Rapid Gender Analysis:

COVID-19 in the United States

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The authors of this Rapid Gender Analysis would like to call specific attention to the “Call to Action” at the end of this document, given the unique moment in history during which this work was put together.

Front Cover: UNITED STATES - APRIL 27: Activists with Black Lives Matter DC, 1199SEIU and ShutDownDC hold up a sign as they participate in a protest to highlight the plight of vulnerable community members, including immigrant workers and people in jails, prisons and ICE detention centers exposed to Coronavirus on Monday, April 27, 2020. (Photo by Caroline Brehman/CQ-Roll Call, Inc via Getty Images)

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Abbreviations

APHA	American Public Health Association
BIPOC	Black, Indigenous, and People of Color
CDC	Centers for Disease Control and Prevention
Cisgender	When a person's gender identity corresponds to the one assigned at birth
COVID-19	Novel Coronavirus Disease 2019
GBV	Gender-Based Violence
ICE	US Immigration and Customs Enforcement
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, Queer+
PTSD	Post-Traumatic Stress Disorder
SRH	Sexual and Reproductive Health
WASH	Water, Sanitation, and Hygiene
WHO	World Health Organization

Executive Summary

The United States, one of the wealthiest countries in the world, also has the highest number of cases of COVID-19 in the world, far surpassing global hotspots like Italy and China, with cases continuing to rise at concerning rates.[1] In this humanitarian crisis, CARE is bringing its global expertise—from more than 75 years of implementing humanitarian responses in more than 100 countries—to the context of COVID-19 in the United States. In addition to its expertise in humanitarian and crisis response, CARE developed the industry-standard Rapid Gender Analysis (RGA) that builds upon several efforts by humanitarian actors to bring gender to the forefront of programming. The standardized tool to enable humanitarian actors to quickly build crisis responses that take into account the different needs of people of all genders, as well as disenfranchised groups, the extreme poor, and other groups often overlooked by policy, crisis planning, and data.

Since the start of the COVID-19 crisis, CARE has responded in 67 countries—including the United States—and has published 27 of an anticipated 54 RGAs in contexts around the world. We hope that applying this tool to the specific American context will enable CARE and others to create better responses to the pandemic that meet the needs of all people.

Key Findings

- Inadequate data mask the severity of gendered and racial inequities.
- Poverty compounds COVID-19, and the disease disproportionately impacts Black and Indigenous People of Color and women.
- Essential workers, who are disproportionately BIPOC women, hold more dangerous and tenuous positions, that threaten their economic security and health in compounding ways.
- Unpaid caregiving is falling hardest on women—especially women of color.
- BIPOC communities and women disproportionately bear the brunt of denial of food, housing, water and education.
- Systemic racism, compounded by health-seeking behaviors exacerbated by COVID-19 and poverty, are preventing Black, Indigenous, and People of Color from getting adequate healthcare.
- Further limitations on access to sexual and reproductive healthcare is failing women.
- COVID-19 stressors result in increasing violence and exacerbate impacts on women and BIPOC communities.

This RGA relies on secondary data collected between May 25 and June 10, 2020. It specifically focuses on highlighting the historic and institutional systems of oppression, gender bias, and racism targeting Black, Indigenous, and People of Color (BIPOC). These structural realities and cultural biases put BIPOC communities, especially the women in these communities, at higher exposure to infection and higher risk of death. Simultaneously, these realities and biases exacerbate the already dire lack of access to basic services (such as health, food, housing, etc) experienced by these communities on a regular basis. This RGA offers policy and institutional recommendations for COVID-19 responses to meet the needs of the most vulnerable and affected communities in the face of systemic race, gender and class-based oppression. Without acknowledging these historic legacies around race, gender, and class in the U.S., the entire nation is at risk of perpetuating longstanding injustices and facing even more severe impacts of the COVID-19 pandemic.

Major Findings Include:

- **Inadequate data is masking gendered and racial issues**. While the United States Centers for Disease Control and Prevention (CDC) routinely publishes data on COVID-19 cases and deaths, this data is not consistently disaggregated by sex or race. Information on race/ethnicity was available for only 48% of cases submitted by individual states to CDC.[2] This obscures critical insight into who is impacted, and makes planning adequate and tailored responses difficult. Even so, available data shows that people who identify as Black make up 19.2% of deaths related to COVID-19 while making up only 13.4% of the general population.[3] Additionally, while men and women have similar odds of contracting the virus, men are more likely to die from it. They have high rates of pre-existing health conditions, underlying hormonal and immunological issues, and are less likely to believe they will be seriously affected by COVID-19, resulting in lower rates of engagement in social distancing and harm reduction tactics.[4,5]
- **Poverty compounds the effects of COVID-19, and disproportionately impacts women, as well as Black, Indigenous, and other People of Color (BIPOC).** Native Americans make up 25% of impoverished people in the U.S. while making up only 1.7% of the general population.[6] Black people account for 21% of the nation's impoverished while making up only 13.4% of the general population.[7] Women are 35% more likely to live in poverty than men.[8] Poverty—which reflects deep and longstanding injustice and discrimination—amplifies the negative effects of the COVID-19 pandemic, especially in terms of lack of access to health care and decision-making power, as well as high incidence of pre-existing conditions.[9]
- **Essential workers, who are disproportionately BIPOC women, hold more dangerous and tenuous positions, that threaten their – as well as their households' - economic security and health in compounding ways.** BIPOC represent 40% of essential workers (e.g. healthcare, farm, meat processing, grocery store, and transportation workers) while they comprise of only 23.5% of the national population.[10] These essential workers are also more likely to be at or near the poverty line, and to have little to no worker protection—like access to paid sick leave.[11] Women make up 66.6% of the workforce in the 40 lowest paying jobs in the U.S.[12] Additionally, 76% of healthcare workers are women, almost half of them women of color and women frontline workers often have greater patient interactions in professions such as nursing, increasing their risks of exposure to COVID-19.[13] These people are being asked to take the greatest risks in COVID-19, despite low wages and few protections.
- **Unpaid caregiving is falling hardest on women—especially women of color**. In the U.S., women take on the greatest caregiving burdens in the best of times. With families spending more time at home during lockdown, and with almost all children home from school, increased caregiving burdens are hitting women the hardest.[14,15] For single parent families—66% and 44% of which identify as Black and Latinx respectively —these additional impacts are intensified.[16]

- **BIPOC communities and women disproportionately bear the brunt of denial of food, housing, water and education.** Historic under-investment in BIPOC communities in the form of social services like food and nutrition, housing and water and sanitation prior to the pandemic heightened the risk and impact of COVID-19 for poor and working class BIPOC communities The absence of the basic needs fall most heavily on women and girls, given the feminization of care work in the U.S.
- **Systemic racism, abuse, and denial of care is preventing BIPOC from getting adequate healthcare**. BIPOC are much less likely to have access to healthcare than White populations—partly because of underinvestment in resource-poor communities, partly because of poverty, and partly because of outright racism in healthcare.[17] Where they do have access to care, BIPOC are less likely to seek out healthcare or trust medical professionals due to the history of discrimination and abuse in the field.[18] These factors compound pre-existing conditions that make the health impacts of COVID-19 worse.
- **Limited access to sexual and reproductive healthcare (SRH) is failing women**. Sexual and reproductive care is losing ground as the pandemic drags on. Even under normal circumstances in the U.S., Black women are 3 times or more likely to die in childbirth than White women.[19] CDC identifies racism as a key factor in the high rate of Black maternal mortality in the U.S.[20] One impact of the COVID-19 pandemic has been the designation of SRH health services as non-essential, and thus many SRH health providers have temporarily shut down.[21] As an effect, many people are struggling to access appropriate healthcare. For example, restrictions on Family members and patient advocates being allowed into clinics due to social distancing limits support for patients seeking care, worsening conditions for BIPOC women.[22] [23] This is also true for services that support survivors of gender-based violence.[24,25]
- **Stressors relating to the pandemic increase violence and exacerbate impacts on women and BIPOC communities**. The COVID-19 pandemic and related effects have increased stressors tied to increased domestic violence, societal violence, and law enforcement violence, reinforcing existing power dynamics.[26] For communities marginalized due to immigration status, racial and gender-based discrimination, and criminalization, this combination of violence, increased risk of exposure to infection, and exclusion from healthcare access is a major concern.[27,28]

Key Recommendations

- **Collect and use sex, age, and race disaggregated data consistently and systematically.** Federal and state agencies tracking COVID-19 infections and impacts in the U.S., such as CDC and local public health departments, must consistently and systematically collect and publish sex, age, and race disaggregated data on the direct and indirect effects of the COVID-19 pandemic.

- **Invest federal, state resources in ways that reflect the disproportionate needs exacerbated by the pandemic.** Relief packages and follow-up social and economic support must be used in service of the communities hardest hit and must account for the historic and structural disadvantages faced by marginalized populations, including access to resources, information, and opportunities. This analysis indicates the unique and overlapping vulnerabilities of BIPOC communities, in particular, single mothers, immigrants including those undocumented, LGBTQ+ youth, people with disabilities, unsheltered people, essential workers, and incarcerated people (in detention, prisons, and jails).
- **Listen to and amplify the voices and efforts of grassroots alliances on the frontlines who represent those most impacted.** Voices of community-led and grassroots organizations led by women, BIPOC, and immigrants are on the forefront of addressing structural inequality and the effects of the COVID-19 pandemic through a social and racial justice lens must be elevated and amplified.
- **Provide economic and social resilience support to historically under-served populations and those on the frontlines.** More robust considerations are needed to support women and BIPOC "essential workers" in accessing economic, health, housing and food/nutritional support. Additionally, it is necessary to create more comprehensive investments in social services and social safety net programs, such as childcare, at-home learning, food assistance, housing, and support to survivors of violence.
- **Ensure that access to COVID-19 and other routine health services including sexual and reproductive health and rights, must be considered "essential," and made accessible inclusive, rights-based and client-centered.** This is necessary for instances directly related to the COVID-19 virus, as well as for routine health issues including sexual and reproductive health services. All health staff must be educated on rights-based approaches to care, racial and ethnic disparities in maternal outcomes, shared-decision making, cultural competency, and addressing implicit bias in care. This will ensure that historic injustices are not perpetuated as well as prevent more severe outbreaks of COVID-19 across the nation.
- **Take action to ensure gender-balanced and inclusive coordination and leadership in response to the pandemic**. Decision-making bodies should include greater representation and leadership by those most impacted including women, particularly BIPOC, and those on the frontlines. This is crucial to promote a response to the pandemic, including recovery and preparedness planning, is equitable, representative and cognizant of the gendered, racial and class-based implications of the pandemic.

Introduction

As of June 10, 2020, over 1.998 million cases of COVID-19, and 112,230 COVID-19 related deaths have been reported in the United States. This means that American cases and deaths represent 1 out of every 4 reported cases and deaths worldwide.[29] Cases spread rapidly since the U.S. Centers for Disease Control and Prevention (CDC) announced the first case of COVID-19 in the U.S. on January 21, 2020. U.S. response to COVID-19 infections officially launched January 31, when the Trump administration declared COVID-19 a U.S. Public Health Emergency, one day after the World Health Organization (WHO) announced that the COVID-19 outbreak was a "Public Health Emergency of International Concern." As cases ebb and flow in different cities and states, data reveal that not all communities are impacted equally by the pandemic or the response.

Based on CARE's history of responding to crisis around the world, we understand that pre-existing inequalities across gender and other social and power structures such as race and class are often exacerbated during a crisis.[30] **The extent to which disease outbreaks affect people across gender, race, and key identities is fundamental to understanding the impacts and implications of a health emergency and what is needed for effective, responsive, and equitable policy solutions.**

This Rapid Gender Analysis (RGA) seeks to deepen existing analysis of the COVID-19 pandemic by utilizing an intersectional lens around gender, race, and class to explore its impact on different populations, changing roles and responsibilities within the home and on the frontlines of the crisis, and access to health and other essential services as a result of the pandemic.

Objectives and Methodology

The objectives of this Rapid Gender Analysis (RGA) are:

- To examine underlying structural inequalities and the compounding impact of the COVID-19 pandemic through the intersectional lens of gender, race and class; and
- To inform policy and other decision-makers at the federal, state, and local levels to drive more effective, responsive, and equitable policies around responses to the pandemic.

An RGA is developed iteratively and progressively in order to understand how gender roles and relations may change during a particular crisis. This work builds upon CARE's global policy briefs to review lessons learned from previous public health emergencies. Of particular importance is the Global RGA for the COVID-19 pandemic, as well as five regional-level and 10 country-level COVID-19 pandemic RGAs, and CARE's global and domestic experience responding to the pandemic.

This RGA is primarily based on analyses of existing secondary data and grey literature conducted from May 25 to June 10, 2020. This report unpacks the systemic barriers around gender, race, and class in the U.S. to show how they impact dimensions of risk, vulnerability, and capacities to prepare, respond, and recover in the face of crisis. By highlighting these disparities, recommendations are presented with a focus on empowering local actors and enabling more equitable support in communities facing the greatest challenges.

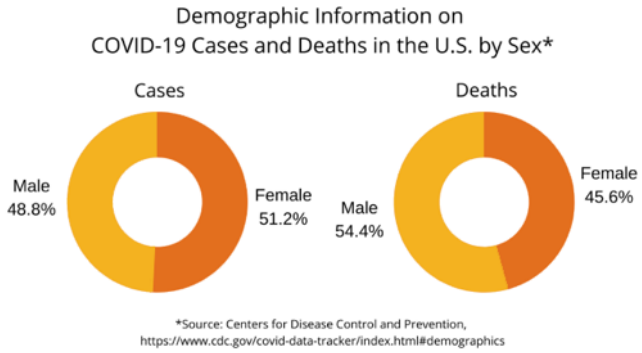
This report is not about the epidemiology and pathology of the novel coronavirus. Despite the surge of social and political mobilization erupting across the U.S., the scope of this report focuses only on

gender, race, and class in the context of this pandemic. Moreover, although the effects of the pandemic have impacted all demographics of the population, this report focuses on the most vulnerable groups to identify key areas of disparity. It is also important to note that this report does not address geographic disparities, the impact of states "re-opening," or provide policy analysis of relief packages.

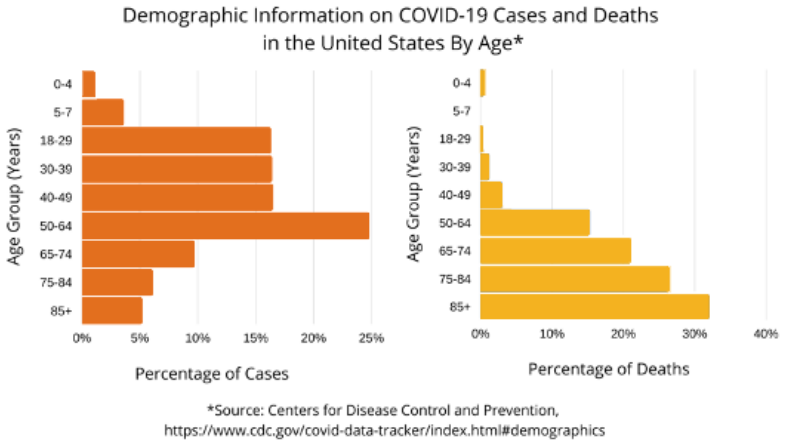
Demographic Overview

Sex and Age Data & COVID-19

Limited stratified demographic information currently exists regarding COVID-19 infections and deaths in the U.S. As of June 10, 2020, CDC has confirmed a total of 1,998,114 cases of COVID-19 in the U.S. and its jurisdictions, amounting to 112,230 official COVID-19 deaths.[31] Men and women seem to have proportionate rates of infection by population as seen in reported cases—women account for 50.8% of the U.S. population and for approximately 50.4% of all COVID-19 cases.[32] Men, however, account for 48.1% of all reported COVID-19 cases but make up 54.1% of all COVID-19 deaths.[33] COVID-19 death rates for men tend to be relatively equal to or higher than those of women at every age bracket, except for those 85 years and older, where women's deaths are higher by 53%. This may be attributable to the fact that there are more women than men in that age bracket in the U.S.[34]



74% of all COVID-19 cases in the U.S. are in people aged 18-64 years old. However, people over the age of 65—an age bracket with high rates of underlying medical conditions like lung disease or diabetes—make up 80.42% of all COVID-19 deaths.[35,36] Meanwhile, people younger than 44 make up 3% of all COVID-19 deaths in the U.S.[37]



Race Data & COVID-19

Government agencies tracking the spread and impact of the COVID-19 pandemic have found that infection and death from the virus is disproportionately impacting Black, Indigenous and people of color (BIPOC). According to CDC, Latinx people account for 16.1% of cases, Black Americans for 10.4%, and Native Americans for 0.6%. Each population accounts for 14.5%, 19.1%, and 0.4% of American COVID-19 deaths, respectively.[38] However, official race information from CDC is scarce, and available for only 48% of COVID-19 cases and 80% of COVID-19 deaths.[39] Furthermore, CDC notes that their data are limited to only information reported by state, and by how states disaggregate their data. Therefore, these rates are neither representative of the full impact of COVID-19 along racial lines nor generalizable to the entire U.S. population.[40] For example, additional reports indicate a significant rate of COVID-19 infection in Indian Country. The Navajo Nation in particular ranks among the highest COVID-19 infections per capita, higher than New York City, the long-standing epicenter of the virus in the U.S.[41] It must be noted that many states categorize and report Native as "other," obscuring both the data and the true scale of the problem.[1]

Independent research labs have shown the limitations of CDC data collection and reporting, and are reporting even higher percentages of racial disparities.[42] One report notes that Black Americans make up 20.07% of all COVID-19 deaths in the U.S. despite only being 13.4% of the population, and that Latinx people make up 18.3% of the U.S. population but 33% of COVID-19 infections in the U.S. [43]

Poverty Data & COVID-19

A dearth of disaggregated data, specifically analyzing the pandemic's spread and its impact across socio-economic lines, again constrains a full understanding of the effects of the COVID-19 pandemic. However, studies show that low-income families make up the majority of those without health insurance coverage in the U.S. [44] In 2018, one in five uninsured adults went without needed medical care due to cost. [45] The COVID-19 pandemic is exacerbated by and will reciprocally exacerbate economic inequalities in America. While past economic crises have hit industries that are male-dominated, effects of the COVID-19 pandemic are disproportionately impacting women-led professions, further exacerbating their economic vulnerability.[46, 47] In fact, women who are the sole or primary breadwinners in their families have lost jobs at an especially fast rate, with unemployment rates for this demographic rising to 15.9% in April, compared to 13% for married women.[48]

Concentration of Outbreaks

Outside of broader national and state trends, there have also been specific concentrations of COVID-19 outbreaks in nursing homes, meat packing plants, and detention facilities throughout the U.S. Nursing homes account for one-third of all COVID-19 cases in the U.S., counting both residents and workers.[49] There have been at least 43,967 COVID-19 cases reported among incarcerated populations in the U.S.[50] In specific U.S. states like Texas, the fastest growing COVID-19 outbreaks—10 times higher than the infection rates in the state's largest cities—are happening at one of the nation's largest beef processing facilities.[51, 52, 53] While official national government data are not fully capturing how these communities are being affected by the COVID-19 pandemic, these patterns and concentrations signal the disproportionate effect of the virus on these specific communities. Furthermore, it is important to note that given delays in tracking, varying presentation of symptoms, compounded by limited health seeking and/or misdiagnosis, global and U.S. health experts agree

[1] Although beyond the scope of this paper, the COVID Racial Data Tracker launched by The Atlantic's COVID Tracking Project also track county-level data on infection and death rates for COVID19. It can be found at https://covidtracking.com/race

there is a high likelihood of under-counting of cases and deaths, particularly more likely among BIPOC and vulnerable communities.[54]

Findings and Analysis

The above analysis highlights how the effects of the COVID-19 pandemic do not impact populations equally. The spread of COVID-19 has amplified the social, economic, political, and historic inequalities for BIPOC communities, and has reinforced the cultural and institutional norms that prevent those in most need from accessing basic economic, social, and cultural rights required to thrive.[55] Without examining the intersectionality of gender inequality, structural racism, and poverty in the response to the pandemic, prevention and mitigation strategies will not only fail to contain outbreaks across the U.S. but also further reinforce structural cycles of oppression and injustice. The stressors of gender inequality, structural racism, and poverty are not independent of each other. Rather, they are inter-related, creating a complex convergence of challenges that reinforce the systems of putting those who are most marginalized at higher risk for infection while pushing them farther from accessing care.

Lack of Disaggregated Data and the Perpetuation of Injustice

Availability of stratified demographic data on COVID-19 cases and deaths in the U.S. is limited. Data gaps are one product of the biased and racialized foundation of the U.S., as well as its more contemporary history. These racial biases impact health and social services fields in general. Many data-points that could potentially reveal or enhance disparities are consistently underfunded or missing from official sources. Given limitations in consistent data collection, it is difficult to holistically understand the impact of the COVID-19 pandemic for all populations. The aggregation of data by gender, race, ethnicity (within Asian or Latinx racial categories), and class is not meaningfully captured by official sources. In fact, it is not even part of information gathering methods. For example, Arab people are often categorized as White, limiting any meaningful data on this distinct group. Now and throughout history, specific communities are more heavily resourced and prioritized. This leads to specific communities being favorited at the expense of others and has led to the exclusion of communities (specifically BIPOC communities) from services (housing, financial, etc.). This exclusion is “is too often wielded as an instrument of oppression, reinforcing inequality and perpetuating injustice.” [i]

Data reveal these intersectional realities create the most devastating impacts in the COVID-19 response as they relate to unequal gendered labor in and out of the home, limited access to essential health services, and under-investment in resources for under-served communities (including access to food, nutrition, education, affordable housing, and water). This RGA will therefore focus on unpacking these spheres using an intersectional lens that prioritizes the analysis of identity markers which data show are the most significant determinants of the impact of COVID-19: gender, race, and class.

Gender Inequality

Although the U.S. has seen meaningful progress toward gender equity in the last several decades, it still currently ranks 51st out of 149 countries in gender parity.[56] This is due largely to gaps in political

and economic gender deficits such as the exclusion of women from leadership roles in government and high paying management roles.[57] These inequalities manifest over time in lost wages and contribute to the feminization of poverty in the United States, imbalanced caretaking and family responsibilities, public policy and decision-making uninformed by a gendered perspectives, and rates of gender-based-violence as high as 50% in some American communities.[58] Such disparities in economic opportunities, political representation, and gender-based violence only worsen for LGBTQ+ people, especially transgender people of color, who have a life expectancy of 30-35 years of age due to the stigma and discrimination they face on a day-to-day basis.[59]

Structural Racism

White Supremacy is ingrained in the political, economic, and institutional architecture of the United States. The historical legacies of racial and class oppressions, combined with additional gendered oppression, are clear in the differential outcomes around education, housing, jobs, and access to other basic needs and services. These discrepancies have long manifested in differential health outcomes across racial lines. For example, Black people aged 18-49 are two times as likely to die from heart disease compared to their White counterparts.[60] Mexican-Americans and Puerto Ricans are about twice as likely to die from diabetes than Non-Hispanic Whites.[61] When it comes to access to medical care, over 25% of uninsured individuals are Latinx, about 14% are Black, and 8% are White.[62] The spread of COVID-19 has exposed and exacerbated the economic and social inequalities underpinning poorer health outcomes for BIPOC that existed before the pandemic and are now making BIPOC and women more susceptible to the pandemic. BIPOC populations—especially women and Transgender people within each group—have been historically denied pathways for economic advancements and political participation and continue to face waves of racism, violence, and xenophobia that have only been compounded by the risks of COVID-19 exposure.[63] These deep disparities have created a fragile landscape, increasing the vulnerability of BIPOC and women to institutionalized exclusion, discrimination, and harmful norms across the country.

Women's Leadership

The United States ranks 83rd out of 137 countries in women's representation within government.[ii] Furthermore, within government, women of color comprise only 7.1% of congress members, 2% of governors and 5.9% of state legislators.[iii] Among centralized tribal councils, women hold 27% representation, and non-centralized councils have 30-48% representation of women (Sioux, Chippewa, Apache).[iv] In the healthcare sector, although nearly 80% of healthcare workers are women, women comprise only 11% of healthcare leadership positions.[v] Moreover, the White House Coronavirus Taskforce, overseeing the country's response efforts initially had no women and now includes only two, 8.7% of the taskforce.[vi]

Poverty

Of the 28.1 million people living in poverty in America, women are 35% more likely to live under the poverty line than men.[64,65] According to 2018 U.S. Census Data, the highest poverty rate by race is found among Native (25.4%), Black (20.8%) and Latinx (17.6%) communities.[66] Across the 40 lowest paying jobs, women represent nearly two-thirds of the workforce. Women of every race, and in particular, Latinx, Native and Black women—are overrepresented in these low paying jobs across the U.S.[67] Many poor BIPOC communities are being especially impacted by the effects of the

pandemic as they typically have limited ability to save, invest, and access insurance, which makes it more challenging for those communities to absorb financial shocks such as loss of jobs.[68,69] The spread of COVID-19 has triggered a deep economic crisis with a spike in unemployment, especially for individuals who were already socio-economically marginalized and perceived as "dispensable." The compounding stress of the national health crisis places those living in poverty in even more dire circumstances. These dangers include including over-crowded living situations, more limited access to water and sanitation, and the profound risk of infection while being significantly disadvantaged for prevention and care. For poor and working-class people, this also leaves few options other than taking low-paying and high-risk jobs.

Unequal Gendered Labor: In and Outside the Home

Gender, Race, and Poverty on the Frontlines

Prior to the pandemic, approximately 14 million U.S. workers, in addition to the 16 million healthcare workers, were engaged in industries now on the "frontlines." They include grocery store clerks, nurses, cleaners, warehouse workers, bus drivers, and farm workers, among others.[70] BIPOC communities are disproportionately represented across these industries, where over 4 in 10 (41.2%) frontline workers are Black, Latinx and Asian-American/Pacific Islander (nationally people of color comprise 23.5% of the U.S. population).[71] Many of these workers are likely to be under or near the federal poverty line and cannot afford to lose a portion of their income, and are far less likely to have employee protection support like sick days.[72,73]

Reasons for racial and gender over-representation in these fields are historic and rooted in unequal access to different sectors of work, immigration policies and practices, as well as in colonial ties. For example, frontline healthcare positions have been feminized through training, media narratives, and social norms around care work. [74] With workforce shortages in care positions within the U.S., programs have recruited immigrant labor to fill these gaps, notably from the Philippines and Caribbean.[75,76] We see this history reflected in the numbers. **76% of healthcare jobs are held by women, almost half of which are women of color**[77,78] Moreover, women frontline workers often have greater patient interactions in professions such as nursing, where women make up over 85% of the workforce, increasing their risks of exposure to COVID-19.[79] The disproportionate representation

Frontline Food Workers

Another category of frontline essential workers are food systems workers who face both economic exploitation and significant health risk. Both meat processing and farm workers are primarily poor, Black people, and people of color, with a large immigrant workforce including many who lack legal documentation.[vii,viii] Both environments are gendered in different ways: in Southern meat processing plants, there is high representation of Black women, while farm work has been held largely by immigrant men–largely due to limited work opportunities and U.S. immigration practices.[ix,x,xi,xii] Both industries have been characterized by dangerous working conditions and low pay. The health impact on workers in these essential industries is stark. There have been COVID-19 outbreaks reported among farm workers across seven states, with high risk of spread given how farm workers migrate with harvest seasons. Similarly, COVID-19 outbreaks have erupted across over 50 meat processing facilities in 10 states.[xiii,xiv,xv]

of these largely BIPOC women as “essential workers” highlights not only the unparalleled contributions these women make to the U.S., but also their unparalleled exposure to COVID-19 on top of pre-existing economic exploitation

Intrahousehold Dynamics

Not only do women, particularly BIPOC women, disproportionately occupy essential and low-wage jobs, data also suggest that caregiving and other domestic work continue to be largely shouldered by women within their own homes.[80] The COVID-19 pandemic has now exacerbated this situation. Lockdowns, school and day care closures, and household isolation have placed more pressure on women to manage increasingly demanding households.[81,82,83]

The U.S. has the world’s highest rate of children living in single-parent households, and women ages 35 to 59 are far more likely to live as single parents than men, at rates of 9% vs. 2%.[84] 20% of families with children in the U.S. identified as single-parent families from 2014-2018—of those families, 66% identified as Black and 41% as Latinx.[85] The impacts of the pandemic are further compounded for single-parent households living in poverty, as they already have access to far fewer resources and social safety nets: 30% of children living in families headed by single mothers are more likely to live in poverty compared to 8% of families headed by a married couple.[86]

Among heterosexual couples where both individuals work, about 41% of married or cohabiting parents say mothers employed full time tend to take on more household chores and responsibilities, while only 8% say the father does more.[87] In addition, American mothers spend double the amount of time with their children than fathers. Women are more likely to be responsible for supporting someone who is ill, disabled, or elderly within the household.[88] Studies also show that women, as central caregivers in the household, often prioritize the well-being of children or other household members over their own, and are the last to receive necessary medical care. This is especially true when health care costs are competing with other essential needs such as housing, child-care, and food.

Limited Access to Health, including Sexual and Reproductive Health & Rights

The US has the highest spending on health care but worst health outcomes in comparison to peer OECD countries.89 This section examines differences in access to health and care across different groups within the US and how COVID-19 has manifested across these differences.

Legacies of Institutional Racism and Distrust in the Health System

Poor health outcomes are more likely among those with low-income, pre-existing conditions, and Poor health outcomes are more likely among those with low-income, pre-existing conditions, and those who are excluded from the health care system, which is structured around foundations of economic, social, racial, and political inequalities. The healthcare experiences of many Americans, in particular Black and Native women, are fraught with discrimination and structural racism. These experiences include but are not limited to physical and/or mental abuse and denial of care, whether individually experienced or culturally/historically felt. This leads to widespread fear, stress, and anxiety that can prevent people from seeking out and receiving basic health services.90 This historically-informed distrust of healthcare providers has led to a continued decrease in health-seeking behaviors across

the nation, particularly among BIPOC communities.[91,92] Moreover, men in the U.S. are more likely to both delay health-seeking and engage in behaviors that would result in health-related risks.[93,94] In the context of the COVID-19 pandemic, where stories have emerged of health institutions being overwhelmed by cases, the prioritization of who receives care is determined at the discretion of medical professionals and administrators. This opens the door for institutional and individual bias to further impact patient care and facilitates reduced quality care for already vulnerable populations. Unequal care and lack of cultural competency within the health system has fed misinformation and mistrust while reducing the ability of BIPOC to receive testing and treatment, despite exhibiting various symptoms of the virus. This, in turn, has led to an increase mortality rate for BIPOC populations.[95,96]

Denial of Essential Sexual and Reproductive Health (SRH) Services

Since before the pandemic, efforts to restrict access to the full range of life-saving SRH services had made even routine reproductive health services such as HIV/STI care and contraception dangerously challenging to obtain, particularly for poor, rural, and BIPOC women.[97,98] The COVID-19 pandemic has multiplied risks related to denial of care. School closures and limited mobility, on top of transportation issues already faced by many, have dire consequences for physical and mental health. Policy decisions that deem basic services like comprehensive sexual and reproductive healthcare, including affirming care for gender diverse communities, as "non-essential" make the situation ever worse.[99]

Denial of Health Support for Native Communities

Spending on services for Native communities, particularly health services, is extraordinarily insufficient. In 2017, Indian Health Services, the agency tasked with providing direct-point-of-care health services for registered members of tribes, spent 64% less per person than federal health care spending nationwide.[xvi] Insufficient funds are even more strained due to the pandemic, particularly with the closure of casinos and other major sources of income for tribal governments. IHS has been uniquely delayed in dispersing COVID-19 relief funds to Indian Country, leaving many tribes unable to meet demand for necessary testing, personal protective equipment and treatment.[xvii] Vulnerability in Indian Country is further compounded when state governments encroach on tribal sovereignty and prevent tribal governments from enforcing measures on their lands aimed at stopping the spread of the virus, a challenge that has arisen in South Dakota.

Pregnant BIPOC women are already more likely to receive delayed care and misdiagnosis while facing systemic racism in the healthcare system, all of which lead to compounding trauma around their prenatal, labor, and postpartum experience. In the U.S., Black women are 3 times or more (up to 12 times in some places) likely to die from complications during childbirth than White women.[100] [101] CDC has explicitly cited racism as the major contributing factor to maternal death for Black women.[102] Pregnancy-related mortality is also elevated among Native communities, Asians/Pacific Islanders, and for certain subgroups of Latinx women, including Puerto Ricans.[103] BIPOC Women consistently report provider discrimination and lack of respectful care, which contributes to trauma that diminishes healthcare-seeking behavior, as well as overall poor sexual and reproductive health outcomes.[104] The U.S. also has the highest rate of unintended pregnancies compared to any other country in the Global North, with the greatest impact on BIPOC women, who experience unintended pregnancies at twice the rate

of White women.[105] It is estimated that 82% of all adolescent pregnancies are unplanned, with rates for Black and Latinx adolescents being three times higher than White adolescents.[106]
The pandemic has led to an abrupt shift in the birth experience for women across the nation. Health services are relying on telemedicine and online childbirth education while limiting the presence of birth doulas, advocates, and additional support persons during birth, which reduces the critical psychosocial support that many BIPOC women rely on.[107] Reports already reveal increased medical interventions and unplanned caesarean sections which may result in increased rates of complications.[108] [109] Barriers to information, resources, and support during the birth experience have a direct impact on birth outcome and breastfeeding success, both of which directly impact outcomes for newborns and children.

Immigration and Insurance Status Restrict Access

With access to affordable healthcare tied closely to employment and immigration status in the U.S., inadequate and unaffordable health care has significantly challenged the COVID-19 response. This is particularly true for part-time workers, undocumented immigrants, service workers in the informal economy and low-income households, most of whom are unable to afford adequate health insurance. The majority of individuals who struggle to keep up with the costs of health care are from Latinx, Black, Native, and Transgender communities. Over 25% of uninsured individuals are Latinx, about 14% are Black, and 8% are White.[110,111] Many people face language barriers as well as fears of policing, Immigration and Customs Enforcement's (ICE), and compromising immigration status when trying to access care. These barriers, which already keep many from accessing care, are further compounded in the context of the current pandemic.

Under-Investment in Resource Poor Communities

The effects of the COVID-19 pandemic also demonstrate the strong link between under-prioritized, under-resourced communities which face denial or restricted access to basic food and nutrition, learning and education, affordable housing, and water and sanitation. These factors not only account for pre-existing inequalities but also disproportionately impact communities along gender, racial, and class divides.

Food and Nutrition

Food insecurity is interdependent with overlapping challenges presented by socioeconomic, racial, and other social determinants which shape individual and population health outcomes (i.e. chronic illness and pre-existing conditions). Nearly 94% of the nation’s majority Black counties are categorized as food-insecure. Native families are 400% more likely than other U.S. households to report being food insecure, suffering simultaneously from the highest rates of food insecurity, poverty, diet-related diseases, and other socio-economic challenges.[112,113,114,115] Before the outbreak of COVID-19, these communities were consistently challenged due to food deserts and lack of sufficient access to resources.[116] For example, on tribal lands, communities are struggling to supply their few grocery stores, leading to more limited opportunities for families to meet their nutritional needs.[117] Additionally, as groups are forced to gather in overcrowded spaces to access supplies, risk of outbreak becomes further elevated.

The economic impact of the pandemic, together with increasing food prices, has exacerbated the challenges on low-income households to meet their food and nutrition needs. This has shaped evolving consumption patterns that particularly impact women.[118] The intersectional inequalities

around gender, race, and class lead to situations wherein pregnant women typically give up needed food for other family members. Data show that Black, Latinx, and less-educated pregnant women generally consume a less nutritious diet than their well-educated White counterparts in the weeks leading up to their first pregnancy.[119] The pandemic has exacerbated these realities, especially for low-income households, contributing to inadequate dietary intake during pregnancy. This can increase the risk for with gestational diabetes, iron deficiency, low birth weight, and developmental risk.[120] Seniors with fixed incomes also regularly face challenges accessing food due to limited mobility and isolation. With social distancing measures in place, these challenges are likely to be made worse.

Education and Learning

School closures to curb the spread of COVID-19 affect approximately 55 million students in public and private schools and has amplified inequalities in learning opportunities with gender, racial, and socio-political implications.[121] School closures result in the loss of nutritional meals for low-income students otherwise provided by in-school meals programs, which increases household care burdens for caregivers, often women.[122] Closures also remove childcare support for essential workers, a high percentage of whom are women.[123] Lack of access to school technological resources during closures exposes the reality of the country's deep digital divide.[124] This, in turn, amplifies schooling pressure on women, who are unequally tasked with supporting child.[125]

Although data on gendered implications of remote learning is not available, there is evidence that remote learning access is directly proportional to parental income, which means that low-income and single-headed households are further marginalized by this form of educational delivery.[126] Only 40% of students from the poorest households in the U.S. are able to access remote learning, and are able to do so only as rarely as little as once a week or less. In contrast, 83% of students of families making more than $100,000 a year are able to access distance-learning resources every day, with most of them engaging for over two hours every day.[127] Access is largely related to internet and device availability, both of which are linked to poverty, socioeconomic, and racial lines.[128] Similarly, access to a desktop or laptop computer is more likely in White households than in Black or Latinx households, and 32% of low-income households report that their students don't have a device to enable remote learning at all.[129]

Affordable Housing

The United States has a shortage of seven million affordable rental homes for Americans with extremely low incomes or individuals living below the poverty line.[130] The majority of extremely low-income renter households are seniors, those living with disabilities, students, or single-adult caregivers.[131] 70% of individuals experiencing homelessness are men.[132] Black, multiracial, Native American, and Latinx people, as well as LGBTQ+ youth, are more likely to be housing insecure than the national average.[133] The primary drivers of homelessness include unemployment, poverty, high healthcare costs, inadequate social safety nets, domestic violence, mental health issues, and addiction.[134]

The economic impact of the COVID-19 pandemic is expected to contribute to an increase in homelessness by 45% by the end of the 2020.[135] Lack of mobility and access to proper health care services results in many individuals living in homelessness, self-reporting pre-existing conditions and poor health, all of which puts them at greater risk for contracting COVID-19, particularly in urban areas where homelessness is most prevalent.[136] For example, in San Francisco, deaths of homeless

individuals over the month of March 2020 was three times as high the mortality numbers for the same month in 2019.[137] However, individuals who have died experiencing homelessness and COVID-19 symptoms have not been consistently tested or accounted for within health statistics, making it difficult to fully assess the impact of the pandemic, and the virus itself, on those without shelter.[138]

Water Access and Sanitation

More than 2 million people in the U.S. live without basic access to safe drinking water and sanitation systems, 1.4 million people in the U.S. lack access to indoor plumbing, and 553,000 people without shelter struggle to access water and sanitation facilities and 1 in 20 households, about 15 million people, have been impacted by water shutoffs (about 15 million people).[139,140]

Federal-level data mask the inequities in access to resources related to race and impoverishment, all of which have significant gender implications. For example, Native communities are 19 times more likely than White communities to lack indoor plumbing.[141] Black and Latinx households are nearly twice as likely to lack complete plumbing compared to White households.[142] The responsibility to ensure water access often falls disproportionately on women as traditional caregivers. This has become even harder to achieve during the COVID-19 pandemic, as those living without water can no longer rely on workplaces, schools, and other external facilities to meet their needs.[143] In the Navajo Nation which stretches across parts of Utah, New Mexico, and Arizona, 30% of the population do not have running water in their home, which severely limits their ability to engage in preventative, evidence-based measures like hand-washing.[144] This situation is particularly dangerous given the importance of hand and respiratory hygiene as a primary preventative measure to combat the spread and impact of COVID-19.

LGBTQ+ Youth

LGBTQ+ individuals experience unparalleled discrimination, stigma, and violence. Due to lack of family and community acceptance, LGBTQ+ young adults have a 120% higher risk of reporting homelessness compared to heterosexual and cisgender youth; LGBTQ+ individuals comprise up to 40% of the total youth homeless population.[xviii] LGBTQ+ individuals also experience significantly more physical, mental, and emotional health challenges in comparison to their heterosexual and non-Transgender counterparts.[xix] Four out of five LGBTQ+ students reported experiencing harassment in school based on their sexual orientation and/or gender identity. This contributes to the high rates of attempted suicide in LGBTQ+ youth, which are almost five times the rate of heterosexual youth.[xx,xxi] LGBTQ+ Americans also face inequality and discrimination in the workplace, and tend to disproportionately experience poverty. Transgender women of color especially feel the weight of these intersectional burdens.[xxii,xxiii] We currently lack adequate data on the unique effects of the COVID-19 pandemic on the LGBTQ+ population, but these dynamics suggest these already marginalized communities will be some of the hardest hit.

Violence, Harm, and Abuse

The COVID-19 pandemic also aggravates and magnifies already present risks of gendered and racialized violence, harm, and abuse in the U.S. This section explores these dynamics and the impact of the COVID-19 pandemic from interpersonal, communal, and institutional levels.

Interpersonal Violence

In the U.S., 1 in 4 women are estimated to experience violence from a partner, with 1 in 9 girls experiencing childhood sexual abuse.[145,146,147] These rates vary across communities. On some reservations, 1 in 2 Native women report experiencing sexual violence.[148] It is widely acknowledged that few survivors of abuse come forward, particularly in marginalized communities where immigration status or criminalization may prevent survivors from accessing care. The impacts of the COVID-19 pandemic make it ever harder for survivors to safely seek help, due to quarantine, social distancing, and lock down measures.[149]

Data vary on service call trends related to domestic violence since the implementation of shelter-in-place orders.[150,151] Experts warn that risk factors for violence are heightened during lockdowns. This includes the fact that survivors may be forced to shelter with their abusers with little to no privacy or ability to escape. Other stressors include economic concerns, decreased access to support services, and fewer opportunities to engage with broader community members for support. These factors hold true for both intimate partner violence and child abuse.[152,153] Shelter-in-place has also forced some LGBTQ+ youth into hostile, abusive, and unsupportive home environments.[154]

Societal Violence

In the U.S., societal violence has particularly targeted people who are Black, Native, Transgender, gender non-conforming, Arab, and Muslim. In the U.S., the rate of missing and murdered Native women is, in some reservations, 10 times the national average. This violence against Native women is often at the hands of non-native perpetrators.[155] These threats continue during the current pandemic, and have expanded with reports of anti-Asian violence on the rise.[156]

Law Enforcement

Violence at the hands of law enforcement officials is intertwined with the dynamics of communal and historic violence targeting marginalized groups, and this particularly impacts Black and Native men. The American Public Health Association (APHA) names law enforcement violence as a public health issue.[157] Black men are 9 times more likely to be killed by police officers than their White counterparts. During the spread of the COVID-19 pandemic, this has been seen in the policing of shelter-in-place and social distancing orders, often targeting impoverished Black and Brown communities.[158,159,160] State efforts to enforce quarantines through ankle monitors, tracking apps, and face recognition are forms of policing and surveillance, which disproportionately targets impoverished people and BIPOC individuals.[161]

After the murder of George Floyd at the hands of a police officer, as three other officers stood by, uprisings to protest police brutality and racial injustice sprang up nationally and worldwide. Both the protests and state and local responses are ongoing, but government-facilitated repression and violence is feared to place people at greater risk of exposure to COVID-19, particularly when weapons

such as teargas used by police, which increases potential respiratory infection, and from mass arrests, which force people into dangerously close quarters.[162]

Mental Health Impact

Unsurprisingly, groups targeted by violence and who are victims of legacies of oppression also reflect populations most impacted by mental health, PTSD, and emotional trauma. With the additional economic and health stressors of the COVID-19 pandemic, as well as the emotional and psychological impacts of isolation, multiple sources warn of heightened risk of suicide and PTSD, particularly as unemployment rates continue to rise.[163] BIPOC communities are most at risk for deteriorating mental health due to these pandemic-related stressors. For example, Native American adolescents experience the highest rates of suicide in the country, and studies show Black women experience the highest levels of anxiety. [164,165,166] Recent police brutality and murders targeting Black people, as well as ongoing incidents of racial injustice, can compound this situation.[167]

Conclusions & Recommendations

The COVID-19 pandemic has highlighted and exacerbated grave underlying inequalities along gender, race, and class fueled by historic and perpetuating systems of racism, under-investment, and disenfranchisement. These realities have compounded the impact of the pandemic, enabling the virus to disproportionately ravage vulnerable populations, particularly women and BIPOC communities. The points below reflect broad recommendations and key guidance to **inform policymakers at federal, state, and local levels** to ensure response to the COVID-19 pandemic supports a more equitable, healthy, resilient, and just United States.

Detention, incarceration and COVID-19.

The U.S. accounts for incarcerating almost 1 in every 4 imprisoned people worldwide. It is no surprise, therefore, that incarceration is another site of violence and increased risk for COVID-19 exposure. American incarceration disproportionately affects Black and Native men, though the number of women in prisons is growing at a rate 2 times faster than men (rising 757% between 1977 and 2004).[xxiv,xxv] As many as 94% of incarcerated women are survivors of violence, and the majority these women are mothers and primary caretakers.[xxvi] Conditions inside jails and prisons are often toxic, with hundreds of prisons and detention centers constructed near sites designated as hazardous to public health by the Environmental Protection Agency.[xxvii] During this pandemic, incarcerated people have no option to physically distance, face restricted access to healthcare, and many do not have access to clean water or soap, which limits their ability to implement preventative hygiene measures like handwashing.[xxviii] COVID-19 infections have spread widely within prisons and detention centers, with some prisons in California and Texas reporting 70% infection rates among prisoners. In five states, infection rates among incarcerated populations are over 1000% higher than the general population, and in Tennessee and Ohio the rate is over 3000% higher.[xxix] In response, Inland Coalition for Immigrant Justice and Freedom for Immigrants recently filed a complaint against ICE facilities spraying toxic disinfectants 50 times a day in detention facilities, leading to non-COVID-19 illnesses among people detained there.[7]

Collect and utilize sex, class and race disaggregated data consistently and systematically

"Every person, newsroom, and government agency in the US deserves access to the most complete COVID-19 data that can be assembled." — The COVID Tracking Project[168]

States and territories must be more consistent and transparent in the collection and publishing of data. Agencies that perform federal tracking of COVID-19, like CDC, should ensure the availability of systematic data disaggregated by sex, class, race, and age to measure the direct and indirect effects of COVID-19. Addressing gaps in data relating to heavily impacted population groups, such as Native Americans, as a category and utilizing analysis based on the intersections of gender, class, and race are crucial not only for effective and equity-based response efforts, but also in terms of preparation for future waves of COVID-19 and/or other epidemics. This data can build on voices from the frontlines as well as on learning from past public health crises in the U.S. and around the world and is critical to inform evidence-based policy-making.

Invest federal, state, and local resources reflective of the disproportionate need exacerbated by the COVID-19 pandemic

Response support must be funded and directed in intersectional ways that recognize the needs of those with overlapping vulnerabilities and those who are often denied support. It is essential to take into account those socially excluded within marginalized groups like BIPOC communities, particularly single mothers, immigrants including those undocumented, LGBTQ+ youth, people with disabilities, homeless, and incarcerated populations. Relief packages and follow-up social and economic support must end up in the communities hardest hit, or relief efforts will perpetuate inequities.

Amplify voices and efforts of community-centered, intersectional justice grassroots alliances on the frontlines

To ensure that policy and decision-making effectively responds to needs of those most affected, it is critical to support and elevate the voices of trusted convening organizations, as well as those with direct experience from the frontlines. Examples include, but are not limited to, health providers, tribal governments, survivors of gender-based violence, and community leaders who have been fighting for racial and gender justice and health equity in the U.S. for decades. This includes ensuring that these voices are provided access to decision-making power, respecting tribal sovereignty and self-determination with regards to response, and supporting the community coping mechanisms of formal and informal social networks such as community-driven mutual aid for COVID-19 response.

We look to the following existing platforms for recommendations about specific U.S. legislation, policy vehicles, and funding mechanisms to strengthen immediate COVID-19 response, and to build resiliency for the future. The following list is by no means exhaustive. Instead, it reflects trusted community-centered organizations either directly serving or engaging with leaders in vulnerable communities. The following organizations are also led by and dedicated to BIPOC, and their policy recommendations related to COVID-19 responses are informed by intersectional thinking that prioritizes those whose health, economic stability, and social security are most impacted by the effects of the pandemic.

- **American Medical Association:** Focuses on healthcare access, activating health workers, and worker rights and compensation.
- **Black Mamas Matter Alliance:** Focuses on maternal health, rights, and justice; technical assistance and training; shifting culture; and cultivating Black women leadership.
- **Futures Without Violence:** Provides community center resources for violence response and prevention, including for vulnerable groups such as LGBTQ+ and Transgender populations, engaging men and boys on gender and violence, childcare, and learning support.
- **National Congress of American Indians:** Focuses on Native tribal sovereignty and self-determination to govern response, on immediate and robust dissemination of funds to support response in Indian Country, and on race disaggregated data including Native as a category.
- **PolicyLink COVID-19 & Race:** Focuses on economic recovery, housing, transportation, inclusion of immigrants and refugees, safe elections, and people in detention and incarceration.
- **Women in Global Health:** Focuses on women's representation, safe working conditions, recognition of care work, gender-sensitive health security data collection, analysis and response management, and funding women's movements.
- **YWCA:** Focuses on funding to address domestic violence, childcare support, safe elections, and providing support to non-profits.

Provide economic and social resilience support to historically under-served populations and those on the frontlines

Recognizing not only the significant value of the work done, but also high risk of exposure faced by women and BIPOC on the frontlines, it is essential to provide economic, health, and institutional support for "essential workers" during and after the pandemic. Additionally, investments in health alone will not be enough to combat the cross-cutting and layered impact of the COVID-19 pandemic. They must be coupled with investments to support comprehensive social services in historically under-served communities. As reflected in specific policy recommendations detailed by previously mentioned organizations, successful recovery will require policy responses that support long-term social safety net programs such as the Supplemental Nutrition Assistance Program (SNAP). This includes community infrastructure, such as affordable childcare and at-home learning, sustainable access to nutritious food and improved water and sanitation conditions, housing security during and after the crisis, and services to support survivors of violence. Without this investment, the COVID-19 pandemic will further perpetuate cycles of poverty and inequality in the future.

Ensure inclusive, rights-based and client-centered services and outreach are implemented in response to COVID-19 as well as for routine health care, including sexual and reproductive health services

To ensure quality care for everyone, all health staff, whether at hospitals or elsewhere, must be educated on the importance of rights-based approaches to care, racial and ethnic disparities in maternal outcomes and healthcare quality, shared-decision making, cultural competency, and addressing implicit bias in care. The risk of continued discrimination, exclusion from care, and fear in

the healthcare system will not only perpetuate historic injustices but lead to longer and more severe outbreaks of COVID-19 across the nation. In addition to COVID-19 care, particular importance are sexual and reproductive health and rights in line with the global guidelines for sexual and reproductive health in humanitarian settings referred to as the "Minimum Initial Service Package for life-saving SRH in Crisis-Settings[169]", which includes but is not limited to voluntary contraception and gender-based violence services, which must be considered "essential" and non-negotiable. Additionally, given privacy and protection risks, any testing and contact tracing efforts must be voluntary and rights-based, and must recognize the unique barriers faced by BIPOC communities, including the potential discrimination, protection, and legal threats that undocumented women, non-gender binary individuals, and racial minority groups might face.

Take action to ensure gender-balanced and inclusive coordination and leadership in response to the pandemic

Decision-making bodies should include greater representation and leadership by those most impacted including women, particularly BIPOC, and those on the frontlines. This is crucial to promote a response to the pandemic, including recovery and preparedness planning, is equitable, representative and cognizant of the gendered, racial and class-based implications of the pandemic. In the long-term, government bodies, corporations, humanitarian response organizations, and, in particular, the healthcare industry, must ensure gender and racial inclusion among the highest levels of leadership.

CALL TO ACTION: Dismantling Inequality in Our Own Communities

The institutional structures and systems of oppression shaping how the COVID-19 pandemic has impacted different communities did not start with the first COVID-19 infection and will not end with a vaccine. Changing the underlying inequalities that facilitated the virus and its effects devastating communities of color requires all of us to be self-reflective and committed to actively working to dismantle racism and inequality in our own communities, governments, and organizations.

We all have a role to play in this effort. Now is the time to step up. Health professionals must identify internal and institutional biases, build trust in underserved communities and reduce barriers to achieving equal access to services. Elected officials must diversify decision-making power structures and create inclusive platforms that drive policy. No sector is immune, including non-profit organizations.

CARE USA joins with so many others around the nation, and around the world, in this moment of reckoning with the profound inequalities and deep entrenched injustices in our society. We are working to listen, learn about, and address how an overlapping system of White privilege, White supremacy, and structural racism pervades our society and institutions. While addressing patriarchal gender and social norms are at the core of CARE's humanitarian and development programming internationally, as an organization headquartered in Atlanta, a historically important Black city and an iconic location of the civil rights movement, we at CARE believe that embodying principles of diversity, equity, and inclusion are mission-critical.

As such, CARE USA recently announced commitments, including but not limited to, the following points aimed at elevating the voices and perspectives of BIPOC and women in our organization.

- Recognizing that change does not happen overnight, we aim to achieve the goal of 40% leadership representation of Black, Indigenous, and People of Color in Director level and above positions within the next three years, including achieving this balance on our Board of Directors within a year.

- We will maintain leadership of at least 50% women at the Director level and above and achieve a board that is gender balanced, with 50% identifying as women by the end of 2020.

- We will bolster a working environment where our team is supported, recognized, and can challenge cultural norms and/or assumptions without fear.

- We recommit to ongoing discussions and evidence-based trainings on gender, equity, and diversity, including content on anti-racism throughout CARE at every level.

More balanced representation and open dialogue about building an anti-racist, actively inclusive environment are important steps. But we know that they are just a start. We join others in making these commitments and invite all organizations, corporations, and institutions dedicated to ending global poverty and achieving racial justice to publicly recommit to both the external and internal work necessary to build a better world. We hope this community, as well as the American public and communities CARE serves all around the world, will hold us accountable to the above commitments and more as we work to catalyze this moment into meaningful, lasting change.

References

[1] James, M. (2020, March 26.) U.S. Passes Italy, China as Nation With the Most Confirmed Cases of COVID-19. *USA Today*. Retrieved from: https://www.usatoday.com/story/news/nation/2020/03/26/u-s-infections-hit-global-high-nation-passes-italy-and-china/2921779001/

[2] Centers for Disease Control and Prevention. (2020, June.) *COVID Data Tracker.* Retrieved from: https://www.cdc.gov/covid-data-tracker/index.html#demographics

[3] Reeves, R., Ford, T. (2020, May 15.) COVID-19 Much More Fatal for Men, Especially Taking Age Into Account. *The Brookings Institution*. Retrieved from: https://www.brookings.edu/blog/up-front/2020/05/15/covid-19-much-more-fatal-for-men-especially-taking-age-into-account/

[4] Jagannathan, M. (2020, June 15.) 'Shameful, Not Cool, a Sign of Weakness': Men Are Less Likely to Wear Face Masks to Protect Against Coronavirus, Study Finds. *Market Watch*. Retrieved from: https://www.marketwatch.com/story/shameful-not-cool-a-sign-of-weakness-men-are-less-likely-to-wear-face-masks-to-protect-against-coronavirus-study-finds-2020-05-14

[5] Reeves, R., Ford, T. (2020, May 15.) COVID-19 Much More Fatal for Men, Especially Taking Age Into Account. *The Brookings Institution*. Retrieved from: https://www.brookings.edu/blog/up-front/2020/05/15/covid-19-much-more-fatal-for-men-especially-taking-age-into-account/

[6] Krogstad, J. (2014, June 13.) One-In-Four Native Americans and Alaska Natives Are Living in Poverty. *Pew Research Center.* Retrieved from: https://www.pewresearch.org/fact-tank/2014/06/13/1-in-4-native-americans-and-alaska-natives-are-living-in-poverty/

[7] Poverty USA. (2020.) *Poverty Facts: The Population of Poverty USA.* Retrieved from: https://www.povertyusa.org/facts

[8] Know Your Value. (2020, March 23.) *Gender Economist Katica Roy: If We Don't Act Fast, Women Will Bear the Brunt of the Financial Crisis Caused by Coronavirus*. Retrieved from: https://www.nbcnews.com/know-your-value/feature/gender-economist-katica-roy-if-we-don-t-act-fast-ncna1166771

[9] Human Rights Watch. (2020, March 19.) *US: Address Impact of COVID-19 on Poor.* Retrieved from: https://www.hrw.org/news/2020/03/19/us-address-impact-covid-19-poor

[10] Kearney, A., Muñana, C. (2020, May 1.) Taking Stock of Essential Workers. *Kaiser Family Foundation.* Retrieved from: https://www.kff.org/coronavirus-policy-watch/taking-stock-of-essential-workers/

[11] McNicholas, C., Poydock, M. (2020, May 19.) Who Are Essential Workers? a Comprehensive Look at Their Wages, Demographics, and Unionization Rates. *Economic Policy Institute.* Retrieved from: https://www.epi.org/blog/who-are-essential-workers-a-comprehensive-look-at-their-wages-demographics-and-unionization-rates/

[12] McNicholas, C., Poydock, M. (2020, May 19.) Who Are Essential Workers? a Comprehensive Look at Their Wages, Demographics, and Unionization Rates. *Economic Policy Institute.* Retrieved from: https://www.epi.org/blog/who-are-essential-workers-a-comprehensive-look-at-their-wages-demographics-and-unionization-rates/

[13] Connley, C. (2020, March 18.) How Women Could Be Uniquely Impacted by the Coronavirus . *CNBC.* Retrieved from: https://www.cnbc.com/2020/03/18/how-the-coronavirus-could-impact-women-in-health-care.html

[14] Sales, N. (2020, April 3.) Dispatches From the Gender Gap: Work-From-Home Moms in the Time of Coronavirus. *Vanity Fair*. Retrieved from: https://www.vanityfair.com/style/2020/04/dispatches-from-the-gender-gap-motherhood-in-the-time-of-coronavirus

[15] Kramer, S. (2019, December 12.) U.S. Has World's Highest Rate of Children Living in Single-Parent Households. *Pew Research Center.* Retrieved from: https://www.pewresearch.org/fact-tank/2019/12/12/u-s-children-more-likely-than-children-in-other-countries-to-live-with-just-one-parent/

[16] ACT Rochester. Children & Youth *Factsheet.* Retrieved from: https://actrochester.org/children-youth/single-parent-families-by-race-ethnicity

[17] Pearl, R. (2015, March 5.) Why Health Care Is Different If You're Black, Latino or Poor. *Forbes*. Retrieved from: https://www.forbes.com/sites/robertpearl/2015/03/05/healthcare-black-latino-poor/#546c85c37869

[18] Armstrong, K., Ravenell, K., McMurphy, S., Putt, M. (2007, July.) Racial/Ethnic Differences in Physician Distrust in the United States. *American Journal of Public Health. 97*(7), pp. 1283-1289. Retrieved from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1913079/

[19] Centers for Disease Control and Prevention. (2020, February 4.) *Infographic: Racial/Ethnic Disparities in Pregnancy-Related Deaths — United States, 2007–2016.* Retrieved from: https://www.cdc.gov/reproductivehealth/maternal-mortality/disparities-pregnancy-related-deaths/infographic.html

[20] Petersen, E., Davis, N., Goodman, D., Cox, S., Syverson, C. Seed, K. et al. (2019, September 6.) Racial/Ethnic Disparities in Pregnancy-Related Deaths — United States, 2007–2016. *Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report. Vol.* 68, pp. 762–765. Retrieved from: https://www.cdc.gov/mmwr/volumes/68/wr/mm6835a3.htm#suggestedcitation

[21] Center for Reproductive Rights. (2020, April 6.) In the Face of COVID-19 Pandemic, Sexual and Reproductive Health Services Are Essential [Press Release]. Retrieved from: https://reproductiverights.org/press-room/face-covid-19-pandemic-sexual-and-reproductive-health-services-are-essential

[22] Center for Reproductive Rights. (2020, April 6.) In the Face of COVID-19 Pandemic, Sexual and Reproductive Health Services Are Essential [Press Release]. Retrieved from: https://reproductiverights.org/press-room/face-covid-19-pandemic-sexual-and-reproductive-health-services-are-essential

[23] Center for Reproductive Rights. (2020, April 6.) In the Face of COVID-19 Pandemic, Sexual and Reproductive Health Services Are Essential [Press Release]. Retrieved from: https://reproductiverights.org/press-room/face-covid-19-pandemic-sexual-and-reproductive-health-services-are-essential

[24] National Public Radio. (2020, April 6.) *Coronavirus: When Staying Home Isn't Safe.* Retrieved from: https://www.npr.org/2020/04/06/828190425/coronavirus-when-staying-home-isnt-safe

[25] Taub, A. (2020, April 6.) A New COVID-19 Crisis: Domestic Abuse Rises Worldwide. *The New York Times*. Retrieved from: https://www.nytimes.com/2020/04/06/world/coronavirus-domestic-violence.html

[26] Taub, A. (2020, April 6.) A New COVID-19 Crisis: Domestic Abuse Rises Worldwide. *The New York Times*. Retrieved from: https://www.nytimes.com/2020/04/06/world/coronavirus-domestic-violence.html

[27] Taub, A. (2020, April 6.) A New COVID-19 Crisis: Domestic Abuse Rises Worldwide. *The New York Times*. Retrieved from: https://www.nytimes.com/2020/04/06/world/coronavirus-domestic-violence.html

[28] Center for Reproductive Rights. (2020, April 6.) In the Face of COVID-19 Pandemic, Sexual and Reproductive Health Services Are Essential [Press Release]. Retrieved from: https://reproductiverights.org/press-room/face-covid-19-pandemic-sexual-and-reproductive-health-services-are-essential
[29] WorldOMeter. (2020, June 14.) COVID-19 Coronavirus Pandemic. Retrieved from: https://www.worldometers.info/coronavirus/
[30] Morse, M., Anderson, G. (2020, April 14.) The Shadow Pandemic: How the COVID-19 Crisis Is Exacerbating Gender Inequality. *United Nations Foundation*. Retrieved from: https://unfoundation.org/blog/post/shadow-pandemic-how-covid19-crisis-exacerbating-gender-inequality/
[31] USA Facts. (2020, June 14.) *Coronavirus Locations: COVID-19 Map by Country and State.* Retrieved from: https://usafacts.org/visualizations/coronavirus-covid-19-spread-map/
[32] Robertson, C., Gebeloff, R. (2020, April 18.) How Millions of Women Became the Most Essential Workers in America. *The New York Times*. Retrieved from: https://www.nytimes.com/2020/04/18/us/coronavirus-women-essential-workers.html?auth=login-email&login=email
[33] Centers for Disease Control and Prevention. (2020, June.) *COVID Data Tracker.* Retrieved from: https://www.cdc.gov/covid-data-tracker/index.html#demographics
[34] Centers for Disease Control and Prevention. (2020, June.) P*rovisional Data.* Retrieved from: https://data.cdc.gov/NCHS/Provisional-COVID-19-Death-Counts-by-Sex-Age-and-S/9bhg-hcku
[35] Centers for Disease Control and Prevention. (2020, April 30.) *Coronavirus Disease 2019: Older Adults.* Retrieved from: https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/older-adults.html
[36] Centers for Disease Control and Prevention. (2020, June 10.) *Provisional COVID-19 Death Counts by Sex, Age, and State.* Retrieved from: https://data.cdc.gov/NCHS/Provisional-COVID-19-Death-Counts-by-Sex-Age-and-S/9bhg-hcku
[37] Centers for Disease Control and Prevention. (2020, June.) *COVID Data Tracker.* Retrieved from: https://www.cdc.gov/covid-data-tracker/index.html
[38] Centers for Disease Control and Prevention. (2020, June.) *COVID Data Tracker.* Retrieved from: https://www.cdc.gov/covid-data-tracker/index.html#demographics
[39] Centers for Disease Control and Prevention. (2020, June.) *COVID Data Tracker.* Retrieved from: https://www.cdc.gov/covid-data-tracker/index.html#demographics
[40] Centers for Disease Control and Prevention. (2020, June.) COVID Data Tracker. Retrieved from: https://www.cdc.gov/covid-data-tracker/index.html#demographics
[41] https://www.forbes.com/sites/alexandrasternlicht/2020/05/19/navajo-nation-has-most-coronavirus-infections-per-capita-in-us-beating-new-york-new-jersey/#5c4ce47a8b10
[42] Amp Research Lab. (2020, June 10.) *The Color of Coronavirus: COVID-19 Deaths by Race and Ethnicity in the U.S.* Retrieved from: https://www.apmresearchlab.org/covid/deaths-by-race#data
[43] Amp Research Lab. (2020, June 10.) *The Color of Coronavirus: COVID-19 Deaths by Race and Ethnicity in the U.S.* Retrieved from: https://www.apmresearchlab.org/covid/deaths-by-race#data
[44] Tolbert, J., Orgera, K., Singer, N. (2019, December 13.) Key Facts About the Uninsured Population. *Kaiser Family Foundation.* Retrieved from: https://www.kff.org/uninsured/issue-brief/key-facts-about-the-uninsured-population/
[45] Tolbert, J., Orgera, K., Singer, N. (2019, December 13.) Key Facts About the Uninsured Population. *Kaiser Family Foundation.* Retrieved from: https://www.kff.org/uninsured/issue-brief/key-facts-about-the-uninsured-population/
[46] Donner, F. (2020, May 20.) How Women are Getting Squeezed by the Pandemic. *The New York Times.* Retrieved from: https://www.nytimes.com/2020/05/20/us/women-economy-jobs-coronavirus-gender.html
[47] Chambers, B. (2020, May 12.) How The Coronavirus Has Resulted In The Highest Job Loss For Women: Erasing A Decade Of Progress. *Forbes*. Retrieved from: https://www.forbes.com/sites/brittanychambers/2020/05/12/how-the-coronavirus-has-resulted-in-the-highest-job-loss-for-women-erasing-a-decade-of-progress/#56f3b244192a
[48] Marte, J. ((2020, May 8.) Working Women, and Especially Single Moms, Are Hit Hard by Coronavirus Downturn. *Reuters.* Retrieved from: https://www.reuters.com/article/us-health-coronavirus-usa-women-analysis/working-women-and-especially-single-moms-are-hit-hard-by-coronavirus-downturn-idUSKBN22K27X
[49] Yourish, K. Lai, R., Ivory, D., Smith, M. (2020, May 11.) One-Third of All U.S. Coronavirus Deaths Are Nursing Home Residents or Workers. *The New York Times*. Retrieved from: https://www.nytimes.com/interactive/2020/05/09/us/coronavirus-cases-nursing-homes-us.html
[50] The Marshall Project. (2020, June 18.) *A State-By-State Look at Coronavirus in Prisons.* Retrieved from: https://www.themarshallproject.org/2020/05/01/a-state-by-state-look-at-coronavirus-in-prisons
[51] Molteni, M. (2020, May 7.) Why Meatpacking Plants Have Become COVID-19 Hot Spots. *Wired*. Retrieved from: https://www.wired.com/story/why-meatpacking-plants-have-become-covid-19-hot-spots/
[52] Dyal, J., Grant, M., Broadwater, K., Bjork, A., Waltenburg, M., Gibbins, J. et al. (2020, May 8.) COVID-19 Among Workers in Meat and Poultry Processing Facilities — 19 States, April 2020. *Centers for Disease Control and Prevention.* Retrieved from: https://www.cdc.gov/mmwr/volumes/69/wr/mm6918e3.htm
[53] Narea, N. (2020, May 19.) Why Meatpacking Plants Have Become Coronavirus Hot Spots. *Vox*. Retrieved from: https://www.vox.com/2020/5/19/21259000/meat-shortage-meatpacking-plants-coronavirus
[54] Katz, J., Lu, D., Sanger-Katz, M. (2020, June 17.) What Is the Real Coronavirus Death Toll in Each State? *The New York Times.* Retrieved from: https://www.nytimes.com/interactive/2020/05/05/us/coronavirus-death-toll-us.html
[55] United Nations Office of the High Commissioner for Human Rights (OHCHR). *The Committee on Economic, Social and Cultural Rights*. Retrieved from: https://www.ohchr.org/en/hrbodies/cescr/pages/cescrindex.aspx
[56] Resource Watch. (2019, September 12.) *The US Ranks 51st in Gender Equality—See Which Countries Do Better.* Retrieved from: https://blog.resourcewatch.org/2019/09/12/the-us-ranks-51st-in-gender-equality/
[57] Resource Watch. (2019, September 12.) *The US Ranks 51st in Gender Equality. See Which Countries Do Better.* Retrieved from: https://blog.resourcewatch.org/2019/09/12/the-us-ranks-51st-in-gender-equality/

[58] Indian Law Resource Center. (2018.) *Ending Violence Against Native Women.* Retrieved from: https://indianlaw.org/issue/ending-violence-against-native-women
[59] Arheghan, O. (2018, November 14.) A Beginner's Guide to Trans Awareness Week. *GLAAD.* Retrieved from: https://www.glaad.org/amp/beginner-guide-transweek-2018
[60] Centers for Disease Control and Prevention. (2017, July 3.) *African American Health: Creating Equal Opportunities for Health.* Retrieved from: https://www.cdc.gov/vitalsigns/aahealth/index.html
[61] Centers for Disease Control and Prevention. (2015, May 5.) *Hispanic Health: ¡A la Buena Salud! To Good Health!* Retrieved from: https://www.cdc.gov/vitalsigns/hispanic-health/index.html
[62] The Commonwealth Fund. (2019, August 21.) *Percentage of Uninsured Adults Ages 19 to 64, by Race and Ethnicity.* Retrieved from: https://www.commonwealthfund.org/chart/2019/percentage-uninsured-adults-ages-19-64-race-and-ethnicity
[63] Brown, S., Kijakazi, K., Runes, C., Turner, M. A. (2019, February.) Confronting Structural Racism in Research and Policy Analysis: Charting A Course for Policy Research Institutions. *Urban* Institute. Retrived from: https://www.urban.org/sites/default/files/publication/99852/confronting_structural_racism_in_research_and_policy_analysis_0.pdf
64 Poverty USA. (2020.) *Poverty Facts: The Population of Poverty USA.* Retrieved from: https://www.povertyusa.org/facts
[65] Know Your Value. (2020, March 23.) *Gender Economist Katica Roy: If We Don't Act Fast, Women Will Bear the Brunt of the Financial Crisis Caused by Coronavirus.* Retrieved from: https://www.nbcnews.com/know-your-value/feature/gender-economist-katica-roy-if-we-don-t-act-fast-ncna1166771
[66] Poverty USA. (2020.) *Poverty Facts: The Population of Poverty USA.* Retrieved from: https://www.povertyusa.org/facts
[67] National Women's Law Center. (2020, April 2.) *Resource - When Hard Work Is Not Enough: Women in Low-Paid Jobs.* Retrieved from: https://nwlc.org/resources/when-hard-work-is-not-enough-women-in-low-paid-jobs/
[68] Brown, S. (2020, May 6.) How COVID-19 Is Affecting Black and Latino Families' Employment and Financial Well-Being. *Urban Institute*. Retrieved from: https://www.urban.org/urban-wire/how-covid-19-affecting-black-and-latino-families-employment-and-financial-well-being
[69] Gould, E., Wilson, V. (2020, June 1.) Black Workers Face Two of the Most Lethal Preexisting Conditions for Coronavirus—Racism and Economic Inequality. *Economic Policy Institute*. Retrieved from: https://www.epi.org/publication/black-workers-covid/
[70] Rho, H., Brown, H., Fremstad, S. (2020, April 07.) A Basic Demographic Profile of Workers in Frontline Industries. *Center for Economic and Policy Research*. Retrieved from: https://cepr.net/a-basic-demographic-profile-of-workers-in-frontline-industries/
[71] Rho, H., Brown, H., Fremstad, S. (2020, April 07.) A Basic Demographic Profile of Workers in Frontline Industries. *Center for Economic and Policy Research*. Retrieved from: https://cepr.net/a-basic-demographic-profile-of-workers-in-frontline-industries/
[72] Van Dorn, A., Cooney, R., Sabin, M. (2020, April 18.) COVID-19 Exacerbating Inequalities in the US. *The Lancet*. Retrieved from: https://www.thelancet.com/action/showPdf?pii=S0140-6736%2820%2930893-X
[73] Frye, J. (2020, April 23.) On the Frontlines at Work and at Home: The Disproportionate Economic Effects of the Coronavirus Pandemic on Women of Color. *Center for American Progress.* Retrieved from: https://www.americanprogress.org/issues/women/reports/2020/04/23/483846/frontlines-work-home/
[74] C. S. (2018, August 22.) Why So Few Nurses Are Men. *The Economist*. Retrieved from: https://www.economist.com/the-economist-explains/2018/08/22/why-so-few-nurses-are-men
[75] Yourish, K. Lai, R., Ivory, D., Smith, M. (2020, May 11.) One-Third of All U.S. Coronavirus Deaths Are Nursing Home Residents or Workers. *The New York Times*. Retrieved from: https://www.nytimes.com/interactive/2020/05/09/us/coronavirus-cases-nursing-homes-us.html
[76] Rolle Sands, S., Ingraham, K., Salami, B. O. (2020, March 16.) Caribbean Nurse Migration—a Scoping Review. *Human Resources for Health, Vol(18),* 19. Retrieved from: https://link.springer.com/article/10.1186/s12960-020-00466-y
[77] Day, J., Christnacht, C. (2019, August 19.) Women Hold 76% of All Health Care Jobs, Gaining in Higher-Paying Occupations. *U.S. Census*. Retrieved from: https://www.census.gov/library/stories/2019/08/your-health-care-in-womens-hands.html
[78] Frye, J. (2020, April 23.) On the Frontlines at Work and at Home: The Disproportionate Economic Effects of the Coronavirus Pandemic on Women of Color. *Center for American Progress.* Retrieved from: https://www.americanprogress.org/issues/women/reports/2020/04/23/483846/frontlines-work-home/
[79] Connley, C. (2020, March 18.) How Women Could Be Uniquely Impacted by the Coronavirus . *CNBC.* Retrieved from: https://www.cnbc.com/2020/03/18/how-the-coronavirus-could-impact-women-in-health-care.html
[80] Sales, N. (2020, April 3.) Dispatches From the Gender Gap: Work-From-Home Moms in the Time of Coronavirus. *Vanity Fair*. Retrieved from: https://www.vanityfair.com/style/2020/04/dispatches-from-the-gender-gap-motherhood-in-the-time-of-coronavirus
[81] Sales, N. (2020, April 3.) Dispatches From the Gender Gap: Work-From-Home Moms in the Time of Coronavirus. *Vanity Fair*. Retrieved from: https://www.vanityfair.com/style/2020/04/dispatches-from-the-gender-gap-motherhood-in-the-time-of-coronavirus
[82] U.S. Bureau of Labor Statistics. (2020, May 08.) *Economic News Release.* Retrieved from: https://www.bls.gov/news.release/atus2.t01.htm
[83] Pew Research Center. (2013, March 14.) *Chapter 5: Americans' Time at Paid Work, Housework, Child Care, 1965 to 2011*. Retrieved from: https://www.pewsocialtrends.org/2013/03/14/chapter-5-americans-time-at-paid-work-housework-child-care-1965-to-2011/
[84] Kramer, S. (2019, December 12.) U.S. Has World's Highest Rate of Children Living in Single-Parent Households. *Pew Research Center.* Retrieved from: https://www.pewresearch.org/fact-tank/2019/12/12/u-s-children-more-likely-than-children-in-other-countries-to-live-with-just-one-parent/
[85] ACT Rochester. Children & Youth *Factsheet.* Retrieved from: https://actrochester.org/children-youth/single-parent-families-by-race-ethnicity
[86] Livingston, G. (2018, April 25.) The Changing Profile of Unmarried Parents. *Pew Research Center.* Retrieved from: https://www.pewsocialtrends.org/2018/04/25/the-changing-profile-of-unmarried-parents/
[87] Pew Research Center. (2015, November 4.) *Raising Kids and Running a Household: How Working Parents Share the Load.* Retrieved from: https://www.pewsocialtrends.org/2015/11/04/raising-kids-and-running-a-household-how-working-parents-share-the-load/
[88] Merck, KGaA. (2017, October.) *2017 Carers Report Embracing the Critical Role of Caregivers Around the World White Paper and*

Action Plan. Retrieved from: https://www.embracingcarers.com/content/dam/web/healthcare/corporate/embracing-carers/media/infographics/us/Merck%20KGaA%20Embracing%20Carers_White%20Paper%20Flattened.pdf

[89] Van Dorn, A., Cooney, R., Sabin, M. (2020, April 18.) COVID-19 Exacerbating Inequalities in the US. *The Lancet*. Retrieved from: https://www.thelancet.com/action/showPdf?pii=S0140-6736%2820%2930893-X

[90] Day, J., Christnacht, C. (2019, August 19.) Women Hold 76% of All Health Care Jobs, Gaining in Higher-Paying Occupations. *U.S. Census*. Retrieved from: https://www.census.gov/library/stories/2019/08/your-health-care-in-womens-hands.html

[91] Jaiswal, J., LoSchiavo, C., Perlman, D. (2020, May 21.) Disinformation, Misinformation and Inequality-Driven Mistrust in the Time of COVID-19: Lessons Unlearned From AIDS Denialism. *Springer.* Retrieved from: https://link.springer.com/content/pdf/10.1007/s10461-020-02925-y.pdf

[92] Frye, J. (2020, April 23.) On the Frontlines at Work and at Home: The Disproportionate Economic Effects of the Coronavirus Pandemic on Women of Color. *Center for American Progress.* Retrieved from: https://www.americanprogress.org/issues/women/reports/2020/04/23/483846/frontlines-work-home/

[93] Galdas, P., Cheater, F., Marshall, P. (2015, March.) Men and Health Help-Seeking Behaviour: Literature Review. *Journal of Advanced Nursing. 49*(6), pp. 616-623. Retrieved from: https://pubmed.ncbi.nlm.nih.gov/15737222/

[94] Walter, L., McGregor, A. (2020, May 21.) Sex- and Gender-Specific Observations and Implications for COVID-19. *Western Journal of Emergency Medicine. (21)*3, pp. 507-509. Retrieved from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7234726/#!po=21.4286

[95] Jaiswal, J., LoSchiavo, C., Perlman, D. (2020, May 21.) Disinformation, Misinformation and Inequality-Driven Mistrust in the Time of COVID-19: Lessons Unlearned From AIDS Denialism. *Springer.* Retrieved from: https://link.springer.com/content/pdf/10.1007/s10461-020-02925-y.pdf

[96] Farmer, B. (2020, April 2.) The Coronavirus Doesn't Discriminate, but U.S. Health Care Showing Familiar Biases. *National Public Radio.* Retrieved from: https://www.npr.org/sections/health-shots/2020/04/02/825730141/the-coronavirus-doesnt-discriminate-but-u-s-health-care-showing-familiar-biases

[97] Allsbrook, J. (2020, April 23.) The Coronavirus Crisis Confirms That the U.S. Health Care System Fails Women. *Center for American Progress.* Retrieved from: https://www.americanprogress.org/issues/women/reports/2020/04/23/483828/coronavirus-crisis-confirms-u-s-health-care-system-fails-women/

[98] Ahmed, Z., Sonfield, A. (2020, March.) The COVID-19 Outbreak: Potential Fallout for Sexual and Reproductive Health and Rights [Policy Brief]. *The Guttmacher Institute.* Retrieved from: https://www.guttmacher.org/article/2020/03/covid-19-outbreak-potential-fallout-sexual-and-reproductive-health-and-rights

[99] Allsbrook, J. (2020, April 23.) The Coronavirus Crisis Confirms That the U.S. Health Care System Fails Women. *Center for American Progress.* Retrieved from: https://www.americanprogress.org/issues/women/reports/2020/04/23/483828/coronavirus-crisis-confirms-u-s-health-care-system-fails-women/

[100] Centers for Disease Control and Prevention. (2020, February 4.) *Infographic: Racial/Ethnic Disparities in Pregnancy-Related Deaths — United States, 2007–2016.* Retrieved from: https://www.cdc.gov/reproductivehealth/maternal-mortality/disparities-pregnancy-related-deaths/infographic.html

[101] ProPublica.(2017, December 7). *Nothing Protects Black Women From Dying in Pregnancy and Childbirth.* Retrieved from https://www.propublica.org/article/nothing-protects-black-women-from-dying-in-pregnancy-and-childbirth

[102] Petersen, E., Davis, N., Goodman, D., Cox, S., Syverson, C. Seed, K. et al. (2019, September 6.) Racial/Ethnic Disparities in Pregnancy-Related Deaths — United States, 2007–2016. *Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report. Vol.* 68, pp. 762–765. Retrieved from: https://www.cdc.gov/mmwr/volumes/68/wr/mm6835a3.htm#suggestedcitation

[103] Jaiswal, J., LoSchiavo, C., Perlman, D. (2020, May 21.) Disinformation, Misinformation and Inequality-Driven Mistrust in the Time of COVID-19: Lessons Unlearned From AIDS Denialism. *Springer.* Retrieved from: https://link.springer.com/content/pdf/10.1007/s10461-020-02925-y.pdf

[104] Frye, J. (2020, April 23.) On the Frontlines at Work and at Home: The Disproportionate Economic Effects of the Coronavirus Pandemic on Women of Color. *Center for American Progress.* Retrieved from: https://www.americanprogress.org/issues/women/reports/2020/04/23/483846/frontlines-work-home/

[105] Dehlendorf, C., Rodriguez, M., Levy, K., Borrero, S., Steinauer, J. (2010, March 1.) Disparities in Family Planning. *American Journal of Obstetrics and Gynecology, 202*(3), pp. 214-220. Retrieved from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2835625/

[106] Guttmacher Institute. (2014, March.) *American Teens' Sexual and Reproductive Health [Fact Sheet].* Retrieved from: https://www.guttmacher.org/sites/default/files/pdfs/pubs/FB-ATSRH.pdf

[107] Galdas, P., Cheater, F., Marshall, P. (2015, March.) Men and Health Help-Seeking Behaviour: Literature Review. *Journal of Advanced Nursing. 49*(6), pp. 616-623. Retrieved from: https://pubmed.ncbi.nlm.nih.gov/15737222/

[108] Raman, S. (2020, May 14.) COVID-19 Amplifies Racial Disparities in Maternal Health. *Roll Call*. Retrieved from: https://www.rollcall.com/2020/05/14/covid-19-amplifies-racial-disparities-in-maternal-health/

[109] Guo, E. (2020, March 26.) Coronavirus Threatens an Already Strained Maternal Health System. *The New York Times.* Retrieved from: https://www.nytimes.com/2020/03/26/us/coronavirus-pregnancy-maternal-health-system.html

[110] Connley, C. (2020, March 18.) How Women Could Be Uniquely Impacted by the Coronavirus . *CNBC.* Retrieved from: https://www.cnbc.com/2020/03/18/how-the-coronavirus-could-impact-women-in-health-care.html

[111] Farmer, B. (2020, April 2.) The Coronavirus Doesn't Discriminate, but U.S. Health Care Showing Familiar Biases. *National Public Radio.* Retrieved from: https://www.npr.org/sections/health-shots/2020/04/02/825730141/the-coronavirus-doesnt-discriminate-but-u-s-health-care-showing-familiar-biases

[112] Move For Hunger. (2018, April 30*.) One in 4 Native Americans Is Food Insecure.* Retrieved from: https://moveforhunger.org/one-in-4-native-americans-is-food-insecure

[113] Sowerwine, J., Mucioki, M., Sarna-Wojcicki, D., Hillman, L. (2019, May 24.) Reframing Food Security by and for Native American Communities: A Case Study Among Tribes in the Klamath River Basin of Oregon and California. *Food Sec.* (11) pp. 579-607. Retrieved from: https://link.springer.com/article/10.1007/s12571-019-00925-y

[114] Feeding America. (2020.) *Hunger Hits African American Communities Harder.* Retrieved from: https://www.feedingamerica.org/hunger-in-america/african-american
[115] Bread for the World. (2018, September.) *Hunger and Poverty in the African American Community.* Retrieved from: https://www.bread.org/sites/default/files/hunger-poverty-african-american-september-2018.pdf
[116] Native Waters on Arid Lands. (2020, June 12.) *COVID-19 in Indian Country.* Retrieved from: https://storymaps.arcgis.com/stories/336825e7c44a494ab24c72f67e02814a
[117] Silverman, H., Toropin, K., Sidner, S. (May 18, 2020.) Navajo Nation Surpasses New York State for the Highest COVID-19 Infection Rate in the U.S. *CNN*. Retrieved from: https://www.cnn.com/2020/05/18/us/navajo-nation-infection-rate-trnd/index.html
[118] Bauer, L. (2020, May 6.) The COVID-19 Crisis Has Already Left Too Many Children Hungry in America. *The Brookings Institution.* Retrieved from: https://www.brookings.edu/blog/up-front/2020/05/06/the-covid-19-crisis-has-already-left-too-many-children-hungry-in-america/
[119] University of Pittsburgh Schools of the Health Sciences. (2017, March 17). Women, Particularly Minorities, Do Not Meet Nutrition Guidelines Shortly Before Pregnancy. *ScienceDaily*. Retrieved from: https://www.sciencedaily.com/releases/2017/03/170317082514.htm
[120] Food Research & Action Center. (2017, December.) *Hunger and Health: The Impact of Poverty, Food Insecurity, and Poor Nutrition on Health and Well-Being.* Retrieved from: https://frac.org/wp-content/uploads/hunger-health-impact-poverty-food-insecurity-health-well-being.pdf
[121] Education Week. (2020, June 15.) *Map: Coronavirus and School Closures.* Retrieved from: https://www.edweek.org/ew/section/multimedia/map-coronavirus-and-school-closures.html
[122] Hess, A. (2020, March 14.) Widespread School Closures Mean 30 Million Kids Might Go Without Meals. *CNBC.* Retrieved from: https://www.cnbc.com/2020/03/14/widespread-school-closures-mean-30-million-kids-might-go-without-meals.html
[123] Beasley, D. (2020, March 14.) U.S. Hospitals Say Coronavirus School Closures Add to Staffing Pressure. *Reuters.* Retrieved from: https://www.reuters.com/article/us-health-coronavirus-usa-nurses/us-hospitals-say-coronavirus-school-closures-add-to-staffing-pressure-idUSKBN2110JO
[124] Beasley, D. (2020, March 14.) U.S. Hospitals Say Coronavirus School Closures Add to Staffing Pressure. *Reuters.* Retrieved from: https://www.reuters.com/article/us-health-coronavirus-usa-nurses/us-hospitals-say-coronavirus-school-closures-add-to-staffing-pressure-idUSKBN2110JO
[125] Tomer, A., Fishbane, L., Siefer, A., Callahan, B. (2020, February 27.) Digital Prosperity: How Broadband Can Deliver Health and Equity to All Communities. *The Brookings Institution*. Retrieved from: https://www.brookings.edu/research/digital-prosperity-how-broadband-can-deliver-health-and-equity-to-all-communities/
[126] Kamenetz, A. (2020, May 27.) Survey Shows Big Remote Learning Gaps for Low-Income and Special Needs Children. *National Public Radio.* Retrieved from: https://www.npr.org/sections/coronavirus-live-updates/2020/05/27/862705225/survey-shows-big-remote-learning-gaps-for-low-income-and-special-needs-children
[127] Kamenetz, A. (2020, May 27.) Survey Shows Big Remote Learning Gaps For Low-Income And Special Needs Children. *National Public Radio.* Retrieved from: https://www.npr.org/sections/coronavirus-live-updates/2020/05/27/862705225/survey-shows-big-remote-learning-gaps-for-low-income-and-special-needs-children
[128] McGill, M. (2018, February 7.) The Least Connected People in America. *Politico.* Retrieved from: https://www.politico.com/agenda/story/2018/02/07/rural-indian-reservations-broadband-access-000628/
[129] McGill, M. (2018, February 7.) The Least Connected People in America. *Politico.* Retrieved from: https://www.politico.com/agenda/story/2018/02/07/rural-indian-reservations-broadband-access-000628/
[130] National Low-Income Housing Coalition. (2018, March 13.) *The U.S. Has National Shortage of More Than 7.2 Million Affordable & Available Rental Homes for Families Most in Need.* Retrieved from: https://nlihc.org/news/us-has-national-shortage-more-72-million-affordable-available-rental-homes-families-most-need
[131] The National Low Income Housing Coalition. (2020, March.) *The Gap: A Shortage of Affordable Homes.* Retrieved from: https://reports.nlihc.org/sites/default/files/gap/Gap-Report_2020.pdf
[132] National Alliance to End Homelessness. (2019, July 9.) *Data Visualization: Gender and Individual Homelessness.* Retrieved from: https://endhomelessness.org/resource/data-visualization-gender-disparities-in-homelessness/
[133] Human Rights Campaign. (2017, November 15.) *New Report on Youth Homeless Affirms That LGBTQ Youth Disproportionately Experience Homelessness.* Retrieved from: https://www.hrc.org/blog/new-report-on-youth-homeless-affirms-that-lgbtq-youth-disproportionately-ex
[134] National Coalition for the Homeless. (2017.) *Homelessness in America.* Retrieved from: http://nationalhomeless.org/about-homelessness/
[135] Oreskes, B. (2020, May 14.) Mass Unemployment Over Coronavirus Could Lead to a 45% Jump in Homelessness, Study Finds. *Los Angeles Times.* Retrieved from: https://www.latimes.com/homeless-housing/story/2020-05-14/coronavirus-unemployment-homeless-study-increase-45-percent
[136] Rountree, J., Hess, N., Lyke, A. (2019, October.) Health Conditions Among Unsheltered Adults in the U.S. [Policy Brief]. *California Policy Lab.* Retrieved from: https://www.capolicylab.org/wp-content/uploads/2019/10/Health-Conditions-Among-Unsheltered-Adults-in-the-U.S.pdf
[137] Ho, V. (2020, May 29.) San Francisco's Homeless Deaths Have Tripled. Advocates Blame City Neglect During Pandemic. *The Guardian.* Retrieved from: https://www.theguardian.com/society/2020/may/29/san-francisco-homeless-deaths-coronavirus?CMP=Share_iOSApp_Other
[138] Ho, V. (2020, May 29.) San Francisco's Homeless Deaths Have Tripled. Advocates Blame City Neglect During Pandemic. *The Guardian.* Retrieved from: https://www.theguardian.com/society/2020/may/29/san-francisco-homeless-deaths-coronavirus?CMP=Share_iOSApp_Other
[139] U.S. Water Alliance. (2019.) *Closing the Water Access Gap in the United States: A National Action Plan.* Retrieved from: http://uswateralliance.org/sites/uswateralliance.org/files/Closing%20the%20Water%20Access%20Gap%20in%20the%20United%20State

s_DIGITAL.pdf

[140] Lakhani, N. (2020, March 16.) 90 U.S. Cities and States Suspend Water Shutoffs to Tackle Coronavirus Pandemic. *The Guardian.* Retrieved from: https://www.theguardian.com/world/2020/mar/16/90-us-cities-and-states-suspend-water-shutoffs-to-tackle-coronavirus-pandemic#:~:text=But%

[141] Lakhani, N. (2020, March 16.) 90 U.S. Cities and States Suspend Water Shutoffs to Tackle Coronavirus Pandemic. *The Guardian.* Retrieved from: https://www.theguardian.com/world/2020/mar/16/90-us-cities-and-states-suspend-water-shutoffs-to-tackle-coronavirus-pandemic#:~:text=But%

[142] Lakhani, N. (2020, March 16.) 90 U.S. Cities and States Suspend Water Shutoffs to Tackle Coronavirus Pandemic. *The Guardian.* Retrieved from: https://www.theguardian.com/world/2020/mar/16/90-us-cities-and-states-suspend-water-shutoffs-to-tackle-coronavirus-pandemic#:~:text=But%

[143] McLaughlin, K. (2020, April 24.) Low-Income Families in Detroit Had Their Water Supplies Cut Off. Now They Can't Wash Their Hands at Home. *Insider.* Retrieved from: https://www.insider.com/detroit-families-water-shut-off-during-coronavirus-pandemic-2020-4

[144] McLaughlin, K. (2020, April 24.) Low-Income Families in Detroit Had Their Water Supplies Cut Off. Now They Can't Wash Their Hands at Home. *Insider.* Retrieved from: https://www.insider.com/detroit-families-water-shut-off-during-coronavirus-pandemic-2020-4

[145] Futures Without Violence. (2020.) *Key Statistics: Prevalence of Domestic Violence in the United States.* Retrieved from: https://www.futureswithoutviolence.org/resources-events/get-the-facts/; https://www.apa.org/topics/covid-19/domestic-violence-child-abuse
https://www.rainn.org/statistics/children-and-teens

[146] Abramson, A. (2020, April 8.) How COVID-19 May Increase Domestic Violence and Child Abuse. *American Psychological Association.* Retrieved from: https://www.apa.org/topics/covid-19/domestic-violence-child-abuse

[147] Rape, Abuse & Incest National Network. (2018.) *Children and Teens: Statistics*. Retrieved from: https://www.rainn.org/statistics/children-and-teens

[148] Indian Law Resource Center. (2018.) *Ending Violence Against Native Women.* Retrieved from: https://indianlaw.org/issue/ending-violence-against-native-women

[149] National Public Radio. (2020, April 6.) *Coronavirus: When Staying Home Isn't Safe.* Retrieved from: https://www.npr.org/2020/04/06/828190425/coronavirus-when-staying-home-isnt-safe

[150] Li, W., Schwartzapfel, B. (2020, April 22.) Is Domestic Violence Rising During the Coronavirus Shutdown? Here's What the Data Shows. *The Marshall Project*. Retrieved from: https://www.themarshallproject.org/2020/04/22/is-domestic-violence-rising-during-the-coronavirus-shutdown-here-s-what-the-data-shows

[151] Mohler, G., Bertozzi, A., Carter, J., Short, M., Sledge, D., Tita, G. et al. (2020, May 1.) Impact of Social Distancing During COVID-19 Pandemic on Crime in Los Angeles and Indianapolis. *Journal of Criminal Justice. 68*(2020) 101692. Retrieved from: https://www.sciencedirect.com/science/article/pii/S0047235220301860?via%3Dihub

[152] National Public Radio. (2020, April 6.) *Coronavirus: When Staying Home Isn't Safe.* Retrieved from: https://www.npr.org/2020/04/06/828190425/coronavirus-when-staying-home-isnt-safe

[153] Taub, A. (2020, April 6.) A New COVID-19 Crisis: Domestic Abuse Rises Worldwide. *The New York Times*. Retrieved from: https://www.nytimes.com/2020/04/06/world/coronavirus-domestic-violence.html

[154] Lesbian News. (2020, April 22.) *Back in the Closet: LGBTQ Domestic Abuse During COVID-19.* Retrieved from: https://www.lesbiannews.com/lgbtq-domestic-abuse-home-covid-19/

[155] Indianz.com. (2020, May 5.) *Missing and Murdered Native Women and Girls – National Day of Action (National Indigenous Women's Resource Council.* Retrieved from: https://www.indianz.com/covid19/?p=4236

[156] Asian Pacific Policy and Planning Council. (2020, April 24.) In One Month, Stop AAPI Hate Receives Almost 1500 Incident Reports of Verbal Harassment, Shunning and Physical Assaults [Press Release]. Retrieved from: http://www.asianpacificpolicyandplanningcouncil.org/wp-content/uploads/Press_Release_4_23_20.pdf

[157] American Public Health Association. (2018, November 13.) *Addressing Law Enforcement Violence as a Public Health Issue.* Retrieved from: https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2019/01/29/law-enforcement-violence

[158] Kaplan, J., Hardy, B. (2020, May 8.) Early Data Shows Black People Are Being Disproportionally Arrested for Social Distancing Violations. *ProRepublica*. Retrieved from: https://www.propublica.org/article/in-some-of-ohios-most-populous-areas-black-people-were-at-least-4-times-as-likely-to-be-charged-with-stay-at-home-violations-as-whites

[159] Burns, K. (2020, May 8.) Social Distancing Arrests Target People of Color. *Vox.* Retrieved from: https://www.vox.com/identities/2020/5/8/21252091/social-distancing-arrests-target-people-of-color

[160] Cineas, F. (2020, April 22.) Senators Are Demanding a Solution to Police Stopping Black Men for Wearing—and Not Wearing—Masks. *Vox.* Retrieved from: https://www.vox.com/2020/4/22/21230999/black-men-wearing-masks-police-bias-harris-booker-senate

[161] Schwartz, A. (2020, May 20.) COVID-19 Patients' Right to Privacy Against Quarantine Surveillance. *Electronic Frontier Foundation.* Retrieved from: https://www.eff.org/deeplinks/2020/05/covid-19-patients-right-privacy-against-quarantine-surveillance

[162] Deruy, E. (2020, June 2.) Coronavirus: Public Health Experts Urge Police to Stop Using Tear Gas During the Pandemic to Prevent Spread. *The Mercury* News. Retrieved from: https://www.mercurynews.com/2020/06/02/coronavirus-public-health-experts-urge-police-to-stop-using-tear-gas-during-pandemic/

[163] Wan, W. (2020, May 4.) The Coronavirus Pandemic Is Pushing America Into a Mental Health Crisis. *The Washington Post.* Retrieved from: https://www.washingtonpost.com/health/2020/05/04/mental-health-coronavirus/

[164] Center for Native American Youth at the Aspen Institute. (2011.) *Fast Facts on Native American Youth and Indian Country [Fact Sheet].* Retrieved from: https://assets.aspeninstitute.org/content/uploads/files/content/images/Fast%20Facts.pdf

[165] Neal-Barnett, A. (2018.) To Be Female, Anxious and Black. *Anxiety and Depression Association of America.* Retrieved from: https://adaa.org/learn-from-us/from-the-experts/blog-posts/consumer/be-female-anxious-and-black

[165] Bor, J., Venkataramani, A., Williams, D., Tsai, A. (2018, June 21.) Police Killings and Their Spillover Effects on the Mental Health of Black Americans: A Population-Based, Quasi-Experimental Study. *The Lancet. 392*, pp. 302-310. Retrieved from: https://scholar.harvard.edu/files/davidrwilliams/files/bor_j._et_al._police_killings_spillover_effect._lancet_2018.pdf

[166] CNN. (2020) Chris Cuomo Interview with David Williams [Video File]. Retrieved from: https://www.cnn.com/videos/us/2020/06/01/david-williams-police-killings-study-tapper-lead-sot-vpx.cnn
[167] Inter-Agency Working Group on Reproductive Health in Crises. (2019.) *Minimum Initial Service Package (MISP) Resources*. Retrieved from: https://iawg.net/resources/minimum-initial-service-package-misp-resources
[168] The COVID Tracking Project. (2020.) Why It Matters. Retrieved from: https://covidtracking.com/why-it-matters

References: Text Boxes

i Data for Black Lives. (2020.) Retrieved from: http://d4bl.org/about.html
ii Pew Research Center (2020.) *Fact Tank: News in the Numbers*. Retrieved from: https://www.pewresearch.org/fact-tank/
iii Pew Research Center (2020.) *Fact Tank: News in the Numbers*. Retrieved from: https://www.pewresearch.org/fact-tank/
iv Allum, I. (2018, August 2.) Indigenous Women's Representation. *Represent Women: Parity for Women in Politics.* Retrieved from: https://www.representwomen.org/indigenous_women_s_representation
v Henkel, G. (2016, June.) Does U.S. Healthcare Need More Diverse Leadership? *The Hospitalist.* Retrieved from: https://www.the-hospitalist.org/hospitalist/article/121639/does-us-healthcare-need-more-diverse-leadership
vi Goodnough, A. (2020, May 7.) Who's on the U.S. Coronavirus Task Force ? *The New York Times.* Retrieved from: https://www.nytimes.com/2020/02/29/health/Trump-coronavirus-taskforce.html
vii McConnell, M. (2019, September 4.) "When We're Dead and Buried, Our Bones Will Keep Hurting" Workers' Rights Under Threat in Us Meat and Poultry Plants. *Human Rights Watch.* Retrieved from: https://www.hrw.org/report/2019/09/04/when-were-dead-and-buried-our-bones-will-keep-hurting/workers-rights-under-threat
viii Campbell, L. (2020, June 10.) More COVID-19 Outbreaks Are Hitting Farmworkers. *Modern Farmer.* Retrieved from: https://modernfarmer.com/2020/06/more-covid-19-outbreaks-are-hitting-farmworkers/
ix Horowitz, R. (1997, January.) "Where Men Will Not Work": Gender, Power, Space, and the Sexual Division of Labor in America's Meatpacking Industry, 1890-1990. *Technology and Culture, 38*(1), pp. 187-213. Retrieved from: https://www.jstor.org/stable/3106788?seq=1
x Wikipedia. (2020, June 15.) *Bracero Program*. Retrieved from: https://en.wikipedia.org/wiki/Bracero_program
xi Arguelles, D. (2017, May 25.) Remembering the Manongs and Story of the Filipino Farm Worker Movement. *National Parks Conservation Association.* Retrieved from: https://www.npca.org/articles/1555-remembering-the-manongs-and-story-of-the-filipino-farm-worker-movement
xii Nyce, C., Bodenner, C. (2016, May 23.) Looking Back at Amnesty Under Reagan. *The Atlantic.* Retrieved from: https://www.theatlantic.com/notes/2016/05/thirty-years-after-the-immigration-reform-and-control-act/482364/
xiii McConnell, M. (2019, September 4.) "When We're Dead and Buried, Our Bones Will Keep Hurting" Workers' Rights Under Threat in Us Meat and Poultry Plants. *Human Rights Watch.* Retrieved from: https://www.hrw.org/report/2019/09/04/when-were-dead-and-buried-our-bones-will-keep-hurting/workers-rights-under-threat
xiv Molteni, M. (2020, May 7.) Why Meatpacking Plants Have Become COVID-19 Hot Spots. *Wired*. Retrieved from: https://www.wired.com/story/why-meatpacking-plants-have-become-covid-19-hot-spots/
xv Schlosser, E. (2020, May 12.) America's Slaughterhouses Aren't Just Killing Animals. *The Atlantic.* Retrieved from: https://www.theatlantic.com/ideas/archive/2020/05/essentials-meatpeacking-coronavirus/611437/
xvi Warren, E., Haaland, D. (2020, May 26.) The Federal Government Fiddles as COVID-19 Ravages Native Americans. *The Washington Post.* Retrieved from: https://www.washingtonpost.com/opinions/2020/05/26/federal-government-fiddles-covid-19-ravages-native-americans/
xvii Mineo, L. (2020, May 8.) For Native Americans, COVID-19 Is 'the Worst of Both Worlds at the Same Time'. *The Harvard Gazette.* Retrieved from: https://news.harvard.edu/gazette/story/2020/05/the-impact-of-covid-19-on-native-american-communities/
xviii Voices of Youth Count. (2017.) Missed Opportunities: Youth Homelessness in America National Estimates. Retrieved from: https://voicesofyouthcount.org/wp-content/uploads/2017/11/ChapinHall_VoYC_NationalReport_Final.pdf
xix Kates, J., Ranji, U., Beamesderfer, A., Salganicoff, A., Dawson L. (2018, May 3.) Health and Access to Care and Coverage for Lesbian, Gay, Bisexual, and Transgender (Lgbt) Individuals in the U.S. *Kaiser Family Foundation.* Retrieved from: https://www.kff.org/report-section/health-and-access-to-care-and-coverage-lgbt-individuals-in-the-us-health-challenges/
xx GLAAD. *Violence and Bullying.* Retrieved from: https://www.glaad.org/resources/ally/6
xxi Kann, L., Olsen, E., McManus, T., Harris, W., Shanklin, S., Flint, K., et al. (2016, August 12.) Sexual Identity, Sex of Sexual Contacts, and Health-Related Behaviors Among Students in Grades 9–12 — United States and Selected Sites, 2015. *Centers for Disease Control and Prevention – Morbidity and Mortality Weekly Report*. Retrieved from: https://www.cdc.gov/mmwr/volumes/65/ss/ss6509a1.htm
xxii Kates, J., Ranji, U., Beamesderfer, A., Salganicoff, A., Dawson L. (2018, May 3.) Health and Access to Care and Coverage for Lesbian, Gay, Bisexual, and Transgender (Lgbt) Individuals in the U.S. *Kaiser Family Foundation.* Retrieved from: https://www.kff.org/report-section/health-and-access-to-care-and-coverage-lgbt-individuals-in-the-us-health-challenges/

xxiii Arheghan, O. (2018, November 14.) A Beginner's Guide to Trans Awareness Week. *GLAAD.* Retrieved from: https://www.glaad.org/amp/beginner-guide-transweek-2018

xxiv Sawyer, W., Wagner, P. (2020, March 24.) Mass Incarceration: The Whole Pie 2020. *Prison Policy Initiative.* Retrieved from: https://www.prisonpolicy.org/reports/pie2020.html

xxv Survived and Punished. *A Few Quick Statistics: Race, Gender, and Incarceration.* Retrieved from: https://survivedandpunished.org/quick-statistics/

xxvi Survived and Punished. *A Few Quick Statistics: Race, Gender, and Incarceration.* Retrieved from: https://survivedandpunished.org/quick-statistics/

xxvii Waters, M. (2018, July 23.) How Prisons Are Poisoning Their Inmates. *The Outline.* Retrieved from: https://theoutline.com/post/5410/toxic-prisons-fayette-tacoma-contaminated?zd=2&zi=7xd6zru3

xxviii Equal Justice Initiative. (2020, May 21.) *Covid-19's Impact on People in Prison.* Retrieved from: https://eji.org/news/covid-19s-impact-on-people-in-prison/

xxix The Marshall Project. (2020, June 18.) *A State-By-State Look at Coronavirus in Prisons.* Retrieved from: https://www.themarshallproject.org/2020/05/01/a-state-by-state-look-at-coronavirus-in-prisons

xxx López, C. (2020, June 5.) Report Finds Ice Detention Center Is Using a Disinfectant Over 50 Times a Day That Causes Bleeding and Pain. *Insider.* Retrieved from: https://www.insider.com/report-detention-centers-use-disinfectant-causing-bleeding-and-pain-2020-6