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Intersectionality and Public Health: Exploring the Disproportionate Impact of the COVID-19 Pandemic

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Abstract

While it is indisputable that the COVID pandemic has significantly affected the global population, the burden of its impact has been shouldered disproportionately by certain sections. In an effort to gain a greater insight into how and why vulnerability to the virus and its devastating consequences varies across society, this article adopts an intersectional lens to analyze the pandemic. Accordingly, a discussion on the relationship between social factors (such as gender, income and location) and global outcomes (such as wealth distribution, health and food security) in the context of the pandemic is presented. Ultimately, this article posits that far from being the *"Great Equalizer"*, the COVID pandemic has exacerbated existing, deep-rooted social inequalities. The significant implications for policy that this has is outlined.

Keywords: Intersectionality; COVID Pandemic; Health Outcomes; Wealth Outcomes.

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In November 2019, the first traces of novel coronavirus were detected in the Wuhan province of China. Symptoms included fever, dry cough and fatigue. A little more than four months later, on 11 March 2020, the World Health Organization (WHO) officially announced COVID-19 as a pandemic. And as of February 2022, nearly two years on, WHO (2022) released a report revealing the devastating effects of the virus - over 370 million cases and nearly 5.7 million related deaths.

The ongoing pandemic has led to significant social and economic disruption around the world, from widespread food shortages to devastating levels of unemployment and income loss. Amongst these changes, issues of racial and geographic discrimination, social inequalities and health inequity have been raised. It is no secret that the pandemic has had a disparate impact on the population - at a communal, national *and* global scale. Certainly, far from being the *"Great Equalizer"*, it has instead worsened existing inequalities.

Considering this, from both an academic and policy perspective, it is important to try and understand the factors behind such developments. Accordingly, this paper seeks to explore and analyze *how* and *why* the devastating effects of the pandemic have been borne by certain demographics more than others, and what this means as the post-pandemic era approaches.

Due to the ongoing nature of the situation, this paper is by no means a definitive study into the disproportionate impact of the COVID pandemic. Nevertheless, as its two-year mark approaches, it does offer valuable insights into how and why the pandemic has exposed and exacerbated pre-existing inequalities.

Literature Review

This paper is primarily concerned with two key strands of COVID-related research: (1) the impact of the pandemic on social outcomes and (2) the applicability of an intersectional approach in analyzing such impact. Accordingly, a brief overview of the literature on these two areas is presented below.

Existing research has explored the impact of COVID-19 on individuals, communities and economies across various modes (including health, wealth and other social outcomes). Such analyses can be split into two categories. The first looks at the impact on a global scale, such as Laborde et. al (2021)'s insights into the pandemic's impact on global poverty, food security and diets. The second delves into the impact at a community or country level, such as Andam et. al (2020)'s scholarship on a similar topic, this time focusing on a specific country. Meanwhile, Mein (2020) has explored how the virus has led to disproportionately high mortality rates for racial minorities in the United States. Evidently, there is a considerable amount of scholarship that looks into the impact of the pandemic on social outcomes on both a local and global scale.

This paper's other area of interest is concerned with the theory of intersectionality and how it can be applied to analysis of the pandemic. While research on this topic is far less abundant, substantial insight has been generated by several researchers into the importance of considering intersectionality when examining the experiences of certain social groups during the pandemic. Such was the topic of research of Maestripieri (2021), who, in addition to explaining the importance of using an intersectional approach while analysing the pandemic's outcomes, also used a fractal analytical approach to consider how discrimination and experiences from the marginalised is experienced at the centre of intersections of social identities, rather than a single analytical dimension. Furthermore, in an earlier work, Bowleg

(2012) has more generally discussed the benefits of using an intersectional framework in public health analyses to policy-making.

In essence, the impact of COVID-19 on global communities at the micro and macro level, as well as intersectionality and its applications to the pandemic have been explored. However, few aggregate existing research considers how intersectionality can be used to analyse these effects at a cross-sectional level, such as how those not only with a different class may be treated, but those who are of a different class *and* of a different gender, race, sexuality, etc. Neither, therefore, has there been much research conducted into the policy implications of intersectional thinking and how existing preventative measures contain flaws in observing a unidimensional frame of discrimination during the pandemic.

Accordingly, this paper seeks to contribute to the relatively minimal amount of scholarship on public health analyses and intersectionality in the context of COVID-19 by: (1) using an intersectional lens to analyze the disproportionate impact of the pandemic on a country *and* global level, (2) and discussing the relevance of these insights in policy-making.

Introduction

It is important to first outline the key distinctions in the terms *inequality, inequity and disparity* - as it applies to this paper. Inequality is defined as a phenomenon that relates how opportunities and resources are disproportionately and unjustly distributed (Koh 2020). Both inequity and disparity is conceptualized as more precise symptoms of the broader concept of inequality. The former refers to the preferential variation in resource allocation within a population, while the latter refers to a quantitative measurement which separates one group from another along predetermined reference point(s) (Klein & Huang 2010). With this in mind, this paper delves into the impact of the pandemic on inequality by specifically looking at how it has affected and exploited pre-existing social inequities and disparities.

To begin, this paper will introduce the concept of intersectionality, including its origins, basic premises and applicability to the COVID pandemic. Using it as the basis of our analysis, it applies an intersectional approach to examine the effects of the pandemic along two key metrics: (1) health (2) and wealth outcomes. This section delves into the role that social identities and pre-existing inequities and disparities have played over the course of the past two years, exploring how their interplay has led to worsening inequality at a country-level. Following on from this, the paper then turns to discuss the broader impact of the COVID pandemic on global inequality, focusing on the nuances and contradictions of its impact. And finally, the implications of our findings on policy-making are briefly presented.

Ultimately, this paper contends that by reinforcing oppressive systems and structures that have historically perpetuated inequities and disparities, the COVID pandemic is disproportionately affecting historically disadvantaged social groups and exacerbating pre-existing inequalities.

Intersectionality

In her seminal work, *Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics*, Kimberle Crenshaw examines the flaw of the legal system at the time's "tendency to treat race and gender as mutually exclusive categories of experience and analysis" (Crenshaw 1989). Critical

of the uni-dimensional analyses of discrimination that typically occured at the time, eg. that a woman is likely to be subjected to more discrimination than a male, Crenshaw argued that such analyses were inadequate due to its failure to consider the varying modes and extents of oppression that occurs at the intersection of these various social identities.

Using black women as a motivating example for her proposition, Crenshaw posited that: (1) each individual has multiple social identities, including but not limited to race, gender, sexual preference and wealth (2) and that these various identities combine to create different modes and extents of privilege and oppression. For instance, a black, *lower-class* woman is not only likely to be more oppressed than a black, *middle-class* woman, but will also experience oppression in different ways (Crenshaw 1989). Here, she introduced and coined the concept of “intersectionality” - which acknowledges the multiplicity of social identities, and how those positioned at the intersection of these identities are either privileged or marginalized to varying degrees by pre-existing systems of power, eg. capitalism, patriarchy, etc.

As Bowleg (2012) summarizes, intersectionality is, in essence, an analytical framework for understanding how multiple social identities intersect at the micro level of individual experience to reflect inter-locking systems of privilege and oppression at a macro social-structural level.

In recent decades, Crenshaw’s framework of intersectionality has been expanded and applied across multiple areas, including in the formulation and assessment of policy responses to public health issues. Bowleg (2012) highlights the apparent synergies, noting how public health’s commitment to social justice makes it a natural fit with intersectionality’s focus on historically oppressed populations. She points out how intersectionality prompts policy makers to conceptualize and analyze disparities in health outcomes in the multidimensional ways that mirror the experiences of the most adversely affected populations. Furthermore, its recognition of the impact of macro-level factors on outcomes is likely to lead to structural-level interventions targeting the fundamental causes of social inequality. And finally, by focusing on the experiences of historically oppressed populations as its vantage point, it can facilitate the development of well-targeted and cost-effective policies.

The advantages that an intersectional perspective affords policy-makers is demonstrated by the Centers for Disease Control and Prevention’s (CDC) HIV prevention campaigns. In 2009, Black men who have sex with men (MSM) represented 42% of new cases among MSM. By recognising that their HIV prevention messages targeting gay and bisexual men did not resonate with Black MSM who did not identify as gay or bisexual, the CDC swiftly began using MSM terminology in their campaigns - a procedure that is now well-established in HIV prevention theory, research and practice. This policy change confirms the importance and value of shaping policy from the perspective of the most marginalized communities (Centers for Disease Control and Prevention 2011).

As Hankivsky and Christoffersen (2008) summarize, intersectionality is critical to public health analyses and policy-making as it embraces the complexities that are essential to understanding social inequities, which in turn manifest into social disparities.

Accordingly, intersectionality can not only be readily applied to the analysis of the COVID-19 pandemic, but can also lead to more nuanced and valuable insights. It recognises that a person can have multiple, converging and oppressive social identities (Jones & McEwen 2000). And intriguingly, such a framework also encourages us to consider how this convergence of identities does not necessarily lead to total privilege or oppression. As Maestripieri (2021, p. 4) articulates, *“people hold positions that may be conflicting with each other—such as for black middle-class women, who are privileged for their belonging to the*

middle class but discriminated for their being women and blacks." For instance, Jackson and Williams (2006) note how historically, the infant mortality rate of highly educated Black women has exceeded that of White women with less education - highlighting the paradox of the intersection of socio-economic status, race and gender for Black women in the United States.

Thus, an intersectional approach is vital for understanding the complexities of how the COVID-19 pandemic has impacted communities differently. As Hankivsky and Kapilashrami (2020) explain, considering the pandemic's impact across a single axis, eg. male or female, risks homogenizing otherwise diverse experiences and reducing necessarily complex analyses. An intersectional approach leads to a more nuanced understanding of how social identities and systems of power influences community vulnerability to the virus. Such an analysis of the pandemic enables more comprehensive and effective policy-making that tackles the various, intersecting factors that shape people's lived experiences. In turn, this understanding is critical in improving the prospects of a more equitable COVID recovery as the post-pandemic era looms.

Application to Health Outcomes

In the domain of public health, the application of intersectionality theory provides a useful framework to explore how the convergence of social identities leads to the oppression of certain communities - specifically in terms of health outcomes. In this paper, intersectionality theory is applied to fit public health analyses through the concept of *social determinants of health*. This approach links intersectionality with health outcomes, and provides a useful starting point for our analysis.

"Social determinants of health" (SDoH) refers to factors which significantly influence how a person lives, learns and interacts with their surroundings; all of which, in turn, influences their health (Williams 2021). As Braveman and Gottlieb (2014) notes, examples include race, gender, wealth, income, neighborhood viability, and access to healthy foods and healthcare services. LaVeist and Pierre (2014, p. 11) further elaborates on the concept by explaining how they *"depict the relationship among socioeconomic and political context, social position, conditions of daily life, the healthcare system, and health and well-being."* In other words, similar to how social identities operate to privilege/marginalize certain groups, social determinants of health combine to shape health outcomes. Underlying their operation are existing systems and structures of privilege and oppression that have historically contributed to health inequalities.

It is important to note that disparities in health outcomes predate the COVID pandemic. Indeed, a significant amount of scholarship has delved into this topic. For instance, as Gee and Ford (2011) note, it is well-established that even before the pandemic, racial minorities have experienced an unequal and excessive percentage of morbidity and mortality rates in the US. They further articulate that a large part of this is due to the historical discrimination and marginalisation of these groups, which results in a less-than optimal quality of life, and thus a greater risk of experiencing health-related issues.

Accordingly, this section builds on this existing work by focusing specifically on the context of the COVID pandemic, namely analyzing how SDoH have dictated community vulnerability to the virus and its devastating consequences.

The interplay between SDoH and historical inequities has exacerbated pre-existing health inequalities, meaning disadvantaged groups, such as racial and ethnic minorities, are being

disproportionately affected by the pandemic. This is evident in the data for COVID cases and deaths. For instance, Mein (2020) notes that in New York, the epicenter of the outbreak in the US, Africans and Hispanic Americans compose 22 and 29% of the population, however make up 28 and 34% of COVID-related deaths respectively. In comparison, Caucasians compose 32% of the total population, yet only 27% of deaths. Mein also observed similar trends in other states. However, these statistics cannot be viewed as specific to the COVID pandemic, and should instead be recognised as a cumulation of historic inequities; a mere symptom of broader cycles of disadvantage. Essentially, although the virus is the one directly impacting disadvantaged communities at a disproportionate rate, the underlying causes are the structures and systems perpetuating unfavorable SDoH that have historically and now continue to plague minorities. The pandemic has merely highlighted pre-existing inequalities (Brown & White 2020). In this paper, these inequalities are illustrated and further explored through a closer analysis of COVID-related policies. Our analysis reveals that such policies have reinforced existing structures that have historically marginalized certain demographics, thus further perpetuating and even worsening their disadvantage.

The practice of social distancing is a useful case study to examine how certain SDoH and pre-existing inequities have led to unequal health outcomes throughout the pandemic. Social distancing measures revolve around physical separation to prevent disease transmission. In the US and most other countries, its implementation comes in the form of self-containment at home, together with suspension of access to public places, like schools and workplaces. As the primary public health intervention, particularly in the early months of 2020 prior to the development of a vaccine, data on population adherence to social distancing guidelines offers a valuable insight into the impact of the pandemic. This is particularly the case given the disparity in different communities' responses to stay-at-home orders. As Huang et al. (2022) explains, understanding what drives these responses can lead to a greater understanding of the inequities the pandemic is exposing.

Dasgupta et al. (2020) conducted a study measuring the intensity of social distancing across 2,660 US counties by tracing smartphone GPS movements. Their findings revealed that the adoption of social distancing practices strongly correlated with better SDoH. For instance, counties with higher rates of social distancing had a higher proportion of people with health insurance, greater food security and greater annual household income. Thus, places with greater social distancing had distinctive healthcare, economic and other structural advantages that facilitated such compliance with stay-at-home orders. As Tai et al. (2021) explains, poor people typically live in more crowded conditions and comprise a higher percentage of workers in essential industries. This means that they are less able to comply with social distancing guidelines and minimize their risk. As Brown and White (2020) summarize, the ability to stay at home is directly related to SDoH and privilege. In this sense, populations with disadvantageous SDoH (typically racial/ethnic minorities and those of a low socioeconomic status) are less able to socially distance themselves. Consequently, this increases their exposure to the virus, and helps explain why disadvantaged groups exhibit disproportionate numbers of COVID cases (Huang et al. 2022). The practice of social distancing is just one of numerous examples highlighting how the pandemic operates on a system of privilege.

It is also important to note that unfavorable SDoH predates the pandemic. For instance, Cunningham et al. (2017) revealed that even prior to 2020, racial and ethnic minorities and poor people bear the disproportionate health burden of underlying comorbidities, eg. diabetes, obesity, etc. And as Brown and White (2020) highlight, such pre-existing inequities are the result of the historical and continual marginalization of these groups. In the context of the pandemic, together with social distancing guidelines, they have further contributed to disparities in COVID-19 mortality outcomes that disfavor these vulnerable populations (Huang et al. 2022). Therefore, disadvantageous SDoH, as a consequence of pre-existing inequities,

lead to health inequalities. This has historically been the case. It is a pattern of privilege that persisted even before COVID, and one that the pandemic has simply perpetuated by reinforcing systems and structures that disadvantage vulnerable populations.

Application to Wealth Outcomes

Intersectionality theory can also be applied to investigate the disproportionate wealth outcomes experienced by certain overlapping social identities, particularly in light of the economic shocks that the pandemic has generated. In this section, intersectionality theory is applied to analyze asymmetrical impacts faced in terms of income, employment and the ability to grow wealth through the concept of Patricia Hill Collins's Matrix of Domination. This framework links intersectionality with wealth outcomes, laying out a valuable continuation of our analysis.

The "Matrix of Domination" (MoD) proposes that the "social location of individuals and groups [on the matrix] with intersecting power relations shapes their experiences within… the social world," considering race, gender and class, and enabling the exploration of wealth outcomes of those on varying points on MoD (Collins, da Silva, Ergun et Al 2021, p. 694). MoD is being utilized as a critical social theory in this paper, providing a cognitive architecture to analyze an array of inordinate wealth outcomes. There are many existing societal structures and systems which have given rise to the unequal distribution of power as illustrated in both intersectionality theory and MoD, exacerbating wealth outcomes even prior to the COVID-19 pandemic.

One such occurrence is evident in the differences in wealth accumulation and retirement preparedness of single women in comparison to single men (Gornick and Sierenska 2021, p. 549). Whilst the quantitative analysis undertaken in this article finds a "statistically significant and positive effect of work experience on wealth… over time," the benefit of work experience is far greater for single women than single men, indicating that, for men, other, more powerful forces are at play in generating wealth, most likely created by structures of privilege. It is also found that single women in Germany, Spain and the United States are in a "precarious position" at retirement, with much lower expected annual wealth levels than single men. Interestingly, single women from Spain reported greater net worth levels than their male counterparts, in-line with their higher Global Gender Gap Index ranking (World Economic Forum, 2020) as 8th in the world, in stark contrast to the 53rd position of the United States. Evidently, existing inequities in wealth outcomes predate the pandemic.

Subsequently, this section expands upon these pre-existing inequities, specifically in the context of COVID-19, by applying the MoD concept to analyze gender and class in employment (and thereby wealth) outcomes.

Looking into the impact of lockdown measures on employment outcomes is a useful case study to further explore how the pandemic has impacted economic inequality. As the antithesis of a great equalizer, COVID has evidently impacted those in different social groups, wherein exposure, risk of contagion, and the impact of social distancing measures have all had a more significant impact on society's most vulnerable—including but not limited to women, ethnic minorities, and people in lower socioeconomic class—exacerbating current inequalities.

Further to this is the disproportionate impact of lockdown measures across sectors and, hence, its working composition, with low-skilled and high labor sectors bearing the brunt of the impact. From a sample of Western countries considered "more developed", Adams-Prassl et al. (2020) has identified sectors that have been hardest-hit by lockdown measures to be arts

and entertainment, food, retail, accommodation, and education, all of which oversee an overrepresentation of women. Similar trends are identified by Australia's Workplace Gender Equality Agency (2018), where industries including accommodation and food services, retail trade, and education and training are made up by a proportion of 54.9%, 55.0%, and 73.2% of women, respectively. Yet, despite the female domination in the aforementioned industries, the gender pay gap persists, with Australian men earning 21.4% more than women in healthcare and 10.9% more than women in education (Workplace Gender Equality Agency 2022). As such, the overarching framework of intersectionality still stands as within this subset, young and low-paid workers have been most affected, more particularly with blue-collar workers of low education (Maestripieri 2021). At its intersection lives the compounded impact of COVID on wealth outcomes for women, more particularly women of color, as persisted by the wage gap, employment inequity, amongst struggles against COVID-induced income and work loss.

Moreover, in addition to gender and class, MoD can be used to analyze the interactions between age, race and education when analyzing the various manifestations of employment inequity. Using the basis of MoD as the framework of intersectionality, when adding the variable of educational attainment, a more nuanced and in-depth picture of the impacts of COVID-19 on unemployment can be captured. The case study of the so-called 'She-Cession' driven by the pandemic provides a more in-depth study of the differential impact of the pandemic on women with various intersecting social identities.

Using Current Population Survey (CPS) data from the US, Gezici & Ozay (2020) determined that Black and Hispanic women experienced a significantly higher rate of job loss compared to white women, and more yet white men, even if they are employed in industries with highly teleworkable jobs. Similarly, Moen et al. (2020) elaborates on this difference noting that tertiary educational attainment, or the lack thereof, impacts vulnerability to unemployment to varying extents in combination with gender and ethnicity. Whilst the most vulnerable to unemployment were found to be Hispanic and Black women, the "most deleterious effects" were found to occur in Asians without college degrees (Moen et al. 2020). With Asians generally being the most educated subgroup in the US, Moen highlights that different subgroups within various social identities, such as Asians, have a tangible impact on a wealth outcome like employment.

However, it must be noted that there are some limitations to this data. It is possible that as young workers with little experience of layoffs, the sudden mass loss of jobs experienced in a COVID-19 economy could discourage them from trying again and see little hope of gaining a new job during this era. Therefore, they may no longer see themselves as looking for work, which is a key element of the definition of being unemployed. This is in line with research showing that the proportion of young people in their 20s who described themselves as "household heads" declined at the start of the pandemic (Moen et al. 2020). More research should be conducted to further examine the relationship between employment change and household change.

Using an intersectional lens, it is evident that privilege shapes wealth outcomes. The examples above illustrate these symptoms of long-running, historical disadvantage that the pandemic has exposed and exploited, consequently exacerbating pre-existing inequities in wealth. It is no surprise then, to see that over the course of the pandemic, wealth inequality, particularly within countries, has worsened.

Global Impact

Our existing research has looked within countries and communities, and has found that the COVID-19 pandemic has perpetuated inequalities that have existed across multiple dimensions within these societies. Interestingly, on a cross-country level, it seems that economic, or other advantages, do not seem to provide benefits in the way populations have been impacted in terms of health outcomes. Indeed, while a 'tale of two pandemics' has been experienced in that certain countries have recovered far quicker than others, this seems not to be a tale of economic advantage, but of swiftness and shrewdness of policy response. Impacts on global inequality are more ambiguous in the literature, and will also be discussed below.
From a health lens, the pandemic has disadvantaged certain groups of countries far further than others. Such a notion is explored in Schellekens et. al's (2020) World Bank research paper, which analyzes the difference in health outcomes suffered by constituents of a country based on their income.

Unlike the existing literature, which seems to suggest that economic (and other forms of) disadvantage correlates directly with the severity of health outcomes suffered, data presented by the paper instead suggests that low income is a safeguard, of sorts, against the cruel health effects of the pandemic. Indeed, the most severely affected countries, measured by 'cumulative severity ratio' (examined further in the paper, as a proxy for severity of health disadvantage suffered by the country), all fall into the high or upper-middle income brackets.
Schellekens et. al's paper, amongst others, attempts to provide several explanations for this, although none definitively provide an evidence-based reason for this trend.

The first potential explanation, particularly for differences in health outcomes, relates to demographic differences amongst countries. In its simplest form, through the lens of intersectionality, the senility of a country or community could be viewed as a dimension through which they are subject to unique forms of disadvantage. One such disadvantage may be their asymmetric exposure to certain health risks - such as the COVID-19 pandemic. However, while it was noted in the aforementioned paper that countries with lower incomes are also dominated by more senile poulations, in how "the developing world's 70+ population is 1.8 times bigger than that of high-income countries'; its 60+ population is 2.4 times larger" (ibid), this fails to explain why the majority of the health burden from this pandemic was incurred by countries with higher incomes.

An emphasis, therefore, should also be placed on the policy responses taken to respond to initial warning signs from the pandemic - particularly when observing health outcomes. As is mentioned in Hiscott et al (2020)'s paper, the United States - one of, if not, the world's richest and most medically advanced countries ignored warnings from China and then Italy; refused to acknowledge the World Health Organization's 'emergency of international concern' on January 31, 2020; and lacked a pandemic preparedness plan that would have mobilized the American health system to respond to the coming viral pandemic as early as February.

Another possible explanation for lower-income countries' health problems being less severe is that urban density varies greatly across developing countries. For example, in some poorer countries, the disease's spread may be impeded by a lack of urban density, as rural areas are cut off from the prospective metropolitan epicenters where the pandemic would spread most quickly. This would be in line with the rapid deterioration seen in Latin America, which is highly urbanised in comparison to other emerging regions.

As the majority of scholars tend to agree that the pandemic has led to health inequities according to privilege, Schellekens et al's (2020) work perhaps indicates the different layers

of the pandemic's impact. That is, while the virus has disproportionately affected marginalized communities *within* countries, on a global *inter-country* scale, this effect is less clear. From an intersectional perspective, this can be accounted for by recognising that social identities and social determinants of health, more so than one's country of residence, determines vulnerability to the pandemic. At a macro level, it becomes significantly more difficult to identify coherent and logical patterns and trends in analyzing the impact of the pandemic, as the lived experiences of local communities tend to be over-generalised due to the sheer volume of data available.

Moving on, the topic on whether COVID-19 has increased global inequality, however, is far more contentious in the global literature. One piece that examines this topic directly is Yonzan et. al's (2021) piece for the World Bank Blogs, which suggests that global inequality would have improved (the gaps between countries would have decreased), had the pandemic not occurred.

Specifically, the authors found "that the gap between nations is expected to increase for the first time in a generation", and that the change in mean-log deviation in incomes between countries was expected to rise by 1.2% in the period of 2017-21. Had the pandemic not occurred, this same inequality figure would have decreased by 2.6%. The blog explores a potential explanation for this as being a disparity in average household incomes between rich and poor countries - specifically in that "in 2021, the richest two deciles on average are expected to recover nearly half of their 2020 losses, while the poorest two deciles on average are expected to further lose 5% of their income" (Yonzan et al. 2021).

While applying an intersectionality based view is relatively simple within one community, attempting to justify that global economic inequality would be augmented due to the pandemic is an assumption that seems to be challenged by certain literature. For example, the OECD (2021) notes that "capital regions and other metropolitan regions have a relatively higher risk of job disruption than other regions, particularly in the short term, but at the same time higher capacities to adapt, for example through the adoption of digital tools". Indeed, the impacts of economic privilege (and conversely, disadvantage) seem to be ambiguous.

Deaton (2021), who further studied the impacts of COVID-19 on global inequality, mentions that "the pandemic has made (most) countries worse off, and there has almost certainly been an increase in global poverty. But that implies nothing about global inequality." Several explanations are proffered, including that certain uptrends in inequality occur after the pandemic simply due to trends that existed pre-pandemic, particularly in Asia.

In summary, analysis of certain sections of recent literature would indicate that health outcomes brought out by the pandemic have not negatively impacted marginalized communities the most, but instead, those in positions of relative privilege - leading to it being portrayed in popular culture as the 'Great Equalizer' (eg. Madonna, Governor of New York - Andrew Cuomo). However, it is clear that the impacts of the pandemic, economically speaking, have been anything but equal. Whether economic inequality has decreased between wealthy and poor countries or not, according to Galasso (2020), "low-income individuals faced worse labor market outcomes and suffered higher psychological costs" - further highlighting existing gaps that exist both within and between communities.

Again, the lack of consensus on the impact of the pandemic on global inequality is indicative of the difficulties in identifying patterns and trends given the lack of an overarching framework and the sheer volume of data available.

Nevertheless, we can see how globally, the pandemic has affected existing inequities in both health and wealth outcomes in accordance to particular social identities. While its disproportionate impact may be less clear on a global level, its impact on populations *within* countries is difficult to dispute.

Conclusion

Applying an intersectional lens in our discussion of the disproportionate impact of the COVID-19 pandemic has enabled us to critically analyze the reasons behind such a pattern. By recognising that multiple social identities converge to either privilege or disadvantage particular communities, we can begin to understand why and how the pandemic has exacerbated inequality both within and across countries. As discussed, certain identities have historically contributed to inequities and disparities in a range of social outcomes, such as health and wealth outcomes. The pandemic, specifically the lockdown and social distancing policies enacted in response to it, has thus further amplified these pre-existing inequities by reinforcing systems and structures that grant privileged communities with a greater capacity to adapt to these changes. By understanding that one's ability to cope with the global crisis directly correlates to one's level of privilege, it is no surprise to see that vulnerable and marginalized populations have been the most negatively impacted. With this in mind, as countries all around the world begin to focus on the post-COVID era, it is imperative that these insights into public health outcomes are incorporated into current and future policies to ensure an equitable and sustainable recovery.

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