

Forget Cleaning the House and Doing the Service, Keep Your Sanity:

One Scientist's and Mother's Story of Surviving the COVID-19 Pandemic

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Abstract

Here, I describe my personal journey as a STEM professor during the pandemic, and my struggles and successes with online teaching, research, and dealing with COVID-19, as a single mother of three children. I share my story and advice—dirty dishes, imperfections, and all. My message, based on the lived experiences of myself and many of my colleagues, evidence-based facts, and research is simple – we must learn to say no and focus our energy and strength on those things that will directly advance our promotion and that we are passionate about, not on the endless, discounted service roles we typically do. I recognize our ability to do so varies across differences of rank, race, gender, sexuality, and age. I also shed light on research on gendered institutional service and caregiving disparities, the physiology of stress and disease, systemic racism, and the disproportionate, amplified impacts the pandemic is having on women and BIPOC (Black, Indigenous, and People of Color) faculty. Gender and racial inequalities, stress, service, and caregiving demands have exponentially increased with the pandemic, which will result in long term health and economic impacts far beyond COVID-19, unless great institutional changes are made. I highlight what my institution has done well, has struggled with, and what still needs to be done. In addition to the typical extensions in the R&T (Rank and Tenure) process, which notably take women and BIPOC faculty farther away from their research and higher wages, I outline more important institutional strategies and adaptations that are needed for the viability and health of women, BIPOC, and caregiving faculty, and hence higher education as a whole. Importantly, those institutions that will fare the best will be those that take care of their faculty, staff, and students, and provide truly meaningful assistance in more than just their mission statements and rhetoric.

Keywords: COVID-19, pandemic, female faculty, BIPOC faculty, gender inequalities, racial inequalities, systemic racism, stress, cortisol

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We are fighting racism and sexism in our institutions, and all unpaid service...

Our service burdens are enormous anyways... Our students rely predominantly on female faculty and BIPOC faculty for mentorship. (Anonymous, as cited in Shalaby et al., 2020, para. 1)

Kids yelling back and forth, sirens outside, loud meows from our cat, and internet glitches—this predictable, unavoidable chaos surrounded me as I sat down for my 149th lecture online. This became my new normal during the pandemic. As I delivered my last biology lectures, answered questions about finals, and gave parting words of wisdom, the sounds of my 12-year-old son who'd just recovered from COVID-19, running in his room for his online P.E. class, echoed just above my head. And I was filled with tremendous relief. This marked the end of a year-long wild journey of online teaching, doing research, and dealing with COVID, as a single mother of three amazing children (with one living on her own), and the start of a hard-earned, but uncertain sabbatical.

My road to tenure as a bold woman in STEM, who always felt “different,” and is a bit of a “hustler” from a lower socioeconomic background, has been anything but easy. So, when I earned my hard-fought tenure two years ago and then was awarded my long-awaited sabbatical, it was a little bittersweet knowing I would have to do it during a pandemic, tremendous sociopolitical unrest, and the worst environmental crises of our time. Like so many of us I've had some real lows. At one point, I had to arrange for COVID-testing for the entire family, isolate and separate my sick and healthy kids, and continue teaching, advising, and mentoring students all online, with many needing more help and counseling than usual. My family ate

frozen and fast food most of this time and I barely showered. However, at a high point while sitting around after a fun hike with my kids and then silently praying, I realized that I would just need to turn “lemons” into “margaritas.” I began to remind myself and others that we don’t have to be perfect; we don’t have to dazzle in our online teaching. We do have to realize that some things must be eliminated, and that’s okay. At work I eliminated the excess service obligations and meetings and things that would not directly benefit me, my kids, or my students. At home, I eliminated a bit of cleaning, cooking and showering (although I’ve never been that good at these). While this may sound bad or unhealthy, it was actually quite the opposite and even freeing. And I speak from my expertise as both a biologist and mother. I was able to carve out more time and really focus on myself, my loved ones, and my teaching and research like I never have before. I did none of this perfectly and still sometimes had to neglect one thing for the other, including my kids—but I did my best.

What was the buffer that allowed me to do this? The realization that everybody was struggling, that I deserved to safeguard my health and the health of my family, and that I would not easily be fired as I had the protective “armor” of tenure (whether real or imagined, I did not care).

Oddly enough, the pandemic was actually the reset button that I desperately needed. As a White, cisgender, heterosexual woman with Mexican-American kids, I know I have some privilege, power, and a perspective and boldness that many of my colleagues do not or cannot afford to have. And with tenure I bear a responsibility to speak up for myself and for others who may not yet feel they are in a position to do so. It’s this privilege, along with my rebel nature and disdain for oppressive power structures, social injustice, poor leadership, and bullies, that has probably enabled me to make the choices I have during the pandemic and to stand up and

speak my mind, likely now more than ever before. It's also age, experience, and more of an, "I don't care," attitude that's a culmination of a lifetime of adversity, pain, joy, and all the ups and downs of life – including having children throughout every stage of my academic career beginning at age 21, losing a brother, going through a difficult divorce, dealing with addiction and mental illness with many loved ones, and struggling with gender discrimination and the academic patriarchy.

I can only imagine, however, how much more complicated all of this pandemic faculty life would have been if I were from a marginalized background, dealing with the added demands and injustices of the pandemic and institutional racism, both in and outside of work. Witnessing this firsthand among some of my closest friends and colleagues made me even more vocal and adamant about getting this message out—It's ok to say no; it's ok to take care of yourself—and, more importantly to those in power—stop perpetuating historical, patriarchal, oppressive systems that do nothing but make life unfair and miserable for over half of our faculty.

In embarking on my pandemic teaching life, due to the nature of converting all my science classes into online courses, I realized I would need to cut down as much non-essential screen time and service roles as humanly possible – even at the risk of irritating colleagues or affecting my R&T (Rank and Tenure) future. At one point I had terrible eye strain and focusing issues, fatigue, circadian rhythms out of whack, and awful nerve pain in my neck, referred to as "tech neck" by those in computer-based fields. As a physiologist, I knew exactly what was going on with my body: too much low-wavelength blue light blasting my retinas, not enough sleep, too much sustained unnatural body positions, and too many stress hormones coursing through my bloodstream. So, I cut down as much screen time as possible, got cheap blue light-blocking glasses for all of us, turned my dining room into a lecture hall with my laptop eye-level,

got an ergonomic chair I stole (borrowed) from work, mounted a dry-erase board behind me for drawing, and incorporated exercise and stretch breaks. I came up with a healthier set-up and more importantly, the mental and physical boundaries that would help me.

So what if I'm behind on laundry, don't make gourmet meals, my floors are often sticky, dishes often in the sink, and I can barely afford my rent? My children are pretty happy and healthy (although they don't like online learning). I don't have to answer every email immediately, serve on every committee, or take on organizing every Zoom social event for our majors. I also don't have to always look nice or commute (the Zoom video setting, "touch up my appearance" even helps eliminate the need for makeup for those who wear it). The saved time allowed me to focus on my kids, my mental and physical health, my science and teaching, those I want to be an accomplice for, and the legacies I want to leave behind.

I have been a good mother and teacher, despite some personal hardships and challenges. I taught and coordinated multiple classes and labs online, mentored and advised many students, conducted research with a team of 5 undergraduates, and published several manuscripts. My research on the health hazards of plastic chemicals was also discovered and filmed for an upcoming documentary. It turns out I was more productive than I've ever been in 20-plus years of my academic career. How? Mostly because I was able to make intentional personal decisions to guard my time, cut out the non-essentials, and focus on the things that mattered most. Fortunately, my institution also allowed in-person research to continue with new stringent COVID-19 guidelines, despite nearly 80% of onsite research activity being halted around the country in 2020 resulting in the loss of much precious research and billions of dollars in taxpayer funded grants (Serio & Misra, 2021). Not everyone has the same options I did, but the problem shouldn't be one for individuals to solve on their own; the problem is institutional.

Women work unbelievably hard, and we're resilient, persevering multi-taskers. Studies have shown that women do a disproportionate amount of caregiving labor at home and service labor at work (Coury et al., 2020; Grall, 2020; Shalaby et al., 2020). Notably, research on academia and STEM fields indicates this pandemic is affecting women faculty more than men, particularly because women do more of the service work and caregiving for children and elderly and sick relatives, now an issue more than ever (Aubry et al., 2020; Coury et al., 2020). Women also make up half the faculty workforce yet complete a disproportionately greater amount of the total institutional service, much of which is "invisible" or "free" labor (mentoring, committees, task forces, recruitment, high-load/low-reward departmental and administrative housekeeping tasks) (Coury et al., 2020; Shalaby et al., 2020).

Unfortunately, gender barriers in economic equality, teaching, service, and research have widened during the pandemic (Malisch et al., 2020; Myers et al., 2020). It has created an exponential increase in faculty service loads and demands, with clear studies showing this additional burden has fallen mostly on women faculty (Shalaby et al., 2020). Research productivity and submission of STEM articles by women have decreased (Aubry et al., 2020; Fredrickson, 2020; McCormick, 2020; Vincent-Lamarre et al., 2020). Numbers of women first-authors on published COVID science articles have decreased, in addition to time spent on research, while caregiving time has disproportionately increased for women (Anderson et al., 2020; Myers et al., 2020). In fact, scientists, especially women, mothers, and BIPOC faculty reported decreases in research time of up to 24%, likely amplifying existing disparities in workload and opportunities (Serio & Misra, 2021).

Further, the closing of schools and childcare centers has significantly increased caregiving labor and stress, particularly for mothers like myself (Coury et al., 2020; Grall, 2020;

Malisch et al., 2020). So with these external inequities and the internal unfair expectations we often place on ourselves I knew something had to give. I gave myself permission to say no and do less stuff instead of more. I'm not saying to step down from all service. I actually served in many low-cost, high-reward, impactful roles. I'm simply encouraging us, as much as we can, to choose very carefully and be passionate about the service we do, in addition to speaking out about the inequalities that exist. It is also critical to focus your energy and strength on those things that will directly advance your promotion, not on the endless, discounted service roles we typically do.

This pandemic in combination with systemic racism and one of the most significant racial justice movements is taking an even greater toll on my BIPOC colleagues. Recent studies and reports underscore racial disparities of the pandemic regarding stress, service, and research, specifically highlighting the amplified effects on faculty women of color (El-Sabawi & Fields, 2021; Henderson, 2021; Lee et al., 2021; Serio & Misra 2021). Many BIPOC and women faculty suffer from imposter syndrome and along with the multiplier effects of the pandemic, are facing much higher anxiety due to altered stakes and expectations including exponential increases in service roles such as student mentoring and “diversity” work (El-Sabawi and Fields, 2021; Henderson, 2021). In addition to many administrators requesting faculty and staff to show even more compassion and flexibility to students which equates to more time and effort outside of the classroom, many BIPOC faculty have been doing much service that is undervalued by the institution, such as mentoring to help build a pipeline for those who follow, serving as representatives in various capacities, and doing the majority of the work to create an inclusive, anti-racist environment (El-Sabawi & Fields, 2021; Henderson, 2021; Lee et al., 2021; Serio and Misra, 2021). Women and BIPOC faculty do the majority of this work, but it doesn't come

without mental and physical costs for those who have very little margin for error in their professional and personal lives and very little time left for self-restoration and self-care. It's the same folks, same groups, doing the majority of the work. There's a lot of rhetoric, but very little attention to gender, race, and social circumstance, and hence a long way to go. Further, faculty of color have disproportionately lost family members and friends due to COVID-19, which adds to the mental and physical tolls and anxiety they've faced (El-Sabawi & Fields, 2021; Henderson, 2021).

Having to wear many hats and feeling obligated to serve as spokespeople in various committees/email threads/action plans, along with the culminating effects of stress on one's overall physiology – all serve to negatively affect women BIPOC faculty more than any other group. The mere fact that COVID-19 has a greater impact in terms of rates of infection and severity of disease in BIPOC populations (Artiga et al., 2020) is partially attributable to the negative effects of the chronic stress of racism on the immune system.

Without going too far into the science and making eyes glaze over, I'll give a brief explanation for this. Cortisol surges with prolonged high stress. This is the same hormone that's used as a drug to suppress the immune system when treating someone with an autoimmune disease, or who is an organ transplant recipient to prevent immune rejection. Cortisol quiets the immune system and specifically inhibits its molecular defenders and chemicals (your white blood cells), the ones that fight off pathogens and disease. This is why when you are very stressed and cortisol levels are high, you're more susceptible to getting sick with the common cold, flu, and even SARS-CoV-2 (COVID-19-causing virus), in addition to longer-term health impacts including high blood pressure, stroke and heart disease, which are significantly higher (~2–3 times) in BIPOC individuals (Roger et al., 2011; Williams, 2009). Prolonged stress

directly results in disease susceptibility. Therefore, the stress effects of racial/gender inequalities and systemic racism in tandem with the additional demands and inequities of the pandemic will have devastating and far-reaching consequences and health impacts that span well beyond COVID-19. This means, scientifically speaking, real and sustainable institutional changes are absolutely paramount to the health of our nation.

On a personal level, we should do what we can to set boundaries, and protect our time and mental and physical health. We can learn to say no, be bold, and demand change in institutional expectations, policies, and inequalities, especially as we work in solidarity with colleagues to transform the institutional structures that create inequitable demands. At the institutional level, there's an expectation that we're all measured by the same standards, but that's not the reality. Some of us are carrying invisible or unacknowledged additional service weights in the race to tenure and promotion. This pandemic has helped illuminate many of these inequities, and perhaps now we will start to see the equitable redistribution of these weights and real change in terms of gender and racial equality.

The pandemic, the Black Lives Matter movement, and the #MeToo movement, have created the "perfect storm" to insist on change. At my institution several groups, such as the Black Student Union, the Ethnic Studies Program, and the Faculty Caregiving Collective, put together proposals asking for much-needed new and altered policies to help eliminate racial and gender inequities, biases, and gaps. We made a declaration of, "no business as usual." In this work, I have been in solidarity with many amazing colleagues, which has also fostered new friendships and support. Some examples of these changes include: the option of stopping the tenure clock, not making student teaching evaluations mandatory for R&T applications, encouraging departments to be flexible with faculty and staff regarding meetings, schedules, and

demands, flexibility in teaching modalities, new research protocols with careful spacing of researchers and equipment, more roles and support for our Senior Diversity Officer, hiring for more diversity in our faculty, staff, counselors, and campus security, and finally an official family leave policy (which surprisingly was nonexistent). Other current efforts are focused on small sabbatical stipends and trying to reinstate our college retirement contributions, which were cut last year.

Other important areas where institutional transformation is still needed include shared governance and transparency, unfortunate elimination/streamlining of staff positions often with little advance notice given, and, importantly, very poor retention of faculty and staff of color. Recent events and Black staff and faculty departures from the college have spurred collective attention to this matter and new dialogue and hope for change. We also struggle with adequate faculty compensation, cost-of-living raises, retirement contributions, and childcare options and support.

Notably, institutions should create policies and processes that distribute service work equally and ensure women and BIPOC faculty do not face expectations or pressures to do more than their fair share of service work. Institutions must also get creative financially, have an adaptive mindset, show flexibility, transparency, and compassion, and provide meaningful assistance and clear expectations in more than just their mission statements and rhetoric. They must commit to and engage in true institutional transformation to ensure equity and justice and to avoid losing the dedication, efforts, and health of their exhausted, overworked faculty who are the ones carrying out the missions, keeping business running, and shaping future generations. Administrators should be doing the vast majority of COVID contingency planning and administrative work and not putting it on overworked faculty under the guise of service, and all

faculty should be required to do an equitable amount of service. Institutions should also provide support to help faculty meet the expectations of service, teaching, and research including childcare assistance and grants, paid course releases and reduced teaching loads for caregiving faculty, greatly lowered service (and research) expectations and de-emphasis on this for all R&T decisions which are clearly delineated, COVID-impact statements for more holistic promotion reviews, and NOT cutting retirement and salary. Some other important institutional options which many colleges and universities are doing include sabbatical recovery programs that provide paid course releases, increased financial support for research recovery, increased support for caregiving, more reliance on peer reviews of teaching, and recognition that student course evaluations may remain important but are likely to be influenced by gender, racial, and intersectional biases – implicit or explicit. These important institutional strategies and adaptations will be absolutely critical for the viability and health of women and BIPOC faculty, and hence higher education as a whole.

I'll share one last thing I think so many women struggle with and something I've told several friends: "When you're on your deathbed do you really think you're going to look back at your life and say, 'I wish I cleaned more, worked more, had nicer things?' No, but I guarantee if you keep spending so much energy on these things you will say 'I wish I spent more time with those I love, loved more, lived more, did more.'"

As much as we can, we need to draw our personal boundaries, whether around service at work or a perfectly clean house. More importantly, we need to demand our institutions change so none of us is doing all the housework. So don't wait, the time is now. And that may mean cutting some corners, cleaning later, guarding your time and well-being, setting boundaries,

saying no, paving a new way, aligning with others, and standing up without shame and sharing your story.

References

- Aubry, L.M., T.M. Lavery, & M. Zhao. (2020, November 23). “Impacts of COVID-19 on ecology and evolutionary biology faculty in the United States.” *Ecological Applications*, 124, 104814–104814.
- Andersen, J.P., M.W. Nielsen, N.L. Simone, R.E. Lewiss, & R. Jagsi. (2020, June 15). “Meta-research: COVID-19 medical papers have fewer women first authors than expected.” *Elife, Human Biology and Medicine*, 9:e58807.
- Artiga, S., R. Garfield, & K. Orgera. (2020, April 7). “Communities of color at higher risk for health and economic challenges due to COVID-19.” San Francisco, CA: Kaiser Family Foundation. Retrieved from: <https://www.kff.org/coronavirus-covid-19/issue-brief/communities-of-color-at-higher-risk-for-health-and-economic-challenges-due-to-covid-19/>.
- Coury, S., J. Huang, A. Kumar, S. Prince, A. Krivkovich, & L. Yee. (2020, September 30), “Women in the Workplace 2020.” McKinsey and Company, at: <https://www.mckinsey.com/featured-insights/diversity-and-inclusion/women-in-the-workplace#>.
- El-Sabawi, T. & M. Fields. (June 2021). “The discounted labor of BIPOC students and faculty.” *California Law Review*. Retrieved from: <https://www.californialawreview.org/the-discounted-labor-of-bipoc-students-faculty/>
- Frederickson, M. (2020, May 11). “COVID-19’s gendered impact on academic productivity.” *GitHub*. Retrieved from: <https://github.com/drfreder/pandemic-pub-bias>
- Grall, T. (2020, January). “Custodial Mothers and Fathers and Their Child Support: 2015.” *Current Population Reports (U.S. Census Bureau)*, at:

<https://www.census.gov/content/dam/Census/library/publications/2020/demo/p60-262.pdf>.

Henderson, F.B. (2021, January 8). “Preparing for another semester of pandemic instruction.”

Inside Higher Ed. Retrieved from:

<https://www.insidehighered.com/advice/2021/01/08/advice-bipoc-faculty-preparing-pandemic-instruction-coming-semester-opinion>

Lee, J.J., C.I. Chen, J.L. Padilla-Gamiño, B. Wamuti, A. Zamora-Kapoor, K.D. Martin, & L.T.

Nguyen. (2021, May 17). “Opinion: Women and non-binary faculty of color are vulnerable one year into pandemic.” *South Seattle Emerald*. Retrieved from:

<https://southseattleemerald.com/2021/05/17/opinion-women-and-non-binary-faculty-of-color-are-vulnerable-one-year-into-pandemic/>

Malisch, J.L., B.N. Harris, S.M. Sherrer, K.A. Lewis, S.L. Shepherd, P.C. McCarthy, J.L. Spott,

E.P. Karam, N. Moustaid-Moussa, J.M. Calarco, L. Ramalingam, A.E. Talley, J.E.

Cañas-Carrell, K. Ardon-Dryer, D.A. Weiser, X.E. Bernal, & J. Deitloff. (2020).

“Opinion: In the wake of COVID-19, academia needs new solutions to ensure gender equity.” *Proceedings of the National Academy of Sciences*, 117(27), 15378.

McCormick, C.M. (2020). “Disparities in the toll of the COVID-19 pandemic on publishing:

Evidence from submissions to *Hormones and Behavior*.” *Hormones and Behavior*, 124, 104814–104814.

Myers, K.R., W.Y. Tham, Y. Yin, N. Cohodes, J.G. Thursby, M.C. Thursby, P. Schiffer, J.T.

Walsh, K.R. Lakhani, & D. Wang. (2020). “Unequal effects of the COVID-19 pandemic on scientists.” *Nature Human Behavior*, 4(9), 880–883.

Roger, V.L., S.G. Alan, D.M. Lloyd-Jones, R.J. Adams, J.D. Berry, T.M. Brown, M.R.

Carnethon, S. Dai, G. de Simone, E.S. Ford, C.S. Fox, H.J. Fullerton, C. Gillespie, K.J.

Greenlund, S.M. Hailpern, J.A. Heit, P.M. Ho, V.J. Howard, B.M. Kissela, S.J. Kittner,

D.T. Lackland, J.H. Lichtman, L.D. Lisabeth, D.M. Makuc, G.M. Marcus, A. Marelli,

D.B. Matchar, M.M. McDermott, J.B. Meigs, C.S. Moy, D. Mozaffarian, M.E.

Mussolino, G. Nichol, N.P. Paynter, W.D. Rosamond, P.D. Sorlie, R.S. Stafford, T.N.

Turan, M.B. Turner, N.D. Wong, J. Wylie-Rosett. American Heart Association Statistics

Committee and Stroke Statistics Subcommittee. (2011). "Heart disease and stroke

statistics--2011 update: a report from the American Heart Association." *Circulation*,

123(4), e18-e209.

Serio, T.R., & J. Misra. (2021, May 20). "Doing our part: how scientists can tackle the unequal

impact of the COVID-19 pandemic and other disparities in our profession." *ASCB*

Society News. Retrieved from: [https://www.ascb.org/society-news/doing-our-part-how-](https://www.ascb.org/society-news/doing-our-part-how-scientists-can-tackle-the-unequal-impact-of-the-covid-19-pandemic-and-other-disparities-in-our-profession/)

[scientists-can-tackle-the-unequal-impact-of-the-covid-19-pandemic-and-other-disparities-](https://www.ascb.org/society-news/doing-our-part-how-scientists-can-tackle-the-unequal-impact-of-the-covid-19-pandemic-and-other-disparities-in-our-profession/)

[in-our-profession/](https://www.ascb.org/society-news/doing-our-part-how-scientists-can-tackle-the-unequal-impact-of-the-covid-19-pandemic-and-other-disparities-in-our-profession/)

Shalaby M., N. Allam, & G. Buttorff. (2020, December 17). "Gender, COVID and Faculty

Service." *Inside Higher Ed*. Retrieved from:

[https://www.insidehighered.com/advice/2020/12/18/increasingly-disproportionate-](https://www.insidehighered.com/advice/2020/12/18/increasingly-disproportionate-service-burden-female-faculty-bear-will-have)

[service-burden-female-faculty-bear-will-have](https://www.insidehighered.com/advice/2020/12/18/increasingly-disproportionate-service-burden-female-faculty-bear-will-have)

Vincent-Lamarre, P., C.R. Sugimoto, & V. Larivière. (2020). "The decline of women's research

production during the coronavirus pandemic." *Nature Index*. Retrieved from:

[https://www.natureindex.com/news-blog/decline-women-scientist-research-publishing-](https://www.natureindex.com/news-blog/decline-women-scientist-research-publishing-production-coronavirus-pandemic)

[production-coronavirus-pandemic](https://www.natureindex.com/news-blog/decline-women-scientist-research-publishing-production-coronavirus-pandemic)

Williams, R.A. (2009). "Cardiovascular disease in African American women: a health care disparities issue." *J Natl Med Assoc*, 101(6), 536–40.