Transcript

NATIONAL PRESS CLUB OF AUSTRALIA

Station:	**CANBERRA CONFERENCE UNIT**	Date:	**06/06/2017**
Program:	**NATIONAL PRESS CLUB**	Time:	**12:00 PM**
Compere:	**0**	Summary ID:	**C00070646109**
Item:	**NATIONAL PRESS CLUB ADDRESS OF PROFESSOR RICHARD WILKINSON**		

Audience:	Male 16+	Female 16+	All people
	N/A	N/A	N/A

COMPERE: Earlier today, so he sends his apologies; he's usually the moderator for this particular event.

Today's event is with Professor Richard Wilkinson and he's a British social epidemiologist, author and advocate. He's a Professor Emeritus of the Social Epidemiology at the University of Nottingham, and having the good luck to retire in 2008 is also an Honorary Professor of Epidemiology and Public Health at the University College London, and Visiting Professor at University of York.

In 2009, Professor Wilkinson and Kate Pickett founded The Equality Trust, which seeks to explain the benefits of a more equal society and campaigns for greater income equality, and he's certainly made that a passion.

He's best known for his book with Kate Pickett, *The Spirit Level*, first published in 2009, which argues that societies with more equal distribution of incomes have better health, fewer social problems - such as violence, drug abuse, teenage births, mental illness, obesity, and

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others - and are more cohesive societies than the ones which the gap between the rich and the poor is greater.

However, there is a task before we ask Professor Wilkinson to address you; is that he's also the winner of the 2017 Australian Society Medical Research Medallist, and we're very honoured to have the Minister for Health and the Minister for Sport to take some time out to actually present this medal. So I'd invite the Minister to come to the podium, and then we'll present the medal.

Yeah, you can clap the Minister.

[Applause]

GREG HUNT: Thank you very much to Maurice, to Daniel and Roger from the Australian Society for Medical Research, and all of you involved in that great- that pursuit.

To Professor Wilkinson, it's a real privilege to have you here in Australia.

When you look out on this audience, you see a lot of young medical researchers, and their work comes in a long tradition, when you think back to Howard Florey, Sir Macfarlane Burnet; the great work of Australia's researchers such as Elizabeth Blackburn, Fiona Stanley, Fiona Wood; we are blessed with a lineage which dates back over a century. And Australian medical research is, in my view, as strong as ever.

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So, it's based in the personnel, but we're in a fortunate position where we're able to support now in a very strong way. We have three fundamental pillars here of medical research from the public side, one of which is the National Health and Medical Research Council with nearly $900 million a year; it's not the money, it's - much more importantly the fact that it's driven with a real focus on breakthrough and creative research. And Daniel and Roger and so many others played such a role in the new rules and guidelines which were laid down by the NHMRC only a week ago. And so I want to acknowledge and thank the work of ASMR on that front.

It's also supported by a new fund, the Medical Research Future Fund, which will see a doubling of medical research funding in Australia over a five year period. So, this year was the year in Australian history where we had the largest growth in medical research.

Now, that's driven by belief in health, a belief in the pure science, and a belief in the economic benefits, as well; all of the things that, in many ways, bring together your work, and it's a very exciting time with funds going into anti-microbial resistance research, clinical trial work, the work in relation to the structure of clinical trials - making it easier for Australia to be a global destination for clinical trials. And then the third element is the Biomedical Translation Fund, which is a really interesting public and private initiative, where we match funding for private fund managers who'll invest in translating the work of these brilliant researchers such as - take, for example, Venetoclax,

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which will deal with so much of the challenge of cancer, and we're helping to commercialise those in areas where there are funding gaps. So, that combination is the support here.

But all of this means that you have a great pipeline of people who come through, but they need icons to whom they can look, and the ASMR Medal is - it's a very proud tradition, and it's an international award given to very few, but on this occasion and in this year the ASMR, I think, has made a very wise choice, not that they haven't in other years.

[Laughter]

GREG HUNT: They've made a particularly wise choice, if I phrase it - I think that might be the right expression, because your work has looked at the social determinants of health, and we have to have a fundamental base in research, but the way a society is constructed absolutely determines the way in which health is allocated, as it were, within a community, and our goal is very simple: to improve the quality of health for all Australians, and your work fits into that grand tradition.

So, on that basis, I'm really honoured on behalf of the ASMR to be able to award you with the ASMR Medal for 2017 to Professor Wilkinson.

[Applause]

With that, my job is to depart the stage.

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Oh, no it's not.

Thank you very much.

COMPERE: Thanks, Greg.

[Applause]

COMPERE: Thank you, Minister. Thank you for taking your time.

I should also welcome the President of the ASMR, Dr Daniel Johnstone, who's with us, and the President-Elect, Dr Roger Yazbek, who takes over in the coming year.

Ladies and gentlemen, if you do have a mobile phone - I know it's all part of medical - sorry, scientific research, how it started - I'd be very grateful if you would at least turn it to silent during this event. We're going to ask Professor Wilkinson to speak, and then there'll be a question from some journalists and colleagues, and there may be an opportunity also to - and I think there will be - an opportunity to take the questions to the floor, from the profession. When we give you the microphone just identify yourself and where you're from and ask your question from thereon in.

So, with no further ado, please welcome our guest speaker.

[Applause]

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RICHARD WILKINSON: Well, thank you all. I feel this is an extraordinarily undeserved honour, but very welcome despite that. It really is very flattering. I had seen it initially as something much less significant, but- basically a carrot dangled in front of people to get them to visit, to make such a long trip to Australia, but I realise it's a very substantial honour and I'm very grateful to you.

I was very delighted to hear from the Minister that there has been a substantial increase in medical research funding. Dan Johnstone - who has been introducing me when I've spoken in other Australian cities recently - has talked about the return on investment to medical research, which I think he said is a threefold return on expenditure on medical research.

And it reminds me, I started off in economic history, and I remember someone had calculated that simply people getting spectacles - I think predominantly in the nineteenth century - it added a third to the working life of most craftsmen, and quite an extraordinary idea that such a small development can make such a huge economic return. So, I have no doubt that the additional investment will pay off handsomely.

I want, though, to emphasise that it's not just medical research that's important, but also the wider field of health research. WHO estimated that if you look at the different determinants of health - the figures are vague, but this a sort of ballpark estimate - that genetics maybe account for about five per cent, that healthcare another 10 per cent, that behavioural factors perhaps 30 per cent, and social conditions the

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remaining 55 per cent. And of course, if you think of the behavioural factors as all having a social gradient -a social distribution, they tend to be less good lower down the social ladder - there are social determinants of the distribution of the behavioural factors. And so, in a way, social conditions account for maybe something like 85 per cent of the remaining determinants of health. So, this is a hugely important field, and of course, going with improvements in health, if you do it through improving social conditions, you're improving wellbeing and happiness in many other ways.

It was Rudolph Virchow, in the 19th century - a German pathologist - who said that medicine is a social science, and politics are nothing else than medicine on a large scale; that our politicians are basically treating society as a whole and trying to improve our wellbeing. But if you remember the importance of the social determinants of health you'll see also how much the health field has to be seen as a social science.

One of the most obvious features of health is its social distribution. Let me just give you a few Australian figures, not because- I think all the health inequalities are shameful, but yours are no more shameful than Britain or anywhere else. If you take manual workers living in the poorest, the most deprived quintile of small statistical areas in Australia, they - people of working age, men of working age have death rates over three times as high as white collar workers living in the least deprived quintile of small areas. And if you look at child health you get a similar pattern. The differences

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amongst women are a bit smaller, but still this extraordinarily clear social gradient.

And if you, of course, compare indigenous with non-indigenous populations, WHO say there's a 20 year difference in life expectancy between average indigenous life expectancy and the rest of the Australian population.

Now, I say that's no more shameful for Australia than other societies. In Britain now our health inequalities have enlarged over the last generation, and so if you compare the richest and smallest areas in Britain you find, again, a 20 year difference in life expectancy. And in the Whitehall Study of civil servants following up- well, two enormous cohorts; one 17,000 civil servants followed over the time, and then 13,000. People working in the same offices - not the unemployed, not the poor, but people working in government offices - threefold difference in death rates, not accounted for by most of the classic risk factors.

I think we've nearly always treated this as if it was simply a moral issue, but I think - even more important than that - is that it's an epidemiological clue to the real causes of health and illness. And that clue- it's the overriding factor if you look at health; there is nothing more obvious or bigger in the distribution of health. And it's not just one or two causes of death; when I last looked at different causes of death it was about 90 per cent of them which were more common at the bottom of the social ladder than on top. This is an extraordinarily general feature.

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I think when most people look at these social gradients they imagine that they're created by social selection, by social mobility. You know, that the vulnerable move down and the resilient, the capable, move up. But I'm going to show you that that's not true. That's not the dominant explanation of these social gradients.

They, of course, occur not just in health - and not just in physical health but also mental health - you also find the same kinds of gradients in levels of violence. If you look at for instance homicide rates, if you look at kids' educational performance, if you look at measures of child wellbeing, or obesity, or teenage birth rates, or endless other outcomes, they've got these social gradients. And one of the important steps, I suppose, in our growing understanding of these issues was recognising that some of the same causes of the social gradients in health that we were studying helped also to explain these other gradients in social outcomes.

What we discovered- actually, when I say we discovered, the initial work was done in the 1970s. The first people who showed that in more unequal societies life expectancy was lower and violence was more common, those papers came out in the 1970s. We have broadened the picture, showing that that same pattern applies to many other outcomes. But what we've done is really to show that all the problems with social gradients within our societies get worse when you increase the status differences between us by increasing income differences. So more unequal countries have, as I say, not only more physical and mental health but more violence, more obesity, lower

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levels of child wellbeing, lower standards - these are averages - levels of educational performance, social mobility, drug abuse, teenage births.

And if you look the differences in the average performance of whole societies, the more unequal countries have rates of these problems twice to ten times as high. So the studies, for instance, that show homicide rates closely related to inequality are ten times as high, if you look at American states and Canadian provinces, as in the more equal ones. So compare the more and less equal states and provinces and you find you're looking at tenfold differences in homicide, ten times differences in teenage birth rates, tenfold differences in imprisonment rates - hugely costly.

So we're not looking at trivial differences. I once worked in health promotion in the National Health Service in Bristol, and of course we were running little projects trying to improve health in the local area. We would've been delighted if we could've shown a 10 per cent improvement in any outcome as a result of our work, and now we're looking at these huge differences related to income differences.

But look, that pattern, as I say, of social gradients that most people think is the result of a shuffling of the population through social mobility, if I shuffled you people according to, say, your hair colour - let's put the dark-haired people that side, and the light haired people and maybe the grey haired people this side - you know, I could create a gradient in hair colour, but

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that wouldn't make any particular hair colour more common in this room. But I'm saying if you increase income differences you make these problems hugely more common, which means, I think, that these problems are substantially responses to social status differences themselves and I think that is really the core of the case for reducing our income differences.

But let me just take the United States as an example. In our data, in the rich developed countries it's the most unequal, followed closely by Britain - not far behind comes Australia. But the USA has amongst the lowest life expectancy in the rich developed countries. It has the highest rates of mental illness, it has the highest rates of violence, it has the highest rates of imprisonment, it has the highest rates of obesity. People are often surprised by our work on showing that income inequality is closely related to all these different issues because it seems so implausible that so many different problems could be related to this one thing. But remember, we're saying something extraordinarily simple: We're saying problems that we know are related to social status get worse when you increase the social status differences between us.

Since those first studies in the 1970s, there have been hundreds of papers on these issues. The things that we looked at in our *Spirit Level* book that other people hadn't looked at have now all been replicated by other people, and many using much more sophisticated methods. What we were concerned with was just taking a picture that had been coming together in the academic literature and making it accessible to people,

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so we're using the simplest possible forms of evidence. The surprise in this picture is it's not only the poor who are affected by inequality; the differences are so big - as I say, twofold to tenfold differences in these problems - because we are all affected, the social gradients in health affect us all. Michael Marmot, who is perhaps the foremost researcher on health inequalities in the world, says you can take away all the problem of poverty and poor health and you've got most of the problem of health inequalities left because we are all part of it. It's a gradient right across society.

When you think of health inequalities, don't just think of the unemployed and homeless; you also have to have an explanation of why the people just below the top do less well than the people at the top. It's a picture that goes right across, and similarly, the effects of inequality, greater inequality, makes the social gradient steeper. The biggest effects are on the poor, but even fairly well-off people are less likely to suffer violence, they're likely to live a little bit longer, their kids are likely to do a bit better at school if they live in a more equal society.

We just have to understand this picture. There's a very naive view of inequality, which is that it only matters if it creates real poverty and hardship, but actually, inequality does something to the whole social fabric of society. Issues to do with- well, in some of the literature people talk about dominance and subordination, superiority and inferiority, those sorts of divisions that people have had intuitions about since before the French Revolution. Now we can compare

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data for more or less equal countries, we realised that those intuitions are truer than we have imagined.

Some of the more recent work shows also how this goes into mental illness. You know, if you live in a society where some people seem hugely important and other people at the bottom are regarded as almost worthless, we all become more worried about how we are seen and judged, and where that vertical dimension of life is so important we judge each other more by status. It's almost as if we can't help but take peoples' external position - their wealth - as an indicator of their personal worth, and of course that's why inequality and being at the bottom of the social ladder hurts: It's being seen as inferior. And indeed, that is why violence is so tightly related to inequality, because violence is triggered by people feeling disrespected, looked down on, humiliation and so on. And the links with health seem as well to do with chronic stress, and we now understand quite a lot about the biology of chronic stress as it affects many physiological systems.

I would like to, I suppose, end with a picture of how- try to encapsulate what inequality does to social relations. There have been a lot of papers published on this recently on different aspects and we now have quite a good picture. First, you see community life weakening and atrophying, people less involved in community life, less likely to belong to civic associations, voluntary groups and so on, taking less interest in local affairs, less likely to know neighbours. We also have data that shows that people in more

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unequal societies trust each other less - big differences in trust. So in the more unequal of the rich developed market democracies, only a bit less than 20 per cent of the population feel they can trust others. In more equal societies - Scandinavian societies, Japan - it rises to 60 or 65 per cent of the population who feel they can trust others. That makes a huge difference to the whole social milieu. There are also papers that show that people are less willing to help each other, to help the disabled or the elderly in more unequal societies, and then, as I said earlier, you get this rise in violence with more inequality.

We've been doing a lot of travelling, giving talks coming out of our book, and we've given talks recently in Mexico and South Africa. If I was able to show slides I would show you pictures I had taken. You find house after house in both those places surrounded by huge fences, bars on windows, bars on doors, razor wire or electric fences, notices on the fences on South African houses saying … [laughs], I can't remember, but basically they're warning you if you climb in- oh, armed response, they say - if you're caught climbing in you may get shot. So you move from societies where there is good reciprocity, good community life, to this rise in mistrust, the rise in violence, until you get to a point in those really very unequal societies where people are afraid of each other.

And there's one more bit of evidence that points to exactly the same interpretation of that data coming from two American economists who looked at the proportion of the labour force involved in what they

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called guard labour - people involved in security employment and police and prison staff and a range of occupations like that - which are basically protecting us from each other. They looked both at American states and at rich developed countries, and the more inequality in both cases the higher the proportion of the population involved in guard labour.

So you can see those signs of us becoming more fearful of each other. We haven't got to the state of surrounding our houses with bars and razor wire and electric fences, but we are already spending more money on those kinds of things. We're sending more people to prison, kids are doing worse in these international maths and literacy tests, and social mobility - that people think is a justification for large inequalities, the idea that someone can work and move up and others move down - there are now three datasets that show that social mobility is lower in more unequal societies. If you really want to maximise equal opportunity for children, the best thing you can do is to reduce inequality amongst parents.

The remedies, I think, are both reducing income before and after taxes. I think there's not so much you can do on redistribution until we've dealt with tax havens, but there's a double motive now for dealing with that, and OECD is taking steps to get agreement from tax havens to share data with tax authorities in different countries, but that is also motivated by the desire to make sure money isn't being filtered through tax havens to support terrorism. But the other way - more important I think than redistribution - is to reduce income

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differences before tax, and I think the right way of doing that now is more economic democracy of every form, by which I mean employee representatives on company boards. About half the members of the European Union, half the countries belonging to the union, have some legislation for employee representatives on company boards. In Germany, larger companies, half the members of the remuneration committees deciding on pay have to be employee representatives. And it looks as if that not only reduces income differences in those companies - you know, our problem is the runway incomes at the top, the widening pay differentials within companies - but it also looks as if it's beneficial to productivity.

Studies coming out of Harvard Business School have suggested that, and there's now data suggesting that too - not just studies of a few companies. And it seems to me we should also be trying to grow the sector of the economy made up of employee-owned companies and cooperatives and so on, that small sector. Which again, seems to have a number of benefits, both economic and social.

So I think, basically, greater equality is good for business and good for democracy, so I'd like to end there. Thank you.

[Applause]

COMPERE: Thank you, Professor.

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I think we've got a flat line graph here, very grey hairs. And of course you can trust the journalists to ask some questions as part of your [indistinct].

RICHARD WILKINSON: Right.

COMPERE: I'll begin if I may? A lot of the research you have reported on is in the west and Europe. I was interested whether you have taken any data or any research into say, Asia and particularly places like non-west states - China and how - I'm suspecting the answer might be getting the data - or even a place like Singapore, which I think is a highly- you know, the thing about China, is it's been a long-standing ruling party and Singapore's had a long-standing democratic party, and it's a very highly regulated society. So I just wondered whether your data or whether your interest has gone any further than [indistinct].

RICHARD WILKINSON: [Talks over] Yes, Singapore was included in our data and has this pattern. As I said, there are a vast number of papers in the peer-reviewed literature now, and many of them include many more countries than we looked at. You can't get data on things like mental illness and teenage births that is internationally comparable for poorer countries, but you can get life expectancy usually, and you can get, sometimes, homicide rates and the same pattern seems to apply. There is actually - you mentioned China - there's a paper on the provinces of China which shows again, the more unequal provinces of China have worse health. It looks to me like a fairly fundamental human truth, this pattern. And indeed, that's why I think

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people have intuited it since before the French Revolution.

COMPERE: Simon Grouse(*)?

QUESTION: Ah, Simon Grouse is my name from Canberra IQ. Speaking of trusting journalists, one of my lines when I was a science journalist was you can trust me because I'm a science journalist.

COMPERE: [Laughs].

QUESTION: And it always got a laugh.

I just want to make sure that I understand exactly what you're talking about when you talk income. I assume you're accounting for tax paid by the higher earners and for social services benefits received up into the- from the bottom up. That's all …

RICHARD WILKINSON: We use disposable income adjusted for household sizes(*). That disposable income is after taxes and benefits. The American data, most of it - and many people have contributed to the research on - the effects on income inequality amongst the American states - they have income on their census, but it is income before taxes and benefits. However, there is some research looking to see whether that makes much different - whether you take before or after taxes. And amongst the American states it doesn't make very much difference, because whether you do it before or after taxes doesn't much affect the rank

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ordering of the American states, you know, they all become a bit more equal after the redistribution but the more unequal ones are still the more unequal.

So, the conclusion was it didn't make very much difference but, and to the thesis. But there's no doubt at all that in most countries taxes and benefits play a substantial part in narrowing income distribution. They're more redistributed in some countries than others.

QUESTION: I'm interested too in your methodology, because I'm not a statistician. You talked about quantiles, do you compare the top 20 per cent to the bottom 20 per cent?

RICHARD WILKINSON: With income distribution that's what we did, yeah.

QUESTION: Yeah I had a poke around and I found some comparisons for the top 10 per cent and the bottom 10 per cent. Australia, if you compare the top and the bottom 20 per cent, the top 20 per cent earn more seven times what the bottom 20 per cent earn. If you compare at the top and bottom 10 per cent, the top 10 per cent earn 12 times more than the bottom 10 per cent.

America, the top 10 per cent earn 15 times more than the lowest 10. And if you compare the 20 per cents, it's 10 times. Japan, if you compare the quantiles it's four times, but it's 10 times if you compare the 10 per cents.

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Is there are reason you go quantile?

RICHARD WILKINSON: No.

QUESTION: If you go to a narrower kind of band do you get distortions?

RICHARD WILKINSON: We don't choose our data. At least, we don't calculate our own data. We downloaded it from the UN Human Development Report that was at that time quoting the same data as the World Bank [indistinct].

SPEAKER: Okay.

RICHARD WILKINSON: And we had a choice either using GINI coefficients or that ratio top and bottom 20 per cent. We used that simply because people understand it. If I said the GINI coefficient is 20 per cent higher, I think most people wouldn't have understand what that meant.

But there are papers comparing different inequality measures and again, it doesn't make much difference to the rank ordering of societies.

QUESTION: The most equal societies are mostly Scandinavia, which we understand at the culture …

RICHARD WILKINSON: Scandi?

QUESTION: Scandinavia.

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RICHARD WILKINSON:	Scandinavia. I thought you said scared of something.
QUESTION:	No. But the most equal country is Japan. What's the cultural factors going on in Japan that has made it-because it's a capitalist country?
RICHARD WILKINSON:	It's been moving in the wrong direction. It's no longer as equal as it was when our data was collected. And indeed, there was a bit of a controversy about Japanese data; they have three income distribution surveys which all say slightly different things. But Japan is one of the more equal countries, as confirmed in a study in which British and Japanese researchers cooperated. It is no longer the most equal but it's still near the Scandinavian countries. And I've forgotten your question.
QUESTION:	Well, what's the cultural background to that particular …
RICHARD WILKINSON:	Oh yes, yeah, yeah. Japan's equality developed really from the end of the war. There was apparently a huge movement - popular demand for greater equality and from the end of the war to end of the 1980s, Japan become substantially more equal. And it's health during that period improved more rapidly than any other country in the world and it ended up having the highest life expectancy. I think they're now beaten by Iceland. And the background though is partly - and you probably remember when people used to talk about the paternalism of Japanese employers - you worked for a company for life and they looked after you. Different relationships between companies and the

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companies that supplied them and so on. And apparently people at the top were more often promoted from within the company and so had loyalties to other employees, rather than being sort of, financial elite parachuted in. I think that was perhaps another reason why the income differences were smaller. But as I say, they're now moving in the wrong direction.

COMPERE: Alright, we might go to the floor. Peter Phillips is next.

QUESTION: Professor Wilkinson. Peter Phillips, one of the directors of the National Press Club. It's a great pleasure to be able to welcome you here and good to have been able to enjoy the experience of seeing you receive your award, on which our congratulations on behalf of the club.

RICHARD WILKINSON: Thank you.

QUESTION: To go to the subject of your address, I'm just wondering about the extent to which, if any, your ongoing research reveals effects brought by recent, and now ongoing, changes in population composition - particularly through Western Europe. Population composition as a consequence of the involuntary or the enforced changes resulting from massive movements of numbers of refugees or people - economic migrants, if you would. But now, in a world where we can measure as many as 75 million, 80 million people who are in that category if you like, and we're seeing great concentrations of these people now build up in some of the countries, and some of the

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societies, and some of the economies, particularly of Western Europe. Do your researchers that show that this movement is traceable, is measurable, is revealed in the research data which is starting to accumulate? Very specially, in recent times, one has in mind the Brexit referendum in the UK and the massive disparity which one saw between the referendum outcomes in population centres such as metropolitan London and in centres in the midlands where the get out outweighed the remain, if you like, by ratios as high as 72-28 or 73-27. Do these things show up in your research? And is that a factor which should be taken, increasingly, into account as the intractability of the refugee phenomenon stays in place?

RICHARD WILKINSON: Well, I don't think of know of papers that have taken in the change in migrant groups. But there are a number of papers which look at ethnic mix in different societies, because people did suggest that maybe that was the explanation of these relationships with inequality. And because many countries have ethnicity on the census, you can do that quite easily and it was fun not to explain inequality effect. But this question is often raised when we speak in the United States and you know, you point to the levels of violence associated with inequality and people say, but nearly all the violence is in the African American population, it's the size of that population that counts.

Two researchers who have spent most of their life studying violence, Daly and Wilson at McMaster in Canada, to deal with that criticism, they looked at the proportion - sorry they looked at white perpetrators of

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violence - not all violence, but just homicides perpetrated by whites - and they looked at income inequality just amongst the white population of each state. And they find almost exactly the same relationships between homicide and inequality as you do when you look at total homicide and total inequality regardless of ethnicity.

One other thing that may be relevant to your question is there's also a paper which looks at immigration into the states. It looks at the health of immigrant groups, and apparently if you come from a more unequal country than the states - so if you come from say Mexico, your health improves when you go to the states, and if you come from a less equal - sorry, am I getting at it the right way? If you come from a more unequal Mexico to the United States your health improves as you're going to a more equal country; if you come from say, one of the Scandinavian countries to the States, you're going from a less unequal to a more unequal, your health deteriorates.

So that doesn't quite answer your question but it gives you …

QUESTION: [Interrupts] [indistinct] very briefly, follow up point. An example, to go to your point about ethnicity, in some of the areas in the UK - and again, in relation to the Brexit referendum - one saw where there were, for example, quite significant concentrations of population from, for example, Poland, and where that then reflected itself in voting terms - whether related to the ethnicity composition or not - but it related in outcome

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to massive disparities. The Leave vote going up into the high 70s and the [indistinct] vote dropping into the low 20s.

RICHARD WILKINSON: Yeah I have no doubt at all that it affects politics and voting but I thought that wasn't your question and it's not my thesis.

COMPERE: John Millard.

QUESTION: Thank you, Maurice, John Millard, I'm a science journalist. Professor Wilkinson, you point out very effectively the correlation between equality, inequality and health but there are other correlations which we could draw. One the union - the representation of unions or profession associations often has a high correlation also. In fact the - with the increasing inequality in Australia, it's been pointed out that we have decreasing union membership and related organisations even to the extent that once considered a very egalitarian country, Australia now has a union membership well below that of the average of the OECD.

RICHARD WILKINSON: Yeah.

QUESTION: Now given this - those two are correlated, do you see any correlation between representation, including union representation and health and wellbeing? Especially in the light of - in Australia governments have shown increasing tendency to be hostile to unions, other associations and I don't just mean conservative governments but all - governments as a

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whole. Do you see that as a correlation and what do you think there is, what we can do about it?

RICHARD WILKINSON: Yes and if you look at income distribution - changes in income distribution in the 20th century, you get high inequality in the 1920s. It begins to fall in the 1930s, this is a pattern common to most of the rich, developed countries. It goes on falling until some time in the 1970s and then from about 1980 onwards, you get the modern rise of inequality so we're back where we are before.

If you look at trade union membership, I've seen this now for six different countries, it's almost exactly the opposite and people have also looked at correlations over time. I don't think that's because trade union's strength is associated with low inequality. I don't think it's simply that trade unions do wonderful things for the wages of their members. I think it's an indicator the whole strength of that countervailing voice in society. People with an idea that the world can work in a different way.

And it was when, I suppose, a social democratic parties lost their sense of direction, you know, Blair with New Labour throwing out what he thought was old Labour baggage, that the field is literally left to neo-liberal economics, economic - market fundamentalism. So I think what the trade union representation is showing is first the strengthening and then the weakening of that whole countervailing labour movement if you like, plus the fear of communism.

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And if you look at Roosevelt, the New Deal policies in the 1930s, he talked about reforming in order to preserve. I think they thought with the Great Depression that capitalism, that many people would regard that as the collapse of capitalism that Marxism had always predicted. And so they were keen to reduce the income differences.

In a World Bank report on some of the East Asian economies that we used to call the tiger economies, they give rather similar explanation of why those countries all became more equal. They said in each case they had communist rivals. So South Korea became more equal because they were challenged by North Korea. Taiwan by mainland China, things like that, which in the World Bank's words - report called the East Asian Miracle, they say that they faced crises of legitimacy, so they were trying to get popular support and they went in for policies that they called shared growth. Britain did it in the two world wards. We became much more equal and historians say that the purpose was to make people feel that the war effort was equally shared and to gain participation in the war effort.

COMPERE: Well before I bring Mark Metherell in, we will have an opportunity to take a few questions from the floor. So if anyone's interested, if you put your hand up, my colleague will bring the microphone to you and I just ask you to stand and identify yourself and ask the question. Mark Metherell.

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QUESTION: Mark Metherell from the Consumers Health Forum, professor, congratulations on your reward and congratulations to the ASMR for awarding the medal this year to somebody with your expertise in the social determinants of health. The power of the sort of evidence you put forward in terms of the way our social and income background impact on our health, these arguments seem to be extremely effective except they don't have much impact in the English speaking nations of the world. Are you seeing any changes here? Do you see - do you take any hope from moves that people are finally getting the picture, that in fact we can heave a happier healthier society by ensuring that we all get an equal crack at life?

RICHARD WILKINSON: There's no doubt at all that there's been massive increase in attention to inequality in the media and in politics. I'm - Obama said it's the def - did he say it's the defining issue of our era? The pope said inequality was the source of social ills, Christine Lagarde also made a statement equally strong, Ban Ki Moon at the UN. They all made these extraordinarily powerful statements and in one or two cases, we can see that some of the things they said suggested that they'd at least been told of our data. However, I think you're basically right, not much has happened and Theresa May, in her bid for the leadership of the party just before she became leader, she made strong statements about putting employee representatives on company boards and said something about for the many, not the few and so on but not much has come out of that and indeed, we can already see the effects of austerity policies.

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You know, after we had over 100 years of declining death rates in just about every age group, amongst the very oldest, people, 80 or 85 and older, and amongst the youngest children, death rates have been rising recently. So you see, the effects among the most vulnerable of austerity policies. In the United States, you see amongst middle aged white people, poor whites, there's been, again, a rise in death rates and the main cause of the rise in death rates are drugs, alcohol, suicide, which gives you a sort of flavour of what's happening to them. They're of course the group whose incomes have not risen for perhaps a generation as all the proceeds of growth have gone to the very rich.

I should emphasise I now just told you about very simple just little correlations but as I said, over 300 papers in the journals looking at these issues and there are - I don't know whether you know what multilevel models are where you control your observations as the effect of inequality for the effects of everyone's individual income or individual education and you see whether those additional contextual effects of inequality over and above what we'd expect your health to be given that knowledge of your individual circumstances. People following those patterns through over time controlling for all sorts of different things. I mean some times people get rid of the effects, usually by controlling for things that are on the causal pathway but the picture is very safe, basically. We have now published two papers - well, three - first a review of this huge body of evidence, then looking at what reason there is to think it adds up to a causal case and more recently looking at the psychosocial mechanisms

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behind the data, more like what I was telling you about, you know, less involved in community life, less helpful and more violent and all the rest of it.

COMPERE: Well we have a question up the back here.

QUESTION: Hello, I'm Keri Flowers from ANU. So our indigenous people have the worst - the very poor health outcomes, have you seen any communities around the world where they've been able to increase the health outcomes of indigenous people without being - without changing their socioeconomic status and what's been done to help increase the health outcomes?

RICHARD WILKINSON: Well health improves amongst almost all groups most of the time, it's mainly a matter of how fast it improves but I must confess I haven't looked at indigenous groups and nor do I know studies which have done that. But I think there's no doubt that the health of indigenous groups, whether here or New Zealand or Canada reflects socioeconomic position.

Politicians have endlessly - and Blair was a very good example - tried to deal with the health effects of deprivation and inequality without actually dealing with the deprivation and inequality. And when we had the presidency of the EU, the Government commissioned a report from a researcher in the Netherlands on policy around the EU on health inequalities and they said we had the best policy. Blair took more policy initiatives but he failed to narrow

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	these differentials because he didn't do anything about the fundamentals.
COMPERE:	We're coming close to time with a question to my right.
QUESTION:	Thank you. Professor Wilkinson, Mark Daniel, I too am an epidemiologist and we share colleagues, my mentors were your colleagues, John Frank and Bob Evans and Clyde Hertzman. So the question here is really …
RICHARD WILKINSON:	All nice names.
QUESTION:	… yeah, yeah. The question is around having done all of the multilevel modelling, the descriptive work, the inferential work. I'm interested in solutions and the solutions really need to come from policy it would seem. You gave some examples of what we might say could be social democratic processes embedded within functional capitalist initiatives, having workers on company boards and so on and earlier you've actually said that doctors and politicians share the same influence on shaping people's health but the doctors take the Hippocratic oath to do no harm, whereas for a company CEO or a board member or many other people that are embedded at the top of this capitalist initiatives or structures they take no such oath. And so where do you see the impetus and acceptability coming for these social democratic processes that might be embedded within fundamentally capitalist economies? What is the likelihood of seeing these

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kinds of initiatives embedded and taken up and seen as acceptable?

RICHARD WILKINSON: I think that's an enormous problem and it's why I emphasise that big changes in income distribution in the twentieth century have come out of a very broadly based social movement. I think politicians can't do very much on their own. They depend on having public support and public pressure. So I don't think income distribution will narrow unless there is considerable anger. I think there is some of that anger. People learnt from the financial crash and since then the scale of top incomes - the British Social Attitudes Survey suggests that about 80 per cent of the population think income distribution is too wide, inequality to too great, though they enormously underestimate how big inequalities are. There is also, of course, anger about tax evasion and you probably know that people like- who's the American financier who pointed out that his cleaner pays a larger proportion of income tax than he did?

UNIDENTIFIED SPEAKER: Buffet, was it Buffet?

COMPERE: Buffet, yeah, Warren Buffet.

RICHARD WILKINSON: Warren Buffet, yes. But I do think that you know, the sterling words of people like Obama, and the Pope and so on won't come to anything unless there is that social movement. And our Equality Trust we've started it to try and get a wider recognition of the damage of inequality.

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But where it becomes, I think, crucially important- and if you look at the forecasts of technological unemployment in the near future, I mean we know that so many drivers' jobs are going to disappear - perhaps all taxi jobs and many other driving jobs with automatic vehicles. I've seen stuff about machinery which will lay bricks automatically and similarly things about automation of farming. I don't know whether it employs the same automated driving of tractors or something. But people at Oxford suggested that 47 per cent all our jobs are vulnerable to automation. And the calculations I've seen suggest it's almost unthinkable, completely unprecedented, that there can be a growth of jobs - new jobs, really, to take up that slack.

So we face a possibility of massive unemployment and a few very overworked and presumably, extremely rich, people remaining in control of these largely automated production processes. The only alternative is some form of universal basic income and more leisure for all of us. So we do short working hours and have more time for friends, family and community. And I think it is crucially important that we take the benefits of automation in that sort of way - an egalitarian way - otherwise they'll make all these problems worse.

SPEAKER: We're right on time. We'll take one final question from Simon Grouse.

QUESTION: I've got a question that draws from the last couple of questions from health problems in our remote indigenous communities and policy - solutions based on policy. I'll just ask your opinion of a fairly desperate

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program that the previous Labor Government implemented and the current Coalition Government is continuing, and that is: in a few remote indigenous communities, social services are delivered via cashless welfare card. So I think it's about 80 per cent of the value of the stipend is only available to be used at the local store and you can't buy booze, you can't buy cigarettes, blah blah blah, and a little bit of cash is allowed. What do you think of that as a way to try to equalise health outcomes?

RICHARD WILKINSON: Well, I do think that one of the really important effects of being at the bottom of the social ladder - there's actually a very important paper in the *Journal of Social Policy* where they look at people's experience of poverty in rich and poor countries - and contrasting India where poverty means living in a shack with no sewerage or water supply and poverty in a country like Norway where it means having a three-bedroom centrally-heated house and a flat-screen television. And yet the experience of poverty in those different societies is extraordinary similar. The sense of shame, self-hatred and you know, within the family, parents being disrespected by their children, men feeling they're not proper men because they're not providing for their kids and so on, and feeling shamed and humiliated. And those are the stressors of poverty.

And what it leads to, and what conservative think-tanks in Britain say is the cause of poverty is drug addiction, mental health problems like depression and so on, and yet those are the effects of inequality. They are the effects of being at the bottom of the social

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ladder and we've actually shown that those conditions are more common in more unequal societies.

And there's a nice paper by a woman called Sheri Johnson, an American psychologist, where she goes through a huge ranges of mental illnesses and personality disorders and shows the involvement of what she calls the dominance behavioural system - the part of our brain we use for dealing with issues of status, and dominance and subordination - and shows that if you accept your inferiority overcome by low self-esteem, lack of confidence, or if you respond the other way and start being very narcissistic, going in for sort of self-advertisement, you can see the mental health results. And now we actually have data showing that some of these conditions really are more common in more unequal societies.

So we're beginning to understand these patterns rather well, and I think, you know, when we started on this - I've been working on health and inequality since the mid-1970s - I long to think about something else and retire properly soon. But in a way, when we didn't understand these problems, the inaction was much more excusable. But now we do understand them and how they damage the vast majority of the population - damaging to our whole social fabric - you know, it becomes immoral not to act.

COMPERE: Well let's conclude on that note. I sense we could probably go on for another hour, really.

[Applause]

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COMPERE: Please join and thank our guest today. We're going to give you our book of 50 years of our best speeches, written by one of directors. And very importantly, Professor Wilkinson, is this membership card, which will let you get into the car park - which is much sought after in the [indistinct] …

[Laughter]

COMPERE: And I'm sure you'll have a lot of use for it.

RICHARD WILKINSON: Can I auction it before I leave?

COMPERE: You probably could. You probably could. But importantly, you can get into the London Press Club and the Washington Press Club and press clubs around the world so it might be of some value to you. So, please thank our guest.

[Applause]

* * End * *

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