



Book review



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THE UNEQUAL PANDEMIC

COVID-19 and Health Inequalities

CLARE BAMBRA, JULIA LYNCH
AND KATHERINE E. SMITH

COVID-19 COLLECTION

The Unequal Pandemic: Covid-19 and Health Inequalities

By Clare Bambra, Julia Lynch and Katherine E. Smith

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We are not all in the same boat when it comes to Covid-19

Paula Franklin
ETUI

The Covid-19 pandemic is fundamentally unequal: it has killed unequally, been experienced unequally, and will impoverish unequally. This book explains how and why.

Bringing together a vast range of evidence from public health, epidemiology and political science, the analysis by the three professors busts the myth that 'we are all in it together' and that the Covid-19 virus 'does not discriminate'. A person who is exposed

to and gets infected with SARS-COV-2, falls ill, or passes away, is more likely to be from a deprived urban neighbourhood and/or region than a more affluent one and more likely to be a member of an ethnic/racial minority group.

The authors outline four different pathways that link inequality to higher Covid-19 infection rates, case numbers, case severity, and deaths. First, increased exposure to the virus is a result of inequalities in working conditions. Lower-paid workers, particularly in the service sectors – such as care, food, cleaning, or delivery services – were required to go to work during lockdown, and more likely to be reliant on public transport for doing so. Moreover, people in lower-skilled occupations are generally less likely to be able to work from home. Second, the new 'pandemic vocabulary' has introduced us to the concept of 'underlying conditions' which increase the risk of severe illness and death. What this book unpacks is how health conditions that increase vulnerability to Covid-19, such as diabetes, heart disease or obesity, arise as a result of pre-existing inequalities in the social determinants of health. Third, even without any underlying conditions, people from deprived communities are more vulnerable to infection from Covid-19 as a result of chronic stress due to long-term exposure to adverse living and environmental conditions. And fourth, poor housing conditions – such as small living spaces, multiple occupation, or lack of outside space – increase the likelihood of transmission. In Barcelona, for example, the risk of contracting Covid-19 in lower-income areas is almost double the risk run by people living in higher-income areas.¹

The authors explain how the impact of the blanket public health measure of 'lockdown' – which in practice concerns everyone – has also been very unequal. The immediate mental health inequalities have been caused by job and income losses, crowded housing, lack of access to green space, and gender-based violence. In addition, evidence from previous global crises indicates that the economic fallout from the Covid-19 pandemic will continue to have huge consequences for health, and particularly health inequalities. The message is clear: 'These health inequalities before,

during and after the pandemic, are a political choice – with governments effectively choosing who gets to live and who gets to die.'

In six chapters, the book manages to document the unequal impact of the pandemic on health and to explore what can be done to decrease health inequalities. Countries with higher rates of social inequality and less generous social security systems have had a more unequal pandemic. In this context, weaker sickness protection for workers – especially lower-paid, lower-status workers – has meant that those who fall ill must choose between endangering themselves and others by going to work or losing their jobs and their income. Finally, where robust occupational safety measures and strong protections against unfair dismissal have been in place, fewer essential workers have been placed in danger.

The Unequal Pandemic is written in an engaging manner, intertwining data, historical perspectives, and accounts of lived experience. In the end, the reader is able to clearly understand how health is determined by societal circumstances, such as working and employment conditions, housing, and access to essential goods and services. And it could not be more evident that the longstanding systematic differences in health between groups of people are not only unfair – they are socially produced and avoidable. In the words of the authors: 'To prevent the pandemic from creating worse inequalities, we need not only policy change, but also political change: changes to our political parties and institutions that can lead to a greater voice for working people, and limit the outsized and growing influence of elite, corporate and financial sector actors whose short-term interests are promoted by inequality.'

1. Chulvi B., Social inequalities: the only frontiers the pandemic does not cross, *HesaMag* # 24, Autumn 2021. <https://www.etui.org/publications/workplaces-pandemic>