

Bailouts expose health-care hypocrisy

By André Picard

In recent weeks, politicians in developed countries have scrounged up an estimated \$5.2-trillion to bail out financial institutions whose woes are largely the result of runaway greed and recklessness.

Yet these same government leaders have claimed repeatedly that they do not have the means to bail out the world's poorest citizens, condemning hundreds of millions of people to lives of deprivation and misery.

Can you spot the hypocrisy here?

That, in a nutshell, is the message that Sir Michael Marmot delivered last week in a three-city Canadian speaking tour.

"We have made a judgment to save banks," he told a Montreal audience. "We have the knowledge and we have the money to reduce inequalities.

"What we don't have is the will," he said.

Dr. Marmot, director of the International Institute for Society and Health at the University College, London, is not a well-known public figure but he is a superstar in the public health world. The message he delivered to packed houses in Winnipeg, Ottawa and Montreal reminds us why: It was impassioned, compassionate, compelling and current.

Dr. Marmot has spent his illustrious career researching what he calls the "remarkable relation between deprivation and health" - what is known in academic circles as the social determinants of health.

The culmination of Dr. Marmot's work so far came last August, when a blue-ribbon panel he chaired published a landmark report titled "Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health. "

The report said, in essence, that our current approach to medicine and health is much like closing the barn door after the horse has escaped. In other words, there is little point in trying to prevent and treat illness in the absence of social justice, and there is a pressing need to tackle the root causes of injustice, including poverty, poor housing, gender inequality, inadequate education and lack of respect for human rights.

The commission concluded that social inequities are killing people on a "grand scale" - in developing and developed countries alike - and called on the world to act.

Consider, for example, that a baby girl born today in the African country of Lesotho can expect to live 42 years less than one born in Japan. Or that a baby boy born in Glasgow's poor Calton district can expect to live 28 years less than one born only 12 kilometres away in the same city's tony Lenzie district.

Dr. Marmot believes that those gaps can and should be closed. But, unlike many others in the field, he does not make the argument on economic grounds but on moral ones.

"It's a mistake to hook these humanitarian notions to the promise of economic growth," he said. "The reason we are doing what we do is because it's the right thing."

Still, in these times of global recession, with governments looking for ways to stimulate economies, Dr. Marmot argues that there can be few sounder investments than those in the health of large populations.

He notes, for example, that for a mere \$100-billion (1/52 of the cost of the bank bailout) every slum dweller on the planet (about one billion people) could be provided with clean water and sanitation.

Given that clean water and sanitation is probably the single biggest contributor to good health (aside from a decent income), it is hard to imagine that this would not be a sound financial move - or at least a better prospect for paying dividends than pumping money into ailing car companies.

Of course, there are those who will say that a recession is a time for belt-tightening, not generosity.

But Dr. Marmot likes to remind people that countries such as Canada and Britain created the foundations of their social welfare systems in an equally troubled time - in the depths of the Second World War. It was then, too, that the Bretton Woods Agreement, which revamped the world's monetary management rules, was signed.

Dr. Marmot argues that the time has come for Bretton Woods II, a new international economic order that "places fairness in health at the heart of the agenda."

Currently, there is a lot of talk of fairness in trade, but little action. For example, developing countries import \$500-billion a year more in goods than they export, placing them further in the hole.

"That's terrific for our economy, but it's not good for global health equity," Dr. Marmot notes.

As we wring our hands over the impact of the global financial meltdown, let us spare a momentary thought for the half of the global population that already lives on less than \$2 a day.

And let us remember that, in this world of deprivation and inequality, every cow in the European Union receives a government subsidy equivalent to \$20 a day.

That is not only bad economics, it's a moral failure - one that the venerable Dr. Marmot has made his mission to expose and eradicate.

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