



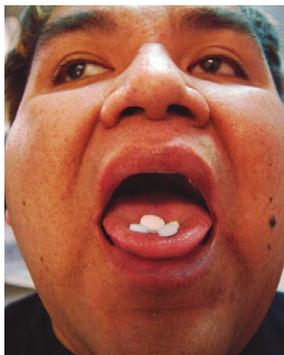
Press Release

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

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

A groundbreaking new documentary series crisscrosses the country exploring how the social conditions in which Americans are born, live and work profoundly affect health and longevity, even more than medical care, behaviors and genes. This four-hour 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?* coincides with the intensifying presidential election year debates focusing on the estimated 47 million Americans lacking health coverage. While embracing the essential need for universal health care, *UNNATURAL CAUSES* goes further, questioning what makes people ill in the first place, and probing why economic status, race and zip code are more powerful predictors of health status and life expectancy than even smoking.

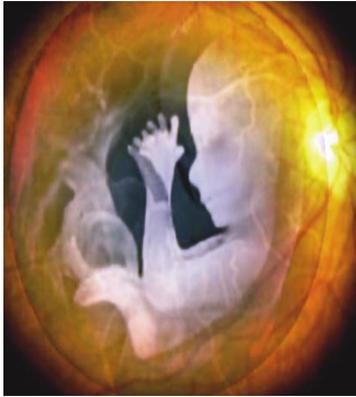


Experts and public health professionals have long emphasized that because these conditions are distributed unequally, so are patterns of chronic disease: e.g., heart disease, stroke, diabetes, asthma, even cancer. Each episode sheds light on the mounting evidence that work, wealth, neighborhood conditions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

*(continued on page 2)*

## UNNATURAL CAUSES: Is Inequality Making Us Sick?

*UNNATURAL CAUSES* raises unsettling questions with far-reaching political and social implications:



- Why does the most powerful nation on the planet have worse health outcomes than dozens of other countries, despite spending, on average, more than twice what they spend per person on medical care? Even Jordanians now live longer than Americans, while Portugal, Korea and Slovenia all have better infant mortality outcomes.
- Why do recent Latino immigrants, though typically 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?

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, six and a half years earlier than the rich. But even middle-income people die more than two years sooner than those at the top. Poorer smokers face higher mortality risks than rich smokers.

Research 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 different constraints and stresses faced daily 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 regaining 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.

*(continued on page 3)*

## UNNATURAL CAUSES: Is Inequality Making Us Sick?

- 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 harder it is to maintain their health.
- 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 in part from the stress of dislocation and loss.



*UNNATURAL CAUSES* challenges the conventional approach to prevention, which has mostly been limited to encouraging healthy behaviors. But much of what can improve health lies outside an individual’s control: better land use, transportation and business investment; ensuring that every neighborhood has access to supermarkets and healthy foods – not just fast food, liquor joints and convenience stores; creating safe streets and green space so people can walk, jog, bike and play; investing in our schools; guaranteeing paid vacations, paid family leave, and living wage jobs with career ladders.

In the past, societal changes have loosened the “wealth-health” linkage and improved health status overall. Researchers attribute the 30-year increase in U.S. life expectancy over the 20<sup>th</sup> century not merely to new drugs and medical technologies but to social reforms such as the eight-hour workday, child labor laws, universal high school, civil rights laws, a progressive income tax, social security, and the right to form unions that ensured that benefits from economic growth were shared more widely.

*UNNATURAL CAUSES* makes the case that – despite past gains - America has been moving in the wrong direction in more recent years. Today, the top one percent of the population holds as much wealth as the bottom 90 percent. Approximately 22 percent of children live in poverty. As inequality grows, the U.S. life expectancy ranking continues to drop – down from the top five in the 1950s, and lower than even a few years ago as more countries surpass the U.S. with better health. Renowned health experts contend that

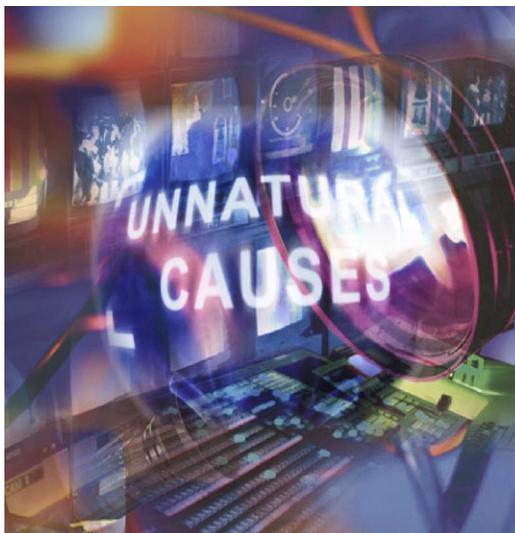
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Americans not only need universal health care to treat illness, but also better and more equitable social and economic policies that can protect and promote health in the first place. Social policy, they say, is health policy.

*UNNATURAL CAUSES*, in the final stages of editing, is already generating significant interest and engagement. Public health departments and more than 100 other outreach partners are organizing screenings, town meetings, and policy forums around the country 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](http://www.unnaturalcauses.org).

*UNNATURAL CAUSES* was produced by the San Francisco-based film production and distribution center California Newsreel, in partnership 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. Vital Pictures is a documentary company dedicated to social justice issues.



The series has received major funding from the Ford Foundation, Corporation for Public Broadcasting (National Minority Consortia), John D. and Catherine T. MacArthur Foundation, W.K. Kellogg Foundation, The California Endowment, Joint Center for Political and Economic Studies Health Policy Institute, Kaiser Permanente and Nathan Cummings Foundation. Additional funding provided by Annie E. Casey Foundation, Akonadi Foundation, Falk Foundation, and Wallace Alexander Gerbode 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.

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**Larry Adelman is the series creator and executive producer; Llewellyn M. Smith is co-executive producer and Christine Herbes-Sommers is series senior producer.**