

# UK: Pandemic hits working class hardest due to deep social inequality

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The Fifth National Congress Resolution of the Socialist Equality Party (UK) noted, “The working class has paid a heavy price for the collusion of Labour and the TUC [Trades Union Congress] with the Tories and the employers. The virus is a poor man’s disease. Those in the most deprived communities were more than twice as likely to die as those in the wealthiest districts, and males in manual jobs four times more likely to die than those in professional occupations.”

This analysis is confirmed to devastating effect in the report, “Build Back Fairer: The COVID-19 Marmot Review--The Pandemic, Socioeconomic and Health Inequalities in England”. Produced by the Institute of Health Equity at University College London (UCL) and the Health Foundation, the 221-page report confirms that the disease impacts most severely on the working class.

“There are clear differences in risks of mortality related to occupation,” it notes. “Being in a key worker role, unable to work from home and being in close proximity to others put people at higher risk. Occupations at particularly high risk include those in the health and social care, as well as those requiring elementary skills such as security guards and bus and taxi drivers.”

Lead author Sir Michael Marmot is Professor of Epidemiology at UCL and director of the Institute of Health Equity, and a leading authority on health inequalities for over four decades. A former president of the World Medical Association and the author of *The Health Gap—The Challenge of an Unequal World*, Marmot has published valuable studies and lectured on health inequalities in the UK, the United States and Australia.

His report explains, “England had higher mortality from COVID-19 and higher excess deaths in the first half of 2020 than other European countries for which comparable data are available.” The reason for this is because the working class has been under systematic assault over decades, leading to a gutting of living standards and the wholesale destruction of essential health and social protections:

“Not only does England vie with Spain for the dubious distinction of having the highest excess mortality rate from COVID-19 in Europe, but the economic hit is among the most damaging in Europe too. The mismanagement during the pandemic, and the unequal way the pandemic has struck, is of a piece with what happened in England in the decade from 2010.”

The UK has suffered over 65,000 COVID-19 deaths according to government figures, but the true death toll is over 76,000. It fared so badly because of the class war austerity measures waged by successive governments.

The report notes, “Government policies of austerity succeeded in reducing public expenditure in the decade before the pandemic. Among the effects were regressive cuts in spending by local government including in adult social care, failure of health care spending to rise in accord with demographic and historical patterns, and cuts in public health funding. These were in addition to cuts in welfare to families with children, cuts in education spending per school student, and closure of Children’s Centres.

England entered the pandemic with its public services in a depleted state and its tax and benefit system regeared to the disadvantage of lower income groups.”

Income inequality led to health inequality. “Health had stopped improving, and there was a high prevalence of the health conditions that increase case fatality ratios of COVID-19... The unequal conditions into which COVID-19 arrived contributed to the high and unequal death toll from COVID-19 in England.”

The “governance and political culture both before and during the pandemic have damaged social cohesion and inclusiveness, undermined trust, de-emphasised the importance of the common good, and failed to take the political decisions that would have recognised health and well-being of the population as priority.”

Prior to the pandemic “health was deteriorating, life expectancy stalling and health inequalities widening. Socioeconomic inequalities played a big part in these adverse health conditions in the decade before 2020.”

Marmot’s work historically has focused on the impact of de-industrialisation, forcing millions who live in former industrial heartlands into a life of poverty. The report states, “[T]he close association between underlying health, deprivation, occupation and ethnicity and COVID-19 have made living in more deprived areas in some regions particularly hazardous. Mortality has been particularly high in the North West and North East since the end of the first wave.”

Over the past decade, “Cuts to local government... were regressive, with more deprived local authorities experiencing greater cuts than wealthier areas. From 2009 to 2020, net expenditure per person in local authorities in the 10 percent most deprived areas fell by 31 percent, compared with a 16 percent decrease in the least deprived areas. In North East England spending per person fell by 30 percent, compared with cuts of 15 percent in the South West. Cuts to public services were also regressive and negatively impacted more deprived areas the most. In some areas, which we call ‘ignored places’, by the start of 2020 deprivation was entrenched and deepening.”

The report links deaths among BAME groups directly to the occupations they are employed in and entrenched social inequality these communities face. While the authors state their belief that racism is a factor, class issues related to employment and living conditions predominate.

Explaining why “mortality risks from COVID-19 are much higher among many BAME groups than White people in England,” it notes, “BAME groups are proportionately represented in more deprived areas and high-risk occupations, and these risks are the result of longstanding inequalities and structural racism.”

It states, “As well as social care being one of the occupations with the highest rates of mortality from COVID-19, the crisis has exposed the pre-existing difficult conditions and low pay in this sector. In the UK there are more than 900,000 people working in frontline social care roles as their main job. A high proportion are women (83 percent) and 18 percent are BAME compared with 12 percent for all occupations. One in 10 care

workers is on a zero-hours contract and 70 percent earn less than £10 an hour (38). The proportion of care workers on low wages is highest in the North of England, which is also the region whose care homes have been the most affected by COVID-19.”

Many BAME workers also live in poorer areas in multi-generational households.

One of the main strengths of the study is its detailing of how the pandemic has accelerated a social crisis that has already devastated the lives of millions.

“As we set out in this report, COVID-19 has exposed and amplified the inequalities we observed in our *10 Years On* report and the economic harm caused by containment measures—lockdowns, tier systems, social isolation measures—will further damage health and widen health inequalities. Inequalities in COVID-19 mortality rates follow a similar social gradient to that seen for all causes of death and the causes of inequalities in COVID-19 are similar to the causes of inequalities in health more generally...

“The COVID-19 pandemic and associated containment measures have led to declining incomes and an increasingly precarious financial position for many, which has exacerbated already concerning levels of poverty, debt and financial insecurity in England.”

The UK is depicted as torn asunder by class divisions. “The last decade was marked by low and stagnating wage growth and increases in rates of poverty for people in work and for children. There were associated rapid increases in food poverty and homelessness. The introduction of the living wage did not prevent poverty among working people, while the new Universal Credit limits to benefit entitlements and changes to the tax and benefit system were regressive and resulted in widening income and wealth inequalities. Incomes for wealthier people and regions increased markedly—buoyed by rising house prices and share values, and the relatively low levels of taxes.”

The precipitous decline of living standards accelerated during the pandemic:

· “Household income (from all sources, including wages, benefits, assets and savings) fell in the UK in April 2020, following the outbreak of the pandemic. Changes to the benefits system, introduced to support households, did reduce the impact on the lowest-income groups, but when these changes are reversed in March 2021 there will be great financial and health harm to those groups. People on a low income but who are not reliant solely on benefits have experienced large declines in their income.”

· “A higher proportion of people earning less than £20,000 reported receiving a reduced income than those in the higher income brackets”.

· “As a result of COVID-19, inequalities in wealth will widen even beyond their high level pre-pandemic. One-third of families in the top income quintile saved more than usual in the first two months of the pandemic, whereas lower-income families were more likely to have taken on additional debt and 50 percent of people with savings under £1,000 had used them to cover everyday expenses.”

· “Prior to the pandemic, food insecurity was already of significant concern in the UK and the Trussell Trust found that an estimated 8–10 percent of households had experienced either moderate or severe food insecurity between 2016 and 2018. These levels have risen considerably during the pandemic as a result of loss of income, school closures and the additional costs of having children at home. During March to August 2020, four million people in households with children experienced food insecurity—14 percent of households—up from 12 percent before the pandemic.”

Marmot’s report proposes dozens of recommendations that should be carried to reverse the results of a social counter-revolution. But these are all addressed to the very government that has waged this offensive against the working class. There will be no change of heart by Prime Minister Boris Johnson and his gang of political criminals. Indeed, Chancellor

Rishi Sunak’s November spending review is acknowledged as leading to “a reduction of £10 billion in ‘normal public sector spending’ next year. Public sector pay outside the NHS will be frozen, and the temporary boost of £20 a week to Universal Credit is not set to continue beyond March 2021.”

Nothing is to be spared from cuts. “There are growing calls to reform social care pay to create parity with NHS pay but the November 2020 spending review subjected care workers to a pay freeze.”

Tens of millions of people, living in the fifth richest country on the planet, are suffering levels of social distress without precedent since the 1930s. This situation is entirely the responsibility of the pro-capitalist Labour Party and their partners in the trade union bureaucracy, who have collaborated in the greatest transfer of wealth from the working class to Britain’s oligarchy in history—leaving the UK the social wasteland and playground for the rich outlined in Marmot’s report.

When David Cameron’s Tory government began his “age of austerity” programme in 2010, he was not only acting in the spirit of Margaret Thatcher, but continuing the austerity of the Brown Labour government which had just overseen a £1 trillion bailout of the UK’s banks following the 2008 global financial crash.

None of this changed with the election of the nominally left Labour leader Jeremy Corbyn in 2015. Corbyn and his shadow chancellor John McDonnell were opposed to fighting the spending cuts imposed by the Tories and instructed Labour councils running virtually every major urban conurbation to impose “legal”, “balanced” budgets.

The bipartisan assault on workers livelihoods has continued throughout the pandemic, before and after Corbyn was replaced as Labour leader by Sir Keir Starmer. The suppression of all opposition in the working class to the Tories’ “back-to-work/back-to-school” drive by the trade unions and Labour has claimed tens of thousands of lives and will claim tens of thousands more.

Defeating the pandemic demands the bringing down of the Johnson government and the formation of a workers’ government. Rank and file committees, independent of the trade unions, must be established in all workplaces. The essential task posed is the building by the working class of their own leadership, the Socialist Equality Party.



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