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NOTES & COMMENTS

# The great leveller? COVID-19's dynamic interaction with social inequalities in the UK

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**Abstract** It has been claimed that the global pandemic is a 'great equaliser' that creates a sense of cohesion, however, this is problematic since COVID-19 has revealed the stark divisions in our societies. For instance, in the UK COVID-19 has hit northern cities particularly hard. Therefore, by focusing on the north of England, and Bradford especially, this paper offers suggestions which may help us see clearly through COVID-19, creating a future that is more equitable.

**Keywords** Inequality · Race · Health

This paper is discussing social disparities in the UK that have been created by the pandemic and asks how do we create a future that is sustainable in reducing social inequality? In doing so this paper explores the impact of the Covid-19 pandemic on the north of England where cases have continued to rise. This has merit since parallels can be drawn with other parts of the world, thus, the findings in this paper may be of benefit to diverse communities.

As a social science researcher, a 'northerner' and a resident of Bradford, I have chosen to focus on my home city in this paper, since it has been experiencing first-hand the devastating impact that the COVID-19 pandemic has had in the north of England. Ironically, at the start of this pandemic, it was claimed that COVID-19 was a "great equaliser" (Abrams & Szefler, 2020, p. 659) that created a sense of cohesion and solidarity. However, this claim soon proved to be problematic since COVID-19 has increasingly becoming a disease of the poor, where those who are at greatest risk live in deprived and ethnically diverse neighbourhoods (BBC

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News, 2021a, b). Infection rates are much higher in these areas as compared with more affluent suburbs. Disparities across race, class and geographical regions are significant. For instance, mortality rates in the most deprived communities in the UK are 2.3 times higher than in more affluent sections of society (Public Health England, 2020). Moreover, 45% of those who admitted to hospital and 50% needing intensive care during the first wave were from the most deprived areas. By May 2020, 6894 people in deprived communities had died, compared with 4,672 in the least deprived communities (Northern Health Science Alliance, 2020). There are many complex factors at play here, for example, an inability to socially isolate, being employed in jobs where remote working is not possible, a lack of sick pay, overcrowded housing or having to care for elderly family members. The danger is that if these inequalities are not addressed then they risk deepening further post-COVID-19 (Dickerson et al., 2020).

Prior to the pandemic, life expectancy was already lower in the north than the south. Thus, during the first wave in Spring 2020, an extra 12.4 people per 100,000 in the north died due to COVID-19 (Northern Health Science Alliance, 2020). Other health issues have been impacted too, for instance mental wellbeing, with a steep rise in loneliness, anxiety and depression. These issues have not been helped by localised lockdowns that have put many businesses under pressure, exacerbating unemployment in a region already blighted by this. The pattern of inequality is increasingly stark across the UK where regional disparities in health and wealth, such as those created by the old north south divide are becoming more and more evident.

In Bradford West Yorkshire, Covid-19 has had a greater impact than "virtually anywhere else in the country" (Telegraph and Argus, 2021). The evidence for this is apparent in the mortality rate where since March 2020 1 in 537 of the population have died from COVID-19, with the city marking its 1000th death on 27th January 2021 (BBC News, 2021a, b). By March 2021 it had been estimated that 1 in 10 of the city's population have had Covid-19, with nearly 5000 residents hospitalised and around 4000 suffering from long-Covid. The toll on Bradford has clearly been substantial. The reasons for this are complex and include high levels of poverty, multigenerational and overcrowded households, and an economy where many are unable to work from home.

In many ways Bradford can be understood as a microcosm of the north, having struggled to thrive economically after the decline of its textile industry. Bradford is also a highly diverse city with a large BAME population, since migrant workers travelled from South Asian countries including India, Pakistan, and Bangladesh in the 1950's and 1960's to work in the textile mills (City of Bradford Metropolitan District Council, 2017). As a result, Bradford has a large community of Pakistani ethnic origin. Critically, the data indicates that those from a South Asian background are more likely to test positive for Covid-19 than other ethnicities (West Yorkshire & Harrogate Health & Care Partnership, 2020). This indicates that people from different ethnic backgrounds are not experiencing the pandemic equally (Bentley, 2020). Moreover, these differences appear to be unrelated to genetics but arise due to social and structural inequalities.

In addition, 27% of the population are described as living in one of the most deprived areas in England (City of Bradford Metropolitan District Council, 2018). Therefore, the city has some of the highest levels of ill health in England, where cardiovascular disease and diabetes continue to rise (McEachan et al., 2020). This trend is concerning since there is a connection between the virus and inequality, indicating that the COVID-19 crisis is highly complex, and, thus it can also be conceptualised as a syndemic (Horton, 2020). Within this frame, factors such as unemployment, poverty, smoking, homelessness, race, ethnicity, and overcrowded housing interact with COVID-19. Thus, leading to increasing vulnerability, susceptibility, and transmission. As co-morbidities go hand in hand with these environmental conditions, framing COVID-19 in this way is advantageous since this disease has a higher mortality rate for those with chronic health conditions such as diabetes and hypertension (Public Health England, 2020). Taking action to reduce these conditions can reduce the impact of COVID-19 on the most vulnerable and mitigate against the impact of future pandemics. And such regional health disparities can be reduced through the provision of additional resources, whether that be for sick pay or increasing localised public health funding that focuses on preventing the development of chronic conditions. Further resources could help mitigate against the impact that the pandemic has had on mental health and wellbeing too. Support could be inclusive, available to all age groups irrespective or race or class, akin to the 'Health for life' centres suggested by the Northern Health Science Alliance (2020). Without such equitable actions the pandemic has the potential to widen the gaps that currently exist in health and wealth. Moreover, finding ways to reduce these disparities is not just an ethical concern but can also help in both the prevention and mitigation of future health emergencies.

## 1 Conclusion

Whilst the reasons for regional disparities in COVID-19 are complex, it is imperative as a society that we aim to reduce, and reverse regional inequalities when they arise. To see clearly through COVID-19, solutions need to be found and implemented that create more equitable societies, especially since "the impact of the pandemic will be felt for years to come". (Northern Health Science Alliance, 2020). We need the imagination and determination to create a health and wellbeing culture throughout society, in schools and universities, organizations and workplaces. Crucially, as Horton (2020, p. 874) claims, boldness is required in developing a "larger vision, one encompassing education, employment, housing, food, and environment". Indeed, it may be through addressing these issues that COVID-19 can be defeated. (1055 words).

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**Decalarations**

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