



**BUILDING OUR CARE
INFRASTRUCTURE**

*For Equity, Economic
Recovery and Beyond*

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Executive Summary

Compounded by the COVID-19 pandemic, the lack of a care infrastructure continues to leave caregivers vulnerable to economic instability and greater financial strain, especially Black and immigrant women who disproportionately perform paid and unpaid care. Care and caregiving are undervalued and chronically underfunded as result of systemic racism and inadequate policies. A robust and sustainable economic recovery must center Black, Latinx, Indigenous, and disabled women's experiences to ensure it effectively serves all families. Investing in the care infrastructure also requires expanding and building upon existing systems while also exploring new ways to ensure care services at any stage of life.

This continuum of care services must recognize the skills required to do caregiving work, whether gained through experience or training. Additionally, investing in the workforce leads to greater respect and dignity for all care workers as reflected in family-supporting wages and the recruitment and retention of a necessary workforce. We must ensure that people have broad access to paid family and medical leave, high-quality childcare, and home and community-based services and support. Investing in a robust care infrastructure will have swift and immediate economic impacts because it creates jobs quickly, spurs job growth in other sectors, and ensures financial stability for individuals, families, and communities. A fully financed care infrastructure—from child care and early education to care for aging adults and people with disabilities—is not only critical to a racially just and equitable economic recovery but is also key to building a pathway forward that is sustainable for all families.

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Care is Key for an Equitable Recovery

The COVID-19 pandemic has come at a heavy human cost, far beyond the virus itself—[lives](#), [jobs](#) and [homes](#) are being unnecessarily lost in unthinkable magnitudes.¹²³ The lack of a care infrastructure in the United States before the pandemic has contributed to and exacerbated the hardships confronting families across the country. This public health crisis amplifies the economic instability that many families face. When coupled with low, inequitable, and stagnant wages, the demands of managing an illness and caring for a child or another family member can create great financial, emotional, and physical strain.

Inadequate, patchwork care programs built on racism, ableism, sexism, and exclusion underlie the current health and economic crises, which have systemic, disparate impacts on Black people, especially Black women and Black disabled people. Police violence, dramatic rates of unemployment, and a deadly virus have laid bare longstanding structural injustice for Black people, especially Black women who have disproportionately borne the brunt of caring for families in America through times of stability and crisis, while struggling to care for their own. Like modern-day policing, the origins of domestic work are rooted in the slave economy, which helped build the wealth of our nation. The legacy of anti-Black racism in America has resulted in the human, economic, health, and political oppression of Black communities and disregards their resilience, value, and human dignity to this day.

As the US works to address these crises, our leaders have an opportunity to not only build our economy anew, but to build it in a smarter, more equitable, and more inclusive way. That means starting with a bold plan to build a strong, healthy care infrastructure, including child care, paid leave, and long-term services and supports for people with disabilities and aging adults. Making care infrastructure the foundation of our recovery can address historic inaction, increase the employment rate and ensure the economy recovers quickly. It will durably support families during this crisis and beyond. Like investments in transportation, roads, bridges, the electrical grid, and public health, investment in a care infrastructure fuels strong families and communities. It enriches lives and enables the activities that raise our collective living standards. Few solutions will be more crucial to a speedy and sustainable recovery, and none will be as impactful on improving gender and racial equity.

A better future is possible—and necessary—which is why we must be intentional about what our public dollars support. We must lead with the values that so many of us share—love, care, community, and family—and invest in the systems that support those values. We must ask if

¹ [Coronavirus in the US: Latest Map and Case Count](#)

² [Forbes: Some 42% of Jobs Lost In Pandemic Are Gone For Good](#)

³ [In the Pandemic, Millions of People Could Lose Their Homes](#)

Black families, people with disabilities, immigrants and other marginalized communities truly stand to benefit from existing or proposed public policies, and whether those communities were included in the development of solutions. That is why for the first time, sandwich generation parents, child care advocates, disability justice activists, paid leave advocates, labor leaders, long-term care advocates, care workers, economists, and academics are coming together to demand a care foundation that will allow the US economy to grow and prosper, and for all of us to live full and dignified lives.

Care Infrastructure Creates Jobs and is “Job-Ready”

Compared with shovel-ready initiatives, care investments can have more of an immediate economic impact without needing as much time to deploy funds, labor, and services. Investment in the care sector can also generate [twice as many jobs per dollar](#) as physical construction does due to the caregiving sector’s high labor intensity.⁴ Investment in care infrastructure is as effective a job creation strategy as investments in bridges, roads and other “traditional” infrastructure. In fact, home health aides and personal care assistants are the [third and fourth fastest growing occupations in the United States](#) according to the Bureau of Labor Statistics.⁵ In addition, the benefits of investing in care extend beyond care jobs. Care jobs make all other work possible.

Care Infrastructure Supports Racial and Gender Equity

COVID-19 is disproportionately impacting Black, Indigenous, People of Color (BIPOC) women, who are losing more jobs while simultaneously gaining greater responsibilities as underpaid “essential workers.” Without investing in our care infrastructure, women, especially women of color who are primarily responsible for caring for their own families as well as others, will not be able to fully participate in the rebuilding of our economy. More women than men will face economic insecurity as a result of being unable to return to full-time work or having to cut their work hours. This gender disparity will prolong the recession, risk undermining gender and racial equity in the workplace, and will reinforce outdated and unrealistic gender roles. This gender disparity also leads more women, particularly Black women, to [age into poverty and homelessness](#).⁶ These challenges will make it harder for anyone with loved ones who need support to engage fully in the labor market, even as more men take on caregiving responsibilities.

⁴ [America must build a caregiving infrastructure to help our families](#)

⁵ [Bureau of Labor Statistics](#)

⁶ [Older Women and Poverty](#)

Care Infrastructure Ensures Financial Stability For Families

A rapidly growing number of families are experiencing financial strain and insecurity as unemployment rises to unprecedented levels. Without a robust care infrastructure, millions of workers with family care responsibilities face the impossible decision of leaving their loved ones in potentially unsafe situations or foregoing critical income. A diminished workforce also means reduced household spending and increased reliance on already overwhelmed safety net programs. Economic instability now will also perpetuate intergenerational poverty, which disproportionately affects Black, Indigenous, and Latinx families.

The Cost of Doing Nothing is Greater Than Investing In Care

The cost of care is high, and today families, individuals, and employers are bearing the cost in ineffective and inefficient ways. Investing in care will have far reaching economic benefits even beyond those already highlighted above. Prior to the pandemic, parents forewent roughly \$30–35 billion in income because the high cost of child care led many parents to leave the paid labor force or reduce their paid work hours to care for their children.⁷ That translates to a loss of tax revenue of about \$4.2 billion each year. Similarly, the low pay of early childhood educators corresponds to a loss of tax revenue of about \$23 billion a year. In a 2015 report, the [US Department of Labor’s chief economist estimated](#) that five million women are missing from the US labor force for reasons connected to the lack of paid leave and other family-supporting policies.⁸ This, in turn, would translate into more than [\\$500 billion of additional economic activity per year](#). The productivity lost when caregivers need to miss work to provide care costs the US economy over [\\$25 billion per year](#), and on an individual level, caregivers who need to quit their jobs or retire early due to caregiving responsibilities lose, on average, over [\\$300,000 in wages, social security benefits, and pensions](#) over the course of their lifetimes.^{9,10}

That’s why our recovery plans must start with a universal care infrastructure, including:

- Universal long-term services and supports
- Universal child care
- Paid leave for all (including paid family and medical leave and paid sick days)
- Support for family caregivers and the sandwich generation
- Raising wages and standards to ensure dignity for domestic and all care workers
- Innovations to prepare for the future, such as navigators and portable benefits

⁷ [Who’s paying now?: The explicit and implicit costs of the current early care and education system](#)

⁸ [US DOL Report The Cost of Doing Nothing: The Price We All Pay Without Paid Leave Policies to Support America’s 21st Century Working Families](#)

⁹ [Gallup: Caregiving Costs US Economy \\$25 Billion in Lost Productivity](#)

¹⁰ [The MetLife Study of Caregiving Costs to Working Caregivers: Double Jeopardy for Baby Boomers Caring for Their Parents – 2011](#)

The Need for A National Care Agenda

Even as wages have stagnated and job growth has concentrated in the low-wage economy, policymakers have increasingly left working families on their own to navigate the crushing cost and responsibility of care, from child care to long-term care. As Baby Boomers age and life expectancy extends, and as working millennials become parents, fewer households can rely on stay-at-home caregivers.¹¹ The crushing costs and competing life demands make providing care unmanageable for many to handle alone.

Family care responsibilities—from caring for children to supporting the needs of people with disabilities and ailing or aging adults—fall disproportionately on women both in families and in the workforce. As a profession, the care workforce is disproportionately composed of women of color, Black women and immigrant women, exacerbating gender and racial inequality. This workforce—including home care workers, direct service professionals, people who work in child care centers, family care homes, or as nannies or other home-based providers—does not have the rights, compensation, and protection it needs.

The devaluing of family care work is by design. One of the many legacies of slavery is the shouldering of care responsibilities by the people in our society with the least power and fewest resources.¹² In the early 20th century, white lawmakers excluded care workers, who were overwhelmingly Black women, from fair wages and labor protections in order to preserve the status quo. To this day, our culture and policies continue to undervalue and invisibilize caregiving, leaving caregivers underpaid or unpaid, and without the support they need to thrive. This history has also contributed to the expectation that family care is an individual responsibility, rather than a communal one; if you struggle, there's something wrong with *you*. In reality, care has been a universal need and a public good that requires collective, public policy-supported solutions, and now more than ever must be treated as such. It is time for our government to commit to prioritizing public investment in care, including in the care workforce.

How A Lack of Care Infrastructure Contributed to the Current Crises

COVID-19 has laid bare the reality that caregiving is what allows our society and economy to function. Care jobs, performed by an underpaid and undervalued predominantly female and disproportionately Black, Latinx, and immigrant workforce, have always sustained our communities and undergirded our country's economic prowess, and this is now more evident

¹¹ [Forbes: AS Baby Boomers Move Into Old Age, Who Will Care for Us?](#)

¹² [Undervaluing of Caregiving Rooted in Black Women's Stolen Labor](#)

than ever. The lack of a care infrastructure contributed to the current public health and economic crises, perpetuating long-standing systemic racism and hurting care workers, consumers of care, and their families. The crises has revealed wide disparities in access to quality healthcare, elder care, and child care that disadvantage working class families and communities of color, and that can no longer be ignored. A lack of infrastructure has made the impact of COVID-19 devastating for millions of families, especially Black, Indigenous, People of Color (BIPOC) families.

- Older Americans and people with disabilities are most at risk for getting sick and dying from COVID-19 due to their pre-existing conditions and because many rely on institutional care as the only option available.
- Sadly, more than [40 percent](#) of all US COVID-19 deaths are nursing home residents or workers, and in [at least 23 states](#) the majority of COVID-19 deaths are linked to nursing homes.¹³ As of late June, these deaths numbered [more than 55,000](#).¹⁴ Nursing homes with a greater number of Black and Latino residents are [twice as likely](#) to have coronavirus infections as nursing homes with overwhelmingly white residents.¹⁵
- In many states, the adult day care centers and programs that many families relied on for dependable, routine, supportive care, as well as physical, mental, and social well-being for people with disabilities and older adults remain closed. This is not only destabilizing for families and the care recipients who thrive on routine, but also the workers of these centers.
- In most states, child care programs and schools are struggling without adequate public investment or clear guidance about health and safety, leaving parents and caregivers anxiously weighing how to manage double duty in their paid employment and caregiving responsibilities.
- At the same time, some child care providers are [closing their doors for good](#) as a result of COVID-19 piling on top of the historic underinvestment in care, and the failure of the federal government to provide assistance to state and local governments during the crisis, threatening to destroy the patchwork infrastructure that barely keeps families afloat as it is.¹⁶
- Our government's failure to enact paid sick days and paid family and medical leave for everyone means that people may have been going to work sick and spreading COVID-19 and are forced to choose between caring for their family members or counting on their paychecks.
- Care and domestic workers are essential workers, supporting the daily activities of life or providing care for seniors, people with disabilities and people with chronic illnesses in their homes, yet they are paid poverty wages and are not being provided with adequate safety protections.

¹³ [More Than 40% of US Coronavirus Deaths Are Linked to Nursing Homes](#)

¹⁴ [Dems: Government's 'deadly delay' devastated nursing homes](#)

¹⁵ [Covid-19 and Nursing Homes: A Striking Racial Divide](#)

¹⁶ [Holding On Until Help Comes](#)

- The care and domestic workers who have lost their jobs are struggling, many without savings or a safety net. As Dominique Derbigny [writes](#): “Historical, and continuing, racist and sexist policies and institutional practices...have disenfranchised women of color making it nearly impossible, no matter how hard they work, to build savings and wealth.”¹⁷

Our country’s existing care-related policy framework was profoundly inadequate—dangerous even—prior to the COVID-19 pandemic. The crisis has destroyed it completely. Our solutions must build a strong care infrastructure—one meant to hold up for generations, and take us from the challenges we currently face alone to community-centered solutions that lift us all up rather than rely on underpaying workers and pushing families to the brink of disaster.

The Blueprint for Moving Forward

The care ecosystem is essential to America’s recovery from the pandemic and to its post-pandemic success; this requires a policy response and public spending on social infrastructure on a scale commensurate with its economic and social importance. That means a care infrastructure that prioritizes the needs of families who have been disadvantaged by ageism, ableism, racism, sexism and other forms of discrimination. All stakeholders must have a real voice and a meaningful role in shaping and refining the system. Public funding must be permanent and must expand with need.

Universal Long-Term Services and Support

We must support dignity and independence for people of all ages and abilities by creating a new, holistic system that builds on Medicaid and Medicare to provide sustainable long-term services and supports (LTSS) when people need it.

Without universal LTSS families will continue to rely on family members to support them. [Fifty-three million](#) family caregivers provide unpaid care and support, valued at over \$500 billion, for people with disabilities and seniors.¹⁸ Twenty-five percent of caregivers are part of the sandwich generation who manage care for both children and people with disabilities or seniors, the most at-risk populations for COVID-19.¹⁹ Managing or providing care for an aging family member on top of child care is forcing some people out of work, reducing their future Social Security benefits, and leaving them even more financially insecure now and as they age. Additionally, people are living longer, creating a large and growing population of older adults

¹⁷ [On The Margins: Economic Security for Women of Color Through the Coronavirus Crisis and Beyond](#)

¹⁸ [Caregiving in the US 2020 - AARP Research Report](#)

¹⁹ [Burning The Candle At Both Ends: Sandwich Generation Caregiving In The US](#)

who, in addition to people of all ages with disabilities, create an increased and intergenerational demand for LTSS.

Universal LTSS would help the economy recover in several important ways. First, working family caregivers would be more productive in the economy, increasing economic activity by an [estimated \\$17.1 to \\$33.6 billion](#).²⁰ Second, universal LTSS would create good caregiving jobs, and allow workers to organize into unions or other worker-led organizations. Third, covering the cost of LTSS would provide financial security that would allow families to continue to spend money in their communities. And lastly, strong and robust universal LTSS can support the inclusion of people with disabilities and older adults' participation in the workforce and in our economy.

To build infrastructure for long-term services and supports, we need a national, holistic long-term care system that works for all, starting with more investment in home and community-based services (HCBS) and ensuring everyone has affordable, accessible, safe housing, so that they can access those services.

Medicaid and Medicare fall short when it comes to affordable, accessible, and equitable LTSS for workers, consumers, and family caregivers. Medicaid must put HCBS on equal footing to institutional care or flip the current institutional bias of the Medicaid program. HCBS should be made mandatory in Medicaid to eliminate waiting lists and increase access for services, increase funding to support the service capacity and improve quality and pay for the workforce. In addition to expanding and improving Medicaid and Medicare with a particular focus on the LTSS and HCBS benefits, a new system of long-term care must be established to provide LTSS that is comprehensive, sustainable and ensures financial peace of mind as well as security in unexpected situations. Additionally, this new system would increase access to care, distribute risk, and include a national plan for recruiting and retaining the workforce necessary to meet future long-term care needs.

Universal Child Care

Congress must declare child care a public good and pass legislation to ensure all families can access safe, affordable, high quality, and convenient child care in their own homes, family care homes, or child care centers. Congress should ensure equity and look to smart legislative solutions, such as the [Child Care for Working Families Act](#) and the [Universal Child Care and Early Learning Act](#), and ensure equity.^{21,22}

Investment in universal child care simultaneously enables higher workforce participation and provides a solid foundation for the subsequent educational success of children, ensuring their

²⁰ [Georgetown Center on Poverty and Inequality: Building the Caring Economy](#)

²¹ [Child Care for Working Families Act of 2019](#)

²² [Universal Child Care and Early Learning Act](#)

contributions as adults to the economy. Universal child care will provide employment for the millions of women employed in retail and food service establishments whose jobs may never return. And it will support the entry into paid employment of women who want to work but cannot because of the high cost and/or unavailability of quality care for their children.

Before the current crisis, families, child care workers, and advocates had been calling for a significant public investment in universal child care and early education, acknowledging that child care is a public good. Private payer models of financing child care and early education services have resulted in wide variations in cost and quality of care, low pay for child care providers, and large disparities in families' access to affordable high-quality care. Meeting the need for quality early care and education (ECE) programs on the scale required to get the economy moving again can only be accomplished with public investment in a national ECE infrastructure.

Economic recovery must first focus on addressing the immediate needs to shore up child care in this moment of crisis. Our care infrastructure must include safe, affordable, high quality and convenient child care for all, whether in child care centers, family child care homes or in their own homes, and it must provide premium pay and safety equipment to the child care workers on the front lines. It must also include an expansion of home-based child care options to compensate for reduced capacity of child care centers to practice physical distancing. All child care workers, no matter where they work, should be paid a living wage, be compensated with premium pay if they are an "essential worker," and be provided with safety equipment. Those who own child care businesses should have access to grants to ensure their businesses can thrive, and the government must prepare to cover the costs of ensuring that closed child care programs will be able to safely reopen when the time comes.

Once short-term needs are prioritized, the focus must turn to the long-term need, to build a strong child care system moving forward. Legislative solutions such as the [Child Care for Working Families Act](#) and the [Universal Child Care and Early Learning Act](#) provide a strong foundation of universal, affordable, [high quality child care](#) along with good care jobs.^{23 24 25} Child care policies must be universal and prioritize the needs of historically marginalized communities. They must include affordable and accessible child care and early education options for children ages 0-13 and older children with disabilities. Our solutions must ensure public funding to serve the diverse needs and preferences of families, including culturally- and linguistically-competent care options, home-based care, and care during non-standard hours (such as weekends, after school, nights, when job schedules change, and in areas that are currently child care deserts). Child care policy solutions should ensure that early educators have a living wage with benefits, a pathway to higher wages, and bargaining power to raise standards for all workers.

²³ [Child Care for Working Families Act of 2019](#)

²⁴ [Universal Child Care and Early Learning Act](#)

²⁵ [Principles For Child Care: A Vision For Investing In High-Quality, Affordable Child Care](#)

Paid Leave for All

Federal and state governments must implement paid sick and safe days and paid family and medical leave policies for all to ensure everyone can be good providers and good family members.

Enabling families to directly undertake their caregiving responsibilities without risking their employment is a critical step to reducing the financial and health impacts of caregiving. A federal policy establishing universal access to paid leave would help families manage short-term caregiving needs; reduce the immediate financial hardship for new parents, family members of older adults, and people with disabilities in need of long-term support; and [reduce the public cost](#) of providing formal paid care for short- and long-term needs.²⁶ In addition, paid sick days and family and medical leave programs will reduce the spread of the COVID-19 virus or future pandemics, which have important health and economic implications as well.

First, we need to [fix the gaps](#) in emergency paid leave programs and enact permanent paid family and medical leave and paid sick and safe days programs that ensure that everyone can care for themselves and their family members without risking a paycheck.²⁷ A paid family and medical leave policy must provide significant and progressive wage replacement, sufficient duration of leave, and universal coverage. [Eight states and the District of Columbia](#) have passed versions of these policies.²⁸ Five states already have a program in place, which [has allowed](#) workers in those states to keep themselves safer and take more precautions against the spread of COVID-19.²⁹ Yet, in every other state, employers determine who has access to leave and who does not. That means that most workers who need time away from work to care for a loved one and/or cope with a health problem of their own still lack access to paid leave. If they take the time needed to recover from an illness or care for a loved one, they risk significant wage or even job loss and significant impacts on future financial security.

Similarly, everyone deserves the right to care for themselves and their families when it comes to short-term medical issues, yet the emergency paid sick days provisions of the Families First Coronavirus Response Act exclude too many people and, without Congressional action, will expire at the end of the year despite the ongoing need. The lack of a national paid sick and safe days policy prior to the pandemic likely worsened spread of the virus, as workers showed up to work with symptoms because they feared the loss of a paycheck or job if they did not. Our care infrastructure must include a permanent paid sick and safe days policy that guarantees job protected paid time to address preventive and wellbeing care as well as treatment and recovery and specific COVID-19 related needs. It must also include time to address issues

²⁶ [Georgetown Center on Poverty and Inequality: Building the Caring Economy](#)

²⁷ [Coronavirus Paid Leave Exemptions Exclude Millions of Workers From Coverage](#)

²⁸ [Comparative Chart of Paid Family and Medical Leave Laws in the United States](#)

²⁹ IBID.

related to domestic violence or sexual assault. These policies must include care for oneself as well as one's family members, including siblings, grandparents, in-laws and chosen family caregivers. No one should be forced into making the impossible choice of maintaining their livelihoods or showing up for themselves or the people they love.

Support for Family and Sandwich Generation Caregivers

Congress should pass legislation to provide training, financial compensation and health assistance to family members who care for children, people with disabilities, and aging relatives.

Supporting family caregivers requires the provisions mentioned above as well as investing in respite, adequate training and pay; direct cash assistance; physical and mental health care; and assistance in navigating programs, services, and eligibility. We also must support family caregivers of all ages, including those who are under the age of 18 years, ensuring that siblings, grandparents, in-laws, and chosen family caregivers are included in all supports. Caregiving youth should be able to earn community service hours (often a high school graduation requirement) for the work they do at home. For child, adolescent, and young adult caregivers, a concerted national movement toward supporting caregivers who are pursuing post-secondary education is also essential as many elect to enter the healthcare arena. Additionally, counting caregiving as work means that many family caregivers who experience work disruptions as a result of increased care demands won't have to compromise their future Social Security earnings. The [Social Security Caregiver Credit Act](#) would allow family caregivers to receive Social Security credit for serving as caregivers of dependent relatives for up to five years of care provision.³⁰ Lastly, we must support the reskilling of workers who must take time out of the workforce to respond to caregiving demands. These solutions must center the experiences of Black women. [Eighty-one percent of Black mothers](#)³¹ are both caregivers and the sole, primary, or co-breadwinners for their families. Solutions must also consider the needs of sandwich generation caregivers, those caring for multiple family members.

Congress must protect the rights of all workers and invest in the care workforce to improve job quality and to recruit and retain the workforce needed to meet the demand.

Ensuring Dignity for Domestic Workers and All Care Workers

Lifting the federal minimum wage to \$15, as some states have already done, ensures dignity for domestic workers, nannies, home health aides and other care workers.

³⁰ [Text - S.2317 - 116th Congress \(2019-2020\): Social Security Caregiver Credit Act of 2019](#)

³¹ [Breadwinner Mothers by Race/Ethnicity and State](#)

The opportunity is before us to ensure care jobs are good jobs so that the sector can actually grow to meet the demand, as well as reverse a dwindling middle class. When we center the workers who are currently at the margins, we can build equitable and inclusive structures that ensure dignity and respect for all. Over the next decade, the projected growth rate for home health and personal care jobs is [more than five times](#) the average growth rate for all occupations.³² While robots are likely to become more prevalent across many job sectors and while other jobs move abroad, care jobs are here to stay. Caring for elders, children, and people with disabilities cannot be outsourced or automated.

All people in the United States deserve respect and dignity at work, a voice to determine their working conditions, and a set of benefits and rights to ensure their economic security. Yet, right now, care jobs are poverty jobs as median annual earnings are about [\\$20,000 for home health aides](#),³³ [\\$21,920 for personal care aides](#),³⁴ and [\\$13,558 for nannies](#).³⁵ High percentages of the workforce rely on public benefits. Low wages drive high rates of turnover and are already leading to worker shortages, all of which compromise continuity and quality of care across the lifespan.

To further improve the quality of these jobs and, in turn, address worker shortages and improve the quality of care, we must ensure that our public investments in child care and long-term supports and services cover the costs of raising wages and improving job quality for workers. This includes providing benefits that can follow a worker from job to job, ensuring predictable and flexible scheduling practices, and guaranteeing the right to collective action. We must raise the federal minimum wage to \$15 and support other income raising proposals. In particular, we should establish wage setting systems that include the input of the workforce to establish sectoral bargaining and a prevailing wage that would be built into the care infrastructure. The COVID-19 crisis has also made it clear that safety and health at work are crucial to job quality. Care workers must be provided information about safety and health procedures in their primary language, as well as adequate cleaning supplies and protective equipment. Guidance from the Center for Disease Control and other experts about how to ensure safety is crucial, especially in work settings that require close contact, is crucial.

Domestic work, including home care work, is rooted in the history of slavery, and this legacy continues to shape the sector today. As workplace laws and standards were being formed as part of the New Deal, government leaders deliberately carved out domestic workers (and farmworkers), who were majority Black women, to satisfy Southern legislators. This legacy continues to shape the lives of Black domestic workers, and is at the heart of what must change. The proposed National Domestic Workers Bill of Rights addresses the exclusions of

³² [Institute for Women's Policy Research: The Future of Care Work](#)

³³ [Economic Policy Institute: Domestic Workers Chartbook](#)

³⁴ [US Bureau of Labor Statistics: Occupational Employment Statistics](#)

³⁵ [Economic Policy Institute: Domestic Workers Chartbook](#)

the past and brings us closer to a future where all work is dignified work and every job is a good job.

The COVID-19 pandemic has made it painfully clear how essential care workers are to our families and our economy. Legalization of undocumented workers who are already doing the care jobs as well as those entering the workforce to meet growing caregiving needs must be part of the investment in the care infrastructure. We also need to provide funding to states and local and national worker organizations and unions to recruit, train, certify, and safely deploy workers, including homecare workers, domestic workers, and case managers. Training should be tied to increased salaries and the principles of home and community-based services and consumer direction must be included and preserved in all training. We must also consider the opportunity to retrain workers to step into the care industry as retail jobs and other sectors see decreased positions or a shift towards automation.

Innovations to Prepare for the Future

Workers need new mechanisms to build power and access a range of benefits and supports in a more centralized way.

Our current care programs are not only underfunded and grossly inadequate, but also hard to access. Building a new care infrastructure offers an opportunity to simplify access to care while also creating opportunities to build worker power and voice by organizing and bringing people together.

One Stop Shop: Investing in human and technological navigators will help workers easily connect with the multiple care benefits they need all at once, and will also encourage them to join unions and other worker organizations. These worker organizations should have access to public funding in order to serve as independent navigators who assist workers in understanding their rights and benefits. Having support to navigate the system helps busy working parents ensure they have access to the care they need.

Similarly, when the Affordable Care Act passed, many organizations were provided grant funding to help individuals navigate the newly created exchanges. These [navigator programs](#)³⁶ provide outreach, education, and enrollment assistance to consumers eligible for marketplace and Medicaid coverage. These types of programs that engage organizations which provide human navigators can ensure individuals and families can access the support they need easily and all at once. In addition, cross referencing data to determine eligibility across benefits and programs makes it easier for individuals and families to get the support they need while also significantly cutting administrative costs.

³⁶ [In-Person Assistance in the Health Insurance Marketplaces](#)

Benefits: [Alia](#), the first portable-benefits platform in the country, launched by [NDWA Labs](#) for domestic workers, is a good model of how worker-led technology can be deployed. Alia provides one-stop shopping for benefits for workers while ensuring the portability of support across income levels, employment classifications, job types, and immigration status. Alia serves as a good model of how technology can support, rather than displace or exploit, workers.

Conclusion

Care infrastructure is crucial so that people can both work and care for their families. The COVID-19 pandemic has reminded us of the critical role of care workers in our economy; they are essential to keeping our families and communities safe and to rebuilding our economy. Beyond that, care jobs are the jobs we need now and into the future. These jobs are not easily offshored or automated. If we want a bold jobs plan, there's no better way forward than by creating the good caregiving jobs that workers and their families desperately need. Care jobs are job-enabling jobs—they make all other work possible.

Rebuilding the economy is going to take all of us. COVID-19 has demonstrated again and again that we are all interconnected; if the most vulnerable among us get sick, become impoverished, or even die, all of us suffer the consequences. This crisis has impacted us all, but has a disproportionately devastating impact on Black, Latinx, immigrant, Native, and poor communities.³⁷

It's time to reaffirm our values, and to lead and legislate with courage, rather than giving into fear and scarcity. Leading with courage starts with a significant, permanent investment in a universal care infrastructure that serves us all. It's time to stop fighting for scraps while too many in the 1% hoard wealth for themselves—we need to think critically about allocating an abundance of resources toward our ability to care for one another.

The measures outlined above alone will not address every ill. We also need universal health care, broader access to the right to organize and act collectively, fair democratic processes, equitable education policies, family-sustaining wages, affordable housing, and so much more. Yet, starting with a human-centered plan that foregrounds care will set the foundation for everything else. We have a once-in-an-era opportunity to transform and update how we care for one another in this country, and we must take it.

³⁷ [Health Equity Considerations and Racial and Ethnic Minority Groups](#)

Appendix A: The Results of Inaction

Older Americans and People with Disabilities at Extreme Risk

Older Americans and people with disabilities are most at risk to get sick and die from COVID-19 because of both their pre-existing conditions and because many rely on institutional care as their only option. Those in congregate settings like nursing homes and other long-term facilities are most at risk, as are the people who work in those facilities. According to the Centers for Disease Control (CDC), [eight out of ten COVID-19 related deaths](#) have been among those 65 and older. Sadly, [40 percent of all US COVID-19 deaths are nursing home residents or workers](#) and [in at least 23 states the majority of COVID-19 deaths](#) are linked to nursing homes. As of late June, these deaths totaled [more than 55,000](#). Nursing homes with a greater number of Black and Latino residents [are twice as likely](#) to have coronavirus infections as nursing homes with overwhelmingly white residents. An inadequate, underfunded, and understaffed system of care for our older loved ones and for people with disabilities has led to the tragedy of so much loss and a rapid spread of the virus amongst those most susceptible.

While data is not reliably tracked and reported for people with disabilities, there have been reports of massive outbreaks in institutions, including [one in Illinois so severe](#) that the National Guard was brought in to assist because two institutions had half of the residents infected. Before the outbreak, our plans for caring for our older loved ones and people with disabilities were woefully inadequate and relied heavily on unpaid caregiving and overreliance on facility-based care. Workers in these facilities are also [quitting because of fear](#) of their own safety and lack of access to PPE, further exacerbating the workforce shortages that were already pervasive before the COVID-19 outbreak. The shortage of good home and community-based (HBCS) options to reduce exposure and care for our loved ones in their homes, reducing exposure is making things even worse.

Home-and Community-Based Services (HCBS) Cannot be an Afterthought

COVID-19 reminds us how important it is to have safe options to age with dignity and be supported to live independently at home today and over the long-term. While today it is much safer for people who are vulnerable to illness to avoid residential facilities, home and community-based services (HCBS) have also not been an option that has been available to many who would prefer it.³⁸ Despite studies that demonstrate the high cost of institutionalization and the overwhelming desire of individuals to stay in their homes for as long as possible, public programs still default to institutionalized care. The system needs to be

³⁸ [Home & Community Based Services](#)

flipped to support HCBS BEFORE the more costly, less safe, and often unwanted institutional care.

Most community congregate settings like nursing homes, community centers, and assisted living facilities, are generally funded through Medicaid. Those congregate nursing homes and institutions are considered mandatory services that Medicaid must pay for, while HCBS is considered optional under Medicaid. Because HCBS is not as equally funded under Medicaid as institutional services are across the country, Medicaid funded HCBS options are in short supply – more than 800,000 people with disabilities are on waiting lists to receive these services.³⁹ While individuals wait, many rely on family: only 1 in 5 Americans with a disability are supported by direct service professionals to live independently in their homes and communities; the rest rely solely on family support. Older adults also lack access to HCBS that allow them to stay in their homes and communities. Medicare has almost no coverage for HCBS. Yet, expanding access to HCBS to the disability community and older adults is overlooked and ignored.⁴⁰

When there is a momentary spotlight on congregate care, the focus is solely on nursing home facilities, with no guidance or support offered for broader congregate services and home-based care that many more people need and rely on and prefer. Additionally, the minimal attention paid to the conditions of nursing homes under COVID-19 are both ageist, neglecting the needs of younger individuals and caregiving families with disabilities; and ableist, carrying an undertone that all older adults and people with disabilities are not working, caring, and contributing to their communities and economies. The historic underinvestment in home and community-based long-term services and support for older people and people with disabilities is causing greater susceptibility to COVID-19 and its health and economic impacts. Further, when the caregivers and aides of vulnerable older adults and people with disabilities are excluded from their care, the result can be deadly.⁴¹

The Care Workforce Deserves Dignity and Respect, but is Treated as Expendable

Those who provide paid home-based care have also been struggling. Domestic workers – especially homecare workers, and disability services providers like direct support professionals and personal care attendants – are the frontline of our healthcare system, and frontline responders to the COVID-19 pandemic, and we must do everything we can to keep them safe and healthy. This workforce continues to provide lifesaving services to people of all ages who need help with activities of daily living in their homes. They are often the first to notice emerging health issues, new problems requiring greater care, or supporting a new independent skill of individuals they serve. With delays and restrictions in ongoing medical care, they are more vital than ever.

³⁹ [Waiting List Enrollment for Medicaid Section 1915\(c\) Home and Community-Based Services Waivers](#)

⁴⁰ [The Disability Community Must Once Again Show #WeAreEssential](#)

⁴¹ [Feds Investigate COVID-19 Visitor Bans In Hospitals](#)

Because this workforce receives wages that are tied to Medicaid funding and years of lack of state and federal investment before the COVID-19 outbreak, they earn poverty wages, with no benefits or access to a safety net, and without paid time off or job security. New data from the Economic Policy Institute shows that domestic workers are paid a median wage of about \$12 per hour and are three times more likely to be living in poverty than other workers.⁴² Only one in five receives health insurance coverage through their job. In the midst of this unprecedented public health crisis, they are helping to ensure that some of the people most vulnerable to COVID-19 are safe. We must take care of them too.

Loss of Income is Hitting Care and Domestic Workers Hard

In addition, millions of people have lost their paychecks or even their jobs as a result of the spread of COVID-19.⁴³ Our nation's number one priority is to slow the spread of the virus, so keeping people at home, and practicing physical distancing is critical. But the care workforce has little financial security as a result of the historic underinvestment in the care sector. The people who care for our loved ones and make all other work possible often don't have emergency savings, so putting food on the table will be impossible without an income. In fact, roughly two-thirds of Black and Latinx women do not have three months of emergency savings to weather a financial storm.⁴⁴ As Dominique Derbigny writes: "Historical, and continuing, racist and sexist policies and institutional practices – such as discriminatory housing policies and market practices like redlining and steering, employment discrimination, denial of access to credit and loans, fines and fees for courts and carceral systems, and unequal pay – have disenfranchised women of color making it nearly impossible, no matter how hard they work, to build savings and wealth."⁴⁵

In addition, care workers who work in people's homes, known as domestic workers, do not have the same legal protections provided to almost all other workers in the United States. Most domestic workers in the United States today are Black women and other women of color; this was also true in the 1930s when Southern congressmen agreed to pass the National Labor Relations Act (NLRA) and the Fair Labor Standards Act only after domestic and agricultural workers were excluded.⁴⁶ While the majority have since successfully fought to be included in federal minimum wage and overtime protections, the NLRA and the Occupational Safety and Health Act that mandates basic protections still excludes domestic workers. Immigrants, who also comprise a significant portion of this workforce, are the most likely to be left behind by Congressional relief.

⁴² [Domestic workers chartbook: A comprehensive look at the demographics, wages, benefits, and poverty rates of the professionals who care for our family members and clean our homes](#)

⁴³ [Millions of Workers Have Lost Their Jobs, and Some Are Never Coming Back. An Ambitious Approach Is Needed.](#)

⁴⁴ [About Half of Lower-Income Americans Report Household Job or Wage Loss Due to COVID-19](#)

⁴⁵ [On the Margins: Economic Security for Women of Color Through the Coronavirus Crisis and Beyond](#)

⁴⁶ [The Echoes of Slavery: Recognizing the Racist Origins of the Agricultural and Domestic Worker Exclusion from the National Labor](#)

Parents and Other Caregivers are Struggling Without School, Camp or Child Care

According to research by the National Association for the Education of Young Children (NAEYC), approximately two out of five child care program respondents – and half of those who are minority-owned businesses – are certain that they will close permanently without additional public assistance.⁴⁷ And upwards of 70% of child care centers are incurring substantial additional costs for staff (72%), cleaning supplies (92%), and personal protective equipment (81%). Our collective health and safety require that we support parents and other family members who are struggling to work and care for children, and that we invest in the future of the child care sector, building a system for the future based on equity.

Some parents are working from home and finding creative ways to juggle work and parenting. A few are taking paid sick days or paid family leave, passed on an emergency basis nationwide in light of the pandemic. However, this expanded leave excluded too many workers, including many essential workers, and exemplified the ways in which working people are too often faced with impossible choices between maintaining their livelihoods, and showing up for the people they love. This is a particularly harsh choice for parents of children with disabilities, who have lost their usual support services from school and are not receiving adequate services for virtual learning, leaving parents to fill those gaps. It is also particularly challenging for parents who are in low-paid jobs and those living in rural or Tribal communities who may not have access to high-speed internet or laptops to support virtual learning.

Women fulfill a disproportionate amount of child care needs, and women of color - who are more likely to be single mothers and also breadwinners for their families - are particularly impacted by child care closures.⁴⁸ A recent poll found that women who work full time and have a partner and children are spending at least 71.2 hours per week on caregiving and housework while men in the same situation are spending no more than 51.5 hours.⁴⁹ Meanwhile, single mothers - especially essential workers - are feeling the stress of the isolation and limited care options. Meanwhile, essential child care workers are struggling with work-based health and safety fears, their lack of health insurance and their own family care needs; while many other child care workers have lost their jobs.⁵⁰

Child care was not only serving parents' needs, but also supporting children's healthy development. Child care is not just a space where children go while families work, it is a place where they learn and grow. High-quality child care supports children's healthy development and teaches fundamental skills that set children up for success in school and beyond. It is an investment in a productive future workforce.

⁴⁷ [NAEYC: Holding On Until Help Comes, A Survey Reveals Child Care's Fight to Survive](#)

⁴⁸ [RELEASE: Nearly Two-Thirds of Mothers Continue To Be Family Breadwinners, Black Mothers Are Far More Likely To Be Breadwinners](#)

⁴⁹ [LeanIn.Org | Impact of COVID-19 on women](#)

⁵⁰ [The coronavirus pandemic child care crisis, in 11 numbers](#)

Quality care for too many children has been ignored, risking their well-being, development, health, and safety. This includes children confined in facilities away from home such as immigrant children in detention centers and the more than 30,000 children in juvenile detention centers.⁵¹ There are also over 400,000 children in foster care,⁵² often facing unstable housing and care, and children with disabilities confined to and isolated in institutional settings. COVID-19 has endangered many of these children, especially those in communal living situations, and little data has been collected nor focus given to ensure their safety. A comprehensive care solution must be intergenerational and solve for the needs of all children in this country.

Many families are seeing their household incomes dry up. Parents Together conducted a survey of parents and found that two-thirds have either lost income already or expect to soon; 80 percent are worried about having enough money to cover basic housing and food costs within three months. Nearly half worry they will run out of money within the next two weeks. Half of the respondents are specifically losing income so that a family member can stay home with kids.⁵³

Our history of underinvesting in child care – driven by discriminatory policies that undervalue the work of women of color – and all forms of care, which hurts children, families, the care workforce, and communities alike, is even more devastating in the current crisis. It is also one of many facets of the COVID-19 crisis leading to increased gender, racial, and economic inequality. In addition, the fragmented manner in which care is provided and paid for was expensive, inefficient, and unsustainable before the current crisis. Families navigating complex bureaucracy to receive benefits have become even more challenged in the current moment.

COVID-19 is making even more evident that family care is too often treated as separate from economic concerns. Our participation in the economy as workers, entrepreneurs, and consumers is shaped in every way by our responsibilities to our families, and yet our economic policy does not account for our fundamental need to provide care for those we love. Our economic policies have ignored our need for care for too long.

Caregivers are Struggling Without Community-Based Long-Term Services and Supports

Caregivers of a person with a disability or an aging adult are also facing increased care demands. Like community-based child care supports, community-based long-term care facilities such as memory centers and adult day centers, have closed, some indefinitely, further shattering an already precarious system of support. For many families, this has destroyed a much-needed routine for families and disrupted services such as sensory and memory therapy. HCBS programs for people with disabilities have closed, or families are

⁵¹ [One day count of juveniles in residential placement facilities, 1997-2018](#)

⁵² [Children's Bureau: Adoption and Foster Care Statistics](#)

⁵³ [Parent Survey: For Many Families, the Economic Crisis is Already Here](#)

bringing people with disabilities home for their own safety. Families of people with disabilities are scrambling to ensure that their loved ones have the support and care they need every day.

Millions of family caregivers are on their own managing medication; social engagement; preventing falls; and monitoring symptoms of dementia, disability, aging, or illness in an adult family member. In addition, many aides and workers have lost their jobs and care recipients are without services that help prevent isolation. While the patchwork of community-based, long-term services and supports was out of reach for many families, now even those who can afford supports aren't getting them. COVID-19 has shed a light on how inadequate they were previously, while simultaneously destroying what was in place. Not only are providers shutting down, but states are actively defunding these services and programs. The result is fewer paid caregiving options, putting more burden on unpaid family caregivers – perpetuating the cycle of poverty for women and particularly women of color. And many caregivers are in the dual caregiving role of caring for a child under 18 while also caring for an adult.⁵⁴

Fifty-three million family caregivers provide unpaid care and support, valued at over \$500 billion, for people with disabilities and seniors. Twenty-five percent of them are part of the sandwich generation – managing care for children and people with disabilities or seniors – the most at-risk populations for COVID-19.⁵⁵ Having to manage or provide care for an aging family member on top of child care is forcing some people out of work, leaving them even more financially insecure. Affordability and income loss are major issues for consumers and family caregivers. COVID-19 is exacerbating workforce shortages and increasing reliance on family caregivers who are putting themselves at risk to care and taking on more complex tasks with little or no training or support.

Inadequate Paid Leave Policies Force Impossible Choices

Everyone should be able to take time to care for themselves or a loved one without risking their job or paycheck. Families and communities are strongest when we all have time to heal from illness, to welcome a new child, to help a loved one recover or ease their passing. Being there for family is what matters – no exceptions. However, today, only 19 percent of US workers have access to paid family leave through an employer and only 40 percent have access to short-term disability insurance.⁵⁶ Nearly one in four employed mothers return to work within two weeks of giving birth,⁵⁷ and one in five retirees leave the workforce earlier than planned to care for an ill family member.⁵⁸ When COVID-19 started spreading in the United States, Congress and some states rushed to enact paid leave policies to provide people with paid time to work and care. The lack of paid sick days and paid family and medical leave policies prior to COVID-19 made it much harder for people to stop the spread of the virus.

⁵⁴ [What is the Sandwich Generation?](#)

⁵⁵ [Caregiving in the US 2020 - AARP Research Report](#)

⁵⁶ [US Bureau of Labor Statistics. National Compensation Survey](#)

⁵⁷ [The shocking number of new moms who return to work two weeks after childbirth](#)

⁵⁸ [Understanding the Impact of Family Caregiving on Work](#)

Appendix B: Relief Measures

Universal Long-Term Services and Supports

Investing in long-term services and supports requires both immediate solutions and a bold ongoing investment. The HEROES Act, that passed the House of Representatives, included \$850 million for family care for essential workers and an increase in federal payments to state Medicaid programs by 10 percentage points to support home- and community-based services, including increasing the wages of the workforce who provides these services, providing paid leave and premium pay, and buying protective equipment. It also included funding directly to state and local governments that can be used to address ongoing care demands and support for caregivers. This would be a crucial first step and should accompany permanent funding to support transition to HCBS for those currently residing in institutions.

Universal Child Care

The child care sector needs at least [\\$9.6 billion a month](#) in the short-term to provide care for children of essential workers and remain stable enough to support parents when this crisis ends. The CARES Act included \$3.5 billion, which many states have already used up, barely addressing the full scope of the challenge. In the short-term, children and their families, and all of our early educators need a significant increase of at least \$50 billion, like the [Child Care is Essential Act](#), to keep the existing system afloat. Otherwise, we are at risk of losing [4.5 million child care slots](#) and seeing the loss of many women and women of color-owned businesses and failing to meet the care needs of our frontline workers. This will only begin to meet immediate relief needs; building a universal system must come next.

Paid Leave

As a result of the COVID-19 pandemic, Congress passed the [Families First Response Act](#) (H.R. 6201, or the FFCRA), which [guarantees](#) two workweeks of emergency paid sick leave and ten workweeks of emergency paid family leave to people working in businesses with fewer than 500 employees for many COVID-related purposes, such as quarantines and recovering from the virus. These provisions include some domestic workers and provide tax credits to reimburse employers. Unfortunately, in addition to excluding people who work for large businesses, the bill also allowed so many employers to opt-out of the emergency paid family and medical leave provisions - including health care providers and emergency responders as well as employers with fewer than 50 employees - it only [covers about half the workforce](#). On top of that, the wage replacement rate for those providing family caregiving is less than for personal sick leave, the uses of leave are too narrow, and the lack of funding for education and outreach means that most people don't even know they are eligible. The HEROES Act would fix these gaps and is a crucial next step for the immediate crisis, while paid leave for all remains the ultimate goal.

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Support for the Care Infrastructure

We are in an unprecedented time with an opportunity to rebuild our care infrastructure. We, the undersigned, unite to demand robust investments in building a just, equitable, quality, affordable, and accessible care infrastructure that includes child care, paid family and medical leave, long-term services and supports, and investments for all caregivers. In solidarity within and across movements, we recognize the urgent needs of these policies in any recovery response and in the long-term. A comprehensive care infrastructure will support the well-being of all families and communities while centering Black women, communities of color, and people with disabilities.

9to5
Alabama Institute for Social Justice
All Our Kin
American Association of Caregiving Youth
Autistic Self Advocacy Network
Better Life Lab, New America
BlackHer
California Association for Adult Day
Services
California Work & Family Coalition
Capita
Carework Network
CCD Long-Term Services and Support
Taskforce
Center for Economic and Policy Research

Center for Law and Social Policy (CLASP)
Center for Public Representation
Children's Defense Fund Minnesota
Citizen Action of Wisconsin
Closing the Women's Wealth Gap
COLAGE
CommunicationFIRST
Community Change Action
Community Organizing and Family Issues
Connecticut Women's Education and Legal
Fund (CWEALF)
Demos
Disability Rights Education and Defense
Fund (DREDF)
Economic Opportunity Institute

Building Our Care Infrastructure for Equity, Economic Recovery and Beyond

Economic Policy Institute
Economic Progress Institute
Economic Security Project
Equal Rights Advocates
Family Forward Oregon
Family Values @ Work
Florida Black Women's Roundtable
Georgetown Center on Poverty and
Inequality Economic
Security and Opportunity Initiative
Groundwork Collaborative
Hawai'i Children's Action Network
Insight Center for Community Economic
Development
Institute for Women's Policy Research
ISALAH (MN)
Justice in Aging
Labor Project for Working Families, FV@W
Latinos for a Secure Retirement
Maine Women's Lobby
MomsRising
Mothering Justice
National Association of State Head Injury
Administrators
National Employment Law Project
National Health Law Program
National Women's Law Center
New Jersey Citizen Action
New Jersey Time to Care Coalition
North Carolina Justice Center
Pacific Community Ventures
Paid Leave for All
Paid Leave for the United States (PL+US)
PHI
Poder Latinx
POWER-PAC IL
Public Justice Center
Service Employees International Union
Take Action Minnesota
The Arc of the United States
The Women and Girls Foundation
TIME'S UP Foundation
United Domestic Workers/AFSCME Local
3930
Women Employed
Women's Rights and Empowerment
Network
ZERO TO THREE