

COVID-19 and gender: A policy paper ^[1]

Author: Graubart, K., Butler, P., Kearney, M. C., Alexandrova, M., barron, K., Kowalski, J., & Wolbrecht, C.

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Excerpted from introduction

As the global COVID-19 crisis has highlighted gender and racial inequities across a wide range of workplaces and communities, scholars have drawn on decades of Gender Studies research on gender, race, labor, and care work to help understand the current landscape and to make recommendations for navigating it in equitable and just ways. As Gender Studies scholars at the University of Notre Dame, we add to this conversation 1) a local analysis of how the COVID-19 crisis has already exacerbated existing inequities on our campus, and 2) a set of recommendations for supporting the disproportionate number of women faculty who are managing increased parenting and a variety of caregiving responsibilities. We address these concerns to you, as Notre Dame administrators currently involved in decision-making concerning faculty, gender issues, the pandemic, and our University's plans for reopening. We will also circulate these recommendations in other appropriate campus venues.

COVID-19 has uncovered many aspects of our institutional practice that have historically rendered certain labor invisible and left some members of our community more vulnerable than others. Historically, academia was designed for monastic, solitary contemplation wherein great thoughts were debated and passed down to a few select and fortunate students. As such, higher education's research expectations have favored single men, or men with wives or partners who perform childcare and domestic labor. Notre Dame hired its first female tenure-track faculty members only in the 1960s, tenuring the first in 1968–128 years after the University's founding. Since then Notre Dame has struggled with gender bias in promotion, and its female faculty members remain a protected class under the 1981 settlement of a 1978 lawsuit. While the University has slowly made progress in this realm, the structure and expectations of research productivity overwhelmingly privilege those faculty without dependents and those who can defer or delegate parenting and caregiving, while also threatening to return women scholars, and especially Black women scholars, to a worsened position of structural insecurity.

As a Catholic university, Notre Dame calls on its community members to affirm families and to support the practices of care and social justice. Indeed, the University's mission statement includes as one of our primary objectives cultivating in students "a disciplined sensibility to the poverty, injustice, and oppression that burden the lives of so many." It is with these larger values and goals in mind that we encourage our campus leaders, when determining plans for the next academic year and beyond, to commit to critical reflection on and discussions about the various inequities that differently impact members of our community so that we can ameliorate the disproportionate burdens borne by so many due to their role as parents and caregivers.

When Notre Dame implemented social-distancing policies in Spring 2020 due to the COVID-19 pandemic and State of Indiana Department of Health requirements, the University offered no resources for alternative daycare to faculty, staff, and students who are parents or guardians of school-aged, preschool-age, and infant/toddler children. Nor did the University offer any alternative means or resources to those who are caregivers of elderly, sick, and disabled adults. Nonetheless, the University continued to retain most of its usual expectations of teaching, research, and service across campus, even under strain of the fast-tracking and rapid mastering of online labor.

Preliminary research indicates that the historical gender gap in care work is becoming even more pronounced under the pandemic, since women pick up most of this labor on top of professional duties and studies. Additionally administrators and managers may not always take seriously the concerns of parents and caregivers, creating discriminatory environments that do not take into account the parental/caregiving statuses of their subordinates. The University's rescinding of promotion and meritorious salary increases means that faculty and staff will not be able to count on even those small resources to improve their access to care for the foreseeable future. Given that COVID-19 in the US has disproportionately affected Black, Indigenous, and Latinx communities, especially those who work in professions deemed "essential," this gender discrimination is intensified for non-white faculty and staff. Indeed, white faculty and staff depend heavily upon non-white laborers to do the care work that makes their professional labor possible. In summary, COVID-19, and the University's particular response to the pandemic, will amplify socioeconomic disparities and discrimination based on class, race, ethnicity, sexuality, age, gender, ability, parental status, and other sites of inequity, which are already unjust and preventable parts of the academic culture.

This is, in part, a crisis of childcare. Come fall, there is no expectation that children will be returning to a normal school schedule in our districts (SBCSC and other regional K-12 public schools as well as private schools, preschools, and daycare facilities, not to mention districts in Illinois and Michigan, where faculty, staff, and graduate students also live). Indeed, as of our writing, most of us have no idea

what those schedules will look like: the Indiana plan lays out numerous possibilities, and while SBCSC (for one) has begun discussing reopening options, they are likely to change. There will inevitably be a scarcity of childcare options, which will be exacerbated for families with multiple children, children with special needs, and/or disabled and elder adults. Following public health guidelines, schools and daycare centers are already warning parents that if children cough or have fevers, they must stay home for an incubation period to rule out COVID-19. Parents and guardians will be responsible for the cost of additional care and the need to make other arrangements in order to meet their teaching obligations. Given that the elderly and people with chronic health conditions are especially vulnerable to COVID-19, those who care for older and disabled loved ones will also shoulder greater responsibilities during this pandemic. These challenges demand that we reorient and shift our burdens and expectations until the pandemic is under control in our community with a vaccine. In sum, we need different approaches and strategies for the foreseeable 12-24 months.

We were encouraged by the administration's decision to pause the tenure clock for some faculty as we scrambled to move our classes online. We need to build on such institutional concern for faculty well-being and account for the needs of instructional faculty and graduate students who are caring for children, elders, and others, while also factoring in how staff in similar situations are impacted by the pandemic. We are aware that there are working groups poised to consider these issues, although we are as yet unclear as to whom they include, whether they have power beyond advisement, and how we can contribute to their work. We write to you, as scholars with expertise in the field, with some concrete ideas. We urge you to consider these ideas, ask questions about them, add to them, and bring them to light wherever you think it most necessary, but particularly to those who have the responsibility to plan and make policy at multiple levels

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