

WELL, by Sandro Galea, MD, MPh, DrPh, Book Report and Comment,
By David G. Schwartz, M.D. August 27, 2019

To begin with a quote from page 181, “Most Americans think of health care before they think of health.” Are our priorities a bit misplaced? We get preoccupied in public parlance about how to pay for medical care. I think if we give universal coverage for medical care, it still isn’t going to make people healthy. What do we want, treatment for our ills (which may or may not be effective) or do we really value good health and well being? A friend of mine once told me, “People mostly go to the doctor to be nurtured, more than to get well.” Is that really true? Do we even understand what is involved in creating good health? This book explores the unexamined and ignored aspects of public health.

Dr. Galea’s book receives enormous acclaim from university professors and presidents, CEO’s, presidents and chairs of many public health and charitable organizations and foundations, one former First Lady, a former FDA commissioner, a former EPA administrator, a former mayor, an insurance company CEO, several authors, and a health department director, from several major cities in the US and Canada. Some comments are: Bold, disarming, clarity and insight, revolutionary, clear eyed examination, a passionate argument, a heartfelt cry. In the words of Marion Nestle in Unsavoury Truth, “...how money, power, and politics and the luck of the draw affect the health of individuals and populations...the core values of public health, - fairness, justice, and compassion for all.”

I am remembering Kilo and Larsen’s article in JAMA that inspired my article, “Questioning the Value of Medical Care,” in the archives. They made the point that money might be better spent on education, employment, and standard of living than on medical care, and it would produce better health outcomes in the population.

The author points out that, as important that it is to improve individual lifestyles, we have focused too much on blaming the victims, that health is individuals’ responsibility, and if they get sick, it is their own fault, an excuse by the opponents of universal health care, to avoid public responsibility for public health.

When we think of public health, we mostly see prevention of communicable diseases, vaccines, etc., and more recently non-communicable diseases like obesity, diabetes, cardiovascular disease, etc., with focus on lifestyles and nutrition. And now Dr. Galea points to the socioeconomic and political drivers of health or illness that we seldom talk about in that context.

Dr Galea is professor at Boston University’s School of Public Health, and he is noted as one of the “World’s Most Influential Scientific Minds” by Thompson Reuters. A native of Malta, he has served as a field physician for Doctors Without Borders, and has surveyed health issues in many parts of the world.

The constitution of the World Health Organization defines health as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.” Galea adds, “not just the avoidance of pain at all costs.”

In the introduction, the author points to the now almost well know statistic that the U.S spends more of its GDP on medical care than any other country and keeps falling behind the other industrialized countries in measures of health and longevity. Would the U.S tolerate a similar situation if its military preparedness fell behind other countries while spending more on the military than the others? Something would be re-evaluated, and it would be considered a national crisis.

Dr. Galea lists the many drivers of health and illness. Some of these are the past, money, power, politics, place, people, knowledge, choice, luck and values. He poignantly illustrates many of these factors in the fictitious story of Sofia, whose life encapsulates the essence of how history, place, people, and social and economic conditions set the parameters inside which we have the freedom to choose.

Sofia’s mother gave birth to her at age 17 and could not afford her. She worked two jobs, had a long commute, and had to leave Sofia in the care of a cousin, who allowed her to watch TV and to eat junk food. Sophia worked hard to keep the home orderly and clean, but they lived near a bus depot, where diesel fumes polluted her air and contributed to her severe asthma, which often kept her out of school. Her grades were low, with the exception of math, in which she excelled, ahead of her classmates. Her teacher recommended special enrichment classes, which she never took because of lack of transportation. Sofia’s mother, overworked, was not available to Sofia adequately to counsel and to converse with her and to monitor her developing sexuality. Sophia became pregnant at 16, quit school, and worked multiple low-wage jobs to support her child, as her mother had done. The stress of all that contributed to her overweight and asthmatic condition, and she became diabetic at age 28. She eventually got a single stable job, became a manager, but the pace of the work, being on her feet a lot, was difficult for her arthritic knees (related to her obesity and diabetes, I might add). At age 45, needing regular medical attention, she was headed for knee surgery.

What were the effects of Sofia’s personal choices on her health? She couldn’t have avoided the air pollution and could have done little to educate herself about safer sex. She could not have chosen to be born into wealth with all the health advantages that money could bring. Being born to a 17- year – old mother carries risks of low birth weight, which in turn increases risk of obesity, diabetes, and heart disease. The risks of a low educational level are comparable to those of smoking. This shows how the cycle repeats itself with each generation. More than 40% of those who grow up at the bottom of the socioeconomic ladder will remain there as adults. The common public judgments on Sophia that she was too weak-willed (or too stubborn) to eat better, to choose better health habits, and was not intelligent enough to have more than a low wage job. These judgments are cruel, but common enough to serve as a basis for much of our public policy.

Black people have higher rates of many fatal diseases and have consistently shorter life span than whites. These health gaps are not random. They are the consequence of a history of slavery, continued systematized racism, socioeconomic and political discrimination, and daily bigotries.

Money is a huge factor affecting current health. Poverty, besides being very expensive in many ways, compounding the economic barriers to a better life, increases health risks in many ways. It makes us less likely to have a decent home in a safe neighborhood, to eat high quality food, to get a good education, less likely to get paid sick leave or retirement contributions, to live in a neighborhood with sidewalks, parks, libraries, playgrounds, and more likely to live in a “food desert,” in a high crime area which does not encourage exercise or connection with neighbors. (See my article in the archives about [Palaces For the People](#), how social infrastructure affects health and safety.)

Our culture valorizes the “rags to riches” tale, equating personal virtue with material success, when in fact about 40% of wealth is inherited in the first place. Then the tax code favors the well off and their heirs. Remember in my article on [The Inner Level](#), even the wealthy people in countries with large income inequality have poorer quality of life than middle income people in more egalitarian countries, due to social problems, crime, and isolation, etc. I would guess that in countries with more income equality, the middle class have better health than the wealthy in this country, due to overall better quality of life and better social cohesion.

Financial assistance to lower income people increases their health. The EITC (Earned Income Tax Credit) in 2009 was raised by 10%, and infant mortality declined by 23.2 per 100,000 children. The EITC has been linked with a number of other positive health outcomes. The author recommends expanding the EITC, raising the estate tax, and considering a universal basic income.

Dr. Galea discusses the issue of power. Zoning laws that decide the layout of towns and cities, environmental laws that decide the quality of the air, and agricultural subsidies that support commodities that are used to make junk food, all affect our health in a major way. Laws have made major health improvements such as safer cars, restriction on tobacco, better HIV treatment and prevention, legal defense against sexual misconduct toward women, and more gender equity. Political action has brought about the Civil Rights Act, the creation of the Environmental Protection Agency, and the Department of Housing and Urban Development.

Since the 1980’ we have seen a diminution of the financial safety net, growth of wealth upward to the 1 %, and weakening of the laws and departments that are supposed to protect the health and safety of the population. People have become sicker since then.

Place is an important factor. Sophia’s asthma was directly related to the nearby bus depot. Urban infrastructure, such as public transportation, sidewalks and bike lanes, green spaces, food access, sanitation, safe drinking water, all are vital to health, in ways

in which place is a factor. In my aforementioned report, social infrastructure saved many lives during a severe heat wave in Chicago, while in nearby neighborhoods without the social connections, many perished. Social infrastructure helped in recovery from Hurricane Harvey and its floods in Huston. When social environment and institutions are weak, isolation, stress, crime, and economic uncertainty occur, and lead to poor health. Increased social capital has been linked with lower rates of depression and improved mental health in those communities.

Personal social connection (real connection face to face, not on social media) is a major determinant of health and longevity. Poverty, isolation, and lack of opportunities for connection, all lead to loneliness, which takes a toll on many aspects of health. Prime Minister Theresa May in 2018 appointed a Minister of Loneliness to confront social isolation. We need to create more structures that support people in their times of life when they are more likely to be lonely, programs that are more inclusive of the elderly and people with disabilities.

The chapter on love and hate points out that we choose between love and hate collectively in the political sphere. Hate creates trauma and divisions that undermine the health of individuals and societies. Love is the antidote, fostering acceptance and community, compassion, solidarity, and respect. I notice that many people I know are personally kind and respectful to others, yet in their politics they are very divisive and hateful. In Rev. Dr. Martin Luther King Jr.'s "Letter From a Birmingham Jail" April 16, 1963, "Individuals may see the moral light and give up their unjust posture; but as Reinhold Niebohr has reminded us, groups tend to be more immoral than individuals." I also observe that people are more suspicious and paranoid when it comes to viewing "other" groups because they don't have an understanding of other groups that seem so distant. We need more methods of creating understanding among cultural groups and countries. So can we rise to the occasion of creating a cohesive vision for humanity that reaches for a higher plane of civil relations and promotes global peace and understanding?

In the chapter on compassion, he points out the difference between empathy, which arises at times of catastrophe's, with people quickly mobilizing to help, and compassion, which has more staying power. He says we need to institutionalize compassion. He quotes Martin Luther King Jr., "True compassion is more than flinging a coin to a beggar; it comes to see that an edifice which produces beggars needs restructuring." Compassion means not just giving charity to the suffering, but changing the conditions that cause the suffering. He also quotes Arther Schopenhaur, "Only insofar as an action has sprung from compassion does it have moral value." The author says, "Compassion envisions and aspires to a better world where collective well being is everyone's responsibility."

He writes a chapter on knowledge, in which he reminds us, "...there is no alternative to facts." And "...we must strengthen our science and broaden our understanding of how forces covered in these chapters link to our health."

On the chapter on humility, he says hubris would just accept many deaths from these socioeconomic conditions, as “just the way it is,” but humility helps us engage in the tedious work improving these conditions. Some of the conditions in the author’s study published in the American Journal of Public Health 2011; 101(8): 1456-65, are as follows: 245,00 deaths in the year 2000 attributed to low education; 176,000 to racial segregation; 162,000 to low social support; 133,000 to individual - level poverty; 119,000 to income inequality; 39,000 to area – level poverty.

The author says we need to look at health as a public good as a core value, not an incidental benefit of un-tethered and disparate policies. He says, “True health come from social and economic justice.”

To imagine a different outcome for Sophia if she is supported by a society that has chosen to embrace health:

Sofia’s mother came from a financially challenged family, but outstanding public education and a supportive community network allowed her to improve her education. She had a college degree by the time Sofia was born, with stable working hours as a paralegal, she could spend adequate time with Sofia during her growing up years. The neighborhood was safe for kids to play outside for hours. Bike paths, sidewalks, and two parks nearby provided space to roam. Abundant fruits and vegetables were in local markets at affordable prices due to agricultural subsidies prioritizing healthful foods.

An advanced pre-school program jump-started Sofia’s later academic achievement. She attended the special enrichment classes that supported her mathematical aptitude. The state-of-the-art subway system allowed travel for that. She attended a prestigious college, studied law, and then entered politics.

We still need to recognize that individual responsibility is important. I know many people who have many of the socioeconomic resources that promote public health, but they still have personal health habits that make for poorer long-term health outcomes. But then, again, if we as society had a core commitment to health, these people may be more likely to make personal health a priority. Poor health and good health can each be contagious. People are more likely to become obese if their friends are obese. The same for smoking, exercise, etc. If an individual wants to eat better food, if the rest of his or her family prefers junk food, it is extremely challenging to that person to persist.

To sum up, this book is an excellent survey of the overall picture of public health in a much more comprehensive way, than how we usually think of public health, and calls us to a much higher commitment to a greater society than that which is in our usual cynical view of what is possible.