An Intersectional Approach to COVID-19 She-Covery

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> *"There is no thing as a single-issue struggle because we do not live single-issue lives."*
>
> *– Audre Lorde*

> *"There's no recovery without a she-covery and no she-covery without child care."*
>
> *– Armine Yalnizyan*

Introduction

Women, girls and feminized people are experiencing the COVID-19 pandemic in ways that are very different from men and boys. According to the latest data from various federal agencies, women in Canada are more likely to contract and die from COVID-19 than men. They are also more likely to have their livelihoods and safety compromised by the virus. [1] Women's involvement in paid work, unpaid care work, and their increased risk of violence in the home due to the pandemic requires an intersectional gender approach to recovery efforts.

In paid work, women are concentrated in minimum wage jobs, frontline health and cleaning professions, and social services work, exposing them to greater risk of contracting the virus. Women constitute 90% of Canadian nurses, 75% of respiratory therapists and 90% of personal support workers in long-term care and nursing homes.[2] The economic fallout is also greater for women. Women make up just under half (47%) of all paid workers in Canada, but account for two-thirds (63%) of all job losses.[3] Among workers in the core demographic aged 25 to 54 years, women represent 70% of all job losses thus far.[4]

Outside of paid work, women and girls are more likely to engage in domestic and care work, including assuming care responsibilities for children during school closures. Women bear the double burden of paid work and caregiving, which has only heightened in the context of COVID-19. This is not without mental health consequences. COVID-19 is forcing many women to be employees, parents and teachers all at once.[5] For women in low-income households, there are often few supports to rely upon, and social and physical distancing measures have restricted community support mechanisms.

Pandemic measures that advise people to "stay home" to reduce risk of transmission are also experienced differently by women. Many women and girls face a heightened risk of violence at

home with isolation measures.[6] The home is the most common site of violence and lethality for women experiencing intimate partner violence. The Ontario Association of Interval and Transition Houses (OAITH) which represents over 70 shelters, has stated that 20 percent of their organizations have experienced an increase in calls since the pandemic began.[7]

Thus, the impact of this public health outbreak is notably gendered. The pandemic is exposing, and exacerbating, existing social and economic inequalities. An intersectional approach to recovery is needed because gender intersects with class, race, Indigeneity, immigration status, ability, sexuality, gender expression, geography and other dimensions that can compound inequalities and mediate experiences of marginalization, poverty and violence. Simply put, being a woman is not a singular experience. As Kimberlé Crenshaw, a celebrated scholar and activist, explains in a recent interview, intersectionality is

> a lens, a prism, for seeing the way in which various forms of inequality often operate together and exacerbate each other. We tend to talk about race inequality as separate from inequality based on gender, class, sexuality or immigrant status. What's often missing is how some people are subject to all of these, and the experience is not just the sum of its parts.[8]

Gender inequality cannot be easily teased apart from other forms of inequality. Individual circumstances intersect with one another to compound or mitigate structural inequalities. Presuming an ahistorical figure of a woman in equity discussions erases the distinct forms of oppression faced by actual women who are poor, Brown and Black, queer, disabled, trans, Indigenous and/or gender nonconforming.

When viewed through an intersectional lens that is centred on gender, it is evident that diverse communities of women in Canada face a range of risks during this pandemic. These experiences must be accounted for in a meaningful way and centrally inform recovery planning. A 'one-size-fits-all' approach to COVID-19 recovery efforts will likely fail to meet the needs of women and girls, heighten gender-based inequalities, and increase social and economic disparities. Capturing the diverse experiences of women, girls and gender-diverse communities can help paint a more accurate picture of COVID-19 impacts and help formulate policy responses that address the complex needs of communities marginalized through interlocking systems of oppression.

Racialized Women

As a recent article in The Toronto Star points out, the ratio of Torontonians testing positive for COVID-19 who live in communities that are racialized versus those that are not is alarmingly high.[9] Although disaggregated and race-based data is not collected provincially, it is no surprise that racialized communities – which are also more likely to experience higher levels of economic insecurity, discrimination, and violence – face greater vulnerabilities to COVID-19.

Labour market discrimination remains gendered and racialized: The share of racialized women (25.1%) working in occupations that fall in the bottom 10% of average earnings is 66% higher

than the share of non-racialized men (15%).[10] Racialized women, on average, earn 58 cents for every dollar earned by non-racialized men.[11] Among women, working poverty is highest for Black women in the GTA.[12] Thus, racialized women in Ontario are most likely to be in the lowest-paying occupations.[13]

Although it is not clear how many racialized women have died in Canada as a result of COVID-19, racialized women are more likely to do clerical work, be janitors, cashiers, nursing assistants and personal support workers (PSWs). Racialized women are therefore at greater risk of contracting the novel coronavirus due to their occupation. Although we are missing pertinent sociodemographic data, from what we do know about healthcare workers who have died, most seem to be PSWs.[14] Job insecurity and low-wages often means PSWs have to work in multiple locations to secure full-time hours. Many PSWs are without health benefits and sick days. All of these factors have contributed to COVID-19 outbreaks in long-term care facilities.

Race-based data from the United States highlights the disproportionate risk to Black communities across the country in terms of both infection rates and lethality.[15] Given that Black women are more likely to be on the frontlines and experience chronic health issues, the situation could be comparable in Canada. As pointed out in an open letter by the Alliance for Healthier Communities, collecting race and socio-demographic data is critical to eliminating inequalities in Canada's healthcare system. Data that tracks race and socio-demographic information helps governments and health officials make informed and culturally responsive health policies, ensuring that vast segments of our society are properly served by our health system during a pandemic and beyond.

Some racialized families and especially single moms are facing increased stress and anxiety. Homeschooling and e-learning for racialized students may magnify existing disparities in education.[16] For Black children in Toronto who are disproportionately streamed into applied instead of academic programs, this is particularly concerning.[17] Gun violence in Toronto has not abated either and several young Black men with bright futures have lost their lives during the height of this pandemic, leaving moms and families grieving during a time of increased social isolation and stress. In the words of one mother in a group convened by YWCA Toronto, "it was difficult to find appropriate support for grieving mothers and siblings before the pandemic, it's even worse now."[18] Many Black mothers are concerned what post-COVID-19 support for families will look like.

Indigenous Women, Girls and Two-Spirit People

The final report of the National Inquiry into Murdered and Missing Indigenous Women and Girls outlines systematic human and Indigenous rights violations behind Canada's disturbing rates of violence against Indigenous women, girls and 2SLGBTQQIA. The lack of action on the Calls for Justice to redress genocide means that Indigenous women, girls, and gender-diverse people continue to face inequities and injustices that leave them particularly vulnerable to COVID-19.

As Dr. Pamela Palmater, a Mi'kmaq lawyer, professor, and activist explains in a recent article:

> Indigenous peoples are an especially vulnerable group in Canada, due to centuries of genocidal laws and policies that have created and maintained severe socio-economic conditions in Indigenous families, communities and Nations. Staggering rates of poverty are one of the primary root causes of Indigenous peoples' premature death rates by upwards of 15 years earlier than non-Indigenous Canadians.[19]

Given pre-existing inequities such as disparities in health access and services, and higher rates of homicide, suicide, and underlying health conditions, Indigenous women, girls and gender-diverse people at particular risk of COVID-19.

Despite being situated in more geographically remote regions, the reliance of rural communities on urban centers for food supplies and medical services may mean that such communities are paradoxically more vulnerable to the virus – the virus is more likely to proliferate in rural communities undetected due to a lack of testing and existing health services. Housing conditions on many reserves are also suboptimal, 19.4% of Indigenous people live in a dwelling that is in need of major repairs and 18.3% of Indigenous people live in housing that is crowded.[20] Some Indigenous communities are also sites of resource extraction and have 'man-camps' nearby that can increase the risk of COVID-19 transmission. Indigenous women also face higher levels of incarceration than non-Indigenous women and congregated settings such as prisons are particularly vulnerable to public health outbreaks.

All these factors highlight the specific vulnerabilities facing Indigenous women and girls. So far, Indigenous Services Canada has reported 183 positive cases in First Nations communities within Canada and two deaths but this number was quickly called into question by the Yellowhead Institute which found 465 cases in 42 communities and likely seven deaths after conferring with media reports, band council updates, local reports and obituaries.[21] Again the lack of accurate data about infection highlights the fact that no agency or organization is reliably recording and releasing COVID-19 data that captures race and other socio-demographic information. Given what we know about the health of Indigenous Peoples, the lack of an Indigenous lens on COVID-19 responses by the federal government is disconcerting.

Palmater suggests Indigenous women and girls need a comprehensive plan that includes a decarceration plan, an infusion of emergency funding for child welfare agencies dealing with Indigenous children, targeted housing on and off reserves for Indigenous women to keep them off the streets from the virus, basic income allowance for Indigenous women with caregiving responsibilities, and the immediate removal of all man-camps located at or near Indigenous communities to reduce the rates of violence and the risks of infections from mass gatherings of workers.[22]

Women with Precarious Immigration Status

A recent roundtable by the Ontario Council of Agencies Serving Immigrants (OCASI) highlights the way that women with precarious immigration status are systematically excluded from mainstream discourse and policy responses. Women with precarious status are largely excluded from all government relief programs because access to such programs are dependent on legal

residency status and often combined with Taxfiler status. With a few exceptions, the experience of women with precarious status does not inform policy discussions, and thus they are left out of most policy remedies and broad-based women-centered advocacy campaigns. Women with precarious status are predominantly racialized, thus structural and systemic racism are factors that further entrench their exclusion and disadvantage – particularly for Black women. Women with precarious status face heightened risk of gender-based violence, homelessness, and job precarity – a situation that is only exacerbated by the pandemic.

The threat of apprehension, arrest and detention during the pandemic further isolates women with precarious immigration status and threatens their livelihoods. Increased powers across Canada for first responders, including police, to question people, and share health data may further compromise the safety of women with precarious immigration status. The fear of being entangled with the criminal justice system and flagged to the Canadian Border Services Agency may prevent some non-status women from reporting domestic violence, even though 'shelter in place' orders have heightened the risk of violence for women experiencing abuse. One in 10 women in Canada are concerned about violence in the home during COVID-19.[23]

Most women with precarious status do not meet the criteria to access federal benefits and are often barred from accessing provincial/territorial social assistance; thus, they are left with zero financial support. Barriers to community services for women with precarious status have increased during the pandemic as some community organizations are forced to reduce their services or close their doors. Many other services are offered online or on the phone, which may not be viable options for women who do not have connectivity, the right equipment, privacy, or are dealing with language or literacy issues which are exacerbated when they cannot access in-person support.

Due to structural barriers impeding financial relief for women with precarious status, they may be forced to engage in riskier behaviour to survive and support their families. They may inadvertently become vectors of the virus and less likely to seek medical support if they fall ill because of immigration concerns. While Ontario has said people without OHIP coverage can access COVID-19 testing and treatment, certain hospitals are reportedly presenting people without immigration status with a bill, with some even asking for payment upfront.[24]

The only sensible solution to this issue is to fully include communities with precarious status in all financial relief measures, fully extend healthcare services to them, and suspend forced deportations for the full duration of the pandemic, which can only be done in earnest if people with precarious immigration status are granted permanent resident status. As highlighted by the Migrant Rights Network, "migrant and non-status families and other excluded groups must be granted access to housing, shelter, universal child care, food, and other basic protections freely without economic barriers or fear of immigration enforcement."

Trans Women and Non-Binary Community Members

Trans and non-binary communities face additional barriers during this pandemic, whether in terms of accessing hormones and gender-affirming surgeries, or seeing their incomes plummet

because of COVID-19. Stigma and discrimination make transgender people more reluctant to seek medical help. A pre-COVID-19 survey suggests that despite high levels of education and access to primary health care providers, trans people face under-employment and unmet healthcare needs.[25] 12 per cent of respondents said they had avoided going to the emergency room because they were trans or non-binary. In the context of COVID-19, pre-existing health barriers and discrimination can worsen a trans person's already poor health.[26]

Although Canada-specific data is missing, US research into the impacts of COVID-19 found that LGBTQ2S+ people are at both heightened health and economic risk of the virus as they are more likely to work jobs in highly affected industries, often with more exposure and/or higher economic sensitivity to the COVID-19 crisis, and are more likely to smoke and have chronic illnesses like asthma that can significantly increase complications during infection.

Trans and non-binary people also have to face increased impacts of violence in their homes during isolation.[27] Many people in these communities do not have secure or supportive housing.[28] Black and Indigenous trans women in particular face increased risks of gender-based violence within and outside of their homes.[29] Trans and non-binary people may also face personal or structural barriers to accessing housing support via shelters that are often separated by sex.[30] Thus, class, race, gender and sexuality intersect for trans community members in ways that elevate their risks to COVID-19.

Women and Girls with Disabilities

Disparities in income, health and social well-being are particularly pronounced for women and girls with disabilities. Women and girls with disabilities in Canada face multiple barriers accessing education, employment, health and reproductive rights, are at greater risk of experiencing gender-based violence, and are often underrepresented or excluded from spaces of power and decision-making.

In Canada, women with disabilities are more likely to live in poverty than their counterparts without disabilities and are more likely to have no secondary education compared to women without disabilities (18.3% versus 8.3%).[31] A recent report by DisAbled Women's Network Canada (DAWN) confirms the multiple and interlocking ways women and girls with disabilities are excluded from mainstream discourse and research, their needs often overlooked or not articulated. For example, girls with disabilities are often excluded from data-collection and policy responses and civil society asks.[32]

Because of pre-existing health and wealth disparities, women, girls and gender-diverse communities face unique and heightened challenges and vulnerabilities during COVID-19. Yet, we are not entirely sure how these communities are being impacted by the virus. Again, robust disaggregated data collection and management systems are needed to capture the lived experiences of women, girls and gender-diverse communities with disabilities.

Some women and girls with physical and mental disabilities live in congregate group settings, others rely on personalized health services which have reduced during COVID-19. Relying on

caregivers means that adequate physical distancing is severely diminished for women and girls with disabilities. Having a disability also intersects with other identities and structural conditions. Racialized, queer and gender-diverse women and girls with disabilities face compounded barriers to inclusion, representation, and service delivery. As pointed out in DAWN's report, "The risk of being victimized is increased because of ableism, racism, sexism and neocolonialism." For example, students with disabilities who live on reserve do not have access to support and services to the same degree as students who live off-reserve. Infrastructure and labour markets remain inaccessible to women and girls with disabilities, and lack of specialized health services, accommodation and inclusionary practices by employers reduce financial security.

We echo DAWN's call to collect data on girls in Canada using intersectional feminist and cross-disability analysis and make this data publicly available, and urge the federal government to respect and uphold the commitments made when ratifying the various international conventions and protocols in favor of the rights of girls with disabilities. An intersectional, disability-inclusive approach to government decision-making and budget allocation is urgently needed in recovery planning.

Senior Women

Age is a foremost risk factor for the novel coronavirus. The risk of COVID-19 death rises with each decade of age. [33] Seniors experience higher rates of diabetes, heart and lung disease, all known risk factors. However, seniors in long-term care facilities are particularly vulnerable to contracting the virus – and dying from it. 81 per cent of coronavirus deaths in Canada have been linked to long-term care facilities.[34] The disproportionate death of seniors in long-term care facilities is a consequence of structural issues that have plagued seniors' residence and nursing homes for decades. Because women tend to live longer than men and are more likely to be living in a nursing home or seniors' residence, senior women are particularly vulnerable.[35] Many for-profit retirement homes are notoriously understaffed, pay their workers inadequate wages and do not provide residents with a basic level of care.

In an analysis of COVID-19 deaths by the Ontario Health Coalition, the proportion of deaths out of the total number of beds in for-profit homes was 9.0 per cent versus 5.25 per cent in non-profit homes and 3.6 per cent in public homes, suggesting that the for-profit model of care is particularly inadequate at keeping seniors safe.[36] Physical distancing measures are difficult to implement in congregate settings. As mentioned in a previous section, because many caregiving such as PSWs are paid low-wages and are not employed full-time, some workers pick up shifts across various facilities, which has most likely contributed to COVID-19 spread.

The Canadian Labour Congress has called on the federal government to immediately address the long-term care shortcomings by proposing 21 recommendations including:

- Bringing long-term care into the public system and regulating it under the Canada Health Act;

- Removing private, for-profit businesses from the sector;
- Requiring proper staffing and health and safety protections for workers; and
- Permanently raising wages and benefits for long-term care workers to match the value of the work.[37]

To reduce the rate of viral spread, nursing home employees – many of whom are racialized women making low-wages – should be provided with appropriate Personal Protective Equipment and have regular access to testing. Better funding for formal home care services and alternative housing models that offer specialized care should be explored to ensure the health and well-being of senior women.

Recommendations

An intersectional feminist approach to social and economic recovery efforts can offer evidence-based policy directions and inform sensible decisions at every level of government. Despite concerted efforts by elected officials and health leaders to contain this virus and support citizens and businesses, COVID-19 has exposed cracks in our foundation that must be addressed. According to a recent poll by EKOS, 73% of Canadians said they expect a "broad transformation of our society" as a result of the pandemic, with a majority saying they expect to see major social reforms that prioritize "health and well-being."[38]

Our economic system has continued to devalue care work and feminized labour.[39] It has continued to exclude and sideline racialized women, women with disabilities, queer and trans people, and women with precarious immigration status. This system has also operated as though infinite economic growth is possible in an era where the environmental consequences of our actions have become abundantly clear.

As outlined by Campaign 2000, YWCA Canada, Imagine Canada, Canadian Women's Foundation, OCBCC, ONN, and countless other organizations and coalitions, there are many potential policy solutions and recommendations to consider moving forward. We support these efforts and stand with our sector. Our contribution to the discussion is open-ended and modest: we hope that governments begin to operationalize gender equity considerations in a meaningful, robust and comprehensive manner moving forward, recognizing that health, social and economic issues are closely connected. These complex issues require inter-ministerial, inter-governmental, and cross-party collaboration, which this crisis has demonstrated is possible. This means seriously exploring a national, universal child care program so that every woman and parent has access to free child care services. This means instituting decent work and pay for feminized industries, including legislating paid sick days. This also means reforming social protection systems so that every woman who engages in unpaid care work has equal access to a dignified standard of living – and by extension so do her children.

The impending conversation around "how much will all of this cost," "who will pay for all of this," and so forth, is sure to dominate the headlines in the months to come. Vocal defenders of austerity will argue that we simply do not have the money for generous social programs or

large-scale reforms at this point, and that we will need to cut back programs and services to balance budgets. As a society, it will be important to think about the long-term consequences of austerity measures and who will bear the disproportionate impact of such measures. Applying an intersectional gender lens to recovery planning and budgetary decisions will allow a meaningful analysis of the impacts of various policies, and create space to articulate and address the needs of underrepresented and marginalized communities. Fiscal balance should never be achieved at the expense of collective health, gender and racial equality, and social wellbeing.

Pandemics underscore 'hidden' inequities that are embedded in our society and therefore made to appear normal. COVID-19 threatens to reinforce these inequities but also offers the nascent possibility of a different path. An intersectional approach to recovery efforts centered on the needs of women, girls and gender-diverse communities can produce many sensible policy solutions to the benefit of all residents of Canada.

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