Parasites in the care economy

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Dear friends,

I've been reflecting on some often theorised yet under-discussed elements of capitalism, which I believe warrant further discussion. Parasitism, or privatisation, is a vampiric process which has driven a great deal of expansionism and exploitation[1]. It also draws wealth from the proletariat, and concentrates it in the bourgeoisie. Working class people, through taxes, payments for goods and services, and other forms of revenue generation, subsidise private corporations who extract 'surplus' from the revenue stream, this repeats all the way down. In some spaces, this exploitation is particularly obvious, and multiplies layers of extraction and wealth skimming. Surplus value that was once retained in the public sector (and theoretically benefiting society collectively) is now extracted as private profit. Joy.

Over time we see this process expanding, subsuming public moneys into bourgeoisie wealth. This creates a contradiction where taxpayers pay more for the same service because we are now funding both the *actual* work and the profit margins of the private company[2]. Meanwhile, these workers experience more immiseration as conditions worsen despite their labour remaining equally productive and costing more. The broader pattern, where this underpaid worker experiences a chain of privatised services throughout their own life, illustrates how working class folks become trapped in a web of capitalist relations (and we'll look at an example of this in the context of disability services below). We are exploited as workers, then exploited again as consumers of privatised utilities, healthcare, transport, and so on. Each privatised service extracts profit while delivering what were once public goods –yet the same service is delivered –often for less pay for the worker.

We have seen that capitalism holds a strong tendency to expand into all spheres of social life, transforming public goods into commodities and creating new avenues for surplus value extraction. Concentrating vast wealth amongst the wealthy. The state facilitates this process by transferring publicly-owned assets and services to private capital, subsidising capital accumulation with public resources while workers bear the costs through reduced wages and higher prices for essential services. And have you met Woolworths and Coles?

Continuing in this same examination, this morning some news about vital public services flashed briefly across a fast moving news live blog. I'm intrigued by this format for the news, too, where counter-hegemonic observers actually stand a chance at critical analysis because the live blog is not subject to as much editorial and political review as regular articles (thereby exposing casual observers to a more realistic feed of politics).

This post about public service design also had me questioning the propagandist rubbish that the Labor party progress as "good government". The NDIS is a terribly managed service which exemplifies the behaviours above we just discussed the extreme[3]. Parasitic companies skim wealth out of the NDIS and provide subpar or underdeliver promised services to already exploited people with a disability. We see the capitalist state prioritising profit, again, over supporting social reproduction. Yet the Labor government wonders why no one is having babies... But let's spend a moment analysing the supposed overspend of the NDIS in the way the propagandists have advanced it. Taking a step back, we should have a look at the word from the horses mouth[4].

Grattan has spent more time evaluating how to reform Australia's National Disability Insurance Scheme (NDIS). Reportedly, the scheme has become financially unsustainable and has failed to deliver "optimal" outcomes for people with a disability. The NDIS, introduced in 2013, provides individualised funding packages to people with permanent disabilities.

Because of systematic mismanagement and large scale privatisation (oops am I editorialising myself?) costs have skyrocketed from around $2.4 billion to over $41 billion annually, growing at roughly 24% per year. Their report proposes a "rebalancing" of the system by creating stronger "foundational supports" (general disability services available to all people) while making individualised funding "more targeted" (harder to attain) for those with the "most severe needs". They argue this can be achieved by redirecting existing NDIS funds rather than requiring new government spending - essentially moving about 10% of current individualised payments into commissioned services(!!!).

The report reveals the contradictions in the "support" of social reproduction under capitalism through market mechanisms. The NDIS was designed as a market where people act as consumers purchasing services with government-allocated budgets. However, this commodification of care has created exactly the problems we expect in unchecked market capitalism: inefficiency, inequality, and unsustainable cost growth as private providers extract extreme "surplus" value while people with a disability navigate a complex marketplace[5]. Grattan's "rebalancing" could be a partial recognition that market-based individual consumption cannot efficiently organise social care. Jackpot? Not by a long shot. Their answer, moving toward commissioned services and reducing reliance on individualised purchasing, could move toward socialised provision, except we're dealing with a Labor government. The fundamental issue remains: disability support is still conceived as a *cost* to be managed rather than a collective social responsibility, with the reforms primarily motivated by fiscal sustainability rather than human need.

The institute places emphasis on "foundational supports" essentially acknowledging that "the market" cannot, will not, and could never provide the basic infrastructure of care that people require[6]. Yet the solution remains trapped within neoliberal logic. They seek to reorganise service delivery to be more *cost-effective* rather than questioning why our obligation to support people with a disability should be subject to budget constraints at all –or even conceived as a cost in the first place. The report's proposed success is that reforms could be achieved "without spending more money" this shows the fundamental ideological limitation: improved care is only acceptable if it doesn't threaten capital accumulation elsewhere in the economy. And certainly, under these same broken logics, reform is not appropriate if it affects private provider wealth skimming.

Labor's panic over the NDIS growing "too big" is a manufactured crisis to distract from the fundamental wealth redirection from public to private. Under capitalism, care for people with a disability is treated as a cost to be minimised rather than a social necessity[7]. The framing of disability support as an unsustainable financial burden shows both capital's logic, and the inhumanity of the Labor party: only labour that produces surplus value is valued, while the costs of maintaining those who cannot be *fully* exploited for profit are seen as drains on accumulation. Neoliberal capitalism has systematically defunded universal public services where they existed. Research here shows that market mechanisms and commodification only entrench disadvantages faced by people with a disability[8]. The push of the 1970s and 80s towards socialising care, support, and other vital *social reproduction* services is long gone, and Labor has long been twisted by greed and exploitation and forgotten their working class roots. What we see now is artificial scarcity, and not just in the NDIS, people are forced to compete for individualised underfunded packages, purchase private health care, or languish in underfunded emergency care services because collective, comprehensive support systems have been dismantled. This has happened under Labor and Liberal leadership. And this only serves capital's interests by keeping support costs highly visible and therefore "contestable" –the source of panic in propaganda, rather than embedded in universal, collective, social infrastructure.

This is a key part of capitalism's contradictory relationship with social reproduction[9]. Capital needs a healthy, educated workforce, but doesn't want to pay for maintaining

those who may not be able to contribute as much (even temporarily) to surplus value extraction. The NDIS individualises what should be collective social responsibility, making each person's needs appear as separate cost items rather than part of society's obligation to care for all members. Importantly, though, it is maintained in this way because it funds another parasitic industry -providers and service coordinators who exploit all in their care and employment. Deserving and important people coordinate care, provide care, and seek care. All these people offer great value to society, and yet are depicted in media and discourse as a drain. This is exemplary of capital's consistent dehumanisation and the stripping of human values from civil society (in Gramscian terms). The proposed "foundational supports" will move toward ever more more "means-tested", residual welfare - providing minimal support while maintaining the pressure on individuals to prove their worthiness for assistance. This keeps the focus on managing costs rather than addressing the systemic exclusion that capitalism breeds.

Ultimately, this reflects capitalism's fundamental inability to adequately provide for human needs that don't generate profit. Let's not even get started on housing, real estate companies, and tenancy authorities -parasitic rent seekers. Deep breaths, folks.

Rather than "managing" disability through state bureaucracy and boundless layers of private rent seekers, an indigenist approach could centre our concepts of collective responsibility and kinship [10]. Care might then be organised through community collectives based *on Country* and recognising that colonial capitalist structures created many *disabling conditions* through dispossession, cultural destruction, and environmental degradation. Disability support would be understood as a healing of collective trauma while recognising the validity of may diverse ways of being, contributing, and behaving. No more would we need to medicalise and pathologise difference. Alongside this, a Marxist transformation could eliminate the entire market apparatus. No more purchasing services, provider profits, or competitive tendering. Instead, we might see care organised as freely associated labour where communities directly organise to meet each other's needs[11]. People with a disability wouldn't be *consumers* or *clients* but participants in democratic planning of support systems. Care workers would be community members rather than employees, with work organised around social need not profit extraction. Resources could then flow based on principles of reciprocity, relationship and (feminist) ethics of care, recognising how racism, sexism, transphobia, and ableism intersect[12]. Rather than individual assessments and budgets, communities might collectively determine support based on relationships and protocols. Queer and trans disabled people, disabled women of colour, and Indigenous disabled peoples would have their experiences centred in how care is organised, moving beyond normative assumptions embedded in current systems. These normative assumptions would be dismantled -not centring (manual) labour in conceptions of wellness.

Our goal should not be "independence" or fuller economic participation. We should strive toward social conditions where all bodies and minds can flourish. Work itself should be transformed: shorter hours, meaningful activity, accommodation as default rather than exception. Technology would be developed cooperatively to enhance autonomy rather than increase surveillance. The artificial separation between "disabled" and "non-disabled" would dissolve as society reorganises around collective interdependence rather than individual productivity[13]. We should also draw on indigenist approaches which recognise disability as part of natural human diversity while also addressing how environmental destruction creates disabling conditions. Care should be integrated with restoration of Country, sustainable food systems, and healing damaged relationships. Away from anthropocentric capitalism towards connecting personal healing and healing Country.

Just a casual restructuring of society. And you know what? The only barriers are human: greed and hate.

Brain and body work,

Aidan

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1. https://doi.org/10.1177/0308518X16689085
2. https://doi.org/10.4324/9780203119600
3. https://theconversation.com/understanding-the-ndis-the-challenges-disability-service-providers-face-in-a-market-based-system-57737 and https://doi.org/10.1080/09687599.2023.2263629
4. https://grattan.edu.au/wp-content/uploads/2025/06/Saving-the-NDIS-Grattan-Institute-Report.pdf
5. https://doi.org/10.1080/09687599.2020.1782173 and https://doi.org/10.1111/spol.12607 amongst many others
6. Joseph makes sound arguments on this here https://openjournals.library.sydney.edu.au/index.php/SWPS/article/view/14059
7. Campbell looks at how ableness is produced and maintained, which sits well with our discussion of disability as social/political construct under capitalism https://doi.org/10.1057/9780230245181
8. https://doi.org/10.15353/cjds.v4i2.211
9. cf., https://doi.org/10.3389/fsoc.2023.1305301
10. See https://doi.org/10.1016/j.socscimed.2022.115047 https://doi.org/10.1017/elr.2025.14 https://doi.org/10.1111/hsc.14040 for indigenist perspectives –just three amidst many.
11. Again https://doi.org/10.1111/hsc.14040
12. https://doi.org/10.1177/0891243218801523
13. https://doi.org/10.1177/0018726715612901