

Exploiting Inequity:

A Pandemic's Gendered and Racial Toll on the Women and Families of North Carolina



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EXPLOITING INEQUITY:

A Pandemic's Gendered and Racial Toll on the Women and Families of North Carolina

A Report by the North Carolina Council for Women Advisory Board

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“Tired...that probably defines my new normal. Tired physically and mentally at times. The weight of COVID and the social justice issues can be very heavy on my heart, mind and body at times.”

Shanda Hamm, Guilford County Schools educator, and mother of three children

“In any Indian community, if you ask, ‘how does anything get done’, it lies with the women. It’s a cultural difference. The tribal leaders may be men, but the work that gets done, it’s the women. The women are the wisdom keepers of our nation.”

Vivette Jeffries-Logan, Founding Partner of Biwa Consulting: Emerging Equity, Inc., member of the American Indian Women of Proud Nations and member of the Occaneechi Band of the Saponi Nation

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EXECUTIVE SUMMARY

The onset of COVID-19 has exacerbated inequality in North Carolina.

Women, and particularly Black, Indigenous, Latinx and other women of color, are experiencing higher rates of exposure as a disproportionate share of the state's "essential" workforce, spikes in unemployment and domestic violence, and the strain of balancing, or sacrificing, career for parenting responsibilities in the wake of school and childcare closures.

"This virus exploits inequities," said North Carolina Governor Roy Cooper, a truth that has been borne out in our hours of interviews and the analysis that follows.

The North Carolina Department of Administration's North Carolina Council for Women & Youth Involvement, whose core [mandate is to advise](#) the governor, state legislature and state departments on matters of equity in the state, has published an annual report series on the [Status of Women in North Carolina](#). Much of this scholarship predated the virus, and so, taking inspiration from our sister councils in states from [Hawaii](#) to [Massachusetts](#), we have [embarked on a consultative process](#) to hear from women across the state on how they are experiencing this moment in time and update our recommendations to state leaders accordingly.

The virus has coincided with a national reckoning on white supremacy and racial justice: therefore, the Council Advisory Board has attempted to center the experiences of Black, Indigenous, Latinx and other women of color in this report. We offer transformative recommendations for reducing both racial and gender inequality, to render our state a better place for all North Carolinians to thrive.

Due to data limitations, it is largely impossible to analyze the impact of the virus on individuals who occupy more than one demographic group--race by gender, or gender by county, for example. Yet the women we interviewed live at the intersections of these identities and should be counted accordingly--what has the virus's toll been for women at the margins? Black, Indigenous and Latinx women? rural women? elderly, pregnant and breastfeeding women across all demographics?

We simply do not know from these data, hence the importance of the qualitative work we have conducted by asking women to share their experiences and recommendations for state leaders. We draw heavily on these interviews throughout the report and encourage readers to explore the full report in detail to absorb a more comprehensive picture of this time period for women of North Carolina, in all their diversity.

Drawing from existing scholarship of our Status of Women reports, we present findings on *health and safety, economy and education, and civic and political life*. We also report on *innovative solutions* shared by women we spoke with who have been forced to adapt to everchanging circumstances. Their adaptive responses signal the kind of creativity and resolve that should be hallmarks of sound policy making. We conclude with *recommendations* to the NC leaders we have a mandate to advise: The Governor, Legislature, and state departments.

HEALTH AND SAFETY

Women in NC represent 52% of the state's COVID-19 cases and 49% of deaths¹. In line with other health disparities, the virus has taken a disproportionate toll on Black and Latinx North Carolinians, with Black North Carolinians making up 22% of our state's population but account for 30% of the virus's deaths. Latinx individuals account for only 10% of our population but comprise 31% of COVID-19 cases in the state.² Finally, the top 12 counties for COVID-19 cases per capita are rural counties. These are all demographics that are likely to be uninsured, and as one of the few states not to have expanded Medicaid, the pandemic has been devastating for single mothers and women living on the margins.



Photo by Jakavia Toney on Unsplash

A particularly gendered toll of the pandemic for NC women has been the additional sick, child, or elder caregiving responsibilities they have taken on in the family. Women we spoke with described the stress associated with being ill-equipped to handle home-based care, and the trauma of losing loved ones in the time of COVID-19, being unable to properly grieve with dying relatives. The pandemic has increased stress, anxiety, depression, and other associated mental health challenges for women. The inability to gather for in-person support groups has been particularly devastating for women in recovery from substance abuse, leading to relapse and even death. The state's restrictions on midwifery practices outside non-hospital settings, and lack of automatic conversion from pregnancy- to family planning- related Medicaid were found to be particular challenges for women's health.

With regard to safety, a number of women we spoke with shared deep concerns for the safety of themselves and their families on both the micro and macro level, spanning from increasing rates of domestic violence to concerns of Black, Indigenous and Latinx women about their communities' safety in light of current debates around policing, immigration, voter protection, and systemic racism. With movement restricted, access to resources limited, and health care systems overstretched, 94% of domestic violence service providers in our state reported unexpected costs associated with the pandemic, while 75% of service providers reported increased demands for services. The court system also saw a corresponding increase in domestic violence cases. Physical safety concerns also included deep and widespread fear by women of racial and ethnic minorities for themselves, their families, and communities, of violence perpetrated by racist individuals, state institutions and society at large. Threats included voter intimidation, risks of sterilization in the healthcare system, risk of police violence for Black women and their families, risks of harassment or deportation for Latinx women seeking services, and concerns for missing and murdered Indigenous women and girls. Women across demographic groups reported feeling intimidated and unsafe due to the insertion of armed, white supremacist men in public settings from health clinics to polling places.

¹As of October 19th, 2020, NC HHS Dashboard

² As of October 26th, 2020, NC DHHS Dashboard.

ECONOMY AND EDUCATION

According to the U.S. Census Bureau, 19% of North Carolina women have applied for unemployment benefits since March, as have 22% of Black North Carolinians and 13% of Latinx North Carolinians.³ Because undocumented people cannot receive unemployment benefits, we believe this number does not represent the total Latinx people in need of benefits.

Women reported increased food and housing insecurity, difficulty sustaining women- and minority- owned businesses, and concerns around increased exposure to the virus, particularly as a disproportionate share of the essential workforce. For the Council Advisory Board's purposes, we consider the millions of women who are providing informal caregiving of sick, elderly, children, and other community members in need to be part of the state's essential workforce. The essential workforce also includes a disproportionate number of people of color.

Like the rest of the nation and the world, women in North Carolina are being pushed out of the workforce to tend to child, elder and sick care needs that have been exacerbated by COVID-19, subsidizing the state's economy with free labor. North Carolina has not passed paid leave and does not have state-supported childcare, Universal-Pre-K, or other support for care options, so following school closures, women reported being forced to make "work versus child" decisions. Resource limitations--from laptops to broadband--were frequently cited concerns during school closures.

While school closures presented a formidable obstacle for working mothers, re-openings were equally fraught. Educators and parents alike expressed both safety concerns for children, families and elderly or at-risk caregivers and concerns for the unevenness of education, school feeding and other benefits of in-person instruction.



Photo by August de Richelieu from Pexels

³ See <https://www.census.gov/data/tables/2020/demo/hhp/hhp16.html#tables>

CIVIC AND POLITICAL ENGAGEMENT

Between 2015 and 2020, our *Status of Women: Political Participation* report found that North Carolina women’s participation has *decreased* in most areas, receiving a D grade compared to other states. Whether it’s the share of North Carolina women in Congress or who have registered to vote, the number of North Carolina women participating in our political process was on the decline before the pandemic.

For the women we spoke with, the added threats of exposure to the virus and fears surrounding the increasing demonstrations of violence and white supremacy in this fraught national election cycle have only accelerated that decline. Women across all demographic groups reported fear exercising their civil and political rights, intimidation in public spaces--from health clinics to the polls--and a deep and abiding fear that our democracy was on the edge of disaster.

Across demographic groups, women we spoke with expressed fatigue and despair over the state of our public commons, with particular concerns for the safe exercise of civic and political rights expressed by Black and Latinx women. Black women who have been active in civic and political life reported being talked down to, silenced or intimidated, afraid to enjoy cherished traditions of volunteering at the polls or taking their children to watch them vote.

Yet despite it all, women across the state are running for political office, organizing and innovating as to how to access and guarantee civil rights and political participation during a pandemic. Women, particularly women of color, have been tapped for leadership from our municipalities, to the Cabinet, to our Supreme Court, and organizers and office-holders alike report being more committed than ever to the democratic ideals of equality and justice for all.

From Asheville to Wilmington, Black women have inserted themselves in the political process and argued for everything from reparations, which passed the Asheville City Council and Buncombe County Board of Commissioners in a national first this summer, to new models of local governance as espoused by the “lowercase leaders.”

Our state is at real risk of voter suppression, minority rule and unrepresentative democracy, and yet, to borrow a phrase from Alice Walker, women are trying “to make a way out of no way.”



WHAT TO KEEP ---

Despite tremendous challenges documented across every facet of life, from health and safety to education, economic and political participation, the resilience of North Carolina women was on full display throughout our consultative process. Some interviewees even noted changes they would keep once this chapter is behind us. In at least a few areas, the “new normal” had changed some things for the better.

The top improvements in this regard included a general slowing down of the pace of life and a greater work-life balance achieved through being home more and through innovations associated with increased technological accessibility: for example, the end of the commute and the newfound ability to telework for some women, or, even more helpful, for their husbands, who can now share more in care duties for children, home or parents. The increasing availability of telehealth, tele-court, tele-church and other innovations enabled women to safely engage in previously in-person services, and save time, fuel or costs associated with travel.

Many women we spoke with welcomed the attention of state and national audiences to social, economic, and political barriers, from systemic racism to the time poverty shouldered by women.

We encourage NC leaders to sit with us in this moment of reckoning and to work to support the innovations that have improved work-life balance and/or advanced gender and racial equity, such as:

- 1. telework options for workers,*
- 2. policies to promote work-life balance for families,*
- 3. improvements in the state’s unemployment eligibility, benefits, and duration,*
- 4. and attention to and dismantling of systemic racism.*

ADDITIONAL RECOMMENDATIONS FOR NC LEADERS ---

Several of the Council Advisory Board’s existing policy recommendations, such as Medicaid expansion, paid leave and universal pre-K, if implemented prior to COVID-19, would have almost certainly insulated the women and families of the state from the degree of economic and health shocks that they have experienced. We have reiterated them here and hope that they will be taken up with new vigor in light of the current context.

Now is the time for state leaders to be brave and bold, dispensing with politics to craft ambitious policy solutions that will not simply apply a bandage to the deep wounds of the day, but will reorient our approaches--to caregiving, to the economy, to public health and safety--in a manner that adequately responds to this epic crisis and allows the long-term healing that is required for North Carolina to not just survive, but thrive.

On behalf of the women who shared their pandemic experiences with us, and recalling our existing scholarship on the status of women of NC, the Council for Women Advisory Board urges the Governor, legislature and state agencies to take the following steps to root out the systemic and emergent inequities this moment has wrought:

1. Achieve universal healthcare coverage
2. Mandate paid leave
3. Protect public health
4. Sustain CARES Act levels of funding for domestic violence and sexual assault and provide emergency support for child welfare
5. Invest in the care economy
6. Adequately protect and compensate essential workers, including women
7. Support the social sector and women, Black, Indigenous, Latinx and people-of-color business-owners
8. Protect community members most at risk
9. Develop a coherent, statewide strategy for safe and effective schooling
10. Increase representation of women and Black, Indigenous, Latinx and People of Color and attention to their rights in the State's pandemic response

The full report that follows expands on these recommendations and gives voice to the women of this state, in all their diversity, who have invoked them.

INTRODUCTION

BACKGROUND, ACKNOWLEDGEMENTS AND METHODOLOGY

The report draws from quantitative data collected from our Status of Women reports and emerging data on state-level impacts of the virus across various health and economic indicators. We supplemented these data – which for the most part do not present an intersectional analysis, e.g. gender by race, ethnicity, age or county -- with qualitative interviews collected from women across the state, particularly in the intersecting demographic groups we sought to highlight (Black, Indigenous, Latinx and other women of color).

The Council for Women Advisory Board [embarked on a consultative process](#) over the summer and early fall of 2020 to hear from women across the state as to how they are experiencing this moment. We conducted interviews with and captured recommendations of 42 women across the state, seeking to hear from women in all their diversity: We spoke with businesswomen, teachers, healthcare and essential workers, educators, doulas, single moms, married moms, unemployed women and retirees. We heard from Black women, white women, Latinx women, immigrant women and Native women, straight women, lesbian women, grandmothers with adult children moving home and adult children caring for children and grandparents. We gathered women from the west, the east and center of the state, from urban and rural communities. Women who are faith leaders in their community, and women who are losing faith, losing loved ones, struggling with depression, anxiety, addiction, and relapse. However, our sample was small and did not reflect all of the women we would have liked to have included in our process.

The selection process for interviews relied heavily on Council for Women & Youth Involvement staff and Advisory Board member networks, a convenience sample that should not be interpreted as representative. Given the relative privilege of the Council Advisory Board, we assert that the challenges and struggles represented in this report — which are heart-wrenching and considerable — present only the tip of the iceberg in terms of the challenges the women of this state are facing. While we were intentional in our efforts to present an intersectional analysis that spotlights communities and demographics most marginalized by the intersecting forces of racism and sexism in our society, we can reasonably assume that the people and organizations to whom we had access and who were willing and able to give us an hour or two of their valuable time are themselves a degree removed from those many women who simply did not have time or opportunity to speak with us out of their basic day-to-day struggle for survival. We therefore encourage North Carolina leaders to consider this cross-section of stories from women across the state as the best-case scenario and to act accordingly, allocating whatever resources possible — and then some — to address the urgent needs presented in this report.

In terms of interview process, each interview was conducted by and included a Board member and/or a Council for Women & Youth Involvement staff member. All interviews followed the same basic script⁴, with Board members inquiring about how various health, economic, education and other elements of their lives had been impacted. The interviews were then transcribed, analyzed, and summarized here. Interviews were recorded and stored using the

⁴ See Annex A for Questionnaire

Microsoft Teams platform, summarized by the Board members who conducted and transcribed the interviews, and analyzed and incorporated in report findings by the authors.

Note-takers and authors organized interview summaries with an eye toward documenting the *top needs or challenges women were facing; the top recommendations or requests they had for NC leaders; and, if anything, what element of change they had experienced in this moment that had actually improved life or resulted in positive disruption or innovation, which should be continued post-pandemic.* These insights in turn informed our deliberations and have resulted in the recommendations outlined in this report.

It takes a village to produce a report of this depth, and we are grateful to the talented and insightful women who have been a part of ours. Interviews were conducted by Council Advisory Board members Adrienne Spinner, Annette Taylor, Catherine McDowell, Jenny Black, Candance Gingles and Executive Director Mary Williams-Stover. Note-takers and summaries were compiled by Advisory Board members Adrienne Spinner, Candance Gingles, Annette Taylor, Robin W. Robinson, and Council for Women & Youth Involvement Executive Director, Mary Williams-Stover and Information & Communications Specialist, Allison Whitenack, who also conducted valuable desk research to compile data on state-level pandemic impacts, disaggregated by race, gender and county where possible. The report was drafted by a group of five Board members: Candance Gingles, Catherine McDowell, Dr. Patricia Parker, Adrienne Spinner and Lyric Thompson, and guided by a working group consisting of Annette Taylor, Patricia S. Parker, Mindy Oakley, Robin Robinson, Dana O'Donovan, and Jenny Black. Final review was provided by Molly Rivera and Allison Whitenack, and the Executive Summary was translated by Elsa Jimenez-Salgado.

Most of all, we are grateful to the many individuals and organizations who took part in these interviews⁵ and shared poignant testimonials on the impact of the intersecting pandemics of COVID-19 and systemic racism on the lives and livelihoods of North Carolina women and their families, communities and constituencies. They have provided valuable insights that have shaped our understanding of women's experience of this moment in North Carolina's history and informed our recommendations to the state's leaders with regard to how to best address the many needs of women, particularly Black, Indigenous, Latinx and women of color in the state.

If there is some good news, it is that the insights that have been shared can inform state policymaking and COVID-19 response. Most immediately, is the forthcoming report and recommendations of the [Andrea Harris Social, Economic, Environmental and Health Equity Task Force](#) ("the Task Force"), which was convened in June of 2020 by Governor Roy Cooper to address the disproportionate impact of COVID-19 on communities of color. As a member of the Task Force, the North Carolina Council for Women Advisory Board has attempted to center women, particularly Black women, in our intersectional analysis, focusing on transformative recommendations to reduce both racial and gender inequality, rendering our state a better place for all North Carolinians to thrive. The full report that follows will be transmitted to the Task Force ahead of its December 1st deadline, and subsequently to the Governor, the legislature and relevant state agencies.

Drawing from the existing scholarship of our Status of Women reports, we have organized our interviews and report structure accordingly: findings are presented on *health and safety*,

⁵ See Annex B for list of individuals and organizations interviewed

economy and education, and civic and political life, as well as a short section on what has changed for the better among the adjustments and innovations that the women of NC have made to adapt to the current moment. We conclude with recommendations to the NC leaders we have a mandate to advise: The Governor, Legislature, and state departments.

The process of producing this report has been transformative for the Board and has galvanized our actions in support of making our state's leadership more representative and inclusive. We hope it will provide a valuable source of insight and analysis to state leaders looking to shepherd North Carolina through a strong recovery, ultimately positioning our state as one of the premier places for women and families to thrive.

FINDINGS

HEALTH AND SAFETY

“Women in lower economic brackets may not have health care access and domestic violence doesn’t discriminate. We need a safe place for women to talk about mental health and stress issues. There is a pervasive feeling of not being safe.” Kathryn Wandling, New Hanover County Women’s Commission Chairperson



Even before the onset of the COVID-19 pandemic, women of North Carolina ranked among the lowest in the country in terms of health and safety, according to the Council for Women & Youth Involvement’s *Status of Women: Health and Wellness* report (2018). The report analyzes data on women’s health, including chronic disease, physical health, sexual health, access to reproductive health services, and experiences of sexual assault and intimate partner violence, including disaggregation by race, ethnicity and county where such data are available.

Before COVID-19, North Carolina received a D grade in this area on the Institute for Women’s Policy Research’s Health and Well-being Composite Index — *down* from the last report in 2015 — for the following reasons:

- Rates of infant mortality rank 11th highest nationally.
- Reported STI diagnoses are among the 10th highest nationally.
- 35% of NC women experience intimate partner violence and/or sexual assault.
- 13% of North Carolina women are uninsured.

When the data are examined further by race and ethnicity, there are wide disparities in disease mortality rates, setting the stage for further exacerbation of those disparities in the pandemic. For example:

- The heart disease mortality rate among Black women in North Carolina is 146.7 per 100,000, which is more than three times higher than the rate of Hispanic women, the racial and ethnic group with the lowest rate (48.2 per 100,000).
- Black women also have a rate of breast cancer mortality that is more than three times higher than the rate for Hispanic women, who have the lowest rate (28.8 compared with 9.4 per 100,000).
- Diabetes mortality rates also vary considerably, from 44.6 per 100,000 for Native American women to 9.9 per 100,000 for Hispanic women.
- Black women are infected with HIV and AIDS at rates more than three times higher than Hispanic women, the racial and ethnic group with the next highest rate.

These health disparities, taken together with the fact that North Carolina is one of only 12⁶ states that have not expanded Medicaid and resulting gaps in health insurance coverage, left the women and families of this state - particularly in communities of color - at a severe disadvantage when the pandemic took hold.



Photo by Hush Naidoo on Unsplash

Onset of a Pandemic: COVID-19 and Women's Health

*"I'm a single mom of a daughter and my parents are 83 and 85. They haven't left the house since March. My father got very ill in July and spent a week in the hospital, no visitors or anything. Then he was incredibly weak and the doctor at the hospital wanted to send him to a nursing home to rehab. This was not an option because of COVID transmission rates. So, my parents moved in with me for a month, and it was like having another job in addition to my full-time job. The entire time I was on the phone scheduling occupational therapy, physical therapy, making sure he was drinking enough water, etc. That always falls on women. That's what we do." **Dana O'Donovan, NC Council for Women Advisory Board***

Women in NC represent 52% of the state's COVID-19 cases and 49% of deaths⁷. In line with other health disparities, the virus has taken a disproportionate toll on Black and Latinx North

⁶ See national map here: <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/>

⁷As of October 19th, 2020, NC HHS Dashboard

Carolínians, with Black North Carolínians making up 22% of our state's population but account for 30% of the virus's deaths. Latinx individuals account for only 10% of our population but comprise 31% of COVID-19 cases in the state.⁸ Virus cases for Black North Carolínians and virus deaths for Latinx North Carolínians are roughly proportional to population size, as are cases and deaths for Indigenous North Carolínians. Finally, rural communities have been particularly hit hard, with the top 12 counties for cases per capita being rural counties.

These are all demographics among the least likely to have healthcare, a cruel reality during a pandemic, and one that came up consistently in our interviews. For these communities and for single moms across demographic groups, being without access to healthcare during this time has been devastating.

"My son was diagnosed with cancer in the Spring. I have no medical insurance because my husband has stopped paying his child support. COVID isn't even a thing I can acknowledge right now. I'm at my end, I'm exhausted (sobbing)." **Lisa Lily, former Scotland Yard Detective, Federal Prisoner Case Manager, Wilmington, NC**

"Many of our kids are from single-working-mom homes; when the kids are removed from the home, their moms lose their eligibility for Medicaid. Without Medicaid coverage, they are unable to access the services needed to mitigate the safety concerns that led to their child being removed. They can't effectively engage in reunification efforts, which also leads to longer placements for kids." **Paige Black Rosemond, Division Director, Wake County Government, Department of Human Services, Division of Child Welfare**

Due to data limitations in the state's COVID-19 dashboard, it is not possible to analyze race by gender in any group, which is a limitation of this analysis and will be picked up in our recommendations. Race, ethnicity and gender data are not collected or reported by all hospitals, and a breakdown of race by gender is not presented on the NC Department of Health and Human Services Dashboard. Therefore, each individual case or death is limited to a single demographic identity--gender, race, ethnicity or county. But the women we spoke with live at the intersections of these identities, and should be counted accordingly: what has the virus's toll been for women at the margins: Black, Indigenous and Latinx women? rural women? elderly, pregnant and breastfeeding women across all demographics?

We simply don't know from these data, hence the importance of the qualitative work we have conducted meeting women where they are and asking them to share their experiences and recommendations. Furthermore, it should be noted that the DHHS dashboard data are accessible and the most comprehensive set of data we analyzed. Other data were collected from various websites, many of which do not report demographic breakdowns at all, and none of which can be easily accessed in a comprehensive dashboard. Such a tool is urgently needed to inform analyses like this report.

⁸ As of October 26th, 2020, NC DHHS Dashboard.

COVID-19 and Caregiving

A particularly gendered toll of the pandemic for NC women has been the additional sick, child, or elder caregiving responsibilities they have taken on in the family. Women we spoke with described the stress associated with being ill-equipped to handle home-based care, and the trauma of losing loved ones in the time of COVID-19, being unable to properly grieve with dying relatives. A member of the Lumbee Tribe described losing her father:

“The DNE providers would not come into the house. His hospital bed was left outside. My family had to take it inside. They did not put together his oxygen and they also did not leave instructions to put together his oxygen. You know you’re facing the inevitable but you’re having to spend energy on this other thing. We weren’t prepared for it – no one told us what to expect because they didn’t know what to expect. Nobody knew what normal looked like. After my father passed, it was the exact same thing: we had to break down the bed and leave it on the sidewalk.” **Jennifer Young Brewer, Vice Chairwoman, American Indian Women of Proud Nations and member of the Lumbee Tribe.**

Healthcare providers similarly reported stress on the healthcare system associated with the pandemic and compromised abilities to provide care.

Midwifery practices have emerged as an attractive option for reproductive healthcare as healthcare providers and patients look to move services outside the hospital setting, citing concerns for hospital capacity and COVID-19 exposure risks. However, the lack of equitable access to diverse and inclusive birth centers deprives more women of safe birthing options outside of traditional hospitals. For midwives and other practitioners, shifting guidance rendered many hospitals and medical practices across the country in a state of constant flux. The facility where Ami Goldstein, a certified nurse midwife from Wake County and president of the NC affiliate of the American College of Nurse-Midwives, practices has seen varied safety plans since March. Laboring patients are often left with minimal support because of restrictions on visitation. Midwives are unable to see the typical number of patients because of the amount of time it takes to change PPE and sanitize between room visits. Depending on the COVID-19 status of the patient, mothers may be advised to have their newborn removed from the room and temporarily placed in a separate room. While this may seem like a necessary act of caution, it deprives the mother and baby of critical practices like breastfeeding and skin-to-skin contact in the first hours of life.

Data has shown the gaps in maternal and infant mortality that exists between women of color and their white counterparts.⁹ During the pandemic, especially in the labor and delivery space, women of color have more anxiety as they enter birth facilities. Fear for the safety of themselves and their babies is high among patients that do not speak English, particularly if they or their support partner are unable to advocate for themselves.

⁹ See: <https://www.nytimes.com/2018/04/11/magazine/black-mothers-babies-death-maternal-mortality.html>

“In COVID, the need is there, but for safety we have to schedule fewer patients throughout each day. We’re fortunate that we have had no staff layoffs or furloughs, but we are booking patient visits out further in the future to keep everyone safe. The downside is this means patients are waiting longer for preventive care, which means they’re more likely to experience unwanted outcomes while they’re waiting. On the plus side, we’ve been spry with innovation: we immediately launched telehealth services to meet people where they are, and now provide many basic health services virtually. But we also know that this isn’t getting better anytime soon. And without Medicaid expansion, more and more people who have lost their jobs don’t qualify for affordable health insurance. It is just not sustainable, especially if current telehealth reimbursement rates aren’t continued.” **Jenny Black, President and CEO of Planned Parenthood South Atlantic and Chair, Council for Women Advisory Board**



Currently, certified nurse midwives are not legally able to practice outside of facilities managed by a physician. To combat racial and income-based disparities, access to birthing facilities must be equitable, with a focus on providing care to underserved communities, including Black, Latinx (documented and undocumented), non-English speaking (with adequate language interpreters), LGBTQ+, low-income, and rural.

It is important to note that, even though free-standing birth centers have a better care model, there are notable disparities with regards to the care of patients of color. There is a documented lack of diversity in many birth-center staffs, and a reported lack of access and outreach to marginalized communities. Additionally, there is a need for increased access to education for midwives from underserved communities and rural areas, which will in turn give them more opportunities to continue practicing in those communities.



Photo by Solen Feyissa on [Unsplash](#)

Finally, upon delivery, women enrolled in Pregnancy-Related Medicaid are dis-enrolled as soon as they deliver, leaving them without coverage at a critical postpartum moment.

“Women who are enrolled in Pregnancy-Related Medicaid are dis-enrolled as soon as they deliver. The onus is on them to navigate re-enrollment into Family Planning Medicaid. The eligibility requirements are similar, yet a gap in coverage could lead to unintended outcomes. Closing that gap is important for good health outcomes for these vulnerable new moms.” **Jenny Black, President/CEO at Planned Parenthood South Atlantic and Chair, Council for Women Advisory Board**

COVID-19 and Mental Health

“I’ve started taking non-habit-forming anti-anxiety medication. My anxiety was through the roof. I was losing it. I couldn’t take it anymore. There is no consistency, no schedule. The kids, we were all off the wall! I have depression. Luckily my husband didn’t lose his job, so our insurance transferred over to him. I’m also in a supportive group therapy program. If I wasn’t in a 12 Step Recovery program, I would be dead. DEAD. I couldn’t do this.” **Anonymous (a woman in long term addiction recovery)**

Along with the physical health impacts for women from COVID-19, many interviewees cited mental health as a significant concern due to the pandemic. The pandemic has made maintaining sobriety and managing anxiety and depression more difficult, sometimes leading to relapse or death. Lack of support systems for women experiencing other forms of marginalization further exacerbates these issues: for example, seniors in isolation are unable to see family or friends, and working moms are pushed out of the workforce and coping with educating children at home. For women in recovery, the inability to be in-person for support groups was particularly challenging.

“Fear of people’s high anxiety has changed the way some look at life. One addict relapsed and died when they couldn’t do face to face counseling.” **Arshena Overton, Zeta Phi Beta Sorority, Inc, NC State Area 2B Coordinator**



“I am a recovering alcoholic and part of AA, and relapses are horrible during the pandemic. What helps is meetings and a community. We are meeting on Zoom which is helping. Wilmington has a narcotic problem – heroin addiction, opioid crisis, and we are seeing more overdoses. When we come back to opioid and this time, we will see a spike in overdoses.” **Kathryn Wandling, New Hanover County Women’s Commission Chairperson**
COVID-19 and Spiritual Health

“As a pastor helping people deal with grief, I am accustomed to going to people’s homes to share food and fellowship. Graveside services are not our custom, people have to pick and choose who can come. I recently had a congregation member who was in the hospital and it was not until the last minute of death that she was able to have her loved one come in. This has left a lot of hurt, a lot of unresolved grieving. That has been the most difficult as a leader, as a pastor, because we are still at home... I have to push through for my congregation. You have to have a long hard look at yourself, strengths and weaknesses, and be more intentional as a person and as a spiritual being.” **Kimberly Moore, Pastor**

Several interviewees spoke about their day-to-day struggles to maintain their sense of spirituality. Meditation, spirituality, religion, and prayer can play an important role in maintaining a sense of normalcy and life balance; however when spiritual and religious practices are limited or prohibited due to the risk of contracting or spreading COVID-19, women may experience a profound sense of loss both personally and as a community.

“When I was around Indian people, I didn’t realize how much I missed. Because this is powwow season, and COVID has shut that down. I didn’t realize the impact of that until I went to Waccamaw. The social, emotional, and community aspect is absent. There is a social distance powwow online, but powwow is so much more than dancing. It is about community, and it is about me, for me. Being in a space where I don’t have to explain who I am. I’m not the only one in this space. When I’m at powwow, I can just be Vivette, I don’t have to explain or educate. I don’t have the words to describe it.” **Vivette Jeffries-Logan, Founding Partner of biwa Consulting: Emerging Equity, Inc, member of the American Indian Women of Proud Nations and member of the Occaneechi Band of the Saponi Nation**
COVID-19 and Violence¹⁰

“On the subject of extending grace, I had a pastor tell me, ‘Betty I have to take care of my soul as much as I take care of others every day.’” **Betty Marrow-Taylor, Deputy Secretary of Advocacy Divisions, NC Department of Administration**



¹⁰ The women we spoke with described a number of different forms of violence they and their families and communities are experiencing in this moment, including: violence perpetrated by intimate partners; home-based violence experienced by both women and children; experience or threat of violence directed at community members and demographic groups by police, immigration officials and society at large; and systemic and institutionalized violence expressed through racism, sexism, homophobia and other means. We use a number of different terms for these different forms of violence in line with how interviewees characterized such violence and as relevant to existing policy mechanisms, e.g. funding for domestic violence and sexual assault programs.

“It’s [COVID-19] caused more fear. So many lives have been taken from these viruses... corona and racism. I’m not sure how to truly respond except to say that every day I’m thinking about how to truly keep my family safe...from the virus and from the pure hatred in others.” **Shanda Hamm, Guilford County Schools educator, and mother of three children**

Interviewees shared deep concerns for the safety of themselves and their families on both the micro and macro level, from increasing rates of domestic violence to concerns of Black, Indigenous and Latinx women about their communities’ safety in light of the current politicization and public debates around policing, systemic racism and extremist hate groups. These issues often intersect.

“In NC a majority of our members are Afro-Latina and African American women, so they are looking at the police through the same lens and are not calling the police for assistance, because they will escalate the situation. These women are also trapped in DV because they do not make enough to leave the situation and it becomes a toxic cycle.” **Montica Talmadge, Care in Action with the National Domestic Workers Alliance**

With movement restricted, access to resources limited, and health care systems overstretched, interpersonal violence has impacted North Carolina families, with women and children being particularly vulnerable. According to a poll of domestic violence service providers in the state conducted by the North Carolina Coalition Against Domestic Violence, “94% of Domestic Violence Service Providers in our state reported unexpected costs associated with the pandemic, while 75% of service providers reported increased demands for services.” Furthermore, domestic violence case filings increased causing many North Carolina courts to schedule more court days dedicated to domestic violence and no-contact orders.

COVID-19 has similarly wrought increased challenges for child protection.

“Pre-COVID, educators accounted for about 27% of all reports; since COVID, they’ve accounted for only 7%. This means we are more dependent on medical providers to make reports, but kids aren’t always getting proper medical attention either. So, we are very worried about what’s happening with kids that we can’t see...Simultaneously, we aren’t able to engage in our normal foster parent recruiting activities because of COVID. So, our statewide capacity to handle out of home placements is severely constrained...In those cases, it’s nearly impossible for the parents to engage in effective reunification strategies, leading to longer placements for kids and an overall greater strain on state resources. We have even had to house some kids overnight in our office, which is unacceptable.” **Paige Black Rosemond, Division Director, Wake County Government, Department of Human Services / Division of Child Welfare**

Factors such as poverty and food insecurity, which are heightened during the COVID-19 crisis, often drive or exacerbate violence against children and women. In Family Court, many custody disputes have arisen because COVID-19 caused logistical issues in visitation or parents battled over one parent’s alleged unsafe home or lack of compliance with COVID-19 precautions.

“For survivors on campus—victimization is increasing at this time. Many are food insecure and housing insecure. The trauma that our youth are experiencing. Title 9 regulations are not victim-centered policies overall.” **Charnessa Ridley, North Carolina Women United President and Associate Director of UNC-Greensboro Campus Violence Response Center**

Additionally, many children and adolescents are witnessing or experiencing higher rates of violence in the home as they are out of school and staying home to slow the spread of COVID-19, with parents and caregivers often the perpetrators of that violence. Furthermore, because the main reporters of child abuse are schoolteachers, counselors, administrators, and childcare and health care providers, reports were down initially as school was canceled and then moved to virtual learning. The resumption of schools, childcare, and doctor visits has shone a light on child abuse and other family dysfunction.

“The housing department is experiencing increased reports to DSS and 911 calls. Schools can’t call now because students are not on campus...teachers can’t help or report.” **Chris Campbell, Inlivian Executive, Charlotte**

Prior to the CARES Act, which increased funding for domestic violence (\$6 million) and sexual assault (\$6 million) programs, the state’s budget for these services had not increased in 10 years. This leaves resource-strapped nonprofits providing services that do not keep pace with demand.

“I’m still celebrating the CARES act. It allows us to provide support services and direct financial assistance to victims, so they are not forced back into unhealthy situations. However, we need this allocation to continue into the future. We will exhaust our allocation by November.” **Dr. Tracey Ray, PhD Executive Director Safe Haven of Pender**

Physical safety concerns were not limited to home-based violence. Women of racial and ethnic minorities reported deep and widespread fear of violence perpetrated by racist individuals, state institutions, and society at large for the physical safety of themselves, their families and communities. COVID-19 has made existing gender, race, economic, and social inequalities visible in our state and nation.

“I am trying to raise two little activists; and to look my daughter in the eye and say that Breonna Taylor’s murderers are still running free... how do you explain that to an eight-year-old? I have to tell her that some people will always hate her, just because she’s black - but I have to do it for her safety.” **Adrienne Spinner, NC Council for Women Advisory Board, mother and community organizer**



As a nation we can no longer deny that racism exists. Racial disparities in deaths due to police brutality and COVID-19 present important opportunities to consider the role of race in systems, and systematic biases. With untold regularity, the cases of missing and murdered American Indian women and girls go unreported and must be acknowledged. When protests erupted in the streets of many American cities, North Carolina was not immune. It is disturbing watching the innumerable videos of unarmed black men dying due to police violence; while no one knows precisely how many Indigenous women and girls have gone missing or are murdered due to the lack of a government database tracking these cases. This calls into question our humanity, a clear demonstration of how people of color are devalued and dehumanized.

White and Black women alike pointed to concerns of widespread and systemic racism directed disproportionately against Black North Carolinians.

"I was pregnant at 16, and I'm white, my cousin was pregnant at 16, and she's Black. She was sterilized and I was given a high school diploma. Things have GOT to change." **Catherine McDowell, OTR/L, LMBT, PSS, HHP**

"COVID-19 is causing challenges for me personally as a single mother. Focus on racism and police injustice is needed. As a Black mother of sons, I always am concerned about their safety and want the systems to change for the better." **Vivian Slade, Chairperson of the Durham Commission for Women**



“I support BLM and I’m a cop - I was a cop in Houston, TX. We received para-military training and we are trained to not speak up during a situation. After a situation we can go discuss it with our boss. I felt for those rookies. They couldn’t say anything. If I was on duty I would have been caught up in that nightmare. Training needs to change, community support needs to change. Every department knows who the bad cop is, but it is impossible to get rid of them.” **Lisa Lily, former Scotland Yard Detective, Federal Prisoner Case Manager Wilmington, NC**

Latinx women fear being unwelcome in their communities and undocumented people fear being targets of harassment or deportation.

“I hate to see so much hate around – I’m Mexican American and am very close to my community. I have friends whose kids were kicked out of the playground with other kids saying “Build that wall! Build that wall” we are so blessed in this country and yet I hate to see all the hate around.” **Elsa Jimenez-Salgado, NC Council for Women Advisory Board, English to Spanish Raleigh**

“There are still families being detained by ICE and now in custody with no space for social distancing, no supplies to keep people safe.” **Laura Garduño García, organizer with Siembra NC**

Across race, age and geography, interviewees were overwhelmingly committed to contending with the systemic barriers they face, and they called upon policymakers to craft meaningful solutions that address root causes. We will explore this more in the civic and political participation section.

“What makes for me the pandemic so overwhelming is we’re facing dual pandemics of social justice and bigotry that continue to crush the ambitions of young women and men. Our HBCU students and all the social and economic injustices they face—can we bring them back safely, or at all? The health issues, mental health issues, inability to have quality healthcare. My child in DC has moved home and we’re having conversations about the conscience of America... in the midst of this tribal chaotic world around us we’re also hearing messages of [restoring] integrity in our democracy. I’m trying to protect my grandson from injustices he sees every day in the urban setting he’s in. My daughters want overnight change; they don’t have the patience we had in the social justice civil rights demonstration of my youth. They’re much more progressive, and I applaud them for that.” **N. Joyce Payne, Ed.D., Founder/Sr. International Affairs & STEM Advisor to the President, Thurgood Marshall College Fund, NC Council for Women Advisory Board**

ECONOMY AND EDUCATION

Before the pandemic, North Carolina ranked among the lowest of the nation’s states for employment and earnings for women--a challenge that has only been exacerbated by COVID-19.

Status of Women: Employment & Earnings documents various pre-pandemic challenges across women of the state's economic participation and remuneration, including median annual earnings, the gender wage ratio, women's labor force participation rate, and the share of employed women in managerial or professional occupations. Like the health and wellness report, whenever possible, this research analyzes data by county and metropolitan area and differences by race and ethnicity.

Prior to the pandemic, the report showed NC women had seen some progress: a decrease in the gender wage gap; an increasing share of women in the labor force (57.3%); and more than 40% of women in professional and managerial occupations. However, before the pandemic, women in North Carolina earned an average median income of \$8,600 less than men, and our rate of progress suggested that women of North Carolina would not enjoy equal pay until 2060.

However, the data show that Black, Indigenous, Latinx, and women of color did not experience these gains equally to white women:

- North Carolina women's earnings range from a high of \$40,553 for Asian/Pacific Islander women who work full-time, year-round to a low of \$24,332 for Hispanic women.
- Among women in the state, Black women are the racial/ethnic group most likely to be in the labor force, followed by multiracial women or those of another race.
- Hispanic men have the lowest unemployment rate, 2.1 percent, and Hispanic women have the highest rate, 9.6 percent. Both Black women and men have comparatively high unemployment rates, 7.9 and 8.2 percent, respectively, while White women and men have low unemployment rates at 4.1 and 3.9 percent.

The “She-cession”: A pandemic’s gendered toll on workforce participation and income

Like the rest of the nation and the world, women in North Carolina are exiting the workforce to tend to child, elder and sick care needs that have been exacerbated by COVID-19, subsidizing the state's economy with their free labor.

*“One member left her job due to being a single parent of two sons and having to make a choice between leaving her children home alone or working. Her position was terminated.” **Cynthia Daniel-Williams, President, Knightdale-Wake Forest Alumnae Chapter of Delta Sigma Theta Sorority Inc.***

The downturn of the economy during the COVID-19 pandemic has affected millions of families across the state, with tremendous stress falling on women and communities of color. For women and families living paycheck to paycheck, difficulties include managing the growing possibilities of unemployment and loss of healthcare, and contending with choosing between work and child, elder or sick care.

“I lost my job in March, so if it wasn't for unemployment, I don't know what would have happened. We just bought a house and almost lost it. With unemployment, I was making more

than my husband in food delivery.” Elizabeth Sorace, Unemployed due to COVID-19, Primary income producer for household

According to the Census Bureau, 19% of North Carolina women, 22% of Black North Carolinians, and 13% of Latinx North Carolinians have applied for unemployment benefits since March.¹¹ Because undocumented people cannot receive unemployment benefits we believe that this number does not represent the total of Latinx people in need of benefits.

“The Latinx community has been very seriously hit [by COVID-19]. If you lose your job, you can’t get unemployment if you don’t have a Social Security number. That’s how basic this has been for them; people don’t have food.” Elsa Jimenez-Salgado, NC Council for Women Advisory Board, English to Spanish Raleigh

Unemployment is also significantly impacting American Indian communities in North Carolina.

“I have family members who have certainly been impacted due to work hour reductions, or loss of job, or having to do things online but not being equipped to do things online – not having computer or internet access. If you don’t have enough credit to finance a computer. There are so many battles there that you don’t think about until you have to think about them. Funds were not coming out as quickly as people needed them to keep up with what their needs were. I have family members that lost their job, and it took two months to get unemployment benefits started which is a scary place to be if you are living paycheck to paycheck. If you are out in rural communities, it’s real hard to make those kinds of preparations when you are making minimum wage. In my tribe, Lumbee tribe, we have people who needed renovations to their house to be able to work from home.” Jennifer Young Brewer, Vice Chairwoman, American Indian Women of Proud Nations and member of the Lumbee Tribe

The unequal burden that pandemic-induced poverty has put on women, with a disproportionate burden on women of color, will have repercussions for generations to come. Census data indicate that since May, 43% of Latinx households, 51% of Black families, and 36% of white families have lost employment income, with over a million North Carolinians food insecure (Black and Latinx North Carolinians are 2-3 times as likely to be hungry than white counterparts)¹².

A number of women we interviewed spoke of increasing food shortages and housing concerns in their communities as clear indications of the pandemic’s toll pushing families to the brink, particularly in communities of color.

“We now have food banks on campus, homelessness on the campus, students who are sleeping in hallways can’t afford dorm rooms.” N. Joyce Payne, Ed.D., Founder/Sr. International Affairs & STEM Advisor to the President, Thurgood Marshall College Fund, NC Council for Women Advisory Board

¹¹ See <https://www.census.gov/data/tables/2020/demo/hhp/hhp16.html#tables>

¹² U.S. Census data as analyzed here: <https://www.charlotteobserver.com/article246553903.html>

“When I went to one of the Haliwa Tribal Centers, it was 21 miles from the interstate. This is where our people live. The impact this might have on health, access to food in tribal communities--it’s impacted every aspect.” **Vivette Jeffries-Logan, Founding Partner of biwa Consulting: Emerging Equity, Inc., member of the American Indian Women of Proud Nations and member of the Occaneechi Band of the Saponi Nation**

“Food insecurity is a major issue during pandemic – also EBT can buy food, but no toilet paper, non-perishables and other essential items.” **Anonymous, Charlotte**

“The Greensboro area has food deserts. There is a loophole in that some make too much to qualify for subsidies, though there is an issue with Triad affordable housing and also having enough to cover food and childcare.” **Arshena Overton, Zeta Phi Beta Sorority, Inc, NC State Area 2B Coordinator**



Photo by [Anna Shvets](#) from [Pexels](#)

Unemployment and underemployment have impacted the ability of women-led households to afford housing. Women are more likely to not be able to make the current month's rent or mortgage payment if their household lost her primary source of income. Direct rental assistance and extending unemployment assistance were two interventions that could help women cover housing payment obligations and keep women afloat and in their homes, but these are admittedly short-term fixes. Longer term solutions like creating more affordable housing and economic policies that assist working mothers may ensure that housing burdens don't fall disproportionately on women.

“Housing support is needed. We cannot have people losing their homes in the middle of a pandemic! In the U.S. there should not be people without homes and electricity!” **Laura Garduño García, organizer with Siembra NC**

“This area has seen furloughs and job loss. People make too much to qualify for assistance but not enough to care for themselves! We need equal education for everyone and access to affordable housing to allow for home ownership. An example of a barrier is affording a 10/15/20% down payment on a \$200k home.” **Yolanda Malachi, Zeta Phi Beta Sorority, Inc, NC State Area 1B Coordinator**



When women are forced into the ever-widening gender poverty gap, their children and dependent parents fall into the gap with them. Entire families suffer.

Essential Workers or Sacrificial Workers?

Exposure to COVID-19 has been profoundly gendered and racialized for the women who make up the majority of essential workers in the state and are disproportionately women of color. These are women in the medical and emergency services fields, food producers, processors and grocery workers, educators and childcare providers, janitorial staff, and a host of others that are responsible for keeping communities functioning on a daily basis. For the Council Advisory Board’s purposes, we consider the millions of women who are providing informal caregiving of sick, elderly, children and other community members in need to be part of the state’s essential workforce.

“I want the emphasis on undocumented people to be understood. 70% of people who are in economic crisis are people of color and folks who are essential workers... We are not prepared. 70% of people saw a reduction in work hours or were laid off.” **Laura Garduño García, organizer with Siembra NC**

“Our staff, who are primarily women, are suffering as well. As essential workers, they are going into homes to investigate potential abuse and neglect, but without the benefits that first responders enjoy.” **Paige Black Rosemond, Division Director, Wake County Government, Department of Human Services / Division of Child Welfare**

Challenges for Women- and Minority- Owned Businesses

Historically Underutilized Businesses--or businesses owned by a woman or racial/ethnic minority--account for 58% of North Carolina’s small businesses, 90% of which indicated COVID-

19 had impacted their businesses, as reported in the findings of a June Executive Order.¹³ As early as May, national data showed a 41% drop in African American business owners, 32% drop in Latinx business owners, 26% decrease in Asian business owners, and a 25% drop in women-owned businesses,¹⁴ a trend that is verified by NC women business leaders.

According to **Roberta McCullough, Executive Director, NC Women’s Business Center**, federal support to the Women’s Business Center of NC has positioned the center to better assist small businesses, for example, by surveying women business owners¹⁵ to identify who is getting federal COVID-19 funding versus those who have not. The most recent survey found that 43% of women business owners surveyed have not applied for grant relief funds and of those who applied 70% did not receive anything. Of the businesses that are still operational, many reported shifting their business models or have reinvented themselves to survive.

Roxana Alston, former board member, NC Board of Cosmetic Arts Examiners, reported that the top challenges for women in her industry included loss of income associated with COVID-19, difficulty accessing the Paycheck Protection Program and figuring out how to adapt and create new, sustainable income streams in light of the prolonged impacts of the pandemic. She urged NC leaders to simplify funding options and communicate better about access to healthcare for individuals with no insurance.

School closures and the burden of unpaid caregiving for women

“It is a struggle for single parents with children under 5 years of age even at \$1500/month unemployment assistance. Parents are having to make work versus child decisions.” Yolanda Malachi, Zeta Phi Beta Sorority, Inc, NC State Area 1B Coordinator

Interviewees cited childcare--which in North Carolina costs more than tuition for an in-state public college¹⁶--as an overwhelming economic issue for women across the state and across racial and income brackets. Women are shouldering the burden of children home from schools in our state, nation, and around the world.

“All roads lead back to childcare. As an attorney talking to the county clerk, the staff were in tears because of concerns about taking care of their children who now must stay home from school due to the pandemic. How do you work and have children at home – the reality is it falls back on us. When children stay home; they are home with mom. A mom who works 8-5 can’t do it. So many women have to make a choice to take care of their children or work. It’s not a choice.” Kathryn Wandling, New Hanover County Women’s Commission Chairperson

¹³See <https://files.nc.gov/governor/documents/files/EO143-Addressing-the-Disproportionate-Impact-of-COVID-19-on-Communities-of-Color.pdf> and note that once again, data limitations do not reveal race by gender breakdown

¹⁴ See <https://siepr.stanford.edu/sites/default/files/publications/20-022.pdf>

¹⁵The most recent survey closed in September 2020 and had 157 participants. The key takeaways are below and the full report can be found at: <https://theinstitutenc.org/covid19/#COVID-business-survey>

¹⁶ See <https://familyforwardnc.com/family-forward-policies/subsidized-reimbursed-child-care/#marker-142-5>

North Carolina has not passed paid leave legislation. Few low-wage workers in the state receive employer-provided benefits such as paid sick and safe days, paid family and medical leave, and predictable schedules. Because women are more likely than men to have unpaid caregiving responsibilities, these benefits are vitally important to help women remain and advance in the workforce. Paid leave policies also benefit businesses in the form of higher productivity and lower employee turnover.

“Paid leave, paid sick leave, pregnancy accommodations—often the people least likely to have these are POCs [people of color]. How to work with local municipalities? Funding for childcare centers. Majority of childcare workers in NC are women POCs and don’t have access to health care or PPE and make \$10.50/hour. We’re also hearing a lot from Latina moms being separated from their babies.” **Beth Messersmith, Moms Rising**

“Our 5-year-old has been homeschooling, because we don’t have Universal Pre-K – we bought some workbooks on Amazon to develop our own curriculum, and hope for the best. We are not able to get our work done, especially my husband who works in IT - his productivity falls. We’re in a position of relative privilege, because a sitter comes 4/5 days [per week] for 4 hours, and she’s helping. Between my full-time job, my part time job, home-school, and volunteer work – it’s a lot.” **Adrienne Spinner, NC Council for Women Advisory Board, mother and community organizer**



Photo by MChae Lee on Unsplash

School closures--and children’s health and education outcomes--hobbled by lack of resources and subject to geographic and political chance

North Carolina Public Schools were shuttered by Executive Order 117¹⁷ in March, with online learning picking up following Spring Break in April. Fifty million dollars was initially reallocated

¹⁷ <https://files.nc.gov/governor/documents/files/EO117-COVID-19-Prohibiting-Mass-Gathering-and-K12-School-Closure.pdf>

from existing funding streams to support public schools with “remote learning, school nutrition, cleaning and sanitizing schools and buses, protective equipment, and childcare.” In June the State Board of Education allocated an additional \$70 million from federal CARES Act funds to school districts and charter schools for summer programs to make up for learning lost during school closures; an additional \$35 million was approved for the purchase of computers or devices for use by students and staff.

Educators we spoke with described challenges at every turn: at first, equipping families for remote education and adapting plans for school feeding by mapping and executing delivery routes. The importance of school feeding programs and the challenge of school closures coincides with increases in food insecurity from loss of income across the state.

*“That [school children not being able to get free food from school] is where the food pantry came into existence. American Indian Women of Proud Nations really embraced imparting all of our resources into getting some pantries established. Not all tribes are equipped to handle food pantries which makes them even further at risk.” **Jennifer Young Brewer, Vice Chairwoman, American Indian Women of Proud Nations and member of the Lumbee Tribe***

Another key challenge was having to transition to remote learning when the pandemic did not abate. Absent in-person instruction, resources to accommodate remote learning--such as adequate laptops or broadband access--were necessary but often unavailable for families across the state, with rural areas at a particular disadvantage.

*“The number of computers allowed for children are exhausted. In addition, many places sold out, limiting access to computers. Internet service availability is an issue with some having to be driven to hot spots and sit in the car to do schoolwork.” **Cyshelle Williams-Graham, Zeta Phi Beta Sorority, Inc, NC State Area 4 Coordinator***

*“The Western area mountains/foothills often have power grid/system outages with inclement weather.” **Erika Jones, Zeta Phi Beta Sorority, Inc, NC State Area 1A Coordinator***

Women in urban areas reported challenges with broadband as well. In Charlotte, an anonymous respondent pointed to access issues in public housing among seniors who previously relied on community center or library access. Other community members noted limited wi-fi in the higher tower communities or where students and parents are all working from home with limited connection.

Following months of in-home--or as above, in-car-- instruction, the debate about reopening schools has been fierce. On the one hand, school closures have put families on the brink where care burdens compromise workforce participation and income and have been disastrous for at-risk children who benefited from school feeding or may be facing violence at home. On the other, there is still the overarching question of public safety, particularly as the virus has entered another rise in cases over the course of the fall transition to Plan B.

This debate is highly localized, subject to different local jurisdictional decisions rather than standardized through a uniform, state-wide response. While some schools have returned to hybrid or in-person instruction since August, many schools have continued to offer remote learning. Following Governor Cooper's announcement¹⁸ of public schools moving into Plan A beginning October 5th, decision making has shifted to the individual county level. There are vastly different responses of schools on a county-by-county basis, not to mention differentials between private versus public schools. This variation has undermined a uniform response across the state, rendering families' options and outcomes subject to geographic and political chance.

Several interviewees pointed to chronic underfunding of the state's education system as having placed the state at a disadvantage, from the paltry state of teacher pay to schools ill-equipped to respond to the pandemic.

"Teacher's healthcare is now \$50 a month plus co-pay, with additional fees for children up to \$250 per child per month. No dental or eye-care. Teachers are losing 1/3 to 1/2 of their pay to insurance, taxes, etc." **Carol Ann Johnson, Educator/Candidate Board of Education**

For schools already contending with crumbling infrastructure, the necessary upgrades to equip them for pandemic instructions, including new HVAC systems, ventilation, windows and appropriate personal protective equipment (PPE), including N-95 masks and plexiglass barriers, were out of reach.

For example, in Guilford County, which began with 100% remote instruction in August, the Board of Education voted at their September meeting to begin the process of returning to in-person learning. The plan included a voluntary return of Pre-Kindergarten and Kindergarten, and then a phased reopening plan for elementary and middle schools, beginning on October 20. Many parents and teachers expressed concerns about growing COVID-19 transmission rates and the fact that many school buildings in the county lacked reliable HVAC systems and proper ventilation in line with CDC recommendations. Bowing to community pressure the return to Plan A in-person instruction has since been rescinded. Yet absent a statewide strategy for reopening parents and educators alike are concerned that there will be a whiplash effect as virus rates fluctuate.

Dare to Care: Health Concerns for Grandparent and Elderly Caregivers

For families with high risk individuals, concerns about school closures and implications for caregiving is especially acute. With an overall lack of affordable childcare, grandparents and elderly family members are stepping up to serve as caretakers for children, but with tremendous anxiety and a sense of resignation or self-sacrifice that their caregiving duties outweighed concerns for their own health and heightened risk for COVID-19 infection and illness.

¹⁸ See: <https://governor.nc.gov/news/public-schools-now-able-implement-plan-elementary-schools>

“While my significant other is 10 years older than me and in a high-risk demographic, we will be babysitting/educating our grandson while his parents return to teaching. It puts us all at risk when they return to work. Our granddaughter is in middle school and wants to return to class. It’s just a matter of time until we become infected with COVID.” **Carol Ann Johnson**, educator, and candidate for Board of Education in Pender County

“Personally, my biggest change in my life is that my daughter and granddaughter left DC and came to live with me. I love having them, but they’ve become my children again. Domestic work, mental health care for them, stakeholder groups discussing these things, my book club is a grand support system.” **N. Joyce Payne, Ed.D., Founder/Sr. International Affairs & STEM Advisor to the President, Thurgood Marshall College Fund, NC Council for Women Advisory Board**



CIVIC AND POLITICAL LIFE

“There is a lack of security and peace for voting due to social issues and threat to security during the election.” **Mrs. Wynn (first name omitted)**, retired healthcare professional (Durham)

The pandemic has coincided with a period of increased political and civic discourse contesting systemic racism, police violence and the abuse of political power in this country. This report would not be complete without an examination of how North Carolina women are experiencing

this political moment. A fraught national election cycle is playing out at the same time as a number of women across the state are running for political office, organizing and innovating as to how to access and guarantee civil rights and political participation during a pandemic. Women, and women of color, have been tapped for leadership from our municipalities, to the Cabinet, to our Supreme Court, and organizers and office-holders alike report being more committed than ever to the democratic ideals of equality and justice for all. As in other facets of our life, women make a way out of no way, to borrow a phrase from Alice Walker.

*“I will go to early voting, vote, whether I’m risking my life or not.” **Elizabeth Sorace***

Women across demographic groups expressed fatigue and even despair over the state of our public commons, with particular concerns for the safe exercise of civic and political rights expressed by Black and Latinx women.

*“This summer has been hell. But I’ve never been more proud to be a Black woman, ever. I’ve never been more proud to be raising two black women. Sadly, the tone policing that I have had to endure from older black and white democrats saying I am too loud right now, even though these folks have been in power for decades and our community has not benefited. I’m facing a lot of pressure to be the “respectable” Black Democrat and not “rock the boat” on criminal justice and treatment of black folks in Greensboro....I’ve always taken my kids to go vote with me because it’s important. Not just because of COVID, because it’s important to me to have them see me vote. But this is the first year I won’t take them with me because my husband and I don’t feel safe bringing them. There are threats from white supremacists in Alamance Co. coming to intimidate voters. We’ve had to tell Black people not to volunteer to be poll workers this year... let White people volunteer. I can’t guarantee they won’t kill you dead, and I don’t feel protected. They’re no longer wearing a white hood; they could be wearing a badge.” **Adrienne Spinner, NC Council for Women Advisory Board, mother and community organizer***

Recent Council for Women & Youth Involvement Status of Women reports shed some light as to how women’s political participation of NC ranks compared to other states in the country. The [Political Participation](#) report provides data on voter registration and turnout, female state and federal elected and appointed representation, and state-based institutional resources for women. It examines indicators of women’s status, the progress women have made and where it has stalled, and how racial and ethnic disparities compound gender disparities in specific forms of political participation.

Once again, our pre-pandemic research finds that the baseline for NC women is poor: Between 2015 and 2020, North Carolina women’s participation *decreased* in most areas, receiving a D grade compared to other states, with an increase in only two areas: 1) the share of women who voted increased slightly and 2) the share of women in the North Carolina state House of Representatives increased to 27.5 percent. However, the share of North Carolina women who registered to vote declined from 71 to 68 percent before the pandemic, and the dual threats of exposure concerns associated with the virus and concerns for people of color around voter safety present a real risk that this could further dampen civic engagement.

*“People have expressed concerns about the upcoming election and ensuring absentee ballots are counted.” **Tanya Wilkins, Zeta Phi Beta Sorority, Inc, NC State Area 3 Coordinator***

*“There is a lack of trust in local officials. We’re promoting going to the polls to ensure voices are heard. Western NC is concerned about safety measures in poll voting. I’ve heard of ‘phishing’ notifications saying you’ve received an absentee ballot.” **Arshena Overton, Zeta Phi Beta Sorority, Inc, NC State Area 1B Coordinator***

Even before the pandemic, the number of North Carolina women who hold statewide elected office has declined. In 2015, women held more than half (55 percent), but this fell to a third (33 percent) of statewide elected offices in 2020. The share of women representing North Carolina in the U.S. House of Representatives decreased between 2015 and 2020 from 23.1 percent to 15.4 percent.

Lack of affordable child, elder and disability care was already a push factor preventing women from holding office--the exacerbation of care deficits will only deepen this divide.

*“We need to work on more women getting to the legislature. We need to be at the table writing the policy and where the conversations are happening. And more minority representation. The challenge is that women are caregiving for parents, kids, grandkids, and working, how do I run for office? We are at a time now where how can I not do it?” **Dr. Tracey Ray, PhD Executive Director Safe Haven of Pender***

This corroborates earlier findings from our Status of Women reports, which recommended measures such as quotas for women in office and the provision of affordable childcare to ensure women have the time and resources to run for office.

Our pre-COVID-19 reports shed some light on the further challenges Black, Indigenous, Latinx and women of color encounter in civic and political participation, which have only been exacerbated by the pandemic. While women of color have made progress in running for office and gaining representation, they are still vastly underrepresented at every level of government. For example, Black women make up 30.2 percent of the women elected to the North Carolina State Legislature, which constitutes 7.6 percent of the total seats.

While women of color may not have made the progress we would like to see in terms of being groomed for, seeking and winning elected office, there are other indications of impact where they have inserted themselves into the political process in this contentious moment. As in Minneapolis and other municipalities, many of the leaders of local movements seeking to redistribute power and resources to communities of color have been women.

In Wilmington, such leaders include Deborah Dicks Maxwell, NAACP President (6-county area), Sonya Patrick, area BLM coordinator, and Lily Nicole, leader of The lowercase leaders, a non-profit organization formed to advocate for social justice and educate and assist local communities of color. The Wilmington area protests for social justice following the death of

George Floyd were largely led by these Black women and others. After a skirmish with law enforcement early in the summer, Ms. Nicole¹⁹ initiated communications with law enforcement to discuss the goals of the protest.

“There were protests in New Hanover. An African American woman called the chief of police and said can we sit down and talk, in Wilmington of all places with its history of violence. She was on the cover of Wilma Magazine in July. Everyone agreed on the goals, and a peaceful gathering but nothing proactive in terms of policy change has happened.” **Kathryn Wandling, New Hanover County Women’s Commission Chairperson**

The violent history that Wandling alludes to is the November 10, 1898 Wilmington Massacre²⁰, in which white police and militia murdered somewhere between 60-300 Black residents, destroyed many Black-owned businesses and chased most Black residents and politicians out of town in what is widely viewed as a *coup d’état* to reinstate white control of government after Black people had gained control during Reconstruction. Since then, Wilmington has continued to have its share of racial tensions, but Black women are making progress leading local--and increasingly, state--dialogues on behalf of the NAACP and other organizations.

“Regarding social justice issues, the NAACP, BLM, lowercase leaders, and others have been in regular communication with our Police Chief, Donnie Williams, who is African-American and knows Wilmington’s history. Chief Williams has responded well and has been very transparent about working on changes in policing policy. He has posted on the website the Use of Force Policy, which includes reporting and notice of discipline, and has already sent some officers to training under a program to increase community policing and engage in more prevention and social service policing. We have demanded a Civilian Review Board, and that is soon to be presented to the City Council. My work with the Task Force on Racial Equity and Criminal Justice includes many of these same initiatives to be recommended on a statewide basis.” **Deborah Dicks Maxwell, NAACP President and Member, Task Force on Racial Equity and Criminal Justice**

On the other end of the state, the Asheville City Council made headlines in July for becoming the first in the country²¹ to formally apologize for its role in slavery and vote for reparations for descendants of enslaved people. Sheneika Smith, a Black Councilwoman, spoke to the significance of this move.

"(Slavery) is this institution that serves as the starting point for the building of the strong economic floor for white America, while attempting to keep Blacks subordinate forever to its progress."²²

¹⁹ See <https://www.wilmamag.com/lowercase-for-a-higher-cause/>

²⁰ See <https://time.com/5861644/1898-wilmington-massacre-essential-lesson-state-violence/>

²¹ See <https://www.nytimes.com/2020/07/16/us/reparations-asheville-nc.html>

²² <https://www.citizen-times.com/story/news/local/2020/07/14/asheville-passes-reparations-black-residents-historic/5438597002/>

Two of the five Asheville City Council members are Black, which likely helped the Council body to vote to take up this issue. But the impact has not stopped there: The Buncombe County Board of Commissioners subsequently voted to support the measure led by the City Council and participate in its reparations process.

On the other--and more prevalent--side of the coin, malicious white supremacist men have also inserted themselves in the political discourse, dampening civic participation by racial and gender minorities and undermining democratic ideals. From Asheville, to Alamance to Wilmington, armed white supremacist men have terrorized public sites from women's healthcare clinics, to boards of election, polling places and the public commons.

"In early October, as voters were turning in their absentee ballots to the Board of Elections in Buncombe County, they were intimidated by large groups of protesters with bullhorns who had surrounded the building to verbally assault voters. These are the exact same people using the exact same tactics to intimidate patients and staff at our health center in Asheville. At the same time, UNC-A campus went on lockdown after a credible threat was lobbed against the campus in protest of a BLM exhibit on campus. We've seen this escalation of threats and protests at the intersections of our democratic ideals before and it doesn't end well. These protesters are emboldened and it's healthy to be concerned." **Jenny Black, NC Council for Women Advisory Board Chair and PPSAT CEO**

"At the Eastwood Road and Military Cutoff intersection in Wilmington every Saturday afternoon the last couple of months there has been a massive Trump gathering at that intersection—it's not just the honks and all of that I can hear in my backyard...My women friends and I avoid that intersection. On Saturday afternoons over the last few weeks there has been a competing Biden-Harris gathering on the other side of the road. I am very nervous that things could get violent in Wilmington. That intersection has thousands of cars an hour, literally in my backyard. I can't wrap my head around it in any way, shape or form." **Dana O'Donovan, NC Council for Women Advisory Board**

INNOVATION IN THE FACE OF DEVASTATION: WHAT HAS CHANGED FOR THE BETTER FOR NC WOMEN?

Despite tremendous challenges documented across every facet of life, the resilience of North Carolina women was on full display throughout our consultative process. Some interviewees even noted a few changes they would keep once this chapter is at last behind us. In at least a few areas, the "new normal" had changed some things for the better.

The top improvements in this regard included a general slowing down of the pace of life and a greater work-life balance achieved through being home more and through innovations associated with increased technological accessibility: for example, the end of the commute and the newfound ability to telework for some women, or, even more helpful, for their husbands, who can now share more in care duties for children, home or parents.

"Teleworking – I love it." **Vivian Slade, Chairperson of the Durham Commission for Women**



Photo by cottonbro from Pexels

The increasing availability of telehealth, tele-court, tele-church and other innovations enabled women to safely engage in previously in-person services, and save time, fuel or costs associated with travel.

“Tele-health has been a Godsend and I’ve gotten closer to my kids.” **Lisa Lily, former Scotland Yard Detective, Federal Prisoner Case Manager Wilmington, NC**

“12-Step Meetings on ZOOM. I go to meetings. I go to meetings every moment I can, all around the world.” **Anonymous (woman in long term recovery)**

“Martin Luther King said, ‘The most segregated time is 11:00 on Sunday’s.’ I’m not saying that coming together within our community with like-minded people is bad, but we have become inflexible in our ability to reach out to other communities. We stop expanding our vision, I become privileged to what I am not who I am. One of the good things I see happening is the church has moved out of the church walls and into our homes and communities via Zoom and other platforms. When we are able to have conversations, which review our true selves, things will change. We can grow and change from where we are at this moment. We have to be inviting and welcoming to our differences and differences of opinion.” **Dr. Tracey Ray, PhD Executive Director Safe Haven of Pender**

Many women we spoke with welcomed the attention of state and national audiences to social, economic, and political barriers, from systemic racism to the time poverty shouldered by women.

“Essential workers finally being valued. Childcare and caregiving finally being valued as critical. The idea of paid leave and paid sick leave not being niceties but necessities.” **Beth Messersmith, Moms Rising**

“Reviewing our movement’s work and our history with law enforcement -- we have been galvanized to take some action and review again. Survivors are able to do expanded remote hearings, and e-filings—the Chief Justices’ order to expand this safely (was only available to 50% before).” **Sherry Honeycutt Everett, NC Coalition Against Domestic Violence**

“The opportunity to challenge status quo and challenge institutional racism. Engaging the Council members in virtual work to keep our mission centered approach alive and well.” **Dr. Yolonda Holmes, Chairperson, Mecklenburg Women’s Advisory Board**



Finally, interviewees noted appreciating the overall slowing down of the pace of life as plans were canceled and families spent more time together, getting to know one another more deeply, or document precious moments of life.

“I like the slower pace; we have all slowed down and we are gentler with each other. I have had a great time with my son, we are spending time together. There is something to be said for that. The environmental impact is good also. We all pressed the pause button, and I would like to think we are more understanding with each other. I would like to keep the family time.” **Kathryn Wandling, Chairperson, New Hanover County Women’s Commission**

“COVID and working from home has forced me to slow down. When I was suddenly working from home, educating my granddaughter, and providing care for my elderly parents (my mother was just diagnosed with Lupus) it was overwhelming initially. I became housebound. We began family weekly Zoom meetings, and it has grown and brought us closer together.” **Dr. Tracey Ray, PhD Executive Director Safe Haven of Pender**

“We have slowed down. More time at home with family and appreciating life.” **Yolanda Malachi, Zeta Phi Beta Sorority, Inc, NC State Area 1B Coordinator**

RECOMMENDATIONS FOR NC POLICYMAKERS _____

The process of conducting statewide interviews and assembling this report has, for the most part, reaffirmed and provided more urgency to the Council for Women & Youth Involvement’s existing set of policy recommendations in the [Status of Women](#) report series. It seems that rather than expose new issues that were unknown, this pandemic has, in the apt words of Governor Cooper, only exacerbated existing inequities.

Several of the existing policy recommendations, such as Medicaid expansion, paid leave and universal pre-K, if implemented prior to COVID-19, would have almost certainly insulated women and families of the state from the degree of economic and health shocks that they have experienced. We have reiterated them here and hope that they will be taken up with new vigor in light of the current context.

The interview process has also revealed new recommendations, including how to adapt to the current moment to address emergent needs, and, in a few cases, how to take advantage of innovations or improvements that families and society have been forced to make during the pandemic.

Across the board, the resounding theme has been that now is the time for state leaders to be brave and bold. State leaders must dispense with politics to craft ambitious policy solutions that will not simply provide a bandage on the deep wounds of the day, but will reorient our approaches to caregiving, to the economy, to public health and safety in a manner that adequately responds to this epic crisis and allows the long-term healing that is required for North Carolina to not just survive, but thrive.

On behalf of the women who shared their pandemic experiences with us, and recalling our existing scholarship on the status of women of NC, the Council for Women Advisory Board urges the Governor, legislature and state agencies to take the following steps to root out the systemic and emergent inequities this moment has wrought.

HEALTH AND SAFETY ---

“As a senior, I see the value of Medicaid for medically disadvantaged individuals and should be an option for more people in NC. Victims of domestic violence should have more access to resources, protective services and safe places. Provide support for senior care; expand services for seniors in every county, especially rural areas.” Mrs. Wynn (first name omitted), retired healthcare professional, Durham

From politicization of mask-wearing mandates, to the failure of state leaders to expand Medicaid, to the medically unnecessary restrictions that have been imposed on reproductive healthcare in the state, the politicization of healthcare has had deadly results for women in NC. We call upon NC leaders to immediately enact common-sense reforms that will save lives and livelihoods in this pandemic:

- 1. Achieve Universal Healthcare Coverage:** An overwhelming number of interviewees and our Status of Women: Health and Wellness report recommendations urgently implore NC leaders to *expand Medicaid* to achieve an immediate and zero-cost reduction of the state’s uninsured—including a disproportionate number of vulnerable women, families and communities of color. *Policymakers should further ensure that coverage includes doula support, midwifery access, culturally competent lactation*

services and preexisting conditions as well as mental health services to help women and families deal with the extraordinary stress, anxiety, depression and addiction challenges presented by this moment. Eliminate healthcare gaps women experience by: ensuring single parents maintain Medicaid coverage when children are placed in foster care; enacting automatic conversion from pregnancy related Medicaid to family planning Medicaid; and passing the SAVE Act to allow nurse midwives to open private practices without the mandatory supervision of a physician, thereby giving women access to more birthing support outside of the hospital setting. Continue COVID-19-era telehealth reimbursement rates to ensure telehealth sustainability and protect privacy of survivors of domestic violence and sexual assault by ensuring explanations of benefit statements can be suppressed when they seek services.

- 2. Mandate Paid Leave:** *Mandate paid family medical leave for those caring for family members during the pandemic, covering child, elder and sick care as well as paid sick leave for women experience domestic violence and sexual assault.*
- 3. Protect Public Health:** *Adherence to public health guidance should not be a partisan issue. North Carolina leaders should step up efforts to achieve universal mask-wearing mandates, employing both incentives and penalties to ensure universal compliance. This includes the direct provision of personal protective equipment for essential workers, schools and prison and detention facilities, as well as increased penalties for failures to comply for individuals (above the current class II misdemeanor for failure to abide by the Executive Order), law enforcement officials (including considering failure to enforce mask mandates and shutdowns as disqualifying for sheriffs) and measures that can be taken at the local level for civil penalties associated with failure to comply.*
- 4. Sustain CARES Act Funding Levels for Domestic Violence and Sexual Assault Programs and provide emergency support for child welfare:** *To correct for the 10-year flatline in the state's domestic violence and sexual assault funding levels and ensure service providers are adequately able to meet increased demand for services during the pandemic spike in domestic violence rates, sustain the current, CARES Act funding levels for domestic violence and sexual assault programs (\$6 million for domestic violence and \$6 million for sexual assault), which ends in December 2020. Funding should be renewed in January at this level and sustained through the duration of the pandemic, at a minimum, and provide for increased prevention and response efforts. To protect vulnerable children, state leaders should launch a statewide campaign for emergency foster families to provide care locally and develop a plan to protect and support child welfare workers throughout the duration of the pandemic.*

ECONOMY AND EDUCATION

“Avoid austerity, take all federal money that’s on the table, pay fair wages for childcare, daycare and teachers, and pay our essential workers instead of just the minimum, “sacrificial” backbone of the economy. We should pay more for this work!” **Kate Woodbury, NC Council for Women Advisory Board**

As has been documented by numerous reports, the pandemic threatens to erase economic gains women have made in recent years. Across income brackets, headlines decry a “she-cession” as women are forced to make, in the words of one interviewee, “work versus child decisions.” And for those at the bottom of the economic pyramid, the women and people of color who have subsidized the state’s economy, this is a battle for their very survival, contending with hunger and food shortages, homelessness, joblessness and the prospect of irrecoverable economic ruin.

Such daunting challenges call for bold solutions. We call on state leaders to:

1. **Invest in the Care Economy:** Increasing the availability of affordable, quality child, elder, sick and disability care, raising the eligibility threshold for child care subsidy and enacting paid family leave will stimulate job creation, improve women’s economic participation and earnings, increase maternal and child health outcomes and decrease the disproportionate share of caregiving shouldered by women across the state, ensuring that families are able to meet care needs whether they are employed, looking for work, or pursuing education. To unlock the dividends of the care economy, policymakers should:
 - a. *Expand publicly-funded child care and early education, including Universal Pre-K, as well as elder and disability care and mandate and incentivize both public and private sector employers to adopt policies to provide or subsidize child care, and/or allow for reduced hours, flexible schedules or other measures that will allow workers to meet caregiving needs without having to withdraw from the workforce or suffer economic ruin in outsourcing care.*²³
 - b. *Pass pregnancy protections and paid leave legislation that meets or exceeds Executive Order 95--which extends to around 56,000 state employees up to 2 months parental leave²⁴, paid at 100% of salary--for all North Carolinians.*
 - c. *Expand paid leave provisions to ensure family medical leave is paid for employees caring for sick, elderly, disabled and other dependents, in addition to children.*

²³ Some federal agencies subsidize childcare at 25%, a measure which should be replicated by state agencies and private-sector employers. The Brookings Institute recommends that "every child in a family at or below 200 percent of the federal poverty level" receive some sort of child care subsidy. <https://www.brookings.edu/research/why-the-federal-government-should-subsidize-childcare-and-how-to-pay-for-it/>

²⁴ Note that the American Academy of Pediatrics supports 12 weeks’ paid leave and recommends 6 to 9 months’ parental leave: <https://www.aappublications.org/news/2020/07/01/wellness070120>

- d. *Support the community organizations and nonprofits that are subsidizing state efforts to provide economic, food, housing and healthcare assistance to vulnerable families and are struggling to meet increased demand for resources.*

2. Adequately protect and compensate the essential workforce, including women.

- a. *Provide personal protective equipment and pay a living wage (\$15/hour minimum) to the state's essential workers, which include healthcare workers; formal and informal caregivers²⁵; domestic and sanitation workers; teachers and educators; agricultural and food production, processing, service and grocery workers; and others who are disproportionately women and people of color.*
- b. *Enact measures for pay transparency and equity by requiring the measurement of, reporting on and elimination of wage gaps across gender and racial demographic breakdowns to ensure women--and particularly women of color--receive equal pay for equal work.*
- c. *Extend employment protections and benefits that will ensure workers' ability to access healthcare, provide and care for their families without facing economic ruin.*

"Increase the minimum wage. It is the people making minimum wage who have kept this economy alive." **Montica Talmadge, Care in Action with the National Domestic Workers Alliance**

3. Support the social sector and women, Black, Indigenous, Latinx and people-of-color business-owners.

- a. *Extend support for nonprofits, community organizations and small businesses, particularly those owned by racial and gender minorities, at CARES Act levels throughout the duration of the pandemic.*

"In my day job, my team works on social impact issues and in the spring and early summer, one of my teams created a set of scenarios for the future of the social sector based on the trajectory of the pandemic, economic disruption and social cohesion of our country. In our interviews for this work, there was concern that this could be an extinction level event for many orgs in the social sector because as private donor donations go down, government funding goes down quite dramatically as well and then there is a corresponding dramatic increase in demand. We are not going to have the social sector/government resources that we need to help people."

Dana O'Donovan, NC Council for Women Advisory Board

- b. *Invest in an inclusive and equitable NC economy by increasing public and private sector investment in women- and minority- owned businesses and providing technical assistance to women--and especially Black, Indigenous, Latinx and women of color--to help them to identify opportunities and financing to start or to*

²⁵ For best practices in this arena see <https://www.oecd.org/els/health-systems/47884889.pdf>

grow their business.

4. **Protect Community Members Most at Risk:** From the unemployed to the undocumented, our most marginalized communities are in need of the greatest protection during this pandemic. Policymakers should:
 - a. *For the duration of the pandemic, extend unemployment benefits at CARES Act levels to ensure lapsed benefits are renewed and expanded eligibility beyond traditional unemployment parameters is retained.*
 - b. *Over the longer term, the legislature should update the state's unemployment statute, which is currently among the nation's worst in terms of lowest allowable weekly benefit and the smallest number of weeks in duration of benefits, allowing the state to expend the roughly \$3 billion surplus that has accrued in the Trust Fund in support of workers in need.*
 - c. *Immediately extend the moratorium on eviction and utility service cutoffs throughout the pandemic to ensure that struggling families are protected from eviction.*
 - d. *Extend housing assistance for people impacted by COVID-19, such as the HOPE program²⁶, particularly targeting single mothers, while simultaneously scoping and investing in long-term solutions like creating more affordable housing, eliminating food deserts in low-income communities and designing economic programs to assist working mothers.*
 - e. *Provide assistance regardless of immigration status.*

5. **Develop a coherent, statewide strategy for safe and effective schooling, including:**
 - a. Clear statewide guidance on public health and safety indicators that must be met in order to resume operations, from virus transmission rates, to requirements for and provision of personal protective equipment for educators and clear infrastructure and renovation standards such as ventilation, plexiglass barriers and HVAC functionality before a school is cleared to resume operations, and support to achieve them.
 - b. Simultaneous and targeted investment in technological needs, from laptop and other device provision to broadband access, which should be subsidized on a needs-based basis for families with school-aged children, in order to support distance learning for at risk groups or where local closures are needed in response to outbreaks.
 - c. A plan to reverse years of practice significantly under-funding public schools in state some local governments, including increased pay for educators.
 - d. Requiring educators to adhere to their pre-COVID truancy policies to ensure child abuse and neglect does not go undetected during school closures/hybrid learning.

²⁶ See <https://governor.nc.gov/news/governor-cooper-announces-applications-open-new-rent-and-utility-assistance-program>

“School openings should be STATEWIDE, NOT BY COUNTY! This is putting too much strain on families. The worst decision ever made was having blended weeks...It’s not even helping people go back to work.” **Carol Ann Johnson, Educator/Candidate Board of Education**

CIVIC AND POLITICAL PARTICIPATION

“Develop a bi-partisan plan for controlling threats against innocent citizens during voter engagement.” -- **Mrs. Wynn (first name omitted), retired healthcare professional, Durham**

While our *Status of Women: Political Participation* report points to low levels of political participation by women, particularly Black, Indigenous, Latinx and other women of color, the interviews we conducted gave an urgent and pressing explanation from concerns about safety running for office, voting or volunteering, particularly for communities of color, to lack of affordable childcare or adequate remuneration particularly for state-level representation. We urge NC policymakers to:

- **Prioritize and ensure the safety of women and Black, Indigenous, Latinx and other people of color seeking to vote, campaign for office or volunteer in support of our civic and electoral process**, including *recognizing voter intimidation and acts of aggression by armed white supremacist and misogynist groups as a crime subject to arrest and civil or criminal charges.*
- **Take proactive measures to increase levels of representation by women, particularly Black, Indigenous, Latinx and other women of color** including through:
 - Party-based and/or body-based *quotas for gender parity*
 - *Active recruitment, training and mentoring of prospective candidates*
 - *Party-based fundraising support*
 - *Targeting upstream issues that prevent women from standing for office, including lack of affordable childcare as well as inadequate remuneration for state office²⁷*
- **Increase representation of women and Black, Indigenous, Latinx and other People of Color and attention to their rights in the State’s pandemic response:**
 - Following the December 1st submission of final reports by the Andrea Harris Social, Economic, Environmental and Health Equity and Racial Equity in Criminal Justice task forces, which have been the primary mechanism for state policymakers to ensure representation of these constituencies in the state’s pandemic response, state leaders must *develop a mechanism, such as a monthly consultation, for their ongoing input to the state’s COVID-19 response for the duration of the pandemic.*

²⁷The \$13,000 salary of a state legislator presents a barrier for most women and people of color and inaccurately reflects a theoretically part-time legislature that has increasingly governed as a full-time body. The salary should be updated to reflect a fulltime role paid a living wage would enable more women and people of color to seek office.

- Given the pandemic's gendered and racial toll, moving forward, the Council for Women and Youth Involvement may be more effective if separated into two advocacy-related agencies. Additionally, *the Council for Women Advisory Board, along with relevant counterparts advocating for the unique needs of racial and ethnic groups, should have an ongoing role in the State's Coronavirus Task Force* to ensure state efforts to respond to the pandemic are responsive to the unique needs of racial and gender minorities in the state.
- Together with these councils and their constituencies, NC leaders should *design an ongoing mechanism for the solicitation and receipt of community feedback* on the state's efforts to respond to the pandemic.
- Mandatory data collection and reporting disaggregated by age, gender, race, rurality, ability, and other demographics. It is important for North Carolinians who live at the intersection of demographic groups--most especially Black, Indigenous, Latinx and other women of color--to be counted and visible in state policymaking with regard to the pandemic and all other matters. Too much of the time our data is gender- or race- blind, or can show only race or gender, rather than race and gender together. It is impossible to design adequate solutions for marginalized groups if their issues are not visible in state data collection to begin with.

“Step 1...talk to the people in the community! Put your feet on the ground and get a true perspective of what's going.” **Shanda Hamm, Guilford County Schools educator, and mother of 3**

Innovation in the Face of Devastation ---

“I'd give subsidies to companies who are promoting people working from home.” **Montica Talmadge, Care in Action with the National Domestic Workers Alliance**

In a few instances, women we spoke with indicated some innovations and adjustments that had been made during the pandemic that we should not lose whenever this chapter eventually ends. NC policymakers should make every effort to encourage these innovations and ensure these improvements continue, enabling North Carolina to be, one day, as our mission hopes, the best place in the country for women to thrive.

As such, we recommend NC leaders support continued:

1. Telework options for workers
2. Policies to promote work-life balance for families
3. Improvements in the state's unemployment eligibility, benefits, and duration
4. Attention to and the active dismantling of systemic racism

ANNEX A: CONSULTATION DISCUSSION GUIDE

Outreach Script [For CFW Members to Say to the host/counterpart]

The Council for Women Advisory Board is conducting a consultative process to understand the impacts of COVID-19 and systemic racism on the women of NC. As part of this process we are partnering with leaders like you to understand how your community is experiencing recent events. Are you currently having similar conversations with your [x] constituency? If so, could we join this process and ask a few questions to inform our process? If not, would you be interested in partnering with us to host a conversation with your constituency? Or do you think your constituency would prefer a survey?

Preamble [introductory text to survey or consultation]

One of the signature contributions of the Council for Women & Youth Involvement is our annual Status of Women in North Carolina reports, which articulate recommendations for how to improve the lived experience of women in the state. However, the onset of COVID-19 and the increasing dialogue and awareness of systemic racism in the state and nation have inspired us to update our recommendations by engaging in a consultative and intersectional process engaging with thought leaders across the state.

Using the 2018 *The Status of Women in North Carolina: Employment & Earnings* and 2019 *The Status of Women in North Carolina: Health & Wellness* report outcomes as a basis, the objective of these discussions is to determine updates to the report recommendations driven by unprecedented current events.

1. Economy and Earnings: A key finding from our report was X, and we also found that Universal Pre-K, equal pay and paid leave were the most urgently needed solutions to help NC women, but beyond that, are there other interventions we missed that would be helpful at this time?
2. Health and Wellness: A key finding from our report was Y, and we also found that Medicaid expansion and increased funding for domestic violence and sexual assault services. We know that people who lack Medicaid and victims of domestic violence are impacted by the pandemic at alarming rates.
3. Political Participation: A key finding from the reports released in August was the need for parity and more representation of women in the NC legislature and a need to ensure and promote options for voting during the pandemic including: early voting, absentee ballots and recruiting more poll workers. Are there any issues you are seeing or concerned about regarding voting or access for voters at this time?

Introductory Questions

4. How are you experiencing the current moment?
 - Follow-up for experience of both COVID-19 and social uprisings
5. How has the pandemic impacted the health of yourself, your family and community?
 - Physical
 - Mental
 - Services

6. How has the pandemic impacted the economic or financial picture for yourself and your family? Your business, organization or community?
 - [If challenges] Have you been able to access any of the federal or state support that has been deployed? Why or why not? How has that
 - If an essential or non-essential worker, what has been the impact on your work/life balance?
7. How has the pandemic impacted the security of yourself, your family and your community? (ask as three separate questions and wait for responses to each)
 - Probe here for domestic violence or policing

Understanding the Balance of Care Giving

8. Please describe any caregiving duties you have
 - a. As appropriate follow-ups: "Who is helping with these duties?" "Who will care for you if you become ill?" "What have you had to "let go" during the pandemic?"

Understanding New Learnings and “Keepers”

9. Is there anything that has changed for the better for you in this moment? Anything that you don't want to go back to the way it was before?
 - Probe here for things like work from home flexibility, emphasis on racial justice or valuing care work, etc.

Closing

Thank you for participating in this discussion. We have captured the insights you have shared to inform a report that we're preparing as part of our participation in the Andrea Harris Social, Economic, Environmental, and Health Equity Task Force. The Task Force was appointed by Governor Roy Cooper as part of the state's COVID-19 response, and seeks to address the social, environmental, economic, and health disparities in communities of color disproportionately impacted by COVID-19. We see our role on the Task Force as one to shine a light on the unique experience of women in these communities in this moment, and will be using this report to make recommendations that will improve NC policymakers' COVID-19 response for women, particularly Black, Indigenous, Latinx and other women of color. We so value your time and appreciate your participation in our process. If you would like a copy of our report, please don't hesitate to reach out to the Board member who organized this session, and we will happily supply that information. The complete Status of Women in North Carolina series is available on our website: www.councilforwomen.nc.gov.

Until then, we wish you and yours all the best in health, happiness and wellbeing.

ANNEX B: THANK YOU TO OUR INTERVIEWEES _____

Roxana Alston, former board member, NC Board of Cosmetic Arts Examiners

Paige Black Rosemond, Division Director, Wake County Government, Department of Human Services/Division of Child Welfare

Cynthia Daniels-Williams, President, Delta Sigma Theta Sorority, Inc., Knightdale, Wake Forest, Zebulon, Rolesville, and Forestville, and Northeast Raleigh service areas -- local chapter

Carianne Fisher, Executive Director, NC Coalition Against Domestic Violence

Laura Garduño García, Siembra NC

Ami Goldstein, MSN, CNM, FNP, President, American College of Nurse-Midwives-NC

Shanda Hamm, Guilford County Schools educator and mother of three children

Dr. Yolonda Holmes, Chairperson, Mecklenburg Women's Advisory Board

Vivette Jeffries-Logan, Founding Partner of Biwa Consulting: Emerging Equity, Inc., member of the American Indian Women of Proud Nations and member of the Occaneechi Band of the Saponi Nation

Carol Ann Johnson, educator, and candidate for Board of Education in Pender County

Lisa Lily, former Scotland Yard Detective, Federal Prisoner Case Manager Wilmington, NC

Tracey Ray Ph.D., Executive Director of Safe Haven of Pender County

Roberta McCullough, Executive Director - Women's Business Center of NC

Tina Sherman, Campaign Director, Moms Rising

Vivian Slade, Chairperson of the Durham Commission for Women

Montica Talmadge, Care in Action with the National Domestic Workers Alliance

Chris Campbell, Inlivan executive, Charlotte

Dr. Paula Locklear, Human Resources, Hoke County Schools, Raeford, NC

Kathryn Wandling, New Hanover County Women's Commission Chairperson

Mrs. Wynn (first name omitted), retired healthcare professional, Durham

Jennifer Young Brewer, Vice Chairwoman, American Indian Women of Proud Nations and member of the Lumbee Tribe

Zeta Phi Beta Sorority, Inc., NC State Area Coordinators:

- **Erika Jones**, Zeta Phi Beta Sorority, Inc. NC State Area 1A Coordinator
- **Yolanda Malachi**, Zeta Phi Beta Sorority, Inc. NC State Area 1B Coordinator
- **Arshena Overton**, Zeta Phi Beta Sorority, Inc. NC State Area 2B Coordinator
- **Tanya Wilkins**, Zeta Phi Beta Sorority, Inc. NC State Area 3 Coordinator
- **Cyshelle Williams-Graham**, Zeta Phi Beta Sorority, Inc. NC State Area 4 Coordinator

Organizations:

- **North Carolina Women United (NCWU)**, featuring quotes from
 - **Sherry Honeycutt Everett**, NC Coalition Against Domestic Violence
 - **Beth Messersmith**, Moms Rising
 - **Charnessa Ridley**, President NCWU and Associate Director, Associate Director of UNC-Greensboro Campus Violence Response Center
- **North Carolina Council for Women Advisory Board** (*provided quotes)
 - **Jenny Black***, Chair and CEO, Planned Parenthood South Atlantic
 - **Candace Gingles**
 - **Andreina Hall**
 - **Elsa Jimenez-Salgado***
 - **Emily Kirby**
 - **Betty Marrow-Taylor***, Deputy Secretary of Advocacy
 - **Del Mattioli**
 - **Catherine McDowell***
 - **Settle Monroe**

- **Crystal Moore**
- **Kimberly Moore***
- **Mindy Oakley**
- **Dana O'Donovan***
- **Dr. Patricia Parker***
- **N. Joyce Payne, Ed.D.***
- **Robin Wicks Robinson***, North Carolina District Court Judge
- **Adrienne Spinner***
- **Carrie Stewart***
- **Annette Taylor**
- **Lyric Thompson**
- **Kate Woodbury***