

## Commencement Address

University of Miami.

10 May 2017

Michael Marmot

Graduations are wonderful. A time for celebration untrammelled. Graduation in medicine, particularly, celebrates virtues. Medicine, perhaps uniquely, combines mind, hand and heart. Medicine contains not only the prospect of self-fulfilment but, at its best, a deep concern with the health and well-being of others. In a world of shade, of muted colours, this graduation in medicine shines brightly. I am absolutely delighted to be a part of it.

Actually, increasingly, the world is not so much muted but ever more starkly divided into good and evil; have and have not. Marine LePen in France represented the worst in European values – racism and intolerance; as, I regret to say, did many of the supporters of Brexit in the UK. You will be a better judge than I of the persistence of racism and intolerance in the US.

What do we call it when a policeman in Texas shoots and kills a black teenager who was driving away from a party?

President Julio Frenk may remember when I gave a lecture at Harvard. The month before my lecture Baltimore had erupted. The precipitant of the civil unrest was, yet again, the killing of a black man by the police. That was the precipitant, but the underlying cause was inequality. Because when I say Baltimore erupted, it was in fact one part of Baltimore, Upton/ Druid Heights neighbourhood in Baltimore's inner city.

In my book, *The Health Gap*, I had written about the life expectancy gap in Baltimore. In Roland Park, the leafy affluent part of Baltimore, life expectancy for men was 83. If you live in Roland Park and want to see what is like to live in an area where life expectancy is twenty years shorter, you could fly to Ethiopia. Alternatively, you could go a few miles across town to Upton/Druid where male life expectancy is but 63. Life chances are dramatically different in these two areas of the city, starting with the security of early child development, education, the likelihood of ending up in gangs, of being arrested and, indeed, of being shot.

In Upton/Druid one third of youngsters 10-17 were arrested each year! 100 non-fatal shootings for every 10,000 residents, and nearly 40 homicides. There is a great deal that as a non-American I don't understand about the US. Such as when two NY baseball teams play each other you call it the World Series. The evidence is very clear: if you had fewer guns fewer people would be shot. We have a lot of crime in Glasgow. We have beatings up. Knives. But no one gets shot because there are no guns.

The evils of racism and inequality are combined in toxic mix. Inequality stretches the cohesive bands that hold us together as societies. In Baltimore they snapped. The result was not just civil unrest, but dramatic health inequalities.

I have, though, to make two comments about health inequalities before we move on. The first is that it is not lack of health care that is primarily responsible for health inequalities. Much of the health inequality debate in the US is about access to health care. I already said that as a non-American there are things I do not understand. Every European country organises universal health coverage in one form or another. Yet in the US, you spend more than any other country and organise affairs so that many people have no health insurance. 20 million more people got coverage under the Affordable Care Act, and now legislators want to take it away. I am pleased to say that my friends in the American Medical Association strongly supported Obamacare and strongly opposed its repeal. But I am not political.

My point, here, is that when people get sick they need access to quality, affordable care. But it is not lack of health care that led to their getting sick in the first place. It is the conditions in which people are born, grow, live, work and age; and inequities in power, money and resources that give rise to inequities in these conditions of daily life. I call these the social determinants of health. Setting them right is a matter of social justice. Indeed, on the cover of the report of the Commission on Social Determinants of Health, we put: "Social Injustice is Killing on a Grand Scale."

The second point to make about health inequalities is that they are not confined to poor health for the poor and disadvantaged and good health for everyone else, but there is a social gradient: the higher the socioeconomic position the better the health. The gradient involves all of us. Indeed, as you will know, life expectancy in the US has actually fallen.

I am chairing a new Commission on Equity and Health Inequalities in the Americas. During a meeting in Washington DC, I went for a walk in the Mall. In the section devoted to Martin Luther King Jr, I found this quote of Dr King's:

*I believe that unarmed truth and unconditional love will have the final word in reality. This is why right, temporarily defeated, is stronger than evil triumphant.*

As chair, I had been telling members of the Commission on Equity and Health Inequalities in the Americas that we needed 'evidence-based policies presented in a spirit of social justice'. 'Unarmed truth and unconditional love', perhaps, is a more eloquent way of saying the same thing.

Let me put it to you, that your education has embodied both of these core values: respect for truth and commitment to social justice.

Ipsos Mori, a polling company in Britain, conducts a regular Veracity Poll. The question is prefaced with: "Now I will read you a list of different types of people, for each would you tell me if you generally trust them to tell the truth or not?" The British general public find the following the most trustworthy: nurses, trusted by 93%; doctors, 91%; teachers, 88%; judges, 81%; scientists 80%. Predictably, at the other end of the scale are: politicians generally, trusted by 15%; government ministers, 20%; journalists, 24%. What I take from

this poll is that professions which the public regard as purveyors of truth need to have our voices heard. You and I have a sacred duty: to uphold the truth.

We also have a duty to advance the cause of social justice by preventing illness, and treating the sick, who, in large measure, became ill because of inequality and the social determinants of health.

You may ask what can I, as a physician, do on the social determinants of health. I have just spent a year as President of the World Medical Association, answering that question. I was delighted with the response from doctors around the world. At the end of my year a Finnish colleague said, with all the flamboyance characteristic of the Finns: we can see your thumbprint.

One of my messages was doctors working in partnership.

Last year I was invited to Australia to give a series of lectures for the ABC, Australia's version of the BBC. The Australian Medical Association wrote to ask how could they help. I said I would like to see examples of doctors working in partnership on social determinants of health.

It is easy to find accounts of Australian aboriginal health that are lacking in hope. The standard narrative is that \$billions have been spent, but aboriginal families are characterised by violence, alcohol, drugs, worklessness and high rates of crime.

Billions *have* been spent and aboriginal health is bad compared to the non-indigenous population – 10.6 years shorter life expectancy for men and 9.4 years for women. But a different account says that when people's lives are characterised by betrayal of trust and systematic destruction of identity and self-worth leading to powerlessness perhaps it is no surprise that this Spiritual Sickness can lead to destructive behaviours.

I was taken to an aboriginal community centre, the Tharawal Aboriginal Corporation, 50 kilometres south of Sydney. I saw community empowerment in action.

On the same site that people visit their GP, services deal with the whole life course. Antenatal care was charming. Pregnant women are encouraged to celebrate pregnancy by making a plaster cast of their pregnant torso, and decorating it with aboriginal-inspired designs. Next in the life course, the centre cares for children of various ages. The woman working with the two-year olds showed me the records she keeps to monitor early child development, one sheet for each child with 30 indicators of development. Well-evaluated programmes, such as Triple-P parenting are available for each family. The 'deadly homework club' supports older children.

Drugs, alcohol and domestic violence disrupt aboriginal families, as they do other families. I said to the aboriginal woman who was running this part of the centre: you must have the hardest job in this whole place. She said: I have the most rewarding job. She took me to an aboriginal painting on the wall, and told me that it was done by a man who came to her

centre with the classic problems of drugs, alcohol and domestic violence. The centre helped him put his life back together. The painting was his gift, in gratitude.

I mentioned I delivered lectures in Australia, for the Australian Broadcasting Commission. To trail the lectures the ABC devoted an episode of their flagship current affairs programme to inequalities. On the programme, I was asked for examples of dramatic inequalities in power, money and resources.

I asked what do the following have in common:

- The 48 million people who make up the population of Tanzania
- The 7 million people of Paraguay
- The 2 million people of Latvia
- The top earning 25 hedge fund managers in New York?

The answer was that in the preceding year each of these groups had a combined income of \$25 billion. If the hedge fund managers went without their income for one year – they'd earn a billion dollars each the next year – it would double the per capita income in Tanzania. Another panel member said: Redistribution! That's never going to happen. You're in fantasy land!

The next day when I went to Tharawal aboriginal community centre, one of the doctor had a sign that said "Welcome to fantasy land".

That sign inspired me to change the ending of my first lecture. I said that in the lectures that follow, I will deal with a fairer distribution of power, money and resources. But I've been told I'm in fantasy land. In his most famous speech, Martin Luther King rose in Washington, and declared "I have a dream, that on the red hills of Georgia, the sons of former slaves, and the sons of former slave-owners will be able to sit down together at the table of brotherhood". What if instead he rose and said, "I've been told I'm in fantasy land. We should accept the status quo". There would have been no civil rights act.

I invite you, join me in my fantasy land, and let's dream of a fairer world.