Moral Lessons from COVID

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Lessons from COVID-19

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1. What matters

The COVID pandemic is a global tragedy, but it also presents a strange paedagogical moment. The word *care* has been at the center of the global conversation. Carework has been revealed as what keeps everyone going. And what is least acknowledged. What matters most to ordinary, but also professional lives, what makes it possible ?—-the work of caregivers . . . but also cleaners, garbage collectors, cashiers, delivery people, truck drivers; and in fact everything that matters *least* in the scale of values.

The importance of care and the people who take care of « us » appears to everyone, and ignorance on the part of by an entire society of what *makes it live,* whether it be in daily life or in the urgency of the risk of death, is finally obvious. If such a moral education is possible, it is because the disaster has revealed radical vulnerabilities. The vulnerability of institutions, the vulnerability of the species; the vulnerability of fragile populations who are precisely "on the front line", but also the vulnerability of every individual brought back to their "home" and back to their own resources, without the myriad of people and "services" that accompany him—back to housework, tidying up, even schooling ... to services usually entrusted to others. The *grammar of care* has thus subtly imposed itself on everyone, because care is never so visible as in those situations where the "normal" form of life is shaken[1].

In the exposure to disaster, the truth of our dependencies emerges. We are all vulnerable, dependent on others. Men are in the majority among the sick, women among the caregivers. Women take care of our forms of life – « form of life » understood, to quote Stanley Cavell and Veena Das, both in a horizontal sense (our social life) and in a vertical sense (biological life). It is indeed these two meanings of life, biological and social, that have suddenly imposed themselves on us: the life that is given to us (mainly by women) and that we can lose; the everyday life, made possible or helped (mainly by women). The continuum of care activities, so complex to explain in theories, has finally become clear—the care that makes us live extends from the hospital to the supermarket.

In the crisis, women are curiously omnipresent... and absent. Present on all fronts, because they are constantly shown to us in the media: at their sewing machines, making makeshift masks; at the broom, cleaning up in hospitals and stores that are still open; at the bedside of patients, whose well-being they ensure, whose lives they save; at the cash registers of the businesses that allow us to continue a normal life. A wave of collective bad conscience is emerging; customers greet and thank the cashiers as they pay for their purchases - cashiers to whom a few weeks ago

[1] See Lovell A., Pandolfo S., Das V.& Laugier S. (Eds.). (2013). *Face aux désastres*. Paris: Ithaque.

they would not have given a glance because they were too busy speaking on their phone to someone not present but clearly much more important.

This is an awareness of care, of the role of women and other « help » in our daily lives. It is the work of care that at the moment ensures the continuity of life. "Society must be defended", certainly. But those who defend it are the invisible ones who, until recently, were taken for granted as the underwater face of society, the "taken for granted" that make our lives possible. Reduced (in whole or in part) to our domestic lives, we realize that we are in constant need of care... because suddenly, we are, each in our own way, men and women, at last, doing some of the work, the cleaning, the tidying up, the raising and schooling of children... work so often normally entrusted to others. And in public life, we heroize the work of care, first in the form of the work done in the hospital; then in other, more modest forms.

Care is changed by COVID… but the concept also comes to prove its political relevance. The very grammar of care has been imposed on all of us: we are all dependent on others, whether for vital needs, for life and death, or for more ordinary needs. It is indeed the two meanings of life, biological and social, that suddenly impose themselves on us: the life that is given to us (mainly by women) and that we can lose; daily life, made possible or helped (mainly by women). Awareness of vulnerability is also what makes this new sensitivity possible. We are all vulnerable, even if not all in the same way or to the same degree, and this extends to our health risk.

Care is at once a practical response to specific needs and a sensitivity to the ordinary details of human life that *matter*. Hence, care is a concrete matter that ensures maintenance (for example, as conversation and conservation) and continuity of the human world and form of life. This is nothing less than a paradigm shift in ethics, with a reorientation toward vulnerability and a shift from the "just" to the "important." Measuring the importance of care for human life requires first acknowledging the truth: that human life forms are fundamentally vulnerable, subject to failure. To pay attention to ordinary life is to become aware of its vulnerability—it is constantly threatening to dissolve or else to reveal itself to have been unreal all along, a mere fantasy.
Human vulnerability is the "original condition" of the need for care—what needs to be taken care of and cared about. I want to add here a connection between security/safety, vulnerability (Laugier 2016ab).

The perspective of *care*, by calling our attention to our general situation of dependence, is thus indissociably political and ethical; it develops an analysis of social relations organized around dependence and vulnerability—blind spots of the ethics of justice. In response to the "original position" described by Rawls (1971), the perspective of *care* would tend to set this "original condition" of vulnerability as the anchor point of moral and political thought. Not a position on which to build an ideal theory or set principles, but the mere fact of vulnerability that appears in "the difficulty of reality." This is something that is obvious in the contexts Veena Das's*Life and Words* (2007, see also Laugier 2015) accounts for, when violence destroys the everyday and the sense of life as defining the human.

Autonomy, so much vaunted by philosophers—and by feminists as well, and by politicians—turns out to be an optical illusion: the autonomy of some is made possible by the work of others. We rediscover the importance of solidarity and protection, contrary to the political discourse that has dominated in France since 2017. In short, everything seems ready for a change in values, or rather the taking into account of true values.

Attention to the everyday, to what Veena Das calls *the everyday life of the human*, is the first step in caring: care is attention, and the ethics of care calls our attention to phenomena commonly unseen, but that stand right before our eyes. Here the definition of care by Joan Tronto and Berenice Fisher has to be taken very seriously:

> In the most general sense, care is a species of activity that includes everything that we do to maintain, continue, and repair our world so that we can live in it as well as possible. That world includes our bodies, our selves, our environment, all of which we seek to interweave in a complex, life sustaining web. (Fisher and Tronto, 1990, p. 40)

The perspective of *care* by calling our attention to our general situation of dependence, and to the danger of denying these connections, is thus indissociably political and ethical; it develops an analysis of social relations organized around dependence and vulnerability—blind spots of the ethics of justice.

Thus the approaches of care target the theory of justice as it has developed and taken the dominant position in both political and moral fields of reflection over the course of the second half of the last century. This is not only because, as the controversies between the partisans of care and those of justice illustrate, these approaches call into question the universality of Rawls's conception of justice, but also because they transform the very nature of moral and social questioning and the very concept of justice. Care is a practice, not a moral feeling or disposition : you see the world differently.

> Care is everywhere, and it is so pervasive a part of human life that it is never seen for what it is: activities by which we act to organize our world so that we can live in it as well as possible. When we get down to the ways that we actually live our lives, care activities are central and pervasive. How different the world looks when we begin to take these activities seriously. The world will look different if we place care, and its related values and concerns, closer to the center of human life. (Tronto, 2009, p. 14)

Yet women are the great absentees today from political reflection and action, as if the crisis, which reveals their role, kept them on the edge of the discussion, always invisible. Women are present remarkably little in the public space of media and politics; whereas many male experts are speaking out, full of certainty and competence and always proposing solutions to this crisis. This is a constant reminder of male domination in a world that is sustained by the work of women. It is also a patriarchal reminder of the monopoly of expertise and competence.

So the perception of the world is split in two. On the one hand, this martial or heroic discourse, based on a so-called rationality of numbers, economics, science. This is the discourse of the government and most of the experts summoned by the media—mostly men. On the other hand, an ordinary life that has to react day by day to the time of COVID and take action: women in the majority. Women confined with violent spouses at the risk of their lives, in circumstances

where they have never had so little room to defend themselves. Despite progress in some families amongst younger generations, the time given to domestic work by women is still much higher, and moreover the object of many disputes.

The practices that weave human life together are relegated to the background, to the register of anecdotes, testimonies, stories of « human interest » or the gossip columns. All of these women who work to keep the world going, to recreate the ordinary, are credited with no expertise, no knowledge likely to reorganize the world. The time of the COVID, which superficially led so many people to realize what they owe to women's care work, sets the scene for an exacerbation of patriarchy. Visible men, dominating the situation and the subject, invisible women, indispensable hands and bodies exposed to violence, contamination, overwork.

2. Lessons of care

There is a beginning of moral awareness—laboriously expressed in the daily applause—of the inversion of values through which capitalist societies have long operated: what is most truly useful, what makes our ordinary lives possible, is the most despised, and the least valued. In the exposing of the forms of life that a disaster situation brings about, the truth of our dependencies emerges.

If women play a crucial role in the production of the domestic sphere, in times of crisis they play a supplementary and accompanying role, worthy of a « reserve army » that can be mobilized in times of war, if we adopt the rhetoric deployed by President Macron. It is true that in times of war, especially during the first World War, women in France worked in the arms factories or were seamstresses, nurses, and careworkers. But this war rhetoric is a way of consolidating gender inequality: care activities are defined as "third line" activities. They maintain the thread of ordinary life, but are devalued and invisible in the same way as ordinary life itself.

Although men are the most numerous among the sick, women are massively impacted by the financial consequences of the crisis and are also the first victims today. In addition to the fact that they are mostly part-time workers, and have to take material and mental responsibility ("the mental load") for domestic tasks, they constitute the vast majority of single-parent family carers. Not to mention the indifference of policy-makers towards the elderly who die by the thousands in institutions—because institutionalized old age concerns women above all.

In France, hospitals have a large majority of women on staff, especially at the lowest levels of the hierarchy, who are actually on the front line against coronavirus. The proportion of women is still rising among employees in nursing homes, home care workers and day-care centers. Women are in the majority at checkouts in shops, pharmacies, supermarkets. Many women have been involved in the production of hand-made masks. These women are relatively visible and taken into consideration, particularly in the media, but they are taken into account in proportion to the value given to the care activity: always described anecdotally, secondary to the struggles of doctors and the deliberations of politicians.

We are therefore in a position of huge ambiguity in relation to care: women's work is still underestimated and underpaid, at the very moment when its importance emerges in the eyes of all. Care has long been the very name of what has been neglected and despised by public policies, and it is indeed the lack of attention (the lack of care) paid by governments over the last decade to all the sectors in charge of the care and protection of citizens (health, education, poverty, old age, disability) that have made the fight against COVID so difficult. A war on care has been waged for years, systematically, against the very institutions that are today taking the brunt of the health disaster, and not only the public hospital. It is not only the recognition of the work of care or the sudden visibility of what was previously invisible. The health disaster shows the radical injustice of policies against public services and (re)places social protection at the heart of shared concerns.

The lesson of COVID is a sudden awareness of a reversal of values that has been accepted for decades and denounced from the outset by the ethics of care: the most truly useful professions are the least well paid and the least well regarded. What matters most for our ordinary lives—carers, cleaners, garbage collectors, cashiers, delivery men, truck drivers—is in fact what counts the least in a scale of values that we have collectively validated. It is not only a matter of the multiple structural injustices that the epidemic has highlighted, between those who are in the comfort of second homes and those who are at work. It has to do with the lack of knowledge – the denial – by an entire society of what keeps it alive.

It is carework that ensures the continuity of social life. We rediscover Joan Tronto for the political version of care that she has proposed to emphasize the activity of care, and not to limit it to the affects[and to the realm of feeling. But we must not neglect the early definition that she proposes:

> « In the broadest sense, care is a kind of activity that includes everything we do to maintain, preserve and repair our world so that we can live in it as well as possible[2]. »

The ethics of care, by suggesting a new attention to the unexplored or neglected details of life, confronts us with our own inabilities and inattentions. In becoming political, what is at stake in ethics of *care* is epistemological: they seek to bring to light the connection between our lack of attention to neglected realities and the lack of theorization (or, more directly, the rejection of the theorization) of these social realities, rendered *invisible*. Tronto has suggested that the dyadic image of *care* (such as maternal face-to-face) to which Gilligan remains attached is too narrow to allow the ensemble of social activities having to do with attentive care for others to be thought. She considers that the philosophical valorization of care must base itself not so much in a particularist ethics but rather in an enlargement of the concept of action and a move towards a neutralized anthropology.

Gilligan's position was indissociable from a gendered anthropology: for her, the relationship to the self and to others as expressed in moral judgment took opposing directions for men and for women. But according to Tronto, this position would logically lead to a sort of anthropological

[2]. See on care P. Paperman, S. Laugier (eds.) *Le souci des autres, éthique et politique du care,* éditions EHESS, 2011 [2005]

separatism. She proposes instead an anthropology of *needs*, in order to found the social dignity of care: not only do certain of our needs (and among the most important ones) call directly for care, but care defines the (political) space in which listening to needs becomes possible, as a veritable attention to others.

We see that it is in passing from ethics to politics that ethics of *care* can be given their critical power. By calling for a society in which *caregivers* would have their voice, their relevance, and in which the tasks of care would not be structurally invisible or inconspicuous (see P. Molinier, in Paperman and Laugier, 2005), they bring to light the difficulty of thinking these social realities. As Tronto puts it, the valorization of *care* passes through its *politicization*. The ethical affirmation of the importance and dignity of *care* cannot go without a *political* reflection on the allocation of resources and the social distribution of tasks this allocation defines:

> As a type of activity, care requires a moral disposition and a type of moral conduct. We can express some of these qualities in the form of a universalist moral principle, such as: one should care for those around or in one's society. Nevertheless, in order for these qualities to become a part of moral conduct, people must engage in both private and public practices that teach them, and reinforce their senses of, these moral concerns. In order to be created and sustained, then, an ethic of care relies upon a political commitment to value care and to reshape institutions to reflect that changed value. (Tronto, 1993, p. 177-178).

Truly carrying out the ethics of care would imply, according to Stephane Haber, both including practices linked to care in the agenda of democratic reflection and empowering those concerned—care givers and receivers. The recognition of the theoretical pertinence of ethics of *care*, and the valorization of affects—the importance of which we have seen in correcting a narrow vision of justice—necessarily pass through a practical revalorization of activities linked to care and a joint modification of intellectual and political programs.

No ethics of care, then, without politics: Tronto is right, but we must perhaps also pursue the critical and radical idea that was at the source of the ethics of care and of Gilligan's theses: the idea that dominant liberal ethics are, in their political articulation, the product and expression of a social practice that devalorizes the attitude and work of care, and the people who do it.

Displaying the monopoly of expertise, the omnipresence of the word « care » is a constant reminder of male domination in a world that is supported by the work of women. In the intellectual field, men sign the vast majority of the forums and analyses of the consequences of COVID published in the media. They are publishing more than before, women are publishing much less, and the numbers of articles submitted by women are dropping.[3]

[3] https://www.thelily.com/women-academics-seem-to-be-submitting-fewer-papers-during-coronavirus-never-seen-anything-like-it-says-one-editor/

Caroline Criado Perez in *Invisible Women: Exposing Data Bias in a World Designed for Men* (2019) explains that 29 million articles were published about Zika and Ebola, but less than 1% of the publications concerned the gendered impact of the epidemic. Will we do better with COVID? While the current crisis highlights the importance of women's work in times of disaster[4], it should also raise awareness not only of the essential role women around the world play in the production of the environment we live in, but also of the risks to all of us from the invisibility of their contribution and the collective disregard for all the tasks of daily care and maintenance.

The professions or skills mainly concerned with the fight against COVID in the support of daily life are those of care assistants (91% of women), nurses (87% of women) or cashiers and salespeople (76%), activities providing care in society or security in supply, not counting teachers (71%). Even hospital doctors are now predominantly women, as are general practitioners and pharmacists. The proportion of women is still rising among employees in retirement homes and among homemakers (97%). Numerous essentially female collectives have developed to produce hand-made masks, a French speciality; often volunteers, as the article published in *Entre les lignes, Entre les mots*[5] attests. These women are taken into consideration in the media, but they are taken into account in proportion to the value given to the work of care: always described in an anecdotal way, in the rubric of social facts, and secondary to the struggles of doctors and the deliberations of politicians. The « free » labour expected of textile-workers, who sometimes have to provide their own materials, refers to the latent sexism of a society where women's work is by definition free and generous, where they should be content with a "thank you". It is also striking that doctors and male nurses seem to be more present in television and radio reports than are nurses.

While women play a crucial role in the production of the domestic sphere, in times of crisis they play a supplementary and accompanying role. They maintain the thread of ordinary life, but they are devalued and invisibilized, just as ordinary life itself is devalued and invisibilized. We are therefore in an ambiguous situation: this work carried out mainly by women is still, or even more so, underestimated at the very moment when its importance is emerging in the eyes of all. The silencing/erasing of women's contributions is (strangely) inseparable from their verbal acknowledgement : society acknowledges them in a tokenistic way : « Let's not forget the many women working as carers ». Care has long been the very name of what has been neglected and despised by public policies, and it is indeed the lack of attention (the lack of care) paid by governments over the last decade to all the sectors responsible for the care and protection of citizens (primarily health, but also education, poverty, old age and disability) that makes the fight against COVID so difficult. The incessant complaints by health-care practitioners have expressed this profound injustice, and they have repeatedly emphasized the fact that care is first and foremost a matter of equality of citizens in the protection that the State owes them. The health catastrophe shows the injustice of the policies carried out against public

4 See also the upcoming research program: https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30526-2/fulltext

5 https://entreleslignesentrelesmots.blog/2020/04/08/lutte-contre-le-coronavirus-si-les-femmes-sarretent-les-masques-tombent-et-autres-textes/: "An economic recovery, a relocation... On the backs of women? All the workers in this chain are paid... except the seamstresses—5.6% of the 1,500 volunteers are men, according to initial estimates.

services and (re)places social protection at the heart of our common concern, from which the maximization of financial profits had expelled it.

More than a change, it is an awareness of a reversal of values that has been accepted for decades and denounced from the outset by care analysts: the most genuinely useful jobs are the least well paid and the least highly regarded. What matters most for our ordinary life, what makes it possible—carers, cleaners, garbage collectors, cashiers, delivery men, truck drivers – called essential workers in France, where the word means actually they don't matter—is in fact what counts the least in the collectively validated scale of values. It is not just a matter of the multiple structural injustices that the epidemic has highlighted, between those who are in the comfort of second homes and those who are at work or crowded into transportation. It is a matter of the lack of awareness and denial by an entire society of what sustains it, whether in the flow of daily life or where there is an imminent risk of death.

Care is a critical concept. In fact, the empowerment of certain women in France, particularly "powerful" women who often speak on behalf of women - through work, and at the same time through the development of childcare systems, etc. - has also been achieved (dare we say it ?) on the basis of a male model, in the sense that this autonomy has been achieved not, as we suspect, by transferring tasks to men, or by a better distribution, but by putting other women at the service of women. So I don't want to ironise about these women who have become employers (and it is usually up to them to bear the moral and administrative burden of home-based employment, the mental burden) Rather, as is often the case in the care sector, to show what is right under our noses: that the care tasks traditionally devolved to women still exist even if some women are (normally) exempted from them. The crisis reveals to us that these tasks still exist; that they are taken up by immigrant and devalued populations, which again perpetuates the moral devaluation of care work and the moral categorizations that go with it. The tasks whose importance is recognized today by all are assigned to non-white women (and men too - delivery men, garbage collectors, truck drivers of overwhelmingly foreign origin).

Through the revelation it provides of the vulnerability of people, of all people, the perspective of care includes an ethical and political ambition, which is not only an active benevolence towards those who are close to us, but constitutes an education in the perception and in the valorization of human activities.

4. Global Ethics Lessons

This is a reminder of the importance of rethinking care and outsourcing or service together. For the social—and today global—division of care work has until now risked giving the illusion that one can distinguish between "emotional" care—attentive to the emotional needs of particular people—and "service" care that can be delegated and purchased. The first would then be the prerogative of privileged white women, while the second remains restricted to everything that the former does not take care of, in short, the "dirty work" that is done by "others". If the question of care is now bursting into the public sphere, it is also because the massive entry of women into the labor market has put traditional ways of providing care in crisis; but it is also because the confinement and the current restrictions put each woman back in front of this dirty

work. It no longer works to outsource it for it to disappear. Whether it is provided within the domestic sphere or by public institutions, or the market, care is produced at low cost, by women whose social positions remain mostly precarious. Nurses, home helps, care assistants, social workers, ... not to mention all these other care professions that are devaluing at the speed of their feminisation: teachers, doctors , judges…. etc.

The care crisis is therefore both that of traditional caregivers, who are taking on an increasingly heavy burden due to longer lifespans, and that of the increasingly difficult conditions in which care activities are carried out, difficulties that have arisen as a result of the "social" policies that govern them, in hospitals, institutions and private homes. Finally, the most worrying aspect is the "care drain" from poor to richer countries – with people, mostly women, leaving their families to take care of children or old people in other countries. This is the limit of the rhetoric on the valorization and even empowerment of care workers. No one who can avoid this work has a positive desire to do it—however much they praise and applaud it.

Moreover, if we believe the IPCC, and if we look at socio-environmental inequalities, women are the ones who will pay a great deal in terms of adaptation to climate change. On 8 August 2019, the IPCC has published a Special Report on « Climate Change, Desertification, Land Degradation, Sustainable Land Management, Food Security and Greenhouse Gas (GHG) Flows in Terrestrial Ecosystems »[6]. Even if there are very great uncertainties in terms of adaptation, largely dependent on political choices, Asia and Africa are projected to have the greatest number of people likely to be dispossessed by desertification and environmental change ; women are the ones on whom this everyday disaster will weigh the heaviest. It is in for this reason that international agencies are constantly advocating for policies to empower women, given their importance in the resilience of local environments and communities[7]. Indeed, the effectiveness of the policies carried out will directly depend on the involvement of those in charge in these communities, especially women.

Women often face domestic violence and sexual abuse in times of disaster. First, for COVID-19, although it is a little early to draw conclusions about the impact of this epidemic, it is apparent that lockdown exacerbates domestic tensions and violence. Calls to domestic violence hotlines have increased by 30%[8]. Second, women often have limited access to the means of alerting or even repressing such violence, which is culturally entrenched and considered of secondary importance in times of disaster[9]. Finally, women as representatives in decision-making bodies at all levels on natural disaster risk reduction is particularly low and representation of women's interests is rarely properly identified[10]. Numerous reports and works point to the following facts.

6 https://www.ipcc.ch/report/srccl
7 However, critical attention must be paid to the risks of exploitation of rural women in the South, in particular through NGOs, and to their acculturation.
8 https://www.un.org/fr/covid-19-riposte-globale/covid-19-lonu-alarm%C3%A9e-par-la-%C2%AB-flamb%C3%A9e-%C2%BB-des-violences-domestiques ; https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19_A_Gender_Lens_Guidance_Note.pdf.
9 Food and Agriculture Organization (FAO) of the United Nations, Rome, 2016, Gender-responsivedisaster risk reduction in the agriculture sector, Guidance for policy-makers and practitioners.
10 Cf. http://www.unesco.org/new/fr/natural-sciences/priority-areas/gender-and-science/cross-cutting-issues/gender-equality-and-disaster-risk-reduction.

With regard to adaptation to climate change, as the same IPCC report points out, increased droughts and water shortages will mainly affect women, who are the main collectors, users and managers of water in poor countries. Water scarcity may increase their workload and reduce their ability to devote their time to other tasks, such as education. The increase in climate-related epidemics, with COVID-19 being only one of many that will inevitably follow, will mainly impact women, who, as we can see today, spend much of their time caring for the sick and raising children. Finally, the erosion of biodiversity has an impact on women's work, which depends on crop diversity and the proximity of food resources to adapt to climate variability. Women farmers are responsible for half of the world's food production and produce between 60 and 80% of the food in most developing countries[11].
Similarly, women are essential in supporting households and communities and in implementing mechanisms for adaptation and resilience, as the drafters of the report on climate change and gender equality write[12]. In countries such as Bolivia, Colombia, Peru, Vietnam, Indonesia and India, women are responsible for crop breeding, improving the quality and storage of seeds, and managing small livestock. In addition to knowledge, men and women have different natural resource management practices, all of which are necessary and transferable from one gender to the other for sustainable use and biodiversity conservation[13].

It is not coincidence that an essential and seminal work on this subject is the work of a woman, namely *Silent Spring* by Rachel Carson. As early as 1962, Ms. Carson highlighted the deleterious effects of pesticides on the environment, natural life and bird noise—that is, its aesthetic and sensitive dimension—calling for immediate political responses. It was as a result of such work that DDT was banned in 1972 in the United States. The 1970s saw the emergence of important ecofeminist movements and works in different countries that highlighted the importance of the environment. In this sense, the environment has been an important cause and a triggering process for many feminist struggles. It is ecofeminists in the South who have revived environmental thinking, showing in a radical way how, in countries that suffer from the legacy of colonial domination that has powered their economic potential but degraded their environment, the environmental consequences of development have affected women more heavily.

In India, the Chipko movement in 1973 against deforestation and Vandana Shiva's work on food and agricultural work is widely acclaimed[14]. One of the conclusions that may be drawn from these different works is the need to review environmental justice movements in terms of gender, especially in light of future disasters. A better understanding of the changing relationships between women and environments, and an analysis of the ways in which women contribute to relational approaches to environmental management, is essential for the future.

11 Aguilar Revelo, L., (2009), Manuel de formation sur le genre et le changement climatique, San José (Costa Rica) : Absoluto, https://portals.iucn.org/library/node/9395.
12 http://www.unesco.org/new/fr/natural-sciences/priority-areas/gender-and-science/cross-cutting-issues/climate-change-and-gender-equality/
13 Aguilar, L., Mata, G. et Quesada-Aguilar, A., (2010), Gender and biodiversity, International Union for Conservation of Nature (IUCN).
14 Hache, E. (2016) *Reclaim, recueil de textes écoféministes*, textes choisis et présentés par Émilie Hache, postface de Catherine Larrère, éditions Cambourakis,

Neglecting gender and the unequal dimension of access and decision-making rights would doom environmental conservation to failure[15]. Indeed, according to the OECD (Social Institutions and Gender Index, SIGI), only 37 percent of the 160 countries studied give women and men equal access to land ownership and use. It is therefore important to develop a reflection on all future risks: the inequalities before the crisis (epidemic or other), during the crisis, the impact of these inequalities on the management of the crisis, and the consequences of the crisis on these inequalities. Post-disaster management must inevitably include the issues related to the existence of patriarchal systems.

The capability approach developed by Amartya Sen and Martha Nussbaum emphasizes the interest in integrating women in a reflection that links capacities for action and possibilities of access: for example, to land ownership, resources, and education. The environmental disasters predicted and of which the current crisis is perhaps only one version (ocean acidification, desertification, sea level rise, coastal erosion, extreme events, etc.) are amply described in the IPCC reports. Women are still the ones on whom this everyday disaster will weigh most heavily. It is in this sense that international organizations are constantly advocating policies to empower women, given their role in the resilience of local environments and communities. Indeed, the effectiveness of the policies carried out will directly depend on the involvement of those in charge in these communities, especially women. All the studies conducted show that the empowerment of women contributes to food security and responsible, if not sustainable, land management.

From this global point of view, the challenge is also to struggle against the invisibility of the carework performed by women (in agriculture in particular). First, it is known that women are even more likely to be victims of domestic violence and sexual abuse in times of disaster[16]. Second, women often have limited access to ways of warning or or even preventing this violence, which is culturally rooted and, in times of disaster, considered to be of secondary importance. Finally, the representation of women at all levels in decision-making bodies concerned with natural disaster risk reduction is particularly low. Numerous reports and studies show that women are often poorer and therefore more vulnerable in times of crisis. Hurricane Katrina, which ravaged New Orleans in 2005, affected African-American women and their children first and foremost. More than 70% of those who perished in the 2004 Asian tsunami were women. In Sri Lanka, it was easier for men to survive the 2004 tsunami because men had the advantage of being able to swim and climb trees, skills that are only taught to boys. In 1991, the cyclone in Bangladesh killed 140,000 people. For the 20-44 age group, the mortality rate for women was 71 per 1000 compared to 15 per 1000 for men. With regard to adaptation to climate change, increased droughts and water shortages will mainly affect women who are the main collectors, users and managers of water in poor countries. Water scarcity will increase their workload and reduce their ability to devote their time to other activities – such as education. [17]

15 The issue of equity is consubstantially associated with that of sustainable development, as Gupta et al. (2019) show.

[16] Gender Responsive Disaster Risk Reduction. A contribution by the United Nations to the consultation leading to the Third UN World Conference on DRR, 2014 et Training Manual on Gender and Climate Change, IUCN and UNDP (leading agencies), 2009.

[17] I owe these data to Nathalie Blanc, geographer at CNRS.

Thinking beyond the COVID crisis means thinking beyond the French, European, Western sphere... The revelation of gender inequalities and care work is only one part of a long list of global gender inequalities that are exacerbated in times of disaster. Post-disaster management will necessarily be gendered and women must have a voice in it.

The current crisis is rich in lessons about how to take into account future risks and the consequences of women's invisibility. Integrating the voices of women - of minorities, of all those who keep society alive, and who have been sent to care for others, sometimes risking their own lives - in the definition of *what counts* is indeed a matter of democracy: it is a matter of broadening the public and integrating ordinary life into the substance of political concern ; it is a matter of recognizing the competence of subaltern people, which benefits the privileged who mobilize them, more than ever today, at their service.

4. Lessons of intersectionality

The assassination of George Floyd was the occasion of two realizations. First, the incredibly heavy toll paid by African-Americans to COVID, which killed them in much higher proportions (pending precise data, we are talking about a factor of 2.5). Of course, as in the case of deaths from police brutality, "pre-existing conditions" are invoked: poverty, obesity, diabetes... But above all the racist structure of a society that still puts blacks, even today, at the service and at the mercy of whites and has placed them "at the front" in the struggle of societies against the virus. More than 60% of COVID deaths among caregivers are African-American. They are very numerous, in the USA, in the so-called "frontline" professions (health, commerce, cleaning, transport, care). They have borne most of the burden of the health crisis and are particularly vulnerable to the looming economic crisis. But they are expendable for the health of the country.

Second, and in many countries, society has taken—quite surprisingly, in fact—a moral position on the global immorality of capitalism: not to sacrifice lives to the economy. "Whatever the cost". To whom? The preservation of lives has been the priority and it was decided to try, first, to cure. This moral choice is also a denial of the lives of those who have been sacrificed for the collective well-being, this "collective" being in reality those who have remained sheltered and at whose service has been placed the bulk of the work of care provided (care, that is, in the broad sense of caring for the lives of others), here as elsewhere, by the most vulnerable.

Democratic societies have thus displayed, with more or less enthusiasm, and respected, with more or less effectiveness, a right to life and a duty to protect populations. We have seen that this protection does not exist for everyone, particularly in France. But it is totally absent for African-Americans. The death of George Floyd appears to be in line with the fate of African Americans at the time of COVID, at the hands of COVID. « Black lives matter » takes on a new more tragic meaning with the pandemic and the pandemic might have taught us a lot about entrenched inequalities, between people who receive good care and otherss who are expendables at the service of others.

Far from revealing Trump's fragility, his illness showed the inequalities that characterize capitalist societies, and the place of the privileged in the crisis that they most often go through with the help of others, [« not just with first-class medical treatment but with all they help they receive from drivers, assistants, delivery men to maintenance and home help-personnel, and even caregivers. It shows the extent to which the privileged are making others bear the brunt of the pandemic in general.

It was indeed tempting to see in Trump's disease a fair return and proof of the indifference of the virus, which would attack presidents as well as the poorest people. But the numbers tell a different story. In the United States, blacks and Latinos are about two to three times more likely than whites to contract COVID, three times more likely to die from it. According to the Centers for Disease Control and Prevention, of the 121 children who died from the virus in July in the USA, nearly 80% were Latino or black. Also in France, an INSEE study showed that mortality from COVID was twice as high for people born abroad than for those born in France. A Paris *département* such as Seine-Saint-Denis, with its inhabitants making greater use of public transport to get to work, and working in sectors such as food, cleaning and delivery, has thus experienced a very high excess mortality rate; in short, these people are working in so-called essential « care professions », another antiphrase to say that those who perform them in the service of others are negligible in number.

Racial and gender disparities in health are certainly not new; but they take on particular acuteness in a global context where part of humanity has been massively mobilized or exposed in order to care for others. Trump alone symbolizes this exploitation. His demented carelessness is, however, only the concretization of the profit system that put him in power, which consists in making others—the most vulnerable—carry the burden of the lives of the privileged.

The COVID marks a new stage in the history of global pandemics with the advent of real-time counting of deaths caused by the virus. From decision-makers to researchers, the media and individuals, everyone has appropriated these figures, commenting on them and making international comparisons. This mobilization of official statistics reflects the now urgent need for a monitoring indicator for societies plunged into the unknown: when will we reach the peak or the plateau? Are we doing better or worse than neighboring countries, are our protective measures bending the curve? In this context, the stakes around the daily figures of the epidemic proved to be essential. And yet, the challenge for statistics is great, and this key data can be considered "imperfect statistics". Very early on, the demographics community alerted users and consumers of these statistics to the importance of the methodological issues inherent in quantifying the epidemic based on imperfect data. It also drew attention to the need to place the analysis of the epidemic within a population-based approach, taking into account all socio-demographic factors (sex, age, place of residence, social category, country of birth).18 The reliability of epidemic modeling depends primarily on the quality and coverage of available data.In the case of France, deaths are recorded in municipal registers of civil status deaths, and the path to publication of the figures is complex. It was emergency physicians and funeral

[18] International Union for the Scientific Study of Population. Demographers' contributions to the understanding of the COVID pandemic. https://iussp.org/fr/node/11297 (10/06/2020). ; Sciensano. COVID : Bulletin épidémiologique du 8 juin 2020 (Belgique). https://COVID.sciensano.be/fr/COVID-situation-epidemiologique (10/06/2020)

directors who sounded the alarm during the 2003 heat wave, well before public health officials , revealing the lack of responsiveness of the death information system. This awareness led to the organization of the daily sending of information on all deaths by INSEE (the National Institute of Statistics and Economic Studies) to Public Health France, which is responsible for publishing a weekly report on excess mortality, particularly during the seasonal flu season. The responsiveness of the system has been further improved thanks to the electronic transmission of an increasing fraction of death notices by the civil registry services to INSEE, reaching 88% of deaths in 2019. Certifying physicians have followed suit, but to date only 18% of deaths are certified electronically (mainly from hospitals), which limits the system's ability to provide real-time monitoring of epidemics by cause of death, as is the case in other countries (United States, England and Wales and countries with registries). As crucial as it is, statistics of daily deaths are therefore difficult to use because of the variability of the sources on which the effective reporting of day-to-day dynamics depends.

The United States relies on death certificates: it is established that 63% of deaths are entered into the information system within 10 days of death, with substantial variations between states.19 The daily reality is therefore provided with a delay. In countries that do not make this adjustment, daily observation will therefore remain distorted by these delays, and this should be taken into account in the models.]

For example, until April in France, only hospital deaths were reported; today we know that 61% of COVID deaths occur in hospitals and 39% in institutions such as care homes . It should also be noted that the system for tracing deaths occurring in institutions for the elderly does not allow stratification by sex and age. Finally, it should be noted that France does not have a system for reporting deaths at home[20]: they are estimated to account for 5% of all deaths in England and Wales and 6% in the United States.

The actual coverage of the collection is not sufficiently documented in some countries, leaving a grey area regarding the representativeness of the published figures (and their comparability).

Stratification by sex and age is essential for a relevant analysis of the dynamics of the epidemic. However, this information is not always accessible or even collected. In Spain and France, statistics of deaths by age and sex come only from hospitals. While the proportion of deaths in institutions for the elderly is high (39% of documented deaths in France), ignoring the age distribution in these facilities can lead to distorted estimates of the progression of lethal risk with age. Similarly, the analysis of male excess mortality by COVID may be biased, given that the sex ratio in these facilities is very unbalanced.

[19] Centers for diseases control and prevention. Daily Updates of Totals by Week and State (USA): Provisional Death Counts for Coronavirus Disease (COVID). https://www.cdc.gov/nchs/nvss/vsrr/COVID19/ (10/06/2020).

[20] Sciensano. COVID : Bulletin épidémiologique du 8 juin 2020 (Belgique). https://COVID.sciensano.be/fr/COVID-situation-epidemiologique (10/06/2020); Centers for diseases control and prevention. Daily Updates of Totals by Week and State (USA): Provisional Death Counts for Coronavirus Disease (COVID). https://www.cdc.gov/nchs/nvss/vsrr/COVID19/ (10/06/2020); ONS. Deaths registered weekly in England and Wales, provisional. https://www.ons.gov.uk/peoplepopulationandcommuty/birthsdeathsandmarriages/deaths/datasets/weeklyprovisionalfigureson deathsregisteredinenglandandwales (10/06/2020).

All of the above-mentioned aspects are sources of underestimation of the intensity of the pandemic and of bias in the description of the dynamics, especially towards women.

We hear that countries led by women have had "systematically better" outcomes during the *COVID* pandemic, with female leaders locking down earlier and suffering half as many deaths from COVID, as was found by research published in June. The lack of women on decision-making and advisory bodies also means that issues relevant to women during the pandemic are less likely to be heard. While COVID has hit men harder as an illness, the long-term economic and societal consequences of the pandemic could fall more heavily on women's shoulders. Early indications are that women have been harder hit by economical recession due to COVID.

And yet still men are making most of the decisions related to the coronavirus pandemic -- a disturbing pattern that could be costing lives. An analysis of 115 decision-making and key advisory bodies from 87 countries found that over 85% contain mostly men and only 11% contain predominantly women, with gender parity in just 3.5%. The situation wasn't much better at the international level, according to research that was published in the journal *BMJ Global Health*. For instance, the World Health Organization's first, second and third International Health Regulations Emergency Committee members comprised 23.8%, 23.8% and 37.5% women, respectively.

"Reaching a critical mass of women in leadership -- even as result of intentional selection or quotas -- benefits governance processes," the researchers said. Having more women involved in decision-making, the researchers said, disrupted groupthink, led to more novel viewpoints and a higher quality of monitoring and management as well as more effective risk management.

Previous pandemics, such as Zika and Ebola, have had negative consequences for women, such as increased rates of maternal ill health and death as well as unwanted pregnancies and unsafe abortions, the researchers said. Not all governments are publicly releasing COVID-related data broken down by sex. Fewer than one in three of the world's countries are reporting sex-disaggregated data for both COVID cases and deaths, according to a tracker compiled by the Global Health 50/50 initiative at University College London. The authors of the study said data on the membership, leadership and areas of expertise on advisory and decision-making bodies was "neither easily accessible nor publicly available."

"Men dominating leadership positions in global health has long been the default mode of governing," the researchers added. « This not only reinforces inequitable power structures but undermines an effective COVID response -- ultimately costing lives."

What appears today is very concretely what feminists and other critical thinkers have for some decades analyzed in terms of *epistemic injustice*. The criteria that say what is right, wrong, worthy, the criteria of what counts, are presented as universal, but are in fact those of an unjust society and of the privileged who rule it. In the current disaster, there is a vital need to include other points of view, voices other than those of the dominant.

The ethics of care is an ethics leading to a democracy free from patriarchy but also from its associated racism, sexism, homophobia, and all other forms of exclusion. A feminist ethic of care is a *different voice*, as Gilligan says, because it is a voice that does not convey the norms and values of patriarchy, but of true democracy. One that gives everyone a voice that counts in determining what matters. It is less a question of making a difference—and this is where care, feminism and universalism can be used at the same time, contrary to hasty categorizations—than of making a voice heard and validating an experience. Carol Gilligan's concept of *voice* (a "different voice") is thus oriented towards political action. Having women's voices heard is the only path to better policies. We not only need *more women* in power… but more feminists.

This is the way to draw the greatest benefit from the positive experiences of successful leadership in the crisis in several countries led by women. In New Zealand, Iceland or Denmark, media stories recognizing this success focused on the "feminine qualities of their leaders" (see the caricature of managerial discourse in a Forbes magazine article promoting women's governance[21]), denying all the care work accomplished by people in their societies.

But is this the good reading of the success? Aren't these experiences of careful crisis management the hallmark of societies that are more democratic, more concerned about the common good, more capable of allowing more women—and *these women in* particular—to take on responsibilities? Are not these collective qualities first and foremost the ones that guide political action, and the treatment of the pandemic, in the right direction? To put it another way, the fact that women are in power in these countries where the crisis is well managed is less a cause than a symptom. It is a symptom of evolved societies in which voices are heard and skills are used and acknowledged. And this is the last lesson of COVID.

[21] https://www.forbes.com/sites/avivahwittenbergcox/2020/04/13/what-do-countries-with-the-best-coronavirus-reponses-have-in-common-women-leaders/#65220e93dec4