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Nation in Responses to COVID-19

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Feminist Studies, Volume 46, Number 3, 2020, pp. 694-703 (Article)

Published by Feminist Studies, Inc.

DOI: <https://doi.org/10.1353/fem.2020.0025>



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Unmasking Masculinity: Considering Gender, Science, and Nation in Responses to COVID-19

IN THE EARLY DAYS OF THE COVID-19 PANDEMIC, the reluctance of many men — including political leaders — to wear face masks became apparent, with normative masculinity coding the protective value of masks as indicative of a wearer's weakness.¹ Commentators pointed to nations with women as heads-of-state doing better than several prominent nations led by men, highlighting an association between "strong leadership" and "swaggering masculinity."² Male leaders who are "authoritarian, vainglorious and blustering," such as British Prime Minister Boris Johnson, Brazil's President Jair Bolsonaro, the Ayatollah Ali Khamenei in Iran, and President Donald Trump in the United States, have presided over some of the world's highest COVID-19 infection and mortality numbers, in contrast to, for example, New Zealand under Prime Minister Jacinda Ardern, Germany under Chancellor Angela Merkel, and Taiwan under President Tsai Ing-wen.³

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1. Valerio Capraro and Hélène Barcelo, "The Effect of Messaging and Gender on Intentions to Wear a Face Covering to Slow Down COVID-19 Transmission," *PsyArXiv Preprints*, May 11, 2020, <https://doi.org/10.31234/osf.io/tg7vz>; Monica Hesse, "Making Men Feel Manly in Masks Is, Unfortunately, a Public-Health Challenge of Our Time," *Washington Post*, June 27, 2020.
 2. See Amanda Taub, "Why Are Women-Led Nations Doing Better with Covid-19?" *New York Times*, May 15, 2020.
 3. See Nicholas Kristof, "What the Pandemic Reveals about the Male Ego," *New York Times*, June 13, 2020. For per capita rates, see Hannah Ritchie,

Yet, beyond the relationship between the gender of a country's leader and its coronavirus statistics, the gendered dimensions of COVID-19 responses reflect and comprise the shifting authority of science and discourses of national identity. Amid global contestation over economic and political dominance, there is an urgent need for expansive feminist approaches to culturally and historically specific constructions of masculinity.⁴ At the level of policy, there are issues not just for equitably and successfully addressing the pandemic, but also for informed, multi-lateral approaches to other pressing global issues, such as immigration, labor, and the environment. For feminist theory, this essay highlights the productiveness of bringing together studies of media discourses, science and technology, and globalization to analyze the contingent feminization of scientific research and knowledge. The coronavirus crisis has also amplified a masculinist nationalism in some countries that is tied to both projections of invulnerability by individual male leaders and the purported strength of the nation.

Esteban Ortiz-Ospina, Diana Beltekian, Edouard Mathieu, Joe Hasell, Bobbie Macdonald, Charlie Giattino, Max Roser, Breck Yunits, Ernst van Woerden, Daniel Gavrilov, Matthieu Bergel, Shahid Ahmad, and Jason Crawford, "Coronavirus Pandemic (COVID-19) Statistics and Research," Our World in Data, University of Oxford, <https://ourworldindata.org/coronavirus> (accessed November 3, 2020).

4. For example, see Judith Kegan Gardiner, ed., *Masculinity Studies and Feminist Theory: New Directions* (New York: Columbia University Press, 2002). It is also worth noting here that the specific characteristics of hegemonic masculinity are just as contingently defined as marginalized forms of masculinity and that valorized and stigmatized masculinities are co-constructed in particular contexts. R. W. Connell originated and developed the term "hegemonic masculinity" in *Gender and Power: Society, the Person, and Sexual Politics* (Sydney: Allen and Unwin, 1987) and *Masculinities* (Berkeley: University of California Press, 1995). See also Michael Kimmel, *Manhood in America: A Cultural History*, 4th ed. (New York: Oxford University Press, 2017, 4th ed.); and Mrinalini Sinha, *Colonial Masculinity: The "Manly Englishman" and the "Effeminate Bengali" in the Late Nineteenth Century* (Manchester, UK: Manchester University Press, 1995). Furthermore, behavioral characteristics associated with normative masculinity are not necessarily instantiated by cis male-bodied individuals, as discussed in work on female masculinity and trans masculinities. For example, see Jack Halberstam, *Female Masculinity* (Durham, NC: Duke University Press, 1998); and Salvador Vidal-Ortiz, "Queering Sexuality and Doing Gender: Transgender Men's Identification with Gender and Sexuality," *Gendered Sexualities* 6 (2002): 181–233.

**MASKS VERSUS MALARIA DRUGS:
HEGEMONIC MASCULINITY AND “STRENGTH”**

In examining the gendering of healthcare responses to COVID-19, it is important to note that not all measures have been equally associated with threats to masculine “strength.” Notably, taking drugs, including prophylactically, was prominently practiced and encouraged by both Trump and Bolsonaro. The Brazilian president continued to tout the use of the anti-malarial drug hydroxychloroquine after he was diagnosed with COVID-19 in July 2020, while the treatment of Trump’s own COVID-19 infection in October 2020 included the use of multiple experimental drugs, including an antibody cocktail developed by the pharmaceutical company Regeneron, the antiviral drug Remdesivir, and the steroid dexamethasone. Compared to mask-wearing, the language of drug treatments is more directly couched in war metaphors—a drug “fights” or “defeats” the disease or “kills” the pathogens in the way a mask does not. However, such metaphors are also common in discourse about addressing public health issues more generally, with references to “combat,” “frontlines,” and “war” itself, as scholars of the AIDS epidemic have discussed.⁵

A key difference between such acts of pharmaceutical bravado and the resistance to public health mandates is that taking drugs is an individual behavior with outcomes not dependent on other people’s compliance. Conservative skeptics have associated face mask use and social distancing with suspect progressive politics that infringe on individual liberties because they require a large majority of the population to comply for meaningful efficacy. Indeed, Bolsonaro flatly stated that “Right-wingers take chloroquine.”⁶ This is in line with a strand of conservative discourse that attacks the left through a feminized disparaging of its concern for vulnerable populations, the environment, and the state’s imperative to actively work toward greater social equality.⁷ In that

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5. See Catherine Waldby, “Body Wars, Body Victories: AIDS and Homosexuality in Immunological Discourse,” *Science as Culture* 5, no. 2 (1995): 181–98.
 6. Agency France-Presse, “Coronavirus: Brazil’s President Bets on Drug That Can Kill, to Save People from Covid-19,” *South China Morning Post*, May 21, 2020, <https://www.scmp.com/news/world/americas/article/3085413/coronavirus-brazils-president-bets-drug-can-kill-save-people>.
 7. See Katherine Adam and Charles Derber, *New Feminized Majority: How Democrats Can Change America with Women’s Values* (New York: Routledge,

light, the actions of political figures such as Trump and Bolsonaro are not simply about individual male leaders being foolhardy with their own health, but reflect the hegemonic masculinist disdain for communitarian approaches to societal problems. In countries such as the United States, this has been compounded by the ways that science and knowledge are also gendered.

**PRESIDENTS VERSUS PUBLIC HEALTH EXPERTS:
SCIENTIFIC KNOWLEDGE AND GENDER**

With some interesting exceptions, Western science has a long history of being produced and maintained as an elite, masculine enterprise in terms of its practitioners, methods, and modes of reasoning.⁸ Its gendered binaries privilege technology over nature, science over the humanities, and the experimental method over other, more holistic research approaches.⁹ Yet, its authority has become more uncertain, and the coronavirus crisis highlights the multiple and sometimes conflicting ways that science remains gendered. On the one hand, the masculinity of science has been subject to notable challenges in recent decades, with more women pursuing STEM field careers.¹⁰ Furthermore, feminists have critiqued the epistemology of Western scientific theory and method.¹¹ The dissemination of scientific knowledge is also gendered;

2008), 5–6; Jonas Anshelm and Martin Hultman, “A Green Fatwā? Climate Change as a Threat to the Masculinity of Industrial Modernity,” *Norma: International Journal for Masculinity Studies* 9, no. 2 (2014): 92.

8. For example, Kimberley Tolley discusses how the proportion of girls versus boys studying science in school and college in nineteenth-century America fluctuated, including periods when the proportion of girls outnumbered boys; see *The Science Education of American Girls: A Historical Perspective* (New York: Routledge, 2002). David Alan Grier examines the employment of many women as “human computers” doing manual scientific calculations in the United States in the first half of the twentieth century; see *When Computers Were Human* (Princeton, NJ: Princeton University Press, 2005).
9. See Evelyn Fox Keller, *Reflections on Gender and Science* (New Haven, CT: Yale University Press, 1985); and Erika Lorraine Milam and Robert A. Nye, “An Introduction to Scientific Masculinities,” *Osiris* 30, no. 1 (2015): 1–14.
10. See Maria Charles, “What Gender Is Science?” *Contexts* 10, no. 2 (2011): 23–24, <https://journals.sagepub.com/doi/pdf/10.1177/1536504211408795>.
11. Sandra Harding’s earlier work, such as *The Science Question in Feminism* (Ithaca, NY: Cornell University Press, 1986) and *Whose Science? Whose Knowledge? Thinking from Women’s Lives* (Ithaca, NY: Cornell University Press, 1991) has been followed by the emergence of feminist science studies

while the work of telling the public about science is much more feminized than science itself, women in the science communication field usually occupy the lower ranks. It is mainly men who enjoy the “recognition, status, leadership positions, and enhanced financial and reputational rewards.”¹² This includes several epidemiologists and scientists who attained media prominence during the COVID-19 pandemic.¹³ Yet, in several countries, there are clear tensions between politicians and scientists around COVID-19 strategy, pointing to a gendered marginalization of science that goes beyond the messenger.

Attacks by leaders such as Bolsonaro and Trump against their own public health advisors occur against a backdrop of increased science skepticism and science denial in many countries.¹⁴ In some cases,

as a field. For example, see Maralee Mayberry, Banu Subramaniam, and Lisa Weasel, eds., *Feminist Science Studies: A New Generation* (New York: Routledge, 2001). Other scholars have developed new feminist materialist approaches that further challenge traditional scientific theory and method; for example, see Stacy Alaimo and Susan Hekman, eds., *Material Feminisms* (Bloomington: Indiana University Press, 2008); and Karen Barad, *Meeting the Universe Halfway: Quantum Physics and the Entanglement of Matter and Meaning* (Durham, NC: Duke University Press, 2007).

12. Elizabeth Rasekoala, “The Seeming Paradox of the Need for a Feminist Agenda for Science Communication and the Notion of Science Communication as a ‘Ghetto’ of Women’s Over-Representation: Perspectives, Interrogations, and Nuances from the Global South,” *Journal of Science Communication* 18, no. 4 (2019), https://jcom.sissa.it/archive/18/04/JCOM_1804_2019_C01/JCOM_1804_2019_C07.
13. See Teresa Carr, “Coronavirus Coverage and the Silencing of Female Expertise,” *Undark*, June 22, 2020, <https://undark.org/2020/06/22/coronavirus-coverage-silencing-female-expertise>; and Andrew Zaleski, “Doctors Find Instant YouTube Fame During the Coronavirus,” *OneZero*, March 30, 2020, <https://onezero.medium.com/doctors-find-instant-youtube-fame-during-the-coronavirus-629ddd5cda1e8>.
14. In April 2020, Bolsonaro fired Dr. Luiz Henrique Mandetta, the health minister who began overseeing Brazil’s early efforts to address COVID-19. Mandetta’s replacement, Dr. Nelson Teich, resigned less than a month later. Trump has at various times expressed disapproval of or questioned the credibility of Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases and the most prominent medical member of the administration’s Coronavirus Task Force. Trump also threatened to fire Dr. Nancy Messonnier, director of the Centers for Disease Control and Prevention’s National Center for Immunization and Respiratory Diseases, and demoted Dr. Richard Bright, who had been part of the White House COVID-19 task force, for criticizing his promotion of chloroquine and hydroxychloroquine as treatments. See Michael Conway, “Trump’s

this is tied to specific politicizations of phenomena such as climate change, where there is an association between science skepticism and political conservatism.¹⁵ These are likely exacerbated by the proliferation of disinformation alongside unsubstantiated accusations of “fake news,” which heighten uncertainty about any third-party sources.¹⁶ Nevertheless, it may be no coincidence that this broader weakening of scientific authority is occurring as science has ceased being such a masculine bastion. While to some extent, incidents such as Trump speculating about the ingestion of bleach as a COVID-19 treatment reflect a broader anti-intellectualism within certain conservative circles, the widely accepted scientific method (for all its problematic elements) involves experimentation and testing premised on current theory and prior research. Especially for drug trials, this process requires a kind of caution and careful consideration of data that does not sit well with masculinist impulses toward quick action and clear results. Listening to scientists, in other words, is a potentially feminizing position to be avoided within the kind of cowboy masculinity espoused by Trump and Bolsonaro.

There have, of course, been previous pandemics, though recent ones have not come close to COVID-19 in terms of impact on the majority of the world’s population. Ebola, MERS, and SARS have had higher mortality rates, but they were contained to just a few regions of the world with caseloads in the thousands, not millions. AIDS has been a true pandemic, geographically, but it did not necessitate so many everyday behavioral changes for the general population. Still, it would be instructive to compare the disparagement of science during the COVID-19 era with how scientific recommendations were received during other major global

Disinfectants for Coronavirus Remarks Show the Danger in His Disdain for Experts,” NBC News, April 30, 2020, <https://www.nbcnews.com/think/opinion/trump-s-disinfectants-coronavirus-remarks-show-danger-his-disdain-experts-ncna11922301>; and Maggie Haberman, “Trump Aides Undercut Fauci as He Speaks Up on Virus Concerns,” *New York Times*, July 12, 2020, <https://www.nytimes.com/2020/07/12/us/politics/fauci-trump-coronavirus.html>.

15. For example, see Stephan Lewandowsky, Klaus Oberauer, and Gilles E. Gignac, “NASA Faked the Moon Landing—Therefore, (Climate) Science Is a Hoax: An Anatomy of the Motivated Rejection of Science,” *Psychological Science* 24, no. 5 (2013): 629.
16. See Dietram A. Scheufele and Nicole M. Krause, “Science Audiences, Misinformation, and Fake News,” *Proceedings of the National Academy of Sciences* 116, no. 16 (2019): 7662–69.

health crises. Doing so would provide stronger insights into how scientific knowledge has been gendered and marginalized in various contexts and what factors inform these phenomena.

**MASCULINIST NATIONALISM
AND THE TURN AWAY FROM MULTILATERALISM**

Responses to COVID-19 also illustrate the intertwining of gender and nation within contemporary global politics. As feminist accounts of nationalism and globalization have explicated, hierarchies of gender are produced through their intersections with race, ethnicity, nation, class, and other social axes.¹⁷ Thus, national identities are deeply gendered, though distinctly so under different geopolitical and historical conditions. One prominent set of discourses is the woman-as-symbol, significant as a representation of the nation or as emblematic of that which must be defended from foreign violation.¹⁸ At the same time, gendered nationhood often defines strength through masculinist military might and coercive state power wielded against othered enemies.¹⁹ Any threats to the effectiveness of such power also assail the normative masculinity threaded through this construction of national identity. In countries such as the United States under Trump, where projections of masculine toughness underpin the identities of individual leaders as well as their understandings of national strength, the intractability of COVID-19 is

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17. See Marianne H. Marchand and Anne Sisson Runyan, "Introduction: Feminist Sightings of Global Restructuring: Old and New Conceptualizations," in *Gender and Global Restructuring: Sightings, Sites and Resistances*, 2nd ed., ed. Marianne H. Marchand and Anne Sisson Runyan (New York: Routledge, 2011), 10; and Maryam Khalid, *Gender, Orientalism, and the "War on Terror": Representation, Discourse, and Intervention in Global Politics* (New York: Routledge, 2017), 3.
18. See Cynthia Enloe, *Bananas, Beaches, and Bases: Making Feminist Sense of International Politics* (Berkeley: University of California Press, 1990), 52; and Nira Yuval-Davis, "Gender and Nation," *Ethnic and Racial Studies* 16, no. 4 (1993): 627–28.
19. For example, see Sikata Banerjee, *Muscular Nationalism: Gender, Violence, and Empire in India and Ireland, 1914–2004* (New York: New York University Press, 2012), 2; Khalid, *Gender, Orientalism, and the "War on Terror,"* 10; Joane Nagel, "Masculinity and Nationalism: Gender and Sexuality in the Making of Nations," *Ethnic and Racial Studies* 21, no. 2 (1998): 247–48; and Jasbir K. Puar, "Abu Ghraib: Arguing against Exceptionalism," *Feminist Studies* 30, no. 2 (2004): 522–34.

therefore highly threatening to both. Thus, it has garnered responses intended to shore up masculinized nationalism in ways that are detrimental both to domestic public health and to multilateral efforts to address the virus.

At the level of international trade, COVID-19 has underscored global reliance on China as “the world’s factory” for the last few decades. In the early stages of the pandemic, many Western leaders were chagrined that medical supplies their countries desperately needed were mostly made in China, which, dealing with its own outbreaks in early 2020, initially sought to keep almost all of the personal protective equipment (PPE) it manufactured for its own citizens. With dependencies on other countries understood as an embarrassing weakness, existing anti-free-trade practices in the United States were reinforced by White House calls for American companies to manufacture items such as ventilators for domestic use only. Until its own caseload flattened significantly, the United States briefly barred export of PPE even to long-time ally Canada and other neighbors in the Caribbean and South America with their own urgent demands.²⁰

While neoliberal trade is by no means the solution to global inequality, preventing the export of life-saving equipment instantiates a more general turn against transnational cooperation and interconnection that is intimately tied to both masculinist individualism and a racist, xenophobic anti-globalism. This kind of go-it-alone approach has also been in evidence with the United States buying up almost the entire world’s stock of the potential anti-COVID-19 drug remdesivir in June 2020.²¹ Such actions compound the “vaccine nationalism” that threatens transnational collaborations for research, production, and distribution of a COVID-19 vaccine.²² It is crucial, then, to theorize COVID-19 responses

20. “Coronavirus: US ‘Wants 3M to End Mask Exports to Canada and Latin America,’” *BBC News*, April 3, 2020, <https://www.bbc.com/news/world-us-canada-52161032>; “Prioritization and Allocation of Certain Scarce or Threatened Health and Medical Resources for Domestic Use,” Federal Emergency Management Agency, April 10, 2020, <https://www.federalregister.gov/documents/2020/04/10/2020-07659/prioritization-and-allocation-of-certain-scarce-or-threatened-health-and-medical-resources-for>.

21. “Coronavirus: US Buys Nearly All of Gilead’s Covid-19 Drug Remdesivir,” *BBC News*, July 1, 2020, <https://www.bbc.com/news/world-us-canada-53254487>.

22. For example, see “Why Vaccine Nationalism Could Prolong the COVID-19 Pandemic,” *CBC News*, October 7, 2020, <https://www.cbc.ca/news/health>

within a critical globalization studies framework, going beyond well-known differences in geopolitical power to identify the ways that gendered and racialized hierarchies comprise these global asymmetries.

CONCLUSION

On June 26, 2020, Liz Cheney tweeted a photo of her father, former vice president to George W. Bush, wearing a face mask, with the caption and hashtag: “Dick Cheney says WEAR A MASK. #realmenwearmasks.”²³ In July, President Trump finally spoke positively about wearing a mask and formally encouraged the general populace to follow the Centers for Disease Control and Prevention’s recommendations on mask-wearing.²⁴ Trump was also seen occasionally wearing a mask after that, including when he was infected with COVID-19 himself. However, a few shifts in the rhetoric and actions of prominent Republicans should not obscure the ways that COVID-19 responses in the United States and elsewhere have been and remain problematically gendered. Muscular and masculinist nationalisms do not always involve military actions or direct state violence; policies around healthcare and trade also buttress them, often in more opaque ways.

Through a broader lens, this is a distinct moment for mainstream critiques of normative masculinity. Yet, there is also a danger of popular commentary around concepts such as “toxic masculinity,” partly fueled by recent manifestations of the #MeToo movement and other feminist-infused social justice efforts around gender and sexuality. These risk flattening the contextual, multi-faceted character of gendered phenomena.²⁵ Thus, scholarly accounts of responses to COVID-19 should productively examine how a cluster of gendered meanings around health,

/covid19-vaccine-nationalism-1.5752898.

23. Liz Cheney (@Liz_Cheney), “Dick Cheney says WEAR A MASK. #realmenwearmasks,” Twitter, June 26, 2020, https://twitter.com/Liz_Cheney/status/1276591702321647616.

24. Matthew Choi, “Trump, in Full Reversal, Urges Americans to Wear Masks,” *Politico*, July 14, 2020, <https://www.politico.com/news/2020/07/14/trump-urges-americans-to-wear-masks-361836>.

25. See the November 2019 issue of *Interactions: Studies in Communication & Culture* 10, no. 3, for #MeToo movements globally. For a critique about the limits of how #MeToo has addressed structural inequalities besides gender, particularly related to race, see Ashwini Tambe, “Reckoning with the Silences of #MeToo,” *Feminist Studies* 44, no. 1 (2018), 199–200.

strength, and nation are constructed and contested within particular national contexts as well as regionally and globally. This essay has identified two key entry points—the gendering of scientific knowledge and surges of masculinist nationalism. It underscores the continuing need for an interdisciplinary, global framework to consider the complexly gendered dimensions of COVID-19 and their cultural, economic, and political ramifications.