

PATHWAYS IN THE PANDEMIC

Executive Summary



Women's Fund of Hawai'i's report *Pathways in the Pandemic: Intersectional Impacts of COVID-19 in Hawai'i* serves as a snapshot into communities during earlier phases in the pandemic, prior to the Delta variant surge which further stretched healthcare systems and social safety nets. Authors found vast differences in impacts depending on how one is positioned by race/ethnicity, gender, sexuality, disability, class status and other factors. This report examines impacts in three main sections—Health; Economic and Financial; and Voice, Culture, and the Environment—and argues for a Care-Led Recovery.

In terms of health, Hawai'i ranked last in case counts (2340 cases per 100k people) and had the lowest mortality rate in the U.S.; but the direct and indirect impacts varied greatly when examining health intersectionally. Data on trans*, nonbinary, or non-conforming people was non-existent, demonstrating limits to understanding how all communities were affected.

- Pacific Islander and Filipinx communities are disproportionately impacted: The mortality rate for Hawai'i's Pacific Islanders is the highest in the U.S. (319.6 deaths per 100,000).
- Three in seven incarcerated people contracted COVID-19, with zero cases reported in Hawai'i's only all-women prison.
- Birthing people experienced increased rates of high blood pressure, abnormal placentas, increased bleeding, postpartum hemorrhages, and postpartum mental health support.
- Abusers found new ways to exert violence, control, and manipulation specific to the pandemic during the stay-at-home directive.
- Vaccine access mirrored long standing health inequities with Native Hawaiian and Pacific Islander communities having lower rates of vaccination.
- Working class households were more likely to experience mental health issues than middle class households.

Economically Hawai'i's women experienced less secure lives, particularly when considering layers of women's identities. Women experienced their collective precarity in the workforce with the highest rate of unemployment in the U.S. from August 2020 until March 2021, with the Filipinx community experiencing the highest rate among all groups. Despite women making up two thirds of frontline workers, there were significant job losses in feminized sectors of the economy considered "essential services," particularly healthcare/social assistance. Privatization of CARES Act money, the lack of affordable housing exacerbated by the pandemic, and

a lack of care infrastructure left many women without much-needed support from the government or private sector. The pursuit of a “tourism-led” recovery excluded many working class women of color, while Hawai‘i remained an accessible place for tourists and wealthy elites to find solace from COVID-19, further contributing to the displacement and outmigration of Native Hawaiians and local families.

- Zero CARES Act funding was earmarked for programs aimed at women specifically or to Native Hawaiian, Filipinx, or Pacific Islander women, compared to Honolulu Police Department being awarded 10% (\$40m) of Honolulu County’s CARES Act money and hundreds of millions of dollars to the tourism/hospitality industry from the CARES Act and PPP loans.
- Child care is doubly privatized, as care is relegated to the “private” realm of the family and paid for in the private sector. By March 2021 4,800 child care seats were lost despite awarding \$11.9m of CARES Act money to private providers (compared to \$2.5m awarded to Head Start) while child care worker wages remain low at \$12.43/hour.
- Community care and mutual aid efforts demonstrate the ability for a viable alternative, such as community-based child care networks.
- The Hawai‘i State Commission on Status of Women reported that landlords were requesting sex in lieu of rent for tenants. A domestic violence center found that 43% of clients responded they were “staying at shelters, transitional housing, homeless on the street or back living with the abuser.”

In terms of Voice, Culture, and Environment the pandemic created opportunities and obstacles to exercising political voice and for feminist, social, and labor organizing. Collective action and grassroots organizing led by workers and women’s organizations played key roles in mitigating the gendered impacts of the pandemic.

- Shifts in relationships and access to ‘āina (land) due to stay-at-home orders and gathering restrictions. Some places were available for a brief restoration/reclamation with the absence of tourists while other community spaces like lo‘i (water taro patch) or fishponds were generally inaccessible due to gathering restrictions.
- A hula hālau (school; group) which supported the Mauna Kea movement began to share their once tightly-kept genealogies online to continue their work as kia‘i (protectors).
- Notable achievements include: Securing \$20m for Native Hawaiian healthcare, improved pay and safety conditions for hotel workers, raising money for a sex trafficking relief fund, running a neighbor island transgender community support group, and doulas organizing for state-wide improvements to hospital maternity policies.

The pandemic demonstrated the bankruptcy of extractive relations, processes, and ways of living that perpetuate climate destruction, economic and social exploitation, and violence. A Care-Led Recovery would include expansion of social safety nets, including workers’ rights, investing in care infrastructure, provision of quality public services and healthcare, centering survivors and disability in public health considerations, a reckoning with Hawai‘i’s own history, and much more. A Care-Led Recovery re-imagines an economy that genuinely works for and cares for everyone.

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