

## IG in Conversation: COVID-19, Racism, and Masculinity

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### SPEAKERS

Susanne Luhmann, Dr. Catherine Clune-Taylor

**Susanne Luhmann** 02:43

Good day, everyone. And thank you for joining us for our second online Intersections of Gender In Conversation event.

I'm Susanne Luhmann. I'm the Director of Intersections of Gender, which is one of five signature areas of research and teaching at the University of Alberta, here, in Edmonton, Alberta, Canada.

I'm speaking to you today from Treaty Six Territory, the ancestral lands and traditional gathering place for diverse Indigenous peoples in the lands of Métis nation, Region Four. By acknowledging territory, for me, that also means committing to learning about and understanding the responsibilities of treaties, such as recognizing nation-to-nation relationships. And acknowledging territory also means committing to learning about and respecting Indigenous knowledge and traditions, and engaging in research, teaching and

governance that will hopefully contribute to a wider acknowledgement of ongoing colonial violence.

I know that many of you are joining us today from many different places in Canada, North America, Europe, and beyond. And I invite you to reflect upon your own location and the responsibilities that come with living on and with the histories of land and the people who came before us.

**Susanne Luhmann** 04:06

IG In Conversation is a new series that we started as an opportunity for more informal conversations with researchers about and in response to current events as they are unfolding. We started last month when I spoke with Dr. Amy Kaler about genders aspects of COVID-19. You can find a recording of that conversation on our Facebook page; just to look for Intersections of Gender. It will also be on our web page.

Before we begin today, I want to thank Jeremy Cherlet of U of A International, as well as my colleague, Rachel Zukiwski-Pezim. Both of them were central in making this event happen today.

So I'm very excited for the opportunity today to chat with Dr. Catherine Clune-Taylor about COVID-19, Racism and Masculinity. The topic has taken, I think, another urgency in light of the events of the last few days here in North America. And I'm thinking of the police killing of another Black man, George Floyd in Minneapolis a couple of days ago, and the ongoing protests that are happening in response to this incident of racist police violence in many US cities today. And maybe less well known, but equally urgent, is the death of Regis Korchinski-Paquet, a 29-year-old Afro-Indigenous woman who, according to her family, was shoved off the balcony by police in Toronto.

So I'm really glad that we have Dr. Clune-Taylor with us today to think about racism, gender, masculinity, the COVID-19 pandemic and their responses to this crisis here in North America.

The format of our event today is such that we will spend about 40 minutes talking with each other. Then we will open it up for questions from the audience. You can submit questions through the Q&A function on your screen.

Let me begin by introducing our guest today: Catherine Clune-Taylor (she/her/hers) is an Assistant Professor in the Department of Women's Studies at San Diego State University in the US, where she is specializing in Feminist Science and Technology Studies. She earned her PhD in Philosophy from the University of Alberta in 2016, and she holds a BA and MA in Philosophy, as well as the BSc in Microbiology and Immunology from the University of Western Ontario. Her current research explores the ways in which the American system of market health insurance tied to employment now distributes life chances for Black folks. Prior to joining San Diego State University, Dr. Clune-Taylor was a postdoctoral research associate at Princeton University. And since we have known each other for a while, I'm allowed to address her as "Cato" by the informal name. So welcome, Cato. Thanks for joining us!

**Dr. Catherine Clune-Taylor** 07:07

Yeah, I'm thrilled to be here.

**Susanne Luhmann** 07:12

Maybe you could get us started off by speaking a little bit about how the COVID-19 pandemic, as well as the responses to it, as we see them, are shaped by race and gender. How do you see that at this moment?

Thank you...I am thrilled to be here. And I think you're quite right that this is a particularly kind of urgent discussion right now. Before I answer your question, I want to start by situating myself a little bit. Telling people a few more details about me will help impart and shape how I'm analyzing what's going on or how I interpret things. And then, because this is an evolving situation and things are changing each day, I'd like to just look at the numbers and see where we are right now.

So, just for a little bit more about me. As you said, I have a background in microbiology and I was someone who actually applied to go to medical school. I was born and raised in Toronto. I worked at a doctor's office in Toronto during the SARS outbreak in 2003. I have this PhD in philosophy and kind of stumbled down the pathway into feminist science and bioethics, thinking a lot about the social and political dimensions of science and healthcare.

As you mentioned, I moved to the US for my position at Princeton in July 2016; just a few months prior to the election. It was during my three years at Princeton, in the beginning of the current administration, that I became really interested in thinking about the way that health insurance shapes the life chances of particularly people of color and Black folks in the United States. There was so much debate at that time about: health insurance, health care, who should access access it, what does it mean for it to be affordable and reasonable, is there a right to it or should there be. I was also seeing all of that going on in the context of the movement for Black lives at the same time

And recognizing that there has been such great research being done and theorizing being done about the way the carceral system shapes Black life in America. And it makes sense. I mean, studies show that one out of every two Black folks in the US know someone personally who's been incarcerated or is incarcerated. But everyone stands in relation to health insurance, whether they have good insurance, whether they have bad insurance or they have no insurance.

Dr. Catherine Clune-Taylor 10:19

So I became very interested in that. And currently, as you said, I just finished my first year of a tenure track position at San Diego State University, which is about 25 minutes away from the Mexico border. It's also about 25 minutes away from Otay Mesa Detention Center. That is the location where 57-year-old Carlos Escobar had died of COVID-19 related complications earlier this month. He was an individual who actually had been living in the United States for 40 years, but was unable to obtain legal status due to criminal convictions from the 1990s. He had been incarcerated in that detention center since January. Unfortunately, he was actually someone who was put on a list to be released because he was considered to be high risk [for COVID-19], but he was already in hospital with COVID-19 by the time he was added to that list.

I also wanted to note that I am someone who is currently a resident alien in the United States. I'm here on an H1-B visa, the visas that have been paused. So I'm in a somewhat funny immigration position right now. That's kind of the position that I'm speaking from today, which will, I think, influence my background as someone who's trained in Canada and really influences how I see these things.

With regards to the pandemic, so it is May 29, 2020. As of today in Canada, there 88,856 confirmed cases. That was an increase of 994 new cases from yesterday. There have been 6,918 deaths in Canada, including an additional 112 yesterday.

At this point, it seems in terms of unemployment data (I couldn't find good May data), based on March through April, 3 million Canadians have lost their jobs since the COVID-19 pandemic.

Whereas in the US, we are currently, as of this morning, sitting at 1.7 million confirmed cases. We had to 23,051 new cases diagnosed yesterday. We're sitting at 101,635 deaths and that's with an addition of 1,415 yesterday.

So we are in a period where I think states are starting to open, as well as provinces in Canada. We are actually starting to see new hotspots emerge in the US, particularly in states that started reopening early. So, West Virginia, Iowa, Kansas, Arkansas, Mississippi, Texas, Georgia, Florida, and Minnesota are showing you hotspots.

And, importantly, as of today, about 40.8 million, or one in four Americans, have filed for unemployment. This is likely quite a substantial undercount as well, as it doesn't include the millions of laid-off workers who are not eligible for unemployment benefits, those who haven't filed, and those who have left the workforce altogether. It also doesn't include the 8 million undocumented workers who have lost their jobs. It doesn't include students who just graduated who are thinking about going on to the job market. But I wanted to highlight this number because importantly that also means that one in four Americans have lost health insurance coverage. I suspect this is the largest single loss of health insurance coverage that has ever occurred in the US; a lack of access to care in a single moment.

After setting that stage and turning to your question, I think a lot of observers have noted that the pandemic, as well as responses to it, have been really shaped by race and gender, as well as other axes of identity produced by systems of oppression, including ability and class, for example.

We can start by thinking about the beginning of the pandemic, and its spread into North America and the kind of virulent anti-Asian racism that this has given rise to. There's been a substantial increase in hate crimes against Asian individuals. There is a really great project called the Asian American and Pacific Islander COVID-19 project that has been very quickly put together by Vivian Shawn and Jason Garfield at Harvard, that is looking at and studying the way that COVID-19 is shaping various aspects of life for Asian Americans and Pacific Islanders (AAPI). They're looking at labor in the economy, community organizing health, and access to health care among other things. But importantly, the group's Stop AAPI Hate

reported receiving over 1700 reports of harassment, shunning and physical assaults against Asian-American individuals, as of May 13.

We're also simultaneously seeing anti-Black racism that's emerging in China that has seen many Black folks living in China be evicted or be barred from different locations, stores, grocery stores, and workplaces.

**Dr. Catherine Clune-Taylor 16:28**

What we're also seeing is the way that individuals who are positioned at different kind of intersections and various axes of identity are really bearing the brunt of the pandemic. In particular, I think a lot about women and women of color who have desperate levels of exposure to the virus. So many women of color, who work in care, are getting positions, whether it's working as RN, LPN, Personal Assistance Provider or folks who are helping to care for others. We can think of who generally makes up the staff at a nursing home, which are these hotspots that we're seeing emerge in various countries or long term care facilities. Women healthcare workers are often on the front line. We have to think of, not only the care labor that they're engaging in, that's putting themselves at increased risk of exposure. Then there's the stress and the PTSD associated with being in those positions, and working extensive hours and equipped with PPE [Personal Protective Equipment].

Also we can think about the disparate effects of work closures on women. I think a lot of us probably have seen the horrible stories circulating recently about a woman who ended up having to basically close her company and let go of her 13 employees because her husband wasn't able to deal with childcare. Right?! I know many women are trying to juggle childcare, and we're seeing it across all kinds of class stratas of women who are pulling back from work or just not able to engage in labor. I think one of my long-term concerns is about how many women will just not re-enter the workforce. I do think the word "workforce" is probably going to shift in the long run. And so what are we going to see there?

But I think the kind of historical trend we have seen in terms of the feminization of poverty means that women, and women of color in particular, are disproportionately affected by jobs losses and disproportionately vulnerable in this climate.

**Dr. Catherine Clune-Taylor** 19:10

This has nothing to say of the increased concerns we have in increased rates of domestic violence that we're seeing. I saw one study that said that what we're seeing right now is a kind of perfect storm, where many women may have lost their jobs or are now trapped in isolation with their abusers, and perhaps, are even now more financially reliant on them than previously. They're in a context where that kind of frustration and anxiety is mounting.

I think there's been so many great disability justice scholars and activists who came out right at the beginning of this pandemic to highlight concerns about rationing of care and ableism within the kind of rhetoric that we have dealing with this; that it's only high risk people who need to be concerned. This kind of "othering" of certain parts of the population and positioning this as an increased burden or risk primarily for folks who are disabled. And again, women are disproportionately disabled. So we have to recognize that that is a feminist issue, as well as disability justice.

Finally, to touch on issues of class and given the large range of wealth disparity in the US, I think we're seeing this more and the fact that health care and healthcare access is tied to employment. Here, we're seeing more exacerbated problems around class status. But we're seeing them in Canada as well. Issues of:

- Who is it that has a job that can be done from home?
- Who is it that can afford to self-isolate and has the privilege to do so?
- Who can afford to not take public transit?
- Who can lower their risks in these ways?



In the US, it's been a big issue about who can access tests and who cannot. I had a student whom they suspected had COVID-19, and she was able to get a test. But she also was quite upset because she realized the reason why she was able to get a test was that both of her parents were healthcare professionals. Whereas I have other students who were much less privileged, and I had a student who got COVID-19 and then had a very severe lung illness. Her parents subsequently got it, and then she had to care for them. She was very clear that, with her parents, she had been tested. But then her parents couldn't really afford to go right or to consider that.

I think that is a real issue we need to consider here. Given the fact that, even moving into this crisis, 40% of Americans could not handle a \$400 emergency. And when that price goes up to \$500, we get to about half of Americans, about 50%. Meanwhile, if you were someone who's uninsured, and get COVID-19 and end up hospitalized, right now the estimates are you're looking at probably about a \$75,000 bill. And so we need to think about the way that class and issues of class privilege or wealth privilege here are contributing to the spread **and crucial reading to (22:55)** or incentivizing certain kinds of behaviors that we might not want people to engage in, for the health of themselves and for the public. I think that's just a few of the ways they're right playing out.

**Susanne Luhmann** 23:09

I think maybe I will jump to another topic of this conversation which is masculinity. I know that lots of people who are joining us today are particularly interested in the question of masculinity. I don't think we have had that much conversation about that.

Some people have noticed that the COVID-19 pandemic and responses to it have been informed by masculinity or ideas about what counts as masculine. One example, for example, is wearing a mask is seen as emasculating. Are women wearing more masks than men? And,

on the other hand, I think in conversations you have noticed and we have noticed is that the countries that have responded most effectively have had woman leaders.

I know this is kind of preliminary thinking, but what do you think about this and what we are learning about the role of masculinity and ideals of masculinity in this pandemic? Or how does those responses to the pandemic get shaped by questions and ideals of masculinities?

**Dr. Catherine Clune-Taylor** 24:26

Yeah, I think it's fascinating. I have been thinking a lot about masculinity through all this, particularly in relation to the kind of protests we started seeing, and these issues around mask wearing and the way various kinds of rhetoric about autonomy or freedom, and particularly bodily autonomy, have been activated or operationalized here. I think a lot about masculinity here as kind of like instantiation of patriarchy, like the kind of performative script that according to which patriarchy that distributes power and privilege. And because I really do think like responses to the pandemic on both the individual and the collective level have been really kind of fascinatingly and horrifyingly revelatory of masculinity, and particularly, white supremacist hetero capitalist masculinity.

Firstly, I think it makes sense to ground myself in my terminology here. I'm thinking about this with Bell Hook's definition of patriarchy, and her definition is "Patriarchy is a political social system that insists that males are inherently dominating; superior to everything and everyone deemed weak, especially females; and endowed with the right to dominate and rule over the weak; and to maintain that dominance through various forms of psychological terrorism and violence." I've been really fascinated by thinking about the way that patriarchy is associated around domination and control. In part, because I think one of the things that's happening is, and I think all of us are experiencing this, an increase in anxiety; all of these things that are beyond our control.

This isn't like a clear enemy. I think we often have these war-like or military kind of metaphors in relation to the immune system and fighting off infection and stuff like that. When in reality, what we're dealing with is like an enemy that is miniscule. Like, it is not even visible to the naked eye. And it is also completely indifferent. There's no intentionality. This virus is just doing what it does,. It isn't aware that it's destroyed our way of life or harming all of these people. That, in a way to me, is part of what's adding to this frustration.

This isn't the fight that I think has been fantasized about by many folks who were looking for some sort of big political shift. I think it's interesting that the first kind of groups of people that we saw who started protesting, for example, in Michigan are folks who are kind of preppers. And in part I was like, "This is because this isn't the apocalypse you were looking for." You're waiting for one in which what determines survivability is kind of performative masculinity; is an ability to kind of control and dominate the environment to protect yourself and your family and what's yours. That would have, as a result, a political new order; almost a kind of feudalism like, "I'm going to have my land. I'm going to protect my land. And I'm going to do it through performative masculinity." But instead what we got is people baking, like it didn't work out in the right way. It's not providing opportunities for this kind of fantasy. Although I will say I think that's only one set of protesters or one kind of way that's enacting.

If we think about other kinds of folks that we're seeing in protests, it's interesting to see what it is that they're protesting for or calling for, and what's absent there. We're not seeing people who are protesting to demand that we re-open the economy so that they can keep saving for their kid's college fund, or they can pay their rent, They want to get their hair cut. They want to get their nails done. They want to go to the beach. They want to golf. What fascinates me is those are demands to gain access to the performativity of whiteness. That is, how can I maintain this veneer, this illusion of a certain class level? I need to be able to perform or actively engage in my class level, in my whiteness and the right kind of way. And importantly, that also requires the ability to exploit certain others, like, I can't do my own nails. I have to have my nails done and I need someone else to do them for me. I need my hair done. I need I

need another person to do it. I think it's interesting that the concerns are about a loss of lifestyle in a certain way and not about life. In a sense, life is almost secondary. "If I can't live in the right way, I would rather not live at all." But the right way, here, is really about signaling certain things to others.

I also think we are seeing a real frustration being expressed by a lot of folks. I think part of that has to do with the way in which this crisis has made imminent to so many people of their own vulnerability. For a lot of folks, what is so angering and upsetting here, and it is about experiencing a kind of vulnerability that they feel should be or is properly relegated only to others, and particularly to racialized others. And that's a lack of autonomy around one's body: you can't tell me what to do with my body. And only certain others can be told what to do with their body. But not me. Not white masculinity anyway.

**Susanne Luhmann** 32:42

What really helped, what really made sense for me, finally, is why people are buying ammunition or men are buying ammunition. But not only men, because it is the fantasy of the enemy that needs to be fended off. It's actually not the enemy that we have, which as you so well pointed out, is a virus that you can't shoot. But it's a form of: I'm feeling vulnerable; I can't deal with my vulnerable, therefore I'm going out and buying ammunition in order to have, at least, this kind of fantasy enemy. Once the virus is not being, you know, you can't protect against the virus. I think you pointed out something very interesting of the response in part as a white masculine fantasy that responds to something that is a threat, but with completely useless tools. I mean, the amplification of care that is happening, which is historically and I would say continuous, is a practice of feminization that would be the weapon to take on. Start sewing masks, or build masks if you can't sew. Come up with some kind of invention if you need to shore that up for your masculinity. Invent something.

**Dr. Catherine Clune-Taylor** 34:00

Right! Build a garden, do something, do a thing. But instead it's a kind of demand. I think it's really fascinating. I keep hearing folks say what they're demanding is freedom. And my immediate response is: you have to be alive to be free. You can't actually be free if you're dead.. I mean there are philosophers who can debate this point, and to me that's interesting. I think one of the things that should be very clear through all of this is that this isn't about life. I mean, 100,000 Americans have died. One of the things I saw someone post online today was All Lives Matter only started trending after the protests against police violence. Where were the All Lives Matter when 100,000 people died over the last three months? And so it is very clearly not about life in itself. It is about very certain lives and a certain way of life, right? Unless you are contributing to this form of life, your life doesn't matter. The fact that we're seeing protests demanding literally for life: like we want to live, we want to not worry about being evicted. There are very serious needs right now. But we see a group of people who feel that the biggest primary concern is the way in which their rights are being violated through their inability to consume and to engage in certain kinds of, I think, racial and class performativity.

**Susanne Luhmann** 36:24

So we're also seeing at the moment that if we don't consume, the economy really goes fast. I mean, I think it really "lays bare" of how the jobs that are gone, are the jobs in retail and service jobs. It also shows us really how much we're all implicated in this system of consumption. And if we're not consuming, people become unemployed. And, of course, it's a racialized and gendered workforce that has been laid off. I think that's the terrifying thought. I think you have spoken really well to what some people have called a SHE-cession. We don't have a REcession, but we have SHE-cession, and what the fears and long term consequences are.

It also lays bare that we are still, in 2020, have an unequalled division of labor. I just asked a colleague yesterday to be on a grant, and she said, "I can't. I'm home, homeschooling children." We are very privileged class, but it becomes very clear that our colleagues who have small children at the moment cannot participate. We know that the publication rates of women are already going down in our profession.

To drive this conversation towards something else, what do you think justice-driven interventions regarding the COVID-19 pandemic look like? What lessons can we take from this? I mean, I don't want to talk about a silver lining; I'm not quite that far. But part of our job is to make sense of what's going on and think about what can we do with this. As researchers, what's our job at this moment? What do we do? And I know this is speculative.

**Dr. Catherine Clune-Taylor** 38:31

Yeah. I've been thinking about this. I had received some invitations to speak about this or be interviewed about it early on. At the beginning, I was like, "I don't know that anyone wants to hear what I have to say." I don't know what to take from this yet because it's been pretty relentless in a lot of ways. About justice-driven interventions, I think first and foremost we need to push ourselves out of this trap of falsely dichotomizing between the economy: do we reopen or do we stay closed, as though like open and closed are the only options. Yes, the economy has slowed down, but it's not totally stopped. I think we should be thinking about or approaching the economy right now in the way that we would during a war effort, because you're seeing large scale reorientation of industries towards producing other goods. There is a "we're all in this", whether it's the creation of PPE, and I know in Quebec, they built the factory to do that.

**Susanne Luhmann** 40:03

Or start making hand sanitizer.

Dr. Catherine Clune-Taylor 40:06

Right, I think that makes more sense, because it's not as though there aren't jobs to be had. We're going to need contact tracers. We're going to need people working in healthcare. I'm not saying any of these are the lowest jobs, but there are jobs that need to be done. They're just in different kind of areas. We need to grant that they might be temporary fields in some way. But also, we need to get away from that dichotomy in a sense, because we need to recognize that that kind of dichotomy in itself is an artifact of this history of white supremacy and this logic that emerges out of slavery where lives are positioned as valuable or as having worth, and being worth-continuing only in terms of their relationship capital or capital production. So I think we need to move out of that a little bit, especially when we realized that there are countries that have done things to buffer the economic damage.

This is an unprecedented event. It's also a temporary one. We need to figure out how to get people through it. So whether it is countries that have placed holds on mortgage payments or rent payments. Like what we've seen in Canada, I think the unemployment scheme that has happened has been good. Though, it only went to show or highlight some of the other problems that were going on within the system.

SERB has been great; the benefit plan is getting unemployed Canadians \$2,000 a month. But then when we compare it to the Ontario Disability Support Program where disabled folks are only getting \$1,200 a month, and they probably have more needs. We know disabled folks have more needs. It's highlighting those things for us. If we're thinking about justice-driven interventions, I think in the US, to be honest, the first thing we need to do is nationalize healthcare system. It needs to be. It needed to be done yesterday, but just do it. We don't recognize the ways that disincentivizes things that we don't want. People aren't going to go to the doctor just because they're afraid of the bill.

We need to really think about getting people out of prisons, detention centers, jails; places that we know are going to be where folks are high risk of infection. We need to be more strategic about putting money into programs that help vulnerable populations. So whether it's programs that give victims of domestic violence a place to stay, like put them up in a hotel right now. Or it is increasing hazard pay for people who are working on the front lines. Or those essential workers, why aren't they getting health insurance?

In terms of lessons, I just want to say a couple of briefings. First, this has been an excellent example or kind of learning opportunity for us to recognize the amount of ableism that we have normalized within the world and within working culture. It turns out a lot of jobs can be done flexibly at home. Those are arguments have kept disabled folks out of jobs for decades. But in fact, we were able to make very large adjustments very quickly when necessary.

Another thing that I hope we take away, or a big lesson I hope we take away from this is...and this is one of the things that really bugs me. I've seen a lot of articles that are saying that COVID-19 has revealed all of the cracks in our system; has revealed the moral failings of our nation state; whatever. These are not cracks. These are not bugs. These are features. It was set up like this. It isn't surprising and it shouldn't be surprising that the people who are the most vulnerable or the people who are marginalized, they are folks who are in nursing homes, they are folks who are essential workers, they are folks who are people of color. We need to stop thinking that what we have is a good system and we just need to patch the cracks. The system is set up this way.

Finally, I hope we learn or take away from this that we cannot police our way out of this. The police brutality that we are seeing right now is...I don't want to try to say it's new because it's not...police brutality against people of color have been there for a long time and has been happening for a long time. It's just something that we're now seeing more of. We're now getting videotape of it. But I think there is a concern or a move or push towards increased police powers right now, during what is ultimately a public health crisis. What we should be doing is



providing more resources to public healthcare workers. We need to be treating it as a public health crisis. It's not a police crisis. Anytime you increase police powers, what you see are Black and brown people getting killed. So I think that is another thing we need to just do.

**Susanne Luhmann** 47:04

Okay, thank you. So we have some questions pouring in.

First question: can you comment on the relationship between what we might call elite masculinity, for our dear political leaders like Trump, Johnson, and Kenny, which is the angry white man who are protesting, who we've just been talking about. Are these are entirely different relationships to masculinity and to capital? There is also an intersectional approach to masculinity. What do you think about those things?

**Dr. Catherine Clune-Taylor** 48:01

Thanks for that question. That's great and I definitely have been thinking about that as well. I have two points on this. In terms of thinking about masculinity, there's something really fascinating to me about the way that elite masculinity is performatively still about control. It almost seems about like: this is my plan; I'm pressing ahead with it. There's an unwaveringness to it: I will not take on and adjust my beliefs or positions in relation to new evidence. There's something like an epistemological piece or like an epistemological refusal that I think is really interesting about that piece. You see that in the way discussions about how differently gendered politicians have dealt with it, like, we going to debate about who's paying attention to the science. I think it is quite fascinating.

It's hard for me in some ways to still wrap my head around all of this because I still think there's part of the American political landscape that I still don't understand. It's about the connection between these two kinds of groups that I can't quite fully suss out. So far as the street masculinity that we're seeing, I don't fully understand how they're buying into the elite

masculinity. I think it's white supremacy that is making this happen, because I don't know that they should be like natural bedfellows. I think it's a white supremacy there. For many folks who are protesting on the streets, who are engaging in this performativeness of street masculinity, in a way, they're making a claim about capital that doesn't really apply to them. They're not capitalists. They're workers.

But I do think so much of whiteness is about the possibility for class mobility still, like flagging that correctly. That's the way that you make sense of how well, like "I'll be there one day". But I do think there's something about the relationship between the two. I still can't quite work out because I don't think they should work together.

**Susanne Luhmann** 51:30

So maybe there's a research project for somebody. So there's some really interesting, wonderful questions pouring in right now. So I'm going to fish a little bit.

One of the first ones came from our colleague, Karen Ball. Could you comment on the concept of phenomenon event weathering, to talk about factors related to systemic racism that introduce poor health among people of color when rendering them more vulnerable to COVID-19 complications?

**Dr. Catherine Clune-Taylor** 52:04

Yeah, happy to do so. The concept of weathering is related to this phenomenon known as allostatic load. Allostasis is a process that we can compare to homeostasis. So homeostasis is maintaining of the organisms functions during calm, regular periods of time when you're not in high stress. Whereas allostasis is the way in which your body handles periods of crisis. When you're in that fight or flight mode. The issue is that allostasis is in theory supposed to be a system that functions in short periods of time. In theory, we shouldn't be under very, very high

stress periods for very long or extended periods of time. It evolves to deal with the immediate dangers. But what we're seeing, and particularly in Black populations, is the effects of long term stress over time. This is known as weathering. The effects on various bodily systems that you see are associated with high allostatic load. Allostasis is something that I suspect is more familiar to us all now. You might have seen there were some good articles that went around a couple of weeks ago about how all of us who are now in quarantine, we're experiencing a lot of anxiety, difficulty sleeping, or a lot of brain fog. In part, that is probably because we're all experiencing high allostatic load from the stress of this.

Prior to COVID-19, there have been some great studies that show weathering is likely correlated with a lot of the increased rates of chronic conditions among Black and other racialized populations. Whether that's hypertension or diabetes, or for example, in Black women, you see very high rates of maternal mortality or infant mortality or preterm birth, even when you correlate for education and class status. And that's a really big indicator, right? Because in the United States where healthcare access is determined in a lot of ways by class status, what you generally see is an increase in healthcare outcomes, as you see an increase in class. But you don't see that in Black populations. And this is often referred to as the paradox of the Black middle class or the health paradox, which is that their health outcomes actually go down as their class status goes up. A lot of folks suspect that it's because they experience higher levels of racism and oppression. The old saying is, the higher you go, the whiter it gets. You're more likely to be isolated. You're probably more likely to experience this precarious middle class status. You might still be supporting other folks. So what we're seeing is very high rates of mortality among Black populations related to COVID-19 that can't be explained by other underlying indicators.

For obesity, for example, something that's really received a lot of media attention is the idea that obesity is correlated with poor outcomes with COVID-19. That is being used in part to explain why you're seeing disproportionately high rates of mortality among Black populations. We do know that Black folks are somewhere between 3.6 to 2.4 times as likely to die as white

folks at COVID-19. In some places (if you're in Michigan, Kansas, Wisconsin or Washington), that ratio goes up to five to seven times. If you look at obesity and the presumption is "Black populations are more obese", so this explains it. But if you actually do the comparison, 42.2% of white Americans are obese versus 49.6%. That's a 7% difference in terms of obesity rates. But what we see is a somewhere between 240% to 700% difference in terms of mortality rates. That correlation doesn't make sense. It is likely about things like weathering, which we know also biologically ages people of color faster in terms of shortening their telomeres. So weathering is probably playing a huge role.

**Susanne Luhmann** 57:32

A question or comment from Rebecca Sockbeson, who says, "First, thank you for your brilliance on these very critical and timely matters." And I agree with that. And then points out, "The Navajo nation has surpassed New York and New Jersey for the highest per capita rate of COVID-19 cases. 30 to 40% of people on reservations do not have adequate drinking water. What are your thoughts on this and how to mobilize more awareness on this?" And I want to pair that with another question that somebody else is asking, and that is how can we use privileges, and I'm talking about people who look like me, to mobilize to create awareness of what Rebecca mentions, but also to mobilize privilege in order to find more social justice responses to this, that take questions of racism, anti Black racism, colonial violence, anti-Indigenous violence into consideration. Any thoughts that you might have?

**Dr. Catherine Clune-Taylor** 58:42

First, I want to say thank you to Rebecca for highlighting that. I did really want to highlight or emphasize what's going on with Indigenous populations and it's in my notes here, but they're a little bit of a mess. So it was my oversight to not make that explicit. So I really appreciate you raising that because it is something that we're seeing. Per capita Navajo nation has seen

higher mortality and higher morbidity rates than any other place, right? If we're in the U.S. if we're thinking about per capita rates. We're seeing the issues that Indigenous populations in the U.S. are experiencing are the same within Canada. I don't think if you're upset that Flint hasn't had fresh water or clean water for this long, so do most reservations. I think it's important to be clear that these are not bugs. These are features. This system was built that way. If there were white communities that had not had access to clean water for years, like, it just wouldn't happen. It would be unthinkable. And so in some ways, I think it's important that we not think about this as patches. The issue is we just need to get clean water to them, or we need to temporarily get better access to health care. I was thrilled when I saw Doctors Without Borders was going to Navajo Nation, but that's also a temporary move, They're not staying there. Many of the issues that I talked about in relation to weathering and allostatic load and e the these outcomes are the effect of generations of systematic discrimination and disenfranchisement. So I think in terms of highlighting those things. What do we do about it? How do we mobilize more awareness of it? I do think we need to highlight right now, because there are so many people, so many different groups and voices, who are talking about how they're being disenfranchised in this moment. We need to very actively highlight some of those voices over others, in part because their demands are more urgent; they're more basic like clean water. Clean water is a right. Why are we not more angry about this? I do think it is about in some ways being strategic about the work or the stuff that you do, the people that you highlight.

I think in terms of thinking about your privilege, I think folks need to be contacting their representatives, contacting their police, making their anger known, and beyond Facebook. You have to go and find the people you can call, and call them and send emails and sign petitions. If you're a person with a good deal of privilege, I think that it is upon you right now to call other people with privilege in. So don't leave it to people of color to have to do the work of explaining to others why they should care. If you have folks in your community, who are also other

privileged folks like yourselves, who are not doing stuff, or who are only reposting the thing on Facebook, like ask them what they're practically doing, what they could do more of.

I also think finding community groups or organizations that you can help support, like the Sylvia Rivera Law Project. If you're worried about how do you support the victims of police violence, I think you should think about it as, "How do I deal with the structural issue? How do I deal with trying to combat these institutions and engage with them?" But then how do you also help the people? There are freedom funds. There are a lot of folks who are being arrested. I think we're going to see more and more riots unfortunately. So what can we do to practically help those folks?

**Susanne Luhmann** 63:29

Okay, I think that's a good note to end on. I want to thank you. And I'm doing the kind of clapping for all of us because this is not a medium that lends itself for talking. Thank you so much for joining us today. I also want to thank our audience for asking questions. There's clearly much more that we can talk about.

I want to invite you to come back on June 24 for another IG In Conversations with Dr. Bukola Salami, from the U of A Faculty of Nursing. We're going to talk about frontline worker and racism in the COVID-19 crisis. Then in July, we're going to do a session with Dr. Lise Gotell on COVID-19 and gender-based violence. So I invite you all to come back. Thank you for joining us. But thank you specifically, of course, to Dr. Clune-Taylor for offering your very insightful intersectional brilliance to us today. Thank you so much.