

# **CARE & CLIMATE**

**UNDERSTANDING THE POLICY INTERSECTIONS**

**A Feminist Green New Deal Coalition Brief**

**April 2021**

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## About the Feminist Green New Deal Coalition

This global coalition consists of individuals and organizations working towards justice at all of the intersections that the climate crisis touches: migrant justice, racial justice, economic justice, labor justice, reproductive justice, global justice and gender justice. We come together to pursue intersectional climate justice, and we stand in solidarity with each other's movements for change. Together, this coalition advocates for feminist principles to guide our response to the climate crisis. Learn more about the Feminist Green New Deal Coalition at [feministgreennewdeal.com](https://feministgreennewdeal.com).

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# "WORK IS MORE THAN BLUE OVERALLS"

—Silvia Federici

# PREAMBLE

Feminism demands collective action. As a collective, the Feminist Green New Deal coalition (the FemGND) advocates for intersectional feminist analysis and principles to guide any and all climate action and policies. To read the Coalition's ten anchoring Principles, as well as learn more about our ongoing movement and policy work, please visit the [FemGND website](#).

As a coalition, we know that in order to address the root causes, as well as the scope and scale of the climate crisis, climate action and policymaking must be cross-cutting in their approaches, steadfast in feminist principles, and strive to combat historical oppressions. They must advance a transformative feminist agenda that centers the leadership of women, and acknowledges and addresses the generational impacts of colonization and anti-Black racism. It must end oppression against and be led and articulated by frontline, impacted communities – especially women of color, Black women, Indigenous women, people with disabilities, LGBTQIAP+ people, people from the Global South, migrant and refugee communities, and youth.

We know that the climate crisis has emerged from interlocking systems of capitalism, resource extraction, labor exploitation, the commodification of nature, settler colonialism, imperialism, and militarism. It has roots in the exploitation of enslaved people, whose labor created wealth in the Global North, and of the continuing systemic racism that deepens and institutionalizes global inequality. To confront this crisis, we need coherence across policy sectors, from trade to military spending to development.

We must recommit to multilateralism and a democratic rule of law to build a policy architecture that can stabilize the planet and secure a just transition to post-exploitative economies.

**Central to the FemGND's presentation of a transformative agenda for people and planet is care, in all its forms – *care for communities, care for the planet, and care for each other.***

Care is at the core of a feminist, regenerative economy that honors human rights, meets the needs of all people, and enables us to live in right relationship with the Earth.

The work of caring for others has long been a site of struggle for racial, economic and gender justice movements, with advocates asserting powerful critiques around the ways that white supremacy, patriarchy and capitalism meet to commodify, profit from, undervalue and devalue, and invisibilize and marginalize the life-sustaining and life-giving work of caring for the land and caring for each other. The legacy of these many transhistorical struggles also include radical visions of what a world that honors, recognizes, and prioritizes care for all could – and must – look like.

**In order to build a feminist, regenerative economy, care in all its forms - whether paid or unpaid, formal or informal - must be valued and respected.**

Alongside this issue brief – that focuses on ensuring dignified, well-paid and safe employment in the waged care sector – we push forward in our broader advocacy that centers and values care in all its forms. The intersecting crises of climate, care, and inequality demand nothing less.

# INTRODUCTION

The Covid-19 pandemic has exposed intertwined crises in the United States: the climate crisis; the job quality crisis; the crisis of racism, sexism, and all forms of oppression; and the care infrastructure crisis. However, with crisis comes opportunity. As we advocate for policies to equitably address the climate crisis, we can strengthen our strategy and our collective future if we center the care economy in our economic transformation towards decarbonization.

This Issue Brief describes why in order to ensure that climate change solutions do not perpetuate injustice, policy design must be attentive to the connections between climate change and care work. Investment in high-quality jobs in the care sectors of our economy – childcare, residential care, and home healthcare, among others – is necessary for equitable access to the job opportunities in the clean energy sector, as a source of employment for those transitioning from the fossil fuel sectors, as green jobs themselves, and as a means to mitigate the inequities occurring as climate disasters hurt communities across the United States. Centering investment in care in the Green New

Deal means ensuring universal access to high-quality care with public support for a high-quality workforce, which will serve as a source of family-supporting jobs and enable those who are the primary providers of family care to have an opportunity to join the clean energy workforce.

If we do not center care, we risk perpetuating occupational segregation such that it is disproportionately people who are white and male who are able to access clean energy jobs, as well as the gendered power dynamics that have caused paid care work to remain underpaid and under-valued.

The broader context of the choices facing the United States are clear. The climate crisis means that, without intervention, we are hurtling towards a future in which life as we know it will be unsustainable, and we are already seeing the ravages in floods, fires, and extreme weather nationwide. As the Green New Deal Resolution notes, “climate change, pollution, and environmental destruction have exacerbated systemic racial, regional, social, environmental, and economic injustices by disproportionately affecting.... frontline and vulnerable communities.”<sup>1</sup> At the same time,

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<sup>1</sup> The full text from the Green New Deal Resolution reads: “Whereas climate change, pollution, and environmental destruction have exacerbated systemic racial, regional, social, environmental, and economic injustices (referred to in this preamble as “systemic injustices”) by disproportionately affecting indigenous peoples, communities of color, migrant communities, deindustrialized communities, depopulated rural communities, the poor, low-income workers, women, the elderly, the unhoused, people with disabilities, and youth (referred to in this preamble as “frontline and vulnerable communities”); <https://www.congress.gov/bill/116th-congress/house-resolution/109/text>

the job quality crisis means that much of the U.S. workforce has had stagnant wages for decades while extreme economic inequality grows. Occupational segregation negatively affects labor market outcomes for BIPOC people, women and gender-non-conforming people, and LGBT+ people.

The care infrastructure crisis means that the patriarchal belief system in the United States has kept us from establishing a public care infrastructure, leaving paid care work underpaid and unaffordable. The devaluing of the care workforce has its roots in the slave economy and was entrenched in the early 20th century when New Deal reformers excluded care workers from fair labor standards. The assumption that women would care for their own families, and that Black women would care for their own families and others, is deeply rooted in the American psyche.

As noted by Josephine Kalipeni and Julie Kashen, “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,” (Kalipeni and Kashen 2020). These beliefs must be uprooted with the understanding that care work is life-supporting work, valuable, and paid care work should be high-quality work, available to all.

2021 brings a fresh opportunity to start to untangle ourselves from the knot of crises we are in. Investment in a universally-available high-quality care infrastructure with high-quality jobs is absolutely necessary for the success of climate policies such as the Green New Deal and the THRIVE Agenda, because without an affordable care system with a well-paid workforce, access to good jobs in the clean energy economy will be restricted

based on race and gender and a just transition for workers in the dirty energy sectors will be more challenging. In the short-term, a worsening climate will increase the need for care, widening inequities unless access to care is improved. In addition, the care sector itself provides an opportunity for decarbonization. Ultimate, for the Green New Deal to succeed, care work must be centered.

After describing in more detail four crucial intersections between the need for care and climate investment, this Issue Brief will describe the proposals made by the Biden-Harris administration for investment in care and climate resilience and note where there are areas for improvement. Though much further discussion and policy design work is necessary, we close with a set of initial suggestions for strengthening the proposals made by the Biden-Harris administration.



# THE CRITICAL INTERSECTION OF PUBLIC INVESTMENT IN CARE & CLIMATE POLICY

In this section, we describe four key points of intersection that link together the need for public investment in care in approach to decarbonization, focused on the paid care sectors of the economy, including childcare, residential health care, and home health care<sup>2</sup>. In summary, the four points of intersection are as follows:

**1**

A robust, affordable care infrastructure is necessary for equity in access to clean energy sector jobs.

**2**

Care work—if high-quality, meaning with family-sustaining compensation and access to the right to collectively bargain—can be an important source of employment for workers transitioning out of fossil fuel sectors.

**3**

The care sector itself must be decarbonized, which will require investment from a climate perspective.

**4**

In the near-term, a worsening is going to increase the need for care, and equitable access to care is necessary to partially ameliorate the disparate impacts of the climate emergency. We will discuss below both how care jobs should be considered green jobs, and how investment in care is necessary to ensure equitable access to jobs in the clean energy sector.

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<sup>2</sup> Though there is also a massive need for investment in public K-12 education and higher education, because these institutions pose different challenges, we do not focus on these sectors in this Issue Brief.



## TODAY'S CARE WORKFORCE

A few definitions are important to start. “Care work” signifies the market and non-market work that all of us engage in to sustain life. It ranges from the work families do to care for each other over the lifespan — including caring for children, older adults, disabled people, and those experiencing health challenges — to paid work carrying out these same activities. Though non-market unpaid care work is work—and should be considered so in our economic accounting—we focus in this Issue Brief on the care that is provisioned through market transactions, whether publicly or privately provisioned<sup>3</sup>.

Our analysis is grounded in the idea that care jobs are green jobs. The phrase “green” jobs is commonly used to mean jobs that are in the clean energy sector—i.e., those sectors of the economy that produce energy without contributing to further climate destabilization. However, green jobs can be thought of more broadly as all jobs that move our economy towards decarbonization. In this sense, we argue that care jobs are “green” jobs and are central to a decarbonized economy.

Across the board, the care workforce is predominantly female, disproportionately BIPOC women (relative to population), and low-paid to the point where a significant portion of care workers live below the poverty line. We focus in this report on the care

workforce that operates in the private sector outside of large institutions, i.e. hospitals<sup>4</sup>. The childcare workforce was approximately 700,000 workers pre-pandemic, and the median hourly wage of a childcare worker is \$11.12 an hour (with non-supervisory employees reporting an average of a 32-hour work week, resulting in \$18,503 annually). One in seven childcare workers lives below the poverty line<sup>5</sup>. Pre-pandemic, the childcare workforce was ninety-four percent female, nineteen percent Black, twenty-two percent Latinx, and five percent Asian<sup>6</sup>.



<sup>3</sup> See Nancy Folbre's work for more on issues of how family and community care work—i.e., non-market care work—can be part of the national economic accounts.

<sup>4</sup> The paid care workforce also includes the K-12 education workforce, workers in hospitals and other health care settings, such as doctors' offices, and many other occupations that provide care in a wide variety of industries.

<sup>5</sup> <https://www.epi.org/publication/child-care-workers-arent-paid-enough-to-make-ends-meet/>

<sup>6</sup> <https://www.bls.gov/cps/cpsaat18.htm>



Another critical part of the care workforce is the residential care sector, which supports physical and mental health for people across the life cycle: people receiving care for mental health or physical disabilities or injury, substance abuse and recovery, as well as care in nursing homes and residential community care settings for the elderly. In 2019, the direct care workforce in residential care and nursing homes totaled 1.3 million workers<sup>7</sup>. Ninety percent are female in nursing homes and eighty-five percent in residential care homes, while 36 percent were Black, 11 percent Latinx, and 5 percent Asian in nursing homes; and 31 percent are Black, 12 percent Latinx and 6 percent Asian in residential care homes.

The workforce is heavily immigrant: eight percent of nursing home workers and nine percent of residential care workers are not U.S. citizens, while thirteen and twelve percent, respectively, are U.S. citizens by naturalization<sup>8</sup>. Despite the growth of the overall workforce, wages have remained low and stagnant over the last ten years. The median hourly wage for direct care workers is \$12.67 in residential homes and \$13.90 in nursing homes, and have grown only three and four percent, respectively, over the course of the decade. This has left many direct care workers' households in poverty: forty-two percent of nursing home workers and forty-one percent of residential care home workers live at less than 200 percent of the federal poverty level, leading to heavy reliance on public assistance, including on Medicaid for their own health needs<sup>9</sup>.

Another critical segment of the care workforce are home healthcare workers. The home health care workforce has been projected to be the fastest-growing occupation in the United States, with the workforce projected to grow 33 percent from 2019-2019 (this figure does not include the impacts post-pandemic)<sup>10</sup>. Despite growth in job opportunities, the poor job quality has led to a high degree of turnover, resulting in even higher needs for home healthcare workers. Home care workers made a median hourly wage of \$12.14 in 2019 (compared to a median hourly wage for all occupations of \$19.14) and annual median wage of \$25,250 (BLS 2019). The top earners

<sup>7</sup> "Workforce Data Center: National Data." PHI National (accessed December 3, 2020). <https://phinational.org/policy-research/workforce-data-center/#tab=National+Data>.

<sup>8</sup> Ibid.

<sup>9</sup> Ibid.

<sup>10</sup> BLS Employment Projections: [https://www.bls.gov/emp/images/growing\\_occupations.png](https://www.bls.gov/emp/images/growing_occupations.png)

in the 90th percentile earned just \$16.24 an hour, or \$33,780 a year (BLS 2019). Low wages leave home health aides reliant on public assistance to support their families:

53 percent of homecare workers rely on public assistance, with 33 percent on Medicaid and 30 percent on food and nutrition assistance programs. One in six home care workers lives below the federal poverty line (PHI 2019).

The part-time workforce is significant: 40 percent of the workforce works part-time, with the majority doing so for noneconomic reasons, meaning they are able to find full-

time work but prefer not to do so. As with other care sectors, the home health care workforce is disproportionately female, and in particular with home health care, dominated by immigrant women and women of color.

We now discuss each of these critical points of intersection in turn, followed by an analysis of the current state of the Biden-Harris Administration care and climate plans as of March 2021. We close with recommendations for further research and advocacy.



## 1 A Robust and Affordable Care Infrastructure Is Necessary for Equity in Clean Energy Sector Jobs

Without universal access to high-quality and affordable care, there will remain disproportionate barriers to women, and especially women of color, to entering the clean energy workforce, which today is predominantly male<sup>11</sup>. Those who traditionally bear the family burden of care – women, and gender non-conforming people, BIPOC people, and women of color in particular – need a robust care infrastructure to enable them to obtain paid work. The pandemic has made this clearer than ever, but the structural challenges existed before the pandemic and will be there after the public health crisis is over unless they are solved.

The Green New Deal and the Thrive Agenda propose public investment to create millions of jobs to upgrade infrastructure; build transit systems; expand wind and solar power; building retrofitting; protecting and restoring wetlands, forests, and public lands; and jobs in clean technology manufacturing<sup>12</sup>. This provides an opportunity for job creation, but unless equitable access is addressed, the clean energy sectors will replicate the occupational segregation that exists today, in which women and people of color are underrepresented. One recent estimate from Pollin, Wicks-Lim and Chakraborty (2021)

found that the THRIVE agenda would create family-sustaining jobs for 15.5 million people over the next ten years. Today, the clean energy workforce (spread across multiple industries) is largely white and male: as of 2019, “fewer than 20 percent of workers in the clean energy production and energy efficiency sectors are women, while Black workers fill less than ten percent of these sector’s jobs.”<sup>13</sup> One major barrier to accessing high-quality jobs for women, gender non-conforming, BIPOC people and women of color is lack of accessible care options. Parity in green job representation rests on ensuring robust, affordable and equitable care infrastructure.

As the pandemic has made stark, both childcare and elder care face crises of availability and affordability in the United States. Until children go to kindergarten, options for childcare for working parents are a patchwork of family-provided childcare, home-based individual and group care, preschools and day-care centers, and federally-supported Head Start (and in select areas, pre-K programs)<sup>14</sup>. Families face the individual burden of finding and paying for childcare—it is unsurprising, therefore, that even before the pandemic, eighty-three percent of parents of children four and under

<sup>11</sup> See Pollin, Chakraborty and Wicks-Lim (2021) for the demographic breakdown of the current workforce within clean energy sectors (pg. 38-39).

<sup>12</sup> <https://www.thriveagenda.com/agenda>

<sup>13</sup> See Pollin, Chakraborty and Wicks-Lim (2021) for the demographic breakdown of the current workforce within clean energy sectors (pg. 38-39). [https://www.brookings.edu/wp-content/uploads/2019/04/2019.04\\_metro\\_Clean-Energy-Jobs\\_Report\\_Muro-Tomer-Shivaran-Kane.pdf](https://www.brookings.edu/wp-content/uploads/2019/04/2019.04_metro_Clean-Energy-Jobs_Report_Muro-Tomer-Shivaran-Kane.pdf)

<sup>14</sup> Kalipeni and Kashen 2020.

had a difficult time finding local affordable high-quality childcare<sup>15</sup>. The burden is not equally shared: mothers of young children, low-income women, and BIPOC women are disproportionately affected. Rural areas, as well, are more likely to be child care deserts than denser urban areas. A 2018 analysis by the Center for American Progress found maternal labor force participation was three percentage points lower in child care desert areas than those with accessible child care (holding other factors constant).

The costs of child care can be prohibitive to all but the wealthiest families. According to the Consumer Expenditure Survey, the average cost for full-time childcare for children five and under was \$10,000 annually in 2017, with cost increasing the younger the child. In total, U.S. families spent \$3.6 billion on childcare for children under five in 2017. Considering median income in 2019 was \$71,922 for white households, \$42,110 for Black households, \$45,44 for Indigenous households, and \$52,382 for Hispanic households, it is clear that the high cost of childcare disproportionately impacts BIPOC families, whose household income and wealth are deeply impacted by structural racism, including the racial wealth gap and labor market discrimination<sup>16</sup>.

All of these factors have obviously been compounded by the pandemic, in which a record number of child care providers shut down as a result of families who could not

pay tuition, teachers who could not come to work, and a lack of access to public financial support. As of August 2020, 240,000 childcare workers were out of work<sup>17</sup>. Surveys throughout the pandemic have shown that a super-majority of childcare centers faced shutting down as a result of declining income and lack of governmental support. Once childcare providers close their doors, it will take more than money to enable them to open back up. The pandemic has compounded the reality that public investment in child care is necessary.

The impacts of the pandemic on women's participation in the paid labor force will likely be generational. A recent survey from the



15 CAP, America's Child Care Deserts <https://www.americanprogress.org/issues/early-childhood/reports/2020/06/22/486433/coronavirus-will-make-child-care-deserts-worse-exacerbate-inequality/> For a complete map of child care deserts, see: [www.childcaredeserts.org](http://www.childcaredeserts.org). See also "Family-centered measures of access to early care and education," published in Early Childhood Research Quarterly last year.

16 Census <https://www.census.gov/library/publications/2020/demo/p60-270.html>

17 [https://www.jec.senate.gov/public/\\_cache/files/4fefb596-1095-4c9b-8239-6a6c71563948/child-care-final-9.23.2020.pdf](https://www.jec.senate.gov/public/_cache/files/4fefb596-1095-4c9b-8239-6a6c71563948/child-care-final-9.23.2020.pdf)

18 <https://iwpr.org/wp-content/uploads/2021/02/100-Days-Survey-FINAL.PUBLIC.pdf>

19 <https://www.nbcnews.com/news/us-news/about-275-000-women-left-workforce-january-critical-pandemic-trend-n1256942>

Institute for Women's Policy Research found that forty percent of women stopped working or reduced their hours during the pandemic because of care-taking demands<sup>18</sup>. Seventy-five percent of Black women and nearly ninety percent of Hispanic women said they were worried about economic insecurity (compared to sixty-five percent of white women). Nearly a year into the pandemic, hundreds of thousands of women continue to drop out of the labor force every month<sup>19</sup>. The economic and social costs of the non-existent childcare infrastructure will keep family caregivers from equitable access to the jobs created by decarbonization policies.

Investing in the childcare infrastructure is necessary for equitable access to the job opportunities created by public investment in decarbonization. Too often, studies of the employment effects of decarbonization programs assume that all that matters to a potential worker is compensation. Yet when we step back and realize the differences between adults with children and those without, and for parents, those with access to high-quality and affordable childcare and those without such access, it is clear that equitable access to employment requires a stable childcare infrastructure that working parents can rely on.

As gender norms continue to designate mothers as primary childcare providers, mothers who seek employment in clean energy sectors will be inequitably denied access without a robust public childcare infrastructure. As structural racism compounds the difficulty of accessing childcare for BIPOC mothers, denial of access to green jobs will be worse for BIPOC women,

as well as women in rural areas, where childcare deserts are more common. This is why comprehensive public investment in universal childcare is crucial for the employment opportunities of the Green New Deal to be equitably available. Paid leave – sick leave, paid family leave to care for loved ones or oneself – is also a necessary component of ensuring equitable access and fair treatment to all workers in the clean energy sectors of the economy.

Many working-age adults find themselves responsible for the home health needs of disabled or ill family members and older relatives. Home health care for the elderly and those with chronic health conditions is a fast-growing sector throughout the United States, driven by demographic shifts and likely to be exacerbated by fears of nursing homes and residential settings in the pandemic era. Home health care was projected to be the fastest growing occupation in the 2020s pre-pandemic, and demand will likely grow as more families fear residential care facilities and hospitals (PHI 2019; BLS 2019). Though Medicare and Medicaid cover about two-thirds of total home health care revenue, families are left to fund the balance and to organize care. For many families, this is a long-term challenge, as it was estimated pre-pandemic that a majority of the population aged sixty-five and older (70 percent) could need up to four years of care, while 20 percent will need more than five years. Adults seeking to enter the clean energy sector will face the same challenges and inequities as those responsible for childcare unless there is robust public investment in residential care and home health care<sup>20</sup>.

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<sup>20</sup> The CLEAN Future Act §824 on "Energy Workforce Development" focuses on training to "prioritize underrepresented communities" and grants for businesses to employ these workers, allocating funds to both, but makes no mention of the necessary care infrastructure.

## 2 High-Quality Care Jobs are “Green Jobs” for the Transitioning Workforce

Workers transitioning out of the fossil fuel industry need to access new careers that are located in their communities. Some will transition into the clean energy economy, but if care jobs are high-quality jobs with the right to unionize and are family-supporting, transitioning workers — the majority of whom are men — can find new meaningful careers in the care economy<sup>21</sup>. This will require directly addressing the social norms that care work is women’s work, by centering the skills required for professional care work in the discussion and ending the stigmas that men face who do choose to go into the care workforce<sup>22</sup>.

Care jobs are, by and large, green jobs. As described by Amanda Novello, “a green job should refer to any position that is part of the sustainability workforce: a job that contributes to preserving or enhancing the well-being, culture, and governance of both current and future generations, as well as regenerating the natural resources and ecosystems upon which they rely<sup>23</sup>.” The formal definition of green jobs used by the Bureau of Labor Statistics focuses on “a) Jobs in businesses that produce goods or provide services that benefit the environment or conserve natural resources; or b) Jobs in which workers’ duties involve making their establishment’s production processes more environmentally friendly or use fewer natural resources.” The definition classifies green jobs into three major categories: renewable



energy production, energy efficiency, and environmental management.” (Novello p. 6). Yet today’s advocates must recognize that care jobs are green jobs, as their work is necessary for sustaining the entire economy and society. More specifically, they contribute less to climate change than many other sectors of the economy. To truly accomplish a just transition, we must recognize careers in care as important options for the transitioning workforce, dismantle harmful gender norms and break down stigmas of who does paid (and unpaid) care work, and make certain that care jobs are high-quality jobs.

Care workers have themselves been calling for improving the quality-of-care jobs for decades. Most recently, the National Domestic Workers Alliance (NDWA) released a comprehensive

<sup>21</sup> For example, in the Oil & Gas Extraction Industry, less than 25 percent of the workforce is female. It is also critical to note here that in order to create effective avenues for transitioning fossil fuel industry workers into the care economy, much more work must be done. Significant wage differentials and patriarchal job stereotypes are just two challenges that will require interventions.

<sup>22</sup> See several reports from Better Life Labs at New America Foundation, including “Professional Caregiving Men Find Meaning and Pride in their work, but face stigma.”

<sup>23</sup> <https://www.dataforprogress.org/memos/redefining-green-jobs>

care infrastructure, titled “Building Our Care Infrastructure For Equity, Economic Recovery and Beyond,” built on over a decade of passing the Domestic Workers’ Bill of Rights in ten states. Yet despite important gains, for most care workers, including childcare workers, residential care workers, and home health care workers, job quality remains abysmally low, rooted in the historic perception and devaluation of care work as women’s work and the anti-Black racism that kept domestic workers (along with farmworkers) excluded from basic labor protections almost one hundred years ago.

The care workforce must be treated with dignity and respect. This means family-sustaining compensation and benefits (at minimum, a \$15 an hour starting wage), access to a union and the right to collectively bargain, and quality health care and family leave policies. The recognition of care work as crucial for the entire functioning of our economic system along with awareness of how structural and historical racism and sexism have kept compensation and quality of work low clearly leads to a pressing need to raise workforce standards.

High-quality employment is necessary as a matter of justice and economic sustainability for the current care workforce. It is also important to make careers in care a good option for workers — who are mainly men — transitioning out of fossil fuel energy sectors. Care work is in high demand, will increase further if recognized as necessary for equitable access to the clean energy sector, and is geographically dispersed — meaning care work is available to transitioning workers no matter where they live. Due to the nature of care work,

it requires public investment to ensure that jobs are high-quality: if left to the private sector, it will remain underpaid and inaccessible to many families<sup>24</sup>.

Specific work is required to break down social norms that keep care work framed as “women’s work.” We must elevate the reality that care work requires special skills and training, yet currently, many men who go into care work are challenged by negative stereotypes and stigmas about why they have chosen caring professions. Narrative work is required to “highlight the challenges, competencies required, and rewards of care work, that it can be complex and require special skills, and dispel stereotypes that it is drudgery, unchallenging, or ‘women’s work,” as described by Better Life Labs at the New America Foundation<sup>25</sup>.

Investing in the high-quality care workforce will also create jobs throughout the rest of the economy, as care workers spend money on goods and services. A recent analysis by Palladino and Mabud (2021) found that a \$77.5 billion annual investment in care would support over 2 million new jobs, translating into \$220 billion in new economic activity, even before job quality improvements are factored in, using input-output data from the Bureau of Economic Analysis. Though sixty-five percent of these jobs would be directly created in the care sectors, over 500,000 additional jobs would be supported in other sectors, like retail and food service, as direct care workers spend their wages on goods and services. These are precisely the sectors that employ higher numbers of women of color and have been hardest-hit by the pandemic<sup>26</sup>.

24 For more background, see: <https://www.dissentmagazine.org/article/children-as-a-public-good>

25 Better Life Labs, <https://www.newamerica.org/better-life-lab/reports/professional-caregiving-men-find-meaning-and-pride-their-work-face-stigma/>

26 Palladino and Mabud, <https://timesupfoundation.org/work/times-up-impact-lab/times-up-measure-up/its-time-to-care-the-economic-case-for-investing-in-a-care-infrastructure/>



## 3

## Decarbonize the Care Infrastructure

Care work is sometimes referred to as “green” because many care jobs – especially in home-based settings – have limited impacts on greenhouse gas emissions<sup>27</sup>. But that is not true of all care jobs, particularly in institutional and hospital settings; the U.S. healthcare system alone contributes 10 percent of the nation's carbon emissions and 9 percent of harmful non-greenhouse air pollutants<sup>28</sup>. Furthermore, emissions from healthcare have risen over the last decade, increasing 30 percent from 2006 to 2016 alone<sup>29</sup>.

Connecting climate and care could help underline the need to decarbonize and highlight the key role for hospitals and care facilities in a clean energy economy (ex. hospitals can be used as remote power plants for local communities if equipped with rooftop solars and smart metering).

Power generation accounts for the largest share of the healthcare sector's GHG emission (36 percent)<sup>30</sup>, so moving hospitals and care facilities to clean and renewable energy would not only significantly decrease the sector's footprint, but could also help improve energy resilience in times of emergency.

Further analysis can determine specific points of intervention for decarbonizing the care infrastructure. As many hospitals and health care facilities are major employers in their geographic regions, focusing on these institutions for decarbonization can reduce pollution, which will improve the health of the entire community, as these care jobs become less carbon-intensive.

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<sup>27</sup> <https://newrepublic.com/article/161998/care-work-climate-work>

<sup>28</sup> <https://news.yale.edu/2019/08/02/healthcare-industry-major-source-harmful-emissions>

<sup>29</sup> Ibid

<sup>30</sup> Eckelman and Sherman, “Environmental Impacts of the U.S. Health Care System and Effects on Public Health” <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0157014>



## 4

### A worsening climate will increase the need for care

Finally, public investment in care will be necessary to mitigate inequities flowing from climate disasters in the near term. Climate change disproportionately affects frontline communities, as stated clearly by the Green New Deal Resolution:

*Climate change, pollution, and environmental destruction have exacerbated systemic racial, regional, social, environmental, and economic injustices...by disproportionately affecting indigenous peoples, communities of color, migrant communities, deindustrialized communities, depopulated rural communities, the poor, low-income workers, women, the elderly, the unhoused, people with disabilities, and youth (referred to in this preamble as "frontline and vulnerable communities")<sup>31</sup>.*

Climate change will require increased health care, exposing frontline and vulnerable communities to heightened need for public

provision of care. In just the last year, U.S. climate disasters from the California wildfires to the Texas energy grid shutdown –both the result of inattention to climate change along with other factors—have created both short- and long-term needs for an increase in care for those directly affected. As described by Novello,

*"Climate change will put even more pressure on demand for health and care work, and will heighten the intensity of that work. Climate change and environmental degradation translates directly to demand for health workers, and workers across the health care sector are already addressing climate-related changes."*

These workers are also often frontline responders to the impacts of climate disasters.

<sup>31</sup> <https://www.congress.gov/bill/116th-congress/house-resolution/109/text>

# ANALYSIS OF CURRENT POLICY PROPOSALS FROM THE BIDEN-HARRIS ADMINISTRATION FOR CLIMATE ACTION & PUBLIC INVESTMENT IN CARE

## SUMMARY OF BIDEN-HARRIS CLIMATE STRATEGY

The [American Jobs Plan](#), recently proposed by the Biden-Harris Administration, proposes a major large-scale investment in infrastructure to meet the challenge of the climate crisis while prioritizing “long-standing and persistent racial injustice.”

The Plan includes a specific proposal for investment in the home care workforce, though (to date) the Plan does not make the direct connection between equitable access to employment in infrastructure and the care infrastructure as we propose here. The Plan does, importantly, call for major worker protections, including ensuring that all workers have a free and fair choice to join a union, and setting strong labor standards along with increased enforcement.

The Plan builds on the The Green New Deal (GND), which is a proposal for a ten-year economic mobilization – at the scale of the mobilization of World War II – designed to rapidly decarbonize the U.S. economy, create millions of jobs, and advance racial and economic equity. The mobilization has five goals, as outlined in H.R. 109 (often referred to as the Green New Deal Resolution):

- 1 Achieve net-zero greenhouse gas emissions through a fair and just transition for all communities and workers.
- 2 Create millions of good, high-wage jobs and ensure prosperity and economic security for all people of the United States.
- 3 Invest in the infrastructure and industry of the United States to sustainably meet the challenges of the 21st century.
- 4 Secure clean air and water, climate and community resilience, healthy food, access to nature, and a sustainable environment for all.
- 5 Promote justice and equity by stopping current, preventing future, and repairing historic oppression of frontline and vulnerable communities, including indigenous peoples, communities of color, migrant communities, deindustrialized communities, depopulated rural communities, the poor, low-income workers, women, the elderly, the unhoused, people with disabilities, and youth.

In addition to being a large-scale campaign now led by a number of movement groups, the Green New Deal operates largely as a policy framework, laying out the overall projects, principles, and aims for the aforementioned mobilization. As such, it does not lay out “policy details” or mechanisms. However, more targeted legislation and campaigns have emerged out of the GND framework, including the Green New Deal for Public Housing (co-sponsored by Rep. Ocasio-Cortez and Sen. Sanders), as well as the Care For All Agenda (sponsored by Rep. Bowman and Sen. Warren), and the THRIVE Agenda.

Released by the [Green New Deal Network](#), the THRIVE Agenda is an effort to adapt the goals and projects of the GND into an economic recovery package that is capable of both helping to revive the U.S. economy in the wake of COVID-19 and building “toward a new economy to address the inequality and racism the pandemic has laid bare.”<sup>32</sup> The THRIVE Agenda has eight pillars:<sup>33</sup>

- 1 Creating millions of good, safe jobs with access to unions
- 2 Building the power of workers to fight inequality – particularly from employers
- 3 Investing in Black, Brown, and Indigenous communities
- 4 Strengthening and healing the nation-to-nation relationship with sovereign Native Nations

- 5 Combating environmental injustice and ensuring healthy lives for all
- 6 Averting climate and environmental catastrophe
- 7 Ensuring fairness for workers and communities affected by economic transitions
- 8 Reinvesting in public institutions that enable workers and communities to thrive.



<sup>32</sup> <https://www.thriveagenda.com/agenda>

<sup>33</sup> <https://www.congress.gov/116/bills/hres/1102/BILLS-116hres1102ih.pdf>

The THRIVE Agenda – and the accompanying Congressional Resolution – explicitly calls for greater investment in care work, including “increasing jobs, protections, wages, and benefits for the historically unpaid and undervalued work of caring for children, the elderly, and the sick<sup>34</sup>.”

The Biden-Harris Administration has made “tackling the climate crisis at home and abroad” a central goal of its administration, recognizing clearly that “we have a narrow moment to pursue action at home and abroad in order to avoid the most catastrophic impacts of that crisis and to seize the opportunity that tackling climate change

presents<sup>35</sup>.” In addition to committing to broad international engagement, re-joining the Paris Agreement, and committing to a whole-government approach to the climate crisis, the Biden-Harris administration has recognized that mitigating climate change is also a job-creation strategy. The Executive Order noted that “there is promise in the solutions—opportunities to create well-paying union jobs to build a modern and sustainable infrastructure.” However, they have not directly recognized the importance of a care infrastructure in order to provide equitable access to these jobs or included care work in their vision of green jobs.

## SUMMARY OF BIDEN-HARRIS CARE INVESTMENT POLICY PROPOSALS

Before summarizing the plans of the Biden-Harris Administration, it is useful to describe the comprehensive proposals for the care infrastructure that have been put forward by leading care movement organizers. The National Domestic Workers Alliance (NDWA) has proposed a comprehensive set of policy reforms to build a comprehensive care infrastructure in the United States, based on principles of equity and economic recovery<sup>36</sup>. The reforms start by recognizing the skills of the care workforce and the legacy of structural sexism and racism that has kept the care workforce underpaid and undervalued. At the same time, the NDWA proposals recognize

that in America, families are left to organize and pay for care by themselves—a reality that has become apparent to all during the pandemic but will not end when the public health crisis fades without major interventions. A strong care infrastructure must ensure that all families have access to high-quality care, which starts with treating the care workforce with dignity and respect. Across child care, residential health care, and home health care, care must be affordable for families through public financing, and care workers must earn family-supporting wages, receive high-quality benefits, and have the right to form a union and collectively bargain.

<sup>34</sup> Ibid (p. 5)

<sup>35</sup> <https://www.whitehouse.gov/briefing-room/presidential-actions/2021/01/27/executive-order-on-tackling-the-climate-crisis-at-home-and-abroad/>

<sup>36</sup> Josephine Kalipeni and Julie Kashaen. 2020. “Building Our Care Infrastructure for Equity, Economic Recovery and Beyond.” National Domestic Workers Alliance: <https://caringacross.org/new-report-finds-care-infrastructure-critical-for-equitable-economic-recovery/>

There are specific proposals for different segments of the needed care infrastructure, but all share the goal of replacing threadbare and patchwork systems by instead ensuring equitable access through public financing, rather than placing financial responsibility on individuals and families, and supporting high-quality jobs. NDWA proposes several key

elements: universal child care, universal long-term services and supports, and paid family leave for all, including paid family and medical leave and paid sick days. Additionally, they propose direct support for family caregivers and the sandwich generation. A summary of the NDWA proposals is given in Table 1 below.

**Table 1: Policy Proposals for “Building Our Care Infrastructure for Equity, Economic Recovery and Beyond”**

POLICY AREA	POLICY COMPONENTS			PROPOSED LEGISLATION
<b>Universal Child Care</b>	Need a national Early Care and Education programs			Universal Child Care and Early Learning Act; Child Care for Working Families Act
<b>Universal Long-Term Services and Support</b>	53 million caregivers provide unpaid care and support	Investment in home and community-based services (HCBS)	Make HCBS mandatory in Medicaid and Medicare	
<b>Paid Leave for All</b>	Just 20% of workers have paid family leave and just 40% have paid medical leave through their jobs - and access is much lower and growing more slowly for low-wage workers.	Universal paid family and medical leave, with significant and progressive wage replacement, sufficient duration of leave, and universal coverage like 9 states and D.C. have or will soon have.	Paid sick days for shorter-term personal and family health care needs, including preventive care services and domestic violence/sexual assault.	FAMILY Act (with some improvements) Healthy Families Act Related state programs
<b>Support for Family Caregivers</b>				Social Security Caregiver Credit Act

The Biden-Harris administration proposed major investments in care during the presidential campaign, and President Biden has proposed \$400 billion for home care in the [American Jobs Plan](#), while reportedly substantial childcare funding will be proposed in the American Family Plan (though the American Jobs Plan does include \$25 billion in proposed funding to upgrade childcare facilities). The American Jobs Plan will “solidify the infrastructure of our care economy by creating jobs and raising wages and benefits for essential home care workers<sup>37</sup>.” The proposal recognizes the historic devaluing of paid care work by focusing on the need to raise wages for home and community-based care workers. The Plan also recognizes that all American workers should have a free and fair choice to organize, join a union, and bargain collectively with their employers. The Plan recognizes that aging Americans and Americans with disabilities will benefit from access to a well-paid and respected caregiving workforce, calling on Congress to increase pay along with access to long-term care services under Medicaid.

Though the American Family Plan has not been proposed to date, the campaign-era “Biden Plan for Mobilizing American Talent and Heart to Create a 21st Century Caregiving

and Education Workforce” laid out a vision for “substantial investments in the infrastructure of care in our country – to make child care more affordable and accessible for working families, and to make it easier for aging relatives and loved ones with disabilities to have quality, affordable home- or community-based care.” The Administration’s plan also proposed “to give caregiving workers and early childhood educators a raise and stronger benefits, treating them as the professionals that they are<sup>38</sup>.” The cost of the proposal amounted to \$775 billion over ten years, and was estimated at the time to create five million new jobs. Additional elements of the proposal included funding to build new child care centers; capping the amount that low-income families pay for childcare out of pocket; and supporting seniors to receive home health care. Vice President Harris previously introduced the Domestic Workers Bill of Rights into the U.S. Congress. Though it is of course heartening to see the Biden-Harris administration focus on caregiving directly, it is notable that the plan is posed as a separate policy agenda from the infrastructure and climate change mitigation policies that are likely to be the next major area of policy focus.

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<sup>37</sup> <https://www.whitehouse.gov/briefing-room/statements-releases/2021/03/31/fact-sheet-the-american-jobs-plan>

<sup>38</sup> <https://joebiden.com/caregiving>

## CONCLUSION: BRINGING THE BIDEN-HARRIS CLIMATE & CARE PROPOSALS TOGETHER

The “American Rescue Plan,” signed into law on March 11, 2021, served as a first step in dealing with the economic devastation of the pandemic. Important as its passage is, the ARP does not put in place long-term funding for a public care and climate resilience infrastructure.

**The Feminist Green New Deal coalition strongly supports centering care infrastructure and global justice considerations<sup>39</sup> in the push for investments in clean energy, economic recovery and all climate action.**

President Biden’s American Rescue Plan served as an opening step in enacting the Biden-Harris caregiving agenda, centering the need for emergency and long-term investment in care. It provides \$50 billion in funds for childcare, along with resources for vaccine distribution, shoring up health care systems more broadly, and securing unemployment relief for millions of out-of-work Americans. One plank of the plan calls for “expand[ing] access to high-quality, affordable child care,” which requires urgent action to keep child centers from closing nationwide: the plan proposes a \$25 billion emergency stabilization fund for child care centers and \$15 billion for the Child Care and Development Block Grant program to enable families to afford care (this builds on the \$10 billion authorized in December 2020). The key question from here is how the administration will define “infrastructure” as it focuses beyond immediate relief efforts.

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<sup>39</sup> The global justice dimensions of U.S. care infrastructure policy are not explored in this brief in depth, though it is critical that future research and writing lays out the intersection. Policy in the US has significant implications for care infrastructure internationally; for instance, the championing of debt cancellation or other mechanisms, such as Special Drawing Rights at the IMF, would free up critical public fiscal space for countries to invest in their health and care infrastructure systems. Sanctions put in place by the US have also left many countries hard-hit by COVID without critical resources to invest in care infrastructure during the pandemic.



The next phase for the Biden-Harris administration will be to move from the acute phase of pandemic recovery to a focus on the need for structural reforms to address the intersectional crises of care and climate. The administration can strengthen both its care and climate proposals by bringing them together: if care jobs are recognized as clean jobs themselves, and necessary for equitable access to the clean energy workforce, then investment in the care infrastructure makes sense as a central component of the Administration's approach to climate change. Investing in high-quality care jobs should also serve as a central part of the administration's way to support the transitioning workforce.

**Rather than advocating for these plans separately and in parallel, the Biden-Harris administration can make progress more effectively by directly linking care and climate policy – and committing to high-quality jobs in care and clean energy – in the minds of policymakers and the public.**

