

Chapter 23

Contradictory and Compounding: The Social Implications of COVID-19



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COVID-19 is a health issue, but like all pandemics, it is also deeply social and economic. By that, I mean the medical realities of the pandemic are necessarily filtered by preexisting social and economic structures, including the degree to which a particular society is (un)equal across class, race, gender, and so forth, which in turn feeds into who is exposed to the disease and how coherent the response to COVID-19 can be. In other words, pandemics invariably expose deep-seated social and economic inequalities. My approach to understanding the economic and social consequences of COVID-19 is framed by such a perspective, one which provides a rather different view than a purely biomedical one. Equally, the epidemiological aspects of the disease must pass through distinctly geographical filters, in which societal and economic structures are spatially uneven, producing wildly varied life chances and expectancies even before the pandemic struck, but are sure to be accentuated by it. One way to capture both the social/economic and the spatial is to adopt a social geographical perspective. According to Smith et al. (2010, p. 1), social geography is defined as “the study of social relations and the spatial structures that underpin those relations.” To Del Casino (2009), the social remains a crucial arena and organizing framework, despite calls for a complete individualization where everyone takes care of their own and where everyone theoretically has the same opportunities. Social identities and groupings—organized through race, gender, (dis)ability, class, nation-states, neighborhoods, or social networks—continue to structure societal inequalities.

More specifically, my approach is informed by three key components of social geography developed by Smith et al. (2010). The first is the sense that social geography has always been committed to “the idea of the social,” meaning the need to document the structures and processes that connect societies with space. In my own

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work on the process of substance abuse treatment, I found that the varied social spaces of the city had profound impacts (e.g., DeVerteuil et al. 2007). The second theme is the long-standing preoccupation with the hard edge of inequality and the uneven experience of welfare, involving a multidimensional view in which social structure does not map directly onto class, and where class is but one axis of inclusion (Smith et al. 2010). From my own work, I have focused on how gentrification as a class project threatens to displace both poor people and their services (e.g., DeVerteuil 2015; DeVerteuil et al. 2019). Third and finally, social geography has always been a moral enterprise, characterized by an appreciation for the principles and practicalities of justice, whether as critique or increasingly drawing upon the normative turn in social research, of what ought to be and should become. This perspective has informed my work on the dual role of the voluntary sector is seeking social justice but also as handmaiden of the (receding) welfare state (e.g., DeVerteuil 2014; DeVerteuil et al. 2020). These three components are all understood through ideas around space, place, and urbanity—that a social geographical reading of COVID-19 must take into account how people’s lives are place-bound, exposing them to certain vulnerabilities but also resilience that draws strength from long-standing social proximity and density (Spina et al. 2013).

With these themes in mind—the idea of the social, inequality, and social justice—what do I mean by the economic and social consequences of the current global pandemic? The economic and social are tightly interlinked, such that the consequences of the global pandemic and the ensuing mass lockdowns are both economic (e.g., dramatic rise in unemployment) and social (e.g., despair arising from mass unemployment and isolation). Moreover, these consequences are both immediate and pervasive, and potentially long-lasting. Based on the first 7 months of the pandemic, several *immediate* consequences are already apparent which straddle the social and the economic. First and foremost is the drastic rise in unemployment to levels not seen since the 1930s, alongside an increased exposure to the virus for those deemed “essential” workers who must operate in close proximity to the public, including meat packers, nurses and doctors, prison wardens, waiters and waitresses, and care workers. A direct cause of this sudden mass unemployment is the concept of social distancing as a way to minimize mass infection. This dynamic renders most in-person activities highly problematic, from teaching to caring to serving. As such, the immediate consequences of the pandemic cannot be divorced from the idea of the social joined to certain problematic spaces such as prisons, care homes, restaurants, and hospitals. The pandemic has also arguably exposed many long-ignored health and social inequalities, from the scandalously neglected state of care homes to the inequitable reliance upon, and overexposure among, the precarious working poor. In turn, the ‘rediscovery’ of these glaring inequalities could lead to social justice movements seeking large-scale restructuring, a point to which I return in the conclusions. Beyond these class-based issues, COVID-19 will undoubtedly worsen preexisting inequalities along racial and gender lines. For instance, in the US and UK, racialized minorities have been more prone to the disease, and more likely to die from it. This stems from being more exposed to air pollution, overcrowding, segregation, and poor food availability, all of which suggest that the

pandemic exacerbates various preexisting place-based vulnerabilities rather than a solely genetic determination. Surprisingly, it is men that are more prone to dying from COVID-19, and part of this trend could indeed be social—less willingness to wear face masks, more underlying health conditions, and more likely to be living alone.

These socioeconomic consequences, and their social geographic implications, can be further sharpened via two key relationships. The first of these relationships is contradictory. In effect, social distancing will necessarily undermine what sociologist Eric Klinenberg (2018) called “social infrastructure,” undercutting tightly knit social spaces of the city. Social infrastructure, according to Klinenberg (2018), is “informal, incremental, peopled...infrastructure that supports social reproduction in cities.” Klinenberg underlines that social infrastructure are “physical places and organizations that shape the way people interact,” not social capital “but the physical conditions that determine whether social capital develops. When social infrastructure is robust, it fosters contact, mutual support, and collaboration among friends and neighbors; when degraded, it inhibits social activity, leaving families and individuals to fend for themselves” (Klinenberg 2018, p. 5). Social infrastructure brings the spatial and social together in particular places, such as libraries, pools, public transit, care homes, and food markets. Crucially, social infrastructure is designed to be highly accessible; as Klinenberg (2018, p. 124) argues, vulnerable populations “need an environment that’s not like every other environment they’ve ever known, that judges them, that takes advantage of them, that doesn’t want anything to do with them, doesn’t understand their role in society.” Latham and Layton (2019) saw the crucially public nature of social infrastructure—that the state, or some other collectivity (such as the voluntary sector), can provide social infrastructure for public and private use. As such, social infrastructure is particularly important to vulnerable populations, such as the homeless, the elderly, and refugees, all of whom have been particularly forgotten in the current crisis, or worse, a target for stigma through places such as care homes, homeless shelters, and prisons. The threat posed by social distancing—and lingering feelings of concern around being in close proximity to precarious and vulnerable populations—speak to the idea of the social underpinned by particular places. The current pandemic places great pressure on social infrastructure just as it is being curbed by social distancing and places added stigma upon those deemed precarious, vulnerable, and even redundant.

The second key relationship is the compounding effects of how catastrophic economic hardship will only worsen the preexisting crisis of “deaths of despair” in certain countries, speaking to the themes of inequality and perhaps even social justice. Case and Deaton (2020) frame “deaths of despair” in essentially socioeconomic terms—of how cases of suicide, drug and alcohol poisoning, and alcoholic liver disease have been rising in certain Global North countries over the past 30 years, especially the USA but also the UK. This rise has been especially acute among working-class adults within deindustrialized areas. Between 1999 and 2017, the rate of [drug overdose deaths](#) among Americans between 25 and 64 increased fourfold, from 6.7 per 100,000 in this age group to 32.5 per 100,000 (Woolf and Shoemaker 2019). Alongside this, [suicide rates](#) in this same age group increased to

38.3% during the same 18-year period (Woolf and Shoomaker 2019). Midlife death rates also increased for illnesses that are strongly linked to drug use and alcoholism; midlife deaths from alcoholic liver disease grew by 40% (Woolf and Shoomaker 2019). Finally, deaths from liver cancer in this age group bucked a trend of decline in virtually all cancer deaths to grow 60%, while alcohol poisoning deaths among those 25–64 rose almost fourfold. As a consequence, life expectancy in the USA began dropping in the late 2010s, even before the pandemic. In the UK, both liver disease and overdose deaths have increased since 2010 (ONS 2018; UK Government 2018). Of course, the social and geographic distribution of these “deaths of despair” is hardly random—it impacts areas and people marked by long-term deindustrialization, high unemployment, ill-health, and austerity, as well as social isolation and a lack of social infrastructure. In particular, being alone generates greater risk for overdose; the pandemic worsens this isolation by cutting the face-to-face social ties that bind addicts in recovery. Given its disproportionate impacts on poor people and poor places, as well as creating a large pool of newly unemployed people, the pandemic is set to compound preexisting and inequitable spatial patterns. This will negatively impact the worst-off and most vulnerable areas and reinforce their social precarity.

In conclusion, I have focused on short-term, immediate economic and social consequences of the global pandemic from a social geographical perspective. However, we ought to think long term about the consequences, the chronic rather than just the acute impacts. This could generate a future research agenda on, for example, the eventual vaccination of the population against COVID-19, if it indeed happens. From a biomedical perspective, this would involve the relatively straightforward diffusion of the vaccine across places and populations. However, from a social geographical perspective, the uptake would probably be very uneven across various social identifiers and places—not all populations will have full access, and some populations might even resist the vaccine, seeing it as a form of governmental overreach. But this also plays into the larger question of what kind of post-COVID-19 world do we want? One way to frame long-term consequences is through the irksome concept of resilience, in which the social and economic fallout from COVID-19 prompts calls for both “returning to normal” (e.g., the status quo) and, more radically, establishing the trajectory of a new economic and social contract, one that is more equitable and healthy for more people, especially those currently deemed expendable (DeVerteuil 2015). This division is rather stark—to some, the idea of “bouncing back” to pre-COVID-19 conditions is anathema, while others are striving hard for just that. The balance between these opposing views will very much determine what kind of social and economic system we create (or re-create) in the post-COVID-19 future. And so a future research agenda would also need to critically interrogate the uses and abuses of resilience, appreciating that certain populations benefit from a return to the status quo (especially politicians and CEOs), while for racialized minorities and the working poor, there is a pressing need to radically restructure life changes and systems of well-being, of revisiting economic justice and more strongly redistributive models of society. This cannot be divorced from the particular nature of COVID-19’s mortality patterns, which imparts a sense of

intergenerational (in)justice—that younger people are socially isolating partly to ensure the survival of the oldest generation. Yet in return, the younger generation might see its opportunities and social mobility severely restricted, possibly for years, with important social and economic consequences.

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