

Britain: Labour presides over massive increase in health inequality

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The difference in health and life expectancy between Britain's rich and poor has not been as unequal as it is today "since Victorian times." These are the findings of a report published in the April 30 edition of the *British Medical Journal* entitled, "Health Inequalities and New Labour: How the Promises Compare with Real Progress."

Male residents of Britain's least healthy local authority district (Glasgow City) now have a life expectancy 11 years lower than those who reside in the district with the longest life expectancy (East Dorset). The equivalent difference for females stands at 8.4 years. These gaps are up from 10 years for men and 7.8 years for women in 1995-97. "In a relatively short period of time that is a substantial increase," declared the University of Birmingham's George Davey Smith, who led the investigation.

Health inequalities have accelerated since 1997, when the Labour Party led by Tony Blair came to power. A number of indicators actually suggested that in some areas this inequality was gradually narrowing in the early and mid-1990s. But after eight years of Labour rule, the BMJ noted that "life expectancy continues to rise in the most advantaged areas of the country at a greater pace than in the poorest areas. This is despite much government rhetoric during the two terms of its administration proclaiming its intention to tackle health inequalities."

Four years ago the government announced that it was establishing a series of national targets to raise life expectancy in poorer areas, and by 2010 it aimed to reduce by 10 percent the gap between those regions in the lowest quintile of life expectancy and those elsewhere. Unless current trends are dramatically reversed, however, the life expectancy gap will be even wider by the end of the decade.

The medical journal found a direct relationship between health inequalities and the deepening social polarisation in Britain. Life expectancy is inextricably bound up with social issues, such as education, employment and availability of social and health services. Issues including child mortality, diet and exercise, drug and alcohol abuse, and psychological and mental health all affect life expectancy.

Inequalities of both income and wealth are at historically high levels. The BMJ briefly traced the historical trend of greater social inequality in Britain. Under the Conservative Thatcher government, the gap between rich and poor began to accelerate as the social position of the working class came under sustained attack. This continued unabated in the 1990s, with the election of the Blair government doing nothing to reverse the trend.

The poorest 10 percent of Britain's population now receives just 3 percent of total income, while the wealthiest 10 percent receives more than a quarter. Inequality is even more pronounced when assessed in terms of the share of national wealth. As the BMJ describes: "Between 1990 and 2000 the percentage of wealth held by the wealthiest 10 percent of the population increased from 47 percent to 54 percent, and the share of the top 1 percent rose from 18 percent in 1990 to 23 percent in 2000." The study went on to warn that "the growing inequalities in wealth seen in recent years do not bode well for future trends in health inequalities."

Thousands of premature deaths are being caused as a direct result of poverty and inequality in Britain. As the *Independent* noted, the authors of the recent BMJ article were also involved in a comprehensive 1999 study into poverty in Britain, "The Widening Gap". (See: "Growing social divide in Britain: Blair seeks to

refute new study on the widening gap between rich and poor”)

This investigation found that the death rate of under-65s in Glasgow was two-and-a-half times greater than that in the richer areas of southern England. The authors concluded that if people living in the worst areas of Britain enjoyed the same standard of health as those in the best, 71 percent of all deaths under the age of 65 could have been avoided. This totalled an estimated 10,000 lives. If Britain had then been divided into two nations, one made up of the richer regions and the other the poorer ones, there would have been 80,000 more deaths every year in the poor nation.

Davey Smith noted last week that the number of premature deaths is likely to be even greater today than it was at the time of the 1999 investigation. “As health inequalities have worsened since, we can say that if anything the proportion of premature deaths that might have been avoided in the worst areas has increased.”

The BMJ study concludes by demanding a greater redistribution of income in order to help fund health spending and improve the conditions of the poor. It highlighted the fact that both Labour and the Conservatives have refused to consider raising taxation rates on the wealthy, despite widespread popular support for redistributive measures. In 2002, 82 percent thought that the gap between those with large and small incomes was too large. This figure was up from 80 percent in 1989 and 72 percent in 1983.



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