

'We are not all in the same boat. We are in the same storm. Some are on super-yachts. Some have just the one oar.' How COVID-19 exaggerated global inequities in professional sport

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The important mental, physical, social and fiscal role of organised, professional sport in our lives as athletes, athlete support personnel, consumers and various stakeholders was highlighted by the gaping hole its absence left after global COVID-19 lockdowns and restrictions brought professional sporting activities to a standstill. However, as seen in various industry sectors, clinical, and social settings, the burdens of the COVID-19 pandemic were borne unequally. While the clinical effects of the virus were similar worldwide, their implications were superseded by the different socioeconomic contexts in which they occurred. This editorial highlights how COVID-19 exacerbated global inequities in professional athletes' physical, mental and fiscal health outcomes and how those in low and middle-income countries (LMICs) were left further behind.

COVID-19'S IMPACT ON TRAINING AND THE PHYSICAL HEALTH OF MARGINALISED ATHLETES

At the onset of the pandemic, as many were forced to stay from their workplaces, athletes were encouraged to train from

home. Communication with coaches, trainers and healthcare providers was remote and required online programmes, home equipment and telehealth resources. In South Africa, like other industries,¹ those professional athletes who earned high incomes before the pandemic managed better than their lower earning peers. Home training adaptations require space, equipment, access to internet connectivity and other technologies, which meant training had to stop completely for those who lacked these resources, while it could continue for their higher income counterparts.² This cool-off period during lockdown compromised all aspects of effective training and periodisation, and lower ranked or marginalised athletes with less resources were further disadvantaged.² Less than 40% of athletes could fully perform their training programmes,^{2,3} and coaches, even in high-income countries (HIC), had difficulties engaging athletes in online training because of lack of access and ability to use relevant technologies.⁴ The reduced training load imposed on these athletes may have long-term impacts on injury risk, performance, rankings and remuneration in years to come.

COVID-19'S IMPACT ON THE MENTAL HEALTH OF MARGINALISED ATHLETES

The lack of training and competition also led to poor mental health outcomes in athletes struggling with the loss of structure, self-identity and financial stability.⁵ For some athletes, these negative mental health effects were mitigated by home training programmes. However, those in LMICs like South Africa, whose income was precarious to begin with (eg, those with informal jobs, day labourers, migrant or undocumented workers, semiprofessional and amateur athletes), lost their livelihoods at much higher rates than

their high-income counterparts, with the associated mental health effects.¹ Forced training restrictions and modifications were associated with alterations in mood and feelings of depression in over 50% of South African athletes,⁶ and the prolonged uncertainty over the resumption of organised sports led to mental fatigue and reduced motivation to train. This effect was more pronounced in women athletes in general,³ with even further impact in African women athletes.⁶

COVID-19'S IMPACT ON THE FISCAL GAP

In some professional team sports associations, to support the sustainability of sport during lockdowns, virtual competitions were arranged, with winners encouraged to donate prize money to the lower ranked players, who suffered the most from the lockdown.^{7,8} In some countries, governments injected funds into the sporting movement, with the most affected, such as community and youth sports, given greater priority.⁷ In LMICs, however, at the best of times sports budgets are perpetually stretched and other more urgent issues such as conflict resolution, hunger and poverty eradication, and provision of sanitation receive priority. Generally, a pandemic which shuts down the global economy can push sport further down the funding priority list. When professional sport returned to our screens, this threw a lifeline for those who derive revenue from broadcast rights, helping to mitigate the loss of income for their athletes.⁸ For those dependent on labour and matchday attendance to drive revenue, a return to sport without spectators did not bring much financial respite.

Eventually, as lockdowns eased, live professional (mostly men's) sport gradually returned, but under strict COVID-19 guidelines. These included maintaining social distancing, social bubbles, proper self-isolation when symptomatic, frequent handwashing, disinfecting facilities, wearing personal protective equipment, rapid deployment of test-and-trace protocols, symptom screening and monitoring, medical screening of athletes following infection and, later, vaccination.⁹ As most of these were developed by sports and exercise medicine and public health specialists from HICs,⁹ they were impractical in some LMICs. In addition to conducive sociocultural environments, compliance with these guidelines required financial, infrastructural, sociopolitical and human resources that most LMIC sporting federations could ill afford. Ubiquitous lack of access to general pandemic resources, running water for

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regular handwashing, testing (which was a prerequisite to entry in sporting venues) and vaccines when they first became available were additional hardships encountered by most LMICs. Hence, when the time came to return to sport with restrictions, the public health mandate to preserve lives superseded the socioeconomic need to preserve sport. Consequently, where professional sport in HICs could resume early in the pandemic, even without spectators, and allow athletes to earn a living, in LMICs, live training and competition were delayed or restricted, as were their associated physical, mental and financial benefits.

In conclusion, while the COVID-19 pandemic was undeniably challenging for all athletes at various levels globally, with even high-profile athletes suffering pay cuts, women, those with disabilities and/or those from LMICs bore an even larger physical, mental and financial burden. Acknowledging that the consequences of COVID-19 in athletes were exacerbated by various socioeconomic, cultural and geographical circumstances should be part of a greater commitment to a postpandemic retrospection by stakeholders to help confront persistent inequity in sport to better support marginalised athletes and avert further disparities. We are all in the same storm, but not in the same boat.¹⁰

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REFERENCES

- 1 Stiegler N, Bouchard J-P. South Africa: challenges and successes of the COVID-19 lockdown. *Ann Med Psychol* 2020;178:695–8.
- 2 Washif JA, Farooq A, Krug I, *et al.* Training during the COVID-19 Lockdown: knowledge, beliefs, and practices of 12,526 athletes from 142 countries and six continents. *Sports Med* 2022;52:933–48.
- 3 Chandler AJ, Arent MA, Cintineo HP, *et al.* The impacts of COVID-19 on collegiate Student-Athlete training, health, and well-being. *Transl J Am Coll Sports Med* 2021;6.
- 4 Teodorescu S, Bota A, Popescu V, *et al.* Sports Training during COVID-19 Lockdown—A Romanian Coaches' Experience. *Sustainability* 2021;13:10275.
- 5 Jia L, Carter MV, Cusano A, *et al.* The effect of the COVID-19 pandemic on the mental and emotional health of athletes: a systematic review. *Am J Sports Med* 2022;036354652210874.
- 6 Pillay L, Janse van Rensburg DCC, Jansen van Rensburg A, *et al.* Nowhere to hide: the significant impact of coronavirus disease 2019 (COVID-19) measures on elite and semi-elite South African athletes. *J Sci Med Sport* 2020;23:670–9.
- 7 Timpka T. Sport in the tracks and fields of the corona virus: critical issues during the exit from lockdown. *J Sci Med Sport* 2020;23:634–5.
- 8 Drewes M, Daumann F, Follert F. Exploring the sports economic impact of COVID-19 on professional soccer. *Soccer & Society* 2021;22:125–37.
- 9 Hughes D, Saw R, Perera NKP, *et al.* The Australian Institute of sport framework for rebooting sport in a COVID-19 environment. *J Sci Med Sport* 2020;23:639–63.
- 10 Barr D. We are not all in the same boat. we are in the same storm some are on super-yachts. Some have just the one oar, 2021. Available: <https://www.damianbar.com> [Accessed 06 Jun 2022].