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"COVID-19 Pandemic May 2020 Portfolio" by Gemma Jyothika Kelton (Class of 2022)

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GSWS 2261: Gender, Film, and Consumer Culture
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Pandemic Consumer Portfolio

Introduction: Pandemic Consumer Portfolio

I am living and experiencing monumental history. It is astonishing that COVID-19 has taken more than 265,000 lives and has infected over 5 million people. I am shocked that at age 21 I am a witness to such a catastrophic historical moment.

As the pandemic swept across the world, forcing us to drop everything, pack our bags and return home, I couldn't help but wonder what we were facing. The world of dystopian novels that I read when I was a teenager now all of a sudden seemed to have become our realities and daily lives. And I wasn't sure what was fiction and what was not, what was my own imagination and what was our reality. Even now, it all seems unreal and like a horrifying dream, from which I am unable to wake up from. Day and night, my mom and I are surrounded by the same four walls, living the same mundane routine. As an extrovert living an introvert's lifestyle, I am deprived of social interactions and am restless to engage with others. While facetime and zoom apps do exist and are great, virtual interaction is not the same as face-to-face exchange.

To help with my boredom and to keep myself sane, I have arranged virtual "parties" via zoom with my friends, who are scattered across the world, from Spain to Hong Kong. While these sessions are helpful to maintain friendships, they reinforce the fact that we are living in extraordinary times that may forever greatly shape our lives, transforming relationships from real and free interactions to one that is completely digitalized and controlled.

In this portfolio, I examine the impact of COVID-19 on people's fears, behavior, and interior lives, as well as they ways in which coronavirus has exposed deep racial and income inequalities in this country. These issues were explored through the topics of fear based boarding and opportunistic price gouging, domestic violence, the racial demographics of COVID-19, and the impacts of individuals' mental health. My final piece was a video that portrayed the reality of daily life in San Francisco – empty streets, boarded up shoes, lines, masks, and endless mountains of boxes and trash as the essential of our lives become increasingly packaged and delivered to our doors.

Portfolio #1: Hoarding and Price Gouging

In times such as these, we see clearly the vulnerability of our social system. We see people living in fear and constant worry, wondering how to keep their families and themselves safe, and how to maintain an income and afford necessities. When we go to the grocery store we are uncertain whether the shelves will be empty or the prices of essential goods, such as toilet paper, flour, and dairy products, will have skyrocketed. As we struggle to achieve equilibrium in a state of uncertainty, many of us find a degree of security by stockpiling goods in an effort to keep our families safe and satisfied.

While it is true that some individuals hoard goods because they are selfish and opportunistic, and do not care about the wider community, the majority of us act in reaction to the stress of this global pandemic and its impact on individuals and families, especially those with little children. According to psychologists, hoarding is primarily driven by fear, and is a behavioral and psychological coping mechanism and reaction to perceived threats that we have

no control over, such as COVID-19. However, this is not the first time we have seen masses of people panic-buying and emptying shelves at the grocery store at a rapid rate. Similar behavior occurred during the Cuban Missile Crisis in 1962, when fearful people stockpiled large quantities of foods and masks in the event of a nuclear war. Then, as now with the COVID-19 pandemic, there are many unknowns. While we know this virus is very deadly and is far more severe than the seasonal influenza, it is unlike anything we have seen and experienced before: We do not know whether our families will fall ill, we don't know when we will be able to move about freely, we do not know how badly the economy will be damaged, and we do not know what our lives will be like when we have "recovered." It is this uncertainty and fear of the unknown that have driven people to adopt a mentality of 'better safe than sorry' and buy that extra 6-pack of toilet paper just in case. Right now, people are not only afraid of the virus and its consequences, but also of scarcity and uncertainty.

Megan Schmidt, a research analyst with Discover Magazine, observes that "people are experiencing anticipatory anxiety." Even before the virus hits, people are already in a state of fear, bordering on panic. Fear growing out of uncertainty leads people to act by 'herd instinct,' in which people follow what other people are doing without a second thought. Like shoppers wiping out supermarket supplies of milk and bread before a snowstorm, people have adopted a crowd mentality when stockpiling essential supplies in this pandemic. The fear and panic are stoked by news and social media. We are bombarded daily with images of people with overflowing shopping carts and empty shelves at the market, which furthers this 'fear contagion' effect and the 'if they are doing it, I should too" mentality.

While we might be sympathetic to individuals' panic buying and "hoarding" in the current circumstances, opportunists are also attempting to make quick profits by preying on

people's fears. For instance, *The New York Times* reported how two brothers in Tennessee cleared store shelves of hand sanitizer and bleach wipes throughout Kentucky and Tennessee, and then listed them for sale on Amazon at exorbitant prices: "*He Has 17,700 Bottles of Hand Sanitizer and Nowhere to Sell Them*" (New York Times). Amazon pulled the listing and prevented the brothers' further price-gouging, and other platforms have taken similar actions against resellers who are price gouging based on fear. Law enforcement has also issued warnings against such profiteering.

But just as publicity can stir up the feelings of insecurity that prompt panic buying, the news and social media can also be a powerful force against the opportunistic. The story of the price-gouging brothers in Tennessee appeared not only in the New York Times, but in every major newspaper and television news outlet, and became a "public shaming" that led the brothers to ultimately donate all the hoarded products.

Overall, the media has a powerful, though somewhat contradictory, role to play in this pandemic. On the one hand it has held opportunists accountable for predatory behavior, while at the same time it has fed the public's "anticipatory anxiety" and fear of scarcity and uncertainty

Portfolio #2: Systemic Racism and Inequalities

As COVID-19 continues its spread globally, it has greatly affected the United States in particular, surpassing cases and deaths in Italy and China by far. With the virus ever so present in our society, setting limitations on not only our daily lives but also on the global economy, it has not-so-surprisingly revealed some of the issues that we as a nation overlook and bury deep

beneath the constitutional phrase "all men are created equal": inherent racism and structural inequalities that continues to plague the United States.

As statistics and studies flood the news outlets of COVID-19 cases and deaths, one thing is glaringly obvious: the minorities, more specifically, black Americans, who make-up a majority of the middle-class population in the United States, are hit the hardest. Now the question is *why?* One obvious reason is that African-Americans in particular have been socially and economically left behind as the country reaches unprecedented levels of -----. Far too often, this so-called 'land of the free' nation turns a blind eye on communities consisting predominantly of people of color, leaving them to suffer economic and social disparity. Furthermore, according to Evlia Diaz, a columnist for the Arizona Republic, "people of color in the United States are less likely to be insured, less likely to access medical care than non-Hispanic whites; thus, putting them at a greater risk of not only suffering from health problems such as diabetes and asthma," but also puts them at a higher risk of catching this contagious virus and paying the price of death. Data recently released by *The New York Times* shows the racial demographics for COVID cases in Illinois, South Carolina, North Carolina, Connecticut, and Nevada in which the ratio of black Americans to white Americans who have tested positive for the coronavirus is disproportionate, surpassing the general population ratio. In another data released by *The Covid Tracking Project*, Louisiana shows that African-Americans account for 70% of all deaths in the state. Black Americans in Louisiana make up about 32% of the population. Let these numbers sink in.

As shocking and appalling these numbers are, it is indeed not very surprising. The minorities' and black Americans' lack of opportunities to access medical care and insurance is not only an example of systemic racism, but also of inequality, in which the color of one's skin determines their chances of being insured and securing a 'well-paying' job. Moreover, being a

dark-skinned individual in America means that one is more likely to face racial biases that more often than not prevents them from receiving the proper treatment. But then again, this is what the United States was founded on, so is it too surprising that black Americans are disproportionately affected? As a result of longstanding structural and systematic inequalities, African-Americans are paying the price of death in this time of global health crisis.

Another factor to consider is that when many states mandated a 'stay at home' order and only 'essential personnel' to go to work in an effort to slow the spread of the virus, it is important to understand that many African-Americans are disproportionately part of the 'essential workforce,' i.e nurses, janitors, grocery store stockers, etc (The New York Times). This means that while many white residents have the ability to work from home, these 'essential workforce' members are forced to continue to physically go to work, which oftentimes includes the usage of public transportation, close interaction with people; hence, a higher risk of exposure to the virus.

While COVID-19 tests the stability and fragility of our system, it also forces us to confront head-on the longstanding structural inequalities and racism that plagues our nation. In the past, we have been able to continuously and blatantly ignore such issues, but the problem is much bigger: we have to rethink the principles and foundations of our society. To put it in simple millennial terms, we need to upgrade and update our system.

Portfolio #3: Domestic Violence

"Mr. President, Seattle police have reported a surge in cause about domestic violence, a number of ---"

"Is that Mexican violence?"

"Um, domestic violence."

During the April 1, 2020 coronavirus task force briefing, President Trump conveniently misheard "domestic violence" for "Mexican violence," which is very much like the Trump we know. While this of course is laughable, the issue of domestic violence and sexual abuse in the COVID-19 era is not. While Trump continued to evade the reporter's question, demonstrating his failure to appreciate such a pressing issue, little sustained attention has been given to the impact of COVID-19 and shelter-in-place requirements on domestic abuse. There is only anecdotal information being reported about the incidence of domestic abuse since the advent COVID-19. I wanted to see if I could get a better understanding of COVID-19's impacts on domestic abuse by speaking directly with domestic violence centers and organizations in both the Bay Area and in Washington DC – two cities in which I live.

The National Center Against Domestic Violence defines domestic violence as "the willful intimidation, physical assault, battery, sexual assault, and/or other abusive behavior as part of a systematic pattern of power and control perpetrated by one intimate partner against another. It includes physical violence, sexual violence, psychological violence, and emotional abuse." Importantly, it touches individuals "in every community regardless of age, economic status, sexual orientation, gender, race, religion, or nationality." The World Health Organization estimates that 1 in 3 women have experienced domestic or sexual violence in their lives.

Marianne Hester, an expert in the study of abusive relationships at Bristol University, observed to *The New York Times* that often domestic violence and sexual abuse increase "whenever families spend more time together, such as the Christmas and summer vacations. As the United States and countries around the world implemented "shelter-in-place" orders, they have in many cases forced victims to stay inside with their abusers. Though important to prevent

the spread of COVID-19, these "stay home" orders have the potential to create another public health emergency – i.e., domestic violence and abuse.

The domestic violence shelters and centers in the Bay Area and Washington DC with whom I spoke, including Futures Without Violence and the National Domestic Violence Hotline, noted that there has been a definite increase in calls since the COVID-19 shelter in place orders, though they have not observed differences in the demographic characteristics of the callers. Likewise, La Casa de las Madres reported that, while they have not observed a change in the volume of calls, the complexity of the calls has increased. This is because callers have less privacy when trying to make a call, since they are often sheltering with their abuser. In addition, women experiencing domestic violence are now often unable to get themselves to the Casa de las Madres shelters because transportation options under COVID orders are very limited or nonexistent. The National Domestic Violence Hotline also noted the challenges of removing individuals from abusive or violent domestic situations because of restrictions on alternative housing and shelters at this time.

The severity of the problem may be much graver than what even the domestic violence centers and shelters are seeing. As reported by *The Hill*, "experts who study domestic violence say the increases are almost certainly underreported because some victims cannot get away from their abusers. As La Casa de las Madres noted, San Francisco's 'shelter-in-place' order has made it more difficult for victims to find enough privacy to make a call, and it has also made it nearly impossible for individuals to access transportation. In San Francisco, public transportation pre-COVID-19 was consistent and reliable with the Muni (San Francisco's public bus and rail system) running every 20 minutes. Now, however, only seven Muni lines are operating in the city, mostly transporting essential workers. Many of victims do not have access to a car, and rely

heavily on public transportation to safely reach domestic violence centers and shelters. With no

place to go and no way of getting there, victims, who are often are women, are forced to endure

the physical and psychological abuse with no escape from their abusers.

At the same time that individuals are finding it difficult to leave their abusers, abusers are

using COVID-19 to further control and isolate their victims. Anita Bhatia, the Deputy

Executive Director of the United Nations Women, writes: "The very conditions that are

needed to battle the disease—isolation, social distancing, restrictions on freedom of movement—

are, perversely, the very conditions that feed into the hands of abusers who now find state-

sanctioned circumstances tailor-made for unleashing abuse." COVID-19, thus, is being used as a

weapon to terrorize and control in the domestic setting. Domestic abusers may threaten to lock

their victims out of the house if they leave, and abused individuals may be scared to seek medical

care for fear of contracting the virus or not having a place to stay. Victims may also be reluctant

to reach out to trusted relatives or friends to seek refuge for fear of exposing others or themselves

to the virus.

It is fair to speculate that the incidence of domestic violence and sexual abuse globally is

much higher than even the reported increases, and that individuals' personal situations are dire.

Unfortunately, it appears that cities, states and countries did not contemplate that their shelter-in-

place policies could have such grave consequences and make it easier for abusers to attack

victims, and harder for victims to seek safety. Although it is late, we need governments to

respond to this "crisis within a crisis." By doing nothing to address COVID-driven domestic

abuse, governments are creating, however unintentionally, a second public health crisis

Portfolio #4:

The Psychological Impacts of COVID-19: A Second Public Health Crisis on the Rise?

As you and I sip on our morning coffees scrolling through the New York Times or Washington Post, wondering what the man in the White House tweeted today, we fall into an easy and comfortable routine. Scroll. Sip. Scroll. Sip.

I continue on, scrolling through the many meaningless tweets passively reading, pausing only every once in a while, to read the headlines until my finger hovers over the Forbes magazine's headline: "Coronavirus: 36% of Americans say Pandemic Has Made A 'Serious Impact' on Their Mental Health."[1] Setting my coffee down, I take a seat at my kitchen table with legs crossed and read a flood of disconcerting facts:

- 31 percent of Americans say they are sleeping less because of COVID-19 related anxiety.

- 36 percent say that COVID-19 has impacted their mental well-being.

- Trauma professionals are facing a large increase in patients with COVID-related anxiety.

- It is estimated that depression, alone, costs the economy $210 billion a year, both in direct costs and lost productivity.

Clearly, the mental health consequences of the pandemic, though silent, are a secondary epidemic of sorts, and one that has serious implications both individually and socially.

The Kaiser Family Foundation (hereinafter "KFF") reached similar, even more troubling, conclusions. A KFF poll conducted between March 25 and March 30, found that nearly 45% of adults in the United States said their mental health has been negatively impacted due to the worry and stress induced by the virus. Pre-COVID-19, according to KFF, 20 percent of U.S adults,

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[1] Forbes, Apr. 2, 2020.

about 47 million, were said to have a mental illness, and over 11 million had a serious mental illness, which oftentimes resulted in functional impairment and limited certain physical activities. Now, those numbers have more than doubled.[2]

The roots of depression and anxiety are complex, but we know that depression and anxiety are triggered or worsened by certain conditions – many of which are present with this crisis. First, depression and anxiety feed off of isolation and loneliness, and stay-at-home and social distancing orders create an environment that is by nature isolating, and thus ripe for aggravating those conditions. Indeed, the KFF found that 47% of people who were sheltering in place said they experienced negative mental health effects from the distancing, while only 37% of those not sheltering in place experienced the same. Distancing orders, implemented for the purpose of slowing the spread of the virus, clearly are having unintended health consequences.[3]

Second, depression and anxiety increase as job insecurity and job loss increase. The United States is facing historic levels of unemployment – 26.5 million and climbing - and many of those who still maintain their jobs are vulnerable to future job loss. The KFF tracking poll indicates that over half of those who lost jobs or income suffer negative mental health impacts, and the impact is even worse when job loss happens to those in lower income brackets.[4] In the recession following the 2008 financial crisis, massive job loss was also associated with increased substance and alcohol abuse, and a rise in suicides. The unemployment rate post-2008 rose to approximately 10 percent. With unemployment now two and a half times that level, we face dire challenges with the mental health of the US population.

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[2] "The Implications of COVID-19 for Mental Health and Substance Use," Kaiser Family Foundation, April 21, 2020.
[3] Id.
[4] Id.

Finally, health care workers who are on the frontlines of attending to ill and dying COVID patients, face universal and unique mental health challenges. A recently published study in the Journal of the American Medical Association examined the mental health consequences for COVID-19 health care workers in China.[5] The study examined assessed healthcare professionals at 34 hospitals across china and concluded that frontline health care workers exposed to COVID-19 patients, faced a high risk of unfavorable mental health outcomes, including depression, insomnia, distress and anxiety. Women workers, in particular, suffered more severe forms of each of these outcomes. The absence of COVID treatments, the lack of personal protective equipment, the exhausting workload, and the overwhelming number of deaths, create an especially bleak environment for healthcare workers' mental health.

We have to do much more to support individuals of all sorts who are facing mental health challenges. This is made particularly difficult given that COVID-19 has deprived many people from seeking face-to-face counseling and therapy. Those who suffered from depression and anxiety prior to COVID-19 face new fears. One Bowdoin student, "Sarah", who has been diagnosed with depression and anxiety prior to COVID-19, told me that "ever since [she's] been forced to stay home, there are days where [she] feels really good, and days where [she] wants to end it all, and it's been hard trying to find a balance." Sarah added that while she did take advantage of the counseling services on campus, "there were no virtual sessions that were offered" to her. She is thus left to face this struggle on her own.

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[5] "Factors Associated with Mental Health Outcomes Among Health Care Workers Exposed to Coronavirus Disease," JAMA Network, March 23, 2020.

As the pandemic continues to disrupt our daily lives, spikes in depression and anxiety will simultaneously increase, along with substance and alcohol abuse and suicide. It is clear that we face a second public health crisis, though silent.

Portfolio #5: Living in Boxes in San Francisco

https://www.youtube.com/watch?v=W3ZjTozRShs