

Coronavirus: The world after the pandemic

Opinion **Social affairs**

A better society can emerge from the lockdowns

History shows some crises lead to improved equality and access to food and healthcare

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Amartya Sen points to the way the second world war reduced inequality, producing a generation of children healthier than any previous cohort © FT montage; Bloomberg; Hulton Archive/Getty Images

Amartya Sen APRIL 15 2020

This article is a part of [a series](#) in which the FT asks leading commentators and policymakers what to expect from a post-Covid-19 future

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“We will meet again,” Queen Elizabeth [said](#) recently, invoking a 1939 song. It was an inspiring thought and exactly what we needed. But what kind of a world can we expect after the pandemic? Will we gain something from the experience of jointly resisting the crisis?

The world was full of serious problems before coronavirus. Inequality was rampant, both between countries and within them. In the US, the world's richest country, [millions](#) of people lacked medical coverage, contributing to unnecessary illness. Ill-calculated austerity had weakened the EU's ability to provide public support to vulnerable people. Anti-democratic politics was on the rise, from Brazil and Bolivia to Poland and Hungary.

Is it possible that shared experience of the pandemic will help alleviate such pre-existing problems?

The need to act together can certainly generate an appreciation of the constructive role of public action. The second world war, for example, made people better realise the importance of international co-operation. The United Nations, the IMF and the World Bank were born in 1944-5, not long after Vera Lynn sang about meeting again.

However, was there any long-term improvement *within* a country from the experience of crisis? We did see some.

There was a sharp reduction of the incidence of undernourishment in Britain in the difficult years of food shortages during the second world war. Facing a big reduction of total food availability, Britain arranged more equal food sharing, through rationing and social support. The chronically undernourished were much [better fed](#) than ever before. A similar thing happened with better-shared medical attention.

The [results](#) were astounding. During the war decade of the 1940s, life expectancy at birth in England and Wales went up by 6.5 years for men, compared with 1.2 years in the preceding decade, and for women it rose 7 years, far exceeding the 1.5 year gain of the decade before. The positive lessons from pursuing equity and paying greater attention to the disadvantaged helped in the emergence of what came to be known as the welfare state. Aneurin Bevan, an advocate of greater equity during and after the war, inaugurated the first National Health Service hospital in Britain — the Park Hospital in Manchester — in 1948.

Can something similarly positive happen due to the experience of the present crisis? The lessons to emerge from a crisis surely depend on how it is dealt with, and what concerns come to the fore.

Politics is important here, including the relation between rulers and governed. During the war years, in contrast with the better sharing of food and healthcare by the British public, the terrible 1943 Bengal famine occurred in British India, killing nearly 3m, which the Raj did little to prevent.

In the policies against the present pandemic, equity has not been a particularly noticeable priority. In the US, African Americans are dying at an enormously [higher rate](#) from Covid-19 than white people. In Chicago, [more than 70 per cent](#) of pandemic deaths have been of African Americans who constitute only a third of the resident population. Internal disparities in suffering seem to have been no less in many other countries, from Brazil and Hungary to India.

India is a particularly striking case. Inequalities remain very large. Famines have not occurred since the establishment of democracy in independent India. Yet open public discussion — which makes the predicament of the deprived heard, politically significant and protects the endangered — faces increasing governmental restriction, including reduction of media freedom through direct and indirect means.

Marked by the contrast between reasonable medical facilities for the affluent, and not even decent primary healthcare for most of the poor, and weighed down by the brutal asymmetries of modernised caste inequalities, India could have benefited greatly from equitable pandemic management. Yet there is little evidence of egalitarian concerns. Instead, the focus has been on drastic control and [sudden lockdowns](#) (including of trains and buses) with little attention paid to labourers who lose their jobs or the many migrant workers, the poorest of the poor, who are kept hundreds of miles from their homes.

Sure, social distancing restricts the virus' spread (this important benefit is not in dispute). But it has to be combined with compensatory arrangements — for income, food, access and medical attention — for people devastated by the lockdown. India, like many countries, needs something like an NHS. But no lesson in that direction will probably emerge from the pandemic response, given its huge inequities.

Sadly, it is quite possible that when we meet again we will be no better placed to face the unequal world in which we live. Yet it need not go that way. A concern with equity in crisis management would lessen suffering in many countries now, and offer new ideas to inspire us to build a less unequal world in the future. Since we are less than half way into the crisis, dare we hope this can still happen?

Letter in response to this article:

It was 1943. What could the Raj have done? / From Ian Maitland, London, UK

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