

COVID-19

GNWP Mitigation and Adaptation Strategy and Appeal

June 2020

Country Update

United States of America

Context and government response:

As of May 29, 2020, the U.S. has registered 1,770,247 cases of COVID-19, including 103,580 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.

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. The effects of this shock are likely to outlast the actual epidemic. There have also been thousands of migrants and asylum seekers who have been turned away at the U.S. border—many of them young girls who would normally be protected under anti-trafficking laws.

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.