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H. RES. 1617

Expressing the sense of the House of Representatives that it is the duty of the Federal Government to dramatically expand and strengthen the care economy.

IN THE HOUSE OF REPRESENTATIVES

DECEMBER 17, 2024

Mr. BOWMAN (for himself, Ms. BUSH, Ms. CLARKE of New York, Ms. JAYAPAL, Ms. MENG, Ms. OCASIO-CORTEZ, Ms. PRESSLEY, Ms. WILLIAMS of Georgia, Mr. CARSON, Ms. CHU, Mr. DESAULNIER, Mrs. DINGELL, Mr. ESPAILLAT, Mr. GARCÍA of Illinois, Mr. JOHNSON of Georgia, Ms. LEE of California, Ms. LEE of Pennsylvania, Ms. NORTON, Ms. OMAR, Mr. POCAN, Mrs. RAMIREZ, Ms. SCHAKOWSKY, Ms. TLAIB, and Ms. VELÁZQUEZ) submitted the following resolution; which was referred to the Committee on Education and the Workforce, and in addition to the Committees on Energy and Commerce, Transportation and Infrastructure, Financial Services, Agriculture, the Judiciary, and Oversight and Accountability, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

RESOLUTION

Expressing the sense of the House of Representatives that it is the duty of the Federal Government to dramatically expand and strengthen the care economy.

Whereas the preamble of the Constitution of the United States cites the duty to “promote the general Welfare”, establishing care for the people of the United States as one of the pillars of our system of government;

Whereas, even before the novel coronavirus disease 2019 (COVID–19) pandemic and the recession it triggered—

(1) the United States was experiencing profound crises of care and well-being; and

(2) critical public services and programs in the United States were under-resourced or nonexistent;

Whereas we are interdependent and, at various stages of life, everyone will give or receive care;

Whereas care work makes all other work possible, and the economy of the United States cannot thrive without a healthy and robust foundation of care for all people;

Whereas over 3,500,000 children are born every year in the United States, and about 11,000 people in the United States reach retirement age each day;

Whereas, in 2019, the number of adults over 60 requiring long-term care was around 8,000,000 and that number was expected to triple by 2050;

Whereas, in 2019, more than 1 out of 5 adults in the United States had been an unpaid caregiver for an adult family member or friend, or for a child with disabilities, in the preceding 12 months;

Whereas 60 percent of unpaid caregivers worked for pay outside the home, and most were women;

Whereas over 3,600,000 children and young people in the United States had also been caregivers for adults;

Whereas, in 2023, women in the United States performed nearly 296 hours per year of unpaid care work on average, amounting to nearly two-thirds of all unpaid care work performed and about 102 annual hours of care more than men on average, and Asian women and

Latinas spent about an hour a day providing unpaid care on average, more than any other group;

Whereas the estimated size of the care economy, including both unpaid and paid caregiving, is up to \$6 trillion, approaching a quarter of total United States gross domestic product (GDP);

Whereas just as our country's physical infrastructure is crumbling, the Federal and State programs constituting our care infrastructure are an outdated patchwork, and quality care is inaccessible for millions of people in the United States;

Whereas the United States does not guarantee paid time off to give and receive care, and is the only industrialized country in the world without a national paid family and medical leave program;

Whereas States throughout the country have created sustainable paid family and medical leave models that could meet the needs of all people in the United States;

Whereas, in 2023, only 27 percent of the United States private sector workforce had access to paid family leave through their employer, while only 6 percent of the lowest wage workers, who are predominantly women and workers of color, had access to paid family leave;

Whereas Federal law in the United States does not guarantee paid sick days for workers and, in 2023, 22 percent of workers in the private sector workforce did not have even a single paid sick day;

Whereas the ability for workers to use paid sick time during the COVID-19 pandemic prevented 400 confirmed cases of COVID-19 per State per day;

Whereas the median cost of a private room in a nursing home facility is \$120,304 per year;

Whereas Medicaid—

(1) covers long-term care needs, but with strict income and asset eligibility requirements; and

(2) has an institutional bias, requiring State programs to cover care in congregate facilities, while home and community-based services are optional or limited;

Whereas Medicare generally does not cover long-term services and supports;

Whereas only 7 percent of individuals in the United States aged 50 or older are covered by private long-term care insurance, which is often prohibitively expensive while providing inadequate coverage;

Whereas, in 2024, nearly 27,000,000 people, including 3,800,000 children, did not have health insurance in the United States, over half of them people of color, and tens of millions more people were underinsured;

Whereas childcare is one of the highest expenses for families in much of the United States, and public childcare assistance is limited;

Whereas, in 2020, 30 percent of all children under the age of 14 were potentially eligible to receive childcare assistance through the Child Care and Development Block Grant (CCDBG) based on Federal income eligibility, but only 10 percent of these children had access to assistance;

Whereas the median annual pay of childcare and home care workers is \$30,370 and \$33,530, respectively, leading to high turnover and reliance on public assistance;

Whereas childcare workers are 95 percent women, and home care workers are 87 percent women, and both are disproportionately Black and Hispanic;

Whereas, in 2023, according to the Bureau of Labor Statistics, less than 8 percent of health care support workers and 4.3 percent of personal care and service workers were members of unions;

Whereas these conditions have historical roots, as—

(1) in the decades following the abolition of slavery in the United States, Black people primarily worked as domestic and agricultural laborers; and

(2) during the New Deal-era, domestic and agricultural workers were excluded from social programs and labor protections, particularly those created by—

(A) the Social Security Act (42 U.S.C. 301 et seq.);

(B) the National Labor Relations Act (29 U.S.C. 151 et seq.); and

(C) the Fair Labor Standards Act of 1938 (29 U.S.C. 201 et seq.);

Whereas the COVID–19 pandemic underscored that frontline work, including direct care, childcare, nursing, health care, public and community health, mental health, domestic, social assistance, education, service, retail, delivery, food, restaurant, agricultural, and other work, is essential to the functioning and flourishing of the United States, and to the well-being of all people;

Whereas, throughout the COVID–19 pandemic and the following recovery period, it was necessary for frontline workers to engage in numerous strikes and work stoppages to obtain safe workplaces, personal protective

equipment, the right to shelter in place, and other basic protections for their health and safety;

Whereas domestic workers, mostly from the global South, were the most common victims of labor trafficking reported in the United States between 2007 and 2017;

Whereas care and domestic workers who are migrants or immigrants are especially likely to face wage theft, abuse, and other forms of exploitation;

Whereas hospitals in the United States are understaffed, and most of the country does not require minimum nurse-to-patient ratios that save lives;

Whereas health care and social assistance workers suffer from the highest rates of injuries due to workplace violence;

Whereas the closure of rural hospitals is accelerating, and 136 rural hospitals closed between 2010 and 2021;

Whereas the increased acquisition of healthcare services by profit-driven private equity firms is rapidly driving up the costs of healthcare and compromising quality of care across the country;

Whereas 3 of the largest childcare providers in the United States are owned by profit-driven private equity firms, which creates further risks for care affordability and quality and worker well-being;

Whereas the decision of the Supreme Court of the United States in *Olmstead v. L.C.*, 527 U.S. 581 (1999), established the right of people with disabilities to be independent and supported in their homes and communities;

Whereas lack of access to technology and broadband internet among people of color, communities with low-income,

communities in rural areas, older adults, and people with disabilities has negatively impacted the well-being of those people, particularly during the COVID–19 pandemic;

Whereas, on any given night in 2023, well over 650,000 people were unhoused in the United States;

Whereas, in 2022, in the United States, 16.3 percent of children, 19.6 percent of Latino children, 18.8 percent of American Indian and Alaska Native children, and 18.4 percent of Black children lived in poverty;

Whereas youth suicide rates are rising, and suicide attempts by Black adolescents increased by 144 percent between 2007 and 2020;

Whereas in the 2020–2021 school year, the Federal Head Start program reached only 30 percent of eligible children from families with low incomes, and Early Head Start reached only 9 percent;

Whereas access to high quality childcare and early childhood programs is associated with—

(1) better long-term socioeconomic, academic, and health-related outcomes for children; and

(2) increased labor force participation and higher earnings for parents and families, especially for mothers;

Whereas the historic funds provided for childcare through the American Rescue Plan led to increased childcare access and increased labor force participation for women, and the expiration of these resources has led to a slowdown of that progress;

Whereas a 2019 report found that 14,000,000 students attended schools with a police officer but no counselor, nurse, psychologist, or social worker;

Whereas mental health professionals, such as school psychologists and counselors, are best equipped to maintain school safety without pushing children into the school-to-prison pipeline;

Whereas the youth mental health crisis has been exacerbated by the climate crisis, COVID–19 pandemic, increased social isolation, and economic collapse;

Whereas Black, Brown, Indigenous, and low-income communities have borne the brunt of health impacts arising from fossil fuel use, industrial pollution, and crumbling infrastructure;

Whereas, increasingly, climate disasters and extreme weather events are leaving behind communities suffering from widespread trauma and in need of mental health care;

Whereas nurses, care and social assistance workers, and educators—

(1) have been first responders during climate disasters and extreme weather events;

(2) are essential for responding to other forms of environmental harm; and

(3) have taken grave personal risks to help the people they serve;

Whereas worsening climate impacts will make care work more necessary and care more difficult to administer, disproportionately impacting children, older adults, and people with disabilities, who risk being separated from their regular care workers and caregivers;

Whereas, despite the prevalence of low wages and difficult conditions, direct care jobs, including home care, residential care, and nursing assistant jobs, are already among

the fastest growing in the United States and represent the largest occupational group in the country;

Whereas estimates indicate that, globally, adequately investing in care work and expanding care services could create nearly 300,000,000 jobs by 2035;

Whereas communities devastated by deindustrialization and disinvestment are particularly reliant on care and social assistance work for employment;

Whereas many care, social assistance, and education jobs are relatively low-carbon occupations, and can quickly become green jobs as certain physical infrastructures decarbonize, especially transit systems, health care facilities, and public buildings;

Whereas a robust care workforce will also be required to support a just transition to a healthy, zero-carbon economy, as other workers shift to new industries, move across the country, and develop new care needs;

Whereas the multiple crises now facing the United States require not only unprecedented investments in physical infrastructure, but also similarly sized investments in social infrastructure, including care infrastructure;

Whereas public investment in care work supports care workers' increased economic activity, creating additional jobs throughout the economy;

Whereas we have a historic opportunity to finally build care infrastructure that is equitable and inclusive, and one in which all people can thrive, prosper, weather future disruptions, and age with dignity in their own homes and communities; and

Whereas in the context of addressing and defeating the lasting repercussions of the COVID–19 pandemic, future

public health emergencies, compounding economic crises, stark income and wealth inequalities, systemic racism, and climate change, and taking seriously the mandate to “promote the general Welfare”, bold investments in care can anchor the rebirth of our country: Now, therefore, be it

1 *Resolved*, That it is the sense of the House of Rep-
2 resentatives that—

3 (1) it is the duty of the Federal Government to
4 dramatically expand and strengthen the care econ-
5 omy, healing and supporting the country as we con-
6 tinue to recover from the COVID–19 pandemic and
7 face the challenges of the 21st century and beyond;

8 (2) the obligation described in paragraph (1)
9 can only be met with far-reaching public invest-
10 ments, designed to achieve the goals of—

11 (A) repairing the wrongs of history, includ-
12 ing by—

13 (i) acknowledging and addressing the
14 legacies of exclusion and oppression faced
15 by caregivers and care workers, particu-
16 larly women of color and immigrants;

17 (ii) acknowledging and addressing the
18 trauma of all those with unmet care needs,
19 such as—

20 (I) people of color, including
21 Black, Brown, and Indigenous people;

- 1 (II) Asian Americans, Native Ha-
2 waiians, and Pacific Islanders;
- 3 (III) immigrant, limited English
4 proficiency, LGBTQIA+, older, low-
5 income, rural, and deindustrialized
6 communities;
- 7 (IV) people with disabilities;
- 8 (V) people who are unemployed,
9 under-employed, and unhoused;
- 10 (VI) people who are incarcerated
11 or who were formerly incarcerated;
- 12 (VII) veterans;
- 13 (VIII) survivors of abuse; and
- 14 (IX) children and young people
15 coping with economic and climate dis-
16 ruption; and
- 17 (iii) approaching care policy as part of
18 a broader agenda of dismantling systemic
19 racism, sexism, economic inequality, and
20 other forms of oppression, alongside efforts
21 to achieve truth and reconciliation, repara-
22 tions, decarceration, restorative justice, In-
23 digenous sovereignty, a fair and humane
24 immigration system, demilitarization, a

1 Federal jobs guarantee, and economic, en-
2 vironmental, and climate justice for all;

3 (B) raising pay, benefits, protections, and
4 standards for existing care workers, such
5 that—

6 (i) care jobs are family sustaining,
7 paying substantially more than \$17 an
8 hour and offering generous benefits;

9 (ii) all care workers have—

10 (I) the right, and have pathways,
11 to unionize;

12 (II) the ability to engage in col-
13 lective action; and

14 (III) full labor protections, in-
15 cluding those specified in the Domes-
16 tic Workers Bill of Rights Act;

17 (iii) all care workers have access to
18 adequate paid family and medical leave
19 that includes paid safe leave and paid sick
20 time;

21 (iv) all care workers who wish to form
22 worker-owned cooperatives have access to
23 resources and technical support with which
24 to do so;

1 (v) all care workers have access to
2 ample training opportunities, apprentice-
3 ships, and career ladders leading to higher
4 compensation, along with other resources
5 and support, including funding to facilitate
6 those opportunities;

7 (vi) all care workers have the man-
8 dated employer protections they need to
9 conduct their work safely in general, and
10 in the event of a pandemic, infectious dis-
11 ease outbreak, or other disaster, including
12 having optimal personal protective equip-
13 ment, optimal isolation protocols, testing
14 and contact tracing, and paid days off due
15 to exposure or illness;

16 (vii) all care workers are safe from
17 workplace violence, harassment, and
18 threats to health; and

19 (viii) all undocumented workers have
20 pathways to citizenship and full and equal
21 access to all public benefits, including
22 health, nutrition, and income support;

23 (C) creating millions of new care jobs over
24 the next decade, including as part of existing
25 and new public jobs programs, subject to the

1 same principles in subparagraph (B), in the
2 context of the Green New Deal, public health
3 and emergency preparedness needs, and any
4 similar efforts to meet the challenges and op-
5 portunities of the 21st century;

6 (D) building and expanding zero-carbon,
7 non-polluting, climate-safe infrastructure, both
8 physical infrastructure and social infrastruc-
9 ture, to guarantee care to all people throughout
10 the life cycle, moving the United States toward
11 universal, public programs ensuring—

12 (i) high-quality health care, including
13 comprehensive and noncoercive mental
14 health care coverage, substance use treat-
15 ment, and reproductive care, free at the
16 point of service;

17 (ii) free, high-quality home and com-
18 munity-based services, without income or
19 asset tests and without waiting lists, which
20 would fix the institutional bias of the cur-
21 rent system, and allow people with disabil-
22 ities and older adults to receive needed
23 support and live self-directed lives;

24 (iii) free, high-quality childcare and
25 early childhood education including appro-

1 appropriate attention to the unique needs of
2 children and families in the first 1,000
3 days of life, and robust, culturally respon-
4 sive, and diverse care settings to achieve
5 healthy child development;

6 (iv) paid family and medical leave of
7 at least 6 months, with full wage replace-
8 ment, job protection, and a recognition of
9 all types of families, as well as paid safe
10 leave and paid sick time; and

11 (v) additional support for unpaid care-
12 givers, people with disabilities, older
13 adults, and children, with the goal of eradi-
14 cating child poverty; and

15 (E) building and expanding other zero-car-
16 bon, non-polluting, climate-safe infrastructure
17 and jobs that are intimately connected to the
18 care infrastructure described in subparagraph
19 (D), to meet the fundamental material, develop-
20 mental, emotional, and social needs of all peo-
21 ple, including—

22 (i) clean air and water;

23 (ii) public, permanently affordable,
24 and dignified housing and transit systems,

- 1 integrated with adequate social services to
2 support residents of all ages and abilities;
- 3 (iii) safe, accessible infrastructure, in-
4 cluding public accommodations, schools,
5 workplaces, housing, transit, and streets
6 allowing for full mobility for all people;
- 7 (iv) public education, with a focus on
8 social and emotional learning, unleashing
9 creativity in the arts and sciences, and
10 educating and nurturing the whole child,
11 and including fully funded programs for
12 high-need students;
- 13 (v) healthy, nourishing, and sustain-
14 able food systems that provide affordable,
15 accessible, and culturally appropriate
16 foods;
- 17 (vi) comprehensive public health and
18 emergency preparedness infrastructure, in-
19 cluding equitable, democratic response and
20 recovery efforts during and after climate
21 disasters;
- 22 (vii) clear opportunities for, and the
23 removal of barriers to, unionization and
24 collective action in all economic sectors, in-

1 cluding the service, technology, and gig
2 work sectors;

3 (viii) a Federal minimum wage of at
4 least \$17 an hour, indexed to the cost of
5 living, and the elimination of subminimum
6 wages for people with disabilities, tipped
7 workers, and all other workers;

8 (ix) expanded leisure time, with no
9 loss in pay or benefits;

10 (x) generous paid sick time, paid safe
11 leave, paid family and medical leave, and
12 vacation time, with full wage replacement,
13 job protection, and a recognition of all
14 types of families;

15 (xi) support for worker ownership,
16 worker-owned cooperatives, and safety and
17 democracy in the workplace, so that work-
18 ers have meaningful influence over their
19 conditions of work and the decisions that
20 affect their lives;

21 (xii) adequate public services and pro-
22 grams to support all people in navigating
23 economic and social challenges, including
24 navigating life on a rapidly warming plan-

1 et, and to help all people unleash their full
2 potential as human beings;

3 (xiii) public libraries, community cen-
4 ters, and other spaces that foster cre-
5 ativity, connection, well-being, and human
6 development;

7 (xiv) support for practicing and aspir-
8 ing artists, as well as institutions, venues,
9 and platforms that empower and fairly
10 compensate artists, bringing their work to
11 wider audiences, and integrating the arts
12 into community well-being, education, and
13 resilience efforts;

14 (xv) access to nature, public space, di-
15 verse forms of public recreation, and tech-
16 nology, including public broadband inter-
17 net; and

18 (xvi) mechanisms for democratic over-
19 sight of data, algorithmic, and techno-
20 logical systems, along with worker and
21 community participation in the develop-
22 ment and application of those systems, in
23 service of expanding and improving care
24 and social infrastructures;

1 (3) all public health, care-related, and economic
2 legislation must prioritize and invest in care infra-
3 structure as a down payment on building an inter-
4 connected, holistic caregiving system that—

5 (A) is the backbone of the economy and es-
6 sential to all people; and

7 (B) celebrates the interdependence of all
8 people;

9 (4) unpaid caregivers deserve pay and support,
10 care workers deserve quality, high-paying, union
11 jobs, people with disabilities and older adults deserve
12 independence and self-determination, and every per-
13 son, at every stage of life, deserves to live, work,
14 play, and care with dignity; and

15 (5) our ultimate aim is to build an economy and
16 society based on care for people, communities, and
17 the planet we all share.

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