

## Going Viral: Bonus – Interview with Professor Sir Michael Marmot

**MM** [00:00:01] Hello and welcome to Going Viral, the podcast all about pandemics. I'm Mark Honigsbaum (MH), a medical historian and science writer and today, I'm joined by a very special guest. Sir Michael Marmot (MM) has been researching health inequalities and the relationship to social injustice for more than 50 years. Marmot has been a vocal critic of how health inequalities undermine social cohesion and the ability of health systems to respond effectively to pandemics and other health crises. This is nowhere truer than in the UK, where since 2010, decades long improvements in population longevity have stalled, hitting the poorest and the most deprived hardest, and contributing to the government's less-than-optimal response to COVID 19. Yet, despite being an outspoken critic of austerity and the policies of successive coalition and Conservative governments, Marmot was named a Companion of Honour in the 2023 New Year Honours list. The award is limited to just 65 people at any one time and is one of the most prestigious in the government's and the King's gift, according to Marmot and I'm quoting, 'It says something very good about Britain' that he was honoured in this way, despite his repeated calls for politicians to 'build back fairer'. This interview was recorded before Marmot's award became public knowledge as part of a series looking at ethics, and the unequal impacts of the pandemic. But given Marmot's award and Britain's deepening health crisis, we thought it worth playing in full.

Okay, so I'm delighted today to be joined by Professor Sir Michael Marmot, Professor of Epidemiology at University College London, and Director of the UCL Institute of Health Equity. And he's the past president of the World Medical Association. Michael, welcome to Going Viral.

**MM** [00:01:54] My pleasure. Thank you.

**MH** [00:01:56] I'd like to begin by reminding you that in February 2020, just as the coronavirus arrived in the UK, you issued a report, The Marmot Review: Ten Year's On. And I think it's fair to say that your findings got a little bit lost amid the Government's desperate scramble to mitigate the impacts of COVID 19. So I thought, be useful if you could begin by explaining to our listeners what your concerns were at the time and whether they were borne out by subsequent events.

**MM** [00:02:24] Well, let me go back before February 2020. I chaired the World Health Organization Commission on Social Determinants of Health. We published our report in 2008. We put on the cover 'Social injustice is killing people on a grand scale'. Slightly unusual for a W.H.O. report. And we were a global commission. We tried to make a virtue of necessity: How can you make recommendations for Latin America, South Asia, Africa, Northern Europe, all at the same time? So, we said it was vitally important that countries, jurisdictions, take up our report and apply them to their own context. Gordon Brown, who was, you remember him.

**MH** [00:03:11] A moral politician.

**MM** [00:03:12] A moral politician and a thoughtful politician who looks at the evidence. And he asked me, 'How can we apply the findings and recommendations of your global commission to one country?' So I conducted a strategic review of health inequalities, The Marmot Review. We published the, our report 'Fair Society Healthy Lives' in 2010, just before Gordon Brown's government was slung out, sorry, voted out and replaced by a Conservative-led coalition government. In February 2020, more or less, exactly on the ten

year anniversary of the Marmot Review, we published Health Equity in England: a review. Ten years on, right, and the news wasn't good. My simple summary was: we lost a decade and it shows.

**MH** [00:04:12] Just very quickly I think one of the key things you point out is that the declines in life expectancy or.

**MM** [00:04:17] Exactly right. So, life expectancy had been improving about one year every four years for about 100 years. And in 2010/11, that rate of improved improvement slowed dramatically and just about ground to a halt. Second, there was an increase in inequalities, both by level of deprivation and regionally. And third, related to the second, life expectancy for the poorest people outside London declined, got worse. People died. We don't expect people's health to get poorer, to get worse. We expected to improve all the time. So, then the question was, was it government policies that did that? And the one obvious question that people asked was, maybe we've just reached peak life expectancy. It's got to slow sometime. So we looked at other countries, and the rate of life expectancy improvement was greater than in UK in every other rich country, except Iceland and the United States. So, no, we had not reached life expectancy. Something was going on in Britain that was more marked than in any other rich country. That slowdown, increase in inequalities and life expectancy getting worse for the poorest people. And that was February 2020, before the pandemic started to hit.

**MH** [00:05:50] These were your concerns prior to the pandemic that something was going very wrong in our society and that this state, the stagnation in life expectancy. A big part of that were inequalities, structural inequalities in society and health. Did, when the pandemic hit, can you tell us what your immediate, sort of, thoughts were? Were you immediately concerned about the way that these health inequalities would influence the, the way that morbidity and mortality was distributed?

**MM** [00:06:20] Yeah, I had two immediate thoughts. One, I wrote about one I didn't. The one I didn't write about was, when I was chairing the W.H.O. Commission on Social Determinants of Health, we had a workshop. New Orleans a year after Hurricane Katrina hit. And it was very clear that Hurricane Katrina exposed the inequalities in society and amplified them. People in the Lower Ninth Ward of New Orleans were underwater and no point waiting for the bus, there is no bus, no services. And after, we were there a year and a half after Hurricane Katrina hit, and the local hospital was still closed, it was third world conditions, people had to negotiate with friends and via whispering to get health care. There were, I'm pleased to say, liquor stores open. You you could get alcohol, but you couldn't get health care and you couldn't get other amenities. So what Hurricane Katrina did to repeat it exposed the inequalities in society and amplified them. So that was my thought about the pandemic. And my second thought was I, like many other people, pulled out Camus' 'La Peste', the Plague.

**MH** Right.

**MM** Essentially what he said was that the plague brought to the surface the corruption in society. Now, that was a bit strong 'corruption', but he was saying it exposed what was going on in society. And it was, seemed to me utterly clear that the pandemic would be like Katrina or the Plague that Camus was writing about, and it would expose the inequalities and amplify them. And so it proved more or less from the beginning.

**MH** [00:08:25] That's a very interesting analogy you make with, with Katrina. As you were speaking, I was thinking of the way that people who couldn't afford to socially distance because they had to go to work, the difference was people kept driving the buses and this was part of the problem. But I want to very quickly ask you before we get into the more technical questions of policy-led questions. You talked about social justice or social injustice. Do you think that not enough provision is made for morality and ethics in policy making, not just in health, but in politics generally? Do you think that should be more central to the way we seek to mitigate and manage and think about how we respond to pandemics in the future?

**MM** [00:09:07] Of course it should. I mean, think about what happened in 2010. What did the government that was elected in 2010 do. To the extent that they had any moral fervour at all, it was about reducing public expenditure. They presented it almost as a moral choice. We're going to cut, cut, cut, cut, cut. And that's moral.

**MH** [00:09:32] I hope I'm not speaking out of turn, but the moral position, if you like, that, undergirds that, is the belief in libertarianism and free markets and the idea that somehow people aren't productive, because they are struggling to make ends meet, and they might have a health condition, but that they're not productive because British workers are just lazy. I think this is the kind of the thought system that lies behind a lot of these policies.

**MM** [00:09:57] I'm always impressed that when the great economist philosopher Amartya Sen writes about people with whom he disagrees, if he feels that they have a well-worked out moral position, he's very respectful.

**MH** [00:10:16] Right.

**MM** [00:10:17] So he's very respectful when he writes about Robert Nozick, the libertarian philosopher at Harvard. He's respectful. He disagrees with Nozick. And so if people have got a well-worked out libertarian position, that's consistent with the evidence, then one can be respectful. But if it's inconsistent with the evidence. So, the idea of setting the market free, what? Was that behind privatisation of water and energy? Is that setting the market free? It's handing monopolies to the French government and the Chinese government and other foreign governments. That's not market, that's garbage! And so you may have a libertarian philosophy that led you to privatise everything, but you didn't set the market free. You just handed a UK government monopoly to a French government monopoly or a Chinese government monopoly. So don't tell me you're pursuing libertarian philosophy when you're actually rewarding rich corporations. You're not in favour of free markets at all. And look at what the pandemic did: on the 8th of March 2020, pretty much to the date in the U.S. the share market collapsed and the bond market collapsed. The government decided: forget this neoliberalism nonsense, we're going to have to intervene. Under Trump, supported by the Democrats, they passed a bill for \$2 trillion. \$2 trillion to enhance unemployment insurance. \$2 trillion. Wow! By the end of 2020, the rich countries of the world had issued new debt of \$18 trillion, half of which was bought up by central banks.

**MH** [00:12:18] That's an astonishing amount of money

**MM** [00:12:21] ... Issued by Government! So, this whole idea that, well, this is libertarian philosophy is nonsense.

**MH** [00:12:26] I just want to very quickly jump in, though, Michael, and ask you, how many trillions of dollars would we have needed to spend to address the issues of social injustice and health inequalities you highlighted before the pandemic? Roughly.

**MM** [00:12:40] I haven't got the figure on the top of my head, but.

**MH** [00:12:42] Well, what fraction would have been of the amount we spent after the pandemic mitigating?

**MM** [00:12:48] Well, let me answer your question a different way. If you look at the percent of GDP that we take in taxation, so our GDP is probably around \$2 trillion, one point something, trillion pounds, something like that. So of our GDP, depending which figures you look at, they're all slightly different, but it's around 36% of GDP in taxation. In Finland it's 52%, in France it's 52% in just about every other European country it's higher than 36%. The US it's 31. So we could have raised our percent of GDP we got in in taxation by 2%, have a more progressive taxation system, tax, wealth, various other manoeuvres. We could have raised it by, say, 2% and we wouldn't be looking at a whole series of rolling crises we're looking at now and we would still be about average in taxation levels for the rich countries. So rather than just put it with a bit more time, I could calculate how many trillions that is, but is entirely achievable is the point.

**MH** [00:14:09] So I want to bring you forward now to the report you issued after the pandemic. 'Build Back Fairer: The Marmot COVID review'. You look at the impact that 12 years of austerity under Conservative coalition governments have had and the impact not just on the funding of health care, but in terms of what you call poor governance and the UK's political culture. Do you argue that these factors had 'damaged social cohesion and inclusiveness, undermined trust and de-emphasised the importance of the common good. 'So that's quite an indictment of the policies of successive Coalition and Conservative governments. How did you reach your conclusion and how do you justify it?.

**MM** [00:14:50] All the research that led up to the W.H.O. Commission on Social Determinants of Health led me to argue that health is a very good measure of how well we're doing as a society. The countries that have better health are in general, the countries that are more socially cohesive pay attention to the needs of their citizens. And health equity, by which I mean achievable reductions in health inequalities, tell us a great deal about inequalities or equalities, a degree of equalities of society. No society that I know of has ever achieved complete equality of health, by social group, doesn't happen, because all societies have social and economic inequalities and health tends to follow those social and economic inequalities. But the magnitude varies enormously. It can get bigger, it can get smaller. Some countries have smaller health inequalities, some countries have bigger. So pre-2010, in fact, I said this with my W.H.O. commission in 2008 that the magnitude of health inequalities tells us a great deal about how well societies function. So, when I looked at the health figures for 2010 to 2020, even had I done no other analysis, I would say this is a society that's not working well. Now, the analysis that we did do showed a rise in child poverty, 8% per-child reduction in spending on education, a rise in the gig economy. I'm going through the six domains of recommendations that I made in my 2010 Marmot Review. If you look at unemployment benefits in Denmark, if you're unemployed, you get 90% of your previous income. Other European countries, it's 80, 70, 60% of previous income. In the UK, universal credit is 12% of median income. If you're unemployed and you go onto universal credit, we're saying you're going to be really poor. We're going to condemn you to poverty. You should be working. And if you're not, by golly, it's your fault and you're going to suffer. The fifth area was cohesive communities. The

spending of local government went down. In the least deprived 20% of areas, the spending by local government per person went down by 16%. And then the greater the deprivation of the area, the greater the reduction. In the most deprived, it went down by 32%. Now, just look at that. If you were thinking about social cohesion, this is saying, if you're a poorer area, you're going to spend less on your citizens. And that's a dictat from central government.

**MH** [00:18:02] I was really struck because I did a bit more research looking at other issues you were highlighting long before the pandemic. And I believe that in 2012 you and 400 other health professionals wrote a letter to the Telegraph, an open letter warning specifically about the, what you saw, as the detrimental impact of the 2012 Health and Social Care Act. And you also pointed to the dangers of transferring public health functions that previously been in response to the ability of the NHS to local authorities at a time when local authority budgets were being eroded. And I just want to quote something you said there, because you actually say, specifically, that your fear is that these policies would widen health inequalities, waste money, and undermine the ability of the health system to respond effectively and efficiently to communicable disease outbreaks and other public health emergencies. My question is, was it worse than even you imagined?

**MM** [00:19:00] Well, yes and no, because the no part is that most of the Lansley reforms have been unwound. So, he wanted 50% of NHS beds to be occupied by people in the private sector. You know he wanted to destroy the NHS, essentially, remove all coordination and collaboration. I mean, it was awful and most of it is being unwound. So had it gone ahead the way he envisaged, it would have been worse. But we certainly weren't well set up to manage the pandemic. And then public health was mistrusted.

**MH** Yeah.

**MM** And you diverted me, you want to talk about libertarianism and you got me irritated because libertarianism as a coherent philosophy is something we can take seriously if it's coherent. And I said, 'Yeah, the problem was people who were mouthing it were not acting on it'. They were doing anything but pursuing libertarianism.

**MH** [00:20:12] Can I just can I just come back at you at that point? Because in our last recording, we were talking to Martin McKee of Public health and Indie SAGE, and he used this phrase that really resonated with me where he said, 'Well, it's all very well saying that people should act as free agents' and have as much freedom as possible, and that some people may well choose, to choose and he to used this phrase, 'have the freedom to be foolish'. Part of the libertarian mindset and it's a valid, as you say, moral position, is that, you know, 'If I want to take risks, I don't want to be dictated to how, how I should go about'. But of course, the whole point about your research is not everyone has the same freedom to be foolish

**MM** Absolutely

**MH** Because not not everyone lives in a mansion. Not everyone has a chauffeur driven car. Some people have to take the bus. Some people have to do work on zero contracts, work in Amazon warehouses. They don't have the same freedom to be foolish. So that's where I'm really asking you: How moral is that position?

**MM** [00:21:14] The concept of freedom has been hijacked by the right and the right politically. And what I've said, quoting Amartya Sen, is that we want to create the

conditions for people to have the freedom to lead lives they have reason to value. If you're growing up in poverty, in substandard housing, and particularly with the current cost of living crisis, where you've got scarcely enough food to eat, living in cold conditions, what kind of freedom is that, where you're worried about making ends meet all the time. That's, what kind of freedom is that? So we're talking about creating the conditions for people to have the freedom to lead lives they have reason to value. And that means that neither you, nor I, nor anyone else, should be deciding what is a meaningful life for somebody else. What we should be doing is creating the conditions where they can make those decisions for themselves. I think education is part of that. You've got much more likelihood of creating your own life story if you've got decent education. And what we know is the spending on education, I said it went down by 8% per child, but it went down more in deprived areas than it did in non-deprived areas. So there was the government saying 'If you're in a deprived area, by golly, we're going to make sure you don't participate fully in society. We'll spend less on your education, we'll spend less on your public services, we'll spend less on your amenities. We're going to make sure, and we'll, while we're about it, we'll make sure child poverty goes up and we'll spend very little on services for young children, and we'll do it in an unequal way.' What kind of freedom is this? And, so, don't have some theoretical discussion about libertarianism, let's look at what's going on and what kind of values are those. I got terribly exercised. I did a review of Michael Sandel's book *The Tyranny of Merit*, for the *Lancet*, and I got terribly exercised by frontline workers in social care. They were earning per hour something like 60p less than a real living wage. Don't we value the work they do, older people?

**MH** [00:23:55] You could say the same about nurses, right now.

**MM** [00:23:58] And nurses. And we look at inflation. If inflation is 11% for people in the top 20% of income, it's 18% for people in the bottom 20% because energy and food make up a high proportion of energy for low income, of expenditure for low-income households. I haven't looked precisely, but my guess is that ambulance drivers and some nurses will be in the bottom two quintiles of income. So, in other words, we're looking at inflation for them, of 15%, 16, 18% and they're being offered 4%. What's going on here? What is going on here? We. And the government's pretending they're greedy or this is unaffordable? What? It's unaffordable? I mean, let's forget morals for a moment. Let's think about an economist. Economists have no morals. I'm sorry, I didn't say that. I didn't say that. Think like an economist. We've got 130,000 vacancies in the NHS. You want to fill those vacancies? Maybe you should pay people properly. If you can get paid more working in an Amazon warehouse than you can in adult social care, the rational decision is to quit social care and go and work in an Amazon warehouse. So, you want people to work in social care? Pay them properly. So quite apart from the moral issue of: these are people doing valuable jobs that we really value and we don't pay them. Just take a narrow, economists' approach. You've got a problem.

**MM** [00:25:46]. Adam Smith would have would have agreed with that, that approach. But we're talking about what we should be doing now going forward, you know, your report, the most recent report, you urged the government not to just build back better, but to quotes, 'build back fairer'. And you've alluded to this in your, when you quoted Amartya Sen on, you know, people need to have the freedom to live lives that they have reason to value. And that's about fairness, isn't it? But my question is, what exactly would this entail? I mean, you, you talked about this before, but what should we be doing that we're not doing enough of now?

**MM** [00:26:26] My starting position and often I get asked, 'Well, alright, if there were a different government, or if the government were listening to you...' (that would that would be a different government if they were listening to me '...where would you start?') So I would start by putting equity of health and well-being at the heart of all government policy. So, if we, if we were back in 2010, instead of saying 'our number one priority is rolling back the state and spending less. And I would say, for example, when Michael Gove said he wanted to establish free schools, I said at the time, I don't start from a position pro or con. I want to know what the impact is on equity. Will that be good for poor kids or not good for poor kids? That's the criterion. Well, we've got huge inequalities in educational outcomes. Will that be good, or bad, for those? So we didn't start from, if Michael Gove says free schools, it's got to be good or bad. I said, 'Are free schools good, or bad, for equity in educational outcomes?' So I would put that at the heart of all government policy. I mean, let's, let's take my first one: Child, give every child the best start in life. If you look at spending on children aged 0 to 5 by OECD countries, the average spend per child, per year is \$6,000 for children aged 0-5. Norway spends \$12,000. The average is six. We spend four. The US spends three. So, we've decided as a country we couldn't... I'm on on a podcast so I like to restrain my language.

**MH** [00:28:14] Okay.

**MM** [00:28:15] We couldn't care about our children. World beating? What? World beating what? We're spending... we're not the worst. The US is worse than we are, but we're limping along below the average. Look at child poverty. We're above the average. We ranked 31 out of 41 rich countries in child poverty. The US ranks 38. We could be like Finland or South Korea, but we're not. We're more like the U.S. So, we're actually not putting equity of health and wellbeing anywhere near the centre of our policies. And that would be my starting point: Reduce child poverty, spend more on early childhood, restore the funding on education, and make sure it's done in an equitable way. Yes, it would take money. Some of it is redistribution of the money that's sloshing about. Some of it, I would have a fairer taxation system, no question about it. And a lot of people said we want, you know, Nordic levels of public services and US levels of taxation. Well, just bring it up to the OECD average, be an average country when it comes to taxation, and we could do some of these things.

**MH** [00:29:36] So I was struck when you were talking about how we performed so badly down the list of these tables compared to other OECD countries. But of course, on the Global Health Security index, prior to the pandemic, the countries whose pandemic plans were rated the highest in the world were number one, the USA and number two, the UK. Now, of course, we now have the long-awaited COVID Inquiry under Baroness Hallett who will be looking at this and other issues. We underperformed, really, if you look globally and we certainly didn't rate that high ranking on preparedness. One thing that struck me going back through the UK's pandemic plans and indeed the United States plans, is I couldn't find any reference anywhere in those documents to the way that structural inequalities in health might play out in a pandemic in terms of morbidity. There was, there wasn't even any anything about racism, or issues of environmental racism. So, you know, it's been argued recently in this Lancet report that, you know, with the fuel crisis and education crisis that's hitting people's shopping budgets. These structural inequalities are mirrored in terms of race, right, as well as occupation. But we've heard a lot of theories about why the UK's death rate was higher than that of comparable European countries. So it's been argued we should have closed borders earlier. We've talked about test and trace what, what a shambles that was. And also we had these constantly shifting social distancing regulations and then policies that, to my mind, look insane in retrospect, like Rishi Sunak's

Eat Out to Help Out. But you could be from what you seem to be saying, that the key factors were structural. And I want to zone into this because some of the things you point to are seized upon by commentators who are more right leaning to argue that, you know, it wouldn't have mattered what Britain did, you know, over the course of two or three years we would have seen the same mortality rate. They point to some of the some of the factors that you were highlighted pre-pandemic, you know, ageing population, pre-existing health conditions, a co-morbidities like obesity, diabetes and also these health inequalities, to be fair. So if that's the case, what difference do you think the government could have made had it chosen to pursue different policies when the pandemic struck?

**MM** [00:31:57] Yeah, I mean, I don't want to second guess what the COVID inquiry's going to come up with, but

**MH** Why not?

**MM** Because they're going to spend a lot of time. . But I agree with your point about inequalities. That's vital, because when we looked at the first data that were available, ONS has been very brisk and very good at publishing data. It showed the social gradient for COVID 19 mortality was, looked like the same slope - the more deprived, the higher the mortality - but slightly steeper because in the most deprived three deciles, frontline workers who were exposed and people living in overcrowded conditions, and then, or people were in shuttered industries and richer people could work from home, poorer people were either being exposed in the frontline or were poorer because even with the furlough scheme, they were getting 80% of their previous income. Well, if you're at the margin and your income goes down by 20%, you're below the margin. Now you're in real trouble.

**MH** Absolutely.

**MM** And then the government says it'd be good idea if you could be tested, once they got over that we won't bother testing, which was a huge mistake. And there you are I said that I wasn't going to second guess the inquiry, but fancy not testing right from the beginning. And once they got over that, and said, yes, come forward and be tested and then if you test positive, you'll have to go home self-isolate, but we won't give you any money, you may be poor and you'll have to lose work, we won't compensate you for the work that you've lost. Guess what? People don't have a big incentive to come forward and be tested, because if they're positive, they've got to go home and lose money and then they can't feed their children. And I mean, Andy Burnham was saying, 'How can you do this to us? You know, we can't do it in Greater Manchester. People can't afford to isolate. And you're putting these restrictions on us, but not giving us the economic resources to put them into place.' And Inequalities is a huge part of that. If you were in an industry that was shuttered, you lost money, or you were out being exposed to the virus. And, you know, we clapped for the nurses. I wanted to clap for the supermarket checkout cashiers and for the drivers who kept the whole, and the people who collected our garbage, our rubbish, who kept society functioning. And they were being exposed as a result. Or if furloughed were getting poor. Now, did we have that as any part of our plans? I don't think we did, and I don't think SAGE did. I gave a very positive review to Jeremy Farrar's book, Spike, in the FT, it was co-written with an FT journalist, and I thought it was brilliant. I learnt a lot. Terrific book. Absolutely terrific. But I said in my review he didn't deal with the inequalities question. I spent all of COVID thinking about inequalities. Well, I'm delighted that experts like Jeremy Farrar were thinking about control of the virus. Terrific. And I'm not an expert on control of

communicable disease, but I spent all of the pandemic thinking about inequalities, and we needed both. And we only got one, We didn't even get either!

**MH** [00:35:48] Do I get it that you you've been encouraged by these global conversations that people are waking up. Do you see something positive coming out of it in that respect?

**MM** [00:35:57] I've been doing this for a very long time. I have never in all that time seen so much interest in inequalities, in health. Never. I mean, you said a bit earlier that my 2020 report kind of got lost in the scuffle. Well, not quite: The Royal College of Physicians convened the other medical Royal Colleges, they wrote an open letter to the prime minister. It's hard to remember which prime minister was in place, we're going back two years...

**MH** [00:36:31] It's so hard to remember. There's been so many.

**MM** [00:36:33] You know, to count up two years ago, which one was it? And they wrote an open letter to Boris Johnson, the prime minister,

**MH** That's the one.

**MM** ... Urging him to implement the recommendations in my review. And then these medical Royal Colleges convened a Health inequalities group, which now has more than 200 members. Well, the medical Royal Colleges, the medical charities, all sorts of groups. You think the Royal Colleges, inequalities, you know, aren't they concerned with the quality of patient care? Well, of course they are. That's what they do. But they're also seeing that part of the concern should be inequalities in health. And so I partnered with these Royal Colleges. And I mean, I won't bore you by showing you my inbox of the requests I get to talk about this, but it's like nothing I have ever witnessed before in all those years. There's so much interest in this concern. And the only ones who don't seem to be interested are the government in Westminster. City and regional governments all around England, now Wales, the Government of Wales. I've given evidence to the Scottish Parliament. I talked to the Northern Ireland Minister of Health. The only ones who don't seem to be interested are the government in Westminster.

**MH** [00:37:57] If you were able to get Rishi Sunak's ear, what advice would you give him about what we should do between now and the next pandemic?

**MM** [00:38:06] Well, I think to put it at two levels. One is the technical level. Just make sure we've got the right surveillance mechanisms so that the technical level make sure we've got all the right..

**MH** [00:38:22] Vaccine production. Lots of investing in vaccines before. You know.

**MM** [00:38:25] And, you know, you wouldn't have PPE dodgy contracts.

**MH** [00:38:31] Out of date PPE would be a no no.

**MM** [00:38:34] And, you know, you'd be prepared and all that technical way. But the more general, and I would say more fundamental, is to make sure we've got a society that's working, that's functioning. Because if it's true, and in general, it was true, that it wasn't just the US and the UK that were doing poorly in health pre-pandemic and did poorly during the pandemic, there was in general a correlation, the better the health record in the

decade leading up to the pandemic, the better countries did in the pandemic, which means that this whole idea that, well government is bad, public sector is bad. I mean, David Cameron talked about the Big Society, but if you've ever met anyone who knew what that meant in practice, please let me know. The very idea that public is bad, you know, private affluence, public squalor: that whole idea is mistaken. And we need to invest. In reducing child poverty, and early child development, in education, in good working conditions. We need a country that has less inequality in all the things that matter, and that'll show up in less inequality in health. So we're better prepared, as a more cohesive society with greater trust in government, dare I say, which really got damaged. I mean, when I get asked, 'What do you mean by poor governance and political culture?' I start counting up: I think we've had seven Chancellors of the Exchequer since the Brexit vote, five Prime Ministers; I've lost count of how many health secretaries since the Brexit... I mean, what kind of way is this to run a railroad? I mean, it's it...

**MH** [00:40:24] Is interesting you put declining levels of trust at the heart of this. So you think a big part of ensuring better governance and a, a functioning political culture is restoring trust?

**MH** [00:40:35] Ipsos Mori, you know I always like to have data. Ipsos Mori conducts a yearly constructs a yearly veracity index. They have a question 'Now I'm going to read you a list of different types of people. I want you to tell me, do you trust them to tell the truth?' Number one: nurses trusted by 93% of the population. By the way, if you're a politician and you're picking a fight with the group of people that are most trusted by the general population, nurses! My God! of all the groups to pick a fight with, nurses! Number two: doctors. We're not as trusted as nurses, but we're not. That's okay. Take my hat off to the nurses... We're trusted by 91%. And then scientists, teachers, judges. At the other end of the scale, 14% of people trust politicians. And then counterintuitively, 20% trust government ministers, 24% trust journalists, just below estate agents at 25%. So, politicians and journalists are less trusted than estate agents, and the politicians work hard to earn that mistrust. They work on it every day, every time they get up and speak garbage, which they do on a fairly regular basis, that trust is further eroded. I mean, why would you trust somebody who gets up and talks nonsense? This is really serious. I got asked by a senior politician, 'We're not good at getting our message across. What advice can you give us?' And I said, 'I can't tell politicians what they should say or how to say it, but I can tell you what I do. I tell the truth, I argue from the evidence, and I try to do it in a spirit of social justice.' Wouldn't that be remarkable if politicians told the truth, argued from the evidence and had, as their number one priority, social justice?

**MH** [00:42:54] So I want to now bring you back, just very briefly, to your recommendations of 'Build back Fairer'. So, we've covered most of them. So you argue, in the report, we need a society based on the principles of social justice. We need to make more of an effort or an effort to reduce inequalities of income and wealth; You talk about building a wellbeing economy that puts achievement, health and wellbeing at the centre of policy, rather than narrow economic goals. But I want to talk now about the last thing which I was struck by. You made this, you know, one of the top three that we also need to build a society, that responds to the climate crisis at the same time as achieving greater health equity. How do you see the pandemic linking with a climate crisis? And of course we now also have on top of that, the fuel crisis, structural inequalities that are made worse by poor housing stock, lack of insulation, all these sort of things. So talk to me, really, how do we do that at a time when public finances are under such pressure?

**MM** [00:43:52] Firstly, I just don't accept your premise that we should frame everything under 'Well public finances are under such pressure, therefore...' Therefore what? Therefore don't pay social care, don't pay nurses, don't pay, ambulance drivers, don't do anything good. This is a political decision. We organise our society, we should organise our society along certain principles and values. The idea that, well, we just don't, we'd do something good, but we're going to be nasty because we haven't got any money. We could raise taxes, we could do something about all the distortions. So, I don't accept the premise.

**MH** [00:44:36] How do you build a society to respond to a climate crisis at a time when public opinion is firmly behind the further investment of fossil fuels? The British government has made these commitments. But Stop Oil Protesters aren't being heard and they're having to sort of throw, you know, ink paintings in the National Gallery.

**MM** [00:44:55] Well, we and we did a report for the Climate Change Committee and to show how the steps that you would take to improve health equity could also contribute to net zero greenhouse gas emissions: transport, housing, work and food and over all of it is reduction in air pollution, which would be good for health equity because poorer people tend to live in more polluted areas, because the steps you take to reduce greenhouse gas emissions would also reduce air pollution. So clean transport, more efficient housing, a four-day week at work would make a big difference and less meat consumption making grain and vegetable food more affordable. All of those would be good for health equity, they'd be good for the climate, and they're affordable. It's not about saying, 'Well, we've got no money, so therefore we've got to burn up the planet and have poor people die'. I don't accept that for one moment. They're all affordable. They all can be done. They'd all be good for health equity and for the climate crisis.

**MH** [00:46:08] So it's a win-win situation.

**MM** [00:46:11] Absolutely. I don't want us to get into this narrow accountancy of, well, you do know, we've got no money, we can't do anything. And we've got a model that isn't working. It's not improving health and wellbeing. It's not dealing properly with the climate crisis. It's not good for dealing with pandemics. And it's not good just for improving equity of health and wellbeing. The model isn't working. We need to do things differently, and that means having a set of values, deciding what our priorities are and how we go, as the Financial Times put it, we are a poor country with some rich people. How do we move from being a poor country, with some rich people, to be a country that works for everybody?

**MH** [00:47:02] Thank you for listening to Going Viral. If you've enjoyed this episode, please recommend it to your friends and we'd love for you to rate us too. You can find us on Twitter at [goingviral\\_pod](#) and on Instagram at [goingviral\\_thepodcast](#). This episode has been produced in collaboration with the UK Pandemic Ethics Accelerator, which was funded by the UKRI COVID 19 Research and Innovation Fund. I'm Mark Honigsbaum, and the producers were Melissa Fitzgerald and Kate Jopling.