

SOC295: Intersectional Health

Jennifer Lai

Podcast Script (Group 3)

Caroline Courcey, Eliza Erman, Emma Wyllie, Greta Rohrer

Addressing Gender Disparities, Discrepancies, and Diversity in the Age of COVID-19: The Third Chapter of a Series Discussing Intersectional Health During a Pandemic

music fades in

Caroline: "...Hello friends, family, scholars, and those seeking out all things intersectional health. Caroline, Eliza, Emma and Greta here. As students in the Intersectional Health course at UVM - and cis-gender women educating themselves on privilege, power, and all things systemically oppressive in American society - we are joining our fellow students in creating an informative and transparent podcast series on how COVID-19 has affected those with intersectional identities.

We've decided to tackle this massive topic through three lenses: race, class, and gender. If you've done this in order - which we recommend you should - you've listened to two episodes of engaging conversation about the disparities between different racial identities, social classes, and socio-economic statuses in the midst of a world-wide pandemic. Now, let's chat about how gender plays into not only systems of oppression, but the overall health and wellness outcomes for people of all genders: specifically women and trans folx.

However, first things first: let's define gender before we talk about how different identities have been disparately affected by this specific pandemic. Gender has been an evolving term for centuries. The social construct of gender - that physical genitalia - AKA sex - and gender, one's identity expression - are bound is an antiquated and misinformed notion. In reality, one's sex does not correlate or determine their gender expression whatsoever. This belief stems from, as Judith Butler claims, "Social Constructionism" (Brickell, C. 2006), defined as "...The idea that social institutions and knowledge are created by actors within the system, rather than having any

inherent truth on their own.”. When we speak of women in this episode - we are referring to any female-identifying individual. This is not to say that gender non-conforming individuals have not faced similar, or the same, forms of oppression and discrimination in the age of COVID-19. However, the statistics and research we have gathered over the entirety of this semester was directed overwhelmingly at women and the discrepancies they faced navigating the social, healthcare, and economic systems in place in the U.S.

music

Emma: Alright, Emma here! To get things started - let's talk about healthcare accessibility. We all know that the COVID-19 pandemic flipped the health care system on its head, but the impacts of this virus go far beyond a shortage of medical staff. There were major discrepancies in access to healthcare in an already broken system. People with non-COVID related health concerns struggled to access their usual healthcare, and many simply avoided seeking out the care they needed due to fear of contracting coronavirus. Not to mention the sheer mass of individuals who lost their jobs during the pandemic and thus their health insurance.

Women were especially impacted by this shift, being more likely to have gone without healthcare during the pandemic than their male counterparts (Frederiksen et al., 2021). Obstetric and gynecological care has been particularly impacted by COVID-19, due to the fact that pregnant individuals are at an extremely high risk for developing severe illness and complications from the virus. As a result, many of these individuals had their autonomy limited during the pandemic. This includes restrictions on who could join them during doctor visits and labor and delivery, forced separation of mother and infant due to COVID symptoms, and reduced access to anesthesia because of limited supply due to respirators. These had major impacts on maternal and neonatal health outcomes particularly for black and indigenous women who already experience high levels of maternal mortality and pre or postnatal complications. We also saw a major decrease in family planning services since the beginning of the pandemic. Women have been struggling to access contraceptives, birth control, and abortion services despite a decreasing desire to become pregnant. Women of color, LGBTQ+ individuals, and low income woman all

reported delays or cancellation in sexual or reproductive health care at an high rate (Connor et al., 2020).

The pandemic has also exacerbated the misogynoir that has already been heavily present in the healthcare system. Black women are continually turned away from health care settings, as providers do not take their health concerns and symptoms seriously. Many of these women are prematurely released from hospitals, even with severe COVID-related illness, which has contributed to high mortality rates of black women during the pandemic (Laster Pirtle & Wright, 2021). In her podcast *Intersectionality Matters*, Kimberly Crenshaw tells the stories and experiences of black women during the pandemic. One woman in particular, a black female doctor named Dr. Moore, was refused treatment and medical care several times despite showing symptoms of severe COVID illness, resulting in her untimely and preventable death (Crenshaw et al., 2021). The fact that this woman was a doctor should not matter in terms of receiving treatment, however it does show the lengths at which white or non-black health care providers will go to to discredit black women's symptoms. This is a deadly mindset, and in times of major health crises like COVID-19, this prejudice only serves to add to the ongoing war against black women. Within the hospital, there is controversy about how these prejudices against women of color impacted the rationing of certain life-saving services. Many people have major concerns (and rightfully so) that there are biases in the way ventilators are being rationed. The model of "save as many lives as possible", which intends on giving ventilators to those most likely to survive, sounds like the most ethical option in terms of rationing; however it does nothing to address the environmental factors of health that have predisposed marginalized groups to health complications that may impact their eligibility for respirators (Schmitt, 2020). Factors like race, income, and gender must be taken into account when rationing ventilators.

Another area of importance when talking about the impact COVID-19 has had on women is the societal role of "caretakers" that has been bestowed upon women in the United States. Unlike many other jobs, women in caretaking roles don't have the opportunity to work from home or work remotely. Instead they must make the choice of putting themselves at risk of contracting COVID-19, or becoming unemployed and losing their source of income. Naturally, this choice is only an illusion for many women. The fact is that both in the healthcare system and outside of

the healthcare system women make up the vast majority of “caretakers” in the United States. In the healthcare workforce, women make up just about 76% of the caretaking roles, most of which are roles that require prolonged patient contact such as nurses and dental hygienists, putting them at an increased risk of contracting infectious disease, specifically COVID-19. Women - especially women of color - are also far more likely to be found in domestic caretaking roles, which are often paid outside of formal channels or may be unpaid. This is important to note because women in these roles often do not have the same legal protections as those in formal caregiving roles. Many of the women in these roles lack health insurance, steady pay, paid leave, overtime pay, and more. Black and Latinx women are far more likely to be uninsured than their white female counterparts, meaning they would be unable to access healthcare if they contracted COVID-19 while in their caretaking roles (Connor et al., 2020). This all becomes a vicious cycle: women in caretaking roles suffer from low wages, difficult hours, and very few benefits. The nature of their work puts them at a high risk of contracting COVID-19, with domestic or informal caretakers typically unable to adhere to CDC guidelines regarding COVID-19. If and when they do contract COVID, many of these women struggle to access testing and healthcare. Not to mention, many of these women are low income or are currently experiencing poverty, making it extremely difficult to miss work. In the following sections, Caroline and Greta will discuss the impact that COVID-19 has had on women both in the workplace and at home.

music

Greta: “Thanks Emma! My name is Greta and I’ll be discussing how COVID-19 impacts women in the workforce. Post pandemic, American women’s employment rate is the lowest it’s been since 1988 (Ewing-Nelson, 2021). Women’s participation in the workforce exponentially increased since the 1970s, but since the pandemic’s impact on the labor force, women’s participation decreased substantially and appears as if we’re back in the mid twentieth century. 57% of women currently look for employment due to pandemic related reasons, which includes initially leaving the workforce for childcare and job loss due to suffering of specific labor spheres (Ewing-Nelson, 2021).

Overall US female employment rate fell from 55.4% in 2019 to 53% in February 2021, with 2.3 million women leaving the workforce since the start of the pandemic (Ewing-Nelson, 2021). Since March 2020, American women left the workforce at four times the rate of men, but in addition to leaving the workforce at a higher rate (Hsu, 2020), women suffer the majority of pandemic related job losses (Ewing-Nelson, 2021). In January 2021, the leisure and hospitality sector lost 61,000 jobs, the retail trade sector lost 37,800, and the child care sector lost 173,000 since the beginning of the pandemic, with women accounting for the majority of employees in each of these sectors (Ewing-Nelson, 2021).

These sectors, especially tourism, retail and dining employ large numbers of women in general, but specifically black women (Smart, 2021). Black women's employment is disproportionately affected by the pandemic. According to research published by the World Health Organization, the employment rate of black women went from 60% to 54%, which was the largest decrease in employment among black and white men and women (Smart, 2021). The national business lockdown in March 2020 contributes to this loss of employment. The slowing down of the state and local government also contributes to Black women's decreased employment, as 1 in 4 public sector workers are black women (Smart, 2021). African Americans already have a disadvantage in entering the workforce, as black workers with college degrees have unemployment rates similar to that of white workers with high school diplomas (Smart, 2021). Other than job loss, black women face the negative effects of staying in their occupation during the pandemic, due to being disproportionately employed in "essential" jobs, such as nursing and retail, which increases the likelihood of exposing them to COVID-19 (Holder et al., 2020).

Women in "white collar" and STEM related jobs, even if still employed, also face the negative impacts of COVID. For example, office-based occupations sent employees home to work remotely, and consequently, women in heterosexual relationships spend more time than their male partners on domestic care, thus dedicating less time to their occupations (Frize et al., 2021). In the following component of this podcast, Caroline discusses how the roles of women at home were impacted by the pandemic."

music

Caroline: “Caroline here! As we all know, COVID-19 forced the entire world to pack up, head home, and stay home. Country-wide stay at home mandates were enforced - with little financial, educational, or emotional support from governments. For some, that meant returning to childhood houses full of food, family, and warm beds. For others, vacation spots where they could flee major cities to do yoga flows in home gyms.

However, for many - home was not a sanctuary but rather a prison. Home is not always a safe place to live. For adults and children living in situations of domestic and familial violence, home is often the space where physical, psychological and sexual abuse occurs. This is because home can be a place where power dynamics can be distorted by those who abuse, often without scrutiny from anyone “outside” the couple, or the family.

In the COVID-19 crisis, the enforcement to “stay at home”, forced women - at an alarmingly disparate rate - into unsafe, unsustainable, and unsupported living conditions. Women, and caregivers of all kinds, were susceptible to physical and psychological health risks, isolation and loneliness, economic vulnerability and job losses at a higher rate. The lack of resilient social service resources and programming hit marginalized, BIPOC, and low-socioeconomic status communities more than any other demographic during the pandemic. (Bradbury-Jones, C., and Isham, L. 2020)

The closure of daycares and schools resulted in almost 1 million mothers leaving the workforce, with black, hispanic, and latinx mothers being the largest percentage - despite being the smallest proportion of working mothers to begin with (Grose, 2021) . As for the women who continued to work when the rest of the world stopped - they remained in high risk, low-wage positions - risking exposure to COVID, and exposing family members, in order to earn money to support themselves and their loved ones. The overall employment rates for women globally are now on trend with the 1980s.

Not only that, but 1 in 4 children experienced food insecurity in 2020 with a direct connection to loss of maternal income. The double burden of motherhood, caregiving, and being the “woman”

of the home while earning an income through professional work has resulted in poor mental states and increased rates of depression, anxiety, eating disorders, and suicide (CDC, 2021). The stress already borne on moms is magnified by intersectional identities - with poverty, race, unstable living conditions, special needs children, single parenting all defining one's ability to survive the pandemic's impact.

These intersecting identities increase the likelihood of not only contracting COVID-19, but one's ability to receive proper treatment due to the immense healthcare disparities discrepancies - one can only imagine how LGBTQI+ community members - specifically those of color - navigate a system that time and time again has proven to be structured to cater to white, heterosexual, cis gender folk. Up next Eliza will discuss this very issue. “

music

Eliza: “The LGBTQ+ community already has a difficult time accessing healthcare, whether that be due to biases in healthcare, or lack of resources. COVID has just made this much worse. The article “The Impact of the COVID-19 Pandemic on the Transgender and Non-Binary Community” by Julia Wolfe and Melina Wald dives into some of the reasons why. To start, one of the first medical practices trans folk undergo is adolescence suppression which is essentially stopping or slowing down puberty. This is done in a very time sensitive window and due to COVID it is taking doctors a lot longer to do this which can be detrimental to the journey of a trans person. Other things like having gender affirming surgeries were being postponed and classified as higher risk. The court also closed “non essential businesses” which a lot of people rely on to get gender affirming care. And who are the ones deciding what is essential and not - straight white people who don't understand the resources that are essential to LGBTQ+ youth. This community is also hit a lot harder by social isolation than anyone else. A lot of the time LGBTQ+ youth rely on community centers at their universities (think prism center at UVM) or LGBTQ+ affiliated groups for support as not everyone can afford a therapist or has a supportive family. So this community has been completely suppressed from all of this which can lead to serious mental health issues (Wald,Woulfe, 2020).

The article COVID-19 in LGBTQ populations by Perry Halkitis and Kristen Krause dives more in depth on why LGBTQ+ people are placed at higher risk than their heterosexual counterparts for COVID-19. Their research has found that marginalized populations are disproportionately affected by COVID-19 and dying at a higher rate. For example, it talks about how gay men are at higher risk for HIV along with other conditions which can make COVID-19 more severe (Halkitis, Krause, 2020). It presents a bunch of really interesting case studies which for the sake of time I can't talk about them all but the one that stuck out to me the most was Scroggman and Ellis case study whose data suggested that unmarried same sex partners lived in areas where people didn't abide by the stay-at-home orders. This could be true because LGBTQ+ people are more likely to live in poverty which means that they may not be able to afford to take the time off from work or there are more essential minimum wage workers so COVID spread more rampant in these communities - so that is just another example of how this community is disproportionately affected and its extremely systemic.

So just diving more into the poverty that LGBTQ + people face which directly correlates to health outcomes in the pandemic, the next publication I read up on actually by one of the authors I mentioned earlier, Kristen Krause, found that this community is more likely to struggle financially with 30% of LGBTQ Americans losing their jobs and 15% having a decrease in wages during Covid (Krause, 2021). There was also a survey done that stated that LGBTQ individuals report having "inadequate care whether that be from prior stigmatizing experiences or the biases of the medical professionals. Additionally, in 2018 17% of LGBTQ people reported not having any healthcare coverage compared to 11% of the general population" (Krause, 2021).

During the pandemic, it seems as though everyone struggled with their mental health. Navigating quarantine and social isolation was a challenge for everyone. However, the LGBTQ+ community took a harder hit than their heterosexual counterparts. Krause talks a little bit about quarantine and stay at home orders and how that can be really dangerous and detrimental to LGBTQ+ people especially youth in cases where their community or families are unsupportive - this is just something that straight people don't need to think about.

To continue this conversation about the dangers of quarantine in this community, Rowan Bhalla

conducted research pertaining to this in the article called “Intersectional approach exploring experiences of LGBTQ during COVID 19.” This is a study about working class Indian identifying LGBTQ+ men and it particularly looks at the difficulties of stay at home orders and how that is detrimental to the LGBTQ+ community. Krause compares and contrasts the “stay at home experience” for closeted gays vs straight people. For example, One of the participants mentioned, “It is difficult when we talk on calls. We have to be careful with our calls and phones, unlike straight people who can talk in front of the family”. (Bhalla, 2020) Also for non LGBTQ+people, lockdown was a time to spend “quality time” with family and their families are actually support systems vs one of the indian men apart of the study stated, “Being a gay and closeted in a family, it is difficult to pretend all the time I feel stuck with my family, and I’m forced to hide my identity as well” (Bhalla, 2020).

The last article I wanted to touch on was done by Dr. Lisa Bowleg and Steward Landers which talks about the need for LGBTQ+ COVID specific data. When you think about the pandemic as a whole, it is still very new and we are uncovering new data every day so there is even less data for the marginalized communities because they are constantly overlooked. They state, “LGBTQ people are not a mutually exclusive group, but rather intersect with other communities at increased and disproportionate risk for COVID-19 morbidity and mortality and adverse socioeconomic impact. Thus, government public health data collection efforts are essential to reflect the intersectional complexity of the real world” (Bowleg, Landers, 2021). This is basically enforcing the idea that because of intersectionality, this data is really important to understand and to collect.”

Conclusion:

Thanks Eliza. And thank you all for taking the time to listen to our podcast about COVID’s impact on those with intersectional identities, through a gender-focused lense. First, you listened to Emma’s analysis of the complication of healthcare accessibility stemming from the pandemic. Emma highlighted that women are more likely to have gone without healthcare during the pandemic than men. She also emphasized the issue of black women facing heightened bias and discrimination due to the huge influx in need of resources. Our second section detailed the

gendered effects of COVID on the workforce. Women, especially black women, face job loss and leave their jobs at much higher rates than men in America. Next, Caroline discussed the heartbreaking consequences of “stay-at-home” mandates making women more susceptible to physical and psychological health risks, isolation and loneliness, economic vulnerability and job losses, which hit marginalized, BIPOC, and low-socioeconomic status communities more than any other demographic. Finally, Eliza finished by focusing on COVID-19’s impact on individuals identifying on the LGBTQ+ spectrum. The LGBTQ+ population has a higher risk of contracting COVID and dying from COVID due to lack of accessible healthcare conditions. Additionally, the pandemic heightened situations for LGBTQ+ individuals needing to stay at home with family members who may not accept their identity, increasing psychological trauma and anxiety.

As Caroline mentioned in the introduction, when we referred to women in this episode, this means any female-identifying individual. Gender non-conforming individuals faced similar, and likely greater, impacts of COVID-19 in healthcare accessibility, the workforce, the domestic sphere and all other frames of life with the pandemic. The research we pulled from focused on women and men, which we acknowledge as a limitation of this research podcast. Thanks for taking the time to listen, we hope this podcast grows your knowledge of COVID’s impact on systems of oppression through a gender-focused lens.

References

- Bowleg, L., & Landers, S. (2021). The need for COVID-19 LGBTQ-specific data. *American Journal of Public Health, 111*(9), 1604–1605. <https://doi.org/10.2105/ajph.2021.306463>
- Bradbury-Jones, C., & Isham, L. (2020, July). *The Pandemic Paradox: The Consequences of COVID-19 on Domestic Violence*. *Journal of clinical nursing*. Retrieved November 29, 2021, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7262164/>.
- Brickell, C. (2006). The Sociological Construction of Gender and Sexuality. *The Sociological Review, 54*(1), 87–113. <https://doi.org/10.1111/j.1467-954x.2006.00603.x>
- Centers for Disease Control and Prevention. (2021, June 21). *Women, caregiving, and covid-19*. Centers for Disease Control and Prevention. Retrieved November 30, 2021, from <https://www.cdc.gov/women/caregivers-covid-19/index.html>.
- Connor, J., Madhavan, S., Mokashi, M., Amanuel, H., Johnson, N. R., Pace, L. E., & Bartz, D. (2020). Health risks and outcomes that disproportionately affect women during the COVID-19 pandemic: A Review. *Social Science & Medicine, 266*, 113364. <https://doi.org/10.1016/j.socscimed.2020.113364>
- Crenshaw, K., Scott, K., Wyatt, G., Liggett, A., Crear Perry, J., Sharpe-Levine, J., & Anakaraonye, A. (2021). Intersectionality Matters: Black Women's Health Through the Twin Pandemics. *Intersectionality Matters with Kimberlé Crenshaw*. Episode.
- Ewing-Nelson, C. (2021, February 5). *Another 275,000 women left the labor force in January*. NWLC. Retrieved November 7, 2021, from <https://nwlc.org/resources/january-jobs-day-2021/>.
- Frederiksen, B., Ranji, U., Salganicoff, A., & Long, M. (2021, August 23). *Women's experiences with health care during the COVID-19 pandemic: Findings from the KFF Women's Health Survey - Findings*. KFF: Women's Health Policy. Retrieved November 22, 2021, from <https://www.kff.org/report-section/womens-experiences-with-health-care-during-the-covid-19-pandemic-findings/>.
- Frize, M., Lhotska, L., Marcu, L., & Stoeva, M. (2021). The impact of COVID-19 pandemic on gender-related work from home in STEM fields—Report of the WiMPBME Task Group. *Gender, Work and Organization, 28*(2). Retrieved November 6, 2021, from <https://www.proquest.com/socabs/docview/2553407300/3727BF1E1F794B66PQ/3>.
- Grose, Jessica (2021, February). *America's Mothers Are In Crisis - The New York Times*. Retrieved November 30, 2021, from

- <https://www.nytimes.com/2021/02/04/parenting/working-moms-mental-health-coronavirus.html>.
- Guerrina, R., Borisch, B., Callahan, L. F., Howick, J., Reginster, J.-Y., & Mobasheri, A. (2021). Health and gender inequalities of the covid-19 pandemic: Adverse impacts on women's health, wealth and Social Welfare. *Frontiers in Global Women's Health*, 2. <https://doi.org/10.3389/fgwh.2021.670310>
- Halkitis, P. N., & Krause, K. D. (2021, February 5). *Covid-19 in LGBTQ populations*. *Annals of LGBTQ Public and Population Health*. Retrieved December 7, 2021, from <https://connect.springerpub.com/content/sgrlgbtq/1/4/249>.
- Holder, M., Joans, J., & Masterson, T. (2020). The Early Impact of COVID-19 on Job Losses among Black Women in the United States. Retrieved November 25, 2021, from https://www.levyinstitute.org/pubs/wp_963.pdf.
- Hsu, A. (2020, September 29). *'This is too much': Working Moms are reaching the breaking point during the pandemic*. NPR. Retrieved November 20, 2021, from <https://www.npr.org/2020/09/29/918127776/this-is-too-much-working-moms-are-reaching-the-breaking-point-during-the-pandemi>.
- Krause, K. (n.d.). *Implications of the COVID-19 pandemic on LGBTQ communities : Journal of Public Health Management and Practice*. LWW. Retrieved December 7, 2021, from https://journals.lww.com/jphmp/Fulltext/2021/01001/Implications_of_the_COVID_19_Pandemic_on_LGBTQ.12.aspx?context=LatestArticles&casa_token=ZenIqkQUGEIAAA%3Ar2fiPbWExZWGe56cy7DLn-4Q1uLtXNmyKXIP-qJE4Bk1Q4npyAqDsb3LCgHRnApKUMRHN1r7BugLzIpj8zvEM8ti.
- Laster Pirtle, W. N., & Wright, T. (2021). Structural gendered racism revealed in pandemic times: Intersectional approaches to understanding race and gender health inequities in covid-19. *Gender & Society*, 35(2), 168–179. <https://doi.org/10.1177/08912432211001302>
- Rohan Bhalla & Sumedha Agarwal. (2020, October). *Life in a pandemic: Intersectional approach exploring experiences of LGBTQ during COVID-19*. Taylor & Francis. Retrieved December 7, 2021, from <https://www.tandfonline.com/doi/full/10.1080/24721735.2021.1880204>.
- Schmitt, H. (2020, April 15). The Way We Ration Ventilators Is Biased. *The New York Times*. Retrieved November 22, 2021, from <https://www.nytimes.com/2020/04/15/opinion/covid-ventilator-rationing-blacks.html>.

- Smart, T. (2021, April 15). *COVID-19 Job Market Wreaks Havoc on Black Women*. US news. Retrieved November 20, 2021, from <https://www.usnews.com/news/economy/articles/2021-04-15/black-women-suffering-the-most-from-covid-19-job-market-disruption>.
- UN Women. (2020, September 16) *Covid-19 and its Economic Toll on Women: The Story Behind the Numbers*. Retrieved November 29, 2021, from <https://www.unwomen.org/en/news/stories/2020/9/feature-covid-19-economic-impacts-on-women>.
- Woulfe, J., & Wald, M. (2020, October 9). *The impact of the COVID-19 pandemic on the transgender and non-binary community*. Columbia University Department of Psychiatry. Retrieved December 7, 2021, from <https://www.columbiapsychiatry.org/news/impact-covid-19-pandemic-transgender-and-non-binary-community>.