

The Challenged Equality: Disintegrated Society under Covid-19

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ABSTRACT

Since the end of 2019, COVID-19's worldwide rampage has brought about great changes in our lives. Disease, chaos and death followed. Health inequality, which from the root is the inequality of social structure, has long been a research topic of common concern in sociology and other disciplines. This article has discussed about the health inequality in aspects of race, fortune, distribution of social resources etc., calling for greater attention to social inequality during the epidemic.

Keywords: Covid-19, Social inequality, Health inequality

1. INTRODUCTION

Since the end of 2019, COVID-19's worldwide rampage has brought about great changes in our lives. Disease, chaos and death followed. The pandemic has created a worldwide crisis and has brought the critical role of public health to the forefront: among public officials, in media, popular culture, and our daily lives. In the face of birth, old age, illness and death, mankind seems to be equal. But the outbreak of COVID-19 has made us see the cruel side of human society. Different people are not equal or even have great differences in the face of disease.

Health inequality has long been a research topic of common concern in sociology and other disciplines. Health inequality refers to systematic differences in health among groups with different social status[1]. Health inequality is closely related to people's early life development, knowledge and professional education, work and working environment, income and economic resources, housing and community conditions, health behavior and other factors[2]. Health inequality, from the root, is the inequality of social structure

Globally, the COVID-19 has taken away more than 3 million lives, and the distribution of deaths shows significant health inequalities. Shadmi (2020) pointed out that[3] for older people, people living in densely populated areas, people with lower social and economic status, immigrants and ethnic minorities, they are at higher risk of various chronic diseases, thus leading to

their health risk of being infected by COVID-19 and having serious sequelae. Low-income groups, such as front-line operators of public transport companies, grocery store clerks and pharmacy employees, are also vulnerable to infection because they inevitably need to widely contact the public at work. Ethnic minorities and immigrant groups have to turn to social media because language and cultural barriers limit their access to accurate disease prevention expertise, but they may also get wrong information. Individuals who lack medical insurance often delay or even give up testing if they have symptoms, and may only turn to medical treatment in the late stage, resulting in more adverse consequences.

Inequality includes not only income inequality, but also unequal distribution of social resources. COVID-19 is forming a vicious circle of viruses and inequalities. People in a lower economic class are more likely to infect COVID-19 or even die. To those who survive from the disease, some of them are also more likely to suffer the loss of income due to isolation. The COVID-19 obviously aggravates social inequality related to race, class and health care.

There are also obvious differences in the risks faced by people in different countries. Isolation measures are recognized as an effective way to prevent infection in the world. Wearing masks, keeping social distance and restricting public gatherings are also common epidemic prevention measures of governments all over the world. Although up to now, most governments in the world have formulated clear epidemic prevention rules, there are great differences in the implementation of epidemic

prevention rules in various countries. In addition, the national power of a country determines how much epidemic prevention resources it can get. This is particularly evident in global vaccine distribution.

The strike of COVID-19 has shown us that severe impact not only takes place in low-income countries or less developed countries, where the health systems are usually deficient. This also happens in U.S. or Europe, where the health systems were considered to be mature. Race and class disparities are reflected in the morbidity and mortality rates. These disparities have existed for decades, yet the pandemic compounded the manifestation of this inequality, enabling people to intuitively notice the consequence brought by this inequality. It is a matter of life and death, not just about the quality of life.

There is no doubt that covid 19 has posed a severe challenge to human society, resulting in many new problems in society, and it has intensified some existing social contradictions. Inequality in society has persisted for a long time, in the context of covid 19, the resource difference caused by social inequality is amplified.

This article will explore how global health inequality is manifested in the context of COVID-19.

2. COVID-19 AND RACIAL INEQUALITY

Ensuring the safety of vulnerable population can be a challenge. Racial minorities, the poor, and older adults have endured the worst impact. COVID-19 cases have skyrocketed among vulnerable populations. According to a data released by CDC in Oct 23rd 2020, white Americans infected with COVID-19 accounted for 51.3% of the total deaths. By contrast, number of deaths of COVID-19 among African Americans accounts for 18.7% of the total deaths, who account for 12.5% of the total American population. A similar phenomenon exists among Latino American. The infection rate in predominantly black counties in the U.S. is also over three times that of predominantly white counties.[4]

This can be mainly attributed to several reasons. Due to the low level of education, Hispanics and African Americans are mostly engaged in the service industry necessary to maintain social operation. During the epidemic, they can't work at home and face the risk of virus infection directly. Because Hispanics and African Americans earn less, they are more likely to suffer from chronic diseases such as hypertension, heart disease, diabetes and so on than whites.

Compared with whites, ethnic minorities are financially disadvantaged, economically more vulnerable and more vulnerable to changes in the external environment. Some may have lost their jobs as a consequence of the pandemic, making it more difficult to access quality, nutritional food, and safe, affordable housing. The difference of income level between races

has also caused disparities across access health conditions and access to health services. The rich can often enjoy better medical services and get treatment in time while the poor can't.

This is not just happening in the United States. Similar phenomenon can be seen in UK. In England, the mortality rates of African American black men and women are 3.8 times and 2.9 times higher than that of white men and women, respectively. The mortality rates of Bangladeshi and Pakistani men and women were 1.8 times and 1.6 times higher than that of white men and women[5]. These differences can be attributed to the inequality of socio-economic status. In terms of income and wealth, the gap between ethnic minorities and whites is huge. According to the Office for National statistics, white families are the richest group, African black families are the poorest group. Their median net wealth is nine times different.[6]

These communities are usually less affected by prevention and containment measures, actions to slowdown the spread of the coronavirus are limited so their safety is less protected.

3. DIGNITARIES AND THE COMMON PEOPLE

Things are quite different between the rich and the poor. This not only comes from the gap of medical resources caused by their income gap, but also from the difference of their living environment. The former makes their chances of being cured different, while the latter makes them different in their chances of getting sick.

The homeless population in America is having troubles when facing COVID-19. For those who are experiencing homelessness, it is nearly impossible to observe epidemic prevention rules when the basic needs of living, such as food and suitable living place, are difficult to meet. Their living places are usually abandoned buildings, shelters and so on, where they can hardly get good sanitary conditions. Due to crowdedness and unsanitary, the virus spreads easily in this environment. For most homeless population, showering can be a rare thing, and they are not being able to have basic hygiene supplies. Plus, many homeless people are suffering from underlying disease, their health condition is in poor condition, increasing the possibility of dying from the COVID-19.[7]

The treatment for COVID-19 can cost a lot. For ordinary Americans, health insurance is very important. American medical insurance can be roughly divided into private medical insurance (commercial medical insurance) and public medical insurance. Without medical insurance, patients will face high medical costs. However, according to CBS's report in 2019, nearly 40% of Americans are unable to pay \$400 in unexpected expenses, and 25% of Americans have to give up necessary treatment because they can't afford medical expenses. Before the outbreak

of COVID-19, 87 million Americans had insufficient medical insurance or no insurance[8]. For tens of millions of people who have lost their insurance or underinsured due to the epidemic, once infected with COVID-19, they must face tough and cruel choices. Either choose treatment and prepare for bankruptcy; or give up treatment and leave it to fate. For the uninsured, the federal government has taken measures to pay doctors and hospitals for treating COVID-19.[9]

The shortage of medical resources has brought new problems. Who can get their treatment first or before others can? Theoretically, medical resources should be allocated according to the patient's condition. However, sometimes this is not the case. The rich, sports stars, film and television actors, well-known politicians and other dignitaries not only enjoy the priority of virus detection and treatment, but also have access to high-level private medical services. Former US president trump said at a press conference, "Perhaps that's been the story of life" when asked about why famous people can get coronavirus tests while very few others can[10]. The resources owned by powerful people enable them to obtain better medical care, on the other hand, medical resources for ordinary people have decreased.

4. INTERNATIONAL DISTRIBUTION OF VACCINES

The outbreak of COVID-19 has greatly affected the world, and international cooperation has been greatly affected. A major lack of coordination is happening in the world. Isolation instead of cooperation between countries can be seen much more than before.

The distribution of vaccines between countries is a typical example. The vaccines available in the world are mainly produced by the United States, Britain, Russia and China. In addition to meeting the needs of their own, some of the vaccines produced by these countries will be exported to other countries. Improving the accessibility and affordability of vaccines in developing countries is a prominent problem faced by the international community in combating the epidemic.

The properties of vaccines are similar to Global Public Goods. However, the difficulty of vaccine research and development determines that only countries with more developed science and technology can develop vaccines independently.

At present, there is still a shortage of the supply of vaccines and this situation may continue to exist. First, COVID-19 is still in a global pandemic. From the current global situation, it is likely that COVID-19 will continue to exist for a long time, and even in the future may coexist with humans, making the needs for vaccination a long-term demand. Also, the mutant strains of COVID-19 appeared frequently and the spread of the virus is much faster.

Due to the prevalence of "vaccine nationalism" and "national priority", the problems such as insufficient global supply and unfair distribution of vaccine have become increasingly prominent. On June 4, 2021, Dr. Tedros, WHO, pointed out in his keynote speech at the St. Petersburg that of the 1.8 billion doses of vaccine vaccinated worldwide, only 0.4% were in low-income countries.[11]

Some scholars believe that the reason for the dilemma of vaccine distribution can be attributed to Kindleberger Trap[12]. On the one hand, the hegemonic position of the global public goods supply of the United States has declined relatively. On the other hand, it is difficult for the United Nations, WHO and other international organizations to effectively coordinate and deal with global health affairs. In addition, the ability of emerging economies to provide global public goods is still insufficient.

5. CONCLUSION

The spread of COVID-19 has shown us how an unequal social structure worsens the situation when we're hit by disasters. Across the world, we see confusion, mistrust and competition.

Although up to now, most governments in the world have formulated clear epidemic prevention rules, there are great differences between the policies across the world. Governments' responses to COVID-19 show significant nuance and heterogeneity.

The health inequality has not been created by the epidemic, but worsened by it. During this 2-year-epidemic, we have witnessed the ones who have endured the most impact are usually the old, the minorities and the poor. It unquestioningly calls governments to react in more positively way to ease the situation. Preferential policies are needed to protect the vulnerable.

The crisis is also a manifestation of loopholes in the public health system. The well-founded area usually offers a faster responding time while less-founded area takes longer. The health infrastructure varies through regions. More health facilities, equipments and doctors in rich area mean more lives can be saved, while many are failing to get medical care in poor areas. Improving the public health system is a must to the government.

In the foreseeable days, the world is likely still be in the shadow of the epidemic. A post-pandemic era is raising challenges to global governing: rebuilding the social equality that has been broken by the virus.

During the epidemic, we have seen various inequality in society, resulting a number of conflicts, mainly includes races, wealth and so on. Governments should take more responsibility to provide proper public service, especially which is particularly needed during the epidemic. Providing extra financial support and health

care equally to each group and region, regardless of their identities.

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