In this opinion piece, we argue the current pandemic is shining a light on caregiving as critical work that is under-valued and under-paid. We call upon national lawmakers to raise the value of care work. Doing so would also make progress in solving another national crisis: closing the gender wage gap. We explore how the gender wage gap is driven primarily by the fact that men and women sort into different work, with women being over-represented in work where they care for others and in work that allows them to care for their families.

**KEYWORDS**
COVID-19, gender, gender wage gap, occupational segregation

1 | INTRODUCTION

Senate Democrats have called for a ‘Heroes Fund’ within the coronavirus relief bill of up to $25,000 pay for frontline healthcare and service industry workers caring for our country during the coronavirus (The Associated Press, 2020). We hope this is the first of many ways the current pandemic will make national leaders, regardless of party affiliation, recognize caregiving as critical work that is under-valued and under-paid. Doing so would also make progress in solving another national crisis: closing the gender wage gap.

In the United States, women are paid 18 percent less than men on average. The gap is even worse for black women and Latinas, paid 38 and 45 percent less than white men on average (Hegewisch & Tesfaselassie, 2019). This gap is driven primarily by the fact that men and women sort into different work, with women being over-represented in work where they care for others and in work that allows them to care for their families (Blau & Kahn, 2017; Goldin, 2014; Reskin, 1993).

Women are concentrated in so-called HEED professions — health care, early education and domestic roles (Block, Croft, & Schmader, 2018). As of 2020 in America, women make up 88.9 percent of registered nurses, 98.7 percent of kindergarten and preschool teachers and 89 percent of maids and housekeepers. Women also dominate caregiving roles in other industries: women make up 93.2 percent of administrative assistants and secretaries and 81.9 percent of social workers (US Bureau of Labor Statistics, 2020). Many of these jobs are low-paid (Center for the Study of Child Care Employment, 2020). In fact, women make up the majority of minimum wage workers in almost every state (National Women’s Law Center, 2018). These are precisely the jobs that have been laid-off and
furloughed in the wake of the coronavirus (Alon, Doepke, Olmstead-Rumsey, & Tertilt, 2020). They are also the jobs saving lives, comforting those in their last moments and risking — or even losing — their lives to care for others (Schwirtz, 2020).

Women are also over-represented in part-time, temporary and informal work (UN Women, 2020; Williams, 2000; World Health Organization, 2019). Many women turn to part-time work to have more time to care for their families (Grant-Vallone & Ensher, 2011; Higgins, Duxbury, & Johnson, 2000; Hochschild, 1989). However, working part-time means women earn less and are promoted less frequently (Stone, 2007; Stone & Lovejoy, 2004). It also means they are less likely to have employer benefits when a crisis hits, such as paid time off (Boesch, 2019). That the current situation is making care work more precarious is also problematic for many families. Over 70 percent of American families depend on a mother’s earning for their economic wellbeing and about 40 percent depend solely on a female breadwinner (Joint Economic Committee, United States Congress, 2016; US Bureau of Labor Statistics, 2018). Given women’s over-representation in low-wage work, it is no surprise that their savings are on average less than men’s (Perez, 2019), making them even more vulnerable during economic shocks.

It is important to note that markets do not inherently value some jobs over others. Rather, professions dominated by women have lower prestige and pay than those dominated by men. We know this because gender composition and compensation of particular occupations changes over time. Take computer programmers in the United States for example. When programming was predominantly female, status and pay used to be low. As it became an increasingly male occupation, status and compensation went up. Similarly, when women move into male-dominated professions, those jobs begin to pay less — even controlling for factors such as education, work experience, skills and race (Cohen & Huffman, 2003; Levanon, England, & Allison, 2009). Even when men and women work in the same professions, they continue to be sorted into high- and low-status positions. For example, men in care occupations tend to reach management and supervisory roles faster than women, a phenomenon known as the ‘glass escalator’ (Williams, 1992). This, together with sorting into different specialties, partially explains the 27.7 percent gender pay gap for doctors (Kavilanz, 2018).

The lack of compensation for care work is particularly visible during the current crisis, when care work is exceptionally valuable and consequential. Under COVID-19, women represent the majority of the health workforce, provide the majority of home-based care (Smith, 2020) and take on most of the domestic burden (Graves, 2020; Hochschild, 1989; Moen & Sweet, 2003). As children are now home from school (Donner & Purtill, 2020), parents across the country are reminded not only that teachers’ jobs are difficult, but also that they are critical for continuing every other job.

Closing the gender wage gap is a complicated, multi-level undertaking that requires the federal government’s commitment to raising the value of care. This means legislating paid family leave so both mothers and fathers are equally available for caregiving, universal health care so part-time, temporary and informal workers have access to basic medical care, and protecting the rights of vulnerable workers to organize.

It is critical our federal government sets aside party lines to support caregivers and care work in the midst of this pandemic. Lawmakers should act quickly to pass the ‘Heroes Fund’ legislation and recognize, on even ground, the outsized contributions of care by frontline healthcare and service industry workers. And, when our country returns to normal, it is also critical that our federal government remember that caregiving is hard, valuable and crucial work and pass further legislation to ensure care workers receive the compensation and protection they deserve moving forward. Since moments of rupture allow new ways of being, let’s not rush back to pre-COVID-19 normal, let’s find a new normal in which we care about those who care for us.

DEVELOPMENT OF CONFLICTING INTERESTS
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