The Impact of COVID-19 on Women

The Administration and Congress React to the Crisis

Prepared for FEW

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and

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“Working for the Advancement of Women in the Government”
Welcome: FEW National President, Karen Rainey

Introductions: Congressional Relations VP, Shabiki Clarke

Guest Speaker: Dr. Andrea Anderson

Guest Speaker: Ms. Tonya Saunders

“Working for the Advancement of Women in the Government”
March is Women’s History Month!

During this webinar as part of FEW’s recognition of Women’s History Month our guest speakers will focus on 2 areas of concern:

- The Impact of Covid-19 on Women
- The Administration & Congressional Response to the Crisis of Covid-19

“Working for the Advancement of Women in the Government”
Guest Speaker, Dr. Andrea A. Anderson

Andrea A. Anderson, MD, FAAFP, is a bilingual Family Physician and the Chair of the DC Board of Medicine. She is the Associate Chief of the Division of Family Medicine at the George Washington School of Medicine and Health Sciences. She co-directs the Health Policy Scholarly Concentration and is the course director for the Transition to Residency Fourth Year required internship readiness capstone course. In 2019, she was appointed to the National Board of Directors of the American Board of Family Medicine (ABFM) and is the first African American women to be appointed to this role in the organization’s 50 year history.

Through her service on the DC Board of Medicine, Dr. Anderson has been active in DC health policy and medical regulation as well as teaching ethics, professionalism, and physician advocacy to medical students and residents. This year she is an appointee to the DC Health Scientific Advisory Committee for the Development and Implementation of a Safe, Effective, and Equitable COVID-19 Vaccine Distribution Program in the District of Columbia. She serves on the Management Committee of the USMLE (The United States Medical Licensing Examination (USMLE) and other USMLE item writing and item review national committees of the National Board of Medical Examiners (NBME).

She served as the Director of Family Medicine for Unity, the Subject Matter Expert for Health Literacy and Cultural Competency and the Medical Director for Unity’s largest site, the Upper Cardozo Health Center. During her tenure the site was recognized in 2013 as an exemplary site by the Robert Wood Johnson Foundation for excellence in ambulatory practices and level III NCQA recognition. Dr Anderson has testified widely on issues including medical professionalism, physician workforce, community medicine, health policy, and advocacy.

“Working for the Advancement of Women in the Government”
Background Facts

Vaccine Facts

Next Steps

“Working for the Advancement of Women in the Government”
Women and The Pandemic

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Impact of COVID 19 on Women

- Economic
- Health
- Mental Health and Well-Being
- Educational
- Employment
- Societal
COVID-19 Cases by COVID-19 Cases by Sex (3/14/2021) x (3/14/2021)

"Working for the Advancement of Women in the Government"
The COVID-19 pandemic has dealt a striking blow to a child care sector that was already failing to support all families, and 4.5 million child care slots could be lost permanently.

There were nearly 10 million mothers of young children in the labor force in 2019.
Four times as many women as men dropped out of the labor force in September, roughly 865,000 women compared with 216,000 men.

“Coronavirus child-care crisis will set women back a generation”

“[O]ne out of four women who reported becoming unemployed during the pandemic said it was because of a lack of child care—twice the rate among men.” Washington Post, July 2020

“Working mothers are quitting to take care of their kids, and the US job market may never be the same.” CNN, August 2020

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The losses in child care and school supervision hours as a result of the pandemic could lead to a significant decline in women’s total wages.

If the levels of maternal labor force participation and work hours experienced during the April 2020 first-wave peak of infections and COVID-19 lockdowns persist long term—lost wages would amount to $64.5 billion per year.
Many childcare providers halted their services temporarily or had families drop out and stop paying.

In April, the Center for American Progress estimated that as many as 4.5 million child care slots could be permanently lost due to the pandemic.

Source: Center for American Progress, April 2020
Women, COVID 19, & Economic Impact

• More than 2.3 million have left the workforce since February 2020, bringing their labor participation rate to levels not seen since 1988.

• In December alone, women accounted for 100% of the jobs lost.

Source: National Women’s Law Center.
Whether they have been laid off or had to leave to care for children home from school, many are struggling to make ends meet.

1 in 4 women are considering leaving the workforce or downshifting their careers, according to a September “Women in the Workplace” report from Lean In and McKinsey & Company.

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Without both immediate and long-term action to shore up the child care infrastructure and establish more progressive work-family policies, the United States cannot achieve continued economic growth nor protect and advance gender equity.

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COVID 19 & Racial Disparities

Percentage of Cases, All Age Groups

- Hispanic/Latino: 20.8% (2,461,821)
- American Indian / Alaska Native, Non-Hispanic: 1.2% (139,619)
- Asian, Non-Hispanic: 3.6% (435,162)
- Black, Non-Hispanic: 12.2% (1,455,946)
- Native Hawaiian / Other Pacific Islander, Non-Hispanic: 0.3% (40,778)
- Multiple/Other, Non-Hispanic: 5.9% (707,254)

Percentage of Deaths, All Age Groups

- Hispanic/Latino: 12% (35,608)
- American Indian / Alaska Native, Non-Hispanic: 1% (2,939)
- Asian, Non-Hispanic: 4.3% (12,813)
- Black, Non-Hispanic: 14.6% (43,445)
- Native Hawaiian / Other Pacific Islander, Non-Hispanic: 0.2% (713)
- Multiple/Other, Non-Hispanic: 4.4% (12,943)

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COVID19 and Racial Disparities

- Research at the University of California, Santa Cruz, and a report by the National Bureau of Economic Research found that 41 percent of Black-owned businesses—some 440,000 enterprises—have been shuttered by COVID-19, compared to just 17 percent of white-owned businesses. Jul 17, 2020
COVID-19 & Health Disparities

- The COVID-19 pandemic continues to deepen health disparities in our country.
- Long-standing inequalities have increased the risk for severe COVID-19 illnesses and death for many people. This both causes and continues disparities between racial and ethnic minority groups and non-Hispanic white people.
- Unequal health risks are the result of different conditions where people live, work, learn, play, and age—what we call social determinants of health.

- Source: Centers for Disease Control (CDC, March 2021)
COVID-19 and Health Disparities

- American Indian and Alaska Native people were 3.7 times more likely than non-Hispanic white people to be hospitalized and 2.4 times more likely to die from COVID-19 infection.

- Black or African American people were 2.9 times more likely than non-Hispanic white people to be hospitalized and 1.9 times more likely to die from COVID-19 infection.

- Hispanic and Latino people were 3.1 times more likely than non-Hispanic white people to be hospitalized and 2.3 times more likely to die from COVID-19 infection.

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Quadruple Pandemic

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Vaccines

**THE COVID-19 VACCINE:**
Modern, Pfizer, Janssen (Johnson & Johnson)

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<tr>
<th>Safe and Effective?</th>
<th>Moderna</th>
<th>Pfizer</th>
<th>Janssen (J&amp;J)</th>
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**Side Effects**
- Moderna: 8.9% of participants had severe pain at the injection site, and 18% of participants experienced mild side effects.
- Pfizer: 8.8% of participants had severe pain at the injection site, and 7% of participants experienced mild side effects.
- Janssen (J&J): 46.6% of participants had severe pain at the injection site, and 32.9% experienced mild side effects (e.g., fever, fatigue, headache, chills).

**Large Clinical Trial Size**
- Moderna: 20,000 participants, double-blind, placebo-controlled trial.
- Pfizer: 40,000 participants, double-blind, placebo-controlled trial.
- Janssen (J&J): 15,000 participants, double-blind, placebo-controlled trial.

**Storage and Handling**
- Moderna: Stored in freezer, but stable in refrigerator for 30 days.
- Pfizer: Stored in ultra-cold freezers.
- Janssen (J&J): Stored in temperatures of 35 to 50 degrees Fahrenheit.

**Dosing**
- Moderna: 50 μg (two doses, one month [16 days] apart).
- Pfizer: 30 μg (two doses, three weeks [21 days] apart).
- Janssen (J&J): 60 μg (single dose).

**Age Range**
- Moderna: 18 years and older.
- Pfizer: 18 years and older.
- Janssen (J&J): 18 years and older.

DC Health recommends taking the first vaccine available to you.
INTERCHANGEABILITY OF VACCINES

• COVID-19 vaccines are not interchangeable

• If a first dose of mRNA vaccine was received but a person is unable to complete the mRNA vaccine series (e.g., contraindication), can give a single dose of Janssen vaccine
  – Minimum interval of 28 days from first vaccine dose
  – Would be considered fully vaccinated from the Janssen vaccine
VACCINATION WITH HISTORY OF SARS-COV-2 INFECTION

• History of prior SARS-CoV-2 infection
  – Vaccine should be offered to all regardless of history of infection
  – Viral testing (for current infection or serology) before vaccinating is NOT recommended
  – Can defer vaccine for 90 days

• Current SARS-CoV-2 infection
  – Wait to vaccinate until clinical recovery and isolation period over
  – No minimal interval between infection and vaccination
  – Can defer vaccine for 90 days

• History of receiving passive antibody therapy for SARS-CoV-2 infection
  – No vaccine safety or efficacy data
  – Must wait at least 90 days to vaccinate (to avoid interference of the passive Ab therapy with the vaccine)
VACCINATION IN SPECIAL POPULATIONS

• Chronic medical conditions
  – Trials showed similar vaccine efficacy and safety profile compared to people without comorbidities

• Immunocompromised
  – Limited efficacy and safety data
  – May vaccinate
  – All COVID-19 vaccines are inactivated vaccines
  – Counsel on potential for reduced immune responses
VACCINATION IN SPECIAL POPULATIONS

- Pregnancy
  - Limited data
  - No observed safety signals
  - Clinical trials in pregnant women are underway/planned
  - May be vaccinated
  - All COVID-19 vaccines are inactivated vaccines
  - Conversation with health care provider recommended
VACCINE DISTRIBUTION

DC IS NOW VACCINATING:  As of 3/8/21

- Individuals who work in health care settings*
- Members of the Fire and Emergency Medical Services Department
- Residents of long-term and intermediate care facilities and residents of community residential facilities/group homes
- DC residents who are 65 years old and older*
- Individuals experiencing homelessness
- Members of the Metropolitan Police Department
- Department of Corrections Employees & Residents
- Continuity of Government Operations personnel
- All teachers and staff who work for a school or licensed child care facility in DC*
- Grocery Store Workers*
- Outreach workers who work in health, human, and social services*
- Individuals working in manufacturing*
- Individuals working in food packaging*
- DC Residents with qualifying medical conditions*

*populations who should pre-register beginning Wednesday, March 10

CORONAVIRUS.DC.GOV
Common Myths

Myths about COVID-19 vaccines debunked
news10.com

“Working for the Advancement of Women in the Government”
Qualifying Phase 1C Tier 1 Medical Conditions

- Asthma, Chronic Obstructive Pulmonary Disease (COPD), and other Chronic Lung Disease
- Bone Marrow and Solid Organ Transplantation
- Cancer
- Cerebrovascular Disease
- Chronic Kidney Disease
- Congenital Heart Disease
- Diabetes Mellitus
- Heart Conditions, such as Heart Failure, Coronary Artery Disease, or Cardiomyopathies
- HIV
- Hypertension
- Immunocompromised State
- Inherited Metabolic Disorders
- Intellectual and Developmental Disabilities
- Liver Disease
- Neurologic Conditions
- Obesity, BMI > 30 kg/m²
- Pregnancy
- Severe Genetic Disorders
- Sickle Cell Disease
- Thalassemia
Fact Sheet: President Biden to Announce All Americans to be Eligible for Vaccinations by May 1, Puts the Nation on a Path to Get Closer to Normal by July 4th

MARCH 11, 2021 • STATEMENTS AND RELEASES

WHITE HOUSE ANNOUNCEMENT
**No herd immunity**

- Susceptible 
- Infected

**Herd immunity achieved**

- Susceptible
- Infected
- Immune

**Disease transmission**

Source: GAO adaptation of NIH graphic. | GAO-20-646SP
• 534,000 Americans have died from COVID 19
• Billions of dollars lost
• Millions of Jobs lost
• Impact on Education
• Impact on Mental Health
Get Vaccinated!
FEW’s Legislative Representative, Tonya M. Saunders

For more than 20+ years, Washington Premier Group (WPG) has set a new standard in strategic advocacy recognizing it takes both sides of the aisle to garner support for legislative initiatives. She has been involved in passing legislation on healthcare, technology and telecommunications among others — representing several trade associations, coalitions and corporations. Previous clients have included: Eastman Kodak, American College of Nurse Midwives, Puerto Rico Hospital Association, American Association of Home Services for the Aging (AAHSA), AT&T, Delta Airlines, and currently - Federally Employed Women (FEW).

Ms. Saunders is also the Founder and Chairman of the Board of Mid-Tier Advocacy, Inc.  Mid-Tier Advocacy (MTA) represents the nation’s top advanced small and mid-size firms. Ms. Saunders is an advocate and subject matter expert (SME) for women who are victims of sexual assault and harassment, domestic abuse, violence, and stalking.

“Working for the Advancement of Women in the Government”
“In one year,” Vice President Kamala Harris said, “the pandemic has put decades of the progress we have collectively made for women workers at risk.” “Our economy cannot fully recover unless women can participate fully,” Ms. Harris said.

By the end of 2020, 4.3 million fewer women were working than had been in February, according to the Institute for Women’s Policy Research. Nearly half of those women — 2.1 million — have given up looking for work, compared to about 1.7 million men.

Congress passed and the President signed the American Rescue Plan Act, H.R. 1319 which put women, childcare and family relief at the forefront of the bill. The bill will ease the burden on unemployed and working women.

Including:

• $3,000 in tax credits issued to families for each child
• a $40 billion investment in childcare assistance and an extension of unemployment benefits.
• Congress also included more paid leave for federal employees.

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The COVID-19 pandemic has had an “extremely unfair” impact on the income and economic opportunities of women, U.S. Treasury Secretary Janet Yellen said, calling for long-term steps to improve labor market conditions for women.

Yellen, in a dialogue with International Monetary Fund chief Kristalina Georgieva, said it was critical to address the risk that the pandemic would leave permanent scars, reducing the prospects for women in the workplace and the economy.

“Women are not opting out of the work force,” Representative Rosa DeLauro, Democrat of Connecticut and the chairwoman of the House Appropriations Committee, said after attending the panel. “They are being pushed by inadequate policies.”
Congress Secures More Paid Leave for Federal Employees

• Congress on Wednesday passed a sweeping $1.9 trillion COVID-19 relief package, known as the American Rescue Plan, which will provide federal employees with a few new benefits.

• The Senate passed the COVID-19 relief package with some modifications on Saturday, sending it back to the House for another vote.

• The House cleared the final version of the bill Wednesday afternoon with a 220-211 vote. No Republicans voted for the bill. President Joe Biden signed the bill into law Thursday afternoon.

• The American Rescue Plan includes a few provisions that are notable for federal employees. At the top of the list is more paid leave for the vast majority of employees.

• The COVID-19 relief package includes $570 million to pay for additional emergency paid leave. Full-time federal employees will be able to receive up to 600 hours, or 15 weeks, of paid leave to recover from COVID-19, quarantine or care for a sick family member or a child who is attending virtual school due to the pandemic.

• Employees could also use the leave for the purposes of receiving a COVID-19 vaccine or recovering from any symptoms or conditions related to immunization.