

Clare Bamba, Julia Lynch, and Katherine E. Smith. *The Unequal Pandemic: COVID-19 and Health Inequalities*. Bristol: Policy Press, 2021. 198 pp. \$18.00. (EPDF and EPUB available open access).

This relentless scholarly activity triggered by the COVID-19 crisis has already generated a large number of journal articles and growing number of books that shed much light on the health but also the social and policy effects of the pandemic. In *The Unequal Pandemic*, Clare Bamba, Julia Lynch and Katherine E. Smith draw on the early scholarship on COVID-19 to improve our understanding of health inequality, while offering a coherent political perspective on public health leading to a clear call for action. Focusing primarily on advanced industrial countries, especially the United Kingdom and the United States, they show how the COVID-19 pandemic is highly unequal in four main ways.

First, the “pandemic kills unequally” (XIII), as people living in certain neighborhoods and regions, members of ethno-racial minorities, and those belonging to certain occupational and income categories are more likely to die from COVID-19 than other, better-off people. In Chapter Two, Bamba, Lynch and Smith stress the intersectional nature of these inequalities and their impact over time and across different pandemics, something illustrated by a short discussion of the Spanish Flu. This discussion of the inequality-mortality nexus during pandemics leads them to explain how, “for the most disadvantaged communities, COVID-19 is experienced a syndemic,” which “exists when risk factors or comorbidities are intertwined, interactive, and cumulative, adversely exacerbating the disease burden and additively increasing its negative effects.” (28) Because, on average, people belonging to socio-economically disadvantaged populations face chronic health conditions such as asthma and obesity more frequently and more severely, they are more likely than others to face complications or die from COVID-19 (28).

Second, the “pandemic is experienced unequally” (XIV), as lockdowns have more negative impacts on low-income workers than on members of other income categories. In Chapter Three, the authors stress the cross-national variation in lockdown policies adopted during the pandemic while showing how pre-existing socio-economic inequalities shape the ways in which these policies affect specific populations, with regard to both physical and mental health. This analysis leads to a discussion of how the pandemic has exacerbated gender inequality, in relationship to issues such as care, parenting, spousal violence, and work. In the same chapter, Bambra, Lynch and Smith also discuss the negative impact of unequal access to housing and greenspace before concluding that “those who were already economically disadvantaged have been further disadvantaged by the pandemic” (50), a reality that points to the continuity in socio-economic patterns and policy legacies between the pre-COVID world and the post-COVID world.

Third, the “*pandemic impoverishes unequally*” (XIV) due to the uneven geographical and social distribution of the negative economic impacts of COVID-19 crisis, in terms of unemployment and wage losses, among other things. In Chapter Four, the authors turn to the disproportionate impact of the economic shock triggered by the pandemic on more vulnerable groups, such as women, young people, and ethno-racial minorities. Poverty and regional inequalities tended to increase during the COVID-19 recession, as they did during past recessions, a situation the authors illustrate by turning to the experience of the 2008 financial crisis, which illustrates how austerity policies enacted in response to economic crises can exacerbate inequality and favor a deterioration of the mental health status of increasingly stigmatized poor people living on social assistance.

Fourth, the “*pandemic inequalities are political*” (XIV), as they are the result of contingent policy choices that could be discarded to leave room for more equalitarian economic, fiscal, and social programs. In Chapter Five, Bambra, Lynch and Smith suggest that the COVID-19 crisis is not an unpredictable “black swan” but a highly predictable reality that reflects existing policy legacies and related patterns of inequality, which could have been altered through different policy choices. The enduring weight of policy legacies and the path dependencies they create over time are well illustrated by the literature on (the liberal, the continental, and the Nordic) welfare regimes the authors turn to in the book’s penultimate chapter. There is a clear link between the policy legacies embedded in a particular welfare regime and the patterns of health inequalities that are prevalent in countries that belong to that regime. Although intra-regime variation can be significant, the welfare regime literature suggests that contingent political choices matter over time, including during the COVID-19 crisis, where cross-national differences in policy responses typically vary from one welfare regime to the next. The importance of these political choices is stressed in Chapter Six, which concludes the book on a hopeful note, as the authors suggest the pandemic is a potential window of opportunity for progressive political change, which they hope could occur through a set of reforms aimed at fighting inequalities spelled out in that chapter.

Written rapidly during the first year of the pandemic and submitted to the publisher in early 2021, *The Unequal Pandemic* is a *tour de force* that is written in an accessible and compelling way. The fact that the book is so short and easy to read makes it the perfect complementary reading for undergraduate classes on public health and social policy, but seasoned scholars, graduate students, and informed readers from outside the Ivory Tower would certainly gain from reading and engaging this book, which covers much ground and is

surprisingly coherent, considering it was researched and written during such a short and intense period. This book is a proof that scholars can respond rapidly to crises with sharp analyses and concrete policy proposals that contribute meaningfully to international policy conversations.

This book only has a few limitations. First, and this is the other side of the coin of the book's timeliness, some of the material is quite speculative, as it was written so early during the pandemic. Second, the book devotes surprisingly little space to a discussion about the fate of older people, who have been hit especially hard by the pandemic, especially as far as hospitalization and mortality rates are concerned. In some countries, poor policy choices within long-term care systems also caused much suffering and avoidable deaths in ways that are directly related to the policy legacies and the pre-existing inequalities so central to the book's analysis. Because COVID-19 of all of this, one would have expected at least a short section or two on this dire reality and how it relates to both past political decisions and existing patterns of socio-economic inequality. Finally, to this reader at least, the last chapter sometimes sounds a bit naïve about the "reasons to be hopeful" (114) about the pandemic. "COVID-19 may have ushered a *'new golden age' of scientific expertise*" (115), a claim potentially challenged by the rise of sizable anti-vax protests and viral conspiracy theories, which point to the ongoing importance, but also the political vulnerability, of scientific expertise in the wake of the pandemic. Despite these critical remarks, *The Unequal Pandemic* is an excellent book that students of public health and social policy should read and engage with as they assess responses to the COVID-19 pandemic and think about ways to fight inequalities in its wake.

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