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## The Pandemic and Inequality

Forum contribution: [After the Pandemic: Which Future?](#)

Kate Pickett

As an epidemiologist, I get a number of calls and emails from journalists, asking me to comment on the COVID-19 crisis. But I am not the kind of epidemiologist that they are (usually) looking for. As a social epidemiologist researching the social determinants of health and well-being, I study the impact of inequalities in income on physical and mental health, human development, and social relationships. A small silver lining to the current pandemic is that more people—and, crucially, more politicians and policymakers—now understand the importance of epidemiology, i.e., the study of the distribution and determinants of health, and public health research and practice. And while it is the infectious disease epidemiologists and modelers who are assisting governments worldwide to respond to the immediate crisis, social epidemiologists will be essential in understanding the longer-term impacts of the crisis, the responses to it, the oncoming economic recessions and depressions, and the routes to an inclusive recovery that could lead us to a much better new “normal.”

The ongoing work around the world on [scenarios](#), policies, and movements for change is encouraging. One collaboration in which I am involved is planning a massive online research process with 1,000 experts on “new economics” on which policies should be adopted at local, national, and global scales to create a better world after the crisis. The coronavirus pandemic will change our societies and economies in profound ways, and, amid all the terrible consequences, a vast number of people view the crisis as an opportunity and responsibility to rebuild our societies on a more sustainable and inclusive footing.

The critical question is how to move from talk to action. Fortunately, we can see positive examples on the ground. Take, for example, the case of Bradford in the UK. All areas of the

UK are now on an emergency footing with district commands coordinating local responses to coronavirus across the National Health Service, local government, and others. I am a member of a [COVID-19 Scientific Advisory Group](#) reporting to the Bradford & Airedale Gold Command. Bradford is the UK's fifth largest city, with high levels of deprivation and large ethnic minority populations. Our research program called [Born in Bradford](#) is helping Local Authority and NHS partners to define and identify vulnerable groups and analyzing emerging trends of COVID-19 patient outcomes, as well as modeling alternative scenarios to inform health and care service planning. We are also measuring the impact of the COVID-19 response (lockdown, social distancing, self-isolation, school closures, remote working, etc.) on communities and families. We are surveying pregnant women and families with infants or pre-school/school-aged children to assess difficulties, both practical and psychological, during the lockdown. We will repeat these over the coming year to build a longitudinal picture of impact. We will also be assessing indirect impacts of COVID-19 on health and care services and on our populations, for example looking at the effects of postponement of planned surgical and medical treatment, knock-on effects on other illness and death rates, and the health of people who survive infection with COVID-19.

The coronavirus crisis has sharpened local awareness of pre-existing inequalities in health and socioeconomic status that have shaped who is most vulnerable to infection, and then to serious morbidity or dying. Ethnic minorities and people living in deprivation are suffering the worst consequences of COVID-19 and will suffer the most from the consequences of lockdown, restrictions on education and health care, and economic recession/depression.

I have been impressed by how seriously my local government and health service colleagues are taking this opportunity to plan for an inclusive recovery and to "build back better." They are working incredibly hard to understand the prevalence and location of people with multiple vulnerabilities and developed a set of principles for recovery planning, including mitigating inequalities, engaging communities in recovery planning, putting children first, and building on the positive aspects of lockdown (e.g., reduced air pollution and altered mobility patterns). There is discussion about adopting Kate Raworth's [doughnut economics model](#) to guide recovery, as in Amsterdam and other cities. If we can sustain the commitment and the passion, a better Bradford can emerge from the crisis.

Working toward a Great Transition will require a myriad of such efforts—at the local, national, and global level—fighting to achieve concrete change for people and planet and build a new paradigm from the ground up.

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## About the Author



Kate Pickett is Professor of Epidemiology at the University of York and the University's Champion for Research on Justice and Equality. Her research focuses on the social determinants of health and health inequalities, with a particular interest in child development. She is also a co-founder and trustee of The Equality Trust and a global Ambassador for the Wellbeing Economy Alliance. She is co-author, with Richard Wilkinson, of the bestselling books *The Spirit Level* and *The Inner Level*.

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## About the Publication

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