COVID-19
GNWP Mitigation and Adaptation Strategy and Appeal
October 2020

Country Update
United States of America

Context and government response:
As of October 20, the U.S. has registered 18,255,429 cases of COVID-19, including 220,058 deaths. On March 13, 2020, President Trump declared a national emergency over the COVID-19 pandemic. On March 25, 2020 the Senate voted unanimously to pass an unprecedented $2.2 trillion stimulus bill.

As of late March, the U.S. became the new global epicenter of the pandemic, with its case count surging past China's and the hardest-hit European nations. New York state has become the epicenter of the disease within the U.S. and cases are on the rise in dozens of other states. Clusters of cases and outbreaks in prisons and long-term care facilities have been the deadliest and most difficult to contain, with new clusters emerging daily.

Several states have seen anti-lockdown protests starting in April, in which larger crowds gathered in close proximity—sometimes seeking to block traffic on roads near hospitals—in opposition of curfews and business shutdowns. President Trump has publicly defended the anti-stay-at-home protesters, many of whom have not followed federal or state social distancing guidelines.

Following the killing of George Floyd by police in Minnesota in May 2020, hundreds of thousands of protesters have taken to the streets across the country to protest systemic anti-black racism and police brutality. There have been several cases reported in which police and other security personnel dealt with protesters roughly, crowded them together in close proximity, sprayed them with lung and eye irritants causing them to cough, and cramming them into paddy wagons and jails.

Summary of impact:
Hospitals across the country report shortages of protective gear for workers and life-saving ventilators for patients, with some hospitals in New York splitting ventilators to buy time for COVID-19 patients. In the past three months, the novel coronavirus has killed more people than the AIDS epidemic did from 1981 through 1989, and it is far deadlier than the seasonal flu has been in decades. Of the top 20 most severely affected countries, the U.S. ranks eighth based on deaths per capita. Disparities in access to health insurance, clean air, and healthy food, which are also social determinants of health, have also resulted in disparities in health outcomes for Black, indigenous, Latinx, and other marginalized communities of color in the U.S. in the face of COVID-19. These inequalities caused by structural racism have been exacerbated by the pandemic.
Business shutdowns have led to a record number of 26.5 million Americans filing for unemployment as of late April, and long lines at food banks across the country. The White House economic adviser, Kevin Hassett, announced that the jobless rate will likely hit 16% or more as of late April while before the pandemic, the rate was hovering at a 50-year low of 3.5%. The Congressional Budget Office forecasts an unemployment rate averaging above 10% over the next year.

The U.S. has not seen this level of job loss since the Great Depression, and the government is struggling to respond fast enough to the health crisis as well as the economic crisis triggered by the COVID-19 pandemic. As many businesses turn to contactless delivery as a means of distribution for their goods and services, low-wage workers remain largely unprotected due to inadequate safety measures and lack of economic supports such as hazard pay, which has resulted in strikes at major corporations such as Amazon and Instacart.

Furthermore, the sectors that are most affected are also those that have fairly high female employment such as the travel sector. Women are also far more likely to be domestic workers and service workers—a segment of the workforce most impacted by the economic disaster. Many of these workers are women of color, who face additional systemic barriers in accessing healthcare. The 26% gender gap in labor force participation before the pandemic seems to be widening further as the Department of Labor reported in April that women held 60% of the 700,000 jobs that have been eliminated in the U.S. so far due to COVID-19.

While the U.S. has ramped-up testing, the Centers for Disease Control and Prevention (CDC) is not collecting sex-disaggregated data on COVID-19 cases. Women also face an increased unpaid care burden, as based on the existing distribution of child care duties in most families in the U.S., mothers are likely to be more affected than fathers by lockdown measures. They all face disproportionate challenges in balancing work and care responsibilities, as 85% of all nurses, 75% of primary caregivers, and 62% of minimum and low-wage workers in the U.S. are women. There are also around 15 million single mothers in the U.S. accounting for just under 70% of all single parent households, and it is estimated that they will suffer the most severe economic consequences as they are often in a disadvantaged economic position to begin with. Taken together, these factors suggest that the COVID-19 pandemic will have a disproportionate negative effect on women and their employment opportunities.

Responses led by women peacebuilders:
Women’s civil society organizations such as MomsRising are fighting for women and families during the pandemic by advocating to advance long needed policies like access to paid sick days and paid family/medical leave for all beyond the pandemic. Their policy advocacy focuses on protecting essential workers and immigrant families, they are also sharing information about resources and emergency supports available to women in situations of domestic violence and food insecurity.

Many states have used the health crisis caused by COVID-19 pandemic to restrict and limit access to abortion services. Alabama, Arkansas, Iowa, Louisiana, Ohio, Tennessee and West Virginia have all passed intermittent bans as anti-abortion state politicians categorized abortion services as non-essential, and included abortion clinics in bans on elective surgical procedures. Even prior to the pandemic, abortion clinics across the U.S. faced existential threats and severe backlash, and providers routinely face state harassment, angry protesters and threats of violence. The Guardian reports that abortion providers have said that COVID-19 has exacerbated this dire situation, with some states justifying abortion bans during the pandemic by citing reasons such as the need to preserve hospital beds and personal protective equipment for workers.
Although backlash and attempts to restrict reproductive rights existed before the pandemic, in the context of COVID-19, state politicians have used executive orders and other emergency measures to shut down abortions, at least temporarily. Time reports that abortion providers have said these new restrictions will likely have long-term effects, not only on the patients in search of abortions, but also on independent abortion clinics’ ability to survive financially in the future.

Following announcement of President Trump’s positive COVID-19 diagnosis in October 2020, there was an explosion of rumours, misinformation and conspiracy theories about COVID-19 circulating on social media in the U.S. An example of this is that there were tweets shared thousands of times claiming that the Democratic Party might have somehow intentionally infected the president with COVID-19 during the debates. CTV reported that according to an analysis by VineSight, a tech company that tracks online misinformation, 30,000 Twitter users had retweeted a variety of conspiracy theories about the news of Trump’s diagnosis by the Friday morning after it was announced.

Responses led by women peacebuilders:
Women’s civil society organizations such as MomsRising are spearheading advocacy initiatives gender-responsive recovery. MomsRising is fighting for women and families during the pandemic by advocating to advance long-needed policies like access to paid sick days and paid family/medical leave for all in the context of the COVID-19 public health emergency and beyond the pandemic. Their policy advocacy focuses on protecting essential workers and immigrant families, boosting unemployment insurance and universal health care coverage, and protecting the right of incarcerated people. They are also sharing information about resources and policies as they pass, as well as new emergency supports available to women in situations of unemployment and economic insecurity.