

Forget the debate over public health versus jobs – the same people suffer the most either way

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Throughout the pandemic, millions of Americans wondered: "Is the cure worse than the disease?"

The question implies a trade-off between "the cure," in the form of economic shutdowns, and "the disease," COVID-19. This debate [dominated headlines](#) in the first months of the pandemic. More than a year later, it continues to be a partisan lightning rod.

But our research shows that mortality during the pandemic in America has never fit the narrative that pits economic shutdowns against COVID-19.

[We three are](#) a research team of social epidemiologists who study the various ways [social policies](#) and conditions influence health. Our latest research [in the *American Journal of Public Health*](#) estimates how many excess deaths are likely to result from job losses at the start of the pandemic. We found that those at greatest risk of dying of pandemic-related unemployment are also those more likely to die from COVID-19.

This double burden of both coronavirus and job loss reflects the fact that most state and national pandemic policies have ignored those for whom neither mass shutdowns nor reopening provide relief. Rather, these policies cater to those who already possess the most advantages. The

"cure-versus-disease" debate fails to acknowledge this combined suffering.

Pandemic harms are double jeopardy

Job loss is known to increase mortality generally. The reasons range from the impacts of financial trauma, to [declines in mental health](#), to [delays in accessing health care due to loss of insurance](#). In our study, we asked how many excess deaths are likely to result from the biggest wave of job losses at the start of the pandemic, and which groups would be more affected than others.

To answer that question, we gathered and analyzed three sets of data: how many people lost their jobs in March and April 2020, how much losing a job increases one's risk of dying and the rate of pre-pandemic mortality for each population group.

We projected that between April 2020 and March 2021, the United States should expect 30,231 "excess" deaths—deaths in addition to the number experienced in a "normal" year—from pandemic unemployment in the working-age population. Because [death certificates](#) do not tell the full story of why someone died, projections informed by past research are one of the best ways to assess the impact of the spike in unemployment on mortality.

That number is far smaller than the [more than 550,000 COVID-19 deaths](#) the U.S. has seen over the same time period. But what's more striking is who is doing the dying.

When we looked at the distribution of those excess unemployment-related deaths across demographic groups, we found that men, older workers, individuals with the least education and Black Americans—groups that are also more likely to die of COVID-19—are

more likely to die from pandemic-related job loss.

For example, individuals with a high school education or less made up 37% of the working-age population but 72% of projected deaths related to pandemic-driven unemployment. Similarly, Blacks represented 12% of the working-age population but 19% of unemployment-related deaths.

These findings complement a [major Centers for Disease Control and Prevention study](#), released in February 2021, which found that [overall life expectancy](#) declined by [one year in the first half of 2020](#). Life expectancy declined by three years for non-Hispanic Black males and by 2.4 years for non-Hispanic Black females, far more than the declines for the other large racial/ethnic groups.

According to CDC data, the Black-white gap in [life expectancy](#) is now [larger than it has been in 22 years](#).

One could say America is protecting wealth and whiteness at the expense of Black lives.

Taken together, these studies reveal the sharp [contrast in pandemic mortality between those who are most marginalized and those with the most privilege](#). They underscore how the "cure-versus-disease" debate has obscured the pandemic's uneven toll on our society: The people most likely to die from pandemic-related unemployment are also the people dying disproportionately from COVID-19.

A different subset of people has managed to escape both the brunt of COVID-19 [death](#) and the health harms of the unemployment crisis.

Who benefits from pandemic policies?

For much of the [pandemic](#), lawmakers and public health officials have

relied on two main strategies to stem COVID-19 transmission: individual behavior changes and economic shutdowns. However, as our research shows, these responses are set against the nation's backdrop of economic and racial inequality leaving many people unprotected. Only by evaluating policy responses in the context of social inequality will it be possible to take steps that protect the most vulnerable populations from premature death.

Vaccination has brought a degree of hope for relief. But just like COVID-19 and unemployment-related mortality, policies for vaccine distribution and eligibility have benefited the privileged and [left behind those who need the most protection](#). In California, for example, whites have made up only [20% of COVID-19 cases but 34% of vaccinations](#).

Pandemic responses that have prioritized the most vulnerable have delivered some of the lowest or most equitable infection or mortality nationwide. [Vermont's programs to pay low-wage essential workers hazard pay and provide unhoused individuals state-subsidized motel rooms for social distancing](#) helped keep its infection rates low through much of 2020. In Michigan, where Black residents make up about 14% of the population, [a targeted health equity task force](#) helped reduce proportion of deaths among Black residents from 40% in the spring of 2020 to 8% by the end of September.

Until policies are implemented that disrupt the fundamental ways that being poor, Black, Indigenous or less educated in America are punished with premature death, any perceived progress toward recovery is likely to exacerbate mortality inequities. There may not have been a moment in recent decades when policy decisions mattered more in the nation's struggle for health equity than they do now. Our research shows that moving beyond the "cure-versus-disease" debate is a necessary first step.

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