

#84: The Patriarchy & Public Health



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With Your Host

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with Marissa McKool, MPH](#)

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Hey, you all, I'm Marissa McKool, and you're listening to the Redefining Rest Podcast for public health professionals. Here we believe rest is your right. You don't have to earn it, you just have to learn how to take it and I'm going to teach you. Ready? Come along.

Hi everyone. How is it going? I just want to let you know my editor might not be able to get all this out and if not that's okay. There is a lot happening in the background here. There's construction happening in the unit above me. In the unit next to me it sounds like they're blasting some sort of music. My partner's watching sports right now and also dealing with some DMV stuff on the phone which you know how that goes, being on hold forever. So there's a lot happening but I committed to recording these episodes now and I'm going to do it because this episode is so important.

And if you've been listening at all lately, all the episodes we've been putting out, I have been sharing are so, so important and they're so interconnected. So if you haven't been listening to the Speaking Up Shame episode or Self-Trust, that came out the past couple of weeks. I encourage you to listen to it after this one because they really build on each other. And I also wanted to share before we get in, just a little side note which I just find so fascinating.

Right now I am putting myself in a situation right in the middle of really challenging my own experience of shame and self-trust. Can you guess what that is? I bet you can't. I have joined Bumble BFF. If you aren't aware, Bumble is a dating app or started as a dating app but have since added a version of their app where you can meet friends. And I started doing it to make more friends and it's been fascinating. Whether you're dating or trying to meet friends or anything it really does touch on our internal shame about who we are and who we should be, and our ability to trust ourselves.

And doing the Bumble BFF now just is showing me so clearly how far I have come in this work because when I was dating, that's when I was

#84: The Patriarchy & Public Health

doing some of my deepest coaching work on my dating anxiety with the dating apps and my experience was so different. I had so much more doubt and insecurity. I would constantly question, like do I want to go out with this person or not? Or they'd do something I wouldn't like, and I'd be like "Should I give them a chance or not?"

And I'd be stuck in indecision, and I'd waste time on people that I truly knew weren't people I wanted to build relationships with. And now it's so different. On Bumble BFF when someone messages something or says something I can clearly without drama look at it and decide. I don't judge them. I don't make it mean anything about them or me. But I just decide, do I want to pursue this relationship yes or no? And I move on. So much more relaxing and restful and a lot less drama.

And I think that's really because I have done so much work on trusting myself, on not shaming myself, on loving myself unconditionally. And I know many of you struggle with this. I posted on my Instagram, if you don't follow me, get on over there, it's some fun times, you get great coaching, but you also get some vegan food reviews. And some fun polls like this where I shared a poll, if anyone else is trying to meet new friends and I shared a poll of how is it going?

And the options, we're going great, not happening, really hard. And almost everyone put, not happening, really hard. So I know a lot of us as adults struggle with this. So I'm going to keep sharing my journey on meeting new friends through Bumble BFF and other ways. This is one of my goals right now. So follow me on Instagram so you can hear more about it if you also want to be doing this. Or if you're dating, a lot of this applies to dating too.

But part of the reason I wanted to share that is a lot of the things that prevent us from trusting ourselves, and speaking up, and that causes us to feel shame or doubt ourselves in work, in dating, in our relationships with friends. And everywhere in our life is the patriarchy. And today we're talking

#84: The Patriarchy & Public Health

specifically about how the patriarchy impacts you as someone in public health. This episode is more geared towards the socialization of women, meaning no matter how you identify now if you have been, or were, or are now being socialized as a woman.

I will be talking about how the patriarchy doesn't serve men either in a future episode. And if you identify as a man and you want to listen, by all means you can totally take stuff out of this. I just want to give you a heads up. This is really geared more towards thinking about the experience of people who are socialized as women. And I do want to say, today I'll be talking a bit more in the gender binary, man woman. I'm not talking in the gender binary because I believe it's a binary. I'm talking about it in that way because that's the way the patriarchy works to operate by enforcing there is a binary.

The truth is the patriarchy impacts people of all genders. And I do think I know a lot of you are familiar with patriarchy. But let's quickly define so we're on the same page. The patriarchy is a system that is based on the belief that men, meaning cisgendered men are superior, are smarter, are more capable than other genders. And it is a system that uses those beliefs to keep power isolated to only cismen and away from other genders. And typically that power imbalance, power hoarding results in people of other genders experiencing various degrees of oppression.

Now, obviously there's a lot more to it than that. But for the basis of this episode that's all you really need to know. And as I've been thinking about this, I have started really calling this concept lately, a double whammy of being a woman in public health. Because not only do you receive the socialization of the patriarchy as a woman in the world, you get it again in your field of public health. Because public health as a workforce itself replicates the patriarchy in so many ways.

#84: The Patriarchy & Public Health

And you might also have a triple, quadruple etc. whammy. If you're a mom, if you're a woman of color, if you're a disabled woman and other ways the patriarchy layers on further messages about your worth and value. So I want to ask you, have you ever thought about why the public health workforce is so overly represented by women? Have you ever really thought about that? There's a lot of other sectors in the health and sciences that are more overly represented by men.

Why is the public health workforce mostly women? Is it really because everyone's innate desire is to serve and help others? Or is it because women have been so socialized to believe that is their role? Is it because all the women in public health truly feel called to being in public health? Or have they been socialized to believe that it is their responsibility to solve all the problems in the world? And here's the thing, I don't have an answer, I truly don't. I don't think I ever will. I'm not sure anyone ever will.

It might be different, person to person, but I do think it's an important question to ponder. Here are some the ways that I do know the patriarchy operates in public health structurally. The workforce in public health is made up of 79% of women. But did you know of the 19 centers of disease control directors, the highest level in the kind of direct square public health field, because there's all these overlaps, CDC, of the 19 CDC directors there have only been three women appointed. And the first wasn't until 2002.

In the Department of Health and Human Services which sits above the CDC, it's a much bigger department, that's where a lot of the intersections in public health come into play. But in that large department, in 2018 women earned 9% less than their male counterparts. And this was from a study, the earnings statistic was from a study published in 2021. I want to note, they didn't have other demographic factors that they looked at like race and disability, sexual orientation, things like that.

#84: The Patriarchy & Public Health

But what we know nationally across all the workforce sectors is that Hispanic or Latino women make 54 cents to the dollar that a white man makes. We also know that cisgendered people are paid 32% more than trans or non-binary folks. And of course there are many, many other examples. There was also a study, which I found this fascinating especially since I worked at a school of public health, and I was a student there.

There was a study that looked at maternity leave and support by schools of public health. They found that for the schools they looked at, for faculty, faculty received an average of eight weeks of paid leave off, paid maternity leave. Staff, on the other hand, only received five weeks off of paid leave. Both of these numbers, eight weeks and five weeks are significantly below the APHA recommendation of 14 weeks. And obviously there's a clear disparity between staff and faculty. But doesn't that blow your mind?

APHA and other organizations like the WHO and all of that, recommend a certain amount of weeks. And for this example, APHA recommends 14 weeks. And schools of public health do not get that. Doesn't that blow your mind? It blows mine. And some other things I think many of you have probably seen, whether it's when you were a student or in your current organization, or a past organization. The priority for funding. Resources from government level all the way down often prioritize, 'hard science skills.'

And I'm putting that in quotes because that's subjective. So quantitative research is often prioritized over qualitative. Qualitative is seen not as important or valuable. The same with topic area, maternal child health, repro health, sexual violence, domestic violence. The amount of prioritization that those topic areas receive which are fields that largely work to support women, varies distinguishably from cancer research, infectious disease, even environmental health, that's not kind of gender specific.

#84: The Patriarchy & Public Health

And when I was in academia, even actually when I was in the federal government I saw this big time. But thinking about my time in academia, divisions that were focused on behavioral science or maternal child health were given way fewer resources and weren't taken as seriously compared to health policy, or biostats, or even epidemiology. And all this of course intersects with age, and race, and disability, the gender spectrum, sexuality, religion, so on and so forth.

So the patriarchy really functions in public health, in the public health workforce in two ways. The first is externally and structurally which we just talked about. The public health workforce, the organizations themselves within them, function under the patriarchy. Many of the policies and procedures that exist function as a result of the patriarchy. Then the second piece of it is we internalize it. We consciously or unconsciously internalize those messages and use those to mean we're not smart enough, we're not good enough, we'll never make that much money.

We shouldn't speak up, I can't say no. If I hold boundaries, people won't like me. You hold yourself back from negotiating, from applying to leadership roles, you question yourself, you defer to others. Public health doesn't function outside of the patriarchy or any other system of oppression just because part of the field's goal is to address the health impacts of those systems in the world. Public health as a field, as a workforce still operates under those systems of oppression. They are operating within the walls of your public health organization.

And this is really important to be clear about because as a field, as a team, as an organization, even individually as a public health leader. If you are trying to solve problems within public health organizations and workforces, change structures and systems within public health, you need to have this lens or you will not understand part of the problem that needs to be addressed.

#84: The Patriarchy & Public Health

Also if you are struggling at work, if you are overworking, overwhelmed, if you feel like you have too much to do. If you're taking on too much and you try to fix that without taking into account how your own internalization has contributed directly to that experience then you're never going to fully solve the issue. You're going to keep putting band-aids on it. Here are some of the core beliefs, most if not all all women in public health hold, that come from the patriarchy. We believe a lot of us unconsciously but some of us have brought this to consciousness, that our worth is determined by what we accomplish and how much we get done.

So you feel overwhelmed and panicked when you haven't gotten it all done. You're chasing your checklist. You believe your worth is determined by what other people think of you and what you do for other people. So you make decisions based on others and not yourself even if the result of that decision burdens you or impacts you negatively. And because you believe your internal worth is determined by those things you also believe that that's what matters most. You take priority, those things take priority.

You focus on what other people think, their needs and wants, and getting as much done as possible. And if you focus on yourself rather than others, you tell yourself you're rude and selfish. If you don't get, I'm putting this in air quotes, 'a lot or enough done, or certain things done,' you tell yourself you're lazy. You tell yourself if you can't get it done, then you can't do your things for yourself. If you don't help them first you can't rest.

You also secretly deep down and won't admit it, and me too, I'm not calling you out, I'm talking about all of us, all of us have internalized this, is the waters we swim in. But deep down you believe that you aren't as smart, or deserving, or as capable as your male counterparts. That if you promote yourself, or advocate for yourself, or even feel good about yourself and celebrate yourself, if you accept compliments, you believe then you're greedy, or self-centered, or not humble.

#84: The Patriarchy & Public Health

I can't tell you how many clients I coach who are worried about not being humble. How many times has someone complimented you and you felt uncomfortable? Your immediate reaction was to compliment them back or give credit to someone else. Well, they did all the work. I just presented it, or it was easy, or I got really lucky. You also believe you're only fit for roles where you are the support person, the helping person, not the leadership role, not the thought leader. All of this really intersects with toxic capitalism and hustle culture.

Everyone in the US at least or anywhere heavily influenced by US capitalism gets messages about their worth being related to how much they work and how hard they work, and women get it double. Men are socialized to believe that their worth or value in the workplace is their intellect. Women are socialized to believe that their worth and value is the time they put in, how hard they work. So many women I have coached are so worried about vacation, taking maternity leave, taking family leave. Because in their mind their value to the company is the time.

So if they take extended time away they won't be seen as valuable. That's not true, that's just an internalization from the patriarchy. Men aren't worried about that because they believe their value to the company is their intellect, their creativity, their innovation. So when you are struggling to relax at night and you are just replaying in your head everything you didn't get done, that's the patriarchy. Because you are worried that if you don't do it all it's going to impact you, how the company sees you, how the organization, your leader, your colleagues see you and your value.

Deep down you don't even really believe that saying no is a viable option, whether saying no to leading a committee, or attending a meeting, or anything else. That's the patriarchy. So many public health folks I work with, especially women, they get so worried about saying no to attending a meeting when they really need that time for themselves, either to rest or get

#84: The Patriarchy & Public Health

their work done. Because you have internalized the belief you always have to show up for others, that your role is to support them.

And because you've internalized belief, your value is time, if you're not showing up to that meeting, you're not using your time. I also can't tell you how many people I have coached who have actually gotten all their work done officially and then stressed out that they're not doing enough because they have extra time. Because again you're told to believe your value is the time you bring, the hard work you bring which is not true.

And then for many of you what also happens, this is kind of a mind fuck, is that when people ask you for help or to come to a meeting or ask you speak, even if you don't want it, even if you don't see value in it, even if you don't think it will serve you, you feel flattered that they'd ask you, so much so that you can't turn it down.

It makes sense that so many of you struggle taking PTO, going on vacation, using your flex days because you're worried it will burden your colleagues. Because you've been told you have to believe your value is based on helping others, serving others, making things easier for others. And that if you put yourself first, you're selfish. This matters, having this understanding really, really matters.

There are so many people who try to address their overworking, their overwhelm either for themselves or their team if you're a leader and don't have this understanding and they never get to the root issue. They never fully resolve it sustainably because this needs to be addressed. If you are trying to get more done by implementing time blocking, it's not going to work. It's not going to solve your problem. Time blocking is just a tool. It doesn't solve the voice in your head that says, "Well, if I don't get all this done, everyone's going to think I'm lazy."

#84: The Patriarchy & Public Health

If you try to start taking a lunch and no longer work through it, your brain's still going to offer you the same thoughts. You don't have time. You have to finish that report, what's everyone going to think? If you try to follow the generic advice that a lot of women get about know your worth when you're negotiating. You are not going to feel confident negotiating because you have been told that your worth is tied directly to what other people think. So you depend on them to like you, to determine you're worthy, to give you the money.

So negotiating or advocating hard in your mind is a danger to that. The problem with most advice about getting work done more efficiently, or getting rest, or putting yourself first or even changing habits is missing the understanding of how the patriarchy is a key piece of why so many women struggle with this. If your solution or strategy to have more time, to get work done more efficiently, saying no, setting boundaries, does not include an understanding of how your internalized limiting beliefs from the patriarchy are contributing. Or any other system of oppression or your internalized identity beliefs.

The solution will never work, not long-term, not sustainably, not consistently and it won't feel good because you'll still have those shitty thoughts you're thinking that make you feel shame. It won't help you feel empowered. You'll still feel anxious, and worried, and overwhelmed. In order to truly address your challenges of overworking, feeling overwhelmed, not having enough time for yourself, having too much to do. And instead get to experience actual mental and emotional rest, getting more time back in your day, being able to do things for you, being present with your family and friends.

Prioritizing time for things you want to do, not waking up in dread, to feel calm, and in control, and empowered at work. You have to be able to first understand and then address and undo your inner dialog of the patriarchy in your head, that sound in your voice, that sounds true and factual but it's not. Yes, there is structural sexism, that is true. However, just because a

#84: The Patriarchy & Public Health

gender pay gap exists does not mean you don't deserve to get paid more. It does not mean your value is only based on your hard work and how much time.

That's why understanding internalization matters, because if you look at those structural barriers, and then internalize that to mean you can't, you shouldn't, you won't, you have to please everyone else, you can't put yourself first, that's lazy. Then you are oppressing yourself. You are doing the patriarchy's work for them internally. You have to address the socialization at your individual level, both for you to have a different emotional experience and to actually achieve what you want to achieve, have the life you want, achieve the goals.

But also to change the system and structure, to change your organization, to change the field of public health. I think that's a piece we're missing a lot. We talk so much in public health, even internally of the workforce, of changing the workforce, the structure, the way we do things. We totally disregard the fact that guess who makes the policies? Guess who implements the structures? Guess who builds the system? People. We have to address on the individual level our own beliefs and internalization that drive the actions we take.

Part of the reason I created my new course is because when I was doing this work on myself, and I was such a loud advocate in my organization. One of the leading advocates for changing the internal structure and system, I mean for as long as I remember. I started a professional development collective at the CDC for fellows because I thought I saw a huge gap missing in the treatment of fellows and opportunities. When I was at the School of Public Health, I started an internal sexual violence prevention committee because I saw issues.

I was a huge advocate for this, and I was also burning out. And I did not see people talking about how to address burnout, how to address structural

#84: The Patriarchy & Public Health

issues, overwhelm, overwork with the understanding of how systems of oppression operate internally on an individual level and why that needs to be addressed. My coach, who I ended up learning from was the one who really opened my eyes to this. And she doesn't have a specific focus on public health or helping professions. That's really where I've dug in and looked around and say, "Okay, what's missing? What do we need to do? How do we fix this?"

And really thinking about myself and other women in public health who has this double whammy. They're socialized by the patriarchy in the world, they internalize that. And then they get second socialization in public health, and they internalize that.

So here's what we're going to do in this course. This course I created, it's launching soon called How the Patriarchy Robs You of Your Rest and How to Get it Back. It's really designed to address your internalized patriarchy so you can go out and kick the patriarchy's ass in the public health workforce. You are going to understand exactly why you struggle with getting rest, why you always feel overwhelmed and why find yourself overworking. And overworking meaning working even when you're at your mental, emotional, and physical capacity.

And this just isn't the context of work. We're going to be talking about at work but also at home, domestic duties, family responsibilities, personal life. You are going to see crystal clear how the patriarchy prevents you from resting. And by resting I mean taking time off, relaxing, turning your brain off, not worrying but also doing what you want to do. Staying focused, having time for yourself. And you're going to learn exactly how to end your mental and emotional exhaustion. So you can get mental and emotional rest, resulting in you getting work done more efficiently and effectively.

Having more time for yourself and what you want, not feeling guilt or resentful anymore. You are going to get specific tools, perspectives,

[Redefining Rest for Public Health Professionals Podcast
with Marissa McKool, MPH](#)

#84: The Patriarchy & Public Health

teachings to your experience as a woman in public health. I did this work on myself when I was in the field full-time. I know the challenges you're up against. I know the barriers. I get it, I've been there. But you can get out of those without having to quit your job, get a new boss, hire more staff, leave the field. I promise you.

This five week course is now open for enrollment. It starts January 9th. You do not want to miss it. It's a semi-live course. You get access to private one-on-one coaching with me. So I want you to head to mckoolcoaching.com/courses to sign up and grab your spot now. Enrollment is officially open. Do not miss this. There are limited spots because I only have a certain amount of openings in my schedule. And I really, really, really want to give all my energy to you taking this course so you can get all the support.

Because I want you to get out of this, I want you to see how you can rest. I want you feel better. I want you to show up more authentic and empowered and not doubt yourself or beat yourself up, or judge yourself, or be stuck in anxiety. I want that so bad for you because I got out of it. And I will tell you from the other side, life is so, so much sweeter and you deserve that too, every bit of it. So don't miss your chance, go there, sign up now. I'll see you starting January 9th, I can't wait. Bye everyone.

If you found this episode helpful then you have to check out my coaching program where I provide you individualized support to create a life centered around rest. Head on over to mckoolcoaching.com, that's M-C-K-O-O-L coaching.com to learn more.