Casualties of the World War II metaphor: women’s reproductive health fighting for narrative inclusion in COVID-19

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ABSTRACT
While the COVID-19 pandemic progresses, politicians and media outlets in the USA have compared the pandemic with World War II (WWII). Though women’s reproductive health has been affected by both COVID-19 and WWII, these specific health needs are not included in either event’s mainstream narrative. This article explores the pandemic’s war metaphor through the lens of women’s reproductive health, arguing for a reframing of the metaphor. Narrative-building determines how health needs are perceived and addressed. A modification of the WWII metaphor can ensure that the narrative formulating around COVID-19 is inclusive of the women’s reproductive health needs that are eminently present.

INTRODUCTION
Since the spread of COVID-19 throughout the USA, politicians and major publications—The New York Times, The Wall Street Journal, Politico—have regularly drawn comparisons between this pandemic and World War II (WWII). Medical professionals are often compared with exhausted soldiers on the frontlines of battle, and the public sacrifice of social interaction is likened to the rationing of material goods for the war effort. Most recently, the number of COVID-19 fatalities in the USA has been compared with the total number of American soldiers who died in WWII, with the former now overtaking the latter’s official count (Sergent and Padilla 2021). The use of the war metaphor in medicine is not unique to COVID-19. It has been used to describe battles against other illnesses, like cancer and AIDS, where patients are ‘reduced to the metaphorical battlefields on which physicians would meet, and hopefully defeat, their enemies’ (Nie et al. 2016). The ubiquity of the war metaphor in medicine can be imputed to the metaphor’s ‘ability to simplify complex issues, improve communication, capture attention and motivate action’ (Isacs and Priesz 2021).

Despite such elements of unification, war is also divisive. ‘Wars have winners and losers’, and the ‘losers’ are not simply those who die but also those who become deeply affected by the crisis at hand (Marron et al. 2020). One such ‘loser’ in both WWII and COVID-19 is women, but throughout the popular comparison between the two events, there is little discussion of women’s health. Such an absence points to a greater, present-day issue: women’s health is consistently ignored in the face of other pressing health needs, as gendered health issues are deemed ‘non-essential’ and undesirably complicated for the public health narrative. This problem is compounded for reproductive health, which remains fraught with social stigma and politicisation, adding an unwelcome complexity to the ‘simple’ victory the public wants during COVID-19.

The rise of COVID-19 has made convergences around women’s reproductive health more urgent than ever, as turbulent times can highlight and aggravate pre-existing women’s health needs. If these specific needs are not incorporated into the common narrative built around the crisis, they run the risk of being neglected, overshadowed and even further stigmatised. As the essayist Susan Sontag warned in her book, *Illness as Metaphor*, the use of metaphor ‘can lead to a shift from fighting the disease to fighting, blaming and stigmatising the patient’ (Isacs and Priesz 2021). In the case of COVID-19, the ‘patient’ can be anyone who cannot persevere past the hardships wrought by the pandemic. Thus, even as we fight against COVID-19, we must also, at the same time, fight for women’s reproductive health in the face of pandemic setbacks.

WOMEN AND WWII: ENEMIES AT HOME
While Americans are embracing the favourable elements of WWII in choosing the war as a metaphor for COVID-19, such versions of history omit its problematic impacts on women’s reproductive health. Women were often perceived as vectors of disease in US propaganda (figure 1), and their sexual health during WWII became a matter of national security that demanded government oversight (Romm 2015). Declaring venereal diseases ‘military saboteur number one’, the US government sought to contain the mass of women assumed to be responsible for their spread (Romm 2015). The military ‘developed a battery of educational materials on venereal disease prevention’ to inform their male soldiers, providing them with condoms to protect them from ‘disease-laden’ women (Brandt 1983). Meanwhile, members of the Women’s Army Corps were expected to remain abstinent, facing discharge if they became pregnant (Romm 2015). Thus, when it came to protecting US interests, women themselves were portrayed as threats to American military might, and their reproductive health was considered expendable during wartime.

Following WWII, the government’s concern for women’s reproductive health continued to have very little to do with the interests of women. As men returned home from the war, contraceptives were federally endorsed. Though imagined by some as a tool for reproductive agency, contraceptives were promoted in mainstream American society as a method for family planning, a means to achieve the championed social ideal of the nuclear family (Voon 2017). The Planned Parenthood Federation of America published illustrated pamphlets, like ‘The Soldier Takes a Wife’ (figure 2), encouraging family planning, while criticising large families as thoughtless risks to the family’s health (Voon 2017). Abortion, meanwhile, was not considered a socially acceptable form of birth control. It was not until 1973, almost 30 years after WWII, that abortion was legalised, propelled by the women’s rights movement and several highly publicised cases of drug-induced birth defects (Hunt 1994). Although Americans would like otherwise, WWII does not represent the beacon of success to be repeated with COVID-19, at least not for women.

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Current controversy
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WOMEN AND COVID-19

During the current COVID-19 pandemic, women’s reproductive health is similarly compromised. Abortion opponents in ‘at least 11 states’ have argued that abortion is a ‘non-essential procedure’, claiming that restricting the service will ‘promote public safety’ in freeing personal protective equipment for supposedly more essential procedures (Jones, Lindberg, and Witwer 2020). These restrictions on abortion, incited by the pandemic, are a glaring symptom of the historical politicisation of women’s bodies. The polemical nature of abortion lies in the fact that ‘abortion straddles two worlds – medicine and politics – and so is contested like no other safe and legal procedure that a doctor undertakes’ (Furedi 2014). Political conservatives’ long-standing desire to overturn Roe versus Wade has been evinced in recent abortion restrictions, which carry financial and medical risks for women. Faced with legal barriers to abortion in certain states, women may travel out of state for this time-sensitive procedure, incurring travel and lodging costs in a strained economic position (Jones, Lindberg, and Witwer 2020). Women may even resort to unsafe abortions, which can cause fatal bleeding, kidney failure, infertility and trauma (Chemlal and Russo 2020).

Additionally, public fear of contracting COVID-19 and the reluctance to visit healthcare providers has placed women’s health clinics in serious financial jeopardy, threatening their ability to offer not only abortion, but other services, such as contraception and STI treatment (Jones, Lindberg, and Witwer 2020). The chasm between women and their health needs has grown from the pressure to treat non-COVID-19 concerns as secondary, further discouraging patient visits. Given the concurrent global rise in reported rates of intimate partner violence (IPV), an accessible healthcare infrastructure is a crucial need for women during this pandemic (Gelder, N. et al. 2020). Thus, COVID-19-related restrictions are coming at a time when women most desperately need access to care.

ISSUES OF METAPHOR

Although politicians and media outlets sometimes touch on COVID-19’s impact on women’s health, these issues are not incorporated into the pandemic’s national narrative. Over the past year, the media has brought attention to increased reports of IPV, abortion policy contention and potential pregnancy risks associated with COVID-19. However, those issues quickly disappear from the public mind, as the overwhelming focus of the media and government officials is rooted in COVID-19’s infection rate, death rate and economic impact.

The use of a WWII metaphor bolsters this schematic view of the pandemic, which makes COVID-19 easier for the public to understand. In a White House Press Conference last summer, former President Donald Trump compared his administration’s race to find a COVID-19 vaccination with the Manhattan Project’s efforts to develop the atomic bomb during WWII (Wise 2020). Like other references to the war, this comparison was meant to invoke a moment of national collaboration and accomplishment. The war metaphor continues to remain popular and effective because it presents a diluted and agreeable version of WWII. It completely ignores the fact that the bomb inflicted horrific civilian casualties, a deeply problematic parallel for a vaccination against a virus. Just as the controversial aspects of WWII are overlooked, the more nuanced and polarising health impacts of our current pandemic are excluded from its mainstream narrative. By embracing the WWII comparison, politicians and the media simply rehash militaristic tropes of medicine and disease long in use—virus

Figure 1 Woman walking between Nazi Germany’s Hitler and Imperial Japan’s Hirohito (Courtesy of Collectors Weekly, https://www.collectorsweekly.com/articles/a-graphic-design-war-on-venereal-disease/).
Current controversy

While the entire world eagerly awaits the ultimate victory against the spread of COVID-19, we must also reflect on the costs of victory, and the potential to mitigate these costs. The COVID-19 pandemic has exacerbated many issues in women’s reproductive health. Though the pandemic will eventually end, we will still be left facing a grave array of public health issues pertaining to women’s health. This means that victory against the virus should not be conflated with victory against prior health issues. We cannot lower our baseline of healthcare acceptability post-pandemic, especially for women. By including women’s reproductive health in the popular narrative around COVID-19, we may subvert the delayed response to women’s health needs that followed WWII. If we truly want to formulate a narrative of heroic accolades around COVID-19, let us not wait several decades after the pandemic to confront the women’s health challenges of today.

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Figure 2  Page from Planned Parenthood’s ‘The Soldier Takes a Wife’ (Courtesy of the New York Academy of Medicine Library).

is an enemy to be defeated. Regularly removed from the discussion of war, women are now disregarded in the discussion of COVID-19 as well. If the public is meant to see the present pandemic through the lens of war, women’s health will be the last looked for.

Nonetheless, remembering WWII provides Americans with an optimism regarding the future of COVID-19. The public-wide effort the ‘Greatest Generation’ mounted against the threat of the Axis powers reflects a narrative of undeniable victory. The exposure of dire soldiers’ needs during the war led to a wide array of medical advancements—from the large-scale production of penicillin to improved logistics in fresh blood supply banks, to innovative surgical techniques (Barr and Podolsky 2020). Today, the US healthcare system is undergoing a similar rapid transition in facing COVID-19. Many medical professionals have shifted their in-person patient visits towards telehealth platforms to help prevent viral infection, and pharmaceutical companies have compressed their drug development timelines. Additionally, efforts exist to promote a public facemask-wearing culture. In using WWII as the metaphor for our present crisis, Americans are encouraged to remember their capacity for national solidarity during trying times.

The WWII narrative also has the potential to elevate the healthcare concerns of women, but its present form is problematic. Just as in wartime, American society during the current pandemic has deemed the critical women’s healthcare needs of today as the problems of tomorrow. However, women’s health needs are even more urgent during the pandemic than before it, and we simply cannot afford a timeline for victory that relegates concern for women’s health to a post-COVID-19 world.

Figure 2  Page from Planned Parenthood’s ‘The Soldier Takes a Wife’ (Courtesy of the New York Academy of Medicine Library).
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