



Episode 3: A Pandemic Pregnancy Story

Gina Ramirez learned she was pregnant in the fall of 2020, during the Covid-19 pandemic. Unable to practice social distancing due to her job, she came down with the virus when she was just two months pregnant. Like many Latinos in her neighborhood of Brighton Park in southwest Chicago, she had to navigate the anxiety and insecurity of not knowing how her job would support her while sick or pregnant, or how the virus would impact her pregnancy. In this episode, reporter Francesca Mathewes revisits the crucial months that Latinos learned about the Covid-19 vaccine through the lens of Gina and her family. Local activists in Chicago shed light on the real fears and obstacles that fueled vaccine hesitancy, and

illustrate how their focus on community health safeguarded the health and wellness of neighborhood residents and families like Gina's.

Francesca
Mathewes:

By 2050, [Latinas will make up a quarter of all women in the US](#). They're gaining an education, participating in the labor market, accumulating wealth, and embracing entrepreneurship. The future of the United States is irrevocably tied to the health and wellbeing of Latinas. This is 100 Latina Birthdays, an open source podcast from LWC Studios about the health, wellness, and lifetime outcomes of Latinas in the US.

I'm Francesca Matthews, and I'm an independent journalist based in Chicago. I've worked in local news here since 2017, writing about people, neighborhoods, and the systems that shape and change them. Our narrative investigation in celebration of Latina health and wellbeing was reported in the greater Chicago area, but our findings have national implications.

In this first season, we will chronicle the lives of Latina women and girls in the first two decades, from birth to age 20. In this episode, we'll look at the impact of the COVID pandemic on pregnant Latinas and toddlers by spending time with Gina Ramirez and her daughter, Gianna.

Gina Ramirez:

Hop little bunny, hop, hop, hop. Hop little bunny, hop, hop, hop. Hop little bunny, hop, hop, hop. Hop, hop, hop, and stop. High five. Oh, yeah. Can I get a kiss?

Mathewes:

That's Gina and her daughter, Gianna, on any given day, singing and giggling in the front yard of their Brighton Park home. At two years old, Gianna already has a laugh that fills the air around her. She smiles confidently and plays freely. When I first met her, Gianna was in a toddler sized, remote controlled Jeep

Wrangler, her curly hair blowing in the wind while her father, Kas, strolled behind her with the remote in his hands.

Kas: Ready?

Gina Ramirez: Go, go, go.

Gianna: (singing "The Itsy-Bitsy Spider") ...went up the water spout, down came the rain and washed the spider out...

Mathewes: The sense of joy and peace that radiates from their family is something that Gina, 31, has cultivated while navigating serious obstacles. Gianna was born on July 1st, 2021, [in the midst of the COVID-19 pandemic](#) at John Stroger Hospital in Chicago. The pregnancy and birth were shaped by tight pandemic restrictions and [gaps in knowledge about how COVID would impact pregnant women and young children](#). Gina found out she was pregnant in November 2020. This was [before any vaccines](#) were approved by the FDA and rates of hospitalization from COVID-19 were soaring to [record highs](#).

Speaker 5: Last month, in fact, five Chicago area zip codes in Latino neighborhoods have seen the most confirmed cases in the entire state.

Mathewes: That's a [WGN news clip](#) from mid-November 2020. Gianna's zip code in the predominantly Latino neighborhood of Brighton Park was one of those zip codes. One out of every four COVID tests was coming back positive. In Latino communities across the country, according to the Centers for Disease Control, hospitalization rates were 4.2 times higher for Latinos than for non-Hispanic white people.

Speaker 6: Tonight, for 10 short minutes, Chicago came to a darkened standstill. Illuminated theaters, long left empty by the pandemic, dimmed their marquees.

Mathewes: This is [ABC Chicago](#) reporting on a national COVID-19 memorial service in January 2021.

Speaker 6: The bells of city churches tolled and the typically festive centennial wheel at a shuttered Navy Pier went dark over Lake Michigan.

Mathewes: That same month, at two months pregnant, Gina tested positive for COVID-19. She says that the information she received from medical professionals at her pregnancy checkups at the ultrasound clinic was confusing and stressful.

Gina Ramirez: It was kind of, like, very disturbing to hear that these doctors didn't know if it was going to affect my pregnancy or not. They said that I was going to have a miscarriage.

- Mathewes: In some instances, the lack of information worried her.
- Gina Ramirez: The fact that they didn't have answers on top of advising me that that may happen, that was very, like, I don't know how to explain it... very disgusting.
- Mathewes: It's important to keep in mind that most of what we know in 2023 about the pandemic is only based on data that scientists and experts have collected [in the last three years](#). The amount of time it could take to fully understand the impacts of COVID-19 on pregnant Latinas depends on the level of support for the research. For example, the public interest in developing a vaccine against COVID-19 was high, which led to [lots of investment in that](#) in a short period of time.
- Ethnic groups, especially Latinos, are underrepresented in medical research. [According to the National Institutes of Health, less than 8% of participants in clinical trials are Latinos. This is due to](#) a lack of information, poor access to healthcare and mistrust in the medical establishment. What we did know in late 2020 and early 2021, when Gina was pregnant, was that the spread of COVID-19 was [mitigated by social distancing](#) and reducing the number of people in enclosed spaces, including hospitals. So Gina went through many milestones of pregnancy without her partner, Kas.
- Gina Ramirez: It was kind of like they stripped away his connection to the baby, you know? Like, he can't be there, you know, like, he doesn't get to see the first ultrasound. He doesn't get to see his--his baby growing. Like, he doesn't--in my perspective, it was like he got stripped from that.
- Mathewes: Gina says she felt she was the best-placed person to grapple with the decisions coming up during her pregnancy.
- Gina Ramirez: I've been through a lot and I feel like that resilience within me just pulled through. Whatever my... my body was changing into a mother, right? So whatever my instincts were, like, that helped me.
- Mathewes: Although everyone is different, [the immune system tends to fluctuate](#) during pregnancy, which can make pregnant people [more likely to experience severe illness from COVID-19](#). Molly Corn is a certified nurse and midwife at [Alivio Medical Center](#), a bilingual community health center dedicated to serving the mostly Latino communities in Pilsen, Little Village, and Back of the Yards. Molly started working at Alivio in March of 2021, so she's worked with patients who contracted COVID while pregnant.
- Molly Corn: It was definitely nerve-wracking at the beginning for a lot of people. When people did get COVID, I didn't have, like, a lot that I could really offer them.

Mathewes: Even though experts were still learning about the impact of COVID on pregnant people, Molly was already seeing it with her patients.

Molly Corn: I can say anecdotally, I did see people who had COVID at the beginning of their pregnancy who developed, like, preeclampsia later, and pretty severe preeclampsia from time to time, which anyone can develop, but sometimes it felt like COVID might've contributed. We know, like, a lot of the research shows that it's kind of a vascular disease and the placenta is an organ that is like, very vascular.

Mathewes: [Preeclampsia usually appears](#) after 20 weeks of pregnancy. It's when a mother's blood pressure spikes, there's excess protein detected in urine, or there are other signs of damage to the kidneys or other organs. According to the CDC, pregnant women who contract COVID-19 are more likely to experience preeclampsia. Left untreated, it can lead to serious consequences for both the mother and the fetus, can even be fatal, and overall, [Latinos are more likely to experience](#) some of the risk factors for preeclampsia, such as obesity, diabetes, and chronic hypertension.

[The CDC also says](#) pregnant women who get COVID are more likely to experience other negative perinatal health impacts, like preterm birth, but there isn't an established connection between getting COVID while pregnant and more severe outcomes, such as miscarriage or stillbirth. Still, pregnancy might not place someone in the same [category of risk of severe illness from COVID](#) as someone over the age of 85 or with an immunocompromising illness.

Molly Corn: Midwifery has a philosophy that pregnancy is not an illness. It is a normal life state and it's kind of like... it's something I say to every individual at the end of their first pregnancy visit. I'm like, "Remember, you are not sick. You are pregnant."

Mathewes: But the amount of unknowns with COVID, especially in the first year of the pandemic, increased the risk for the mother and unborn child.

Molly Corn: There are a lot of things that are different, but the first thing is that, like--you're not fragile. You can continue to live your life as normal. With COVID, that had changed. What "normal" was was very different.

Mathewes: Some things remain the same. Smoking, drinking alcohol are all things that increase the risk of complications and that Molly tells pregnant people to avoid.

Molly Corn: There are a couple things we know that increase your risk. I tell all pregnant people to avoid all sick people because your immunity is down in some ways. You have to grow a whole human that doesn't necessarily instinctually belong there for 10 months, so you're just more vulnerable to just about everything.

Mathewes: Gina, of course, had another factor impacting her likelihood of getting COVID: that she's Latina. [A study published in Women's Health](#) in July 2022 looked at the rates of COVID among patients giving birth between May and December 2022 at [Sutter Health](#), a large healthcare system in Northern California. It found that Hispanic women were more likely to have COVID-19 at delivery and in their last trimester than non-Hispanic white women.

The exact reasons for this, while still not a hundred percent clear, are likely a combination of [health and social risk factors](#). When she got sick, Gina was working an in-person job in youth gang violence intervention, often on late night shifts. She was unable to social distance from the safety of her home.

Gina Ramirez: I had to be outside. I had to interact with people. I had to help people who were getting COVID testing, you know? I had to be out in the community. So it was very much like, feeling like I'm jeopardizing my health, feeling like, you know... money over my health, you know, because I had to support myself financially.

Mathewes: This was a [major underlying risk factor](#) for Latinos in Chicago. Many did not have the option to stay inside, take time off work, or work remotely.

Jadhira Sanchez: I actually looked outside my front door and half of my block was empty.

Mathewes: Jadhira Sanchez was born and raised in [Little Village](#), one of the more well-known Latino neighborhoods in the Southwest side not far from Brighton Park. She's now the assistant director of Community Health at [Enlace Chicago](#), a nonprofit community organization that works on healthcare access, immigration policy, educational advancement and violence prevention in Little Village. She recalls the first few days of lockdown in her neighborhood.

Jadhira Sanchez: And I told my mom, I was like, "Look, half of the cars are not here, which means that they're at work." I'm like, "Because if everything's closed and we can't go anywhere, they're not out partying. They're not out, like, at the restaurant or at the movies, they're out working." I'm like, "So how are our people not going to continue to have spikes in cases when--just take a look outside of your house if you live in Little Village. Half of your neighbors are out working."

Mathewes: In 2020, [more than half of all Latinos](#) in the United States had jobs that required them to work in-person and close to others. Latinos were also more likely to [take public transportation and live in a household](#) with two or more generations of adults, like Gina and Gianna, who live with Gina's mother. All these factors contribute to how exposed Latinos are to COVID infection.

By March 2021, the zip code that encompasses Gina's neighborhood had some of the [highest infection rates in Chicago](#). One in seven residents was getting COVID-19. Citywide, it was one in 11. And when they do get COVID-19, [Latinos are at higher risk of experiencing severe illness](#) for a number of reasons. Latinos

are among the [highest uninsured populations](#) in the country, according to the US Census Bureau in 2021.

As of March 2021, community organizers in Little Village reported that [more than two in five, or 44%](#), of residents were uninsured. A lack of insurance can indicate [a lack of access to consistent healthcare and preventative care](#) that can help a patient manage chronic health issues, such as obesity, diabetes, hypertension, and chronic liver and kidney disease, all of which, according to the CDC, are [more prevalent amongst Hispanic people](#) than non-Hispanic whites.

Jadhira Sanchez: I think as the time passed, I will be honest that--there was just a lot of things that were happening in the pandemic that not only, like, institutionalized a form of discrimination, but you can really start to see who in the greater scheme of things... were either the people that were valuable or that were being cared for or that mattered to take care for.

Mathewes: Overall, Latinos comprise almost [19% of the US population](#), but as of April 2023, they represented just over [24% of COVID cases](#), second only to white Americans who represent 53.8% of cases, according to the CDC. One of the preventative measures pregnant Latinas could take starting in 2021 was to get vaccinated against COVID-19. Here's Molly, the midwife with Alivio Medical Center.

Molly Corn: I always recommended vaccines as soon as ACOG and SMFM were, and the response to that was like, mixed.

Mathewes: ACOG is the American College of Obstetricians and Gynecologists, and SMFM is the Society for Maternal Fetal Medicine. These standard-setting organizations for maternal health began saying that pregnant people should be given the opportunity to decide whether to receive a COVID-19 vaccine in January 2021, the same month that Gina had COVID.

[In a joint news release](#), they explained that even though pregnant people weren't specifically included in the clinical trials for the vaccine, early toxicity studies had not raised any red flags to reproductive or fetal health, so pregnant folks should be given the option to get the vaccine at the same time as other at-risk groups. This was an unofficial recommendation.

Molly Corn: And I would say that most of my like, colleagues and friends who were pregnant at the time, and other midwives, even before the vaccines were like, fully recommended, a lot of them were choosing to say, "I am willing to take this risk because I am more concerned about the risk of COVID during pregnancy than the risk of the vaccine during pregnancy."

Mathewes: The COVID-19 vaccine rollout in Chicago [began around December 2020](#) and January 2021, and prioritized [healthcare workers, the elderly, and people with high risk conditions](#). By the end of March, [most Chicagoans were eligible](#) for the

vaccine, but the rollout was uneven. In January, among Chicago's initial 140,000 vaccines, [only about 17% went to folks identifying as Latino](#). Top health officials in the city said that a history of racial discrimination in the healthcare system factored into potential distrust or even a plain lack of access to the vaccine.

[CNN News Clip:](#)

This vaccine distribution process is like playing the Hunger Games. So if you're not tied already to a medical home, which is a reality for a lot of Latinos who are undocumented or uninsured, then, you know, your chances of getting vaccinated anytime soon are slim to none.

Mathewes:

This was something that Jadhira had noticed immediately in Little Village.

Jadhira Sanchez:

Even my family, when they went to the first appointment, it was in one of our neighborhood Walgreens. So you would typically think the entire line or the entire appointments are all going to be Latino, and what really surprised me where--I can't express whether I was mad or sad or what was going through my head, but literally my mom and my dad were the only two Latinos in line. And then there was 10 other people in line and they were all white.

Mathewes:

Being so familiar with everyone in the community, she knew that these new faces were not from Little Village.

Jadhira Sanchez:

I would start hearing that, they were like, "Oh, I'm coming from Lincoln Park. I'm coming from Highland Park, like from different suburban neighborhoods." And my first thought was like, "Wait, if these vaccines are here, they should be going to Latino neighborhoods or to the Latino residents, but they're going to folks that don't live in Little Village that are taking up the appointments because they have the time and the luxury to be able to make an appointment."

Mathewes:

Four months later, early May, [a little over 40% of LatinX people in Chicago](#) had received at least one dose of the vaccine, as compared to 54% of white non-LatinX people. This is ABC7 in Chicago in July, 2021.

[ABC7 News Clip:](#)

This is one of the locations of nearly a dozen vaccination pop-up sites that are going to be opening this weekend as local health officials try to get more unvaccinated people to get the shot.

Mathewes:

[The CDC recommends](#) waiting three months after symptoms start, or if a patient has no symptoms, three months after testing positive for COVID-19 to get the vaccine. [Both ACOG and SMFM began officially recommending](#) COVID vaccines to pregnant individuals in July, 2021, just after Gianna was born, and [the CDC followed in early August](#).

The COVID-19 vaccine is a proven, safe and effective way to protect against serious illness. [ACOG recommends](#) COVID vaccines for everyone age six months and older, including those who are pregnant, postpartum, breastfeeding, or

planning a pregnancy. Serious side effects from vaccines [are extremely rare](#), particularly in people who have no chronic medical conditions, cancer, immuno-compromising conditions or known allergic reactions to vaccines. [This is also true of the COVID-19 vaccine.](#)

Molly Corn: I think a lot of people who had vaccine hesitancy about COVID are the same people who really didn't like getting flu shots before. In many cases, a lot of people are like, "No, it gave me the flu." And I was like, "It didn't. That's not what happened. I understand that you felt bad."

Mathewes: Molly says for pregnant people, the parallels between the flu shot and the COVID vaccine can be instructive.

Molly Corn: What you should know is that in pregnancy, you're much more likely to contract the flu and you're much more likely to be very, very sick and get admitted into the hospital if you have the flu, and we took that principle and applied it to the COVID vaccine as well.

Mathewes: Gina was hesitant to get the COVID-19 vaccine. She says she felt like she was well-informed about other vaccines because she talked to other moms she knew and trusted about vaccines for tetanus, whooping cough, hepatitis, and rotavirus. These are all vaccines that are [commonly administered to infants](#) starting at birth and through the first 18 months of their lives.

But Gina's experience having COVID while she was pregnant soured her opinion of the COVID-19 vaccine. The lack of support she received from the medical system while she had COVID left her wondering whether she could protect herself and her family from the pandemic better than the doctors who she felt had failed her, and she had big, unanswered questions.

Gina Ramirez: My major concern is just like, the trust in the government. Like, I have a lack of trust in the government.

Mathewes: Gina's lack of trust in the government is rooted in her lived experience. Although she spent the early years of her life in Brighton Park, Gina spent some of her teenage years in Alsip, Illinois. Alsip is a [predominantly white suburb](#) to the southwest of Chicago and does not have the [same reputation for violent crime](#) as Chicago's Southwest side.

Gina Ramirez: I don't trust the government because of what I've seen, you know, like... I've been, again, in this neighborhood for so long that just being from an underserved community and being placed, for example, in Alsip, and seeing the total opposite of how people are being taken care of... like, ultimately, all of that I feel like does fall on the government and the laws.

Mathewes: Gina says she observed how the government wasn't enforcing gun laws in the neighborhoods she was in Chicago, despite hearing elected officials campaign on gun control and reducing gun violence. This is part of what led to her work in gang violence intervention and outreach in Brighton Park, an area the city has identified as [needing more violent crime prevention](#). Also, there was and is a lot of [misinformation and disinformation](#) about the COVID-19 vaccine in the US.

[Misinformation](#) is defined as factually incorrect information, while disinformation is incorrect information disseminated with the purpose of deceiving people. Jaime Longoria is a manager of research and training with the [Disinfo Defense League](#), a group of researchers and experts looking to understand and interfere with mis- and disinformation campaigns that target Black, Latino, Indigenous, Asian and Pacific Islander communities.

Jaime Longoria: There is a tendency to discuss these issues when it comes to communities of color within this realm of research as an increasing lack of distrust in institutions. I think from what I've gathered from years of doing this type of work is that that trust has never really existed. It's always been pretty shaky.

Mathewes: Jaime and his team [collected and analyzed](#) the most engaged with posts from unverified accounts, groups, and pages on Facebook, Twitter, and Instagram from November, 2020, to September, 2021. They also kept tabs on Spanish-speaking discourse surrounding the pandemic on those platforms and on more fringe ones like Telegram. They found that in the Latino community during COVID, many people had already been left out of the medical system before distrust could even begin to form.

Jaime Longoria: Folks were telling us, like, they would drive up to hospitals and they were being turned away from care. They weren't getting the information that they needed from their healthcare institutions. So for us, this really was about how there was a mass failure in providing public health services for these communities specifically, and that translated into further driving people not only to distrust, but also to look for information in other places.

Mathewes: [Those other places](#) ended up being family chats on WhatsApp, or YouTube channels that specifically cater to the questions, needs, and fears of these communities. Jaime said many folks that his team spoke to in field interviews relied on YouTube channels that would fly under the radar of moderators. Some might even look and sound [just like real news channels](#), but they disseminate unverified or sometimes purposefully deceiving information. Jaime says that some of these channels were run by genuinely bad actors while others were people simply passing on information, whether they believed it or not.

Jaime Longoria: Although a lot of the actors that we saw who were spreading mis- or disinformation about vaccines had some clear political leanings, a lot of them

were also just motivated by profit, and that didn't necessarily translate to the audiences.

Mathewes: So people watching could not always tell that the information they were consuming was not being shared for the purpose of their health and safety. The distrust in media and authority figures, combined with poor messaging that did not do enough to target communities like Gina's, did lead many folks to opt out of getting the vaccine, either initially or permanently.

Jaime Longoria: This came from conversations from a lot of folks on the field doing vaccination drives with our research that people would be much more comfortable being like, "Well, I already mask. I already use gloves. I wash my hands. I don't need the vaccine."

Mathewes: Jaime says that even after analyzing all this online content and who's consuming it, it is still difficult to measure the impact it has on vaccine hesitancy when there are so many other factors at play.

Jaime Longoria: One question that we get the most is, "Well, did it make a difference?" Like, when someone is exposed to mis- or disinformation, does that actually have an effect on their behavior?

Mathewes: He doesn't have a clear answer for the journalists, educators, and public health professionals who ask him this. It's difficult to pinpoint exactly how mis- and disinformation about vaccines impacts a population that encompasses multiple generations, classes, political ideologies, and even languages.

Jaime Longoria: We need to do a lot more research on how information and the intake of specific types of information really affects the ways in which communities think about themselves in the context of public health. But from our research, there is--we can sort of suggest that being exposed to just a confusing information ecosystem may have an impact on the ways in which people decide whether or not to partake in an intervention like a vaccine.

Mathewes: A major theme that Jaime and his team did notice in these online conversations was that many Latinos started off feeling more distance from the medical system than their white counterparts, and that distance creates a space for mis- and disinformation to take hold. This mistrust and potential for deception informed how Jadhira at Enlace educated her community about the vaccine.

Jadhira Sanchez: I cannot say how many times it was thrown in my face, or somebody, like a community member, just would be like, "Hey, but the government has done this before. They inject people with something that we don't know what it is, and then years later, come to find out that there are situations like African-Americans being sterilized or African-Americans being given syphilis in vaccinations." So it was a lot of that.

Mathewes: Jadhira is referring to [the Tuskegee experiment](#) in the early 20th century, which the US Public Health Service conducted on 600 Black men, 399 of whom had syphilis, but none of whom were given the known treatment for it. [According to the CDC](#), men were not infected with syphilis who didn't already have it. As for the fear of sterilization, Black, Latina, and Native American women in the US have been [subject to forced sterilization throughout the 1900s](#), including [immigration detention centers](#) as recently as 2020. Jadhira says part of what she has to do is meet people where they are.

Jadhira Sanchez: Because I can't fight that. Like, I can't tell them that's not true when we know that it is. I can't say and sit there, "Oh, you're going to be fine," when I truly am not one of the scientists, one of the doctors that's behind the vaccination and can say that it was done with the best purposes or intentions in mind, right, and that it doesn't have anything that could potentially hurt an individual more.

Mathewes: So she tries to acknowledge people's concerns and fears while keeping public health and science at the center of the conversation.

Jadhira Sanchez: It was very much trying to educate individuals, and that's where we focused on. And the education component didn't necessarily just come from our community health workers. It also came from our partners, as I mentioned, in hospitals and clinics that can actually attest and speak to what was going on, how the vaccine worked in somebody's body, and how it can actually help you.

Mathewes: Jaime's research also supports the use of what infectious disease specialists call a ["trusted voice"](#)--choosing a person in a community who others are more likely to listen to to spread the information that that community needs to hear.

Jaime Longoria: Numbers in itself isn't enough to convince folks, but if you had someone this individual trusted, you know, like a family member or someone that was very close to them, that laid down that logic of like, "Yeah, like, the risk might be minimal, but any risk from the vaccine is, like, even less so."

Mathewes: Jadhira and her colleagues at Enlace stepped in as trusted voices, sharing their personal experiences to put people's minds at ease.

Jadhira Sanchez: When I brought it up to, like, my neighbors, of "Hey, we're organizing vaccination events. You should definitely go and get vaccinated," those were the first questions. Like, "Well, what do you feel? Do you feel different?" Like, "Did something happen? Do you have side effects?"

Mathewes: By sharing her personal vaccination experience, Jadhira was able to reassure vaccine hesitant community members.

Jadhira Sanchez: And it was very much just letting them know like, "Well, this is how I felt with my first dose. This is how I felt with my second dose. And this is what I did and I

would recommend you do it, but also you might want to contact your doctor and see, you know, if they recommend something else." But those honest conversations, I think, were the ones that helped us the most because the community wasn't... although they were seeing all this in the news, they weren't listening to the doctors and nurses on TV. They were listening to our community health workers that were talking to them with their actual experiences, telling them like, "Hey, you're going to be fine. You might just feel off, like, that day, or for the next three days."

Mathewes: Enlace also helped people book their appointments and walk them through the experience, step by step.

Jadhira Sanchez: We had cases where there was people that were really scared to get vaccinated, and our staff not only would educate them and talk to them about their own experience, but then would help them prep for the vaccination. Like, "Okay, the pantry is today. Let's go get food so that it can be already in your fridge. Let's make sure you have all this so that when you get vaccinated and if you do end up having side effects, you can have everything you need easily accessible to you, and you don't have to try to go hunting down for food or medication or anything." So that honestly I think helped a lot of the hesitancy.

Mathewes: Jaime thinks the messaging from government authorities could have been more community-focused all along.

Jaime Longoria: This is really about, like, your place as a community member--not just for yourself, for protecting yourself and your child, but also just playing your part in what it means to try to manage a pandemic of this size. And again, I'm going to sound like a broken record, but [vaccination is one of the safest ways](#) that we've come up with in the history of humanity to deliver medication.

Mathewes: Nationwide, the initial trends of lower vaccination rates in Latinos have actually reversed. More Latinos than non-Latinos are vaccinated. As of February 2023, [according to the CDC](#), roughly two thirds, or 67%, of Hispanic people had at least one dose of vaccine, as opposed to 57% of non-Hispanic white people. Gina, like many, still deals with some of the impacts of the COVID infection.

Gina Ramirez: I still cannot freaking taste or smell like how I first did.

Mathewes: After recovering for almost a month at home, Gina tested negative for COVID and was able to return to work. She soon entered her second trimester. That's when she learned that her job was not going to provide maternity leave. In fact, the organization had no maternity leave policy at all. She says she spoke to her supervisor and was assured they would figure something out for her.

Gina Ramirez: It took about a month for them to come up with a policy, and I think the policy was eight weeks, and four was paid and the rest was unpaid, and that I would

have to switch off of my HMO and go to another insurance that was way cheaper.

Mathewes: Gina weighed her options and decided to quit the job.

Gina Ramirez: I thought about it and I said, "You know what? I will get more benefits not working, going on the medical card, going on WIC, going on the Link. I'll get more benefits that way than being with child."

Mathewes: [WIC](#), which stands for Women, Infants and Children, is the federally funded food assistance program, and [Link](#) is the card you use to pay with WIC at places like grocery stores in Chicago. Over 40% of the 6.2 million women who use WIC across the country [are Latina](#). There's several reasons Gina decided to quit working.

Gina Ramirez: I won't be jeopardizing my pregnancy anymore, my health anymore. I'll be able to focus on my pregnancy where I'm taking care of myself, where I'm eating healthy, exercising, doing whatever that I need to do for myself.

Mathewes: She was among many Latinas who dropped out of the workforce during the COVID-19 pandemic. [Latinas suffered the greatest decrease in labor force size](#) of any demographic group from March 2020, to March 2021. Before the pandemic, the number of Latinas in the workforce was poised to grow exponentially, but since then, their employment numbers have become only more precarious and unstable.

Latinas have traditionally been segregated into lower paying jobs. These jobs disappeared faster during the pandemic than higher-earning positions. For example, in just the two months after lockdown, close to 700,000 Latinas in leisure and hospitality across the country lost their jobs. In addition, Latinas have always faced a greater burden when it comes to domestic responsibilities. They spend more than double the time Latino men do on household activities, and more than three times as much on caring for family members. The pandemic only exacerbated this divide.

With schools shut down in the fall of 2020, even more Latinas left the workforce. These numbers come from [a June 2021 study](#) by the UCLA Latino Policy and Politics Institute. Their recommendations to get back on track for the labor, health and income growth that Latinas were on before the pandemic: there needs to be a stronger social safety net, a higher minimum wage and more investment in education and training [for Latinas to get more secure employment](#). For Gina, quitting her job then allowed her to dive into full-time parenthood.

Gina Ramirez: I couldn't care less about a job. I'll find another one, right? Like--I could never find another daughter. Her development and growth right now and that bonding time is way more important than any old job.

Mathewes: In fact, Gina felt empowered by her ability to stand up for herself.

Gina Ramirez: It was powerful, like dang, she's making moves. They don't have a policy for mothers. Gianna, because of she's here, we will be creating that for other mothers. But because I didn't stay, I couldn't even tell you if they kept that policy or not. But nonetheless, that was very powerful for me to feel like my child was giving me that power, like, to create a policy for whole generations after her.

Mathewes: In the last two months of her pregnancy, Gina says she thrived. She felt secure, more connected to her health and more able to prepare for Gianna's big day.

Kas: (inaudible, over Gianna crying) It's okay, shhh...

Gina Ramirez: Shoot, freaking... oh, my God, I was in labor for 18 hours.

Gianna: [laughter] My mommy!

Gina Ramirez: Yeah, that's when I gave birth to you. You came out of my tummy.

Mathewes: Kas was allowed in the room as Gina's only visitor.

Gina Ramirez: It was just, like, so beautiful. I think the first thing I said to him was, "I'll do that shit again." Right or wrong?

Kas: Mm-hm.

Gina Ramirez: He was like, "Chill." But I remember saying that, and like... he did wonderful. Like, he did absolutely wonderful. Like, not scared of blood, you know, not... just like, being by my side.

Mathewes: Gina's family and community became her main pillars of physical and emotional support. Gina and newborn Gianna were living at her mother's house with Kas, where they still live today. At the time, Gina's older sister, Rita, was living with them. Rita describes their efforts to protect the family from any COVID exposure Gina may have had at the hospital.

Rita: What we were doing is helping her with Gianna, you know, as much as possible. of course, cooking, and just taking care of everything that she needed just so that she didn't have to come out of the seclusion--out of the bedroom, basically, as little as possible.

Mathewes: Two years later in Brighton Park, Gianna and her parents enjoy the taquerias and corner stores that line the major thoroughfares in the green, sprawling expanse of McKinley Park just minutes away. The quiet hum of their residential block is occasionally interrupted by a car blasting Reggaeton or Ranchero music from its open windows. Midway airport is nearby, so the sound of airplanes punctuates the conversation. Although the neighborhood has [less violent crime today than other parts of the city](#), it's still a part of Gina and Kas' experiences there.

Gina Ramirez: Why I started a nonprofit? To create that safe space because there's rarely anywhere to go. So I want her to grow up in that type of environment where she sees that, you know... yes, those things may happen, but there also are people trying to help. There are, like, communities within this one, big community that don't necessarily agree with that. They want to live better. They want to be at peace.

Mathewes: Gina founded her nonprofit [Party Per Purpose](#) in 2017. She hosts events like breakdancing workshops and peace circles for teens in the neighborhood. The headquarters for Party Per Purpose sit at the end of their street, a place for art, expression and healing. On a warm summer evening in July, Gina's organization hosted a Mayor's Youth Council event.

Speaker 11: This is, like, a big monumental time I think in all of our lives in this city of Chicago. So thank you so much for being here. And then, Gina, please take it over and let us know about the space.

Gina Ramirez: Yes, thank you. That was so powerful, yes!

Mathewes: Gina started going to therapy in 2019. She says this gave her a solid base for creating a regular practice of self-care. To her, it's a part of passing down a healthy legacy to her daughter.

Gina Ramirez: I want to break generational curses, you know? Like, I want to break the barriers that my family has. And I've always been the type of person to stand up for myself, and stick up for myself and speak on what's right and what's wrong, and express how I feel.

Mathewes: Gina's sister Rita has witnessed her evolution.

Rita: Gina is very compassionate in herself. So I think that it's just important for her to instill those things. Her and I had a single mom and I know, you know, maybe it was harder for her to show us those things, so I think that Gina's taken a lot of those things that she feels that might have benefited her in her life... I think that she sees and recognizes that, and she really is trying to raise Gianna being--how should I say it--she is purposely raising her that way instead of it just being a natural thing.

Mathewes: Gianna's age group is special. The isolation of the pandemic has had [negative effects on now two and three-year-old toddlers' development](#). 90% of a child's development occurs before kindergarten, and interaction with other children and adults is a significant part of that growth. Many toddlers born and raised during the pandemic [struggle behind pre-pandemic babies](#) in [social, communication and problem solving skills](#). And months of isolation have [changed the way that many parents think](#) about spending time with their children.

Thanks to the efforts of her family, Gianna is healthy and sociable. Growing up in a tight-knit community, Gina was able to ensure that Gianna had plenty of interactions with family and neighbors in her early years of life. This evening, the family chooses to have dinner across the street at their neighbor's house where a taco stand was set up. The neighbors greet Gina, Kas and Gianna warmly. Kas plays with Gianna at the end of the table while Gina evaluates the spread of carne asada and orders for the family.

Gina Ramirez: They know me, so they know her automatically. I feel like they'll look out for her, you know? 'Cause I've been in this community for so long.

Mathewes: Gianna's laugh cuts above the sound of meat sizzling on the grill and neighbors catching up about their weekends.

Kas: It's hot a little bit. Just wait 'til it cool down.

Gianna: Wait to cool down.

Kas: Yeah.

Mathewes: In this neighborhood, with her resilience and the resources she's gathered, and even through a pandemic, Gina does everything she can to ensure that Gianna's future continues to be this safe, serene, and bright.

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