Guest editorial
A pandemic of global inequality: a special issue on how COVID-19 deepened social inequalities on a global scale

COVID-19 has, one way or another, impacted all of humanity. Either we have had personal experiences with the virus or we have had to change our lives in some way to meet public health protocols. Lockdowns and travel restrictions disrupted globalization to its core in the early days of the pandemic by sending countries to scramble together public health plans meant to "flatten the curve" of disease spread. Months later, in the throes of the pandemic, as vaccines were rolling out, some countries had more supply than they needed while others were left for want. And in the era of Omicron, the disruption to global labour is profound. Emergency services are hanging by a thread because so many police officers, firefighters, paramedics, nurses and doctors are either ill with COVID-19, in isolation for being near COVID-19, or dismissed from duty for refusing to get vaccinated against COVID-19. United Airlines, the second largest airline in the USA with 92,000 employees, reports that 3,000 of its workers are off duty with COVID-19, more are isolated and before their mandatory vaccine policy, one employee died each week of the pandemic.

Amid public health orders, vaccine roll out and the return to work, the pandemic laid bare deep social inequalities running in and between all nations. Stigma against persons who appear to be of Asian descent was part and parcel of the first waves of COVID-19. Then it was vulnerable communities, migrant workers and even health workers and teachers who were targeted and blamed for the global inconvenience of the pandemic.

As this special issue comes to press, the blame is beginning to fall on the unvaccinated. For those in countries with plenty of vaccine but who choose not to get vaccinated, social banishment is a new found consequence. Some jurisdictions, such as the province of Quebec, in Canada, are even going to the length of stripping unvaccinated citizens of their right to health insurance. Meanwhile travel bans and visa denials are offered up for the unvaccinated in countries without sufficient access to vaccines. All the while the global elite, such as Grand Slam tennis champions, is able to navigate the globe with impunity, vaccinated or not.

In this special issue, we offer a collection of papers scripted and reviewed in the onset of the pandemic. With so many changes to public policy and disruptions to ways of life throughout the pandemic, it was difficult to decide when and what to publish for this special issue. Rather than to rush papers through or try to keep up with rolling policy changes, we have selected research that demonstrates how pre-existing inequalities were intensified and laid out during the onset of the pandemic. Now that the COVID-19 experience has impacted everyone, it is fair to say that it has not, in any way, been an equalizing global experience. Quite the opposite. Some fared incredibly well, while others have suffered and lost greatly. The one sense of shared experience that has come from COVID-19 may well be the heightened anxiety from wealthy nations in living with the knowledge that their governments are incapable of saving them from the worst – a reality all too familiar for the majority of the planet who live in middle-income and poorer nations. That said, this anxiety brings about new inequalities, stigma and discrimination as societies reposition the goal posts of privilege and despair.

It is in the hopes of offering these nine papers that scholars and policymakers will be able to focus clearly on the early days of the pandemic when public health policy chess pieces were in motion to flatten curves and to keep the virus at bay. Public health measures of social distance, lockdown and disruption were meant to keep *some* safe, while making *others* more vulnerable. The research presented here demonstrates who the "safe" and the "vulnerable" would end up being. Let these papers serve as a guide for scholars and policymakers in understanding how inequality and discrimination factor into public health measures that rely on social behaviour in a time when vaccines and medicinal therapies were unavailable for all. Inequality may not be the intention of drastic public health measures, but it will always be the outcome.

Gardner, Briggs and Ryan lead this issue by highlighting widespread extent of anti-Asian stigma during the pandemic, with more than 20% of US-residing Asians in their study reporting forms of harassment and abuse. Williams' work highlights how pre-existing inequalities were furthered throughout the pandemic in the USA, taking note of the impact on Black and Hispanic communities. Meanwhile looking at the impacts of online education in Spain, Díez-Gutiérrez and Gajardo Espinoza highlight how making family spaces in online classrooms negatively impacted families, especially those of more modest means. Kaur's work correctly predicted that the burden of the pandemic would disproportionally fall on the poor, especially those already marginalized from the state, such as migrant workers and refugees. Bhattacharjee and Sattar offer a stern reminder that the poor in Mumbai suffered tremendous economic hardship during the COVID lockdowns. Even though public health measures in Mumbai's slums warded off the worst of the virus, the economic shortcomings led to deep suffering and furthered inequalities. In looking at formal work environments, the research from van Esch, Luse and Bonner look at gender dynamics of mentorship. They show that women are more likely to seek mentorship to handle macro-catastrophes than their male counterparts, which suggests that mentorship not be overlooked in handling crisis in workplace settings. For those already facing the vulnerability of statelessness, De Nardi and Phillips highlight how refugee policies in Italy and Australia in the era of COVID only further an already vulnerable situation. Nardon, Hari, Zhang, Hoselton and Kuzhabekova also demonstrate how the pandemic furthered inequities among immigrant women, notably skilled women, who faced greater odds of career disruption or unemployment. Finally, Moldes-Anaya, Koff, Da Porto and Lipovina conclude the special issue with a tool to approach risk, equity and public health policy. Their work anchors the research of the volume into a conversation about how to manage the next pandemic or global catastrophe, which will inevitably present itself.

As each and everyone one of us has a personal experience with the pandemic, and we have either gained privileges or lost dearly during this time, this special issue serves as but a small reminder of how inequities deepened, widened and became all the more visible. May it be a reminder that when designing research or a policy to understand that drastic disruptions for public health measures are not just about working to quell a virus but also about entrenching existing inequalities, creating new ones or reimagining new possibilities that do not intentionally leave so many people excluded from assurances of well-being.

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