

**“It’s like they don’t care at all”:
Latine Teachers, COVID, and the Need for Just, Collective, and Relational Care for
Democratic (Re)Imaginations**

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Abstract: Interviews with 5 Latina public-school teachers who worked in South Carolina during the COVID pandemic provided ideas for rethinking connections between democracy as a way of life and care as a communal activity. We coded teacher comments about their COVID experiences using four different frameworks of care: aesthetic/authentic, responsibility, revolutionary, and relational. Vulnerability emerged as a key relation between the interview data and the four frameworks. Reconsidering care in terms of beneficial response to vulnerability describes a standard for community strengthening democratic action.

Stella, one of five Latina K-12 teachers working in South Carolina who participated in our interview study about teaching during the early stages of the COVID-19 pandemic, recounted that while she waited for a prescription at a local CVS pharmacy during the early days of the pandemic, a complete stranger noticed her school ID card and unkindly shared their thoughts about teachers: *“I don’t understand why you teachers don’t want to work. I’ve been working since this whole thing [COVID] began... why are you not doing what we’re telling you to do, I pay your salary, you need to take my kid....”* This interaction led Stella to henceforth remove, or at least hide her school ID when she was out in public. Stella concluded the recollection with the words, *“This [treatment of teachers] isn’t going away.”* Unfortunately, Stella’s summation was prescient. Nearly six years removed from that day at CVS, (mainly right-wing) activists and politicians using patently false claims of indoctrination, intolerance, and incompetence continue to attack and undermine public trust in the work of public-school teachers (Futernick, 2025; Jones et al., 2025; Pollock et al., 2022). Yet, despite incessant efforts to paint public school teachers otherwise, the data we share here shows that teachers genuinely *care* about students and actively engage in *care work* for their students and the greater good. Moreover, analysis of our participants’ interviews revealed that the Latina teachers consistently referenced an implicit call toward a more democratic care praxis — collective and relational care — even as colleagues and community members invoked the rhetoric of (individual) rights and personal well-being. In order to better understand the role of care, caring, and care work among our participants we coded their interviews through four general care frameworks ranging across political, moral, academic, and community dimensions of care (Valenzuela 1999, Tronto 2001, Sosa-Provencio 2019, Vázquez 2012, and Finch 2022). Our multi-lensed process led us to offer three questions for critical educators, teacher educators, and foundations of education scholars:

Does democracy (or something else) require a radically different pedagogy, praxis, and/or curriculum of care?

Does democracy (or something else) require a shared sense and appreciation of vulnerability?

Can/do we need to teach a politics of interconnected care, specifically how we are differently vulnerable to each other?

Our questions inspired the general reflection we have published here about connections between care work and democracy (or something else) in education.

Lack of Care in South Carolina's Schools

Like most schools and states in the U.S., South Carolina public schools first closed, and then provided rudimentary online education and remote learning during spring and summer of 2020 (Baker, 2022). In the fall of 2020, most South Carolina districts started a hybrid model of learning with certain COVID precautions to be practiced while in school, including social distancing, masking protocols, increased use of personal protective equipment, and limited interaction among large groups of students (South Carolina Department of Education, n.d.; Wilkerson, 2020). Though many teachers were still concerned, especially since the COVID vaccine was not yet available, there was some comfort that there would be precautions in place. However, almost immediately, schools started bypassing many of the precautions and districts rapidly changed protocols; in turn, teachers faced uncertainty about, among other things, quarantine requirements, testing procedures, student expectations, and working conditions. Many worked under the extra pressure of teaching virtually and in-person at the same time. Unsurprisingly, researchers measured rising levels of teacher stress, anxiety, and confusion during the pandemic (Buttimer et al., 2022; Pressley, 2021). To add even more confusion, near the end of the 2020-2021 school year, South Carolina Governor Henry McMaster stated that masks would be optional for students. The South Carolina legislature followed by passing a law that schools could not require masks. Such policies caused myriad student, teacher, and parent responses, but generally were put into practice to appease an increasingly vocal anti-mask political base. Gesturing toward conservative, so-called parent rights groups, Gov. McMaster (2021) stated at a news conference: “It is ridiculous for school districts to tell parents whether or not their child should wear a mask in the classroom, that is up to the parent. Every teacher has had the opportunity to get vaccinated and are safe from the virus. It’s time to unmask our children.”

Soon, South Carolina teachers who pushed for what they assumed were commonsense safety measures — masks, spacing, quarantines, and virtual teaching options — were being vilified by many local communities (Ma, 2021). Hence, after initial praise, many teachers, both in South Carolina and around the United States felt unsupported by their districts, administrations, and local policymakers even as teachers expressed concern about the cascading effects of the pandemic on mental health, student engagement/motivation, widening inequities, and the removal of vital emergency supports (Anand & Bachman, 2021; Rodriguez, 2023). Teachers responded by emphasizing flexibility and working hard to differentiate instruction, center student interests, and communicate with families in new ways. As just one small example, Wexler et al. (2024, p. 278) shared how a teacher constantly sent her students “emails of encouragement, reminders of assignments, and modifications to assignments to help them.” Yet, even as teachers worked to find creative ways *to care* about students and families of students, in some cases working to (re)organize social events and maintain mutual aid networks for families, teachers also voiced concerns about heightened surveillance of their work coupled with lessened respect and diminished professional autonomy (Anand & Bachmann, 2012; Marcolina, 2025; Rodriguez, 2023). Teachers experienced a sense of professional loss, feelings of isolation, and the constant

specter of burnout (Buttimer et al., 2022, Esquivel, 2020; Pressley, 2021). Thus, previous research largely mirrors the reflections of the five participants in our study: The teachers felt immediate urgency and oversized expectation *to care* for students and communities, but this work was largely unsupported by the larger institutions that demanded it.

A final intersectionality pertinent to the context of our study is that all the teachers interviewed identified as Latina. Research has shown that Latine teachers in the U.S. South *prior* to the COVID pandemic shouldered unsustainable responsibilities given the *ad hoc* and insufficient ways schools and districts have responded to a growing Latine population across the region (Colomer, 2019; Hamann et al., 2015; Monreal, 2020, 2022a; Stacy et al., 2015; Vega, 2024). Even as the extra work becomes an expectation of Latine teachers, it is rarely recognized, let alone compensated. Latine teachers instead are typically employed in culturally subtractive contexts with “experiences of racism from colleagues and parents at schools due to immigration assumptions, stereotypes about Latinx, and questions about the need and value of Spanish (classes)” (Monreal, 2022a, p. 53). Moreover, Latinx in the region continue to live with increasingly restrictive (and explicit) anti-Latine (immigration) policy. State policies and local ordinances interacting with inaccurate, inflammatory rhetoric, and racialized action materially limit the lives of Latinx in regard to housing, local travel, law enforcement, education, and access to resources (Cuadros, 2025; Hatch, 2025; Lacy & Odem, 2009; Monreal, 2025). One such example in South Carolina is HB. 4400, legislation which bars undocumented students from public higher education and receipt of state-based merit scholarships and financial aid (McCorkle, 2025; Rodriguez & Monreal, 2017). It is unsurprising then that our participants invoked (lack of) care repeatedly in our interviews.

A Multiform Theoretical Framework for Fathoming Care

Given the prevalence of talk about care in our participants’ interviews, the myriad ways it was invoked, defined, and repeated by all five participants, it became clear to us that we needed to build an analytic framework to make sense of and ask valid questions with/about our data. Thinking and asking questions about care with the intent to theorize about teacher care work and its democratic implications is an example of using theory to think with data (Jackson & Mazzei, 2012; Kuby & Christ, 2019; Varga & Monreal, 2021). Four of us (Tim, Chelsea, Vi, and Ziqi) used four care frameworks — Aesthetic vs. Authentic Caring (Valenzuela, 1999), Responsibilities of Caring (Tronto 2001, 2015), Revolutionary Care (Sosa-Provencio, 2019), and Deliberate (Listening) Care (*Buen Vivir*) (Vázquez, 2012; Finch, 2022) — to deductively code the data (Monreal, 2016; Saldaña, 2016). Together the four conceptualizations of care comprise an overarching definition of care and/or care work; at least in the sense that the more kinds of relational care schools can provide, the more caring schools will become and the more caring schools will be perceived to be. We agree with Robert et al. that “teachers’ care work is crucial... so that schools are care-*full* institutions” and that we must collectively “deepen our understanding of that care work” (2025, p. 215, emphasis original). We operationalized the four care frameworks to use them for deductive coding:

Aesthetic and Authentic Caring: Valenzuela (1999) suggests that there is a tension between what matters to students and to schools, particularly schools that serve Latine students and communities. Schools often focus on delivering content in a way that neglects the emotional needs of the student and fails to build necessary rapport. Students often perceive this as a *lack* of caring, noting that if teachers “really cared,” they would not be “boring” and would instead show

that students' lives are worth their time. Furthermore, there is a constant struggle between institutional structures and the time needed to develop authentic relationships. Valenzuela outlined two definitions of caring that characterized two different types of student-teacher relations: aesthetic care and authentic care. Definitions of aesthetic and authentic care provided the first two subcategories of care that guided our coding of the data.

Aesthetic Care: Students show/demonstrate/perform caring *about* school. Since teachers believed schooling was for students' benefit already students were to reciprocate care (i.e., be grateful) via "proper" dress, talk, and behaviors. Aesthetic caring values form over content.

Authentic Care: Students wish teachers to care *for* them, "to be recognized and addressed as whole human beings" (Valenzuela, 1999, p. 108), and for teachers to be deeply concerned for students' academic welfare, cultural sustenance, and political contexts.

Responsibilities of Caring: Tronto (2001, 2015) outlines an ethics of care with five distinct phases of caring: "caring about," "caring for," "caregiving," "care receiving," and, finally "caring with." Tronto argues that moral understanding of care must center questions about how to help people live well, especially when the ability to live well is experienced unequally through power injustices. Responsibility in relation to care means that collectively we must recognize, if not embrace the idea that "humans are interconnected in relationships of receiving and giving [care] over a lifetime" (2001, p. 61). Tronto finds an obstacle to reciprocity of care in the concept of "privileged irresponsibility." The tendency of care-receiving groups to excuse themselves from the material and emotional consequences borne by their caregivers. Care-receiving people and groups refuse the political responsibilities of care because they dismiss their vulnerability to and dependence on others' care (Zembylas et al., 2014). Moreover, believing themselves to have deferential rights to care, they become angry and indignant when confronted with their own vulnerability. Tronto's ideas 'responsible care' and 'privileged irresponsibility' provided us, respectively, with a general description of care and another subcategory of care by which we coded our data:

Ethics and Responsibility of Care: The degree of understanding of the collective responsibilities to care for each other, demonstrated by perceived political significance of our interdependence and vulnerability to each other.

Privileged Irresponsibility: The degree to which "some groups of people are obliged to pay a lot of attention to their caring responsibilities, while others can afford to ignore these responsibilities, at the same time as taking it for granted that their needs will be serviced" (Zembylas et al., 2014, p. 9)

Revolutionary Care: Sosa-Provencio's (2019) *revolucionista* care framework describes care as a potent form of resistance, a tool to dismantle historical and ongoing structural oppression. Care is part of a social justice ethic that is rooted in a deep understanding of long-suffering endurance of hardships associated with individual discrimination and structural marginalization. Knowing about social justice translates into tangible, even if sometimes subterranean, action where care can be viewed in both a literal and a symbolical sense as "fighting and feeding." Educators show care by breaking cycles of poverty and hunger by nourishing students, uplifting their identities, and planting the seeds for continued resilience, resistance, and activism. Revolutionary care also highlights the importance of education, ensures access, expects high academic achievements, and

encourages student-led advocacy against institutional inequities. *Revolucionista* led us to code, as kinds of care, acute, urgent, and tactical political praxes for social justice (Marcucci et al., 2024).

Revolutionary Care: Critical knowledge of structural inequality and oppression translates into tangible action where care is advocacy, that is, “fighting for” and “feeding” academic achievements of students.

Deliberate (Listening) Care (Buen Vivir): Vázquez (2012) outlines a concept of care — *buen vivir* — rooted in Indigenous cosmologies. *Buen vivir*, translated as “living well” or “living in plentitude,” rejects capitalists’ notions of “the good life” that are measured by accumulation and consumption. Instead, *buen vivir* is about living well in plentitude, that is, living in active relationality to the whole, the plentitude. Similarly, Finch (2022, p. 4) explains *buen vivir* through the lens of Black feminist praxis to imagine living well as a “different kind of relationality that is enacted through alternative forms of community and accountability to the natural world.” Finch and Vasquez both root care, then, in attunement, in deliberate listening to the needs of people and watchful attention to creation of collective well-being. Collective care has also been recently taken up by Diera (2025, p. 1311) who shows Latina educators “nourish the knowledges, life pathways, full personhoods, and collective wellness of multiply marginalized students and communities.” Care as listening in, with, and for relationality prompts questions such as how to listen to/for conviviality, and “how to listen to the voices, traditions, philosophies of the communities that present alternatives” to uncaring worlds (Vázquez, 2012, p. 6).

Deliberate (Listening) Care (Buen Vivir): Care is about living well in plentitude, that is, living in active relationality to the whole. Care consists in attunement, in deliberate listening to the needs of people and watchful attention to creation of collective well-being.

Participant Examples of Care to Think With, From, and About

All five participants articulated their views on care work in terms of all four care frameworks that guided our coding of the data. More than merely findings, however, teacher comment and discussion should be read as an ongoing conversation between care workers and theorists of care that may prove insightful to general reflection about (re)theorizing democracy (or something else) in education in light of encounter with the wisdom of working teachers.

Aesthetic vs. Authentic Caring Orlanda, a high school Spanish teacher, contrasted the care that was offered to her versus the care she offered her students. She was plain in speaking about the ephemeral ideas of care her school administration offered: “They [administrators] go to my classroom, they see that things are happening in the ways they are supposed to be, and they [admin] say: ‘Bye. We have no problem with you.’ But when it comes to caring for me as an individual, you know they just don’t care. [For example], there’s one time where my son had COVID symptoms, he didn’t have the COVID, but he was coughing, he had a fever... I told my admin, and I’ve never received any response from my administrators.” Orlanda believed that administrators saw care in terms of behaviors, they only cared that you were doing what you were “supposed to be.” Aesthetic caring ignores human relationships and neglects the importance of being “recognized and addressed as whole human beings” (Valenzuela, 1999, p. 108). Orlanda evidenced the hole in the heart of aesthetic caring with her words, “when it comes

to caring *for me* as an individual, they just *don't care*" (emphasis ours). For Orlanda, the failure of the aesthetic idea of care extended beyond dismissal of her son's symptoms to the lack of seriousness with which her administrators took the possible spread of COVID: "If we, if we look at it in contact tracing we're not doing anything in contact tracing. We look at it... we're not following up, and you [admin] are just not caring about the teachers, you're just caring about "let's check the boxes."

"Checking the boxes" valued the appearance and bureaucratic performance of care, rather than sustaining reciprocal relationships of support and safety. To Orlanda, the *show* of care ("let's check the boxes") endangered students, teachers, and communities as COVID's spread jeopardized everyone's health. Moreover, the decision not to care (about contact tracing) was made "by one group for another," (Valenzuela, 1999, p. 22) without the mutual respect and social responsibility necessary to live with each other (in a democratic society?). On the other hand, Orlanda described the authentic caring she exhibited for students during COVID: "Oh yeah. there's no support whatsoever [for Latine students]. Oh yeah, she [one student] has been helpless until the computer lab teacher asked me to help and now I'm trying to catch her up but she's been behind for almost an entire year... you're just *esta tratando contra la corriente*. Students want to work, but the teachers don't help you... They [school] don't help you. There's no way to move forward, so they drop out, yeah." Orlanda discussed how her efforts to show care in more authentic ways were blunted by other teachers who "don't help you." Even as Orlanda worked with a student for whom she was not the regular teacher to "catch her up," she compared such efforts to "*esta tratando contra la corriente*," "swimming upstream."

Responsibilities of Caring: If, according to Tronto (2001, p.65), a responsibility of care is to address fundamental questions of "how people are better able to live in the world," then people in (a democratic) society must be attentive to both their own care needs and the demands of those care needs, while also recognizing that and acting as if others' care needs matter in comparably equal ways. Our participants communicated that reciprocal responsibilities to and of care were inherent in a collective sense of living well during COVID. Stella, the special education teacher you've already heard from in our opening paragraph, explained:

You know, [and] you do what you need to do... You need to keep everybody safe and so we've had to learn... [for example] there were two colleagues who were teaching for the last two weeks with just each other, in each other's bubble because they will be leading CPI [Crisis Prevention Institute] training and they're going to have to be close [to everyone] so they had to think about it, you know, way out. They got tested [for COVID] and made sure they were both negative, and they've been quarantining and only being, you know, in contact with each other at school so that they can lead the training at school.

"You know, [and] you do what you need to do" is a frank description of the responsibility to be attuned to the myriad care relationships among self, other, and society. Stella communicated how in order to live well together during this time, two colleagues acted to limit spread of COVID by "teaching for the last two weeks with just each other." In a somewhat similar manner, middle school art teacher Serena shared how understanding the wholistic needs of her students prompted her to change instructional approaches: "I feel like I am behind with my lessons... but I need to really, like, create lessons where kids can be engaged, [where] they can have fun, but also, like, relieve stress and learn... So I try to create that experience for them, because I know that they've been through a lot, and last year was hard and this year, you know it's harder."

Serena believed that the need to care for her students by offering engaging and fun lessons (because “they’ve been through a lot”) was worth being “behind with lessons.” Serena’s ability to recognize the need to change the organization of her class to meet the needs of her students highlights how care is “other directed;” how care calls for suspending “one’s own goals, ambitions, plans of life, and concerns in the world” (Tronto, 2015, p. 128) to support living and learning *well* together. In suspending her own desire and/or obligation to be in the “right place” with her lessons, Serena showed a different responsibility to care than say Orlanda’s building administration who monitored teachers vis-à-vis aesthetic care, “the ways they are supposed to be.”

Privileged Irresponsibility: During COVID, a widening societal circle was forced to recognize that their ability to live well in the world was dependent on the (often invisible) care work of groups like women, immigrants, people of color, who “are seldom recognised for their contributions to society.” Certainly, direct receivers of care may acknowledge, even appreciate care as it is received. Yet, when care in an organization is expected to be merely aesthetic, people in and outside of schools distance themselves from recognizing, let alone resolving, “the hidden costs for people that carried the burden of care” (both quotes: Zembylas et al., 2014, p. 6). In fact, while teachers and other frontline workers were at first lauded for their sacrifice and resilience; conflict, even anger emerged as different care-receivers (parents, administrators, etc.) were forced to continually recognize a certain need for, vulnerability to, and dependence on care workers, like teachers — a complex (power) relationship often dismissed or ignored when not disrupted as by COVID (Tronto, 2001, 2015). Stella’s story about being verbally accosted by a total stranger in a local pharmacy is an example of a general societal trend for teachers as the pandemic wore on. In Stella’s words: “We went from like in the spring, being “Oh my gosh! Teachers are working so hard to try to finish out the school year.” and then, when September came now we’re just “bad people.” Another participant, Regina, a high school math teacher, expressed a similar sentiment: “I’ve heard comments like You know, that’s what we pay you for... you get some months off and you guys are just whining and... we’re not paying you if you are not teaching our students in school.” No matter how convinced we were that we did and could care for ourselves and our significant others, COVID shattered our ignorance and fractured our presumptions of privileged irresponsibility. As Tronto (2001, p. 67) observed, “in a society in which vulnerability is viewed as a weakness, those who need more care, regardless of actual situation, are in a more vulnerable situation.” Rather than recognize and reorganize a democratic praxis based on our interdependent, if unequal, care needs, we have largely doubled down on the undemocratic norm that some, mainly rich, white men, have deferent rights to (unrecognized) care.

Revolutionary Caring: Our five participants showed a deep understanding of how different groups unequally experienced the COVID-19 pandemic and its consequences; and generally believed that COVID accentuated pre-existing academic inequities. Yet, while they displayed an urgency to care for students, often emphasizing a direct need to improve the academic achievement among their students of color, participants were less likely to explicitly tie care to social justice. One participant, Regina, did discuss how she had grown more active in the statewide #RedforED group called SCforED (Estes & Monreal, 2019; Monreal & McCorkle, 2022): “I’ve taken a more vocal role with SCforED... in a thread [on Facebook] I just said straight out like ‘Nothing will change unless teachers, one: start voting and two: they start voting in their and their students’ best interest.’ I said, ‘they need to get over the one, the one issue, voting, because that’s not going to get us [teachers and education] anywhere,’ and I was so

surprised how many people were like yes, yes, yes, yes, and I was like oh okay we'll see if that happens."

Regina thus used social media to critique her fellow educators and demonstrate how they were upholding a *status quo* of inequity. She also was sharing her knowledge and wisdom of how structural injustices continue (e.g. not voting or voting against students' best interest). Perhaps Regina is "preparing the earth... and planting the seeds" (Sosa-Provencio, 2019, p. 1130) for her continued resilience, resistance, and activism on behalf of her students. We also saw a certain urgency and reluctance in Regina's closing statement, "we'll see if that happens." which seems to point to a belief that while folks said they cared for and about (their) students, their actions — their votes and politics — repeatedly came up short. At other times, Regina seemed to grasp that direct words and statements on social media would not be strategic: "There were posts [on Facebook] when white women were just like... flabbergasted watching these people [White parents] use their privilege to get their agenda [anti-masking]... I was like 'Oh, my goodness, this is the first time they've watched white privilege from the outside, and it's not in their favor.' It's like white people versus white people, like privileged people versus privileged people... and I'm going to sit back and stay out of that." In some cases, tactical silence and more subterranean or hidden plays are worthwhile for longer term *revolucionista* care work in the form of advocacy for teachers and students. Regina also pointed, albeit implicitly, to how critical notions of care were needed to challenge the marshalling of (parental) privilege "to get their agenda" of anti-masking. In line with her use of "we'll see if that happens," Regina grasped a long tradition of "White feminist care as silent regarding power, privilege, and the heavy educational histories and Eurocentric pedagogies children of color face" (Sosa-Provencio, 2019, p. 1130). Revolutionary care seeks to correct errors and instabilities of *status quo* aesthetic care.

Deliberate (Listening) Caring (Buen Vivir): Care as an act of deliberate listening that leads toward living well in plentitude (*buen vivir*) was evidenced when participants spoke of interdependence and mutual support. Participants contrasted collective and purposeful care to the aesthetic care of colleagues and community members who invoked the rhetoric of *individual* rights and personal well-being. Stella, who is a special education teacher, spoke to this: "I just wish we would see this [COVID] more as a collective thing we're navigating and that everybody's going through. Just when I see or hear 'the kids need to be in school because it's what's best for them,' and in some cases, especially for our little friends, it's just not, because everybody is stressed." Stella stated that while administrators and policymakers minimized voices that spoke to the complexity of the situation and promoted discussion of multiple possibilities of action, school leaders remained attentive to concerns of certain groups, especially those that wanted kids in school. Stella wished we would be more imaginative, that we would frame decisions about school protocols, openings, and closings as opportunities to listen to the many voices, each of which needed to be heard. Instead, as a society we reverted to dichotomous thinking — open/closed, good/bad (Vázquez, 2012) — in which some people (but not "our little friends") decided what was "best for" all people in their communities. We squandered the democratic imperative to listen to and be in attunement with "the voices, traditions, [and] philosophies of communities that present alternatives" (Vázquez, 2012, p. 6).

Danny, a high school Spanish teacher, heeded advice she got from a colleague who envisioned care as rooted in what Finch (2022, p. 4) describes as a "different kind of relationality that is enacted through alternative forms of community and accountability." Danny suggested masking might be viewed as living in active relationality to the whole, the plentitude: "Like a

colleague [another Latina teacher] told me about enforcing masks and safety protocols... She was like ‘I’m not only advocating for me, I’m advocating for my students because if they get contaminated they take it [COVID] home, and you know it’s just there’s a lot of scenarios.’” *Buen vivir*, then, is thinking beyond our individual right to mask (or not), and toward a (democratically inclusive) praxis of paying attention — of rooting action in and through appreciation for the care needs of others, for the care needs of our collective well-being. Care understood as listening in, with, and for relational well-being prompts questions such as *how to* listen to/for conviviality, how to appreciate the many scenarios reciprocal care work demands.

Concluding Questions of Care, Education, and Democracy

In *Democracy and Education* (1916/1997, p. 87) John Dewey wrote, “a democracy is more than a form of government; it is primarily a mode of associated living, of conjoint communicated experience.” Noting how Dewey’s definition of democracy is built on listening to and acting with others, Nel Noddings (2017) centered the development of care on the development of democracy (or something else):

Just as Dewey argued that democracy is more than a form of government... *caring* is more than the set of acts performed by a “carer.” *Caring* describes a *relation*, an interaction, between a carer and a cared-for. The carer must be attentive, must listen to the expressed needs of the cared-for, feel something as a result, and respond; the cared-for, in turn, must somehow acknowledge the efforts of the carer as caring... Care theorists contribute to the effort at improvement [of Dewey’s idea of democracy] by recommending that we seek to develop relations of care and trust in all of our social interactions (pp. 315-316, emphasis original).

Similarly, in analyzing our participants’ interviews with and through different care frameworks, we came to see that COVID brought to light how expectations and enactments of care are fundamentally linked to, if not inseparable from how we (ought to) live (well) with each other. Questions and debates about care are issues of democracy; just as questions and debates about democracy are issues of care. This is not a ground-breaking assertion (as evidenced by Dewey, Noddings, and many, many others), yet there is worth in saying so explicitly. Centering questions of unequal relationships on care (work) demands we question the underlying inequalities of our democracy (or something else). The Latina teachers we interviewed provided ways of reorganizing and (re)recognizing our relationships to each other that necessitate an understanding of democracy based on collective well-being and relational care in lieu of, or at least in conversation with, the supremacy of (individual) rights endorsed by aesthetic care.

Deeper understandings of care (Robert et al., 2025) also provide insight into rising levels of rage and indignation we increasingly confront in our classrooms, communities, and country/ies. As Tronto (2001) points out, people who had, previous to COVID, dismissed their vulnerability to and dependence on others’ care were confronted with the stark realities of shared, if unequal, interdependence between care-givers and care-receivers. The fact that during COVID many care-receivers, privileged because of their gender, race, class, etc., lacked ability, knowledge, or resources to provide care for themselves, as in our case, educating and caring for children and students. Loss of care prompted an anger among care-receivers that was based on perceived weakness in themselves, their own vulnerability laid plain. Moreover, people who found themselves in the rare position to simply acknowledge this (power) relationship of care, felt, instead and however erroneously, that their vulnerability was being abused by, in the case of

schooling, teachers who were “whining” or “not wanting to work.” It is here where we finally confront our lede. Stella’s story about being ill-treated by a stranger in a community space is a story apt of a society stuck in aesthetic care. Stella’s story would be much, much more an anomaly in a society where care involved sustaining conviviality by learning to live well with one another.

During our engagement and analysis with different care frameworks as we coded our data, we were struck by the need to center vulnerability in conversations about care and democracy. Vulnerability presents as many things; among others, it is a valid emotion, a skill to be developed, an outcome of in/justice, and a problem to be solved. Yet curricula of care tend to undertheorize (inter)connections among vulnerability, care, and democratic action, both political and interpersonal. Therefore, we reprise our three starting questions for critical educators, teacher educators, and foundations of education scholars to begin re-envisioning democracy and care through the lens of vulnerability:

Does democracy (or something else) require a radically different pedagogy, praxis, and/or curriculum of care?

Does democracy (or something else) require a shared sense and appreciation of vulnerability?

Can/do we need to teach a politics of interconnected care, specifically how we are differently vulnerable to each other?

We pose our questions and, inspired by our participants, answer them in the affirmative in the hope of fostering intellectual dialogue (including critique), further theorization, and/or practical action. In many ways these questions are a modeling of care; attempting adequate answers to them requires listening to others, recognizing others as fellow human beings, challenging privilege on their behalf, and thinking collectively about *our* well-being. We need to return to serious consideration of how thinking about ‘care’ in terms of ‘taking care of vulnerabilities’ is a necessary component of democratic schools and societies. We offer our questions and our (tentative) answers in vulnerability, but with a genuine dream that we might live better together.

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