

# COVID-19 killing the working class in Britain at more than twice the rate of the wealthiest

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Commenting on data produced by the Office of National Statistics (ONS), the *Financial Times* noted at the beginning of May, “The virus may have infected both Prince Charles and prime minister Boris Johnson, demonstrating that no one was immune, but the ONS study found that those infected in the most deprived communities in inner cities were much more likely to die.”

The coronavirus death rate in the most deprived areas of England continues to run at more than double that in the least deprived areas, the latest data from ONS shows.

Its new report, “Deaths involving Covid-19 by local area and socioeconomic deprivation: deaths occurring between 1 March and 31 May 2020,” reveals that deaths in working class districts in England and Wales are twice that in the wealthiest areas.

The ONS gives a figure of 46,687 deaths involving coronavirus in England and Wales between March 1 and May 31, 2020, representing a quarter of all deaths in this period. Overall, this means there were 81.2 deaths involving COVID-19 per 100,000 people in England and Wales.

During the period surveyed, the rate of deaths involving the coronavirus for the least deprived areas (Decile 10) was 58.8 per 100,000 population. The rate in the most deprived areas (Decile 1) was 128.3 deaths per 100,000 population. This is 118 percent higher than the least deprived areas.

In the least deprived areas of the country, the age-standardised mortality rate for all deaths was 242.6 deaths per 100,000 population. In the most deprived area, the age-standardised mortality rate for all deaths was 466.2 deaths per 100,000 population—a staggering 92.2 percent higher than in the least deprived areas.

The Index of Multiple Deprivation utilised by the

ONS is an overall measure of deprivation based on factors such as income, employment, health, education, crime, the living environment, and access to housing within an area. “General mortality rates are normally higher in more deprived areas, but so far Covid-19 appears to be taking them higher still,” says Nick Stripe, the head of health analysis at the ONS.

The pandemic is exacerbating the effects of already growing socioeconomic and urban inequalities. Working class districts most heavily hit by the pandemic tend to be located within the inner cities. These districts have suffered decades of neglect and austerity, endless cuts to public services and public housing, administered mainly by Labour Party-run local councils.

There is a clear link between COVID-19 mortality and how densely populated an urban area is. Between March and May, the most built-up areas, officially designated as “urban major conurbations,” like Greater Manchester and the West Midlands, experienced 124 COVID-19 deaths per 100,000 people. Across smaller “urban cities or towns,” like Preston and Brighton, there were 74 COVID-19 deaths per 100,000 people.

This rate shrinks to 48 in rural villages and 23 per 100,000 in the most sparsely populated areas of England and Wales. In general, the more people who come into contact with each other in a given area, the more the virus exacerbates the multifaceted nature of socioeconomic and urban deprivation.

The national medical director of NHS England said many of the factors that can heighten the risk of COVID-19, like diabetes, obesity, and lung disease, are found “more frequently in more deprived areas.” Professor Stephen Powis commented, “It is absolutely crucial that we narrow the gap in health inequalities.”

The ONS analysis reveals the disproportionate impact

of the death toll in working class districts, especially the poorest. Inner-city London boroughs with high levels of socioeconomic deprivation were hit hard by the virus. The capital city experienced the worst burden of COVID-19 deaths, where the virulent and deadly virus was involved in more than 4 in 10 deaths since the beginning of March.

By way of contrast, in the south-west of England where the country is less urban and wealthier, but also older on average, just over 1 in 10 deaths involved the coronavirus.

Nine out of the 10 local authorities with the highest COVID-19 age-standardised mortality rates were to be found within predominantly working class areas of London. Brent had the highest overall age-standardised rate, with 210.9 deaths per 100,000 population, followed by Newham (196.8 deaths) and Hackney (182.9).

The only local authority outside London in the top 10 was Middlesbrough. The city of Salford and the district of Hertsmere were also in the top 20 worst-affected areas for COVID-19.

The head of mortality analysis at the ONS, Sarah Caul, told the *Guardian*, “Although London had some of the highest Covid-19 mortality rates in the country during March and April, it is now experiencing lower mortality rates compared with most areas. During May, the region with the highest age-adjusted Covid-19 mortality rate was the north-east, where the rate was double that of London. The south-west region continued to have the lowest mortality rate overall and during each of the last three months.”

“Meanwhile” explained Caul, supporting the point made by Nick Stripe, the head of health analysis at the ONS, “people living in more deprived areas have continued to experience Covid-19 mortality rates more than double those living in less deprived areas. General mortality rates are normally higher in more deprived areas, but Covid-19 appears to be increasing this effect.”

The area with the highest number of deaths was the inner-city district of Crabtree and Fir Vale in the city of Sheffield. A total of 66 people died with COVID-19 between March and May in this district, according to latest data from the ONS. The second highest number of fatalities, including deaths in hospitals, care homes and elsewhere in the community, was 36 in Church End

in Brent, London.

Crabtree and Fir Vale suffered almost twice as many deaths than that of the next highest area.

In Sheffield, where the socioeconomic and urban inequalities are especially sharp, the total of COVID-19 deaths recorded during the same time frame in the wealthier south-west outer suburbs—neighbourhoods like Ecclesall and Greystones—was zero.

The Crabtree and Fir Vale area is where several care homes are located. The government’s criminal negligence and homicidal herd immunity policy have led to 14,022 registered deaths of people in care homes from COVID-19 just in England and Wales, up to June 13.

Many workers in Sheffield must survive in a shark-infested pool of private landlords charging high rents for slum terrace housing property. Overcrowding is rife in the inner cities because such conditions have led to multiple-occupancy family households in the poorest districts. Amid such overcrowding the pandemic has multiplied. Crabtree and Fir Vale is such an area, with multiple occupancy, public housing and poor quality, privately rented and tiny terraced houses, many overcrowded.

Professor Nishi Chaturvedi, director of the MRC unit for lifelong health and ageing at University College London, commented that deprivation increases the impact of COVID-19 through a range of factors—including overcrowding, income, employment, disability, and health status. Chaturverdi pointed out how a similar increase in risk had been seen previously in flu outbreaks, and to a lesser degree with chronic diseases.

She told the *Guardian*, “Deprivation is associated both with exposure to greater viral load, and with enhanced susceptibility to disease as a consequence of poor health.”



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