle the two concepts may be useful. The trouble with the abstraction at the core of moral cosmopolitanism is a problem primarily regarding the characterization of the persons on the receiving end of cosmopolitan obligations of justice. The problem of acontextuality, by contrast, is a problem with the nature of moral agents’ deliberation that cosmopolitan justice recommends.

As already established, the moral cosmopolitan holds a primary commitment to the principles of justice and right, which many varieties of cosmopolitanism often express as an honoring of obligations to other humans because of the abstract humanity shared between them, that is, apart from the features that distinguish them one from another. Such a degree of abstraction willfully ignores the embeddedness of moral agents in at least two significant respects: first, as persons situated in a nexus of human relationships and second as persons with specific identities. Absent these features, care ethicists would argue, the moral self becomes an unrecognizable wisp of moral abstraction. In addition to the damage that such abstraction does to the moral self, the abstraction inherent in impartiality—the basis for moral judgment in cosmopolitan justice—skews the nature of moral responsibility by undervaluing contextual features. In contrast, care ethicists argue that moral reasoning functions best when it incorporates the rich details of persons’ lives. How better to respond to another’s needs and suffering than with a robust sense of the circumstances of their lives, that is, of their situatedness? Thus, cosmopolitan care advocates a widening of the requirements of moral epistemology such that moral agents might engage in a contextually sensitive version of moral judgment. It connects moral agents with the details of the lives of needy individuals. In short, at the heart of cosmopolitan care theory, one finds strong skills of moral perception that improve on the process of moral deliberation that accompanies cosmopolitan justice.

Caring through Duty

Gaining an overview of cosmopolitan justice and advancing a critique of its main tenets from a care perspective are worthwhile tasks. What such an approach does not do, however, is demonstrate the distinctive, positive contribution that care ethics can make on the cosmopolitan level. In the context of the critical engagement with cosmopolitan justice above, I was able to gesture toward some of the main aspects of a cosmopolitan care theory. Providing a complete theory of cosmopolitan care, though a worthy enterprise, is beyond the scope of this paper. Developing one main feature of such a theory, however, is possible and can provide a clear sense of what constitutes cosmopolitan care. To this end, I will focus on a discussion of the obligations that a cosmopolitan care theory entails.
The notion that care ethics could generate cosmopolitan obligations might at first seem strange. Care ethics has not often been known as a champion of moral duties. Common conceptions of this moral theory often render it indebted to sentimentalist or virtue-based theories, rather than the deontological tradition. I have argued elsewhere (Miller 2005, 2006, forthcoming, April 2011) that placing Kantian and care ethics in a symbiotic relationship with one another can generate a duty to care. One of care ethics’ great contributions to the field of ethical theory is the drawing of attention to the moral significance of human vulnerability, dependence and need. Humans are vulnerable in ways that we cannot predict or prevent. We begin our lives in a tremendous state of dependency and may return to this state throughout the course of our lives. We experience needs consistently, even when living in contexts of relative plenitude. These three features point to the necessity of receiving others’ care to survive as human beings. Beyond survival concerns, care is a necessity for flourishing and for living the good life. The universal nature of this claim underscores our interdependence as a feature of fundamental moral importance. A normative analysis of the significance of our interdependent state results in a required moral response to human vulnerability, need and dependence.

This moral response is the duty to care, a sketch of which I will provide here. As finite and interdependent moral agents, we are required to respond to others’ fundamental needs. Representative fundamental needs include obvious ones such as the need for food, clean water, and shelter, as well as what are perhaps less obvious needs, such as the need for social recognition. Fundamental needs occur when a person’s agency, or potential agency, is under significant threat. When people fail to have their fundamental needs met, the result can be significant harm and a curtailment of their powers of self-determination. The duty to care, therefore, is a duty intertwined not only with human need but also human agency, which I understand to be the ability to act freely so as to achieve self-determined ends of personal significance through rational, emotional and relational means. The scope of the duty to care is universal, meaning that all people are required to care, not simply those who are inclined to do so, either ‘naturally’ or through social conditioning. This duty is not overly onerous, however, in the sense of requiring moral agents to respond to every single need of which they have knowledge, as such a requirement would limit the well-being of

3. The related literature offers multiple lists of needs (e.g. lists by Terleckyj, Drewnowski, and Offe), which are nicely captured in Braybrooke’s helpful list compilation (1987, pp. 35–38). Not all such lists, however, have agency as their focus, as mine does. While conducting a comparative analysis of lists of human needs is not a primary task of this article, consideration of the distinction between my approach and one other well-known one does merit comment. Martha Nussbaum famously offers a list of ‘Central Human Functional Capabilities’ (2000, pp. 78–80). Although some overlap does exist between our lists, I believe that our approaches differ in terms of their main focus and aim. That which I identify as fundamental needs are necessary for agency. They are what people need in order to function as self-determining agents in their lives. In contrast, what Nussbaum develops is a list of human capabilities, with a main focus on the capabilities that are necessary for achieving flourishing or to live a truly human life.
moral agents by causing them to experience needs themselves. Thus, a large degree of self-sacrifice is not required. The burden of response is thus limited by attention to the needs of the one who cares. The duty does not require and in fact prohibits moral agents from responding to others in a way that creates fundamental needs in them. Exactly when and how moral agents respond under the duty to care is a matter of flexibility. In this formulation, moral judgment, in connection with context, necessarily plays a large role in determining exactly when and how moral agents must meet others’ needs.

The duty to care is a moral requirement designed not to foster dependence but rather self-determination. By addressing persons’ experiences of needs that compromise their agency, the aim of caregivers enacting the duty to care is to help cultivate, maintain or restore agency and self-determination. This means that the form of care giving that the duty to care requires will be care that respectfully acknowledges the abilities of those in need to set and realize their self-determined ends and life goals. Often, though admittedly not always, those in need will be best positioned to understand and articulate what they need. Respect for moral agents’ powers of self-determination, as well as their sense of what leads to their happiness, is a vital component of the duty to care.

A point of apparent tension between care ethics and the duty to care concerns the role of emotion in the context of duty. The moral relevance of emotion has often been seen as a central component of care ethics and is one key element of what sets this ethic apart from other normative theories. In contrast, the duty to care does not require moral agents who perform the duty to experience any particular feeling for those whose needs they meet. This is because emotion cannot be a matter of obligation. Moral agents can be obligated to act in certain ways toward others, but they cannot be obligated to experience certain emotions toward those for whom they care. While acknowledging the importance of care ethicists’ assertion that good care of intimates often involves significant emotional attachments between care giver and care receiver, the duty to care opens up the possibility of a different model of care between distant strangers, a model particularly relevant to reformulating moral cosmopolitanism from the perspective of care ethics.

The Obligations of Cosmopolitan Care

Structures of obligation are a cornerstone of many theories of moral cosmopolitanism. One useful step toward developing cosmopolitan care is, therefore, to

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4. Of course, there will be limitations on the extent to which fostering agency and self-determination is possible in certain cases. The degree of human abilities spans a wide spectrum. Some individuals are not able to exhibit full agency and may not be self-determining. The duty to care is not designed to respond to such examples. My intent in developing the duty to care is not to exclude such individuals and their needs from the realm of moral consideration. A different avenue of argumentation, however, may be more productive for establishing a structure of obligation designed to meet their needs. One possible route would be an argument from human dignity.
envisage what account of global obligation this theory might recommend. What obligations does the cosmopolitan care theory entail? A guiding background interest that informs this question is the desire to determine the significance of feminist philosophy for discussions of global responsibility. The feminist emphasis on concepts such as need, vulnerability, interdependence and care transforms the justice-centered cosmopolitan discourse.

From the start, I want to acknowledge the importance of ensuring that the cosmopolitan care account of obligation does not remain solely in a theoretical register. Were that to be the case, critics could rightfully wonder to what extent this theory is practically applicable. They might query what exactly the global duty to care requires of real people in terms of the difficult details of practical response. Thus, clearly demonstrating the practical ramifications of the theory for current, real-world situations of need is a priority. Moreover, this emphasis seems particularly fitting, given the importance of concrete contexts to care ethics. To this end, I interweave an examination of an issue of great importance to the global community—violence against women and girls in conflict situations—with the development of the theoretical account of cosmopolitan care obligations. The specific instance of gender violence in conflict zones that I will address will be the ongoing sexual violence perpetrated against women and girls in the Darfur region of Sudan. What obligations of response do distant strangers have in light of this unfolding crisis? The global duty to care serves as one illuminating approach to this matter. In taking the different path of examining global responsibility in the context of situations of conflict and gender violence, instead of the more traditional issues of global hunger and poverty, for example, my aim is threefold: first, to employ cosmopolitan care to address an issue of specifically feminist interest; second, to advance a productive engagement with an area of international crisis that has thus far received inadequate attention; and third, to demonstrate the distinctive contribution that cosmopolitan care can make to the moral cosmopolitan scholarship.

An account of the recent events in Darfur makes clear why this particular case requires further attention and analysis. Although media reports of violence in the Darfur region of Sudan recently died down as attention turned to Southern Sudan and the regional and national elections in April 2010, civilian populations are still immensely vulnerable. Six years of conflict have left an estimated 300,000 people dead and 2.7 million internally displaced persons (IDPs). Summarizing the complicated history of the war is a daunting task. An overview shows conflict that began in 2003 between government and militia groups, on the one hand, and rebels representing black African ethnic groups—the Fur, Masalit, and Zaghawa—on the other. The rebels charge that the Sudanese Arab government in Khartoum has repeatedly neglected the needs and interests of its people in an

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5. Exact numbers of the dead and displaced are not available. One reputable source, John Holmes, United Nations Under-Secretary-General for Humanitarian Affairs, provided the estimate of 300,000 deaths as a result of the Darfur conflict to a meeting of the United Nations Security Council in New York in April 2008 (BBC News 2008). It is likely that the numbers have climbed since then.
active campaign to weaken those groups. At the time of writing this article, widespread, coordinated violence against civilian populations appears to be lessening. It is necessary to note that there have been past periods of decreased violence, such as in 2007, that then were followed by increased escalation, as in 2008 (Polgreen 2008). Scholar Eric Reeves (2010) remarked in January 2010 that...

[a]midst the various comments and commentary arguing that war is over in Darfur, that there are only remnants of previous violence...several recent reports suggest that human security and humanitarian assistance are deeply imperiled. The gradual shift in international attention to the crises in Southern Sudan and Sudan's national elections ... [has obscured] the immense dangers that continue to confront civilians throughout Darfur.

Setting divergent views of the current situation to one side, the picture that emerges from the recent history in Darfur is a clearer matter. Since 2003, the Khartoum government and Janjaweed militiamen have systematically brutalized civilian populations bearing the same ethnic identity as the rebels through both aerial and ground assaults. These assaults have led most to flee to IDP camps, where the cycle of violence, brutalization and deprivation continues. Many in the camps lack access to basic necessities, such as clean water, food, medical supplies and adequate shelter (Civet 2005; Sanders 2009).

Against this backdrop of brutalization, a specific picture of extensive violence against women and girls emerges. It will be impossible to gain an accurate count of the women and girls who have been violated in Darfur until further security is brought to the region. Current estimates place the number at roughly 10,000 women and girls raped since 2003. Reports indicate that both Janjaweed militiamen and Sudanese government actors (e.g., members of the military) have perpetrated these crimes, which many claim have been encouraged or even directly organized by the Khartoum government (Robertson 2009). The age span of victims is broad—young girls and old women alike have reported assaults. Common methods of attack include beating victims with whips, sticks and axes, branding them, and penetrating them with penises, as well as with objects such as bottles and sticks. Raping family members in front of one another is a common practice, as are gang rape and sexual slavery. Reports of ethnically and racially fuelled assaults abound from survivors, who claim that assailants have referred to them as ‘slave’

6. As is true with many national populations, the inner workings of the ethnic and racial differences are somewhat complicated. This is particularly so in Darfur, a region in which the assignment of ethnicity has been fluid, a situation resulting from substantial patterns of intermarriage between Arab herding communities and non-Arab farming communities. Beyond issues of ethnicity, the role of race in the conflict is deeply complex and contested. One way to characterize this complexity is to examine the tension between two competing sets of claims: (1) reports from many Darfuri women and girls that their attackers spoke of wanting to infiltrate the bloodline of their group by impregnating them so they would give birth to light-skinned babies and (2) critical claims that the Western media have oversimplified the conflict as one between races or between lighter- and darker-skinned peoples (Coates 2004).

7. For a recent and excellent study of sexual violence in Darfur, please see Physicians for Human Rights (2009).
and ‘black dog’, for example, and have expressed wanting to exterminate the groups from which they come (Gingerich & Leaning 2004; Amnesty International 2004). A 2009 report by Physicians for Human Rights offers further proof of such claims:

Some women reported that the Janjaweed yelled racial slurs, announcing their intention to exterminate the non-Arabs of Darfur as well as their intent to take their land and their intent to make the women give birth to Arab children. Women from different ethnic groups and different parts of Darfur note that the Janjaweed taunted them calling them ‘Slaves’ or ‘Nuba’, ‘We will kill all of the slaves!’ ‘This is not your land—it is ours!’ and ‘We will make you have Arab children!’ (p. 52)

Reports such as these support the notion that beyond being a weapon of war, rape in Darfur may in fact be a tool of genocide. With this disturbing picture of gender violence in Darfur in place, I turn now to an analysis of Darfur through obligations of cosmopolitan care, here rendered as a global duty to care. Clearly displaying its intellectual heritage, a first aspect of the global duty to care to note is how it requires moral agents to focus not only on meeting others’ needs but also on restoring or bolstering the agency of those in need. The significance of agency to self-determination is one facet of why this move is important. An equally prominent angle, however, has to do with empowering individuals and communities to be able to engage in caring practices themselves, that is, to maintain, restore or strengthen their ability to care for others. That the act of rape creates great suffering and need is abundantly apparent. The focus on how it disrupts the ability to care is an underexplored yet very significant aspect of the harm of rape. Rape in Darfur destroys caretaking abilities in several respects. The stigma rape victims suffer severs familial ties. Rape survivors in IDP camps struggle daily to provide basic necessities for their children, a situation demonstrated through the risk of further sexual assault they hazard when traveling outside the camps to collect firewood for cooking. Most notably, rape used in the service of genocide obliterates larger patterns of care within entire communities. Framing obligations to aid others through the issue of their ability to care provides a much-needed shift in focus concerning what moral agents enacting the global duty to care must do to respond adequately to crises of gender violence in conflict zones.

The global duty to care also emphasizes the importance of respecting both local caretaking practices and understandings of need. This requires moral agents to respond in ways that are contextually sensitive and culturally attuned. The practice of care is always necessarily located in a complex social-political context. Responding to distant others through the duty to care may often involve not meeting their needs directly but rather supporting the specific caring

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8. An arrest warrant has already been issued for the president of Sudan, Omar al-Bashir, on seven charges of crimes against humanity and war crimes. International Criminal Court judges named rape as an aspect of those charges in the indictment. Whether he will face charges of genocide remains unclear. On 3 February 2010 the ICC’s appeal chamber overturned a ruling that maintained that there was insufficient proof to bring charges of genocide (Black 2010).

practices they themselves endorse so as to improve their ability to care for one another. The strong emphasis on context sensitivity in the global duty to care is apparent here. Cross-cultural caretaking must prioritize respecting others’ cultural particularity. Regarding needs specifically, while certain needs are universal, the way people experience them on the ground may differ. This draws attention to the striking interaction of the concept of empowerment and the global duty to care. Regarding rape survivors in Darfur, approaching the crisis with a mind to empowering communities to care for rape survivors, as well as empowering the survivors themselves by paying heed to the needs they understand themselves to experience, is crucial. Caring in such a fashion also evidences respect for those who are suffering and in need. While there may be different modes of assistance and intervention, the expressive function of such forms of care is meant to affirm the dignity of persons.

Care as an obligation pertaining to global situations readily moves beyond requirements of meeting needs by sending material aid. This is true in a couple of respects. Empowerment of others’ caretaking abilities in a situation like Darfur may involve a solidarity component, in accordance with which fulfilling the global duty to care necessitates the involvement of people situated outside of the crisis in efforts to raise awareness in their home communities about the violence in Darfur. Such efforts can build networks of solidarity and create openings for supportive political action, such as advocating for various forms of intervention in the Darfur situation at present or for women to play a strong role in future justice and reparation activities. This is a moment that demonstrates ways in which cosmopolitan care can involve the blending of the ethical and the political, or perhaps the evolution of the ethical into the political. The moral cosmopolitanism of cosmopolitan care may, in fact, require a response that is political, rather than moral, in nature.

A second main way in which the global duty to care expands beyond more traditional duties of aid is in the requirement that moral agents develop a critical awareness of where they are situated in terms of global power structures, as well as how they might inadvertently contribute to the creation of distant need, suffering and oppression. Mounting a case for this more extended form of global responsibility is perhaps easier when considering global poverty. In some corners it is no longer at all a controversial claim that the wealth of the global North is built on the poverty and suffering of the global South. Establishing something like a causal relationship in cases of gender violence in conflict situations happening elsewhere, however, requires a more subtle approach. Clearly, certain specific assailants are directly responsible for the acts of rape they commit. We may also readily grant that government officials who either order mass raping of civilians (as may be the case in Darfur) or who turn a blind eye to it, bear a significant degree of responsibility, too. But how could a distant stranger who has never set foot in Sudan be implicated in a structure of responsibility? In requiring moral agents to analyze the role they play in global oppression, the global duty to care pushes moral agents to determine their role in the oppression of women globally, linking local situations of oppression in which they may be complicit to larger
patterns of gender oppression. They must critically evaluate and then seek to change their role in patterns of gender domination both locally and globally.

The ground I have covered here in examining gender violence in Darfur illustrates only one possible application of cosmopolitan care to contemporary global issues. Further work must be done not only to explore additional applications of cosmopolitan care to real-world situations but also to advance the important task of establishing an overarching theory of cosmopolitan care, as well as its exact relationship to cosmopolitan justice. Hopefully, this discussion of the global duty to care has gone some length in showing the promise of this approach, in both theory and practice. Twenty years into the collective care ethics project, cosmopolitan care demonstrates the ongoing critical and constructive possibilities within this area of normative philosophy.

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