

Dear Colleagues:

We are writing with an urgent request to University leadership and the Faculty Senate of the University of Washington, deans, and department heads. COVID-19 has uncovered many aspects of our institutional practice that have historically rendered certain labor invisible and left others more vulnerable. Now, more than ever, the structure and expectations of research productivity and teaching quality overwhelmingly privilege those who do not have to consider caring for family members.

A significant number of staff and faculty have caregiving responsibilities. At the Seattle campus alone, according to the most recent [climate survey](#), 39% of staff and 51% of academic personnel have substantial parenting or caregiving responsibilities. About 30% of staff and academic personnel were caring for children under six, and more than 50% were caring for children ages 6-18. Around 20% of staff and academic personnel care for senior family members.

Come Autumn, caregivers at the University of Washington are facing a crisis with the potential to impact their career trajectories and increase gender and racial disparities in the academy. Although schools and childcare centers are slowly considering opening up, there will inevitably be a scarcity of care options, which will be exacerbated for families with multiple children, children with special needs, single parents, and/or adult members with care needs related to age or disability.

Concerning school-aged children, there is no expectation that children will be returning to a normal school schedule in the school districts surrounding Seattle, Bothell, and Tacoma. Yet, student and administrator expectations of work quality are rising. Thus, parents find themselves with little guidance as to how to reconcile these demands. Recent announcements by Seattle Public Schools and other surrounding districts suggest that, at best, higher needs children and elementary-aged children will be on a hybrid schedule. Older children will possibly be 100% remote. Moreover, some parents with more medically-vulnerable children may be unable to send their children to school or childcare, or may have family members with pre-existing conditions that makes sending children outside of the home dangerous. When school-aged children are not in school, school districts will expect parents to supplement their children's learning at home, as they did in the Spring.

These challenges are also shared by parents of younger children. First, while some childcare centers are open, they are open at limited capacity to adhere to social distancing guidelines, and may be frequently and intermittently forced to lock down in the event a child or staff member is ill. Second, King and Pierce County public health guidelines further require that children showing any symptoms of COVID-19 (including cough, nausea, and sore throat - common childhood ailments) be kept home for at least 10 days. Parents in this situation will still be responsible for paying their child care center, while either paying out of pocket for additional

care or providing care themselves, but still will need to meet their teaching, service, and research obligations.

Moreover, facilities that provide care for elders and adults with disabilities remain closed for the foreseeable future, as participants are in medically vulnerable positions.

The demands of full-time childcare and full or part-time homeschooling, and other care work typically performed by others, are not compatible with expectations of full-time research, teaching, and service, as we learned in Spring quarter. And yet, neither President Cauce nor Provost Richards have addressed these challenges in any of their re-opening plans, leaving caregivers to wonder whether they will be forced to fall behind their peers without caregiving responsibilities and suffer professional consequences related to merit or promotion.

Additionally, while the caregiving burden will be shared by all caregiving employees, empirically we know that we should expect that it will fall disproportionately on women. Studies conducted since the COVID-related school closures have repeatedly found that working women are more likely than men to have primary responsibility for caregiving. [Women](#) are spending more time per day than on childcare and homeschooling than men and spending fewer hours working than men. The disparate impact of school and care center closures on working women in academia have already been seen in [reports](#) of women submitting fewer publications. The impact of balancing family and work are also likely to manifest in teaching evaluations (which already tend to be lower for women), and will disproportionately impact women who are contingent and teaching faculty, the [majority](#) of whom are women.

In short, caregiving employees at the University of Washington will find themselves bearing a disproportionate amount of the COVID-19 crisis on their time and their ability to perform their job duties satisfactorily, and this burden will further fall disproportionately on women. The challenge of childcare, homeschooling, and/or elder care during the COVID-19 pandemic will increase the already existing gender disparities in promotion and tenure in U.S. universities, potentially for an entire [cohort](#) of women currently working in higher education and caregiving. In order for the University to alleviate the burdens of caregivers during this crisis, and not further exacerbate gender disparities in higher education, it must reorient and shift its expectations of research, teaching, and service, until the pandemic is under control with a widely available vaccine. In sum, we need different approaches and strategies for the foreseeable 12-24 months, if not longer.

Fortunately, we still have time to make plans for the future. We suggest actionable steps that can be taken in three domains: 1. Additional caregiver accommodations and investment; 2. Revisions to merit / promotion / evaluation processes; 3. Equity considerations.

We also recognize caregiving impacts far more members of our community than just faculty, and we encourage relevant organizations such as UAW to make further efforts to understand and advocate for student and staff needs when it comes to caregiving. Some of our actionable

steps are specific to faculty and the terms of faculty employment, while others apply to faculty, staff, and students. While these suggestions focus on faculty caregiver needs, we also strongly urge similar efforts to support caregivers more broadly across UW.

### **Additional Caregiver Accommodations and Investment**

1. **Provide temporary support to caregivers and caregiver providers.** Repurpose departmental funds for faculty conference travel and visiting speaker travel to pay for additional hired caregivers. (N.B. Childcare for two children costs \$25/hour on average for two children in Seattle. This is \$4,500 per month for full-time care before taxes). The University has long had a back up care service, but even before the pandemic, it was difficult to secure care with this service, especially at the last minute, as noted in the climate survey. In an informal survey, it appears that it is even more challenging now. Adding more resources to this service could help.
2. Use this moment to **rethink and expand caring strategies across the University.** The Seattle area as well as Tacoma notably suffer from a deficit of care options, especially affordable ones, and the University offers few oversubscribed childcare centers, as noted in the Climate Survey. We could build upon strategies used by peer institutions in order to address that ongoing crisis creatively and with long-term implications (for example: expanded regular daycare on campus, sick-day childcare on campus, subsidizing the expansion of childcare centers, as well as better access to care for adult family members with disabilities or medical needs).
3. Instruct department heads and deans to **evaluate teaching loads and student enrollments for caregivers.** Those with heavier caregiving needs should be granted teaching relief and/or TA assistance. Considerations for reducing new preps could be helpful as well. Consider adopting strategies similar to those adopted by many large Seattle-area [employers](#) (e.g. Google and Microsoft) and allow faculty with caregiving needs to take flexible paid caregiving leave that reduces their teaching loads during the pandemic.
4. **Allow faculty with caregiving responsibilities to teach online for the duration of the pandemic** or until a vaccine is widely available, and to change their courses to those more appropriate for online instruction, if necessary. Additionally, support faculty development for learning online teaching methods, and do not penalize faculty who use asynchronous teaching methods, which are most adaptable to the unpredictable schedules faculty and students with caregiving responsibilities are experiencing.
5. **Reduce service expectations for caregivers,** as requested by affected faculty, without penalty. Allocate funds for graduate students or other faculty members to perform these services, when possible.

### **Revisions to merit / promotion / evaluation processes**

6. **Suspend “on track” standards for research productivity** until a vaccine is widely available. Re-evaluate timely progress standards for tenure, promotion, and other merit reviews.

7. **Ensure job security.** Identify protocols for temporarily replacing instructors who must take leave from teaching due to their own or their family’s health or care needs during the pandemic. Ensure that such faculty members will be able to return to their typical teaching assignments as circumstances permit. In the mean time, provide funds to departments to compensate faculty or graduate students who take on additional teaching responsibilities as a result.

8. **Make course evaluations optional** and/or replace them with peer evaluations for the duration for the pandemic. Temporarily suspend the teaching evaluation requirement for merit raises.

### **Equity considerations**

9. **Promote awareness and understanding** among students, staff, and faculty of these additional challenges faced by caregivers, which may cause interruptions to student services and education.

10. **Convene a committee to develop a race-, gender-, and disability-informed accommodation policy for those affected by caregiving responsibilities** due to the pandemic. Survey faculty, staff, and graduate students at the university to gather information about their current challenges and needs. Ensure that women with young children are on this committee, that the majority of the committee be composed of individuals with caregiving responsibilities, and that its meetings are open to UW community members for comment.

In conclusion, the costs of continuing our previous professional expectations on faculty, especially junior faculty and non-tenure track faculty, and others who have ongoing child care, elder care, and homeschooling responsibilities will be cumulative and have gendered impacts. This will be evident not just during the period before there is a widely available vaccine, but going forward in their academic careers. More funding for COVID-related research will not alleviate the compounding disadvantage experienced by caregivers, and the University of Washington will need to develop creative and proactive solutions in order to support its goals of equity and inclusion in the academy.

We recognize there are multiple, inter-related crises facing the University for the coming year, and caregiving is only one dimension of these crises. We encourage the administration to create additional opportunities for dialogue with students, faculty, and staff to ensure safe and sustainable working and learning conditions for all as we head into the 2020-21 academic year.

Many thanks for your creative vision and flexibility in these uncertain times,

Composed by the organizing committee, including members:

Nora Kenworthy, Associate Professor, School of Nursing and Health Studies (UW Bothell)

Julie Kientz, Professor and Chair, Department of Human Centered Design & Engineering

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Note: We are grateful to Dr. Michelle McKinley (University of Oregon Law School, Center for the Study of Women in Society) and Dr. Lynn Stephen (University of Oregon, Department of Anthropology) whose earlier letter served as an inspiration and model for our own, as well as the The Gender Studies Working Group on Gender and COVID-19 at the University of Notre Dame for their extensions of the University of Oregon letter.