

FEMINA POLITICA

ZEITSCHRIFT FÜR FEMINISTISCHE POLITIKWISSENSCHAFT
(FEMINIST JOURNAL OF POLITICAL SCIENCE)

Call for Papers

Issue 1/2023

The Corona Crisis of Health Systems. Feminist, intersectional and decolonial perspectives (working title)

In the wake of the COVID-19 pandemic, not only has the overload and fragility of health systems worldwide come to light but also the multi-layered inequalities within health care. Deficits in medical infrastructure, lack of bed capacities and staff shortages in hospitals and care facilities are effects of years of privatisation and austerity measures. With the spread of the pandemic, these deficits have taken on dramatic proportions and further exacerbated existing inequalities. In this issue, we want to take a closer look at the impact of COVID-19 on global health systems and health crises as well as the resulting reconfigurations and intensifications of social and economic relations of inequality from feminist, intersectional and decolonial perspectives.

Relations of Inequality materialise on at least three levels: First, the pandemic has shown that health risks and health inequality are interwoven with intersectional inequalities within societies. Higher health risks and more severe disease trajectories in both the Global North and the Global South are often linked to a lack of accessibility to high quality and publicly-funded health care or at times to the complete absence thereof. At the same time, the Corona crisis is making access to basic health care more difficult. In the Global North, for instance, people of colour, refugees, trans* and intersex people are particularly affected by the consequences.

Secondly, the pandemic has massively increased the health, socio-economic and psychological burdens on women* in systemic or socially relevant occupations as well as formal and informal care relationships. The precarious employment relationships in the health sector worldwide primarily affect multiply disadvantaged women*. In the Global North, it is mostly women* of colour and people with a history of migration that are expected to alleviate the nursing crisis under difficult employment conditions.

The Corona crisis has brought these grievances to light. In the Global North, for example, it has generated public expressions of solidarity, highlighting the "heroic"

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Feminist Journal of Political Science
Barbara Budrich
redaktion@femina-politica.de

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achievements of doctors and nurses. The expressed recognition of reproductive labour during the pandemic has been accompanied by feminist hopes for an improvement in the status of health and care professions as well as new health policies. However, these have not yet materialised in structural changes.

Thirdly, debates on the international distribution of vaccines, patents and treatment strategies highlight neo-colonial power relations. These power relations are also expressed in the epistemic arrogance of the countries of the Global North – marginalising not only different forms of knowledge but also medical practices and crisis management strategies from the Global South. In essence, the question arises in which way racist and androcentric assumptions in medical knowledge have shaped the design of health policy measures in the pandemic.

Against this background, we particularly invite contributions on the following sets of questions:

- How do the pandemic and its regulation affect intersectional relations of inequality in the health and care sector? What are the consequences of the pandemic for informal care relations and global care chains? What are the consequences of a global health crisis that is primarily regulated at the level of nation-states?
- How is the gender policy of international organisations (e.g. WHO or World Bank) reflected in the pandemic? What influence does EU policy, for example, have on intersectional-feminist inequality relations in health systems?
- What does the pandemic mean for labour struggles and working conditions in the health and care sector in different countries worldwide? What feminist perspectives emerge from the consequences of the pandemic for care and health care? What are the insights for intersectional and decolonial feminist theorising?
- What policies have countries in the Global South pursued in their handling of the pandemic? What are the consequences of Eurocentric knowledge regimes and the governance of the pandemic on global health and vulnerabilities? What do we learn from decolonial feminist perspectives on the epistemology of pandemics?

Abstracts and Contact

Friederike Beier, Gülay Çağlar and Patricia Graf are the supporting editors for this issue. Abstracts of one or two pages should be sent to friederike.beier@fu-berlin.de, Guelay.Caglar@fu-berlin.de and patricia.graf@businessschool-berlin.de or to redaktion@femina-politica.de by **May 31rd 2022**. As a feminist journal promoting women inside and outside academia *Femina Politica* will prioritize qualified abstracts by women.

Submission Deadline for Contributions

The editors will select contributions from the abstracts and invite authors to submit full papers until **15 June 2022**. The deadline for manuscripts between 35,000 and 40,000 characters (including spaces, notes, and bibliography), prepared for anonymous double blind review, is **15 September 2022**. Information concerning the author should

only be given on the title page. All manuscripts are reviewed by external reviewers (double blind) and editors. The reviews will be returned by **15 November 2022**. The final selection will be based on the full-length paper. The deadline for the final version is **15 January 2023**.

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contact: redaktion@femina-politica.de