

CORONASHOCK | n°4

CoronaShock and Patriarchy



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Preface

Eli Gómez Alcorta

Ministry of Women, Genders, and Diversity (Argentina)

When mandatory preventative social isolation was announced in our country, only a few weeks had passed since 8 March, the date when women's and the LGBTQIA+ movements once again put a political agenda and series of demands on the table. This agenda is linked to eliminating gender-based violence and inequality, which confront us in every aspect of life.

The COVID-19 pandemic brought visibility and clarity to many of the things that feminist and socialist movements have been saying for some time. First of all, that we live in a system that has reached atrocious and unprecedented levels of inequality, exclusion, hate, and discrimination as if it were 'normal' or 'natural'. It is not an exaggeration to say that if we don't put an end to this 'normalcy', we will drive straight towards the destruction of the planet and of humanity. Second, on a global level, COVID-19 has also made clear the importance of the state, once again shedding light on the vitality of state intervention — not just any kind of intervention, but the intervention of a state that cares for people and health and that preserves life. The pandemic has also put care work into the spotlight like

never before, shedding light on tasks that have historically been feminised, socially and economically devalued, and which have become increasingly precarious.

Existing inequalities remain apparent. It is not the same to experience quarantine for those who live in houses and for those who live in shacks; for those who have work and those who do not; for those who have access to adequate infrastructure such as roads, internet, and transportation, and those who do not; those who have running water and those who do not; for women and for men; for cis women and for trans women... This inequality — which is normalised as if it were a natural phenomenon and not a political one — corresponds directly to the severity of the impact of today's health crisis felt by different sectors of society.

For women and the LGBTQIA+ community, the inequality and oppression associated with this 'normalcy' are reflected by the exacerbation of gender-based violence, the increase in poverty, and the increase and overload of care work.

The enormous challenges that we face today are how to craft a strategy that takes the current emergency into account and that transcends it, and how to make sure that the impact of the pandemic doesn't leave us even poorer, more subjected to violence, and more exploited. At the same time, we must work towards structural transformations that disarm relationships of power that reproduce violence and inequality.

The role that we have as militants of popular feminism is central in the tasks that lie ahead of us. In our country, thousands of us have met for over thirty-four years¹ to discuss a political agenda for the women's and feminist movement, sharing with each other and organising ourselves in various parts of the country. We have a history of labour organisation, of fighting for our rights and fighting for our work to be recognised. We see ourselves reflected in the struggle for human rights in our country, in the *madres* and *abuelas*² who are part of the history of our movement.

In the last few years, the women's movement has gained resounding strength. For five years, the *Ni Una Menos* ('Not One Less') movement has erupted in the streets of Argentina, putting on the agenda the urgent need of public policies to prevent gender-based violence and to provide aid to those who are subjected to such violence, demanding *no nos maten más*: stop killing us. With the *Cambiamos* ('Let's Change') party in office³ and the

¹ Translator's note: The *Encuentro Nacional de Mujeres* ('National Women's Gathering') has met annually since 1986.

² Translator's note: In 1977, *madres* (mothers) and *abuelas* (grandmothers) of those disappeared by the civic-military dictatorship began protesting in the Plaza de Mayo (Buenos Aires). From 1976-1983, the dictatorship disappeared 30,000 people, many of whom had been targeted for political activity, or simply for being poor. The *madres* and *abuelas* continue their protests today, demanding — among other things — to know the whereabouts of their disappeared love ones, many of whom remain missing.

³ Translator's note: The *Cambiamos* Party — led by former President Mauricio Macri (2015-2019) — pushed forward a number of neoliberal reforms such as funding cuts to the Ministry of Health and Work and attacks on workers' rights; deepened the economic crisis in the country; and took on unprecedented loans from the International Monetary Fund.

advance of neoliberalism, these debates of the movement lined up behind a new agenda. When there is an economic crisis, there is also a feminisation of poverty and of neoliberal policies, which hit women and the LGBTQIA+ community even harder, further exacerbating inequality. But the movement responded with organised resistance. The women's movement led the first national women's strike in 2016 and the massive 'green wave' during the debate on abortion in 2018, making it clear that the women's and the LGBTQIA+ movement is among the most dynamic actors of our time.

Standing on the shoulders of the struggles that came before us and the sisters of our *Patria Grande* ('Great Homeland')⁴ and of the world, we must work to emerge from this crisis better off than we are now, to put everything up for debate, and to assure ourselves that this debate comes from a popular, progressive, and feminist consensus.



⁴Translator's note: *Patria Grande* refers both to the idea of a 'Great Homeland' and to a political front, *Frente Patria Grande*, a broad coalition of grassroots organisations and people's movements in Argentina.

Introduction

In our series on CoronaShock, we have discussed how a virus that struck the world with such gripping force has swiftly laid bare today's social, political, and economic issues; COVID-19 has exposed the crumbling bourgeois social order, while shedding light on the humanising resistance in socialist parts of the world.

In the midst of this global health, political, economic, and social crisis, it is often women who bear the brunt of the cataclysmic shifts in daily life, from the increasing care work of children, the elderly, and the sick to skyrocketing incidences of gender-based violence, as women and LGBTQIA+ people are quarantined with their abusers. As countries across the world experience different stages of the pandemic, it looks like 2020 will be shaped by an attempt to adapt to and survive in this new reality.

For months now, several countries around the world have been experimenting with different methods and stages of physical distancing and shelter-in-place orders. Some have begun to loosen lockdown restrictions and reopen the economy, while others are trying to flatten the rising curve of new infections. Uncertainty looms over how long it will

take to recover from these incalculable social and economic losses as new challenges emerge for societies at large.

In this study, we seek to understand the current health crisis more comprehensively, which means that we must also understand it as a social and economic crisis. First, we will address the social and labour impacts of the crisis and look at the consequences for workers who are on the frontline of the pandemic: healthcare and essential workers, informal workers, and the most vulnerable members of society. Second, we will address care work as well as the impact of the lockdown and physical distancing measures on those workers. Third, we will address the increase in patriarchal violence during the quarantine, providing a historical analysis and connecting the latest increase in violence with recent political events, especially in the Global South. At the end of this study, we present a list of people's demands that have been put forward by women's and feminist organisations across the world to build a more just, humane, and equal society as we face this global crisis.



I. The Social and Labour Impact of CoronaShock

We are living through the worst crisis in the history of capitalism. This current crisis was sparked by a small, invisible virus that nevertheless led to the ‘largest inadvertent general strike in modern history’ as it forced the planet into lockdown, in the words of Vijay Prasad, director of Tricontinental: Institute for Social Research. At least half of the global labour force is out of work and/or staying at home, which has had far-reaching effects on the world’s economic growth rates. Labour produces value, and when workers are forced into lockdown, no economy escapes the repercussions. In a globalised world, when supply chains and industrial plants are forced to shut down either part or all of their operations, the economic impact becomes catastrophic for all countries — especially those in the Global South.

The implementation of the neoliberal model has made it even more complex to tackle the challenges that we face today. As this model promotes tax reductions, privatisation, and outsourcing, states become more and more debilitated, cut their budgets, and reduce social investments. Austerity policies, a minimal state, and the weakening of labour unions and social organisations have compromised the social and public resources that are necessary to tackle the pandemic, whether in the realm of healthcare, social services, or services dedicated to assist the most vulnerable segments of society. Under these conditions, healthcare and



This May Day we cannot organise rallies, but we are looking back at some of the most important and impactful rallies carried out under the red flag in the history of India.



[Kruttika Susarla](#) (India), *May Day*, 2020.

social service systems have collapsed, lessening access to essential humanitarian aid.

The Consequences of Neoliberal Expropriation

Health is not only about the individual; it is a complex, socially determined process. This aspect is often left out of the discussion on public health, which is centred instead on biomedical views that reduce health issues, prevention strategies, and treatment processes to the individual level. The neoliberal project gravely and severely threatens health as a fundamental universal and social right. Human rights, universality, equity, coverage, primary healthcare, and other concerns have been co-opted and transformed by neoliberal ideology.

Neoliberal ideology, which increased its hegemony in Latin America in the 1990s following the Washington Consensus, has successfully promoted the idea that the problems faced by Latin America were caused by the allegedly oversized public sector, and that structural fiscal adjustments and the privatisation of state-run services were necessary to solve those issues. After decades of neoliberal transformations and structural adjustment policies that were marked by the implementation of new technologies and the expropriation of common resources and goods, market fundamentalism ultimately prevailed. This led to

partial, short-term interventions at the cost of efficient, sustainable, long-term public policies. In the midst of this political and economic climate, and based on the document ‘Investing in Health’ (1993), the World Bank intervened in the area of public health by forging an agenda and a model for reforms that lean toward the privatisation and commodification of healthcare.

The fight against health crises such as the one that we are facing today has been severely stunted by the destruction, dismantling, dispossession, and trade-off of public healthcare systems. The scenes of desperation seen across the world of dead bodies left in the streets after local systems collapse — as in the case of Guayaquil, Ecuador, or the mass graves dug in many Latin American countries — expose the depth of neoliberal dispossession in the region. The Americas have the largest number of reported COVID-19 cases of any region in the world, followed by other countries in the Global South such as India.

The World Health Organisation estimates that healthcare workers account for 10 per cent of COVID-19 infections across the world. It is clear that being on the frontlines results in a greater risk of becoming infected with COVID-19 and of being exposed to excessive stress, combined with other feelings of uncertainty. This reality predates the pandemic but has only become more dire, provoked by issues such as a shortage of personal protective equipment, long work hours, and the imminent risk of becoming unemployed or being forced to take informal jobs. In addition to this stress, women health workers

continue to carry out care work in their private lives, often including housework and child and/or elder care.

What makes certain workers in the healthcare field — from cleaning staff to informal care workers — even more vulnerable is how invisible they are to the health sector and society at large, a reality rooted in historical and social factors intersecting class, gender, and race. This means that these workers hold less control over their working conditions and do not benefit from the same regulations and state protections, therefore facing greater health and security risks. As the precarity and fear of loss of income loom large, workers are less likely to organise and unionise, becoming more subjected to overexploitation, poor working conditions, and job insecurity.

The pandemic has clearly exposed the longstanding attack on healthcare and on the efforts to maintain free, public, quality service for the people, and has unveiled the gender gap among the most vulnerable health workers. We have no choice but to fight for a world where workers are acknowledged and gender discrimination is abolished — not just by cheering from our windows, but by winning tangible victories for the working class.

Women Healthcare Workers on the Frontlines

Women make up the majority of healthcare workers, especially in nursing. According to the [United Nations](#) (UN), some estimates say that women represent 67 per cent of the global healthcare workforce. Women also constitute the majority of workers in the cleaning industry and, notably, in social services (90 per cent). In the case of Brazil, 2 million of the 2.7 million people employed by the country's public healthcare system (the Unified Health System, SUS), or 75.4 per cent, are women. In terms of racial demographics, 34 per cent of the SUS workforce is black; 8 per cent are black men, and 26 per cent are black women.

Despite the fact that women make up the majority of the workforce, the global healthcare industry is primarily led by men. According to the [World Health Organisation](#) (WHO), 69 per cent of global health organisations are headed by men; only 20 per cent have reached gender parity on their boards and 25 per cent have reached gender parity in senior management positions. The WHO also showed that, while women in this sector work longer hours, they are paid 11 per cent less than men.

In Argentina, the healthcare sector has historically been characterised by the feminisation of technical, operational, and cleaning work and the masculinisation of professional and leadership positions. [Available data](#) shows that 82 per

cent of nursing undergraduates, nurse technicians, and nursing assistants are women. In recent decades, there has been a process of the ‘feminisation of the medical profession’, a shift from the historically male-dominated field. Today, women make up 70 per cent of healthcare professionals and the majority of medical students and graduates. However, only 40 per cent of leadership positions are held by women. In the private sector, the gender gap is even wider: only 13 per cent of management positions are held by women workers.

Despite the process of feminisation of these occupations, the share of women in leadership and management positions has not increased across healthcare institutions, whether in hospitals, local and national government health departments, professional associations, scientific organisations, or labour unions. This also has a profound impact on the wage gap, as women are paid 10 to 20 per cent less than men in the healthcare industry, according to a 2018 report by the United Nations Development Programme (Argentina).

Wages, Race, Gender, and the Invisible Side of Health Work

As in other fields, discrimination plays a major role in the management of healthcare workers — a reality that arises out of the patriarchal and neocolonial roots that shape

the healthcare sector. The impact is evident in gaps in pay, educational level, and leadership positions between men and women and across racial lines. This reality underlines the need to implement active policies that would lead to gender and racial equality.

Around the world and in every industry, women are still paid 20 per cent less than men for doing the same work, and they are disproportionately employed in lower-paying jobs. Women are still regarded as less competent in the workplace, enjoy less prestige, are less likely to get promoted, and have less access to basic labour protections such as unionisation, safety, security, and decent wages. In Brazil, for example, there is a sevenfold gap between the lowest and highest-paying jobs in the public healthcare system. Overall, women are paid 75 per cent of what men make, and black women are paid as little as 60 per cent of what white men earn.

In addition to the disparity in pay between men and women, there is also a disparity in access to formal healthcare job opportunities. According to Women in Global Health, while female healthcare workers contribute to around US\$3 trillion of the global GDP, almost half of that work goes unacknowledged or unpaid; much of this unpaid health work is carried out by women. In Argentina, while 77.1 per cent of healthcare workers have formal jobs and pay into pension schemes, the rate among male workers is higher, at 81.3 per cent. There is a 5.5 per cent gap between the number of men and women who are registered as medical professionals — such as doctors — and other medical workers such as nurses, social workers,

and custodians, which in turn has implications for the wage discrepancies between men and women in the healthcare sector.

The role of women workers in popular economies⁵ has also come into the limelight during the pandemic, especially in working-class areas. The health crisis has taken on a distinct shape in urban settlements and peripheries — where people do not have access to basic utility and public services, including water, electricity, and sanitation — creating a breeding ground for the virus to spread in precarious living conditions. It is the residents of these areas who most urgently need access to basic healthcare, information, and services during the pandemic.

In Argentina, women workers are on the frontline in working-class neighbourhoods, promoting community health and surveying and aiding older adults and individuals who live alone and who are at greater risk. In coordination with health centres, hospitals, and healthcare programmes, these women go from door to door testing residents and guiding individuals and families who have to self-quarantine. Not only are they managing the health crisis — they are also providing food supplies, essential goods, and overall care to their communities. But these community health workers — who often provide primary healthcare but are not registered in the healthcare system — are also generally unacknowledged and unpaid.

⁵ The term 'popular economy' refers to strategies of economic subsistence that poor workers who are excluded from the formal labour market develop to guarantee the reproduction of their lives, such as working as street vendors, collecting recycling and trash, urban farming, etc.

In South Africa, Community Health Workers (CHWs) — who have played a fundamental role on the frontline yet often have temporary contracts — staged a protest in July 2020, calling for full-time employment and greater recognition of their contributions in public health institutions. ‘How can we be relied on to screen and test communities for COVID-19, yet not be allowed to share our perspectives from the frontline at health forums?’ asked Noluthando Mhlongo, a CHW from KwaZulu-Natal.

Efforts to bring these realities and this essential work to the fore are now starting to shape the policy conversation, in particular in terms of advocating for professional training and to make sure they are paid. We must give credence to their demands to be paid and recognised for their work, and to be treated equally.

Informal Workers and Unemployment

Since the onset of the pandemic, most people have been faced with the stark reality of how to provide for themselves and their families as the economy shrinks further and further. This reality is particularly stark for informal and unemployed workers and for women. Before the pandemic, the informal economy was predominantly made up of women. Now, masses of women workers are losing their jobs and income in the midst of the pandemic.

According to the International Labour Organisation (ILO), women are disproportionately employed in many of the industries most severely affected by the crisis. Nearly 510 million (40 per cent) of all women employed globally work in the four most affected industries: hotels, restaurants, retail, and manufacturing. Women are also predominantly employed in domestic work, healthcare, and social services, putting them at a greater risk of contracting COVID-19 and of losing their source of income if they become infected. They are also less likely to have access to social protections.

The ILO indicates that the crisis could cause an increase in relative poverty rates in Latin America and the Caribbean, especially among the number of informal workers. Informal employment is characterised by unstable jobs, low income, and no social protection to face health emergencies or situations such as unemployment and a lack of labour rights.

When the formal sector closes its doors to women, they are left with no other alternative but the informal sector (which women have historically been forced to occupy), in which they are subjected to precarious working conditions and low pay. Women are hit especially hard as city authorities clamp down on street vendors and other informal workers whose livelihoods depend on having access to public spaces. According to available data, it is estimated that around 30–40 per cent of the total trade within the Southern Africa Development Community (SADC) is associated with informal cross-border traders. In South Africa, informal and transborder trading has

come to a grinding halt across the country; thirty-five land border posts were shut down, as well as other posts with neighbouring countries, such as Mozambique and Zimbabwe. Scenes of women shutting down their fruit stands have become common in places such as the border town of Komatipoort in South Africa. These predominantly women workers are left with no income; all they are left with is the uncertainty of when they will be able to resume their work.

Even before the pandemic, more than 1.6 billion people — half of the global workforce — worked in the informal sector, constantly faced with the possibility of losing their livelihoods. As the United Nations estimates, informal workers around the world lost 60 per cent of their income in the first month of the pandemic. The ILO estimates that these figures are even worse in Latin America and the Caribbean, where informal workers' income has been cut by 80 per cent in the same time frame. Fifty-nine percent of informal workers in the region are self-employed, while 31 per cent are employed by micro and small enterprises. In Brazil alone, more than 600,000 micro and small enterprises have been forced out of business since the pandemic began, and unemployment is expected to increase twofold or maybe even fourfold by the end of the year.

In India, according to the International Labour Organisation ILO Monitor, nearly 90 per cent of the workforce is based in the informal sector, making it the biggest workforce in the economy. The report also indicates that the roughly 400 million workers belonging to India's

informal sector will experience extreme poverty as the crisis intensifies. The precariousness of the informal sector disproportionately impacts women; 94 per cent of the women who are counted as being part of the workforce in India remain concentrated in the informal sector. Despite the huge number of workers hailing from India's informal sector — which contributes significantly to the country's GDP — their welfare has been tremendously neglected. Workers in India are facing additional challenges as labour laws are being weakened under the ruling government led by the Bharatiya Janata Party (BJP), including an attack on the eight-hour workday.

The ILO Monitor also highlights that '94 per cent of the world's workers were living in countries with some sort of workplace closures', many of whom have lost their jobs during the pandemic. Amidst this are mounting levels of anxiety and depression brought on by the pandemic and the increasingly precarious situation facing informal sector workers. On a global level, 'More than half of young people surveyed had become vulnerable to anxiety or depression since the onset of the COVID-19 pandemic. One in six young people surveyed had stopped working, and 60 per cent of women and 53 per cent of men in this survey viewed their career prospects with uncertainty and fear. Young people who had discontinued working ran the highest risk of anxiety and depression'.

The emergence of a new kind of gig economy is further institutionalising precarity and informality. This new phenomenon, also referred to as the 'uberisation' of work, is the result of decades of changes in and the deterioration

of working conditions and job security. This process maximised overexploitation by creating so-called ‘just-in-time’ labour, a system that requires workers to be constantly ready to report to work, but only calls them to work when there is demand. They are paid by the hour, or even the minute, for the time it takes to make a delivery or finish a temporary service, which externalises the cost of downtime to the workers rather than the company. This has had a disproportionate impact on young workers as well as poor women (mostly women of colour and/or migrants) and has become an unreliable source of employment for a tremendous number of people as an alternative to the shortage of jobs and lack of sources of income.

As these rates continue to increase, more and more people will be forced into poverty across the world, hitting women especially hard. They manage to scrape by with informal jobs, working in public spaces as street vendors, garbage collectors, recyclers, small-scale farmers, etc. Physical distancing and lockdown measures undermine the daily livelihoods of these women — who are often the heads of their household — as they cannot work from home, remotely, or online, and because many of them rely on busy streets, public marketplaces, and small businesses.

Paid Domestic Work in the Global South

The 67 million domestic workers across the world account for a key sector of the informal workforce. This sector of the workforce — 80 per cent of whom are women — accounts for the vast majority of the informal sector in much of the world. In addition to suffering from many of the same conditions as other informal workers — such as job insecurity and precarious conditions — domestic workers are often deprived of the scarce protections afforded to other precarious workers.

In India, most domestic workers are women and girls who have neither bargaining power nor any guarantee of employment. They do not have any of the social security benefits or legal protections that are guaranteed to other workers — even those in the informal sector — such a minimum wage or allowances. High rates of illiteracy and a low level of formal education have made them even more vulnerable to horrendous working conditions, job insecurity, and low wages. The pandemic has exacerbated this vulnerability, as many have lost work or not been paid for their services. According to the National Sample Survey Office (NSSO), the official count of domestic workers in India is 4.2 million. However, according to some studies, the actual number is likely to be between 50 to 90 million — over ten times the official count.

In Latin America, one-third of informal workers are domestic workers. In Brazil, women account for 97 per cent of domestic workers, earning 78.44 per cent of what men are paid for the same work — even though male domestic workers comprise only 1 per cent of all men who work outside the home. Among the approximately 7 million women domestic workers in the country, nearly 5 million have no job security (and are therefore subjected to informal employment) and are hired as day labourers. These informal domestic workers are paid even less, earning 60 per cent less than formally employed domestic workers.

In South Africa, the more than one million domestic workers, who are also disproportionately women, account for 8 per cent of the country's workforce. Some domestic workers live in their employers' homes, while others endure long commutes every day from the outskirts of large cities or neighbouring towns. While some have been granted paid leave and can stay at home with their families during the pandemic, most day labourers who carry out informal domestic work cannot survive if they practise physical distancing. They are faced with two options: following public safety protocols, staying home in the face of COVID-19, and facing possible starvation and eviction, or breaking the guidelines, increasing the risk of infection, and potentially securing a source of income.

As the economic crisis deepens, domestic workers are haunted by the uncertainty of whether or not they will still have a job after the quarantine. According to South African domestic workers' unions, the sector is one of

the most susceptible to cuts as middle-class families who employ them struggle to get by. Undocumented migrant women are especially vulnerable.

Though the governments of several countries announced economic relief plans, they were slow to introduce measures for the informal sector, postponed their implementation, and cut down the amount of aid that would be provided. Meanwhile, the rich have only been getting richer during the pandemic. A recent Oxfam report showed that, in Latin America and the Caribbean, for example, the wealth accrued by the richest groups between March (the beginning of the pandemic) and June of this year is equivalent to one-third of the funds provided for economic stimulus packages implemented in the region. The fortune of Latin America's 73 billionaires surged by US\$48.2 billion in this time period, while massive numbers of people in the region lost their jobs and sources of income. Between March and late July, eight new billionaires emerged in the region — one every two weeks. Meanwhile, 40 million people are expected to lose their jobs and 52 million will be forced into poverty in Latin America and the Caribbean in 2020.

The neoliberal state is not at the service of humanity. The capitalist logic disregards domestic workers, informal workers, and the unemployed; it promises them the opportunity of success while delivering only increased exploitation, lower pay, and more precarious lives. It cannot support them through hunger and misery. This is a world where all the 'nobodies' die, as Eduardo Galeano so eloquently wrote:

The nobodies: nobody's children, owners of nothing. (...)

Who do not appear in the history of the world, but in the police blotter of the local paper.

The nobodies, who are not worth the bullet that kills them.

Rising Social Vulnerability: Poverty, Evictions, and Forced Migration

The cruelty of the capitalist system and capitalist states has driven humanity to its limit in the era of COVID-19. Though there was hope that the poverty rate among women would fall by 2.7 per cent between 2019 and 2021, as a result of the pandemic the rate is now projected to increase by 9.1 per cent. This means that, by 2021, 96 million people will fall into extreme poverty, 47 million of them women and girls. This will increase the total number of women and girls in extreme poverty to 435 million people.

This is the result of policies adopted by capitalist states in this period, driven by a concern for profits rather than a concern for humanity. This direction stands in sharp contrast to the policies implemented by parts of the world with socialist governments, from Kerala (India)

to Venezuela to Vietnam, as shown in a recent [study](#) by Tricontinental: Institute for Social Research.

Among the heartless policies implemented during this period are the evictions of individuals, families, and entire communities in the midst of the pandemic. Women and children have lost their homes, and, as a result, their livelihood, as was the case with families brutally [evicted](#) from an [MST encampment](#) in Brazil in August of this year. The evictions that are underway in South Africa, as well as the forced migration in India after the lockdown was announced with little notice or state support, are two examples of the reality faced by the majority of the world's people in capitalist states in the midst of the pandemic.

In India, the first phase of the lockdown was announced on 23 March 2020 with merely four hours' notice, lasting for twenty-one days. The lockdown, which would be continually extended, completely lacked a proper roadmap for implementation; the questions of how people could abide by the lockdown, where to go if they were left stranded, and how to feed themselves and meet their basic needs for survival with a sudden loss of income were left dangling in the air. As a result, India witnessed the biggest on-foot [migration](#) since the Great Partition, when the subcontinent was divided into India and Pakistan in 1947. While migration due to a lack of opportunities is not new, the pandemic and the subsequent lockdown have brought this hardship to light. According to the Economic Survey (2017), roughly [139 million](#) seasonal or circular migrants in India perform essential work that allows the rest of the economy to run, from factories to office buildings.

Despite this, migrants are often excluded from various government schemes. Many are from rural areas but have moved to cities to find work, and they rely on rented rooms for lodging and lack savings and regular pay. A number of reports surfaced after the lockdown that portrayed the sufferings of the migrant workers who were left stranded in big metropolitan cities with no lodging, no food, and no income or savings to get home. Tens of thousands were forced to walk hundreds of kilometres without any transport facilities or other means to return to their villages and hometowns during the initial period of the lockdown.

Identifying the government's failure to respond to the situation of migrant labourers, the Supreme Court intervened and issued its first order on 26 May, followed by an interim order on 28 May and the full order on 5 June. The orders emphasised the lapses where the government failed to provide adequate means to the stranded migrant workers and failed to facilitate their means of transport during the lockdown. As reported by PRS Legislative Research, the Supreme Court ordered the central and the state governments to take responsibility for the migrant crisis through a series of measures. This included providing free food to stranded migrants, mandating that the state receiving migrants pay for their transportation as soon as possible and within fifteen days of issuing the order on 9 June, and ensuring that migrant workers not pay train or bus fare.

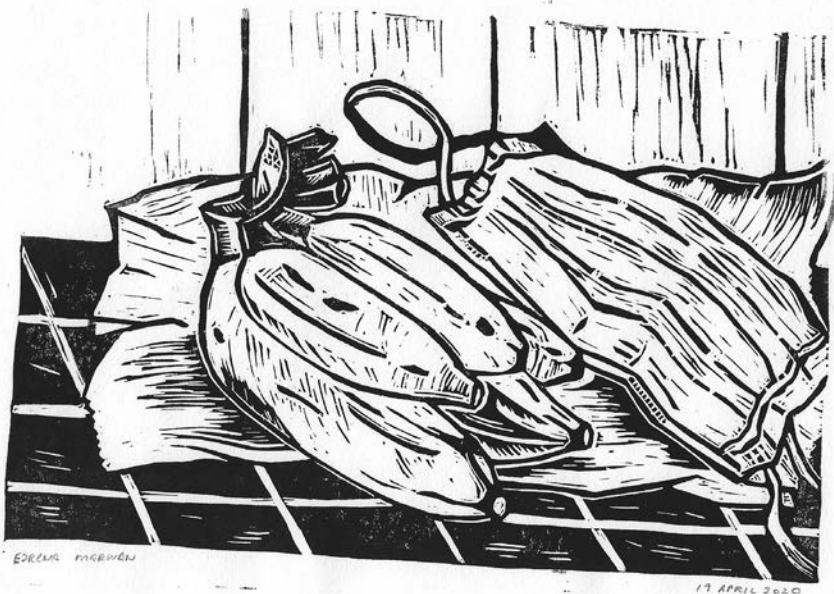
Despite these orders, India's situation continues to be grim as millions of working-class people suffer and struggle every day for their survival. The report 'Labouring Lives:

Hunger, Precarity and Despair amid Lockdown' documents the response of a number of migrant workers and sheds light on the problems that they face. One stranded migrant recounted that:

Bhagwam bharose chal rha hai kyunki sarkar se koi umeed hai nahi; woh bas ghosana kr deti hai, mara jata hai gareeb ('We are left to fend for ourselves because we don't have any expectations from the government. They just make sudden announcements; it is the poor who pay the price').

A similar situation has occurred in South Africa during the pandemic as evictions are carried out throughout the country. In all of the major cities across the country, municipal governments have evicted people living in shacks in contravention both of the country's laws, which prohibit evictions carried out without a court order, and of the rules governing the lockdown, which include a moratorium on evictions. In Durban, Abahlali baseMjondolo, a movement of shack dwellers that is the largest popular movement to have emerged in the country since the end of apartheid, has been subjected to daily evictions during which there has been considerable state violence; at times, live ammunition has been fired at residents. The movement has more than 75,000 members in good standing in Durban as of this year, the majority of whom are women, and in many cases mothers, fighting to protect their homes.

Abahlali's women's organisation has issued two statements elaborating the gendered impact of evictions: [Why this](#)



Ezren Marwan (Malaysia), *Pisang Tapeng*, 2020.

‘Suffering?’ and ‘Sekwanele! Enough is enough!’. In the first statement, the women declare that:

We are afraid of the coronavirus, but there is no virus worse than not having a place to stay. There is no virus worse than armed men attacking and destroying your home. There is no virus worse than armed men shooting at your family, including children and old people. There is no virus worse than having to sleep outside, where there is always the fear of rape. There is no virus worse than our children waking up at night crying and shouting in fear.

Together, these statements note that evictions place women at a very high risk of sexual assault when they have to sleep out in the open after evictions. Evictions cause tremendous stress and anxiety for children, the impact of which is largely managed by women, and some women have lost male partners due to such state violence.

Ordinary forms of organisation such as meetings, street protests, and the like are impossible during the shutdown. It is incredibly difficult to access legal support or to prepare for court actions for a number of reasons: it is difficult to travel, police stations have refused to certify documents and to sign affidavits, and so on. For women who no longer have any income during the shutdown, online organisation is also impossible. It is vitally important that organisations staffed by middle-class gender activists remain acutely aware of just how difficult it is for women who have lost their income during this crisis to organise under the lockdown.

Holding the line of the fragile gains made by grassroots women's rights activists in previous waves of struggle will require focus and fortitude. It will also require that an incisive gender lens be cast on every move by the government and the state in the coming months.

The Impact of CoronaShock on LGBTQIA+ People

As we have discussed, the impact of COVID-19 is far from equal in communities across the globe. The worst effects of the virus have been felt by marginalised communities along the lines of class, race, sexual orientation, gender, and — notably — gender identity. The pre-existing conditions caused by transphobia, heavily compounded by class and race, put transgender people in the crosshairs of COVID-19. In this section, we will briefly outline some of major challenges facing the LGBTQIA+ and especially the transgender community across the world in the midst of the COVID-19 pandemic.

The first challenge in measuring the impact of COVID-19 on the transgender community is that data is largely unavailable. This is no accident: despite the objective impacts of discrimination, patriarchal violence, and marginalisation on the material lives of transgender people, they remain largely invisible. In the United States,

California became one of the few states to collect data on the impact of the pandemic on the transgender community in July. In Brazil, federal data on the 12.9 million unemployed leaves out any mention of transgender people, as do government reports of the 53 per cent increase in homelessness in the city of São Paulo over the last four years (from 15.9 thousand people in 2015 compared to 42.3 thousand people in 2019). While it is impossible to fully quantify the impact of the pandemic on transgender people, support networks in the transgender community see this reality in their lives and on the streets, pointing to disproportionately high numbers of transgender people among the unemployed and unhoused.

This disparity starts early in life, as many LGBTQIA+ and especially transgender children are expelled from their homes by unsupportive families, resulting in a lower level of education and professional skills required by much of the formal sector — a factor further compounded by discrimination. Transgender people are often forced to stay in the closet or risk losing their jobs, leading to much higher levels of depression, anxiety, and suicide. One survey of 498 transgender people (452 transgender women and 46 transgender men) reported that, in Argentina, 40 per cent transgender men have attempted suicide at some point in their lives, and one-third of transgender women have attempted suicide, beginning on average at the age of 13 for transgender men and 16 for transgender women. Another survey in the United States among 27,715 transgender people found that 40 per cent of those surveyed had attempted suicide at some point in their lifetime — 8 times higher than the rate of the population

as a whole. As many schools shut down and pivot to online learning, transgender children in unsupportive home environments remain trapped with their abusers.

In the era of COVID-19, that means that unhoused children and adults are at a higher risk of exposure to COVID-19 and have a lower level of access to care if they contract the virus. Some accounts point out that, unlike many migrants, who scrambled to travel home in great numbers with scarce funds in the midst of tremendous adversity, transgender children and adults often have no home or family to travel to. Many transgender people are migrants themselves, as we have seen with the crisis at the United States-Mexico border, where migrants who survive the treacherous journey are kept in squalid, overcrowded detention centres.

In South Africa, COVID-19 has brought such complex ongoing struggles for sexual and gender minority refugees to light. Victor Chikalogue, the gender and LGBTQIA+ refugee project coordinator at People Against Suffering, Oppression and Poverty (PASSOP), notes that the severe and prolonged trauma that queer refugees experienced in their home countries is compounded once individuals attempt to settle in South Africa. In an article in *New Frame*, Chikalogue notes that, 'unlike many refugees who can rely on the support of their communities or compatriots, it's not usually possible for sexual and gender minority refugees to do that. So without that support, it can be much harder for them'.

Unsurprisingly, given this reality, transgender people are disproportionately unhoused. According to one [survey](#), in Buenos Aires (Argentina), 65 per cent of transgender people live in precarious, state-subsidised hotel rooms inhabited by people who cannot afford rent; 22.5 per cent rent their homes; and 6.6 per cent live in shelters or on the street — only 5.9 per cent own their own home. Discrimination plays a large role, as transgender people are often denied stable housing opportunities or faced with predatory landlordism and exorbitant fees. Florencia, a transgender woman, recounts that, ‘We don’t have proof of income, and we are faced with the stigma that transgender women will rent and then convert the place into a brothel, so they charge us double or triple what they charge others in rent’.

In Hyderabad (India), posters warned that talking to transgender people might expose them to contracting COVID-19. Based on nothing but transphobia and fear, such rumours have nevertheless had concrete consequences: as a result, [The Hindu reports](#), ‘housing complexes ask[ed] transgenders to vacate their rented accommodation’.

Transgender people are also systematically excluded from the formal labour market and are most often left with the option of sex work or begging. For example, shortly after South Africa was placed under a national lockdown in March 2020, the Sex Workers Education and Advocacy Taskforce (SWEAT) [announced](#) on 6 May that sex workers, many of whom are transgender, were ‘the most marginalised of all workers because their profession is not

recognised as work in South Africa'. According to Larissa Heüer, Academic Associate at the Centre for Human Rights at the University of Pretoria, sex workers' illegal status renders them especially vulnerable to abuse by police, healthcare providers, and clients. Heüer highlighted how sex workers' lack of access to justice creates poor and dangerous working conditions and furthers their continued stigmatisation within South African society. The loss of income precipitated by the pandemic only aggravated already worsening conditions and crises such as the loss of shelter and the inability to access food, medication, and other basic necessities.

In Argentina, 90 per cent of transgender women work or have worked as sex workers, and only one in ten transgender women and men have some form of retirement benefit. In the words of one Panamanian sex worker, Monica, who supports her family and two sisters with her income, 'many transgender people work as sex workers here in the city. Is it our first option? No. But it is regular work and it means I can take care of my family'. Like street vendors, the impact of physical distancing and quarantine has essentially evaporated the income of sex workers and beggars.

Compounding this is the fact that many transgender people do not have basic identification documentation and, as Divya Trivedi of *Frontline* writes on the situation of the transgender community in India, they 'therefore remain outside the coverage of government social security schemes like rations and pensions, making it impossible to survive in these difficult times of lockdown'.

This lack of documentation also excludes them from basic aid programmes, such as the scarce financial and food assistance provided by the government, as well as government social security schemes such as pensions.

In Brazil, much of the LGBTQIA+ and in particular transgender community does not have the necessary identification documentation to access the little aid provided by the government. Transgender people are among the 40 per cent of the black population in Brazil that is unable to access the internet, providing a huge barrier to sign up for the aid to begin with.

Excluded from the formal workforce, expelled from family support networks, and denied government aid, transgender people are much more likely to suffer from pre-existing medical conditions and less likely to receive medical care should they fall ill. In Brazil, the average life expectancy for transgender people is *35-years-old*, compared to the average of *76.3-years-old* for the general population, according to the National Association of Transgender People (*Associação Nacional de Travestis e Transexuais*).

According to the World Health Organisation, on a global level, transgender women are ‘around 49 times more likely to be living with HIV than other adults of reproductive age with an estimated worldwide HIV prevalence of 19%’. This disparity is even higher in some countries, where the HIV prevalence rate among transgender women is 80 times higher than the rate among the general adult population. Those who are HIV/AIDS positive may have

a compromised immune system, putting them at a higher risk of dying from COVID-19, as one report notes.

In Brazil, 60 per cent of those killed by HIV/AIDS are black homosexual men. Following a common theme, the WHO notes that there is little data available on HIV rates among transgender men. Furthermore, many HIV-positive people do not disclose their status for fear of discrimination, putting formal estimates at risk of underreporting. The lack of access to stable jobs and health services contributes to such illnesses often going untreated or undertreated and being more likely to get pushed to the side as the treatment of COVID-19 cases takes priority.

Furthermore, historic barriers such as discrimination keep many transgender people from seeking medical care. One study in Argentina shows that, up until the recent passage of the Gender Identity Law (2012), seven out of ten transgender people relied on the public health system, and eight out of ten transgender people experienced discrimination based on their gender identity (though this number has decreased to three out of ten after the implementation of this law). Walking into a hospital to seek care often means being subjected to harassment, sneers, denial of care, and even physical and sexual abuse.

Exclusion from healthcare is further compounded by what some refer to as a 'transgenocide', officially sanctioned by the state and public policies. One recent example in the United States, where the Trump administration attempted to roll back non-discrimination protections for transgender people in healthcare in June, resulted in a

record level of calls to transgender crisis lines, which had already skyrocketed by 40 per cent since the beginning of the pandemic. Though a judge halted Trump's efforts in August, his administration has succeeded in rolling back other protections, and the constant threat of increased precariousness looms over the transgender community.

Some countries, on the other hand, have implemented public policies to protect the LGBTQIA+ community during the pandemic, in particular to address the precarious situation faced by many transgender people. In Argentina, the Ministry of Women, Gender, and Diversity, in coordination with organisations of civil society, has reinforced food assistance to LGBTQIA+ people by delivering food during the quarantine. Along the same lines, transgender people have been incorporated into social assistance programmes implemented by the national government during the pandemic. On 4 September, the federal government passed the Transgender Work Quota Law (*Cupo Laboral Travesti Trans*), which mandates that at least 1 per cent of the workforce of federal public administration must be made up of transgender people.

A recent law in Brazil shows the absolute callousness of the state towards the poor, working class, people of colour, the LGBTQIA+ community, and other marginalised groups by allowing cremation without a death certificate, giving a *carte blanche* for the state to burn and disappear unclaimed bodies. Even with the lack of data, we can imagine that transgender people who have been kicked out of their homes, disowned by their families, excluded from the job market, forced to work in precarious sectors

— such as sex work — amidst the pandemic or to starve, are among these bodies. As Brazil becomes a global epicentre of COVID—19 infections and deaths, some have charged the state, under the leadership of Jair Bolsonaro, with genocide.

This section barely scratches the surface of the impacts of COVID-19 on the LGBTQIA+ community, much of which remains invisible and ignored. In the face of these issues, activists, grassroots community groups, and non-governmental organisations are calling on the government to decriminalise sex work, provide relief and food aid, provide emergency housing to unhoused transgender and queer people, and to support non-national and undocumented migrant communities in their efforts to access essential services for their survival. Whether their calls will be heeded remains to be seen.

II. Care Work and CoronaShock

Care work is work. It is work that provides the material and psychological conditions to serve our basic needs and our human development as a society. It encompasses the continuous tasks carried out to maintain and care for the environment, the body, the being, and everything that is necessary to intertwine a complex network to support life and its reproduction. Among these tasks are caring for children, the elderly, and people with mental or physical illnesses/disabilities alongside household

chores such as cooking, washing, and cleaning. While this work is essential for the reproduction of the labour force — a fundamental commodity for capital — it is usually underpaid or even unpaid, and almost always unacknowledged.

A recent Oxfam [report](#) (2020) shows that women are responsible for 75 per cent of the unpaid care work carried out across the world. That is more than 12.5 billion hours that women and girls around the planet spend doing this kind of work every year. According to the report, this is the equivalent of approximately US\$10.8 trillion of unpaid care work per year that subsidises the global economy — three times the size of the global tech industry.

In rural communities and low-income countries, women dedicate up to [14 hours](#) to unpaid care work every day — five times more than men. In South Africa, on average, women do three times more care work at home than men. In Brazil, 90 per cent of the care work is done in the household, 85 percent of which is carried out by women. In 2019, women dedicated on average [21.4 hours](#) per week to care work, while men dedicated only 11 hours per week. Women who work outside the home dedicated on average 8.2 more hours per week to household chores than men who work outside the home.

The scale of care and housework has only increased during the pandemic. As quarantine and physical distancing measures are enforced, the necessity of care work has become increasingly visible as people are spending more time at home, caring not only for their house, but also for

themselves, their families, loved ones, neighbours, and even their community. Following the recommended guidelines for cleaning in order to fight COVID-19 takes an extra effort: constantly cleaning and wiping down objects and surfaces and washing clothes upon coming home, caring for and becoming substitute teachers for children who are not going to school, caring for more people as they fall sick and stay at home (even when they are healthy), cooking most meals, tidying up as the house becomes more messy, and having restricted or no access to leisure and communal spaces such as churches, parks, bars, public squares, and businesses. All of this care work has increased exponentially, and the extra burden continues to fall on women.

A recent survey carried out by *Gênero e Número* and *Sempreviva Organização Feminista* on the life and work of women in Brazil during the pandemic estimates that 50 per cent of Brazilian women have had to take on the responsibility of caring for someone since the outbreak; 72 per cent of these women say that this caregiving takes the form of intensive care and close monitoring, as is often the case with children, older adults, and people with severe disabilities or illnesses. Moreover, 40 per cent of women say that the pandemic, lockdown, and stay-at-home measures have put their own and their households' livelihoods at risk; this is especially the case for black women, 55 per cent of whom reported that their and their households' livelihoods are at risk. Meanwhile, 41 per cent of the women who have continued to work and get paid say that they are working longer hours without additional compensation during the quarantine.

Even women who are able to work from home face daunting challenges as their remote work and housework coalesce into a seemingly endless chain of overlapping tasks. The time to tidy up, clean, wash, and cook adds onto their other demands: mothers manage their children's education at home, and the daughters of ill and/or elderly parents become their primary caregivers, taking on the roles that used to be shared with childcare centres, schools, and other institutions as the separation between home and work vanishes. Work that requires high focus, for example, does not go well with being constantly disturbed at home. After shelter-in-place measures were implemented in several parts of the world, editorial teams of scientific publications reported a sharp drop in paper submissions by women academics on a global level, while papers submitted by male academics increased by nearly 50 per cent.

Care work at home is not only continuous but it also requires other considerations. Caregivers have to consider the activities of the other people around them — not only those they care for, but also the noises, the distractions, and the demand for attention. The mental load of love and emotional care is also among the roles assigned to women in private life. Women continue to shoulder the same tasks and emotional labour they did before the pandemic — only now this work has become even more gruelling.

Home is not just a space of private relationships, but also of the production and reproduction of social behaviours, rules, and values, as well as of hierarchies and the sexual division of labour. When these rules mean that the care work done at home should be a woman's job, this



Ezrena Marwan (Malaysia), *Untitled*, 2020.

jeopardises their paid work, their economic autonomy, and their chances at professional improvement when compared to men.

It is no coincidence that, globally, women make up the largest share of the informal sector, as they have to bear the additional responsibility of unpaid care and housework. According to an Oxfam report, around the world, approximately 42 per cent of women are unable to find a job because all of their time is dedicated to care and housework, while only 6 per cent of men face the same issue.

Additionally, the idea that women's social role is historically related to care work has resulted in a kind of professional qualification in which working and lower-middle class women are channelled, as the Brazilian sociologist Heleieth Saffioti wrote in *Women in Class Society*, first published in 1967, 'into second-rate, poorly paid jobs with no prospects for advancement' that give them low prestige and little social acknowledgment (Saffioti, 1978, p. 64). Saffioti concludes that 'Since a woman's occupation is of secondary importance in her life, she has neither the motivation nor the time to concentrate effectively on improving her bargaining status on the labour market through union activities' (Saffioti, 1978, p. 66).

In Brazil, the IBGE estimates that, between children and the elderly, there will be nearly 77 million dependents who will need care by 2050 (just over one-third of the country's population). Society as a whole should be concerned about

who will shoulder this responsibility, considering that the course of history could maintain women in that position. This same scenario is unfolding around the world.

Immediate solutions to the crisis are not difficult to find. As Oxfam points out, if the world's richest 1 per cent paid an additional 0.5 per cent tax on their wealth for the next 10 years, that money could create 117 million jobs in education, health, and elder care. But — given the realities of class domination — there is no real chance of this happening in the foreseeable future. Instead, throughout the pandemic, capitalist states have granted astounding financial aid to big banks and corporations. Governments that have discussed incorporating a wealth tax, such as Argentina and Chile, have been met with strong resistance by the most powerful elite, which has so far prevented such a tax from being implemented.

From this we begin to understand what feminists like Alexandra Kollontai explained almost a century ago: 'Capitalism has placed a crushing burden on woman's shoulders: it has made her a wage-worker without having reduced her cares as housekeeper or mother.'

'Women's Work' as a Social Construct

Despite efforts to convince us otherwise, the fact that women take on these responsibilities is not 'natural'. The

situation of women in class society is the result of the imposition of two different sets of values of a natural and social order. The natural order is based on biological factors, whereby (in order to control their labour) society assigns care work to women based on their proximity to motherhood, which arises from their ability to experience pregnancy and breastfeeding. But, as Saffioti stated in *Women in Class Society*, 'Indeed, since the survival of society is contingent on the birth and rearing of new generations, it should bear at least part of the cost of motherhood, or find satisfactory solutions to the occupational problems that maternity creates for women' (Saffioti 1978, p. 59).

In the 1970s, a global feminist social movement emerged along these lines promoting the Wages for Housework campaign, which also advocated for the right to equal pay for equal work and parental leave. Created in Europe, it spread across the United States, Italy, England, and other countries in Europe and in the Global South, spearheaded by Selma James, Silvia Federici, Leopoldina Fortunati, and others. The campaign also condemned the sexual division of labour and the process of assigning more importance and a certain hierarchy to different tasks, which devalues reproductive care work. Despite the fact that it is key for the production and reproduction of human life, reproductive work has long been seen as unproductive and has been devalued and unrecognised; as a result, it has also been excluded from remuneration. In a society in which money is the medium of all interactions, women's access to certain goods and services vastly decreases and their power is systematically undermined. As long as their place is in

domestic work, which often remains unpaid, women will be economically subordinated to men.

Echoing Friedrich Engels' analysis in *The Origin of the Family, Private Property, and the State*, Angela Davis expanded on this point, writing in *Women, Race and Class* that this hierarchisation of labour came alongside the development of capitalism and private property:

In advanced capitalist societies ... the service-oriented domestic labour of housewives, who can seldom produce tangible evidence of their work, diminishes the social status of women in general. When all is said and done, the housewife, according to bourgeois ideology, is, quite simply, her husband's lifelong servant.

The engrained and structural subordination of women, then, is part and parcel of the capitalist mode of production and the bottomless greed of the capitalist, who seeks to subsidise his profits and the cost of production with unpaid reproductive labour — labour that is predominantly carried out by women.

The sexual division of labour is a social construct within the general division of labour, in which certain tasks have historically been delegated differently between men and women. Under capitalism, this division is indisputably unequal, as certain roles are regarded as primarily masculine (in the political, religious, and military realms, for example) while others are set apart as feminine (roles related to reproduction, service work, and caring for the household and family unit). In order to maintain control

over this unequal organisation of the workforce, the tasks performed by men are granted more value in terms of prestige and pay. Therefore, the sexual division of labour is based on two organising principles. First, the distinction between what constitutes 'men's work' and 'women's work', and, second, the hierarchy that attributes more value to 'men's work'. That structure upholds gender inequality and the overexploitation and oppression of women through their work and role in society.

As a result of the sexual division embedded in the social logic of labour, house and care work are continuously undervalued and rendered invisible. This has not only proved useful to capitalism, as it allows this work to remain almost unquestionably unpaid, but it also feeds off of the psychological effects on women, who view themselves as having a social fate that is deeply determined by their biological sex, and by what society allows or demands them to do based on that.

CoronaShock opens an opportunity to spark a global debate about the essential nature of care work. Care work has long remained invisible to those who benefit from its status as unpaid labour and who are responsible for perpetuating this exploitative structure: the bourgeoisie. The bourgeoisie has always been unwilling to question the sexual division of labour and to foster a social, collective responsibility for reproductive work. The bourgeoisie reaps billions of dollars from unpaid reproductive work every year and absolves the state from taking the responsibility for care work; as a class, the bourgeoisie moves a political agenda to privatise services and cut social investments,

placing the burden of those roles on households — and on women.

The women who most acutely feel the impact of this burden are women of colour, poor women, and immigrant women. They clean, wash, nurture, and care for everyone and everything, and are responsible for the roles that allow for the social reproduction of humanity. Underappreciating this work serves a purpose for capital. The war waged by the 1 per cent against the 99 per cent seems to have no limits — but its invisibility does.

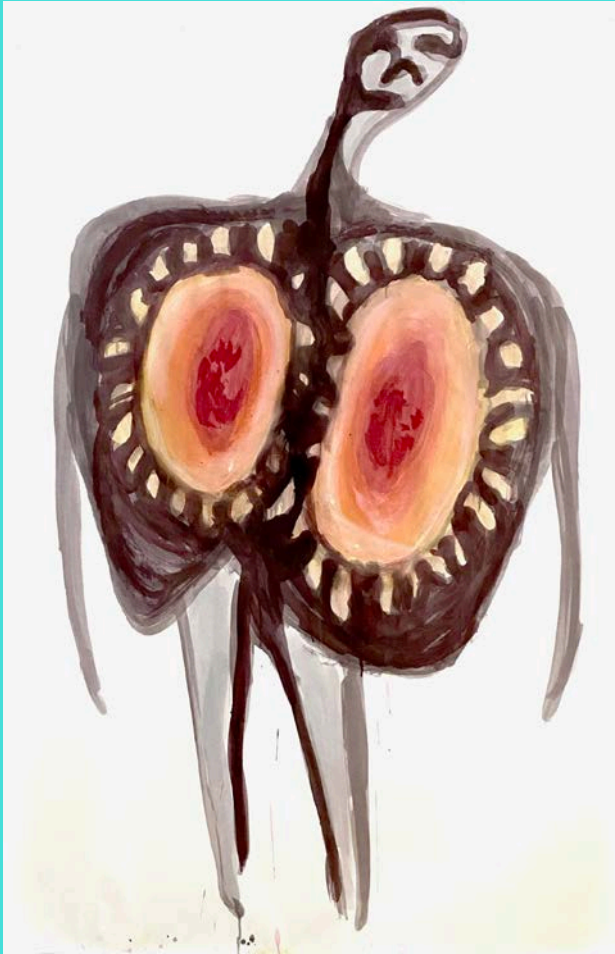
The 99% versus the 1%

According to the ILO, most of the world's workers — around 93 per cent — live in countries with some level of economic shutdown and job loss. Countries in the Global South are experiencing the worst cuts. It is the masses who have to leave their homes to work and seek — or desperately try to maintain — some source of income because they do not have savings to weather the quarantine during the pandemic without the intervention of the state. The failure of the state to provide basic income or emergency aid across much of the world — with important exceptions in regions such as Cuba, Venezuela, Kerala (India), and Vietnam — has exposed the neoliberal system's concern for profit over humanity's concern for life.

The richest sectors of society generally have not granted paid leave to their employees during the pandemic, even when the WHO recommended physical distancing practices and quarantine. Many workers, such as domestic workers and service employees, have had to continue to care for the homes, bodies, health, and well-being of the rich. While workers are forced to put themselves at risk, it is their employers who are able to stay safe at home per WHO recommendations.

A number of other factors put the poor and working class at an increased risk of falling ill and dying: among them, a lack of access to quality healthcare and a higher probability of pre-existing risk factors due to the structural attack on poor and working class communities — from asthma induced by coal plants and pollution kept away from wealthier areas by ‘Not In My Backyard’ movements to chronic issues caused by precarious working conditions. It is not a coincidence that the first person to die from COVID-19 in the state of Rio de Janeiro, Brazil was a 63-year-old female domestic worker. Her employer had recently returned from a trip to Italy and neglected to tell her about the possibility of being infected. While the employer self-quarantined, she refused to allow the domestic worker to go home; the worker continued to work in the employer’s apartment in one of the country’s most expensive neighbourhoods. The employer had COVID-19 and infected this worker, who eventually died.

There have been reports of many other cases of domestic workers whose employers did not grant them leave, even when they had to face long commutes in public



Leyla Tonak (USA), *Lungs I*, 2020.

transportation and overcrowded buses and trains between home and work. There are also cases of people who knew they were infected and required their domestic workers to continue to work. While employers clearly perceived the need to keep a clean house and the need for domestic and care work, the value of those workers' lives remained invisible to them. This provides a snapshot of social inequality: some remain steadfast that their lives are worth more than the lives of the predominantly women workers who provide services to them, a logic that is supported and encouraged by capitalist societies.

The COVID-19 crisis has created an opening to give new meaning to both the value of labour and the value of the lives of the women who care for the reproduction and maintenance of our society. We must recognise and remunerate this invisible labour, understanding that all people have the right to be cared for. This means advancing access to care that is outside family networks and outside the commodity form; this kind of care must cease to be the privilege of a few and instead become a human right.

Some countries and regions have pushed forward the creation of federal systems of care that attempt to respond to these concerns, as is the case in Uruguay and Argentina. In Argentina, the creation of the Ministry of Women, Genders and Diversity is a step forward in the discussion about the organisation of care work. Since the beginning of this year, the Ministry has been working on a Federal Care Map (*Mapa Federal de Cuidados*) in order to plan care-related public policies, which seek to reverse the gender

inequality that is hidden in the current social organisation of care.

III. The Rise of Patriarchal Violence⁶ Under CoronaShock

Before the pandemic, we already faced a global reality in which, on average, 137 women were killed every day by someone in their family. UN Women estimates that one in five women between the ages of 15 and 49 around the world has experienced some type of physical or sexual assault by their partner. It is not a coincidence that, by the end of the twentieth century, fighting violence against women became the biggest demand for many women's movements across the world. As impossible as it may seem, patriarchal violence has become significantly worse since the initiation of shelter-in-place measures. Over the last few years, we have also seen an increase in transfemicides

⁶ It is important to distinguish *patriarchal violence* from other terms such as domestic violence, which too often inadvertently ignores power and male dominance inherent in such violence, as well as the fact that violence against women is not only exerted in the household. In *Feminism is for Everybody*, bell hooks writes that '[f]or too long the term domestic violence has been used as a "soft" term which suggests it emerges in an intimate context that is private and somehow less threatening, less brutal, than the violence that takes place outside the home'. Rather, patriarchal violence is a more expanded definition that is linked to the inherent inequality of the capitalist system, and which manifests in many forms, including domestic and physical gender-based violence, but also symbolic and cultural violence. Patriarchal violence 'continually reminds the listener that violence in the home is connected to sexism and sexist thinking, to male domination', bell hooks writes.

across the world, propelled forward by a rise of hate speech and anti-human rights ideology.

While rates of gender-based violence are known to be high, especially in the Global South, it is challenging to find accurate statistics. However, we do know that, during times of emergencies and lockdowns, these rates go up, as has been the case during the current state of shelter-in-place orders due to COVID-19. Unemployment, overcrowding, remote work, an overburden of reproductive work, increasing impoverishment, a crisis of one's ability to maintain one's economic livelihood, and drug and alcohol abuse are some of the elements that exacerbate gender-based violence — even more so during the pandemic. Women's groups warn that lockdown conditions may be used by abusers to control the behaviour of their partners, blocking their access to security and support.

Feminist activists and political authorities who know this history anticipated the gendered impacts of physical distancing and quarantine measures enforced around the world, warning early on that these measures could hit women particularly hard. Gender-based violence flourishes on the social isolation of victims. A key aspect that impacts women who face domestic violence is that they often become deprived of all social and professional bonds, growing apart from family, friends, and colleagues, which in turn increases their dependence on their abusers. For this reason, supporting women who are experiencing gender-based violence must include the important task of rebuilding a support network that can help them

emotionally so that they can regain economic, emotional, cognitive, and housing autonomy.

In Brazil — a country where one woman was assaulted every 15 seconds on average before the pandemic — femicide rates (the killing of women because of their gender) have surged in 2020 compared to previous years. The state of São Paulo, for example, reported a 46.2 per cent rise from March 2019 to March 2020, while femicide rates increased by 300 per cent in the state of Rio Grande do Norte and by 400 per cent in the state of Mato Grosso. Police responses to domestic abuse calls increased by 44 per cent in the state of São Paulo alone, and the number of abusers caught red-handed in the state increased by 51 per cent. These numbers only reflect the cases that are reported to the police — many other cases go unreported and are not included in these statistics. In Argentina, approximately one femicide was reported every day in the first month of shelter-in-place orders, 66 per cent of which took place in the victim's home.

In South Africa, prior to the pandemic, femicide rates were five times the global average. However, the country does not produce statistics that appropriately reflect upon analyses or data of gender-based violence, supposedly because it is difficult to gather reliable data on the issue. From April 2018 to March 2019, the South African police reported 179,683 contact crimes against women ('in which the victims themselves are the targets of violence'), such as murder, attempted murder, sexual offences, bodily harm, and 'common assault'. Of these, 82,728 were cases of common assault and 54,142 were assault with the intent

to cause grievous bodily harm. In that year, 2,771 women were murdered; there were 3,445 attempted murders (though the police do not provide data on motives for these murders); and there were 36,597 recorded cases of sexual offences against women. This is a broad crime category that includes rape, attempted rape, sexual assault, and contact sexual offences.

During the first week that South Africa went into lockdown, between 27 and 31 March 2020, the police recorded 2,300 calls about gender-based violence. In a webinar on 20 April 2020, Sonke Gender Justice, a South African-based NGO that supports women, reported that these figures do not reveal the full extent of violence against women and children, as most women who are abused cannot go out and file reports in the current situation.

In fact, we have seen a surge in cases of violence against women across the world since the beginning of the pandemic. This is why the Argentinian slogan *el femicidio no se toma cuarentena* ('femicide does not respect the quarantine') clearly points out how an already grave reality is becoming worse. As one solution to this reality, in France — which experienced a 32 per cent spike in cases of domestic violence in the first few days of the lockdown — the government started to put victims of domestic violence in hotel rooms and announced the establishment of counselling centres to support women who are experiencing domestic abuse.

Women's movements have been creating new ways to fight these realities. In Argentina, on 30 March, the second week of quarantine, the local feminist movement organised a *ruidazo federal* ('federal noise action') against patriarchal violence after a double femicide took place. Faced with the restriction of movement, community and neighbourhood networks have taken on a significant role in creating support systems. As a result, governments have been forced to acknowledge and continue services and networks dedicated to protecting women, which are essential for caring for and maintaining human life. During the first phase of the quarantine, Latin American countries such as Brazil and Argentina pushed policies to tackle the effects of the lockdown on gender-based violence. The first measures were focused on developing and improving apps and hotlines to support victims of gender-based violence. During the first month and a half of the quarantine in Argentina, the demand for gender-based violence hotlines increased throughout various jurisdictions by 40 per cent on average as compared with the month prior to the declaration of quarantine. As the quarantine has been extended, public resources have been strengthened with new strategies of accompaniment, hotlines, and coordination between the jurisdictions of Nación, the Province of Buenos Aires, and the capital city, Buenos Aires. During the second phase of the quarantine, the feminist support to women in situations of violence was declared essential work in Argentina, allowing support groups to continue their work to help victims.

In Brazil, initiatives by social movements and organisations have gained traction, such as the *Mapa do Acolhimento*

or ‘shelter map’, a service that helps women who need psychological or legal counselling to connect with volunteer psychologists and lawyers who provide online or in-person services. The World March of Women has held conversations and solidarity actions across the country, publishing a list of concrete demands for the state and society to tackle the pandemic and women’s issues (which contributed to the People’s Feminist Demands at the end of this paper).

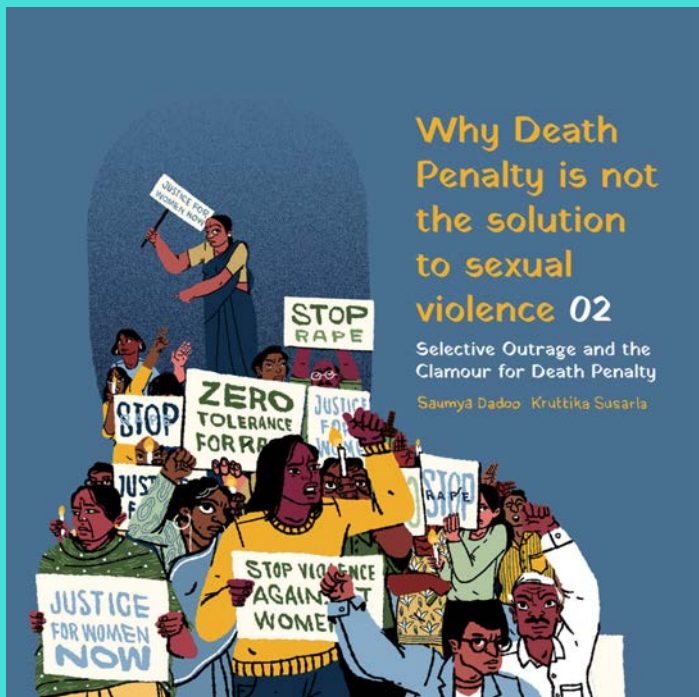
However, it is worth noting that women’s and feminist organisations have been denouncing not only the increase in cases of patriarchal violence during quarantine, but also the increasing brutality of instances of abuse. As Rita Segato points out, this happens as neofascist conceptions about female subordination overshadow more enlightened ideas about women. These views have been spreading on a large scale under Brazil’s Bolsonaro, India’s Modi, and so many other countries with conservative right-wing administrations.

Inspired by a neofascist ideology, the rhetoric adopted by heads of government who vocally promote hatred and encourage misogynistic attitudes inevitably legitimises perpetrators of violence against women. Violence is then seen as an ordinary or normal act that authorities will not prevent or fight; quite the opposite — it is actually encouraged. This contributes significantly to increasing incidences of violence: fighting and eliminating people is the rule of barbarism, which is supported by hate speech, the failure to hold perpetrators accountable for their actions, and the failure to criminalise these attitudes.

Why Death Penalty is not the solution to sexual violence 02

Selective Outrage and the Clamour for Death Penalty

Saumya Dadoo Kruttika Susarla



Kruttika Susarla (India), *Untitled*, first published by Smashboard for the Sexual Violence vs. Capital Punishment series, 2020.

The deepening of hate speech and sexist ideology is accompanied by an increase in homophobic and transphobic rhetoric, which has notable repercussions on the violation of the LGBTQIA+ population's rights. During the pandemic, the transgender community has been subjected to discrimination, harassment, abuse, and persecution by the police and security forces. In many countries, policies pushed forward by political authorities have been characterised by the absence of a lack of inclusiveness towards the transgender community, reinforcing a sexist binary.

In many countries, restrictions on mobility were implemented based on biological sex, alternating days when men and women were able to leave their homes, a policy that excludes non-binary and transgender people. The implementation of these policies has often been left up to the discretion of security forces to decide if a transgender woman is allowed to go out with other women, or with men — according to the sex by birth — or stuck in the middle and forbidden from leaving at all. In the midst of this uncertainty, police and other security forces have often perpetrated violence against transgender and non-binary people, and store vendors have denied them service — either because of flagrant transphobia, or because of a fear of being fined or punished by authorities for not abiding by state orders.

In some cases, the pandemic has been used to increase harassment and attacks of LGBTQIA+ organisations and activists, at times forcing transgender people to hide or deny their identity. As a result of this reality, the

Inter—American Commission on Human Rights issued a call in April for the states of the Americas to guarantee the rights, equality, and non—discrimination of LGBTQIA+ people in measures issued to contain the pandemic.

The social consequences of political attitudes cannot be disregarded or separated from the increasing rates of patriarchal violence during quarantine in several countries around the world. Amid this scenario, whether in Brazil, India, or elsewhere, life becomes impossible. It is not simply about a pandemic that exacerbates historical and social problems, but about a society that is deteriorating to the point of triggering its own inefficiency and decline. It is time to get rid of hierarchies and miseries inherited from the past and build possible — and necessary — utopias for the future.

IV. The People’s Feminist Demands

CoronaShock is exposing the structural crisis of capitalism, demonstrating the urgent need to overcome longstanding problems that have become even more dire in recent times, such as the social, economic, political, and ideological crises that predate the pandemic.

While the global bourgeoisie is unable to solve basic problems such as unemployment, hunger, patriarchal violence, and the underappreciation, precarity, and

invisibility of social reproduction work, the movements of the working class offer their own solutions. Women in political organisations and social movements around the world have been organising to present their demands and proposals to overcome all of these crises in the midst of the global health crisis. With organised working-class women and women of colour spearheading this change, we know not just that another world is possible, but that a socialist, feminist, anti-racist world in which the wellbeing of humankind and of our planet is placed before the endless accumulation of profit is not only possible, but necessary. Below, we will introduce a list of urgent demands from feminist organisations from Brazil to India to South Africa who are fighting to create such a world.

1. Ensure that the measures being demanded by movements in the face of CoronaShock are made available to all people, with special attention to those who are the most systematically excluded from such aid: women, informal workers, migrants, people of colour, lower castes, and LGBTQIA+ people. These general demands, which have been outlined in earlier texts at more length, include:

- a.** Cancel the payment of utility bills such as electricity, water, internet bills, and rent as long as the pandemic lasts; guarantee that debt will not accrue for non-payment.
- b.** Distribute personal hygiene supplies (including masks and hand sanitiser) on a massive level.

- c.** Freeze prices for essential cleaning supplies, hygiene products, and healthy food products, such as grains, vegetables, and meat, according to each country's cultural specificities.
 - d.** Ensure the right to paid leave to all working people; guarantee no loss of income or rights.
 - e.** Provide economic assistance — of *at least* a minimum wage — for informal workers and self-employed workers.
 - f.** Place private healthcare facilities and structures to fight COVID-19 under public control; expand the capacity of the healthcare system to serve the people.
 - g.** Take emergency action to solve the water supply crisis in each region and guarantee public access.
- 2.** Ensure full transparency of information and data about the evolution of the pandemic and about every country's government measures (broken down by sex, age, income, sexual orientation, gender identity, and place/territory, whenever possible).
- 3.** Include women from working-class women's movements in leadership positions for decision-making processes regarding responses to and recovery from the crises that we face today.

4. Demand that governments launch campaigns to encourage men and women to share household chores equally so that women do not have to shoulder the brunt of the burden of housework.

5. Increase long-term public investment for the public good in areas such as social protection, pensions, universal public healthcare, free public childcare, and other actions that affect women directly.

6. Aid and financial stimulus packages implemented by governments must include social protection measures that address women's special circumstances and acknowledge the care economy.

7. Provide a guaranteed minimum income for women and households that carry out the many different types of essential care work (including domestic/housework), especially for those who have dependents.

8. Provide food baskets for families with children where childcare centres/schools are closed.

9. Demand essential health interventions to protect the health of all people, with special attention towards marginalised, poor, and transgender people, migrants, people of colour, the elderly, and people with disabilities. Such services include mental health services, HIV/AIDS medications, cancer treatment, etc.

10. Ensure that marginalised communities — including those without access to official documentation, in particular the poor and working-class transgender people and migrants — receive aid services; ensure the expedient delivery of emergency relief such as a Universal Basic Income, food distribution, and other services demanded in this list.

11. Demand that the government protect LGBTQIA+ and all marginalised people from discrimination in the midst of policies aimed at fighting COVID-19, such as policies that only allow for men or women to leave their home on certain days.

12. Decriminalise sex work, provide relief and food aid, provide emergency housing to unhoused transgender and queer people, and support non-national and undocumented migrant communities in their efforts to access essential services for their survival.

13. Guarantee readily available hotlines and other publicly accessible communication channels and services for all victims of patriarchal violence as essential services.

14. Demand that governments take on the responsibility for advertising these hotline numbers and publicly accessible communication channels through automated services, text messages, banners on buses, billboards, and displays in public spaces, newspaper ads, etc., so that those in need know about the service.

15. Demand that governments offer counselling facilities for women, marginalised people, the poor, LGBTQIA+ people, migrants, people of colour, the elderly, and people with disabilities in vulnerable situations and/or victims of violence.

16. Demand that governments offer safe, comfortable alternative shelter during the pandemic, such as hotel rooms and vacant buildings, to women struggling with domestic violence and provide necessary protection and security in these locations; ensure the continuation of these services in the long-term to meet the pre-existing need for such services.

17. Build networks of solidarity and collective support that respect physical distancing practices to fight against individualism and violence; create women's rights groups and local information campaigns about emergency plans for women and children suffering from domestic violence; and create teams to care for children in neighbourhoods with greater social vulnerability.

18. Mobilise healthcare workers to help the community, support women workers in popular economies, and make sure that they are given proper pay and protective equipment.





[Kruttika Susarla](#) (India), AIDWA, *International Women's Day*, 2020.



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