

Who is the Essential Worker?

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Introduction:

The COVID-19 pandemic found its roots in December 2019, when several cases of a pneumonia-like disease emerged in China's Hubei province. By January 13th, the first case beyond China's borders appeared in Thailand; come March, the disease had spread to almost every country around the world, ravaging places like Italy and Spain in what we now consider the 'first wave' (*who.int*). The disease has had profound and far-reaching effects. The global economy has faced a crisis akin to the United States' Great Depression, billions of workers have intermittently been issued stay-at-home orders to stop the disease's spread, and over a million people have died. COVID-19 has truly affected all of us in one way or another; as we write this manifesto, we have been enduring online school for the semester, we worry about going home due to the shaky--and still closed--border between the United States and Canada, and the city where we live (Montreal) is indefinitely considered a 'red-zone'. Emerging data on the pandemic, however, suggests that while COVID-19 had indiscriminately touched all our lives, women feel the effects of this economic and societal discrimination greater than their male counterparts.

News articles from publications like the *Atlantic* and *New York Times*, and academic sources, reveal that women have filled a greater number of essential service positions worldwide during the course of the pandemic. 'Essential workers' are those deemed necessary to keep countries functioning despite lockdown measures and large-scale business closures; essential workers are everything from grocery store clerks to nail salon techs to nurses. In this manifesto, we hope to shed light on the disproportionate professional burden placed on women in North America during the pandemic, resulting in our leading question: who is the essential worker? Is she the woman taking care of your elderly grandparent in a nursing home? Is she the woman who's been forced to work from home to fill in the educational gaps for your younger siblings?

We know that there are a lot of misconceptions surrounding essential workers. While some might claim to know what the term 'essential' means, this doesn't ensure that they are connecting this title to lived realities. On paper, essential workers are those deemed necessary to keep the economy running and the food and healthcare sectors operating. In reality, though, they're names like Constance Warren and Bobbi Ozanick--people you've never met or heard of, nor likely ever will.

They're people--predominantly women--who don't have adequate access to PPE, who have to work long shifts and come home to cook meals and care for their children. They're the individuals who face greater risks of contracting COVID-19 due to their places on the frontlines. **These are the people we're fighting for.** (Robertson & Gebeloff, *nytimes.com*).

Throughout this manifesto, we would like to address that the identity categories 'woman' and 'female' carry a lot of weight, and can mean a multitude of things to different individuals. We use them with regards to female-identifying individuals, however, we understand that these terms are often socially over-simplified to refer to an individual's sexual characteristics that are socially conditioned to pertain to a set of 'feminine' traits. We also acknowledge that these terms often reduce intersectional experiences, including race, class, and sexual orientation. These markers might not be carried within the words or ignored when considering the category 'woman' in a western context.

This manifesto is broken up into several sections for readers, including: contextual information concerning essential workers in past pandemics, our theoretical basis, statistics about the essential worker in North America, testimonials authored by essential workers, our interpretations and findings, and finally, a conclusion/call to arms. While we understand that this phenomenon has affected the lives of essential workers around the globe, most of our research pertains to those living and working in North America. Personally, it is also the context in which we, as authors, have experienced the COVID-19 pandemic. This also means that North America is the location for which we have the most knowledge about the relationship between women, feminism, and capitalistic society.

Before lockdown restrictions were put in place, most individuals had never considered what an essential worker was, or what the term meant during a pandemic. Through our manifesto, we want to educate the public on this topic, while also providing a nuanced understanding of the systemic issues that impact women and other minorities deemed "essential workers." **Our goal is to provide information, both about an underserved community and for an underserved community.** In this document, we compiled quantitative and qualitative information that is often neglected by mainstream journalism and scholarship. **Our target audience are more privileged social groups, who may be employers of essential workers or patrons of services that demand essential work positions.** We are sick and tired of placing the onus for change on the marginalized groups. Instead, we are placing the burden of responsibility on the bystanders--those that bear witness to the

disproportionate distribution of essential work on women and women of color. We are asking YOU to be the catalyst for the social upheaval necessary to ameliorate the gender divide in essential work during the COVID-19 pandemic.

OUR DEMANDS:

1. Read the entire manifesto. Our data and analyses are important.
2. Consider our/your own positionality while reading.
3. Think about your relationship to essential service workers. Are there ways to support these women? Are you unnecessarily employing their services?
4. Consider the ways you can participate in material change that learns from the ways essential service roles are disproportionately occupied by women during the COVID-19 pandemic. How do we avoid repeating this in the future?

Women in the Home as Essential Workers:

One of the key issues provoked by the COVID-19 pandemic concerns women as the essential domestic worker; while occupying a disproportionate amount of frontline positions, research and subjective accounts suggest that **women are increasingly performing more labor in the home than their male counterparts. This includes domestic tasks and childcare.** Data collected by the British government illustrates that women are more likely to work part-time and in lower-paid positions, meaning that their jobs are more precarious than men's occupations (Lewis, *the Atlantic*). At the same time, surveys conducted in countries like Italy and South Korea suggest that school closures resulting in the need for at-home education are more impactful for women. Women's traditional caregiver roles and socially undervalued professional positions means that they are often the ones responsible for informal schooling (Wenham et al., 846). This information calls into question hot-button feminist topics (like the wage gap and the feminization of care) interwoven in the west's second-wave feminist movements: with everyone at home, who should perform jobs like cooking and cleaning? What does it mean to perform a 'second-shift' after working on the frontlines? How do you negotiate childcare as a single mother or in a heterosexual partnership?

Within this debate, feminist scholar Minh-ha T. Pham argues that in addition to greater domestic responsibilities, **women are also called upon as essential workers through expectations that they boost public morale** and contribute to the global workforce through mask making. Pham states that "this latest icon of feminist empowerment and national solidarity can be seen in the myriad photos of grandmothers, moms, sisters, neighbors, little girls, and social media groups sitting at sewing machines making face masks," (316-317). Here, she draws parallels between women making masks and Rosie the Riveter--who was used to call women into the workforce during WWII. This suggests another way women have been defined as essential workers during the COVID pandemic. **Women spend their days behind masks at grocery store tills, tasked with cooking and educating their young children at home; however, according to Pham, they are also asked to do this while lifting everyone's mood around them.**

The Role of Women in Past Pandemics:

It may seem that the disproportionate amount of women occupying essential worker positions (consequently, risking their health at a greater rate than male workers) is directly tied to the COVID-19 pandemic. However, in their text “COVID-19: the gendered impacts of the outbreak,” Wenham et al. illustrate that **this phenomenon has occurred in previous modern disease outbreaks**. For instance, in the Ebola outbreak, women were more likely to contract the disease because they functioned as primary caregivers within their homes--placing them in contact with greater numbers of individuals and family members (Wenham et al., 847). At the same time, women in the West African countries most impacted by Ebola also occupied greater numbers of essential worker positions. This rendered them particularly vulnerable--like in the current pandemic (Wenham et al., 847). During the 2016 ZIKA outbreak, women also faced higher infection rates than men. In the countries where the disease was most prevalent, like Brazil, Wenham et al. suggest that culturally, women have less control over their reproductive lives or limited access to appropriate healthcare (Wenham et al., 847). Because ZIKA is particularly dangerous for pregnant women, this proved fatal.

If **gender inequality repeatedly plays out during global health crises**, this leads us to wonder:

1. How do we prevent this from happening in the future?
2. What can we learn from the Zika and Ebola outbreaks regarding the disproportionate number of female essential workers?

Our Theoretical Basis:

As part of our *Who is the Essential Worker?* manifesto, we tackle gender inequality in the COVID-19 pandemic by relying on historical feminist texts and anti-oppression ideologies. This means calling on a mix of academic and canonical feminist texts to understand the ways gendered care work has played out before, and finding solutions to destruct it. Like our feminist predecessors, we are here to contest the past and present ways women's work has been underpaid, undervalued, and overlooked.

We define essential work as a form of labor and care work that has been historically and notoriously gendered, placing women and minority groups on the front-lines during numerous public health disasters.

Immediately, we took to one of the most important marxist-feminist guides, Sylvia Federici's 1972 text, "Wages for Housework." Federici critiques the role of 'housewife'--which she asserts is a "...fate worse than death" (75). According to the text, the housewife is an assumed natural role for women, however, it is better understood as 'unwaged work' (Federici, 74). Federici states that "the difference lies in the fact that not only has housework been imposed on women, but it has been transformed into a natural attribute of our female physique and personality, an internal need, an aspiration, supposedly coming from the depth of our character," (76-77). Wages qualify tasks as a job, allowing for 'recognition of the worker', control over your income, and control over the work itself via negotiation (Federici, 76). To contest women's domestic burden, Federici argues for 'wages for housework' to quantify domestic labor and to acknowledge women as laborers. While she does not propose a more tangible plan for who will pay female domestic laborers, this call for wages signifies mobilization rather than a concrete demand. It also evokes the 'personal is political' slogan used during the western second-wave feminist movement. This text invokes several key questions and ideas concerning the COVID-19 pandemic:

1. Are there (financial) ways to account for women assuming domestic essential worker positions?
2. What parallels can we draw between the domestic conditions for women in the 1970s and the tasks women are now expected to perform during the pandemic?

3. If care work is still overlooked and underpaid, how can we re-conceptualize Federici's call to arms? If we can't fully fight the system, are there ways to make it feel more tolerable through care networks?
4. How can we value domestic labor in the same way as labor performed outside the home?

We have also learned that nearly all forms of **care work** are attached to **systemic oppression**. Authors Hi'ilei Julia Kawehipuaakahaopulani Hobart and Tamara Kneese define radical care as "...a set of vital but unappreciated strategies for enduring precarious worlds," (Hobart and Kneese, 2). The authors acknowledge that radical care is often associated with positive reform movements; however, they also focus on the **systemically ingrained** negative interpretations and connotations connected to radical care. More specifically, Hobart and Kneese explain that radical care **cannot** be separated from the systemic inequalities and power structures embedded in Western societies (2). In turn, this results in the **gross undervaluing** (in an emotional and cultural sense, as well as a monetary sense) of care work and women's work (2). Calling on the work of Silvia Federici, Hobart and Kneese argue that the invisibility of women's domestic care work determines that women's care work outside the home is also often unrecognized (6). By exploring Hobart and Kneese's arguments in our manifesto, it is important to consider a few key ideas:

1. Is there a way to restructure the Western/capitalistic view of care work?
2. How have the gendered aspects of care work affected those on the front lines of the COVID-19 pandemic?
3. Can care work be valued to the same degree as other "essential" work?
4. How can radical care movements improve the conditions for women and other minority groups who participate in care work?

Our manifesto also calls attention to **the relationship between capitalism, the crisis of care, and liberal feminism**. In an interview conducted by *Dissent Magazine* with Nancy Fraser--a professor of philosophy and politics and renowned critical theorist--Fraser discusses the **contention between liberal feminist movements and western ideals of capitalist exploitation**. Fraser first describes 'social reproduction', which is the creation and maintenance of social bonds (Fraser). Social

reproduction has always been gendered; at the same time, the responsibility for social reproduction is placed on female-identifying individuals (Fraser). Capitalism's expansion has only emphasized these gendered divisions within social reproduction; capitalism has split economic production from reproduction, placing the two entities in separate spheres. The economic side is seen as "productive," taking place in factories and offices and is compensated with monetary wages (Fraser). On the other hand, reproduction and reproductive care have been relegated to the home. Here, domestic labor is compensated with "love," (Fraser). In turn, care work is organized into two groups: those who outsource their domestic care work, and those who are doing the paid care work for low wages and few benefits (Fraser). Fraser also addresses the racialization of care work, as care workers are primarily women of color, immigrant women of color, Black women, and Latinx individuals (Fraser). Because of these inherent issues within care work, it is important to pay attention to how care work is paid and organized (Fraser). Fraser's points, raised in 2016, are still relevant in the context of the current pandemic. Considering her argument, here are a few things to keep in mind:

1. How does capitalism control the gendered notions of care work?
2. How does capitalism interfere with traditional and modern ideas of feminism?
3. How do we continue to value paid (professional) labor over domestic care work?

To summarize, here is a list of our conclusions from these feminist texts:

1. Sylvia Federici argues in "Wages for Housework" that women's domestic labor is not considered valid work. She demands wages to gain acknowledgment that this work is necessary and as important as the professional sphere.
2. Hi'ilei Julia Kawehipuaakahaopulani Hobart and Tamara Kneese propose radical care to localize community-based survival strategies in light of systemic, undervalued care work.
3. Nancy Fraser argues that capitalist societies value certain forms of care work, while overlooking and underpaying the care work performed by marginalized groups.

Raw Data:

The following section provides **background information and statistics** concerning the gender divide in North American essential work during the COVID-19 pandemic. We know that your social media and news outlets have been bombarding you with stats for the past several months, but we are asking you to **stop, sit, and digest these numbers**. The first data set emphasizes the professional and economic instability exposed and exacerbated during the pandemic for women:

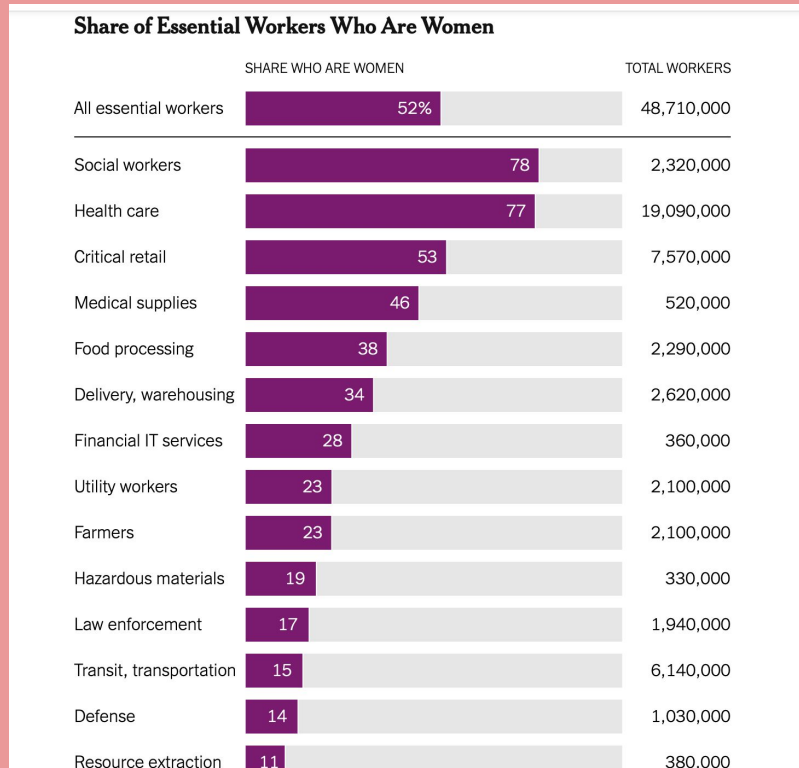
Women's Job Precarity:

1. Of the large number of individuals filing for unemployment and facing job losses in the United States during the COVID-19 pandemic, **55%** are women.
2. Out of this 55%, Latinx women occupy **20.2%**, **16.4%** black women, **15%** white women, and **14.5%** Asian American women.
3. **90%** of domestic care workers are women. Within this, **58%** are women of color and **35%** are immigrants. (Neely, *gender.stanford.edu*).

This data suggests that **women of color occupy the greatest proportion of job losses faced by women during the pandemic**. Writing for Stanford University's Clayman Institute for Gender Research, Megan Neely states that "Black and Latinx women have lost their jobs at higher rates because they tend to be **concentrated in insecure, low-wage service sector jobs**, which have been hardest hit by the pandemic." These statistics also assert that domestic care workers--an essential position--are largely women of color and foreign workers (who may or may not be documented). This also points to a position of precarity, whereby **having an immigrant status in the United States** often **makes it difficult to obtain governmental support** and benefits*. These resources have been particularly necessary over the past year due to COVID-19 related job losses and demands for healthcare.

*Domestic workers in the United States are only covered under the CARES Act if they are legally paid (Johnson, Care.com). Similar rules apply to those in Canada, covered by the CERB (Canada.ca).

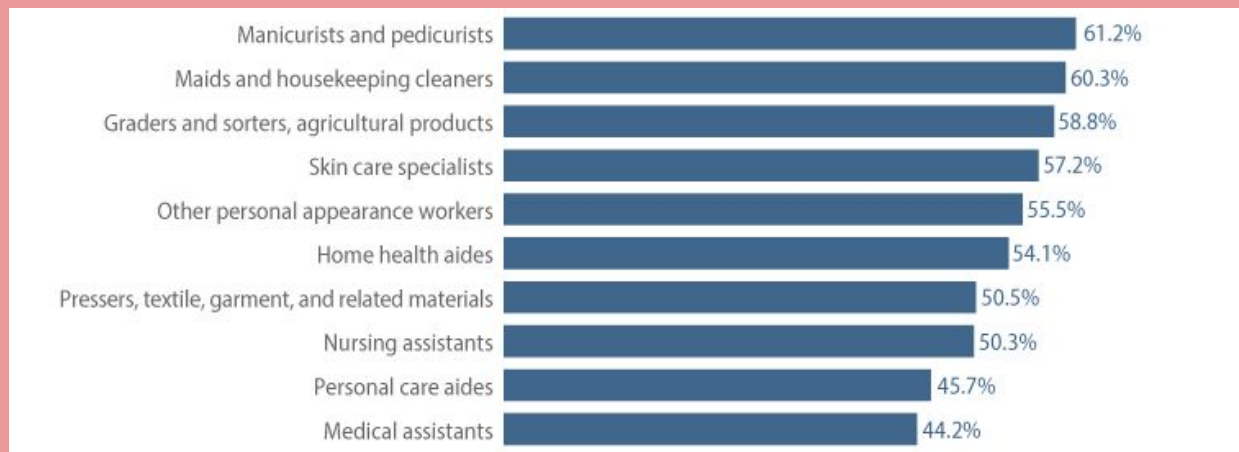
“Share of Essential Workers Who are Women” (*New York Times*)



In this graphic, we can easily see that women occupy the greatest amount of essential worker positions--especially in areas like healthcare, critical retail, or social work. Secondly, we can compare the gendering of specific essential worker positions by examining the fields in which women and men are more prevalent. Male identifying individuals more readily occupy positions like farmers, law enforcement, food processing, and warehousing. These jobs are more reliant on physical labor

and do not necessitate close human contact in the same way as healthcare positions--which are female-dominated. Therefore, the positions that women typically occupy (before and during the pandemic) put them at greater risk for contracting COVID-19. This means that working behind a fast-food counter isn't just tedious. During the COVID-19 pandemic, it means peering at customers behind a face-shield, behind a mask, and hoping that the virus doesn't spread through the workplace.

“The Percentage of Women in Each Occupation that are Women of Color” (*Center for American Progress*)



The data collected above by the Centre for American Progress reveals the ‘percentage of women in each occupation that are women of color’. This data reveals that, **women of color overwhelmingly occupy essential worker positions**--placing them on the frontlines of the COVID-19 pandemic. Supporting data also points to the reasons that this is particularly challenging for racialized individuals; Jocelyn Frye for the Centre states that “looking at families more broadly, data from the Current Population Survey Annual Social and Economic Supplement show that Hispanic women—of any race—and Black women are far more likely than white and Asian women to be single heads of households and, therefore, the main source of support

for their family.” This suggests the **necessity for women of color to maintain their jobs during the pandemic**--even if this puts them at risk for contracting COVID-19--in order to financially support their families.

At the same time, the Centre for American Progress states that (even before the pandemic) “for every dollar earned by white men, Hispanic women earn 54 cents, Native women earn 57 cents, Black women earn 62 cents, white women earn 79 cents, and Asian women earn 90 cents” (Frye, *americanprogress.org*). While women of color occupy the greatest number of essential worker positions, they are also likely being paid less for their services compared to male essential workers and white women. This means that not only are women often working in highly exposed sectors during the pandemic (like healthcare), but they are underpaid across the board--especially non-white women. We have seen this time and time again throughout history.

We also acknowledge that data cannot account for the lived experiences of essential care workers. In order to provide a more subjective understanding of these women, here are several **testimonials**:

1. **Bobbi Ozanick**: Bobbi is a nurse in Pittsburgh, with a 5 year old daughter and a husband who lost his job during the COVID-19 pandemic. Bobbi is often forced to work long hours at the hospital, keeping her from her daughter and increasing her risk of exposure to the virus.
2. **Pam Ramsay**: Ramsay works as a home health aid in rural Pennsylvania. While at work, she often does not have access to PPE and is forced to find cheap alternative options from stores like Dollar Tree. She has not been given a formal letter by her place of employment qualifying her as an essential worker. This means that during local lockdowns, she is still subject to law enforcement stops when leaving her home to travel to work.
3. **Keshia Williams**: Williams is a nursing assistant at a nursing home in Scranton, Pennsylvania. Most of the workers at her nursing home are women, and most do not have access to adequate PPE. This means that many of these women have been infected with COVID-19, forcing others to cover their shifts despite facing their own risks. (Roberston & Gebeloff, *New York Times*)

Our Findings:

Because COVID-19 is so ubiquitous, we've had to sift through a lot of publications and journals to find the most relevant statistics on the gender divide among essential workers. Here's what you need to know:

Since the onslaught of the pandemic and its subsequent lockdown, many businesses have been forced to shut their doors, either temporarily or for good. Other companies and educational institutions have transitioned to a work-from-home procedure. However, for many members of the North American workforce, their jobs have continued to operate in person--garnering the title of "essential."

Since the term "essential worker" has entered our vocabularies, research concludes that **one in three women have been designated essential workers in the United States** (Campbell Robertson and Robert Gebeloff, *New York Times*).

Furthermore, **nonwhite women are more likely to be employed as essential workers than any other demographic** (Robertson and Gebeloff→ see the table above, *New York Times*). The healthcare sector--an industry that has been overwhelmed by the pandemic--is also dominated by female employees; **77 percent of the United States' healthcare workers are women** (Robertson and Gebeloff, *New York Times*). **Women comprise about 90 percent of nurses and nursing assistants and over fifty percent of pharmacists** (Robertson and Gebeloff, *New York Times*).

Outside of the healthcare industry, **more than two-thirds of grocery checkout employees and fast-food counter workers are women in North America** (Robertson and Gebeloff, *New York Times*). These statistics are worth examining, especially given that in "normal" economic circumstances, men make up the majority of the overall workforce, yet only 28 percent of the pandemic's essential workforce (Robertson and Gebeloff, *New York Times*). These numbers have resulted in another

grim statistic: women make up 73 percent of the healthcare workers in the United States who have contracted COVID-19 (Robertson and Gebeloff, *New York Times*). To make this even simpler, here's what this means:

1. Women grossly occupy more essential service positions than men.
2. Broken down even more, non-white women occupy the greatest amount of these essential positions.
3. Women's roles as health care workers put them at greater risk for contracting COVID-19.
4. As a result, women's lives are on the line, and they risk contracting COVID-19 through work at a greater rate than men.

After our world became defined by the COVID-19 pandemic, the job market quickly divided into two distinct sectors: the highly exposed and the not highly exposed (Dey et al., 2). By analyzing data from the U.S. Bureau of Labor Statistics, authors of the *Monthly Labor Review* provide a breakdown of those affected within the two sectors. Based on this data, there is a slight overrepresentation of women in the highly exposed sector (4). However, this gendered difference is amplified based on race, age, education level, and marital status (4-6). Furthermore, not only have women been more affected during the pandemic than men due to their employment in the highly exposed sector, but overall, women have lost their jobs at a higher rate than men after the pandemic's onset (14). On top of that, female employment in the highly exposed sector fell by 43.3 percent (14). This puts women in a position of precarity. On the one hand, they're forced to perform unsafe labour as essential workers in grocery stores, nail salons, and care homes. On the other hand, many women are now facing unemployment.

Given the information in the *Monthly Labor Review*, we must recognize the intersecting oppressions racialized and marginalized female essential workers experience. Jocelyn Frye, for the *Center for American Progress*, explores the ways that women of color are disproportionately affected by the pandemic's economic issues. As Frye explains, "women of color often stand at the intersection of multiple barriers, experiencing the combined effects of racial, gender, ethnic, and other forms of bias while navigating systems and institutional structures in which entrenched disparities remain the status quo". Women of color are already disadvantaged in many arenas, given the systemic structures of oppression that precede the

pandemic. So, when COVID-19 upended the lives of nearly everyone, it posed additional challenges to members of marginalized communities (Frye, 3). To this point, Frye provides a breakdown describing how women of color were, and continue to be, unequally affected by the pandemic's economic fallout. For instance, data consistently proves that, across all types of familial structures, women of color play a key role in financially supporting their families. In families with children, women of color often work as a mother and as a breadwinner; additionally, women of color frequently make more money than their partner or serve as the household's sole source of income (Frye, 8). In sum:

1. Women with intersecting identity markers already face greater social/economic difficulties than white/straight/wealthy/North American women.
2. Now these women are often the ones packaging your groceries and picking your vegetables.
3. Many of these women face no choice; as the primary source of income for their families, women with intersecting identity markers can either choose to risk their lives in the workplace, or not be able to feed their children.

According to our research, women occupy more than 50 percent of essential worker positions--working as home health aides, pharmacists, nurses, etc (Frye, 14). Despite occupying the bulk of these service positions, women are not provided the same employee benefits as men--which would allow them to stay home (Frye, 14). As Frye describes, "because many workers in essential jobs were excluded from the emergency protections adopted in the COVID-19 relief packages that were recently signed into law, many of the health workers most directly at risk may have less access to job protections if they choose, or need, to stay home," (Frye, 19). That being said, we can also assume that the lives of women of color are being put at risk at a much higher rate than men's, or even white (North American) women's.

So, What Can we Do?

If, like us, you've read through this manifesto, you might be feeling overwhelmed. You might be wondering, **what can we do?** How can we tackle issues that are not just quick-fixes, but point to **deep-seeded societal gender inequality?** Or you might just be wondering--so what? Firstly, we want to emphasize the reasons why the gender divide in essential work impacts ALL of us:

1. **Without essential workers, the COVID riddled world would stop turning.** We'd have no one putting sick patients on ventilators, no one stocking shelves in grocery stores.
2. 49.6% of the global population and 51.1% of the US population are women. **Gender divides exacerbated by COVID affect billions of people.**
3. The disproportionate divide in essential service work isn't just unfortunate. It's literally **killing many of these women.**

We'd also like to begin this section with an acknowledgment of our own limitations and the limitations of this particular document:

1. We are white, wealthy upper-middle class women who were raised in North America. We understand that our background colors our experiences with the COVID-19 pandemic, and we are privileged in the limited ways that the pandemic has affected our day-to-day lives.

2. We are approaching this topic through lived experience (the pandemic has touched everyone around the globe) and from an academic standpoint. This has certain disadvantages--namely, the tendency to reduce lived experience and social ills to theoretical (and faraway) problems.
3. The issues we are brushing up against related to the essential worker are often reflective of greater social inequities that marginalize women and women with intersectional identity markers. Our manifesto cannot hope to ameliorate all of these wider issues.

While it is impossible for anyone to single handedly combat the issue of the gendered essential worker, or gendered care work in general, we believe that **approaching the problem on a more local level might chip away at the issue**. We know this is a hard process, but we need you to try. This means **looking inwards at our own homes to determine if the female-identifying individuals** bear the greatest burden when it comes to domestic labor and childcare. Here, we want you to consider the following points:

1. Who does most of the cooking, cleaning, and household organization? How might this be equally distributed among household participants? Is there a way to account for outside the home professional demands that still maintain this equilibrium?
2. If there are young children in the home, who is currently responsible for the bulk of their schooling?
3. How can we challenge naturalized ideas that women are ‘better’ at certain domestic tasks, or understand when this labor unknowingly falls on them?
4. Who is expected to ‘boost morale’ in the home, or most frequently acts as an active listener when other household members are facing pandemic-related emotional difficulties?

Moving forward, we **must consider our everyday relationship to feminism and capitalism**, while paying attention to who is most impacted by Western economic and social practices. There is a strong connection between “valued” work conducted outside of the home and middle to upper-class white men; at the same time, there is a connection between

undervalued/underpaid work (mostly relegated to the domestic sphere) done by racialized, lower-class women. As we navigate the ongoing pandemic, we must recognize how we engage with capitalist social structures and examine whether we are complicit in upholding these gendered norms. In doing so, it is important to keep the following points in mind:

1. When criticizing Western capitalist ideology, we must maintain an **intersectional feminist approach**, while recognizing one's privilege.
2. In a North American context, is there a way to participate in the economy without reinforcing gendered notions of work and employment? Are there certain services you can cut out that aren't economically damaging?

We know that the gendered essential worker is a product of intersectional oppressions and deeper, systemic issues. It is difficult to combat these issues without **gutting** sexist histories and changing many of the current social structures that devalue women's labor. However, by relying on the feminist authors and texts described above, we can develop coping mechanisms rooted in care and community connections. We must:

1. Understand the ways 'care-work' can be localized, relying on subjective experiences like sympathy/empathy/fellow feeling to support one another in light of the growing burden placed on female essential workers.
2. Reject neoliberal models privileging individual self care. Through 'coalition work', we can listen to and aid one another during this crisis. As described in the 'radical care' and 'care works' texts, this means leaning on others--accessing intimate care through friends and volunteers rather than taking on issues by yourself
3. In order to avoid falling into a trap of complacency, or aligning yourself with neoliberal norms, **partake in collective or coalitional radical care work** (Hobart and Kneese, 9). This is a form of activism that establishes feminist and intersectional activist networking across all communities, regardless of race, sex, class, ethnicity, religion, or region.
4. Consider what forms of local support might be beneficial for one another. Can we help struggling essential workers through active listening? Financial means? Sharing of domestic labor or childcare?

We would also like to use this section to reflect on what writing this manifesto meant to us. First of all, it allowed us to explore a topic that is pertinent to our everyday lives but we had never fully dove into. Secondly, the writing process allowed us to **work through some of our sadness and frustration about the pandemic**. We acknowledge that we are not essential workers and have experienced the pandemic from a privileged position; we are still in school, our parents have not lost their jobs, we have not gotten sick. But we've also been **witnesses** to the mistreatment of female essential workers--simply by living in a region (North America) where women occupy a greater number of essential service positions. Both as women, and simply as empathetic people, this is emotionally piercing. Using our manifesto, here are a couple of tips we have for engaging with the questions above:

1. **Let all this sink in.** It's okay to be upset, it's okay to be angry. If you're angry enough, write your own manifesto. Make this information and how you feel public in the same way that we have.
2. **Talk about this manifesto and our questions with other people.** Part of establishing care networks means relying on others for emotional disclosure and for sharing information. On a more personal scale, this might allow you to see the ways that gender inequality in care work is going on in your own home or family.
3. **Consider the ways you can mitigate your relationship to female essential workers.** This might mean asking essential workers questions to attend to their needs, financial compensation/donations (if feasible), and targeting local businesses in instances where they are known to exploit/underpay their laborers.
4. **Examine the ways your workplace might influence the gender divide among essential workers.** Are you able to change public policies regarding labor laws or healthcare practices?

Conclusion -- Now What?

Through this manifesto, we are opening people's eyes to the gendered nature and history of care work. In turn, we provide information regarding the plight of the female essential worker during the COVID-19 pandemic. By researching and analyzing data collected since COVID's introduction to North America, we have proven how women have been disproportionately affected by the virus due to their overrepresentation in the essential employee workforce. Additionally, while women make up the majority of the essential workforce, women of color comprise the greatest percentage of female essential workers; according to data from the Center for American Progress, these women are oftentimes the primary financial support for their families, and make less money for the same jobs than white males. This is a problem, past and present.

Women and women of color have been pushed to the edges, their labor overlooked and underpaid. COVID-19 is not creating these issues, but simply reiterating them.

We provided context and background knowledge for this manifesto, not just regarding the facts surrounding the COVID-19 pandemic, but also by situating the information within a theoretical basis. We called on important feminist figures like Sylvia Federici, Hi'ilei Julia Kawehipuaakahaopulani Hobart, and Tamara Kneese.

We wrote this manifesto to ensure that our audience understands that the gendered issues related to the pandemic are not new--despite the fact that COVID is a recent phenomenon. The gendering of essential care work stems from systemic issues surrounding feminism and capitalism that have always existed in a modern context. COVID has simply emphasized these

issues. After reading this manifesto, our audience must understand the ongoing nature of gendered hierarchies as they pertain to the Western economy and global crises. Through this knowledge, we hope that these issues do not occur again. Knowledge can precipitate action, and we need you to act so that women aren't back on the frontlines during the next global health crisis.

Using these authors and pillars of the feminist community for our theoretical basis, we offered several ways for individuals to address the gendering of essential workers during the COVID-19 pandemic. We suggested applying an intersectional approach, which accounts for multiple and converging identity markers--especially important when you consider the information surrounding racialized female essential workers. By leaning on Tamara Kneese, we suggested adopting a 'radical care' approach; mostly, this means relying on community support when North American social infrastructure is damaging or non-supportive for female-identifying essential workers. We push our audience to consider the ways gender has played out in past diseases like Ebola or ZIKA and compare that to the gendered essential worker during the COVID-19 pandemic. We want you to consider:

1. Are there acute similarities between these global health crises with regards to essential workers?
2. Are there things we can learn from the past and the current pandemic when this happens again?

Our team also understands that the quantitative research in this manifesto might be difficult to wrap your head around. We attempted to present this information and the relevant graphics in formats that were easy to understand, in order to reach as many people as possible. We are by no means statisticians (and understand that the majority of our readers are not either) so we looked to break down the data in order to reach a wider and more diverse audience. Like we have done, we're asking you to sift through this data to better understand this gender-based issue.

Our research focused primarily on the experiences of female-identifying essential workers in the North American context of the COVID-19 pandemic. However, we also did our best to address the issues faced by marginalized and racialized women, who make up an overwhelming majority of the essential worker sector of the North American economy. Once again, we are

white individuals. Therefore, our data and research do not fully reflect the lived experiences of racialized women in North America; these lived experiences fall beyond our realm of understanding.

As stated before, **we know that our manifesto will not necessarily spark a reinvention of the Western capitalist system**, nor will it change the way every person sees the relationship between women and the workforce. However, we need our audience to think more critically about the systemic norms in North American society and their own culpability in these processes. It's time that we start caring for our essential workers.

IN SUM:

1. We hope you read the whole manifesto. All of it.
2. During the COVID-19 pandemic, women have disproportionately occupied essential worker positions. These women are often overworked, underpaid, and work in dangerous conditions. This puts them at heightened risk for contracting the virus.
3. Additionally, intersecting identity markers put these female essential workers in greater positions of (economic) precarity.
4. We want you to consider these points, and the data we outlined above. Consider your role in the pandemic, and the ways you can aid these women or change your own relationship to them.

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