



**COVID-19
POLICY
BRIEF**

Eradicating Longstanding Disparities: A Gender Equality Agenda for Lawmakers for the Post-COVID-19 World

**By the Legal Department of Legal Momentum,
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Introduction

Globally, the spread of Coronavirus (COVID-19) has had drastic public health and financial impacts on workers and families that are already deep, far-reaching, and unprecedented. These impacts underscore longstanding gender, racial, and socio-economic disparities in our economy and social structures, deepening existing inequities and imposing disproportionate, long-term harms on women's economic security. As workplaces and the economy reopen, women are likely to be worse off than before.

This policy brief provides an overview of areas where the pandemic is exacerbating existing disparities and identifies core policy strategies that federal, state, and local governments should undertake to address short-term needs and establish long-term remedies to uplift women and people of color. The brief is a roadmap of best practices, informed by measures undertaken at home and abroad, and is an urgent call to action for lawmakers to reimagine an economy and society that values all women and ensures that everyone can work and live with dignity.

In the U.S., women, especially women of color, are the majority of the lowest paid workforce² and are more likely than men to live in poverty,³ with more than 16 million women across the country living in poverty pre-pandemic.⁴ Long standing systemic gender and racial discrimination has pushed a disproportionate number of women of color into essential yet underpaid work. Accordingly, women of color are now the majority of the workforce in both industries that have been shut-down and industries on the frontlines of this pandemic, in jobs that are among the lowest paying in the country.⁵ The pandemic reminds us that the global population depends on a female-led workforce of nurses, caregivers, grocery store cashiers and other frontline and service industry workers, who have been called upon to put their lives on the line to weather this crisis and keep society healthy and safe. Meanwhile, these workers have long been and continue to be undervalued, underpaid, subject to exploitation, and relegated to financial insecurity.

The COVID-19 crisis has brought new visibility to inequities that Legal Momentum has worked for 50 years to eliminate. It provides an important opportunity for lawmakers at the federal, state, and local levels to enact measures that Legal Momentum has championed for decades, including more equitable and fair workplace practices, the elimination of occupational segregation, necessary support structures such as paid leave and affordable child care for all workers and families, a living wage for all workers, and the elimination of worker exclusions in labor and anti-discrimination laws.

“Women’s voices must be heard and women’s labor across all spheres, in the workplace and at home, must be valued.”

Women’s voices must be heard and women’s labor across all spheres, in the workplace and at home, must be valued. Yet the majority of key decisionmakers are still predominately men. Just as women and people of color are at the center of the global response to COVID-19, women and people of color must be at the decision-making table and their rights, interests, and voices must be at the center of our policy response to ensure fair, safe, and sustainable outcomes for everyone.

RECOMMENDATIONS FOR LAWMAKERS

Leave no worker behind! Legislation that excludes our most vulnerable, and in many cases, most essential workers from protections is unacceptable. Both emergency and long-term legislative protections should support all workers negatively impacted by this crisis, including part-time workers, independent contractors, consultants, workers for small employers, workers in the informal economy, and undocumented workers, many of whom are women.

- Where possible, suspend existing eligibility requirements to broaden coverage.
- Create supplemental disaster relief funds to provide cash payments to the most vulnerable workers during the public health emergency and to cover those workers excluded from critical benefits. States like California, Oregon, Massachusetts, and Washington have created such funds for certain excluded workers.⁶
- Ensure that access to assistance, benefits, and relief extends to all impacted individuals, regardless of immigration status or work authorization.
- **Long-Term Objectives:** Amend labor and anti-discrimination protections to cover all workers, including the categories listed above. *Worker exclusions create opportunities for worker exploitation, which often hurts women the most.*

Ensure accessibility. Right now, too many women, people of color, and immigrants are not accessing critical new and existing benefits that they are eligible for because of existing barriers to access.

- Provide timely and accurate information and outreach about protections, benefits, and emergency response and make it widely and easily accessible to the public at large.
- Dedicate funding for translation and interpretation services and technical assistance to ensure responding agencies are equipped to assist individuals with limited English proficiency.
- Invest in simple, functional, and user-friendly application processes and online platforms to make it easier for people to apply for benefits and to avoid debilitating backlogs.

- Embrace a community-based model by supporting community-based organizations (CBO) to ensure information reaches underserved communities.
- **Long-Term Objectives:** Integrate meaningful language access and accessibility planning into the delivery of all public services that is grounded in partnerships with CBOs.

Adopt a consultative human rights-based approach. To develop an effective and sustainable response to this crisis—to ensure both physical and financial stability for the population at large—lawmakers must confront the disparate impact on certain populations, including women, people of color, and low wage workers. Their voices and experiences must be centered in the decision-making process.

- Ensure decision-making processes include women, people of color, immigrant workers, low-wage workers, essential workers, and workers in impacted industries and ensure their input shapes short- and long-term responses to this crisis.
- Ensure the response addresses the needs of these groups.
- Long-Term Vision: Decision-making at every level should ensure a diverse representation of stakeholders, including gender and racial justice perspectives.

Exacerbation of Longstanding Gender and Racial Disparities & Recommendations for Lawmakers

High Levels of Unemployment & Long-Term Risk of Financial Insecurity

Women, people of color, and immigrants are overrepresented in low-wage, informal, and part-time work prone to further disruption during public health emergencies.⁷ In the U.S., women are almost two-thirds of the low-wage workforce.⁸ Globally, an estimated 740 million women work in the informal economy,⁹ work that is untaxed, unregulated and unprotected by the state. Additionally, it is estimated that approximately six million immigrant workers are employed in industries negatively impacted by this pandemic.¹⁰

The current pandemic is driving large-scale unemployment in many low-wage sectors forced to close, resulting in high rates of unemployment for women, people of color, and immigrants. Each of these groups include a high percentage of workers in restaurant work, hospitality, household work, child and home care, schools, travel, and other service industries, which have had to shut down operations.¹¹ For example, women are approximately 70 percent of restaurant service staff, 77 percent of retail workers, and 88 percent of cleaners in hotels and other travel accommodations.¹² Black and Hispanic women make up a high percentage of workers in these sectors and have lost jobs at a disproportionate rate.¹³ Overall, women's unemployment surpassed men's unemployment in April 2020, reaching 16.2 percent.¹⁴

Historically, Black workers have faced higher rates of unemployment than white workers at every education level; suffered significant pay gaps; and received fewer benefits, including health insurance and paid sick time.¹⁵ Black households have also earned lower incomes and faced higher rates of poverty than white households, with Black women more likely than white women to be single heads of households and single parents.¹⁶ During the pandemic, Black workers now face higher unemployment rates than white workers, with Black women facing some of the largest losses, exacerbating these existing inequities.¹⁷

Widespread economic instability and dislocation under these circumstances especially hurts single-mother led households, which are disproportionately impacted by poverty¹⁸ and often lack necessary support structures and assistance with child and family care. Women who have become unemployed as a result of COVID-19 have also lost critical benefits, for example, pregnant women may have lost access to state paid leave benefits as well as healthcare coverage to see them through their pregnancy. In addition, many women and immigrant workers continue to be shut out of state unemployment programs because they work in informal sectors or do not have covered immigration status to qualify for benefits.¹⁹

“These trends are likely to exacerbate existing disparities... creating a long-term negative impact on women.”

Notably, of the approximately 32.5 million workers that have lost their jobs due to COVID-19, many will not return to their jobs. It is estimated that 7.2 percent, or 11.9 million workers have no chance of being called back to work.²⁰ The rates are higher for women and Black and Brown workers, with Hispanic, Asian, and Black women suffering the largest disparities.²¹

All of these factors contribute to women's increased economic insecurity and make women all the more susceptible to higher levels of health risk, exploitation, and abuse as they search for other forms

of employment while excluded from critical benefit schemes. For example, during a public health emergency like the current pandemic, the most vulnerable workers are more susceptible to human trafficking, among other forms of abuse.²² For women, who generally have fewer savings, and face higher barriers than men returning to work after a recession,²³ these trends have already wiped out important job gains and are likely to exacerbate existing disparities, including pay disparities, creating a long-term negative impact on women.²⁴

RECOMMENDATIONS FOR LAWMAKERS:

Encourage employment retention. Avoid disruptions that disproportionately hurt women and make it difficult for them to return to work or access critical benefits.

- Consider models that subsidize employers to retain their workforce. This type of model has been used in countries such as Denmark and Germany, where governments have enacted short-term subsidy programs under which the state covers a portion of employee wages, allowing employers to reduce work hours while keeping their workers employed.²⁵
- Where comprehensive federal benefits are infeasible, allocate direct and flexible funding to local governments to enact employment retention measures.

Expand unemployment benefits and ease eligibility. All workers unemployed due to COVID-19 must be eligible for some form of assistance.

- Significantly expand funding and eligibility for unemployment benefits to cover all workers negatively impacted by public health emergencies as a result of movement restrictions, quarantines, and loss of childcare, including essential workers.
- Extend coverage to part-time workers, independent contractors, and consultants.
- Adjust eligibility frameworks to expand eligibility to those with Individual Tax Identification Numbers and suspend requirements such as “search for work” that create unnecessary barriers to benefits during public health crises.
- Establish supplemental relief funds to cover excluded workers including immigrants.

Match workers with jobs in sectors experiencing increased demand. By transforming the world of work, the pandemic has reduced the demand for workers in certain sectors while creating increased demand in others.

- Dedicate funding and staff to direct workers to sectors where demand is high during a public health emergency and train them where new skills are necessary.
- Coordinate outreach to women and other underserved communities who may not traditionally work in these sectors.
- **Long-Term Objectives:** Create long-term programs to train and match women to higher paying jobs in high demand sectors.

Extend paid family leave to workers unemployed due to COVID-19. The pandemic should not provide another opportunity to leave pregnant workers and their partners behind. Issue emergency guidance or regulations to extend coverage to those who would have otherwise qualified for leave but became unemployed due to the pandemic.

Increased Exposure to Health Risks Without Adequate Pay or Protections

Workers in low-wage industries, primarily women, people of color, and immigrants, are working on the frontlines of this pandemic to fulfill essential functions while also flattening the curve of the virus by maintaining foundations necessary for people to shelter in place. These industries include healthcare, cleaning and janitorial services, food delivery, social work, shelters, grocery stores, pharmacies, public transportation, mail delivery, and sanitation and infrastructure.

In the U.S., one in every three jobs held by women has been designated as essential and women of color are more likely to be essential workers than any other demographic.²⁶ Women are approximately 88 percent of registered nurses, 93 percent of child care workers, and 66 percent of grocery store cashiers.²⁷ Moreover, an estimated six million immigrants are carrying out essential jobs, filling a critical gap as part of the response to this pandemic.²⁸ Over two million immigrants play an essential role in the food supply chain²⁹ while delivery people have proven indispensable for those in isolation who need medicine, essential supplies and food.

As society continues to rely on an essential workforce led by women of color, women continue to risk their lives working on the frontlines without adequate pay, benefits, access to childcare, and necessary personal protective equipment.

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RECOMMENDATIONS FOR LAWMAKERS:

A living wage for all. Service industry workers provide essential services at all times, yet too many of these workers struggle to make ends meet on their wages. The federal minimum wage has remained stagnant at \$7.25 an hour. This situation has been made all the worse by the COVID pandemic, as a majority female, low-wage, and immigrant population provides the frontline response on meager salaries.

- Increase the minimum wage and phase in minimum wage increases indexed to the local cost of living to move towards a living wage for all workers in all jurisdictions.
- **Long-Term Objectives:** Use this pandemic as an opportunity to reassess how we value work in our economy and identify measures to increase pay in female-dominated industries and to simultaneously move women into higher paying industries.

Premium pay for workers on the frontlines. Workers risking their lives to maintain essential services during the pandemic deserve more.

- Essential workers should receive premium pay for all hours worked during the crisis as compensation for the risks they are taking. Workers who should be covered include hospital workers, grocery store workers, delivery workers, workers in factories and

manufacturing, workers providing emergency caregiving, those providing advocacy services to victims of domestic and sexual violence and others.

Protective equipment and language accessible training for all workers. Workers continue to report that they are working without adequate personal protective equipment (PPE) and safety protocols.

- Require employers to provide free access to necessary personal protective equipment and language-accessible training to all those working during a public health emergency.
- Ensure hospital staff receive proper and sufficient protective equipment necessary to safeguard themselves and their patients as they try to navigate this crisis.
- Ensure all personal protective equipment is available in sizes that fit women.

Robust health and safety guidance and protocols.

- Issue robust and comprehensive emergency regulations, standards, and guidance that require employers to adopt protocols to keep their employees safe.
- Issue guidance to employers on how to develop and adopt preventive measures, minimize risk, and respond to pandemic health and safety issues as they arise.
- Provide guidance to employers on how to source protective equipment.
- **Long-Term Objectives:** Require employers to adopt codes of conduct or health and safety plans to include established protocols and processes that apply to normal circumstances as well as public emergencies. Issue guidance for employers of domestic workers to ensure that even the smallest employers are aware of their responsibility to adopt health and safety measures.

Free child care for essential workers. Workers cannot be expected to work without realistic childcare options.

- Dedicate substantial funding to provide free, high-quality childcare for essential workers and vulnerable children that is accessible, reliable, and safe. The Australian government enacted a three-month national childcare subsidy in response to COVID-19, and the U.S. government successfully established a broad national childcare program during WWII, under the Lanham Act, which subsidized childcare from 1943-1946, offering affordable child care options to women working outside the home while men were serving in the war.

Ensure access to paid leave and sick time for essential workers. Workers in jobs deemed essential often lack access to paid leave and sick time.

- Establish paid leave and sick time for essential workers to care for themselves and family members to ensure they can remain healthy and avoid burnout.

Preserve and advance rights to collective action. Where governments have failed workers, collective action has played a critical role in safeguarding workers' rights. In response, some states have attempted to curtail collective bargaining rights.³⁰

- Refrain from suspending or encroaching upon collective bargaining rights.
- Foster and encourage labor organizing strategies. The COVID-19 pandemic has served as a rallying point for many, who have had to mobilize and organize to demand workplace protections such as necessary personal protective equipment. As a result, workers have forced store closures, won paid sick leave or paid time off, and secured necessary safety gear.³¹

Uphold and enforce whistleblower, anti-retaliation, and anti-discrimination protections.

In some circumstances, the pandemic has provided a pretext for discriminatory and retaliatory workplace practices that are unlawful.

- Ensure enforcement agencies have the capacity, including funding and staffing, to effectively enforce anti-discrimination and anti-retaliation provisions so that workers can effectively report workplace violations during the pandemic.
- Issue emergency guidance to suspend or toll filing and other deadlines so that procedural hurdles do not compromise access to justice.
- Refrain from enacting COVID-related civil immunity.
- Bar employers from relying on mandatory arbitration agreements to quash or restrict employee complaints and reporting.

Cover COVID-19 workplace illness under workers' compensation laws. Many states still do not cover COVID-19 in their workers' compensation laws or only cover first responders who contract the virus.³²

- Ensure that all frontline and essential workers who contract COVID-19 on the job are covered by workers' compensation benefits.
- Extend the presumption that frontline and essential workers who contract COVID-19 were exposed on the job. Without this presumption, the burden of proof placed on workers to conclusively establish that any COVID-19 infection was related to their employment would be very difficult to establish.

Support families.

- Dedicate funding to provide financial support to families of essential workers who died responding to this crisis. These families should not suffer additional costs and should receive the support they need to weather the emotional and financial tolls of the crisis.

Automatically extend status and work authorizations and restrict immigration detention and enforcement.

- Ease immigration detention and enforcement.
- Automatically extend status and work authorizations to avoid debilitating delays due to agencies being overburdened and understaffed, limiting their ability to process critical applications in a timely fashion. This ensures that Immigrant workers have the option to continue to work to support themselves and their communities during this crisis.

Negative Employment Consequences of Increased Caregiving Responsibilities

Women are disproportionately tasked with caregiving responsibilities, often shouldering these responsibilities on their own. While schools and childcare facilities remain closed due to the pandemic, many women have now been forced to temporarily stop working outside the home, work reduced hours, or work unsustainable hours to care for children while fulfilling their work responsibilities. As women working from home take on even more homecare and caregiving responsibilities, they are likely to suffer long-term negative impacts on their work performance, mobility, advancement, and employability. As states move to reopen, the impacts of this next phase of the COVID-19 crisis risk being devastating for women who are likely to suffer major setbacks in gender equality as workplaces reopen without simultaneously ensuring that workers have safe, affordable, and accessible childcare options.

The increased childcare burden not only risks creating circumstances that will push women out of the labor force, it threatens to exacerbate pay inequity. Women on average continue to earn approximately 20 percent less than men despite the fact that women have higher levels of education than men and are more likely to hold an advanced degree.³³ Today, women once again face an impossible dilemma of managing the demands of work and childcare with inadequate or no support. The risk is particularly high for women of color, who suffer the largest pay discrepancies, with Black women earning almost 40 percent less than white men, and Latina and Native American women earning almost 50 percent less.³⁴

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RECOMMENDATIONS FOR LAWMAKERS:

Ensure reopenings are accompanied by realistic childcare options. As economies reopen, families must have realistic childcare options.

- Subsidize childcare to ensure that everyone who needs to return to work outside the home has access to safe childcare options.
- Issue guidance and protective equipment to childcare providers and schools so they are equipped to keep children safe during the reopening phase.
- Encourage employers to adopt flexible workplace practices that allow families to work while taking on increased childcare responsibilities.

Mandate paid leave and sick time.

- Enact comprehensive paid sick time and paid family and medical leave to protect all workers and their families. These benefits should extend to all workers regardless of immigration status.

Monitor and counter gendered impacts. This pandemic cannot be allowed to push women further back economically.

- Actively monitor the gendered and racial impacts of this crisis and how it is affecting women's employment, mobility, employability, and advancement, with a focus on women of color.
- Use anti-discrimination enforcement to counter negative impacts on women in the workplace.
- Examine novel and more flexible workplace practices that alleviate caregiving burdens and make it easier for employees to balance work and family responsibilities.
- Encourage employers to adopt more flexible practices such as remote work.

Advance pay equity for women and people of color.

- Adopt initiatives to increase pay transparency, such as salary disclosure laws and pay data reporting that require employers to disclose compensation amounts and identify pay discrepancies by gender and race. These laws encourage accountability so that those returning to work are less susceptible to exploitation and implicit bias.
- **Long-Term Objectives:** Establish concrete legal standards to realize equal pay for equal work while addressing underlying systemic gender-based inequities. Enact comprehensive reforms that eliminate loopholes and obstacles in equal pay and anti-discrimination statutes, impose transparency requirements to eliminate secrecy surrounding compensation, tackle family care penalties imposed on women, and shift trends in occupational segregation that continue to push women into lower-paid work.

Closures of Minority and Women-Owned Businesses

The COVID-19 pandemic is imposing an immediate and devastating impact on small businesses, including the childcare industry. Over 50 percent of small businesses are at risk of closing,³⁵ with acute and disproportionate consequences for women and minority-owned businesses. Existing structural gender and racial disparities in educational attainment, personal wealth, and access to capital³⁶ have long posed greater obstacles for women and people of color starting and growing small businesses.

“Today we are seeing COVID-19 negatively impact industries with a high proportion of women and minority-owned businesses.”

Women and minority-owned businesses often raise lower amounts of capital to finance their businesses, with women starting businesses with almost half the financial capital as men,³⁷ and must rely more heavily on personal sources of financing.³⁸ As a result, these businesses tend to have less startup capital, earn less revenue, and have less opportunity to build wealth.³⁹

Compounding these existing disparities, today, we are seeing COVID-19 negatively impact industries with a high proportion of women and minority-owned businesses, including childcare, food services, retail, and accommodation.⁴⁰

RECOMMENDATIONS FOR LAWMAKERS:

Target relief to the local level.

- Earmark supplemental funding for relief to small businesses at the local level to expand access for women and minority-owned businesses. The federal Paycheck Protection Program under the CARES Act provides low-interest loans to small businesses and funding for centers providing training and services for women and minority business owners, which is essential. But because the program depends on larger mainstream financial institutions, which are known to provide a lower percentage of loans to women and minority-owned businesses, these funds will likely not reach women and minority businesses in need.
- **Long-Term Objectives:** Build an infrastructure of support that links local lenders, community-based organizations, and small business owners.

Issue grants for the most vulnerable businesses impacted by COVID-19.

- Invest in micro-grants for the most vulnerable businesses that require additional support to survive this crisis. For many women and minority-owned businesses that are already underfinanced, low-interest loans will not be enough, as these businesses will have lost substantial revenue by the time they can reopen.

Track lending practices to address disparities in financing.

- Track lending practices to address and eliminate discriminatory practices and trends.

Limited Access to Healthcare

Due to systemic discrimination, women disproportionately live in poverty and work in low-income jobs, often without health benefits, paid sick leave, or the flexibility needed to obtain medical care. Lack of adequate coverage and high healthcare costs lead to financial insecurity. Women are particularly vulnerable as they bear the burden of less health care coverage coupled with greater medical costs, with a larger share of their income going to out-of-pocket health care bills, including many pregnancy related costs that are uncovered.⁴¹ Confronted with the dilemma of choosing financial security or obtaining medical care, women are more likely to postpone diagnosis or treatment of serious health issues.

Racial bias in the healthcare system is an epidemic faced by millions of people of color, who lack adequate healthcare coverage and are more likely to be inadequately treated by healthcare providers.⁴² Women of color suffer in unique ways; for example, black women in the U.S. die from preventable pregnancy-related complications at 3 to 4 times the rate of non-Hispanic White Women.⁴³ While the Affordable Care Act has narrowed racial gaps in access to health insurance and care, 11.7 percent of nonelderly Black Americans are still uninsured, compared to only 7.5 percent of nonelderly white Americans.⁴⁴

Due to these structural inequalities, Black and Latinx communities across the country, in big and small cities, in both urban and rural settings, and across all age groups, have faced higher rates of COVID-related infections, hospitalizations, deaths, and disproportionate health impacts.⁴⁵

“Due to structural inequalities, the Black community has faced higher rates of COVID-19 related deaths and disproportionate health impacts.”

Black and Latinx communities have been three times more likely to be infected and twice as likely to die from the virus than white people.⁴⁶ COVID-19 hospitalization rates are approximately five times higher for the Black community and four-times higher for the Hispanic and Latinx community when compared to hospitalization rates for the non-Hispanic white community.⁴⁷ Nationally, Black Americans are dying from COVID-19 at the same approximate rate as white Americans more than a decade older. Among the 45-54 age bracket, Black and Hispanic/Latinx death rates are at least six times higher than the death rates for non-Hispanic whites.⁴⁸

New data also suggests that a patient's likelihood of surviving COVID-19 may in part be linked to where the patient receives treatment. The pandemic is shedding light on disparities in hospital care between community hospitals in impoverished neighborhoods with inadequate staffing and equipment and private medical centers serving the wealthy with sufficient staffing and specialized equipment.⁴⁹

Susceptibility to the virus is not just about one's health conditions, it is tied to deeper inequities in economic status that have pushed more Black and Latino people to work in frontline jobs, rely on public transportation, live in higher density dwellings, and face pressures to continue working in public despite ongoing health risks.⁵⁰ Women of color in particular perform many of these frontline jobs where they face heightened health risks often without adequate health coverage.

The pandemic's long-term health impacts have revealed additional cracks in our healthcare system, which has proven ill-equipped to deliver adequate long-term care. Not only is the country seeing new waves of COVID-19 infections as cities reopen, COVID-19 survivors are now suffering serious long-term, possibly life-long, health conditions. In addition to causing acute respiratory distress syndrome, the virus is also impacting the body's other major organ systems, resulting in chronic often disabling conditions, including acute kidney injuries, muscular problems and atrophy, brain and neurological injuries, and PTSD.⁵¹ Hospitals, rehabilitation centers, and medical providers have lacked the capacity to treat these long-term problems. As a result, patients have not received adequate care and have often remained in hospitals due to the absence of appropriate rehabilitation options.⁵²

To address the disproportionate impacts of COVID-19 and to tackle disparities in the long-run, policymakers must enact stronger measures to improve access to healthcare for all.

RECOMMENDATIONS FOR LAWMAKERS:

Affordable and accessible healthcare for all, including COVID-19 testing and treatment.

- Provide comprehensive and affordable healthcare accessible to all on an equal basis, regardless of employment or immigration status, to ensure that all people can get the care they need during the crisis and beyond.
- Include emergency provisions in national response plans that expand healthcare access even if someone is uninsured or underinsured.
- Extend public programs to provide urgent no-cost benefits, including no-cost testing and treatment for COVID-19 under emergency Medicaid available regardless of immigration status.
- **Long-Term Objectives:** Health care should be recognized as a basic human right by lawmakers and should be available to all irrespective of employment or immigration status. Imposing costs, conditions and burdens on access to health care deprives people of their basic rights.

- **Track virus infection rates and deaths by race and gender.** Collect demographic data to create an accurate picture of the disproportionate immediate and long-term impacts of COVID-19 on women, communities of color, and other marginalized communities in order to fully address disparities in health outcomes and inequities in access to testing and treatment as they emerge. Currently, these data are not consistently available in some states.

Enhance healthcare access by expanding economic mobility.

- Take a comprehensive approach to expanding economic mobility, including raising the minimum wage, increasing housing mobility, focusing on educational advancement, especially early childhood education, and investing in effective economic stimulus programs such as SNAP.

Decreased Access to Maternal and Reproductive Health

During public health emergencies, healthcare systems often divert resources from standard healthcare services, including maternal health care. During the current pandemic, hospitals across the country converted labor and delivery wards into COVID-19 units, raising concerns about whether women would have access to critical maternal health services.⁵³ Diverting resources from maternal health, especially in public hospitals that already lack adequate resources, risks increasing maternal mortality in the U.S. The U.S. already has the highest maternal mortality rate in the developed world, with health outcomes being the worst for women of color.⁵⁴ The incidence of deaths among Black mothers who gave birth during the pandemic reaffirms concerns about the level of treatment that women of color receive for both their pregnancies and for COVID-19.⁵⁵

The COVID-19 pandemic has also been used as a political tool to further limit access to sexual and reproductive health services. For example, several states moved to severely restrict abortion access by using COVID-19 as a pretext to deny abortion access by designating it a non-essential medical service suspended during the pandemic.⁵⁶ These restrictions have a severe impact on women, in particular low-income women, women of color, minors, and victims of domestic and sexual violence, among other marginalized groups, who are disproportionately burdened and harmed.

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Historically, in the U.S., low-income women have had the most difficulty accessing reproductive and maternal health services.⁵⁷ Though low-income women may be more likely to unintentionally conceive, often due to lack of access to contraception, wealthier women are much more likely to terminate an unintended pregnancy.⁵⁸ Data compiled from 2011 to 2013 revealed that 32 percent

of the pregnant women in the highest income bracket obtained an abortion, compared to only 9 percent of the women from the lowest income bracket.⁵⁹

Gaps in access to abortion, including affordability, play a major role in this discrepancy. Restrictive state abortion laws, which limit the number of legal abortion clinics or types of services, operate to discriminate against low-income women, who, unlike wealthier women, often cannot afford to travel to other states with less restrictive abortion laws and greater access.⁶⁰ The cost of obtaining an abortion can also make it inaccessible. Federal law specifically prohibiting Medicaid from covering abortions hinders low-income women from obtaining the service, while wealthier women can afford to pay out-of-pocket⁶¹ The ongoing battle for reproductive justice, and the new complications created by COVID-19, mean that for many women, laws that restrict abortion impose additional costs and delays and place an unreasonable burden on women's ability to obtain safe abortions.

RECOMMENDATIONS FOR LAWMAKERS:

Sustain resources for sexual, reproductive, and maternal health.

- Ensure that hospitals do not divert resources from essential maternal health services, particularly in low-income communities where women are most at risk.
- **Long-Term Objectives:** Fund hospitals and sexual, reproductive, and maternal health services in low-income communities and mandate training for doctors and healthcare staff to eliminate racism in the delivery of medical care.

Designate prenatal and abortion services as essential health services.

- Issue guidance or regulations or enact legislation to make clear that abortion services are essential health services during a public health emergency. Limiting access to these critical time-sensitive health services puts women's health at risk and undermines the health of the population at large during a public health crisis by forcing women to cross state borders in search of services, increasing the risk of contagion.

Monitor the needs of pregnant women.

- Following New York's lead, establish maternal health task forces to track the impact of COVID-19 on maternal and reproductive health, with a focus on women of color and women in low-income communities, and prioritize the needs of pregnant women during the pandemic.

Refrain from using public health emergencies to encroach on women's established constitutional rights.

- Refrain from creating barriers to health access or otherwise impinging on women's right to essential medical care, including safe abortion access.

Heightened Risk to Victims of Gender-Based Violence

The measures necessary to control this pandemic, including stay-at-home orders, leave victims of domestic and sexual violence increasingly vulnerable to incidents of abuse and at heightened severity. This will be true both during and in the aftermath of this crisis. Due to quarantine and movement restrictions, victims are trapped in homes with abusers without access to the usual networks on which they would rely for support. They may not be able to safely access hotlines or law enforcement without signaling their abusers, and news stories may leave victims with the false impression that victim services and/or law enforcement are not available to respond. Many abusers will use the pandemic to further assert controlling and coercive behaviors against survivors. The economic crisis emerging as a result of the pandemic will leave many victims dependent on their abuser for financial support, housing, and other basic needs. Abusers will exploit this. As seen historically with natural disasters, calls to hotlines and law enforcement are on the rise, in some places sharply.⁶² This trend is expected to continue as restrictions are lifted and survivors are more able to reach out for help.

Victim services providers largely remain available to assist victims, though most have had to find alternate ways to do so. These alternate methods of delivering victim services are often more costly. For example, many service providers needed funding to develop remote service

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capabilities in a manner that meets confidentiality obligations under the Violence Against Women Act and other statutes. The provision of housing services has in many instances also required a move from dormitory or shelter spaces to hotels and motels to maintain safe social distancing. A recent survey found that 89 percent of victim services programs need emergency stimulus funding to continue providing support and

emergency assistance. Furthermore, 40 percent have experienced increased demand since the onset of the pandemic in terms of both new clients and more complicated requests from current clients, whose medical and legal needs have become more complex and difficult.⁶³

RECOMMENDATIONS FOR LAWMAKERS:

Dedicate funding for services and supports for domestic violence and sexual assault victims.

- Dedicate increased funding to support shelters, hotlines, crisis centers, and service providers to ensure that victims have ongoing access to necessary services.

Designate domestic violence and sexual assault advocates as essential workers.

- Designate domestic violence and sexual assault victim advocates as essential workers

as they continue to provide services to victims despite social distancing and other complications of the pandemic.

Ensure services are accessible to all communities in need.

- Work with community-based organizations and service providers to ensure that funding for victim services is reaching all communities in need, especially rural communities, survivors with disabilities, people of color, older adults, immigrants, youth, survivors on tribal land, children, and the LGBTQ community.

Ensure immigration enforcement does not undermine victims' access to services.

- Ease immigration detention and enforcement at the federal level to protect lives and public health and to ensure it is not undermining survivor access to life-saving services and assistance.

Provide unemployment insurance to domestic and sexual assault survivors.

- Provide domestic and sexual assault survivors access to unemployment insurance if they are forced to leave their jobs as a result of the violence. Some states provide this; all states should.

Provide necessary funding and support to the court system.

- Enact measures and provide funding that allow courts to continue hearing matters critical to the safety of victims and their families, including cases regarding orders of protection and child custody.

Housing and Food Insecurity

During a public health crisis like the current pandemic, female-headed households face unique risks that leave them susceptible to housing and food insecurity.⁶⁴ Women start off at a disadvantage. Female-headed households are at higher risk of poverty and thus face larger obstacles to securing adequate food and shelter during a pandemic, as food prices increase and accessibility decreases due to emergency restrictions.⁶⁵ In the United States, 26.8 percent of the 10 million households headed by single mothers live below the poverty line, in contrast with 14.9 percent of households headed by single fathers.⁶⁶ Due to systemic structural inequalities, black mothers, 80 percent of whom serve as breadwinners for their families, face heightened risk.⁶⁷ Further exacerbating these disparities, women have disproportionately lost their jobs as a result of the COVID-19 pandemic.⁶⁸

**Women and girls
are typically the first
to go hungry during
a public health crisis.**

As a result of these inequities, women and girls are typically the first to go hungry.⁶⁹ In April 2020, 40.9 percent of mothers with children under twelve reported that their families were suffering from food insecurity since the start of the pandemic.⁷⁰ Among these families, 17.4 percent of mothers reported that their children were not eating enough because the family could not get enough food.⁷¹ Meanwhile, many public agencies responsible for administering public benefits have been ill-equipped to adequately support all those in need of assistance.

The housing crisis resulting from COVID-19 is also impacting women in unique and harmful ways. Single-women led households, suffering higher levels of poverty and now facing higher rates of unemployment, are consequently facing greater obstacles to paying rent. As a result of these disproportionate economic impacts on women, experts anticipate that the number of women and girls seeking shelter during and after the pandemic will significantly increase in communities without housing moratoria.⁷² Transitioning to shelters during a pandemic opens women and their families to a much greater risk of exposure to COVID-19. Shelters, overwhelmed by demand, have lacked resources and capacity to meet the increased need while protecting the health and safety of their residents and organizations assisting the homeless population have similarly had less capacity to service communities living unsheltered.⁷³ Public housing authorities have similarly lacked capacity to provide adequate personal protective equipment and sanitation services to prevent broad exposure in densely populated public housing developments.⁷⁴ Moreover, some landlords are exploiting persistent fears of housing insecurity. Fair housing organizations are reporting a spike in complaints of sexual harassment by landlords who are propositioning or engaging in unwanted sexual contact with tenants.⁷⁵

Notably, certain groups of women, including immigrant women or formerly incarcerated women, are particularly vulnerable to the extent they are ineligible for public benefit programs and unemployment insurance due to their immigration status or prior convictions.

RECOMMENDATIONS FOR LAWMAKERS:

Suspend adverse housing actions and provide financial assistance to renters and homeowners.

- Implement moratoria on mortgage payment requirements, foreclosures, evictions, and utility shut-offs during public health emergencies including the current pandemic.
- Promote Right to Counsel for those facing eviction during the crisis. New York City, for example, guarantees the right to legal services to tenants facing eviction.⁷⁶
- Fund rental and mortgage assistance to those facing financial hardship once moratoria are lifted.

Ensure food security and provide free meals to all families and individuals in need.

- Dedicate funding to providing free meals to individuals and families in need during the crisis. New York City, for example, earmarked substantial funding for this purpose, providing three free meals per day to any family in need.
- Increase existing Supplemental Nutrition Assistance Program (SNAP) benefits. Current benefits are not enough since they only provide recipients with \$1.40 per person per meal.⁷⁷ Increasing the amount would prevent people from starving and also stimulate the economy. For example, every \$1.00 increase in SNAP during the Great Recession stimulated \$1.74 in economic activity, and increasing the maximum SNAP benefit by 13.6% in 2009 is now seen as one of the most effective investments during that period.⁷⁸

Increase and extend public benefits to all in need.

- Suspend current work requirements for receiving Temporary Assistance for Needy Families (TANF) and place a moratorium on TANF sanctions and terminations.
- Raise the income level for SNAP, TANF, WIC, and Medicare so more people can receive assistance. Only use continuing income when determining eligibility and benefit amount. Those unable to work due to COVID should not be denied benefits.
- Use SNAP or TANF to make one-time payments to families in need. For example, Washington, DC dedicated \$5 million per month to load additional money on to SNAP participant's Electronic Benefit Transfer (EBT) cards in response to the pandemic.
- Encourage state and local Medicaid, SNAP, and TANF, agencies to assist enrollees in claiming their Economic Impact Payments for those who do not file taxes.
- Increase funding to the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). Before the pandemic, WIC only reached 46% of eligible pregnant women due to program limitations.⁷⁹
- Suspend the nutrition risk requirement for eligibility for the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), which currently forces applicants to visit a clinic or hospital to be evaluated by a healthcare professional. This requirement puts applicants at a higher risk of contracting COVID-19.
- Eliminate barriers that prevent individuals with conviction records from accessing public benefits. Due to policies enacted in the 90s, individuals convicted of drug charges were disqualified from public benefits, despite the fact that research now shows that access to benefits can reduce recidivism.⁸⁰ These policies have impacted women who are more likely to be incarcerated for non-violent crimes, including drug related offenses.⁸¹

- **Long-Term Vision:** Ease eligibility and increase public benefits so that families and individuals are not relegated to poverty and so that gender and racial inequities are better accounted for. Mayors in eleven cities in the U.S. are advocating for a guaranteed income – an unconditional monthly cash payment directly to individuals to supplement existing public benefits.⁸²

Ensure adequate shelter is available. As vulnerable populations, especially women and families, weather this crisis, many face obstacles to paying rent, require emergency shelter, or continue to live in crowded shelter and public housing systems.

- Dedicate funding to ensure that all in need can access safe housing.
- Ensure adequate beds are available in existing shelters.
- Encourage alternate accommodations for those experiencing homelessness, like hotels, as has been done in California and New York.
- Increase funding to homeless services, emergency rental assistance, and housing vouchers.
- Issue health and safety guidance and protocols to shelter systems and public housing authorities.
- Require shelters to provide those who menstruate with period products.
- Increase outreach and assistance for unsheltered individuals.

Expand immigrant eligibility and suspend adverse immigration actions that relate to public benefits.

- Suspend eligibility requirements that prevent immigrants from accessing public benefits.
- Halt any provisions, such as the federal public charge rule, that penalize immigrants for accessing public benefits and make expressly clear that access to critical healthcare services, including COVID-19 treatment, will not result in adverse immigration outcomes.

Conclusion

The COVID-19 pandemic has not only revealed widespread gender and racial inequalities in our social, political, economic, and health systems, it is now deepening those inequalities across each of these spheres. Women, people of color, and immigrants, who are the backbone of our response to this crisis, are suffering devastating impacts that risk rolling back the limited gains towards equality achieved over the past decades. This crisis threatens to impact every aspect of women's lives, including employment and economic security, workplace safety, caregiving responsibilities, healthcare access, maternal and reproductive health, personal safety and security, and housing and food security.

The policy measures recommended in this brief identify priorities to shape and facilitate immediate short-term responses to address the gendered impact of this pandemic and serve as building blocks for a long-term transformative agenda to correct longstanding inequalities. As lawmakers put in place emergency benefits, stimulus packages, budget priorities, and recovery plans, their approach must be informed by an understanding of the gendered impact of this crisis and the underlying inequalities that led us here.

“The COVID-19 pandemic reminds us how tightly our wellbeing is tied to the wellbeing of others—a reality that should be centered in shaping our global response.”

The COVID-19 pandemic reminds us how tightly our wellbeing is tied to the wellbeing of others—a reality that should be centered in shaping our global response. Addressing longstanding inequalities not only serves women, it promises more just and sustainable outcomes for the future and for everyone. The pandemic provides an opportunity for lawmakers to step up to create an economy and society that values all women and ensures that everyone can work and live with dignity.

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