

Class Day Speech
Dartmouth Medical School
June 7, 2008
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Transforming the Social Agenda: the Role of the New Health Professional

Thanks Dr. Green. And thank you to the class of 2008 for having invited me to speak at this remarkable occasion -- your graduation into medicine, public health, and related sciences. It's a day for great celebration as another hurdle in life's long race has been overcome. For all of you, graduating from this exceptional institution, it's yet another achievement, a culmination of your dedication, of hard work and long hours. It is a day like no other day as you move from the more protected realm of 'student' to the vulnerable unknowns of your new professions.

I feel uniquely positioned to share this transition with you. In 1970, I sat in the same chairs that you are sitting in today, I graduated from one level of anxiety to another. In those days when DMS offered a BMS – a Bachelor of Medical Sciences for you too young to remember – (*it's a wonderful degree by the way, no one knows what it means – do you know this guy? No, but he must be good he has a BMS*) – in those days when Dartmouth Medical School awarded a BMS you had to start applying for medical school *again* after your first year of medical school. And then you transferred into an entirely new institution, with different faculty who probably hadn't heard of your brilliance in the medical sciences (*not always a disadvantage - Prof.[Elmer] Pfefferkorn*) and joined a usually much larger class of students you didn't know. So even your remarkable social achievements at Dartmouth were also gone – and we didn't have Facebook to make sure that our social reputations were never lost!

You are now entering into that same phase in life. So with the relief you feel at graduating comes the anxiety about what comes next. For those of you in medicine, it means moving from the top of the heap, back to the bottom – most of you will be interns in the coming year. For you MPH's and MSc's it means having to find a real job, for the occasional MD/PhD, it means never having to say you're sorry. But for all of you it is a day – a time – of transformation – and that's what I want to talk about with you today: personal and social transformation and your role in both.

In 1978, Jack Mezirow, a professor at Teacher's College, Columbia University, wrote a paper called "Perspective Transformations", in which he described how we, as adults, develop and grow – how we change. His was a different theory from those in vogue at the time – the popular books then described adult development as linear: you pass development milestones as you passed from one decade to the other. You were supposed to act a certain way in your 20s, and then another way in your 30s – your midlife crisis came in your 40s, and so on. Mezirow described adult development not as linear but sporadic, episodic and related to periods in our lives when we are more likely, more

receptive to change. These periods follow critical events of success and failure, of gain and loss; events that tend to disorient our usual way of thinking: births, deaths, marriage, divorce, getting a new job, getting fired from a job, graduating from college, from medical school -- or even living through the day of the assassination of a president or a civil rights leader, or the day of a terrorist attack in New York City or London, or of a tsunami in Sumatra, of an earthquake in China, of a cyclone in Myanmar.

You don't always have to be there to have these events affect you ... but somehow the experience of them must enter your life in a personal way, long enough to have its effect. (*There was a picture in the Bangkok Post two weeks ago of a little girl's inert foot – pink sock and shoe protruding from a pile of rubble in Sichuan Province where that horrible earthquake destroyed so many lives – that did it for me.*) The effect of these events is not to immobilise us by their enormity but to create an openness in us – if we reflect on them, they shake up the status quo and leave us more receptive to new ideas about ourselves and the world around us. We've all been there, we all know what it's like to a greater or lesser degree. We take a moment to try and make sense out of a changed landscape – out of what just happened. Unfortunately – but understandably – this period of receptivity is short – the window is only open for days, a week, a month not usually longer. During this period as we open ourselves to new ideas – good or bad, positive or negative – we are more likely to incorporate them into our lives in a way that transforms our perspective of life.

In my work, which is all about change, I read about this because I felt that many of the 'messages' we were sending out to families for behaviour or social change were falling on deaf ears – and they were. When the status quo is alright not everyone is receptive to new ideas. The transforming experience, I'm convinced, has to be accompanied by a certain amount of anxiety. The desire to resolve that anxiety is what leads us into action.

The transformation isn't always good. The anxiety can move individuals in opposite directions depending on who reaches them during that window of receptivity. Take the example of a poor woman living in a slum in Manila who has just delivered her first baby. She is desperate to do the best thing for that child – she doesn't have to be told how high the infant mortality rate is in her community; she witnesses it every day. Unfortunately, she will be targeted and is much more likely to be influenced by the slick advertisements for infant formula with their *false* images of smarter, fatter, and 'healthier' formula-fed babies, than by a friend who tells her to breastfeed. Or poor parents, destitute from a natural disaster or from overwhelming health care costs that are pushing them into poverty are more willing to consider giving up their children to a stranger – for a paltry sum – believing the promises of a better life (*as we witnessed in the 1998 cyclone in Orissa, India, and more recently in China*)

The point is that during these transformative periods words and ideas can make a difference, sometimes a difference that can profoundly affect our lives. So it is important to use these opportunities to convey things that we know are good for people, for their health, their education, for the well-being of society, things that will transform their

perspective in a positive way. (*Commencement speakers are shameless exploiters of this!*)

So far, we've been talking about personal transformations. But the message within the message is how your own transformation is applied; what is its significance for the people you will serve and care for?

But first – there is a bigger question: Why are you – the students graduating today from this medical school, from the graduate studies programmes, from the Institute for Health Policy and Clinical Practice – Why are you so important? It's not rhetorical. The answer: when you look back at that list of life events -- of births, deaths, and so on that lead to a perspective transformation, doctors and public health workers are there – it is you who will be on site or involved in a major way. It is you who will be in a position to influence others going through these events – and you can influence others *because* you are there, because you are graduates of this prestigious institution, because you are well trained new members of highly respected professions, and *because you are empowered with remarkable freedom* that makes you supremely able to exercise that influence.

Let's talk for a moment about this freedom. The 1998 Nobel Prize economist, Amartya Sen has written extensively about change in developing countries. In a book that he published the year after his Nobel Prize, *Development as Freedom*, he makes the case for true development as being the result of overcoming unfreedoms in society. And it is not only economic freedom – although he sees the freedom of all members of society to participate in the marketplace as key to economic development. It is also the freedom to live life longer, fuller, to essentially get as much as you can out of life, and to contribute as much as you can throughout your life. It's no stretch to see that with greater freedom there is greater development .

The point today is to explore how that freedom can be used to constantly move society toward the ideal of equity. *Equity* - a word that is different from equality because it holds within it not only sameness – implied by equality – but the concepts of justice and fairness. These concepts of equity, justice, and fairness cross all social and political boundaries. In my optimism about mankind, I believe that there is something inherent in the concept. People believe in fairness and want to offset obvious inequities. Modern crises keep reminding us of this: the overwhelming response of society to the 2004 Indian Ocean tsunami; the outpouring of good will toward the Chinese people in those mountainous regions of Sichuan (*despite whatever feelings we have about Tibet*); the international anger about the stymied relief effort in Myanmar where justice and fairness is clearly not being served, and so on.

And of course children are often at the core of this. To me, as a pediatrician and as a public health specialist working for UNICEF – Equity means giving every child a fair chance to enjoy the full benefits of health and nutrition to grow, to develop to her or his full potential, and to lead a joyful life. Equity is not the same as poverty alleviation: poverty alleviation means the poor having enough to move out of their poverty. Equity reminds us that given the limited nature of resources on our globe, in order for some to

have more, others must be satisfied with less. Establishing this balance is the transformation that requires social agency – *agency* defined as an action or intervention to produce a particular effect, an *agent* the person who acts to produce that effect – to drive an agenda towards greater fairness and equity in a world that is becoming progressively more inequitable.

Sen lists the freedoms that are lacking in so many parts of the world, and that deprive various cultures and citizens of their power, their ‘social agency’ – their ability to transform their own societies. The freedoms he lists as missing – yet essential for agency -- are: economic opportunity, political liberty, social power, the ability to participate in social choice, and the enabling conditions of good health and basic education.

Can we do a quick personal inventory here? Don’t we, all of us sitting here today, with supportive families, with society ready to offer us its resources – don’t you possess these freedoms already? And if that is the case, aren’t you already empowered to make changes? The educational system of which you doctors are a part: undergraduate, medical school, internship, residency, (*chief residency for you overachievers,*) and fellowship may insist that you aren’t empowered until you arrive at the end of that process. True, you may not be fully skilled until the end of that process but is that all that empowerment means? To be a good technician with the right certification? If you wait until then, you may already find yourself so enthralled by the system that you may be less able or willing to see where change is needed and more reluctant to exercise the social agency necessary for change, whatever your role.

Let me give you an example of social agency that has demonstrated its potential to impact on the social policy of a nation. The agents were doctors in partnership with epidemiologists and health economists – I’m sure that a team of this kind could be or will be drawn from you sitting here today. (*We might need a few more economists – although your knowledge of how to pay medical school bills might qualify many of you.*)

I was working with this team recently in Vietnam, running a *Consultation on Equity in the access to quality health care for women and children*. The idea for the consultation came from a conversation I had over a year ago with a senior member of the Ministry of Health, Government of Vietnam. When we discussed the biggest problem facing Vietnam today – and that means facing the third fastest growing economy in the world, facing a country set to achieve almost all of it’s Millennium Development Goals, facing a country that has reduced poverty by 39% in 11 years – he said he was most concerned about the growing disparities in his society. He felt that as the country had moved from a planned economy to a free-market economy not everyone was reaping the benefits. The social safety nets of the past had been done away with. Free medical care was being replaced with a fee for service, and the poor were being left behind.

He was actually aggrieved knowing that some slipping into even greater poverty were losing their personal freedoms in the process. And of course, he was correct -- if you are sick, and undernourished, it is hard to exercise any freedom. If you are stunted in height or in intellectual growth from poor nutrition *in utero*, or under nutrition and frequent

illnesses in early childhood, you will not be able to fully enjoy the benefits of a rapidly growing economy. He also recognized that this critical issue could easily destabilise the nation; in neighbouring Thailand and in Indonesia social unrest and even separatist movements had arisen in those areas where citizens felt marginalized or deprived of the benefits of society. He felt that inequity was a critical issue that could prevent his country from achieving its full potential. I don't want to make him seem larger than life – he was also politically sensitive to the fact that his party could benefit from being the champion of the poor. And I, as a good developmental opportunist, was more than willing to build on that.

As many of you know, fulfilling the right of every child to health care and nutrition is the content of the Convention of the Rights of the Child, adopted by the UN General Assembly in 1989. It says that “States parties shall recognize that every child has the inherent right to life” and will “... ensure to the maximum extent possible the survival and development of the child” including the “right of access to... health care services.”

UNICEF was charged by the UN General Assembly to monitor the implementation of the Convention. When government officials and I discuss the inequities in the Asia and Pacific countries I work in, the usual punch line is to remind them that they signed this convention and ratified it into law and in so doing accepted the duty and responsibility to work towards its implementation. In these signatory countries, it is a legal requirement, an obligation – not an act of philanthropy or good will – to help the marginalized and the vulnerable and to reduce inequity. And the monitoring of it causes governments plenty of anxiety. Unfortunately, as many of these same government office bearers remind me, mine – yours and mine – is one of only two countries in the world that has not ratified the Convention on the Rights of the Child – though there are many in this country (who need your support) working to overcome that omission.

Vietnam created a large fan-fare when it became the first country in Asia and the second in the world to sign the Convention in 1990. It got plenty of international press coverage and earned the admiration of all members of the global community. Here was a young nation, recently emerged from a devastating war, that nevertheless was willing to sign a document that guaranteed equity in access to quality health care for its women and children. Yet here were the two of us, this government official and I – 16 years later – worried that the fanfare was unjustified and that Vietnam was faltering in its obligation to equity. We agreed that Vietnam would host the Consultation and would offer itself as a case study of a nation with a problem of growing disparities.

The outcome was a list of pragmatic recommendations presented on the last day in Hanoi to senior members of the government. These were recommendations that would reduce disparities or at least prevent the gap from growing. Recommendations to change from voluntary to compulsory universal health insurance in order to prevent out-of-pocket expenses from driving near poor families into poverty due to catastrophic health costs; recommendations to increase national budget expenditures on health, and to focus that support on cost-effective initiatives in health promotion and preventative care rather than on more expensive curative care (*I should hear a cheer from the MPHs!*);

recommendations to include more nutrition in the medical school curriculum; and a recommendation to focus more on reducing inequities through public systems of health provision rather than private. There were more. 22 in all.

Why am I telling you this story? Clearly the elements of the situation in Vietnam – half a world away – are common to almost all countries in the world today, including our own. Hurricane Katrina only opened the curtain for the world to see our disparities – disparities we have all known about all our lives. While we at that Consultation recognized that we were being given an unprecedented opportunity to change the direction of a country's national policies, no one in that room doubted that the same process was necessary – and that many of the same recommendations could be applied – in the other countries present from southeast Asia, or in the 'developed' countries represented by the western consultants.

Vietnam may or may not have the political will to follow up on these recommendations – though the National Assembly last week *discussed, debated, and approved many of them for policy change*. No one is pretending that the Consultation alone would lead to social transformation. But the process gave support to those with social agency in and out of the government in their on-going agenda for social change towards a just society, an agenda that many of them had been pursuing for many years -- sometimes at their own political risk.

Vietnam is a society that is progressively opening up. The government has seen the economic expediency of giving more (though not all) of its citizens more access to the marketplace. People are being given more freedoms in other areas though they are still not as free – from poverty, from hunger, from disease – as those of us in this room. But, we must take from this story the examples of individuals in a society who are exercising their social agency more and more; examples for us here today of those who are using their greater freedoms to advance the causes of those with less.

But why? Why give up something – your time or your money or your self – to help those with less. Why transform the social agenda when it's pretty good the way it is – particularly for those of us here? Why not exercise the freedoms you have to benefit yourselves?

I believe those questions are now obsolete – I suggest that in this era of global climate change, of environmental destruction, of wars without boundaries, of natural disasters that seem to be striking the world with greater regularity and scope, in this era of global finances and global markets, of viruses that can travel the world in a day, we no longer find ourselves with the same choices that were debated by my generation when we sat in your seats 38 years ago. The world was somehow bigger then, our horizons were more limited. Now it seems you can see all the way around the world every day. There is a growing recognition of our global interdependence. When a tree falls in the Amazon, everyone in the world hears it and will probably get a little warmer as a result. When someone sneezes in Indonesia, it might be the start of a pandemic.

There are now new questions, new challenges: it is no longer whether we should transform social agendas to create social equity, but rather What is the best way to do it? It is no longer will you or will you not be affected by these social transformations, but do you or do you not want to be the agent of those transformations. It is not a choice of whether to go into private practice or public health but how can you use what this medical school, this faculty and your fellow students have taught you, founded on the love and security your families sitting with you have built for you, drawing on your enormous freedoms and consequent power, and compelled by a sense of justice and fairness – how can you use all of this to do the right thing for those with less, for the public good of society. No one is asking you to act contrary to your own personal interest – martyrdom is unsustainable. The idea is that personal and public interest are becoming one and the same.

Finally, (*I'm told you should always use 'finally' in your speech – it gives your audience hope!*). Let me slip a couple of ideas through that open window of your newfound receptivity – something about your role and what you can do with your power – these are just suggestions, not intended to be prescriptive (although in our profession we have a hard time resisting that):

- Personally: Don't let medical school debts drive your decision making. Take advantage of the loan-forgiveness programmes that reward you for working with vulnerable and marginalised communities after graduation or residency.
- Politically: Contact your congressman – or the candidates in this year of a national election and ask why the US has failed to ratify the Convention on the Rights of the Child.
- Professionally: But no matter where you work – in health care in this or in any other country – start working today to develop equitable systems that protect the right of all children and their families to quality health care.
- Most importantly, and as an expression of individual agency -- make sure that no one is ever turned away from your care because of lack of funds, and promise that the quality of care you witness or that you provide is the same for every patient: rich or poor.

Whatever you do, take a risk and work someplace where you feel newly challenged and maybe even a bit insecure, some place out of your comfort zone, someplace you've never been before – make every experience a transformative experience.

Congratulations! And Good Luck in your new lives.