The Dangerous Illusion that We Are All Equal Before the Pandemic

Didier Fassin, James D. Wolfensohn Professor in the School of Social Science, was elected to the Annual Chair in Public Health at the Collège de France in September 2019. His inaugural lecture, "The Inequality of Lives," was delivered on January 16, 2020. Due to the coronavirus epidemic, his eight other lectures will be postponed to the academic year 2020–2021.
The following text is a reflection he proposed on the inequality of lives in the time of Covid-19. (Author's note: Facts and knowledge related to the pandemic change fast. While the theoretical analysis presented here should stand the test of time, some empirical elements may have evolved since the paper was published in mid-April 2020).

The common perception that the coronavirus affects all of us without differences between men and women, young and old, rich and poor, urban and rural populations, white-collar and blue-collar workers, is certainly useful in encouraging everyone to comply with the necessary preventative measures, and to a certain degree it is understandable that the politicians who are in charge are using it as an argument. But it is profoundly wrong, and it is even a dangerous illusion, because it leads to ignorance and inertia where lucidity and action should take the upper hand. Using it may thus be a good tactic, but it is a poor strategy.

The fact that epidemics have unequal consequences across society is a well-known fact. Historians have shown it in the case of the 1830 cholera outbreak in Europe, epidemiologists have established it for the 1918 Spanish Influenza in Chicago and the AIDS epidemic in South Africa at the beginning of the twenty-first century; and I had noted it with regard to measles and smallpox when I was studying nineteenth-century parish registers in Ecuador. But for what concerns Covid-19, few countries have provided data so far.

The first analyses conducted in the United States have shown, however, that in Michigan and Illinois, the risk for African Americans to be infected was twice as high as their demographic importance in the general population would suggest, and that this ratio was even three times higher for the risk to die from the disease. In Louisiana, where African Americans represent a third of the population, they accounted for more than two-thirds of all fatalities. In New York City, their adjusted mortality rate was twice that of whites. Many explanations concur to explain this high morbidity and mortality rate: most of those who are part of the black minority have jobs that do not allow them to work from home; they often live in poor neighborhoods and low-income housing where close contact is less avoidable; they are not offered testing as frequently when they have symptoms; if they are sick, they often have aggravating health conditions, such as diabetes, asthma or heart disease; and finally, if they have to be hospitalized, it is difficult to access intensive care for those who have no medical insurance. But the coronavirus just emphasizes a more general fact, namely the higher morbidity and mortality among African Americans whose life expectancy at birth can be up to fifteen years shorter than that of whites. France has not published any data that include indicators of differences in social status, but everything points to the conclusion that the same causes produce the same effects there, as has already become evident from the statistics of deaths in Seine-Saint-Denis, the poorest *département* in France with the highest concentration of ethnic and racial minorities.

A lot has been said about disparities of survival in infected individuals with regard to their age, with higher fatality rates for those who are over 75, and with regard to their overall health, in particular if they have preexisting conditions. In this case, one can speak of vulnerability, because possibilities to modify those factors are limited, even if ageing and several of those preexisting health conditions are closely tied to social background. But there are two other situations where it is possible and urgent to take action. The French case will serve to illustrate these conditions, but the analysis would be true for other contexts.

A first type of disparity concerns the groups who are socially disadvantaged, whose housing and work

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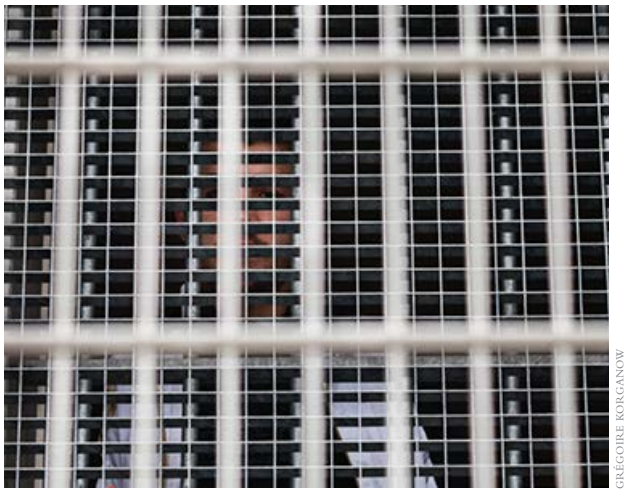
The policing of confinement targets low-income neighborhoods.

conditions make it difficult to respect the preventive measures, whose access to testing sometimes proves to be more difficult and who very often have to make do without proper care. These disparities affect especially people living in low-income neighborhoods, large housing projects, and the more or less lawful camp sites of Roma people. They can be referred to as inequalities, which are made worse by a dual injustice. First, as they are often accused of being undisciplined, they are burdened with the higher risk to which they are exposed, a phenomenon called blaming the victim. Second, in the context of the state of emergency, they are subject to more repressive control measures than the rest of the population.

A second type of disparity affects three categories of people whom society, through the policies of its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Prisoners are especially exposed to the risk of infection.

government, exposes deliberately to the risk of infection by confining them in conditions that make the very prevention they promote impossible. First, prisoners in jails—44% of whom are on remand, therefore awaiting trial, and 27% of whom are sentenced to less than one year in prison, thus often for minor crimes—have been subject to an increasing overpopulation over the years, which often results in two or three inmates sharing a cell that is made for one person. The welcome release of several thousands of inmates by the Ministry of Justice has not however compensated for the fact that due to the occurrence of multiple cases among prisoners, the quarantine of the latter as well as that of the inmates who had been in contact with them have again increased the overpopulation in the rest of the cells, making the incarceration conditions intolerable for the prisoners as well as for the guards. Second, there are the migrants and refugees who are held in detention centers under the threat of being sent back to their country. They are in a situation that is dangerous as well as absurd, because there are no longer any flights to deport them. Some have been freed, but the others are reduced to hunger strikes and auto-mutilation in order to attract the attention of the public to the unsanitary conditions in the facilities where they are being held. Third, many homeless poor and asylum seekers have been put together by the hundreds in gymnasiums and other places where they are subject to alarming promiscuity, while others are surviving in public spaces where prevention is impossible. These three cases correspond to situations of discrimination in the strict sense of unfavorable treatment based on an illegitimate criterion, since neither committing a misdemeanor, nor lacking a residence permit, nor being destitute can justify them being exposed to the risk of a fatal disease.

Vulnerability, inequality, discrimination—three concepts that differentiate three types of disparity in the context of Covid-19. There are overlaps between the three, but the interest of this triptych is to suggest specific forms of collective responsibility with regard to each of these situations and, consequently, actions that are focused on reducing these disparities. Prevention through confinement and high-quality care, as they are now being put in place, are relevant responses to vulnerability. A policy based on the principle of sanitary justice rather than mere deployment of sanitary policing in low-income neighborhoods, with more widespread testing and earlier health care would contribute to reducing inequalities. Finally, respecting the legal obligation to provide individual prison cells, which implies the release of inmates whose incarceration may not be justified because as they await their trial, they are presumed innocent, or since they have been sentenced to short terms, they could benefit from alternative measures, would reduce discrimination, as would also the temporary closure of migrant detention centers and finally suitable housing for people who live in the street or are crammed in collective spaces. Of course, these conceptual categories and political responses also apply, to a large extent, to situations encountered elsewhere in Europe, and especially to the undignified conditions in the detention centers where asylum seekers and migrants are held in Greece.

The Covid-19 pandemic has brought to light a new fact: threatened by a potentially lethal virus, life has all of a sudden become our most precious good, so precious that we have been able to sacrifice, at least partially, another good that many considered superior, namely the neoliberal idea of an indefinite economic growth associated with permanent cuts on public spending. The reversal of our values has resulted in the fact that biological life has become more important than economic life. Health over

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wealth. This is a historic moment, at the height of what I have called biolegitimacy, namely the recognition of the mere fact of being alive as supreme good, in Walter Benjamin's words. The fact that everyone has experienced the sense of being potentially threatened by the epidemic has definitely contributed to this major development.

Even so, it is obvious that not all lives are equal. In this respect, one cannot forget that France occupies the third place in Europe with regard to premature mortality, in other words, deaths occurring before 65 years of age, and sadly, the first place with regard to avoidable deaths, in other words, those occurring prior to age 65 that could be avoided. And we also cannot ignore the thirteen years of life expectancy difference at birth that separate the richest 5% from the poorest 5%. The celebration of life that the coronavirus has induced does not have the same meaning for everyone, and it is even likely that this epidemic will increase mortality inequalities, not only due to the consequences of the disease, but also, more importantly, due to the effects of the economic recession. ■

Recommended Viewing: To watch Didier Fassin's inaugural lecture at the Collège de France, "The Inequality of Lives," visit www.ias.edu/fassin-inequality-lives.