

Care Communiqué (English)

No life without care! Care work is essential for individuals and communities; care is what makes life possible in the first place.

Care work is the foundation for the functioning of our society. It affects everyone: people are dependent on care. This will not change in the future either.

WHAT is care work?

Care work is life- and society-sustaining labor. It refers to labor that focuses on basic human needs. Care work creates the foundation for our lives, is necessary to sustain life, and is therefore the basis for the functioning of our society. Care work aims at the physical, intellectual, and emotional well-being of individuals.

We advocate for a broad understanding of care: for us, care work includes all forms of labor oriented—directly or indirectly—towards the basic needs of people. This means we understand care work to include physical care, childcare, educational work, work in the provisioning sector, as well as cleaning work, sex work, and environmental care work.

- Care work is sometimes performed as paid labor.
- When it is paid, it is often underpaid and carried out under poor conditions.
- But most care work is not paid at all.
- Those who perform paid care work often also do unpaid care work.
- Those who perform unpaid care work are either financially dependent on others or have additional jobs.
- Those who are underpaid in care work sometimes need additional jobs.

→ Regardless of whether paid or unpaid, care work leads to multiple burdens.

Forecasts show that the population is aging on average, which will increase the demand for care work. Accumulating humanitarian disasters caused by global warming will also require more care work.

But WHO does care work?

It is predominantly us FLINTA individuals (German acronym for: women, lesbians, intersex, non-binary, trans, and agender people) who perform care work. However, since statistics are based on binary gender logic, we must also reproduce them as such:

- Worldwide, **two-thirds of paid care workers are women**. The **majority** of them **are migrants**. ([UN, 2024](#))
- In Switzerland, 10'000 million hours of **unpaid** housework were done in 2024. Swiss **women performed 6000 million of these hours**—almost two-thirds. ([BFS, 2024](#))
- Per week, women **perform 32 hours of unpaid domestic and family work** (men: 22 hours) ([BFS, 2020](#)).

- **49 percent of Swiss grandmothers** look after their grandchildren at least once a week. Among grandfathers, it's 31 percent. ([BFS 2024](#))

Because the conditions under which we perform paid and unpaid care work are unequal, unjust, and detrimental to our health—because they burn us out, overwhelm us, exhaust us, and impoverish us; because our demands have been met with empty promises for decades and politicians shirk responsibility—we have decided to exercise our right to strike. In 2027, we will strike care work! We, the FLINTA individuals who perform care work. We, the care workers, the cleaners, the mothers, the social workers, the teachers, the grandmothers, the child carers, the elderly carers, the nurses, the vendors, the hospitality staff, the feminist strike collectives, the grassroots groups, we activists, we who depend on care—we all come together and put down our work.

Because a strike shifts the power dynamic—it shows how systemically relevant our work is. A strike changes awareness, creates visibility, brings us together, creates collectivity, shows our strength, and empowers us to stand up for ourselves!

Voices of care workers

Hospital Nurse

A friend's roommate on her feelings after watching the film *"Heldin"*. She's a nurse at a cantonal hospital: "I felt so deeply transported back to my time in surgery/internal medicine (I don't remember exactly...). I couldn't stop crying: I felt again the stress rushing through my body, always lagging behind, letting off steam on the apprentices, and every time a shift ended, the question of how much longer I could take it. Always knowing that if I drop out, my colleagues are screwed. The problem on the ward is simply that the staff-to-patient ratio is based on 40-year-old patients without complications or multiple conditions. But that's hardly ever the case. Most patients are older and have pre-existing, sometimes psychological conditions. So you need more time, which I never had, especially when I was responsible for eight (!) patients at times. I switched to the ICU and now care for a maximum of two patients at a time—that's manageable. Without this change, I probably would have left the profession."

Social worker and mother of three

"When I pick up my kids from school, I sometimes realize that my son—being a quieter child—was overlooked and his needs weren't met that day. Because the teacher and the school social worker were already busy solving other conflicts. Then I know I need to take time to ask what happened, listen to him, try to find solutions. I try to make up for the care and attention missed during the day, knowing full well it's not really possible—not just because I'm so tired, but also because it would've mattered in that moment. And once he's stabilized again, the other two are upset and restless, and now it's them I can't attend to. And so it goes day after day, and I always feel like I'm not enough. And I carry this frustration into my job, where I'm always patching things up and constantly lacking resources, too. I never really have time to rest or take care of my own needs."

Daycare worker

"Our job is labeled a 'dead-end job.' But the so-called lack of career advancement is nothing

compared to our terrible working conditions. That's why so many quit or burn out. Our wages are far too low and our experience doesn't count. There are always too few trained staff, because also trainees count toward the staffing ratio. And if someone is out sick, people in work integration programs who usually work in the kitchen are suddenly assigned to child care. This is wrong on so many levels: first, it devalues and de-skills our profession because it sends the message that our job requires no training and that anyone (or at least any FLINTA person) can do it—that it's a 'natural female duty.' Second, we have more work when untrained staff help out—we end up caring for both the children and the staff, and we have to clean up after everyone. And third, it causes conflict between us and divides us.”

Grandmother

“As an older woman, I depend on care—and even though I've provided care my entire life, I can't be sure that I'll now receive the care I need to live well. Because I spent most of my life doing unpaid care work for others, I now lack money in retirement. But the unpaid care doesn't stop with age: now I take care of my grandchildren at least one day a week. Whether I enjoy it or not, it's primarily necessary unpaid labor for my family. Otherwise, my daughter's entire income would go toward childcare. But this work doesn't change my financial situation.”

Primary school teacher

“This care work I do every day is constantly assumed to be part of my job—it's neither paid nor included in my working hours. All the thinking about who I need to follow up with, why one pupil was absent again today, contacting a specialist, planning a mediation session with two other pupils, informing my colleague, then calling five parents and planning the parents' evening... Because of all this, I stay at school until 8 p.m. because I can't go home before I've dealt with it. This care work is fundamentally tied to my profession, even though my job officially consists solely of teaching. It's not compensated for, but I still have to do it.”

Mother on the train

“Before work, I've already woken the kids, gotten them dressed, made food, reviewed foreign vocabulary with them, etc., etc. And when I get to work, I feel like I've already worked a full day. And then I have to hear from those sipping their first coffee that I'm late again.”

Psychologist

“In my clinic work, I'm constantly confronted with a lack of resources: there's too much work for too few people, not enough time to support our patients as they need, and constant cost pressure. The savings measures demanded by the clinic and health insurers lead to more bureaucracy, which consumes even more resources and only makes things worse. This affects not only the patients but especially us professionals. The system keeps running only because we constantly work unpaid overtime and push past our limits, endangering our own health.”

Crisis of Care Work

Care work is in crisis, and yet it still receives little visibility.

The care crisis manifests as a lack of resources and recognition and often leads to exhaustion and health consequences for affected care workers. Paid care work is marked by low wages and poor working conditions. Unpaid care work leads to economic disadvantages, even poverty—especially in old age due to lack of social security. This affects not only the quality of care work but also those who rely on it: for care recipients, the crisis means reduced quality of life or even the loss of a dignified existence.

One root cause of the care crisis are patriarchal structures.

In patriarchal structures, care work is often defined as "women's work." This upholds rigid gender norms and structurally disadvantages FLINTA individuals. By categorizing care as "feminine," the skills required for it are ignored and thus used to justify low wages. This devaluation is called the feminization of labor. Today, all genders are expected to participate in paid work, but the feminization of care work persists. That's why care work remains devalued. Other social groups are also affected—like migrants, due to residence permits or lack of recognition for their qualifications. Multiple systems of oppression work simultaneously to devalue care work. The crisis in care therefore exacerbates intersectional discrimination: migrant individuals, people of color, FLINTA individuals, queer people, older people, people with disabilities, and those from disadvantaged backgrounds are particularly affected—both as care workers and care recipients. Intersectionality means that various forms of discrimination overlap and reinforce one another.

Care work leads to multiple burdens for those who perform it. When unpaid, such as in the home, it must be supplemented with paid employment. When performed as paid work, it is often poorly paid and must also be supplemented with additional jobs.

60 percent of women in 2023 said they "often or always felt overwhelmed and struggled to balance different activities." (BFS, Survey on Families and Generations, 2023)

Another root cause of the care crisis is capitalism.

The issues in care work are deeply rooted in the capitalist system. In capitalism, care work conflicts with profit maximization. That means capitalist systems try to minimize care costs—by distributing care work unequally and structurally devaluing it. This devaluation also leads to and reinforces discrimination. Capitalism, patriarchy, and structural discrimination go hand in hand.

Through neocolonialism, capitalism exacerbates the care crisis globally, as our system relies on migrant labor for care work. These workers are then absent from their home countries, worsening the care situation there: labor is imported cheaply, creating additional care gaps in poorer countries.

We need more time and more money!

To overcome the care crisis, we need more resources. But capitalism seeks constant "optimization" of workflows to maximize profit. In care work, however, the relationship with the recipient is central—it's a prerequisite for providing care. Therefore, care work is time-intensive and cannot be economically optimized. That's why the demand for more time is a key issue in the struggle for better care work conditions. More time and better working

conditions also mean more money is needed. And unpaid care work also requires financial support—care workers must be socially secured!

The (seemingly) private is political, too.

All these issues must be made visible. This enables recognition and collective organization. But this visibility is often hindered because care workers are often socially less privileged. And visibility alone is not enough.

The crisis in care work has been raised in feminist struggles for decades—and yet nothing changes. On the contrary, neoliberalism is intensifying the crisis: privatization of care institutions, cost individualization, rationalization and acceleration of labor—all with catastrophic consequences for working conditions. Political ignorance of care workers highlights that these problems are structural.

Not only the COVID-19 pandemic has made it clear that the care system can no longer withstand constant cost-cutting: the capitalist system is destroying our foundation for life—especially through the crisis in the care sector. Love and a sense of duty are no longer enough!

There is a seamless transition between private and public care work. The crisis affects all areas—paid and unpaid. That's why it's important to insist that seemingly private issues are political.

We've had enough! We are the ones who...

...listen, clarify, check the fridge, restock, empathize, negotiate, wipe bottoms, cook, fill in, shop, do laundry, listen again, make beds, provide emotional support, wash, nurse, care, change bandages, comfort, mend, accompany to appointments, wash hair, drive, pack snacks, sew on buttons, call, pack backpacks, take over lunch shifts, drop everything, tidy toys, get up at night, welcome guests, water plants, set the table, maintain relationships, remember and buy gifts, attend school meetings, cover visiting hours, change diapers, lower our quality standards due to time pressure, continue to pay rising health insurance premiums, and live with pension gaps...

Yes to work—but not under these conditions. We've had enough of doing care work unpaid, underpaid, and overburdened!

Enough is enough!

Because we can't and won't keep doing our work this way, we join the global feminist struggles that have been ongoing for years and that fight for better living and working conditions for all. We call for a Swiss-wide Care Strike in 2027!

If FLINTA says no, everything comes to a halt!

Literature

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