AUGUST 2021

PATHWAYS IN THE PANDEMIC

Intersectional Impacts of COVID-19 in Hawai'i

WOMEN'S FUND OF HAWAI'I

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Women's Fund of Hawai'i (WFH) is a unique, grassroots, feminist community foundation that is creating more pathways to economic security, leadership opportunities, health, education, and safety for Hawai'i's women and girls by investing in the power of girls and women to build stronger, more equitable communities across the islands. WFH provides research, programming, and grantmaking that empower women and girls in Hawai'i with the goal of one day achieving a Hawai'i where every woman and girl is safe, healthy, financially secure, and encouraged to reach her fullest potential.

WFH funds innovative, grassroots programs for women and girls, addressing issues such as financial security, safety, self-esteem, adolescent pregnancy, physical and mental health, substance abuse, prostitution, incarceration, immigration status, sexual orientation, inadequate child care, and sports inequalities. Learn more at www.womensfundhawaii.org.

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EXECUTIVE SUMMARY

At the time of writing in August 2021, Hawai'i and much of the U.S. is immersed in a surge of new COVID-19 cases, once again stretching health infrastructure and resulting in the loss of life. Political and public willingness to reinstate prior public health measures is lacking, even as the impacts of earlier phases of the pandemic have far from abated. Across the multiple spheres of life that COVID-19 has impacted, there are vast distributional differences in terms of who is most affected, depending on how one is positioned by race/ethnicity, gender, sexuality, disability, class status and other factors. While this report aims to outline these distributional issues in the impact of COVID-19 as a multidimensional crisis, it also aims to highlight individual and community stories of survival and agency amidst constraints.

Report Aims and Methods

The report aims to understand (1) How has COVID-19 impacted gender relations, understood intersectionally? and (2) what policy and advocacy/activism pathways can help to address these impacts? The **purpose** of the report is to analyze the gendered impacts of the pandemic up to the current moment, in order to help inform feminist advocacy, organizing and policymaking processes in and beyond. The report also sheds light on the economic impacts of the pandemic, including on workplace conditions. The report utilized a mixed methods research approach, synthesizing existing data and literature while also incorporating interviews with individual community members as well as advocates in relevant fields. The research process itself also illuminated **key gaps** in information and analysis about the impacts of the pandemic on: people's economic strategies for survival; informal work; outmigration; substance use disorder; different immigrant/migrant groups; men, masculinities, and violence; sexuality and intimacy; gender norms around care and parenting and more.

Key Findings

The pandemic has had **multidimensional and at times contradictory effects** on different areas of women's and marginalized peoples' lives. Particular groups have also borne the brunt of poor, gender-blind responses, as in the case of single mothers and women who are immigrants. One principal outcome amongst marginalized groups includes losing touch with social services and safety nets – what we have referred to as the "COVID missing."

In terms of **health**, while Hawai'i has had relatively fewer cases of COVID-19, compared to other U.S. states, Pacific Islander and Filipinx communities were disproportionately impacted by COVID-19 in Hawai'i, as the places they live and work are more likely to put them at increased risk. While fewer women than men have contracted, been hospitalized, or died from COVID-19, women and gender relations have nevertheless been impacted by the health dimensions of the crisis, being more likely to have lost access to health insurance during the pandemic, forgone routine medical treatment and experienced greater mental health declines than men. Gendered identities have also shaped systems of care, influenced health outcomes and impacted a range of other kinds of social behavior and relationships during the pandemic. Further exploration of the impacts of COVID-19 on incarcerated women, trans*, and nonbinary people is a key gap to further explore in relation to overall health, impacts to mental health and other dimensions of economic and social well-being.

Geographic location, class/socio-economic status and race/ethnicity strongly shape vaccine access

and uptake, with various impacts for more marginalized social groups and individuals. Gender, in contrast, appears to have less impact on vaccine access locally, although national accounts offer differing pictures. In the report we argue that privileging work status entrenches a masculine, ableist economic bias within public health measures. Lack of vaccination access is the principal issue for racialized communities, although histories of unethical medical experimentation and targeted disinformation also influence vaccine access and uptake.

In relation to reproductive and sexual health, while some services were extended or flexibilized, often thanks to feminist organizers, shelter-in-place orders, reduced medical services, loss of medical insurance and increased violence negatively affected women, femme-identified, trans*, and nonbinary people. Access to sexual and reproductive health information were not always seen as high priorities during the pandemic, compared to COVID-19-related health phenomena. The pandemic has also transformed the birthing experience physically and emotionally and birthing advocates highlighted instances where the pandemic has been used as an excuse for racist treatment of, or denial of services to, women of color. Mental health issues have sharply increased during the pandemic, with women more likely to report mental health challenges more than men and Native Hawaiians reporting significantly more mental health impacts compared to other groups. Women seeking treatment for substance use disorder during the pandemic also faced numerous obstacles and barriers and residential substance treatment centers experienced difficulty admitting or keeping women in their programs due to COVID-19 restrictions.

Increases in **gender-based and sexual violence** (GBSV), intimate partner violence (IPV), and other forms of violence and exploitation were widely predicted at the outset of the pandemic and a significant upsurge in GBSV has since been documented, especially during shelter-in-place/stay-at-home orders. Those perpetrating violence appear to have found new or additional ways to exert violence, control, and manipulation specific to the pandemic during the stay-at-home directive. Pandemic-specific forms of sexist and racist violence related to mask-wearing and infection have also been documented, often against service workers, and advocates have also highlighted an anecdotal increase in LGBTQ victim-survivors seeking support for IPV. These forms of violence are compounding the already multiple threats to Native Hawaiian, Filipinx, and other women of color's bodily integrity and health. The factors which affect women's ability to transition to safety have also been aggravated during the pandemic, including increased mental health issues, economic and housing insecurity and immigration status. Excessive and/or arbitrary use of the criminal justice system and disproportionate spending on policing during the pandemic have further criminalized houseless and incarcerated communities.

In terms of the **economic and financial impacts** of the pandemic, COVID-19 has shaped multiple dimensions of women and people of color's lives, from high unemployment in sectors in which women and people of color predominate, deteriorating workplace conditions, increased housing and financial insecurity, and gender bias in fiscal stimulus measures. Women in Hawai'i experienced the highest rate of unemployment in the U.S. from August 2020 until March 2021. As elsewhere, there were also significant job losses in feminized or women-intensive sectors of the economy considered "essential services" – especially healthcare/social assistance and education. Layoffs and

demands for increased flexibility have significantly affected hospitality housekeeping staff, who are primarily Filipinx and immigrant women. The failure to rehire employees has revealed that a tourism-led "recovery" is more fiction than fact, even as hotels "health-wash" their services and pursue cost-savings. Moreover, UI has been an insufficient safety net for many women and families, given they provide less than full wages and of course miss out those who do not qualify. Those reporting "other" as their race/ethnicity represented the largest category of UI claimants, after which Filipinx were the largest group of unemployed claimants, followed by "White/Latino" workers and Native Hawaiians fourth. The limitations of categories such as "other" and conjoining "White" and "Latino" highlight how "disaggregated" data, even when available, can remain problematic. While women appear to have regained some jobs lost, it is not known how many women have dropped out of the labor force altogether and little is known relates to the effects of the pandemic on informal work.

People have pursued a range of ways of coping financially during the pandemic, juggling costs in order to meet basic needs. Housing issues have also been prominent for women, Native Hawaiians, and marginalized groups – an issue that the ongoing nature of settler colonialism in Hawai'i exacerbates. Workers and unions have continued to challenge unsafe and unfair labor practices, especially in sectors and occupations in which women predominate. Those working on the frontlines, in social services and in women's organizations also highlighted how COVID-19 has intensified their work. At the other end of the economic spectrum, Hawai'i remained an accessible place to buy relative solitude and safety for wealthy elites, contributing to the displacement and outmigration of Native Hawaiians and local families.

Significant gender bias affected how federal resources were utilized with no funding awarded to support programs aimed at women specifically and less than $250k was allocated for the prevention of family violence. Funding from Hawaii's CARES Act and Paycheck Protection Program (PPP) were often used to support private companies, demonstrating how much-needed public services are systematically underfunded, privatized, and then resourced with public funds in a circular manner. Underfunded and ineffective public services are an intersectional feminist issue, reproducing inequalities where women often pay higher proportions of their incomes in taxes yet rarely have full and equal access to the services these taxes pay for and often being required to pick up the slack when services are cut or crisis hits. Such dynamics have been notable in child care, healthcare, and food systems, to name only a few. Child care, in particular, is doubly privatized, as care is relegated to the "private" realm of the family and paid for in the private sector. Child care providers faced onerous funding applications, resulting in thousands of lost seats and leaving families without care, potentially forcing women out of the workforce.

In terms of **unpaid work and care**, COVID-19 has magnified Hawai'i's existing child and eldercare crisis, although local data are insufficient to fully analyze and quantify these effects. However, accounts from research participants demonstrate the myriad ways women have been responding to the unpaid care crisis during COVID-19 and not only as mothers in heterosexual couples. These accounts make clear how women's mental health has suffered from carrying increased burdens

of unpaid work and care. Child care worker wages are some of the lowest in the economy yet high costs of paid care present complex dilemmas for caregivers and those cared for. Yet community care and mutual aid represented a positive and significant theme in many interviewees' accounts of their experiences, including some examples of community-based child care networks. Indeed, moments of joy, connection and pleasure also formed part of women's narrative of care during COVID-19, with friendships and intimate partnerships at times strengthened.

In relation to **voice, culture, and environment**, the pandemic has created both opportunities and obstacles to exercising political voice and for feminist, social, and labor organizing. Ongoing leadership failures, corruption, and misinformation continue to impact the landscape of rights and voice during the pandemic. Corruption and democratic voice are feminist and social justice issues, as women and those identifying as femme, nonbinary, and trans* continue to be excluded from many decision-making processes related to COVID-19 action and response. Nevertheless, unions and women's organizations in particular have played key roles in mitigating the gendered impacts of the pandemic as women and workers continue to come together to improve their material conditions, with notable achievements in health, workplace conditions, violence, and community building. In relation to culture and environment, the pandemic has also reconfigured social and cultural spaces, practices and relationships to ʻāina (land), creating both opportunities as well as obstacles to community and cultural connection.

Conclusions

Analyzing the pathways of the COVID-19 pandemic makes clear that a re-imagining of systems and economies of care is paramount in dismantling systematic and intersecting oppressions. At the same time, many of Hawai'i's **regressive recovery measures** are contributing to "a socially regressive dynamic of state-led economic restructuring" wherein privatization and investment in exploitative systems continues to be built across women's backs. Across the different areas surveyed, we have identified multiple impacts to women's and marginalized peoples' lives related to logics and systems of (1) exclusion, dispossession, and displacement; (2) privatization; and (3) gendered and racialized divisions of labor. At the same time, organizing and collective action pushed back against some of the most regressive measures and achieved material gains for women and marginalized people.

Recommendations

What the pandemic has perhaps demonstrated is the bankruptcy of extractive relations, processes and ways of living that perpetuate climate destruction, economic, and social exploitation, and violence. **We call on local policymakers to implement the recommendations outlined in Hawai'i's Feminist Economic Recovery plan** as well as the existing, collective, and unmet demands for justice we have outlined in our report. This regressive recovery must be redirected through the following pathways to transformation:

- Feminist Leadership, Representation and Gender-Responsive Public Services
- A Care-Led Recovery
- Regenerative Economies
- Feminist Transformative Justice

Moreover, greater space, practices, and rights which deliver rest, recovery, and healing for marginalized people and planetary systems are needed so that we can renew and revise systems of collective care and transform intersecting oppressions beyond all recognition.

COLLECTIVE POEM

A poem compiled collectively from individual participants' words.

Feeling of the apocalypse
I had to be intentional about my own care
There is racial insensitivity happening, but blaming it on covid
There's only a few of us now because so many are not there

One day I just broke down...
still having to go to work
and comfort other people
and having to support others.

I was willing to risk my life to make coffee for customers.

I was so paranoid.
I was angry...

I eventually basically became a free nanny
Then they ended up firing me because they said I had abandoned them
I was drowning for a very long time because there was so much need
I was pulled in a million different directions on any given day

I lost reliable sources of income, access to land and basic human necessities,
have experienced displacement in the place I grew up
there was so many sweeps

... so many people were dying and not a lot of people were noticing.

People are rejuvenating themselves
And nature is thriving on being forced to stop
Teaching kids on the computer 8 hours a day goes against the role of ʻāina in our lives
We put a ton of money into buildings
What if we put that money into loʻi and fishponds
I surfed a lot
I got to see what Waikiki was like before
We played music all day and we danced

We created connections with so many organizations
Other halau were able to connect with off island brothers and sisters
Our ability to work together and the aloha we have for each other is important
Farmers and fisherman just drop off food to others
I discovered who my family is on Maui. They showed up
There is a pride in giving things away

It made me realize how much I love her.

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1. INTRODUCTION

The COVID-19 pandemic is a multi-dimensional and still unfolding crisis. At the time of writing, Hawai'i is confronting the challenges of the Delta variant as well as the ongoing economic and social effects of previous phases of the pandemic. While the return of tourism has been strongly promoted,[1] local employment gains have been minimal in the hospitality industry, residents remain concerned about the industry's impact[2] and comprehensive economic recovery remains years away. Housing insecurity has increased[3] while the pre-existing pandemics of gender-based violence, mass incarceration, wealth and income inequality, climate destruction, and more remain urgent. While many schools have re-opened or offer hybrid options, many working families continue to struggle balancing care for children and elders with working life alongside renewed concern about at-school transmission. Those with disabilities and health problems continue to face difficult choices about how to best protect themselves. Across the multiple spheres of life COVID-19 has impacted, we can document vast distributional differences in terms of who is most affected, with those impacts being uneven depending on how one is positioned by race/ethnicity, gender, sexuality, disability, class/socioeconomic status, and other factors. While this report aims to outline these distributional issues in the impact of COVID-19 as a multidimensional crisis, it also aims to highlight individual and community stories of survival and survivance[4] and agency amidst constraints. As the efforts of feminist and women's organizations highlighted in the report demonstrate, achievements often entail preventing further harm and roll-back on rights, in addition to efforts that clearly advance intersectional feminist visions for justice and transformation.

1.2 Research Questions and Aims

The **overarching purpose** of the report is to analyze the gendered impacts of the pandemic up to the current moment, in order to help inform feminist advocacy, organizing, and policymaking processes in and beyond. The report aims to address the following questions:

1. How has COVID-19 impacted gender relations, understood intersectionally?
2. What policy and advocacy/activism pathways can help to address these impacts?

The report has **four specific aims**:

1. To synthesize and analyze the existing literature and data on the gendered impacts of COVID-19 in Hawai'i;
2. Collect and analyze a limited number of impact stories/case studies;
3. Highlight key data and knowledge gaps; and
4. Generate recommendations for addressing impacts and building momentum for longer term change at the level of local policy, research, and feminist organizing.

1 https://uhero.hawaii.edu/wp-content/uploads/2021/05/21Q2_Public.pdf

2 https://www.hawaii.edu/news/wp-content/uploads/2021/06/Managing-Tourism-in-Hawaii-1.pdf

3 https://uhero.hawaii.edu/november-rental-market-troubling-signs-remain-as-state-prepares-for-an-uncertain-2021/

4 Vizenor, G. (Ed.). (2008). Survivance: Narratives of native presence. U of Nebraska Press.

This involves a focus on the impact of COVID-19 on gender relations and specifically on different women-, femme-, and nonbinary-identified people. It also looks at what policies as well as potential areas for organizing can help to respond to these impacts.

1.3 Methodology

This report utilizes a mixed methods research approach, synthesizing existing data and literature while also incorporating a number of interviews with individual community members as well as advocates in relevant fields. This approach included:

- An initial literature review, incorporated into the Report thematic areas below;
- Additional data and information from 15 organizations;
- 26 semi-structured, qualitative interviews inquiring into peoples' experiences and conditions throughout the pandemic. Interviews addressed questions such as "What impacts have you witnessed on different communities?" and "How has your life changed since/because of COVID-19?"
- Four written stories were also submitted in response to an online launch of a call for stories inquiring about the impacts of COVID-19 women and femme-identified, trans* and nonbinary people experienced.

Key informants were recruited through research on relevant service providers, through Women's Fund of Hawai'i (WFH) and through the Hawai'i State Commission on the Status of Women's (HSCSW) feminist COVID-19 response team group. Community members were invited to participate in the research through snowballing techniques through the above informants and other organizations as well as through social media "calls for stories" circulated through WFH and HSCSW. Interview questions can be found in Appendix A.

1.4 Analytical Approach

Several notes are worth mentioning about how we have understood key analytical foci within this report. In the first instance, we have pursued an **intersectional** analysis of COVID-19 impacts by focusing on points of multiple oppression and the stories of those experiencing the brunt of impacts, including Native Hawaiian and Pacific Islander women, immigrant women, houseless, disabled, and queer women. The focus on "**gendered** impact" rather than "the impact on women" includes a focus on women-, femme-, and nonbinary-identified people as well as changes in gender relations as much as possible. We have also sought to analyze how social identities related to femininity and masculinity, motherhood, etc. may be relevant to the issues and impacts found.

At the same time, we are aware that the framing of **"impact"** itself can tend to frame women or femme-identified people as passive or vulnerable, rather than as agents who respond to changes in their lives. However, this framing is still useful to highlight distributional issues as well as instances where individuals, groups, and communities have found ways to navigate the pandemic. For this report, we have used the language of "pathways" to highlight the different routes of impacts in context.

Cognizant of vast debates and differences in understandings,[5] in this report we draw on an understanding of the differences between colonial and racial domination, as well as the ways they are entangled through logics of indigenous elimination and racist ideologies implemented through colonial settlement.[6] This means that **indigeneity is understood as distinct from race**,[7] as indigenous peoples such as Kanaka Maoli (Native Hawaiians)[8] have a distinct relationship to Hawai'i through enduring and "prior occupancy, sovereignty, and nationhood."[9] At the same time, contemporary usage of racial and ethnic categories in research and data not only congeals these socially constructed categories into supposedly immutable biological categories[10] but flatten differences between ascribed racial categories and indigenous identifications such as Kanaka Maoli/Native Hawaiian.[11] Where possible, in this report we have tried to unpack some of these categorizations; however, oftentimes the level of analysis we have been able to offer remains at the level of highlighting inequalities between categorized groups.

1.5 Gaps and Limitations

In terms of the research process and the report itself, there are a number of constraints and limitations that shaped the research. In the first instance, the report is a snapshot into a rapidly evolving and complex scenario which is distributed unevenly spatially, temporally, and socially. The information analyzed is also critically limited in that it does not address **the COVID missing** – those who have lost touch with social services and safety nets and others whose information and experiences are not being included. Secondly, while the research has gathered and analyzed data on gender, race, class, and other axes of difference shaping how people experience the pandemic, the report has not always been able to analyze and unpack how different conceptions of these social categories are operating[12] and therefore potentially excluding people at the intersections and margins. We do hope, however, that by analyzing some of the research and data highlighted differences between ascribed groups and categories, we can at least begin to advance more intersectional analysis of

5 See, for example,Hall, L. K. (2008). Strategies of erasure: U.S. colonialism and native Hawaiian feminism. American Quarterly, 60(2), 273-280 and Darrah-Okike, J. (2020). Theorizing race in Hawai'i: Centering place, indigeneity, and settler colonialism. Sociology Compass, 14(7), e12791.

6 Sharma, N. T. (2021). Hawai'i is My Haven: Race and Indigeneity in the Black Pacific. Duke University Press, page 315

7 As Kauanui writes "indigeneity is a category of analysis that is distinct from race, ethnicity, and nationality—even as it entails elements of all three of these"(2016), no page. Kauanui, J. K. (2016). 'A structure, not an event': Settler Colonialism and Enduring Indigeneity. Lateral, 5(1), 5-1.

8 We have used the term "Native Hawaiian" in this report.

9 Kauanui, J. K. (2016). 'A structure, not an event': Settler Colonialism and Enduring Indigeneity. Lateral, 5(1), 5-1, no page.

10 Like race, indigeneity is a socially constructed category rather than one based on the notion of immutable biological characteristics" (2016), no page. Kauanui, J. K. (2016). 'A structure, not an event': Settler Colonialism and Enduring Indigeneity. Lateral, 5(1), 5-1.

11 See Kauanui, J. K. (2008). Hawaiian blood. Duke University Press.

12 McCall refers to this as "anticategorical complexity" within approaches to intersectionality, or an approach which "deconstructs analytical categories" (2005), page 1773.McCall, L. (2005). The complexity of intersectionality. Signs: Journal of women in culture and society, 30(3), 1771-1800.

COVID-19 impacts.[13] Future intersectional research must attend to "particular social groups at neglected points of intersection"[14] such as **trans*, gender nonbinary or gender non-conforming, and women experiencing multiple oppressions** related to race/ethnicity, disability, sexuality, socioeconomic status/class, and other differences. Unsurprisingly, we often found data and research were not organized in ways that either captured or allowed disaggregation by gender, race, disability, and sexuality, in particular. We have endeavored to note these limitations throughout the report and to highlighted areas for future research in each relevant section.

In a third area, due to safety and safeguarding concerns, we have also not been able to delve into great depth on issues of **gender-based and sexual violence** during the pandemic, given the inability to guarantee privacy and safety in doing virtual interviews with survivors. This concern relates also to others experiencing facets of marginalization related to houselessness, systemic sexual exploitation, and incarceration, to name a few.

Finally, the research is limited by its **nature as a research report utilizing paid researchers**. While we have been able to interview and speak with some members of the community as well as with different social and feminist advocates, the report does not represent the outcomes of a community-driven, strongly participatory process, nor is it exhaustively representative of all impacts of the pandemic on different oppressed groups. It is, however, hoped that the information collected here can help to inform broader dialogues and can contribute to ongoing debates, organizing, and action to transform multiple and intersecting axes of oppression.

The research process has helped to highlight **gaps** in information and analysis that can help to inform areas of future study, advocacy, and action. These are not limited to but include:

- Intersectionally disaggregated data in relation to the multiple impacts of the pandemic.[15]
- People's **economic strategies** for survival, including use of credit, selling off assets, retirement savings, etc. (On the other hand, certain strategies that were documented include delaying medical care, delaying medical care for children, or canceling plans for post secondary education.)[16]
- Analysis of mutual aid efforts and their contributions to gender, racial, and economic justice.
- The status of **informal work** including whether there were increases in cash work, including **prostitution/sex work**.

13 McCall refers to this as "intercategorical complexity" within intersectional approaches where "scholars provisionally adopt existing analytical categories to document relationships of inequality among social groups and changing configurations of inequality along multiple and conflicting dimensions" (2006), page 1772.

14 What McCall refers to as "intracategorical complexity" (2006), page 1773.

15 Such as those outlined here: https://www.americanprogress.org/issues/women/reports/2020/07/15/487429/toward-equitable-treatments-womens-health-coronavirus-beyond/

16 https://www.hawaii-can.org/covid19_dashboard

- The role of **outmigration** as a pandemic coping/response strategy.[17]
- Possible changes in reporting of **child abuse**.[18]
- Mixed reporting on **substance use disorder** during COVID-19.
- The role and activities of **faith-based organizations** from food and basic needs as well as in providing spiritual support.
- The experiences of **women immigrants** and migrants, including COFA migrants in the state.[19]
- Men's experiences, roles, and **masculinities** in the context of increased family and intimate partner violence during the pandemic.
- The role and impact of **sexuality** and intimacy in relation to COVID-19 pandemic from intersectional, queer, and/or transfeminist perspectives.[20]
- The impact of the pandemic on traditional **gender norms around care and parenting**.[21]

17 See https://uhero.hawaii.edu/covid-19-developing-economic-recovery-scenarios-for-hawaii/ and https://www.publicradio.org/business-news/2020-06-02/economist-thousands-of-residents-may-leave-due-to-COVID-19-recession on speculation and previous population decline.

18 While some advocates mentioned that there were not decreased reports of child abuse, there may have been changes in terms of where calls came from. Initial media reports suggested reporting of cases had decreased: https://www.kitv.com/story/43662017/-group-warns-of-unreported-child-abuse-taking-place-during-covid19-pandemic and https://www.hawaii-can.org/keikifirst_childabuse for more info.

19 Existing studies provide some starting points on the impact on Pacific Island Islander communities, with some gender-disaggregated data https://www.usccr.gov/files/2021/05-19-HI-SAC-COVID-19-and-Pacific-Islanders-Report.pdf and in relation to ethnicity https://hawaiicovid19.com/wp-content/uploads/2021/03/COVID-19-Race-Ethnicity-Equity-Report.pdf

20 Some initial studies include: Döring, N. (2020). How is the COVID-19 pandemic affecting our sexualities? An overview of the current media narratives and research hypotheses. Archives of sexual behavior, 49(8), 2765-2778; Lopes, G. P., Vale, F. B. C., Vieira, I., da Silva Filho, A. L., Abuhid, C., & Geber, S. (2020). COVID-19 and sexuality: reinventing intimacy. Archives of Sexual Behavior, 49(8), 2735-2738; Frischherz, M. (2020). Finding Pleasure in the Pandemic: Or, Confronting COVID-19 Anxiety through Queer Feminist Pleasure Politics. QED: A Journal in GLBTQ Worldmaking, 7(3), 179-184.

21 See for example, Güney-Frahm, I. (2020). Neoliberal motherhood during the pandemic: Some reflections. Gender, Work & Organization, 27(5), 847-856.

2. BACKGROUND

While far from exhaustive, some initial background information on the economic, social, and political context is helpful toward understanding the pathways of impact in the context of the COVID-19 pandemic. While much of this report references U.S. national data, it should be emphasized that Hawai'i's relationship to the U.S. is highly contested. Many Native Hawaiian advocates, scholars, and allies understand Hawai'i in the context of U.S. occupation[22] and highlight the ongoing nature of settler colonialism, which is continually reproduced in the present rather than referring solely to the effects of past colonization.[23] The impacts of colonization and settler colonialism on Native Hawaiians and other racialized people are widely and deeply felt through many aspects of public and private life. While this report situates the current impact of COVID-19 largely with relation to the U.S. national context, there are also significant connections to impacts and experiences in other parts of the Pacific that warrant future, sustained attention. With this background in mind, Hawai'i has been affected by the wider U.S. context in several important ways, including the failures of the Trump Administration to proactively and effectively respond to the crisis in its initial stages and long-term challenges linked with neoliberalism and federalized U.S. government systems and institutions.[24] In the following sections, we outline some of the specific economic, social, and political contexts that set the stage for the pandemic's pathways in Hawai'i.

2.1 Economic Inequalities

For the first quarter of 2021, Hawai'i had the highest cost of living in the United States.[25] In 2018 a family of four needed to earn $80,417 to achieve a modest, economically secure standard of living without government assistance.[26] Across the state, for families of four, 42.9% of families were living below this threshold.[27] While some official figures place poverty rates below national averages, deeper analysis shows that 131,000 people, 13.4% of residents, live below the Supplemental Poverty Measure (SPM) – the 9th highest in the U.S., tied with Nevada.[28] Looking at local data for 2018, 42% of households can be defined as "Asset Limited, Income Constrained, Employed" (ALICE) –

22 For more on debates concerning the occupation of Hawai'i, see, for example, Saranillio, D. I. (2018). Unsustainable Empire. Duke University Press; Vogeler, K. (2014). 11. Outside Shangri La: Colonization and the U.S. Occupation of Hawai'i. In A Nation Rising (pp. 252-266). Duke University Press; Fujikane, C. (2008). Introduction. Asian Settler Colonialism in the U.S. Colony of Hawai'i. In Asian settler colonialism (pp. 1-42). University of Hawaii Press; Trask, H. K. (1999). From a native daughter: Colonialism and sovereignty in Hawaii (Revised edition). University of Hawaii Press.

23 See for example, Trask, H. K. (2008). Settlers of Color and "Immigrant" Hegemony."Locals" in Hawai'i. In Asian Settler Colonialism (pp. 45-65). University of Hawaii Press. and Kauanui, J. K. (2016). 'A structure, not an event': Settler Colonialism and Enduring Indigeneity. Lateral, 5(1), 5-1.

24 See for example, Mair, S. (2020). Neoliberal economics, planetary health, and the COVID-19 pandemic: a Marxist ecofeminist analysis. The Lancet Planetary Health, 4(12), e588-e596; Mellish, T. I., Luzmore, N. J., & Shahbaz, A. A. (2020). Why were the UK and USA unprepared for the COVID-19 pandemic? The systemic weaknesses of neoliberalism: a comparison between the UK, USA, Germany, and South Korea. Journal of Global Faultlines, 7(1), 9-45; Jones, L., & Hameiri, S. (2021). COVID-19 and the failure of the neoliberal regulatory state. Review of International Political Economy, 1-25.

25 https://meric.mo.gov/data/cost-living-data-series

26 https://files.hawaii.gov/dbedt/economic/reports/self-sufficiency/self-sufficiency_2018.pdf

27 Ibid.

28 https://www.census.gov/content/dam/Census/library/publications/2020/demo/p60-272.pdf

working class households without financial safety nets, where incomes fall short of basic necessities and cannot meet the cost of living.[29] The number of ALICE households shifted to 59% of households due to the economic shock of the COVID-19 shutdown.[30] Historically, unemployment has tended to be lower than the U.S. average, although this has been unevenly distributed between rural and urban locations.[31]

2.2 Gendered and Racialized Hierarchies and Histories

Hawai'i has long been hailed as a multicultural "melting pot." This myth has been increasingly challenged, including through the recognition that current demographics are predicated on the death of thousands of Native Hawaiians since Western contact and the recruitment of different Asian and European plantation workers in the mid-19th century.[32] Many of these deaths were related to previous pandemics,[33] giving the impacts of the present pandemic particular valence in relation to historic violence and trauma.

Migration and the promotion of white and Asian settlement have shaped contemporary demographics, and **racialized hierarchies** continue to shape employment prospects for Hawai'i's different ethnic groups.[34] Haole (white) as well as some Japanese and Chinese Americans are overrepresented in terms of socioeconomic power, privilege, and resources.[35] White, Japanese, and Chinese Americans generally occupy dominant class and political status relative to Native Hawaiians, Filipinx Americans, Samoans, and other ethnic minorities.[36] Hawai'i remains a context in which mobilities matter greatly: against the backdrop of the waves of temporary visitors who come as part of the tourism industry, Hawai'i has experienced net outmigration and population loss at the same time that immigrant communities continue to play an important role in Hawai'i communities and economics. Today, almost one in five residents has been born outside the U.S., and one in seven residents has a parent who immigrated – the highest percentage of all U.S. states. It is estimated that about 45,000 people are immigrants without documentation.[37] While the multicultural melting pot myth has been debunked, there is also an important history of inter-ethnic alliances in relation to labor organizing on plantations and as part of political sovereignty movements and land

29 https://www.unitedforalice.org/

30 https://www.auw.org/sites/default/files/pictures/2020%20ALICE%20Flyer%20%20HDC%20FINAL.pdf

31 DOLETA (2016) "State of Labor Market Dynamics", Research and Statistics Office Department of Labor & Industrial Relations https://www.doleta.gov/performance/results/AnnualReports/docs/2017_State_Plans/Economic_Reports//LaborMarketDynamics2016%20Economic%20Report.pdf page 5.

32 See Trask, H. K. (1999). From a native daughter: Colonialism and sovereignty in Hawaii (Revised edition). University of Hawaii Press;

33 See https://www.hawaiipublicradio.org/local-news/2020-04-16/hawaiian-history-lessons-for-the-present-day-pandemic and https://www.civilbeat.org/2020/11/what-we-can-learn-from-hawaiis-past-pandemics/

34 Okamura, J. Y. (2008). Ethnicity and Inequality in Hawai'i. Temple University Press.

35 Okamura (2008), page 19.

36 Okamura (2008), page 6.

37 https://www.americanimmigrationcouncil.org/research/immigrants-in-hawaii

struggles that continue in the present.[38]

Research on **women's**[39] **labor force participation rates** in Hawai'i also show a relatively high proportion of women working in a paid capacity (as of 2017): 67.4% for Filipinx women, 57.4% for Chinese women, and 65.7% for "Other Asian" women.[40] Women in Hawai'i are overrepresented in the Health Care and Social Assistance (75.2%), Educational Services (66.4%), and Finance and Insurance sectors (62.0%). Women and men participate in the Accommodation and Food Services industry at nearly equal rates (50.2% men vs. 49.8% women).[41] Women also make up nearly two thirds of Hawai'i's frontline workers, with three quarters of the healthcare, child care, and social service sector workers being women.[42] Despite Hawai'i's women playing a central role in its societal care and reproduction, a significant gender pay gap still exists. With women earning 85% of men's wages[43] as of 2019, the average labor earnings for men in Hawai'i were over $14,000 higher than the average labor earnings for women workers ($44,941). Taken together, gendered and racialized occupational segregation significantly affect the pathways of impact of the COVID-19 pandemic.

38 Jung, M. K. (2006). Reworking race: the making of Hawaii's interracial labor movement. Columbia University Press; Takaki, R. (1984). Pau Hana: Plantation Life and Labor in Hawaii, 1835â 1920. University of Hawaii Press; Fujikane, C. (2018). Mapping abundance on Mauna a Wākea as a practice of Ea. Hūlili: Multidisciplinary Research on Hawaiian Well-Being, 11, 23-54.

39 For more on the "gender regime" in Hawai'i more broadly, see: https://files.hawaii.gov/dbedt/economic/reports/Hawaii_Workforce_Report_2021.pdf; https://iwpr.org/wp-content/uploads/2020/08/Hawaii-Fact-Sheet.pdf; https://www.hibudget.org/blog/hawaii-must-do-better-on-gender-equity; https://womensfundhawaii.org/wp-content/uploads/2017/11/Status_of_Women_in_Hawaii_11-17_reader-spreads-final.pdf

40 https://womensfundhawaii.org/wp-content/uploads/2017/11/Status_of_Women_in_Hawaii_11-17_reader-spreads-final.pdf, pages 12-13. See also https://files.hawaii.gov/dbedt/economic/databook/db2019/section12.pdf

41 https://files.hawaii.gov/dbedt/economic/reports/Hawaii_Workforce_Report_2021.pdf

42 https://hiappleseed.org/blog/who-are-hawaiis-frontline-workers

43 https://www.bls.gov/regions/west/news-release/womensearnings_hawaii.htm

3. KEY FINDINGS

3.1 Health and Well-being

While fewer women than men have contracted, been hospitalized, or died from COVID-19,[44] national trends highlight that women are more likely to have lost access to health insurance during the pandemic, forgone routine medical treatment, and experienced greater mental health declines than men.[45] Another national study found that LGBTQ+ people were more likely to report health conditions worsened as a result of forgoing medical care than non-LGBT+ people.[46] In Hawai'i, Pacific Islander and Filipinx communities have also faced the highest risks from COVID-19 infections.

3.1.1 COVID-19 Disease Burden

Hawai'i has had relatively **fewer cases of COVID-19**, compared to other U.S. states, and similar to other Pacific island areas. At the time of writing Hawai'i ranked last in the U.S. in terms of the number of total reported cases, but was experiencing a 50% increase in cases related to the Delta surge in August 2021.[47] In terms of how these cases have been distributed by gender, Hawai'i exhibited trends similar to other national and international contexts, showing that fewer women than men contracted the virus, were hospitalized, or died from COVID-19.[48] Men in Hawai'i were twice as likely to experience death as a result of COVID-19.[49] (State data did not account for trans, *mahu*, nonbinary, or gender nonconforming identities in public health data). These gendered impacts mean that women are more likely to be acting as caregivers and breadwinners as a result of the loss of loved ones.

COVID-19 cases were also highly uneven across class and race. As widely documented, **Pacific Islander and Filipinx communities were disproportionately impacted by COVID-19** in Hawai'i and beyond.[50] While Pacific Islanders make up only 4% of Hawai'i's population, they accounted for 19% of COVID-19 cases, 27% of COVID-19-related hospitalizations, and 21% of COVID-19 deaths (Appendix B).[51] The mortality rate for Hawai'i's Pacific Islanders is the highest in the U.S. (319.6 deaths per 100,000), even while overall the state has the lowest mortality rate in the U.S. (22 deaths per 100,000).[52] This impact is linked not simply to existing underlying health conditions that racialized and poorer communities confront, but also to the uneven distribution of risk and exposure that

44 Kabeer, N., Razavi, S., & van der Meulen Rodgers, Y. (2021). Feminist economic perspectives on the COVID-19 pandemic.

45 https://www.kff.org/womens-health-policy/issue-brief/womens-experiences-with-health-care-during-the-covid-19-pandemic-findings-from-the-kff-womens-health-survey/

46 https://www.kff.org/report-section/lgbt-peoples-health-and-experiences-accessing-care-report/#covid-19-pandemic-experiences

47 See New York Times Covid Tracker and https://www.statista.com/statistics/1109011/coronavirus-covid19-death-rates-us-by-state/

48 Kabeer, N., Razavi, S., & van der Meulen Rodgers, Y. (2021). Feminist economic perspectives on the COVID-19 pandemic.

49 https://hawaiicovid19.com/wp-content/uploads/2021/03/COVID-19-Race-Ethnicity-Equity-Report.pdf

50 https://health.hawaii.gov/coronavirusdisease2019/current-situation-in-hawaii/#race; See also Kaholokula, J. K. A., Samoa, R. A., Miyamoto, R. E., Palafox, N., & Daniels, S. A. (2020). COVID-19 special column: COVID-19 hits Native Hawaiian and Pacific Islander communities the hardest. Hawai'i Journal of Health & Social Welfare, 79(5), 144.

51 Ibid.

52 https://hawaiicovid19.com/wp-content/uploads/2021/03/COVID-19-Race-Ethnicity-Equity-Report.pdf

many Pacific Islander and Filipinx communities face in the context of their work and housing. For Compact of Free Association (COFA) migrants from Palau, the Marshall Islands, and the Federated State of Micronesia, exclusion from healthcare access led to increased mortality within the community through 2018, which also has likely affected COVID-19 impacts in these communities.[53] While the Consolidated Appropriations Act of 2021 has restored coverage to some 100,000 COFA migrants, immigrants excluded from healthcare access have been in situations of particular vulnerability during the pandemic.[54] Rarely, some **positive health outcomes** have also been reported for communities excluded from healthcare systems due to COVID-19 status, as in the case of a Marshallese woman who was able to address other health complications after being admitted for a positive COVID-19 status. In the words of one advocate, "she wouldn't have gotten other care services if she hadn't gotten COVID." While positive in the sense that increased care was received in this case, the extreme circumstances of the diagnosis of requiring a life-threatening illness in order to receive other care underscores the precarity of many COFA migrants' access to healthcare.

Gendered identities have also shaped systems of care, influenced health outcomes, and impacted a range of other kinds of social behavior and relationships during the pandemic[55] and perceptions of well-being and risk were also gender-differentiated during the pandemic. Gender—as the interplay between identities, relationships, and social roles—along with other intersecting social factors, affects how different people respond and react to the threats and experiences linked to COVID-19. For example, the State Department of Health's COVID-19 Tracking Study notes that a majority of the 445 people surveyed viewed the pandemic as a significant local health threat (Appendix C).[56] However, 10% more women than men considered COVID-19 a serious health concern (76% of women vs. 66% of men). Women were also more likely than men in the survey to focus on COVID-19's health impact, whereas men tended to emphasize the pandemic as an economic crisis. The survey suggested that those who were concerned about the disease from a financial/economic standpoint were less likely to feel personally threatened than those who feared its health implications. This survey was far from conclusive, excluded gender nonbinary respondents, and was not intersected with other social categories.

Incarcerated people have been disproportionately at risk for contracting COVID-19. Three in seven incarcerated people in Hawai'i had contracted COVID-19 through the end of June 2021,[57] and there were new reported outbreaks at the time of writing in August 2021. While O'ahu's Women's Community Correctional Facility did not report any cases of COVID-19 (Appendix D), the pandemic's effects may

53 Molina, Teresa, Tetine Sentell, Randall Q. Akee, Alvin Onaka, Timothy J. Halliday, and Brian Horiuchi. "The Mortality Effects of Reduced Medicaid Coverage Among International Migrants in Hawaii: 2012–2018." American journal of public health 110, no. 8 (2020): 1205-1207.

54 See https://www.civilbeat.org/2020/04/include-immigrants-in-fight-against-coronavirus/ for more information about areas of impact.

55 See, for example, Alcadipani, R. (2020). Pandemic and macho organizations: Wake-up call or business as usual?. Gender, Work & Organization, 27(5), 734-746 on the relationships between the pandemic and organizational masculinities.

56 "A total of 445 surveys were conducted beginning on December 30, 2020 and ending January 11, 2021. Each respondent was screened to ensure they were at least 18 years of age and a full-time resident of the state of Hawaii. The margin of error for a sample of this size is +/- 4.65 percentage points with a 95% confidence level." https://hawaiicovid19.com/wp-content/uploads/2021/02/COVID19-Tracking-Study_DEC20.pdf

57 https://www.themarshallproject.org/2020/05/01/a-state-by-state-look-at-coronavirus-in-prisons#prisoner-state

have been felt by incarcerated women in terms of fear and concern for the safety of their loved ones outside. Further exploration of the impacts of COVID-19 on incarcerated women, trans*, and nonbinary people is a key gap to explore in relation to overall health, impacts to mental health, and other dimensions of economic and social well-being. It is critical to better understand how this crisis has impacted incarcerated and formerly incarcerated people, as they face some of the worst economic inequalities and social stigma of many marginalized groups.[58]

While telehealth and remote services have certainly helped to provide support in many areas during the pandemic, they have not been a panacea. Unsheltered people and others excluded from digital access on the basis of income or language, for example, do not have access to these resources and lack of or inadequate health insurance can create an additional impediment to receiving care.

3.1.2 Vaccine access

Geographic location, class/socio-economic status, and race/ethnicity strongly shape vaccine access and uptake, with various impacts for more marginalized social groups and individuals. Vaccination is a critical component not only of individual health but of social, school, and workplace conditions and safety as well. The Delta surge in August 2021 reveals that access to the vaccine is mirroring long standing health inequalities in terms of disparities related to race, class, and geography.[59] Geographically, Kaua'i has the most evenly distributed vaccine access of all the counties with a 54% rate of vaccination and no large portion of the island with rates less than 35% (Appendices E and F). Honolulu County residents experience vastly different rates of vaccination, with many vaccination sites located in larger towns (Appendix G).[60] Transportation, timing, and physical access to health facilities represent barriers for those who rely on public transportation, travel long distances, or cannot access daytime appointments.

Richer households were more likely to be vaccinated[61] and methods of vaccine rollout which privilege employment status and type re-intrench the notion that work identity as the primary vector through which COVID-19 risk should be understood. **Privileging work status entrenches a masculine, ableist economic bias within public health measures.** Inconsistency in applying criteria, often arbitrary in itself, around "essential workers" and health/disability status,[62] meant that those with more resources were more likely to access the vaccine, and no intentional spaces were created

58 See for example https://www.brennancenter.org/our-work/analysis-opinion/mass-incarceration-has-been-driving-force-economic-inequality and Gurusami, S. (2017). Working for redemption: Formerly incarcerated black women and punishment in the labor market. Gender & Society, 31(4), 433-456.

59 https://health.hawaii.gov/coronavirusdisease2019/current-situation-in-hawaii/#vaccine

60 Ibid.

61 Anthology Marketing Group 2021 "COVID-19 Vaccine Tracking Study Summary" for Hawaii State Department of Health. This survey in May 2021 showed that 78% of those with a household income of over $100k were vaccinated, compared to 55% of those with income lower than $50k.

62 While group 1b designation was technically meant to prioritize vaccinating people with health issues, how this was distributed was inconsistent and classed in terms of access to adequate medical care/ability to access services to qualify.

for vulnerable and marginalized known to lack access to healthcare more broadly (see Appendix H for a chart on vaccine rollout groups). Prioritizing the economy over community care ignores relationships between paid and unpaid work and minimizes the lived experiences of those most vulnerable, including children.

Lack of vaccination access is a significant issue for racialized communities, who face the above geographic and class-based barriers to vaccines and treatment, as well as health and well-being. Native Hawaiian and Pacific Islander communities have lower rates of vaccination even though these communities felt the direct impacts of the pandemic most acutely (Appendix I). These rates are likely due to a number of factors, including fewer local options for vaccination and difficulty accessing daytime appointments as full-time workers, especially for those on unpredictable, flexible shifts, such as hospitality industry workers. Asian and White communities had disproportionately higher rates of vaccination although a more detailed understanding of different populations labeled "Asian"[63] is needed to better unpack these rates. This is especially true in regard to Filipinx communities, which have experienced high rates of cases and death. While insurance is not necessary, identification is often required for vaccinations, affecting houseless people, undocumented immigrants, and other groups. Lack of access to COVID-19 information in one's native language, especially early in the pandemic, continues to shape access to services, including vaccines. While access is the principal issue, structural racism which has historically targeted racialized people for unethical medical experimentation as well as disinformation targeted at racialized communities also influence vaccine access and uptake.[64]

Gender does not appear to represent a highly significant factor in vaccine access and uptake in Hawai'i, with 87.6% of female respondents and 84.4% of men reported having received at least one dose as of July 2021.[65] However, these are average rates gleaned through a government response survey, which is likely to underrepresent the experiences of marginalized women. Moreover, the surge in COVID-19 infections disproportionately affecting unvaccinated pregnant women in the summer of 2021 highlights the need to continue to critically examine how different women are affected by vaccination access and uptake.[66]

3.1.3 Sexual and Reproductive Health

Access to and experiences of sexual and reproductive health and rights (SRHR) and care have also been reconfigured during the pandemic. While some services were extended or flexibilized (e.g., emergency rules around medical abortion and pivoting to telehealth services), **shelter-in-place orders, reduced medical services, loss of medical insurance, and increased violence**

63 Filipinx people were least likely to have been vaccinated (40%), whereas the Japanese population has a vaccination rate of 71%, higher than Whites (68%) and Native Hawaiians (49%).

64 See for example Reverby, S. M. (2021). Racism, disease, and vaccine refusal: People of color are dying for access to COVID-19 vaccines. PLoS Biology, 19(3), e3001167.

65 https://www.census.gov/data/tables/2021/demo/hhp/hhp33.html#tables

66 https://www.hawaiipublicradio.org/the-conversation/2021-08-12/pregnant-women-coronavirus-hawaii-pandemic-delta-cdc-vaccine

affected the sexual and reproductive health of women, femme-identified, trans*, and nonbinary people. Hawai'i's public health system was a lifeline for many pregnant women who lost their medical coverage and enrolled in Med-QUEST. November 2020 saw the highest monthly enrollment with just over 3000 people (Appendix J).[67] Yet decreased access to and a significant reduction in the utilization of preventive health measures and screening services for women, such as mammograms and pap smears, will have immediate and long-term effects. Communities will have to face the continuing consequences of inadequate access to reproductive health information and services, some of which could be life-altering. More work must be done to fully understand the impact of shifting resources to manage the coronavirus outbreak. Not only are these impacts still emerging and possibly resurging at the time of writing, but some have highlighted that **the pandemic has offered yet further cover and excuses for systemic racist treatment and policies targeting women of color within health services.**

Access to sexual and reproductive health information were not always seen as high priorities during the pandemic, compared to COVID-19-related health phenomena. During the onset of the pandemic, some neighbor island communities faced limited access to contraceptives and sexual health education, although telehealth services helped communities to avoid a complete lack of information. On some UH campuses, students were able to access contraceptives by using a QR code to get them delivered to dorm rooms. Access to menstruation and hygiene products were also reduced as women lost employment income, housing security, and access to products at public schools. On neighbor islands, these already expensive products[68] became luxuries some could not afford on reduced incomes.

The **pandemic has also transformed the birthing experience physically and emotionally**, as documented in an October 2020 report on birthing during the pandemic.[69] Healthcare professionals saw more difficult pregnancies with increased rates of high blood pressure, abnormal placentas, increased bleeding, and postpartum hemorrhages. Pregnancy and childbirth also became isolating and sometimes stressful experiences, as partners and children were not allowed into doctors' appointments and birth support workers were unable to attend births. Most people giving birth in 2020 said only one person was allowed to be with them in labor.[70] The reduction in maternal support, such as the absence of family before, during, and after birth; canceled medical appointments; mandatory masking and COVID-19 testing (necessary but stressful); a lack of social support; and the absence of rituals, e.g., baby showers; to name a few, contributed to reported feelings of loss and anxiety.

Lack of readily accessible and up-to-date information on hospital maternity policies compounded birthing people's anxiety and frustration,[71] as pregnant and postpartum people expressed

67 https://medquest.hawaii.gov/content/dam/formsanddocuments/resources/enrollment-reports/MQD_Enrollment_Report_2020.pdf

68 Feminine pads cost up to three times as much on some neighbor islands, e.g., $14 for pads on Lāna'i that cost $5 at Walmart on O'ahu

69 https://humanservices.hawaii.gov/wp-content/uploads/2020/10/Birthing-Survey-Report-10.27.20-FINAL.pdf

70 Ibid.

71 Ibid.

increased **mental health impacts**.[72] According to the Department of Health's report on COVID-19 and mental health, people from households with an income of $50,000 or less were more likely to suffer from mental health issues (91%) than their counterparts in households with an income of $100,000 or more (75%) and so were people under the age of 35.[73] Lack of transparency on hospital COVID-19 policies could also reinforce racist denial of services to birthing people of color, as one contributor noted:

> *Especially for birthing people of color, there is racial insensitivity happening, but blaming it on COVID. You can't do x because of COVID , or x isn't happening because of COVID. COVID became a blanket 'get out' card. People didn't have to be accountable and there was no oversight and no one who can advocate – no one that is not the birthing person or provider to keep accountable.*

Limited or unstable housing access due to shelters closing or not taking in new people could also affect postpartum experiences, as birthing people are screened for safe and supportive environments/homes to return to. Many postpartum services are being offered socially distanced or remotely/online; however, increased postpartum social isolation requires further investigation. Yet in terms of achievements, organizers helped birth support workers or doulas to organize and enabled them to once again be allowed to accompany birthing people into hospitals, as outlined in the section on Voice, Culture, and Environment below.

3.1.4 Mental health

Prior to the pandemic, Hawai'i already reported a suicide rate above the national average,[74] and as elsewhere, **mental health issues have sharply increased during the pandemic**. In a recent Pro-Mundo study in the U.S., half of women reported feeling more anxious or stressed compared to before the pandemic and lockdown,[75] and nationally," 71% screened[76] for "frequent suicidal ideation" were women.[77] The social, health, and economic impacts of the pandemic on women are creating exponentially more stressful lives.[78] Not only were **women more likely to report mental health challenges more than men**, they were also more likely to become increasingly concerned about the pandemic as time went on. One Department of Health survey found that women and Native Hawaiians report and experience anxiety and panic attacks to a statistically significant degree compared to other groups.[79] The toll of mental health issues were emphasized by participants:

72 Ibid.

73 https://hawaiicovid19.com/wp-content/uploads/2021/02/COVID19-Tracking-Study_DEC20.pdf

74 https://www.teenlinkhawaii.org/suicide

75 https://promundoglobal.org/new-research-covid-19-and-a-crisis-of-care-in-the-united-states/

76 The gender skew may be explained in part by the fact that women are more likely to seek support for mental health issues.

77 https://s3.documentcloud.org/documents/20792196/suicide-and-covid-19-report.pdf

78 To date there has not been evidence of an increase in suicides, but this information relies heavily on police department documentation and classification of deaths.

79 https://hawaiicovid19.com/wp-content/uploads/2021/02/COVID19-Tracking-Study_DEC20.pdf p.20

I was so paranoid. I refused to walk into the store or let my partner walk into the store. We ordered food delivered from food delivery apps, or Costco. Even when we did, I was the one disinfecting, cleaning it. Which eventually drove me crazy.

The feeling of paranoia doing daily household reproduction/housework conveys the depth and frequency of feelings of stress, especially at the onset of the pandemic when it was unclear how exactly the virus spread. Another contribution demonstrates how the lack of care and empathy within the community made her feel:

I was angry so many people were dying and not a lot of people were noticing.

A substance treatment center employee described her own despair and anxiety at work and at home during the pandemic. At work in the treatment center, she was tasked with managing, among other things, clients who were angry about CDC and/or DOH restrictions they assumed were made up by treatment center employees. When they had an outbreak, the entire residence had to adhere to quarantine restrictions. Away from the treatment center, she described how losing her second job resulted in her family's inability to pay for groceries, except for a few instances when non-profit organizations stepped in to assist them with their rent. Because she is a frontline worker at the treatment center and her husband also worked through the pandemic, both of them experienced a constant underlying fear of infection for themselves and their family. While some people may have been able to access psychological support through telehealth programs, the previously mentioned caveats surrounding digital and insurance access still apply, not to mention privacy concerns and the difficulty of treating certain conditions through telehealth alone.

3.1.5 Substance Use Disorder

Numerous **obstacles and barriers** were present for women seeking treatment for substance use disorder during the pandemic. Prior to the pandemic Hawai'i communities reported higher rates of substance use disorder than the national average.[80] Substance use disorder is a gender and intersectional issue given the links between substance use and trauma, violence, economic inequality, and incarceration.[81] Impacts include not only poor physical and mental health outcomes but also a higher likelihood of justice system involvement[82] and lower incomes and lifetime earnings.[83]

In Hawai'i, residential substance treatment centers experienced **difficulty admitting or keeping women in their programs**, since many did not want to shelter-in-place and lose the ability to see their families during lockdown, and treatment centers also reported reducing the number of women

80 https://www.samhsa.gov/data/sites/default/files/reports/rpt32805/2019NSDUHsaeExcelPercents/2019NSDUHsaeExcelPercents/2019NSDUHsaePercents.pdf

81 Brown, M. (2006). Gender, ethnicity, and offending over the life course: Women's pathways to prison in the Aloha state. Critical Criminology, 14(2), 137-158.

82 https://addiction.surgeongeneral.gov/sidebar-many-consequences-alcohol-and-drug-misuse

83 https://www.addictioncenter.com/addiction/workplace/, https://www.justice.gov/archive/ndic/pubs11/18862/impact.htm

they were able to accept due to COVID-19 capacity restrictions. Providers also faced other barriers to accepting new clients. Whereas previously a care provider would travel to speak with a potential participant and bring her/them to the residence, this was no longer a viable strategy during the pandemic. A counselor described the brief time window between the time when someone decides to get treatment and enters a substance use program before experiencing doubts. COVID-19 testing and subsequent waiting periods, along with additional steps needed before admission, effectively prevented women from accessing treatment by prolonging the process and missing this window of opportunity. Furthermore, pandemic social distancing guidelines dictated that treatment residences that previously accepted women and their children reduce the number of people admitted for treatment, meaning that people in these circumstances with dependents forwent treatment. As with other areas of health, the impacts of reduced treatment for substance use disorder are ongoing within communities.

3.2 Violence and Bodily Integrity

Increases in gender-based and sexual violence (GBSV), intimate partner violence (IPV,) and other forms of violence and exploitation were widely predicted at the outset of the pandemic and a significant upsurge in gender-based violence (GBV) has since been documented, especially during shelter-in-place/stay-at-home orders.[84] GBV is already an ongoing public health crisis, and natural disasters and other crises are known to further increase instances of gender-based, intimate partner, and sexual violence.[85] Instances of xenophobic and racist violence directed against Asians have also taken place in Hawai'i[86] as well as arbitrary criminal justice actions targeting Black, brown and immigrant people and houseless and incarcerated communities. Stay-at-home orders have been unusually dangerous to the safety of women, people with disabilities, children, and the elderly, who may be particularly affected by unsafe living environments. COVID-19 has also aggravated the factors that contributed to human trafficking[87] and child trafficking and exploitation.[88]

At the most immediate level, recent research has suggested **pandemic-specific forms of sexist and racist violence related to mask-wearing and infection**. Racist and xenophobic violence has targeted Asian Americans[89] while defiance of mask wearing as symbolizing masculinized freedom

84 See for example, Mittal, S., & Singh, T. (2020). Gender-based violence during COVID-19 pandemic: a mini-review. Frontiers in Global Women's Health, 1, 4; Kofman, Y. B., & Garfin, D. R. (2020). Home is not always a haven: The domestic violence crisis amid the COVID-19 pandemic. Psychological Trauma: Theory, Research, Practice, and Policy, 12(S1), S199.

85 See for example, John, N., Casey, S. E., Carino, G., & McGovern, T. (2020). Lessons never learned: crisis and gender-based violence. Developing world bioethics, 20(2), 65-68 and Ahmad, A. (2018). Conceptualizing disasters from a gender perspective. In Disasters: Core concepts and ethical theories (pp. 105-117). Springer, Cham.

86 https://www.hawaiipublicradio.org/local-news/2021-03-18/anti-asian-discrimination-locally-and-nationally

87 See https://www.unodc.org/documents/Advocacy-Section/HTMSS_Thematic_Brief_on_COVID-19.pdf and https://www.state.gov/wp-content/uploads/2021/07/TIP_Report_Final_20210701.pdf

88 https://www.missingkids.org/blog/2020/covid-19-and-missing-and-exploited-children

89 https://www.hrw.org/news/2020/05/12/covid-19-fueling-anti-asian-racism-and-xenophobia-worldwide

and strength[90] has manifested into violence against, often, women workers. Hawai'i hotel workers, grocery store workers, food servers, airline staff, and other essential workers frequently experience customers not wearing masks in spite of clear mask mandates. As Hawai'i hotels reopened, workers have expressed concern over having to enforce the state's mask mandate and women in particular were concerned about escalating violence directed at them. However, local public narratives have been weak in framing mask wearing as community care beyond such binaries .

While gender-based violence affects all communities and socio-economic strata, racialized and marginalized communities have access to fewer resources, services, and options for confronting GBV.

According to local domestic violence advocates, **gender-based violence is compounding the already multiple threats to Native Hawaiian and Filipinx women's bodily integrity and health**, as the largest communities served by the Domestic Violence Action Center (DVAC).[91] Advocates have also highlighted an anecdotal increase in **LGBTQ victim-survivors**[92] seeking support for IPV, although further investigation is needed to fully grasp the extent and severity of the issue, along with factors which might have prevented seeking help previously and contributed to seeking assistance during the pandemic. Disturbingly, those perpetrating violence appear to have found **new or additional ways to exert violence**, control and manipulation specific to the pandemic during the stay-at-home directive. Advocates highlighted that these include but are not limited to: lying about COVID-19 test results; threatening and/or exposing loved ones to COVID-19; using COVID-19 to modify custody orders; excessive spending during COVID-19; and using COVID-19 as a catch-all excuse to blame, minimize, or deny claims.

The factors which affect women's ability to **transition to safety** have also been aggravated during the pandemic, including increased mental health issues, economic and housing insecurity, and immigration status. DVAC's report on the impact of COVID-19 on GBV included stories, such as that below, which highlight the ongoing nature of GBV as a public health crisis and the ways in which immigrant women have been particularly imperiled by associated job losses:[93]

> *Client is a 32-year-old from Chuuk. She lives in public housing with her two children (a seven year old boy and a five year old daughter). She suffered physical, verbal, and psychological abuse from abuser who committed suicide last year in their apartment. Client was the one who found him and is still suffering from the trauma of the abuse and suicide. She lost her job in September due to a*

90 See for example: https://abcnews.go.com/Politics/trump-downplaying-virus-mocked-wearing-masks-months/story?id=73392694 or https://www.washingtonpost.com/lifestyle/style/realmenwearmasks-may-be-helpful-but-the-fact-that-we-need-it-is-a-shame/2020/06/27/8f372340-b7eb-11ea-aca5-ebb63d27e1ff_story.html

91 DVAC 2021, "The majority of DVAC clients are mothers between the ages of 22-40, with annual incomes below $31,000. During FY2020, survivors on DVAC's caseload were 30% Native an, 24% Filipinx, 19% Caucasian, 10% Japanese, 7% Compact of Free Association and Pacific Islander, 3% Korean, 3% African American and 4% other/unknown.

92 We have opted to use this hybrid term to highlight both trauma and healing. For more on this term, see https://upsettingrapeculture.com/survivor-victim/ and Kelly, L., Burton, S., & Regan, L. (1996). Beyond victim or survivor: Sexual violence, identity and feminist theory and practice. In Sexualizing the social (pp. 77-101). Palgrave Macmillan, London.

93 Ibid.

passport issue and is hoping to start working again since receiving her passport from Chuuk.

Another research participant shared a client's story of coping with lack of support in a new place during a crisis:

> *A military client who has only been on the island for three months and has been scrambling to find food and basic necessities for her and her 5-year old son after she filed a TRO against her abusive husband. In addition to getting accustomed to a new city, she must now figure out where to access resources (SNAP, TANF, foodbanks, transportation, etc.).*

In addition to the highlighting financial insecurity, especially for survivors whose caretaking responsibilities may also limit their ability to access paid work, these stories highlight the complex needs to connect victim-survivors with multiple and different services, depending on their individual circumstances.

In addition to increased gender-based violence, feminist researchers globally have also noted national responses to COVID-19 which have involved **excessive and/or arbitrary use of the criminal justice system** and "laissez faire" response approaches which entail large numbers of deaths, especially of vulnerable people.[94] The ways in which certain populations, especially racialized and other marginalized communities, are allowed to die can itself be understood as a form of "slow violence."[95] In Hawai'i, arbitrary criminal justice and supposed public health measures included ticketing and conducting sweeps of houseless communities as well as initial closures of public bathrooms. Federal funding also helped to consolidate the carceral state's policies targeting Black, brown and immigrant people within **houseless and incarcerated communities** in particular: the **Honolulu Police Department (HPD)** was awarded a full 10% ($40m) of Honolulu County's CARES Act money, **an exponentially larger sum**[96] compared to funding for other services and the existing HPD budget.[97] Much of this funding was spent on overtime for officers[98] even while there were no significant reported decreases in crime.[99] Moreover, GBV advocates noted that law enforcement continually failed to acknowledge and respond to increased instances of GBV and IPV, and displayed what one advocate described as "disinterest" in crimes of violence perpetrated against women. Such "motivated disinterest" could be linked to the high rates of reported IPV from partners

94 https://dawnnet.org/wp-content/uploads/2020/06/DAWNTalksOnCOVID_19_Sonia-Correa.pdf page 8 and

95 Sandset, T. (2021). The necropolitics of COVID-19: Race, class and slow death in an ongoing pandemic. Global Public Health, 1-13.

96 Honolulu Police Department was awarded 10% ($40m) of Honolulu County's CARES Act money. https://www.civilbeat.org/2021/03/feds-examining-honolulu-police-cares-spending-on-atvs-robot-dog/ For full data on HPD spending see https://datawrapper.dwcdn.net/UFCHE/3/

97 HPD's entire operating budget for the 2020 fiscal year was $302m https://honolulu.granicus.com/MetaViewer.php?view_id=3&clip_id=1293&meta_id=135635

98 $18.8m of that money was spent on overtime for officers, with hundreds of officers violating overtime restrictions https://www.civilbeat.org/2021/03/feds-examining-honolulu-police-cares-spending-on-atvs-robot-dog/

99 https://www.safewise.com/state-of-safety/hi/

of law enforcement officials. Moreover, as intersectional feminists have argued, [100] carceral and prevailing criminal justice approaches to GBV are inadequate for addressing the root causes of GBV/IPV, individualizes systemic violence,[101] and furthers the disproportionate incarceration of Black, Native Hawaiian, and Pacific Islander peoples.

3.3 Economic and Financial Impacts

COVID-19's economic and financial impacts have had multiple gendered and intersectional dimensions, from unemployment in sectors in which women and people of color predominate to gender bias in fiscal stimulus measures and more. In Hawai'i, women make up two thirds of frontline workers[102] and the impact of the pandemic on labor dynamics has been mixed, increasing the power of employers in some ways while unemployed workers have also resisted precarious conditions in their work. "Flexibility" functions as a double-edged sword along class/socio-economic lines, with middle-class workers experiencing newfound abilities to work remotely even as shift workers' hours have become less predictable. An overreliance on tourism without accompanying worker protections continues to put women workers particularly at risk, demonstrating that a **tourism-led "recovery" is more fiction than fact**. Nevertheless, dominant narratives portray unemployed workers as lazy, ignoring the complex negotiations required to assess the new risks of work during COVID-19 and the fact that increased mortality and morbidity affect who is alive and well enough to work: this is especially true in occupations such as food/agriculture workers which faced the highest increases in death as a result of COVID-19 (39% increase in excess mortality) in a recent California study.[103] Unions, women's organizations and frontline workers are fighting back, even as the conditions of their work have intensified. Prior to the pandemic, already at least 23% of workers in Hawai'i worked more than one job[104] and residents are demanding better, with a majority of recently surveyed residents agreeing with the assessment that Hawai'i's economy is too dependent on tourism.[105]

Unfortunately, no data have been collected locally that account for trans* and nonbinary peoples' experience of unemployment, for example, nor has it been possible to further disaggregate gender data together with other categories such as race/ethnicity. In order to better understand unemployment and which workers have been most affected, data disaggregated by gender and race/ethnicity is needed

100 See for example Kim, M. E. (2018). From carceral feminism to transformative justice: Women-of-color feminism and alternatives to incarceration. Journal of Ethnic & Cultural Diversity in Social Work, 27(3), 219-233.

101 In other words, treating GBV/IPV as an individual issue with specific circumstances rather than systemic violence against (namely Hawaiian, Filipinx and Micronesian) women which relieves the (police) state of responsibility for widespread masculinized harm.

102 https://hiappleseed.org/2020/04/hawaiis-frontline-workers-covid19/

103 "relative excess mortality was highest among sewing machine operators (59%), cooks (57%), miscellaneous agricultural workers (54%), butchers and other meat workers (52%), and couriers and messengers (52%)."Excess mortality associated with the COVID-19 pandemic among Californians 18-65 years of age, by occupational sector and occupation: March through November 2020. PLoS One. 2021; 16(6):e0252454. Chen YH, Glymour M, Riley A, Balmes J, Duchowny K, Harrison R, Matthay E, Bibbins-Domingo K. PMID: 34086762.

104 https://s3.amazonaws.com/cfsi-innovation-files-2018/wp-content/uploads/2020/02/03230029/Hawaii_Financial_Health_Pulse.pdf

105 https://www.hawaiitourismauthority.org/media/6152/hta-resident-sentiment-fall-2020-board-presentation-121720-with-addendum.pdf

as well as information on other aspects of people's identities (e.g., sexuality, disability, immigration status, etc.).

3.3.1 Unemployment and Unemployment Insurance

Across the U.S. and internationally, loss of employment has often taken place in the sectors and professions in which women predominate, often dubbed by the media as a "shecession." At the same time, pre-pandemic data also highlight the pre-existing precarity of women's forms and conditions of employment within service sectors and health industries. While Hawai'i's pre-pandemic unemployment rates appeared rosy,[106] the pandemic re-emphasized the fragility and precarity of the economy and its reliance on tourism: At the onset of the pandemic, Hawai'i ranked 49th in the nation for highest unemployment rate in April 2020 and has ranked in 50th or 51st place since.

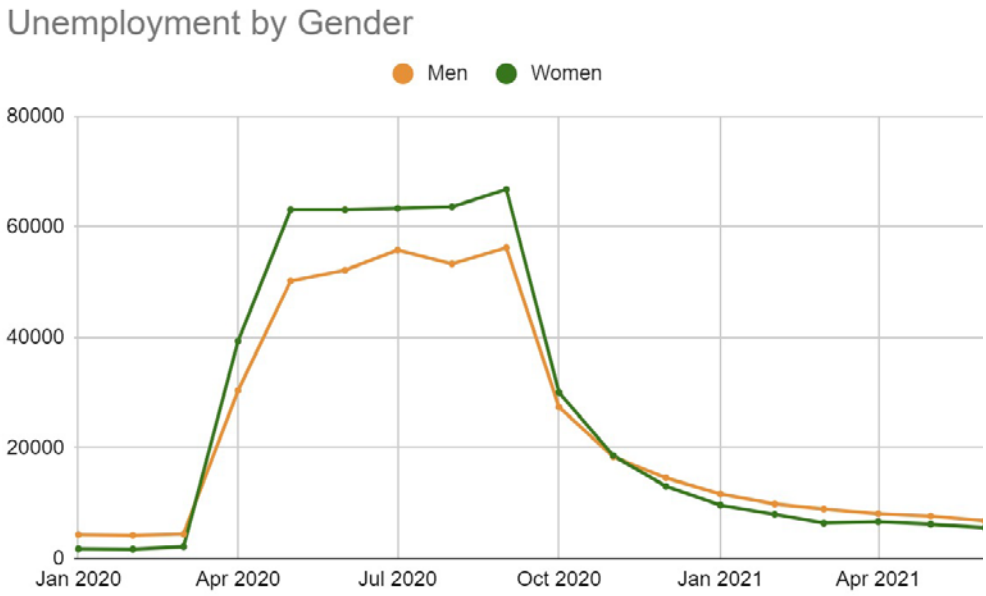
Locally, the pandemic shifted the gender dynamics of unemployment, from a pre-pandemic average of 31.4% women claimants in 2019[107] to 53.7% throughout 2020[108] and 45% as of July 2021. In fact, **women in Hawai'i experienced the highest rate of unemployment in the U.S. from August 2020 until March 2021.** Men's job loss can also impact women and gender relations, as women may increase their paid employment to make up for short-falls while coping with the impact of men's job loss on family dynamics. Separate data also showed that those identifying as "other" race/ethnicity represented the largest category of claimants, after which **Filipinx were the largest group of unemployed claimants**,[109] while "White/Latino" workers were the third largest group and Native Hawaiians fourth. Such data limitations highlight the need for better disaggregated statistics.

106 Hawai'i had the nation's lowest unemployment rates for most of 2018 and much of 2019, ranking within the top five states.

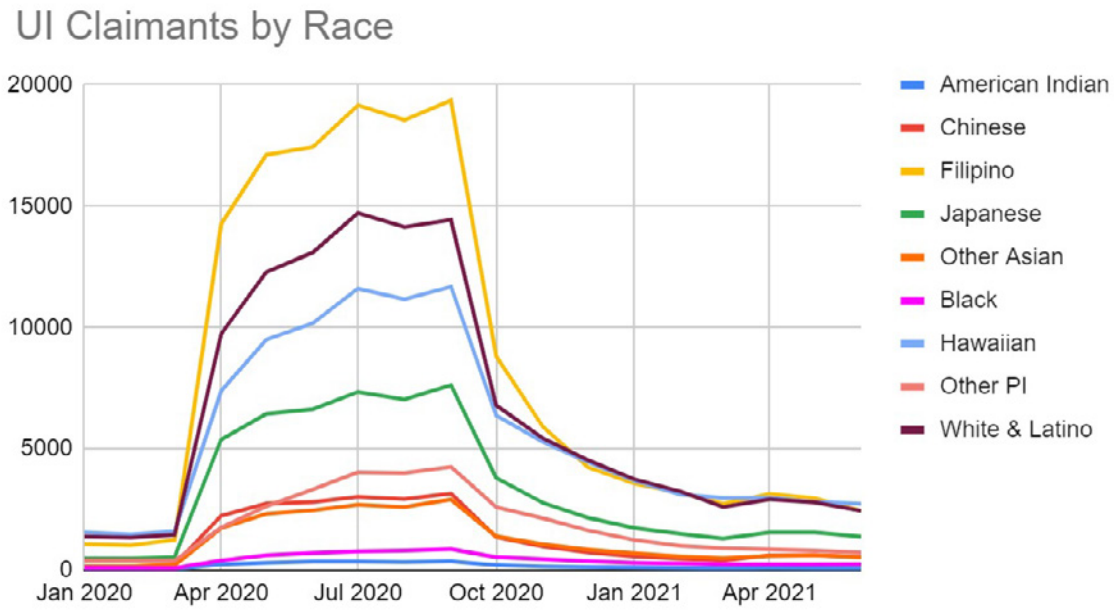
107 https://labor.hawaii.gov/rs/files/2020/08/CIUpub2019-final.pdf

108 https://labor.hawaii.gov/rs/files/2020/10/CIUpub2020-finalcorrected.pdf

109 https://labor.hawaii.gov/rs/files/2020/10/CIUpub2020-finalcorrected.pdf



Data taken from the Department of Labor and Industrial Relations.



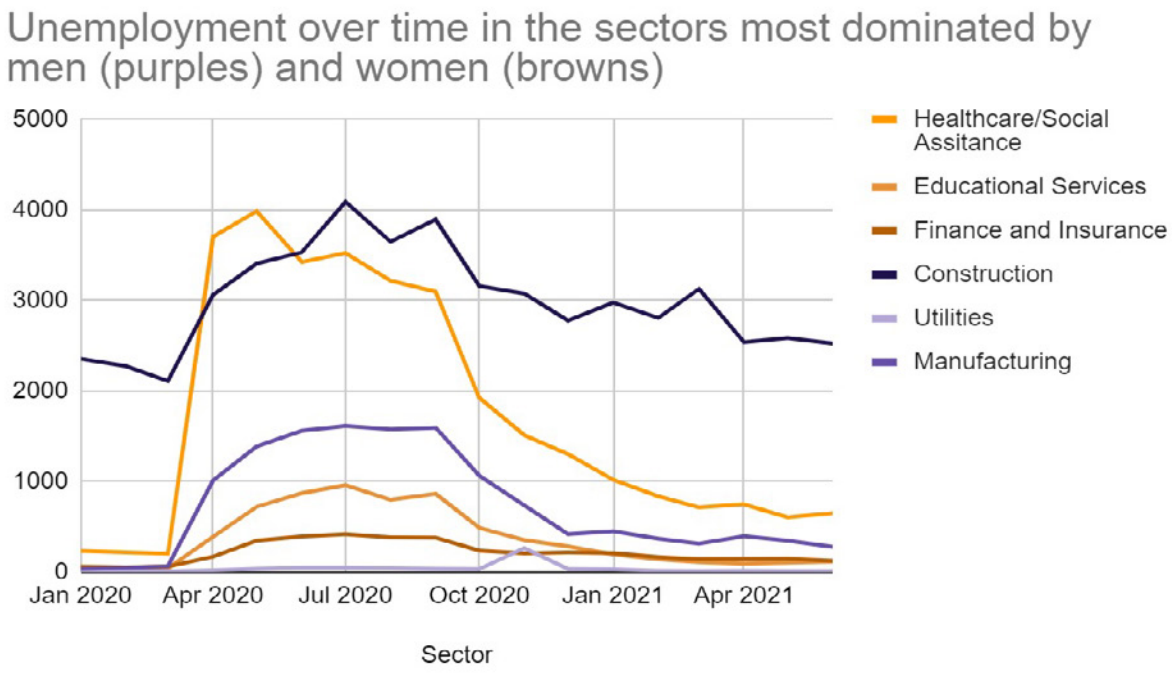
Data taken from the Department of Labor and Industrial Relations.

As elsewhere, there were also significant job losses[110] in feminized or women-intensive sectors of the economy considered "essential services" — especially healthcare/social assistance and education.[111] Such losses belie facile rhetorics of "essential" (but clearly expendable)[112] work and the ways in which work associated with care can be deprioritized even as it is most needed.

110 https://labor.hawaii.gov/rs/files/2020/10/CIUpub2020-finalcorrected.pdf, https://labor.hawaii.gov/rs/files/2020/08/CIUpub2019-final.pdf

111 https://files.hawaii.gov/dbedt/economic/reports/Hawaii_Workforce_Report_2021.pdf

112 See Pandey, K., Parreñas, R. S., & Sabio, G. S. (2021). Essential and Expendable: Migrant Domestic Workers and the COVID-19 Pandemic. American Behavioral Scientist, 00027642211000396. And Handal, A. J., Iglesias-Ríos, L., Fleming, P. J., Valentín-Cortés, M. A., & O'Neill, M. S. (2020). "Essential" but Expendable: Farmworkers During the COVID-19 Pandemic—The Michigan Farmworker Project.



Data on gender within industry taken from DBEDT, unemployment data taken from DLIR

Many unemployed women received unemployment insurance (UI) payments (63.7% or $4.8b of UI received), even while UI is **an insufficient safety net for many women and families**,[113] given they provide less than full wages and of course miss out those who do not qualify. During the highest phase of unemployment, April-October 2020, the number of women claiming UI outnumbered men by 20% (about 10k more women claimants per month),[114] yet 28% of applicants with children had not received UI benefits.[115] The ability to benefit from UI was also impacted by factors including race, class, and immigration status. Those who had not worked enough in the qualifying base period for a range of reasons (newly re/entered the workforce like incarcerated people, young people, disabled people, those returning after leaving the workforce for pregnancy or caregiving reasons, new immigrants) lost out on UI payments. Working class people on a lower wage and those with less savings are less able to cope on reduced income from UI, especially those working two or more jobs and in particular single parents, of which women comprise the majority. Students who work at universities also were ineligible for UI, which meant that many had to carry the burden paying tuition without income.

The Hawai'i state **unemployment system proved outdated and poorly managed**, with decades old IT systems compounding overwhelming need. Many claimants gave up trying or were forced to turn to other sources of support, if they had them:

> *I didn't get anything from unemployment for 6-8 weeks. That was a struggle for myself, my bills... they didnt' stop. I asked my parents for help, and I am an adult. I didn't feel like I should be doing that. I was lucky my landlord gave me a pass on rent for a few months...*

While women appear to have regained some jobs lost, **it is not known how many women have dropped out of the labor force altogether** (and hence would not be counted as unemployed, since one has to be actively seeking work to be counted). Nor has this research been able to clarify whether women could qualify for unemployment benefits if they were forced to leave the labor market due to loss of child care (whether this was considered by DLIR as 'voluntary' or 'involuntary'). In addition, given that many Filipinx and other immigrant residents provide **international remittances** to their loved ones, how loss of incomes locally has impacted families elsewhere is worth investigating, especially given that 22.4% of Hawai'i's working age population is "foreign-born."[116]

Another area where little is known relates to the effects of the pandemic on **informal work** — also often the only forms of work to which immigrants and other marginalized people have recourse.

113 UI benefit is calculated using the highest paid quarter in the previous year's employment, the "base period" divided by 21, which is about 60% of a worker's normal wage, capped at $648 prior to taxes taken out.

114 https://labor.hawaii.gov/rs/files/2020/10/CIUpub2020-finalcorrected.pdf

115 https://www.hawaii-can.org/covid19_dashboard

116 https://files.hawaii.gov/dbedt/economic/reports/Hawaii_Workforce_Report_2021.pdf

We know that prior to the pandemic 23% of workers in Hawai'i worked more than one job,[117] but there is little information to explain how workers—and which workers— participate in the informal economy and if/how that might have changed throughout the pandemic. As one service provider highlighted, shifts in informal work may affect immigrants in particular:

> *[I had an] Immigrant client who worked three jobs (one which was under the table for cash) to support her three children. She had her hours cut and is no longer able to work her third cash only job. She has borrowed money from friends but is embarrassed to borrow any more because she does not know how she will pay them back.*

At the same time, workers, particularly service industry and other frontline, essential workers, continuously face high risks and the conditions of their work have become more difficult. Yet **dominant narratives portray unemployed workers as lazy** and unscrupulous. In contrast, recent news articles have underscored the experiences of different U.S. workers re-evaluating their employment conditions and goals after experiencing unemployment,[118] where peoples' complex life situations impact their decisions related to the risks associated with work and in relation to their responsibilities (e.g., caregiving and other factors).[119] Academic studies on these issues are so far lacking but local participants described similar considerations related to forced time:

> *There was a situation at work where I had to stay home. I was really angry at first, it was the second time I had to do that. But I don't know if it was God or the universe and it gave me time to relax. I got to focus on my kids and focus on getting school done. It was a really good time to reset, tie up loose ends and just relax.*

Another person's story demonstrates how intersections of gender, class, indigeneity, and disability played a role in her experience of unemployment:

> *In the past year I lost reliable sources of income, access to land and basic human necessities, have experienced displacement in the place I grew up in and where my recent ancestors have lived, as well as experienced state sanctioned violence, crippling anxiety and depression without resources to address these conditions with a professional. I have however also gained so much more – community, sisterhood, finding my path, and leaving behind having to depend on low paying, abusive jobs in the foodservice and tourist industries.*

Such examples demonstrate the **contradictory effects** of unemployment and pandemic as they affect different areas of women's lives.

117 https://s3.amazonaws.com/cfsi-innovation-files-2018/wp-content/uploads/2020/02/03230029/Hawaii_Financial_Health_Pulse.pdf

118 See for example: https://www.nytimes.com/2021/08/03/podcasts/the-daily/coronavirus-hiring-job-vacancies-hospitality-industry.html?action=click&module=audio-series-bar&region=header&pgtype=Article

119 See for example: https://www.theguardian.com/us-news/2021/may/14/us-restaurant-workers-covid-pandemic-labor-shortages

3.3.2 Workplace Conditions

The pandemic is having lasting, varied impacts on working conditions, especially for frontline/essential workers, many of whom are women.[120] **The impact on local labor dynamics appears mixed**, increasing the power of employers in some ways even as workers have resisted the worsening of the often already precarious conditions of their work, including increasing employer demands for shift flexibility amongst hospitality and other shift workers. Changing workplace conditions have been the subject of many interviewee accounts, especially in relation to how heightened risks of unemployment shape relations between employees and their employers. Employers' power may have increased where employees feared losing their jobs and where employees already faced poor working conditions or contractual terms, or had issues related to fallback options and immigration status. One interviewee highlighted how urgency and confusion about safety protocols at the onset of the pandemic led to what seemed like punitive consequences for them:

> *At the beginning people were calling us frantically, it was a feeling of the apocalypse. On a Friday I told my supervisor that I was going to stay home and that I might not be coming in on the following Monday. When I realized there were ways to keep safe, I called my supervisor and said I wanted to come in, then they ended up firing me because they said I had abandoned them. I had to go over the supervisor's head. Needless to say I got my job back. They apologized for the abruptness. Of course I was afraid for the safety of my family and I explained that to them. I told them I was scared, I might not come in to make sure my family was safe. They realized that if they were going to terminate me, they needed to do it the right way and they didn't have any ground to do that. I was an exemplary officer for them. They re-assigned me to a different shift, they gave my good hours to someone else. They bumped me on the midnight shift and only gave me a few hours.*

The dynamics of remote/teleworking are, as widely documented,[121] **deeply classed** with middle-class, knowledge workers able to work remotely/telework while working class frontline and essential workers cannot work from home. While some workers are seeing the ability to work flexibly and from home as a negotiable benefit of their employment which can be extended beyond the pandemic, others are struggling for basic material improvements, in spite of rhetoric about frontline "heroes" such as grocery store workers. One recent Hawai'i survey found that 44% of respondents without a university education viewed the pandemic as a financial disaster rather than as a public health crisis (compared to 31% of those college educated), pointing toward the ways that economic precarity and lack of rights to paid sick leave, for example, forces working people to choose work over their own health.[122] The pandemic has forced workers to negotiate and evaluate personal and collective risks of potential illness and death from COVID-19 with the risks of not being able to meet

120 See for example https://cepr.net/working-class-mothers-and-the-covid-19-shecession/ and https://hiappleseed.org/blog/who-are-hawaiis-frontline-workers

121 In some contexts, remote working has also been found likely to mainly benefit male, older, high-educated, and high-paid employees. See Bonacini, L., Gallo, G., & Scicchitano, S. (2021). Working from home and income inequality: risks of a 'new normal' with COVID-19. Journal of population economics, 34(1), 303-360.

122 https://hawaiicovid19.com/wp-content/uploads/2021/02/COVID19-Tracking-Study_DEC20.pdf

their basic needs. This was put starkly by one essential worker in the service industry:

> *The pandemic impacted my life on many different levels, ranging from my career to rearranging new living situations with limited financial stability. My employer offered me a promotion during the pandemic and my hours remained somewhat high during both "stay at home" orders. I was willing to risk my life to make coffee for customers. I drove back and forth between our roasting plant and cafe to deliver coffee while the majority of Honolulu remained in their house. I watched coworkers be laid off and selectively chosen for who received the most amount of hours.*

In Hawai'i's **hospitality sector, the failure to re-hire employees** with the return of tourism combines with increased instances of workplace violence and increased demand by employers for employee "flexibility." The pandemic response from the hospitality and service industry belies the rhetoric that bailing out companies necessarily leads to job creation or retention, especially when it comes to women workers. Hotels took extreme measures to save money in 2020 and reopening tourism has been the backbone of local economic orthodoxy. Yet, at the time of writing, one local union (UNITE HERE Local 5) reported that only 52% of their laid off members are back at work, despite hotel occupancy rates at or near pre-pandemic levels (80% or higher). At one non-union hotel, as reported through key informants, operational staff were laid off only for some to be re-hired through a third party agency, on contracts with less security and stability. Another hotel that let go a significant number of staff and forced workers to reapply for their jobs only hired back some employees on salaried contracts.

Shift workers in the hospitality industry are now facing requirements from their employers to become even more **flexible** when it comes to scheduling, their roles/duties, and the basic terms and conditions of employment, in order to meet demands of the tourism industry. Non-union hotel workers are facing the combination of more than one job, constant shift changes, unsafe working conditions as a result of employers not taking COVID-19 precautions seriously, injury due to overwork, and many other challenges.

Layoffs and demands for increased flexibility have **significantly affected housekeeping staff, who are primarily Filipinx and immigrant women**, cuts which are being justified through elimination of daily room cleaning services. As hotels re-opened daily housekeeping service was curtailed due to concerns of aerating/re-aerating aerosol particles that could spread the virus, with many hotels allowing rooms a 24 hour rest period prior to allowing housekeepers into rooms to clean. While many hotels lifted those restrictions at the beginning of 2021, many hotels still do not offer daily housekeeping services and have not re-implemented the 24-hour rest period for cleaning in spite of the rise in cases of the Delta variant. Hotels are thus **"health-washing"** their services by claiming some services are curtailed due to a concern over COVID-19 safety, when in actuality cutbacks are more linked to cost savings than safety. Such examples demonstrate that a **tourism-led "recovery" is more fiction than fact and leaves many women un- or under-employed and facing unsafe workplace conditions.**

Nevertheless, **workers and unions have continued to challenge unsafe and unfair labor practices, especially in sectors and occupations in which women predominate**, throughout the pandemic. This includes: fighting for mandatory self-defense training and protection from violence for airline in-flight staff, who are overwhelmingly women (The Association of Flight Attendants) and grocery workers (Food and Commercial Workers International Union [UFCW]); ensuring safe work environments through health inspections of hotels and pushing hotels to bring housekeeping staff back to work (UNITE HERE Local 5); and developing alternatives to public sector pay cuts and furloughs,[123] where women represent the majority of public sector workers (State Teachers Association [HSTA], American Federation of State, County, and Municipal Employees [AFSCME], and Hawai'i Government Employees Association [HGEA]). Outside formal unions, as mentioned previously, Hawai'i's doulas acted collectively to change hospital policies across the state to allow birthing mothers to have two people of support with them during labor. Amidst the uncertainty of the pandemic, many different groups rallied to emphasize the importance of organizing in the face of dangerous and exploitative practices. At the same time, **those working on the frontlines, in social services and in women's organizations also highlighted how COVID-19 has intensified their work.**

> *When things got hard I just told myself it's hard right now but it's not going to be like this forever. I just need to get through this. I had no time for myself, but last month I went on vacation for the first time in two years. I'm on call 24/7. There is not a day that I'm not working. It's not healthy, but it's important enough for me to make it work. The work I'm trying to do is change systems... Consistency of availability; that helps people get care.*

3.3.3 Housing and Financial Insecurity

The economic impact of the pandemic had multiple material consequences[124] for women, with housing issues amongst the most prominent, including the lack of affordable housing and public housing options along with the closure of shelters. The Hawai'i State Commission on Status of Women (HSCSW) expressed growing concerns that landlords were requesting sex in lieu of rent for tenants who were experiencing financial hardships.[125] For survivors of intimate partner violence the lack of affordable housing meant weighing immediate risks of violence, coercion, and controlling, abusive behaviors with the risk of becoming houseless. Domestic Violence Action Center (DVAC) surveyed clients and found that 43% of respondents are "staying at shelters, transitional housing, homeless on the street or back living with the abuser." After identifying cost of rent as a significant factor in supporting clients, the organization has supported over 530 survivors since April 2020 with financial assistance.[126]

123 https://www.hsta.org/news/recent-stories/hsta-afscme-hgea-offer-governor-15-alternatives-to-public-worker-pay-cuts/

124 Other areas of economic impact can be glimpsed in the impacts charted here: https://www.hawaii-can.org/covid19_dashboard and https://www.hawaii-can.org/hawaii_plunges_to_44th_economic_well_being However, further research and analysis is required to flesh out how the pandemic has impacted people in terms of wealth and overall economic well-being.

125 https://www.kitv.com/story/41988398/hawaii-landlords-reportedly-exchanging-sexual-favors-for-rent-amid-pandemic

126 Domestic Violence Action Center 2021 "Gendered Impacts of COVID-19 in Hawaii"

Housing support also had geographic, racial, and classed dimensions among traditionally working-class neighborhoods with larger Native Hawaiian and Filipinx communities (Appendix K).[127] Though the eviction moratorium provided some protections for tenants and several rounds of financial support for housing were available, tenants experienced months of waiting, which sometimes deteriorated the relationship with their landlords, potentially putting them at risk for future evictions. Since landlords were not obligated to accept payment from government programs, some tenants experienced landlords rejecting housing support money they were awarded. The need for and lack of decent, affordable housing and shelter continues to be a convergence point for compounding issues of patriarchy and the acceptance of a range of violence against women, a lack of living wages for workers whether they are receiving UI or not, and limited protections for tenants. **The ongoing nature of settler colonialism in Hawai'i exacerbates these issues** as settler elites fail to meaningfully address lack of housing for Native Hawaiians who have a right to live in their homeland. As one interviewee described the intersections between the impacts of historic dispossession, gendered housing precocity, and COVID-19:

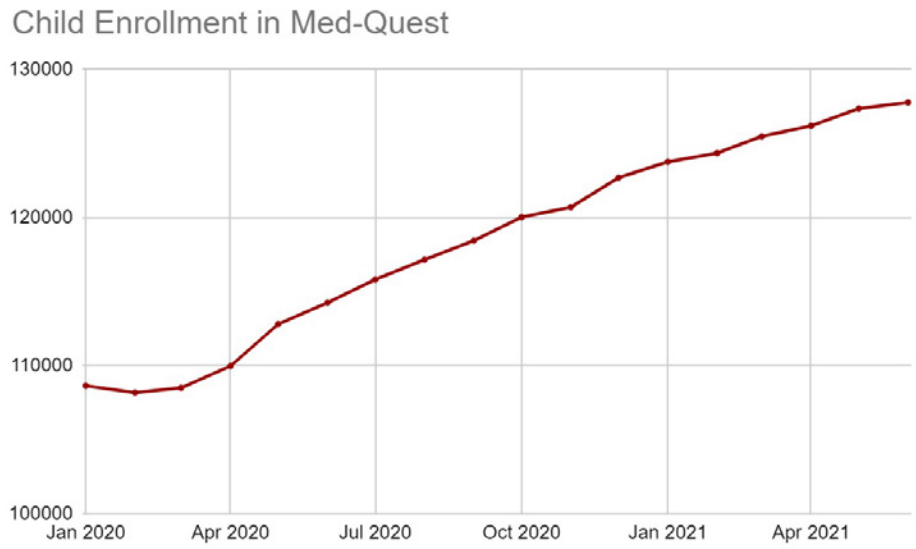
> *A year ago I got dumped and he kicked me out of my home, a place I grew plants for medicine and was a dedicated steward of the land. I won't go into details however it's rooted in the old story of violence towards women and colonization. Between now and then I've moved three times. I have experienced a former landlord deliberately trying to infect their tenants with COVID when they were tested positive (majority of the tenants were highly immunocompromised), my possessions being tampered with without permission, extreme feelings of being unsafe and paying an egregious amount of money to reside in a small illegal structure. I'm currently living in a much better situation, however the stress from searching for a home was astronomical as kama'āina now have to compete with privileged and resourceful mainlanders for a home.*

Hawai'i's communities have also explored a **range of ways to cope financially during the pandemic**. With resources shifted primarily towards COVID-19, Hawai'i Children's Action Network found many families are making decisions about whether to seek medical attention for other health needs, and many are continuing to find themselves without health insurance.[128] Indeed, child enrollment in Med-QUEST also exponentially increased,[129] indicating the extent to which parents might have lost health insurance due to unemployment or found it was unaffordable to have full family coverage under an employer's medical plan.

127 https://hi.211counts.org/

128 https://www.hawaii-can.org/covid19_dashboard

129 https://medquest.hawaii.gov/content/dam/formsanddocuments/resources/enrollment-reports/MQD_Enrollment_Report_2020.pdf
https://medquest.hawaii.gov/content/dam/formsanddocuments/MQD_Enrollment_Report_2021_20210720.pdf



Data taken from Department of Human Services - Med-QUEST Division

Other interviewees shared how they juggled costs in order to meet basic needs...

> *When COVID hit, I had to go to the food drop in Hilo to get food to feed my family. I also faced disconnection notices for my water and my electric, thank goodness there was a time when they would still keep it on even with the disconnection notice. There was the LIHEAP program which I applied for to work as an intake worker, that helped me pull through to pay the bills. Then there was the food and meal pick up in Laupāhoehoe that I went to every Wednesday. Just to feed my family.*

... even as costs became exorbitant in some contexts, as one participant described:

> *Things got expensive. A gallon of milk went up to $10-11 a gallon. $5.53/gallon for gas.*

3.3.4 Economic Stimulus Measures and Public Services

Historic measures have been taken to provide relief from the financial hardships wrought by COVID-19. The first significant economic relief program, the Coronavirus Aid, Relief, and Economic Security (CARES) Act was passed in March 2020 at the onset of the global pandemic, shortly after the first stay at home proclamation came into effect. As the first of several stimulus packages it had the potential to mitigate many predictable, negative impacts and is analyzed in depth here given the relative availability of data compared to other stimulus measures. What this analysis has revealed is not only the **significant gender bias** in how federal resources were utilized but questions about the ways in which COVID-19 preparedness itself was funded during this time. Indeed, the amount of money allocated by the State to COVID-19 preparedness appears shockingly low—less than $2.5m of

the total award of $7.5b[130]—and no funding seems to have been allocated toward developing a statewide track and trace system[131] – a lost opportunity that could have helped minimize the coming public health crisis.[132] **The uneven distribution and outcomes of CARES Act spending highlights how much-needed public services are systematically underfunded and privatized in a circular manner.**

In spite of ample reason to prioritize services to women given the impacts that many feminists and activists highlighted early on, **no funding was earmarked for programs aimed at women specifically or to** Native Hawaiian, Filipinx, or Pacific Islander women in particular, although women who were able to access UI would have received some CARES funding in this way. Locally, 44,000 immigrants were not eligible for the first stimulus checks.[133] In addition, some domestic violence organizations reported stories of stimulus checks being stolen by partners, raising questions about the methodology of sending checks to homes, including to unsafe ones.

Funding from Hawaii's CARES Act and Paycheck Protection Program (PPP)[134] were often used to support private companies, reinforcing myths of private sector efficiency[135] and raising major questions about equity and how certain sectors were prioritized (see Appendices L and M for breakdown). Close to $500m was awarded to private healthcare providers[136] while less than **$250k was allocated for the prevention of family violence. The hotel and airline industries combined received more in CARES Act money than was allocated for "Families and Community" and "Food and Shelter" programs**[137] even as companies made redundancies and took other cost-cutting measures.[138]

Child Care

The channeling of resources to private actors results from **decades of underfunding** in state systems, as in the case of child care and healthcare. **Child care** is perhaps the best example of this

130 According to data on the allocation of Federal funds from Hawai'i Data Collaborative, less than $2.5m of the total award of $7.5b was allocated to directly support the COVID-19 effort at the state level, with $1.9m going to "Vaccine Preparedness" and $544k for "COVID-19 Testing for Rural Health Clinics." Another $175m in Coronavirus Relief Funds were provided to Neighbor Island counties (2.3% of all CARES Act money) and https://www.hawaiidata.org/federalfunds

131 https://www.nature.com/articles/d41586-020-03518-4

132 See for details on Federal Funds related to COVID-19 for the State of Hawaii https://www.hawaiidata.org/federalfunds

133 https://www.migrationpolicy.org/article/covid19-immigrants-shut-out-federal-relief

134 With regards to PPP money, the criteria for "repayment" of the PPP loans changed over time, which allowed companies to use a smaller proportion of the total awarded loan amount to go to worker pay and benefits. It also allowed companies to lay off staff after the PPP money had been used. Some of Hawai'i's companies that were awarded PPP did just that, though the extent of permanent layoffs is difficult to fully know. See WARN letters filed https://labor.hawaii.gov/wdc/real-time-warn-updates/

135 Letza, S. R., Smallman, C., & Sun, X. (2004). Reframing privatisation: Deconstructing the myth of efficiency. Policy Sciences, 37(2), 159-183.

136 https://www.hawaiidata.org/federalfunds

137 Ibid.

138 See for example https://www.kitv.com/story/42712496/hawaiian-airlines-begins-massive-layoffs-cutting-staff-by-nearly-one-third

trend, investment in public early education and child care options were dwarfed by those to private providers: $2.5m went to Head Start, the only public option for early education of young children, which also often serves as a form of child care, and $11.9m went to private child care providers.[139] These services are critical[140] during a public health crisis, in particular for women who frequently take on unpaid caregiving activities, yet access, accountability, and transparency are limited under a private, for-profit system of care. There were attempts to ensure accessibility of child care, but lack of a wider child care system infrastructure proved challenging. While taking away income requirements and means testing theoretically meant anyone who needed child care could get it, child care companies eliminated spots in order to comply with health and safety standards, creating long waitlists. By October 2020 there were over 3,300 lost child care seats,[141] with that number growing to over 4,800 by March 2021.[142] Child care providers also expressed challenges accessing state funds due to the complicated application process, limits on how funds were to be used, and short application deadlines. Some providers felt procedures for government support were too cumbersome, which could partly help to explain why **one in four providers remained closed during the pandemic in spite of high demand.** [143] Leaving families without care may have forced women out of the workforce, although data on the exact numbers of women exiting paid work is not currently collected.

Pre-existing but intensified by the pandemic is the fact that child care remains unaffordable and inaccessible for many families, which, unlike kindergarten through twelfth grade education, is paid for almost entirely by the family. In this sense, it is **doubly privatized** — relegated to the "private" realm of the family and paid for in the private sector. At the same time, child care providers are some of the lowest paid caregivers, even though they play a vital role in communities, helping provide care for children as an essential public good.

Healthcare

Of the $500m of CARES Act money allocated to Hawai'i's hospitals and health care providers,[144] nearly $488m was spent in the form of Provider Relief Funds, which covers costs related to the COVID-19 response and financial losses a hospital might incur as a result of the pandemic. Yet research has shown that **the privatization of care services** (including healthcare and long term care facilities) affects both healthcare workers and consumers, where profit incentives contribute

139 https://www.hawaiidata.org/federalfunds

140 By November 2020, government funds through PPP and DHS contracts made up a significant amount of the financial assistance to the child care industry, demonstrating a large public investment made to provide this essential service. https://datastudio.google.com/u/0/reporting/9a5a704d-38e4-4e36-a944-77162f86d4bb/page/JuPnB?s=lImWc0krLQM

141 https://hawaiiactionstrategy.org/ccp-survey-october-2020

142 https://hawaiiactionstrategy.org/march_21

143 https://datastudio.google.com/u/0/reporting/9a5a704d-38e4-4e36-a944-77162f86d4bb/page/JuPnB?s=lImWc0krLQM

144 See award amount for category "Hospitals and Healthcare Providers" https://www.hawaiidata.org/federalfunds

to lower wages and pay gaps[145] for women of color, immigrant women,[146] and Black healthcare workers,[147] while relying on consumers to pay for services.[148] Given that in Hawai'i women make up three quarters of the healthcare workforce[149] and nearly half of frontline essential workers are healthcare workers,[150] ensuring secure conditions for healthcare workers and investing in care infrastructure[151] is also critical to gender and racial justice and equality.

Food Systems

The pandemic demonstrated the **limitations of a privatized emergency food** system and the frightening lack of comprehensive plans for wide-scale community food security.[152] Food banks[153] and other non-profits provide vital lifelines for people, especially in temporary, emergency situations but also increasingly in ordinary times.[154] Currently, food insecurity is addressed principally by the non-profit and private sector even as the pandemic has exemplified the need and effectiveness of expanding public options and entitlements. Additionally, recent research has highlighted that the emergency food system relies on the unpaid, volunteer labor of a majority of elder women volunteering in the community organizations serving at food bank volunteer sites.[155] This raises questions of equity in terms of what forms of adversity people are being asked to endure in response to crises and whose labor subsidizes a privatized, emergency food system.

The Impacts of Privatization

Moreover, the amount of public money from the CARES Act which ended up being privatized is larger than what the data show given the widespread use of companies for what were previously aspects undertaken in house: processing application for funds, providing public services (like

145 https://files.hawaii.gov/dbedt/economic/reports/Hawaii_Workforce_Report_2021.pdf p.20

146 https://www.european-services-strategy.org.uk/wp-content/uploads/2008/03/women-and-contracting.pdf

147 https://www.epi.org/blog/cuts-to-the-state-and-local-public-sector-will-disproportionately-harm-women-and-black-workers/

148 For more on the privatization of social and public services, see: http://citeseerx.ist.psu.edu/viewdoc/download?-doi=10.1.1.138.5012&rep=rep1&type=pdf; Carey, M. (2008). Everything must go? The privatization of state social work. British Journal of social work, 38(5), 918-935; Harrington, C., & Pollock, A. M. (1998). Decentralisation and privatisation of long-term care in UK and USA. The Lancet, 351(9118), 1805-1808.

149 https://files.hawaii.gov/dbedt/economic/reports/Hawaii_Workforce_Report_2021.pdf

150 https://hiappleseed.org/2020/04/hawaiis-frontline-workers-covid19/

151 https://equitablegrowth.org/factsheet-what-does-the-research-say-about-care-infrastructure/

152 For more information on efforts to reshape the emergency food system and to transform the food system https://transforminghawaii-foodsystem.org/

153 See for example Hawaii Food Bank's annual report from 2010 accessed here: https://www.yumpu.com/en/document/view/33850982/2010annual-report-hawaii-foodbank/3

154 For example prior to the pandemic in 2019, 1 in 8 local people required assistance from Hawaii Food Bank https://d9x3r8n6.rocketcdn.me/wp-content/uploads/2020/08/HawaiiFoodbank_AnnualReport_2019.pdf

155 Shaw, A., Miles, A., Afuso, K. and Bartolotti, T. (2021) "Vulnerability & Resilience in the Hawai'i Food System: Lessons from COVID-19, Key Informant Interview Findings", unpublished.

education[156]) and providing financial services for the distributions of funds. **Underfunded and ineffective public services are an intersectional feminist issue** in that they can reproduce inequalities where women often pay higher proportions of their incomes in taxes yet rarely have full and equal access to the services these taxes pay for. The privatization of public services removes opportunities for greater public investments and job creation in favor of profit directed to shareholders and increasingly flexibilized employment. At the same time, women are also subjected to increased demands for unpaid work when critical services are not provided.[157] For this reason **budget allocations** have substantial gender and social implications, as has been shown by the extensive literature on gender-responsive participatory budgeting,[158] which demonstrates how little funding is implemented to meet women's needs and how cuts to public services hit women hardest. As we outline below, U.S. stimulus relief packages and subsequent State budget decisions related to the pandemic have been far from gender-responsive.

And yet the **need and demand for public services has increased**: One local charity clearinghouse reported a 600% increase in the number of calls inquiring about social services available where 60% of callers were women. This may indicate the overall level of crisis communities and households faced in this stage of the pandemic, with women taking on a primary role in interfacing with public and charity services, as is often the case. Moreover, financial and basic needs support programs are often disjointed, and a complicated web can keep families in an ongoing state of insecurity. Applications can be time-consuming or with short time windows, often leaving people without support in the interim. Programs may vary in duration, placing additional burdens on participants to track multiple and often differing individual requirements.

At the other end of the economic spectrum, **Hawai'i remained an accessible place to buy relative solitude and safety for wealthy elites**,[159] reinforcing longstanding inequalities and trends that contribute to the displacement and outmigration of Native Hawaiians and local families.[160] While there is not yet data from the U.S. Census Bureau about state-to-state migration for 2020,

156 See for example Acellus Learning Accelerator being used by the DOE to provide education services https://www.civilbeat.org/2020/11/doe-report-acellus-online-curriculum-violated-religion-discrimination-policies/

157 https://actionaid.org/sites/default/files/grps_2018_online.pdf, page 6.

158 http://grpb.pwdc.org.my/#:~:text=Gender%20Responsive%20and%20Participatory%20Budgeting%20(GRPB)%20is%20a%20%E2%80%9Cwhole,all%20levels%20of%20government%20together.&text=GRPB%20takes%20into%20holistic%20consideration,potentials%20of%20these%20different%20groups. See also, gender budgeting https://eige.europa.eu/gender-mainstreaming/toolkits/gender-budgeting/what-is-gender-budgeting

159 "During COVID-19, Americans with the financial means looked to places in the U.S. that allowed for physical space; amenities, such as chefs, nannies, tutors and restaurants; and some semblance of normality for their children," says Matthew G. Beall, CEO of Life, a real estate firm across the an islands. "Those in California also faced natural disasters, rising taxes and an extreme COVID-19 crisis. In addition to enjoying white sand beaches, warm waters and a variety of outdoor adventures year-round, we also use the same currency, have modern infrastructure, technologically sophisticated hospitals, good schools and most importantly in time of COVID-19, we were able to shut down our borders and control the virus in ways that were much more difficult to do it would have been in the mainland US" https://www.forbes.com/sites/emmareynolds/2021/05/20/is–the-next-it-place-to-live-inside-its-impressive-real-estate-offerings-attracting-the-wealthy/?s h=7868a0c25bb2

160 https://uhero.hawaii.edu/aloha-oe-population-migration-between-hawaii-and-the-u-s-mainland/

August-mid November 2020 saw a 20% increase of intended new residents.[161] New residents are more likely to come from wealthier backgrounds,[162] which adds pressure to already "competitive," unaffordable housing markets.[163] This exponential increase in housing costs effectively nails shut what have already been closed doors on home ownership for many Native Hawaiians and most working class people of color in Hawai'i.[164] Additionally, wealthier and often white "skilled" remote workers have been encouraged to move or visit Hawai'i as a means of "supporting the economy" without acknowledging the ongoing historical displacement of and violence against Native Hawaiian communities that such forms of settlement enact.[165] The promotion of imported remote worker and "voluntourism" programs[166] represent limited and unproven strategies for generating broad-based economic development, doing little to shift whitely[167] expectations of entitlement to space, culture, and "aloha" from local people and Native Hawaiians in particular.

3.4 Unpaid Work and Care

It is widely acknowledged that the **COVID-19 crisis has magnified the ongoing crisis in unpaid care work across the world**[168] and underscored that care work is essential, hazardous, and requires particular skills.[169] Women continue to be disproportionately responsibilized for care work, which has increased in different ways during the pandemic, depending on individual circumstances. In particular, women with caring responsibilities were particularly affected by school and child care service

161 This is according to data collected by the Tourism Authority's voluntary survey of arrivals to Hawai'i https://www.civilbeat.org/2020/11/people-are-moving-to-hawaii-to-escape-virus-hotspots-will-they-stay/

162 https://files.hawaii.gov/dbedt/economic/reports/Hawaii_Migration_Flows_2013-2017_Dec2019.pdf

163 The market demonstrated that competitiveness when in March 2021 the Honolulu Board of Realtors reported a record high for the median price for a single-family home at $950,000, a 17.3% increase from March 2020.https://www.hicentral.com/mpr/mpr-2021-03.php

164 Kaua'i saw the most dramatic increase in cost of homes of all the counties, with a 43.67% increase in the median cost of a single-family home from March 2020-March 2021 pushing prices from $750,000 to $1,077,500.https://www.hawaiirealtors.com/wp-content/uploads/2021/04/March-2021-Statewide-Statistics.pdf

165 "The state's Department of Business, Economic Development and Tourism is in the process of designing and funding a marketing campaign to entice remote workers to make their long-term home. "It's just about attracting the right people who want to be here for the right reasons and want to be part of this place," said DBEDT Director Mike McCartney."https://www.civilbeat.org/2020/11/people-are-moving-to–to-escape-virus-hotspots-will-they-stay/

166 See for example https://www.gohawaii.com/malama

167 The term whiteliness refers to support for whiteness as the norm, whether or not someone identifies as white.

168 See for example: Dugarova, E. (2020). Unpaid care work in times of the COVID-19 crisis: Gendered impacts, emerging evidence and promising policy responses. In UN Expert Group Meeting 'Families in development: Assessing progress, challenges and emerging issues, Focus on modalities for IYF (Vol. 30); ActionAid. 2020. Who Cares for the Future: finance gender responsive public services!'; Bolis, M., Parvez Butt, A., Holten, E., Mugehera, L., Abdo, N. and M. Jose Moreno. 2020. Care in the Time of Coronavirus: Why care work needs to be at the centre of a post-COVID-19 feminist future. Oxfam Briefing Paper. Oxford: Oxfam International; Nesbitt-Ahmed, N. and R. Subrahmaninan. 2020. Caring in the time of COVID-19: Gender, unpaid care work and social protection. https://blogs.unicef.org/evidence-for-action/caring-in-thetime-of-covid-19-gender-unpaid-care-work-and-social-protection

169 https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2021/think-piece-how-can-the-covid-19-crisis-be-harnessed-to-improve-rights-and-working-conditions-en.pdf?la=en&vs=1223

shutdowns and loss of support from elder generations, especially solo/single mothers and parents. Others may have faced increased needs to care for the ill or to find ways to manage household budgets in the face of loss of income. At the same time, national findings indicate that men may be overestimating their contributions to unpaid work during COVID-19.[170] The line between work and leisure is one that is traversed by power relations,[171] and subjective experiences of care within the pandemic have varied vastly depending on one's individual experiences and circumstances. Women of color were particularly impacted by these increased demands, as systemic racism excludes them from accessing adequate child care, eldercare, and health services as well as sufficient incomes.[172] Broadly, different patterns have emerged about ways in which the pandemic has reinforced traditional heterosexual gender norms around care and mothering.[173] How this has played out in the Hawai'i context is not yet clear and requires further research.

The pandemic exacerbated the existing child and eldercare crisis in Hawai'i.[174] Indeed, unpaid caregiving in Hawai'i has been a growing crisis prior to COVID-19, mostly for women who are over-represented as primary caregivers. Hawai'i's dependency ratio—the number of "dependent age" people for every 100 people of "working age"—is increasing at a rate higher than the U.S. national average.[175] Prior to the pandemic, between 2015-2017, the number of unpaid caregivers in Hawai'i grew from 153,000-157,000, with this work creating $2.1b in economic value.[176] National reports for 2020 show an increase in unpaid caregiving and an increasing number of caregivers who experience difficulties with their own health and with coordinating care for a loved one.[177] Further study would need to be done to understand changes to Hawai'i's care systems. Indeed, while the U.S. census has tracked data on formal child care arrangements at a national level,[178] lack of comprehensive data such as time-use surveys or other research and data limit the ability to report findings on unpaid

170 https://promundoglobal.org/new-research-covid-19-and-a-crisis-of-care-in-the-united-states/

171 See also: Stewart, T. J. (2021). Capitalism and the (il) logics of Higher Education's COVID-19 response: A Black feminist critique. Leisure Sciences, 43(1-2), 260-266; Perrons, D. (2000). Care, paid work, and leisure: rounding the triangle. Feminist Economics, 6(1), 105-114; Duffy, M. (2005). Reproducing labor inequalities: Challenges for feminists conceptualizing care at the intersections of gender, race, and class. Gender & Society, 19(1), 66-82.t

172 See Oxfam, Promundo-US and MenCare. 2020. Caring under COVID-19: How the pandemic is – and is not – changing unpaid care and domestic work responsibilities in the United States. Boston: Oxfam, and Washington, DC: Promundo-US, https://promundoglobal.org/resources/caring-under-covid-19-how-the-pandemic-is-and-is-not-changing-unpaid-care-and-domestic-work-responsibilities-in-the-united-states/ and Women's Budget Group. 2020. Crises Collide: Women and Covid-19. Examining Gender and Other Equality Issues During the Coronavirus Outbreak. Women's Budget Group: https://wbg.org.uk/analysis/crises-collide-women-and-covid-19/

173 Güney-Frahm, I. (2020). Neoliberal motherhood during the pandemic: Some reflections. Gender, Work & Organization, 27(5), 847-856.

174 https://www.staradvertiser.com/2020/04/13/breaking-news/covid-19-underscores-existing-child-care-shortage-in-hawaii/

175 https://census.hawaii.gov/wp-content/uploads/2020/06/Hawaii-Population-Characteristics-2019.pdf

176 https://www.aarp.org/content/dam/aarp/ppi/2019/11/valuing-the-invaluable-2019-update-charting-a-path-forward.doi.10.26419-2Fppi.00082.001.pdf
https://www.aarp.org/content/dam/aarp/ppi/2015/valuing-the-invaluable-2015-update-new.pdf

177 https://www.aarp.org/content/dam/aarp/ppi/2020/05/infographic-caregiving-in-the-united-states.doi.10.26419-2Fppi.00103.002.pdf

178 See https://www.census.gov/data/tables/2021/demo/hhp/hhp33.html

work in Hawai'i.[179] However, accounts from research participants demonstrate the myriad ways women have been responding to the unpaid care crisis during COVID-19 and not only as mothers in heterosexual couples. One participant described the shifts in her caring responsibilities as the pandemic wore on:

> *At home in the beginning I was just cleaning, redecorating, watching movies and trying to work out. I eventually basically became a free nanny for my older brothers' kids. I was happy to spend time with them, but [it was] also tiring keeping up with their schedule of attending school on the iPad. My nephew was late so many times because I lost track of time. It was hard to keep my niece quiet while he was doing class. It was tiring and challenging.*

For mothers as well, the challenges of virtual education increased the pace and stress of working life: "Every day after work, I would book it home so that I could help [my daughter] with her work."

Another commented:

> *So much of that burden fell on moms and women – that was the case in our hui's homes. We definitely saw how the women were picking up all of the stuff of what couldn't be done when you can't drop your kids off at school. Making three meals a day at home, doing dishes, being in front of the computer, doing other activities with them. I'm multitasking right now with my kid – moving room to room to have this work-related conversation.*

The high costs of paid care contribute to complex dilemmas for caregivers and those cared for. As one frontline worker recounted:

> *[I had a] client [who] was just becoming stable with her own apartment and was working towards saving for a car when schools closed. She was required to continue coming into work and was forced to leave her 12-year old and 8-year old home alone in order to keep her job. Because her husband won't cooperate (husband's in the military), she cannot provide sufficient proof needed to enroll her kids for child care on base at the appropriate discounted rate and must pay the full price which has tapped into her savings for her vehicle and set her back financially.*

Impossible choices and gendered inequalities coincide in these impacts of the pandemic on women with caring responsibilities. And while the cost of care is high for families, **child care worker wages are some of the lowest in the economy** at $12.43/hour[180] – where Hawai'i's wages represent the biggest gaps of all the states between child care worker wages and a living wage.[181] Hawai'i is largely rated as "stalled" for progress on early childhood educator workforce policies and family and income

179 Some media articles have highlighted some women's experiences: https://www.hawaiibusiness.com/the-pandemic-is-not-gender-neutral/; https://www.civilbeat.org/2020/08/women-were-already-struggling-at-work-the-pandemic-is-making-it-worse/

180 https://cscce.berkeley.edu/workforce-index-2020/states/hawaii/

181 https://cscce.berkeley.edu/workforce-index-2020/wp-content/uploads/sites/2/2021/02/Early-Childhood-Workforce-Index-2020.pdf page 23.

support policies by the Early Childhood Workforce Index.[182] In addition, public sector agencies held widely varying policies about whether people are able to undertake caregiving while remote working.[183] Refusal to develop comprehensive policy in this area through legislative or gubernatorial action has significantly impacted public sector workers, many of whom are women.

Women's mental health has been strongly impacted as a result of this crisis and carrying the burdens of unpaid work and care, as outlined in the section on Mental Health above. Nationally, caregivers overwhelmingly report experiencing high stress, with women reporting high stress more frequently than men.[184] One contributor shared how women during public health crisis often put their own care behind that of others:

> *From experience with past epidemic/pandemic with HIV – historically see women tend to get into care much later than men because of their other family or child care responsibilities, and they don't take care of themselves first.*

This could be particularly acute for frontline workers. As one research participant put it:

> *In the beginning [I was] very fearful. What – we have to go into work? Because I was worried about spreading something to my parents, during the week, my son spent it all with my parents. Huge toll mentally. At first it seemed like a break, but after a while it was like I can't do this. When I saw my son on the weekends I would disinfect like crazy. One day I just broke down… having to wash my hands, disinfect, and then still having to go to work and comfort other people and having to support others. Fear continued on… It still does impact me.*

Not only does this participant describe the intense toll of ensuring safety in child care arrangements but also the demand for her emotional labor in her work comforting others. Another participant described her own efforts to ensure she also cared for herself while taking care of others:

> *I had to be intentional about my own care. Had to be aggressive about self care. Make sure I'm sleeping and protective of my own family. Worried about going out to see people and what that means for my kids. Carrying other people's trauma.*

Needing to be "aggressive" about care for herself could be seen as indicative of the impact of increased unpaid work on women, which often pressures them to respond to the needs of others before their own.

At the same time, the positive aspects of **community care and mutual aid** were also a significant theme in many interviewees' accounts of their experiences. This was especially significant for communities that had previously experienced natural disasters, as on Hawai'i Island and Kaua'i. In

182 https://cscce.berkeley.edu/workforce-index-2020/wp-content/uploads/sites/2/2021/02/Early-Childhood-Workforce-Index-2020.pdf, page 36.

183 https://www.civilbeat.org/2020/08/women-were-already-struggling-at-work-the-pandemic-is-making-it-worse/

184 Ibid. p. 53

the words of one participant:

> *Communities mobilized around providing what they can with each other. [Just like the] Kilauea eruption 2018 – if you get cut off from the main town of Hilo – we're still going to get you stuff you need. Families gaining the comfort level of being ok to ask for help – that was huge. Especially in plantation communities – if I don't have something, I'm going to ask my neighbor and they're going to have… Communities were planning how that support would happen. For K-12, we cannot have all families being home all the time… the kids going come my house on Monday, your house Tuesday, your house Wednesday. They shared the caregiving. Rural communities made that more likely, that small community trust and feeling and just let your kids play outside.*

One interviewee commented how communities organized to create economies that worked for them, to ensure that people got what they needed:

> *This was an eye opener for people to come together as a hui. There is a pride in giving things away. Uncle B prides himself on the fact that he gives away more than he sells.*

Providing **community-based child care** based on existing relationships and experiences under national disasters represent autonomous community responses to unpaid care during the COVID-19 crisis. The differences between how different women navigated privatized, household unpaid work compared to relational, community care work should be further investigated. This community care often extended to elders, many of whom have faced increased isolation during COVID-19:[185]

> *We took food up to Hawaiian seniors. We would give food to people doing collections for kupuna and I got people in the [women's] organization to donate. There was also a need for baby food and the organization provided a bunch.*

Solidarity and support from friends and colleagues were also key lifelines, in spite of the difficulties of asking for financial help, as highlighted by another interviewee:

> *Being able to pay bills and make sure rent was paid and being able to buy groceries. It was really challenging during the time I wasn't working my second job. I never asked for help from anyone and I shared that one month I couldn't pay for groceries and my coworker showed up with a car full of food from Costco. I was in tears and my daughter told me it's ok to ask for help.*

While there were many and significant challenges of the pandemic, research participants also recounted betterment of **personal relationships and moments of joy, connection, and pleasure** that time away from work and social obligations could sometimes afford. For women in supportive intimate partnerships, this could entail moments of (re)connection and joy:

> *On a real personal note, I got to know my wife very personally again. Me and her were stuck in the*

185 D'cruz, M., & Banerjee, D. (2020). 'An invisible human rights crisis': The marginalization of older adults during the COVID-19 pandemic–An advocacy review. Psychiatry research, 113369.

house so much. Are we going to have more kids or what? It made me realize how much I love her because we got to spend so much time together. We would go out to get milk and eggs, but we're together. Spending even more time together, just made me realize how lucky I am to have her as my wife and partner.

It is also important to highlight moments of levity and positive relationship building, especially amongst friends during the pandemic in terms of finding ways to maintain relationships and support systems. As several participants recounted:

My girlfriends would do a virtual chat on Houseparty, play games, have a glass of wine. Friends were supportive and were creative on how to stick together.

I have gotten to the point where now, if I think of someone I call them. I cherish the moments of talking to them. I realize that we need that connection. 99% of the time I am a person of good news and I hear or give good news. I just don't have time for bad news, maybe it's getting older. Life is precious, I don't want to waste time.

Research on the role of **women's friendships** as leisure[186] remains far limited compared to research on heterosexual intimate partnerships, but what literature does exist points toward the transformative and critical role women's friendships play over the life course. Yet the pandemic also directly impacted how care and friendship were expressed:

I'm a big hugger. I'm a female bear at heart. I love to hug and I don't hug as much as I used to. I used to squeeze people and take their breath away. I used to greet them with a big solid hug and now I'm doing elbow to elbow.

The power of community care and intimate connection are also central themes in the work of feminist authors such as Haunani Kay Trask,[187] Audre Lorde,[188] and others who spotlight the revolutionary potential of the erotic to mobilize spiritual, psychic and emotional, and political power in order to transform multiple oppressions.

3.5 Voice, Culture, and Environment

The pandemic has created both opportunities and obstacles to exercising political voice and for feminist, social, and labor organizing. At the same time, ongoing and high-profile leadership failures, corruption, and misinformation continue to impact the landscape of rights and voice during the pandemic. From initial suspension of Sunshine Law without due public explanation to failures of

186 See for example, Lugones, M., & Rosezelle, P. A. (1995). Sisterhood and friendship as feminist models. Feminism and community, 135-145; Martinussen, M., Wetherell, M., & Braun, V. (2020). Just being and being bad: Female friendship as a refuge in neoliberal times. Feminism & Psychology, 30(1), 3-21;Hughes, K. L. (2015). The experiences queer college women of color have of friendship (Doctoral dissertation, uga).

187 Trask, H. (1982). Eros and Power: The Promise of Feminist Theory.

188 Lorde, A. (1993). The uses of the erotic: The erotic as power. The lesbian and gay studies reader, 339-43.

leadership and management at key public agencies managing health and employment, avenues of formal democratic expression have been reconfigured through new online spaces as well as modified forms of public mobilization, for example, in resisting racist police violence through Black Lives Matter organizing. As highlighted elsewhere, corruption, and democratic voice are feminist and social justice issues during the COVID-19 pandemic,[189] as, for example, women and those identifying as femme, nonbinary, and trans*, continue to be excluded from many decision-making processes related to COVID-19 action and response. Low confidence in government response measures mean that residents and visitors alike have expressed skepticism at the ability of the State's 14 day quarantine to keep them safe.[190]

Nevertheless, unions and women's organizations in particular have played key roles in mitigating the gendered impacts of the pandemic as women and workers continue to come together to improve their material conditions. The actions undertaken by women's organizations, social service providers and unions have been analyzed in relevant thematic sections above. Advocates, service providers, and organizers worked tirelessly throughout the pandemic to address the challenges facing our communities. Several key informants raised that organizations and communities came together to provide better wraparound services across the state, to provide joined-up policy recommendations, and to raise funds or provide a range of support to communities. Many commented on their organization's agility in anticipating and transitioning to providing additional services to communities. Some expressed that simply staying open and available to provide services to women seeking support at critical points in their lives was a huge accomplishment given the challenges they faced. **Notable achievements** include but are not limited to areas of:

- **Health.** Securing $20m for Native Hawaiian health care,[191] expanding abortion access for neighbor island communities, running mobile vaccination sites to address the issue of "vaccine deserts, organizing doulas to improve conditions for birthing people and women of WCCC succeeding through the curtailing of substance use treatment programs.

- **Workplace Conditions.** Securing COVID-19 pay, improved health and safety measures for hotel workers, and providing workforce development programs for women economically impacted by the pandemic.

- **Violence.** Helping end HPD's curfew expansion (as it impacted IPV survivors' ability to seek support), raising funds to support an attempted femicide survivor, raising money for a sex trafficking relief fund, securing funds for the only child sex trafficking shelter on O'ahu, and achieving the first statewide inquiry into gender-based violence against Native Hawaiian women.

189 https://www.transparency.org/en/news/covid-19-makes-women-more-vulnerable-to-corruption

190 60%+ respondents to HTA's survey disagreed to some degree with the statement "I am confident that state and county governments can safely re-open my island to visitors from outside the state of Hawai'i" and the statement "The state and county governments are doing an effective job at enforcing the mandatory 14-day quarantine for visitors arriving from outside the state of Hawai'i" https://www.hawaiitourismauthority.org/media/6152/hta-resident-sentiment-fall-2020-board-presentation-121720-with-addendum.pdf

191 https://stateofreform.com/news/hawaii/2021/08/hrsa-provides-20-million-for-native-hawaiian-health-care/

- **Building community.** Neighbor island transgender organizing and community building[192] and mapping critical resources for communities

Such organizing has been critical to improving material and workplace conditions as well as spotlighting feminist issues in Hawai'i.

In relation to the environment, communities globally and locally are noticing the impacts of reduced activities on the landscape, in positive and negative ways.[193] Some participants noted the positive dimensions of human-nature interactions:

> *COVID is a time where people are rejuvenating themselves and nature is thriving on being forced to stop.*

This could also be linked with cultural healing:

> *It [Waikīkī] became such a pu'uhonua for us and we get to the end of the day and it was like, "Huh we can breathe again." It was hard to get used to at first – no planes flying over, no one on Kalākaua Avenue. I remember the night before tourism was going to reopen Oct 15th and I remember sitting on the sand and watching the sunset and thinking this time was going to be over and we'll have to give up these places again. And sure enough over the next handful of months especially the last 3-4 months it's overrun again. It is not a place anymore.*

In relation to culture and environment, the pandemic has also reconfigured social and cultural spaces, practices, and relationships to 'āina. In Hawai'i criminalization of culture is a part of ongoing colonization, settler colonialism, and erasure. Participating in cultural reproduction is restorative and healing, in particular for Native Hawaiian communities who were subjected to and continue to experience systemic racism and white supremacy that has criminalized or co-opted central parts of Hawaiian culture.[194] Native Hawaiian movements for Aloha 'Āina challenge the severing of people from cultural practices and spaces,[195] and Native Hawaiian feminists and queer activists have been at the forefront of these struggles.[196] Mele, hula, and oli are central to these movements as well, deeply connecting culture, place/space, and people. However, stay-at-home orders created obstacles to practicing stewardship and building community. One interviewee commented on shifts in education during the pandemic, questioning what our relationship with land should look like:

> *As a parent sending kids to Hawaiian schools immersion or Hawaiian-focused schools the thought of teaching kids on the computer eight hours a day goes against the role of 'āina in our lives and*

192 https://www.dropbox.com/s/9q4916yu0d816p8/Na%20Pua%20Ilima%20zoom%20workshop.mp4?dl=0

193 https://www.eea.europa.eu/highlights/impact-of-covid-19-lockdown

194 See for example, Trask, H. K. (2001). Lovely Hula Hands. Mapping the Social Landscape: Readings in Sociology, 102.

195 Goodyear-Kaopua, N., Hussey, I., & Wright, E. K. A. (Eds.). (2014). A nation rising: Hawaiian movements for life, land, and sovereignty. Duke University Press.

196 Kauanui, J. K. H. (2008). Native Hawaiian decolonization and the politics of gender. American Quarterly, 60(2), 281-287.

myself as a teacher. We need to think about what education that centers ʻāina and community can look like. The prevailing model ended up being one-to-one, child to laptop. The hui that we formed was, in a small way, to create space in the shift in education.

Social distancing and technology have shaped access to cultural practices and education, creating both opportunities as well as obstacles to community and cultural connection. During the protection of Mauna Kea in 2019 from the building of a Thirty Meter Telescope (TMT) there began a sharing and teaching of sacred hula dances beyond the demonstrations taking place at the Mauna. When kiaʻi (protectors) left the Mauna in March 2020 due to safety concerns around COVID-19, the sharing and cultural learning eventually continued online. An interviewee reported that hula hālau (hula groups) who have traditionally kept their dances and genealogies closely began opening up to the hula community and non-hula communities online to continue some of their kiaʻi work from Mauna Kea. Some hula hālau conducted online papa hula, which allowed brothers and sisters elsewhere to participate. For those who practice more ʻāina-based learning, in particular Native Hawaiian focused schools or organizations who practice ʻāina-based learning, key informants reported much of the restrictions around gathering coupled with stay-at-home orders meant a disconnect from that particular form of cultural and community connection. The forced distancing and isolation had different impacts on how communities connected and were prevented from connecting with one another. These connections between culture and environment warrant further exploration in relation to movements for Aloha ʻĀina and in terms of how the pandemic has shaped access to the spaces in which women and marginalized groups live, work, and play.

4. CONCLUSIONS: ENDING THE REGRESSIVE RECOVERY

> *... looking into the heart of whiteness, I do not see a willingness to change, only a ferocious determination to keep the black masses at bay. And let white people and their police and their tourists and their segregated schools stay away from us. Let us return to the political status of many nations. Not one sovereignty but many sovereignties. Not one path, but many paths.*[197]

As Haunani Kay Trask reminds in "the Color of Violence," there are many paths to sovereignty and transformation. "Pathways" suggest histories as well as opportunities – there are well-worn paths, forgotten passages, as well as opportunities to pathbreak and chart unique directions. Pathways can be alleys or arteries, passages, and channels – political possibilities as well as closures performed by sedimented structures and systems of power. Pathways also suggest sequences of reactions, much like the responses we have seen from various actors in response to the health, economic, and social aspects of the epidemic.

One of the pathways of impact has indeed been the path of loss and disappearance: those we have referred to as the **"COVID missing."** Across the U.S., more than 600,000 people have died, and at the time of writing, a new surge is threatening to increase this toll substantially. More than 33.9 million people (over 10% of the total U.S. population) have tested positive for the virus, leading to different impacts and various health implications over the longer term. While locally figures have been relatively lower, currently this still means the loss of over 500 loved ones and thousands of positive cases. Tens of thousands more will have gone missing from Hawai'i's communities in some other way – from outmigration due to high costs of living, houseless sweeps breaking up communities who support and rely on each other, those falling out-of-reach from health service providers, trafficked people, children who may have not returned to school, and many more. The "COVID missing" might also refer to those who have gone missing from social interactions, school or work, withdrawing and facing isolation due to the impacts of violence, trauma, and/or worsened mental health during the pandemic. These impacts are gender and socially differentiated, meaning that they differ based on peoples' circumstances and identities, with those experiencing intersecting oppressions undergoing the brunt of these impacts. The factors in people's identities—how they experience and identify in terms of masculinity and femininity, race/ethnicity, disability, and many other facets—shape their ability and comfort accessing support services and the experiences they have receiving support.

Analyzing the pathways of the COVID-19 pandemic makes clear that a re-imagining of systems and economies of care is paramount in dismantling systematic and intersecting oppressions. Organizing and advocacy were instrumental for the continued provision and expansion of vital services, providing support where systems fell short and advocating to prevent the roll-out of the most egregious forms of austerity. **At the same time, many of Hawai'i's regressive recovery measures are contributing to "a socially regressive dynamic of state-led economic restructuring"**[198] **wherein privatization and investment in exploitative systems continues to be built**

197 Trask, H. K. (2016[2004[). 8 The Color of Violence. In Color of Violence (pp. 81-87). Duke University Press. Page 14.

198 Green, J., & Lavery, S. (2015). The regressive recovery: distribution, inequality and state power in Britain's post-crisis political economy. New political economy, 20(6), 894-923.

across women's backs. Across the different areas surveyed, we have identified multiple impacts to women's and marginalized peoples' lives related to logics and systems of (1) **exclusion, dispossession, and displacement**; (2) **privatization; and** (3) **gendered and racialized divisions of labor.** At the same time, **organizing and collective action pushed back** against some of the most regressive measures and achieved material gains for women and marginalized people.

With regard to **dispossession and displacement**, we can think of the ways in which the COVID-19 epidemic has contributed to processes of exclusion, displacement, and dispossession, as seen in different examples of how people spatially and biologically contained or literally displaced: Disparate seeming examples include homeless sweeps, outmigration, vaccine and healthcare deserts, the housing crisis,[199] and promotion of tourism and extractive economies.[200] In relation to privatization, we have seen the pandemic reinforce myths of private sector efficiency[201] in delivering public services and led to significant capture of public fiscal stimulus resources by elites and private and corporate actors.[202] Elite capture of public resources – corruption – compounds the lack of equitable representation of women and marginalized communities within COVID-19 decision-making spaces, locally[203] and beyond.[204] Privatization in the U.S. is far from new, although COVID-19 has broadly revealed the faultlines of reliance on it even while studies suggest that privatized healthcare in particular correlated with poorer COVID-19 outcomes.[205] Privatization too can refer to the ways in which the pandemic and state responses to it have further pushed the work of care into the private realm of the family and household,[206] with notable consequences for women and marginalized communities, as previously discussed.

In terms of **gendered and racialized divisions of labor**, the pandemic has in some ways exposed the precarity of the "essential" workforce, without addressing the fundamental conditions of their expendability.[207] In Hawai'i, this has materialized concretely in the continued poor conditions of service industry workers, including in the hospitality industry, paid caregivers and healthcare

199 Vilenica, A., McElroy, E., Ferreri, M., Fernández Arrigoitia, M., García-Lamarca, M., & Lancione, M. (2020). Covid-19 and housing struggles: the (re) makings of austerity, disaster capitalism, and the no return to normal. Radical Housing Journal, 2(1), 9-28.

200 For more on the biopolitics of COVID-19, see Rose, J. (2021). Biopolitics, essential labor, and the political-economic crises of Covid-19. Leisure Sciences, 43(1-2), 211-217.

201 Letza, S. R., Smallman, C., & Sun, X. (2004). Reframing privatisation: Deconstructing the myth of efficiency. Policy Sciences, 37(2), 159-183.

202 https://www.brookings.edu/blog/future-development/2020/07/10/what-the-pandemic-reveals-about-governance-state-capture-and-natural-resources/

203 See https://humanservices.hawaii.gov/wp-content/uploads/2020/04/4.13.20-Final-Cover-D2-Feminist-Economic-Recovery-D1.pdf

204 https://www.undp.org/press-releases/womens-absence-covid-19-task-forces-will-perpetuate-gender-divide-says-undp-un-women

205 Assa, J., & Calderon, C. (2020). Privatization and Pandemic: A cross-country analysis of COVID-19 rates and health-care financing structures. Research Gate.

206 "Pandemics, Privatization, and the Family," 96 New York University Law Review Online 106 (2021) (with Caitlin Millat)

207 See Pandey, K., Parreñas, R. S., & Sabio, G. S. (2021). Essential and Expendable: Migrant Domestic Workers and the COVID-19 Pandemic. American Behavioral Scientist, 00027642211000396. And Handal, A. J., Iglesias-Ríos, L., Fleming, P. J., Valentín-Cortés, M. A., & O'Neill, M. S. (2020). "Essential" but Expendable: Farmworkers During the COVID-19 Pandemic—The Michigan Farmworker Project.

staff, and grocery store workers, most of whom are women and people of color and often immigrants. As outlined above, housekeeping staff, who are majority immigrant women, appear to have been some of the most impacted by industry layoffs and deteriorated conditions of work. Deteriorated conditions of work combine with increased hostility and violence in the workplace[208] – all while racist and xenophobic attacks and gender-based violence have risen more broadly – mean that essential workers are asked to put their lives and health on the line in multiple ways. Finally, the pandemic may reinforce existing gendered divisions of labor within homes that responsibilize women for care in the face of school closures, lack of child care, and other impacts of the pandemic.

Nevertheless, feminist and other activists and advocates have achieved remarkable accomplishments through organizing and collective action, as outlined in the section on Voice, Culture, and Environment, from ensuring neighbor island communities get the reproductive, substance use, COVID-19, and general health care they require; organizing a sex trafficking relief fund; securing COVID-19 pay and health measures for hotel workers; to bringing doulas together to improve conditions for birthing people. These efforts and many others changed the material reality of Hawai'i's communities, none of which would have been possible through individual efforts.

208 https://www.ifc.org/wps/wcm/connect/42b50ce3-3867-48b2-9818-acfbc4080ea2/202007-IFC-GBV-COVID.pdf?MOD=AJPERES&CVID=ncKHiMJ

5. PATHWAYS TOWARD CARE-LED RECOVERY, REGENERATIVE ECONOMIES, AND TRANSFORMATIVE JUSTICE IN HAWAIʻI

Building from the voices of interviewed community members and feminist organizers, the recommendations below strike at these logics and systems of oppression, amplifying the longstanding calls of anti-racist and anti-imperialist feminist organizers, both here in Hawaiʻi and around the world. We discuss visions and principles as well as strategies for change, integrating some policy options and considerations, issues for organizing/activism and further research where possible. On the cusp of anticipated new funding for infrastructure[209] as well as the rollout of federal funding through the American Rescue Plan Act (ARPA), we have also included in an appendix an example list of projects that currently require resources (Appendix N). Indeed, as volumes of international[210] and national[211] advocacy reports make clear, many of these recommendations **represent collective, unmet demands for justice** and entry points for transformation that cross borders even as they require locally-embedded and context-specific responses. These recommendations and options are far from exhaustive but highlight key spheres for action at the local level and beyond. They call on states to end regressive recovery measures in the name of building back better on broken foundations and chart alternative pathways for change.

First and foremost, we call on local policymakers to implement the recommendations outlined in the Feminist Economic Recovery plan[212] as well as those articulated by the Native Hawaiian and Pacific Islander Hawaiʻi COVID-19 Response, Recovery, Resilience Team,[213] ʻĀina Aloha Economic Futures,[214] amongst other recommendations for systemic change and transformation.[215] Pre-pandemic recommendations from the Women's Fund of Hawaiʻi Status of Women Report,[216]

209 https://www.brookings.edu/blog/the-avenue/2021/08/05/the-senate-infrastructure-bill-puts-america-closer-to-another-new-deal/

210 https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2021/think-piece-pathways-to-building-back-better-en.pdf?la=en&vs=4432 and https://wbg.org.uk/wp-content/uploads/2021/07/Building-Back-Fairer.pdf and https://www.2030spotlight.org/sites/default/files/Spotlight_Innenteil_2020_web_gesamt_.pdf

211 See for example, https://equitablegrowth.org/insights-expertise/coronavirus-recession/, https://iwpr.org/covid-19-and-recovery-response/ and https://iwpr.org/wp-content/uploads/2020/11/Policies-for-a-Gender-Equitable-Recovery-Finalsm2.pdf, for example

212 These include "Reorient the sectoral focus of our economies by: reducing economic reliance on federal military programs; rebalancing the role of tourism and its forms within Hawaiʻi's economy; reorienting new construction toward actual real mixed use redevelopment and legitimate affordable housing and identify new opportunities for more sustainable economic livelihoods" as well as others, page 11-15.

213 Hawaiʻi State Department of Health (2021). COVID-19 in Hawaiʻi : Addressing Health Equity in Diverse Populations. Disease Outbreak Control Division: Special Report. Honolulu, Hawaiʻi. https://hawaiicovid19.com/wp-content/uploads/2021/03/COVID-19-Race-Ethnicity-Equity-Report.pdf

214 https://www.ainaalohafutures.com/

215 https://www.civilbeat.org/2020/04/if-we-get-food-right-we-get-everything-right/

216 These include: closing the gender wage gap, upping the minimum wage, defray the costs of care, address educational disparities, support women's businesses and better support victim-survivors of violence, page 11.

from the Hawai'i Appleseed Center publications on economic and social justice[217] and others also continue to be relevant.

5.1 Intersectional Feminist Leadership, Representation, and Gender-Responsive Public Services

At a minimum, women and marginalized communities must be represented within COVID-19 response and recovery structures, which locally have been slow and untransparent.[218] Specifically **feminist leadership** is needed through the crisis so that opportunities for lasting and systemic change can be identified and pursued. The pandemic exemplified both the need for revitalized and gender-responsive public services and demonstrated that, in spite of rhetorics of scarcity, resources can indeed be mobilized for greater investments in sectors that serve the public good.

Gender-responsive public services are also critical toward advancing all of the pathways outlined in these recommendations. Indeed, the following represent crosscutting propositions that will help to enable all other pathways:

- Ensure **feminist leadership and substantive consultation** with women and marginalized communities, as part of the Hawai'i "Economic Resiliency Strategy" (also known as Hawai'i 2.0) and other recovery planning efforts.

- (Re)invest in **gender-responsive public services** across multiple areas outlined in the sections below.

- Ensure transparent, participatory, and gender-responsive **government procurement and budgeting processes**.

5.2 A Care-Led Recovery

"Paid **care** needs to be recognized as basic infrastructure which, not unlike physical infrastructure, **makes all other activities possible.**"[219] Ninety percent of infrastructure jobs are likely to be in fields in which men are over-represented,[220] yet research has shown that investing in "social or care infrastructure" – healthcare, child care, education, long-term care, and home care for older adults and people with disabilities – can actually create nearly 2.7 times as many jobs.[221] Invest in care as infrastructure.[222] Not only are these investments critical to addressing serious and intersecting

217 https://hiappleseed.org/publications

218 https://www.civilbeat.org/2021/02/stabilizing-or-stalling-state-officials-explain-why-hawaiis-recovery-plan-will-take-2-years/

219 https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2021/think-piece-how-can-the-covid-19-crisis-be-harnessed-to-improve-rights-and-working-conditions-en.pdf?la=en&vs=1223 page 6

220 https://cew.georgetown.edu/cew-reports/infrastructure/

221 https://wbg.org.uk/wp-content/uploads/2021/07/Building-Back-Fairer.pdf and Women's Budget Group (2020), A Care-Led Recovery from Coronavirus, https://wbg.org.uk/analysis/reports/a-care-led-recovery-from-coronavirus/

222 https://equitablegrowth.org/roads-bridges-bottles-and-blocks-rethinking-infrastructure-for-the-post-pandemic-u-s-economy/

inequalities in access to care and care worker wages, but investing in care can also have an important overall economic stimulus effect. Additionally, mutual aid and community care have provided lifelines throughout Hawai'i communities and beyond during the pandemic. Related policy options and considerations include:

- **Expanding social safety nets**,[223] providing a minimum of six months fully **paid family leave and sick leave** to all workers with an additional three month, fully paid phased re-entry into the workplace.

- Expanding access to **healthcare**, through Medicaid and Med-Quest expansion, universal healthcare options and health equity measures that address social determinants of health,[224] including programs providing mental health support.

- Center **gender-based violence and disability** considerations across all healthcare and public health responses to the pandemic while continuing to prioritize and resource **sexual and reproductive health** services.

- **Invest in care infrastructure**, such as child care services for 0-3-year-olds in particular, as well as long-term care services by promoting Kupuna Care payments and removing employment eligibility requirements for caregivers. Restore funding to and expand Pre-School Open Doors Program. Advocate for better care worker wages, State investments in care, and redistribution of caregiving across society.

- **Support education**, increasing teacher pay and benefits, expanding Head Start programs, and follow-through with expanding pre-k public education. Center disability in all educational adaptations related to the pandemic.

5.3 Regenerative Economies

Regenerative economies (also understood through terms such as circular economies)[225] draw on indigenous knowledge systems in articulating economic systems aligned with ecological ones, reducing waste and building abundance. From ensuring adequate social and economic safety nets by advancing universal social protections[226] to investing in futures of work that offer decent, living wages, investing in regenerative economies also centers the investments in care highlighted above at its heart. Social protection focuses can enhance people's income security by providing financial transfers, including pensions and child/ family benefits; at the same time, public services must be

223 https://equitablegrowth.org/roads-bridges-bottles-and-blocks-rethinking-infrastructure-for-the-post-pandemic-u-s-economy/

224 https://iris.paho.org/bitstream/handle/10665.2/52058/PAHOEGCLEGCOVID-19-0001_eng.pdf?sequence=6&isAllowed=y

225 https://www.civilbeat.org/2021/07/give-take-regenerate-a-circular-economy-is-vital-to-hawaiis-future/

226 http://www.socialprotectionfloorscoalition.org/wp-content/uploads/2020/05/2020-0519-Universal-social-protection-Shahra-Razavi.pdf

available, accessible, and high-quality in order to deliver true benefits.[227] Economic development policies must address the high cost of living and outmigration as matters of urgency while also pursuing secure and decent futures of work.[228] Policy options and considerations include:

- **Building Transparent and Gender-Responsive Fiscal and Monetary Policies**. Ensure gender-responsive, transparent, and accountable fiscal stimulus and budgeting measures, including by gender/participatory budgeting of all recovery resources. Incentivize pro-worker, pro-women requisites for businesses receiving stimulus funding and organize local feminist roundtables with federal departments receiving appropriations. This entails ensuring access to federal appropriations through procurement and funding criteria that are pro-women and marginalized people (e.g., addressing any local hiring restrictions for federal projects and ensuring equal access to these opportunities for Hawai'i women). In addition, implement progressive wealth taxation policies,[229] including by expanding the Earned Income Tax Credit and/or economic assistance available[230] to support low-income women and households and addressing the disproportionate wealth of the top 10% of earners and property owners.[231]

- **Invest in Regenerative Economic Development.** Revalue and restore land, water, and sacred spaces; invest in sustainable food systems by directing payments to local, particularly Native Hawaiian, farmers to build sustainable local food systems; rebalance the role that tourism plays in the economy, addressing the impacts of overtourism, implementing effective management strategies, and pursuing a moratorium on new hotel and luxury development. Pilot Universal Basic Income/guaranteed income schemes, based on models developed elsewhere, as other U.S. counties are planning to implement with ARPA funding.[232]

- **Transform Employment and Workplace Conditions** by advancing universal social protection systems[233] and permanent social protection floors to guarantee at least a basic level of social security for everyone. Ensure that social protection coverage applies to all [234] and raise wages

227 https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2021/think-piece-the-social-protection-response-to-covid-19-has-failed-women-en.pdf?la=en&vs=0, page 4

228 https://wbg.org.uk/wp-content/uploads/2021/07/Building-Back-Fairer.pdf

229 See https://www.hibudget.org/blog/tax-fairness-is-popular-and-needed-for-hawaii-future and https://itep.org/hawaii-appleseed-center-for-law-and-economic-justice-tax-policies-that-will-help-end-poverty-for-haw/

230 There are limitations to tax credits as a progressive economic measure

231 https://www.globaltaxjustice.org/sites/default/files/Webinar_slides_Veronica%20PSI%20Ecuador.pdf

232 https://www.nlc.org/article/2021/07/21/guaranteed-income-pilot-projects-with-american-rescue-plan-act-funding/

233 https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2021/think-piece-the-social-protection-response-to-covid-19-has-failed-women-en.pdf?la=en&vs=0

234 .

through expanding overall wage floors, such as the minimum wage.[235] Bring care workers and other informal workers into full coverage by comprehensive worker health and safety laws,[236] update unemployment systems, legislate worker retention laws like "recall rights"[237] for workers, and secure jobs for workers by eliminating workers' "at-will" status. Provide adequate rest time for workers through break laws and implementing statutory vacation days.[238] Support unionization by ensuring all state projects are completed by union workers.

• **Support Secure Housing**, especially for marginalized people such as poor women, trans* people, gender non-conforming youth, formerly incarcerated people, and others.[239] Extend the state moratorium on evictions and provide resources for back rent. Address and mitigate displacement and high costs of housing and living by investing in and expanding public housing facilities, reforming "affordable" housing subsidies, and exploring options such as rent control.

5.4 Feminist Transformative Justice

Creating spaces for accountability through transformative justice addresses the root causes of violence and structural inequalities. This could be considered a form of care that centers those who have suffered harm while also extending accountability as care to those who have committed harm. Feminists and queer activists of color have long advocated for ending gender-based and sexual violence outside the carceral state through holistic approaches which seek to "transform the culture and institutions that enabled the wrongful behavior to occur rather than simply `restoring´ an inequitable status quo."[240] Gender and sexual-based violence are also heavily linked to women and trans* peoples' experiences of incarceration and the police[241] and the subject of transformative justice initiatives as well. Activists[242] are working on a range of options for transformative justice and abolitionist projects, including community-based methods of intervening in child sexual abuse.[243] Investing in community-based transformative justice could entail:

235 https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2021/think-piece-how-can-the-covid-19-crisis-be-harnessed-to-improve-rights-and-working-conditions-en.pdf?la=en&vs=1223 page 6

236 https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2021/think-piece-how-can-the-covid-19-crisis-be-harnessed-to-improve-rights-and-working-conditions-en.pdf?la=en&vs=1223 page 6

237 https://www.congress.gov/bill/117th-congress/senate-bill/1519

238 https://www.oecd.org/els/soc/PF2_3_Additional_leave_entitlements_of_working_parents.pdf

239 https://www.icrw.org/wp-content/uploads/2016/11/gender_lens_on_affordable_housing_by_regender_final-1.pdf

240 Deer, S., & Barefoot, A. (2018). The limits of the state: Feminist perspectives on carceral logic, restorative justice and sexual violence. Kan. JL & Pub. Pol'y, 28, 505.page 525.

241 See https://survivedandpunished.org/

242 Including organizations and movements such as INCITE! Women, Trans and Gender Non-Conforming People of Color Against Violence.

243 See for example https://batjc.wordpress.com/our-work/accountability-working-group/

- **Reallocating funds and investing in public and community infrastructure** that support diversion away from prison and address the root causes of systemic racism and violence, ending cash bail systems, and funding and piloting transformative justice initiatives[244] for gender and sexual-based violence as well as other harms.

- **Ending the criminalization of poverty and houselessness**, including sit/lie bans and houseless sweeps.

- **Improving the conditions of incarcerated people**, ensuring adequate healthcare, access to information, including about COVID-19 and education, including access to Hawaiian culture and language education and free access to communication for incarcerated people (through zoom, in-person, phone calls, letter writing materials, etc.).

5.5 A Multi-System, Multi-Species Right to Rest, Recover, and Heal

The recommendations above are far from exhaustive. But they point toward intersecting structures of oppression that precede and extend through the pandemic. What the pandemic has perhaps demonstrated is the **bankruptcy of extractive relations**, processes, and ways of living that perpetuate climate destruction, economic and social exploitation, and violence. Black and indigenous feminists and disability activists have long articulated the "devastating effects of overextension"[245] and rest as a practice of radical resistance.[246] In other ways, houseless advocates have begun outlining a fundamental right to rest as a means of pushing back against the criminalization of houseless people occupying public spaces.[247] Indigenous activists[248] and ecologists have also foregrounded the need for rest for environmental systems and demonstrated the links between the COVID-19 pandemic and climate and habitat destruction. In many ways, the pandemic has interrupted, reconfigured, and laid bare some of these extractive processes, if not definitively ended them. The opportunity imminent to this moment is thus to fight for **greater space, practices, and rights which deliver rest, recovery, and healing for marginalized people and planetary systems**. Audre Lorde reminds us that as a Black, queer woman "caring for myself is not self-indulgence, it is self-preservation, and that is an act of political warfare."[249] We can take inspiration from Lorde and many others in renewing and revisioning systems of collective care that may yet transform intersecting oppressions beyond all recognition.

244 As highlighted by INCITE! https://resist.org/theory-of-change/ and local organizations such as Hawai'i People's Fund.

245 Lorde, A. (2017). A burst of light: And other essays. Courier Dover Publications (p.205).

246 See for example, the writings of Audre Lorde and Sonya Renee Taylor.

247 https://wraphome.org/what/homeless-bill-of-rights/oregon-r2r/

248 https://indiancountrytoday.com/opinion/an-indigenous-perspective-to-covid-19

249 As Lorde writes in Burst of Light, "I had to examine...the devastating effects of overextension. Overextending myself is not stretching myself. I had to accept how difficult it is to monitor the difference...caring for myself is not self-indulgence, it is self-preservation and that is an act of political warfare" (p.205).

6. APPENDICES

Appendix A: Interview Guides

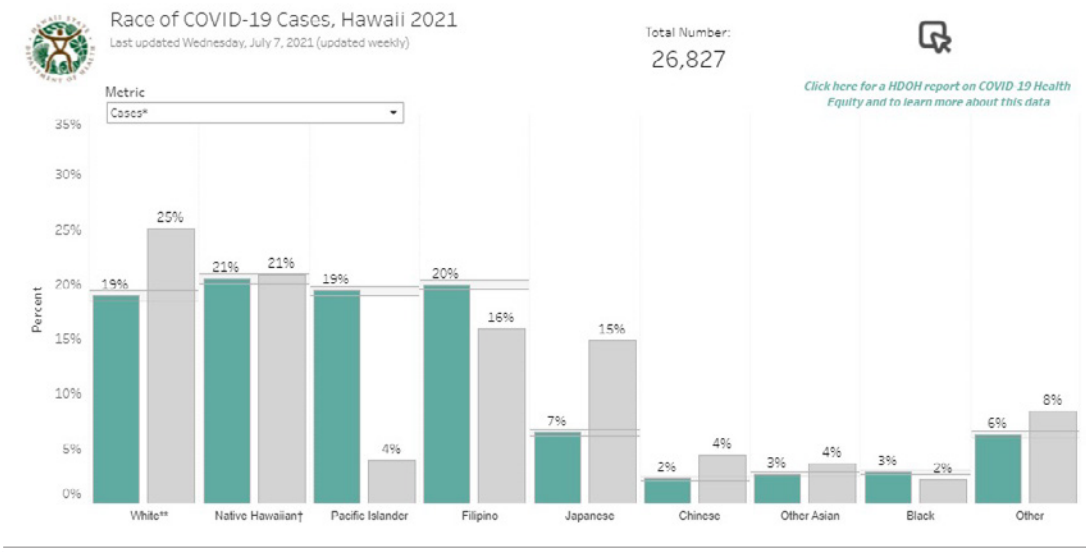
Interview Questions for Key Informants

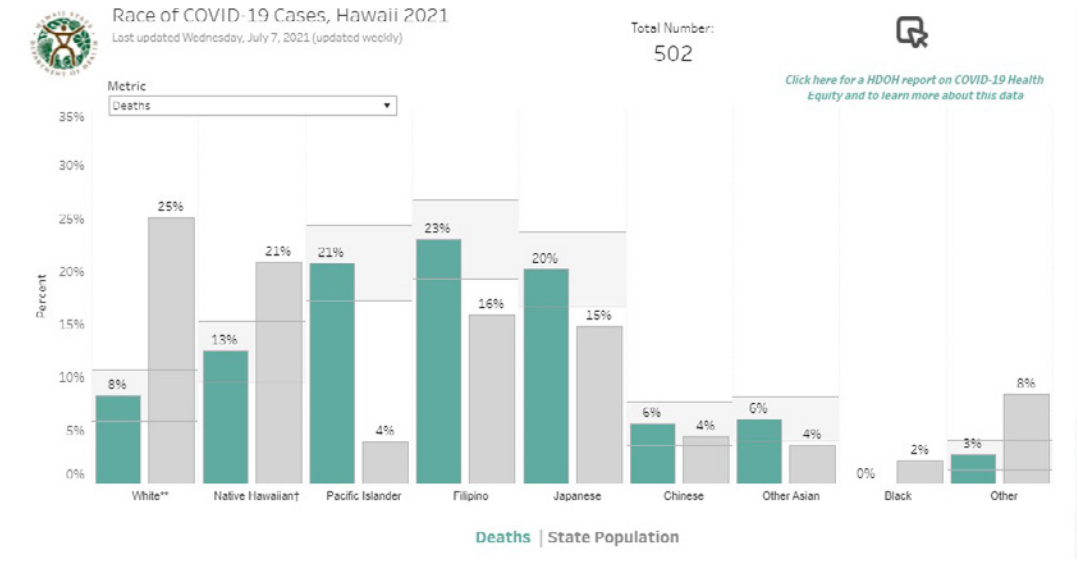
1. What has the organization been doing to support communities during the pandemic?
2. What key impacts have you witnessed in the pandemic? With clients, etc.
3. What impacts have you witnessed on different communities? Oppressed communities
4. What data or information do you have on these?
5. What data needs do you have?
6. What would you most like to know? From the report
7. What policy or organizing objectives/opportunities or needs do you see?
8. Legislative session readout – asks that weren't met, what's upcoming for next session, sympathetic policymakers, etc.

Interview Questions for Individual interviews

1. Intro – tell us a little bit about yourself and your background
2. How has your life changed since/because of COVID-19?
3. Have you found any new hobbies or freedoms during the pandemic?
4. What did you do to try to feel "normal" or positive during the pandemic?
5. How do/did you connect with friends/family or other support?
6. Was there a point where things were going positively in the pandemic? What happened then?

Appendix B: Department of Health COVID-19 Tracker

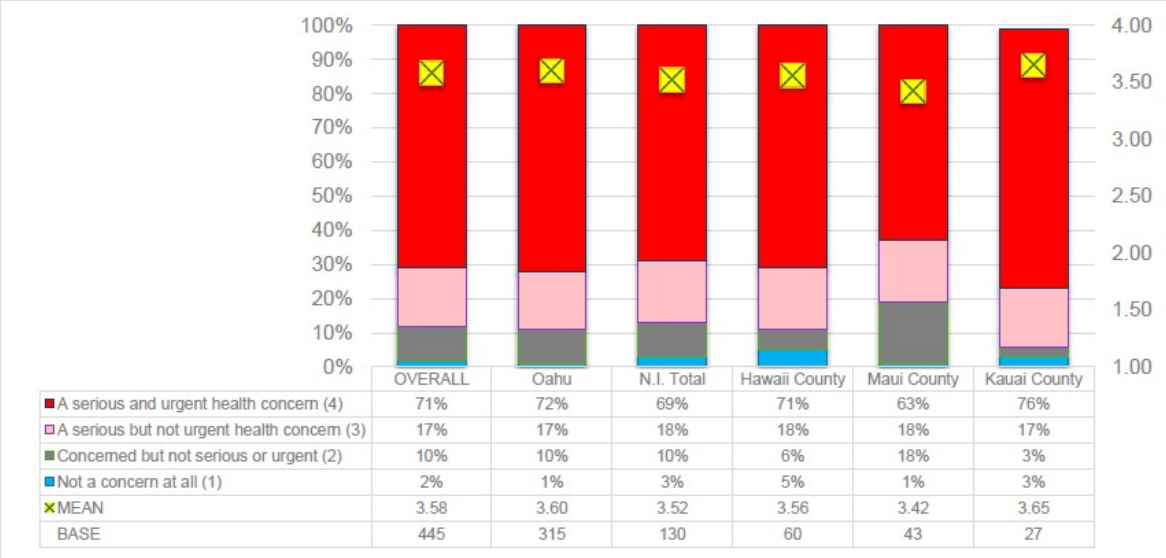




Appendix C: Anthology Report – COVID-19 Threat Perceptions

COVID-19 THREAT PERCEPTIONS

At the outset of the study, Hawaii residents were asked how serious of a health concern they viewed the COVID-19 virus. They were instructed to quantify their perceptions using a standard four-point rating scale highlighted in the graphic below. In addition to the percent results a mean or average score was also computed. The higher the mean score (closer to 4.00) the greater the level of concern.



	OVERALL	Oahu	N.I. Total	Hawaii County	Maui County	Kauai County
A serious and urgent health concern (4)	71%	72%	69%	71%	63%	76%
A serious but not urgent health concern (3)	17%	17%	18%	18%	18%	17%
Concerned but not serious or urgent (2)	10%	10%	10%	6%	18%	3%
Not a concern at all (1)	2%	1%	3%	5%	1%	3%
MEAN	3.58	3.60	3.52	3.56	3.42	3.65
BASE	445	315	130	60	43	27

Appendix D: Department of Public Safety Health Care Division – COVID-19 Information

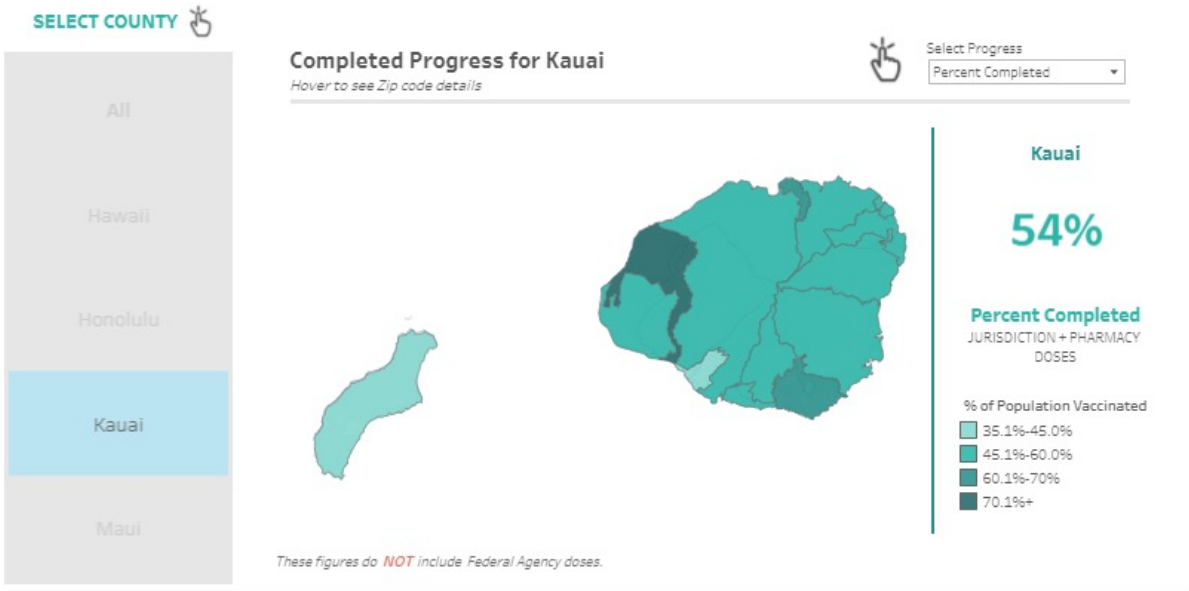
DEPARTMENT OF PUBLIC SAFETY
HEALTH CARE DIVISION

COVID-19 INFORMATION | Updated: 7/01/2021

COVID-19 TESTING: INMATE REPORT

Facilities	Tested	Results Pending	Negative	Incon-clusive	Total Tested Positive	Active Positive	Number of Persons in Medical Isolation	Number of Persons in Quarantine	Hospitalization	Recovered	Deaths
HCF	3,426	0	2,864	6	548	0	0	0	0	553	7
HCCC	1,252	pending	1,006	2	244	0	0	0	0	216	0
KCCC	366	0	366	0	0	0	0	0	0	0	0
KCF	275	0	275	0	0	0	0	0	0	0	0
MCCC	1,507	0	1,405	5	98	0	0	0	0	98	0
OCCC	8,520	0	8,031	25	460	0	0	0	0	452	0
WCCC	802	0	802	0	0	0	0	0	0	0	0
WCF	901	0	685	1	213	0	0	0	0	213	0
SAGUARO	3,012	0	2,355	5	657	0	0	0	0	655	2

Appendix E: Department of Health – Kaua'i Vaccination Rate Map



Appendix F: Vaccination Rates by County – August 2021

Data taken from: https://health.hawaii.gov/coronavirusdisease2019/current-situation-in-hawaii/

County	Rate of Vaccination	Areas with more than 70% of Population Vaccinated	Areas with less than 35% of Population Vaccinated
Hawai'i	48%	Hilo, Honoka'a, Hawi	Mountain View, Pāhoa ,Pa'auilo, Hōnaunau, Captain Cook, Nā'ālehu, Ocean View
Honolulu	47%	Hau'ula, Parts of Honolulu	Kahuku, Haleiwa, Wahiawā, Waialua, Wai'anae, Kapolei
Kaua'i	54%	Waimea	None
Maui	47%	Hana, Lāna'i City	Haiku

Appendix G: Vaccine Site Map – O'ahu

https://www.oneoahu.org/find-vaccine

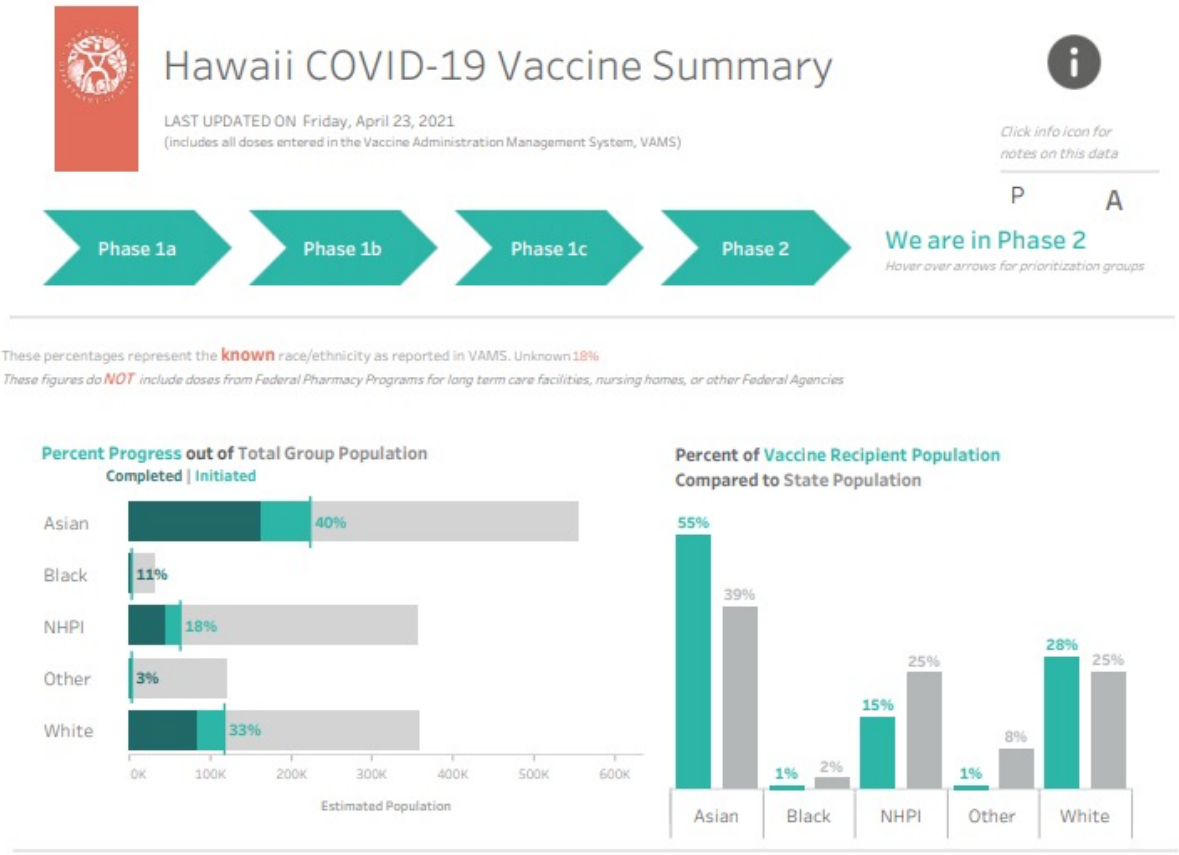
Appendix H: Hawai'i COVID-19 Vaccine Rollout Groups

https://hawaiicovid19.com/wp-content/uploads/2020/11/Hawaii-COVID-19-Vaccination-Plan_Initial-Draft_101620.pdf

Table ES-1: Population Groups

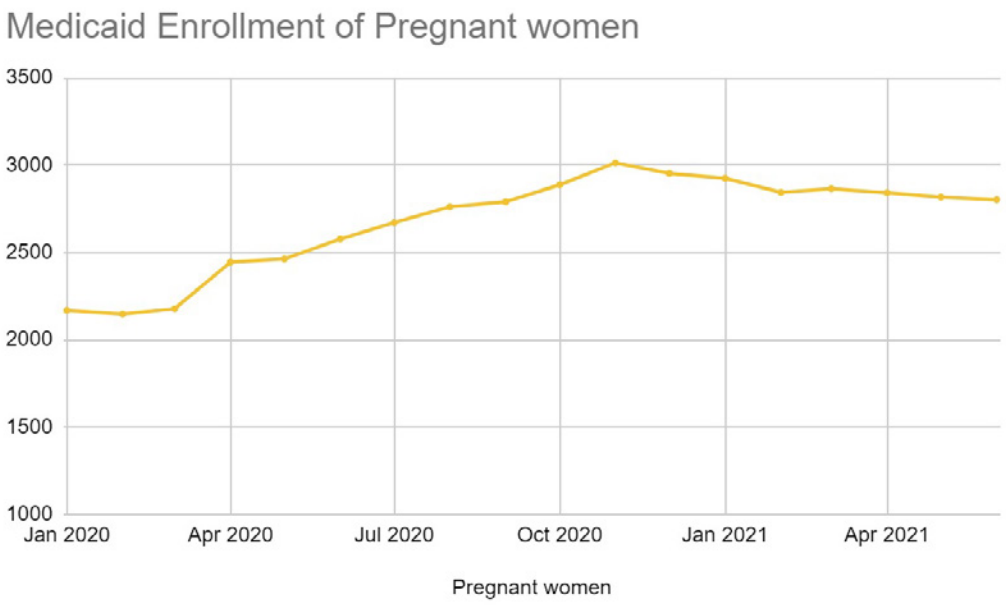
Allocation Stage	Population Group
Stage 1a	High-risk health workers (e.g., in hospitals or nursing homes, or providing home care)—these health professionals are involved in direct patient care. Also included are workers who provide transportation, environmental services, and other health care facility services and who risk exposure to bodily fluids or aerosols.
	First responders whose jobs put them at high risk of exposure to COVID-19
Stage 1b	People of all ages with comorbid and underlying conditions that put them at significantly higher risk
	Adults aged 65 and older living in congregate or overcrowded settings
Stage 2	K-12 teachers and school staff
	Critical risk workers in high-risk settings - workers who are both in industries essential to the functioning of society and at substantially high risk of exposure
	People of all ages with comorbid and underlying conditions that put them at moderately higher risk
	People in homeless shelters or group homes for individuals with physical or mental disabilities or in recovery and staff who work in those facilities
	People in prisons, jails, detention centers, and similar facilities, and staff who work in such settings
	Adults aged 65 and older not included in Allocation Stage 1
Stage 3	Young Adults (18-22)
	Children (0-17)
	Workers in industries and occupations important to the functioning of society and at increased risk of exposure not included in Allocation Stages 1 or 2
Stage 4	Everyone residing in Hawaii who did not have access to the vaccine in previous allocation stages

Appendix I: Department of Health Hawai'i COVID-19 Vaccine Summary



Appendix J: Medicaid Enrollment of Pregnant Women

Data taken from the Department of Human Services Med-QUEST Division - Medquest Enrollment Reports



Appendix K: AUW's 211 Hotline

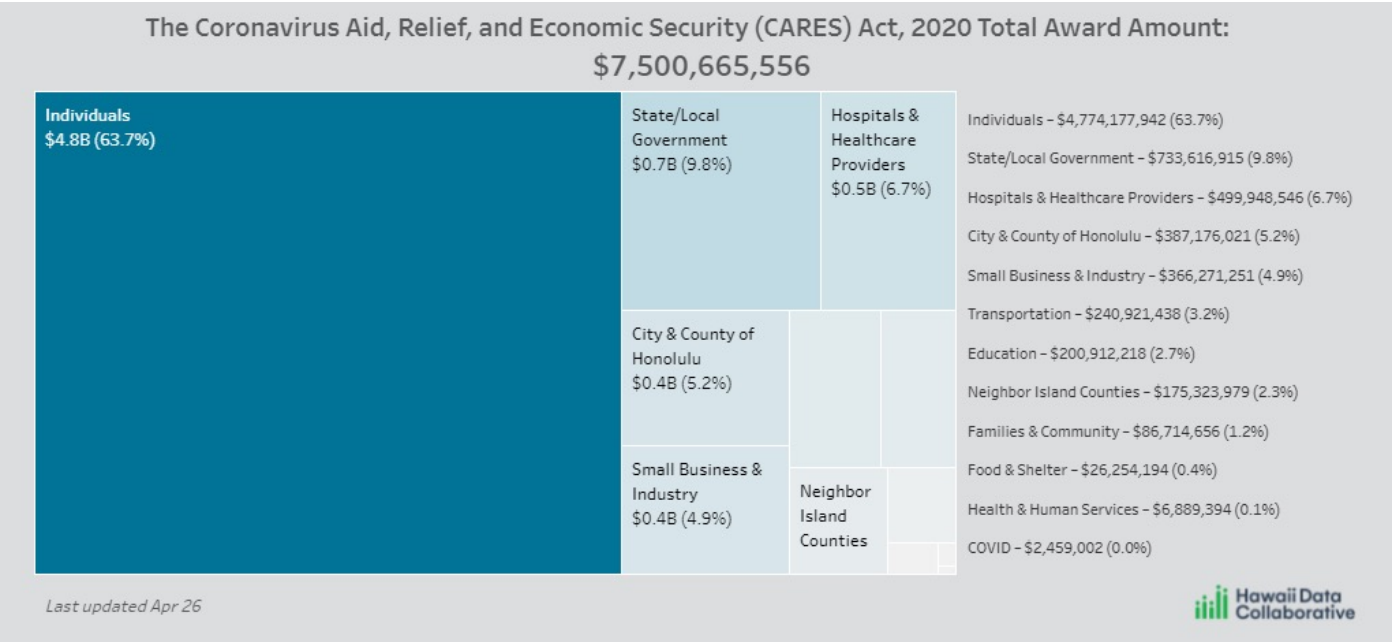
– Respectively Kunia, Waiʻanae, Diamond Head, Mōʻiliʻili, Pearl Harbor/Hickam Area, Waimānalo, Kaʻaʻawa, Haleiwa, Waipahu, Hauʻula

TOP 10: Highest rates of requests for ***Housing & Shelter*** by ZIP Code

Rank	ZIP Code	Rank	ZIP Code
1	96759	6	96795
2	96792	7	96730
3	96815	8	96712
4	96826	9	96797
5	96819	10	96717

Appendix L: CARES Act Awards at the Time of Writing

https://www.hawaiidata.org/federalfunds



Appendix M: Table of Highlights of CARES Act Spending

Data taken from https://www.hawaiidata.org/federalfunds

Category	Award Name	Expending Agency	Award Amount	Total by type of Award
Food & Shelter	CY2020 Housing Choice Vouchers-HAP Allocation from CARES Act	Hawaii Public Housing Authority	$1,030,609.00	
Food & Shelter	CARES Act: Public Housing Operating Funds Grant	Hawaii Public Housing Authority	$4,128,858.00	
Families & Community	CARES Act: Emergency Solutions Grant-State	Hawaii Public Housing Authority	$1,567,697.00	
Food & Shelter	CARES Act: Supportive Housing for Persons with Disabilities (sec 811)	Hawaii Public Housing Authority	$269,084.00	
Food & Shelter	CARES Act: Section 8 Housing Choice Vouchers-ADMIN	Hawaii Public Housing Authority	$560,130.00	$7,556,378.00
Small Business & Industry	Airlines Payroll Support Program	Airlines	$323,473,213.00	$323,473,213.00
Small Business & Industry	CARES Act Recovery Assistance Grant (EDA)	Feed the Hunger Foundation	$649,000.00	$649,000.00
Education	Emergency Financial Aid Grants to Students Under the CARES Act	Private Educational Institutions	$3,502,922.00	
Education	CARES Act: Higher Education Emergency Relief Fund-Institutional Allocation	Private Educational Institutions	$3,502,922.00	
Education	CARES Act: Higher Education Stabilization Fund-Minority Serving Institutions	Private Educational Institutions	$1,468,937.00	$8,474,781.00
COVID	CARES Act: COVID-19 Testing for Rural Health Clinics	Rural Health Clinics	$544,076.00	
COVID	COVID-19 Vaccine Preparedness	Department of Health	$1,914,926.00	$2,459,002.00

Category	Award Name	Expending Agency	Award Amount	Total by type of Award
Hospitals & Healthcare Providers	Provider Relief Funds - Rural (awards to date)	Rural Health Clinics	$72,497,000.00	
Hospitals & Healthcare Providers	Provider Relief Funds-Safety Net Hospital Distribution (awards to date)	Safety Net Hospitals	$233,958,123.00	
Hospitals & Healthcare Providers	Provider Relief Funds-Skilled Nursing Facilities (SNF) (awards to date)	Skilled Nursing Facilities	$44,472,124.00	
Hospitals & Healthcare Providers	Provider Relief Funds -General Allocation (awards to date)	Hospitals and health care provider	$137,033,000.00	$487,960,247.00
Education	Emergency Financial Aid Grants to Students Under the CARES Act	Kauai Community College	$535,684.00	
Education	Emergency Financial Aid Grants to Students Under the CARES Act	Hawaii Community College	$1,147,226.00	
Education	Emergency Financial Aid Grants to Students Under the CARES Act	Honolulu Community College	$1,107,388.00	
Education	Emergency Financial Aid Grants to Students Under the CARES Act	Kapiolani Community College	$2,022,942.00	
Education	Emergency Financial Aid Grants to Students Under the CARES Act	Leeward Community College	$2,067,890.00	
Education	Emergency Financial Aid Grants to Students Under the CARES Act	UH Hilo	$2,994,726.00	
Education	Emergency Financial Aid Grants to Students Under the CARES Act	UH Manoa	$11,009,868.00	
Education	Emergency Financial Aid Grants to Students Under the CARES Act	UH-West Oahu	$1,395,000.00	
Education	Emergency Financial Aid Grants to Students Under the CARES Act	Windward Community College	$551,098.00	
Education	Emergency Financial Aid Grants to Students Under the CARES Act	UH Maui College	$1,187,908.00	$24,019,730.00

Category	Award Name	Expending Agency	Award Amount	Total by type of Award
Food & Shelter	CARES Act: Section 8 Housing Choice Vouchers-Local	City and County of Honolulu	$899,976.00	
Food & Shelter	CARES Act: Section 8 Housing Choice Vouchers-Local	County of Hawaii	$430,906.00	
Food & Shelter	CARES Act: Section 8 Housing Choice Vouchers-Local	County of Kauai	$163,402.00	
Food & Shelter	CARES Act: Section 8 Housing Choice Vouchers-Local	County of Maui	$340,142.00	
Food & Shelter	CARES Act: Section 8 Housing Choice Vouchers	Department of Human Services	$707,968.00	
Food & Shelter	CARES Act: Section 8 Housing Choice Vouchers-ADMIN	Hawaii Public Housing Authority	$560,130.00	$3,102,524.00
City & County of Honolulu	Coronavirus Relief Fund - Local	City and County of Honolulu	$387,176,021.00	
Neighbor Island Counties	Coronavirus Relief Fund - Local	County of Hawaii	$80,009,671.00	
Neighbor Island Counties	Coronavirus Relief Fund - Local	County of Kauai	$28,715,551.00	
Neighbor Island Counties	Coronavirus Relief Fund - Local	County of Maui	$66,598,757.00	
State/Local Government	Coronavirus Relief Fund - State	Office of the Governor	$687,499,999.80	$1,249,999,999.80

Appendix N: Example Programs and Funding Needs as of August 2021

The following represent examples that were shared with the research team on projects that could help to address some of the intersectional impacts of COVID-19. They are not comprehensive nor have they been evaluated or investigated by the project team.

Aloha Medical Mission

AMM's funding needs to support the free Dental Clinic, the Welcome Smile Program and First Smile due to the economic impact of COVID-19 on our patients and the community would be: Funds to support the daily operation of the free clinic five days a week, which includes paid dental staff such as two part-time dentists, two full time dental assistants, and 1.8 dental hygienists for a total of $410,552; dental supplies which amounts to $42,000 for 2021; occupancy fees of $41,476; and other expenses needing to be covered by grants, donations, fundraising events.

Welcome Smile program which amounts to $67,140 as of July 31, 2021 or about $1,400 per woman treated. We have been able to keep laboratory fees down due to dealing with local laboratories, but if we had to use labs on the mainland costs would increase including shipping and treatment may not be timely. The type of restorative procedures provided are as follows: temporary full upper and lower dentures as well as partials, x-rays, cleanings, fillings, extractions, oral health education, and limited if any root canal treatment.

Domestic Violence Action Center

For operating costs providing support to survivors of intimate partner violence – $2,093,917

Hawai'i FoundHer

Our program is designed to support early stage businesses founded by women of Native Hawaiian, Asian, or Pacific Islander descent. Due to COVID-19 restrictions, many women lost their jobs and had to seek alternative sources of income. A founder that was recently accepted into our inaugural cohort began her company out of necessity in early 2020, like many of those that applied to our program. Hawai'i FoundHer directly supports women and their families that were affected by COVID-19.

Operating costs are roughly $300k. Any funds we have raised beyond this point are given directly to the companies as a non-dilutive grant to support their growth. We can currently offer $20k to each company, but want to be able to give each company $100k. We need to raise $300k to make this happen. Additional funding would go toward the child and eldercare

stipend that relieves any time constraints that our programming causes for participants. This is our most immediate funding need. The grant fund and care stipends are essential to allowing participants to take full advantage of our non-monetary resources, including educational workshops, retreats, and mentorship. We are the first women's business accelerator to offer both funds, which is critical for advancing Hawai'i's women-led economy.

For workforce development – we would like to hire interns for four months during the program. We would need to raise roughly $51,000 to hire full time interns at $15/hour. As the companies increase their revenue they will be able to hire these interns after the program ends. Our goal would be to exclusively hire women interns from rural communities in Hawai'i.

Kalauokekahuli

Funding for a robust homebirth financial assistance program to support families who need/want midwifery services. Financial Homebirth Assistance program $19,000 to $30,000

To set up temporary/mobile clinics in more rural communities on a monthly basis to offer basic prenatal exams (urine checks, palpating, weight, blood pressure, heart tones, etc.) well woman checkups, and postpartum exams (blood pressure, bleeding, mental health, newborn evaluation, etc.) and all of this will include quality education. Prenatal, postpartum, and well women clinics $7,000 to $10,000.

To set up a Native Hawaiian and other Pacific Islander Wahine quality education program in perinatal health and support. This includes a financial assistance program or in-house training for current or aspiring midwives, doulas, indefinitely out breastfeeding counselors, etc. Financial Assistance Program for NHPI women's (midwifery, doula, indigenous breastfeeding counselor, etc.) education $15,000 to $35,000.

NEST

Seeking $500k to continue the development of the NEST texting tool for parents to be connected to online support groups and parenting experts

O'ahu Resource Development and Conservation Council

Provided 11, $1000 grants to women farmers to meet the demands for local produce and products due to COVID-19

Transformation Through Code

A Virtual Conference to bring together and network wāhine freelancers and those who seek to enter into the freelancing industry. Estimated budget $5,000.

Wahine Freelance Alliance builds a network of wāhine freelancers and businesses (clients). The goals of the Alliance include: build a network of freelancers and client matching program; develop policies to support wāhine in their freelancing endeavors; advocate for equitable pay; Freelance Finance guidance; equitable access to our Educational programs/events.

Women's Fund of Hawai'i

Provided grants through their COVID-19 Emergency Fund and the WFH Relief, Recovery, and Reimagining grants. Funded programs are meant to reduce the negative impact of the pandemic on women and girls, those hardest hit, and to set Hawai'i up for a post-Covid-19 reality where girls and women thrive.

Seasonal grants of $5000 each are made twice a year.

To maintain operations and continue to strategically invest in organizations and programs toward gender and racial equality – $250,000.

Appendix O: Partial List of Resources and Programs

Caring Responsibilities

Child Care Hawai'i Subsidy
http://humanservices.hawaii.gov/bessd/ccch-subsidies/how-to-apply/

Family Hui
https://familyhuihawaii.org/the-family-hui-program/hui-in-the-neighborhood/

Hawai'i Diaper Bank
https://hawaiidiaperbank.org/

Kupuna Care Program
https://www.payingforseniorcare.com/hawaii/kapuna-care

NEST Text support for those with infant and toddlers
https://nestfamilies.org/

Parent Line – Free, confidential, statewide service on parenting challenges
http://www.theparentline.org/

Economic Resources – Support for Housing, Utility, Mediation/Legal Services

Hawai'i Children's Action Network
https://covid19.hawaii-can.org/

Education

Adult Literacy
https://www.hawaiiliteracy.org/adultlit

Read To Me International
https://www.readtomeintl.org/

Health Services

Adult Mental Health Services
https://health.hawaii.gov/amhd/consumer/access/

Aloha Medical Mission – Free dental clinic for adults
https://alohamedicalmission.org/what-we-do/dental-clinic/

Kalauokekahuli – Native Hawaiian/Pasifika expecting parents and postpartum support groups
https://www.kalauokekahuli.org/support-groups

Kalauokekahuli – Doula birthing and postpartum services
https://www.kalauokekahuli.org/support-services

Mental Health Kōkua
https://mhkhawaii.weebly.com/

Intimate Partner Violence

Domestic Violence Action Center
https://domesticviolenceactioncenter.org/

Hale Maluhia
https://homelessness.hawaii.gov/main/changing-lives-at-hale-maluhia/

Menstrual and Hygiene products

I Support the Girls Hawai'i
https://www.facebook.com/I-Support-the-Girls-Hawaii-1578979755750034/?eid=ARC-CgtpAbqOksSc8IMbWbMOTAJki_3tDq80TWuj93tszeLVRb7x9weE2JQnXTJnKTlBGwRsoDWRhksR4

istg.hawaii@gmail.com

Ma'i Movement
https://maimovement.org/request/

Multiple Services

Hawai'i Worker's Center
https://www.hawaiiworkerscenter.org/covid19/

Workforce Development

Digital Readiness Hawai'i
http://digitalreadyhawaii.org/

O'ahu Back to Work
https://www.hawaii.edu/news/2021/08/16/free-training-oahu-back-to-work/

PATHWAYS IN THE PANDEMIC

Intersectional Impacts of COVID-19 in Hawai'i

WOMEN'S FUND OF HAWAI`I

When women thrive, communities prosper.

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