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Gender and the Privatization of Public Responsibility for Vaccination

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The burden of COVID-19 has been widely unequal across the provinces and territories of Canada. At last count, infection rates vary from 4,003 per 100,000 people in Nunavut to 12,253 per 100,000 people in the North West Territories (Center for Systems Science and Engineering 2022). The death rate from COVID-19 varies from 0 per 100,000 in PEI to 158 per 100,000 in Quebec. Each province and territory established different public health measures at different times, sometimes lifting them briefly only to have to reestablish them quickly. Each province and territory has also managed the question of who will be required to be vaccinated, and how that requirement will be monitored, very differently. The gendered consequences of these decisions have received far too little critique.

That the COVID-19 pandemic has disproportionately negatively affected women in Canada is not up for debate. Across every province and territory, the frontline response to COVID-19 containment was gendered, as women make up the majority of the health workforce. Stay-at-home orders were associated with increases in domestic violence (Thompson 2021); school closures inevitably saw more women than men responsible for childcare and online classes, to the detriment of paid work (Leclerc 2020); businesses owned and run by women—more likely to be small and service/retail-oriented—failed at a rate far higher than those owned by men. Service jobs plummeted at a rate many times that of losses in the goods-producing sector dominated by men (Canadian Press 2021). Women of color are hardest hit by these shifts in employment (Gordon 2020; Barakat & Spotton-Visano 2021). The pandemic has cost women decades of economic progress (Nolen 2021), resulting in a "she-cession" that many have said requires a "she-covery" (Dessanti 2021, 1)

But instead of increasing minimum wages, socializing childcare, and ensuring women and children have universal access to housing and safety from violence, all policy responses that would advance this so-called she-covery, governments have doubled down on gendering pandemic fallout with their haphazard approach to "vaccine mandates." Instead of, for instance, starting with requirements for vaccination among large public employers, such as the

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municipal and provincial governments, healthcare facilities and schools, or requiring it among dominant industries, such as construction, provinces are largely relying on the service sector to enforce compliance. Nearly a year into vaccine availability, you are more likely to be asked for proof of vaccine by restaurant servers—disproportionately women—than by your employer.

At the frontline of food and beverage services and event coordination, it is disproportionately women who are tasked with asking customers for vaccine cards and identification to police the provincial mandates. Predictably, these asks are often met with hostility and even violence (Bundale 2021), and women of color are the most victimized. This policy approach is clearly unfair and ineffective: Why burden a server at minimum wage to take this on when public servants haven't yet been required to show their proof to human resource departments? Nearly 1 million people work in healthcare and social assistance in the largest province in Canada, Ontario (Government of Canada 2021b) and yet, as of this writing, Premier Doug Ford refused to require a vaccine mandate for the sector (CBC News 2021a).

Ford argues a mandate in healthcare would result in too many job vacancies. But in Nova Scotia, a province that did decide on a vaccine mandate for healthcare workers—albeit after the mandate for restaurants was declared—the announcement was met with approval from workers and union leaders (CBC News 2021b). Vicious and escalating attacks on healthcare providers from the anti-vaccine movement—in person and over social media—are fueled by insipid government action like removing mask directives and wavering on vaccine mandates (Miller 2021). Healthcare workers—mostly women—are exhausted from the demands of nearly two years of clinical response to COVID-19. Protecting women from further harm—illness, burnout, violence—means recognizing the gendered consequences of where mandates are enacted and how they are enforced.

Individual actions—and enforcement by individuals—will not resolve this pandemic. Governments that have downloaded vaccine enforcement on the service sector are only amplifying the gendered harm of COVID-19 response.

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