Who Cares? The Gendered Crisis of Modern Pandemics

My name is Suzanne Jennings; I have managed a serious autoimmune disease, lupus, for over two decades. I previously worked as a Primary School Integration Aide teaching children with additional needs to read, until it became too unsafe a workplace, full of airborne virus, for someone at risk of poor outcomes. I have three adult daughters, [redacted]; and I am co-founder (with [redacted]) of the Cleaner Air Collective, a grassroots advocacy group with more than 350 members across Australia, collaborating to improve pandemic policy and protections. Thank you for the opportunity to contribute to this Inquiry; I would be very interested to participate in further targeted stakeholder engagement in 2024, including round tables and workshops. My submission focuses on the neglected issue of the multifaceted, disproportionate impact of pandemics on women, which presents not only challenges, but a real opportunity to improve our response. This falls under the Term of Reference covering "mechanisms to better target future responses to the needs of particular populations (including across genders)".

In order for Australia to be prepared for future pandemics and address ongoing issues arising from the COVID-19 pandemic, the Federal government needs to consider the gendered aspect and burden of pandemics. Pandemic toll goes beyond death with both health and non-health impacts falling disproportionately upon women. The Federal government must show leadership in addressing this to avoid cascading consequences in terms of reversing gender equality gains, and widespread societal and economic collateral damage.

Women have a unique set of risk factors for COVID-19, Long COVID, and future pandemics, and because they shoulder critical familial and social responsibilities, the growing burden of disease negatively impacts not only individuals, but the entire community.

Workplace risk

Women are at increased risk of infection in any pandemic because they are heavily employed in high transmission workplaces. A range of research shows that women make up 70% of healthcare workers, 71% of teachers, 57% of retail workers and 55% of hospitality workers. These public facing occupations leave women especially vulnerable to infection during an airborne pandemic, with healthcare and schools carrying the highest risk. With the current removal of COVID-19 protections in these settings, the workforce of predominantly female employees remains exposed to some of the most unsafe workplaces in the country.

Indeed, the topic of teacher infection was raised in February this year by Kevin Bates, Federal Secretary of the Australian Education Union, at a hearing for Australia's Long COVID Inquiry. Bates noted that members had reported multiple COVID infections, "in some cases four and five repeat infections." Federal MP Dr Michelle Ananda Rajah responded: "Just for the record, four or five infections is not acceptable; we need to do something about that."

Care risk and burden

Pandemics place immense pressure on families to manage the care of sick children, and working mothers face additional challenges. Often the main carers within households, women, during health emergencies, are highly susceptible to infection. A 2017 Australian survey found that 90% of the time it is working mothers who look after sick children, and an international 2021 study found that in nearly 80% of countries with data available, women missed work to care for others at higher rates than men.

When schools and childcare that lack clean air strategies repeatedly send children home with airborne illnesses, these children expose their mothers – who must forgo work and often income to carry out caregiving. Australia's "triple threat winter" of 2023 with simultaneous waves of COVID-19, flu and respiratory syncytial virus, caused a merry-go-round of illness in children, with knock-on risks for mothers. It is worth noting that working mothers of children with Long COVID (studies estimate the prevalence of Long COVID in children and adolescents as 25.24%) often carry the extra burden of extended financial insecurity and career setbacks. Given that the unpaid labour of women in the state of Victoria was recently estimated at $208 billion (four times the entire Victorian Budget), this undervalued work is both socioeconomically inequitable, and puts a highly productive population at repeated risk of COVID, Long COVID and future pandemic infections.

Health risk and burden

Focussing on COVID-19 pandemic, the World Health Organisation says that "one in ten infections results in post-COVID condition"; but the illness disproportionately afflicts women over men. Studies from around the world show that 60-80% of Long COVID cases are experienced by young to middle-aged females, many of whom are rendered unable to work for long periods. Just this week the West Australian newspaper reported on a new local study by Dr Paul Effler, soon to be published in the Medical Journal of Australia, showing the risk of developing Long COVID is 50% higher for women than men. Long COVID is, therefore, a gendered issue, since women are at increased risk of developing this harrowing condition.

Adequate (sometimes called "radical") rest during the acute infection phase is one important way to protect against post-COVID illness, but, due to the demands of juggling work, children, home duties, elderly parents, and community roles, women are often unable to take the rest that's required. Another putative factor in women's susceptibility to Long COVID is the higher prevalence of autoimmune diseases amongst women. This increased risk for women with pre-existing health conditions is exacerbated by lack of safe access to overwhelmed healthcare systems. Too many Australian women will face the next pandemic challenge already more vulnerable with serious underlying conditions caused by the COVID-19 pandemic.

Overall, the current state of play with unmitigated transmission means women face a trifecta of risk factors, from continual exposure in unsafe workplaces, to caring for repeatedly infected children, to a greater likelihood of the development Long COVID. This disease burden will have a cascade of negative consequences for women at a personal level, but also at a broader societal level.

Economic consequences

The gendered impact of a Long COVID mass disabling event on women's long-term health, and the consequent reduction in workforce participation, makes this a key economic issue. Long COVID will continue to hinder women's ability to work, leading to loss of income, career stagnation, and/or unemployment. This situation is compounded by the financial burden of healthcare expenses and ongoing medical treatment.

Any decrease in female workforce participation, likely to also occur in future pandemics, will impact productivity and economic output, affecting overall economic growth and stability. A smaller pool of workers will increase skill gaps in various industries and reduce diversity of perspective and talent. Additionally, it will affect women's financial security, leading to both a potential drop in overall consumer spending, and the government needing to spend more on social welfare to support disabled women – all of which increases pressure on the public budget.

Long COVID has been compared to the debilitating illness myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS) – recently calculated by Griffith University to cost the Australian economy $14.5 billion per year. The cost of Long COVID is likely to be higher, meaning comprehensive solutions are urgently needed. While improved safe access to healthcare, appropriate levels of financial support, and workplace flexibility are all important, the most critical measure is shifting public health policy to target a reduction in COVID transmission. This will help to redress the long-term impact on women, communities and the economy, and ensure that the community is better placed to withstand the next pandemic.

Societal consequences

The gendered impact of pandemics extends to societal consequences. If mothers suffer from repeated infections or Long COVID, for instance, the stability and well-being of the entire family unit may be compromised. The stakes are even higher for single mothers who make up the majority of single-parent households, which are less likely to have a safety net for physical or financial support. With sick leave or carers' leave (for sick children) used up quickly or non-existent, constant reinfections or a Long COVID diagnosis are catastrophic, pushing single mothers and their children into poverty. As sufferers of Long COVID are not eligible for the financial support of Disability Support Pension or the NDIS, they are more likely to become homeless, as evidenced by submissions made to the Long COVID Inquiry. This is already a substantial problem in the US.

Moreover, if one in ten COVID-19 infections leads to Long COVID, globally hundreds of millions of people will need longer term care. If we continue to let transmission thrive unmitigated, an alarming proportion of the population will become disabled. Female caregivers who become infected will be unable to do both paid care work, and the unpaid care that underpins social functioning. Indeed, they will increasingly need care themselves.

The extent of the impact of COVID/Long COVID/future pandemics upon women further intersects with complex factors of disadvantage such as disability, cultural and linguistic diversity, Aboriginal and Torres Strait Islander background, class and LGBTIQ identity. Addressing these disparities requires a comprehensive approach that acknowledges and rectifies the unique inequalities faced by women in diverse circumstances.

Mental health consequences

This pandemic has shown that people suffering from ongoing illness often experience a significant decline in their mental health, a finding that particularly concerned Australia's Long COVID Inquiry committee. Additionally, women caring for children impacted by COVID-19/Long COVID can experience great strain trying to balance caregiving with work, home duties and other familial/social roles. Evidence suggests that mothers of children with chronic illnesses are likely to suffer more mental and physical hardship than mothers of healthy children, and also more than fathers of children with chronic illness. The inequality inherent to unpaid care work thus involves mental health costs as well.

The decline in women's mental well-being and quality of life due to pressures associated with COVID-19, Long COVID and any future pandemics must be acknowledged, as this will have significant flow on effects. The mental health impacts for society of Long COVID disability and caring for those afflicted by repeated infections involves loss of productivity, sick leave, and increases in pressure on health and social care services. It is important, therefore, to take account of this gendered aspect of pandemics moving forward.

Opportunity

These issues in the present pandemic can be addressed. While there are few effective treatments, governments have the ability to reduce Long COVID's prevalence with a national "Swiss cheese" approach; this would combine indoor air quality standards (creating safer schools, workplaces, aged care, healthcare, public buildings and transport), clean air education, targeted mask mandates (healthcare, aged care), vaccinations (including increased eligibility for children), testing, isolation, and better access to antivirals.

Women are significantly at risk, but they also represent a great asset and opportunity. They often play a key role in managing the well-being of their family and community, and have the potential to create an orbit of health around them, if equipped with knowledge. Targeting women with public health education regarding clean air, for instance, would be a sensible government strategy, as this would empower women to take steps to protect their families and communities. Activating them as pandemic-informed health leaders would be an excellent investment for our whole society.

At the policy level, too, there is an opportunity for women's perspectives to become more influential. Despite evidence that countries led by women, such as New Zealand under Jacinda Adern, demonstrated effective responses to the pandemic, COVID-19 strategies have been controlled largely by males. The lack of participation by women in decision-making can result in gender-blind policies that fail women in crisis. In the absence of female representation at the highest levels, it is necessary at the very least to canvass a diverse range of women's voices. If women are properly consulted about the ongoing challenges of Long COVID and repeat infections as well as the implications for future pandemics, policy-makers can create a more well-rounded and equitable response. The choice of experts on the panel of this Inquiry is a positive step in this direction.

Given that the government's "personal responsibility" COVID-19 recovery policy operates at the expense of women, we need women's voices, women's experiences and women's solutions at the heart of our future pandemic response. If the government genuinely values women's wellbeing and productivity and wants to preserve hard fought gains in gender equality, it must take steps to reduce transmission in the present pandemic and in future pandemics, using inclusive solutions.

Thanks again for the opportunity to contribute to the COVID-19 Response Inquiry and raise issues on behalf of my daughters, sisters, elderly and vulnerable mother, friends, colleagues in the Cleaner Air Collective and all Australian women and families. I would value the chance to contribute further through the target stakeholder engagement you have planned in 2024 and am confident that including women in the design and implementation of pandemic solutions will benefit all Australians. You can contact me at [redacted]