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Abstract

Using the U.S. fiscal response to Covid-19 in March and April 2020 as a case study, this paper explores the implications that the U.S. coronavirus legislation had on the societal distribution of responsibility for social reproduction among U.S. households, employers, and the U.S. federal government —and its effect on women and racialized minorities. It builds on feminist political economy research that argues that, prior to the coronavirus pandemic, economic crisis and stagnating conditions for workers in the United States had increased the role of households and the U.S. government in social reproduction, relative to the contribution of employers. This paper argues that the U.S. federal government has responded to the Covid-19 crisis through an infusion of income support, but has failed to increase its long-term socially-reproductive commitments, nor addressed the intensified socially-reproductive burden placed on households or the declining role of employers in working-class social reproduction.

Keywords: United States, coronavirus, fiscal policy, income support, social reproduction, care

JEL codes: B5, E62, H5

1. Introduction

U.S. federal spending in response to the Covid-19 crisis provides an opportunity to study state intervention into capitalist social and economic crises from the perspective of feminist political economy (FPE). In March and April 2020, four pieces of legislation were enacted, totaling approximately \$3 trillion dollars in new spending and tax cuts. U.S. legislators have greater fiscal discretion because the United States does not experience the same balance-of-payment constraints as developing countries, nor is the United States bound to international agreements on fiscal or monetary policy, as are European Union member states. Compared with other advanced capitalist countries, the U.S. case is unique because it lacks universal healthcare coverage and has a for-profit, pay-for-service healthcare model. These conditions, along with stark economic inequality, underlying health disparities based on socio-economic status and race, and a gender gap within caregiving, have increased the health and economic consequences of the Covid-19 pandemic in the U.S (Nassif-Pires *et al.* 2020).

Feminist scholars and activists emphasize the critical role of non-market institutions and activities. Care theorists study the essential role that paid and unpaid caregivers play in economic processes related to creating human capabilities—in both labor-processes and output terms (Braunstein, van Staveren, and Tavani 2011, p.7). Social reproduction theory (SRT) argues that labor-power—the capacity to work—is replenished on a daily and generational basis (Bhattacharya 2017). The work of paid and unpaid caregivers—most of

whom are women, immigrants, or racial/ethnic minorities—is essential to social reproduction and the development of human capabilities. Governments play an essential role through the socialization of workers via schooling and training, funding healthcare and hospitals, and the redistribution and supplementation of income. State policy can create, reinforce, or alter gendered and racialized institutions, norms, and laws, while also affecting economic provisioning for households (Mutari 2003).

As an exercise in feminist political economy (FPE), this paper is rooted in an understanding of “the mutually constitutive relationship between gender and class, where class is defined as the relationship of a person/group to the production, appropriation and distribution of surplus” (Rao and Akram-Lodhi, Forthcoming, p. 1). While class categories derived from classical political economy are employed, FPE represents a critique of “nineteenth and twentieth century Marxism’s unwillingness to grapple with the details and dynamics of social reproduction” (Ibid, p.6) and its neglect of identity-based inequalities. As an FPE analysis of state intervention, this paper considers how the requirements of social reproduction influence the historical development of state policy-making (Moos 2020, pp.2-3). However, as noted by Folbre (Forthcoming), the welfare state is a site of “distributional conflict that reaches far beyond tensions between capital and labor” including those based on socially-assigned identities such as gender, race, age, nationality, and socio-economic status (p.261). From an FPE perspective, “gender inequalities and processes of capital accumulation” are intrinsically linked, which is why “feminist policies need to be explicitly pro-labor, grounded in an analysis of how

labor itself is produced by the work of social reproduction” (Rao and Akram-Lodhi, Forthcoming, p.8-9).

Using the U.S. fiscal response to Covid-19 in March and April 2020 as a case study, this paper explores the implications that the U.S. coronavirus legislation had on the societal distribution of responsibility for social reproduction among U.S. households, employers, and the U.S. federal government —and its effect on women and racialized minorities. The paper builds on FPE research that argues that, prior to the coronavirus pandemic, economic crisis and stagnating conditions for workers in the United States had increased the role of households and the U.S. government in social reproduction, relative to the contribution of employers (Moos 2019b). Using cost estimates of the legislation, I estimate what percentage of the coronavirus relief packages contribute to key aspects of state intervention into social reproduction: income support, publicly-funded healthcare research and services, as well as education. I explore the relationship of federal fiscal policy to households’ and employers’ responsibility for social reproduction, and the implications for gender and racial inequality. This paper argues that the Covid-19 pandemic has intensified the socially reproductive burden placed on households as well as prompted the U.S. federal government to spend significant funds on income support to compensate for the shrinking socially reproductive role played by employers. Despite the infusion of historic levels of federal expenditures aimed at reducing the immediate threat of recession, the U.S. fiscal response minimized its long-term commitments to social reproduction, leaving low-wage workers, women, and people of color in vulnerable positions.

2. Analyzing U.S. Coronavirus Fiscal Spending from the Perspective of Social Reproduction

Based on cost estimates of the U.S. coronavirus legislation published by the Congressional Budget Office (CBO), a nonpartisan agency that conducts economic analyses of budgetary issues and legislation, I categorized federal spending into social reproduction expenditures (SRE) and non-social reproduction expenditures (non-SRE). The SRE category includes Social Security, income support and transfers such as nutrition support, unemployment insurance, and other direct transfers to households, funds paid to firms to pay workers, as well as federal spending on health services, insurance, research, and education.² Non-SREs include all other funding and tax cuts that benefited firms or governmental agencies and were unrelated to domestic income support, health, or education.

Together, the four bills increased federal SRE by more than \$1.84 trillion dollars in budget authority for 2020–2030, with nearly \$1.5 trillion of estimated outlays in SRE in 2020. This large sum represents only 64 and 69 percent of the total 2020–2030 budget authority and 2020 estimated outlays of the legislation, respectively. A sizable portion of the expenditures—which include discretionary and direct spending, as well as tax cuts—are classified as non-SRE.

² This is a very narrow definition of social reproduction expenditures. It is meant to analyze the programs with the most direct and immediate effect of labor’s social reproduction and the creation of human capabilities. Moos (2019b) is based on a more expansive definition of the government’s contribution to social reproduction, which includes a greater amount of public goods and services. Furthermore, it is important to note that I am measuring the monetary value of these expenditures, not the ultimate effect on well-being.

The first law, the “Coronavirus Preparedness and Response Supplemental Appropriation” (H.R. 6074, Public Law 116-123) passed March 6, 2020 and totaled nearly \$8.3 billion in emergency funding for federal agencies such as the Food and Drug Administration, the Centers for Disease Control and Prevention, and the National Institutes of Health. Additional direct funding was also allocated to temporarily allow telehealth services under Medicare.³ Most of the funding in this bill—84.6 percent of the budget authority for 2020–2030, and 87 percent of the estimated outlays for 2020—is categorized as SRE.

The “Families First Coronavirus Response Bill” (H.R. 6201, Public Law 116-127) passed March 18, 2020. It included more than \$190 billion in direct relief for individuals in the form of nutrition assistance, an expansion of protections under the Family Medical Leave Act for caregivers who must miss work due to school or daycare closings, emergency unemployment insurance, emergency paid sick leave for Covid-19 patients, and additional spending for health provisions.⁴ Nearly all of the funding in this bill—99 percent of both the budget authority for 2020–2030 and of the estimated outlays for 2020—is characterized as SRE. Table 1 lists the specific SRE measures in the Families First Act; see appendix for non-SRE measures.

[TABLE 1 ABOUT HERE]

³ Congressional Budget Office. “CBO Estimate for H.R. 6074, the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 as posted on March 4, 2020.” <https://www.cbo.gov/system/files/2020-03/hr6074.pdf>

⁴ Congressional Budget Office. “Preliminary Estimate of the Effects of H.R. 6201, the Families First Coronavirus Response Act.” April 2, 2020. <https://www.cbo.gov/publication/56316>

The “Coronavirus Aid, Relief, and Economic Security (CARES) Act” (H.R. 748, Public Law 116-136) passed March 27, 2020. This is the largest of the four laws, representing nearly \$2.3 trillion. Major social reproduction aspects of the law include expanded unemployment insurance and compensation, direct payments of up to \$1,200 to individuals, healthcare services and coronavirus testing, nutrition assistance, paid sick and family medical leave, and funding for childcare, primary, secondary, and higher educational institutions. This bill provided funding for firms to continue to pay their employees, similar to the approach in European countries.⁵ Unlike the two preceding bills, the CARES Act included a significant amount of non-SRE funding. Approximately 65 percent of the budget authority for 2020–2030 and 73 percent of the estimated outlays for 2020 are categorized as SRE. As the CARES Act was by far the largest and most expensive of the four pieces of legislation, this means that a significant amount of non-SREs—more than 790 billion in budget authority in 2020–2030—were included in this bill alone. Table 2 lists the specific SRE measures in the CARES Act; see appendix for non-SRE measures and details on the remaining two bills.

[TABLE 2 ABOUT HERE]

“The Paycheck Protection Program and Health Care Enhancement Act” (H.R. 266, Public Law 116-139) was signed into law on April 24, 2020. The law provides nearly \$484 billion in

⁵ Congressional Budget Office. “Preliminary Estimate of the Effects of H.R. 748, the CARES Act, Public Law 116-136.” April 16, 2020. <https://www.cbo.gov/publication/56334>

additional funding for small business loans, health care providers, and coronavirus testing.⁶ Most of the funding in this bill—87 percent of the budget authority for 2020–2030, and 85 percent of the estimated outlays for 2020—is characterized as SRE.

3. The U.S. Federal Fiscal Role in Social Reproduction, with and without Covid-19

To understand how U.S. coronavirus legislation has affected federal funding for labor’s social reproduction in 2020, I analyze CBO projections before and after the pandemic. My analysis of the CBO projections illuminates what information Congress had on the potential redistributive effect of fiscal policy and how the legislation was *anticipated* to affect the U.S. economy. My interest in analyzing CBO projections is to better understand how federal coronavirus legislation altered the role of the U.S. federal government in social reproduction, and which aspects of social reproduction became emphasized as a result of the pandemic. Examining the pre- and post-pandemic estimates allows us to compare the anticipated effect of the legislation with the counterfactual situation where the pandemic had not occurred.

On March 6, 2020, the CBO published a baseline budget projection that excludes the effect of the coronavirus-related legislation.⁷ Pre-coronavirus virus projections are based on the March 6

⁶ Congressional Budget Office. 2020e. “CBO Estimate for H.R. 266, the Paycheck Protection Program and Health Care Enhancement Act as Passed by the Senate on April 21, 2020.” April 22, 2020. <https://www.cbo.gov/publication/56338>

⁷ Congressional Budget Office. “Baseline Budget Projections as of March 6, 2020.” Publication No. 56268. Washington, DC. Supplemental spending projections data available: <https://www.cbo.gov/data/budget-economic-data> Accessed March 8, 2020.

budget document; post-coronavirus projections include the costs of the four pieces of legislation. These figures were calculated by summing up the estimated outlays in the March 6 document, then adding the estimated outlays in the four coronavirus bills to the baseline estimate. See appendix for methodology and data.

As a result of the Covid-19 pandemic, income support is projected to increase from 11 percent of total federal expenditures to 22 percent of total federal expenditures in 2020. This is a result of the recovery rebates sent to individuals, extended unemployment insurance, paid leave, the paycheck protection program, nutrition support, relief for states, and other sources of income supplements. In absolute terms, projected 2020 income support expenditures increased from an estimated \$524 billion before the pandemic to nearly \$1.52 trillion as a result of the legislation.

The share of expenditures on Medicare and health—which included Medicaid as well as research, training, and activities of the Centers for Disease Control and Prevention and the National Institutes of Health—decrease as a percentage of total federal expenditures as a result of the legislation. The increase in Medicare and health spending in absolute terms was relatively modest. While projected Medicare spending as a percentage of total expenditures declined from 14.7 percent to 10 percent, in absolute terms it increased from \$695.8 billion to \$700 billion as a result of the pandemic. Projected health spending decreased as a percentage of total expenditures from 12.7 percent to 10.4 percent, but in absolute terms it increased from \$600 billion to \$719 billion as a result of the coronavirus policy changes.

In both relative and absolute terms, Congress responded more to the social reproduction crisis of lost incomes than to the social reproduction crises related to public health. The emphasis on income support and neglect of health reveals the federal government's attempt to stabilize aggregate demand, but reluctance to expand its role in providing health insurance or services. The unwillingness of the U.S. Congress to replace a healthcare system in which millions of people lost health insurance during a pandemic with a single-payer system could be considered a result of path dependency. However, it is important to note that prior to the pandemic, Medicare and Medicaid were each *individually* more expensive than federal income support. In 2020, income support will be costlier than Medicare and Medicaid combined. Furthermore, there are significant racial disparities in this pandemic—people of color are more likely to experience hospitalization and death as a result of Covid-19 (Nassif Pires *et al* 2020, p.4). It should not be considered incidental that Congress is responding to the current crisis as if it were primarily a collapse of aggregate demand, and not also a public health emergency in which the U.S. healthcare system is seriously ill equipped to respond.

These laws could be interpreted as demonstrating how institutional inertia shapes U.S. social policy, even in times of severe crisis. There is certainly political resistance to increasing or even maintaining SRE funding—especially for public health programs—among many members of the U.S. Congress. Increased funding for existing counter-cyclical programs such as unemployment insurance and the Supplemental Nutrition Assistance Program (SNAP) were favored over more radical proposals such as Medicare-for-All. Some heralded the recovery rebates, also called economic impact payments, authorized in the CARES Act “as a rare example of a direct cash

transfer in American history” (Oxfam 2020, p. 22). However, these payments took the form of a negative income tax—a policy-tool favored by both U.S. conservatives and liberals that has grown in importance as other transfer programs were cut during welfare reform of the 1990s (Moos 2019a, p.601).

While path dependency is a feature of the policy-making process, it does not explain all of the important outcomes of this legislation. The Families First and CARES Acts also represent a significant expansion of rights for some workers. The laws provided an estimated 65 million private-sector and 22 million public-sector workers with up to two weeks of paid, job-protected sick days, which in many cases can also be used for childcare purposes—but *only* for Covid-19 related work absences (NPWF 2020). An expansion of job protections and paid leave were largely considered political “nonstarters” before the pandemic, but were “achievable in these remarkable circumstances” (Oxfam 2020, p.22). However, the exclusion of firms with more than 500 workers from the paid leave provisions meant that approximately 59 million workers, a disproportionate number of whom are women of color, were ineligible (NPWF 2020).

Industry concentration and the corresponding power of large firms to avoid labor legislation increases workers vulnerability, especially in industries in which women and people of color are segmented. Furthermore, it is important to note that the paid leave was largely financed through tax credits to firms, and therefore any increased costs to firms were subsidized by the federal government.

4. The Distribution of Responsibility for Labor’s Social Reproduction, Before and During the Pandemic

To elucidate the pre-existing political-economic context in which the coronavirus pandemic and U.S. legislation occurred, I review recent research by Moos (2019b) which identifies broad trends in the distribution of responsibility for U.S. working-class social reproduction in the late 20th and early 21st century.⁸ With the aid of recent data and surveys, these historical trends are used to deduce the effect of the coronavirus pandemic and legislation on the distribution of U.S. social reproduction among class categories and within households.

3.1 The Role of Households in Social Reproduction and the Implications for Gender and Racial Inequality

Using a satellite account with imputed monetary values of household production published by the U.S. Bureau of Economic Analysis (BEA), Moos (2019b) finds that for every year between 1959 and 2012, unpaid household production contributed more to working-class social reproduction than employers contributed through the sum of net wages, employer-based benefits, and contributions to social insurance. The imputed value of household production used in this analysis should be understood as a lower-bound, as the imputation method used by the BEA—based on a generalist approach—is considered by feminist time-use researchers to be an underestimate as it excluded supervisory care and other factors (Suh and Folbre 2016, see

⁸ Working-class households are defined as those that do not have enough wealth to forgo working for income, and do not exercise a supervisory role in their jobs (Moos 2019b, p.7).

also Moos 2019b, p.10). Alternative measurements of household production, such as those suggested by Suh and Folbre (2016) would likely show an even greater discrepancy between the socially reproductive roles of households and employers during this time period.⁹

As a result of the Covid-19 pandemic, it is likely that the contribution of unpaid household production will increase substantially, as hours spent in unpaid domestic and care work have increased as a result of school and daycare center closings during the pandemic. A survey conducted by UN Women during May 1–3, 2020 in 18 countries, including the U.S., found that many women report that their unpaid care work has increased as a result of the pandemic.¹⁰ A poll conducted by Data for Progress found that in early May, 55 percent of women and 73 percent of men surveyed in the U.S. reported that the time they spent in unpaid domestic and care work increased as a result of Covid-19 stay-at-home orders—in many cases as much as five hours or more per day (Oxfam 2020, p.9). Unpaid care and domestic work have increased most for households containing children and/or elders, and for people of color (Oxfam 2020, p.9).

A greater reliance on the household for social reproduction during the coronavirus stay-at-home orders and school closings appears to reinforce traditional gendered division of unpaid work. Research suggests that during the pandemic, while the total hours spent on unpaid care and domestic work have increased, the distribution between men and women has stayed the

⁹ Furthermore, Moos (2019b) assumes that *all* net wages are used to finance past, present, or future household social reproduction. This simplifying assumption may be true for budget-constrained households, but does not distinguish between necessary and other types of consumption.

¹⁰ UN Women study: <https://data.unwomen.org/features/ipsos-survey-confirms-covid-19-intensifying-womens-workload-home> Accessed August 5, 2020.

same, with women doing more unpaid housework than men (Oxfam 2020, p.15–16). A similar result was found during the Great Recession and jobless recovery—the disparity among unpaid work hours between mothers and fathers was “virtually unchanged” from pre-recession levels (Berik and Kongar 2013, p.210).

While the closing of schools and daycare centers was necessary from a public health perspective, it likely reinforced or intensified the pre-existing gendered division of paid labor. Recent analysis reveals that during the pandemic mothers have reduced their paid working hours more than fathers, even when both partners are able to telework (Collins, Lavdivar, Ruppanner, Scarbrough 2020). Analyzing data from the U.S. Current Population Survey, Heggeness (2020) concluded that “The impact [of the stay-at-home orders] on short-term work productivity and engagement appeared to be borne entirely on the backs of mothers” (p.18). In addition, the U.S. media has predicted that the pandemic will create long-term labor market scarring for U.S. women with children.¹¹

3.2 The Role of Employers in Social Reproduction

Employers contribute to workers’ social reproduction by paying for wages and salaries, benefits such as pensions and health insurance, and taxes which partially fund social insurance schemes. Moos (2019b) defines the sum of three factors as the cost of employment (CE), and compares it to the total societal cost of working-class social reproduction (CSR_w), which also includes the

¹¹ See: <https://www.nytimes.com/2020/06/03/business/economy/coronavirus-working-women.html> and <https://www.wsj.com/articles/womens-careers-could-take-long-term-hit-from-coronavirus-pandemic-11594814403>

imputed value of unpaid household production, government social spending, consumer borrowing,¹² and expenditures of non-profit organizations serving households (Moos 2019b, pp.9-16). In 1966, the CE/CSR for working-class households was 50 percent, by 2011 it was 38 percent (Moos 2019b, p.16).

The decrease in employer contributions to total working-class social reproduction is a secular trend, although it does appear to be influenced by the business cycle. This trend is being driven by wage stagnation, the erosion of employer-based benefits, and the growth of low wage jobs—features of the US economy since 1979 (Howell and Kallenberg 2019). In addition, during and immediately following economic downturns, the CE/CSR falls. The most dramatic decreases in the working-class CE/CSR occurred during the second oil shock between 1973 and 1975, and the Great Recession from 2007 to 2010 (Moos 2019b, p.15).

The economic vulnerability underlying the reduced contribution of employers to working-class social reproduction in the late 20th and early 21st century is more severe for women and people of color. Albelda, Bell-Pasht, Konstantinidis (2020) found that women and people of color were more likely to hold “precarious jobs” and that precarious workers of color were significantly more likely to be economically insecure than their white counterparts (p.554-5).

¹² Mortgages are excluded due to simplifying assumptions with regard to mortgage debt and housing wealth (Moos 2019b, p. 11).

As a result of the Covid-19 crisis, it appears likely that the contribution of firms to working-class social reproduction will further decrease, which will exacerbate these gender and racial inequalities. Due to the 19.6 million net job losses that occurred between the start of the pandemic and May 2020, wages and employer-based benefits have declined substantially.¹³ Between February and May 2020, 5.9 million U.S. workers lost health insurance as a result of being laid off, the most substantial decrease ever recorded for the United States.¹⁴

Women and people of color—and especially women of color—have been particularly hard hit in the Covid-19 recession. In April 2020, the unemployment rate for white men and white women was 12.4 and 15 percent, respectively. The same month, the unemployment rate for Black men and Black women was 16.1 and 16.4 percent, respectively. The unemployment rates for Latinx workers were even higher: in April 2020 they were 16.7 for Latinos and 20.2 percent for Latinas. Recovery is significantly slower for minorities—while the August unemployment rate decreased to 6.9 and 7.3 percent for white men and women, it remained persistently higher for people of color.¹⁵ Race and gender segmentation in the U.S. labor market, in particular the crowding of women and racialized groups into healthcare and service sector jobs, caused the Covid-19 recession to be particularly harmful to women and racialized minorities, with women of color suffering the most severe consequences.

¹³ Net job losses: <https://nwlc.org/wp-content/uploads/2020/06/May-Jobs-FS.pdf> Accessed August 5, 2020.

¹⁴ Loss in health insurance: <https://www.familiesusa.org/resources/the-covid-19-pandemic-and-resulting-economic-crash-have-caused-the-greatest-health-insurance-losses-in-american-history/> Accessed August 5, 2020.

¹⁵ Unemployment data: <https://www.epi.org/indicators/unemployment/> Accessed September 20, 2020.

3.3 The Role of the U.S. Welfare State in Social Reproduction

The U.S. welfare state is marked by stingy, contributory and non-universal benefits—especially in comparison to other advanced capitalist countries. Even in a political climate that has become increasingly hostile to social spending, U.S. social spending has continued to rise in absolute terms and as a percentage of GDP since 1980, although it still lags behind the OECD average.¹⁶ Relative to the contribution of employers, Moos (2019b) finds that the contribution of government social spending to total working-class social reproduction grew steadily since the 1960s. From 1959 to 1990, employers' contribution to social reproduction was a greater contributor to social reproduction than the sum of total federal, state, and local social spending. In the mid-1990s, the state's contribution became roughly equal to employers' contributions, and eventually overtook employers' contributions by 2002 (Moos 2019b, p.19).

An aging population increases U.S. federal social spending, as the two largest programs—Social Security and Medicare—benefit older populations. However, the shift occurred before the eldest baby boomers became eligible for these programs. Rising healthcare costs are a major source of the increased social spending, but are not the only factor (Moos 2019a, p.596-598).

The shifting relationship between government social spending and employers' contribution to working-class social reproduction began in an era of increased free trade and a decrease in labor protections, the erosion of employer-based benefits, wage stagnation, and economic

¹⁶ OECD Statistics on Social Expenditures: <https://stats.oecd.org/Index.aspx?DataSetCode=SOEX> AGG# Accessed September 20, 2020.

inequality and vulnerability in the U.S. A high level of prolonged unemployment in the Great Recession, the jobless recovery, and the expansion of low-wage jobs (which increases eligibility and use of programs such as SNAP and refundable tax credits) also contribute to the increase in social spending (Moos 2019a, p.595). The increase of social spending in this context is consistent with what Rodrik (2017) calls “compensating those who end up with smaller slices” due to globalization, which he has observed in many European countries, but is often overlooked as having occurred in the United States (p.2).

Due to the Covid-19 crisis, federal expenditures for workers have risen as a combination of automatic stabilizers such as unemployment insurance and SNAP, as well as increases in new spending authorized in the coronavirus legislation, as discussed in the preceding section. It is important to note that state and local governments also contribute to social reproduction, and that this spending is included in the analysis by Moos (2019b), but not captured in the CBO estimates. As of June 30, 29 U.S. states had enacted budget legislation in response to Covid-19, a mix of supplemental appropriations and transfers in “rainy day” or reserve funds.¹⁷ However, states also face historic budget shortfalls which will have a devastating effect on employment as well as accessibility and quality of social services.¹⁸ A state-level analysis would illuminate a more complete picture of the effect of the pandemic on the government’s role in social reproduction, as well as reveal deep inequalities in the U.S. resulting from the specific effects of

¹⁷ State Fiscal Responses to Covid-19: <https://www.ncsl.org/research/fiscal-policy/state-fiscal-responses-to-covid-19.aspx> Accessed September 17, 2020.

¹⁸ State and local budget shortfall: <https://www.cbpp.org/research/state-budget-and-tax/states-continue-to-face-large-shortfalls-due-to-covid-19-effects> Accessed September 17, 2020.

the crisis on regional economies as well as budgetary decisions made at the state and local level.

5. Conclusion

This paper has argued that the U.S. federal government has responded to the Covid-19 crisis through an infusion of income support, but has failed to increase its long-term socially-reproductive commitments, nor addressed the intensified socially-reproductive burden placed on households or the declining role of employers in working-class social reproduction. The increased socially-reproductive role of households and the declining contribution of employers further exacerbates class, gender, and racial/ethnic inequalities, which from the perspective of FPE are intrinsically linked. Employers benefit from the output of social reproduction—a readily employable workforce—because households, particularly the women within them, have continued and even increased their hours of unpaid household labor. This also further disadvantages women relative to men, by undermining women’s position in paid employment. Racialized and immigrant women are put at an even greater disadvantage relative to employers and men, especially white men, due to intersectional oppressions, and their disproportionate role in the care economy.

The increased role of the U.S. federal government in social reproduction is double-edged. While there are enormous benefits to social insurance schemes in terms of equity, efficiency, and reliability, there are social risks associated with a greater reliance on government transfers rather than earned incomes, especially for marginalized, racialized communities. The recovery

rebates excluded many immigrants and their households—even those containing U.S. citizens. It also required low-income households without a tax liability to file tax returns in order to qualify for benefits, a process that can be difficult depending on literacy, access to internet, and other socio-economic barriers.¹⁹ The expansion of the role of government cash transfers—which gives Congress greater control over the distribution of income when it replaces wages—must be understood in the current political context. As Folbre (Forthcoming) notes, the growth of public expenditures has meant that “their distribution became more consequential, often intensifying racist, nationalist and gendered allegiances” (p.281) among policy-makers and within the working class. Without a commitment to equality, the increased role of the federal government in the distribution of social reproduction can improve the livelihoods of some groups, while disadvantaging others.

While a sufficiently high-level of income support could help households meet their socially reproductive needs, one should not expect cash transfers to automatically achieve feminist goals in the current U.S. context. The perverse nature of the existing U.S. welfare state—which subsidizes low-wage private-sector jobs through in-work benefits—perpetuates inequality and poverty. In comparison to European countries, post-1990s U.S. social policy creates stronger incentives and requirements for workers, especially women and people of color, to accept low-wage employment (Gautié *et al* 2010, p.170-175). For this reason, feminist should approach proposals for a universal basic income (UBI) with caution and scrutiny. The optimistic

¹⁹ IRS Rules: <https://www.irs.gov/newsroom/economic-impact-payments-what-you-need-to-know> Accessed August 5, 2020.

view of McKay (2001) that the “divorce [of] work and income” through UBI will result in greater “gender-neutral social citizenship rights” seem unlikely to play out in the current U.S. context.

In order to respond as an adequate and equalizing *social reproducer of last resort* during and after the pandemic, the U.S. government would have to respond through truly universal transfers, employment protections, single-payer healthcare, and paid family sick leave for *all* workers— and for *all* reasons, not only as a result of Covid-19 infections or school closures. These types of policies—which could, in theory, emerge in response to a social and economic crisis of this magnitude—could achieve much more equitable outcomes and reduce stratification among race, national origin, class, and gender if they were designed with the aid of gender-responsive budgeting (GRB).²⁰ Federal policy could also be used to require employers to take on a greater role in social reproduction, by mandating a reduction in work hours while keeping wages constant. The funding mechanisms of these policies—whether financed through corporate tax revenue and a reduction in profits, higher prices passed on to consumers, or taxes paid by the working class—would determine who ultimately financed these social protections and have important implications in the societal distribution of working-class social reproduction.

²⁰ See ILO publication on gender-responsive budgeting (GRB): https://www.ilo.org/wcmsp5/groups/public/---dgreports/---gender/documents/publication/wcms_111403.pdf Accessed September 20, 2020.

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Table 1: Family First Coronavirus Response Act (HR 6201) Social Reproduction Expenditures (In Billions)

	2020-2030 Budget Authority	2020 Estimated Outlays	Type of Spending	SRE Function
Agriculture, Food and Nutrition Services	1	0.54	Discretionary	Income Support
Interior, Indian Health Service	0.064	0.047	Discretionary	Health
Labor Health and Human Services, Education	1.25	0.175	Discretionary	Veterans
Veterans Affairs, Veterans Health Administration	0.06	0.04	Discretionary	Veterans
SNAP Waivers for Work Requirements	2.74	0.63	Direct	Income Support
Supplemental SNAP Benefits	18.5	9.8	Direct	Income Support
Paid Sick Leave	0	0	Direct	Income Support
Emergency Unemployment Insurance	4.97	1.045	Direct	Income Support
Emergency Paid Sick Leave	0.055	0	Direct	Income Support
Health Insurance Coverage	0.007	0	Direct	Health
Medicare	6.725	2.75	Direct	Medicare
Medicaid and CHIP	1.875	1.097	Direct	Health
Federal Matching Assistance (CHIP)	48.647	29.182	Direct	Health
Medicaid Allotment to U.S. Territories	0.204	0.105	Direct	Health
Refundable Credits for Paid Sick Leave & Paid Family Medical Leave	10.196	8.667	Direct	Income Support
Revenue Effect of Expanded Unemployment Eligibility	-0.217	0	Increase in Revenue	Income Support
Health Insurance Coverage	0.004	0	Decrease in Revenue	Health
Federal Matching Assistance Percentage (CHIP)	-0.0252	-0.0103	Increase in Revenue	Health
Tax Credits for Paid Sick and Paid Family Medical Leave	94.659	84.46	Decrease in Revenue	Income Support
Social Reproduction Expenditures	190.7138	138.5277	Total SRE	

Table 2: CARES Act (HR 748) Social Reproduction Expenditures, In Billions

	2020-2030 Budget Authority	2020 Estimated Outlays	Type of Spending	SRE Function
Keeping American Workers Paid and Employed	377	377	Direct	Income Support
Pandemic Unemployment Assistance	35	30	Direct	Income Support
Emergency Increase in Unemployment Compensation	176	175	Direct	Income Support
Pandemic Emergency Unemployment Compensation	51	12	Direct	Income Support
Other Unemployment Compensation Provisions	2	1	Direct	Income Support
Recovery Rebates for Individuals	151	139	Direct	Income Support
Employee Retention Credit	3	2	Direct	Income Support
Supporting America's Health Care System, Education	9	9	Direct	Education
Increasing Medicare Telehealth Flexibilities	2	0	Direct	Medicare
Medicare Inpatient Prospective Payment System	3	2	Direct	Medicare
Increased Access to Postacute Care	4	1	Direct	Health
Department of Health and Human Services	8	2	Direct	Health
Pandemic Relief for Aviation Workers	32	22	Direct	Income Support
Coronavirus Relief Funds (to States and Tribal Govs)	150	150	Direct	Income Support
Title VI – Misc. (USPS Borrowing for delivery of medical)	10	10	Direct	Health
Unemployment Insurance Revenue Provisions	5	3	Decreases in Revenue	Income Support
Recovery Rebates for Individuals	142	131	Decreases in Revenue	Income Support
Employee Retention Credit for Employers	55	49	Decreases in Revenue	Income Support
Expansion of Qualified Medical Expenses	9	0	Decreases in Revenue	Health
Other Healthcare Tax Provisions	0	0	Decreases in Revenue	Health
HHS Public Health and Social Services Emergency Fund	127	24	Discretionary	Health
Education Stabilization Fund	31	4	Discretionary	Education
Department of Veterans Affairs	20	6	Discretionary	Veterans
Title IV Other (includes programs administered by USDA)	71	36	Discretionary	Income Support
Social Reproduction Expenditures	1473	1185	Total SRE	