



**HesaMag+**

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# Social inequalities: the only frontiers the pandemic does not cross

The idea that the pandemic travels across frontiers and affects the whole of the world's population is only a half-truth. There is one kind of boundary that the virus does seem to respect: that of social inequalities. And this is not only about a contrast between the northern and southern hemispheres; these frontiers can apply within a single city. *HesaMag* takes a trip to Barcelona to reveal one of the cases that most clearly shows the effect of social inequalities on the spread of the pandemic. While the virus swept through the working-class district of El Besòs i el Maresme, it stopped short at the Avenida Diagonal, scrupulously respecting the income level of the adjacent neighbourhood, a recently built luxury quarter.

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In El Besòs i el Maresme, a neighbourhood in the north-west of Barcelona, we are met by María Luisa, who lives in a single-storey building with a small yard. It is a ramshackle arrangement which seems to have been superimposed on a provisional structure. She is a 66-year-old woman looking after her grandchildren while their parents are working. She has lived in this house since she was born. Her parents came here from the city of Albacete. She worked all her life as a cleaner and cook until she retired just one year ago. Of her four children, only one, her son, stopped working during the lockdown that was declared under the state of emergency. Her three daughters worked throughout the lockdown: two in the health sector and one in a supermarket, forming part of the army of key workers during the pandemic. These working-class districts provided a workforce to the sectors that were at the front line. Luisa, a cleaner at a hospital, lives with

her mother in El Besòs i el Maresme and tells us that, during the lockdown, she was turning up for work every day: "I was more scared about travelling alone on the metro than catching Covid-19. At six o'clock in the morning, the city was deserted."

The fact is that people on lower wages have been the most exposed to the pandemic. They are the ones who have continued going to work, even if they have symptoms. This was demonstrated by the survey on "working conditions and health during the pandemic" ("COTS" from its Spanish initials), carried out by the Comisiones

Obreras Trade Union Institute of Labour, Environment and Health (ISTAS-CCOO) and the Autonomous University of Barcelona Research Group on Psychosocial Risks, Organisation of Work and Health (POWAH) between 29 April and 28 May 2020. This covered 20 328 people with an employment contract at the time, and the results show, among other things, that the percentage of people who went to work with Covid-19 symptoms during the first wave of the pandemic was almost twice as high among those who stated that they could not afford to meet their household needs

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↓ Namarata, originally from Nepal, is just one of many migrants who have seen their incomes fall during the pandemic. Photo: © Tania Castro



on their wages (18.2%) as among those who could cover their basic needs (10.5%). Between 26 April and 24 May 2021, these two research groups undertook a second edition of the COTS survey, covering 25 100 workers, and they found that the effect of low wages still applied as it had at the start of the pandemic: “Across the whole population, 7.2% stated that they had been to work with symptoms, but this percentage increased to 10.6% among those who stated that they could not cover their basic needs on their wages and dropped to 5% among those with wages that did cover their basic needs.”

Income level thus unquestionably acts as a frontier for Covid-19, and the case that perhaps best illustrates this is to be found on Barcelona’s northern shoreline. The district of El Besòs i el Maresme, with an average income per person of 10 289 euros a year, borders on a luxury quarter, Diagonal del Mar, where the average income is 20 913 euros a year. In El Besòs i el Maresme, a 50 square-metre flat might fetch 60 000 euros. In Diagonal del Mar, an apartment of the same size sells for upwards of 200 000 euros. From the swimming-pool-equipped terraces of Diagonal del Mar, you can look out onto the workers’ properties, built from facing bricks on the fields and farms alongside the Besòs River in the late 1960s. From the working-class district, in the background, you can make out the silhouettes of the new buildings, up to 14 storeys high, which look deceptively like skyscrapers: the contrast is a perfect metaphor for the distance between the social classes. On the borderline between the rich and poor neighbourhoods, the most modest flats are being revalued, and, as we know that “class status” does not correlate to “class consciousness”, some people no longer feel part of the poorer community: “This isn’t El Besòs, it’s the Fórum district,” claims one resident, hanging the washing out to dry from her window at the foot of one of the luxury blocks. Even though they are only separated by one street, they are two opposing worlds, one characterised by insecurity and the other by luxury.

The reality of Covid-19 in the two neighbourhoods is also diametrically opposed. The incidence of Covid-19 in El Besòs i el Maresme was 3 634 cases per 100 000 inhabitants in the four-and-a-half months of the second wave. On the other side of the road, in the Diagonal del Mar district, the cumulative incidence was 1 870 cases per 100 000 people. On even closer inspection, if we review the data by census tracts (a geographical entity smaller than the district), the asymmetry is

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↓ From the working-class district of El Besòs i el Maresme, the silhouettes of new buildings can be seen.  
Photo: © Tania Castro



in data processing was crucial when the Covid-19 pandemic broke out. On 8 April 2020, less than one month after lockdown was declared in Spain, the Barcelona Public Health Agency launched an interactive web page under the title “#Covid-19aldiaBCN”, where daily updates were given on cases of Covid in the city. The geographical location of infections was identified from the addresses of those affected and provided precious information about the behaviour of the pandemic in Spain’s second largest city, which has a population of 1 604 555 according to the last census.

The work of the ASPB is part of a strong line of research, whose best-known international reference figure is Michael Marmot, Professor of Epidemiology and Public Health at University College London. *Build Back Fairer: the Covid-19 Marmot Review*, published in December 2020 shows how the pandemic has affected lower-income groups more seriously and posits that socio-economic and ethnic inequalities existing before the pandemic have been exacerbated as a result of the containment measures in education and employment. What is original about the work carried out in Barcelona is that these social inequalities are shown not only in relation to the socio-economic indicators for population groups, but across the city’s actual geography. This focus means that specific measures can be taken in real time in the most deprived districts.

Besides the effect of social class, the studies carried out by teams like those led by Professor Michael Marmot have shown that ethnic minorities were also more exposed to Covid 19. In El Besòs i el Maresme, there is also quite a large immigrant population, who saw their income disappearing with the pandemic. This is the case for Namarata, originally from Nepal, who has two daughters, one four years and the other four months old. Her husband, the only worker in the household, has been furloughed since the pandemic started and has still not returned to work. “Without the ERTE furlough scheme [measures adopted by the Spanish Government to mitigate the effects of unemployment] we couldn’t have afforded to eat,” explains Namarata.

From the data received from the Department of Health of the Catalan Government (Generalitat de Catalunya), the ASPB was in a position each day to know how infections were spreading in the city, placing each infected person in the relevant census tract. The income level for each of these census units is known from information provided by the National Statistical Institute (Instituto Nacional de Estadística),

even starker. Two census tracts next to each other but in two different districts are two different planets in terms of Covid-19: the poorer census tract, with an official count of 2 059 inhabitants, recorded a cumulative incidence of 8 029 cases per 100 000 inhabitants over four-and-a-half months, whereas, over the same period, the wealthier census tract, with a population count of 2 349 inhabitants, recorded an incidence of 888 cases per 100 000 inhabitants. The conclusion is simple: poverty multiplies the cumulative incidence of Covid-19 almost tenfold.

### **The poverty map and the incidence of Covid-19 in Barcelona**

For decades, the Barcelona Public Health Agency (Agència de Salut Pública de Barcelona, ASPB), who provided the above data, has been investigating social inequalities and their effects on health. In 2005, the ASPB launched the MEDEA I project to analyse the distribution patterns of mortality from different causes in small areas of Spanish cities. As the reference unit, it used the census tract, which allowed socio-economic variables to be seen in relation to health indicators. All this accumulated experience

1. This report focuses on the second wave because in the first wave, on account of the scarcity of diagnostic tests, PCR (polymerase chain reaction) tests were carried out only in the most serious cases. The ASPB has information online from the first wave of the pandemic (from 1 March to 15 July 2020) up to the present time.

which is taken directly from the income tax returns of the Spanish population, submitted in relation to tax payment. There is an average income for each census tract, and this figure is compared with the cumulative incidence rate of Covid-19 (infections per 100 000 inhabitants over the period concerned) in each of the census tracts. Figure 1 shows the results obtained over the period described as the “Covid-19 second wave”, which lasted from 16 July to 30 November 2020.<sup>1</sup>

The districts to the north and south of the city of Barcelona are those with the highest cumulative incidence and are also those where personal incomes are lowest. For example, during the four-and-a-half months of the second wave of Covid-19, the cumulative incidence for the city of Barcelona was 2 909 cases per 100 000 inhabitants, but a substantially higher figure was recorded in the lower-income districts such as Torre Baró (4 456 cases per 100 000 inhabitants), La Trinidad Nova (3 805 cases) and Les Roquetes (3 997 cases) in the north of the city.

As explained by Marc Marí Dell’Olmo, Doctor of Biomedicine and an expert in statistics and public health, who is a technical specialist at the Barcelona Public Health Agency: “When infections are seen in terms of income levels, there is a statistically significant relationship between the income level of a geographical area and the incidence of Covid-19 in the area. The risk of contracting Covid-19 in lower-income areas is almost double the risk run by people living in higher-income areas. For both sexes, the map of Covid-19 infections in the second wave mirrors very precisely the map of income levels in the city of Barcelona: if the income level of a census tract increases, the cumulative incidence of Covid-19 falls.”

### Local government intervention at district level

Knowing that the postcode is a more meaningful determining factor for health than the genetic code, the Barcelona Public Health Agency draws up health reports per district and, since its creation, it has relied on deploying a network of community health workers citywide, especially in districts with more social issues. With the arrival of the pandemic, the information provided by the ASPB helped a great deal towards the development of health policies in the city of Barcelona. As Carme Borrell i Thió, the manager of the ASPB, explains: “We have always worked very closely with

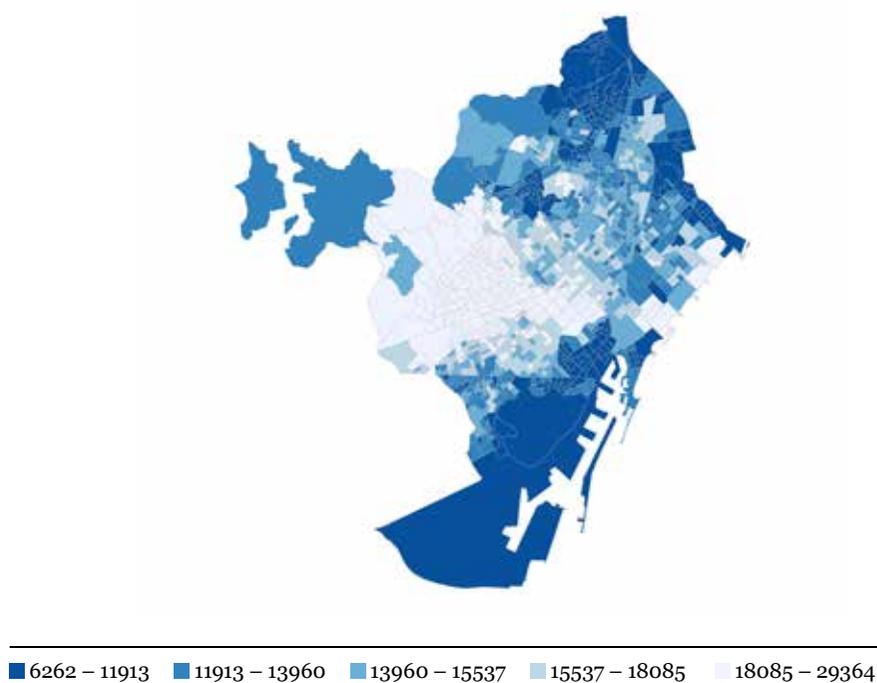
## Lessons for occupational health

The data revealing the differential effects of the pandemic in terms of income level have backed up a traditional trade union claim in relation to occupational health: low wages and job insecurity are in themselves a risk factor, not only for cardiovascular diseases or musculoskeletal disorders but for all health-related issues, including infectious diseases in a pandemic of such global reach as Covid-19. Unai Sordo, the General Secretary of the Comisiones Obreras (CCOO) union, stated this clearly when he presented the results of the COTS survey in July: “When we’re negotiating a pay increase or measures to put an end to the use of temporary contracts, it looks as though we are dealing with purely economic matters, but that is not the case: we’re protecting the health and the lives of the working class. There is no denying the correlation between low income and increased Covid-19 infection.”

In this kind of situation, demanding personal protective equipment at workplaces is important but not enough. Many experts point out what an important occupational health measure the Expedientes Temporales de Regulación de Empleo (ERTEs) furlough scheme has been in reducing insecurity as a risk factor: the government opted to support companies temporarily laying off their workers by bearing the cost of this additional budget to avoid massive staff dismissals. Alongside these flexibility arrangements, there were reductions in social security contributions for companies and a temporary limitation on lay-offs from companies that had benefited from them. According to official figures, in April 2020 the number of people claiming contributory welfare benefits rose to 3.4 million, an increase of 274% on the previous month – this gives a good idea of the impact that the ERTEs has had.

**Figure 1 – Geographical distribution (at census tract level) of the 2016 personal income index (in euros) in the city of Barcelona**

Source – Barcelona Public Health Agency (ASPB)



*The postcode is a more meaningful determining factor for health than the genetic code.*



↑ From the swimming pool-equipped terraces of Diagonal del Mar, you can look out onto the workers' brick houses. Photo: © Tania Castro

the officials responsible for managing the city, but we had never had an experience like this. Because of the pandemic, an information tool launched by the ASPB became a tool used for the day-to-day work of a lot of Barcelona City Council's areas of administration."

The team of the Mayor of Barcelona, Ada Colau, has been closely looking at everything relating to health and care, and the current Councillor for Health, Ageing and Care, Gemma Tarafa, happens to be a Doctor of Molecular Biology, whose research work has focused on the relationship between health and inequality. Recently, through a specialist health-sector channel, *El diari de la Sanitat*, Tarafa exposed the need to take action on inequalities in health: "The health crisis has exacerbated the inequalities that already existed. During the pandemic, we have been able to see that there are more infections in areas that have the weakest socio-economic indicators, and there are basically three reasons for this. Firstly, experiencing lockdown in a flat of 150 square metres with a terrace is not the same as in a flat of 30 or 50 square metres. A second factor is that, in areas with weaker socio-economic indicators, a lot of people have jobs that cannot be done by teleworking, and therefore they are more exposed to the virus. The third reason is that we know that people with weaker socio-economic indicators also have more chronic health conditions, precisely because of their personal circumstances, so they are at greater risk of suffering from more serious adverse effects from Covid-19."

Davide Malmusi, Director of Health Services at Barcelona City Council, outlines how the City Council and the ASPB worked together to try to reduce the inequalities: "The availability of data on inequalities in the incidence of Covid-19 gave Barcelona City Council a political impetus, which led to a maximum push to develop policies to tackle these inequalities. Among a very wide range of local responses to deal with the pandemic and its social and economic consequences, the municipal services took action in districts with a high incidence and with the most vulnerable residents to drive home the messages and preventive measures, provide practical help at home to people suffering from Covid-19 who did not have suitable conditions for isolation, roll out mass screening campaigns and set up support points for the vaccination programme." ●