

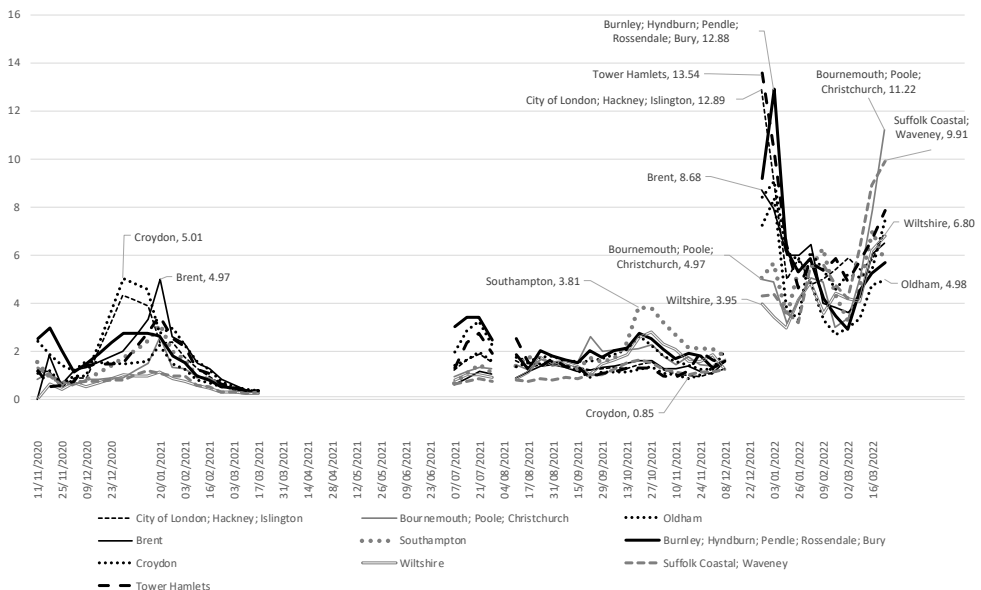
Chapter 1

From the pandemic to the cost-of-living crisis: what are we learning?

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In April 2022 the pandemic was still surging and receding across Europe, but to different degrees in different countries. Much the same is to be expected for years to come, although hopefully it will be more attenuated. Even within the same country, the number of people infected has varied greatly by area as different waves rose and fell more or less in different areas (Dorling 2022a). Within the United Kingdom, rates of infection in early spring 2022 were twice as high on the Southern and Eastern coasts as in towns in the North West (which in turn had been very badly hit just a few months earlier – see Figure 1). But everywhere, between 1 in 20 and 1 in 10 of the entire population were infected in the spring, and we have already lost count of how many waves of the infection there have been. This is because it is so hard to count waves when there are multiple waves with different timings even within countries, let alone between them.

Figure 1 People in 10 areas of England with Covid-19: November 2020 to March 2022 (%)

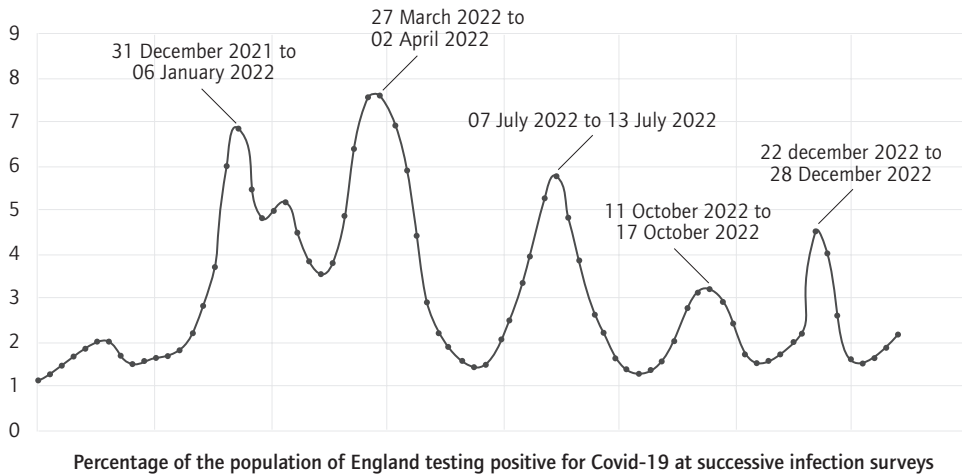


Source: ONS Coronavirus (Covid-19) Infection Survey.

1. The never ending pandemic

In England, we know that there were at least five peaks of the disease during 2022. This was revealed by the continuous surveillance survey, which appeared to show the disease slowly abating over the course of the year (Figure 2). Such a high proportion of the population had been infected earlier in 2022, however, and so many older people had taken the opportunity to be vaccinated again in autumn 2022 that there is good reason to expect high rates to emerge again. We should expect many new waves in 2023 and beyond. This is a disease that does not go away in the short term, but merely abates before returning again. We are increasingly getting used to it, however, and mortality should be lower in most future, smaller waves. As I write in February 2023 more than 400 people a week are still dying from the disease in England and Wales, and more than 300 a week directly because of it. These are higher numbers than in many earlier weeks of 2022.

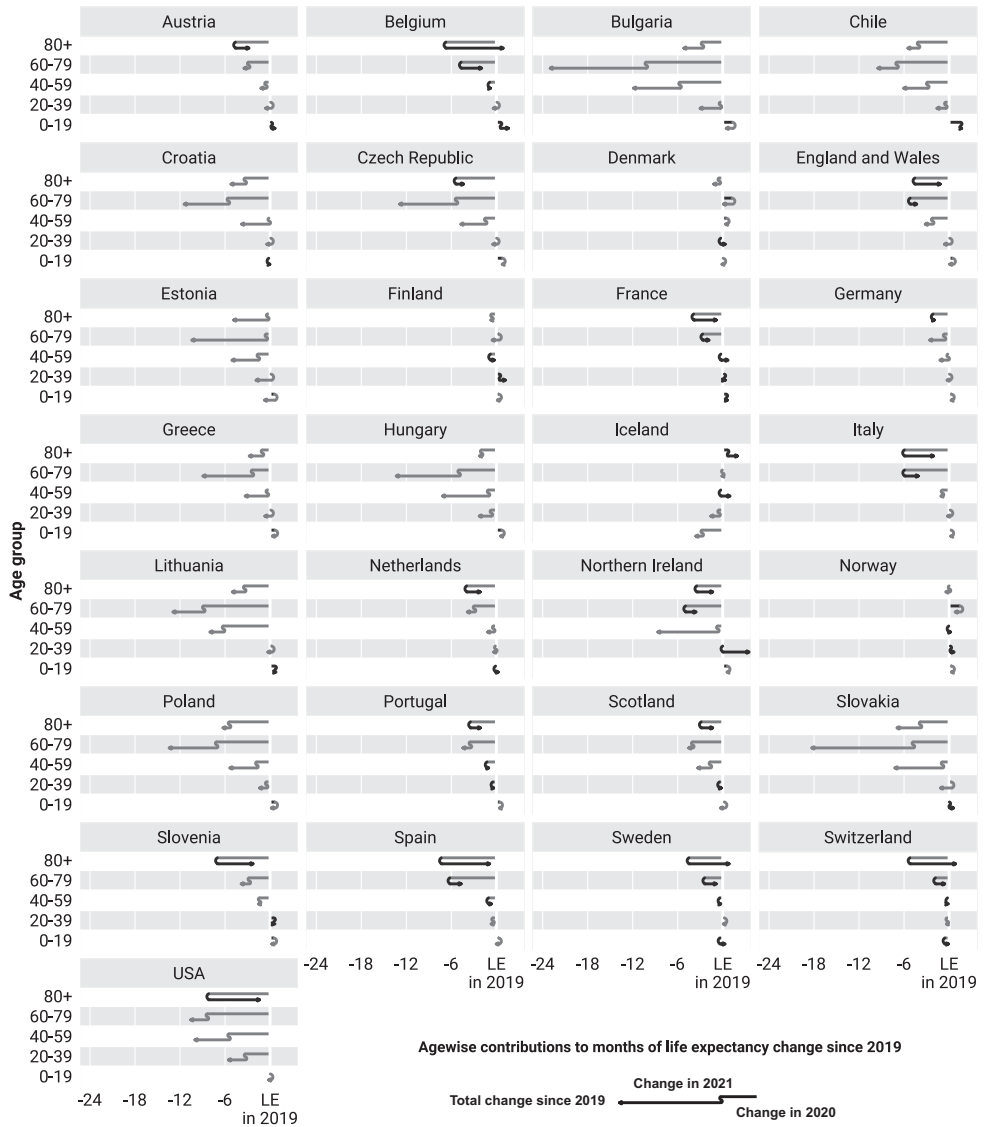
Figure 2 Official reported estimates of the rate of Covid-19 infections in private households (%)



Source: ONS Coronavirus (Covid-19) Infection Survey, release of 24 February 2023.

As Christmas 2022 approached, it was clear that in Europe we had begun to learn to live with the disease. There was no talk of future lockdowns and very few restrictions. We took our vaccines and only very rarely were tested anymore. If it were not for the continuous surveillance tests taking place in the United Kingdom, we would have only an anecdotal account of how prevalent it now was. Fortunately, studies had begun to be published that showed us how much different parts of the world (mostly countries in Europe) had been affected in terms of months of life lost for people of different ages living in different countries. These are shown in Figure 3.

Figure 3 Change in life expectancy by country and age group, 2019–2021



Source: Schöley, Aburto, Kashnitsky et al. (2022). Reproduced under <http://creativecommons.org/licenses/by/4.0/>.

There were huge differences in how badly countries in Europe were affected by the pandemic. These are visible even when measured in terms of something as basic as changes in overall life expectancy. Not all these changes will have been due to the disease. Some will have been exacerbated by the ongoing effects of austerity, others by the effects of lockdowns diminishing peoples’ ability and willingness to access health services. There was, for example, a 70 per cent increase in England in the year after the first lockdown in the number of bodies autopsied in London that had been discovered

so late on that they had decomposed. This was associated with a 38 per cent rise that year in the number of people dying at home (Estrin-Serlui and Osborn 2021).

Figure 3 shows that the least affected countries were Denmark, Finland, Iceland and Norway. Being more remote and having a lower population density helped, but clearly a strong society and welfare state was also essential. When ranked according to the largest overall falls in life expectancy, the worst affected countries in Europe were Bulgaria, Croatia, the Czech Republic, Estonia, Greece, Hungary, Lithuania, Poland and Slovakia. Clearly, central and eastern Europe was much harder hit than the west. In many countries it was the oldest age group – 80 years of age and above – that first saw an improvement. This was probably because this group received vaccines first, and also was more able to restrict the number of contacts it had because very few people of that age go to work. Only in Belgium, Iceland, Sweden and Switzerland, however, had life expectancies in this oldest group by 2021 slightly exceeded what they were in 2019. This includes two of the countries at the heart of Europe that were very badly hit by the pandemic early on (Belgium and Switzerland). This illustrates what is possible. It might also suggest that Sweden's approach to the pandemic was sensible. Contrast that to what has occurred in the United States (the lowest diagram in Figure 3 shows where people aged between 40 and 79 lost a year of life expectancy, on average).

Data released by the United Nations in its 'World Population Prospects' report of summer 2022 revealed that overall life expectancy had fallen by two years or more between 2019 and 2021 in 50 countries worldwide, 10 of which were in Europe (Table 1). Falls as great as 4.5 years in Russia will have occurred – mainly – not as a result of deaths from the disease, but rather from wider changes that denied people good health care, or worsened their economic situation so much that they died earlier than they would otherwise have done. Rates of maternal mortality in Russia grew enormously in 2021 to more than triple the number registered each year from 2012 to 2020 (Statista 2022). In India, life expectancy fell by 3.7 years partly because so few new-born infants were immunised against other diseases during the pandemic and again because maternity care deteriorated (Singh et al. 2021). These huge falls in life expectancy overall – the worst since the Second World War – and their very slow recovery, suggest that the world has a great deal to learn about how it deals with a pandemic of this type in the future, including in Europe.

There were only 32 countries in the world in which life expectancy rose overall between 2019 and 2021. Six of the 32 were in Europe, thus demonstrating how great the variation was within this one small continent. Interestingly, the three countries with the lowest overall falls worldwide (which could be added to the list in Table 2 if slight falls were included) were the Solomon Islands (13 days), Denmark (22 days) and Sweden (26 days). All did slightly better than New Zealand, which isolated itself but still saw overall life expectancy fall by 44 days between 2019 and 2021. Clearly we have a lot to learn about what approaches have been most successful overall in adapting to and mitigating the pandemic.

Table 1 **Change in life expectancy by country, 2019–2021**
(the 50 countries with the largest falls)

1	-5.5	Oman	26	-2.9	Mayotte
2	-4.5	Russian Federation	27	-2.9	Ukraine
3	-4.3	Botswana	28	-2.9	Seychelles
4	-4.2	Bolivia	29	-2.8	Albania
5	-4.2	Lebanon	30	-2.8	Slovakia
6	-4.0	Mexico	31	-2.8	Honduras
7	-3.9	Cuba	32	-2.6	Philippines
8	-3.9	Colombia	33	-2.6	Brazil
9	-3.9	Guatemala	34	-2.5	Serbia
10	-3.8	South Africa	35	-2.5	Lithuania
11	-3.8	Namibia	36	-2.4	Costa Rica
12	-3.8	Peru	37	-2.3	Saint Lucia
13	-3.7	Azerbaijan	38	-2.3	Romania
14	-3.7	India	39	-2.2	Guadeloupe
15	-3.6	Ecuador	40	-2.2	Iran (Islamic Republic of)
16	-3.5	French Polynesia	41	-2.2	Tunisia
17	-3.5	Eswatini	42	-2.2	Kazakhstan
18	-3.5	Belize	43	-2.1	Republic of Moldova
19	-3.5	North Macedonia	44	-2.1	Martinique
20	-3.5	Guyana	45	-2.1	Uruguay
21	-3.4	Armenia	46	-2.0	Zimbabwe
22	-3.4	Paraguay	47	-2.0	French Guiana
23	-3.3	Bulgaria	48	-2.0	Suriname
24	-3.2	St Vincent & Grenadines	49	-2.0	Latvia
25	-2.9	Indonesia	50	-2.0	Cabo Verde

Source: Change in years of life expectancy, UN World Population Prospects 2022.

Very large numbers of people are dying every day because of the pandemic worldwide, as well as in Europe. It will not go away, but we should henceforth expect its effects to lessen. China has now relaxed restrictions, and although it will be some time before we can be sure, it is likely that its life expectancy will continue to rise, even though the disease has been spreading there rapidly in 2023. Rather than criticise and mistrust the Chinese so much, it would be very helpful to try to work out why so much of South East Asia was been so little affected, with life expectancy also rising in South Korea and Japan in these years despite the lifting of restrictions there, too. Long-Covid will continue to haunt us and heart disease also appears to have been rising in association with the disease, especially among men. This all increases pressure on health services, and yet those services and the nature of societies in the more equitable Nordic countries of Denmark, Finland, Iceland, Norway and Sweden (without exception) mean that these countries have suffered the least from the pandemic in Europe, alongside the relatively wealthy Switzerland and Luxembourg and the island of Malta.

Table 2 Changes in life expectancy by country, 2019–2021 (the 32 countries with no falls)

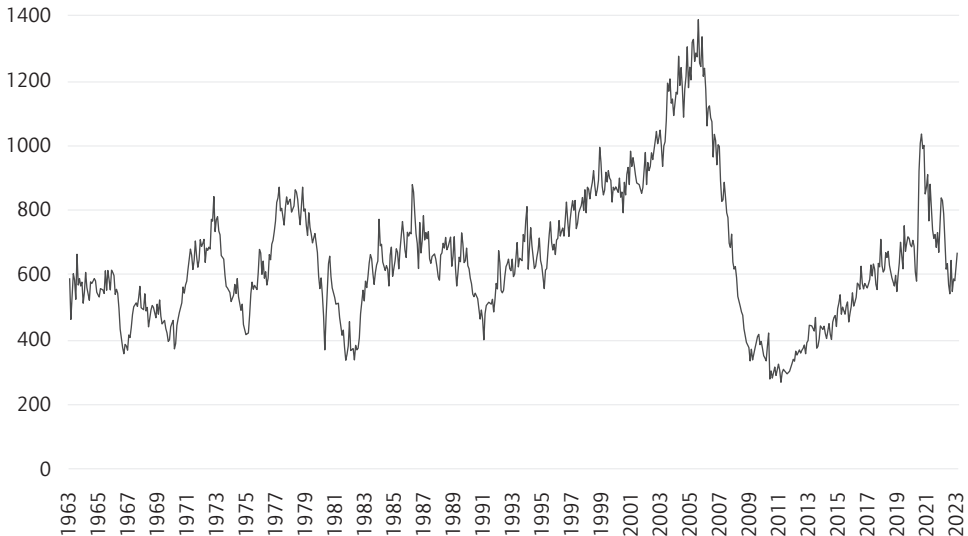
1	0.04	South Korea	17	0.36	Taiwan Province of China
2	0.05	Belgium	18	0.36	Japan
3	0.09	North Korea	19	0.39	Sri Lanka
4	0.12	Tonga	20	0.39	Bahamas
5	0.14	Grenada	21	0.42	China, Macao SAR
6	0.17	Finland	22	0.42	Bhutan
7	0.20	China, Hong Kong SAR	23	0.47	Western Sahara
8	0.21	Switzerland	24	0.49	Luxembourg
9	0.24	Syrian Arab Republic	25	0.57	Malta
10	0.24	China	26	0.57	Vanuatu
11	0.26	Turkmenistan	27	0.61	Samoa
12	0.27	Kiribati	28	0.72	Togo
13	0.27	Iceland	29	0.73	Tajikistan
14	0.28	Norway	30	0.77	Congo
15	0.29	Canada	31	1.10	Puerto Rico
16	0.31	Barbados	32	1.42	Australia

Source: UN World Population Prospects 2022.

2. What covid teaches us about the cost-of-living crisis

The pandemic has had far wider effects than simply its influence on health. Economically, it has disrupted trade, which may well have triggered the current cost-of-living crisis as prices, which had been kept low by international competition, began to rise. It will be almost impossible to disentangle all of its effects, however. For example, to what extent was the economic and social collapse in Russia, which was so greatly exacerbated by the pandemic in the years up to 2021, not to mention how it was handled, a substantial reason behind the Russian leadership’s decision to invade Ukraine in early 2022? A ‘patriotic’ war diverts attention from trouble at home. Similarly, to what extent were the deaths of so many very elderly people in so many affluent countries in 2020 one of the reasons why there was a house price boom in most such countries that year, as the homes the elderly deceased had lived in (or still owned after they had moved into nursing homes) were sold off by relatives? A sudden increase in the supply and sale of larger, often detached properties can make it appear that housing markets are booming, when in fact a series of transactions have simply been brought forward. Figure 4 shows that the 2022 plunge in house sales in the United States is now as great as that which preceded the worldwide financial crash in 2008. House and apartment sales normally fall before prices fall. In the United Kingdom, house sales had also fallen over this period and falling prices began to be reported in the autumn and winter of 2022 (BBC 2022). Thus the inflation of 2022 was not, at least in these two countries, similar to that of the 1970s, when homes also rose in price; instead, we were seeing prices of basics, such as food and fuel, rise the most, while the value of some of those assets held more often by the wealthier among us began to decline.

Figure 4 Sales of family homes in the United States, 1963–2023 (thousands)



Source: Hughes (2022), and <https://fred.stlouisfed.org/series/HSN1F>

The pandemic initially reduced demand for many goods as people had less money to pay for them and were spending more prudently. It also reduced the capacity to produce as much, and the cost and complexity of shipping and other transportation rose. Prices began to rise as demand picked up. In effect, almost everyone's income and wealth were being reduced. But the effects were very different in different countries, for different groups of products, and affected countries very differently, depending on how great income inequalities were in each country to begin with, and what measures particular governments took to try to soften the blow. These measures ranged from subsidising fuel and public transportation costs, to directly controlling the price of many basic foodstuffs in countries such as Greece to try to ensure that no one went hungry (Dorling 2023).

The cost of living crisis was seen as the most important global crisis by April 2022 (Ipsos 2022). Some 32 per cent of people polled worldwide placed 'inflation' in their top three greatest concerns, the highest proportion for any of the options offered in that survey. However, the second greatest concern in the world, almost to the same degree, was 'inequality and poverty'. This most worried 31 per cent of people. That was closely followed by 'unemployment', which is often feared to be likely to rise along with prices, as firms try to lay people off to reduce their costs and compensate for the higher prices the firms themselves have to pay for basics such as fuel to heat their offices and the components of whatever it is they make.

Just as with the pandemic, the extent to which people were affected and worried by the crisis also varied greatly geographically. This partly reflects how equitable countries are, as in a more equitable country people are better placed to deal with rising prices as fewer are very poor. Among the European countries surveyed worldwide by Ipsos in

April 2022, the lowest concerns about inflation were recorded in Sweden (18 per cent of people put it in their top three concerns), Italy (21 per cent) and France (26 per cent). The greatest concerns were recorded in Poland (51 per cent), Hungary (40 per cent) and Great Britain (38 per cent). Poland, Hungary and Britain have more people finding it far harder to get by than Sweden, Italy and France. Britain may be a rich country overall, but it has much higher income inequality and higher housing costs than elsewhere in Western Europe (Table 3).

Table 3 Income inequality in OECD countries, 2004–2021 (Gini coefficient)

Worst year	Maximum	Latest	Change	Country	Worst year	Maximum	Latest	Change	Country
2005	29	22	-7	Slovakia	2011	38	32	-6	Russia
2013	25	25	-1	Slovenia	2014	34	32	-2	Australia
2004	27	25	-2	Czech Republic	2013	35	32	-3	Spain
2008	31	25	-6	Iceland	2013	34	32	-2	New Zealand
2019	26	26	0	Belgium	2017	33	33	0	Italy
2004	29	26	-2	Norway	2011	39	33	-6	South Korea
2019	27	27	-1	Finland	2018	33	33	0	Japan
2019	27	27	0	Denmark	2006	38	34	-4	Romania
2009	29	27	-2	Austria	2011	37	34	-3	Israel
2017	28	28	-1	Sweden	2009	37	36	-2	Great Britain
2004	32	28	-4	Canada	2005	39	36	-4	Latvia
2005	33	28	-5	Poland	2014	38	36	-2	Lithuania
2017	29	29	0	Hungary	2013	40	38	-2	United States
2012	31	29	-1	France	2018	41	40	-1	Bulgaria
2005	32	29	-3	Ireland	2019	42	42	0	Turkey
2019	30	30	0	Germany	2014	46	42	-4	Mexico
2019	31	30	-1	Netherlands	2009	48	46	-2	Chile
2013	36	31	-5	Estonia	2006	51	48	-3	Brazil
2017	33	31	-2	Luxembourg	2020	50	49	-1	Costa Rica
2005	35	31	-4	Greece	2011	50	50	0	India
2004	38	31	-7	Portugal	2011	51	51	0	China
2019	32	32	0	Switzerland	2015	63	62	-1	South Africa

Source: <https://data.oecd.org/inequality/income-inequality.htm> (accessed 5 December 2022).

Table 3 ranks all countries in the OECD according to the latest measure of income inequality. In most cases that is for 2019, just before the pandemic began (OECD 2022). As I write, only two countries have released data for 2021, the United States and Costa Rica, and in both cases income inequality fell compared with 2020. Of the eleven countries that had released data for 2020, in eight cases inequality had fallen compared with 2019, in one there was no 2019 figure, and in only two cases had it risen slightly (Norway and Latvia). However, in both of these latter two cases, as Table 3 illustrates, the level of income inequality is even lower most recently than it was in its highest year in this period. In fact, it is lower or equal in *every single country in the OECD, without exception*. Income inequality by the OECD measure did not rise anywhere over this period.

Other sources will give different results. For instance, the United Nations University suggests that income inequality is rising in India, and the last year for which the OECD report data for India is 2011, but that same UN source also suggests it has fallen in very recent years in China, too (by more than Table 3 implies), although it is still very high (UNU-WIDER 2022). In China, health care and access to it are people's main concerns when surveyed, while the cost of living is less of a concern. Inequality worries people there greatly, but it is possible that government action is finally beginning to help reduce that scourge (Chinese Social Survey 2022).

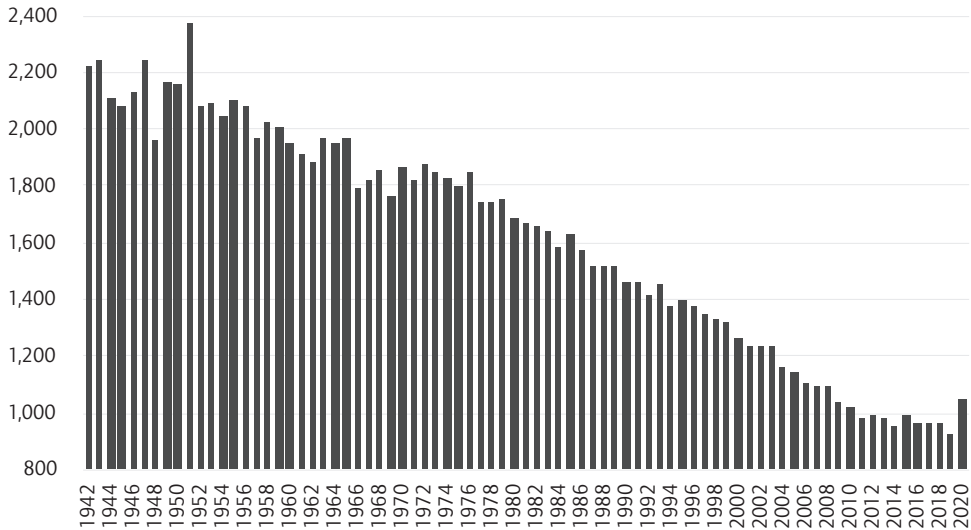
Of the 44 countries for which the OECD reports data, income inequality reached its maxima between 2002 and 2015 in 30 of them (mostly before 2010). Of the remaining 14 it is lower now than it has been. Inequality has fallen everywhere, although often by only a very small amount as yet. This is not widely recognised, but it does matter as we enter more deeply into the cost-of-living crisis. The crisis would be far harder to bear if it had not fallen, almost everywhere, at least by a small amount.

What happens next? If countries manage to increase welfare payments and state pensions by the rate of inflation, they will not rise in real terms, but neither will they fall. Although inflation does affect different social groups differently and has tended to be highest for the poorest, if pay deals are progressive, with the highest pay rises generally being for lower paid workers (even if below inflation), then overall income *equality* will rise even as almost everyone becomes poorer. However, the best-off are most insulated from the effects of cost-of-living rises and are in least need of a pay increase of any kind. Furthermore, if the value of private pensions falls, and housing wealth also declines, then it is very possible that the current crisis will be more like the crises of the 1920s and 1930s, which saw inequalities fall, although that was not much noticed at the time. Comparisons with the 1970s may be less appropriate.

We are still learning a great deal. The pandemic has raised the question of when coronavirus pandemics last arrived in the world and what effects they might have had. These were effects which, at the time, were mistaken for influenza. The most recent paper (Forni et al. 2022) that dates the arrival of previous coronaviruses still in widespread circulation – now seen as common cold viruses – gives the following ranges for the most likely dates of the three most recent introductions: 1950 (HCoV-229E), 1968 (HCoV-NL63) and 1963 (HCoV-HKU1), (on the latter date, see Forni et al. 2022, supplementary material, p. 11).

Figure 5 shows mortality rates each year in England and Wales, standardised according to the 2013 standard European population (ONS 2021). The rapid fall seen to varying degrees across Europe, as well as in the United Kingdom, is very obvious; and so is the increase in mortality caused by the pandemic in 2020. Measured in this way, however, it is also clear that mortality during the first year of the pandemic was much lower than was usual before 2009.

Figure 5 Mortality rates in England and Wales, 1942–2020 (age-sex standardised)



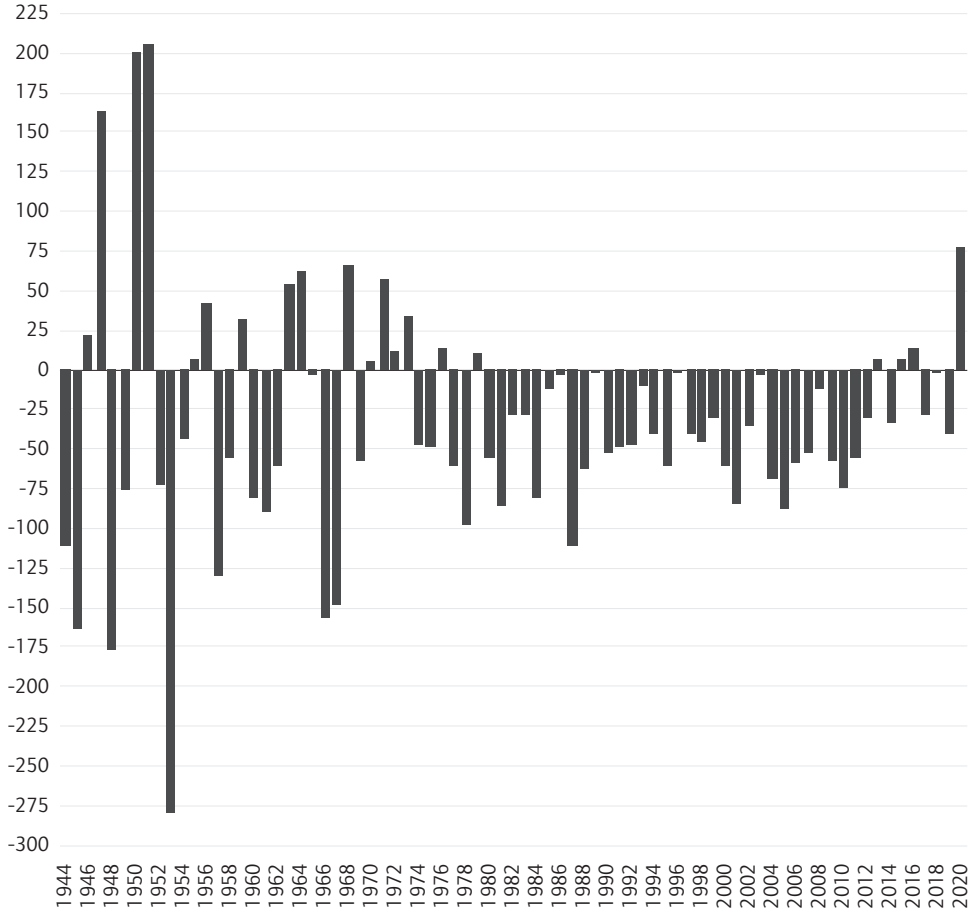
Source ONS, 2021.

What is more interesting in Figure 5 is the change between years, or rather between one year and the level two years earlier. Mortality rates standardised by a set population, as in this case, are comparable over time and also between countries. It is best to compare with two years earlier, as comparing with the directly preceding year can exaggerate the apparent importance of differences due mainly to the timing of the onset of winter. If winter comes late one year, including deaths from cold and from respiratory diseases, then it can appear that there has been a great increase in mortality compared with the year before, when this has not actually happened. Figure 6 shows what the change-over-time trend is when measured from two years earlier.

Figure 6 shows that for a great many years – all of 1980–2021 – mortality was always lower each year compared with two years earlier. In 2013, 2015 and 2016 it was higher because of the effects of austerity, which were very significant and have so far led to more premature deaths than the pandemic (Dorling 2022b). In Britain, the introduction of austerity ended the general improvement that had been experienced in most years since at least the Second World War (and before). However, the arrival of the pandemic was even more abrupt and so the increase seen in 2020 at the very end of Figure 6 is very clear. It was not, however, a much greater increase than the one seen in many years in the 1960s and a few in the 1950s.

Because we now know what a coronavirus pandemic is like, it is very easy to imagine how many people suffered from the arrival of one or more coronavirus pandemics in the 1950s and 1960s, and how we may not have realised it at the time. There were far fewer very old people alive then, the group most at risk. For some of the early spikes shown in Figure 5 we know some of the reasons why mortality was rising. February 1947 brought the coldest winter then on record to England and Wales; but the big freeze of 1963

Figure 6 Mortality change in England and Wales, 1942–2020 (age-sex standardised over two years)



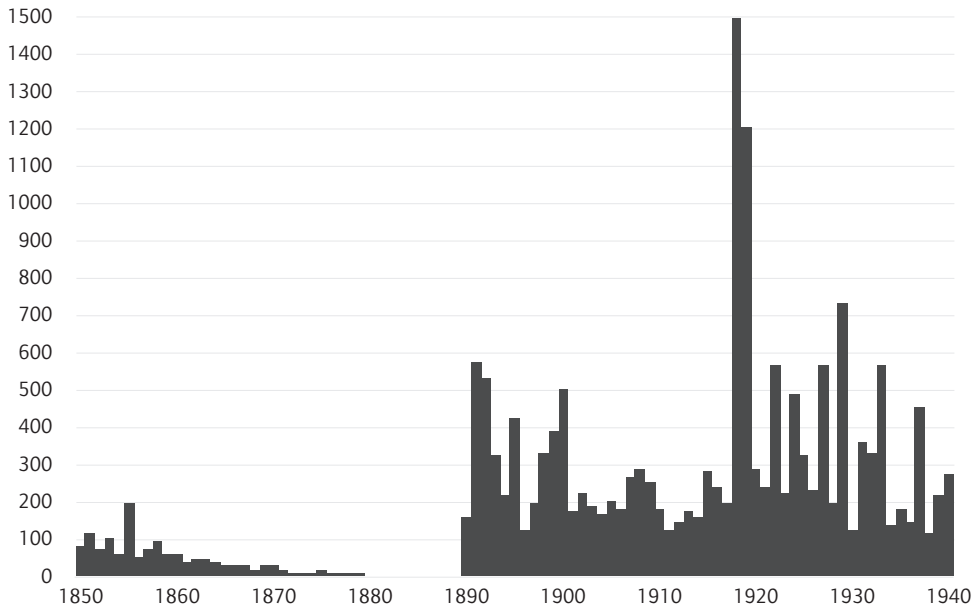
Source: ONS, 2021.

was even colder (the coldest since 1740 in some places). There was what was at the time assumed to be a very bad influenza epidemic in England and Wales in 1950/51, much worse than the 1957 pandemic in its overall effects on the United Kingdom. There was also a worldwide influenza pandemic in 1968 which twice returned a few years later. And we would now expect the heat wave of 1976 to have hastened some deaths (as occurred later across Europe in 2003 when its health effects were far better measured). In the midst of all those events, the arrival of a new disease could easily have been missed. This was when the influenza virus had only just been identified and only it, initially, could be recognised as being new. We did not identify coronaviruses until later, and then only haphazardly, not as they actually arrived. The ONS data released in 2021 uses the best estimates for underlying population at risk and so differs from the dataset that the World Health Organisation uses for the 1960s, so previous pandemics could have been missed because of poor population data. There were also years of very erratic migration in the 1960s, which would affect

any estimates made using lower quality data at that time. It is hardly surprising, then, that we did not see the rise in mortality in 1963 and 1964 as especially unusual during those years, or think that the other years in which mortality rose after that might have been connected to events then. In clearer terms, we may have lived through something similar before, but which was far less deadly as there were far fewer older people then who would have been at the greatest risk of premature mortality.

As Forni and his colleagues state in their paper, if a coronavirus new to humans emerges at the same time as an influenza pandemic, it may simply be due to chance: ‘The frequency of flu pandemics in the 19th century also suggests that the concurrence of HCoV-OC43 emergence and the Russian flu pandemic may be due to chance’ (Forni et al. 2022). The Russian Flu of 1889 was devastating across Europe, and the effects lasted for many years. It is now thought very likely that what actually lingered was not the flu, but the newly introduced and repeatedly recurring HCoV-OC43 virus. Figure 7 shows why that is. After 1889, deaths were far more likely to be attributed to influenza than previously. In some years the cause was due almost entirely to influenza (such as in 1918/1919), but in other years the lingering coronavirus pandemic that could have been transmitted to humans in the 1880s or the 1890s may well have been the key cause of higher mortality after 1889. This matters today because we need to try to understand just how long a coronavirus pandemic can last and with what longer term effects. Only a minority of people in the world are vaccinated today, and people in Europe may become more relaxed and less assiduous about taking their booster vaccinations if they come to believe that the pandemic is over. It is older people, aged 50 and above, who most need to continue to be vaccinated.

Figure 7 Influenza deaths per million people, England and Wales, 1850–1940

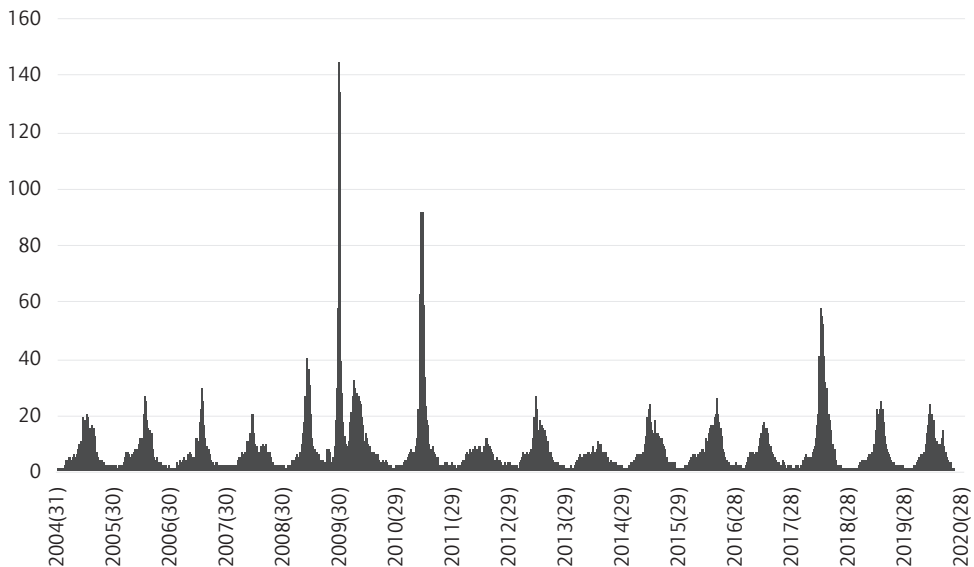


Source Andrewes, 1942. Re-drawn from the original data.

3. What happens as a pandemic wanes?

Figure 8 shows the decrease over time in the influence of flu-like disease on mortality trends in England. We might well be wise to expect the same generally slow decline in future decades, although the availability of vaccines should dramatically reduce mortality from the new disease in future. But it appears very unlikely that we will be able to prevent the disease from continuing to circulate. Hopefully, though, we will eventually accept it as another ‘common cold’ – although we may take common colds more seriously in future than we have in the past.

Figure 8 Influenza-like illness (ILI), 2004 to 2020, England



Source: <https://www.ons.gov.uk/visualisations/dvc1026/fig6a/wrapper/datadownload.xlsx>, and for a longer times series see: Fleming and Elliot, 2008.

In the years to come we are likely to become more ill, more often, than in the years before 2020. We will need health services that can cope with this, social services that are better aligned with those health services, and to prepare the middle aged for an old age that may be a little more illness prone than previously. We will be asking more of the young than we were planning to. In this changed environment the need for solidarity is even greater than it was before.

We do not know what the economic and social repercussions of the continuing pandemic will be. The cost-of-living crisis may well be just one of many implications that we did not see coming. It is unlikely to be the last. In return for requiring more from the young in future we need even more urgently to address the inequalities in our societies that affect younger people in particular. Not only must income inequalities keep falling, but also action must be taken to bring down wealth inequalities. Falling house prices, or not rising much, when inflation is high, can be the beginning of that process but there

is a very long way to go. Leaving such a readjustment to the vagaries of the market is likely to prove very inefficient.

The welfare state must be strengthened to cope with the coming times, including the higher rates of illness to be expected. Housing has to be made more affordable by better rent regulation so that younger people in work are not exhausted simply by trying to pay the bills. Their wages have to rise to such an extent that they more than cover the ground lost by rising prices. The money to pay for this will come from the old and the rich. There is no other source. And it is those countries of Europe that already redistribute best, and which do not allow inequalities to rise so much in the first place, and which have educated their young people most equitably and well, that have dealt with the pandemic best so far. The more inequitable countries of Europe need to learn from the more equitable. And the more equitable need to be more confident in what they have already achieved and can achieve in our new future with, for many years to come, a significantly higher burden of disease.

4. Conclusion

As Europe enters the second year of its cost-of-living crisis some countries are in a very much better position to weather the storm than others. In the United Kingdom, for example, average real wages remain well below their 2008 peak, and have done so every year since the financial crisis hit. They now look set to remain lower than they were in 2008 for many years to come. That is not inevitable, but a choice. Average wages could be higher than they were in 2008 if wages at the very top were lowered. Among large European countries Italy does almost as badly as the United Kingdom in this regard. In other countries in Europe, however, a far more equitable shouldering of the burden was arranged in which public spending grew when GDP fell as a result of the financial crisis, and in the best cases wages rose more than profits.

It is far too early to write off the pandemic. Just as we don't currently understand how important it might have been in driving the cost-of-living crisis, we also do not understand its implications for wealth distribution, housing markets, or the burden on health care for years to come. We have an ageing population that now has a new disease to deal with. Vaccinations do not work for everyone, and not everyone chooses to be vaccinated. The disease will almost certainly continue to circulate unless a new coronavirus suddenly emerges that out-competes it, and that may not be good news. However, new viruses emerging in human populations are thankfully still quite rare events and are not becoming more common, even as our numbers on the planet have expanded so greatly. We can plan for a better future and need not be overly concerned about external events. Most of the harm that we suffer we inflict on ourselves by not organising our societies better. More people die in Europe from austerity, poverty and inequality than disease, even during the worst pandemic years.

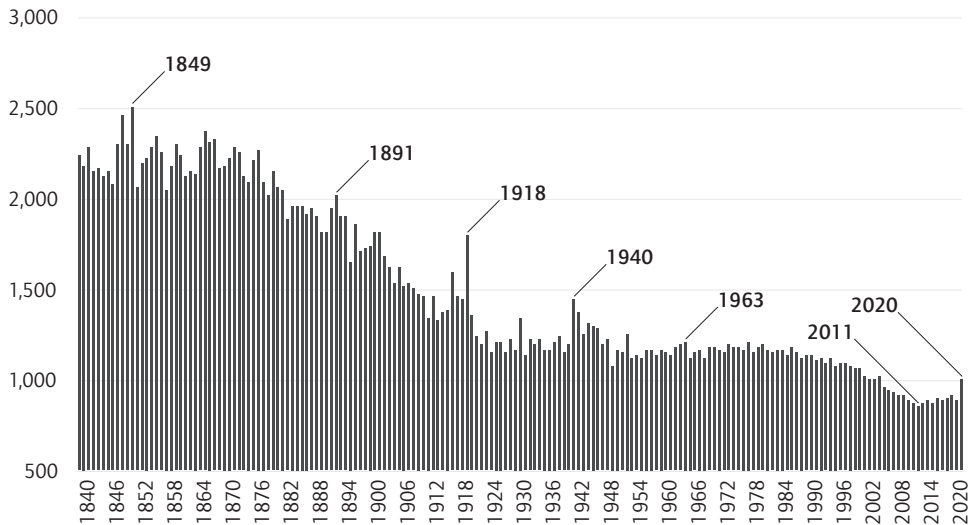
We need solidarity-based societies to live well, and now more than ever to cope with all this uncertainty. Increasing income equality is now essential in tackling the adverse effects of the cost-of-living crisis. Increases in wealth equality must follow, not only as

a result of increases in income equality but also because inflation destroys accumulated wealth, especially if house prices fall. But all this will have to be fought for, too. We cannot simply rely on events improving our living conditions and reducing inequality. The pandemic and the subsequent cost-of-living crisis have provided further evidence that the Nordic countries, now joined by a growing number of more equitable countries in Europe, tend to suffer far less in both good times and bad as a result of the societies they have built. The social and economic policies more progressive governments have introduced across Europe to help to deal with the crisis can now be assessed. Even the British, for a time, introduced what more progressive European countries already consider normal, in the form of so-called furlough payments of 80 per cent of the usual wage if a person was unable to work. It took a pandemic for Britain to do that, but other new possibilities are being introduced in other places as a response to the current crises.

One example is the solidarity wealth tax introduced in Spain in 2022. Another is the control on food prices introduced in Greece in recent years, including basic foods in cafes. Also in this category are the transport policies introduced in France, Austria, Germany and Italy and now many other countries, to make travelling by train cheaper as fuel prices rise. Planned public spending in general, as a proportion of GDP for 2023, is as follows: France and Belgium will spend 55 per cent of their GDP on public services, followed in descending order by Finland, Greece, Austria, Denmark, Norway, Sweden, Germany, Spain and finally both Portugal and the Netherlands at 45 per cent. The United Kingdom is way below this at only 41 per cent (Hiam and Dorling 2022).

Finally, we should take the long view. As Figure 9 shows, what our great grandparents and their parents lived through was far more erratic and unpredictable than our times have been. Even our parents (for those of us who are old enough) lived through times which were so much more eventful than today. As this chapter has illustrated, it is quite possible a new disease arrived worldwide between 1949 and 1963 and no one much noticed – a disease initially just as deadly as the one which has disrupted our world so much over the past few years. We are still learning and we have much to learn. In years to come people may look back on the new disease which first hit European ski resorts and the wealthiest parts of cities in early 2020, the places tourists and business people flew to, and say that that was when the great change began. Figure 9 shows the great decreases in mortality from around 1849 onwards – when the rich were last most affected by a disease relatively new to Europe, namely cholera – which came with the introduction of public sanitation and sewage systems. It also shows the long-term effects of the introduction of the welfare state after the Second World War, in the curve downwards in mortality rates for decades after its introduction. And it shows the cruel results of the attempts made to dismantle that welfare state in England and Wales most recently ('austerity'), as mortality rose again. What happens next to that 180-year timeseries will depend, above all else, on what we now do, across all of Europe, as well as within the United Kingdom. We can again live longer, healthier and happier lives. It is up to us.

Figure 9 Crude mortality rates, England and Wales, 1838–2020



Source ONS, 2021.

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