



The Impact of COVID-19 on Women

The Administration and Congress React to the Crisis

Prepared for FEW

by Tonya Saunders, FEW's Legislative Representative, Washington Premier Group

and

by Dr. Andrea A. Anderson, Associate Chief, Division of Family Medicine
the George Washington School of Medicine & Health Sciences

"Working for the Advancement of Women in the Government"



AGENDA

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, FAFP, 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 woman 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.

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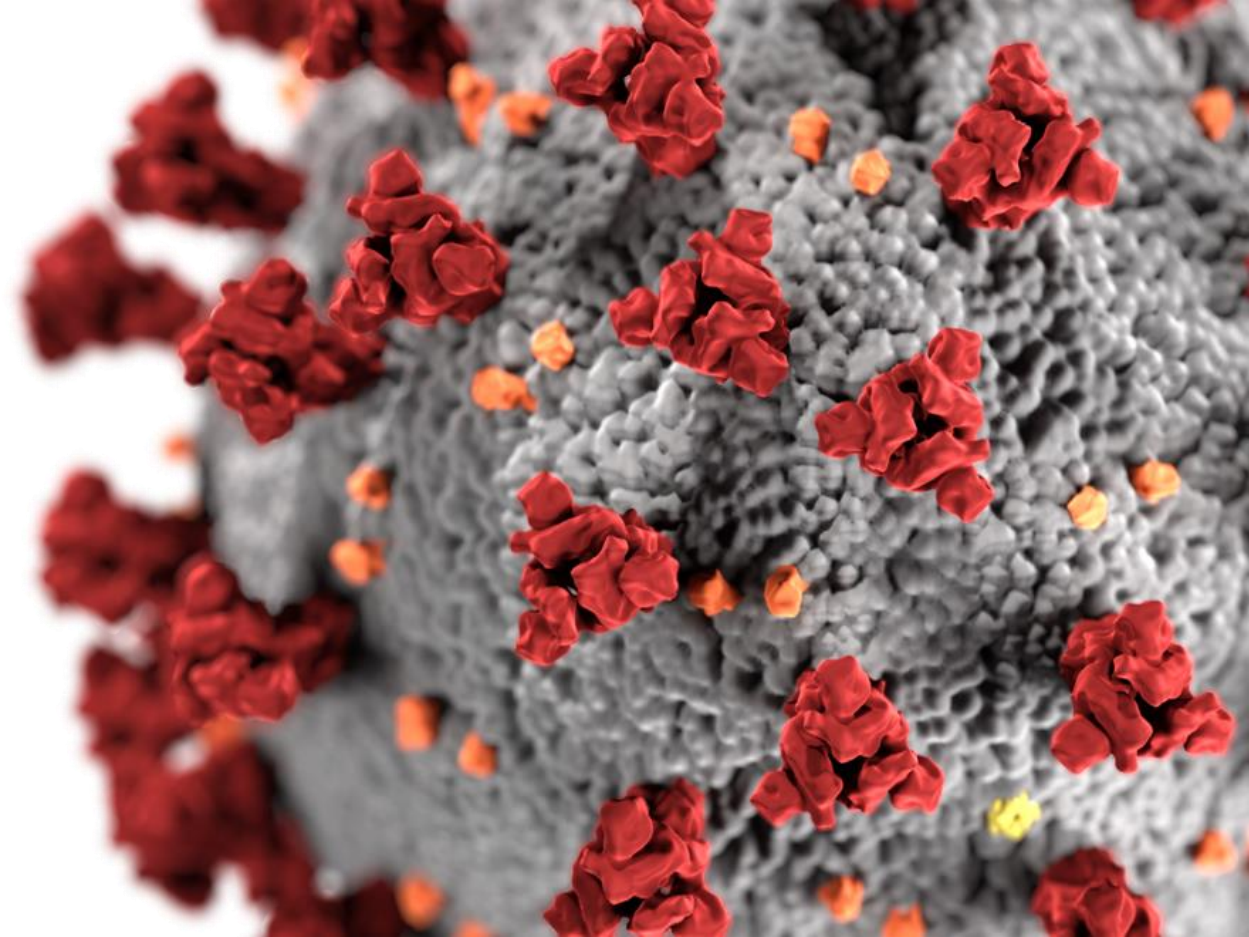
DR. ANDREA
ANDERSON,
MD, FAAFP

Background Facts

Vaccine Facts

Next Steps

“Working for the Advancement of Women in the Government”



Women and The Pandemic

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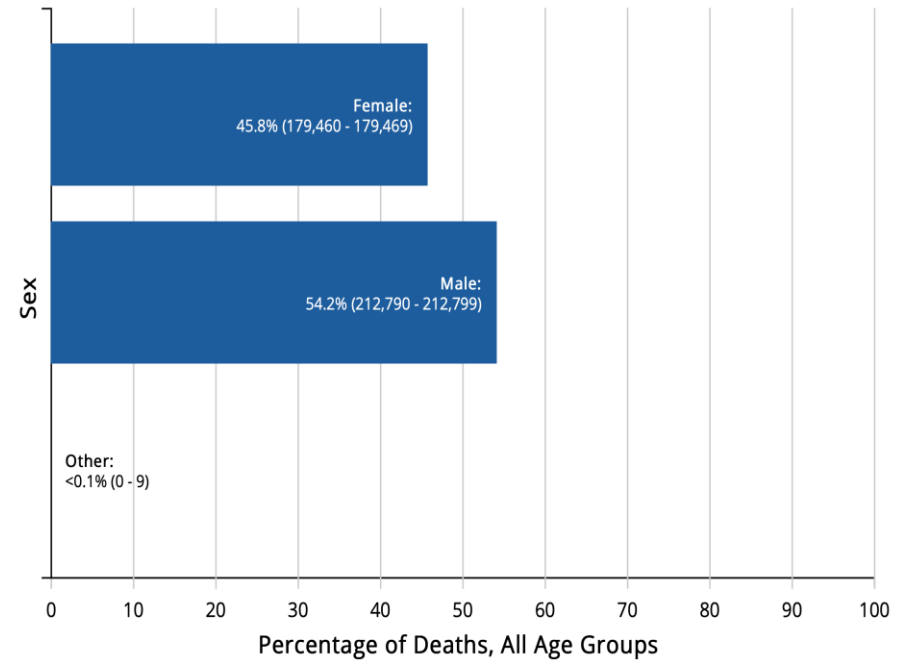
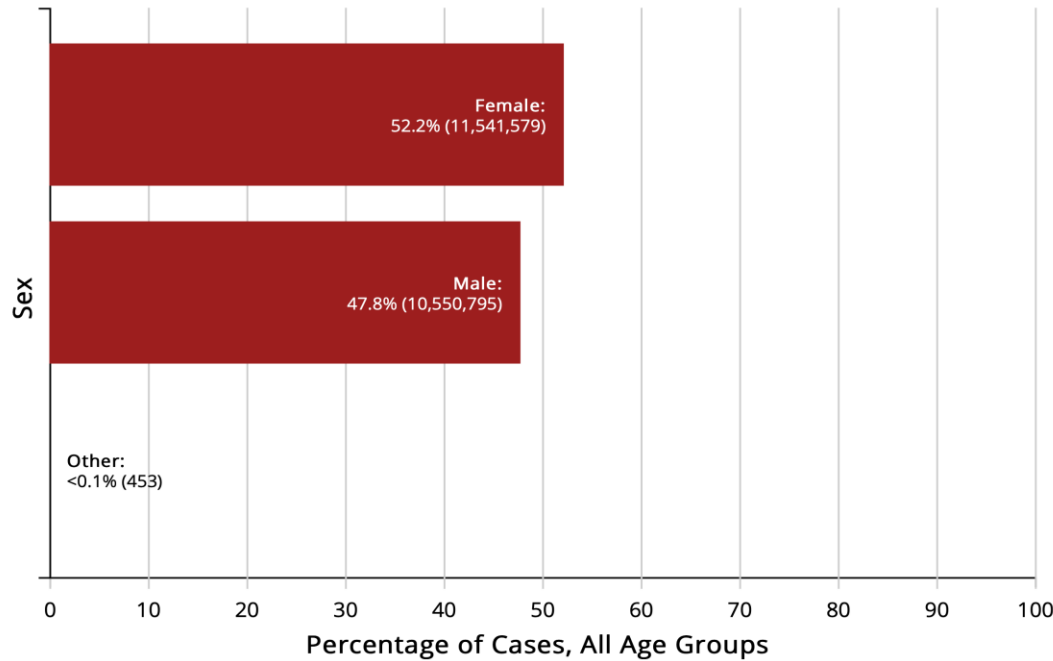


Impact of COVID 19 on Women

- 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)



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Women And COVID: economic impact

Women And COVID: economic impact

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.

Women, COVID 19, & Economic Impact



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.”² [CNN](#), August 2020

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Women, COVID19 & Economic IMPACT



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.

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Women and The Pandemic



- 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



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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.](#)

WOMEN, COVID 19, and ECONOMIC IMPACT



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.

WOMEN, COVID 19, and ECONOMIC IMPACT CONT'D

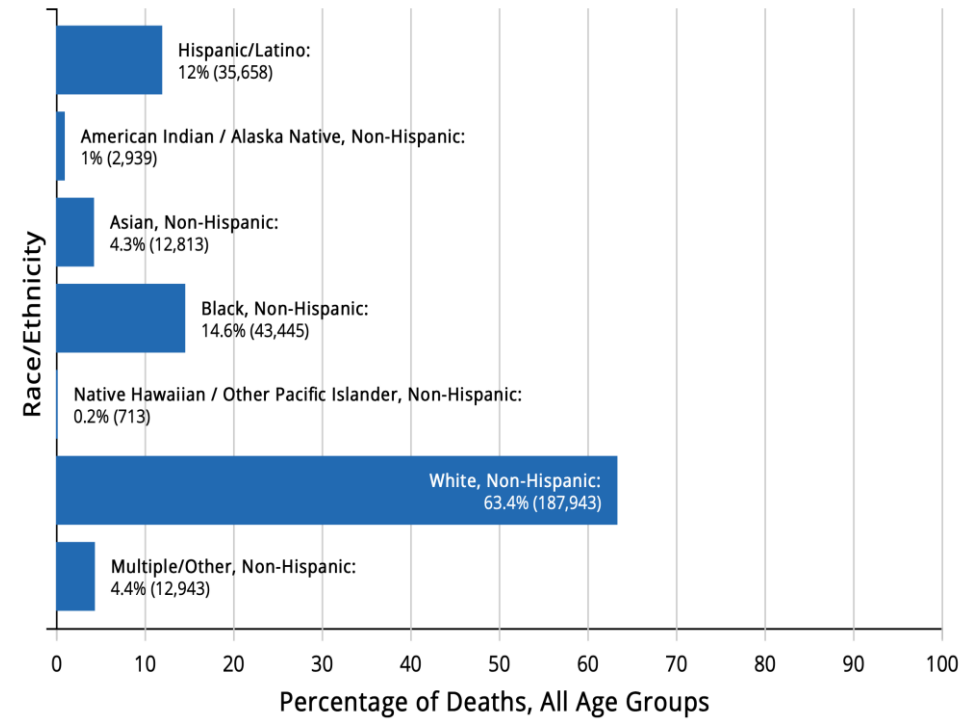
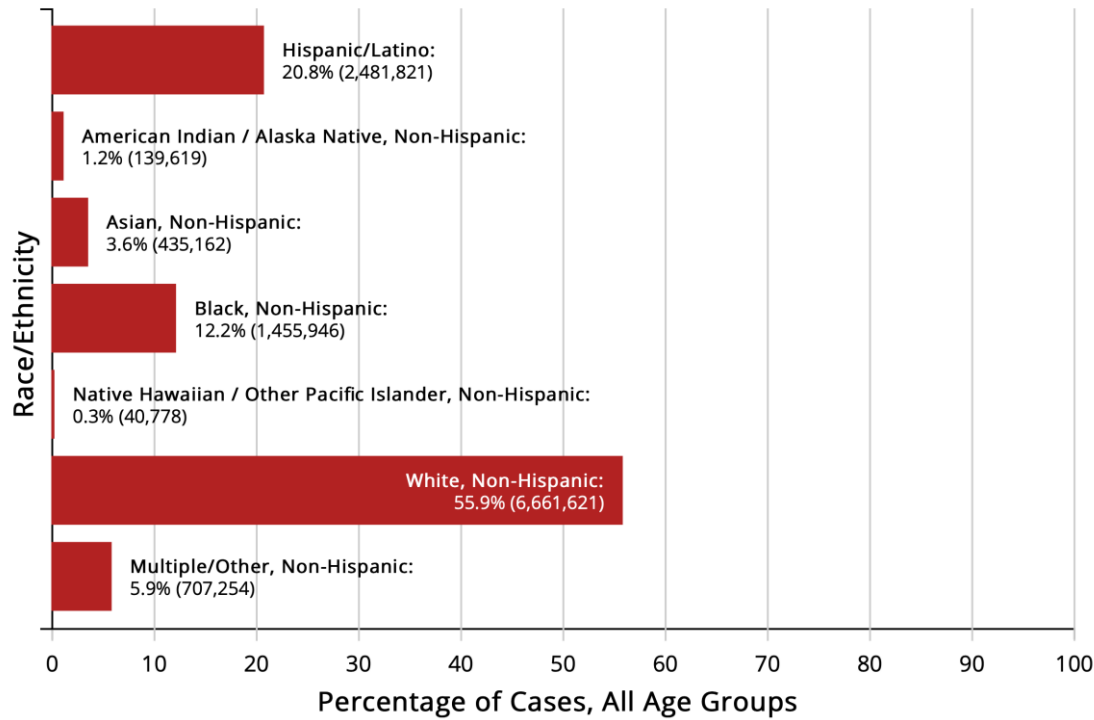


Without both immediate and long-term action to shore up the child care infrastructure and establish more progressive work-family policies, the United States cannot achieve continued economic growth nor protect and advance gender equity.

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COVID 19 & Racial Disparities



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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)

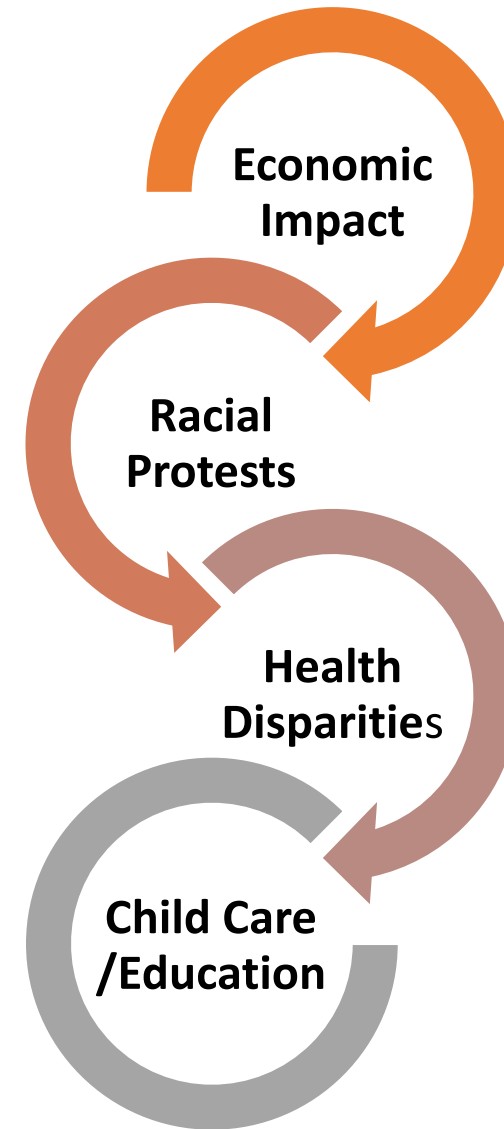


COVID 19 and Health Disparities

- **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.



Quadruple Pandemic






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Vaccines

THE COVID-19 VACCINE:

Moderna, Pfizer,
Janssen (Johnson & Johnson)

	Moderna	Pfizer	Janssen (J&J)
Safe and Effective?			
Side Effects	83.9% - 90.5% of participants had short-term pain at the injection site, and 71.9% - 81.9% of participants experienced side effects	87% of participants had short-term pain at the injection site and 77% of participants experienced side effects	48.6% of participants had short-term pain at the injection site, and 33.2% - 38.9% experienced side effects (e.g. fever, fatigue, headache, chills)
Large Clinical Trial Size	30,000 participant randomized, double-blind, placebo-controlled trial	43,000 participant randomized, double-blind, placebo-controlled trial	44,000 participant randomized, double-blind, placebo-controlled trial
Storage and Handling	Stored in freezer, but stable in refrigerator for 30 days	Stored in ultra-cold freezers	Stored in temperatures 36 to 46 degrees Fahrenheit
Dosing	(0.5 ml) - two doses, one month (28 days) apart	(0.3 ml) - two doses, three weeks (21 days) apart	(0.5 ml) single dose
Age Range	18 years and older	16 years and older	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](https://coronavirus.dc.gov)






DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

WE ADOPT GOVERNMENT OF THE
DISTRICT OF COLUMBIA
DC MURIEL BOWSER, MAYOR





Common Myths

COVID-19 VACCINE	
MYTH ❌	FACT ✅
THEY AREN'T SAFE BECAUSE OF HOW FAST THEY WERE CREATED. 	NON-CLINICAL, CLINICAL, AND MANUFACTURING INFORMATION FOR BOTH VACCINES WAS REVIEWED BY A DATA SAFETY MONITORING BOARD BEFORE EMERGENCY APPROVAL.
THEY CAN CAUSE PEOPLE TO HAVE SERIOUS SIDE EFFECTS LIKE BELL'S PALSY.	 SERIOUS SIDE EFFECTS FROM BOTH THE PFIZER AND MODERNA VACCINES WERE RARE IN CLINICAL TRIALS.
THEY WILL MAKE PEOPLE SICK. 	THE MOST REPORTED SIDE EFFECT FOR EITHER VACCINE WAS INJECTION SITE REACTION/INJECTION SITE PAIN. VACCINES ALSO DO NOT CONTAIN A LIVE VIRUS.

Myths about COVID-19 vaccines debunked
news10.com

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MEDICAL CONDITIONS

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

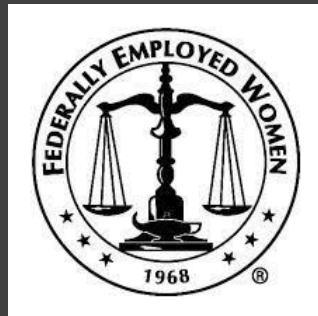




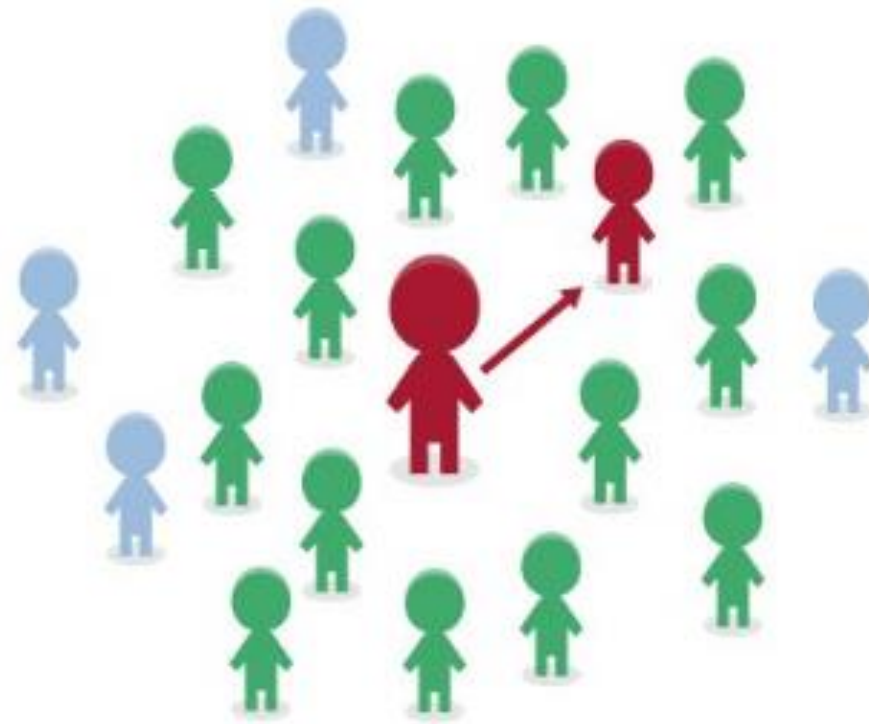
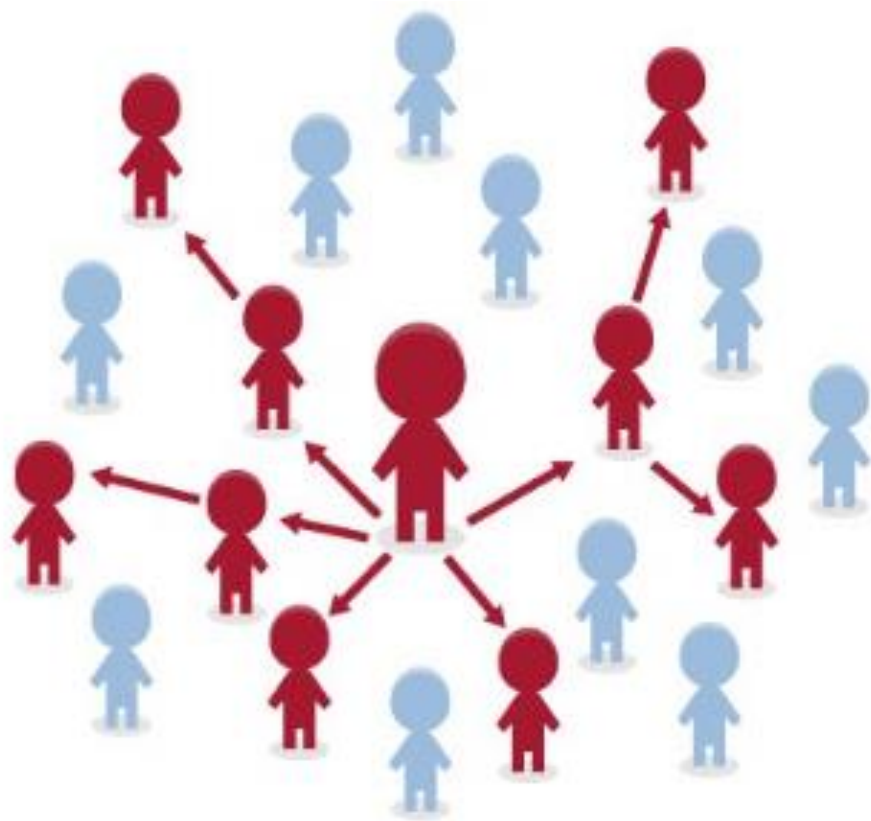
BRIEFING ROOM

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

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.



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Women In Crisis, Vice President Kamala Harris

“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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In the News



U.S. Treasury Secretary Janet Yellen

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.

U.S. Representative Rosa DeLauro (D-CT)

“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.”

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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.

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