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## Reflecting on The Now: Race, Gender, Socio-Economic Status and COVID-19

Ariana Montemayor  
*Old Dominion University*

Sydney M. Scanlon  
*Old Dominion University*

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When selecting our courses for Spring of 2020, we had no way of knowing that a pandemic was on the horizon. One of the courses we decided to take was Women and Technology, a popular course offered by the Women's Studies Department at Old Dominion University (ODU). When choosing this course, we did not realize how it would help us critically engage with the events of the pandemic as it was happening. The course syllabus describes how, "Women everywhere are designers and users of technology, but their experiences with technology differ by their race, class, culture and position in the world economy" (C. A. Rhodes personal communication, January 19, 2020). The syllabus goes on to say that students would "examine the impacts, positive and negative, of technology on women's lives across history to the present and women's lives across the world from prehistory to the present and women's roles in creating technology." As future healthcare professionals, we believed we would glean important information and learn of new perspectives to help us provide the best possible care in the field. The class required us to listen to podcasts, read articles, and then engage in class discussions led by our professor. It was the class discussions that stand out for us, as we think back to spring 2020, because our peers would draw on their own life experiences and share them with the class. We found that this furthered our education by allowing us to make connections between our readings, history, and the daily lives of others. The course topics and class discussions challenged our thinking and provided a new perspective on how the past, present, and future is not only shaped by women's technological contributions, but how technology itself has introduced bias that both helps and hinder certain populations.

### **The Beginning**

Reflecting back, after only a week in the class we wanted to dive even deeper into the material by creating an honors project. We discussed the possibility of the project with our professor and she believed that by integrating the critical thinking, research and reflection involved in this extra effort, would enhance our learning and provide a valuable experience for us as professionals. After considering the purpose of our work, the potential audience, and the best way to reach them we opted to create an eye catching and informative magazine that would share the stories of women in the ODU community working in health sciences. We hoped that by highlighting this population we would help to inspire the next generation and create a valuable resource for those interested in learning more about these fields. By engaging in podcasts, reading articles, and listening to our classmates' stories in our Women's Studies class we discovered the impact and relevance of personal accounts and determined it was essential to include these types of resources in this project.

We used a flexible criterion to select candidates to interview, seeking individuals representative of women working across the healthcare industry today. Through assistance from our academic advisor, we were able to connect with a diverse group that fit the scope of our project, had a story worth sharing, and would lend an important voice to the project goals. We optimistically began the process of scheduling in-person and phone interviews. To guide the process, we created personalized questions for each interviewee, but also provided each one with the opportunity to expand upon these topics and issues they felt were important to the subject of the magazine. Our interviews examined views on diversity, technology, and the scope of nursing and medical laboratory science practice.

The project we initially envisioned came to a halt with the Coronavirus outbreak and the closure of our campus. In just a month's time, life as we knew it completely changed. Soon, news on COVID-19 was everywhere and there was no avoiding it. We received notifications on our phones when a new grim milestone was passed or more information was put out by the Centers for Disease Control and Prevention (CDC: Hughes et al., 2020). We would turn on national news and see case numbers and death rates had a permanent home on the big screen and would regularly be updated. When turning in to local news we saw how this pandemic was affecting our very own community. The situation was so new, that we did not fully understand the impact it could have on the world. In light of COVID-19, we shifted the mission of our project to address more pressing needs and concerns of this shared experience. We wanted to take it upon ourselves to use the knowledge we gained from our Women's Studies course and interviews to better research the consequences that this pandemic would have on our society.

I (Sydney), have given a lot of thought as to how my gender, race and socioeconomic status affects my experiences in this country. Being a White woman, I recognize the privilege that I have in this world and through this project, I wanted to become more aware as to how my experiences differ from those without my skin color. The pandemic has not been easy for anyone, but by doing this research, I wanted to know how I can be an ally to individuals who don't have the same opportunities I do, and gain a better understanding of how I can use my privilege to help others. I (Ariana) have tried to assess not just access to healthcare, but equitable healthcare in the community that meets the needs of the people. When thinking of my own family, especially my grandparents, I frequently question how factors such as their age, socioeconomic status, gender, where they call home, and the color of their skin impacts their access to healthcare, and thus their health and wellbeing. Being a part of the minority majority as

a Mexican American I felt that it was my duty to learn about the inequality affecting my family, my community, and countless others throughout society so that I may take the first step in improving health equity.

From what we learned in our Women's Studies course, we realized that we could not address COVID issues without recognizing societal inequalities and health disparities: If we did not address these issues, we would not be telling the full story. From our Women and Technology course we saw that societal inequalities are systemic and apparent throughout history. Our goal was to explore if and how the pandemic was exhibiting unequal impacts on People of Color, women, and low-income individuals and communities. We also agreed to showcase some health professionals that deserve recognition for their work on the front lines. With this shift in focus, our professor suggested a zine for our new format. She explained that zines were used to convey information that is conventionally unavailable and provided examples for us to look at. In the beginning of the pandemic, we perceived that the information that was shared on popular news networks did not elaborate on how or why this could disproportionately affect certain communities. Because of this, we decided we wanted to share this information with others in a concise format and believed the zine would be the best avenue to do so.

### **The Zine**

We divided the zine into four articles that were informative and easy to read and spoke to the various impacts of the pandemic. These articles were entitled: Nurses on the Frontlines, Maternal Support During a Pandemic, Medical Laboratory Scientists: Behind the Scenes of Getting Your Results, and Coronavirus: Truly the "Great Equalizer?" These articles were supplemented by information we gathered in our interviews. We interviewed three ODU faculty members with extensive clinical experience and advanced or terminal degrees in their field.

In our first topic we outlined the role of the nurse as well as the challenges that are unique to nurses on the front lines who identify as women. While there was increased attention on the essential role of health care workers—at a global scale, no less—there needed to be a deeper investigation of who these health care workers truly are, by zeroing in on one segment: Nurses who identify as women. Nurses make up the largest portion of workers in the healthcare system, and the United States Bureau of Labor Statistics reports 78% of healthcare employees throughout the U.S. are women. The latest statistics on the nursing profession are from 2018 and they conclude that 90.4% of nurses identify as female while only 9.6% identify as male (Schnur, 2020). These percentages were a surprising finding for us because while we were aware of the disproportionate number of women in this profession, we did not realize the true disparity and we wanted to explore the experience of women who inhabit this role. We wanted to uncover more information on who these individuals are and the impact felt by women. It is well known that nurses are involved in the intimate care of patients. While the pandemic unfolded, we even saw heart wrenching pictures and videos of nurses standing with their COVID patients as they watched them battle the virus and die. They are essential to the care of every patient and during these times they are going above and beyond their duties, risking their lives to do their job. In September of 2020 the CDC updated their data on the characteristics of healthcare personnel with COVID-19 between February and July 2020 (Hughes et al., 2020). The study concluded that there were 99,741 total positive COVID-19 cases among healthcare providers and of that total, 79% of which were female. There have not been any further updates to this demographic data, but there is a daily COVID tracker in place on the CDC website (2021) that as of March 4, 2021, reports 417,901 cases amongst healthcare personnel.

In Women's Studies part of our discussion focused on how people are not affected by situations equally, and COVID-19 is no different. One of the many contributions of the Women's Studies course is that it challenges us to not take information for granted and look beyond seemingly insignificant facts from a table or chart. When looking at statistics, it is important to use an intersectional lens. Intersectionality, a term originated by Kimberlé Crenshaw, is used to describe how factors like race, gender, socio-economic status overlap to create unique issues (Crenshaw, 2016). In the context of COVID-19, women of color are the most affected by the virus. The National Women's Law Center analyzed the National Bureau of Labor Statistics data showing that 865,000 women left the labor force from January to September, 2020 compared to only 216,000 men. These staggering numbers mark the first time the female unemployment rate has reached double digits since 1948, when the Bureau of Labor and Statistics first began to track women's joblessness (Carrazana, 2020). Of those 865,000 unemployed women, 324,000 were Latina and 58,000 were Black (Ewing-Nelson, 2020). This "she-cession" and its disproportionate impact on women and women of color specifically is directly related to the occupational segregation that has pushed women into many caring fields that include healthcare and hospitality (Adams & Corban, 2020).

The next topic we covered was motherhood during the pandemic. In our Women's Studies class we learned about the impact of maternal support, like doulas and midwives, have on pregnancy and the birthing process. Without adding a global pandemic to the equation, pregnancy is already a difficult and stressful time and that stress has the ability to greatly affect the health of mother and baby. We realized that maternal support was extremely important and was being threatened during the rise of the pandemic. Many of the articles we reviewed in periodicals revealed pregnant women had limited support during labor due to COVID

restrictions. For example, we learned that many women were turning to home births in a *USA Today* article (Nahorniak, 2020). Additionally, in a Lamaze article titled, *How the Coronavirus Can Affect Having A Doula During Birth* (Terrerri, 2020), we learned that women were forced to choose between their spouse and their midwife/doula due to hospital regulations. This exacerbates an already tense situation and impacts a mother's birth plan. We also recognized that Black mothers and babies had their own additional set of hardships along with COVID restrictions. One concept we learned in Women's Studies was weathering, the term used to describe the long-term negative impact of daily microaggressions and other forms of racism on the health of Black individuals. We used this concept to explore the detrimental impact racism can have on a mother during birth. Due to weathering and other factors, Black babies are two times more likely to die than White babies (Villarosa, 2018). This stunning inequity appears to have persisted during the pandemic. The *New York Times* article, *She Was Pregnant with Twins During Covid. Why Did Only One Survive?* (Bobrow, 2020), explores how COVID has affected the post-natal care given to Black and Brown individuals. The author elaborated, "It is too soon for official data on the effects of the pandemic on maternal and infant health, but the anecdotes are worrying" (para. 9). In a study conducted at a hospital in New York published in February 2020 in *Obstetrics and Gynecology*, "the risk of a near-death experience was 52 percent higher for Black mothers and 44 percent higher for Latinas than White women, regardless of insurance and after adjusting for other risk factors, such as diabetes and hypertension" (Howell et al., 2020). This aligns with other statistics, showing the increased morbidity rate in Black and Brown individuals. The personal accounts of Black and Brown mothers who gave birth during COVID-19 coupled with the statistics shown, justify their lack of trust in the healthcare system.

Our next article topic was COVID-19 testing. In almost every setting we entered there was a conversation about how to get tested for COVID, the timeliness of those results and their accuracy. While the article seemed to stray from the overarching theme of the zine, we learned in Women's Studies that it was important that we look behind the scenes of any process. We applied this level of analysis to the testing process which began to reveal how the testing demand has affected the lives of the laboratory scientists. We were also able to explore new and upcoming virus testing technology, such as a bedside test and widespread rapid testing that can give a result in minutes. In our Women's Studies course we learned about the consumption junction, a metaphorical area where the consumer and producer meet to create a product that is enhanced by their cooperation such that the final product is better than what either could design on their own (Oldenziel, 2001). Through the consumption junction women have been involved in the creation of technology throughout history with the washing machine and the stove top as noteworthy examples. When these machines were first being created in the 1800s, they were inefficient because they lacked input of women—the main users at the time. These unsuitable machines made laundry and cooking more laborious for the women who were the only or primary users; however the engineers and designers blamed their lack of use on the women, believing them to be “irrational consumers” (Oldenziel, 2001, p. 134). Once women became involved in the development of these technologies, the products were more successful and widely used. This example presents an inherent contradiction, demonstrating how male inventors had to overcome their sexism to seek women's feedback, yet the appliance improvements seemed to reinforce longstanding gender inequity surrounding housework. Nonetheless, it illustrates just one of the ways in which women have been directly involved in the creation of technology that is used by both men and women alike in today's society. When interviewing a Medical Laboratory

Scientist, we learned that engineers and Medical Laboratory Scientists collaborate to create various machines used in hospitals. Medical Laboratory Scientists help to create the technology that they will go on to manipulate on a daily basis in their professional careers (A. Wilson, personal communication, February 20, 2020). Through the interview, we were able to see a modern version of this consumption junction in the field of health sciences through the creation of various lab equipment from companies like bioMerieux and Siemens. Finally, we discussed the work medical laboratory scientists are doing today, like working in departments they don't normally work in, and working overtime to combat this virus (Baldwin, 2020). For example, while exploring the literature we discovered a microbiologist at Bergen County Medical Center who no longer performs the duties of a microbiologist. Instead of performing her usual routine blood cultures and tissue specimens, she now works almost exclusively in virology, attempting to tackle the climbing amounts of COVID tests (Rutgers School of Health Professions, 2020). In addition, to combat this constant stream of tests, laboratory directors and other facets of management are back to working on the bench, attempting to help their overwhelmed staff.

In our final topic of the zine, we address the intersectional barriers to healthcare access, particularly how socioeconomic status, race, and age, work independently and collectively to impact one's health outcomes and medical care experiences. We must also consider the impact of all of these factors together, or we've oversimplified the complexity of how one accesses and experiences health care. The impacts of intersectionality were revealed in the early days of the Coronavirus in the United States when COVID was touted as the *great equalizer* with the suggestion that regardless of demographic variable everyone was equally susceptible. Yet it did not take long before there was a recognition that racism, classism, ageism, and sexism heavily influenced who faced the most serious consequences including death (Mein, 2020). We were

saddened to see that due to systemic inequities, including underlying disease and working in the service industry, minoritized populations are more susceptible to the broad effects of the disease and are two times more likely to die (Mundasad, 2020). We further analyzed the compounded inequity of how People of Color make up the largest percentage of workers in the service industry. These individuals often do not have the luxury to work from home, and as essential workers, they are typically in close contact with the community and thus the virus (Scott, 2020). In this article, we were able to draw parallels between the history of oppression and inequality to the current daily microaggressions and disproportionate death ratio from COVID. This connected to our Women's Studies class and its focus on concepts like limited access to healthcare in communities of People of Color and their distrust in the healthcare system.

### **The Reflection**

Looking back on our creative and research process we were able to acknowledge some strengths and weaknesses of our zine. We were frustrated during our original research process because we struggled to find relevant and reliable sources that would help us gain a better understanding of what was happening in the world. It was difficult to navigate this situation because the information that was being released was rapidly changing, with just one of many examples being that mainstream media initially reported that only older adults are severely affected by COVID. Although older generations have a higher rate of death, new data has shown that COVID can still severely affect younger individuals, even resulting in death (McLernon, 2020). As a result of this rapidly changing data, the research process was different from anything we had done before. We were used to researching topics with a multitude of scholarly articles and research, but COVID-19 was so new that oftentimes we did not know where to start. The literature we did find was not specific to the issues we wanted to highlight, so we sought

personal accounts on websites, TV and radio. We had to carefully analyze these sources to determine their validity. While there were many anecdotal accounts of information, like how healthcare workers were forced to reuse Personal Protective Equipment (PPE) due to a nationwide shortage, we needed to find more statistics to include in our zine to strengthen our discussion. These accounts were informative, but without valid data we were hampered in our ability to compare these experiences as well as make claims about what was happening on a national level. Another related weakness of our research was our struggle with keeping our information current. We realized that after a few days, the statistics and information we gathered would become outdated as cases of the virus exponentially increased and its impact became more widespread. We acknowledge that this is a common challenge that many writers and researchers face and have to come to terms with the reality of being one step behind. As researchers, it is our duty to be transparent with the reader and inform them that this is a rapidly changing situation, while acknowledging we do not have all the answers available to us. We can only follow what the data and statistics are currently showing; however, we can control how we analyze and present that data to the public.

Despite the challenges, there were strengths to how we approached the development of the zine. We both agreed that we were pleased with our ability to create a project that reflected a moment in history. The goal was to create a small, but concise piece to enhance the knowledge of the readers by exhibiting how the pandemic disproportionately impacted People of Color, women, and low-income individuals and showcasing the work of some health professionals, as well. We believe that we achieved this goal while also helping the reader better understand how racism, sexism, and classism amplify health disparities.

When analyzing our weaknesses, we also wanted to address what more we could have done throughout this process to enhance our zine. One thing we both valued was the interview process and how the personal accounts were an important source of information. Due to the impact of COVID-19 on our original project mission, the interviews were not as much of a focal point of the zine as we had originally intended; however, we still valued the process. Hearing personal accounts in any form, whether it's an interview we conducted or viewed on TV, is important and impactful. If we were to add to our project, we would have interviewed more people to get more personal accounts on how the virus was impacting society. We believe that interviewing a diverse group of individuals, in the context of the pandemic, to include healthcare professionals, essential workers, and even people who had the virus is important. We realized that it is necessary for us as a society to hear from a diverse population so that we can empathize and understand others in their situation in order to address long standing issues. We realized during our research process that there did not seem to be measures in place to protect marginalized groups before the pandemic struck. In order to create these measures, we need to listen to the underrepresented and acknowledge the problems that could result from emergencies like this pandemic.

### **The Final Take**

In the wake of the murder of George Floyd and the rise of the Black Lives Matter (BLM) movement, we saw that important issues like the disproportionate access to adequate housing, healthcare, and food among People of Color received increased media attention, leading to heightened awareness. As students, it is important to be educated on social issues, from COVID-19 to the momentum of the BLM movement. Our Women's Studies course taught us to recognize the consequences of intersectionality and how inequity and inequality are always at

play in any situation, especially healthcare. Future healthcare professionals can work to rectify these long-standing issues by working towards cultural competency. We have discovered that in our practice we must interpret cultural competency not as striving to learn everything about another culture, but as taking a holistic approach that includes acknowledging and respecting the various elements of a patient's identity. COVID-19 has opened the eyes of many to the real inequalities in our society including those resulting from gender, race, and socioeconomic status and is a call to action for all of us to think of others before it is too late. It is important that we, as future healthcare professionals, recognize the cultural and social inequalities that are apparent in society because we can pave the way for change.

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