

GROUND-BREAKING NEW PBS SERIES EXPLORES CAUSES AND SEEKS SOLUTIONS TO AMERICA'S HEALTH CRISIS

Unnatural Causes: Is Inequality Making Us Sick?
Four-hour documentary series premieres March 27, 2008

Produced by California Newsreel in association with Vital Pictures, Inc.
Presented by the National Minority Consortia of public television
Public Impact Campaign in association with the Joint Center Health Policy Institute

A groundbreaking new documentary goes beyond popular conceptions that link health to medical care, lifestyles, and genes to explore the evidence of other more powerful determinants: the social conditions in which we are born, live and work. This four-part television and DVD series challenges fundamental beliefs about what makes Americans healthy—or sick—and offers new remedies for an ailing society.

Unnatural Causes: Is Inequality Making Us Sick? will air on PBS stations nationwide on four consecutive Thursdays from March 27th to April 17th, 2008 (check local listings).

The series release coincides with the intensifying presidential election year debates on the estimated 47 million Americans lacking health coverage. Going beyond the essential need for universal health insurance, *Unnatural Causes* questions what makes people ill in the first place, and probes why economic status, race and zip code are more powerful predictors of health status and life expectancy than even smoking.

Experts and public health professionals have long emphasized that because these conditions are distributed unequally, so are patterns of chronic disease: e.g., heart disease, stroke, diabetes, asthma, even cancer. Each episode sheds light on the mounting evidence showing how work, wealth, neighborhood conditions and lack of access to power and resources can get under the skin and disrupt human biology as surely as germs and viruses.

Unnatural Causes raises unsettling questions with far-reaching political and social implications:

- Why does the most powerful nation in the world rank now 30th in life expectancy (behind Jordan) and 31st in infant mortality (worse than Croatia) despite spending more than twice per person on health care than most other industrialized countries?
- Why do recent Latino immigrants, though poorer, enjoy better health than the average American when they arrive in the United States, yet suffer a rapid decline the longer they are here?
- Why are some African American and Native American populations less likely to reach age 65 than people from Bangladesh or Ghana?

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The series reveals a continuous health gradient tied to wealth. At each step down the socioeconomic ladder—from the rich to the middle class to the poor—people tend to be sicker and die sooner. The least affluent die on average eight years earlier than the rich, and even middle-income people die almost three years sooner than those at the top. Poorer smokers face a greater chance of lung cancer than rich smokers.

Evidence also suggests that racial discrimination imposes an additional health burden. For many diseases African Americans, Native Americans and Pacific Islanders – at all income levels -- fare worse on average than their white counterparts.

Seven production teams weave together the human dimension with the scientific data by capturing stories on the ground:

- In Louisville, Kentucky, the forces driving the wealth-health gradient are evident in the daily realities and stresses faced by a CEO, a mid-level manager, a service worker and an unemployed mother of three.
- For a Laotian heart attack survivor in Richmond, California, residing in a neighborhood deprived of supermarkets, safe streets, well-resourced schools, reliable transportation and decent housing exacts a terrible toll on the wellbeing of his entire family.
- The O’odham Indians of southern Arizona suffer one of the highest rates of Type 2 diabetes in the world. Their best prognosis lies not in genetic discoveries or better drugs, but in hope and control over their future.
- In western Michigan a factory moves to Mexico for cheaper labor, undercutting the lives—and health—of a white, working class community. In Sweden, where the parent company is based, a similar plant closure has a very different impact on workers because of protective government policies.
- In Kennett Square, Pennsylvania, the “mushroom capital of the world,” Mexican immigrants arrive healthier than native-born Americans but discover that the longer they are here, the worse their health becomes.
- In Atlanta, Georgia, an African American lawyer delivers a premature baby despite making healthy choices and having the advantages of social status - like so many other middle and upper income Black women. Researchers wonder if the cumulative wear and tear of a life time of racial discrimination imposes an added health risk during pregnancy and beyond.
- In the Marshall Islands, local populations – displaced from their traditional way of life by the American military presence in the Pacific – must contend with the worst of both the “developing” and industrialized worlds: infectious diseases such as tuberculosis running rampant due to poor sanitation, crowded living conditions and extreme poverty and high rates of chronic disease stemming from the stress of dislocation and loss.

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Challenging the nation's approach to prevention , which is limited to encouraging healthy behaviors, *Unnatural Causes* spotlights the need for more life-sustaining policies: reorganizing land use, transportation and business investment; ensuring that every neighborhood has access to supermarkets and produce stores, not just fast food joints, liquor stores and mom-and-pops; creating safe streets and green space so people can walk, jog, bike and play; and providing living wage jobs that offer autonomy and reward.

Researchers attribute increases in U.S. life expectancy – an average of 30 years over the 20th century – not merely to the advent of drugs or new medical technology but to social reforms such as the eight-hour workday, child labor laws, universal schooling, civil rights laws, a progressive income tax, and the right to form unions. The current push for initiatives like the living wage jobs, paid sick and family leave, universal pre-school and guaranteed health care can further extend and enhance the quality of life.

Unnatural Causes makes the case that – despite our gains - America is now moving in the wrong direction. Today, the top 1 percent of the population holds as much wealth as the bottom 90 percent. Approximately 22 percent of children live in poverty. Although Americans are living longer, ranking for life expectancy continues to drop – down from the top 5 in the 1950s, and lower than even a few years ago as more and more countries surpass the U.S. with better health. These figures, the worst in the industrialized world, are summed up by renowned public health experts who conclude: social policy *is* health policy. Health outcomes will improve not only with better medical care, but also with better social conditions.

Unnatural Causes, in the final stages of editing, is already generating significant public engagement, policy forums and town hall meetings across the country. Public health departments and more than 100 other outreach partners have pledged to organize events over the next year. Interactivities, video clips, lesson plans and other resources including an events calendar can be found on the series companion Web site at www.unnaturalcauses.org.

Unnatural Causes was produced by the San Francisco-based film production and distribution center California Newsreel, with Vital Pictures of Boston. It is being presented on PBS by the National Minority Consortia of public television. California Newsreel is the nation's oldest nonprofit documentary production and distribution center, dedicated to disseminating social interest films and videos. The series received major funding from the Ford Foundation, Corporation for Public Broadcasting, John D. and Catherine T. MacArthur Foundation, W.K. Kellogg Foundation, the California Endowment, the Joint Center Health Policy Institute, Kaiser Permanente and the Nathan Cummings Foundation.

Strategic public engagement partners include the Health Policy Institute of the Joint Center for Political and Economic Studies, the American Public Health Association, the National Association of County and City Health Officials, Opportunity Agenda and the Praxis Project.

For a press kit, review DVDs or interviews with series spokespeople, please contact Ajeenah Amir (ajeenah@mckpr.com) or Gwen McKinney (gwen@mckpr.com) at 202-833-9771.

