

SOC295: Intersectional Health

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Podcast Script (Group 3)

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.

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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

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,

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

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.

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

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

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.

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