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Gender responsive budgeting and the COVID-19 pandemic response: a feminist standpoint

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ABSTRACT

Acknowledging the need for more gender work in Public Administration, this paper engages feminist standpoint theory to analytically frame the outcomes of the COVID-19 pandemic from a feminist perspective. By assessing the differential impact of the pandemic on women and men in the United States across several sectors of the political economy and society, it is apparent women face immense obstacles in the labor market, as well as in access to health, food and housing. This analytical approach is in line with the United Nation's fifth Sustainable Development Goal, gender equity. The imperative to include women's perspectives in pandemic response and planning is juxtaposed against the current pandemic response that primarily leaves women out of the decision-making process. The policy tool of gender responsive budgeting, successfully implemented in various countries, is proposed to offset the gender inequities triggered by the pandemic in the U.S.

KEYWORDS

COVID-19; feminist standpoint theory; gender equity; gender responsive budgeting; pandemic; sustainable development; United Nations

Introduction

The colossal decline of the United States economy caused by the COVID-19 pandemic has had a differential impact on men and women. This ongoing economic recession beginning in March 2020 and caused primarily by tough social distancing measures necessary to curb the spread of the coronavirus, has had a larger impact on labor market sectors, which employ more women (healthcare sector, hospitality sector and education sector) than men (Alon, Doepke, Olmstead-Rumsey, & Tertilt, 2020). Additionally, the closure of formal childcare and K-12 schools to inhibit the COVID-19 transmission has negatively affected women by limiting their work opportunities, since women continue to disproportionately provide informal childcare within families (Wenham, Smith, & Morgan, 2020). Empirical evidence from global infectious epidemics in the past has pointed to heightened gender inequities in maternal and reproductive health. For instance, gendered norms in West Africa during the Ebola epidemic and the Zika epidemic implied that women were less likely to be involved in decision making, had less control over their reproductive health and their needs were largely unmet (Davies & Bennett, 2016; Harman, 2016; Sochas, Channon, & Nam, 2017; Wenham et al., 2019).

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The COVID-19 pandemic has specifically worsened preexisting gender inequities and power structures in the United States. According to the National Women's Law Project[1] - women are represented overwhelmingly as frontline workers in the United States including 93% of childcare workers, 88% of registered nurses, 85% of home, health and personal care aides and 66% of grocery store workers – hence, making them vulnerable and exposed to the virus. This article lays out the various areas of the economy and society where gender differential impacts have been observed since the onset of the COVID-19 pandemic and, discusses the need for framing pandemic response from feminist standpoint theory. The article also introduces the policy tool of Gender Responsive Budgeting (GRB) to help integrate the feminist standpoint theory in the pandemic response.

Feminist standpoint theory

Feminist standpoint theory, a theory in feminism, was constructed by Sandra Harding (1986). It is a theoretical frame that posits that the reality perceived and experiences lived by different segments of society, women included, is varied. This implies that women create their own unique realities resulting from their unique experiences and are in the best situation to make decisions surrounding their individual realities (Hekman, 1997). According to the feminist standpoint theory, women occupy a social location in the world that affords them an advantaged access to social phenomena, therefore, knowledge should proceed from an understanding of the forms of oppression women experience (Longino, 1993). Traditionally, feminist standpoint theory undermines social science's embedding of the standpoint of White men as hidden agents and subject (Smith, 1997) and has most frequently been framed as an epistemological and methodological tenet. However, this article uses feminist standpoint theory as an analytical tool specifically to analyze pandemic response during the COVID-19 crisis. The feminist standpoint theory points us to the actualities of women's lives as they live them in the local particularities of the world in which their bodies anchor them (Smith, 1997). Furthermore, sociologists have positioned the feminist standpoint theory within Marxism providing more socio-economic context to our interpretation of the theory.

For instance, drawing from Marxism, Hartsock (1983) outlines five foundational criteria of feminist standpoint theory: First, the reality perceived by individuals depending on their material situations will be different. Second, the dominant ruling group establishes their perspective as reality and rejects other perspectives. Third, reality of the ruling group that is socially and materially constructed is partial and perverse, while the reality of the oppressed group is liberatory since it exposes the true relations of the humans. Fourth, the distinct worldview of male and female activity determined by and contained in the institutionalized sexual division of labor, enables us to understand feminist historical materialism and the structure of patriarchy over time. Fifth, the feminist standpoint theory expresses female experience at a particular time and place, located within a particular set of social relations and hence, provides women a unique view point of not only their reality, but also a vantage point on male supremacy. The choice of feminist standpoint theory allows us to attest that women's experiences of the COVID-19 pandemic should be told in women's words and women should be a vital

part of the pandemic policy response, which is in fact a major socio-economic and political moment in the women's movement.

As Smith (1997) clarifies, the category of "women" is nonexclusive and open-ended, implying that the feminist standpoint is subject to the disruption of newer groups of women who enter speaking from different experiences as well as an experience of difference (p. 394). The experience of the pandemic has been uniquely different for women in the United States: Black women, Hispanic women, Native American women, Asian women, disabled women, immigrant women and women from the LGBTQ communities. This differential reality of women has manifested itself in the labor market, in mental and physical health predicaments, in access to education, healthcare and in ownership of assets. This article makes an argument that the forms of oppression experienced by women of varied identities gives them a vantage point in perception of the pandemic. Hence, it provides a rationale for involving their knowledge, understanding, and interpretation of the implications of the COVID-19 pandemic.

Gendered consequences of COVID-19 pandemic

The most tangible gender differential outcome has been in the labor market. A primary reason for the differential outcomes for men and women in the formal labor market, with women's employment suffering more, is the difference in sectoral composition of female and male employment (Alon et al., 2020). For instance, 40% of total women's employment is accounted for in the two sectors of education and health services while 46% of total men's employment is accounted for in the manufacturing, construction and trade, transportation and utilities sectors (Coskun & Dalgic, 2020). During a cyclical economic downturn, it is sectors in which men are overrepresented that suffer; however, during the ongoing economic recession caused by the COVID-19 pandemic, it has been the sectors in which women are overrepresented that have suffered most. The National Women's Law Center's report on *Women in Low-Paid Jobs* notes that across the United States, more than 22.2 million people work in the 40 lowest paying jobs - and women make up nearly two-thirds (64 percent) of this workforce; and as the COVID-19 pandemic unfolds, it is these women and their families who are likely to be hit first and hardest by the economic recession that is to follow (Tucker & Vogtman, 2020). Table 1 provides an overview of the overrepresentation of women from racial and ethnic minorities in low paying jobs in the American economy.

According to Tucker and Vogtman (2020) "the COVID-19 pandemic has highlighted the deep gaps in our economic and social infrastructure that have resulted from decades of undervaluing the work that women and people of color do and underinvesting in the supports that families with low- and moderate-income need." (p. 13). The economic hurdles, including furloughs and unemployment, women continue to face in the pandemic economy should be taken seriously, as they can have long-term repercussions for women and girls. Scholarship in labor economics point to the job losses and earning losses occurring during an economic recession to be persistent and result in unstable future employment (Davis & von Wachter, 2011).

The gender differential outcomes in the labor market are specifically worsened by the gender differential outcomes in care responsibilities. According to the United States

Table 1. Representation of women in low-paid jobs: key facts.

1. While women of every race are overrepresented in low-paid jobs compared to their share of the overall workforce, this disproportionate representation is especially stark for women of color
   a. Latinas make up a share of the low-paid workforce that is more than twice as large as their share of the workforce overall.
   b. Native American women's share of the low-paid workforce is twice as large as their share of the workforce overall.
   c. Black women's share of the low-paid workforce is 1.5 times larger than their share of the overall workforce.
   d. Asian American and Pacific Islander (AAPI) women's share of the low-paid workforce is about 1.3 times larger than their share of the overall workforce.
   e. White, non-Hispanic women's share of the low-paid workforce (31 percent) is the closest to proportionate, at only 1.1 times larger than their share of the workforce overall (29 percent).
2. Women born outside of the United States are also overrepresented in the low-paid workforce, at roughly twice their share of the overall workforce. They make up nearly 8 percent of workers in the overall workforce and 15 percent of workers in the low-paid workforce.
3. Seven percent of women in the low-paid workforce have a disability, compared to 6 percent in the workforce overall.

Source: Tucker and Vogtman (2020).

Bureau of Labor Statistics (BLS), labor force participation rates for women in the United States was almost on par with men beginning in 2020. Yet, in families, women continue to perform more housework and care duties than men. This structural inequality in care responsibilities are compounded during a pandemic. According to Education Week, an independent news organization that covers K-12 education, beginning in March 2020, across the United States approximately 54 million children were out of school for the Spring semester. It is hard to estimate how many children will continue remote instruction into the Fall 2020 semester, and what portion of their schooling will be remote. With the rigid social distancing measures encouraged by the Centers for Disease Control and Prevention (CDC) to prevent the spread of the virus and high mortality rate for the elderly, sharing childcare responsibilities with grandparents, friends and neighbors is impossible, implying that mothers in families often have no choice but to watch their kids, particularly single mothers with school age children who will take a greater hit than married couples with school age children (Alon et al., 2020). Furthermore, legal protections at the local, state and federal levels for women and mothers, which could potentially act as a safety net in the event of crisis such as a pandemic, are severely lacking in the United States (Williams, 2020). As Williams (2020), professor of law and director of the Center for Work Life Law at University of California College of Law further explains -

> Mothers who want time and space for pumping breast milk turn to not-very-enforceable provisions of the Affordable Care Act. Mothers who need pregnancy accommodations often turn to the Americans with Disabilities Act. Mothers fired when a disabled child's health care costs cause their employer's insurance costs to skyrocket turn to a tax law. The lack of straightforward legal protections is just one of the many ways that public policy fails mothers; the haphazard nature of Families First Coronavirus Response Act is merely one symptom of a broader problem (*New York Times*)

Additionally, there have been gender differential outcomes in mental and physical health during the pandemic. According to the CDC, the total health-care workers infected in the United States in May 2020 were approximately 9,282 and an overwhelming 73% of these infected healthcare workers were female. With the COVID-19 cases continuing to surge across the United States, more female health care workers will be

exposed to the infection. Maternal health and reproductive health are two areas where women have been disproportionately impacted during the COVID-19 crisis. In the United States about 700 women die annually and Black and Native American women have significantly more pregnancy related deaths than White, Hispanic and Asian women (Petersen et al., 2019). As Gaynor and Wilson (2020) argue, the combination of COVID-19 and racism has laid bare the "structures, policies and practices that have created social vulnerability" of Black people in the United States, who have absorbed a disproportionate rate of infection and death during the pandemic (p. 4). Black, Native American and nonwhite Hispanic people who lack societal power, privilege and influence, who are constantly challenged to access quality health care, are further isolated with limited resources and preparedness for a pandemic such as COVID-19 (Baptiste et al., 2020).

Since the onset of the pandemic, hospitals in the United States are in the process of converting maternity wards to make space for COVID-19 patients, limiting birth companions in the labor room and offering induced labor to get women in and out of the hospital as quickly as possible (Bobrow, 2020; Stein, Ward, & Cantelmo, 2020). Similarly, neonatal intensive care units (NICUs) and donor human milk programs are being strained exceedingly as nurses and babies continue to be exposed to COVID-19 infections (Furlow, 2020). In rural America with decreasing access to doctors, obstetricians, prenatal care, hospital services and the shift to telemedicine, the present pandemic has heightened the preexisting health disparities and pregnancy related risks for women and especially Black women (Kozhimannil, 2020). Furthermore, researchers from Harvard Chan School's Maternal Health Task Force notes, research and hospital funding are being exclusively redirected to infectious disease care and vaccine efforts, implying a reduced funding to maternal care[2]. Likewise, state policies restricting access to abortions during the pandemic is more likely to lead to maternal morbidity and mortality (Foster, 2019). Raman (2020) deconstructs racial disparities in maternal health during the COVID-19 pandemic and notes that pregnant or postpartum Black and brown women are actively on the front lines of the care sector and economy during the pandemic hence, worsening their birth related complications. According to the National Birth Equity Collaborative[3] socially distanced and isolated pregnant mothers are experiencing heightened depression and anxiety, which is going undiagnosed during the pandemic.

In addition to physical health, women's mental health is disproportionately impacted during the pandemic[4]. Empirical evidence also indicates that domestic abuse, sexual abuse and instances of street harassment targeted at women during the COVID-19 crisis is on the rise (Bradbury-Jones & Isham 2020; Mazza, Marano, Lai, Janiri, & Sani, 2020; Usher, Bhullar, Durkin, Gyamfi, & Jackson, 2020). According to the American Psychological Association and the Substance Abuse and Mental Health Service Administration, women from sexual, racial, and ethnic minority groups are at an increased risk for domestic violence and intimate partner violence during the COVID-19 pandemic, because of stay at home orders and additional stressors they already experience as marginalized members of society[5]. Incidence of domestic violence is on the rise during social turmoil, after natural disasters and financial crises (Gruber & Goodmark, 2020; Jeltsen, 2020; Schneider et al., 2016) and the COVID-19 pandemic is

proving to be no different. Propublica, an American nonprofit organization that produces investigative journalism, has been recording extensive narratives of social workers, outreach workers, child protective service officers, medical technicians and nonprofit employees in efforts to document first-hand instances of increasing neglect, abuse and domestic violence during the COVID-19 pandemic lockdown (Sapien, Thompson, Raghavendran, & Rose, 2020). Pandemics also expose gender differential outcomes in access to food, housing and transportation. The National Women's Law Center and the National Low-Income Housing Coalition point out the increasing vulnerability of women to homelessness during the COVID-19 crisis. The 2019 national housing wage is $22.96 an hour, the amount a full-time worker must earn to be able to rent a two-bedroom apartment in the United States, and, women of color who are overrepresented in the low-paid workforce struggle to afford housing rent. In 2018, approximately 219,905 women, girls, transgender people, and gender non-conforming people experienced homelessness. These numbers are expected to rise during the COVID-19 pandemic, especially for women survivors of domestic violence and sexual assault, immigrant women, LGBTQ women and women with disabilities. Also, populations facing homelessness will, in turn, face a higher risk of contracting COVID-19. Multilateral organizations such as the United Nations, World Bank and World Economic Forum have been tracing the gendered impacts of the COVID-19 pandemic. In a piece on sustainable cities for the World Bank Stanley and Prettitore (2020) note that –

> Women and girls are often highly dependent on male relatives to access housing, land and property (HLP). Should their male relatives succumb to the pandemic, women and girls' security may further weaken due to limited legal protection, lack of documentation, and restrictive social norms. They can be at particular risk of land grabbing by their husband's relatives. Pandemics may reduce other economic assets, such as wages and savings, making HLP an even more important part of overall household assets. This may increase competition and conflict over HLP. In such situations, women may lack the financial resources, information, or support to enforce their property rights. [6]

Politico, an American political journalism company, in a report on Federal housing aid during the COVID-19 pandemic notes the discriminatory nature of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) passed by the 116th U.S. Congress in March 2020, in response to the COVID-19 crisis. CARES Act mortgage aid covered a broader base of approximately 70% of outstanding single-family mortgages in comparison to the CARES Act protection for renters that did not cover about 72% of the rental housing market (Miller Thomas, 2020). Given that Black homeownership rates are much lower than White homeownership rates owing to historical factors such as Blacks having less wealth, less savings and less retirement funds; this legislation directly contributes to widening the gap between the "haves" and the "have nots". This type of 'neutral' budgetary appropriations which are both race and gender blind further widens the socio-economic disparities during a pandemic.

Relatedly, food poverty and food insecurity are projected to hit women and children, and households headed by women, the hardest. *Feeding America*, an independent policy think tank, projects that individuals and households with different characteristics experience food insecurity at different rates.[7] For example, households are more likely to be food insecure if there are members of a minority race/ethnicity, specifically African American, Latino and American Indian; households headed by a single parent

experience food insecurity at significantly higher rates, especially when the head is female, as do households where a child or parent is disabled.[8] Food insecurity rates vary by the type of industry, and the sector that has been particularly impacted are the service occupations, particularly the leisure and hospitality industry where women are overrepresented.[9]

Given these innumerable instances of hardship women continue to endure during the pandemic and the larger negative consequences of the pandemic on different groups of women, it is distressing to note that women in general and women specifically belonging to underrepresented racial, ethnic and sexual orientations are being diminished and depreciated in the policy-making spheres. There are 27 members of the White House Coronavirus Task Force, of which only two members are women. An NPR article tracking lack of gender representation on COVID-19 task forces notes that women in the United States and world over are being deliberately left out of the pandemic policy response process[10]. CARE, a prominent humanitarian international agency carried out a survey in over 30 countries (including the United States) to assess the extent to which women were given an equal voice in COVID-19 pandemic response decision-making bodies[11]. Evidence from this survey showed that the United States, despite passing large economic stimulus packages at the federal and state level aimed at small businesses and low-income households, did not include any component of gender inclusive spending geared toward gender-based violence, women's sexual and reproductive health or women's specific needs during the pandemic. It is also true that only nine US states have female governors, not including the mayor of the District of Columbia or the governors of US territories Puerto Rico and Guam. This may be interesting to note, particularly given the federalist system of the US where each state has been able to establish their own pandemic responses tailored to their own states, which is completely dissimilar to most countries around the world where they have one national system. In fact, countries faring much better than the US in terms of pandemic response happen to include nations with female heads of state, such as New Zealand, Germany, Iceland, Finland, Norway, Denmark, and Taiwan.

Given the evident lack of women's voices and perspectives in COVID-19 decision making spaces, this article engages with the feminist standpoint theory to make a pressing case to frame the ongoing pandemic as a 'gender' issue first and foremost and to include feminine experiences and perspectives in pandemic response. Considering feminist standpoint theory, the need for more feminist work in the field of public administration, the US's refusal to ratify CEDAW to affirm principles of fundamental human rights and equality for women around the world (Orosz, 2001), and the call to action by the UN to achieve gender equity as one of their essential sustainable goals, it makes sense to consider what governments at all levels might consider doing to problem-solve and create policy that could be part of the solution so that we improve outcomes of the pandemic across gender.

Gender responsive budgeting as a policy tool in pandemic response

Public administration scholars Marks Rubin and Bartle (2005) argue that social and economic structural differences between men and women cause marked differences in the

impact of government resource allocation and expenditure; especially, in sectors such as public health, public education, public housing, public transport and the care economy. Structural differences between men and women refer to women earning less and saving less at interrupted intervals (as a result of taking time off or working part-time in order to raise children), women being over-represented in the unpaid care economy, women having discontinuous work histories and, women disproportionately being victims of sexual violence (Barnett & Grown, 2004; Marks Rubin & Bartle, 2005; Sharp, 2003; Stotsky, 2007). Hence, COVID-19 pandemic funding and stimulus packages, and, public budget statements which are presented as 'neutral' financial aggregates can hardly be unbiased or impartial if government revenue and government expenditure decisions have differential impacts on men, women, transgendered, disabled and minority populations (Elson, 1999).

Recognizing these inherent discrepancies of public resource allocation, developing and developed countries around the world have implemented gender responsive budgeting at the federal, state or local levels since 1985 (Marks Rubin & Bartle, 2005). GRB can be perceived as a fiscal innovation that helps translate gender commitments into fiscal commitments by applying a gendered perspective to the administrative processes and fiscal mechanisms (Chakraborty, 2014). During a pandemic GRB can be a means to track the flow of public money from the government to its final outcomes for different genders (Elson & Sharp, 2010). GRB advances can include four overarching constituents which can be applied to administrative processes during a pandemic: a) gendered innovations in knowledge processing and networking b) gendered innovations in institutional mechanisms c) gendered innovations in learning processes and building capacities and d) gendered innovations in public accountability and benefit incidence (Chakraborty, 2014). A country's implementation of GRB might not always comprise all four components. While GRB initiatives have historically been implemented to achieve gender equality in tandem with the United Nations sustainable development goals[ii] and the millennium development goals[iii] in developing countries, GRB innovations have also been liberally applied in the developed economies such as Germany, Italy, Australia, Switzerland, United Kingdom, Canada, France and South Africa. Over the past three decades, GRB has been implemented and mainstreamed into federal and state fiscal policy in nearly 100 nations (Budlender, 2006; Cooper & Sharp, 2007; Elson, 2006). Case studies of how GRB has benefited women and specifically economically disadvantaged women are many (see: Costa, Sawer, & Sharp, 2013; Botlhale, 2011; Jhamb, Mishra, & Sinha, 2013; Sharp & Broomhill, 2013; Madhusudhanan, 2018). GRB success stories usually focus on three dimensions of the budgetary process - decision making, expenditure and revenue. Involving gendered perspectives in budgetary planning and decision making; sieving public expenditure for gender differential impacts and gender-sensitive revenue raising should be a pivotal part of any pandemic response.

Countries that have mainstreamed gender budgeting in the first place are continuing to do so during the COVID-19 pandemic as part of the government's pandemic response. For instance, Canada, which has federally mainstreamed GRB, has also reported female participation of greater than 50% in national-level COVID-19 response committees. Similarly, other nations – Australia, France, UK, Mexico, Sweden, Canada - that have already mainstreamed GRB nationally have announced specific funding

commitments and policy commitments toward gender based violence prevention programs and sexual and reproductive health programs during the COVID-19 pandemic[12]. The United States, with its poor ranking on gender parity, continues to remain indifferent to gender responsive budgeting at the local, state and federal level. A careful examination of the U.S. federal government's $2 trillion stimulus package - The Coronovirus Aid, Relief, and Economic Security Act (CARES)[13] - reveals no gender components at the state and local levels and across policy realms. This would at least be a place to start in rebuilding, and adding to progress previously made that has, in many ways, been depleted by the COVID-19 pandemic.

A concrete example of gender responsive budgeting during the COVID-19 pandemic could involve tweaking the retirement infrastructure to better serve older women who are living longer and paying for more years of retirement with lesser money. The feminist viewpoint theory would help understand the unique socio-economic realities of women earning and saving less for retirement than men but, also caring for children, aging parents who many become dependents, or an ailing spouse who over time substantially erode a woman's earning and savings, further weakening the retirement security (Weller, Saad-Lessler, & Bond, 2020). The National Institute of Retirement Security in a study using data from the 2014 Survey of Income and program Participation (SIPP) point to inequalities in retirement savings between men and women, originating from the gender pay gap that subsequently translates into the retirement wealth gap. Therefore, taking this unique predicament of women as caregivers and retirees during the pandemic, the federal and state government could include pandemic fiscal response to reflect changes to social security, including expanding benefits, adjusting spousal benefits and providing care giving credits; additionally, states can adopt fairer family leave policies, making it less punitive for women to take time out of the labor force to provide caregiving; furthermore, states can create a universal savings vehicle allowing women more scope to save for their retirement, in case their employer does not offer a plan (Weller et al., 2020). Factoring in a feminist standpoint in the COVID-19 pandemic, while considering budget allocations, allows for prioritizing funds and encourages policy creation toward achieving gender equity. Without taking specific steps like gender responsive budgeting, we are more likely to follow the course of history and develop policies and budgets mostly devoid of perspectives of ethnically, racially and economically underrepresented women. Typically, instead of being at the table, the women have been cleaning the table. Women and women of color however are then subject to make due living amongst the policies created mostly by White men.

Feminist standpoint theory when applied to the three dimensions of public budgeting discussed earlier (decision making, expenditures. revenue), might help the public sector reframe the pandemic response so that the needs of women are not left out in response plans. By tying public spending to areas that need investment in order to support women, we can ensure that problems are addressed and these initiatives get funded. For example, identifying that lockdown increases domestic violence is helpful, but it is even more impactful if we can then develop a specific action plan to prevent domestic violence and then ensure the action plan is tied to actual budget allocations. Rauhaus, Sibila, and Johnson (2020) recommend the use of a community based collaborative response steeped in "social equity", "empathy" and "care" to address the increase in

domestic violence during the pandemic. However, training street-level bureaucrats to work with communities and develop a collaborative response to domestic violence during a pandemic requires public funding and budgetary appropriations. Without a feminist standpoint, we may not grasp the need for a domestic violence prevention expenditure. If an action plan is developed without funds to administer it, it may not get off the ground or if it does, it may not be sustainable. If we do not care to lift up women now, in this time of extraordinary need, by considering their unique socio-economic circumstances, lived experiences and gendered perspectives, when will we? The United States is five months into the pandemic and close to 6 million[14] reported cases of COVID-19 and as the community's needs and demographics continue to shift, governments should strive to be inclusive of all genders, focusing on acknowledging the distinctive realities of American women belonging to varied socio-economic, ethnic and racial backgrounds, and funding inclusionary programs and policies.

Conclusion

Pandemic response should include the needs of women and specifically women from underrepresented racial, ethnic, socio-economic and immigrant statuses, and sexual orientations. One way to achieve gender inclusive pandemic response is to drastically increase gender representation of women, women of color, disabled women, LGBTQ women and immigrant women on COVID-19 pandemic task forces at the local, state and federal levels of government. This would allow governments to identify areas in the economy and society where public money needs to be invested to help women, especially women from underrepresented groups who are experiencing uniquely worse off circumstances than men.

Framing the COVID-19 pandemic response with feminist standpoint theory provides a springboard from which *gender inclusive policy-making* may begin during this time of great recession. This is relevant, given the need to address the multitude of deficits the pandemic has induced for women, but also to contribute to future sustainable development. One of the United Nations' (UN) Sustainable Development Goals is to "achieve gender equality and empower all women and girls," and the UN's targets to accomplish by ending all discrimination against women and girls; getting rid of all violence against women and girls in public and private; doing away with harmful practices such as child and forced marriage as well as female genital mutilation; addressing care and household work and promoting shared family responsibilities; enabling women to participate in all levels of leadership roles; providing access to sexual and reproductive health; providing women with equal access to economic resources, etc.; helping women access technology that improves their communicative abilities; and promoting legislation that ensures gender equality and empowerment of women and girls (United Nations Sustainable Development Goals). However, the COVID-19 crisis has resulted in an increase in physical, sexual and psychological violence against women and girls due to lockdowns, while women account for an overwhelming majority of health and social workers working on the frontlines of the crisis, having to put themselves at risk, and the pandemic has put more household burdens on women's shoulders, while women already spend three times as many hours as men on unpaid work caring for family.[15] This shows the

pandemic has severely set the United States back from attaining this vital UN goal for sustainability.

In line with the UN Sustainability Goal, within the field of public administration, there has been sufficient evidence pointing to a need to examine public problems through a gender lens. Stivers (2002) has framed the field of public administration as a predominantly masculine field from its origins, and calls for more consideration of gender within the field. She notes that concepts in public administration such as efficiency, scientific administration and business methods are not gender neutral. Similarly, Rubin's (2000) review of PA literature from 1939 through the 1990s showed that women still lagged behind men in terms of research production in the field, and that women need to be better represented in the field's breadth of knowledge. Newman (1994) highlighted the need for examining the systemic forces that may hold female public servants back, while Riccucci (2009) documented differentials for women and people of color, who fill lower paying, lower level jobs in the federal government. More recently, Kennedy, Bishu, and Heckler (2020) argue that public organizations are gendered institutions and the pervasiveness of masculinity and the masculine ethic in the public sector shapes bureaucratic perspective.

Additionally, the US has yet to sign onto the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), adopted by the UN General Assembly in 1979, which establishes a bill of rights for women across the world, and has 189 country signatories. The US has since maintained its various reservations for signing onto this agreement, which would help strengthen national commitment to gender equality. The United States also fares poorly on other gender indices. For instance, the World Economic Forum's Global Gender Gap Index, which benchmarks 144 countries around the world on their ongoing status of gender parity across four thematic dimensions of economic participation and opportunity, educational attainment, health and survival, and political empowerment; ranks the United States a meagerly 53rd on gender parity. The COVID-19 pandemic has further revealed and reiterated these stark disparities between men and women. Assisting women during this time of COVID-19, when most women in a multitude of circumstances from essential work to care work to parenthood and illness could use extra support, should be a requirement, not a superfluity, of the public sector. Mainstreaming GRB into pandemic response would pressure governments to "put their money where their mouth is" and pave the way to restore women's labor force participation rates.

Notes

1. https://nwlc.org/press-releases/low-paid-women-workers-on-the-front-lines-of-covid-19-are-at-high-risk-of-living-in-poverty-even-when-working-full-time/
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