

WITNESS SEMINAR

The Black Report and *The Health Divide*

Edited by VIRGINIA BERRIDGE

This witness seminar, on the 1980 Report of the Working Group on Inequalities in Health (known as the Black Report after its chairman) was held at the London School of Hygiene and Tropical Medicine on 19 April 1999. It was part of a one-day conference on 'inequalities and history' which was the precursor to a three-day conference on inequalities at the school. The seminar was chaired by Professor Virginia Berridge, Professor of History in the Health Promotion Research Unit of the Department of Public Health and Policy at the London School of Hygiene and Tropical Medicine, and the participants included:

Sir Douglas Black (*committee chair*), Chief Scientist, Department of Health and Social Security (DHSS), 1973-77; President, Royal College of Physicians, 1977-83.

Professor Jerry Morris (*committee member*), Emeritus Professor and Head, Department of Community Medicine, London School of Hygiene and Tropical Medicine, 1967-75.

Professor Peter Townsend (*committee member*), Professor of Sociology, University of Essex, 1963-81; Pro-Vice-Chancellor, 1975-88.

[Cyril Smith (*committee member*), Social Science Research Council, was not able to attend the witness seminar.]

Professor John Fox, Statistician OPCS 1975-79; Professor of Social Statistics, City University, 1980-88 (responsible for some of the statistics underpinning the report).

Dr Elizabeth Shore, Deputy Chief Medical Officer, DHSS, 1977-85 (during compilation and production of the report).

Professor Arthur Buller, Professor of Physiology, University of Bristol, 1965-82, on secondment as Chief Scientist, DHSS, 1978-81 (when the report was presented to the Department of Health).

Dr David Player, Director, Scottish Health Education Group, 1973-82; Director General, Health Education Council, 1982-87 (when *The Health Divide* follow-up report was commissioned).

Professor Margaret Whitehead, editor of the *Health Education Journal* and author of *The Health Divide*.

Jill Turner, journalist, *New Society* (instrumental in publicising the report).

Berridge: Our witness seminar is going to be on the subject of the 1980 Black Report on health inequalities.

We are very pleased to have members of the Black Committee and also other people who were involved in the response to it and its formulation at the time. The seminar was going to be chaired by Professor Stuart Blume from the University of Amsterdam. He was ideally suited to do it, both as a historian and in the 1970s Scientific Secretary to the Black Committee. Stuart and I have been collaborating over this over the last few months, but unfortunately at the weekend his father died, so Stuart can't be with us. I spoke to him this morning and he's very sad that he can't meet the people that he knew back in the late 1970s.

I am going to chair the seminar instead from a position of much greater ignorance. But Stuart has prepared an excellent briefing note, which the panel have all seen, and he did end that briefing note with a set of questions around which he thought some of the discussion could be orchestrated, starting with what motivated the Secretary of State to set up the committee in early 1977, and specifically as a committee of the Chief Scientist's organisation. To what extent did group members approach their participation on the basis of personal and established policy in research agendas? Why couldn't the group agree, in particular about the balance of services which could be financed? What steps did the group take to make its findings known in the light of the frosty reception it received from the Secretary of State, Patrick Jenkin? How do the group view the subsequent reception of the report? And then a final question about the publication in a Pelican version, and any circumstances which surrounded that. We'll then go on to ask the two people here involved in the follow-up report about the circumstances of that report as well.

Perhaps I can open the discussion by going back to that first question and asking, what motivated the Secretary of State to set up the committee, and specifically as a committee of the Chief Scientist. I don't know, Sir Douglas, if you've got something to say on this.

Black: Perhaps I might begin on this. Patrick Jenkin says that this arose because Professor Brian Abel-Smith spoke to me and suggested the topic. I was spoken to by David Ennals' himself – this was in 1977 – and he said 'Next year the Health Service will have reached its thirtieth

anniversary and we want to highlight a number of things which will be fitting to celebrate on that particular occasion.' And I think he may well have thought that a study of the matter would reveal that, concurrently with the National Health Service, there had been an improvement in inequalities in health. It took us three years to disappoint him.

Townsend: Perhaps I should just add by way of information that Brian Abel-Smith had been the political adviser to Dick Crossman and later to Barbara Castle, and then to David Ennals and finally Peter Shore, whose wife' is here. And it's no secret that Brian worked as treasurer of the Child Poverty Action Group over many years, and also with me in running for the first two years (1967-9) the research project on poverty in the United Kingdom, and we saw a great deal of each other in the 1960s and early 1970s. He talked with me several times about class and ill health. At one stage he gave the Sir Geoffrey Vickers Lecture in 1974 on health and class, which was published in *The Lancet*. He was an extraordinarily discreet man. He was quite instrumental in influencing David Ennals on a succession of issues, and I would be very surprised if it wasn't really largely due to his initiative that the Secretary of State took up the whole subject.

Berridge: The committee had very specific terms of reference; were those the subject of debate? How were they formulated?

Black: There was no discussion of the terms of reference which were given us; but we did discuss our methods of procedure.

Berridge: Would you like to say something about that?

Black: We had by design a very small committee, only four people, balanced with two doctors and two sociologists. We met many times, and at each session we discussed the next topics to be dealt with, and what literature survey was required. We had of course tremendous help from the OPCS, which enabled us to make cross-sectional comparisons of the situation at points going well back into the past. We had a seminar half-way through, which allowed us to hear views from many people. We realised that longitudinal studies would add to understanding of the problem, and such studies have since proved helpful.

Townsend: Since John Fox is here, dare I follow that up and try to spur him to say something about what I think were the crucial elements, certainly for me and others on the Black Committee, about the growing inequalities of health between rich and poor, or among the classes. I came across this in the early 1970s: the decennial supplements, as they were called, on occupation and mortality showed certainly to my satisfaction in detail that something like around 80 occupations – I haven't got the exact number at my fingertips – are numerous enough in the numbers of people who can be traced. There were something like 50 out of the 80 occupations where there was a complete class affiliation from professional class down to unskilled manual (in terms of rising mortality), and by the 1960s this had risen to about 70 or so. So the alignment with social class was becoming more emphatic from the evidence, even before we got under way with the Black Committee's report. And I know that John's material on decennial mortality was absolutely crucial, certainly to me, at that time.

Fox: The decennial supplements have been produced for every ten years at the beginning of the decade, mortalities analysed around the census years, and the statistics tended to be produced about the end of the decade, so it took that time to produce them. In 1951, which coincided I think with essentially the introduction of the NHS, there wasn't a clear social class gradient. The figures that were published were distorted by the way company directors were treated in the analysis of deaths at census. As a result there wasn't a clear gradient in mortality as there had been in the earlier part of the century, or as evolved subsequently. In 1975, when I went to OPCS to analyse the figures, the main interest was in occupational mortality, not in terms of social class differences. There had been quite a lot of argument around the mortality of groups like coal miners. I don't know if people remember, but the 1974 coal miners' strike was settled on the basis of Michael Foot, I think it was, accepting the high mortality rates for coal miners based on essentially the occupational mortality rates from the previous decade. So it was the occupational mortality statistics that were of more interest than the social class statistics. I think there was a presumption till Peter Townsend's work on poverty that poverty had gone away, and that social class differences didn't exist. I think that that was a widespread assumption, that the Welfare State had solved many of those problems. The 1961 and the 1951 figures on mortality and

social class were not widely used to the same degree as happened from the 1970s onwards. Nicky Hart, a research assistant working for the Black Committee, came and worked with me at OPCS, I think she spent three days a week, something like that, sitting at a desk opposite me, trying to understand the figures as I was analysing and producing the decennial supplement report for that time, so that we could present them essentially for the committee. And we were able to do a wide variety of analyses which hadn't been done previously. At the same time we also had the first set of data coming out of what's now the Office of National Statistics longitudinal study, which Sir Douglas Black recognised as being important to enable us to address questions of causation and the influence of social mobility.

Berridge: I wonder if at this stage we could also just ask the members of the committee a question which Stuart Blume raised. This has already been touched on by Peter Townsend and Douglas Black, about the extent to which group members approached their participation on the basis of their pre-existing policy and research agendas. Where were they coming from? I wonder if Jerry Morris would like to say something about that?

Morris: Well, it is an important issue, because it raises the possibilities of bias. But this in fact has never been a serious problem in social medicine. It was a major issue for Sidney Webb when he was establishing the London School of Economics – the issue of objectivity, of detachment as well as commitment. The reason why this has never been a serious issue in social medicine is because of the Registrar General and because of the position that was established way back by William Farr and has been continued by his successors, so that in fact there have been few, if any, criticisms, accusations of bias, in terms of presentation of a selection of data. It was inherent in the upbringing of social medics, although in fact we of course were strongly committed to use of the data speaking personally, committed so for many years. This is a constant preoccupation in public health, the tension between public health analyst and public health activist. But because of our tradition we're not seriously susceptible to criticism on these lines. And I don't think you will find in our report, which includes a mass of data, any suggestions of bias in the presentation of evidence. I don't know whether that answers your question.

Berridge: I think it's more a question of your interests, which some of the audience will know very well. What were your interests in the area?

Morris: I started work in this field decades before the setting up of the Black Committee, in fact I started in the 1930s working very closely with Richard Titmuss for ten years in the late 1930s to the late 1940s, and jointly publishing in *The Lancet*. Later the Medical Research Council entrusted me with a new Social Medicine Unit that included research in this field. Our commitment entailed the virtual creation of a new epidemiology reaching out to the social sciences, extension to health services, and so on.

Black: I was quite naïve in medical sociology, having spent most of my time as a general physician and nephrologist. However, that experience did make me aware that people differ from one another in many ways, including their reaction to illness. But my first awareness of the specific link between poverty and disease came from a paper by Peter.

Townsend: I wonder if you would like me to add two things, because one of them needs spelling out more than Jerry and Sir Douglas could spell out, the importance of epidemiology and general physical medicine. Perhaps just first a quick word about my personal orientation, that I was at the time Pro-Vice Chancellor at the University of Essex, and I had been doing some work for the Royal Commission on the Distribution of Income as well as the last stages of the research on poverty in the UK, and working with the Child Poverty Action Group and the Disability Alliance, from which I drew a great deal in terms of the outlook which I brought to the particular discussions that we had on the Black Committee. And I would like, if people would allow me, just to say a couple of words about science and sociology. One of the virtues – there were some disadvantages of course, criticisms too – of the report was in directing attention more than had previously been directed to *trends* in health for different classes and occupations, and area analyses as well. I think that was a marked departure. The decennial supplements provide a good instance of the back-up for that in no small measure. So it was the fact that we looked at *trends* which I still think is enormously important, which tends to be glossed over in a lot of epidemiological as well as social science literature.

But secondly, on cause, people here may want to have further commentary about that, but there's no doubt that what the Black

Report attracted notice for, apart from being able to pin down trends more readily and more authoritatively than had previously been done, was in pinning down the variety of causes and the argument. Although this no doubt would need various qualifications, material deprivation was certainly the big factor accounting for the majority of the differences between rich and poor or professional and administrative classes, and unskilled and semi-skilled manual. And on that, I think it's important for us to say that scientifically the different elements of material deprivation haven't been given the attention they deserve. For example, housing and the deleterious effects on health, say, of damp, just to put it very crudely and generally, were well known, and we could quote, as others have quoted, 150 different papers addressing that issue. But if you asked the same question about deleterious circumstances in your place of work, although there's a lot on health and safety, there was at that time and there still is very little stuff that shows anything about the relationship of that form of material deprivation to the outcome for health. And we could go on with factors about the environment of the home, of the location or geography of the household, and into various other aspects of the lives people lead, even in terms of transport and the differences between deprivation at school and deprivation at home. Sometimes you have both, sometimes you only have one of them, and yet you spend in both places quite a number of hours of the day. So what I'm trying to get at is that although we got the germs of it, there is still a major problem to deal with in terms of scientific theory. As a sociologist I was immensely interested in this, and still believe it's absolutely at the heart of social scientific activity.

Forgive me for just going on a moment longer, but it's the main thing I wanted to come here to say: that the experience on the Black Committee taught me something which probably I had known before but not quite so conclusively, that we make a grave mistake – this applies to medicine and epidemiology in my view as well as to some of the other sciences – in separating policy causes from scientific accounts of measurable individual and social health outcomes. And that what we tend to try to evade is the responsibility of analysing both government policies but also other kinds of policies, whether we're talking about the Church or the local authority or the union or the multinational company. We are very averse to trying to track down some of the more general structural background in policy which has

deleterious outcomes for health. And I take very seriously this question of bias. I have often found that people tend to look at policy as if it's a political matter, nothing to do with the scientific investigation and practice. Whereas in fact I think it's at the heart of the scientific conundrum. Just as you have to trace factors in the environment or in the genes for the outcomes that you observe and measure, so you have to trace the more collective institutional commencements or causes of those conditions too, and you have to begin the task of trying to assign proportionate effect and proportionate cause. That played a part in the structure of the report.

Just to end quickly, one thing which we would collectively want to take some pride in, is that as a consequence of this scientific 'probity', as I see it, we deliberately thought that, given those broad terms of reference, which we were very lucky to have compared with many royal commissions and government committees, we had to discuss concepts, we had to talk about measurement, we had to talk about causes, and we had to talk about policies and we had to address these as major elements of our terms of reference. And I think you will find as you go through the report that one or more chapters were devoted to each of those four things.

Black: One reason for the warmth of my welcome for the Acheson Report³ is that it further strengthens the evidence for a structural explanation of the ill health associated with social deprivation. It is no longer necessary to spend time on long argument about alternative explanations such as lifestyle or statistical artefact, whose part is at the margin.

Berridge: Can we go on and look a little bit at how the group did its research work, and some of the problems that occurred during the discussion of the evidence. Stuart makes some reference to these in his briefing note.

Black: We did what I've always done, got other people to do it.

Berridge: And the other people were?

Black: Nicky Hart was a research fellow, on secondment from the University of Essex; Stuart Blume was our Scientific Secretary; and Arthur Forsdick our Administrative Secretary.

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Morris: I find it hard to credit that you didn't realise how much work was done by members of the committee. I've been on numerous committees but never before had to work as hard on a committee as I did on this one. The endless hours of digesting indigestible material, producing horrendous drafts which Stuart Blume – I'm so sorry he is not here this afternoon – would polish up into very presentable accounts. This really is quite a serious issue. Apart from the fact that I recently had retired from my job at the School, I couldn't have done it.

Berridge: So the committee was actually a very hands-on committee?

Morris: Yes. We faced the standard problems of the epidemiology of social medicine, and were trying for instance to produce testable hypotheses of causal relationships between the social conditions and health, working almost entirely on observational data and grand natural experiments on data which had been largely produced for quite other purposes. That of course has both advantages and disadvantages, mainly disadvantages. So it was an enormous task, technically, and I'm sorry that Lord Jenkin is not here today because he doesn't seem to have appreciated this. I hope he studied the final document closely.

Black: I would like to pay a sincere tribute to the civil servants who helped us. We continued to have the same support even after the government changed. I imagine that in the first year of office Maggie hadn't got a real grip.

Townsend: Could I prompt John to add something here, because I don't know whether out of discretion or what, but Jerry seemed to slide over the question of a report having been produced in 1978 which the committee decided to -- perhaps the word reject is over-forceful, but at least to re-organise and write up afresh at much greater length. I don't know whether John can fill us in. I know that he has a copy of that with him.

Fox: I just happen to have with me a copy of the original Black Report in its soft covers. There weren't that many of them...

Morris: 260.

Fox: Here is one. And even rarer is the book that was produced earlier, *Health and Inequality*. It was largely drafted for a meeting I think that the committee organised. The meeting is referred to in Stuart's paper. I think there were about 30 or 40 people who came to the King's Fund to talk about the preliminary findings of the Black Committee, and it was as a result of that meeting, which I thought was an excellent meeting in terms of bringing together a whole range of different views. The Black Committee then went away to redraft the report in the light of comments they received.

Berridge: Could you say a little bit more about the meeting? Because Stuart does refer to it in his briefing note as being of some significance.

Morris: I'm afraid my main recollection of that meeting was that we invited a distinguished American sociologist, Alvin Schorr,⁴ for a word on poverty programmes during the great years of Lyndon Johnson's presidency, and he said, 'Where is the ethnic component?' Frankly, it had never occurred to me, I don't know about the other members of the committee. And in fact we didn't do justice to it in our report. It was a bit early, 1978. I suppose that's a little bit of an excuse. This was his main contribution to that meeting at the King's Fund.

Black: In the final report we do mention that, pointing out that the ethnic community, the immigrants, should have somewhat better health experience than the indigenous people, because of the so-called 'well worker' factor -- that if you're well enough to work, you were probably healthy, and equally if you were well enough to immigrate, you probably have a slight health advantage.

Berridge: I think Elizabeth remembers that meeting.

Shore: I can remember the meeting, but I can't remember anything coming out of it at all. I remember going away very disappointed. We seemed to go backwards. I had thought that it might even be the beginning of a drafting committee, but there wasn't anything to draft.

Townsend: Well, different people have probably different interpretations or memories of that occasion. But my memory is of Jerry being particularly outraged that we could do better with this

report, a view which I shared with him and I believe after discussions, probably afterwards with Sir Douglas, we tended to agree. And it was as a result that the members of the committee put in so many hours of fresh work, taking on parts of the document which they felt they could at least do a decent draft of. And I think that was, to my mind, a turning point, and the fact that we can't pin it down very easily in our collective memory is itself rather significant.

Buller: Douglas, you mentioned that David Ennals had suggested that the report be prepared to coincide with the NHS anniversary. Did any of you consider the pressure of time with a general election not long away? We have heard that after the King's Fund meeting you felt unable to provide a report within the year, but did this create any additional pressure of timing on the group?

Black: Well, I never let myself be pressured by time, I think you just have to do the best you can, in the time you have. I certainly wouldn't have wanted to write it again.

Morris: We invited a distinguished geneticist to attend that meeting, Water Bodmer who was Professor of Genetics at Oxford. He was the top M.R.C. geneticist ... He said very little, and in the end I challenged him, but he said, 'No, we've got nothing to contribute here.'

Townsend: But Arthur Buller has put us on the spot, because I think this audience will understand there are a variety of quite appealing answers to that question about time. One, which is a factual one, is do remember that the election of 1979 was called a lot earlier than anybody might have predicted. The 'winter of discontent' speeded up the calling of the election, and we were at that stage in my honest memory imagining that a report which we delivered in April of 1980 would have been to the previous Labour Government. So that's something you cannot predict. But there was also in the question of timing the question of getting it right. I mean this report would have been glossed over, and nobody would now be talking about it, had we issued that first report, and I think John would support that view. We cared about the subject, we cared about the problem that was occurring in our country, and we wanted to make sure we got it right, and it was as simple as that. I'm sure Jerry and Sir Douglas would want to

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apologise for the fact that there are certain passages of the report – I clearly agree with Jerry about the ethnicity one – that we didn't do enough on; we certainly didn't do enough on the international or cross-national perspective. We rushed together stuff that we could get in haste, and that applied to two or three other things in the report, including what I wanted very much, which was a whole chapter about women's inequality, which people present would naturally quite expect. And we did have to cut our losses in various respects, but this only followed from the fact that the first draft was so impossible. It wasn't a question of writing an extra couple of chapters or replacing a couple of chapters; it was the whole thing.

Black: The suggestion was made that we should defer the report till we could use the 1981 decennial census; but this idea fortunately got lost.

Dr Simon Szreter⁵: Can we be a bit more specific about exactly what was so wrong with the draft?

Berridge: What was the difference between the first and second reports, how did you change it?

Townsend: I remember Jerry and I getting together immediately after this meeting – that was probably chance rather than anything else – and my memory is we were both dismayed and despairing about what we could make of it. It wasn't a question of going through it as Elizabeth Shore suggests, of a sort of page-by-page resolution of the problem. It was basic. It was basic to the whole perspective, and I can only plead with her and others who represented the Civil Service that it took so long to get the act together, and this is a commentary on the nature of the committee and timing. I looked at my diary over the weekend and found that there were 30 meetings altogether that I had recorded during this period of three years or so. Some of those were merely subcommittee meetings or working group meetings, I realise; there were probably only ten or a dozen which were major committee meetings, but at those major committee meetings, bear in mind, were four voting members of the Black Committee. But we were always in a room at the DHSS at the Elephant and Castle, Hannibal House or at Alexander Fleming House, where my vivid memory is that four of us had 20 civil servants and experts to contend with who were all

offering their opinions on every important paper that was before us. So it was very hard to get a sense of purpose and what was the consensus of the four in those surroundings. And it was really only when we were put on the line by having to sign our names to this draft report that we began to think, 'Well, there are four of us and if three of us' – it may have been four – 'are not too keen, well, do we have to go along with this?' That's a very important point to make about timing and the way in which many of us in our government committee jobs gradually get into these things and feel that we're playing sometimes only a symbolic part, and then find out that, oh goodness, it's going in the wrong direction. This explains some of the delays that take place.

Black: Peter's use of the phrase 'voting members' could mislead. We didn't have votes, which I regard as a sign of failed chairmanship.

Berridge: One of the points which Stuart refers to in his briefing note is the debate and the disagreement within the committee about resources and how the recommendations were going to be funded. Do you have some memory of those events, and did that contribute in any way?

Black: I try to ignore disagreements. We did have discussion about where the money for some of our proposals could come from. Peter suggested the acute services, for which I have a certain bias. But I didn't have to say much, as Jerry made the case that good acute medicine and surgery can avert much chronic illness. We compromised in a table which gave both alternatives.⁶

Morris: As I recollect, there was no major difference. You're using the term acute services. Well, this was a circumlocution for hospital services.

Black: Not quite. There's a lot of 'acute medicine' in general practice.

Morris: No perhaps, but the way the committee discussed it, it was hospital services. And there developed a major difference of opinion between Peter and myself on this, which you can treat at various levels. At one level is a sort of Isaiah Berlin view of two great values colliding which are incompatible and you can't do anything about it. The contribution of the scientist to this debate, if we had the time, if we had

the resources, might have been on consequential mortality and morbidity and disability. We didn't have the time to do this. Nor, 20 years ago, could we have done it as well as I think we could do it now. But this was a real difference. The idea that I should in any way support a suggestion that a penny less should go to the hospital services that already were inadequately funded was quite unacceptable. I would have been quite prepared to put it in these crude terms. And, it isn't that, ex-Seebohm⁷ and all, I was unaware of the idea of community services; that was not the point. You can actually have both. I believe in taxes, which is a very unpopular thing to say.

Townsend: I think Jerry's quite right here about that disagreement, but I think all of us would want to say that it really only covered – what shall we say? – ten per cent of our discussions and we were agreed very, very much.

Black: One per cent.

Townsend: Less than one per cent. I was going to add, which I think is also correct, that there was a slight disagreement over some passages about screening, which again supports the point that Jerry has made about hospital versus preventive services, for which I was tending to look, in some sense more romantically, about the possibilities of building up finance. I think we came to the conclusion, which I think Jerry and I mentioned to each other not so long ago, that instead of the idea that if you had to take something away from health resources to feed into another part of those health resources, perhaps the solution was to build up both, and to maintain current allocations to hospitals, but build up allocations to preventive and general and primary care services a little quicker percentage-wise in the forthcoming few years. I think that's how we resolved that particular disagreement, and please correct me if I'm wrong.

Black: Perhaps I helped to resolve it, by quoting two papers, one by Max Wilson in this country, the other by Lalonde in Canada.⁸ They show that general screening of a population may be a waste of time and money, whereas specific screening in defined groups can be most valuable, e.g. for hypertension in the elderly and for metabolic defects in neonates. Screening cannot usefully be considered as a generality.

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Berridge: So these sorts of differences which you are talking about, were they differences which appeared differently in that first draft, or were there others?

Fox: They weren't in the first draft.

Black: We hadn't reached that.

Fox: My interpretation is that the first time that the committee itself was able to understand how the material was coming together was when they saw the first draft, and clearly the people who were putting those drafts together hadn't got their background understanding, and had only partially pulled out some of the messages that they clearly wanted to convey in the report as they put it together. So the tension that played out was seeing a draft which had much of the statistical material but actually wasn't presenting the arguments in the way that they felt the committee ought to get those arguments across.

Berridge: And so after that, after that meeting, there was another period of discussion and debate in the committee. You talked about the form that meetings took. Could you say a little more about that?

Black: It was a long time ago. Meetings took about three hours. We discussed the draft a good deal, but also what we should turn to next, and what information we should seek in the meantime.

Berridge: Did you have people presenting papers to you, or were they meetings just of the four of you and the secretariat?

Black: The big presentation was the meeting which has been referred to several times at the King's Fund, but, yes, each time we did have some kind of form thing to discuss as well as the technical discussions.

Morris: I think that I should mention that Peter and I had ding-dong meetings on the fourth floor of the school here, and we did intentionally not invite you, Douglas. You were so busy with the college and as Chief Scientist.

Black: I never grumble, it gets you nowhere.

Berridge: Do you want to say a bit more, Jerry? Your ding-dong meetings?

Morris: Well, in terms of final drafting, there were no major problems. But we spent an awful lot of time with Stuart trying to get the drafting right.

Berridge: And much of that was done here...

Morris: On the fourth floor here.

Townsend: I think one of the key points which I've touched on but perhaps wasn't explained enough, and which John was after I think, was that I would say that there are lots of differences between that first draft and the second, but one key thing was trying to identify as it were the proportionate influence of particular sets of causes, for example – which is a debate we could all have today, but yet is extraordinarily important to try and formulate some sort of contextual view about. And the second thing is there was nothing in the first draft as I see it, or as Jerry and I and Sir Douglas saw it, about policy that was worth the paper it was written on. I mean, the Black Report in the end was really quite noted for having in Chapters 8 and 9 a quite detailed discussion of the contributions of not only national but local authority policies. We had a proposal, for instance, which has been picked up lately about area deprivation, and one proposal was to make an experiment in ten areas with the worst mortality in the country, and we named them, in which a relatively small amount of money could be invested very, very shrewdly for scientific purposes as well as for policy outcomes which would be extraordinarily valuable. So about the form of the report, and I'm sure Jerry and Sir Douglas would agree with this, I think that section, which was very substantially part of the final report, at least 80 or maybe 100 pages in my memory, just didn't exist in the first draft.

Morris: It was this flat, blanket, total rejection of all these policy recommendations by the Government which so upset me, because many of them were thoroughly practical. This suggestion that Peter has mentioned, that we should actually deliver a plan for ten areas. Before that, there had been 30 years of health service research, 30 years

of modern epidemiology, and a lot of experience of randomised trials, and the time was right to attempt such an experiment. And the need appeared regularly at meetings of your Chief Scientist's committee. We were now reaching the stage when it was possible to plan experiments. It would have been invaluable to be able to do this. Subsequent governments in the subsequent 17 years in fact had to tackle these areas in all sorts of different ways – urban regeneration, with urban priority programmes, et cetera. Every one was a failure and left this dreadful legacy for the new government in 1997: their circumlocution is social exclusion. On the other hand Mr Dobson has now nominated 26 health action zones, a major challenge to reduce health inequalities. There's no indication how to do this, but he has to act. If in fact we had been able to start these experiments way back then, we'd now have a body of knowledge which we desperately need, especially when we've got a government that really wants to do things.

Berridge: Dr Shore, I wonder if you would like to come in from your perspective in the Department of Health during this period.

Shore: Well, I think you've gathered my perspective was totally different. I was charged by the Chief Medical Officer to alert him to any early recommendations, so we could start getting our act together. And I was very aware of the political situation. After all, we nearly had a general election the previous autumn, Jim Callaghan, the Prime Minister, gave serious thought to it. I was metaphorically jumping up and down on the sidelines saying 'Can't we have some quick and dirty general recommendations to get going on?' The basis for the recommendations and the detail, the purity, can come later. I remember the Todd Report on medical education, and how they produced some early evidence that we needed to expand the medical schools, long before they came on with the detailed recommendations. I felt very strongly that we had enough to start doing something at that point without waiting. And I think Stuart Blume and Nicky Hart both felt terribly disappointed after that King's Fund meeting, that we were right back at the beginning again and Stuart had to have his contract prolonged. Were we ever going to get anywhere with the imminent possibility of a government of a very different complexion, a hostility to the working class who seemed to them to be the unions on the warpath again? I just felt we were going backwards.

Buller: I can recall being urged to ring Douglas to ask ‘How are things going? Can you speed it up?’ Could I ask if the members were conscious of the manifestos of the two major political parties, and whether they considered these relevant documents? Certainly the Conservatives, in their manifesto, made it absolutely clear that, if elected, they intended to reduce public expenditure. Patrick Jenkin tells us that he had a guarantee that the health budget would be protected but, sitting in the department, it was obvious that we had to be prepared for a new government of a totally different complexion – and indeed it was! When the final report was produced my personal reaction was ‘What a time to produce *this* report’. It might have been fine for David Ennals had it been produced in the timescale he suggested (or had a Labour administration been returned), but that was not what happened. I’m still at a loss to know whether you were conscious of the likely response of the government in power at the time your report was submitted. I can appreciate that you may say ‘That was nothing to do with us. We were asked for a scientific report, and that is what we produced.’ But surely, if you hoped that your report would produce change, you had to be realistic in your aspirations?

Townsend: But you’re talking about politics setting the scientific parameters, aren’t you?

Buller: I am making the point that the Conservatives went to the country and won the election on a promise of reducing public expenditure. The Black Report, published relatively soon after the election, sought substantial increased expenditure. You appeared to ignore the Art of the Possible.

Black: Since I took only a minor part in the writing of the report, the main work being done by others, I think I can say in all modesty that we were concerned to produce something which would last. And it has done so, being quoted even after the demise of the administration which ignored it.

Townsend: There’s one thought which I think Jerry and Sir Douglas would probably share here, which is part of an answer to Arthur, about the preparation of a report which has to be convincing, persuasive and practical. All these things I think were very much in our minds, and let me just make the point that in presenting the report, you just had an

illustration of our arguing – we quoted it already – whether we cut hospital services to finance a development on prevention and perhaps primary care or whether we went for increasing it. Now that's a straight choice, and the fact that public expenditure cuts were in our minds is demonstrated by that disagreement that was in the committee. But equally I would ask Arthur to bear in mind that it's not just Sir Patrick Jenkin who had to be persuaded; it's politicians in the main as well, and people across politics who may not be necessarily subscribers to the party in power but those in the general interest of the country who are finding whether a particular proposal is not only needed in terms of the evidence about mortality – because that after all is what we are dealing with – but also that we're dealing with the issue of practicable proposals. And here it was the case that there were a reasoned number of proposals which seemed to me to fit in with the climate of practical politics at that time. For instance, in terms of child benefit, in terms of disability benefits, in terms of the progress that could be made, Jerry has called attention to an experimental surge of work on ten particular areas and their deprivation and what you could manage to achieve in a short period of years in terms of premature mortality in those places. What I'm trying to argue is that in some senses the argument doesn't stop with whether you are addressing the Government's desire to cut public expenditure or not, because every government that I remember, Labour or Tory, has had that in mind; the fact of the matter is they are exposed to quite shrewd scientific arguments when they're presented successfully, we've seen that in recent cases with beef and a lot of other things.

Morris: If a committee like this doesn't try to do what's right, it does not function. The practicality is one aspect of doing the right thing, which we dealt with by costing every single one of our proposals. The Government rejected these costs, if you remember, and Kenneth Clarke produced revised estimates of the cost, which didn't alter it much. So it becomes a question of what is practical. And the fact that it received such a welcome, an extraordinary welcome by the health community, by the social community and internationally, indicated that we were dealing with something which met the needs of the times. So to abandon what we thought was right in order to satisfy a particular wing that was in government at that time would have been quite wrong and would have denied the usefulness of our committee or any future committees.

Berridge: Simon, I think you wanted to raise a question.

Szreter: Yes. I just wanted to point out a slight possible inconsistency that seems to come out here, which is that Jerry Morris says that the report came on the back of 30 years of careful health service research and epidemiological research and the time was right for formulating these proposals and doing the sorts of things that the Black Report eventually came to propose; and then we have this interesting interchange where the civil servants were really saying 'Why couldn't you do it quicker? If only you could have done it in time to be received by a Labour government, maybe some of the proposals might have started to fly.' In a sense the question is, if it was on the back of all that research, why was it that the Black Report took so long. ... I mean, not so long in an academic sense – obviously, I'm as guilty as anybody for taking many years to produce anything, but why was it that in 1978 you felt that you couldn't deliver something on the back of all that research that could have started to be used, that you had to take another two years before you could do it? Or was it that the political immediacy just didn't bear in on you at all?

Black: Let me repeat, we were more concerned with the long term than with any political deadline.

Turner: I have to say that there was no shortage of recommendations to the Labour Government at the time, and at *New Society*, where I was, we were writing week after week with recommendations that the Labour Government could have given its attention to. And I think it's a bit simplistic to suggest that had this report been delivered to David Ennals, David Ennals would have picked it up and run with it. I just urge a bit of caution on that front. I think as things turned out, with the ability that I and others had to call foul, we began a much bigger story, and the international importance became much greater. But we haven't got to that bit of the story yet.

Berridge: No. Well, I think we are moving on to that bit.

Townsend: Could I just draw attention to that? It helps the current audience to size up to that, which is that we got the example recently of the first royal commission [to report to Blair's] Labour Government,

on ageing and services.¹⁰ And we've got the Government not sizing up to an almost total consensus about payment for personal care, and not wishing to go down that road, even though the royal commission brought out three volumes which weigh in my briefcase about ten pounds. It was a very authoritative job, and entirely supports the kind of point that has just been made.

Berridge: Dr Shore?

Shore: It was just something earlier on I picked up, and I may give it more significance than it merits. Professor Abel-Smith and Jack Straw were David Ennals's political advisers at the time. Then Jack Straw moved to the Department of the Environment. And I got the feeling both of them felt that there was more likelihood of action in that department than the department they left.

Morris: Peter was Secretary of State for the Environment.¹¹

Shore: Yes.

Morris: On the other hand, in fairness, Abel-Smith was desperately interested in all these issues, and I discussed them personally with him over the years again and again and again. We mustn't forget that.

Berridge: I think we're probably moving on to the stage of the report being ready, and being submitted to the incoming Conservative Government, and it might be appropriate at this stage to consider Patrick Jenkin's contribution.

Black: By way of comment on that, I am reluctant to criticise Patrick Jenkin as I think he was suffering pretty heavy-handed persuasion from above. That the timing of the publication and the dismissive foreword represented an attempt at suppression I was reluctant to believe at the time; but when similar endeavours were made over *The Health Divide* a few years later, I began to suspect ministerial involvement, which was of course denied.

Townsend: There could be a lot of comments on that. But it's worth making the point that the typescript which was photocopied was just

as it was delivered. Nothing happened to the typescript, it was just reissued in photocopied form, in those 260 copies. Secondly, which I care about, the comment is made that only the rich and the poor were compared, when in fact as anybody can testify by looking at almost every page of the report, the whole social range by class and by occupation is given, and certainly most usefully, as Wilkinson has recently shown, it applies to each of the steps in the range. There's endless material which shows that this is a feature of the structure of the distribution of income. I think that anybody looking at that would also think, well this is thrown together and not very authoritative, and I ask people just to look at the list of references in the text to that. And finally, it is I think quite significant that Patrick Jenkin talks about poverty and having an interest in that, and that was later the government where the Secretary of State regarded poverty as something that didn't exist. John Moore¹² actually went public on his deplorable statement that there's no such thing.

Morris: That they had abolished it.

Townsend: They had abolished it without treating it – to argue that it was treated seriously just doesn't bear examination, is what I'm trying to say. And for those who want to see some commentary on the Patrick Jenkin reactions, the original Penguin which was issued in 1982 – there have been editions later bringing in Margaret Whitehead's *The Health Divide* as well to add to the material – this has a commentary on the Cardiff speech that is quoted in Patrick Jenkin's comment here.

Morris: We can discuss the Secretary of State's letter later. One or two brief points. First of all the publication. The report, 260 duplicated copies, was published in the Bank Holiday weekend, which Douglas characteristically says was an accident ...

Black: It might have been.

Morris: Might have been. I happened to be the only member of the committee who was in London that weekend, and my phone didn't stop ringing. Symptomatically, the very first call I got was at breakfast time that morning from the New Zealand High Commissioner who wanted a copy. I suggested that a man of his eminence could phone the

Secretary of State direct. And it was a measure of my self-control that I didn't give the same advice to I don't know how many journalists, radio reporters, goodness knows what, who phoned me during that day, till at teatime I disconnected the phone, I'd had enough. But more seriously, this letter contains an extraordinary slur on the Civil Service, which they're not in a position to refute. During the course of the work of the committee and before, I'd had innumerable discussions with civil servants, who wouldn't for a moment associate themselves with this sort of put-down.

Berridge: Can we ask our two civil servant members on the panel?

Morris: Well, they're represented. I'm not referring particularly to the medical civil service. And how you deal with this, I don't know. Lord Jenkin is entitled to his views and to make these statements, but the Civil Service by definition are unable to respond. And so I frankly don't know what you do about it. Except to give my own personal experience that this is a serious slur on them, and the interest they had in the kind of thing we were trying to do, and eventually managed to do, some of it anyhow.

Black: As I said earlier, the evidence for ministerial involvement in under-emphasising the 1980 report is conjectural; but when similar things attended the publication of *The Health Divide* in 1987, I became suspicious that there was more than chance at work. But perhaps that is something to be dealt with when we come to Margaret's report.

Berridge: Could we ask our two civil servant members of the panel to comment?

Shore: Well I had particular reasons for keeping a very low profile at that time, and I was not involved in the discussions about how the report could see the light of day.

Buller: I sought opinions on the Black Report from various groups advising the department. As Patrick Jenkin said, the report did command some support, particularly from scientists. I'm not saying the support was unanimous or wholehearted, but there were certainly parts which some advisers wished to see followed up.

Berridge: We're talking about the publication in terms of just the typescript, but that obviously became really quite soon quite hot news, and I wonder if we could move on to how that came about. Jill Turner, you were involved in that process weren't you?

Turner: I have to tell you I have no news sense, I'm not very interested in news. I care about what is important. Some journalists actually care about what's important. And certainly when I was at *New Society* in my 20s, I was covering the Home Office and social services and health. We were coming up to the August Bank Holiday and I was asked to phone Peter Townsend. And Peter was good enough to allow me to receive his copy of the report. [To Peter Townsend] I believe you spoke to the department, and asked for your copy of the Black Report to be delivered to 30 Southampton Street, which was the *New Society* address. So I claim I was the first person to hold the Black Report, and I spent a few evenings reading it. I mean it – this [the previous report from OPCS] is lightweight and readable, compared with this [the Black Report]. It is extremely heavy reading. It took me two days and two nights to read it, and to understand what was going on, to *understand* it. And I marked it and I went through it very solidly, and there was absolutely no doubt in my mind that this was absolutely top science done by three absolutely top scientists. One could take it as gospel truth, and therefore this was of outstanding importance. So I phoned up the department and said, 'Why aren't you holding a press conference on this? Why is there no press release? Why does it look so funny? Why isn't it printed properly?' And this guy George went away and he came back, he said, 'I'll phone you back.' He said, 'Well, it's only a working party report, Jill.' So I said, 'Oh George, for God's sake!' And then I said, 'How many copies have you printed, or photocopied?' And he went away and he came back and said, '260, Jill.' I said, 'What's going on here?' And he said, 'I don't know, Jill.'

And so I then phoned up Peter Townsend and said, 'Peter, do you realise what is happening?' And you [Townsend] started telling me about the report. And I said, 'Hang on, do you realise that they haven't printed this?' And you said, 'What do you mean?' I said, 'Well it isn't printed, it's just a sort of funny photocopy.' And I said, 'And have you seen the introduction?' I read it to you and you said, 'Well, what can I do about it? There's nothing I can do about it.' So this is a 20-year-old talking to one of the top professors in the country. And so very cheekily

I said, 'Oh yes there is. Douglas Black's President of the Royal College of Physicians. Ask him to book a room and I'll invite the media'. There I was, trying to get what was top research into some kind of action. Because it was absolutely obvious that every attempt was being made to sweep this under the carpet. This was August Bank Holiday, the Friday of August Bank Holiday. Most sane people had left the country. So, you [Townsend] actually did that, you spoke to Douglas Black, is that right? [Townsend nods] And the time was fixed for, I think it was the following Tuesday, immediately after the Bank Holiday, at 12 o'clock or something, and Jerry was phoned and got involved in some way.

And so we had a press conference in a room at the College of Physicians, which was completely packed out, I mean packed out to the walls, so that you hadn't booked a big enough room, Sir Douglas. So I sort of took an early lunch nonchalantly at *New Society* and said I had to go to that press conference. And the only traceable part I played was to ask you, I remember, whether you thought you would have got this much publicity had it been published with the normal amount of Department of Health information and support – which of course it wouldn't have. It just happened that my boyfriend at the time was Alexander Thompson, who was UK correspondent of the BBC World Service, so that weekend I had been haranguing him about the importance of this report. And Alexander was and is the most lucid and wonderful journalist. So on the one o'clock news, the top story throughout the world was, I think, a five-minute story on how British inequalities of health were rising. This just went around the world. Of course the Foreign Office were slightly embarrassed by this sort of story of elitism in British society. Anyway, so meanwhile I had written my *New Society* story – which came out a bit of a damp squib after all this really. And then of course it all went quiet, and it was up to the committee members to keep it on the agenda.

I saw Lord Jenkin a year or two back at a reception in the House of Lords. He physically wouldn't speak to me. He just turned his back on me and walked away. It was simply not distributed with press releases, at least initially. They had to re-think it. And then I met Sir Patrick Nairne¹⁵ at one of these head-in-the-cloud dos at Windsor Castle – I think he must have given the advice and drafted the foreword, and he just said, 'You are obviously a very dangerous woman'. I'll have it written on my gravestone. So if there is a moral to this story, it is that however wonderful the academic work, and however much slog has

gone into it, if somebody isn't going to apply this research, and to pick up this research and put it into action, then it really is so much wasted paper. I am a completely common-sense person and, you know, I want to allocate two of you to each health action zone and say 'Go and start a bank and start an allotment and literacy classes' and everything else, because otherwise we just have more time wasted with nothing actually done. And if there is ever a good political climate it is now, and if there's somebody who really does understand these issues it's Tessa Jowell.¹⁴ There are people out there who need help. I mean people need to get out there and start working locally, and not have seminars on the subject. I mean, if you go and listen to people in these places, if you have an ounce of decency about you, you get the sense of urgency from what they have to say, from what their own stories are, from their own lack of any self-worth, from that lack of empowerment. I would very much urge people to look forward and the time is now on this. Sorry, I've gone on too long.

Berridge: Thanks very much, Jill. That's a very interesting story of how this got into the wider public domain, and I think that probably brings us on to Stuart Blume's next question, how did the group see that subsequent reception in the community. He mentions in particular the trade union movement, the community health organisations, and how that reception was influenced by the Government's rejection. What do the group think about the way the report was subsequently taken up and responded to by organisations in the community?

Black: We didn't just keep on saying the same things. Although we did repeat them, we also added to them the wealth of new evidence that was coming all the time. In other words we just kept at it.

Buller: I agree with the statement that the Black Report was a difficult read. It certainly was for me. Following the initial quiet release by the department there was a burst of publicity, as we have heard, but my own opinion is that the original report proved too difficult to be widely read in entirety.

Townsend: But in fact, what we're leaving out is that – I'm absolutely clear about this – there were at least ten summaries of the Black Report

written by distinguished bodies, and I think the reception in the health services was even more emphatic than it was outside them, and the trade unions as well as various of the professions published short accounts all over the country, and it just snowballed. That's one factual point about the reception. The other point about the reception was that people responded for years afterwards in terms of fresh research. It was incredible, and I know Margaret could vouch for this, that by the time she came to prepare *The Health Divide* there were another hundred research studies which had not only filled it in but actually consolidated it. I mean for example, we were pretty careful about not calling too much attention to inequalities among the elderly in terms of premature mortality, and yet the longitudinal and other surveys that followed confirmed that this applied. This applied nearly as strongly to the elderly as it did to younger adults. And there were a number of other respects which I could talk about, and no doubt all of us could at some length – the way in which the message of the scientific thesis was confirmed here, there and everywhere. The same is true now: I mean, Margaret and I had a hand in the third edition in 1992 and we're now disconsolately looking at the fact that we have to have a fourth edition, and the degree of cross-national research on the subject is growing by leaps and bounds; indeed I am associated with a development in the United States, where they've had great difficulty in accepting the idea of social class for many years, and a major piece of research based on Harvard's public health department costing \$2 million is now under way, and its object is very much within the tradition established in Britain of looking at inequalities in health.

Morris: There's a sort of air of satisfaction and pride in ourselves here. In fact there was no serious attempt to follow up this report, or to capitalise on it. For example, the TUC, under a fair deal of prompting, produced a first-class summary of the report, which they then spread with their machinery across the country. I personally had three meetings with trades councils, where members had obviously mugged up, studied the report, and took it very seriously and we had excellent discussions. The best in all my experience was in fact with the Newcastle Trades Council. But we've lacked a lively public health body in this country for many years, and we've got to face up to it. It's their responsibility to take this forward, and it just wasn't taken forward.

Berridge: Were there any other organisations that did that sort of thing?

Morris: No.

Berridge: So there weren't any other community organisations which took up the Black Report in any way?

Morris: Oh, it was mentioned by many organisations, many officials read it. Shelter read it very carefully, I remember being quizzed by Shelter. But in fact this was a major job for public health, and there was no public health organisation to carry it further.

Turner: Jerry, don't you think people should be being surveyed locally on, you know, are you doing this, are you doing that?

Morris: It's not at all clear what local organisations should be doing. This is what worries me about the Health Action Zones.¹⁵

Turner: But there's a list of initiatives and ideas that they could at least try.

Morris: The local evidence on the kind of issues that we are discussing is unclear. This is why I am upset by the way they dismissed our research proposal, this very elementary research proposal which, had it been started 20 years ago, by now could be carried forward. I am concerned that it's a major function of the Health Action Zones, to reduce inequalities. Stated time and again, in government statements.

Berridge: Can we just go back to the publicising of the report, and the Pelican edition which was brought out? I don't know if Professor Townsend wants to say something about that, and how that came about. It was a couple of years after the main report was published.

Townsend: Well, it got under way only about a year after it was published in the sense that it was rehearsed, and Nick Davidson, who is a journalist – he has been working more latterly if I remember correctly with Central TV – he was first of all concerned with two or three television programmes, as I remember it, on the themes of the report, and then suggested that it ought to be the subject of a Penguin. My memory is that it would have been out a lot sooner but for the fact that copyright issues came up with the Department of Health in no

small measure, and we experienced a number of delays before agreement was reached that it could be published. And the next point about the delay, because I'm really referring to 1980 or quite early in 1981, when the idea was rehearsed, that it was felt, partly for the reasons that Arthur Buller has mentioned, that a slightly slimmed-down version would be best. Of course there was a good deal of argument between the then editors and members of the Black Committee and Penguin about how that was done. And we wished to honour some of the strengths of the arguments, the detailed arguments, without shedding too many of the pages, and in the end about two-thirds of the original version was published with a new introduction. And this seemed to work very well, and certainly attracted quite a lot of notice.

Berridge: So presumably then there was a further period of great interest and invitations to speak on the subject and so on, at that stage?

Townsend: There are a whole variety of things that can be said, which touch on people's experiences here. It's partly a question of networking what is important, and I was grateful for what Jill was saying about picking up some things which are important. We all do that in our own professional work and careers. And this was the same: people felt frustrated on the one hand and felt angry on the other that this subject, which after all is at the heart of the health services, was being treated by government in such a cavalier fashion – many people expressed this to us in no uncertain terms. And the fact that it began to be like a snowball, of people issuing various summaries and commentaries and fresh work referring back to the report, made it recognisably seminal in the sense that we wanted to network this, because the importance of the report is not so much in authoring it and getting publicity for it on the day, but also making it enter the working lives of many people who it not only appeals to but connects with, the work that they are doing. Once you can do that, it seems to me – that's what's really important about a report of any kind.

Berridge: I think we're moving on now perhaps to the follow-up report, *The Health Divide*, which was initiated a few years later, and I wonder if the two people who were involved in that could say a little bit.

Player: Thank you. I'll certainly make a wee introduction if I may, and then Margaret, who is the main worker behind all this, can pick it up. If I could just quote from Patrick Jenkin's letter or memorandum – I hadn't seen this before, and I think the nub of it is in his last page, the two sentences where he says, 'I was accused of not caring about inequalities. True, I have always been more concerned about poverty and deprivation than about inequality.' I think that's the nub of the matter. The man does not understand what we are talking about, period. The second thing I was going to say was, this is really the extant description of the publication of *The Health Divide*. It's only in *Inequalities in Health*,¹⁶ a combination of the Black Report and *The Health Divide* in Penguin. It's in the introduction under the paragraph which is entitled 'The Health Divide Surfaces'. Margaret and Peter have written it down and it's there, a historical document. I could recommend this to you to get a really good picture of what happened. In summary, in January 1986, when I was Director-General of the Health Education Council, my impression was that inequalities were increasing, and that the health divide was getting wider. I commissioned Margaret to look at this and update the evidence in the Black Report, and the information that had accumulated since 1980. She started in 1986, and the work was finally published in March 1987 as an occasional report from the Health Education Council.

But as the 'The Health Divide Surfaces' says, between commissioning and publishing, two important things happened. One was that plans were announced to disband the Health Education Council, and the second was that political commentators were convinced that an early election was due. Now these are two quite important issues. The disbandment of the Health Education Council was completely news to myself and all my colleagues in the Health Education Council. Mind you, we had been becoming more of a thorn in the flesh of the Government, I must say – it was more in tobacco and the influence of the tobacco companies on government and on MPs, and likewise with the alcohol industry and the food industry, and their lobbying either financially or otherwise with the Government and MPs. The plan to disband the Health Education Council was announced by Norman Fowler, then Secretary of State for Social Services, in November 1986. Remember we were going to launch this report on 31 March 1987.

Now at that time Parliament actually met in the mornings, and it

was ten o'clock on the Friday morning when he announced this, and it was complete news. On the Thursday I was in Oxford, speaking, and I got a call from my deputy to say, 'David, you'd better come back to your office tomorrow, because officers from the Department of Health want to meet you.' And I said, 'John, what's it about?' 'Don't know, they won't tell me. They just want to meet you in your office at ten o'clock.' I said, 'Has our chairman been informed?' Our chairman was a man called Sir Brian Bailey. And he said, 'Yes, I believe so, but he won't discuss it either.' I had my senior staff there, about four of them, sitting with me, in my office, at ten to ten, when two senior civil servants whom I knew came in. We talked for ten minutes about the weather, about football, about the TV the night before, and so on. And at ten o'clock exactly – this is true, it's not a drama – a piece of paper was presented, 'We can now tell you, David, this is the statement Norman Fowler is making at this moment.' The upshot was that the Health Education Council, which was a quango, was disbanded and reconstituted as a Special Health Authority, and it's now called the Health Education Authority. So that became directly accountable to ministers and to the Government. Now at that time I had about 76 staff in offices in New Oxford Street. What happened was 75 of them were moved into the Health Education Authority and my job was advertised. Now I naturally applied for it, but nobody, not a bookie in London, would take bets.

But I was going to make damn sure that what had happened to the Black Report wasn't going to happen to *The Health Divide*. So I had three thousand copies printed properly and distributed to voluntary organisations, health authorities, local authorities, all the media of course, and then called a press conference. The panel consisted of some of my colleagues here today – Sir Douglas Black, Peter Townsend, John Fox, Margaret Whitehead, Michael Marmot and Alex Scott-Samuel.¹⁷ About an hour before we convened, my chairman Sir Brian Bailey came into my office waving the report, and he said, 'Can I have a word with you David?' And I said, 'Sure.' He said, 'Where did this come from?' I said, 'Well, it's an occasional report, sir.' 'Oh! Don't you realise,' he said, 'this is political dynamite, in an election that's coming up?' 'It never occurred to me,' I said. He said, 'Well, you can't publish this, you can't distribute.' I said, 'I'm sorry, I've done it sir, and we're just about to have a press conference with the distinguished gentlemen I just mentioned.' Sir Brian said, 'You can't do that.' I said,

Poor Health

'But, they're all here.' 'Well you can't hold it here. You will not hold it in this building.' Since he was my chairman, I said, 'Oh, fair enough.' Then Peter Townsend was involved in this. He said, 'It's déjà vu isn't it, déjà vu.' Peter was Chairman of the British Disability Alliance at that time, so he phoned round the other office in Denmark Street to see if it was free, and it was free.

Townsend: We all paraded down the streets.

Player: You paraded – it was to Denmark Street, which was about ...

Townsend: Five minutes' walk away.

Player: Two hundred yards from my office. Denmark Street is mainly a street with guitar shops, and I think your office was a wee office above a guitar shop. So the TV and cameras and radio, all the interviews had to take place in the middle of Denmark Street, because everybody couldn't get in. I remember Sir Douglas, waving this report, and saying, 'You've heard of the Black Report, now here is the yellow report.' And the media followed you like the Pied Piper of Hamelin. It was on TV that night, and the next day it was in every national paper, front page, the *Independent* had a full page every day of that week. It was almost a repeat of the release of the Black Report. But it made it a huge issue. And the Government – they never learn, they never learn.

Berridge: Margaret?

Whitehead: Well, looking back, my biggest impression is, I can't believe how naive I was. I was so naive. Because when I got this commission to do the update of the Black Report, I took it seriously, and I set about it as an important job, but a straightforward job. I collected together an informal advisory group, and Peter was on it, and Sir Douglas agreed to look at drafts, and so did Jerry Morris, and so did John Fox and Michael Marmot and Richard Wilkinson.¹⁸ I had a very good and friendly advisory group who were bringing together all the evidence for me and helping me with the evidence. So it was an intense period, an intense year of bringing the evidence together. But I was still quite naive, I didn't really realise what the end results would entail.

I only got an inkling of this as we drew up to near publication date

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– the publication date was 24 March, and the HEC was being abolished on 31 March, so it was just a week before the HEC was abolished. And I think just before the publication there was concern about whether we should have a press conference as such, and the first inkling of perhaps some trouble ahead was something that Peter said, and I remembered it distinctly. He said, ‘Now we must have a press conference. We can’t let Margaret face the flak alone.’ And I thought, Flak? What flak? And, sure enough, when the day came, I knew what flak it was. As David said, we were all at the HEC, we were waiting nervously ready for the press conference when it was cancelled. And, that parade round the corner to the guitar shop was just incredible. It was like the Pied Piper, because as we moved along the street we met journalists coming towards us, who were going to the HEC, and they joined on behind us. So by the time we got to Denmark Street there was this big long procession of people following us. And we were absolutely packed into this tiny room. And there was the television, the radio, the press, the World Service, it went right round the world, and everyone that was on the panel had to quickly serve as interviewees for all the different requests for interviews that went on. And I recognise Jerry Morris’s response to when the Black Report was produced, because by the end of the day I too unplugged my phone at home; I couldn’t stand it, because I couldn’t have meals or anything, it just went on and on and on – the press coverage, the media coverage, the reprinting of the document.

And then the other impression I have is that it was quite frightening, because as well as the quite positive media coverage, there were also attempts to discredit the work, very deliberate attempts to discredit. And so for example, I was being phoned up by an adviser to the Prime Minister quite regularly, who was obviously going through the report sentence by sentence, unpicking it, trying to find faults in it. And every time they thought they had found a fault they phoned me up to discuss it with me, and I think that in all cases I was able to answer their queries, and so they would go away again, but yet a little while later phoned me up again with more queries. It was a very frightening time, to think that your work was being pulled to pieces.

And then the accusations of bias started. And perhaps I should quote you just one example from the House of Commons, it’s on page 10 of the Penguin edition of *The Health Divide*. The Under-Secretary of State for Health, Ray Whitney,¹⁹ observed in the House of

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Commons, when questioned on inequalities in health:

These issues can be approached from a class bias, a fascination with a class division of society, which is basically a Marxist approach. Marxism is entirely based on this class approach, and is carefully reflected in the Black Report and *The Health Divide*. The answer is not to impose on society the socialism that everyone else has rejected, and seemingly only the few authors of these reports, and a few left behind diehards on the Opposition benches, still believe in.

So, we were tarred with biases, scientific discrediting of the report. Actually in response to that criticism, someone had to remind the minister that they had also already accused the Archbishop of Canterbury of being a Marxist – when the year before he brought out his report on faith in the city and raised the issue of great poverty in our cities, he was also labelled a Marxist. So there was that sort of thing going on, the sort of flak that I just didn't expect, as well as the incredible attention on the report. But at the same time there was incredible support from many different sides, certainly from the public health field. Expressions of support, petitions, signed and sent in, which I think more than outweighed the negative things that were happening. But I think it is a reflection really of that time, the mid-1980s, a reflection that the Government at the time was very sensitive to any criticism of their policies on the health side, and they saw the inequalities issues as a direct attack on their policies, so they were very keen to counter any of those arguments.

Berridge: Any comments from the rest of the panel, who were also involved, at this stage?

Black: Ministerial involvement was of course denied, and I added that to my collection of 'denials which increasingly convince'.

Berridge: We're drawing to the end of the afternoon, but one thing which has come up several times that it would be interesting to have the panel's views on is the relationship of all this, this history of the Black Report and the subsequent reports, to the current resurgence of interest in inequalities, and the Government's focus on inequalities. Jerry, I know you've already made some comments about this. Would the panel like to make some comments about then and now?

Black: The problem of course remains difficult, but with the new administration I believe there has been a sea change in the attitude towards it. The commissioning and subsequent publication of the Acheson Report²⁰ are solid evidence of this. Acheson likewise emphasises the multiple factors involved necessitating action by several government departments; and the particular importance of relieving deprivation in pregnancy, infancy and childhood. And there is the vital new emphasis on the contribution which could be made by a change in the tax system which would selectively benefit the poor; had we been able to foresee the 1980s, we would certainly have made the same emphasis.

Morris: I think one very important thing which gives us all an opportunity is the commitment by the Prime Minister to abolish child poverty in 20 years. And a further sub-commitment that 700,000 children will be removed from poverty by the end of this parliament. So far there are few details of this, but it is a more substantial commitment than anything before that a government has declared. And it gives us all a challenge as well as an opportunity, because there's an awful lot to be done theoretically as well as practically in advancing this. One of our main proposals was the abolition of child poverty in the 1980s; we talked about a period of ten years. But this is a definite commitment, and in 20 years, by Mr Blair himself.

Townsend: I think we've circulated a copy of what the Black Committee produced recently on the Acheson Report,²¹ and in a way that calls attention to some of the basic themes or problems that Jerry is alluding to. Just to run over a few of them, because we're coming to an end, and it's quite important to leave the right impression of the variety of good work that needs to be pursued now as ever. Take the theme of networking; it is extraordinarily important for the professionals not to act alone and produce their own individual work, or even within their own research institute or university. It's quite valuable to try and establish the degree to which important conclusions and developments are shared, and we have called attention to that once or twice already; I think it's very important.

But it raises too the point about the Black Report we haven't mentioned so far, its insistence that a health strategy had to be developed that was wider than one which was centred on the health service's

professions or healthcare, and while the two have to be complementary, what is important to insist on is – you can put it in various ways. One way is to say that it hasn't been cross-departmental. We have to have, as mentioned already, the Department of the Environment in this act, and Transport, and for local authorities et cetera, because it has to make sense in terms of any causal analysis of inequalities in health. We did have originally a recommendation about a cross-departmental approach. To some extent that has been reiterated by the present government, but I haven't seen signs – maybe I've missed them – that it's really being followed up in a more constructive and practical way.

Then there's the question of the strategy that has to be one which is rather general, and where different bits fit together. That applies to theory and policy as much as it does to networking and to departmental structure. And that means that people are invited in their professional research and work to say how far not only does that piece of work matter, but how it matters in relation to the big picture, if I dare put it so crudely. And I think increasingly people have to recognise they have to say something, even if something very brief, about the big picture as well as their particular bit that they're examining.

And one of the things about the current government's approach seems to be that it is keen on monitoring and assessment – and this has to be driven home, because it's all very well to say it, but to carry it out isn't very easy, to actually produce tangible evidence, in relation to trends, that you are beginning to turn the situation round, or that one is beginning to improve expectations in relation to mortality of different sections of the population. Finally, on this, it does, I'm afraid, raise questions about major themes of the conduct of policy which are very scientific, and the deep scientific implication about redressing the imbalance we've got into – of privatisation versus public service, of targeting versus universalism, of redistribution versus cuts in public expenditure and of the whole issue of the influence of transnational developments which are undermining inequalities in every country, in some measure. There can be endless controversy about the extent to which that is happening.

Buller: I was, for a few years, a civil servant and I would like to make an observation with the aid of hindsight. During this afternoon's discussion, and in spite of Jerry deploring what the former Secretary of State wrote about civil servants, there has been a tacit assumption that

there are jolly good scientists who are whiter than white, some rather grey and indifferent civil servants and wicked politicians who are blacker than black (with a small b!). During my time in the department I developed a high regard for the ability of senior civil servants. I believe that there would have been great advantage if the members of the Black Committee had worked more closely with senior civil servants in the department. Civil servants are typically active in a particular policy area longer than ministers and they do have the ability to facilitate – *Yes Minister* was not without a grain of truth! In my opinion the Black Report was, intentionally or not, confrontational to general government policy. Much of the scientific evidence contained in the report was accepted within the department and a majority of civil servants would have wished to see some progress in implementation. However the forthright nature of the report short-circuited the ability of senior civil servants to facilitate and determined a collision course with the Government. I believe this could have been avoided, at least in part. If one seeks to change policy there is advantage in working in partnership with civil servants rather than putting oneself into direct opposition to ministers. I don't know if you would agree with me, Elizabeth?

Shore: I think I am very much a civil servant, and I was very aware of the tide of the time. A small report with modest recommendations might have got into Whitehall sufficiently for action, but this didn't have a hope in hell. And I think in a way, the way it was produced was wonderful, I was cheering in the aisles; I didn't know Jill's part in it but I thought it was wonderful. But it was going to be influential over a very long period of time, not in the short term.

Black: Yes, I think I said earlier that we were 'long-term people'. Also, I stressed the support we were given throughout by the civil servants attached to the group. But there may have been pressures higher up, and at the end of the day civil servants are under obligation to support ministerial decisions – which do not always represent either absolute truth or undivided bliss.

Turner: I think there's a nice middle way here, because, in that I actually heard Sir Douglas Black, the Chief Scientist whom I have been brought up to revere as a scientist, saying, you've got to start

somewhere. And I just feel that you can be too absolutist about the numbers, and the science, and too absolutist about its changing all or nothing, and I have learnt a respect for those who start somewhere, however locally, on however small a project. They take a little bit and work with it, and show leadership in it. I do believe the time has now come to apply this research. We know there is an enormous problem; we know others are coming into the country who are going to make the inequalities in health even greater. But we have to start somewhere.

Berridge: Thank you. So far we've excluded the audience almost entirely, but there may well be people who have contributions they would like to make, who were there at the time also, or who have one or two final questions that they feel we haven't covered in the seminar.

Szreter: John Fox may say this is just another day and another story, but I was just wondering if you did want to make any comment on the relationship of the longitudinal study to what we've heard today.

Fox: I'll pick it up in the context of what Margaret said. I think that there was more research done in the 1980s on health inequalities than at any other time. This was a consequence of the way the Black Report had been released, not that there was government support for doing that work. The Government's disapproval motivated a lot of people. Here was an area that needed to be researched, I think there were attempts at the time that the Black Report came out to address the different explanations. There was a lot of discussion about alternative explanations. And I think that promoted a lot of different research to help to address those issues. I think it also meant that 20 years later we have a much wider and better understanding of the issue. Although, as Jerry rightly says, there was research in the 1950s, 1960s and 1970s, it was not as well known as the research is now known and understood in the wider public-health and social science community. That's because popular books have been written on it, and because there has been an ever-widening amount of research. We can all tell individual tales about particular data sources or particular analyses or what have you, where we could have had difficulty in getting funding for the research and that sort of thing. That was a background for lots of people supporting each other, strong networks building up, which didn't exist before that time.

I think we also learnt to work more closely with civil servants. Four years ago now the Chief Medical Officer [CMO] for England, Ken Calman, commissioned the report on what the Department of Health and the NHS could do about health variations.²² And it was an illustration of a changing climate and a changing acceptance. The people who got involved with that report recognised that they were opening doors and starting to move things back in the right direction, but more in a spirit of cooperation. And I think that climate has then come further. Margaret was very actively involved in the 1991 decennial supplement that was brought out, and which went much wider than the previous decennial supplements. And if one compares that to the history of what happened with the 1981 decennial supplement, it's an illustration of how, I think, the ground had been much better prepared for an incoming government that was going to be sympathetic to taking these things forward than ever previously.

I still think that Jerry is right, though, to highlight one of the criticisms that one can have, that we haven't got the research base on the practical issues of what one can do, and how, what will work and what won't work, to the same degree that one might have had, had one started that sort of research somewhat earlier. And one says it's taken 20 years to get here; the first time I heard Charles Webster talk, he pointed out that virtually every health technology that is introduced into the health service takes about 25 years to get into practice, so, we're not that bad, despite the hostility with the Government at the time. I think quite significant progress has been made.

Shore: You talk about scientists learning what the Civil Service can or can't do. I think the Civil Service learnt a lot from this report, because, where I came from, we thought primarily about equality of access. It was instrumental in resource allocation to achieve a fairer distribution of services. But we hadn't gone on to make policy based on health outcomes and wider health issues. We were just beginning to. Subsequently I had a role in government acting for the CMO in talking to other government departments on health issues. I think ideas along these lines went underground but they didn't stop.

Turner: It was always health service rather than health.

Shore: Over-simplified but true at the time.

Turner: And the Department of Health didn't think it was its concern, it was running the Health Service.

Shore: Constitutionally, the voice of the department is the Secretary of State, not his civil servants.

Berridge: So there seems to be a pattern at one level where the report is rejected, but at another level it's enormously important in stimulating research, stimulating a community of researchers, and so in a sense preparing things for what happens ten years or more later.

Townsend: I would just like to seize on the report as being absolutely crucial to the future of research into health in this country as well as in Africa. What we badly require is a kind of push on the scientific front, in the sense that in order to really get closer to our analysis of cause, but also our analysis of priorities in policy at least in terms of strategy, we need badly to begin monitoring, defining operational definitions et cetera which are in common with African countries. In other words, we need to look at ways of assessing individual health and conditions in ways which are much more cross-national, scientifically, than they are operating under present assumptions of the divide of the first and the third world. We can never join together in terms of understanding clearly the common causes of the problems that arise, or the common approaches strategically to some of the ways in which we can reduce the extraordinary premature mortality that occurs in many of those territories. What I'm trying to say very badly is that, although the Black Report was dealing primarily with conditions in this country, it had to be in some senses comparative, but comparative isn't enough if you are really to pursue the scientific message correctly.

Berridge: I think we'll have to draw things to a close now. I would like to thank our panel very much for I think what has been an excellent discussion and contribution to the history of inequalities.

NOTES

1. David Ennals, Secretary of State for Social Services, 1976–79.
2. Dr Elizabeth Shore, Deputy Chief Medical Officer (1977–85) was Peter Shore's wife.
3. Acheson Report: *Independent Inquiry into Inequalities in Health* (London: HMSO, 1998).

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4. Alvin L. Schorr had published widely on income inequality and the effects of poverty on families and children. Among his books, at that time, were *Poor Kids: A Report on Children in Poverty* (New York: Basic Books, 1966) and (as editor) *Jubilee for Our Times: A Practical Program for Income Equality* (New York: Columbia University Press, 1977).
5. Dr Simon Szreter, member of the audience.
6. P. Townsend and N. Davidson (eds), *Inequalities in Health* (Harmondsworth: Penguin, 1988), Table 37.
7. Seebohm Report: *Report of the Committee on Local Authority and Allied Personal Social Services*, Cmnd 3703 (London: HMSO 1968).
8. Lalonde Report: report brought out in 1974 by Marc Lalonde, Canadian Minister of Health and Welfare (*A New Perspective on Health for Canadians* [Ottawa: National Health and Welfare, 1974]).
9. Todd Report: *Royal Commission on Medical Education Report* (Chairman, Lord Todd, FRS), Cmnd 3569 (London: HMSO, 1968).
10. The Royal Commission on Long Term Care: *With Respect to Old Age: Long Term Care - Rights and Responsibilities. A Report by the Royal Commission on Long Term Care* (London: The Stationery Office, 1999).
11. Peter Shore, Labour Secretary of State for the Environment, 1976–79, and husband of Dr Elizabeth Shore, participant in the witness seminar.
12. John Moore, Secretary of State for Social Services, 1987–88.
13. Sir Patrick Nairne, Permanent Secretary at the DHSS, 1975–81. Sir Patrick was contacted with a request for an interview during the course of the preparation of this volume. In his reply he stated that he could add nothing to the account of and the issues raised by the Black Report. The principal implications were for the social security side of the DHSS under the second Permanent Secretary, Sir Geoffrey Otton. In a telephone conversation Sir Geoffrey also had little recollection of discussion on that side of the department.
14. Tessa Jowell, Minister of Public Health at the time of the seminar in 1999.
15. At the time of the Witness Seminar these had recently been set up by the Blair government, partly with a view to reducing health inequalities, and partly to address the way health services were delivered.
16. Townsend and Davidson, *Inequalities in Health*; Margaret Whitehead, *The Health Divide* (London: Penguin, 1988).
17. Michael Marmot, Professor of Epidemiology and Public Health, University College, London, from 1985 onward. Alex Scott Samuel, consultant in public health in Liverpool and one of a group of radical public-health doctors in the North-West of England.
18. Richard Wilkinson is the author of numerous studies on health and inequality. See notably R.G. Wilkinson, *Unhealthy Societies: The Afflictions of Inequality* (London: Routledge, 1996).
19. Ray Whitney, Parliamentary Under Secretary of State, DHSS, 1984–86.
20. *Independent Inquiry into Inequalities in Health* (London: HMSO, 1998).
21. D. Black, J.N. Morris, C. Smith and P. Townsend, 'Better Benefits for Health: Plan to Implement the Central Recommendation of the Acheson Report', *British Medical Journal*, 318 (1999), pp.724–2s7.
22. Calman's health variations report: Department of Health, *The Health of the Nation: A Strategy for Health in England* (London: HMSO, 1992).

