

Foreword



When Danny Dorling asked me to write a foreword to his forthcoming book, which, he informed me, was a collection of his prior articles on the subject of health inequalities, as well as some new chapters, I readily agreed. It was an absolute honour to present an opening to the two decades of passionate and engaging scholarship by Danny Dorling on the subject of health inequalities. Subsequently, when I received the draft it consisted of 48 chapters, nine of them new, grouped into seven sections. Even though I have followed Danny Dorling's previous work over the years, I had underestimated the size and substance of his contributions to the field of health inequalities until I saw them under one cover. Put simply, the whole was handsomely more than the sum of its parts and makes the reading (and re-reading) of the 48 chapters worthwhile. The scope of the scholarly work presented here, alongside some very interesting perspective pieces on a variety of issues that on a first glance appears highly eclectic, makes it a considerable challenge to write a short foreword in a manner that does justice to this magnificent collection.

Unequal health, with its bold subheading, *The scandal of our times*, has two central messages. First, the levels of inequalities in health that we currently observe in the UK (and everywhere else) are unprecedented and among the largest even when viewed from a historical perspective. And, second, these increasing health inequalities are largely a reflection of the ever-increasing inequalities in income and wealth that have been a characteristic feature of the recent trajectory of economic growth and development. In situating the narrative of health inequalities within the deeply polarising nature of people's socioeconomic circumstances, *Unequal health* reminds us – both in terms of substance and style – of *The health of nations: Why inequality is harmful to your health* by Ichiro Kawachi and Bruce Kennedy, and the more recent *The spirit level: Why greater equality makes societies stronger* by Richard Wilkinson and Kate Pickett. What distinguishes *Unequal health* at the same time is a uniquely historical and geographical perspective that Danny Dorling brings to our understanding of health inequalities. I also could not help going back to re-read Danny Dorling's

Injustice: Why social inequality persists, after reading *Unequal health*, and the two together make one of the most compelling arguments to view health and social inequalities as a singular, and not two separate, issues.

Turning to specifics, in what remains one of my all-time favourite articles on the subject of health and social inequalities, and which is retained in this collection as Chapter 3, Danny Dorling along with his collaborators, show how place-variation in measures of poverty and affluence constructed in 1896 independently predicted the place-variation in mortality rates in London as measured a century later. The basic message that current health inequalities match the 19th-century patterns of wealth inequalities could conceivably generate a nonchalant reaction that social inequalities have always been and will always remain with us. So what's the big deal? Indeed, in light of the progress that every country (and possibly every population group) in the world has made with regard to health, especially as measured through standard measures of mortality, and life expectancy, an indifferent view to the existence of health inequalities might even appear justified. I encounter this view ever so often in my conversations with my economist colleagues who feel that epidemiologists (and let's say all non-economist health researchers) appear to be disproportionately inclined to focus on society's collective failures with regard to improving public health, ignoring the remarkable gains we have made.

However, as Danny Dorling shows directly or indirectly through several papers grouped in Section I, the view of secular improvements is only partial. In what is the most comprehensive account of historical trends of infant mortality in Britain, he shows that at the turn of the 20th century in England and Wales one in six babies died in their first year of life; a hundred years later less than one in 186 babies died before reaching their first birthday; round one to the cheerfully disposed economists. However, as is painstakingly pointed out, the inequalities in infant mortality rate between wealthy and deprived areas, during the same time, increased sixfold in the UK; in 2001 more than six infants were dying in the most deprived places for every one dying in the least deprived, and the corresponding figure for 1901 was 2.5 to 1. Importantly, as Danny Dorling shows, these inequalities were entirely modifiable, since considerable progress in reduction of inequalities (not just secular improvements) had occurred in the first half of the 20th century only to be reversed later towards the last quarter of the 20th century and increasing into the first decade of the 21st century.

In Sections II and III, Danny Dorling presents to readers (especially those unfamiliar with the UK context) a collection of papers that together argue the interconnections between polity, economy and health. These interconnections are explored using current issues, making it extremely timely and facilitating a wider interest, in particular in those matters related to the logic of privatisation of the UK's National Health Service and evaluating the dismal record in particular of the New Labour government in the first decade of the 21st century in narrowing health inequalities despite it being a core objective when the party came into power in the late 1990s. The life expectancy gap between the worst and the best local authorities in the UK increased from about nine years to 13 years during the time New Labour

was in power. To support his core argument, Danny Dorling pinpoints much of the blame on New Labour not doing enough to control increases in income and wealth inequalities in the UK.

Professor Dorling's frameworks of discussion in Sections II and III are reflective of Rudolph Virchow's declaration that 'Medicine is a social science, and politics is nothing else but medicine on a large scale'. But as with all of Danny Dorling's writings, these large frameworks are presented with clear data and insightful observations. On the latter, Danny Dorling drives home the point about the connections between polity and health in a telling observation on the amount of wordage that was devoted in an email sent from the central administration in his University to two announcements – the death of a cleaner, and the appointment of a bureaucrat to the senior management of the University; the latter got over 10 times the wordage, suggesting the implicit (or explicit) value that people place on these individuals which in turn is contingent on their position in the social hierarchy of our societies. The narrative and tenor of the chapters presented in the first two sections are extended and applied to aspects of well being, mental health and life satisfaction, including suicide, in Section IV, with one of the most telling examples being the linking of suicide rates to periods of Conservative government during the 20th century.

While much in the papers presented in this collection are issues drawn from the experiences of the UK, Section V explores similar themes drawn from more international experiences. In particular, in concordance with the theme of the collection, among others, Danny Dorling shows that high-income inequalities are closely associated with higher mortality in both poor and rich nations and especially during young adulthood. His attempt to also address some of the critiques of the income inequality thesis, as proposed by Richard Wilkinson, will be of particular interest to readers who follow this literature. His insight with regard to distinguishing between objectives and subjective measures of health, as well as the need to recognise this distinction within the context of between and within countries, is particularly informative.

Section VI showcases the means that Danny Dorling has used to convey substantive points. The creative geographer in Danny is evident in the essays that are both pedagogical as well as model applications of cartograms for understanding health inequalities. In particular, the take-home message here is a hard one given the conditioning of our brains to expect a particular representation when we see a world map, but one that Danny Dorling continues to work doggedly to get across, that is that the geographical representation of any health phenomenon using the conventional Mercatorian projection (the map that we are most familiar, but which substantially distorts the size to retain the shape) can be seriously misleading (also see www.worldmapper.org/ for an extensive collection of maps where the focus is on the subject of interest rather than the shape of the country).

In the set of chapters presented in the final section, Danny identifies emerging issues that have not received very much attention, at least in mainstream epidemiology. In particular his essay on linking the issue of road casualties in contemporary times

to the issue of open sewers in the late 19th century is a classic application of the principles of formal graphical presentation, and of historical understanding, to contemporary problems.

We might, and perhaps should, continue to debate and discuss the precise point at which we should start caring about inequalities that afflict modern societies. At the same time, the collective writings presented in *Unequal health* make a compelling case that it is time to seriously discuss this in academic as well as public domains. As of 29 June 2012, the phrase ‘health inequalities’ returns over half a million writings in Google Scholar. If current trends in income and wealth inequalities continue, one can only expect health inequalities to further increase and mirror this trend. With this collection, Professor Dorling has laid an exemplary foundation for future generations of researchers to engage in a science that is strongly rooted in the ideas of fairness and social justice.

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