

FEMINIST IDEAS FOR A
POST-COVID-19 WORLD

**How can the COVID-19
crisis be harnessed to
improve the rights and
working conditions of paid
care workers?**

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The UN Women *Feminist Ideas for a Post-Covid-19 World* series features short think pieces by leading researchers on social and economic policy issues to inform the recovery from the COVID-19 pandemic. The think pieces were commissioned to inform a UN Women project, *Beyond COVID-19: A feminist Plan for Sustainability and Social Justice*, led by the Research and Data team.

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COVID-19: RAISING THE VISIBILITY OF PAID CARE

Around the globe, paid care work is in the spotlight like never before. Nursing home workers and home care workers have toiled at the epicentre of this pandemic. Health-care workers have been praised as heroes in the fight against COVID-19. And parents and policymakers have highlighted the impact of the absence of childcare workers and teachers.

Perhaps the greatest opportunity presented by this horrible and tragic time is that the gaps in our social organization of care have been made visible and can no longer be avoided. The virus is like the dye that doctors use to see pathways in computed tomography or magnetic resonance imaging; what was previously there but invisible suddenly gets lit up in fluorescent colour.

In this paper, I will present some ideas about how we can leverage this historical moment to create meaningful and lasting policy change for the paid care sector: those workers who provide care for children, older adults and people who are ill or disabled.

I am going to highlight three ways in which the pandemic has changed the public discourse around paid care and elevated its visibility along particular dimensions. In each case, I will try to tease out ways that we can harness these discourses, build on them and use them as tools to advocate for change. I will end by talking about three specific policy directions that can be most easily tied to these discourses and present promising avenues to utilizing the growing recognition of paid care to create real change.

Paid care work is essential

One opportunity presented by the COVID-19 pandemic is that the world has recognized to an extent never before seen that our economies, our families and our communities depend on care. The fact that our whole society would grind to a halt should the work of care stop became crystal clear. Like physical infrastructure, the infrastructure of paid care—health care, childcare, education, long-term care and home care for older adults and people with disabilities—supports and allows other work and activities to go on. It is essential not only to the families and individuals directly receiving care but to society as a whole.

The term ‘essential workers’ has become a central part of the COVID-19 narrative. In most cases, the designation of ‘essential’ was used to identify workers exempt from lockdown rules because

their labour was considered critical to public health and safety and/or ongoing economic activity. In practice, a designation as an essential worker meant you had the privilege of putting your own body at risk so that others could continue to get groceries, liquor, and medicine or be cared for.

Care workers made up a large part of the ‘essential’ workforce as identified during the pandemic. In the United States, for example, they constituted half of all workers designated as essential.¹ Around the world, these workers were lauded as heroes in public displays of appreciation, including rituals of nightly applause from balconies and outside hospitals and on streets, signs in windows and yards and moving testimonies on social media and in print.

It should be noted that, in many places, this rhetorical appreciation was not accompanied by

material rewards or prioritization. Hazard pay efforts were inconsistent, short-lived and often targeted more towards manufacturing and retail workers than health-care, elder care or childcare workers. Wage penalties meant that essential care workers were paid as much as 18 per cent less than comparable essential workers in law enforcement, retail, manufacturing and other industries.² And many of these workers struggled to get adequate personal protective equipment to mitigate the risks they were taking to their own bodies and families.³

Yet, as Folbre et al. have pointed out, the discussion of essential workers during the pandemic represents “the abrupt creation of a new category of workers based on social need, rather than market forces”.⁴ This is a potentially transformative shift in public dialogue for those of us who have been working for years to change the thinking about paid care to see it not as a service but as infrastructure, as part of the essential underpinnings of economic, family and community activity.

The COVID-19 pandemic has raised the visibility of paid care work: that it is essential, potentially hazardous and requires a unique set of skills.

Paid care work is hazardous

Around the globe, the risks faced by care workers during the pandemic have been abundantly clear. In the United States, the media has called jobs in nursing homes and long-term care facilities “the most dangerous jobs in America”.⁵ Childcare workers who stayed in business to provide care to the children of other essential workers were recognized as putting themselves at risk, and teachers’ unions fought to keep teacher safety included as a priority when considering school reopening plans.

The placing of their own bodies and families at risk has been part of the hero narrative surrounding these essential workers.

US newspapers have been replete with stories of home health-care workers choosing to take care of their clients even if it means having to isolate from their own families and of nurses who have to strip down in their garages when they get home from exhausting hospital shifts.

But there has also been some pushback against the notion that this level of risk is an unavoidable part of the job. Workers have fought for access to appropriate personal protective equipment and emphasized the role that understaffing has played in elevating exposure.⁶ At one demonstration, a worker held a sign that captured this pushback: “Don’t call me a hero – I am being martyred against my will”.

The other piece of this discourse has been recognition that the exposure of workers also puts those they are caring for at risk. With a mix of blame and sympathy, stories have been told about nursing home workers who spread the virus across institutions as they travel between the multiple jobs they hold in order to make ends meet and of infected home health-care workers who go from client home to client home.⁷

There has also been increased recognition of the mental health burdens and risk of burnout faced by health-care, long-term care and other care workers.⁸

In order to move this discourse into effective advocacy for protections for care workers moving forward, we need to emphasize that these jobs are not only hazardous during a pandemic, that there are structural ways to mitigate some of those risks and that risks to the health and well-being of those being cared for are directly related to the health and well-being of care workers.

Frontline health care jobs and other care work has been hazardous long before the pandemic brought the dangers into public view. Frontline health-care workers have the highest rates of

workplace-related injuries compared to other sectors in the United States,⁹ with nursing aides and nurses much more likely to experience such injuries (and stress) than other health-care workers.¹⁰ In addition to being exposed to biological agents such as viruses, frontline health-care workers—and cleaning and dietary workers in health-care institutions—are exposed to toxic chemicals used in cleaning and sanitizing, heavy lifting of equipment and patients, physical and verbal assault and a range of high-stress conditions, including long hours and night shift work.¹¹ Home health-care workers and other domestic workers are exposed to similar risks, exacerbated by the private and invisible settings of their work.

While wages are often the centrepiece of campaigns to improve rights and rewards for care workers, this historical moment gives us an opportunity to also highlight the risks taken by these workers and advocate for legal and physical protections as well as staffing structures that support their safety and mitigate their risk exposure.

Paid care work requires unique skills

Another opportunity presented by this crisis is the recognition that care is hard work. One tweet from an American actress put it this way: “Been homeschooling a 6-year-old and 8-year-old for one hour and 11 minutes. Teachers deserve to make a billion dollars”.

While the recognition that paid care work is hard is in itself a valuable step towards advocating that teachers and other care workers deserve to be rewarded differently, we can build an even stronger case for the importance of public and private investment in the paid care sector if we can leverage this basic recognition and build on it in two ways. First, the acknowledgement that care work is hard is not quite the same thing as seeing it as skilled labour, and adding the language of skill to the public discourse is also important. Second, we need to emphasize that the skills

of paid care workers can be different from and complement the (also skilled) unpaid care work that happens in families.

Feminist scholars have long argued that the notion of ‘skill’ is itself socially constructed.¹² Care scholars have shown how workers across many different arenas of care see their own work as requiring a combination of technical and relational skills that are often unrecognized and undervalued.¹³ Using this moment of attention to the work of paid care to raise the visibility of these skills is critically important to pushing back against the cultural and material devaluation of care.

Of course, the enormous amount of unpaid care happening in families is also societally undervalued, and feminist scholars have been instrumental in raising the visibility of unpaid care by arguing it should be recognized as indispensable labour for the reproduction of society.¹⁴ Scholars have also attempted in various ways to measure the contributions of unpaid care, calculating hours spent in care and imputing a wage value to show the importance of this invisible labour.¹⁵ Emphasizing the similarities and links between paid and unpaid care is important work in advancing our understanding of the social organization of care as an interlocking system. And yet, it is also important that we do not reduce the relationship to one only of substitution.

To explain what I mean, let me go back to the tweet I quoted at the beginning of this section. This actress, like many American parents in many similar memes, tweets and Facebook posts, was lamenting the difficulty of “homeschooling”. And yet, most parents were not in fact homeschooling; that is, they were not actually doing the work of a teacher. True, the children were in the physical presence of the parent rather than that of the teacher. But the teacher was still the one creating lesson plans, mapping a curriculum, creating activities to foster engagement, developing tools to assess learning, managing the interactions among a classroom full of children (albeit a virtual one), responding to individual children’s needs for

accommodations, paying attention to all students' development and mental health and grading work.

When their children were remote-schooling, parents were also doing important care work: supporting children in managing their time, responding to immediate needs such as food, etc., providing technical support to enable kids to access their classes and giving emotional support and encouragement as well as limit-setting and consequences. Both of these sets of tasks are care work; both require technical knowledge and relational skills. But they are not the same.

It is undoubtedly true that young children, some older adults and some individuals with disabilities need a certain amount of custodial care. And it is important to recognize that in the absence of paid care infrastructure, women in families are doing that care work. It is also important to make visible that paid care workers—childcare providers, home health-care aides, personal care attendants,

nursing home workers, hospital nurses and social workers—bring a different set of skills and expertise than do unpaid caregivers (who also bring skills and expertise).

A robust care infrastructure requires investment in supporting both paid and unpaid care. This provides families and individuals with choices about how to fulfil care needs, which fosters autonomy and equality among care recipients as well as family caregivers. It also provides the best possible care to individuals, who benefit from a range of combinations of paid and unpaid care provision. While continuing to leverage the visibility of the work of paid care brought about by the pandemic, we need to be sure to also make visible the role of unpaid care and emphasize the importance of both. This is one strategy to push back against the potential gender-regressive tendency for women in families to exit the paid labour force in order to take on the increased burdens of care work in families.

FROM RECOGNITION TO ACTION: POLICY DIRECTIONS FOR A SUSTAINABLE FUTURE OF PAID CARE WORK

There are many important policy interventions in creating more robust paid care systems that are anchored in justice for workers as well as for care recipients and families. I believe there are three particular arenas for policy change that we have the opportunity to advocate strongly for using the visibility gained during the COVID-19 pandemic: wage support, worker protection and paid family and medical leave.

Raising wages in care jobs through policy and public and private investment

Raising wages across the care sector, and particularly among the lowest wage jobs, is a key component of any plan to build a stronger care infrastructure, and now is a moment when we have the opportunity to make this argument loudly and clearly. The pandemic has made visible the essentialness of paid care to economic, community

and family activity. It has also laid bare the mismatch between the importance of care work and its compensation. The new recognition of the hazards of care work and the skills it requires creates an even stronger argument for public and private investment into raising wages in the care sector.

One critical tool to support higher wages for care workers is expanding overall wage floors. In the United States, for example, one study estimated that increasing the minimum wage to US\$15/hour would result in a reduction of household poverty rates among female health-care workers by up to 27 per cent.¹⁶ Research shows that public sector support and unionization are both important factors in mitigating wage penalties for care workers,¹⁷ so targeted increases in public funding as well as legal protections for union organizing must accompany minimum wage increases. Funding and regulation in particular are key to ensuring that wage increases do not exacerbate staffing shortages.

Comprehensive protection for all care workers from workplace hazards

This pandemic has also made visible the hazards faced by care workers and the impact of those risks on workers, their families, those they are caring for and their employers. Yet, around the globe, many care workers, especially those who work in private homes, are excluded from basic labour protection laws.¹⁸ This historical moment is an opportunity to finally bring care workers into full coverage by comprehensive worker health and safety laws.

In addition, COVID-19 has raised awareness of the importance of protective equipment and of its unequal distribution among workers. Part of a comprehensive worker protection programme is ensuring access to adequate personal protective equipment to protect not only against viruses but

also against blood-borne pathogens, injuries from lifting and moving patients and other risks faced by direct care workers.

The final component of a comprehensive protection programme is regulation of staffing levels in health-care facilities, long-term care facilities, home-care services, childcare and other care areas. Understaffing is known to increase the risk of injury, illness and burnout, and now is the moment to leverage the visibility of that connection to put protections in place.

Paid sick leave and care leave for all (care) workers

There has never been a time when it has been more clear that care workers going to work sick puts those they are caring for at risk—whether that is in childcare, health care, schools or social services. In fact, all workers who go to work sick put those they are working with or serving at risk. The United States lags far behind other countries in the provision of paid leave to workers who need to stay home when they are sick or to care for a sick family member, and now is absolutely the time to advocate for permanent paid leave policies at the federal level. While paid leave for paid care workers is important, because of the connections between supporting paid and unpaid care, paid leave for all workers is part of creating a robust care infrastructure. In countries that have paid leave policies, we need to ensure that all care workers (including domestic workers) are included.

Paid care needs to be recognized as basic infrastructure which, not unlike physical infrastructure, makes all other activities possible. It is essential not only to the families and individuals directly receiving care, but also to society as a whole.

PATHWAYS FOR CHANGE

Visibility and recognition do not automatically lead to policy change, and this moment requires us to marshal all of our advocacy and organizing resources to create transformative change in the wake of this unprecedented tragedy. Here, perhaps optimistically, I am going to draw on the United States as an example.

Care has now become part of the public and policy dialogue in a way that is unprecedented in the US context. The first emergency COVID-19 response measure passed by the new administration of Joe Biden and Kamala Harris in 2021 included a set of provisions related to paid and unpaid care, including emergency paid leave, investment in long-term care and childcare facilities, school funding and tax credits to support unpaid caregiving (including caregiving for older adults as well as children). The proposed American Jobs Plan¹⁹ and American Families Plan²⁰ include making many of these supports permanent and call for unprecedented public investment in paid care infrastructure as well as supports for unpaid care. Of course, we still do not know how many of these proposals will make it into long-term policy. But the fact that they are on the table is in itself an enormous shift.

There are two potential lessons to be learned from these early indications of change. The first is that these proposals to support care policy did not emerge out of the thin air of the COVID-19 pandemic. There are many organizations in the United States that have been working on a range of care issues for years, including care worker unions, disability rights advocates, family caregiver groups, feminist movements, work-family advocates, and domestic worker organizations. What has emerged in the wake of the crisis is an unprecedented level of coalition building and unified action among these partners in a coalition called “Care Can’t Wait,” which featured Vice President Harris at a recent summit.²¹ The website of the coalition says: “The Care Can’t

Wait Coalition hopes to galvanize the frustration and energy among working families across the country toward federal action that supports care across the lifespan and true economic recovery for the people who give and receive care.”²² This is an example of the type of coalition building and broad-based advocacy that we need to mobilize if we are going to use this galvanizing moment as leverage for real lasting policy change.

Broad coalitions across longstanding advocacy organizations are needed to leverage this historical moment to create meaningful and lasting policy change for the paid care sector anchored in justice for workers, care recipients and families.

The second potential lesson is about the importance of framing care as a public good, as a social necessity, in policy dialogue and advocacy. In the United States right now care is being discussed as an issue related to recovery, jobs, infrastructure and social justice and not narrowly identified as an issue that primarily affects women. While links to gender and racial equality are critical and have been highlighted, investments in care have been framed as good for all of us. This is a much easier argument to make when we are talking about care policy in the expansive way that comes out of a broad-based coalition rather than when we are talking about pieces of the care infrastructure as separate silos.

It remains to be seen what the long-term impacts of the COVID-19 crisis will be on care policy in the United States and elsewhere. But the ability to build broad coalitions across longstanding advocacy organizations and the incorporation of a public goods/infrastructure frame may be key to leveraging the increased visibility of paid care into real, transformative change.

ENDNOTES

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