



GENDER & COVID-19

IN PRINCE EDWARD ISLAND

IN THE WORDS OF WOMEN-IDENTIFYING ISLANDERS,
MARCH TO JULY 2020



PEI ADVISORY COUNCIL ON THE STATUS OF WOMEN

GENDER & COVID-19 IN PRINCE EDWARD ISLAND:

IN THE WORDS OF WOMEN-
IDENTIFYING ISLANDERS,
MARCH TO JULY 2020

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PEI Advisory Council on the Status of
Women

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PURPOSE

The purpose of this report is to capture the voices of women-identifying Prince Edward Islanders at a significant historical moment, as PEI does its part to confront the global pandemic of COVID-19, a disease caused by a highly contagious novel coronavirus with no vaccine and no treatments yet proven effective.

COVID-19 has cost hundreds of thousands of lives worldwide and more than 9,000 lives in Canada and forced sudden and dramatic public-health responses in Canada and its provinces and territories. The economic and social effects have significantly affected the lives of Canadian women in ways that this report contends are connected to gender and other identities gender intersects with, including race, age, ability, Indigenous status, sexuality, gender expression, and more.

In this report, it is our hope to share some of the stories, experiences, and observations of the nine women currently appointed by government to serve on the PEI Advisory Council on the Status of Women and numerous other women connected to the PEI Advisory Council on the Status of Women (PEIACSW). We hope their accounts of the gender effects of COVID-19 and the public-health measures taken to prevent the spread of the disease will help to inform policy decisions today and will ensure that women's voices remain in the historical record of this extraordinary time. We hope that in sharing their experiences and observations, they will contribute to making our communities more inclusive, caring, and equitable.

To meet these purposes, the PEIACSW will share this report with today's decision-makers and will also deposit it with provincial and national public archives and records offices and library collections.



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PRINCE EDWARD ISLAND
ADVISORY COUNCIL ON THE STATUS OF WOMEN

CONSEIL CONSULTATIF SUR LA SITUATION DE LA FEMME DE
L'ÎLE-DU-PRINCE-ÉDOUARD

1975-2020



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METHODS

This report is based on interviews conducted by phone, email, or in person with physical distancing protocols. Staff of the PEI Advisory Council on the Status of Women conducted interviews between May and July 2020, asking interviewees questions about experiences from March to July. Michelle Jay interviewed Council members, and Jane Ledwell interviewed past Chairpersons, both supported by co-worker Becky Tramley.

Each current Council member participated in this project. Past Chairpersons of the Advisory Council on the Status of Women were also invited to contribute their perspectives, and nine past Chairpersons offered comments. The participating past chairs led the Council as far back as 1980 and as recently as 2019.

Members and staff of the Advisory Council on the Status of Women were also asked to speak to under-represented, women-identifying people in their communities to be able to share their stories in a roundtable discussion at an in-person meeting in Summerside, Prince Edward Island, held on June 29, 2020, and attended by all current members of the Council. The stories and the observations shared in this roundtable are included in the thematic summary.

Some stories or descriptions may be anonymized, where privacy was requested. Quotations are edited for length, clarity, and/or grammatical consistency.



DIVERSITY

The research and work on this project took place in Epekwitk (also called Prince Edward Island), part of Mi'kmaqi, the traditional, ancestral, and contemporary home of the Mi'kmaq. We are grateful to conduct our work on Mi'kmaw land.

Participants in this report include women who identify as seniors, persons with disabilities, Acadian and/or Francophone, Mi'kmaq and/or Indigenous, first-generation immigrants to Canada, Black and/or people of colour, and LGBTQIA+.

In addition, participants identify as single, partnered, separated, or widowed; as mothers, grandmothers, or great-grandmothers; as lone parents, parents co-parenting out of two homes, or as parents to children or adults with special needs; as caregiving sisters, aunts, neighbours, or friends; as low-income, fixed-income, or comfortable income; as employed outside the home, self-employed, unemployed, or in unpaid labour.

Other diversities and identities may be represented that were not identified by the participants.

DEBBIE LANGSTON

CHAIRPERSON, BLOOMING POINT



“During the pandemic, the reality of life for many and the inequalities they face were laid bare. Women bore the brunt as frontline workers ... and suffered the majority of job losses. When the economy started to reopen ... little thought (was) given to the unseen economy that is largely run by women and what support they would need to ensure a smooth transition back to work.”

WHAT HAS YOUR LIFE BEEN LIKE SINCE THE COVID-19 RESTRICTIONS?

As a mother of three young adult children, my first thoughts were about getting them all home. My eldest daughter has serious health problems, so we have had to be very careful and restrictive in our contacts. She was advised by her doctor that contracting the virus would be fatal for her. Once in lockdown, I found life to go in cycles with highs and lows. Although we are lucky as we live in the country and have lots of land, four adults living in forced confinement for extended periods of time is bound to have challenges.

Living in lockdown seemed to magnify everything, and we needed to be very mindful that each of us was attending to ours and others' mental, physical, and emotional needs.

WHAT GENDER IMPACTS HAVE YOU NOTICED IN YOURSELF AND IN YOUR COMMUNITY?

Within myself, friends I talked to, and from conversations in the community, I began to see a pattern in the way the pandemic was impacting women. They struggled in keeping boundaries between home and work life.

Internal and external pressure to manage all my obligations and responsibilities frequently led me to feel overwhelmed, with little opportunity to solicit support from friends whom I could not see and who were dealing with their own challenges. Many women had the persistent feeling that they needed to do more and were not accomplishing enough.

Women were on the forefront as frontline workers in a variety of occupations and suffered the majority of job losses in part-time, seasonal, or insecure work. Women

that were fortunate enough to have a job had to juggle work and family life, making themselves and their families vulnerable to infection by going to work or working from home and trying to meet the challenges that brings. The provincial re-opening of the economy seems to have had no gender analysis, or considered the ways the pandemic has impacted women and men differently. Women have suffered the most in terms of employment. What is being done to address this?

WHAT DO YOU UNDERSTAND OR SEE DIFFERENTLY ABOUT GENDER DYNAMICS IN PEI AS A RESULT OF COVID-19 AND THE RESPONSE TO IT?

The pandemic has exposed societal inequalities that marginalized people endure, in terms of lifestyle, jobs, and health, that leave us more vulnerable than white populations. As a Black woman, this time of worldwide upheaval has been exacerbated by recent events. Events have shone a light on the reality of racism and systemic oppression that BIPOC people face as our everyday reality and have ignited a movement that feels urgent and futile.

Witnessing and being part of efforts to dismantle a system that has benefited countless people for centuries is both inspiring and exhausting. Every negative comment and event feels like another wound inflicted on top of an unhealed scar.

Debbie and her sisters were raised by their mother in the UK. After leaving school Debbie worked for the Metropolitan Police Service, where she met her husband. They immigrated to Canada with their young family in 2004. Debbie graduated from the Holland College Child and Youth Care Worker course in 2009 and is currently employed as a Youth Service Worker with the Public Schools Branch and is pursuing a Bachelor of Arts at the University of Prince Edward Island.

EMILY RUTLEDGE

MEMBER, CHARLOTTETOWN



“It has been hard on women’s mental health. Everyone around me felt quite overwhelmed with childcare ... and just beyond exhausted. The pressure to be strong and carry on is real, and it wears on us as women.”

WHAT HAS YOUR LIFE BEEN LIKE SINCE THE COVID-19 RESTRICTIONS?

It has been busy, overwhelming, and lonely. I would say as a single mom with no childcare, working from home (doing) full-time work, it was nearly impossible. I felt a lot of pressure to keep my full-time work with no family or partner support. People manage the demands of work and parenting because of the support of family and friends. Emotionally, my job is to support people going through hard times, so I’m handling a lot of strong emotions every day. Everyone’s issues are ramped up because of these unsettled times—more anxiety, more depression, more discomfort. With the lack of support during lockdown, I struggled to find the time or emotional space to fill these obligations.

WHAT GENDER IMPACTS HAVE YOU NOTICED IN YOURSELF AND IN YOUR COMMUNITY?

It seems to be most often the women who stay home with the kids, defer their education, or leave paid work. Women are also cobbling together work gigs to manage childcare. Women have definitely been more impacted financially and in terms of mental health. COVID has affected all of us, but certainly not the same. (For) anyone with caregiving responsibilities, or who has been socialized to be caring and empathetic, it is hard to find any space for ourselves as women. It’s been pretty devastating in my community of moms, to be isolated and not able to rely on one another. My women clients have definitely (been) impacted more.

Women are generally providing care as nurses, in care homes, (and as) cleaners and daycare and grocery-store workers. Newcomers and racialized Islanders are on the frontlines as well, providing essential services for very low wages.

WHAT DO YOU UNDERSTAND OR SEE DIFFERENTLY ABOUT GENDER DYNAMICS IN PEI AS A RESULT OF COVID-19 AND THE RESPONSE TO IT?

The emotional labour part is huge. It doesn’t feel sustainable at all, the way our culture is set up. COVID has really revealed that. We can see more easily the people who are marginalized, who are poor, who are precarious and hurting. The virus has revealed the disparities. The systemic stuff is really rearing its ugly head. I see more (clearly) who is vulnerable, because the face of our essential services has changed.

It’s not a coincidence that Black Lives Matter and Indigenous rights movements have come out at this time. We really need to do more than pivot; we need to reconfigure our whole society. So much of what was normal I don’t want to return to. The inequities are not okay. Basic income is possible. Things can be different.

WHAT ELSE STANDS OUT FOR YOU?

People with the lowest paying jobs are upholding the essential jobs in our society. We all rely on those underpaid workers. Capitalism isn’t suffering at all.

Emily is a single mom who works outside the home as a career counsellor. Originally from Toronto, she moved to Halifax to study art and crept further east to complete a psychology undergrad at UPEI. She moved on to do a Masters in community psychology and another in counselling and is now happy to call Prince Edward Island her home. She is passionate about supporting the mental health of Islanders and is a longstanding member of the Abortion Rights Network.

CAROLINE MacRAE

MEMBER, SUMMERSIDE



“The masks are definitely off-putting, as is the distancing. It is not who we are as social beings. For many patients ... it has been devastating.”

WHAT HAS YOUR LIFE BEEN LIKE SINCE THE COVID-19 RESTRICTIONS?

My life personally has been more intense, spacious, stressful, and the same. Odd. It has been a time of waiting. Overall it's fairly similar except without some of the nicer aspects of life. I still have work, my partner and I are both in essential positions and will continue getting paid.

The social side of COVID has been quite awful. People have died with no opportunity for family goodbyes. I am sure that for many patients with dementia in long-term care, it has been devastating. There are very real and very hard challenges.

As we anticipate a second wave and more cases, there is also a constant sense of impending doom. There is a lot of extra education time on top of more cleaning in the regular work day. We have to be super prepared although nothing has happened yet.

WHAT GENDER IMPACTS HAVE YOU NOTICED IN YOURSELF AND IN YOUR COMMUNITY?

The negative gender attitude has not increased, but it hasn't lessened either. There does seem to be more of an old-fashioned, 1950s dynamic between women and men, as traditional gender roles are more entrenched.

For my colleagues and friends as essential workers, most of whom are women, childcare difficulties are very noticeable. Some have been unable to see their kids or spouses for extended periods. The reporting line (for people not following self-isolation rules) has also made things tense for people. Essential workers have been reported for taking their children in for childcare. There is no 24/7 childcare, but healthcare is 24/7. Women have become carers and teachers and are still working full time.

We desperately need a national childcare program that is universal. I also hope that we come out of this having moved closer to achieving a national pharmacare program.

WHAT DO YOU UNDERSTAND OR SEE DIFFERENTLY ABOUT GENDER DYNAMICS IN PEI AS A RESULT OF COVID-19 AND THE RESPONSE TO IT?

The pandemic has really made obvious the deficiencies in our province, in our systems. (It has been) completely made apparent that we do have money for things that matter. Commuting can be addressed. Supply systems can be more local with a cohesive strategy. The major job losses are a perfect time to pivot into a greener economy and support and fund jobs that are sustainable. How can there be no money for First Nations water, for example? How can anyone possibly adhere to safety protocols without a safe water supply?

Our eldercare has been exposed as completely inadequate. Now is the time to re-envision and make improvements in for-profit, understaffed homes. Hospitals are also chronically understaffed, for many, many years. Most all of the staff in nursing and long-term care are women and/or new immigrants. They are the frontline workers bearing the brunt of unkindness, as people express their anger and frustration and anxiety.

Caroline grew up in Charlottetown and spent several years teaching overseas in South Korea and Guyana. Within Canada she has worked on a youth advocacy project through the Antigonish Women's Resource Centre and Sexual Assault Services Association, as well as nursing at a remote hospital in Haida Gwaii, BC. She is currently working as a Registered Nurse in Summerside. She serves on the boards of PEI Rape and Sexual Assault Centre and PEI Family Violence Prevention Services.

CATHY ROSE

VICE-CHAIRPERSON, FORTUNE



“I just think, if we can afford the \$2,000 a month CERB, then why not basic income? A liveable income is possible. Wouldn't it be wonderful if everyone had enough to get by on?”



WHAT HAS YOUR LIFE BEEN LIKE SINCE THE COVID-19 RESTRICTIONS?

My three businesses were suddenly on hold, and when there was no money coming in the door, I had to go on CERB. We are financially fine at this point, but years ago this would have been really awful for me as a business owner.

I am very, very aware that a lot of people are struggling under the pandemic. Especially women with children. We're not all impacted equally. Some have enough of a buffer to ride out the crisis, and others do not.

Personally, I have slowed down, which was necessary and good for me and my mental health. When COVID hit I had a chance to stop and really evaluate what I wanted to do, where I want to put my energy, how much I want to work. COVID has fed into my commitment to re-assess my life. That has been a really good outcome personally from a terrible pandemic.



WHAT GENDER IMPACTS HAVE YOU NOTICED IN YOURSELF AND IN YOUR COMMUNITY?

There is certainly more responsibility on women for childcare and homecare, including homeschooling. It's a big stressor. So many single mothers just don't have enough to meet their basic needs, and since COVID the challenges have become unmanageable.

Young women entrepreneurs have had to dramatically shift their focus within their businesses. I've seen a huge resilience in recreating and redesigning of businesses around the realities of COVID. I am seeing both suffering and resilience.

The default is almost always a 1950s gender model, in that women are most often the ones staying home, leaving paid work, and doing the emotional labour. My spouse is immune-compromised, so I have had to do all the outside-home tasks and be extra cautious. I'm much more aware how many people are immune-compromised or living with someone who is. Many seniors are also having a very hard time financially.



WHAT DO YOU UNDERSTAND OR SEE DIFFERENTLY ABOUT GENDER DYNAMICS IN PEI AS A RESULT OF COVID-19 AND THE RESPONSE TO IT?

I wish there was a baseline liveable income for low-income people that was more realistic. A lot of low-income folks are women, often with dependants, and they are suffering so badly. Social assistance rates are awful, and the system is degrading. Most Islanders cannot imagine living on the little amount that these families receive from social assistance.



WHAT ELSE STANDS OUT FOR YOU?

I don't think things are going to go back to normal, but some of the changes are not bad things. I've learned more about what I want to keep and what I want to let go of in my life.

Cathy owned and operated Creative Esthetics Dental Lab for twenty-three years. She then went on to become a Chartered Professional in Human Resources (CPHR) and following that, obtained her Executive Masters in Business (MBA). She worked for ten years in disability management. Cathy now works in capacity-building for rural and Indigenous communities and runs a small home-based dental lab business. She enjoys time at the cottage with her husband, three daughters, three stepsons, and their families.

GINA YOUNKER

MEMBER, CORNWALL



“I’m learning about the intersection of race and class and gender, and the ways that makes women especially at risk of violence. I hope that more people become aware and will be more compassionate to people who are struggling.”



WHAT HAS YOUR LIFE BEEN LIKE SINCE THE COVID-19 RESTRICTIONS?

It has been hell. COVID has affected me socially, mentally, financially, and health-wise. My anxiety is increasing; the unknown has been overwhelming. My mental health has suffered; I am losing my confidence in my ability to contribute. Physically, I am also not good: medical and dental appointments have been postponed. I wasn’t called back to work as expected so have been surviving on CERB and Income Support.

COVID also impacted my relationship with family. I couldn’t see my daughters and (their) families, and seeing the grandkids always gave me a lift. We haven’t been able to celebrate a lot of family events. I feel really isolated.



WHAT GENDER IMPACTS HAVE YOU NOTICED IN YOURSELF AND IN YOUR COMMUNITY?

Women, especially single parents, are more inclined to be worried, on top of their regular daily worries. Some of my family are immune-compromised, which is really scary. My grandkids have had surgeries cancelled. Teaching from home has been crazy! It’s awful. Very difficult for women and kids.

The emotional work women do is very heavy right now. I worry about the women trapped in violent homes and relationships, with all the extra stressors. COVID has added to the financial and emotional stress of leaving a violent situation.



WHAT DO YOU UNDERSTAND OR SEE DIFFERENTLY ABOUT GENDER DYNAMICS IN PEI AS A RESULT OF COVID-19 AND THE RESPONSE TO IT?

I understand more how Black and Indigenous people have been disadvantaged, (going back) forever. I don’t feel white privilege, but I have it. We are all impacted by our racist culture. I see now the intersection of race and class. I am seeing things with different eyes.

The priority seems to be on cottagers and not women and kids. (It is) putting money before Island children. Home learning puts more pressure on women to keep doing everything. And it affects our kids too. I worry about how this will affect our kids socially and educationally long-term.



WHAT ELSE STANDS OUT FOR YOU?

COVID has made it more noticeable to me that inequalities are everywhere. COVID has had a positive impact, in that it allowed time for quiet and reflection, to think about who I am.

I hoped to become a Canadian citizen this year. I have lived in Canada over thirty years and wanted to be able to vote, finally. I was working on the application when the lockdown happened, and now I have found out the whole system is backed up.

Gina is an Islander by choice; she has lived in PEI for over thirty years and is in the process of becoming a Canadian citizen. Gina is a local antipoverty advocate who is especially passionate about improving choices for women, mothers, and children experiencing poverty. She represents PEI on the board of Canada Without Poverty and serves on PEI’s Poverty Reduction Advisory Council. Gina is the proud mother of three grown children and grandmother to Savannah, Spencer, and Stella.

BARB McDOWALL

MEMBER, CHARLOTTETOWN



“COVID-19 is the game changer, the gift I have been waiting for for a very long time as I watched humanity spiral out of control and the harm done to humanity, creation, and our living earth.”

WHAT HAS YOUR LIFE BEEN LIKE SINCE THE COVID-19 RESTRICTIONS?

As a self-employed values-centred spiritual renegade, coach, disruptor, activist for conscious living and dying, my work is centred in the conscious awakening and expansion of humanity in service to all of creation and a living, regenerative earth.

My work has never been more fulfilling at this time of pivotal, evolutionary change necessary to heal our broken systems and the silos of self-interest they have created; irreparable harm done for hundreds if not thousands of years. Since COVID-19 began, I have seen significant change happening here and elsewhere as we have the time to reflect and clearly see where we have fallen. The old paradigm of separation, unconsciousness, lack, and powerlessness has done harm to us all.

WHAT DO YOU UNDERSTAND OR SEE DIFFERENTLY ABOUT GENDER DYNAMICS IN PEI AS A RESULT OF COVID-19?

I have become much more aware of the broken systems that exist here affecting women and children disproportionately. The bigger-picture light being shone now in every corner of our darkness is brilliant. What needs correction can now be seen. Courage and commitment will be required.

Stepping outside our silos and working together with those we have habitually seen as the “enemy” represents a bold new way to break free of the restrictions we have unconsciously been living for generations that have only served the status quo and the old story. We must seek to collaborate, cooperate, and expand our understanding in this time of spiritual transformation.

WHAT ELSE STANDS OUT FOR YOU?

We can't keep doing the same old things, think the same old way and expect different results (a definition of insanity). Massive change is on the horizon. A revolution of love is underway, and the world our hearts know has always been possible will become a reality.

Moreover, we will benefit from inclusive, honest, vulnerable, and transparent face-to-face conversations centred in unconditional love, compassion, and empathy (“what is it like to be you”), sharing and listening to each other's stories that will lead to bigger-picture solutions that serve all. No one is served through public blaming, shaming, judging, guilt, gaming, ghosting, gaslighting, or cancelling.

We will then be able to write the new story of interconnection, abundance, consciousness, and inclusion.

“I have had a love affair with the magic of the east coast for over fifteen years. In October 2015, everything aligned for me to move to this little, finite island paradise with the population of a small town (operating as a province).

“Since then, I have had fun deliberately laying down deep roots through conversations, volunteering, and meeting a diverse group of exciting and dedicated friends that have assisted in my learning and understanding more about where I live and how I may serve.

“I experience magic, mystery and miracles every day and through COVID-19 offers the time for substantive, powerful change possible right here as we experience the greatest wake-up call of our species.”

CHRISSEY MacPHAIL

TREASURER, CANOE COVE



“As a Mom to a special-needs child, having no access to respite, school, or daycare, it’s been really tough. There needs to be some sort of support for caregivers, especially those that care for disabled.”



WHAT HAS YOUR LIFE BEEN LIKE SINCE THE COVID-19 RESTRICTIONS?

It’s been beyond crazy chaotic. Many nights I’ve gone to bed crying. There has been far too much alone time with my partner and daughter. The whole situation is so hard to explain to my special-needs daughter. She cannot understand the restrictions. She feels hurt and isolated. My daughter is definitely acting out more because she doesn’t understand and cannot articulate her frustrations. I feel isolated by the lack of weekly respite. I couldn’t get out, get away. I am so isolated and lonely.



WHAT GENDER IMPACTS HAVE YOU NOTICED IN YOURSELF AND IN YOUR COMMUNITY?

There are a lot of gender impacts. Women are the ones doing the care in communities. Many people I know have turned to alcohol or prescription medication to get through this pandemic.

(As an Aboriginal woman) I have also felt a lot of negative impact from not being on reserve. Living off reserve means there are no programs and services available to us as Aboriginals. And most of us in PEI do not live on the reserves.



WHAT DO YOU UNDERSTAND OR SEE DIFFERENTLY ABOUT GENDER DYNAMICS IN PEI AS A RESULT OF COVID-19 AND THE RESPONSE TO IT?

As Aboriginal people we are all communal. We do not do well being socially isolated. I cannot do my cultural practice. I cannot go to powwows, which are our spiritual gatherings.

PEI opening to cottagers has had a huge impact on me, because I am immune-compromised. We cannot go anywhere again, even to get groceries or medication. I feel totally isolated again. We are both more anxious and more confined because of the additional freedoms for some people.



WHAT ELSE STANDS OUT FOR YOU?

Shared childcare responsibilities between separate parents have been especially difficult. Programs like maintenance enforcement have not been effective.

Chris has been an active volunteer with Indigenous organizations since her teens, when she was a youth representative on the Native Women’s Association of Canada. She is currently a Zone 2 director of the Native Council of PEI. She is also enrolled as a student at Holland College. Chris is a mother of three, including a daughter, Danelle, with Down Syndrome. She is also a grandmother. Chris is a dedicated advocate for children and youth with different abilities and a strong voice on environmental issues.

SERENA SMITH

MEMBER, SUMMERSIDE



“I think the disruption the pandemic caused required many of us to re-evaluate our priorities and make adjustments/realign their life with their values. I spent time reflecting on priorities and re-thinking my routine to allow for life-affirming habits for me.”

WHAT HAS YOUR LIFE BEEN LIKE SINCE THE COVID-19 RESTRICTIONS?

I am used to seeing people all day, most days, and the lockdown was a very big adjustment for me. The pandemic brought things in my life to a screeching halt. I was quite anxious and stressed, and there were periods when I couldn't sleep. To adapt, and feel calmer, I had to find different ways to find some sense of normalcy and build new routines.

Something positive I think has come from the restrictions is the way we adapted to using technology to socialize and reconnect. I coached my family on videoconferencing (and) got my grandmother a tablet, which was so helpful for her to be less isolated. This is now a way we can connect, even as restrictions lift, that was not available before.

WHAT GENDER IMPACTS HAVE YOU NOTICED IN YOURSELF AND IN YOUR COMMUNITY?

Women are doing more of the work. Among my friends and family, I heard that the administrative and additional “extras” in workplaces fell onto women. Extra admin duties that happened because of the pandemic also fell to women, even if they were not in that role previously. We seem to have defaulted to traditional gender roles, which define women as helpers and men as directors.

In families, women do most of the emotional labour and tend to be the problem-solvers. There are pressures at home to care for, support, and entertain family members as they try to navigate this uncertain time. All of those responsibilities are in addition to caring for themselves.

WHAT DO YOU UNDERSTAND OR SEE DIFFERENTLY ABOUT GENDER DYNAMICS IN PEI AS A RESULT OF COVID-19 AND THE RESPONSE TO IT?

We need to innovate ways in which we do things in society. I'm hopeful that we can reflect on what it means to be “productive” as workers and as members of families and communities. I think (COVID-19) provides us all the opportunity to consider and make adjustments we had not previously considered. I am interested to see how companies continue to adapt and consider the entirety of the needs of their employees. For example, we did not fully utilize remote work prior to COVID-19, but we have learned that it is entirely possible for many, and I think that opens up employment opportunities for many. I hope that the pivots made at the individual and community levels will lead to changes and adaptations that move things forward in a positive direction.

WHAT ELSE STANDS OUT FOR YOU?

I think this experience provided the opportunity to reflect on and determine what our priorities are, what we need, and what we do not, particularly the “things” we think we need and what we do truly need to live happy and healthy lives. For me, it gave me time to reflect on my own consumerism; I have been working to live a more minimalist and environmentally sustainable lifestyle.

Serena is originally from PEI but grew up across Canada. She returned to PEI to begin her career as a lawyer with McLellan Brennan in Summerside. She has a social work degree and is a registered social worker. Serena is passionate about social entrepreneurship and the equality of women and marginalized groups, which is reflected in her various volunteer positions, including with the board of the PEI Literacy Alliance.

GAYLENE CARRAGHER

MEMBER, STANHOPE



“Once reality set in about the immense gravity of this situation, the loss of life that was occurring, and the way people’s lives were being impacted, I realized that I had to breathe and attempt to be in the moment. Some days it is easy to get swept back up in the frenzy, but I am making a concerted effort.”

WHAT HAS YOUR LIFE BEEN LIKE SINCE THE COVID-19 RESTRICTIONS?

When reflecting on what word would best summarize my life during this time—the word “unsettling” kept resurfacing for me.

I am a creature of routine and have found, in the past, that trait has served me well though I would have to say not as much so in this current environment. The day prior to our organization closing due to the restrictions, my position within the organization changed. It was a multi-layered change of routine in a very short time frame.

The first few weeks I found myself to be hyper-busy. Calling and texting my children several times a day, trying to comfort my mother who lives in the United States, reading every article I could get my hands on relating to my new work position, getting acquainted virtually with my new colleagues, overcoming the tribulations of virtual meetings, cleaning everything in the house and then moving on to the yard, starting a new exercise regime, and yes, I did try making sourdough bread!

I just tried desperately to maintain a sense of routine to allow myself to believe that I had some control over something.

WHAT GENDER IMPACTS HAVE YOU NOTICED IN YOURSELF AND IN YOUR COMMUNITY?

Complacent is not really a term I would have used to describe myself prior to COVID-19, but upon reflection I do believe I had become complacent to the inequalities in our province. When I hear stories of what people have experienced during the pandemic, I know that so much more is needed.

Women who do not have the option to work from home have had to take time off in order to homeschool and care for their children. Many of the jobs most highly impacted by COVID are held by women—hospitality and retail. Most of the women in these positions are receiving minimum wages and were having a difficult time making ends meet before the pandemic—this situation has only exacerbated these challenges.

WHAT DO YOU UNDERSTAND OR SEE DIFFERENTLY ABOUT GENDER DYNAMICS IN PEI AS A RESULT OF COVID-19 AND THE RESPONSE TO IT?

The inequalities are once again being pushed to the forefront in the media, giving us all the opportunity to have conversations about what needs to happen in our province so the vulnerable are protected.

There has been research on what inequalities exist for people on Prince Edward Island and viable solutions offered; now we need to move into action and start implementing those strategies.

Gaylene is very honoured and excited to be working as a member of the Council. She is a mother to three children, is married, and lives in Stanhope. She has worked at Holland College for twenty-three years and taught sessionally at UPEI for eleven years. She is currently the Director of Retention, Part-Time Study & Career Services at Holland College. Her educational background includes an MEd, and MBA, and a diploma in human resources—she is a lifelong learner!



INSIGHTS FOR POLICY

FOR THE PREMIER'S COUNCIL FOR RECOVERY AND GROWTH

The following insights and policy directions for a gender-sensitive recovery in PEI come from participants in interviews and roundtable discussions for this report.

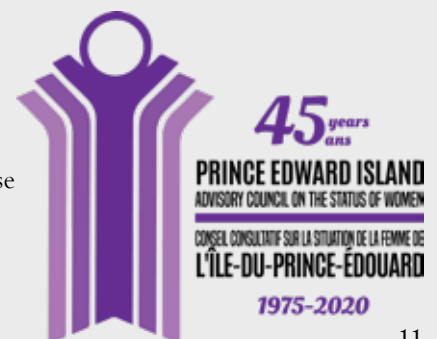
The PEI Advisory Council on the Status of Women would be pleased to provide more substantive analysis and recommendations on any of these insights.

- The resilience of caregivers, most of whom are women, will determine how healthily and fully Prince Edward Island emerges from lockdowns and from the pandemic. Caregivers' resilience is built on reliable support systems that provide respite, priority on social contact and networking for caregiving above other kinds of social interaction, mental health and addiction supports, accessible public services and spaces, and support for voluntary sector programs and services.
- The public education of our children is essential, and priority should remain on keeping schools open for safe in-person learning with trained, valued teachers, staff, and administrators—even if keeping schools open requires sacrifice of economic and social opportunities for adults (for example, in bars or eat-in restaurants).
- A basic income guarantee, which distributes economic benefits to meet basic needs according to human rights rather than ability to work, has the best chance to value unpaid labour and increase gender equality after the pandemic. The Province of PEI should work tirelessly with the federal government to ensure a permanent Basic Income Guarantee (BIG) program launches in PEI and is built to be scaled up to all of Canada.
- A recovery plan that focuses on restoring or making whole those who were doing well before the pandemic will reinstate the same inequalities that left women and other groups vulnerable to the worst effects of the pandemic. Benefits resulting from investment in recovery must be available equitably across all genders and structurally disadvantaged groups: an explicit goal needs to be making the distribution of benefits better than it was, for more people.
- Focusing a recovery on the pipedream of limitless “growth” will cause irreparable harm to ecosystems; recovery must be founded on principles of sustainability. Prince Edward Island's gender-sensitive plan for recovery should be fully integrated with plans for climate change mitigation and adaptation.
- Investment will be needed in the public sector to support public sector workers, public services, and public spaces. Austerity measures are likely to harm women and groups that face discrimination.
- Social infrastructure is as important as physical infrastructure. Public services and spaces need to be universal and accessible and to include childcare and eldercare, housing, public transit, health care, Internet, green spaces, and active transportation routes.

There will be no recovery without high-quality accessible and affordable childcare, eldercare, and other supports for caregivers.

- Due to continuing barriers to women in construction and trades, a recovery plan needs to invest in social infrastructure, including the voluntary sector, to better support gender equality. Building only physical infrastructure will not address women's unemployment.
- Programs to support small business need to include supports for entrepreneurs with small budgets, few or no employees, or that are set up for owners' subsistence.
- Now more than ever, during recovery from COVID-19, the promised comprehensive review of the Employment Standards Act with inclusive, extensive, meaningful public consultation is urgently needed. Employment Standards also need to respond to more workers teleworking than ever before to ensure minimum standards and job protections.
- Occupational Health and Safety regulations require updates to ensure the health and safety of workers who return to offices and workspaces (for example, new standards for air filtration and circulation) and also to workers who are directed to work from home and face different health and safety challenges there.
- Strong provincial support and leadership are needed for major national programs that will promote health and resilience, such as pharmacare, childcare, and eldercare.
- Information-sharing within systems and across departments and silos is even more challenged than prior to the pandemic, with some services closed to the public, some teleworking part-time or full-time, and some facing restrictions on how they fulfill their mandate. New systems for sharing information to protect the health and wellbeing of people facing complex challenges in this new context are urgently needed.
- A compassionate and fair plan for people who received overpayments of the Canada Emergency Response Benefit or other emergency benefits will be required if PEI and Canada return to past income support models.
- Proactive planning is needed to continue and build prevention programs. Prevention of violence, prevention of chronic disease, and social determinants of health require priority even in an emergency situation; ignoring prevention risks long-term harms.
- Access and continuous improvements to walk-in clinics for physical and mental health, respite programs, addiction recovery services, and other services that support people before problems reach crisis level are essential services, and they normalize asking for help and support before situations become acute or chronic.
- The pandemic revealed gaps in research and data related to burdens of caregiving and to gender-based or family violence. These gaps should be filled with gender-disaggregated data and support for feminist research and analysis.
- Rigorous, real-time comparison of what is working well to support gender-sensitive recovery in other jurisdictions is vital so we can adopt similar strategies for PEI.
- Communications and messages from government matter. Participants in this report generally praised the PEI government for its communication of key messages and for making clear public statements about gendered issues such as gender-based violence.
- Recovery planning in PEI still needs improvement in gender-equitable participation and influence in recovery decision-making processes, especially because of low representation of women, diverse groups, and women from diverse groups in Cabinet. While there is greater gender parity and diversity on the Premier's Council for Recovery and Growth, and lived experience is important, the Premier's Council lacks experts in gender and diversity analysis.

All aspects of recovery planning require application of a gender and diversity lens to ensure greater equality of outcomes for all genders, all groups that face systemic and structural barriers to equality, and women and gender minorities who also belong to groups that experience discrimination.



The previous section of this report highlighted the individual experiences and perceptions of the nine exceptional women currently appointed to the PEI Advisory Council on the Status of Women. What follows is a summary of themes that came out in interviews and roundtable discussions with these women. For the roundtable discussion, Council members were invited to have conversations with women in their communities and to bring their stories and experiences to the table. Council staff also invited past PEIACSW Chairpersons to share their experiences and observations. The following themes emerged organically from these conversations.

SUMMARY OF THEMES

GENDER AND COVID-19

“What has truly surprised me during isolation is that I miss people. I miss those little interactions at stores and smiles and head nods on the street, the eye contact that acknowledges me and the two- or three-square feet of space I take up on this earth. We barely look at each other anymore ... so busy self-distancing and evading, we don’t see each other.”

CAREGIVING RESPONSIBILITIES

What was most notable in the interviews and roundtable discussions with women-identifying Islanders associated with the PEI Advisory Council on the Status of Women was the intersection and overlapping of themes. Participants talked about essential workers alongside racism and oppression; they talked about challenges faced by older adults at the same time as they spoke about healthcare workers; they talked about economic support programs but also gender-based violence. Nevertheless, the theme that emerged most strongly in all conversations and that overlapped with all other themes was women’s caregiving responsibilities.

“It doesn’t feel like our government has put any priority on kids and parents. The economy and politics are more important. This pandemic is really affecting our children and grandchildren socially and developmentally, and I don’t hear a lot of concern about that.”

As one participant said, “(COVID-19) has affected family life, school, and everyone, and women are feeling the brunt of it.” Much of the “brunt” resulted from

women’s unequal, heavy responsibility for caregiving and restricted access to supports for caregiving.

One participant said, “Since schools and daycare centres have been closed during the time of this pandemic, the issue of childcare has impacted all parents. One of my friends has had to work extra shifts in the health facility, where she is usually part-time, due to the COVID-19 emergency situation. Since schools were closed and her husband continued to work outside the home, her children had to be cared for by her mother. My friend’s father also helped, but most of the childcare, meal preparations, etc. were the duties of her mother. I believe there are grandmothers across the Island who have been called upon to replace schools and daycares during this time.” This intergenerational childcare was, at some points, contrary to public-health guidelines.

Grandmothers, aunts, neighbours, and friends who lived in other households were inaccessible to many women who followed the letter of public-health directives to stay home and not mix with other households. “One of my family members asked my permission to break public-health guidelines by asking our mom for childcare, so they could go to work and get a break. I said yes, of course, but I also said they would have to explain to my mom

why they were doing indoor childcare and visits while my family was excluding ourselves from going into her house or even going for socially distanced walks. And that we had to be even stricter about it because she was expanding her circle to another household by providing childcare. We were staying away to protect her, but it was stressful for her and us.”

“The most evident gendered impact for me is the ready recognition by decision-makers of the link between economic renewal and sufficient quality childcare. Women will not be flocking back to the workforce without that piece, although I am wondering what happened to the arrangements they had previous to COVID. The argument for childcare has been roundly and matter-of-factly supported by powers that weren’t speaking out in past times. Maybe something has been gained?”

An essential worker and lone parent talked about the challenges for people without local family: “With me, because I am working and considered an essential worker, I’m ending up doing both a lot of childcare and a lot of work, and I don’t have any family here. When we all had to go inside, the way a lot of moms and I would share (care and support of our children) was abruptly ended. With networks not available, it was so much harder.” She was able to set it up with neighbour friends so their young children could communicate with walkie-talkies, but, she said, sadly, “They couldn’t see each other.” As another participant said, “I wonder about little kids too, how much they can understand about the distance and time without family. Four months in the life of a four-year-old is huge.” A grandmother said her grandchild told her, heartbreakingly, “I can’t come see you, Grammy. The world is sick, Grammy, and nobody can visit nobody.”

Lone parents also faced special challenges

getting groceries and running errands when they could neither leave their children home alone nor take them into stores and businesses. Those who took them into businesses faced the often harsh judgement of other clients.

Participants were concerned by the focus on intact nuclear families and loving relationships between the generations. Many people do not experience harmonious relationships in their families. Parents co-parenting across two homes knew that public-health directives were to continue their arrangements as usual, meaning they were sharing microbes and a household bubble with someone their relationship had broken down with—at the same time they couldn’t see loved ones or access healthy support systems. “As I transferred my child to their other parent, it felt as though my parenting arrangements were being treated as shady or shameful in a way I hadn’t felt for a long time,” said one lone parent to a participant. Partners living in separate homes likewise felt that they had to stay home and be celibate or be secretive about being with their loved one in a way that made it feel shameful or stigmatized.

“Sharing childcare responsibilities between two homes is especially problematic during this pandemic,” said a co-parenting participant. “Sending my daughter to her mother and her partner in another home, I was very aware that we were all increasing our bubbles of safety exponentially. Both households had to trust the other to take the necessary precautions and limit their social and work interactions. I felt how awful it must be for women who share their children with an abusive ex, or someone they don’t trust to put their children’s safety first.”

People’s situations changed as restrictions lifted. “Daycare centres are open now, but at half capacity,” a past Chairperson observed in June. “Which still leaves parents with gaps in needed childcare. Mostly female daycare providers are also

essential workers whose pay does not measure up to the importance of the job that they do. This pandemic has revealed many vulnerabilities in our community systems.” Another participant observed women with no option but to take their children to appointments and work meetings; she spoke to another woman who despairingly had to send her children to live with family in another province so that she could return to work.

A participant who expressed that she was heartened by new attention on childcare still noted, “On the other side of the coin, I have noticed that the language around boosting childcare continues to be in the context of women’s and mothers’ return to work, as opposed to enabling families—mothers and fathers—to need and make care arrangements.”

People with disabilities in need of special care—and their caregivers—faced special challenges. A parent of a child with special needs said, bluntly, “There is not enough available for the special needs community. (My child) was offered two hours once a week at school, and that is just a drop in the bucket when you are dealing with a child who is a lot of care and who is a runner ... and I’m just one parent of one child—some families have more than one special-needs child.”

“My stress level got so high I had to call the doctor. I couldn’t even open my mouth. I had to take medication to reduce stress.”

Another participant said more about the challenges of those parents giving care to more than one child with special needs: “Two of my community friends who have adult children with special needs have also been impacted by the pandemic restrictions. One mother whose son goes to a day program was home with her all day through winter and spring until recently. Now he is able to go, but only two

days a week. This has an impact on her summer work. Another friend’s adult son lives in a group home situation. Even now he is not allowed to leave the home and so can’t go to his supported workplace from there. He has to live with his parents in order to continue with his employment in a local business. His father works outside the home so his mother has to take care of him and drive him from the country into work several days per week until he is able to go back to the group home. And he still has to pay for his spot in the home!”

Caring for older adults living at home presented no fewer challenges. A participant spoke of her friend, who “is caring for her husband who has dementia. He could not go out with friends for an afternoon or morning and was worried and anxious. She found it very, very difficult with no breaks.”

“Children from school are on my mind. I know there are children not being looked after the way they should be. The family support is not there for them. I think of the children who regularly come to school with no breakfast—how are they getting along? Who is taking care of those children? What is going to be the aftereffect? This experience will stay with them.”

Participants were clear that school is not childcare, and yet when children who would usually be in school did not return to their classrooms after March break, the pandemic revealed how much parents’ schedules rely on their children being in school. After several weeks with students at home, students and families received some resources for at-home learning. A few weeks after that, teachers connected with their students to support home-based learning on core curriculum. Parents were asked to support students in home-based learning. This often meant some version of homeschooling. Participants expressed concern for children’s academic learning,

social-emotional learning, wellbeing, and access to the supports they received at school beyond education.

One participant, a parent of school-aged children, said, “I imagine you’re probably already considering who is doing the homeschooling, and the impact on their ability to also work from home. I don’t know if there’s a way to find out, but I do imagine most of the parents that are asking their kids about their schoolwork and helping them if necessary are likely women. But that’s just a guess.” She added, “I am the parent that’s asked about school work in this house and stayed on top of communication with schools, etc.”

Anecdotally, a past Chairperson said, “I did notice a good number of men taking their parenting roles to a new level during this time as well,” but the majority of participants reported most of the caregiving work and support for home-based learning fell to women.

GENDER-BASED & FAMILY VIOLENCE

“COVID-19 also put a strain on families, especially single parents, who worked from home with no childcare as well as those living in abusive relationships,” said one participant.

Gender-based violence and family violence were very much on the minds of most participants. Almost all participants know women and children who are or have been in abusive, dangerous relationships. Reflected one participant, “I think of the women and children caught in abusive family situations, with diminished opportunities to gather supporters and to make safe exits. I am pleased that governments saw fit to increase dollar resources to shelters, and to acknowledge the increased dangers to vulnerable people. I don’t have a good sense of whether PEI women in need of emergency shelter were able to receive it.”

A participant spoke of a woman in her community who was under twenty-four-hour surveillance in her home: “I know of partners checking on the calls on their phones, resulting in big blow-ups.” She was very worried for the wellbeing of women under coercive control, a significant risk factor for murder.

“I (ask) how much abuse there is. School is not there for children to get out. If a woman is treated like dirt, what happens when there is no way to get out, when you are in it every day?”

One past Chairperson reported, “I talked to a number of shelters both in PEI and elsewhere in Canada and was hearing that things were very quiet, and they were not getting calls or women coming to stay.” She said, “I talked to Chief Mary Bernard Memorial Shelter and Anderson House staff, and also had the opportunity to speak with someone in a shelter ... in northern Saskatchewan. All of them were quiet in the first couple of months (of the pandemic). I don’t know where things stand now.”

She said, “There was some speculation that perhaps women were staying in their homes (instead of seeking emergency shelter) because of the messaging around staying home. And that might have been reinforced at home. When there were messages around (such as) ‘one person goes grocery shopping,’ etc., that may have been a reinforcement to stay home as well.” Participants noted that the PEI government did include family violence in public messaging and encouraged people in abusive relationships to reach out for help, and to leave their homes if they needed to, and government did list resources for getting help. However, as one participant observed, “Many women experiencing violence in a relationship are people who put others’ needs ahead of their own, and messaging around

‘stay home so that you can protect your community members’ may also have been another reason not to go to a shelter.”

Abusers, as always, found ways to exploit public-health restrictions as new means of control of their partners. A participant told this story: “I was speaking with a woman who was in another country when the pandemic broke out, and it took her a lot of time to make arrangements to come home because her ex had gotten a lawyer and was taking advantage of the opportunity to put everything that he found in storage but not give her access to it because he wanted her to sign some legal documents. She didn’t have access to a lawyer in the country that she was in, (and) she didn’t really know what was happening in Canada.” After being connected to funding, services, and a shelter, she was able to get home to quarantine. “They made arrangements to put her in an efficiency unit for fourteen days and get her some food during her isolation,” the participant said.

Another participant observed that some women stayed home in dangerous situations because they were concerned for their and their children’s safety in the close quarters of a shelter, where they would be exposed to other women fleeing violence, children, and staff—all strangers. Adding the uncertainty of shelter conditions to the uncertainty of a pandemic proved overwhelming for some.



ESSENTIAL WORKERS

At least half of all participants shared their observations of the pandemic’s effects on essential workers, especially frontline workers. Prince Edward Island’s Chief Public Health Office defined essential workers as “those whose work, if interrupted would endanger the life, health or personal safety of the whole or part of the population.”

Women fill the lion’s share of roles in some fields deemed “essential work,”

especially work in healthcare, childcare, eldercare, and other caregiving, and in food-related roles such as food processing, cooking, and retail food sales. One participant said, “I suspect a higher percentage of women than men were essential workers required to continue to go in their workspace, given what I think stats in the past have shown is a higher percentage of women in hospital and care-facility roles.” She expressed the concern, “That will have had lots of impacts (regarding) homeschooling/daycare closures, stress/fear, etc.”

“I had always thought of essential workers as being police, doctors, firefighters and such,” said one past Chairperson. “Very quickly after we were advised to stay home unless we had to go out for necessities, I realized that grocery store clerks, pharmacy personnel, and postal workers, to name a few, were also essential in our day-to-day lives. On my early forays into the community following the shutdown in March to buy groceries, pick up medication, or to mail letters, I saw that most of the essential workers in these occupations were women ... Some employers did increase the wages of the workers, but not all employers did so, and in many cases the increase was temporary.”

“Women ... had to come to work every day and expose themselves to a potentially fatal virus in order to keep ... essential services open. In many cases these women are paid only minimum wages and yet are required to leave the safety of their homes to work in order for us all to survive.”

More participants spoke about their interactions with low-paid essential workers in places such as grocery stores and other retail stores. As one past-Chairperson said, “I think women have definitely taken the toll. It doesn’t matter where you look: women are frontline workers.” Another participant said, “I also notice it is newcomers who are on the

front lines, providing services in retail, healthcare, and fast food. PEI looks 80% BIPOC (Black, Indigenous, and people of colour) people now, because they can't access CERB (Canada Emergency Response Benefit) or will not be laid off."

"We need to consider who has to work, who is keeping our economy running, and value them more."

There was appreciation for the accommodations some grocery stores and essential workers made for those at risk from COVID-19. A senior participant said, "It was nice to not be in a crowded store when you feel at risk and there was so much talk of COVID affecting seniors, there was a real fear of being around people."

Several participants talked about the need to increase pay and benefits for essential workers. A past-Chairperson said, "Another fairly obvious impact of COVID has been to elevate service workers, a high proportion of whom are women, to the level of essential workers. Same goes for female-dominated health professions, who have found new status. I wonder if their upgraded standing will prevail as time goes on. The large grocery chains have already ended pay increases to those workers, and there has not been much noise about this." A current Council member echoed this thought: "It is time for the (large grocery chains) and other huge companies to stop being so mean. They are doing very well in terms of profit but treating people awfully. Their additional pay has been retracted. This makes me so mad."

Another participant talked about the importance of advocacy to ensure fairness. She said, with some incredulity, "I serve on a local board and we had to 'fight' for an hourly pay increase for frontline/essential workers as opposed to (them) being offered an increase only for overtime work." She said, "This affected mostly

women who were not earning much more than minimum wages. However, (managers) were giving themselves a huge automatic weekly substantial increase for a four-day work week!" She was happy to say that in the end, "all frontline essential workers received an increase for every hour worked" at the end of the fight.

Others highlighted the need for pay increases for essential workers to be matched with increased access to counselling or other mental-health support. They saw this as needful especially since essential workers are dealing with the daily danger of exposure to COVID-19 in their workplaces. Several noted they are often also dealing with verbal abuse from customers, clients, or patients, who inappropriately take out their stress on frontline workers.

"I was at the grocery store and there was an error at the cash. I talked for a bit with the girl working as a cashier. She said, 'Thank you for being so generous.' I asked what she meant. She said, 'Since COVID people have no patience.' People have been short-tempered. Everyone is stressed. Women have borne the brunt of this."

According to one essential worker who participated, the supports were "not adequate, even pre-COVID." As a Council member wondered, "How much (of that stress and trauma) gets carried over to home life, knowingly or unknowingly?"

Participants were deeply concerned about their neighbours, friends, and colleagues who had to weigh risk of exposure in their workplaces against meeting the basic financial needs of individuals and families. A current Council member reflected, "There is a constant weighing out of the risks and needs, balancing all you need to do concurrently. Especially for essential workers in health or delivery driving."

Noting that many essential workers, such

as truck drivers or migrant workers in food processing or healthcare workers travelling into PEI, faced stringent requirements for COVID-19 testing and self-isolation while not at work, including some essential workers having to self-isolate from family any time they were not working, she continued, “Those workers are being penalized for providing essential services. I understand why those providing essential services were upset that people just coming to vacation at their cottages have been allowed in.” A relative of an essential worker agreed: “It was so hard for her because she had to self-isolate when coming home from her job.”

Another group of essential workers that faced stringent quarantine requirements was migrant workers. One participant said, “When we consider who was deemed essential to keeping us all healthy and well and fed, we need to appreciate the workers from outside Canada who travel here annually to make sure PEI farmers harvest and manufacture local goods.” She continued, “We rely on these workers to keep our families and economies going and should do much more to protect their rights and offer them health and safety protections equal to citizens while they live and work here.”

A past-Chairperson concluded on a hopeful note. She said, “I hope that I am seeing new respect for women’s work as essential work, although the preponderance of females in retail, child and eldercare, and healthcare is not specifically praised or noted by COVID leadership.” She also gave a nod to essential workers in the public sector: “In PEI we have followed the leadership of Dr. Heather Morrison to get us out safely to this point. I am confident that there are other senior civil servants like her, working behind the scenes too. Many of these are the women who comprise a large sector of our public sector. Hopefully they are being noticed for their ways of knowing and working.”



HEALTHCARE WORKERS

A past Chairperson said of essential workers in all roles, “I would say people got their eyes opened as to who and what is needed to keep the machinery of this world going.” She added, “Women have always been the ones to care for others and, despite some progress, this doesn’t seem to have changed much.” Nowhere was this more evident to participants than in healthcare.

“We are not functionally staffing healthcare systems that are primarily staffed by women.”

A participant who worked as a health professional said that in her experience that “most health professionals are women. Women represent about 75% of registered nurses, LNAs (licensed nursing assistants), housekeeping staff, and kitchen staff in any acute or long-term care healthcare facility or service.” She said the significance of women’s presence in healthcare was that “more women than men are required to work and are exposed to a very dangerous and contagious virus in order to provide essential healthcare services.”

The burden on health professionals was of significant concern to many participants. They expressed real worry that most of the frontline healthcare workers exposed to the greatest risks were women. “Swabbing, testing, symptom management, follow-up,” one participant said: these processes “create the highest contact with a patient who is potentially positive (with COVID-19).” Women were also noted as the majority in roles such as respiratory therapists, physiotherapy staff in hospitals, and other roles who would be working with potentially dangerously contagious patients. “The full level of exposure to contagious disease is majority women.”

The short-tempered and sometimes abusive behaviour participants had witnessed at

grocery stores was seen as more intense in healthcare settings, such as hospitals or COVID-19 testing sites. A participant who had a close friend who worked at a testing site said, “You expect a level of agitation, frustration, and fear, but it’s just an expanded level of verbal abuse when (nurses) are providing testing. It’s not a pleasant test and people are scared, but you also have people who think COVID’s not a thing. They question everything, call the rules stupid, and compare other regulations in other provinces. There is a consistent level of verbal abuse.”

Multiple participants described the requirements not to visit patients in hospitals and residents of long-term care facilities as “brutal.” In hospitals, for months, only one consistent visitor was allowed, even during childbirth, or after a major car accident or a heart attack or stroke. A health professional said, “It is so devastating having to tell someone they can’t visit a dying family member. It is horrifically brutal what we are exposing people to.”

“In the past what people (with a dying loved one) appreciated was hours together, a meal together, time with the person, sharing memories. It is just so awful what we are doing to that process of life and death and how we deal with stress and trauma. Someone is coping with devastating health news essentially on their own. They just want to see the people they are already connected to, not just staff.”

A participant in mid-life expressed questions of mortality on a personal and systemic level: “A discussion about medical intervention should happen before a person is put on a ventilator, ideally. The ventilators do not fix anything: they just buy time for the body to recover. People are thinking more about what they want to happen should they contract COVID-19. Do they want extraordinary measures taken to keep them alive? Some health

professionals know the risk and accept that they want to be allowed to die if they contract the virus.”

A staff participant was deeply moved by the words of Quebec’s Dr. Joanne Liu, former head of Médecins sans frontières. “What she said that stayed with me was that during her time as a doctor in West Africa during an Ebola outbreak, the people in the communities affected by Ebola forgave the doctors for their errors. But what they couldn’t forgive or forget was that their loved ones died alone, without family around them. What they couldn’t forgive was being denied their funeral rituals after a loved one died. She said that when COVID-19 has passed, people won’t remember what we as a society did about hand-washing, but they will remember if they weren’t with their mother when she died. I think about this a lot—all the lonely deaths and wakes and funerals, for people with COVID or not.”

In addition to concerns about death and dying, a grandmother who participated was concerned about supports for birthing during the pandemic. “I was struck by a news item about giving birth in a COVID world, where the supports to mothers in hospital births were wiped away through general restrictions,” she said. “This made me wonder whether midwives and doulas were able to meet some needs for PEI moms. Certainly the efforts to humanize and de-medicalize birthing were set back by COVID circumstances. Could this have been different?”

A participant with a close relative in healthcare expressed the discouragement she saw in her loved one, who saw how much work went into getting ready for a surge in COVID-19 cases. “It has been very hard on hospitals. And after all the work to get ready, there has been nothing to do.” Of course, no hospitalizations during the first wave was the desired outcome, but preparing for a crisis that hasn’t yet come has had effects, slowing down or shutting down some services. A participant with

loved ones in healthcare stated plainly, “We don’t have the capacity” in our healthcare system. “In trying to solve one problem, we’re adding so many challenges to other systems.” Another participant cited a healthcare worker expressing compassion for colleagues: “I can go home and go to bed, but my co-worker goes home and has three kids to take care of.”

One participant reflected, “Something that angered me was that to make room for patients that were severe, they closed things off.” In particular, she expressed concern for temporary shutdowns or limitations on addiction services. “So many women, young women, and men for that matter, have really nowhere to go for recovery,” she said. Another participant noted that organ transplants were not available during the lockdown.

Another expressed concern about the long-term effects of even just three months of reduced access to healthcare, citing “chronic pain from cancelled and delayed surgeries,” and concluded “the ripple through the healthcare system will be bad.”

“Ontario sent the military into nursing homes, and they reported shocking conditions—but it wasn’t news to those who have worked in those systems.”

One participant confided, “My parents are still living on their own in (another province), and they, in their nineties, had to stay in their apartment, no elevators or hallways. My mom became very afraid that she might need to be in a long-term care facility. One day during our frequent chats she told me her plan to end her life rather than be in a home. I am sure many seniors are thinking the same thing about long-term care homes. A new vision for seniors is essential. Already I am writing letters to politicians.”

An older adult said, “To get to a doctor is a big concern for seniors.” She said that

among her circle, people were stressed out because of “lack of clarity about how appointments would go—you can leave a message (for your doctor), and she will call you, but is it a face-to-face appointment or is it just on the phone? Some people, it really bothered them to have doctor appointments on the phone.”

Another older adult said, “There was anxiety around only getting thirty days of their medications at a time resulting in more trips to the pharmacy for those who won’t get them delivered. Some were not really in a financial position to tip and even though a tip is not required they still feel they should or need to.” She added, “One of the little black-humour jokes was they didn’t want to give us any more than thirty days’ supply instead of the three-month supply in case we got COVID and the rest of the drugs would go to waste.”

On a positive note, numerous participants praised PEI’s Chief Public Health Officer, Dr. Heather Morrison, and Director of Nursing, Marion Dowling, and their offices. They noted that the majority of federal, provincial, territorial, and municipal chief officers of public health across Canada were women, including the national head of public health, Dr. Theresa Tam, and British Columbia’s Chief Public Health Officer, Dr. Bonnie Henry (a Prince Edward Islander).

One past Chairperson summed it up by saying, “On the very positive side for women on PEI, and in Canada in general, we all can now clearly see how women are really heroes during this time.”

“Here on PEI Dr. Heather Morrison is a shining light. She has given strong leadership and the government has heeded her directions. I feel grateful to her and to all the essential workers in our community for keeping us safe.”

○ SELF-EMPLOYMENT & SMALL BUSINESS

A participant whose household relied partly on self-employment income observed, “Small businesses, led by women and men, are really feeling it. We’re seeing the shut-down of industries and no money coming in.”

A business owner who participated noted that the original financial supports for businesses came in the form of \$40,000 loans for businesses with a payroll of at least \$50,000 a year. She said, “I’m part of a group of women entrepreneurs on Facebook called Empower PEI, and there are over 900 women entrepreneurs there.” She continued, “The vast majority of them do not have a payroll of more than \$50,000, so we were unable to access the funding. Things opened up when they lowered the payroll threshold to \$20,000, but a lot of business owners of small businesses don’t necessarily have employees. They have people that they contract to do pieces of work because their businesses aren’t really big enough to have employees.” Also, she said, “If those businesses are paying themselves in dividends or management fees, they don’t have a payroll that met the threshold.” Eventually, the gap was filled by extending a similar \$40,000 loan to businesses that were previously not eligible, but many women small-business owners dealt with extra weeks of stress and uncertainty before eligibility expanded.

“I also heard good stories about women in business who had to pivot.”

A participant who consulted with three self-employed women for our roundtable discussion spoke admiringly about “how resilient women can be.” She spoke to a new business-owner, a management consultant, whose large, sustaining contracts disappeared when the lockdown began; she “pivoted” out of necessity and

started another new business—but not without “depression and uncertainty.” The second small-business owner she spoke to felt distressed she had to lay off her employees when the lockdown began. When wage subsidies became available, it was too late for her situation; she had already “pivoted” to research and development for a new business that could respond to clients’ changing needs and circumstances during and after the pandemic. A third woman who had experience working with adults with physical disabilities re-imagined how she could provide services and registered a not-for-profit company. What support did these entrepreneurial women have to pivot? The participant said, “The CERB was helpful for one, who was forced to stay home with her kids; the other two didn’t receive assistance.”

“There are programs in PEI that are helping young entrepreneurs, and that’s a good thing.”

One participant spoke to a small-business owner with a childcare centre. “Government decided which daycares would be deemed essential and opened first and which would stay closed,” she said. The business owner in question said her daycare was not opened in the first phase of re-openings but knew her daycare would open as restrictions eased. Even then, she and her co-owners faced challenges: restrictions to the centre’s ability to care for infants, lack of space in the centre to allow more physical distancing and obstacles to expanding, and trying to schedule supervision and staffing of the centre around work schedules while caring for their own families and managing homeschooling for their own children.

○ EMPLOYMENT & UNEMPLOYMENT

One participant summarized the toll COVID-19 took on women's attachment to the workforce, "When the businesses, stores and services closed down in March due to the COVID-19 cases appearing in Canada and PEI, many people were laid off or furloughed unless they could work from home, or if they were essential workers." Numerous participants noted that one income is not enough to sustain families and households anymore. (The poverty rate of lone parents proves this.) Women's paid work is core income that sustains Islanders.

A participant who was not expecting to be called back to seasonal work said, "I was really looking forward to returning to work after a few months off. I was going to be learning new skills, and I really enjoyed the social aspect of working. It was helping build my confidence." She went on to describe the routine, structure, and companionship of work as integral to her mental health. Another participant noted that even volunteer work opportunities were severely limited because most would support services or not-for-profits that were closed and most activities would require people to gather.

A participant in the paid workforce said, "A trend that I'm seeing and am very concerned about is workplaces where women (and in my experience it has been women every time) are being told they are either losing jobs or their jobs are being downgraded." For those whose jobs were being downgraded, "They feel they have no choice except to be grateful. They are hearing they are lucky to have a job, and if at this time things are being cut back they have to understand that." The participant said, "I'm very concerned about organizations (large organizations especially, and governments included) using COVID as an excuse to actually change the workforce. They are looking at especially those in higher positions. In my

experience, the first to go are people in lower salary positions and women in top positions. Honestly, probably once every two weeks, I'm hearing about a colleague being told, 'I'm sorry ...' I've not heard one man where this is happening. I've even heard of men being put in higher positions. I'm really worried about it, and I'm keeping a really close eye on government. I'm very concerned this will be used as a way to move an agenda forward."

"These cuts are in addition to all the women who have opted out, mostly for caregiving of children and aging family. We need to invest in childcare and schools to allow women to return to work. We are in a she-cession."

Another participant with a professional background echoed this. What she was witnessing, she said, "was women having the most layoffs, and daycare being a giant issue." She did not see stress diminishing with many workplaces re-opening. "As things have been opening up," she said, "because women do emotional work and play helper roles, they are expected to do even more of that. Meeting demands of family and of supervisors and bosses who make accommodations but still expect the same outcomes is impossible." And yet, she said she heard the same message held over women's heads: "You should just be lucky that you're working."

A participant said, "(Cut backs have) been surprising to women in senior positions, who thought their positions were secure and that they were valued." Another participant noted, "We should innovate all the time. Consider job-sharing versus firing."

Parents of young adults spoke about the income challenges their adult children faced. Said one participant, "This is affecting young adults more than they want to admit."

“Predominantly, it is women who have had their jobs cut in these times. The women at the lower end and the higher end. It does seem there is often some malicious intent, that uses the pandemic as an excuse ... There seems to be a perception that younger workers will accept more and question less. But recent hires, mid-range employees, all levels have been impacted.”

Students were facing fears not only about the cost of their education, but the cost of basic needs like food and rent. A parent of a post-secondary student said, “From her perspective with the pandemic, not having as many jobs available in the summer means she can’t build up EI hours. Unless government provides EI to tide her over, to make up for lost hours, she will need help in the fall.” A parent of a student said, “It’s stressful for them not to have a job.” She gave examples of three young people facing different barriers in their job searches: “one immune-compromised herself, one living with an immune-compromised person, and one unable to find a job.”

Others echoed the theme of barriers to accessing Employment Insurance (EI). Participants were especially concerned that ineligibility for EI after loss of employment or loss of hours would also rule out training and education for many, especially those with children. One participant decried that EI is all or nothing: “You get it, or you don’t, but if you have kids, and you don’t have childcare, you just can’t (meet the eligibility).” The federal government is signalling a transformation of the EI system and expansion of eligibility, but this will be cold comfort to women whose hours have been cut to nothing or to women who have been living with gut-churning fears about their income for six months already.

A participant familiar with social assistance programs said the confusion among social assistance, EI, and the CERB

created chaos for her. She spoke of a social assistance recipient who “followed directions, and those directions have hit them in the butt.” Something went wrong in communications about eligibility or calculations of benefits, and she was paid when she shouldn’t have been, meaning she faced owing overpayments in the fall. “(She doesn’t know) what that will look like, but it’s a lot of money.” A participant who received CERB said, “Provincial and federal miscommunications around CERB and Income Support have been really confusing and stressful. I am being penalized for what I received from CERB, even though Income Support made me apply for it.”

“The whole thing has been very able-bodied person-oriented. For example, even when I contacted Public Health for recommendations for high risk people with re-opening workplaces, they told me it’s up to my boss. So despite having multiple chronic illnesses deemed high-risk ... it’s up to my non-physician boss as to when it’s safe for me to work.”

Another participant echoed that for some people she is in contact with, “There seems to have been a lot of confusion about being on Income Support and then going onto CERB. That is really going to hurt people; I’m worried about that.” Participants were very concerned about people who mistakenly or who in desperation for survival applied for the CERB but who may later be deemed ineligible. They will be facing repayment bills with little or no income. “I am worried about the impact to come for some of the most impoverished people in our community,” said one participant.

More than half of interviewed participants talked about the need to implement a basic income guarantee. “Enough to eat, a safe place to live, a life of dignity ... these are all human rights we can afford,” summarized one participant who was

concerned about disrespectful comments about relief recipients. “It’s past time for all Canadians to be included and valued, and PEI can show the way by becoming the first province to implement a basic income. Basic income would go a long way to recognizing the unpaid and undervalued work and care that women provide that underpins our economy.”

Many who were able to continue their work had to do so from home. “I have been following the phenomenon of working from home as directed by the civil service and other employers of office-based employees,” commented a past Chairperson. “When I worked part-time at employment outreach in the 1980s, I performed some of my work from home,” she said, so “the present findings that women (and men) are fitting work around childcare and even homeschooling feels familiar to me. Now it is taking place on a larger scale, and is gaining more acceptance as an economic imperative.” She perceived that, “Again, women are doing double duty, and with technology in tow, can now be on deck 24/7. Note that this new world is not exclusive to women, but may be disproportionately felt by them.”

“For my daughter, working from home was chaos at first, to deal with small children and accomplish her work. Her quota for work didn’t diminish, though, so she couldn’t meet deadlines and had to cut back to part-time hours.”

A participant who was working from home admitted, “I struggle with working from home. I’d like to say I get up in the morning and go to my office (the spare bedroom) and dutifully put in a workday, but I’d be lying. I don’t think anyone puts in a regular work day. My co-workers and myself are just as productive, but it may be happening at 5:00 a.m. for me and midnight for my co-worker. Consequently,

I have days where I feel I haven’t stopped working all day and days where I feel guilty because I wasn’t very productive.” Several participants who were working from home expressed how grateful they were to be able to do so—but again felt that an expectation of gratitude was held over them as a threat, that they had better be grateful and silence their concerns or complaints if they wanted to keep their jobs.

A participant who works in a busy, multi-generational community hub, said, “I miss being at work and joking around, the laughter and conversations at our parent sessions and the sounds of our kids laughing and playing.”

“Technology allows me to be in touch with people online, work meetings, Facebook, Zoom, and I have a husband to share thoughts and ideas with, but what’s missing is sharing space and energy with others. Perhaps it’s the collective energy that we physically feel from each other that seems to be missing.”

A participant who works in an essential service said, “We get a weekly email about self-care, pushing responsibility off onto staff instead of it being an organizational requirement.” A participant with experience in healthcare said, “We have to do courses on injury prevention, but we have not got support for emotional trauma or even physical trauma as a result of violence in the workplace. It is not well supported whatsoever. The union is protective but not adequate.”

Workplaces are adjusting to new working arrangements that previously seemed impossible, but the long-term effects are not known, and the systems of employment standards and occupational health and safety have not adjusted to the new realities workers are facing—and will be facing for months and years.

COVID-19 PERSONAL SILVER LININGS

Most participants tried to name a silver lining they saw in the lockdown. Most of their silver linings were quite small and personal, but meaningful. “(The lockdown) allowed me to declutter my home and downsize for a move. I got to self-evaluate a bit,” said one.

Retired participants, especially those with partners, expressed a sense of ease and were more likely to find silver linings than were parents, especially parents who had to work outside the home. Retirees expressed awareness that their silver linings were a privilege reserved for a minority. One said, “This was my husband’s first year of retirement, so it was a great time to have him home to work on our ‘to do’ list.” Another said, “My partner and I feel very fortunate. We are both healthy, though in the ‘vulnerable’ age group (for serious effects from COVID-19), and we have no financial worries since we are both retirees.” One senior participant focused on the light side: “At one time someone said, ‘Excuse me, I am not wearing a bra.’ Neither was I. So I started asking my cohort group if they were or were not. We are all in our seventies. We rebelled in the sixties, so going braless was easy. Only one of twelve still had one in use.”

“I kept busy. I primed and painted most of the walls upstairs, including a different colour for the doors and baseboards. I took lots of naps and since everyone was on lockdown, I didn’t have to explain to unexpected visitors why I was on the couch in the middle of the afternoon—LOL.”

Working participants also tried to appreciate the time in lockdown. One said, “I found the days to have flown by, since for the first winter in over sixty plus years, I didn’t have to worry about shovelling my driveway in order to go to work.” Another

said, “Physically and mentally, I’d like to say that I’m exercising, meditating and eating wholesome, nutritious meals all the time. But the truth is I’m baking more, eating more, and watching more TV. Instead of trying to lose weight I’ve set a goal of a weight I won’t allow myself to go over. At least it’s a goal.”

Home improvements were on many to-do lists. “On the positive side, I’ve cleaned places in the house that haven’t been touched in years, got rid of tons of ‘things’ that I never used, painted rooms, and finished household projects I always meant to do but never had time. I went through photo albums and got rid of photos of people I don’t remember and hundreds of pictures of scenery of places we’ve visited.” Decluttering was an exercise in mindfulness for some participants. “I’ve also had the luxury of enjoying doing the little things around the house instead of always being in a hurry to finish. I’ve spent a little more time in the moment and that has been surprisingly satisfying since I never realized how little time I actually spent there.”

Participants’ silver linings still exposed gender inequalities: most revealed women’s primary role and responsibility for cleaning and organizing in many households, and the pressure on women to be constantly busy and productive, even just working on their own bodies.

AWAKENING TO SYSTEMS OF OPPRESSION

While awareness of silver linings focused on the personal and came along with privilege, most participants also talked about the ways the pandemic and the lockdown exposed the worst and most dangerous systemic inequalities in our communities and our society, and especially anti-Black and anti-Indigenous racism, with Black and Indigenous deaths in the U.S. and Canada as a result of racism and police brutality.

“The tragic murder of George Floyd by a police officer in broad daylight and in front of countless witnesses ignited a movement,” said one BIPOC (Black, Indigenous, people of colour) participant.

In Canada, the deaths of Black Indigenous woman Regis Korchinski-Paquet and Indigenous woman Chantel Moore after police intervention in mental-health crises galvanized protest across the country. “Public health workers should be responding to wellness checks. We don’t have confidence in the police to respond appropriately. Too many people have been shot and killed,” said an Indigenous participant.

A white participant connected her experience of oppression as a woman to her emerging understanding of racism and solidarity with BIPOC people: “Having experienced this systemic anxiety for myself, it’s a window into what it might be like to be discriminated against, in a way. Like, the world isn’t a fair or safe place. It’s risky, I have more obligations and no way out. I don’t want to say that I have the same experience as a Black or Indigenous person. I don’t. But I understand it a little more. I feel it more and have more empathy for people who are marginalized.”

Some participants were hopeful for social change and transformation: “It feels like we are slugs climbing out of the dark age, even now. So this time is a remarkable opportunity to be the light. In a time of great darkness there is a growing mass, a collective coming together of the light.” Another participant was more hesitant: “I find it is too soon to say whether anything in the status of Black lives, Indigenous peoples, and marginalized minorities will change.”

Sharon O’Brien was PEIACSW Chairperson from 1996 to 2000. She identifies as an Aboriginal woman, a married woman, a mother, a grandmother, a working woman, and a senior/elder. She shared her reflections on anti-oppression movements. (See the text box to the right.)

“I turned seventy years old during this pandemic. Growing up in Toronto and spending a few of my teen years in Yorkville gave me some wonderful opportunities. I’ve protested the Vietnam war, lobbied for the legalization of marijuana, spoke up when racism and discrimination showed itself in all its ugliness, and survived an assortment of deadly viruses and diseases. I watched what the media called ‘race riots’ in the sixties, felt pride that Indigenous women could vote (I was young and thought all women could vote, silly me), and I listened to the stories and felt the pain of the Holocaust survivors.

“So what I’m seeing on the news and media isn’t really new. It’s the same battle with different players but with immediate 24/7 coverage. COVID—How many died, how many new cases? Police brutality—How many blacks were shot, beaten up, or hung from trees? Who’s protesting where and how many? Was there tear gas? Trump ... can’t even talk about him! Missing, murdered, and now shot-by-police Indigenous people. Why? PEI—People saying they want every PFA (person from away) to stay away. Too many Ontario license plates. Did they self-isolate and how do we know? People are cheating. Keep the USA border closed.

“It’s too much paranoia, sadness, and anger for me to process ... but it’s equally and vitally important that we witness what is happening now and remember the past so we can find a more equitable and respectful way forward.

“It all makes me sad and anxious and gives one the feeling the world is falling apart. But it won’t, at least for a while, and hopefully not in my grandchildren’s time. And maybe when the dust settles, we’ll have learned a little something and be better for it.

“We as a society have to find a way, in spite of COVID, to stay connected, to be strong, to be kind, and be aware of the hurt we cause others when we don’t live in a good way.”

○ LONELINESS & RESILIENCE

As one participant said, “Physical health is affected by emotional health.” Actions that protect people from COVID-19 are hard on emotional health, paradoxically leaving people more vulnerable to infection. “It’s a Catch-22, this virus,” a participant said.

Participants expressed support for measures such as border closures that were keeping people safe from disease, but they also expressed a lot of loneliness, and, in some cases, despair. “It felt like we had all the freedom in the world, and then lost it,” said one participant.

“They say it takes a village to raise a child, but my children and I feel like we have been cut off from our village by COVID. It makes us feel very lonely.”

Those with loved ones off-Island, and especially outside the Atlantic provinces, all talked about the loneliness of separation from beloved children, grandchildren, and friends. One participant was deeply affected that she “could not see my family who live out of province in the community near the Nova Scotia shooting nightmare!” The mass shooting in Portapique was on many minds during interviews and roundtable discussions.

Those with family in COVID-19 hotspots were both lonely and worried. One participant said, “I became very afraid in May/June because my son was having some health problems, and I could not be there for him or his family. (The region he lives) is not on the approved travel list.” Another said, “We have been having Zoom get-togethers with our sons, but we feel an acute loss in knowing that this is one summer when they will not be able to visit us. I am sure that there are many other families in this situation here on PEI.” A

third said, “Two of my daughters and my two grandchildren live away. My husband and I always look forward to a visit from them in the summer and enjoy a visit to be with them (where they live) in the fall and again at Christmas. I suppose because we’re in our seventies we are more aware of how precious those times are when our family can be together. COVID-19 may have prevented us from sharing those moments for possibly another year and that creates some anxiety and sadness. We’ll deal with it because that’s what we do and it’s not forever, but our plans are toast.”

“I have come to find out, man, I am a hugger. I could use a few hugs here and there. My emotional state has been mostly in the toilet.”

Even for those with family and friends nearby, it was challenging to stay home and keep household separation. One woman said, “For a sister-in-law, it was a BIG thing for her when she couldn’t get out every day. I think, what if I was in that situation?” Another participant said, “Some of my senior friends with no family have been far lonelier through this. Especially in the beginning. Their fear of contracting COVID kept them isolated for weeks at a time, and that was extremely hard on some of them, living in small apartments with not even a balcony.”

“Time alone was long for me.”

Window visits, driveway visits, and physically distanced walks when those were permitted were essential for people who lived alone. “One friend was very distraught because she is immune-compromised,” a participant said. “So I would go to her driveway and call her on the phone. She would stand in the window for a visit. It helped me and her as well.”

An Indigenous participant connected loneliness to cultural needs and talked about how the lockdown complicated healing from cultural genocide and historical trauma. She said, “Our off-reserve Indigenous families are scattered throughout the city. As marginalized people the ability to gather for friendship and food is so important to us. For twenty-six years the Mi’kmaq Family Resource Centre has been a place to congregate, share stories, successes, and food. Since COVID-19, we have been unable to provide those opportunities to gather, and some of our community members have expressed an increased sense of isolation. While we offer parenting education programs online, through Facebook and Zoom, and have been doing home visits in the backyard and decks, we have a need, as a community to be together, learning, sharing, and laughing with each other.”

“We’re also going to miss our pow-wows this summer. The opportunity to get together, celebrate our culture through gathering, drumming, and dancing, visit old friends and relatives we rarely see is so very important to us and is a great loss.”

Even those surrounded by family became lonely. The responsibility of working, caring for others, and keeping one’s own sanity was hard for many. The responsibility was wearing. “The expectation in my role as family matriarch (was) to address and fix all challenges as they arose thereby ensuring the smooth running of the household, while family members incorrectly assumed that I have infinite coping resources,” said a participant who spent lockdown with family.

Another parent said, “I realize now, my family was really struggling. With mental health, especially. I was really struggling. But I didn’t have time to notice, and I didn’t reach out for help—because I

thought other people were in much worse situations than I was.” She said, “I was succeeding in getting us all through, if barely ... It wasn’t until I started telling the story of our experiences from March to May that I understood how much we had gone through. If I hadn’t been so resilient, our family would have fallen apart. But my resilience came at a high cost. I have no reserves left for a second wave. Women are so socialized to take care of everyone else and put our own needs last.”

“It was not clear there was a lot of help. It’s hard to recognize when you need help, and if we’re not clear what kind of help is available, what do we ask for? Who do we ask? How do we feel like we’re worthy of help?”

A participant with experience in counselling talked about resilience and emotional health in the workplace and at home: “Usually we can reach out in different ways, but when you do forced stillness (like the stillness forced by stay-at-home orders) in a high-stress moment—how long can that resilience hold?” She said, “The pandemic is global and highlights what’s not working—that no one is going to have an answer, and often we don’t know or are unable to ask for help.” She added, more hopefully, “Empathy (is) knowing there is something beyond me. Maybe we’re getting better at it.”

RECOVERY & TRANSFORMATION

Almost all participants expressed a hope that the world will unfold differently as we emerge from COVID-19. The hopes most clearly expressed were that we would move collectively to more environmentally sustainable behaviours, decreased consumption, more self-sufficiency, and more empathy for marginalized people. “It’s a hard journey, and we’re all going to have to help one another instead of

judging. (It is) the old stories and ways of being that have gotten us into such trouble. I want to encourage that kind of expansion,” said one participant.

Two young participants spoke of their concerns about environmental sustainability and overconsumption. One said, “Our spending is not sustainable. We are often outrageously privileged. I’ve learned that we don’t need so much. I am striving now for a more minimalist lifestyle.” Another said, “We need to be much more self-sufficient and think about where and how things are made. How far do our things travel, and at what cost to the environment? Can we not employ people here for fair wages? The environmental costs of our stuff (are) disgusting.”

A middle-aged participant said, “The pause in our usual overconsumption has given many people pause to consider what we really need to survive and thrive.” She asked, “Can we take this space to think about who we are as human beings, and how we want to relate with one another and all other species on the planet? Can we find new ways to preserve what is essential for our collective wellbeing, rather than destroying the earth for the advantage of a few?” Thinking of the time many spent socializing outdoors, going for walks and bike rides, and gardening, she added, “During this time, so many people have discovered or remembered how essential the natural world is to our human survival.”

There were calls to ensure we come out of the pandemic with recovery plans that meet our obligation to address human-caused climate change before it is too late.

Some of the policy responses to the pandemic stoked frustration that long-needed supports only emerged in an emergency. “Things we thought, or were told weren’t possible, like basic income, happened. It was possible all along! People were unconditionally supported, without having to qualify. Policies can change

overnight. Government can respond quickly. Money can be found. We can just do it if we choose.”

But hope is conditional on positive change continuing, a participant said, “A lot of hopeful, compassionate things have happened, but are we going to go back to how things were and not treat people well again?”

“If you had told me that we would, as a society, shut down the economy to protect each other’s health, that we would close businesses and send everyone home to protect the people around us made vulnerable by poverty, illness, age, and oppression, I would not have believed you. And yet we did. We did it and showed it could be done. And even if the cracks are showing now, the fact that we did it can’t be undone. There can be no going back.”

A recovery plan that moves PEI towards greater compassion, sustainability, and hope faces a big challenge: “It’s the uncertainty. We don’t know what’s coming.”

One participant recommended a practical, collaborative approach: “I am seeing more comparisons between provinces. People are looking at the strategies of our neighbours, to see what we can do better. We do seem to have been more collaborative on PEI.” For most participants, hope for the future was tempered by frustration about how things have been in the past.

A forward-looking participant concluded, “Just in listening to stories I hear, conversations with people, realizing how broken every single system is that we have been operating with, hobbling together, and how little it serves the people it was set up to serve—COVID has really brought up so much of this stuff that we’ve *known*, about long-term care, health care—we’ve known for a very, very long time. And now we’ve been isolated, and it’s a difficult

place to be, and we don't know how long it's going to be, and we want it to be over as soon as possible."

She said, "It's difficult to be in a place where we don't know ... We (think) there must be some way to take care of this right now."

"But," she concluded, "there's some really important stuff that has been there for centuries that is now up to the light, and it's meant for each and every one of us, expansively, to change our relationships with each other. I've seen so many pieces of it coming together, that take the human person out of the equation and look how nature takes care of itself. There's so much up for change. And we can only do it together."

"Everything we have been separate about, we can only do it together, in the way we care for each other."

This report shares voices of some women-identifying Prince Edward Islanders during a time of turbulence, compassion, hope, and despair. We at the PEI Advisory Council on the Status of Women thank the participants for their candid and thoughtful contributions. Participants hope their experiences will provide insight into a historic moment and insights for a path forward.



THE LIGHT

Safely surrounded by birds that sing
Peepers that peep
Waves that lap the Shore—I am home.

For a while I helped the fallen
I guided them on the path
I pointed towards the right
I followed the Golden Rule
That was locked in my brain
I volunteered—I was good.

Some remarked that I was naive—
They laughed at my passions
They were the recipients of my second-class ideas
Which were perceived as a philosophy of my simple
mind
They believed that I was barely credible.

But I am awake!
I can see and I can hear
Stirring within me—a force
It cannot be ignored.

I do not want to stop for death
Because rising like the sun
Is the promise of a new day.

My struggle is a way of life
I have been lowered into a silent volcanic space.
Guarded—I am kind and True ...
With passionate views
Pithy statements
Not always understood.

The constellation of my soul
Removes the barricades
When I get stuck.
I wave the magic wand
POOF
A million stars fill my head.

Again, I am the woman in the window
Who saw the unseeable.
I ran away many times
For the safety and comfort
Of my Creator's arms.

In everyday life
It is easy to duplicate
The stories of my sisters
Who know what it is like to cry
When no one came.

The children—captured and taught
Just like when we were young.
Over time we learned
To accept the authority
Broadcast and written
By the True—

How I long for accommodation
Where I can stare
At my stars and moon—

Another day with sparkling water
And sunny ways.
I re-read the stories out loud
That other people write.

Overnight the moon consoles me
Tries to make the evils go away.
In my dreams I search for justice
To strike out the dark and reveal the Light.

by Dianne Porter
PEIACSW Chairperson 1986 to 1989
Written during COVID-19 times, 2020



PEI ADVISORY COUNCIL ON THE STATUS OF WOMEN
MEMBERS & STAFF, SUMMERSIDE, PEI, JUNE 2020