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**Dr David Player in interview with Max Blythe
Oxford, February 1988**

MB Dr Player, your most recent appointment in health education in Britain was as Director General of the Health Education Council, now superseded by the Health Education Authority. Before that though, before we get to that story, I would like to go back to your beginnings in health education as a senior administrator with the Scottish Health Education Group. Now, can you tell me briefly about that period, which was quite important?

DP Well, that is some years ago now. That's way back in 1972-73, when I became Director of the Scottish Health Education Unit, as it was then called. And interestingly then it was inside the Department of Health in Edinburgh, at St Andrew's House, and it moved out of the Department in 1974 into the National Health Service in Scotland.

MB Right. What were the moves that you took that organisation through?

DP Well, I like to think that I gave it a higher profile, made health education, health promotion interesting and, hopefully, exciting and a bit of fun as well. We evaluated all our programmes and campaigns, and that was a new start. We always put about ten per cent of any money that we spent on any campaign into evaluation, and this showed, in fact, we were being effective in getting the message over to people, and that indeed, in getting them to change their behaviour.

MB What were the critical messages at that time that you were really pushing because from what you have said, it seems that you were promoting particular messages?

DP Oh, smoking was the big one.

MB That was a big issue?

DP That was a big one, number one without any doubt at all, because that was the biggest preventable cause of death and disease in this country. It still is.

MB Did that eclipse everything else?

DP It was the number one priority. We had other lesser priorities there, like abuse of alcohol, the coronary heart disease programmes, exercise programmes and advertising and sport related campaigns, but smoking was the number one.

MB I ask this, because these were the kind of critical horizons that you brought with you to the Health Education Council in England.

DP That's right, because in the latter part of this century the diseases that we are prone to are mainly related to behaviour, as well of course as part to the environment. Now, a hundred years ago it was mainly the environmental causes of death and disease - infectious diseases - that were the main killers. Now it is the behaviour related diseases, as well as, parts of the environment still. And the behaviours that we are zoning in on are smoking, alcohol abuse, traffic accidents, bad diet and so on, and these are the ones that we try to change, as well as trying to change the environment. I will come back to that later.

MB From what you have said, I suspect that you took health education in Scotland towards a high advertising approach, and probably moved it away from small time lectures and probably input into schools. Is that right?

DP Well, it is fair to say that. We still continued in schools because I do feel that that is a method, a mechanism of getting health education over to the lay public. But I think in today's situation you have got to use the means of mass communication, and television of course was again the best way of getting messages over, per pound, whatever, to as many people as possible. After that we used radio and the printed media as well. Yes, schools also, we continued with that, but for the mass audience, it would be the mass media.

MB So a number of messages that were absolutely critical, probably relating very, very highly to Scotland, which had some very special problems, and taking it towards the media. Would you describe yourself largely as a media man?

DP Well, I like to use the media in health education and health promotion and that is why of course we got in very heavily into advertising on the media, paid advertising on the media, and that was something new in health education anywhere I think at that time.

MB I was into health education in the 1970s, and I can remember the Scottish Health Education Unit, seemed to begin to make more news, and one seemed to read about it more often. What were the coups of that time from you own work, your own directorship there? What do you think were the great achievements of that period?

DP Well, I think the smoking material we produced; the decline in smoking rates that we achieved, which is the important thing, and as a result the decline in deaths from lung cancer and chronic bronchitis which we had achieved, you know. It takes a while, mind you. It is not so dramatic as an operating theatre. Your satisfaction has got to be delayed if you are a physician and you are in health education, but I think the smoking ones gave us a high profile because we used the best advertising people in the country. They were expensive, but they were the best. They have now been taken over by Saatchi and Saatchi; I mean who hasn't. They were very creative and they made a terrific impact. Indeed, I was watching Clive James on his TV show some months ago and he was showing the best ads from all over the world, and he showed a couple of our ads, done six or seven years ago, which he reckoned were the best public service ads in the world. So we must have been doing something right.

MB Apart from these advertising agents though, you also had ideas yourself, I know, that had some rather great interest for health education. I think you took on board some sponsorship of the Scottish football team at one time.

DP That's right

MB This was your idea.

DP Oh yes. I am a football fan, you see.

MB Tell me more about this.

DP Well, another form of advertising, of course, is sponsorship. Sponsorship of sport is another form of advertising, let's make no doubt about that. Now the league game in Scotland is football, soccer. It's like Wales, like rugby in Wales. But soccer is the game in Scotland, and every man, boy, girl and woman, you know, follow the football teams. Now, the World Cup was coming up in 1982. It was held in Spain, and Scotland qualified. I was desperate, really desperate to make them a no-smoking team, you know, and we achieved that. We went along to see the manager and the secretary of the Football Association, and we did a deal with them. We put something like seventy-five thousand pounds, cash down, for the SFA and the players, and then we spent another two hundred, two hundred and fifty thousands pounds on backup. Now, once you have got the team, then you have got to give it the high profile. We made TV commercials. We had big forty feet posters. We had radio ads. We blasted, bombarded the Scottish people everyday with the fact that their team in Spain was a no-smoking team, and we did various things with the team wearing no-smoking logos, and the chaps playing football, and we went out to Spain with them. There we had our big balloon, the biggest balloon in Britain. It was yellow, and on one side it had the Scottish lion rampant in red, and on the other side it had the no-smoking logo in red. We sailed this above all the grounds in Spain when Scotland played Russia, Brazil, and New Zealand. It was a great hit with the fans, and there were thirty thousand Scottish fans. They adopted it as a mascot. I think it penetrated some of their minds that no-smoking was a good idea. It got a lot of publicity, and we got a lot of fun. I mean we had the Russian team up in it, we had the Brazilian team up in it, you know; the Scottish team were using the basket for practice, but that was the sort of fun thing that we did. I understand that that balloon is now out in Western Australia, and flies above Perth with the health promotion unit there, it stills lives on. I hope they haven't taken the Scottish lion rampant off it though.

MB Right. I know also in connection with that Scottish team that Jock Stein got pretty interested in health education and the smoking issue.

DP Well, Jock Stein of course, was a great man. He died not long ago, but he was a very gentle, very modest man and once he signed that bit of paper saying that his team were no-smoking, he lived by that. He stuck a notice up on his door. I remember it: 'This is a no-smoking room. Don't smoke when you come in here.' The players did not smoke. There was only one player who actually smoked - the outside left - but he was threatened with all sorts violence if he was caught smoking during the World Cup, and he didn't. Jock Stein entered into the whole flavour of the thing. I

remember he and I went round one or two big schools in Scotland, and there must have been two thousand pupils who turned up that morning to this address by Jock Stein and myself. They couldn't have cared less about me, it was Jock Stein and the players they had come to see. Jock gave a very good address about sport and about health and about the World Cup and the tactics, and he said during that, 'You know, it is more important that you kids don't start smoking than it is for us to win the World Cup.' Now, this is a man who would have given his right arm to win the World Cup, and afterwards I said, 'Jock, are you serious about that?' 'Of course, Doc.' I said, 'Would you come along with me to a recording studio and we will make a radio commercial just you saying that?' So we went along and made a commercial with him saying this, and we played this commercial every hour in the run up to the World Cup. I said afterwards, 'You know that is great. I mean how much do we owe you for this Jock?' He said, 'I'll tell you what Doc, buy me a coke when we get to Spain.' He was a great guy.

MB David I have got to bring you now to the Health Education Council, 1982, London, and an entirely different scene. What kind of an organisation did you find there and how did it differ from where you had been?

DP It was bigger. I had a bigger remit. I was responsible for health education and health promotion in England, Wales and Northern Ireland. The Scottish one was only Scotland and it was quite devolved and autonomous. So it was England, Wales and Northern Ireland, a much bigger population. I had a bigger staff, but they weren't really tuned in to high profile stuff, they didn't really like that. They were much more educationally orientated, much more into school education.

MB Right.

DP So I think some of them didn't really welcome this new form.

MB So you had opposition?

DP I would say so, yes, from officers and members of council.

MB Right. But you pressed ahead. You went for your high profile story. What were the first things that you did to marry the Player approach with the Health Education Council's line?

DP Well, I tried to make some good TV commercials still on smoking. The trouble was we didn't have as much money in England as I did in Scotland, *per capita*.

MB Right.

DP But advertising and TV is very costly, very, very expensive. I mean at the moment to make a twenty second good TV ad is going to cost you fifty thousand pounds just to make it, and then every time you want to buy twenty seconds to show it on network it is going to cost you another fifty thousand pounds. So a budget doesn't go very far on that. So I didn't have as much money to use as I did in Scotland, *per*

capita, and as a result our penetration of the media was very much less. I kept asking for more money from the Department, but not getting it. So, I don't think the quality of what we produced was as good. Of course, I was hampered also because I wanted as a number two, as my head of public affairs, somebody very good. And in fact the chap I really wanted was Mike Daube, who had been the Director of ASH [Action on Smoking and Health] and had held one of our senior lectureships in Scotland, at Edinburgh University. Now, he didn't get the job because of a ministerial veto.

MB Did the Department of Health veto his appointment?

DP Yes, the minister.

MB Do you know on what grounds?

DP I don't know. I think it was because he had upset the tobacco industry far too much in the past, and they have a tremendous influence, of course, in Parliament. Anyway, he was interviewed, he was voted the best candidate by the interviewing panel, and at the end of the interview the chairman said, 'Well I am sorry we can't appoint this person because he is not acceptable to the Department of Health?' That is the truth of the matter. There was a Panorama programme on it. What I am saying is true, so that it is on the record. So, that was also another setback, as far as I was concerned, because Mike and I had worked very closely in the media in Scotland, and he knew the whole scene. I don't think I really ever recovered from that, frankly. I mean there were still some good times to come, but it was a setback that I don't think I ever overcame.

MB Was this the first hint you had in the course of that appointment at the HEC of hoodwinking and straight-jacketing by the Department of Health, was that the first experience?

DP Oh yes. London, I enjoyed London, but it was a much tougher arena than in Edinburgh, you know, in Scotland. As a colleague said to me in the media, a correspondent in the media, when I left London not long ago. I said to him, 'Look, I have been saying these things when I was in Scotland, jumping up and down attacking the anti-health forces, but I didn't get clobbered there, the way I get clobbered in London?' He said, 'Well, what you don't seem to realise, David, is that nobody listens to what you are saying in Scotland, but when you come down and say it in London, then you are listened to. You know, you have got the Parliament there, you have got big media there, you have got the big businesses there, so when you say something there, it makes an impact, but when you say something in Scotland nobody is interested in Scotland, anyway down here.' And that is true. So it was a tougher city, without any doubt at all, the power was ten times, twenty times as strong there and the forces rained against what I was trying to do were stronger, but I enjoyed it.

MB In the kind of remit of the Health Education Council, if you look at the documents relating to the Health Education Council, it seems that body was set up to be independent, to have an independent voice, talking about prevention and health.

DP So it was supposed to be.

MB What you are saying is somewhat against this view. You didn't feel this independence? You didn't feel the body was not shackled?

DP Well, it was called a quango. That is a very important word, quango; it is a quasi-autonomous non-governmental organisation. And the quasi, is absolutely right. We had minimal independence. I mean there was very little room for me to move at the edges. When I could, I did, but we were totally funded by the Department of Health. Now he who pays the piper calls the tune, right, and we had minimal independence from the Department and from the ministers.

MB So, can I take you to the main crusade points that you were about in Scotland: smoking, alcohol, diet? Were these areas of difficulty for you, when you landed with a desk in London?

DP Oh no. I still continued generally with these priorities, but increasingly I'd come up against the forces behind the tobacco industry, the alcohol industry, the food industry. What I call the anti-health forces.

MB How did these forces apply themselves? Were you approached directly by ministers or DHSS staff and given a brief to keep clear?

DP Well, they would never do things as openly as that in England, or in London. It is all sort of nudge, nudge stuff. There is a network, there is a language that you have got to learn, and if you don't learn it fast you are in big trouble. I found it fascinating but... yes, there were times when the nudge came in, you know, you were leant on just slightly. Let us take one example. Now the Health Promotion Research Trust, what is called the Butterfield Trust, after Sir John Butterfield, Professor Sir John Butterfield who is Professor of Physic at Cambridge, and was Vice-Chancellor of the university there.

MB This is about tobacco money, is that right?

DP The tobacco money is eleven and half million pounds given for research by the tobacco industry. It was part of the voluntary agreement between the government and the tobacco industry some years ago. The pressure was that there should be a ban on advertising, all advertising of tobacco. And, of course, this is something the tobacco industry will fight to the death to keep, this ability to advertise, because of course they have got to keep on recruiting smokers or they'll die instead of the smokers dying, you know. So what they did was to sweeten the agreement by giving eleven and half million pounds to the government to set up a trust for research, called The Health Promotion Research Trust. What an irony, Health Promotion Research Trust. Okay, now people applied for its grants; physicians, distinguished professors and so on, but it was in the protocols that they hadn't to investigate the effects of smoking. It's crazy, it's such hypocrisy, if you stand back. I called it on the media, on television and radio, I called it blood money, right, and that stuck. And, of course, that upset a lot of people: governmental, tobacco, people who took the money. And it was pointed out to me that by attacking the Trust and attacking the people who took the money I was really calling into question the judgement and decision of the Secretary of State,

Norman Fowler, at that time. And that was the nudge, and I said, 'Well, yes, I am questioning the judgement of the Secretary of State.' The Department and the ministers were very unhappy about that, very unhappy. In fact, one of them said - who shall be nameless on this programme - said in front of the minister and in front of my chairman, 'Can you think of a better reason, Doctor Player, for us to wind up the Health Education Council, than attacking this poor man Sir John Butterfield?' Now that is a threat in anybody's book; it's not very subtle. That is the sort of stuff I would come up against.

MB The industry also took action in any of these areas?

DP The tobacco industry never really came at me frontally, so to speak. Well, they didn't have a leg to stand on. I mean it is the biggest killer in the country and I kept calling them killers, and they never sued me, they never took me to court.

MB You would have liked this?

DP No, I wouldn't say I would have liked it. I am not really a martyr. At I least I hope to goodness I am not a martyr or of that complex. I kept raising the anti and they just kept backing off. They never came forward. Of course, they can do it in other ways. They had something like fifty MPs in the last Parliament who were in receipt of financial reward in one way or another from the tobacco industry. I mean this is admitted in the Register of Interests. So I mean they have paid lobbyists in Parliament who can be very effective behind the scenes, so they don't really need to take me to court or anything like that. I wouldn't say the same for some of the other anti-health forces like the food industry, parts of it anyway, or the alcohol industry. They were sometimes much more antagonistic and up front.

MB Can you give me an example?

DP The bread industry. This is a good one. I had been there for about a year and we got together with the bread industry in the UK. What we were after was the promotion of bread, high fibre bread, wholemeal breads, and a reduction of the salt content of bread. We achieved that; it took us about a year of negotiations. The upshot was that all bread must come clear... as a result of the agreement, has twelve and half per cent reduction of salt content. People don't know about this because it was pre-tested and the consumer does not notice any difference up to that level of reduction.

MB Right.

DP So this is quite a step forward, a reduction of salt intake, and also since this is one of the causal... of the factors in cerebral vascular disease, then we have done something about prevention, okay, and also in coronary heart disease. It is the negotiations I was going to tell you about. There are two main manufacturers, bakers of bread in this country, Rank Hovis McDougal and Allied Bakeries, and I was negotiating mainly with the marketing directors of these two large companies, who control about eighty per cent of bread manufacture. Things were going well until within a month of the signing of the agreement, when I was getting quite excited

because this could have been a nice one, the Rank people stopped coming, and I couldn't understand. So the chap from Allied took me aside and told me about the facts of life so to speak. This was that Rank Hovis McDougal, the bakers, were owned by Rank, Hovis, McDougal Holding Company, and Rank, Hovis, McDougal Holding Company also owned the total production of salt in this country, Cerebos and Saxa. The year before they had made a profit of some nine million pounds on that salt production, and a loss of about three million on the bread production. So that was the *quod erat demonstrandum* on that one. I was at a bit of a loss for a while as to what to do, and what we decided at the end of day was that I got together with Allied and we put our HEC logo on Allied wrappers.

MB The health stamp?

DP Yes, the health stamp, saying 'Bread is Good for You, Especially Wholemeal Bread.' We put them on the Allied wrappers. Now, bread production had been run down in this country ever since the war, and I predicted that since health is a marketable product, the reserve would start going up, the sales of bread, and that is in fact what has happened. So, Allied agreed to do that, and I predicted that Rank would come back to the negotiating table within the month. In fact, they were back within three days, but they were really furious, they were furious. They signed the bill as well. I remember the afternoon afterwards, one of the senior officers on the board of the Rank Hovis McDougal phoned me, and I have a witness - a professor from the Open University, he was there at the time. He phoned me and I had to hold the phone so far away from my ear and that is how the professor heard it, and he was saying, 'Doctor Player we are going to pin your ears to the wall.' And every time I meet this professor, he still reminds me of it, you know. It is a good story. So these people can get annoyed, and they can play pretty dirty at times.

MB In terms of the food industry and interests in diets, I think there were also interests for you in a report, the NACNE [National Advisory Committee on Nutrition Education] report¹, which, I believe, you resurrected off the shelf.

DP It was one of my first publications when I went to the HEC. This report had been produced, but it was being sat on, sat on, you know. There were various pressures from the Department, from the food industry, that it had to be looked at again, or re-written.

MB Was this because it was being seen against the economic interests of the food industry?

DP Of course, of course. That is all they are interested in. Don't let us delude ourselves that the food industry is concerned about health. They are only concerned about health if it increases their profits, like the sales of low fat products. Their primary purpose is profit making, that is the bottom line. Anyway, the pressure was on not to publish this report and I came in and thought well, the honeymoon period.

¹ A discussion paper on proposals for nutritional guidelines for health education in Britain / prepared for the National Advisory Committee on Nutrition Education by an ad hoc working party under the chairmanship of W.P.T. James. London: National Advisory Committee on Nutrition Education: Health Education Council, 1983.

We had our own printing room downstairs in the basement of HEC, so I just printed it, and distributed it. It was done so fast, without any warning, that the opponents of it couldn't do anything about it because it was out on the streets.

MB It got away.

DP It was out on the streets, and I don't think they ever forgave me for that, and that was in my first three months.

MB There were ripples.

DP Oh yes.

MB What about the alcohol industry? You didn't have all that good a time there either.

DP Well, they are a bit more subtle, you know. They are really more subtle. They learned from what has happened to the tobacco industry, and they feel rightly that they are next in line for... as a great cause of death, disease and disturbance in this country. Now, I am not against alcohol personally because I enjoy a drink. I am not against the use of alcohol. What we are against is the abuse of alcohol and the attempts, successfully so far, of the alcohol industry, to increase *per capita* consumption and total consumption in this country of alcohol, with the resulting damage to the social fabric, the health of the people of this country. The most recent estimate is some twenty thousand deaths a year caused by alcohol. Twenty five per cent of admissions to hospitals are due to alcohol abuse, road accidents, murders. Fifty per cent of murderers are under the influence, when they commit the crime, and also fifty per cent of victims are under the influence of alcohol when they are killed. Another fact, health is improving in this country, generally. Life expectancy is improving, lengthening in every age group, except one, the fifteen to twenty-four year old age group, where it is decreasing. Now, the main cause of death in that age group is road accidents, and the main cause of road accidents in that group is the abuse of alcohol. So alcohol is a threat to not just the health, but the social fabric of this country, divorce, child battering, and so on. So I tried to talk to the alcohol industry in the past and they have tried to talk to me. I remember my farewell from the head of the distillers in Scotland, he was glad to see me go, and in fact he called me the Ayatollah Khomeini of Scotland, I remember that. I don't know whether I should have been proud of it or not. But anyway, over the years, the heads of alcohol industry, we have got together, you know, and they have talked to me because they want to be seen as caring, concerned individuals, you see. I am sure that most of them are Christians and go to church every Sunday morning and look after their wives and families. Personally they are charming people. The discussions come to a stop when we get down to the bottom line, get down to the wire, and the wire is that my purpose was a reduction in *per capita* consumption in alcohol in this country, a reduction in total consumption of alcohol in this country. Their wire, their bottom line is an increase in *per capita* consumption. An increase in total consumption equals an increase in profits. And when that penetrates, we break off discussions again, until the pressure builds up, and it takes a couple of years. Every couple of years we get together. We are just about due that again from the alcohol industry. They want to be seen to be

caring concerned parts of our culture. They say, 'Of course, we wouldn't aim any of our messages at young people. Heaven forbid, heaven forbid!' A couple of examples of when they do this. About six months ago, Norwich City, you call the Canaries - the team with yellow shirt and pants - they are in the first division of the English soccer league, I was sent a copy of one of their programmes. The programme had a full colour page in the middle announcing the star of a competition called the Canary Cup. The Canary Cup was written for boys and girls, no sex discrimination there, boys and girls, twelve to sixteen. And there was a picture of this young fellow, no more than twelve, holding this huge cup, as big as himself, and titled the Canary Cup, and across his chest in big letters: Fosters Lager. No, they don't aim any of their messages at young people! So, I protested, and we wrote to the Chairman of Norwich City, who also happened to be Chairman of the Regional Health Authority, and a nice man. He hadn't appreciated what was going on and it was stopped immediately, within twenty-four hours. But they are doing this all the time. I was disappointed just last month to learn that my favourite team, Rangers, in Glasgow they have now got across their chest in the last month, McEwans Lager. Now, this is a form of advertising, and what really upset me was that they are making these shirts now in all sizes, for five year olds, for seven, ten year olds and twelve year olds. McEwans Lager. But they don't aim any of their messages at young people!

MB David, knowing the vehemence with which you pursue these interests of yours, what steps did you manage to take while you were at HEC, regarding say alcohol?

DP Well, I was responsible with Mike Daube actually for setting up the pressure group called Action on Alcohol Abuse.

MB Triple A.

DP Yes, Triple A, which is alive and well and kicking. This took us about three years to do.

MB This is the equivalent of ASH [Action on Smoking and Health].

DP Yes. The equivalent to ASH in alcohol abuse. Action on Alcohol Abuse. Now there is a good story about political interferences there. Mike and I set that up just before I came down to London, and I had persuaded the Health Education Council to pump prime Triple A for the first three years. Thirty thousand pounds they were going to put in for the first three years, to get it off the ground. We couldn't get the money from anywhere else and they agreed. The whole Council agreed, I put a paper to them. The first day I was in London taking up my post, I remember it was a Monday, I had a meeting with the minister, the junior minister of health, that morning. It was to welcome me, and he was very nice, very pleasant, welcomed me and hoped that I would do a good job, as I hoped as well. We sat down and he had a board out in front of him with an agenda, and he had several witnesses of course, he had his PA and his civil servants there. There was about four of them, and the first item on his agenda was Triple A, and he said, 'I understand that you have persuaded the Council to pump prime this organisation.' I said, 'Yes, and I am very pleased about that.' He said 'I forbid you, to do this. This money was given to you by my Department, this is in my keeping, and you will not do it.' So I thought, well, I have only just arrived, I

am not going to fall out with him over thirty thousand pounds a year. So I said, 'All right, I understand.' 'Now,' he said, 'you understand, you are not to do this.' And I said, 'I understand.' And he said to his secretary, 'Take that down.' I couldn't understand why. 'Well,' he said 'if we want to fund the pressure group in the department, we will do it directly. We won't do it through second hand.' Mark you, it could have been only coincidence, but this junior minister had previously been a paid lobbyist of the Licence Victuallers Association.

MB Who was this?

DP Sir Geoffrey Finsberg. Of course, when you give up, when you become a minister you have got to give up your interests like that, and he did. But I am not saying there was any connection. Nevertheless, I managed to get the money from the King's Fund, who were very generous.

MB Who thought it eminently worthwhile?

DP Of course, of course. But they are not under the thumb of the government. They are an independent funding organisation of the charity.

MB So you did get sponsorship for the development of Triple A.

DP You know, I went along and saw the secretary of the King's Fund that evening, actually. I told them the story and we managed to get the money from the Kings Fund. So it's flying, it's good.

MB Did you preserve links with Triple A after this warning.

DP I am on the board. Ah yes, that is another good story. I am on the board - the board of Triple A is made up of the presidents of twelve of the Royal Colleges, Medical Colleges, in this country, plus myself. That is the board. Now, in the early days of Triple A, you know, they didn't have really anywhere to meet, and they met in my office.

MB At the HEC.

DP Yes, and I attended of course. One of the senior civil servants, at a time when I was causing some trouble with the alcohol industry, took me aside and said, 'We believe you are allowing the board of Triple A to meet in your room.' I said 'Yes'. 'We suggest that that ceases, this is a pressure group and HEC should not be giving out, renting out.' I wasn't even renting out, I was giving it out free. So that had to stop, and it stopped, and these were the presidents of the Royal Colleges. And the second thing this civil servant said: 'We understand you are on the board,' and I said 'Sure.' 'We do take it that you attend these meetings in your own time and you take leave to do this.' Now, it's petty, isn't it terribly petty?

MB This is a body concerned with health education, you are Director General of the main health education body in the country. You are asked to do this representational work in your own time.

DP Of course, but it shows you how the pressures can come on you know, and the interests behind these pressures.

MB So you feel to some extent government is not so much in the business of prevention, as diplomatic avoidance measures in these big fields.

DP You say it better than I did, yes.

MB David, you have been concerned over a little while now in this interview with the problems that beset you, and are probably still around. Can we turn to the successes you had, because it wasn't all problems. Tell me about some of the good things that happened. I know you promoted some rather exciting things at that time.

DP Well, can I go back to smoking again, that was good. Smoking rates in this country have plummeted over the last fifteen years, and I am convinced, I just don't have to think it, I know that it was the work of the Scottish group and of HEC which were largely responsible. In fact, there is an article in the *Lancet* saying that two thirds of the decrease was the result of the work of HEC and SHEC. So that is something to be proud of. I mean it is now down from two thirds of the adult population smoking to one third smoking. I mean in terms of a behaviour change it is sensational.

MB In terms of a health change it is colossal.

DP Now what we are getting in health change, the most recent figures from OPCS (Office of Population Censuses and Surveys), show that in males, in the age groups from thirty-five to fifty-four, over the last ten years, there has been a reduction in lung cancer deaths of thirty per cent. That is I think again, sensational.

MB That is worth all the effort.

DP Oh yes. Look at the number of lives saved. A thirty per cent decrease in lung cancer deaths, in males. Also during that time, the same age group in males, a twenty per cent decrease in coronary heart disease. Now smoking is related, and is the main factor in coronary heart disease. So, I think that that is a success in any terms. That is the one I would nail to the wall. The bad side to this, maybe you will want to come back to this later, of course, is women are not smoking less, and young girls are actually smoking more, but that is another story.

MB Yes, I will turn back to that perhaps later. Initially, tell me about some of your campaigns because I would really like to have on record some of your campaigning.

DP Well, the biggest one I think we did, and it was against opposition from just about everybody, was the Great British Fun Run, you see. I mean that was the biggest health promotion event held anywhere ever in the world. It was over this half dying bodies of the members of council and the officers of HEC, the health education officers out in the field. It was done with very little support, believe me. I think that it was an enormous success, I really do. It took a month and it was a group of runners,

three lanes, run round, jog round Britain, Great Britain. It was over something like two and half to three thousand miles; it took a month. We passed through all the main towns and villages, cities, round the coastline as near as we could, of Great Britain. I mean the organisation was enormous. I used to travel out from London everyday and try and meet up and glad-hand the mayors and the civic dignitaries and the chairmen of health authorities. I must have travelled personally about three or four thousand miles that month. I think it was successful because we evaluated it. So I know it was successful. Over two million people took part in one way or another in the events that we held in every town that we stopped at. The run was just the thread; the pearls were the big health fairs in every town and city that we passed through. Two million people took part in all this. At the health fairs there was screening for various forms of disease, there were fun runs, there were exhibitions, there was education, they were real health fairs. That was another concept we developed, the health fairs.

MB So you were providing fulcrums for local...

DP Local action, and as I say, I was up and down glad-handing the mayors and the health authority people. And what was interesting was that in many places that I went to I was actually introducing the Chairman of the Health Authority to the Lord Mayor. They had never met before. So one of the big things, one of the big successes to come out of that, and it is still, we are getting the reverberations now, is bringing together health authorities and local authorities, and this is now happening more and more, in this country. Since the GBFR we now can count some twenty local authorities that have set up their own health committees, that they didn't have before. The Environmental Health Commission has now got health committees.

MB For health promotion?

DP For health promotion, several of the towns we passed through, it took them a year to do. I remember the one in Ipswich, where they were the least welcoming, it was one of the first places we hit. I got a report back about a year and half later, the mayor and the city council there had all signed what we called a health charter. We took this health charter around with us, the front runner, and he would hand this to the mayor. I have a copy. I think I gave you a copy did I? If I haven't given you a copy, I shall give you a copy. Now, all the mayors and dignitaries signed this health charter. In Ipswich, for example, within a year and a half they had set up a health committee, they had banned smoking from all public buildings, they had introduced a healthy diet for all their staff in the canteens, they had started anti-smoking clinics. They had refused to allow the billboards that they owned to be used by tobacco companies and alcohol companies, they had introduced a fitness campaign for all the staff, and for the whole town. So this was repeated again, and again throughout Great Britain. It had an enormous effect. Even the doubters at the start were convinced; mind you it took a lot of convincing. I remember one of the Council members saying, 'We can't have any of Doctor Player's balloons flying above Oxford Street.' There was quite a bit of opposition, yes. But it was successful.

MB You wanted the campaign message to get out quickly. You didn't want to wait twenty years for educational programmes to land in the backwoods.

DP I'm, impatient you see. I want to see things happening in my lifetime.

MB Out of that Great British Fun Run, you got enormous satisfaction, I know.

DP Great, and as I say the effects will go on, and on, and on, for years and years. The whole health education scene will not be the same again.

MB Right. David I have got to turn this back to slightly less pleasant memories, because as all this had been taking place, there were moves to replace the Health Education Council, government moves, to replace that Council with another body that might be 'more effective'. That was the ring that one got. Did you hear about this ahead of that decision on the part of government, did they consult you, did they tell you, 'We shall have a new body to handle the problem of AIDS [acquired immune deficiency syndrome].' What actually happened?

DP Not a thing. Let me tell you exactly what happened, and it pulls the curtain back again a little bit you know on how things happen in London, or with the powers. The announcement was made on the 21 November 1986 that HEC was being wound up, and that the Health Education Authority was going to replace it. Okay. Now, on 20 November, I was at a conference in Oxford, and my number two - the Head of Public Affairs - phoned me and said, 'Look, I think you had better come back tomorrow,' - it was a Friday 21st - 'because something is happening, you see.' And I said, 'What is happening?' And he said, 'Well the Department of Health, the two senior civil servants have asked that we should call together the management team,' [the team] that I chaired of HEC, because they had wanted to say something to them. This was extraordinary, nothing had happened before. At ten o'clock on the Friday morning 21st. I said, 'John, what is it about?' He said, 'Well, I can't tell you, no one will tell us. Even our chairman Sir Brian Bailey, won't tell us.' So I thought, yes, I will come through all right. So I went through to London and was there at five to ten o'clock. And my management team and senior officers, about ten of us, we met every week, and the two senior civil servants came in. I knew them both, they were friendly, and there was a bit of chit-chat, you know. Then the senior one looked at his watch. 'Ah yes,' and he took out of his briefcase a form and he said, 'I can now read this to you at ten am because this is a statement that Mr [Norman] Fowler, Secretary of State, is reading at this moment in time in the House of Commons.' And this was informing us that we were being wound up. We had no consultation, no inkling.

MB You as Director General hadn't had any word of this before.

DP None whatsoever. That is how we were informed at the exact date and time the Secretary of State was reading it out in Parliament. Now, how about that?

MB So fairly irregular. What were the grounds? Was there a need for a more effective body?

DP No, no. They never actually in the debates that followed in Parliament, they never called us ineffective, never. There were no criticisms. The only reason that they really gave was that they wanted much more done on AIDS. The Government had been running their own campaign and they wanted to give this over to another

body. They were talking about many of millions, talking about four or five million pounds they wanted to put in to this new health education body. And I think they probably felt by this time that they didn't particularly like the HEC under my director generalship, and they weren't sure that it would be - I am only supposing they weren't sure - it would be used as they wanted it used. So the only way they could control that was to set up another organisation which is the Health Education Authority, which is directly accountable to the Secretary of State, and that is what they did.

MB David your job therefore 'came up for grabs'.

DP Surely. I applied for the post, of course, and I got a very pleasant civilised interview I must admit, but I didn't get it.

MB Not the job.

DP No. We had seventy-six staff in the HEC. Seventy-five of them got their jobs back in the HEA. I'll leave you to work that one out.

MB Was there anything that you think influenced that decision, which came about five months after Mr Fowler's announcement in the House of Commons. Do you feel that you helped that decision, not to appoint you?

DP Well, can we say that maybe I raised the temperature even further, turned up the burner just a little bit more.

MB Can you spell that out for me.

DP I published, printed and distributed 'the Health Divide, Inequalities in Health' in the 1980s².

MB This is Margaret Whitehead's book on the great divide.

DP Yes, it was an update on the Black Report.

MB Right.

DP I think that probably put the kibosh on it.

MB Can you take me through how that caused aggression.

DP Well, you see this is a divided country in terms of health, in terms of wealth. Now, the Black Report showed that there was a health divide between the rich and the poor, in 1980, when he published this report. It had been commissioned by the

² Whitehead, M. *The Health Divide*. London: Health Education Council, 1987.

This was later published together with the Black Report [Inequalities of Health: the Black Report, by Sir Douglas Black et al., 1982]. See: Townsend, P. and Davidson, N., Whitehead, M. *Inequalities in Health: The Black Report and the Health Divide*. London: Penguin, 1988.

previous Labour Government, by Mr David Ennals, when he was Secretary of State. It came out under a Conservative administration. Two hundred and fifty copies were printed, that was all, by the DHSS. It was produced on a bank holiday, and it got no publicity at all from the Department. To this day, the administration have carried out none of the recommendations that Black had made. I had felt that the gap was widening between the regions in terms of health, so to test this I commissioned Margaret Whitehead in January 1986, and informed the Council I was doing so - it is in the minutes - to update the Black Report, which she did. I got the final draft in March, '87, in this time we are talking about, and this confirmed what I feared, that that gap between the rich and poor was widening in terms of health, but it was also widening of course in terms of wealth. The rich are getting richer, and the poor are getting poorer financially, and the same is happening to their health. The gap is widening, and in some cases death rates are going up in social class 5, in real terms.

MB And this is a document that you therefore published.

DP It really was a research document, in a sense, a review of over three hundred research reports from all over the world.

MB Right.

DP It is not the most exciting reading. It is not a political document, it is only a research document, an occasional paper. I had done and produced several on HEC - never shown them to Council, never had the need to. The foreword was by Sir Douglas Black himself and Peter Townsend, Professor Peter Townsend, both eminent men. The only political element in it, perhaps, was my preface: two sentences which said, 'This is the final report before the demise of the Health Education Council,' but I said, 'I feel that it is important that this report goes on the national agenda because it is unacceptable in a democratic society, that likes to call itself humane, that we have these inequalities.' Signed.... You could call that political, I suppose. Indeed, the Health Education Authority have printed more copies, but they now charge for them. I gave them away free. They charge about £4.90 a copy, but have taken my preface out. So, we go back to this dramatic situation in March when I had the report. I printed two and half thousand copies, sent them out to all the media, called a press conference for... just a week before the end of March, in the afternoon at 2 o'clock. I was going to chair it. I had the most distinguished group of epidemiologists in the country, if not the world, on the panel: Sir Douglas Black, Professor Peter Townsend, Professor Michael Marmot etc, etc, etc. The morning of the press conference, my chairman came in waving the report. He had just read it, and he said - and I am sure that he will confirm this, yes, he has confirmed it anyway - he said, 'This is political dynamite in an election year, and you know that.'

MB David I want to just wind the interview up, we have got about a minute and half left. I would like you to just summarise the upshot of that, because this is really the final output of your career.

DP Well, the chairman cancelled the press conference. Another one was held, outside, but the next day he forbade me to go, and I didn't go. As a result the report got headlines on the front page of all the papers the next day. It was on the news, the

second item on the news. I had hoped for about three column inches. It got column miles at the attempt to suppress it, but that didn't help me at my interview the following week.

MB David thank you for discussing these things with me. It was interesting how your career went on with this aggression and finished on a very high spot with lots of publicity. Thank you very much for being with me.

DP Thank you.