

GLOBAL FEMINIST PERSPECTIVE ON THE PANDEMIC: WHAT "NORMAL" DO WE EXPECT WHEN THE CRISIS IS OVER?

In the midst of the Covid-19 pandemic and the measures taken by states to prevent its spread, European Network of Migrant Women wishes to offer our analysis of some of the aspects¹ of this crisis, from a global feminist perspective.

ASYLUM SEEKING WOMEN AND GIRLS IN THE MIDST OF THE EPIDEMIC

At the onset of the epidemic eruption, the European Centre for Disease Prevention and Control (ECDPC) published a set of measures to "help fight COVID-19". Practically none of them could be applied in the accommodations where most refugees are housed currently. Frequent hand disinfection - a perfectly simple step is

impossible to implement in refugee facilities, as most of them do not have enough clean water, bathrooms or soap. The ECDPC advises "remaining at home or in a designated setting, in a single, dedicated, adequately ventilated room and preferably using a dedicated toilet", "avoiding crowds", "social distancing", all of which is impossible to maintain as refugees are mostly crammed into rooms above the capacity they can accommodate. "Have enough groceries for 2-4 weeks" is also impossible for refugees who have no income to stock such supplies, no place to buy them and no space to store them. Neither can they "activate their social networks" who might be dead, disappeared or in another country.

Several civil society initiatives and the LIBE Committee of the European Parliament, have already highlighted the "refugee and migrants dimension" of the pandemic. However, as bad as it is for any refugee in such situations, for girls and women - be it those trapped at the Greek-Turkish border, the 'direct provision' in Ireland, or the 'hotspots' in Italy - it is objectively worse than most of us can imagine. Already not having safe, sex-segregated spaces that would allow the women to take care of their basic needs away from the male gaze and harassment, without privacy to change their menstrual pads, breastfeed their babies or take showers - already subjected to ongoing sexual violence from men, including gang rape and forced marriage - the females in the camps will also have to take the brunt of caring for the sick, mitigating the risk of infections and mediating new conflicts and

¹ There are other aspects of the crisis, such as women's economic rights, racism, disability or women in prison, that this paper does not cover.

male violence inevitably erupting in the midst of the crisis.

ELDERLY WOMEN

"Reports of abandoned older persons in care homes or of dead corpses found in nursing homes are alarming. This is unacceptable," said Rosa Kornfeld-Matte, UN Independent Expert on the enjoyment of all human rights by older persons. By the reports she meant those coming from Europe.

We have all heard by now that "it is ONLY the elderly who are most at risk", "JUST for those over 70 the fatal outcome is high", so many died, "BUT most of them were old".

All these statements have exposed a disturbing, however unsurprising, disregard towards the elderly. In the ageing, yet, youth fixated society that Europe has become, where everything from media to feminist movement glamorises 'the young', and where the young persons themselves have been targeted by liberal doctrines of free choice and individualistic empowerment, in this pandemic the elderly have come to symbolise the "unwanted" at best, and "disposable" at worst. While some initiatives have been set up, such as the shopping hours and delivery of food-packs for old and vulnerable persons, those have been "extra" measures in the context of "strongest to survive". This context means the fit, the mobile and the rich doing panic-shopping, as well as irresponsibly going out, still, reassured by the message "it is ONLY the elderly who will be killed by Covid-19".

"Elderly" is an abstract category though, especially in the European Union that counts as "young" anyone under 35 y.o. Women live longer than men, at least in Europe, representing 55% of people aged 60+, 64% of the 80+ group and 82% of centenarians. These women may have outlived men, but they are also among the poorest, with chronic health conditions and often live alone, having cared for their now deceased husbands or families. Can we then assume that it is these women who must be left to die when doctors have to prioritise patients with the best chance of survival or those who have families who can take care of them once they leave the ICU?

THE PANDEMIC OF MALE VIOLENCE

If we must learn anything from history it is that at the times of crisis - any crisis - what erupts next is men's violence. In modern societies where the overwhelming majority of mass shootings and gang violence are committed by men, we must know that this pandemic can trigger a wave of violence, committed by men unable to deal with the psychological, financial and social consequences of the crisis. Those of us with experience of work in conflict zones and areas affected by natural disasters, know too well that the collapse of stable social structures can unleash the waves of men's violence seemingly unrelated to this collapse. The first target of this violence are women.

From the work on migration we also know that women adapt faster to changing circumstances, they exhibit greater resilience and flexibility and are more psychologically prepared to deal with the loss of status or income. After all, so many us have been trained to accept our "second sex" status since childhood. Men, on other hand, are often unable to deal with the loss of control, rejection or financial instability. The global suicide rates of men, compared to women, tell us exactly that. At the time of the health crisis such as this, with its inevitably massscale psychological consequences, proportion of men's inaptitude to deal with such consequences, also becomes mass scale. And while many women and men are locked at home and the risk of intimate male violence is real, the risk of mass scale masculinist reactions to the crisis is also real.

Many feminists groups, as well as the GREVIO Committee and the UN Special Rapporteur on Violence against Women, have already drawn attention to the dangers of lockdown for women. Home is a place where we are most likely to be sexually assaulted, battered and murdered, by men. Considering this statistical fact, any measure advising, or demanding, women to stay home is problematic in itself. The brutal choice between containing the new epidemic of Covid-19 and the old epidemic of men's interpersonal violence is clear: if you are a woman, at the time of the public health crisis, you may as well be battered in your house.

To say this is not an exaggeration: in China, anti-domestic violence NGOs reported that domestic abuse spiked during the lockdown, with 90% of the causes being related to the epidemic while the support for survivors weakened. This situation is reflected in Europe, where in countries like France, Italy and Spain, the number of female victims of violence seeking and not finding support

have spiked. On 28 March U.K. reported its first coronavirus femicide committed by a man against his wife who was in self-isolation with him. In this situation the migrant female victims of violence, in particular, will have nowhere to turn to, as many of them continue living behind multiple barriers to justice, in fear of losing their legal status. Unless it is made explicit that their rights will not be revoked when they report perpetrators of violence, migrant women will continue staying with their abusers where the risk of being murdered may be higher than that of dying from the virus. Others may be forced into the streets where they will be criminalised, become prey of organised criminal networks or suffer malnutrition and infection. And while some states in Europe are trying to ensure that all its residents, regardless of their status, have access to health care, protection and compensation, many more did not show such intentions. On the contrary, some are considering cutting off migrants from health support using the racist pretext that migrants had brought the 'foreign virus' in the first place.

WOMEN IN CARE AND DOMESTIC SECTORS

Most care, nursing, domestic and cleaning work - the under-valued and under-resourced sectors first to be hit by any austerity measures - are done by women. These women are now applauded from windows, and rightfully so, by the citizens locked in their flats. But symbolic appraisals through clapping won't change the materials reality of these women. As Europe keeps importing cheap labour, a lot of them are migrants, from outside as well as from within the EU.

With and without pandemic, these women are forced to work long hours under precarious conditions. Now they will not stay at home and care for themselves. Instead, they go to work and care for others as they are the backbone of the system and, without them, the system crumbles.

Much has been already said by feminists about the care crisis that this epidemic exposed, but this crisis is even deeper for the women who have no legal protection in these sectors. At the start of the crisis in Spain, associations of domestic and care workers have denounced the situation of live-in domestic workers, whose employers forbade them to leave homes. Unlike employees, they are not entitled to insurance; their working conditions are exempt from labour inspections; they receive no pensions. Neither can these women switch to "tele-working" . Soon after, the government of Spain announced economic measures to help the population affected by the coronavirus. However, there was no clear measure for the needs of more than 630,000 domestic workers in Spain many of whom are undocumented or work in the "grey economy". With very few exceptions, other states in Europe in their support packages are also silent about how they will help the hundreds of thousands of domestic workers left without income. These women, along with many others with undocumented status, are now facing an extreme risk of being pushed into dangerous, exploitative situations including sexual exploitation and continuing work under unprotected and abusive conditions.

WOMEN IN PROSTITUTION AND PORNOGRAPHY

If we haven't yet understood the reality of prostitution, the time is now. Women in this system are at the extreme risk of being affected, both by the virus itself and all the gendered consequences of its "management". For the system of prostitution, implementing "social distancing" literally means "the end of business", but how does it look in practice?

The women in prostitution are in contact with a high number of men, any of whom may be a carrier of the virus, and, many of whom coerce the women into unprotected sexual acts. An illustrative example of how the women in the sex trade were advised to protect themselves was a note published by AMMAR, the Argentinian trade union for "sex workers", telling the women to wash hands for more than twenty seconds and reject the men who have recently travelled abroad or present symptoms. If prostitution were a 'service' a complete hygienic protection would be offered to the women, including masks, robes and gloves, and no "client" would be allowed to come closer than one meter. The so-called health measures advised by the industry masked the reality in which the major risk is not the lack of sanitising gel but the buyer himself, with his entitlement to be sexually satisfied at all costs, and the continuum of male violence against women that he brings along for the women to endure. Taking away women's rights to say no is at the roots of this continuum.

By contrast, states have taken different approaches. Germany, the Netherlands and

Switzerland - the countries with the largest regulated prostitution markets in Europe - have shut down brothels and some imposed fines for violating this rule. Compared to the feminist campaigners who argued for decades that sexual satisfaction is not a vital human necessity, the Covid-19 achieved this in a matter of days. Even the most regulationist states are clear: men can do without an industry satisfying their "needs".

However, nothing is as simple in the now globalised system of sexual exploitation. As it is the case with every prostitution market in the EU, it is mostly made of migrant women either from outside or within the EU - who are in it either by deliberate force or lack of economic choices. Most of them are controlled by pimps, remotely or on sight; the overwhelming majority, even in the states who regularised prostitution, are not registered as "employees" and, as such, do not have access to healthcare and insurance. welfare or social benefits. With the closure of the trade, these women have everything to lose unless the state provides immediate and long term support for them not to continue making the "choices" even more dangerous than those they already had been making. Without holding the pimps and sex buyers accountable for pushing, coercing and exploiting the women in prostitution, and, without material assistance for the women to exit it, blanket bans on sex trade will inevitably harm those who are already its victims.

To make matters worse, as a side effect of shutting down the physical outlets, there has been a rise in the pornography trade that swiftly seized the opportunity to capitalise on women's misery. The PornHub - the largest online depository of recorded sexual abuse

of women currently facing serious allegations for trafficking - has launched "philanthropic" offers for men - a free upgrade to PornHub's premium services. As many businesses have shifted online, in the context of prostitution this means that the women who previously dealt with abusive men in real brothels will now be dealing with them in the virtual ones. And as the sex buyers locked at home are unlikely to change their behaviour - if anything, the psychological impact of isolation risks to worsen it - a double supply of women will be needed to meet the demand. Those women will come from the most disadvantaged backgrounds - they will be single mothers, unemployed, students without income, migrant and refugee women.

WOMEN'S HEALTH AND REDISCOVERY OF SEX

It has been established by now that Covid-19 kills more men than women. Some say it is related to our immune system, female hormones and a healthier life-style compared to men. The World Health Organisation speaks about "inherent biological advantage for the female" and other scientists state that "females have a major immunological advantage over males" due to our double X chromosome. However, there is no clear answer. Underlying this uncertainty is the fact that our systems - not only the medical one, but any system - do not disaggregate data by sex and do not address the needs of two distinct groups, women and men. Instead, men are seen as a default. Caroline Criado Perez made it clear in her recent book "Invisible Women: Exposing Data Bias in a World Designed for Men". To make things

worse, in the already scarce data on women, the now fashionable concept "gender" has come to replace "sex", thus making an immutable human characteristic a matter of "identity". But our sexed bodies cannot be reduced to personal identification and this global crisis has highlighted this inoffensive truth. Under the pressure of Covid-19 some clinics have finally admitted that surrogacy a reproductive exploitation to which only women are subjected - has a serious harmful impact on health because "surrogate mothers" are injected with immunosuppressive drugs rendering them unable to cope with the virus. Others where "self determination" of sex had become a practice, realised that correct record of our sex is more important than our feelings about it. After all sex has never been a construct "assigned" to us randomly by uncaring doctors; it is observed at birth and can make a life-and-death difference.

The question of health, however, is not merely about who is more vulnerable to severe forms of Covid-19. While the female sex has proven more resilient, there is a whole range of health consequences that women will have to face through this crisis. From the nurses and cleaners whose health is put at risk without sufficient protection, to the health of women having to endure the abuse at home, to the mental health of mothers on whose shoulders the home schooling of kids mostly fell - the health of women as a group will bear the consequences of this crisis. And while it has become somewhat a joke that nine months after the lockdown we should expect a new baby-boomers generation, the reality is that in many EU states the abortion services are deemed "unessential" and women have difficulty accessing contraception. We might indeed have a lot of newborns in nine months, but will this be an outcome of women's reproductive choices or an absence of such?

In the 'developing countries', particularly those with food shortages or hosting the largest numbers of refugees in the world, the question of women's health is even more drastic: under the quarantine, with closing sectors of economy and families unable to stock food, what impact will it have on girls' and women's health considering the already wide-spread malnutrition of girls? How communities will react to the news that the virus is more fatal to men considering the already wide-spread sex-selective abortions and the rates of femicide?

IT IS IN THE NAME: THE PANDEMIC IS GLOBAL

If you think we are having it bad in Europe, think of how it must be in the favelas in Brazil when the epidemic hits them. Think about the Dalit areas in India. Think about the slums in Kenya.

When Bill Gates delivered his 2015 Ted Talk urging to be ready for a pandemic, he did not apply this logic to his own philanthropic actions. If he had, surely he had not invested millions in distributing condoms in the red light districts of India, where girls are born to prostituted mothers only to be prostituted themselves at the age of eight. He would, instead, have invested in taking these women out of the slums and in creating social conditions that would discourage the behaviour of men visiting those slums. And this is where the patriarchal capitalist model

of "doing good" has brought us: despite all the available resources and technology, the Western world focused on generating profit, has not managed to invest in the structures that would allow us to face, or prevent, the epidemic such as this.

The unequal relationship between Global North and Global South also appears stronger than ever in handling this pandemic, which is already affecting the economies of Africa, Latin America and Asia. As everyone brings into the conversation Ebola, we shall not forget that the Ebola epidemic was perceived in Europe as something "far from us". It had not shaken the global social, economical and political system, leaving the African continent to deal with the crisis by itself.

Despite the "Global South" taking preventive measures to contain Covid-19, several countries are already paying the heavy price, starting from the authoritarian regimes taking advantage of the situation, launching harsh political campaigns and in the meantime detaining and torturing dissidents, while the world is too busy watching the pandemic. To make it worse, when there is an analysis of the Global South by media, think tanks and CSOs, it is focused mainly on the economical impact, with no mention how this impact will play in the lives of women and girls.

This means that in the countries where domestic violence is still not treated as such, under quarantine or isolation its rates will rise unnoticed. The male violence discussed above will burst its consequences onto political stability in the countries transitioning from conflicts and wars, and, inevitably, on women and girls. Where financial and

property rights of women are weak and where the income of women, including widows, single mothers and students, is their day-to-day earnings outside of formal economies, millions of women will be pushed from poverty to extreme poverty. There won't be any measures for the women in domestic and care work, many of whom already live in near-slavery conditions.

As Simone De Beauvoir said, "Never forget that a political, economic or religious crisis will suffice for women's rights to be called into question. These rights are never acquired. You will have to remain vigilant during your life", and she was right. The large scale consequence of this pandemic we must be ready to face is not only the economic crisis. We must be ready to face the rolling back of rights of women - all women globally - into a pre-CEDAW period.

The pandemic has monopolised everyone's attention, with the real risk that major women's issues will be forgotten. Femicide, female genital mutilation, forced marriage, rape are just a few violations that risk to sink into silence. All of them will be amplified in refugee settlements and IDPs camps across the globe. The economic rights of women risk to be deemed "secondary", while more and more women will be seeking to move out of devastated areas, risking to fall prey in the hands of traffickers and exploiters.

A WINDOW OF OPPORTUNITIES: DREAM, SISTERS, AND FIGHT!

Some say, "we will return to normal when the crisis is over", but for many of us - if not most - there was no normal to start with. The normal did not exist for most women in

Europe despite the fact that the new European Commission's president is a woman. It did not exist for most migrants and refugees. It did not exist for most mothers, the elderly, the workers. There was never a "normal" for the women in prostitution.

Now it is the time to admit it. Now it is the time to ask what "normal" should look like, from a global feminist perspective.

If some of us had not yet understood that we live in a globalised world, the magnitude of this crisis must serve the proof. If Covid-19 can spread globally, so can ideologies and movements; negative and positive; destructive and, also, transformative.

The global pandemic opened a window to some to benefit from the world distraction, to avoid the exposure and the pressure for the violence they commit against women and girls every day. But it also opened a window to re-evaluate our priorities as society and see clearly what yields benefits for the few, as opposed to prosperity for many. For us - feminist activists and allies it opened the window to re-envision the world free from men's violence, sexual objectification of women and girls, patriarchal corruption within institutions and global exploitation. The world in which we shall not be prevented from being vocal for the liberation of women activists in Saudi Arabia, from calling the governments to put an end to the system of prostitution, from demanding the rights of carers and domestic workers to be respected as workers' rights.

Now it is the time to be bolder and unified, as women of the world, in demanding that the women's human rights, the feminist perspective on realising them, and the international frameworks such as CEDAW and Beijing Declaration for which our foremothers from all the world had fought so hard, are placed firmly at the centre of global political agenda, starting from our home that is Europe.