

# The COVID-19 Pandemic in Wales: Reproductions of vulnerability

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- 1) COVINFORM: an introduction
- 2) Theme 1: Rethinking inequality as produced through vulnerability
- 3) Theme 2: Rethinking [the use of vulnerability in] pre-pandemic policy to address inequality
- 4) Theme 3: Making sense of the pandemic
- 5) Conclusions

# Theme 1: Rethinking inequality as produced through vulnerability

*Different ideas of what vulnerability entails*

## 1. Denoting a lack

Hospital doctor, South Wales:

*“I would see two different things as vulnerable here. There's, there's vulnerable from a healthcare perspective. So and that's where the decisions of things like vaccination have taken place based on who's at more risk of catching COVID, and who is more risk of being seriously unwell because of COVID. But that's just one side of it. I would have said the people who were vulnerable, will be people in society that maybe don't have the support networks they need, or the homeless.”*

# Theme 1: Rethinking inequality as produced through vulnerability

*Different ideas of what vulnerability entails*

## 1. Denoting a lack

City and County of Swansea Strategic Equality Plan 2020-2024

- *A lack of “skills, confidence, self-esteem, aspiration and health” (p)*
- *“Feedback from the consultation also suggested that we explore ways in which **community cohesion can be increased** and the use of other community safety measures to address the problem.” (p. 25)*

# Theme 1: Rethinking inequality as produced through vulnerability

*Different ideas of what vulnerability entails*

## 2. Disempowerment

Senior PHW representative:

*Vulnerability is “something around people who have had power taken away from them; are disempowered and it's not from something that they have done is because of things that have happened to them. And so therefore, when we turn them vulnerable, that very much makes it – I think – a label that almost establishes some sort of responsibility for that vulnerability.”*

# Theme 1: Rethinking inequality as produced through vulnerability

Gypsy, Roma, Traveller advocacy representative:

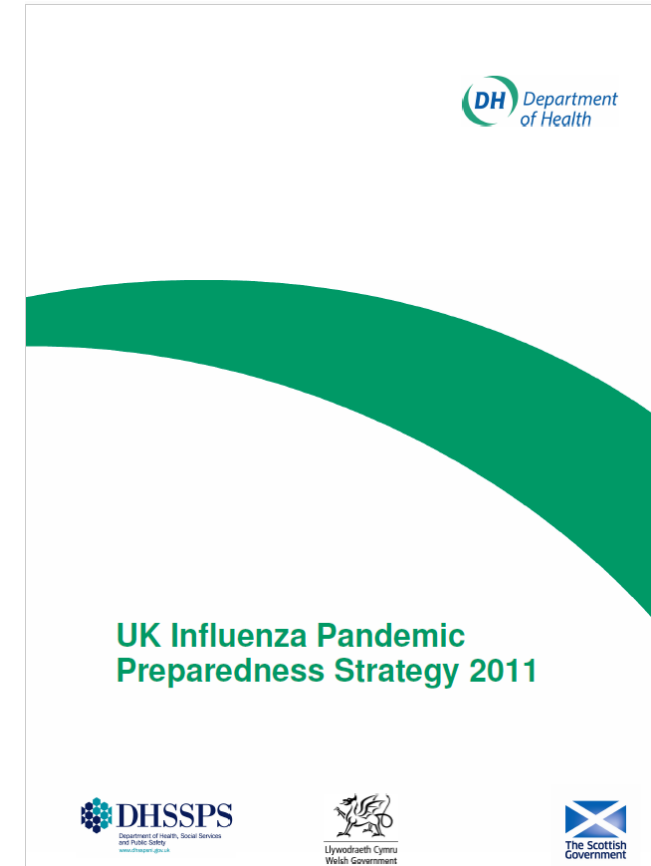
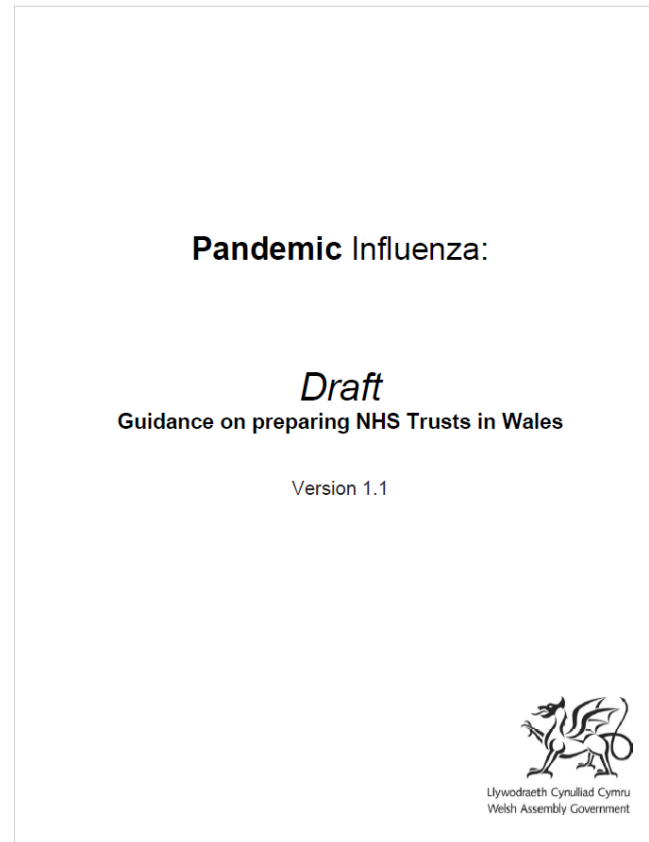
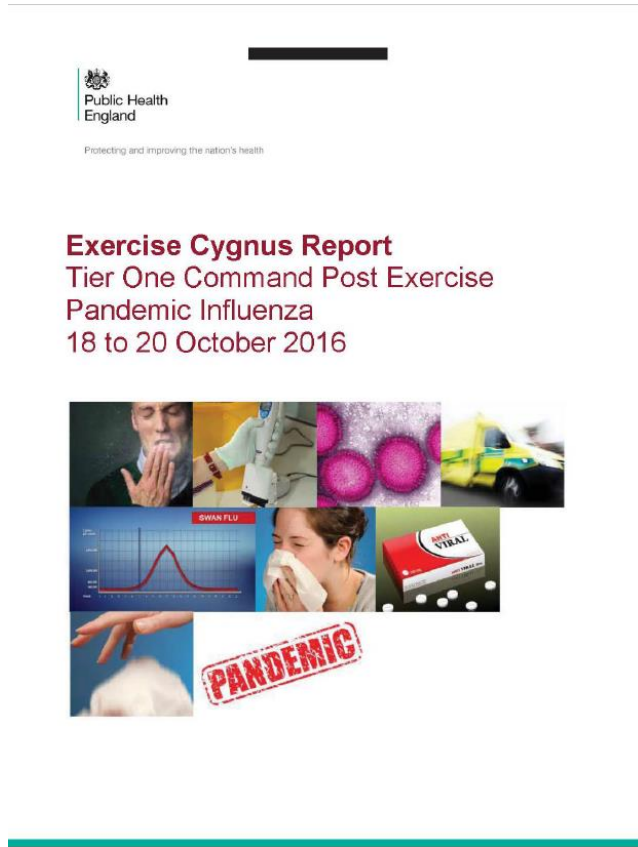
*“And we were quite lucky, but it didn't seem to spread very well very much at all on the sites. (...) **And then we had the gentleman who passed away and I think that was when the alarm bells really rang.** Because we have quite a few community members who were of similar age if not older, but with very similar health conditions. And I think they were just like, ‘oh, who, you know, this, if we catch it and end up in the same sort of situation’. (...) And then we had the gypsies and travellers sort of few of them ring me up that day; ‘[name interviewee], I need my vaccine, where can I get a vaccine?’ So we rang up the NHS – like, our COVID line, spoke to a lady and within about 10 minutes, I had another lady ring me back, I called back and we were like ‘Wait, what are we going to do?’ (...) **Should we do a bespoke clinic for the Pembrokeshire Gypsy community?’. And within a week, we had 100 people wanting to do a vaccination. We had the cancer van come down from the Llanelli area set up in a field near us, which was with the nurses and the vaccines. As I said, **I think that day we vaccinated 90-odd community members.**”***

# Theme 1: Rethinking inequality as produced through vulnerability



Make space for difference and be mindful of historical position within power structures

# Theme 2: Rethinking [the use of vulnerability in] pre-pandemic policy to address inequality





# Theme 2: Rethinking [the use of vulnerability in] pre-pandemic policy to address inequality

## Vulnerability becomes a matter of degree

Public Health Wales representative:

*“It wouldn't be a word that we've used, ‘vulnerability’, but it's all about the data and where the cases are. So then might be certain areas at times that would have been more at risk. (...) **it was more about risk and high-risk settings and how to kind of mitigate that.**”*

# Theme 2: Rethinking [the use of vulnerability in] pre-pandemic policy to address inequality

## Challenges for evaluating institutional pandemic responses

Critical questions remain:

- What is good or bad,
- What is on time or too late/too early,
- What is the right place or wrong place?
- What has been efficient for whom?
- What do we consider is too many or too few changes at different times in the pandemic?
- How to establish what is a 'good' or acceptable number of deaths?
- What can be prioritised at what times?
- Does life hold more value than institutions?

# Theme 2: Rethinking [the use of vulnerability in] pre-pandemic policy to address inequality

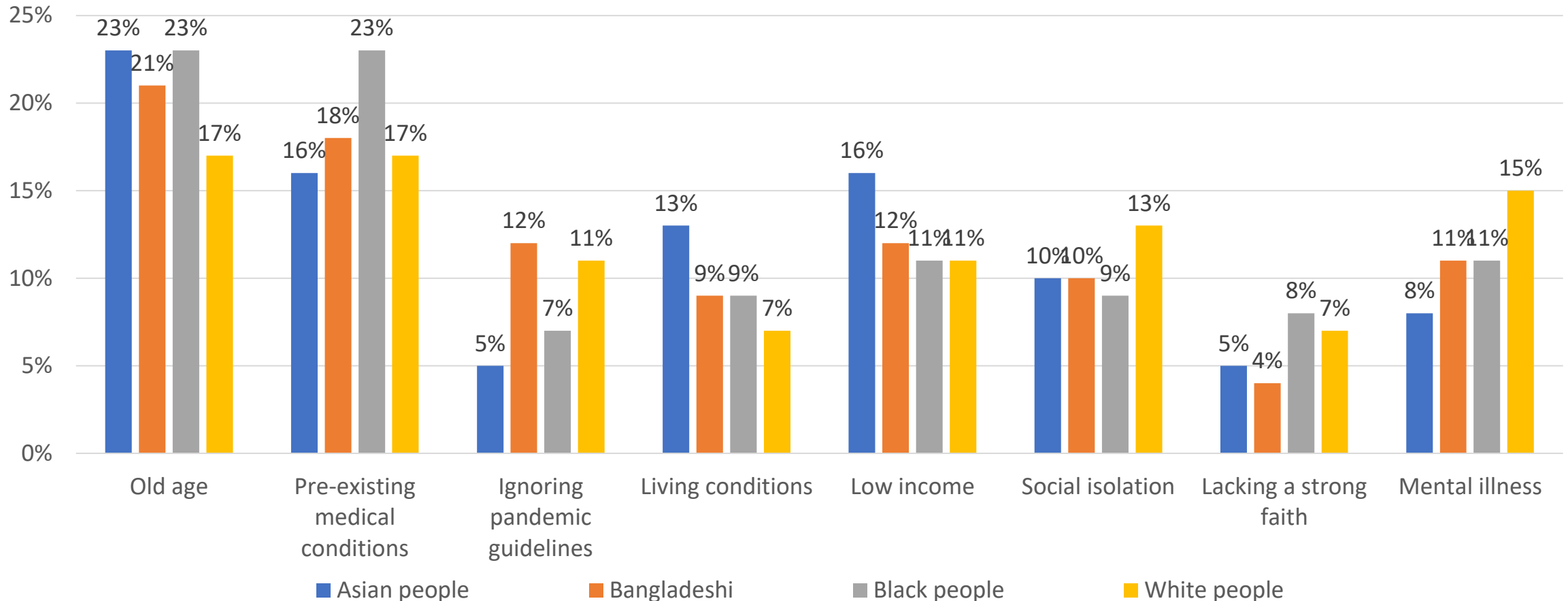


1. To address inequities as emerging from the pandemic, accept that preparedness is only possible to a limited extent.
2. policies ought to be less determinate
3. Anticipating novelty as such
4. Pandemic policies could be seen as script that can be applied in pursuit of different and new goals, by and for different and new actors, and addressing different and new mechanisms.

# Theme 3: Making sense of the pandemic

## 1. Differences in understanding what the pandemic is

Expression of vulnerability



# Theme 3: Making sense of the pandemic

## 2. Changing understandings of what the pandemic is

Mid-wife manager working in South Wales:

*“Initially there was that kind of – as you said – that clapping and I know because I went in a supermarket and when I got out of the car, people would see me in my nurse uniform, they'd be like, ‘thank you’. **People definitely treated me differently when I was in uniform.** (...) Free pizzas being given to work as it was, yeah. And everybody supported us. But I think that's kind of when I do think people aren't interested in what people do anymore. I just think it's, **it's almost becoming a norm really, or a lot of people think, think it's gone when it's, you know, because it's not as at the forefront of everything.** It's not really on the news that much anymore. And now, you know, everything is easing and things.”*

# Theme 3: Making sense of the pandemic

## 3. Conflicting sides to the pandemic

Public Health Wales representative:

*“And one of the bits of advice that we had to give was that people couldn't come and visit, obviously, not inside, that's fair enough. But we were also kind of advocating because that the guidance was that people couldn't come and do a window visit, which means standing outside the window. So even at the time that was one of the hardest things for me to get; ‘gosh, I hate to be driving this’ because it just feels not intuitive or the human wellbeing kind of level. And especially with a background in [care specialism], you know, it's a massive impact, isn't it, being isolated, so **sometimes in how health protection following that precautionary principle of ‘we're going to do this’ didn't quite marry up what I felt with like, the kind of human side of, of the pandemic, which got lost a little bit sometimes.**”*

# Theme 3: Making sense of the pandemic



Shift to social prescription of surviving the pandemic instead of a primarily clinical prescription

# Conclusions

Ultimately, we need to move from an understanding of the pandemic being about material biological bodies that make up populations that are known through increasing and decreasing numbers to multifaceted human beings that make up society that is known through different intensities of hopes, fears, joys, and grief.



THANK YOU

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