COVID-19’s Impact: Women on the Frontlines

Research by the Center for Women, Gender, and Public Policy at the University of Minnesota Humphrey School revealed COVID-19’s ongoing, disproportionate economic impact on women, particularly on low wage and high risk workers, women of color, and Indigenous women. As drivers of the care economy, women, particularly Black, Indigenous, and women of color, are taking care of Minnesotans—as healthcare workers for tens of thousands of COVID patients across the state, as retail and service workers ensuring access to food, and as child and elder care providers, including unpaid care workers, who shoulder a disproportionate burden of care work for our state’s most vulnerable residents. In this panel discussion, healthcare policy experts convened in conversation with women working on the frontlines to share how COVID-19 has shaped their work, how they have remained resilient through a crisis, and what they need to stay safe and well.
LISTENING TO
Minnesota’s Women & Girls

At the Women’s Foundation of Minnesota (WFMN), we know that to improve the lives of all Minnesotans, we need strong grantmaking and policy agendas that are grounded in both qualitative and quantitative data. WFMN conducts research to listen, learn, and drive action with communities to create a state of gender and racial equity. We believe that women and girls in communities across Minnesota are the experts our state needs to shape real, lasting solutions.

Through nine Listening Sessions in WFMN’s Road to Transformation Listening Series in March 2021, we deepened our understanding of the real, lived experiences of Minnesota women and girls so that we can continue to strategically eliminate the challenges and barriers they and their families face because of injustice in our systems.

As a statewide community foundation, we convene and listen to center the vision and solutions of communities pushed to the margins and then activate our collective power to drive lasting change. The themes and solutions that surfaced across the Listening Series will inform the Women’s Foundation’s statewide agenda for gender and racial equity, using our levers for grantmaking, policy, strategic partnerships, narrative change, and research for years to come.
What the data show

**Mental health care is not equitable across race:**
Women and girls of color and Native American women and girls are less likely than white women and girls to receive therapeutic treatment for a variety of reasons, including limited access, cultural norms, lack of sufficient mental health care professionals with shared identities, and lack of culturally specific/sensitive care approaches.1

**Women of color face multiple economic burdens:**
With service-based jobs impacted by social distancing regulations, we know that 1 in 3 Latina, Black, and Native women work in service fields earning minimum wage, without paid sick time and other employee benefits, and depend on tips or hourly wages to survive.

**Women bear disproportionate domestic and caretaking responsibilities:**
School closures add additional caretaking responsibilities for women and girls who are primary caretakers of both children and elders. Nearly a quarter of full-time working mothers in Minnesota report providing elder care in the early months of the pandemic.

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In contrast to the other WFMN Road to Transformation Listening Sessions, this session exploring the impact of COVID-19 with frontline women workers was open to the public.

This format allowed for policy and advocacy stakeholders, Women’s Foundation partners, and the public to listen to the direct testimony from women working in essential jobs who have been directly impacted by the pandemic. This session was presented as a panel, featuring a nurse, a child care worker and organizer, a college student who cared for her siblings so her mother – an essential worker – could safely continue her job, a farmer, a grocery store manager, and an elder care worker. We also heard from three contextualizers with deep understanding of the overarching impacts of COVID-19 on communities.

In this session, the panelists and contextualizers shared stories and perspectives across industries, backgrounds, geographies, and identities that illuminated both complex challenges and collective solutions.

Facilitator: LaCora Bradford Kesti | Director of Community Impact
Grantee-partners: Minnesota Indian Women’s Sexual Assault Coalition (MIWSAC)
Research Fellow: Amy Dorman, MPP
Special thanks to panel contextualizers:
Elizabeth Ebot, Vaccine Outreach Director, Minnesota Department of Health
Dr. Christina Ewig, Faculty Director, Center on Women, Gender, & Public Policy at the University of Minnesota Humphrey School of Public Affairs
Alicia Kozlowski, Community Relations Officer, City of Duluth
COVID-19 took a mental health toll on essential workers and their families

Across a wide variety of employment backgrounds and experiences, panelists shared the mental health toll that the pandemic wreaked upon workers and their families. A lack of financial and physical safety compounded feelings of uncertainty for the future.

Many felt trapped with no clear path to secure health and well-being for themselves and their loved ones.

“The scary part of being an essential worker is there is no other option to do something else to sustain your financial well-being. People ultimately had to make sacrifices [like] going on unpaid leave. They had to make really hard choices.”

“There was a lot of fear around what else could I do? Could I get a different job? The reality is no. There’s nowhere to go right now. If you want to keep a roof over your head and food on the table, the only thing you can do is suck it up and go to work.”

For some essential workers, these impossible choices included having their children live with other family members so they could continue their paid work caring for Minnesotans without endangering the lives of their children and loved ones.

“My child switched homes because of the extra exposure. It made it so I couldn’t show up for my family and my community because I was really, really terrified all year of spreading COVID and then that more people wouldn’t make it.”

Panelists stressed their drive to show up for their communities, but this was difficult when they felt unsupported by officials and institutions that failed to provide clear information, guidance, and support to essential workers and the community.

“It was terrifying and fearful, and the unclear information has added a lot of difficulty and extra barriers to be able to show up in our community in a good way. When you don’t see yourself represented in these institutions that work for you and care for you, you’re going to feel distressed.”

“Workers – myself included – were struggling to show up well for our community members. I had quite a few breakdowns emotionally and mentally, every day.”

The contextualizers in the session emphasized the importance of providing mental health supports, as well as more supportive infrastructure, for the essential workers who have kept Minnesotans fed, cared for, and alive.

“The mental health impact came up over and over again [in our research] and you’ve heard it here. It really points to us thinking more deeply about: How do we build resilience in the future? How can we rely on a workforce that is majority women, majority women of color, who are working in our grocery stores and frontline healthcare that is experiencing so much mental stress in that work?”

– Dr. Christina Ewig, Center on Women, Gender, & Public Policy, University of Minnesota Humphrey School of Public Affairs
Balancing paid and unpaid work creates stress

In discussing the mental health toll of being an essential worker during the pandemic, panelists highlighted the difficult decisions they have had to make as workers and as caregivers. Millions of women have left the workforce across the nation to care for their children as schools closed, resulting in what has been called a “she-cession.” Other women, either out of financial necessity and/or a sense of duty, made the devastating decision to have their children live with other relatives indefinitely for their families’ safety. Women struggled to balance paid work and unpaid work prior to the pandemic, and the panelists described how this struggle — and the continued lack of accessible child care — was exacerbated to the breaking point:

“My mom grew very scared. She was working directly with people, making sure they were safe. She made the tough decision to have her children come up and live with me [while I was in college]. I moved around my life to center how to help them with their education, assist them with Zoom class work, contact their educators, keep my mom in the loop. Centering my mother’s experience shows how much the work of women influences their entire families and how her being an essential worker changed the dynamic of how our lives were set up.”

“All of this is so interwoven and connected. When our families don’t have the right care, how does that trickle down and affect people in that household? It has really shown us that we need to reimagine a way to offer accessible child care and help families and working mothers and gender-expansive people.”

“People were having to take off work, or they were laid off. There were mothers and parents who had to prioritize children and were worried about where will their children go? It’s difficult to figure out child care: centers were closed, and providers had restrictions.”

“So many women had to leave the workforce because they had to stay home and care for their children. That’s what saddened me the most. I feel like we’re moving backwards.”

Contextualizers affirmed the descriptions from panelists and highlighted the interconnectedness of a lack of child care, the high concentration of women – particularly women of color – in the essential, paid care workforce, and the financial insecurity that keeps women and their families from thriving at work and at home.

“I’ve spoken with business owners, and I’ve heard of PPE needs, and how people are having to put life on hold to provide greater care for their family members.” – Elizabeth Ebot, Minnesota Department of Health

“I’m worried that we see women across the labor force leaving the labor force, which has long-term implications. The essential workforce is also the lowest paid. Workers in long-term care facilities and home healthcare providers may not have other options at the moment while we have high unemployment rates. As the economy begins to recover, they’ll think hard about whether or not they want to continue in this stressful job that does not provide many benefits or high pay. We rely on those workers for the entire well-being of our healthcare system.” – Dr. Christina Ewig, Center on Women, Gender, & Public Policy

“We know women in Minnesota have had the highest rate of exiting the workplace [during the pandemic]. We know the cost of child care and the cost of reentering the workforce ... how are we supporting women and gender-diverse folks so we can get to a place of financial security?” – Alicia Kozlowski, City of Duluth
Impacts of pandemic and racial injustice intersect

2020 was a year full of collective tragedy, fear, and grief. The murder of George Floyd by Minneapolis police officers impacted essential workers in an already stressful and devastating pandemic. Panelists described how their workplaces, personal relationships, and communities were affected by the summer’s racial justice uprising.

“I was working that night [that George Floyd was murdered]. It changed everything. All the emotional support with coworkers and family, and then it came to the surface that we viewed the world in different ways and I didn’t have the support I thought I had. I had so many emotional breakdowns: leaving shifts, coming to shifts, crying with my patients about what’s going on outside. All this on top of combating a pandemic and infectious disease and the systems oppressing people of color for so long since the beginning of this country.”

“The store that I worked at at the time was right in the neighborhood directly down the street from where George Floyd was murdered. It compounded fear, on top of fear, on top of fear, on top of fear. You have the fear of an unknown airborne virus and then the majority of the employees, customers, and community members around us are BIPOC people. You think you should be able to be safe going down the street going to your local grocery store, but [the murder of George Floyd] was blatantly put on camera as, ‘Don’t feel safe ever.’”

Panelists addressed the interconnectedness of the pandemic and the racial justice uprising. They emphasized that the impacts of the pandemic and police violence against communities of color are rooted in deep, generational wounds inflicted by a white supremacist system.

“As a Native person and Indigenous person, I’m asked over and over and over again, ‘Why don’t you just get over colonization?’ I share with people that it’s impossible. I look around at my community members who I love and adore and am rooting for so strongly, and they are very much experiencing the impacts of colonization residually and viscerally, especially during the pandemic.”

Panelists also affirmed the power of individual and community resilience during these unprecedented times. From supporting local farms, to pressing through fear to show up for work to serve the community, to starting a child care service for essential workers, people built resilience by coming together and supporting each other.

“We come from different professional backgrounds, but we have a desire to build community in a good way. In doing so, we realized that despite our differences, we are humans. We love and grieve in the same or similar ways.”

The contextualizers supported that the social symptoms of the pandemic and the summer’s racial uprising are not new but are rooted in deeply embedded racist and sexist systems that do not adequately support communities, especially during emergencies.

“These stressors weren’t created by the pandemic but were revealed by the pandemic. At this point where we’re talking so much about rounding the corner, and we’re getting there, but it doesn’t mean that all the experiences that were revealed this last year are going to go away.”

– Elizabeth Ebot
The essential worker panelists illuminated the complex and compounding impacts of the pandemic on their lives as workers, on their businesses, and on their families and communities. They shared solutions to support all people and communities during times of emergency, through the recovery period, and into the future:

1. **Strengthen system supports for workers, including mental health support and affordable quality child care and elder care for the long-term:** Women, and particularly women of color, make up most workers in healthcare and other essential positions. Women should not have to choose between contributing to the welfare of others, whether through paid or unpaid care work, and their own well-being. Policies that would ensure women can find economic security and success along with health for themselves and their families include:
   - Employer-offered or subsidized child care
   - More robust healthcare options for hourly workers that include coverage for mental health
   - Paid sick leave for all workers
   - Government agencies can also support small business in enacting these changes so that community economies and entrepreneurs can also thrive.

2. **Ensure a culturally responsive and human-centered emergency response system:** The pandemic disproportionately impacted communities of color, and low wage, high risk workers, illuminating the gaps in our systems that continually leave BIPOC communities and hourly workers behind. Emergency responses need to center those most impacted – including essential workers, service workers, and their families – in order to support those who are crucial to the well-being of our society. Local and state emergency response agencies can take action by partnering with community organizations, community leaders, and researchers to gather and make actionable the feedback that already exists on ways to improve emergency response systems. Furthermore, additional listening sessions co-led with community leaders on the ground can result in new, not-yet-scaled solutions led by and centering community needs.

3. **Invest in the innovation, creativity, and resilience of Black, Indigenous, and women of color and their communities as we recover and transform:** Communities know what is needed so they can thrive. Resilience may be a strategy for survival, but in the struggle for equity and justice, it cannot be a goal. We must amplify the voices of community leaders and invest in BIPOC communities through community-centered programs, policy, and narrative change that is rooted in community power. Recovery from the impacts of COVID must include sustainable and long-term transformation, including in investments in community-led, holistic, systemic change and directly invest in the innovation and assets of Black, Indigenous, and women of color and communities for whole community well-being.