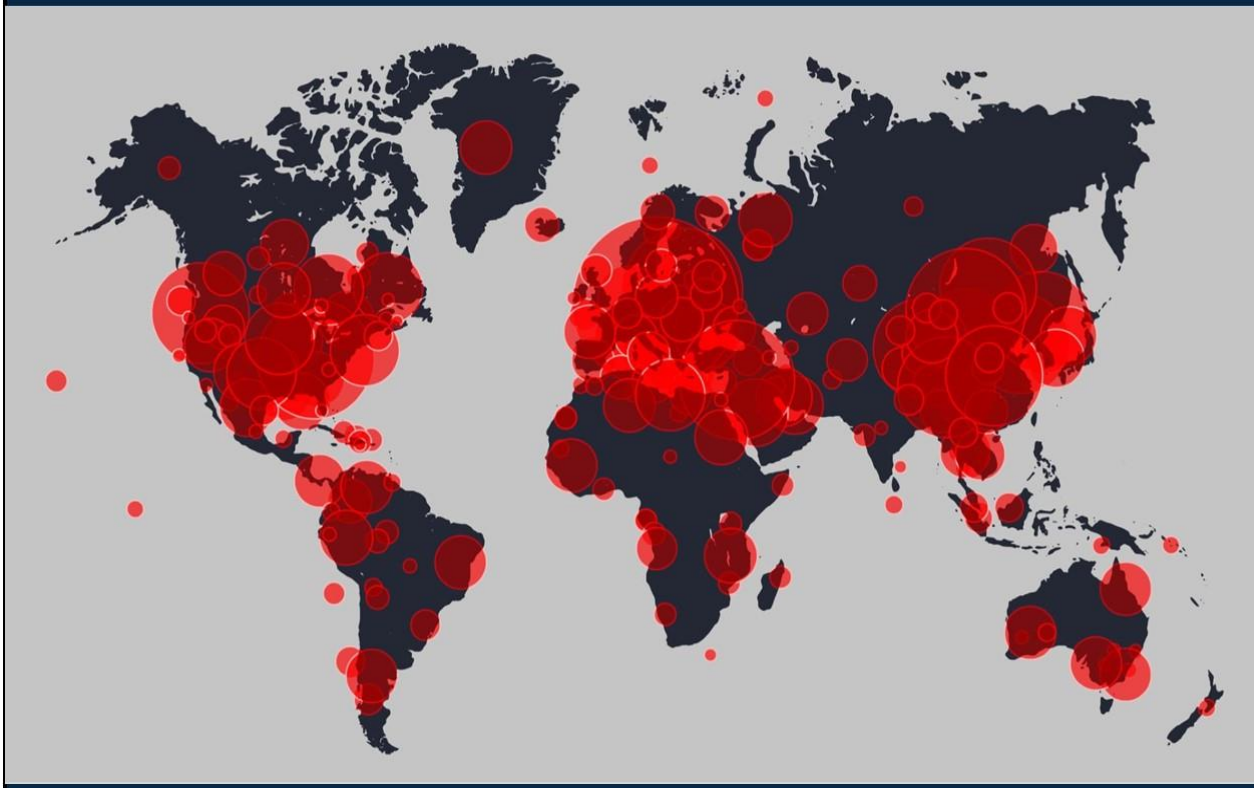
THE SOCIAL SOURCES OF SICKNESS

WHAT I LEARNED FROM 50 YEARS IN MEDICINE



Susan Rosenthal, MD

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What I Learned From 50 Years in Medicine

By Susan Rosenthal, MD

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On February 25, 2021, the Decolonizing Health, Black Medical Students Association, and the Public Health & Preventative Interest Group at the University of Alberta sponsored a webinar: *The Social Sources of Sickness: What I Learned From 50 Years in Medicine*, featuring Dr. Susan Rosenthal. This is the edited text of that presentation.

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Introduction

Something is seriously wrong when doctors are criticized for simply talking about the social sources of sickness, let alone trying to do something about them.

An opinion piece in the Wall Street Journal argued that doctors who raise social issues are "stepping out of our lane," and we should stick to patient care. A 4th year medical student at Stanford responded in the *AMA Journal of Ethics* that "Justice Is the Best Medicine." And a medical resident at Mass General wrote,

> For the majority of my patients, it isn't enough to understand the biologic basis of disease. My prescriptions mean nothing if we cannot address the social determinants underlying their health issues.

I would take it a step farther. *Every one of us* has the right to express ourselves on questions affecting the organization of society. In that spirit, I will share some of my own experiences and what I have concluded about the social sources of sickness.

I will start with this pandemic because it underscores everything I've learned about medicine and society.

By February 2021, the United States had recorded half a million dead from COVID-19. That's more than all American deaths in WWI, WWII, and the War in Vietnam combined. That same month, the *British Medical Journal* published a scathing editorial titled, "COVID -19: Social murder, they wrote – elected, unaccountable, and unrepentant."

> From the United States to India, from the United Kingdom to Brazil, people feel vulnerable and betrayed by the failure of their leaders. With more than two million dead, elected representatives around the world remain unaccountable and unrepentant. Several have expressed contrition, but "sorry" rings hollow as deaths rise and policies that will save lives are deliberately avoided, delayed, or mishandled... The most important lessons from this pandemic are less about the coronavirus itself but what it has revealed about the political systems that have responded to it.

Canada's record

What has this pandemic revealed about Canada's political system?

It has revealed that, even in the midst of a deadly pandemic, corporate interests take priority over public health. Consider the refusal to mandate universal sick pay.

Almost 60 percent of all Canadian workers and 70 percent of low-waged workers lack adequate sick leave. In the Peel region of Ontario, a quarter of workers with possible COVID-19 symptoms reported going to work sick between August 2020 and January 2021. Not surprisingly, 66 percent of community outbreaks in Peel originated at work.

Putting public health first requires universal sick pay and a whole lot more. We would need to stop all non-essential work and ensure that workers have what they need to stay home. We would need to protect all essential workers on the job and provide them with safe childcare and transportation. We would need to make schools safe by investing in better ventilation, regular cleaning, and hiring more teachers for smaller classes. We would need to test and trace on a massive scale, repeatedly. In short, we would need to accept short term pain for long-term gain. Had the authorities done so, this pandemic would be over by now.

Instead of biting the bullet and doing what was required, most governments, including ours, have implemented ineffective half-measures. The result has been catastrophic.

By the end of January, 2020, twenty-thousand Canadians had died, and the virus continues to spread, fueled by new outbreaks in long-term-care facilities, agriculture, manufacturing, transportation, jails, prisons, and schools.

Australia's Lowy Institute is tracking how 98 countries perform in response to the pandemic. Canada ranks 61st, behind El Salvador, Belarus, and Myanmar. The US ranks even lower at 94th.

One reason for Canada's poor performance is that we do not have a coherent public health system. We have a patchwork of institutions and agencies at the federal, provincial, and regional levels. Ontario alone has 35 different public health units making it difficult to coordinate messages about the pandemic, let alone test, trace, and vaccinate effectively.

The hope that a vaccine would compensate for systemic failures has not materialized.

According to the Bloomberg vaccine tracker, Canada ranks 40th in immunizing its population. Canada's per-capita vaccination rate is just one-fifth that of the US. At this rate, it will take more than 6 years to immunize 75 percent of the Canadian population.

It did not have to be this way. After the SARS outbreak in 2003, and again after H1N1 in 2009, experts pushed for a "national vaccine strategy," yet nothing was done.

Once upon a time, Canada had a publicly owned pharmaceutical company. Connaught Laboratories contributed some of the most important medical breakthroughs of the 20th century, including insulin, penicillin, and polio, rabies, and smallpox vaccines. In the 1980s, Connaught was sold to a private corporation, leaving Canadians dependent on imported vaccines, which are now in scarce supply.

Inequality

Another lesson of the pandemic is that we are not "all in this together." Over the past 20 years, the number of Canadian billionaires has more than quadrupled, and their combined wealth has increased fivefold. The richest 10 percent of Canadians now hold *more than twice as much wealth* as the poorest 80 percent.

Pandemic-related policies have increased inequality dramatically. Between last April and October, the wealth of Canada's top 44 billionaires surged more than 28 percent, while ordinary Canadians lost their jobs, their homes, and their hopes for the future.

Billions of dollars in emergency government aid went to profitable corporations, who turned around and delivered hefty dividends to their shareholders. Yet one-third of unemployed Canadians got no income support whatsoever; more than 10,000 people are homeless in Toronto on any given night; and 40 Indigenous communities still lack the clean water required for basic sanitation.

Canadian corporations hold more than $380 billion in offshore tax havens. That amount could

fund Canada's entire medical system for close to a year and a half. And it should do so. A massive investment in public health is needed to manage this pandemic. Currently, people are dying for lack of care, and the proportion of healthcare workers in Canada infected with COVID-19 is double the global average.

Rationing Care

This pandemic has also revealed the extent to which society devalues the lives of older and disabled people. When productivity is made the highest value, those who are less productive or no-longer productive are valued less.

Inequality in life becomes inequality in death.

By May of last year, more than 80 percent of all COVID deaths in Canada were in long-term-care facilities (LTCs).

LTCs were last in line for personal protective equipment and last in line for testing. They were instructed not to send their sick residents to hospitals, and to accept sick patients back from hospitals to clear beds for other cases that were, apparently, more deserving.

Severely disabled people of all ages live in LTCs. Many, like Roger Foley, would prefer to live independently. However, a lack of social support denies them that option. Foley was hospitalized as a result of severe abuse in his LTC. When he recovered, he was offered three choices: go back to the facility that put him in hospital, pay $1,800 a day to remain in hospital, or seek euthanasia.

Canada is making it easier to access euthanasia than to access medical and social support. While Bill C-7 requires those seeking a medically assisted death to be informed of "disability support services," it does not require such services to be available or sufficient.
When healthcare is underfunded, access must be rationed, and the least valued will inevitably be sacrificed. This is eugenics, plain and simple, and we must not accept it. We don't have to accept it, because this country is rich enough to provide for everyone's needs.

Oppression

Another lesson of this pandemic is the extent to which the Canadian economy relies on the labor of low-paid and oppressed sections of the population, including working-class women.

During the later 20th century, women entered the workforce in increasing numbers and gained a level of financial independence. That independence has been ripped away. Legions of women workers have lost their jobs and are trapped at home, without social or financial support, forced to serve as unpaid teachers and therapists for distressed children. Other women are working front-line jobs, exposed to infection, and afraid of infecting their families. Many are breaking down under the strain.

Immigrants, refugees, and racialized people are also bearing the brunt of this pandemic. People in these groups are more likely to work in unsafe, high-exposure jobs, lack sick pay, be dependent on public transportation, and be unable to isolate when sick.

In July 2020, racialized people accounted for 83 percent of Toronto's COVID cases, compared with just 17 percent of cases among White people. By September, immigrants, refugees and other newcomers formed 44 percent of Ontario's COVID cases, despite being just one-quarter of the population.

Rudolf Virchow (1821-1902) was right to insist that, "Medicine is a social science." However, he indulged in wishful thinking when he added, "Politics is nothing else but medicine on a large scale." How I wish that were true!

If politics were guided by medicine, we would not be in this mess. The pandemic has revealed the extent to which politics *directs* medicine, and it directs it in ways that protect and promote capital accumulation, which is, after all, the purpose of a capitalist system.

But I'm getting ahead of myself.

My Experience

I was a very young child when I first encountered the medical system. In 1950, my younger brother Ron was born with hemophilia, a genetic deficiency of clotting factor 8. There was no treatment at the time, and he was not expected to survive childhood. My family was thrown into crisis. Every few weeks, Ron would be hospitalized with painful internal bleeding. We never knew when, or if, he would come home.

My mother refused to accept the doctors' prognosis. She reached out to the families of other hemophiliac children and, in 1957, they formed the Ontario Chapter of the Canadian Hemophilia Society. By 1969, there were chapters in every province, offering peer support, raising money for
public education and research, and pushing for more access to blood products and for more effective blood products: first plasma, then cryoprecipitate and, finally, clotting factor concentrates. Because of their efforts, my brother survived his childhood.

My mother Joyce was a magnificent role model. She taught me that you don't have to settle for how things are. You can organize with others and fight for what you need. She lived what James Baldwin wrote, "The world is before you, and you need not take it or leave it as it was when you came in."

My mother reinforced that lesson when she organized an underground railway to Henry Morgentaler's abortion clinic in Montreal. Abortion was illegal at the time, placing an unbearable burden on families who simply could not manage another child, hemophiliac or not.

Then, in the 1980s, disaster struck. Canada's blood supply, managed by the Red Cross, became contaminated with blood-borne pathogens. Thousands of transfusion recipients were infected, including 700 hemophiliacs infected with HIV and 1,600 infected with hepatitis C.

The tainted-blood scandal taught me that the herculean efforts of parents to protect their children can be undone by systemic factors beyond their control, specifically the pressure to prioritize cost over safety. As the Krever Commission of Inquiry revealed:

- Despite awareness of the HIV/AIDS epidemic, the Red Cross was importing cheap plasma from US prisons and other high-risk locations.
- Even after safer, heat-treated blood products became available, the Red Cross chose to use up their existing supply of tainted blood products.
- No effort was made to track the recipients of tainted blood products so they could protect their families from secondary infection.
- And, in a final effort to evade responsibility, the Red Cross tried to block public release of the Krever Report with legal challenges that went all the way to the Supreme Court.

I finally understood what Marx meant when he wrote:

> All that is solid melts into air, all that is sacred is profaned, and we are at last compelled to face with sober senses our real conditions of life, and our relations with our kind.

Protecting our blood supply is a sacred duty. That sacred duty was profaned by treating blood as a commodity, to be bought and sold. And the real condition of our lives is that money dominates and corrupts human relationships.

Recently, the province of Alberta opened the door for private corporations to buy and sell blood. Once again, Canada's blood supply is at risk of contamination. It's not that people don't learn. The allure of profit is simply irresistible to corporations and the politicians who serve them.

The primacy of money was reinforced in my final, clinical year of med school. A 67-year-old man who was scheduled for a hernia repair pleaded with me to cancel his surgery because he was convinced that he would die on the operating table. When I conveyed this information to the surgeon, he responded with anger. Storming into the patient's room, he berated him for wasting his time. The patient submitted, the surgery proceeded, and the patient died. The surgeon was paid just the same.

Socialization

Another patient developed severe jaundice after routine surgery. On reviewing her medical record, we discovered elevated liver enzymes after a past exposure to the same anesthetic. We

realized that she should not have been given this anesthetic a second time, and a third exposure would likely be fatal.

Fearing a potential lawsuit, my superiors decided not to tell the patient that her jaundice was caused by a medical oversight, leaving her vulnerable to further harm. I could not accept that protecting the doctors and the hospital was more important than preserving someone's life. So I told her the truth, because I had been taught, and I believed, that the patient comes first. Apparently, I had learned wrong.

A committee was formed, not to investigate a potentially lethal medical cover-up but to investigate me for revealing it.

I was fortunate. My student advisor reassured her colleagues that the problem was a lack of professional socialization, and she would take care of it. In private, she warned me that I had to learn to play the game. That was when I learned there was a game, that the open instruction to 'put the patient first' comes with the hidden instruction to violate this principle if putting the patient first would compromise your superiors, your institution, or your profession.

I learned that professionals are not supposed to rock the boat. That was also the lesson of the infamous *Tuskegee Study of Untreated Syphilis in the Negro Male*, which was making headlines when I was in medical school.

This outrageous 40-year project, that did not end until 1972, enrolled hundreds of Black men infected with syphilis. The men were told they would be treated for 'bad blood,' but they were never treated. In 1947, penicillin was found to cure syphilis. The Tuskegee subjects were not offered this treatment, and they were blocked from receiving it elsewhere. For 25 more years, the infected men continued to be monitored as they sickened and died.

Now to my point: Over those four decades, 127 Black medical students and countless Black nursing students rotated through the Tuskegee project, yet *no one blew the whistle*. As late as 1969, support to continue the project was obtained from the CDC, the American Medical Association, and the National Medical Association, which is the largest organization of Black physicians in the US.

Why did so many Black professionals approve of, and actively participate in, a barbaric, racist project that lasted for decades and produced nothing of medical or scientific value?

I concluded that the purpose of the Tuskegee project was to teach medical professionals to accept how things are without question. In this case, to discriminate against patients on the basis of their class and race, or to go along with that discrimination.

That is the only way I can explain why, even today, both Black and White physicians provide substandard medical care to racialized patients.

Assembly-Line Medicine

I was about to graduate, and I was deeply torn. I had wanted to be a doctor from a very young age, and I had invested a lot to achieve that goal. So I clung to my belief that I could make the world a better place by practicing medicine.

I began my medical career as a family doctor. Before long, I felt like a technician working on an assembly line of malfunctioning parts. It was frustrating when patients' problems recurred, and when I resolved one problem only to uncover another. I suspected that something was wrong in these people's lives, but the pay-per-problem structure allowed no time for deeper discussion. In 1985, I qualified as a GP-psychotherapist so I could take the time to explore my patients' problems.

I was not prepared for what I learned.

After listening to hundreds of stories of suffering, I began to see patterns. What my patients believed were personal problems were far too common to attribute to individual causes. I knew they were suffering difficulties at home, at school, and at work, and I suspected these social problems were manifesting as physical, psychological, and behavioral symptoms.

I began a decades-long investigation into traumatic stress, that is, how adverse experiences affect the human organism. Equipped with this knowledge, I could draw a direct line between my patients' social problems and their presenting symptoms. The Adverse Childhood Experience (ACE) Study gave me another piece of the puzzle by confirming that adversity in

childhood has a major impact on future health and behavior. I began to see how oppression manifests as physical and psychological distress.

This led me to question why we treat oppression as a medical disorder. As I explain in my book *Rebel Minds*, framing social oppression as an individual medical problem serves to hide the systemic sources of suffering. Anyone in distress is directed to see a doctor or therapist, regardless of the cause of their suffering. It is simply assumed that there is nothing wrong with the world, so if you are in distress, then there must be something wrong with you

The pharmaceutical industry reenforces this belief by saturating TV, magazines, posters, and billboards with the message that there's a medical treatment for every ailment – just ask your doctor: Valium for anxious mothers. Thorazine for angry Black people. Ritalin for distracted children. Risperidone for agitated seniors, and so on.

My patients and I were being set up to fail because social problems cannot be solved at the individual level.

I could treat a worker's injuries, yet I had no power to make work safe. I could educate patients on proper nutrition, yet I had no power to make nutritious food affordable. I could prescribe medicine for hypertension, yet I was powerless to end the racist oppression that elevates blood pressure. So what was I doing?

I had wanted to be an agent of health, but I had become an agent of damage control for a damaging social system.

My book, *Sick and Sicker*, explains that a genuine health-care system would prioritize prevention. We work in a damage-control system that responds to problems *after* they develop. An ambulance driver explained it to me this way:

> I'm standing on the shore of a swiftly flowing river. I hear a scream for help. I dive into the water and pull a woman to shore. As I revive her, I hear another cry. I jump back in to save a child. There is another call. Again, I rescue. I'm so busy pulling people out of the water that I don't look upstream to see who is pushing them in.

Action?

The BMJ article I mentioned earlier ends with a call to action (and I paraphrase): Medical professionals must put their *duty to the public* above their loyalty to politicians, and speak out, dissent, and call for justice, especially for the oppressed groups hit hardest by this pandemic.

Problem: We know what happens when we speak truth to power.

Last fall, 200 physicians and scientists in Manitoba published a letter warning that the province is in "grave peril" from a pandemic spiraling out of control, with case numbers rising and repeated outbreaks at long-term-care facilities. In response, Manitoba's health minister scolded the whistle-blowers, stating,

> I wonder at the motivation to produce that letter, to generate it at a time when they knew it would have maximum effect in causing chaos in the system, when Manitobans need most to understand that the people in charge have got this.

This is your typical shoot-the-messenger response from politicians who refuse to take the steps required to stop this pandemic or to be held accountable for their negligence.

Last month, Dr. Brooks Fallis was removed as medical director of critical care at the William Osler Health System in Toronto – not because of his performance as a physician or as a hospital leader, but because he criticized the government's handling of the pandemic, and hospital managers feared that their funding would be jeopardized.

Ontario physicians have warned repeatedly, to no avail, that serious action must be taken to end the deadly spread of COVID in long-term-care-facilities (LTCs).

Fifty-seven percent of Ontario's LTCs are run by for-profit corporations. Instead of protecting their residents, for-profit LTCs pay dividends to shareholders and lobby against regulations that would command them to invest in protecting staff and residents. As a result, the COVID death toll in Ontario's for-profit, LTCs is *5 times higher* than it is in the province's publicly owned, not-for-profit facilities.

Nothing has been done to compel these for-profit LTCs to perform at least to the level of their not-for-profit counterparts. On the contrary, a number of these LTC operators got millions in COVID-19 aid, then gave millions in dividends to their shareholders, even as hundreds of their staff and residents died.

Cause and Consequence

Problems should be approached scientifically because, as we all know, things can appear very differently from how they actually are.

Diagnosis enables us to distinguish symptoms from causes in individuals. However, we do not apply the same diagnostic rigor to society. The result is faulty misconceptions about the social sources of sickness.

There is a direct relationship between income and health. Statistically, the higher your income, the better your health and the longer your life. The lower your income, the greater your risk of disease, disability, and premature death.

We *document* the existence of this wealth-health gradient, and we *warn* of the damaging impact of inequality, yet we do not discuss *why* this gradient exists and *how* it is maintained. We simply assume that society suffers from a wealth-health gradient, and that better health can be achieved by distributing resources more equitably. That would certainly help.

A 1998 study found that simply *reducing* income inequality to the lowest level found in the US, would save as many lives as would be saved by eradicating heart disease, or by preventing all deaths from lung cancer, diabetes, motor vehicle crashes, HIV/AIDS, homicide, and suicide combined.

Having known this for decades, we have to ask why inequality not only persists, but why it continues to increase. The answer lies in distinguishing cause from consequence.

The wealth-health gradient is a *consequence* of inequality, not the cause of it. Inequality is the *result* of a social system in which those with more power exploit those with less power, and by exploit, I mean get rich at their expense. The only reason Jeff Bezos is the world's richest man is

because he pays Amazon workers far less than their labor is worth.

We could redistribute all of Bezos' wealth, and it would not end inequality, because the system would create another Bezos. That is how capitalism functions; it concentrates wealth. Small businesses go under, and big ones get bigger. Accumulation of wealth at one pole of society is accompanied by an accumulation of deprivation at the other pole.

Racism

There is also a racist-health gradient. Statistically, people who are racialized suffer sicker, shorter lives than their non-racialized counterparts.

We *document* the damaging impact of racism on health, and we *warn* of the harm it does, yet we don't discuss *why* this racist-health gradient exists and how it is maintained. We simply assume that society suffers from a racist-health gradient, and the solution is to get more oppressed faces in high places. No question: we must absolutely do that. However, doing so will not end racism, because the only people allowed to rise in the system are those who are willing to do what the system requires.

Incorporating Indigenous people into institutions of colonial domination has made them complicit in their own oppression. A tragic example is the fact that Indigenous-run child welfare agencies in Canada remove as many or more Indigenous children from their families than the government agencies they replaced. This is not surprising because these agencies are denied the means to support distressed families, and their funding is based on how many children they take in.

In the United States, Black people taking positions of power as police chiefs, judges, generals, CEOs, and even top government leaders has not improved the lives of most Black people. What it has done is support the lie that society is no longer racist, that anyone can make it if they try, and those who struggle have only themselves to blame. As one Black activist wrote,

> Representation means that someone works *on behalf of someone other than themself*. The mere existence of a Black person in entertainment, a boardroom, or in much-needed political positions is not representation. [italics added]

The racist-health gradient is a *consequence* of racism, not the cause of it. Racism is the *result* of a social system that benefits from racist divisions, economically and politically.

The economic root of Indigenous oppression is land theft. The British Crown owns more than 90 percent of all land in Canada, which it stole from the original inhabitants. To prevent them from reclaiming this land, all levels of government continue to push Indigenous peoples off the little land they do inhabit and trap them in such abject conditions that they cannot mount an effective defense.

The economic root of anti-Black racism is slavery, a most lucrative enterprise. For 200 years, it was legal to own slaves in Canada. Racist depictions of Black people as biologically inferior and criminal date from that period. However, anti-Black racism is not simply a toxic hangover from slavery days. *Racism remains politically useful and immensely profitable.*

Racist hiring policies that trap workers in low-paid jobs reap super-profits for their employers. Racism also serves to block Black and White workers from forming unions that would raise wages and reduce profits.

Racism is essential for keeping social wealth in private hands. Consider this metaphor:

> A capitalist has a dozen cookies. He eats 11, then approaches a White worker and a Black worker. He puts the last cookie on the table in front of them, and says to the White worker, “Are you going to let that Black fellow take your cookie?”

The State

If we dig deeper, we can see that both the wealth-health gradient and the racist-health gradient are maintained by the State and its institutions, including the legal, education, and medical systems.

In the most basic sense, the State guarantees the conditions for capital accumulation and upholds the inequality that results.

Tax and financial systems favor capital accumulation and block efforts to equalize wealth. The legal system maintains the wealth-health gradient by granting employers virtually dictatorial powers over the workplace. The legal system justifies the theft of Indigenous land and establishes racist immigration laws. Last year, Canada deported a record number of refugees during a deadly pandemic.

Canada's police and prisons systems have always treated racialized people as a criminal class. Racist incarceration serves an important political purpose, which is to invert public perceptions of who is dangerous, what is crime, and who are criminals. As William Ryan wrote in, *Blaming the Victim*,

> Convicts and ex-convicts play an enormously important symbolic role in our society. The prisoner is the visible symbol of crime contained – the criminal caged and restrained – to give the unwitting citizen the feeling that the cops and jails are preserving his safety. (p.332)

Indigenous people are just 5 percent of Canada's population, yet they are more than 30 percent of federal prisoners. The portion of Indigenous federal inmates rose from under 18 percent in 2001 to over 30 percent in 2020. This coincides with a time of increased Indigenous activism in defense of land and water. (See Graph #1) What's more, an astonishing 42 percent of all female prisoners in federal custody are Indigenous women.

The daily cost of incarcerating an adult in Canada is about $300, or almost $10,000 per month.

This amount of money could provide Indigenous communities with the means to thrive. However, the State cannot treat Indigenous people with dignity and also deny them their treaty rights. The cost of incarceration is far less than the profits that flow from exploiting Indigenous lands and resources.

The State's treatment of racialized people as dangerous, as criminal, extends to the education system. Ontario and Nova Scotia established racially segregated schools, and the courts upheld this practice until 1983. In Alberta, Saskatchewan, New Brunswick, and PEI, Black children could be denied access to local public schools. And, until the mid-1960s, Queen's University banned

Black medical students. Today, racialized children in Canada are much more likely to be suspended and expelled than their White counterparts.

Racism also infects Canada's social services which operate on the assumption that Indigenous parents are irresponsible, so their children must be removed "for their own good." While only 7 percent of all children in Canada are Indigenous, they form half of all children in foster care. In Manitoba, 90 percent of children in foster care are Indigenous. Many are in custody because their care givers are incarcerated. There are more Indigenous children in State care today than were incarcerated during Canada's residential school era.

Our medical system is also steeped in racism. Medical professionals partnered with government to remove Indigenous peoples from their lands and reduce their numbers. They enabled the spread of smallpox and tuberculosis, withheld needed medical treatments, and conducted barbaric experiments on Indigenous children in 'residential schools.'

Racism is built into the design of our medical tools. The spirometer assumes a biological difference between Black and White lungs, and the pulsometer is not calibrated for darker skin tones. Every day, we use medical procedures that were perfected on the bodies of the enslaved, incarcerated, and institutionalized.

In 2015, half the White medical students and residents surveyed endorsed biological differences between Blacks and Whites, including the belief that Black people have: greater pain tolerance, a stronger immune system, and thicker skin; and that they age more slowly and are more fertile – *none of which is true.*

Systemic

Inequality, racism, and sexism are systemic problems. 'Systemic' means more than 'common' or 'ubiquitous.' It means structured into the system. Systemic problems cannot be extracted from the system anymore than yeast can be extracted from baked bread. Any such extraction would cause the bread or the system to collapse.

This was demonstrated in BC, when it came to light that ER staff were playing a "game" of guessing the blood alcohol levels of Indigenous patients. An independent investigation found

"Widespread Indigenous-specific stereotyping, racism and discrimination in the B.C. health-care system." The final report emphasized, "the responsibility and burdens of [finding solutions] lie with *non-Indigenous* individuals, communities, organizations and governments."

Instead of reconstructing their system to eliminate racism, the Island Health Authority chose to attack and scapegoat their Indigenous-led cultural safety teams for not doing a good-enough job of combating racism.

Because racism is baked into the system, it cannot be eliminated by punishing individuals. We could fire all the racist cops, and more would replace them. We could imprison all the fascists, and the system would spawn more fascists. We could exchange all the White people in power for Black people, or all the men for women, and it would make no significant difference, as long as the system itself is maintained.

That is a hard reality to swallow. As Marx wrote,

> To call on people to give up their illusions about their condition is to call on them to give up a condition that requires illusions.

Experience has shredded my illusions about what medicine can accomplish in a society that puts profits first. Today, more people are sick and suffering then when I began my career. So if I wasn't making the world a better place, what was I doing?

The World Health Organization defines health as "a state of complete physical, mental and social well-being." However, employers do not require a happy, healthy labor force, they need workers to be fit for exploitation. Because the needs of employers dominate, the functional definition of health is reduced to the ability to work.

You could be in terrible physical pain, or desperately grieving the loss of a loved one, or so distressed that you are striking your kids in frustration. But if you can do your work, then you are deemed healthy by employers, insurance companies, and the medical professionals who work for them. If you have patients on medical leave, you know what I mean.

The hard reality is this: in a society based on capital extraction, medical professionals serve as

the maintenance crew for the human machinery. It is our task to ensure that workers are fit for capital extraction. We cannot remedy the workers' health-damaging conditions. We can only manage their physical and psychological *reactions* to those conditions. The worker, not the system, becomes the problem to solve.

Social Murder

I realized that there are no 'social determinants of health' under capitalism. Nothing about this society generates health for people or their environments. On the contrary, the social sources of sickness are woven into the fabric of society.

When it is possible to end mass suffering, yet the capitalists refuse to do what is required, then we have every right to hold them responsible for every preventable disease, impairment, and premature death. Frederick Engels called this premeditated, social murder. In 1845, he wrote,

> When capitalists place workers in such a position that they inevitably meet a premature and unnatural death, when they deprive thousands of the necessities of life, place them under conditions in which they cannot live – know that these thousands of victims must perish, and yet permit these conditions to remain, their deed is murder just as surely as the deed of the single individual; disguised, malicious murder against which none can defend himself, which does not seem what it is, because no man sees the murderer, because the death of the victim seems a natural one, since the offence is more one of omission than of commission. But murder it remains.

To hide their monumental crimes, authorities attack medical workers who expose the social sources of sickness. They want us to stay in *their* lane, serving *their* system *as it is.*

However, the price of compliance is too high.

Imagine the pain of medical workers in Egypt and Brazil, whose ICU patients all died when their hospitals ran out of oxygen. Imagine the pain of medical workers in Canada who must restrict access to treatment because there is not enough capacity in the system.

People who chose to work in medicine care deeply about others. We will go out of our way to

help someone in need. Yet we are denied the means to help effectively. That is why medical workers are burning out and killing themselves, not because we don't take enough spa days, but because it's soul-crushing to do endless triage for a health-damaging social system.

Relentless

To be fair, we cannot really blame capitalists and corporations for doing what they are legally required to do, which is to pay dividends to their shareholders. They have no choice. To stay in business, they must push profits higher every year, and they do this is by compromising health in the workplace and in society. Nor can we blame the politicians who do the capitalists' bidding because that is their job.

Forty years ago, the federal Corporate Tax Rate in Canada was 51 percent. Today it is half that. Decade after decade, politicians cut corporate taxes to help Canada's business sector compete in the global market. This massive loss of tax revenue was balanced by equally massive cuts to medical, education, and social services.

In the mid-1970s, Ontario hospitals began restructuring to make scarce dollars go farther. Small, local, and rural hospitals were closed. Larger hospitals were merged into giant conglomerates managed by business consultants. Every service that could be privatized was. Tens of thousands of nursing jobs disappeared, while hospital stays were reduced, leaving fewer nurses to care for sicker patients.

It used to be that patients undergoing major surgery were not discharged until they no longer needed prescription pain relief. Today, patients are discharged the same day of surgery and given prescriptions for opioids to manage their pain at home. To support this practice, doctors were falsely reassured that opioids were not addicting. Between 1999 and 2010, prescription opioid consumption in Canada quadrupled, making Canada the world's second largest per-capita consumer of opioids, after the US. By 2016, an average of eight people were dying every day from opioid overdose, more than the average number dying in motor vehicle collisions.

Fight Back

There was resistance to this downward death spiral.

In 1981, deteriorating conditions provoked 13,000 Ontario hospital workers to stage an illegal nine-day strike. This strike played an important role in my education.

You might be wondering what happened to my brother Ron. In 1971, he was hired as a medical technician at the Toronto General Hospital. He was later promoted to operating room attendant where he served as a CUPE union steward. After campaigning against hospital cutbacks, he was elected Chief Shop Steward for the hospital and played a leading role in the strike.

Ron and his fellow strikers showed me that workers stand on the front lines of defending human rights. Of all the players in this strike, only rank-and-file hospital workers consistently fought for clean hospitals and timely care. Everyone else – hospital managers, government officials, the courts, the police, the media, and even CUPE officials – was willing to compromise patient care in order to serve the corporate agenda.

Ron documented the lessons of the strike in his booklet, *Rank and File Rebellion: The 1981 Ontario Hospital Strike*. A year later, while awaiting reinstatement by the Arbitration Board, Ron collapsed and died from multiple organ failure. He was 32. The one and only casualty of the strike.

By 2004, Canadian medicare was so under-funded that the Supreme Court ruled,

> The Canada Health Act [does] not promise that any Canadian will receive funding for all medically required treatment.

No wonder Canada is failing to contain this pandemic. And if nothing changes, it will fail to contain the next pandemic, and the ones after that.

Conclusion

What I have learned from 50 years in medicine is that capitalism generates the social sources of sickness, and it will continue to do so for as long as we let it. Inequality, racism, sexism – these social sources of sickness helped to build the wealth of nations, and they continue to be used to build and maintain that wealth, despite all the suffering that results.

The capitalists who rule our world cannot solve the many problems their system creates. However, the deeper problem is that the rest of us expect them to.

We push them to do what they cannot do and be who they cannot be. We point out their errors. We devise better policies for them to enact. We scold them when they fail to do what is required. We expect them to behave, not as capitalists and the servants of capitalists, but as the benevolent parent-guardians that we crave. This is unrealistic. You could even call it delusional.

In 2019, Greta Thunberg warned world leaders that "The world is waking up, and change is coming *whether you like it or not*."

Thunberg is right. It is time to put away our childish fantasies of how things should be, and face how dire they truly are:

Globally, it took 9 months for the first million people to die from this virus and a little more than 3 months for the next million to die. The longer the virus is allowed to spread, the more it mutates into more transmissible and potentially more deadly variants. We are nowhere near the end of this crisis.

I cannot think of a single major problem that *can* be solved under capitalist rule: not inequality, not oppression, not war, not environmental destruction, not global warming, and not this pandemic. According to a 2021 UN Report,

> The deteriorating state of the planet undermines efforts to achieve healthy lives and well-being for all. Around one quarter of the global burden of disease stems from environment-related risks, including those from animal-borne diseases (such as

> COVID-19), climate change, and exposure to pollution and toxic chemicals. Pollution causes some 9 million premature deaths annually and millions more die every year from other environment-related health risks. (p.15)

On the other hand, I cannot think of a single major problem that we could not solve if we removed the capitalist class from power and shifted to a needs-based economy, where everyone contributes what they can, and everyone receives what they require.

The social sources of health already exist in embryonic form. Health is generated when people take care of each other, when we stand up for each other, and when we refuse to be divided. If we do that, if the majority stand together, we can end capitalist rule, eliminate the social sources of sickness, and construct the health-promoting society we need and deserve.

Discussion (abbreviated)

Moderator: Thank you so much, Dr Rosenthal for your powerful words. I was captivated the whole time, and I have learned so much. So thank you.

Q: What can we do right now about these social sources of sickness?

SR: We need to stop covering for this murderous system and tell the truth about what is happening. We need to share our grief and rage with each other, and we need to tell our patients that they deserve far more than we can give. Most important, we need to place responsibility where it belongs, with the system and those who manage it. And we need to fight for a different society, one that protects and provides for its members.

Q: Do you think the capitalists will cooperate?

SR: Capitalists cannot cooperate, regardless of their individual views or concerns. Their competition for wealth and power is the root source of social sickness. Capitalism reached its best-before date at the turn of the 20th century. Ever since, capitalists have fought to divide and re-divide the world amongst themselves. Now capitalism is devouring the foundation of its existence, the human beings who produce all wealth and the environment on which all life depends. We cannot wait for their cooperation. We must escort them to the exit and do the job

ourselves.

Q: I don't think I will see a revolution in my lifetime. What do we do in the meantime?

SR: There is no meantime. Now is all we ever have. Revolution is not a bus that will arrive at some future date for us to board. Revolution is the majority rejecting the current system and working together to create the society they want. This must happen in someone's lifetime. If not ours, then whose? The capitalist class are driving humanity over a cliff, and we must all decide – will we go down with them or will we choose a different road? Our children deserve a future, and it is our responsibility to make sure that they have one.

END