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## Care in the community economy: Towards an alternative development of health care

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### Abstract

The health care reform debate in the United States is defined by the choice between free market reform and a government-administered single payer alternative. Nearly half the population receives access to health care through government directed programs (e.g. Medicare) while the remainder is covered by private insurers. In spite of the current mix of allocation mechanisms advocates on both sides of the debate have argued for the superiority of one form over the other in controlling costs and constraining aggregate demand. Precisely because allocation is the focus of the debate, "health care" is conceived of as a cost incurred by businesses, individuals and/or the government. A miserly attitude prevails.

^ This dissertation aims at developing a new discursive context in which to politicize health care reform. I have used qualitative research techniques to explore the spaces in which health care is produced, allocated and consumed. The concept of the diverse/community economy, developed by J. K Gibson-Graham and the Community Economies Collective, provides us with a language for differentiating the economic landscape. This typology not only allows us to recognize the importance of informal caregivers in the economy of care but also to recognize the different organizational forms, processes of exchange, ethical commitments in health care's "market sector." ^ A common theme has emerged from my interviews with informal care providers, physicians, community based health care institution administrators and alternative practitioners. All of these people spoke of their ethical commitment to care, how the practice of caregiving is deeply affecting. Interviewees recognized that caregiving was at moments a source of profound meaning while, at other times, it was a threat to their emotional and physical wellbeing. This dissertation concludes with an argument for thinking of health care "reform" as a process of development that focuses on the

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affective intensity of care and the ethical commitment of care providers. The aim of this development project is to produce supportive conditions for caregivers operating in both the formal and informal settings to be ethically engaged subjects. ^

## Subject Area

Geography|Health Sciences, Public Health|Sociology, Public and Social Welfare

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