

## What a Pandemic Reveals: Health Inequalities and Their Reflection on Policies

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**Özge Karadağ Çaman**  
Columbia University, Earth Institute,  
Center for Sustainable Development

*Dr. Karadağ Çaman earned her medical degree at Istanbul University, and her MSc and PhD Degrees in Public Health at Hacettepe University in Turkey. She also holds a postgrad degree in health promotion from the London School of Hygiene and Tropical Medicine. She currently works as a public health researcher at the Center for Sustainable Development of Columbia University and holds an associate professor of public health title in Turkey with over 12 years of research and teaching experience in different higher education settings. Her main research interests are vulnerable/ disadvantaged populations, health inequalities, health promotion and education, migrant/refugee health, community mental health, stigma and discrimination, community participation and sustainable development.*



**Selma Karabey**  
Istanbul University, Istanbul Faculty of Medicine,  
Department of Public Health

*Dr. Selma Karabey is Professor of Public Health at Istanbul University. She currently serves as the Chair of the Working Group on Public Mental Health in the Association of Public Health Specialists-Turkey, and of the Post-graduate Education Program on Public Health at the Istanbul Medical Faculty and the member of National Committee of Program Developing on Public Health Post-graduate Education. She has worked as a Senior Advisor of National Program on Multi-sectoral Health Approach led by the Turkish Ministry of Health between 2011-2013. She has been acting as a board member of BirlZ Association which is a CSO working on community mental health. Her major interests are mental health promotion and social policies in health.*

### Artificial Epidemics and Social Medicine

The relationship of human health with social and environmental factors has long been among the issues that have been dwelled on, especially since the beginning of the 19th century. The field of medicine springing from these studies is known as “*Social Medicine*”. Although developments in pathology and microbiology caused the importance of social factors in the etiology of diseases to be set aside at the end of the 19th century, social medicine has acquired its currency again in later years. Indeed today, we need to read and understand the principles of social medicine more than ever.

Neumann having stated that “*Medicine is a social science in its very bone and marrow*” in 1847 and Virchow having defined “*artificial epidemics*” following his examination of a typhus epidemic among coal mine workers and their families in the Upper Silesia Region of Germany in 1848 made their marks among the pioneers of social medicine (Kuntz et al., 2019; Taylor & Rieger, 1985). Virchow who revealed the importance of social factors such as poverty, low education levels and administrative problems in the emergence and spread of epidemics concluded that despite the biological causality, the underlying causes of epidemics are the problems in political and social structuring and that disadvantaged groups are particularly vulnerable to both of these problems and the epidemics themselves (Rosen, 1974). According to Virchow and many physicians following him, health problems cannot be solved merely via medical

measures.

In the current COVID-19 pandemic, we clearly see this as various countries are experiencing similar “artificial epidemics”. The fact that the pandemic affects the most disadvantaged population groups is also becoming more evident each and every day.

The situation defined by several experts as the “*magnifying effect of the pandemic*” actually helps to explain what we are currently going through (Przeworski, 2020). Today it is frequently stated that the pandemic brings out and makes visible the pearls and pitfalls of the systems. When the pandemic is considered in terms of health systems, it is seen that while the health systems of some high-income countries experience difficulties owing to the problems in their public health infrastructure and accessibility of services, healthcare systems of some low and middle income countries, as in the case of Turkey, offers a more positive prospect in control of the epidemic due to their relatively strong public health infrastructure and relatively easy access to services. On the other hand, we should be thinking of this pandemic as a marathon or even as a decathlon, which means evaluating pandemic responses in terms of health systems or the number of cases and deaths does not suffice at all. In this sense, it is crucial to adopt a more holistic viewpoint taking into account a wide range of related aspects such as the governments’ political stance in response to the pandemic, risk communication and health education approaches for the society, the socio-economic measures, the situation of the disadvantaged and vulnerable population groups, as well as each country’s demographic and cultural characteristics, public health indicators, risk factors and the level of compliance with public health measures on an individual basis.

Public health science, fed by many different disciplines such as medicine, health sciences, social sciences, engineering sciences and economics, offers some basic insights that can guide us in the course of the pandemic. Among these, two principles that can be summarized with the mottos “*Every person is a whole with his/her environment*” and “*An illness of an individual is also a familial and a societal problem*” apply to the current COVID-19 pandemic as well (Güler & Akin, 2012). One of the influential figures in the field of social medicine, Grotjahn, states in his book *Social Pathology* (1923) that “In addition to the direct costs of health problems, there are also indirect costs paid by the society.” “Biological, physical and chemical factors are not the sole causes of health problems. There are underlying social, economic and cultural factors which in turn conditions the biological, physical and chemical factors so as to cause diseases.” In other words, they constitute the main environment and ground for the emergence of the disease-causing effects of the biological, physical and chemical factors. Today, this very situation is explained by the concept defined as the “*causes of causes*” in public health (Braveman & Gottlieb, 2014). In a similar sense, “*social determinants of health*” which constitutes one of the key determinants of health inequalities among different population groups, is defined as the living conditions in which people are born, grow up, live, work and age, and these

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living conditions are shaped by the distribution of money, power and resources at the global, national and local levels (Braveman & Gottlieb, 2014). In societies, health inequalities tend to increase in direct proportion to the distortion of the distribution of resources. As we see in the current pandemic, in countries where social inequalities are high, the prevalence and effects of infection vary to a great degree among different population groups. These differences can be observed at all levels of infection control from *primary prevention* (access to reliable health information, individual and environmental protective measures) to *secondary prevention* (access to testing, early diagnosis), and to *tertiary prevention* (treatment and rehabilitation of patients).

### Globalization and Borders

Dating back to previous centuries, globalization has gained great momentum especially in the last three decades owing to the dramatic developments in transportation and communication technologies as well as in the socio-political and economic realities shaping our world. Globalization was marketed as if it was for the benefit of all humanity. However at this point in time, it has become evident that this is not the case in several aspects. Today the imbalance in income distribution both among and within countries has reached unprecedented levels in world history. While the resources of our planet are relentlessly being exploited by neoliberal economic policies based on unlimited consumption, the capital becomes the unconditional “winner” designating the manual labor as the predestined “loser.” On the other hand, in contradiction to the marketed spirit of the globalization paradigm, we are witnessing the rapid escalation of xenophobia and racist rhetoric, and the increase in the number of populist politicians gaining votes with such discriminatory discourses. As opposed to what was envisioned, a globalization that gradually moves away from such humanitarian values as solidarity, social justice, equity, love and compassion is imposing itself worldwide (Sanberk, 2020).

Today, the meaning and function of political boundaries go through unavoidable changes as countries become so economically dependent on each other. While countries are systems that provide protection for national economies via various mechanisms, it becomes futile to rely solely on borders when it comes to control of infectious diseases.

### Has COVID-19 Equalized Inequalities?

As the news of heads of states, prime ministers and other celebrities diagnosed with COVID-19 have begun to appear in the media, there has arisen, at least in the beginning, a general belief that the virus could infect anyone rich or poor without discrimination. However, approaching an issue by way of singular examples is often misleading. So indeed, as data have accumulated and more systematic evaluations have been made, it has soon become apparent that the pandemic affects different population groups in societies in an unequal way.

Counting the quality of political leadership, the coherence of the government's response to the pandemic, the availability of hospital beds, the extent of international travel and the age structure of the population among the determinants of a country's COVID-19 mortality rate, Jeffrey Sachs from Columbia University states that what shapes the role of these very factors as a deep structural characteristic is the distribution of income and wealth. Describing high income inequality as a social calamity in many ways, Sachs emphasizes that it leads to worse health conditions which in turn increases vulnerability to COVID-19 deaths to a considerable extent. "And what's more," Sachs adds, "as inequality increases, it gives way to lower social cohesion, less public trust and more political polarization, all of which negatively affect governments' ability and readiness in adopting effective control measures. Higher inequality means that a large proportion of low income workers are left no choice but to continue their daily lives even at risk of infection. Higher inequality also means that more people live under crowded living conditions and therefore cannot be safely sheltered" (Sachs, 2020).

### COVID-19 Evolving into a Social Disease

In medicine, the concept of "*social disease*" is defined as "a disease that is seen more frequently in some socioeconomic groups due to adverse living or working conditions, or the causes and effects of which are closely related to social factors" (Paluzzi, 2004). Hence it would not be wrong to say that COVID-19 has evolved into a worldwide social disease subsequent to infectious diseases such as tuberculosis and HIV/AIDS that are more readily associated with social factors. Considered from this point, individuals' economic conditions, educational levels, housing and working conditions are all relevant to the prevalence of the infection. Moreover, viewed from the social consequences of the infection, it is seen that the effect of the pandemic manifests itself more distinctively in some population groups such as women (in the form of gender-based inequalities, increased violence against women, increased workload at home, withdrawal from working life, increased unwanted pregnancies), children (in the form of inequalities in access to education, increased child neglect and abuse), migrants (in the form of changing migration policies, eligibility conditions, deportations, increased stigmatization and discrimination) and the elderly (in the form increased isolation, problems

in access to services, and so on). This situation shows us how crucial it is to take disadvantaged and vulnerable groups into consideration in addressing and responding to both the causes and effects of the infection, if we still aim to have societies that *“leave no one behind.”*

### **Disadvantaged and Vulnerable Groups**

#### ***Low Income Individuals***

We evidently see that the pandemic itself deepens the existing inequalities. The shrinking of employment opportunities affects mostly those who already work on low wages. As a result of the COVID-19 outbreak, risks of decrease in labor demand and of increase in job loss and unemployment also apply for Turkey as in other countries. Hence, the Ministry of Family, Labor and Social Services in Turkey has initiated an income support program called *“Short-Term Work Allowance”* for those who could not work due to the measures taken during the pandemic. However, it still does not cover all employees although the conditions for benefiting from the allowance have been extended. It is emphasized that for a reduction in the social and economic costs of the pandemic, direct income support should be provided swiftly on an unconditional basis so as to compensate the loss of income for everyone affected (Taymaz, 2020).

#### ***“Our Respectable Elders”***

The opinion that Turkey has a young population structure is a common one. However this common assumption prevents us from realizing the fact that the population is gradually aging and the need for institutional support mechanisms in health and social services is consequently increasing. According to the data of Turkish Statistical Institute, while the population aged 65+ corresponded to 7.1% of the total population in 2007, this percentage has increased to 9.1% (7.5 million people) by 2019. Yaprak Özer says that the situation of elderly people can be summarized in three words: deprived, poor and lonely. *“Deprived,”* Özer says, *“for they are deprived of most rights and poor, for most of them have no income and try to subsist on a very limited retirement pension”* (Özer, 2020).

Since the large part of the elderly population do not actively take part in economic life, it seemed easy to impose the obligation to stay at home on them during the pandemic. Yet, as this period prolonged, they gradually got bored, felt overwhelmed and had difficulty in meeting their vital needs. Despite having other accompanying chronic diseases, most of them could not access to adequate health care and social services due to the curfews and fear of contagion. The attitudes towards the elderly and their effects also became an important issue during the pandemic. It was constantly reported by all TV channels that deaths from this disease were mostly seen among the elderly. Only a modicum of empathy can be sufficient to understand how millions of older people who have to stay at home day and whose only source of entertainment is watching TV have been affected by constant exposure to such announcements. Wouldn't it be lovely if there were thematic

TV channels for the elderly and besides other uplifting programs, they broadcasted supportive ones with a view to increase their knowledge and skills in health topics such as healthy nutrition, physical exercise, sleep, and stress management? As Dr. Gülüstü Salur from the 65+ Elder Rights Association says: “Every elderly person deserves to live as good a life as a young person`s. Let`s take care of each other and let`s keep an eye on each other” (Özer, 2020).

### ***Forced Migrants***

Since no data as to such variables as education, income status, ethnic origin or immigrant status are included in the COVID-19 data published by the Ministry of Health, it is impossible to say anything precise on mortality and morbidity among different population groups in Turkey. Yet, when we look at the international reports and epidemiological data published by various countries, it is not that difficult to predict the prospective situation awaiting forced migrants. That everyone in Turkey is included in the scope of health services related to COVID-19 regardless of legal status is such a positive development, and yet again the language barrier and the social determinants of health prove to be problems inducing difficulties in accessing health information and care. The importance of social distancing is frequently emphasized among the measures to be taken to prevent infection and yet we know that refugees and asylum seekers -the large part of them, at least- have to live in crowded groups in small spaces. In addition, forced migrants most of whom work with manual labor continue to work in workplaces for they lack the opportunity to work from home. And those who lose their jobs affected by the general employment loss undoubtedly find themselves in even more difficult situations. While it can be said that due to their legal status, Syrian refugees are in a relatively advantageous position in terms of access to health services, the situation of undocumented or irregular migrants is unknown, for everything aside, the fear of deportation seriously undermines access to health services (Karadağ Çaman et al., 2020).

### **By Way of Conclusion**

Concluding the article, let us leave the last say to a young man interviewed by Pınar Öğünç: “23-year-old Ali has been collecting waste on the streets of Istanbul for ten years. Due to the closing of shops, the business has decreased considerably and most waste workers have already returned to their hometown. ‘Those who eat and drink at home all day,’ as well as markets and neighborhood trash are saving the rest for now. Ali walks 14 hours a day, and when the delivery time is added, his daily shift amounts to 16-17 hours. Normally, he`s well used to being avoided by people as if he has a contagious disease, but he wants a world where “people at different ranks come to the same level”.

“That’s why we go out regardless of the risk of infection and such stuff. For example, if government officials or scientists came out and said that this corona stuff would come to an end in a month’s time, you would manage your worklife in some way. But now there is no foreseeable future; we do not know whether the pandemic will last a month or three. Maybe it will get worse in days to come... Who knows? That’s why we have to work right now. Well, the ones who already had cash in hand isolated themselves, but who will take care of me if the situation gets worse? After all, who works in this kind of job if he is not really obliged? The curfews on weekends affected us negatively; two of our working days turned to dust. At least on Mondays there will be good trash since everyone stays at home during the weekends.

Will anything change after the virus? If you ask me, it will, sister. And if you ask why, now look, the ones with money are isolating themselves, but they cannot live their life as they did before. Can you call it a life if you continuously live isolated at home? From my point of view, from now on, people will consider living their lives rather than only making money. Most people do not raise their gaze to life because their “aim to gain money” blinded them. Even if you make a lot of money, we will all die in the end, my sister, do I make myself clear? So I think it is much more reasonable for people in lower ranks and others in different ranks to come to an equal level. This life doesn’t have to be like this. Look how a human being can do everything beautifully when s/he wants? If one is doing bad things, it means s/he’s doing it out of cruelty.” (Öğünç, 2020).

Considering the inequalities that the pandemic brought to the surface and the artificial epidemics created by human beings rather than the virus itself, Ali has a point, we suppose. Even though people’s intentions are not bad, could it be that all these adverse events experienced in many countries around the world are caused by lack of education, lack of political commitment, and approaches disregarding concepts such as community participation and governance? It seems we have a long road to reach to a higher level of awareness on global problems such as climate change, declining biodiversity, excessive consumption, growing inequalities, stigma and discrimination, as well as on the global need for multicultural, gender sensitive, and socially responsible societies with more peaceful and sustainable development trajectories, don’t we?

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