

The Unequal Pandemic exposes COVID-19's disproportionate impact on the poor

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University College London (UCL) and Covid-19 Bereaved Families for Justice UK hosted a screening of *The Unequal Pandemic*, followed by a panel discussion, to launch the film about inequality during COVID.

The film is now available here.

Covid-19 Bereaved Families for Justice UK was formed in April 2020, because its two founders who had both lost close family members to COVID-19 believed that their loss could have been avoided if the government had made different decisions. They are determined to ensure that lessons are learned from their suffering and that others don't have to go through the same horrible fate that they had. They want to ensure that the lessons learned from the UK Covid-19 Inquiry, which their campaign had been crucial in setting up, are turned into legislation that saves lives in the future.

They were responsible for the creation of the National Covid Memorial Wall, a 500-metre-long mural with over 200,000 hand sized red hearts painted on it to mark each of the deaths suffered at that time in the UK from COVID-19, on the south bank of the Thames facing Parliament.

The Unequal Pandemic film, by Labour MP Debbie Abrahams and Good Guys Productions, highlights the vastly unequal impact of the pandemic on Britain's poorest communities, often minority ethnic groups. The short film lays bare the long-term institutional, social and government failures that led to one of the highest excess COVID death rates in the developed world. Its testimonies from bereaved families and stark evidence contradict the then Conservative government's cynical claim that "We are all in it together." This was a reference to the now infamous statement of the Tory Chancellor George Osborne in 2012 falsely claiming that everyone, and not only the working class, was bearing the brunt of the savage austerity unleashed by his government.

COVID-19 both reflected and exacerbated all the social inequalities prevalent in Britain today.

Sir Michael Marmot, Professor of Epidemiology at UCL and director of the Institute of Health Equity, a leading authority on health inequalities and author of several landmark government reviews on poverty, introduced the film. He told the audience that the UK is a "poor country with a few rich people in it."

The pandemic has so far killed nearly 250,000 people in the UK, according to the official statistics, with the population suffering the sixth worst death rate in the world due to the homicidal policy of Boris Johnson's Conservative government, summed up in his infamous outburst at the height of the pandemic, "No more

fucking lockdowns, let the bodies pile high in their thousands!" The number of people infected with the virus—and who continue to be infected in their thousands, with hundreds still dying weekly—is so great that over a million people are estimated to be suffering from the debilitating impact of Long COVID.

The government's policies were driven not by the fight against a preventable disease to protect public health, but by the impulse to prevent the disruption of global supply chains and financial markets. The ruling class welcomed the death of the elderly and those in need of care as a means of reducing social spending.

The pandemic had a disproportionate impact on black, ethnic minority and migrant communities (BAME). They were more likely to contract the virus, have a higher death rate, less access to sick pay, with migrants having no access to sick pay, under conditions where sick pay rates in the UK are among the lowest in the developed world, less access to adequate support schemes, unequal vaccination coverage and more likely to have inadequate living space. These conditions had a devastating impact on their health and in turn helped to spread the virus throughout the country.

The film opened with Marmot saying, "People said it will be the great leveller. But that's not the history of mass disease. It will expose the underlying inequalities and amplify them. Professor Clare Bambra, Professor of Public Health at Newcastle University, said her heart sank when she first heard about the new virus because of the knowledge of what happened in previous global pandemics and what it meant for different communities.

Marmot said that BAME communities suffered huge excess mortality rates, much of which could be attributed to where people lived and other socio-economic factors. But there was something else going on as well. Dr. Habib Naqvi, chief executive of the NHS Race and Health Observatory, explained that the reason typically given for why BAME workers suffered such high rates was they were more likely working on the front line in the pandemic, in health and social care, transport and retail. They were also more likely to have to use public transport to get to work, further exposing them to risk. But no one explained why that was the case in the first place, he said, indicating that racism was the unacknowledged factor.

However, the overwhelming weight of evidence presented demonstrates that it is the socio-economic factors detailed by the documentary that overwhelmingly determine the disparate impact of the pandemic, including on black and Asian workers.

Mortality rates were far higher in the north of England, the former industrial—and now poorer—area of the country, than in the south, and far higher in the more deprived areas, highlighting the north-south divide. According to figures produced by Food Aid Network and the Trussell Trust, “By 2019, prior to the pandemic, the UK had more food banks than McDonalds outlets.” Marmot said that health had been deteriorating prior to the pandemic. His earlier report in 2020, *Marmot Review-10 years on*, revealed that life expectancy had been stalling and health inequalities were widening. Socioeconomic inequalities played a major part in these adverse health conditions in the decade before 2020.

Marmot explained that the UK fared so badly because the government had disinvested in public services in the most regressive way, with the poorest areas bearing the brunt of the cuts. Local government slashed expenditure on adult social care. Healthcare spending failed to rise in line with demographic and historical patterns. There were cuts in public health funding as well as in welfare to families with children, in education spending per school student and the closure of children’s centres. Not only had public services been cut to the bone but the tax and benefit system had been recalibrated to the disadvantage of the lower income groups, with child poverty almost doubling to 4.2 million in 2022 since 2012.

Marmot noted that 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.

Thus, that disinvestment set the UK to manage the pandemic very poorly.

Even after the first case of COVID-19 was announced in February 2020 and the virus was spreading rapidly, superspreader events such as a football match in Liverpool and the horse races at Cheltenham were allowed to go ahead, with the inevitable results. The government was complacent and ignored the lessons of previous pandemics, the healthcare specialists explained. They had totally inadequate protective clothing, masks that did not fit and personal protective equipment (PPE), if it was provided at all and in many cases it was not, was useless, leaving them exposed to COVID and terrified. One healthcare worker was told when she complained to buy her own from Amazon, at a cost of £300! Many hospital workers died as a result.

When the government did try to procure PPE, it turned to its friends to do so without even the pretence of going through the correct procedures for public procurement. As a result, much of it ended up in bonfires. As Marmot said, “Pub landlords might not be the best people to buy our PPE from. So the government’s absolute faith in the private sector led to an incredible waste—£38 billion for the government’s test and trace system. The government stopped funding public health, so we had no capacity. So then it says, ‘Let’s get some capacity, let’s put tens of billions into some new private sector organisation to do.’”

“No, how about funding Public Health to do it? That’s what it is set up to do. To work with local government. To work with the voluntary organisations. Do I think that running Test and Trace through local public health services would have been better than

the private sector? I don’t think it could have been worse.”

The film’s screenshots show Britain’s deprivation graphically. It gives voice to some of the people who lost family members. Francesca Michaels speaks about her mother, Billie Michaels, who grew up in a deprived, working class area of Liverpool in the north west of England. Billie brought up five children while on benefits and lost her life to the virus while parties were going on in Downing Street: “It was a conveyor belt of death. She was cremated in a body bag.”

Karren Frasier-Knight speaks about losing her twin sister, Paula Greenhough. “I lost half of me – half of me is gone,” she says through tears. Lobby Akinola, one of the panellists in the discussion after the film, had a similar experience. He says: “When I got the call from my mum that dad was no longer with us, my world ended in that instant. I fell on the floor. Everything fell apart.”

In conclusion, Marmot said that many of the failings before and during the pandemic were clear to see. Poverty is something that “impedes freedom... Don’t get rid of environmental and social protections: get rid of poverty. That way, we will be better prepared to face the next pandemic.”

Following the film, there was a discussion chaired by Delanjathan Devakumar, Professor of Global Child Health and Director of the UCL Centre for the Health of Women, Children and Adolescents. The panellists included: Sir Michael Marmot, Naomi Fulop, Professor of Health Care Organisation and Management and Director of Covid-19 Bereaved Families for Justice UK, Oluwalogbon Akinola, a campaigner from Covid-19 Bereaved Families for Justice UK, Debbie Abrahams, Labour MP for Oldham East and Saddleworth and Andrew Gwynne, Labour MP for Gorton and Denton and Parliamentary Under-Secretary of State at the Department of Health and Social Care.

While the discussion centred on health care inequalities, none of the panellists addressed the central questions: how is social inequality to be eradicated or where is the much-needed funding for healthcare to come from? Much less did they challenge Abrahams and Gwynne over the Labour government’s plans for a budget with at least £40 billion in spending cuts and tax rises that will vastly accelerate the 14 years of brutal cuts already carried out by Conservative-led governments and the continued evisceration of the National Health Service. That this will fall hardest upon the most vulnerable was made clear by the Labour government’s first act—to abolish the winter fuel supplement for the elderly.

Ending social inequality can only be achieved by expropriating the billionaires’ wealth and imposing massive taxes on the super-rich, the financial institutions and the corporations to fund urgently needed social programmes for workers and young people. No solution can be found to any of the problems confronting working people except through the ending of the capitalist system and its replacement with socialism.



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