

Poverty is a political choice

In the UK, “poverty is a political choice. Austerity could easily have spared the poor, if the political will had existed to do so.” This is the conclusion of the damning statement released on Nov 16, 2018, by the UN Special Rapporteur on Extreme Poverty and Human Rights, Prof Philip Alston. Given that the UK is the world’s fifth largest economy, “it thus seems patently unjust and contrary to British values that so many people are living in poverty”.

The UN Special Rapporteur’s conclusions are devastating. The social fabric of UK society is rapidly eroding, with public services being progressively and deliberately dismantled. The post-war social contract is broken. The UK Government is changing the values on which society is based—from social protection to social hardship as a route to social reengineering. Homelessness is increasing: up 60% since 2010. Food poverty is increasing: food bank use is up almost four-fold since 2012. In-work poverty is increasing: almost 60% of those in poverty are in families where someone works. Low wages, insecure jobs, and zero hours contracts challenge the idea that employment is the cure to poverty. 2.5 million people survive with incomes no more than 10% above the poverty line—“they are just one crisis away from failing into poverty”. The most vulnerable are an afterthought. The costs of austerity have fallen disproportionately on the poor, women, children, people with disabilities, older people with pensions, and migrants. “Cuts are being made without either measuring or accounting for their broader impact, such as increasing the need for crisis support and mental health services.” The creation of a digital welfare state is actually leading to the creation of digital exclusion. The application of technology is creating an artificial, opaque, and disconnected system that puts the rights of the most vulnerable at risk. “A machine learning system may be able to beat a human at chess, but it may be less adept at solving complicated social ills such as poverty,” Alston notes. Worryingly, the UK has no reliable measure of poverty, and the government appears increasingly disconnected from the realities of life among its citizens. “The Government has remained determinedly in a state of denial”, concludes Alston unambiguously.

Poverty reduction has a critical role in public health. Since Sir Michael Marmot’s seminal work on the social determinants of health, evidence from public health

research documenting the link between poverty and health outcomes is mounting. The Global Burden of Disease recently documented in *The Lancet* that the rates of premature mortality are two times higher in the most deprived areas of England, compared with the most affluent. Health and economic disparities in the UK are dissected in three Articles in the December issue of *The Lancet Public Health*. Hamish Foster and colleagues analyse the effect of socioeconomic deprivation on the association between unhealthy lifestyle factors (including newer emerging factors such as TV viewing and sleep duration) and health outcomes. They found that deprived populations are disproportionately affected by the harmful effect of unhealthy lifestyles.

In another study, Evangelos Kontopantelis and colleagues detail the geographic disparities in mortality in England and examine the underlying causes and the contribution of socioeconomic deprivation to the excess mortality in people aged 25–44 years in the north versus the south of England and London. The rises in deaths from cardiovascular disease, alcohol, and drug use in the north have created health divisions in England—or rather an “exacerbation of existing social and health inequalities that have been experienced for many years”.

Finally, James Bennett and colleagues look at widening life expectancies inequalities in England—from 78.8 years in the most deprived areas to 86.7 years in the most affluent areas for women and from 74.0 years to 83.8 years for men, in 2016. The main contributors they identified were deaths in children younger than 5 years, respiratory diseases, ischaemic heart disease, and lung and digestive cancers. For John Newton (Public Health England) writing in a Comment: “As a society, we need to register an appropriate level of shame about these results and adopt a corresponding level of urgency and diligence in seeking to address them.”

The UN Special Rapporteur’s report provides an opportunity to rethink austerity and social justice in the UK. After years of denial, UK politicians and leaders can no longer stay blind, silent, and inactive when faced by the unnecessary suffering of an increasing number of its people. These are not British values.

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For the [UN rapporteur statement](#) see https://www.ohchr.org/Documents/Issues/Poverty/EOM_GB_16Nov2018.pdf

For the [GBD England study](#) see [Articles The Lancet 2018; 392: 1647–61](#)