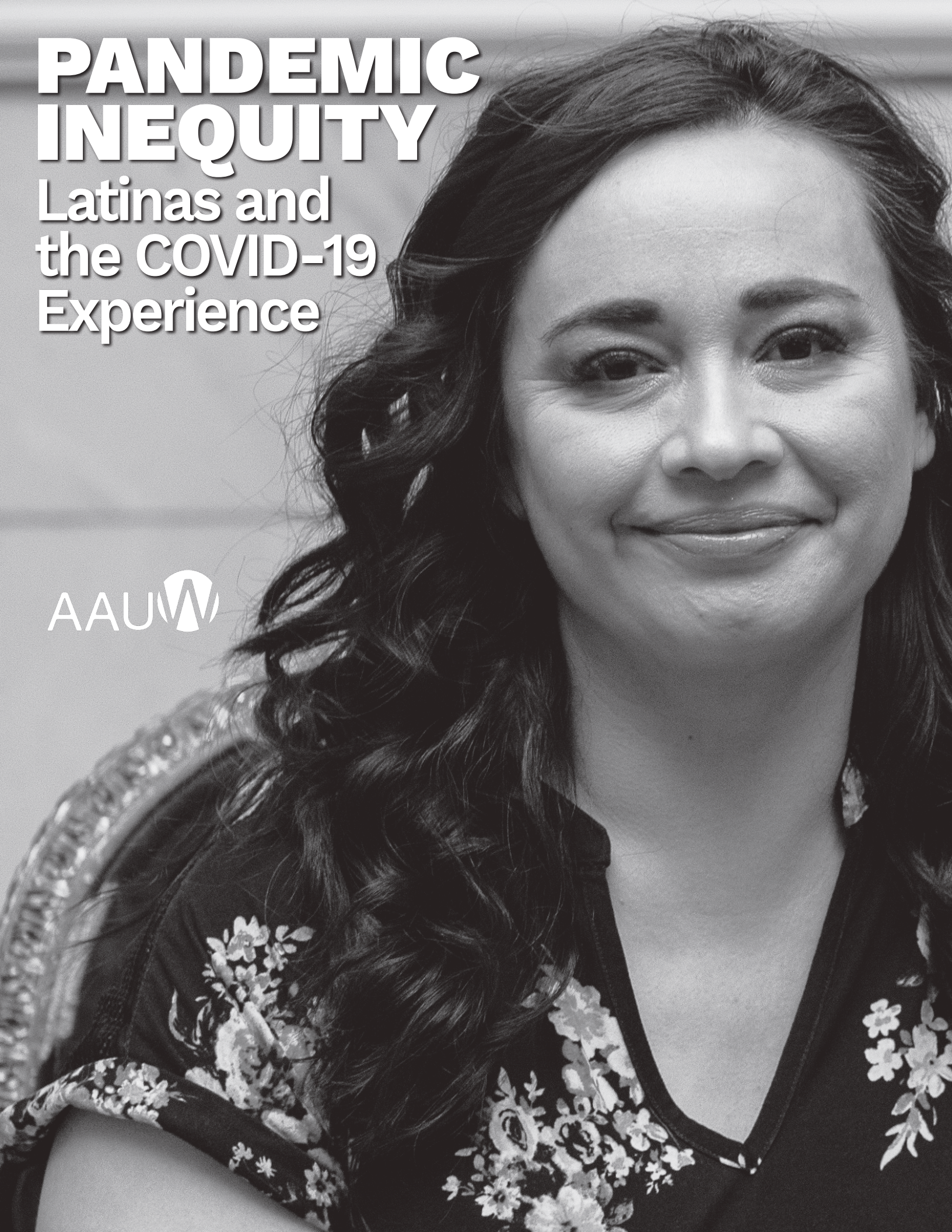


# PANDEMIC INEQUITY

Latinas and  
the COVID-19  
Experience





# Introduction

**T**he unprecedented health and economic crises that have gripped the country since March 2020 upended life for millions of Americans. The COVID-19 pandemic is far from the “great equalizer,” as it was initially described.<sup>1</sup> While COVID-19 is capable of infecting anyone, the level of risk is far from equal. Data consistently show that Black and Latino communities already suffering from deep-rooted economic and health inequalities have borne the brunt of the pandemic. Latinas, in particular, have suffered some of the most egregious economic and health disparities since the pandemic started. Latinas were already saddled with significant disadvantages pre-pandemic; they had lower wages, higher levels of poverty and were the least likely to have access to health care compared to other demographic groups. COVID-19 compounded these inequities, and the outcomes for Latinas have been devastating.<sup>2</sup>

Until the start of the pandemic in early 2020, Latinas had a 61% labor force participation rate.<sup>3</sup> By April 2020, the unemployment rate for Latinas exceeded 20%, representing the highest unemployment rate among all workers.<sup>4</sup> Latinas are also overrepresented in low-wage service occupations that were hit the hardest. While there has been improvement in the nation’s overall job numbers, the unemployment rate for Latinas in the first quarter of 2021 was still 3% higher than it was during the same period in 2020.<sup>5</sup>

Latinas are also part of a community with some of the highest levels of COVID-19 infections and deaths.<sup>6</sup> In fact, COVID-19 infections among pregnant Latinas account for well over half of all infections among pregnant women in the United States.<sup>7</sup> This is driven in part by their over representation in frontline or “essential” work, which increases exposure to the virus.<sup>8</sup> And because Latinas are more likely to live in close quarters or multigenerational households, they are more susceptible to a COVID-19 infection.<sup>9</sup> Moreover, undocumented Latinas are barred from receiving government assistance.<sup>10</sup>

Notwithstanding the extreme hardship that many Latinas are experiencing, and despite making up 18% of the U.S. female population, Latinas are rarely at the center of public discourse or policy reform considerations. These voices are vital to crafting policy solutions that will truly meet the needs of those who are suffering as we strive to recover from the health and economic crises.

## **IN THEIR OWN WORDS:**

### **COVID-19 and the Latina experience**

This report surveys the economic, health and social impact of COVID-19 on Latinas from data gathered through 41 interviews. Latinas interviewed lived in states with significant Latino populations, including Arizona, California, Colorado, Florida, Illinois, Maryland, Nevada, New York, Texas and Virginia. We

engaged the assistance of nonprofit community organizations to help us identify Latinas in their respective communities, as well as to gain understanding of issues particular to an identified community. Occupations for those we interviewed varied and included homemakers, child care providers, domestic housekeepers, farm workers, hospital house cleaners, small business owners, college faculty, teachers, school district administrators and medical professionals. The ages of Latinas interviewed ranged from

## Understanding the experience of Latinas is vital to crafting policy solutions for a strong pandemic recovery.

early-twenties to mid-fifties. At least half of the interviews were conducted in Spanish and translated to English. Many of the women requested anonymity, either because of their immigration status or because they feared employer retaliation.

The women we interviewed described their experiences throughout the pandemic and the impact COVID-19 had on their economic stability and health, as well as the extent to which it had exacerbated existing socioeconomic challenges. We found that all of the women we interviewed were affected by COVID-19, although to varying degrees. Some women were directly impacted, while others witnessed the impact the pandemic had on their community.

Low-wage earners, including undocumented women, experienced significant economic insecurity. Concern about not being able to keep their homes and provide for their families was a common theme. Half of the women had COVID-19 themselves, had family members who had the virus or lost family and friends



due to the virus. Many of the women in frontline occupations described the added stress and impact on their health, including mental health, particularly when employers' demands increased during the pandemic. Women small business owners suffered financially following the economic downturn, but at least in one case, the Paycheck Protection Program in the CARES Act provided a lifeline that saved her business. Those Latinas in professional roles described the challenges of working from home and balancing their responsibilities to their children and to their work. All women described the toll the pandemic had on their mental health or that of their children who were isolated at home due to school closures.

Importantly, this process provided these women a chance to share their experiences. Commonly, the initial trepidation about the interview gave way to a conversation that included significant emotion and gratitude for an opportunity to voice their lived experience with the COVID-19 pandemic.

# Discussion



**1** The economic impact of COVID-19 was particularly devastating for Latinas because they were already suffering from economic inequalities before the pandemic. Latinas are overrepresented in low-paying service occupations (they are twice as likely to work in these types of jobs as white, non-Hispanic women) and underrepresented in well-paying management, business and financial-operations occupations (one in five white women work in these occupations compared to nearly one in eight Latina women).<sup>11</sup> Workers in low-wage service occupations are more likely to have irregular schedules and/or to work fewer hours than they would like.<sup>12</sup>

Half of the women interviewed were employed as house cleaners, child care providers or in service-related jobs. Another third lost jobs due to the COVID-19-induced recession or had their hours reduced. These women expressed ongoing economic challenges, including worry about being able to pay rent or to put food on the table. Women in professional occupations described being thankful that they still had their jobs and steady paycheck, especially when they saw the economic devastation experienced by other Latinas.

*I care for three children in my home. At times, their moms have had to stay out of work because someone at their job tested positive for COVID. When the moms don't work, I don't work, and I don't get paid. The summer months were very difficult because it is extremely hot in Arizona and we have to keep the air conditioner on. I have to make sure the children I watch are in a comfortable and safe environment. I made arrangements with the electric company, and as long as I pay them something each week, they did not shut the electricity off. Not all utilities do this, so it has been challenging.*

**– Maria, Arizona**

*My partner and I work in the fields, harvesting crops. We earn \$14 an hour. The problem is that, depending on the season, work can be very sporadic, and we are not eligible for unemployment insurance benefits. In January and February of 2021, we were only working three to four hours a day. We have four children, and we didn't earn enough. I was worried we would have to borrow money for rent.*

**– Virgida, California**

*COVID has greatly affected us economically. I work as a housekeeper and lost many days of work. Some of the*

*homeowners got COVID, and I couldn't go back to that house for weeks until they tested negative. We have survived because my sisters gave us money so we could pay the mortgage and buy groceries. But it has been very hard. We lost a house during the last economic downturn of 2008. It was very difficult. Then two years ago, my husband and I decided we would try again and bought the house we live in. But now I am terrified we are going to lose this house, too. There are months that we just cannot make the mortgage payment. – Angelica, Arizona*

I gave birth to my daughter in June, at the height of the pandemic. She was premature and was in neonatal intensive care for two weeks. It was a very difficult birth. I had a C-section and experienced severe hemorrhaging and was very sick. My husband could not be with me because of COVID and because he had to care for our three-year-old autistic son. To make matters worse, because my husband was not at our daughter's birth, he could

not sign her birth certificate. The bureaucracy has made it impossible for me to get a copy of it. Without her birth certificate, I am not able to get certain services for her.

Then because of COVID my husband was laid off. He was unemployed for five months, and didn't qualify for unemployment, so we had zero income. We had a small amount of savings, enough for a short-term emergency, but not to survive for five months. Our

rent is \$1,100 per month and if it were not for Aliento AZ, a community-based organization that gave us a grant to pay our rent, I don't know what we would have done. I exhausted every possible avenue for assistance. It was very stressful. Fortunately, my husband was called back to work in December.

– Carmen, Arizona

Can I pay my bills? Yes. I'm very fortunate, but I'm also a single woman and

every dollar matters. I had been earning extra money with side gigs, and that helped me out. Those side jobs disappeared this year, and I probably missed out on \$20,000. The thing that freaks me out is that I had momentum built up with these jobs, and I don't know what's going to happen now. I worked so hard to build this side business and now I'm concerned that the pandemic ruined it.

– Nicole, Florida

## 2 Latinas are also overrepresented in low-wage frontline occupations. These jobs have median earnings of \$30,000 or less. Only 9% of Latinas work in higher wage frontline occupations, with median earnings of \$42,000-\$72,000.<sup>13</sup> Much of that work cannot be done remotely from home. As a result, these workers are more likely to interact with the public at great risk to themselves and to their families.

About half of the women we interviewed work in jobs considered frontline or essential. Some of the women were service employees at hospitals or child care facilities, and were also housekeepers, farmworkers, teachers and medical personnel. Some of the women in lower-wage frontline occupations reported that employers were slow to provide appropriate protective equipment.

I have had so many jobs this past year. I worked the night shift at a pistachio-packing house. As employers go, this one was the best in terms of providing workers with protective equipment to help guard against the virus. In the beginning they weren't giving us anything, but then a worker got COVID and they started providing masks and gloves. They enforce the rules, too.

Later, I worked in the strawberry fields, where most of the workers were 60 or older and considered high risk. The field manager got COVID, and he continued working and interacting with workers. He never took any precautions, even

after his wife died of the virus. I told him he should set the example and stay home, but he said he needed to earn money. It was very scary to work under those conditions. I wore a face mask and gloves and took extra masks to share with my co-workers.

When a company making Styrofoam boxes threatened to report me to the state's unemployment office if I did not accept a job from them, I had to take it. I didn't know at the time that this rule was not being enforced during the pandemic. It was a horrible place to work. My shift was 12 am to 12 pm five days a



my family's health; it's something I am always worried about. But all I can do is wear a mask and try to protect myself as best as I can because I have no choice. I need to work.

– Angelica, Arizona

I've been working in the HIV field for about six years, focusing on prevention. A lot of my work is educating people, doing rapid testing, informing patients of their status and promoting sexual health. Working during the pandemic has been anxiety inducing. I've had to go to the office every day because I can't really do my job remotely. At the beginning of the pandemic,

week. They provided us with face masks, but the safety rules were loosely enforced. Many co-workers ended up getting the virus.

– Paola, California

When I get a house to go clean, I am risking my and



I was working as a project assistant, overseeing two programs. One was working directly with the medical team; we would do medical rounds at the hospital, where I would have face-to-face contact with patients.

– **Jessica, Illinois**

The university where I work hasn't handled the pandemic well at all. I don't trust them on many levels, not just with COVID. People there are supposed to be health care professionals, and they're at work there acting like everything is fine. They're sitting with their doors open. The ventilation is terrible; it always has been. They gave us a bunch of masks. I don't think they really care, to be honest with you.

I have to do in-person teaching, but our program director and chair don't have to come on campus at all. But somehow, they're forcing us to; they say

The hospital where I work does not care about the workers or patients, only about the bottom line. We didn't get sufficient personal protective equipment. Only recently did they begin providing level-three masks; before that it was only level-one masks. And it's not just maintenance workers who haven't had appropriate protections; the nurses are required to reuse masks. They also have to use plastic hoods that cover their whole head, with oxygen provided by a battery-operated motor. Batteries are not regularly replaced on the hoods. And nurses share the hoods with other nurses, and if they are not properly cleaned, they are not safe. We used to have disposable gowns at the hospital, but the new management company provides gowns that require washing. It doesn't make sense in the middle of a pandemic. – **Stacy, Nevada**

they don't have a choice because in-person classes are required for the school's accreditation process. It's like we're just the sacrificial lambs. Again, I don't trust them to take care of us, so basically it's up to us to figure everything out.

– **Nicole, Florida**

I work at our family restaurant from 7 am to 1 pm. At home, in addition to my 13-year-old, who has

been doing hybrid school schedule, I had two of my grandchildren staying with me. My two daughters work as medical technicians and administer COVID tests. We could not risk the moms infecting the children; one of them has asthma.

– **Cristalray, Colorado**

When the teachers went back to in-person classrooms, all district personnel had to go back, too. I believe

it was more of a morale issue to show solidarity; we're all in it together. We weren't doing any in-person meetings, so there were a lot of questions from some employees about why we had to be there. We weren't responsible for supervising students in-person and probably could have worked from home, but only people who had a special accommodation were able to do that. – **Tanya, Texas**

**3** Three million women have left the workforce since the start of the pandemic, many because they lacked child care.<sup>14</sup> Latinas exited the workforce due to massive layoffs in industries affected by the COVID-induced recession, but others left because, like most working moms, they shouldered increased child care responsibilities.<sup>15</sup> While schools remained closed, as the sole wage earners without child care options, the burden on single moms has been particularly difficult.<sup>16</sup>

Some of the women interviewed had a spouse who was the primary wage earner and they had always been home caring for own their children. Some provided in-home child care for other families, and others relied on older children to care for younger siblings. One single mom expressed concern that she was not home with her kids during the pandemic because of how it might affect their physical and mental health.

My three older children are going back to school next week but that means I have to hire someone to care for my five-year-old; it is an added expense.

– **Virgida, California**

The first two or three months of the pandemic were extremely stressful and overwhelming since I have two small children. Between the virtual school, entertaining my toddler, cooking meals

and managing the household, while also working, it was very overwhelming. So I definitely understood why some women chose not to work to take care of their family. I think if my

family were unhappy or sick, I would have gone either part-time or just quit. But fortunately, I was able to navigate it. I love what I do, and I didn't want to give that up too easily. But if I had to, I

was willing to.  
– **Alexandra, Florida**

*My daughter has been struggling being so distanced from her friends; we had to*

*put her on an antidepressant because she just wasn't handling things very well. At first, we were keeping her at home but then decided that sending her to school might be better.*

*So, we sent her back to high school. She tried that for a week and hated it because it's the same in the classroom as at home. You still have to do computer learning. Maybe*

*the teachers facilitate a little bit, but there isn't any interaction with other students. She hated it; she said it was like being in prison.*  
– **Victoria, Texas**

*As a single parent, I am torn. I worry about not being home for my kids, but I have to work to provide for us. When my parents were both diagnosed with cancer and receiving treatment in a hospital in Mexico, I began juggling two jobs. In addition, I baked and sold empanadas on the side to earn some extra cash. I was sleeping two to three hours a day at most.*

*My children's mental and physical health were seriously affected this past year. My 13-year-old daughter is terrified that I will get COVID at work. We don't have family in this country, so if something happens to me, she worries about how she will care for herself and her brother. She gained 30 pounds during the pandemic. My six-year-old son has anemia and lost weight. Both of them struggled with virtual learning, too. I am a certified teacher in Mexico, but my English is limited and so is my ability to help them. At times, my son would cry out of frustration with his classwork, and I would cry along with him. – **Paola, California***

# 4

**The economic impact of the pandemic has been particularly harsh on undocumented Latinas. These women, even those who are so-called essential workers, are excluded from receiving federal government economic relief benefits.<sup>17</sup> In fact, the CARES Act of 2020 excluded children who are U.S. citizens of undocumented parents from receiving benefits.<sup>18</sup> The American Rescue Plan of 2021 includes economic relief to U.S.-born children but does not provide any economic benefits for their undocumented parents.<sup>19</sup> Furthermore, undocumented Latinas are not eligible for unemployment benefits.<sup>20</sup>**

Fewer than half of the women interviewed were undocumented, although the vast majority of those women had lived in the U.S. more than 20 years. Some said they or their spouses paid federal income taxes.

*Our status kept us from getting any stimulus money from the federal government. My children missed out on those benefits, too. Poder en Accion, an organization where I volunteer, filed a lawsuit on behalf of U.S. citizen children who were denied economic help because of their parents' status. I hope they are successful.*

*How is it possible that during a worldwide pandemic a piece of paper with numbers on it determines our humanity? We are not*



*criminals. We came here because we want a better future for our children. We contribute to this country. We work hard and pay taxes. – **Berta, Arizona***

*Work has been very sporadic, and I am not eligible for unemployment because I am undocumented. My partner and I do not have health care insurance. I think we are eligible for Medi-Cal, but we cannot afford it. Three of my four children are U.S. citizens and do have that insurance. We also do not qualify for the government assistance because of our status. The person who prepared my federal taxes told me that only my youngest child, my five-year-old, qualified to*

*get the \$600 in COVID relief aid from the federal government. I don't know why my other children aren't eligible.*  
– **Virgida, California**

*We are not documented, so we don't receive any assistance from the government. But my children are U.S. citizens. I was told that to get financial help for my autistic son, I had to apply for disability for him. But I've gotten the runaround with paperwork. I applied months ago, and I still have not heard back. They have proof he is autistic, but they make*

it impossible. I truly hope that the new administration will make it easier to get assistance for my U.S.-born children.

– **Carmen, Arizona**

My family does not have health insurance. There is a program in Arizona that allows us to get emergency medical care but eligibility is based on income.

When my husband and I both worked, we earned too much to qualify. My children have health care because they are U.S. citizens. But even though my husband is sick, he gets no benefits, and we don't receive any assistance because we are not documented. It seems unfair because we pay taxes.

– **Angelica, Arizona**



**5** Latinas are more likely to live in close quarters or multigenerational households, making them more susceptible to the COVID-19 infection.<sup>21</sup> Further complicating matters, lower-income Latinas are less likely than other groups to have health insurance and are less able to access health care. Undocumented Latinas are not permitted to buy health insurance on the Affordable Care Act (ACA) exchanges, even if they are able to pay for it.<sup>22</sup> Even after the implementation of the ACA, Latinas had the lowest rate of insurance coverage of any group in the country. Among Latinas ages 18-64, only 76.6% had health insurance coverage, compared to 92.4% of non-Hispanic white women within the same age category.<sup>23</sup>

COVID-19 infected several of the households of women we interviewed. Moreover, most of them suffered from stress-related ailments directly related to the pandemic, and more than half did not have health insurance for themselves because they could not afford it. Undocumented women are barred from getting Medicaid or other government health benefits because of their status.

*I am terrified of getting COVID. Last July, my partner got it and almost died. I had to stay in the same room with him while he was sick because our home is very small and there was no other place to go. My children stayed in the only other room, and there was no room for me. We were fortunate that no one else in the family got sick, but it was very traumatic. The children are covered by Medi-Cal, but my partner and I only have emergency Medi-Cal. We cannot afford to purchase full insurance for ourselves. When my partner had COVID, I took him to a clinic that required us to pay cash up front.*

– **Virgida, California**

*Our whole family – my husband, myself, my three children and my parents – got COVID. All seven of us were very sick; it is a horrible illness. We don't have health insurance, so we used home remedies and lots of prayer to get through it. We survived with the help of friends who dropped off food. The longer-term effects have been awful. I had problems walking; my legs went limp. It got so bad that I went to the emergency room. The doctors explained it was the result of COVID, and I received an injection to treat it. Now I have a huge medical bill that I don't know how I am going to pay. In addition, my husband still has prob-*

*lems breathing, even after months of testing negative.*  
– **Berta, Arizona**

*Since a new management company came in, my work has been extremely stressful. Instead of hiring additional workers during the pandemic to make sure the hospital is properly cleaned and sanitized, workers have been laid off. The stress has been so intense that it has affected me physically. I have had to see a cardiologist, a pulmonologist and other medical specialists. I have become allergic to everything! My doctor says it is the result of added stress. And even though I have health insurance, it is not*



very good: I have a very high co-pay and lots of out-of-pocket expenses.

–**Stacy, Nevada**

My mother doesn't live in my house, but she lives nearby

here in El Paso. It was very difficult for me because she got sick in February of 2020 with flu-like symptoms and had difficulty breathing. She was tested for the flu, but the test was negative. She is a

factory worker, and the fact that she had to take time off because she wasn't feeling well was a big deal. A few months later, she told me they needed her back at work. So, in the middle of the

pandemic, she went back to the factory, which by then had started making protective equipment for some of the hospitals. Of course, I was scared.

– **Angelica, Texas**

# 6

**Latinas are part of a community significantly burdened by mental health issues related to COVID-19. Higher rates of coronavirus, deaths, unemployment, isolation and food insecurity are among the inequities contributing to mental health issues, such as anxiety and depression.<sup>24</sup> Pre-pandemic 15% of Latina high-school students had attempted suicide. COVID-19 has magnified structural inequities and lack of mental health services for communities of color.<sup>25</sup>**

Most Latinas interviewed had experienced depression or had a spouse or a child who did due to COVID-19. Others expressed how the pandemic exacerbated mental health issues in their communities.

In November 2020, I suffered a terrible bout of depression after another layoff at the packing house. I was an emotional wreck; I spent an entire month in bed. I was living on \$225 a week from unemployment benefits, and I constantly worried we would lose our home if we couldn't pay rent. I can't afford health insurance, so I relied on help from a psychologist friend from Mexico.

– **Paola, California**

We've only been in this country for two years, and the culture and language differences have affected both of my daughters. In-person classes were difficult enough, but the online classes are even harder, especially for my 15-year-old. She refuses to do her school work and wants to quit high school. She is suffering from depression and needs counselling, but I haven't been able to find help for her. – **Maria, Colorado**

My 15-year-old has had a very difficult time and is severely depressed because

his first year of high school was not what he expected; then COVID interrupted classes. Then his father's deportation made his depression worse. We went through five months where he refused to leave his room. – **Maria, Arizona**

COVID has complicated many things and added so much stress to family life. I know of many marriages that are having difficulties. If things are really bad and someone needs to call the police for help, the officers will ask for documents. And if you don't have them, you will be deported. So, no matter what problems we have, we don't call the police for help. – **Berta, Arizona**

Not only was I sick with COVID, but I was also very anxious about my dad. He has underlying health issues, and I know that the virus takes people who have heart issues and diabetes. This made the situation very draining because I wanted to stay on top of what was hap-



pening with him. I wanted an update all the time, even when I was throwing up and running a fever. For me, the whole ordeal was horrible physically, but also mentally. The worst part was not being able to be with my family, who needed my help.

– **Andrea, Illinois**

I'm an emergency room doctor and, during the pandemic, I became health proxy for everyone in my

family. I think that takes a little bit of a different toll: If anyone gets sick I am on the phone calls with every single doctor. I am in charge of updating every single family member on the patient's status. I'm in charge of talking to providers. The hardest thing for me is telling a young family member they need to write a 'Do Not Resuscitate' or 'Do Not Intubate' order.

– **Vicky, New York**

# Conclusion and Policy Recommendations

**T**he experiences of these women provide a glimpse of how the COVID-19 crisis compounded existing economic inequalities and disadvantages that affect Latinas. Overrepresentation in frontline occupations, low wages, lack of health insurance and no access to medical care exacerbated the pandemic's assault on the lives of Latinas.

Both the CARES Act and the American Rescue Plan have begun to address the effects of the health crisis and resulting economic devastation that severely impacted Latinas and other women workers. But there is still considerable necessary work to tackle the impact of COVID-19 on the nation. In the short-term, we must ensure economic aid reaches communities most in need, including extending economic benefits to undocumented Latinas, equitably distributing vaccines and guaranteeing access to affordable health care regardless of status. Congress should strengthen job protections for essential workers in frontline occupations, particularly those with greater susceptibility to contracting the virus.

Long-term, there is much that Congress and the executive branch can do to address underlying systemic gender, ethnic and racial inequalities. This must include confronting labor market discrimination – historic inequities that contribute to poverty and economic insecurity for Latinas and women generally. Fulsome ideas for Congressional responses to address the economic condition of Latinas are published in a separate comprehensive set of policy recommendations. These include the following:

- Women's wages are a critical part of the economy, yet on average, Latinas earn 55 cents for every dollar a white, non-Hispanic man makes. Congress must increase the wages of frontline workers who are often in low-wage occupations, curb the gender pay gap, including addressing occupational segregation, and expand unemployment insurance benefits to ensure every category of worker is eligible.
- Expanding educational opportunities for Latinas helps to ensure economic security is not compromised when working toward a degree. Congress must confront questions of college affordability by increasing access to need-based aid, funding child care on college campuses for student parents and addressing student debt.
- Latinas have had to choose between going to work to earn critical income or staying home, either to care for their children or address their own health needs. Congress must ensure greater access to affordable child care, while also specifically increasing the availability of child-care facilities in areas where the need is greatest. Additionally, workers must have access to both earned sick time and paid family and medical leave to be able to adequately care for themselves and loved ones.
- Lack of access to health care and health insurance has exacerbated the COVID-10 crisis, particularly for undocumented Latinas who face even greater hurdles. Congress must address racial inequities by expanding coverage and reducing costs for millions of Americans otherwise not able to access health care.



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