Who Is the *Parasite*?—COVID-19 and Structural Narratives of Health Inequity

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As the COVID-19 pandemic continues to exacerbate systemic inequities drawn along racial and socioeconomic lines, we may turn to the arts as a means of escape—or as a point of entry. *Parasite*, the 2019 social thriller from South Korean filmmaker Bong Joon Ho and winner of Best Picture at the 92nd Academy Awards, provides a unique study of class-based inequities, viewing wealth and poverty through a topographical lens.

The film portrays the slow-motion collision between the destitute Kims, who at the film’s start reside in a Seoul semi-basement under harsh fluorescent lighting, and the affluent Park family, who live in a hilltop mansion with open access to sun and sky. We witness the Kims’ attempts at upward movement, in an early scene by reaching toward the ceiling in search of a public Wi-Fi connection, then by strategically—and mostly underhandedly—supplanting the Parks’ entire household staff to gain access to their resources and elevated status. Bong referred during production to *Parasite* as his “staircase movie” and indeed, staircases are a central motif, representing the bi-directional freedom of upper class mobility while constraining the lower class to perpetual descent. Not only do the working classes have further to climb; they must start at the proverbial bottom each day.

While the gorgeously designed Park mansion appears utopian, the film carefully exposes its beauty as illusion, and its perfectly appointed spaces as what French philosopher Michel Foucault coined a *heterotopia*—a place where outside spaces are “represented, contested, and inverted.” Emergency departments (EDs) and hospitals are medicine’s heterotopias: institutional spaces both “bounded and permeable,” physically isolated according to the rules of health care while facilitating the admission and discharge of disadvantaged patients in a way that makes clear how their needs and barriers to health persist. This dynamic has become more strikingly apparent since the onset of the COVID-19 pandemic, which has brought a disproportionate share of marginalized communities into EDs, hospital rooms, and intensive care units.

A critical and symbolic scene in *Parasite* brings the point home when a rainstorm floods the Kims out of their apartment and into a crowded homeless shelter, while the Park mansion remains impervious to the storm and its aftermath (“Today the sky’s so blue, and no pollution!” exclaims Mr Park’s wife after the deluge). The rainstorm is not unlike the way COVID-19 has differentially disrupted living spaces, with some able to “escape” to the comfort of their homes—or their remote second vacation houses—while others can barely afford to pay rent. The Parks are well-insulated, by their wealth and by their unawareness of how the working class struggles—even while the struggling occurs under their feet.

Literally, Beneath the Park mansion lies a secret bunker. Originally designed as shelter from potential North Korean attacks, its existence was later deemed an embarrassment by the house’s architect and never disclosed to the Parks. The Parks’ former housekeeper Moon Gwang reveals to the Kims that, unknow by her employers, her husband Geun Se has been living in the bunker for years to hide from debt collectors—ill, impoverished, and unable to “walk up the stairs” to a better life, as Mr Kim’s son writes at the film’s closing when he expresses the ultimately futile hope that their family will not share the same fate. The bunker mirrors the societal fault lines aggravated by the COVID-19 pandemic and becomes the site of a fatal conflict between the 2 working class families vying for the same status and resources.
Much like the rainstorm in *Parasite*, COVID-19 has flooded hospitals with patients from more vulnerable sociodemographic backgrounds, leaving health care professionals to treat the symptoms rather than causes of disparity. Where clinical work spaces are inundated and resources stretched thin, it can feel impossible to disengage from the immediate aspects of patient care and see individual suffering as a larger consequence of deeply embedded social structures—structures that apply not only to society at large but to the heterotopic spaces of health care systems, with their own capitalist influences, discriminatory practices, and privileging powers.

Prominent medical centers have been known to cater to wealthier patients by offering luxury services and VIP status, potentially biasing care away from “regular patients.” When New York City first compiled data on racial disparities in COVID-19 mortality rates, the mayor cited “anti-immigration rhetoric” as a likely deterrent in seeking care and called for the need to address equipment shortages at public hospitals, which primarily serve the underserved. As a physician in an urban pediatric ED, I have worked with families who fear losing their jobs and medical coverage or exposing their children because they cannot work from home; families who feel abandoned by their primary care clinicians after their offices closed down; and families with language barriers or limited internet access precluding their use of telemedicine services, which are not always covered by insurance.

*Parasite* provides a mirror for conceptualizing these inequities. The bunker allows the Parks to disavow any direct or intentional role in their household employees’ suffering and shifts the responsibility of societal change toward equity away from themselves to land solely on the marginalized class. The film demonstrates how structural forces reinforce themselves, in part through failed recognition by those who benefit most. The film's title begs the question: who is the true parasite? Its narrative initially positions the Kims as the opportunists, playing on an implicit bias we are then coaxed to acknowledge and confront in ourselves. The film also challenges us to question where our society's and, as physicians, our health care systems' leadership and infrastructure stand on the metaphorical staircase, and how they have been built and sustained to advantage the health and well-being of certain communities over others.

“And perhaps,” states Foucault, “our life is still governed by a certain number of oppositions that remain inviolable, that our institutions and practices have not yet dared to break down.” Systemic change in health care starts with individuals, and the realization that caring for patients extends beyond the walls of our EDs, clinics, and hospital floors. During these uncertain times we must continue to treat our patients with dignity, but also with humility, each of us working to understand how preexisting conditions of society have shaped others’ lives perhaps very differently from our own; we bear reminding that illness and disease are experienced by our patients not only as symptoms but as a story to bear witness to. We must also critique our position within these structures, examining the ways health care reflects and contributes to the status quo. Without this transparency, the practice of medicine becomes a struggle borne uphill, as we endlessly treat our patients' symptoms without addressing the structural narratives of their illnesses. Until we can broaden our perspective accordingly, the true challenges our patients confront, and the confinements they experience and reside in, remain as unknown to us as the film's bunker does to the Parks. Another family replaces theirs, just as another family replaces the one below: thus the cycle endures, unbroken.

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