Chapter 2

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COVID-19 AND STRUCTURAL INEQUALITIES: CLASS, GENDER, RACE AND WATER JUSTICE

This article argues that Covid-19 has exposed deep, structural inequalities in the world today along the lines of class, gender and race – between well-resourced and precarious workers, women and men, racialized and non-racialized people. Using the lenses of gender justice and environmental racism, the article documents how the inter-related histories of colonialism and capitalism have created the unequal world that we live in, entrenching inequalities in the built environment as clearly evidenced by access to water and sanitation. It argues that the pandemic also creates an opportunity to refocus efforts on Universal Basic Services as one way to exit this crisis.

INTRODUCTION

Covid-19 must be understood through the lens of structural inequalities. To contain the spread of Covid-19, health ministries and the World Health Organization (WHO) have advised everyone to wash hands frequently, wear masks, stay at home, and practice physical distancing in public spaces. These recommendations are mere inconveniences for most well-resourced workers and elites around

the world who are able to shelter-in-place thanks to "essential workers" who have continued to put their bodies on the line filling our orders, delivering our packages, sanitizing our public spaces, putting food on the shelves, growing our food, and caring for the sick and elderly. In addition, these recommendations are nearly impossible to follow for people who have little or no access to safe water and sanitation facilities, who rely on daily wages to survive, or who live in densely populated informal settlements, refugee camps or on the street.

The pandemic and its economic fallout have made the fault lines of privilege and disadvantage stunningly clear: while some are in a social position to be financially stable and stay healthy, most are in much higher-risk, vulnerable situations, and have had to endure devastating consequences. The virus has shone a spotlight into the cracks of our unequal societies, further exposing deep inequalities based on class, gender and race among people both within and between countries.

The lack of access to basic water and sanitation is one such form of inequality. In 2017, 3 billion people still lacked basic hand-washing facilities at home: 1.6 billion had limited facilities lacking soap or water, and 1.4 billion had no facility at all (UNICEF and WHO 2019). Unsurprisingly, this deficit affects primarily the poor in the underdeveloped zones of the world economy, particularly poor women and girls who are tasked with procuring water in communities that do not have access to an improved water source or sanitation.

This chapter argues that in order to understand and address these inequalities, we need to examine how power and inequality are structured differently for historically oppressed groups created by capitalism and colonialism.

Achieving a water justice that contributes to gender and racial justice requires more than just reform of institutions to broaden the representation of women and other political minorities. It requires a rethink of the for-profit system that threatens the ecology, a re-

distribution of wealth and power, and massive public investment in Universal Basic Services.

GENDERED DIMENSIONS OF PANDEMICS AND COVID-19

Pandemics affect men and women differently, and Covid-19 is no exception. Early evidence suggests that worldwide more women than men have been infected by the virus, but men are more likely than women to become seriously ill and die from Covid-19. This higher male morbidity rate is likely due in part to gendered norms that affect behavior, such as higher rates of smoking among men (Wenham et al. 2020). Yet given the fact that more women than men are employed as frontline workers in essential services (Boniol et al. 2019) and are more likely to do high-contact, economically insecure, and unprotected work (ILO 2020), women are particularly susceptible to contracting the disease.

Women, especially racialized, disabled and queer women, are also more susceptible to economic instability and the disruption to services and resources needed for well-being and survival (UNPFA 2020).

During the pandemic, unpaid care work has increased dramatically. UNESCO reported school closures in 180 countries, affecting 60% of the world's student population. Care needs of older people have also increased due to overwhelmed health services. Women's domestic and caregiving burdens have increased exponentially. As Helen Lewis (2020), put it in the early days of the crisis:

> At an individual level, the choices of many couples over the next few months will make perfect economic sense. What do pandemic patients need? Looking after. What do self-isolating older people need? Looking after. What do children kept home from school need? Looking after. All this looking after – this unpaid caring labor – will fall more heavily on women, because of the existing structure of the workforce.

Stay-at-home recommendations and the strict lockdowns in many countries have left both men and women jobless, but women workers, particularly racialized women (especially in the global North), are much more likely to lose their jobs (PSAC 2020). For many opposite-sex couples providing care for the young, the sick and the elderly, it might also make sense for the female partner to quit their jobs and stay at home since women generally make less than their male counterparts. The ILO (2020) estimates that from April 2019 to April 2020, 16% of women experienced increased rates of unemployment compared to 13% of men in Canada. Such differences are more dramatic in places with higher rates of gender inequality, like in Colombia, where 29% more women experienced increased rates of unemployment compared to 21% of men over the same time period.

Gender-based violence has also increased exponentially. Many women are being forced into lockdown at home with abusive household members, while at the same time, services to support survivors have been disrupted and are more difficult to access. On top of the financial strain to individuals and families, confinement can also lead to stress. For men, who typically see themselves as the breadwinners of the family, the loss of employment and income may result in higher rates of anger and mental illness (including suicidal thoughts) and for some, domestic violence is an outlet. Many migrant workers have lost their jobs and had to return to rural homes, upending gender dynamics in those households. Researchers have documented how in diverse countries such as Egypt, Jordan, India, Indonesia, Morocco, Nepal and Tanzania, women whose husbands migrate gain autonomy in decision-making, which is often cherished despite the increase in responsibilities (Ullah 2020; Desai & Banerji 2008; Archambault 2010; Maharjan et al. 2012). A comprehensive review by Peterman et al. (2020) identifies these factors among the potential direct and indirect pathways between pandemics and violence against women and girls: economic insecurity and poverty-related stress, increased exposure to exploitative relation-

ships as household structure and composition change, and the inability of women to temporarily escape abusive partners.

Pandemics also curtail access to sexual and reproductive healthcare. Past public health emergencies have demonstrated the importance of maintaining access to maternal health care—including prenatal and neonatal care—for women during crises. For example, the closure of maternal health clinics in West Africa during the 2012-14 Ebola crisis resulted in a 70 percent increase in the region's already high maternal mortality rate (Care and IRC 2020). In Sierra Leone, disrupted maternal health services and fear of seeking treatment due to the outbreak contributed to about 3,600 maternal deaths, neonatal deaths and stillbirths. In the affected countries, the number of female deaths caused by problems related to a lack of maternal health care was higher than the number of deaths from Ebola itself.

GENDER, RACE, CLASS AND ACCESS TO WATER AND SANITATION

Water is central to life-making activities. The world over, women are the primary care providers in households. Women rely on water for most daily care-providing tasks, such as food preparation, cleaning, personal hygiene, caring for the young, sick and elderly, as well as for growing crops and keeping livestock. In the marginalized zones of the world economy where households lack access to networked infrastructure, the task of procuring water falls disproportionately on women and girls (UN Water 2006).

Stay-at-home orders have made it difficult for many women to procure safe water and food for their households. Some women will need to decide whether to spend the time permitted outside the home to procure either safe water or food for their children and families. Strict lockdown rules in many countries, including curfews and limits on congregating at common water distribution points, further compound these difficulties. Across the world, 29% of people do not have water inside their home (as high as 73% in

sub-Saharan Africa). The additional long journeys to water sources caused by increased demand for water will mean more chances of contact with others at water points or kiosks (UNICEF/WHO JMP 2020). Women often walk long and treacherous distances and/or wait in long lines to collect water. For example, UNICEF estimates that before the pandemic, the time women spent collecting water on a daily basis amounted to 200 million hours (or more than 22,800 years). Covid-19 has likely made this situation worse. And for many, it will mean spending more of their already scarce resources on buying water at an unaffordable price from private vendors who sometimes see crisis as an opportunity to make windfall profits (Nath and Gosling 2020).

Women and girls also face particular challenges due to lack of access to adequate sanitation. Women and girls who practice open defecation or must use remote latrines located in unsafe spaces face increased risk of sexual violence. Menstruation also presents difficulties. Even in non-pandemic times, inappropriate menstrual hygiene management prevents girls from attending school. UNICEF has estimated, for example, that 1 in 10 girls in Africa miss school because of their period (cited in Noriega 2015). During times of enforced isolation and closure of many public facilities, women and girls' ability to manage menstruation can be further compromised in communities and households. Finding a clean and private space to change and wash while remaining indoors for much of the time with their family, and accessing menstrual materials and water, is even more difficult. As Jennifer Weiss-Wolf (2020) put it, "periods do not stop for pandemics." In order to attend to these particular needs, girls and women require access to menstrual hygiene products, as well as sex-segregated latrines and hand washing facilities equipped with locks and lighting as well as safe and discreet disposal facilities (Cone 2020). This fact is as true in public buildings, such as schools, as it is in informal settlements or refugee camps.

While the WHO's Covid-19 guidelines are essential for everyone's health, it is clear that women, particularly poor women, face chal-

lenges in implementing them that are quite different from those faced by men. Women need support from governments and international organizations to ensure that the pandemic does not wipe out decades of gains in gender equality (UN 2020). Access to clean water and sanitation is part of this gender equality agenda; water justice and gender justice cannot be separate issues.

ENVIRONMENTAL RACISM AND WATER AND SANITATION

Due to historical and continuing relations of colonialism, access to networked infrastructure that delivers a continuous supply of clean water and adequate sanitation is also highly uneven. While environmental factors such as drought and limited supply affect the provision of these services, we must go beyond the idea that scarcity is determined by nature. The 2006 UNDP report *Beyond Scarcity: Power, Poverty and the Global Water Crisis* draws our attention to the way that the crisis is socially constructed. According to the report, there is more than enough water in the world for domestic purposes, for agriculture and for industry. The problem is that some people – notably the poor – are systematically excluded from access by their poverty, by their limited legal rights or by public policies that limit access to the infrastructures that provide water for life and for livelihoods (2006, 3).

Systemic exclusions that create poverty include environmental racism, or patterns that link the discrimination of racialized communities to the marginalized areas in which they are often forced to live – including near mines, toxic waste sites and landfills with higher levels of air, water and soil pollution (Bullard 1993).

The fallout of this crisis will be highly uneven, but one of the positive lasting effects has been the emergence of a global social movement against racism with its epicenter in the United States. The resurgence of the *Black Lives Matter* that has erupted in the context of the Covid-19 pandemic following the murder of George Floyd and Breonna Taylor (and many, many others) has drawn immediate

attention to the ways that legacies of colonialism and racism have shaped access to the state and its services, particularly policing and penal policies. But there are also important connections being drawn between racism and other pressing issues, such as the differential impact of climate change and inequalities in our built environments that affect health outcomes. As summed up by Patrisse Cullors and Nyeusi Nguvu (2017), members of the *Black Lives Matter* movement, "Racism is endemic to global inequality. This means that those most affected – and killed – by climate change are Black and poor people." The pandemic has exposed the way that racism has structured our highly unequal societies, which deprive racialized peoples of the infrastructure to keep them healthy and safe.

In the global North, legacies of environmental racism in white settler states such as the United States and Canada have left historically marginalized communities at greater risk to the effects of Covid-19 and lacking access to clean, safe water and sanitation. Critical literature on the social determinants of health recognizes that racism is one of the main factors responsible for poorer public health outcomes among racialized and Indigenous communities in the United States and Canada (Paradies et al. 2015; Greenwood and Leeuw 2012). A disease such as Covid-19, primed to exploit pre-existing health issues and infrastructural shortcomings, presents a greater risk to these communities.

Structural racism exists because discriminatory practices in one sector – education, employment, housing, credit markets, health care, and the justice system – reinforce parallel practices in other sectors. This creates interconnected systems of embedded inequities in laws and policies that shape the economy. Consequently, nearly all aspects of our political economy mutually reinforce practices that allow or encourage discriminatory beliefs, stereotypes and unequal distribution of resources. As health researchers Egede and Walker (2020, 1-2) have argued:

> Though structural racism shapes the distribution of social
> determinants of health and social risk factors, action within

the health care system has been hampered by a lack of understanding of how to keep such variables from influencing health. In addition, the discourse about social determinants often frames them as negative factors experienced by only some groups, whereas in reality, nonmedical factors can confer health benefits as well as risks, and they affect everyone. We need to focus on addressing both social risk factors (adverse social conditions associated with poor health) and unmet social needs (immediate social conditions that individuals identify as most pressing for them).

The most obvious unmet need for many racialized Americans is a lack of medical insurance. The United States (US) is one of the only advanced industrialized nations that does not have universal access to health care, the dire consequences of which are painfully revealed by the pandemic. But access to health goes beyond the question of insurance. As US House Representative Alexandra Ocasio-Cortez (2020) put it succinctly, "Covid deaths are disproportionately spiking in Black and Brown communities. Why? Because the chronic toll of redlining, environmental racism, and the wealth gap are underlying health conditions. Inequality is a comorbidity."

Data surrounding the racial disparities in US cases and deaths have revealed Ocasio-Cortez's statement to be irrefutable fact. In the US, the Covid-19 infection rate is three times higher in predominantly Black counties than in predominantly white counties, and the mortality rate is six times higher. In Chicago alone, over 50% of Covid-19 cases and almost 70% of Covid-19 fatalities are disproportionately within the Black population, who make up only 30% of the overall Chicago population (Egede and Walker 2020). This dark new demonstration of deep-rooted inequality is telling a tale that is centuries old, a legacy of slavery but also an integral part of neoliberal globalization.

The City of Detroit, Michigan – a rust-belt city whose decline is related to neoliberal globalization – has had a particularly poor re-

cord when it comes to racism and providing access to basic services essential for public health. Since 2014, over 140,000 homes in Detroit have had their water service disconnected as part of a debt-payment program. In 2019, more than 23,000 accounts had their water shut off, and 37% still did not have their services restored as of mid-January 2020. After the WHO declared Covid-19 a pandemic the second week of March, the city promised to restore water to residents, but by the end of the month only about 1,050 of the 10,000 people who called had their water restored without penalty. According to a city report, 8,000 residents who called were told that they did not qualify for the Water Restart Plan. As Reverend Roslyn Bouier, executive director of a local NGO fighting water disconnections, put it in an interview with *The Guardian*, "Common sense says it is racism," noting that most of those who have had their water shut off are black and poor (cited in Noor 2020). Lack of access to water is one factor that helps to explain the higher fatality rate of Covid-19 among African-Americans. The fatality rate of Covid-19 in Michigan is 7% of confirmed cases; African-Americans make up 40% of the state's deaths but only 14% of the population. (For more details on water cutoffs in the US see Warner et al., this volume.)

Canada is often seen to be the US's friendlier, more egalitarian, less racist northern neighbour, but there the pandemic has also hit racialized communities the hardest. In Toronto, Canada's largest city, Black people and other people of colour make up 83% of the Covid-19 cases while only making up half of the population (Cheung 2020).[1] As Kwame McKenzie, the CEO of the Wellesley Institute and a professor of psychiatry at the University of Toronto, argues, "Some people thought that COVID would be the great equalizer. COVID-19 is not a great equalizer – it discriminates." As he explains, racialized people are more likely to live in poverty and poor housing, to be

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[1] The data was collected on a voluntary basis from patients visiting medical facilities between May 20 and July 16, 2020. It does not include people from Indigenous communities or people in long-term care homes.

victims of crime and discrimination, to have precarious work and to have problems getting enough nutritious food. All of these factors – the social determinants of health – lead to poorer health outcomes (cited in Cheung 2020).

Indigenous communities in Canada are also more vulnerable to infection due to lack of clean water and unsanitary conditions, particularly on reservations. During the H1N1 pandemic in 2009, Indigenous peoples were only 4 percent of the population but represented 28 percent of hospital admissions and 18 percent of the deaths (National Collaborating Centre for Aboriginal Health 2016). The government's response, widely seen as inadequate, was met with intense criticism. Health Canada was forced to apologize when, along with face masks and sanitizers, it also shipped 200 body bags to reserves in northern Manitoba, to the shock and dismay of local leaders (CBC News 2009).

Today, over 100 First Nations and Inuit communities in Canada do not have access to safe, clean water. As of February 15, 2020, Indigenous Services Canada reported that there were 61 communities with long-term drinking water advisories in effect. This number, however, does not include the scores of First Nations communities that have had either boil water or do-not-consume water advisories for a period of less than 12 months. In addition to the lack of clean water, First Nations communities also lack adequate health care facilities, housing and food reserves, as well as the necessary staff to implement any emergency response (Barrera 2020). Inuit communities are also at higher risk due to higher rates of tuberculosis, overcrowded and unsanitary housing and inadequate health facilities (Kiddell-Monroe et al. 2020).

The federal government has allocated C$300 million to support Indigenous communities (out of a total expense package of C$81 billion) (Barrera 2020). Before the pandemic, it also committed to making investments that will bring safe water to all of these communities by 2021. Progress has been made, but it seems unlikely that this goal will be reached despite its urgency in the context of

the pandemic. As Covid-19 continues to expose weaknesses in our systems and Canada's history of colonization, the government must provide sufficient and timely emergency support to Indigenous communities.

To understanding racism through an environmental lens, we must address the role played by the global North in subjugating the nations of the global South. Historically, this has occurred through natural resource exploitation, climate change impacts and related political maneuvering, as well as the many modes of political destabilization resulting from colonization and new forms of imperialism.

The recent history of water privatization in the 1990s and mid-2000s is a case in point. Buoyed by the "success" of the world's first large-scale water privatization (the sell-off of the water utilities in England and Wales in 1989), multinational water companies based mostly in Europe and North America saw an opportunity to profit from what they deemed to be the ultimate commodity: water. Water privatization in the developing world was promoted by the World Bank, which made the privatization of water and sanitation utilities part of the conditions required for structural adjustment loans. Years later, in the wake of cancelled and renegotiated contracts and social unrest, even the World Bank recognized that it was a failure (*Wall Street Journal* 2003). As Hall and Lobina (2006, 52) suggest in their review of investments in the water sector between 1990 and 2005, the water privatization agenda at the height of the neoliberal era actually delayed progress in the sector. They argue that misplaced expectations on the private sector have led to a massive reduction in the level of aid and development financing from donors to the water sector, which has far outweighed the actual investments made by private companies. As they summarize: "The net contribution of 15 years of privatization has thus been to significantly reduce the funds available to poor countries for investment in water" (52).

Decades of neoliberal ideology promoting the idea that the private sector will deliver basic services to the poor if we can only get

the incentives right, has not only affected the water sector but housing and other related services needed to combat a public health crisis such as Covid-19. As Mike Davis (2006) details in his book *Planet of Slums*, the underdevelopment of the Third World must be understood in the context of the structural adjustment programs sponsored by the managers of global capitalism – the World Bank and IMF – from the 1980s to the present. The population of "Third World" cities has swelled without creating employment, leading to competition over crumbs in the urban informal sector. Privatization pushes part of the middle class into poverty (laying off former civil servants), turns social services such as health care and sanitation into commodities, and leads to gated communities for the middle and upper classes. Regarding this last point, Davis highlights how these geographies create not only physical distances but also a decline in the possibility of any notion of reciprocity between the haves and the have-nots: "[W]e are dealing with… a fundamental reorganization of metropolitan space, involving a drastic diminution of the intersections between the lives of the rich and the poor" (119).

The Covid-19 pandemic exposes the vulnerability of people who live without adequate housing and health, in addition to lack of access to water and sanitation. The World Bank (2020) estimates that over a billion people worldwide face heightened risk of Covid-19 due to overcrowded and substandard living conditions in slums and other informal settlements. It has been estimated, for example, that 80% of the seven million residents of Dharavi, Asia's largest urban slum located in Mumbai, India (made famous by blockbuster hit, *Slumdog Millionaire*), have no running water. By the end of July, one study reported that over half of the residents in Mumbai's slums may have contracted Covid-19 (Biswas 2020). The virus is now spreading quickly in South America. In Brazil, which as of mid-August 2020 was the second country in the world in terms of number of cases (after the US), one in four of Rio de Janeiro's 12 million inhabitants live in densely packed *favelas*, most lacking proper wa-

ter and sanitation. One study commissioned in June by the mayor's office reported that 28% of residents in one of Rio's largest *favelas*, Cidade de Deus (featured in the film, *City of God*) was infected by the virus (Reeves 2020).

Authoritarian governments have been particularly keen to use repressive measures to keep their wealthy citizens safe from the virus by physically enforcing the separation of the rich and the poor through repressive lockdowns and the clearance of slums and informal markets. While mandatory lockdowns may slow the spread of disease, they do so at the expense of poorest of the poor, who have no ability to purchase a stockpile of essential supplies such as food and water, or have nowhere to go to shelter. In countries such as Ecuador, Bolivia, India and South Africa, poor people who have been accused of violating these orders have faced harsh punishment by authorities and charged with steep fines. In Bolivia, for example, the fine for defying quarantine is US$150, or about a half of the monthly minimum wage (Gutierrez 2020). Governments supposedly enforce these laws in the name of public health, despite the fact that these actions put the most vulnerable – the displaced populations – at risk of starvation and financial ruin.

In India, a harsh lockdown forced migrant workers to flee the cities, cramming onto trains and buses to get back to their villages to respect the order, leading to long lineups and general chaos, which made physical distancing impossible. Many were forced to walk home (Bisht 2020). Rather than controlling the virus, such measures likely contributed to its spread. In the state of Uttar Pradesh, a cleaning crew hired to sanitize city buses turned their hoses on migrant workers, spraying them down with disinfectant (Al Jazeera 2020). While the cruel act was condemned by local government officials, it reveals the way that migrant workers have been dehumanized in the context of the pandemic.

In some places, slum clearings have continued unabated. In early May, the Nairobi City Water and Sewerage Company in Kenya evicted over 7000 households from land it claims to own despite the

fact that these households have title to their lands and had obtained a halt order from the court (Amnesty International 2020). In early May, military forces with orders from the municipal government evicted about 700 families occupying land in Ciudad Bolivar, in Bogota, Colombia, despite the fact that they had been living there for 20 years. Eyewitnesses reported that one house was bulldozed with an elderly man inside, and that military forces used tear gas to evict the residents. Journalists trying to cover the story were also harassed. Human rights organizations have called for justice, questioning the supposedly progressive orientation of Bogota's current mayor (Habitat International 2020). The report from Habitat International raises the crucial question, "how can people quarantine if their homes were destroyed?"

If the current health crisis offers an opportunity for fundamental change, one of the first targets must be the neoliberal policies that promote private sector participation as a means of addressing infrastructure deficits. Decisions about access to fundamental socio-economic rights such as housing and related services are made by people who do not face the consequences, and that also has to change.

UNIVERSAL BASIC SERVICES: ONE WAY OUT OF THE CRISIS

It has been 10 years since the United Nations recognized water and sanitation as a fundamental human right. The Covid-19 virus demonstrates why water and sanitation must be available, accessible and affordable to all to keep our communities safe, healthy and thriving. While the UN recognition of the human right to water did not mean an immediate change in the daily lives of people who do not have access to water and sanitation, thanks to the efforts of social movements and their organizations, governments and aid agencies did start to take important steps. Approximately two thirds of countries include water and sanitation as human rights in their constitutions, although what that right means in terms of duty

bearers is subject to a wide range of interpretation (Root 2020). The Covid-19 pandemic has also highlighted the absurdity of the US refusal to accept its obligations on the human right to water – against which it has repeatedly argued, including at the United Nations.

The language of rights does not always succeed in challenging the divisive drives of capitalism. In this moment there is a political opening to fight for a vision that does not prop up our destructive for-profit system under the language of "rights," which can be co-opted by individualistic, pro-privatization agendas and corporate green-washing campaigns (Fantini 2019; Karunananthan 2019). As water justice activist Maude Barlow (2020) notes, "The commitment to honour the human right to water is strongly undermined both by a lack of funds designated by governments and by the pollution, over extraction, diversion and mismanagement of the planet's water sources. All the human rights in the world will not provide clean water where there is none." In short, juridical rights are best seen as the beginning rather than the end of a process. As socialist feminist Tithi Bhattacharya (2019) argues, "A juridical right is not a right at all unless we create conditions for substantiating those rights." In order to substantiate the human right to water, we urgently need to take bold action against climate change, protect and restore watersheds, and advance a public agenda to provide universal access to clean water and sanitation for all. (For more on the question of Covid-19 and the human rights to water see Loftus and Sultana, this volume).

Crisis creates opportunity, and the Covid-19 pandemic has made the impossible suddenly seem possible. For example, to prevent economic collapse and contain the spread of the virus, governments across the world have introduced temporary income support programs to stimulate the economy. These programs might be a small step in the right direction; they demonstrate that it is possible for governments to spend more. The danger of focusing on income supports in the absence of other measures is that they do little to change nature of our neoliberal, financialized economies,

where sectors are often dominated by only a handful of major corporate players. As we have seen with cash transfer policies in South Africa (e.g. social grants), basic services remain unaffordable in the context where housing and related services, as well as health and education are being privatized and treated as commodities (see Ruiter's chapter on Cape Town in this volume). Many households simply sink deeper and deeper into debt, as the cash transfers act as collateral, pushing the burden of economic risk onto the poor.

Paradoxically, temporary income support programs in places like Canada and the US may have also widened inequality. A recent report suggests that the top five billionaires in the world have increased their wealth by 26% between March 18 and June 17 in the context of widespread unemployment (Asante-Muhammad et al. 2020, Collins, Ocampo 2020). As progressive economist Gary Stevenson emphasizes, money may be going to the poor people but that does not mean it stays with the poor people. Citizens have used this cash to pay for food, rent, mortgages and other essentials. The rich receive this money because they own the apartment buildings, the food companies, the e-commerce companies, the utilities and the banks. In this time of risk, the rich are not re-investing this money by creating new employment opportunities in the "real" economy, and instead are accumulating it in their bank accounts. Stevenson stresses that in order for governments to have the money necessary to fund basic services, build much-needed infrastructure and redistribute the economy's wealth to average citizens, they would have to place higher taxes on the rich and close down offshore tax havens that the wealthy exploit. "Otherwise," he warns, "inequity will continue to worsen — which will mean less chance for the economy to bounce back" (cited in Livesey 2020).

To transform the economy, we also need to focus on measures that distribute wealth in the supply parts of the economy. The comprehensive plans for a *Green New Deal*, put forward by progressive movements in the US and the UK, do just that (Aronoff et al 2019; Klein 2019). While there are variations between the two – the UK

version is more reliant on international cooperation – both call for a bold new vision for the economy that aims to mitigate climate change by decarbonizing the economy and prioritize care by expanding housing and related services. The UK Labour Party's manifesto, entitled *Assuring everyone's basic rights through the provision of universal services*, argues:

> Public services are fundamentally redistributive, as they provide more relative value to those of lower income than high. They are economically resilient, operating with economies of scale and providing secure government employment that is less impacted by recessions or economic crises than market-based services; and they can be delivered and managed so as to minimize climate and environmental impact through public stewardship and efficiency gains (Labour Party UK 2019, 3).

The Green New Deal and its call for Universal Basic Services provides a vision for the kind of economy we need to resolve the crisis of unpaid care work, the ecological crisis caused by climate change and to push for environmental, racial and gender justice after the pandemic.

CONCLUSION

Pandemics change history. As the UNDP report (2006) *Beyond Scarcity* emphasizes, the "great leap" in water and sanitation reform in 19th century England was the result of a cholera epidemic that affected both rich and poor. In the 1920s in Lagos, Nigeria, the bubonic plague opened the pathways for urban planning and innovations in public health and hygiene (Lawanson 2020).

Covid-19 is by no means "the great leveler." The widespread effects and global nature of the pandemic have exposed the structural inequalities that underpin the world economy. These inequalities

shape who is affected, the severity of that impact, and recovery efforts that take place. The Covid-19 pandemic and its social and economic impacts have created a global crisis unparalleled in a century – one which requires a holistic response to match its sheer scale and complexity. But this response, whether at the national or international level, will be significantly weakened if it does not factor in how inequalities have made us all more vulnerable to the impacts of the crisis.

As Arundhati Roy (2020) argues, the pandemic is also a "portal." More and more people are asking why the poor have no food, decent work, housing or access to basic services such as health, education, recreational opportunities, water and sanitation. This era of uncertainty, protest and revolt provides an opportunity to think about how to rebuild. The lenses of gender, environmental and racial justice offer more than tools to help understand the problem; they also highlight the importance of struggles for equity in overcoming the legacies of colonialism and racism that persist into the present.

We have a collective opportunity to avoid repeating past policies and to build more equal, inclusive and resilient societies. Past stimulus plans, such as the *New Deal* that followed the Great Depression, demonstrate that public sector investment will play a fundamental role in this crisis as well. Collective, public forms of directing, planning and financing will be necessary in order to create a new economy. Proposals for a *Green New Deal*, which have emerged in the past decade and have gained traction in the context of the climate crisis, provide a path toward a new economy based upon Universal Basic Services, which is centered on an ethics of care. This will place us on a footing to create a fairer, more equitable and more sustainable collective future.

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