Thank you President Schmotter for your kind introduction and for the privilege of addressing the graduates. I would like to begin by offering my sincere congratulations to all of you on this wonderful achievement and important milestone. It is an absolute delight to look out at this audience and see children, parents, grandparents and graduates all sharing in the joy of this very special moment. I know you will savor this occasion as it represents the culmination of so many years of hard work.

When I was first asked to give this commencement address, I wondered what a physician who leads a healthcare organization could have to say to a class of graduate students headed out into the world with the ink on their diplomas barely dry. A recent trip abroad helped crystallize my thinking and made me realize how all of us in the field of health care need you. We cannot succeed without your committed partnership. Let me explain.

As many of you know, healthcare in the United States is undergoing profound transformation for many different reasons, but principally because it has become far too expensive. We need to focus more intensively on managing the health of a population as opposed to simply treating discrete episodes of illness when they arise. Over the past few years we have developed a strategy to begin this transformation. As a result of some of the preliminary work that we are doing here in Danbury, I was asked to present a paper a few weeks ago at an international forum on quality and patient safety in Paris. While there, I attended a full day session with a group of health system leaders from around the world. I happened to be assigned to a group with a number of healthcare leaders from Scotland. Much of our discussion that day focused around the “Scottish effect”, a matter of profound concern to them. I must confess that at the start of the day I knew very little about the nature of the public health crisis that had Scotland in its grip.

I share this story with you in the hope that as you reflect on what your role in this world of ours is going to be and what contributions you can make, you may wish to consider looking beyond our borders to help you find your place.
The link between socioeconomic circumstances and health is well-established. However, the extent to which the poor health profile of Scotland – the nation with the highest mortality rates and lowest life expectancy in Europe – can be explained in terms of socioeconomic factors is much less clear. Historically, Scotland’s unenviable position of being what the press has labeled “the sick man of Europe” has been attributed almost exclusively to its relatively high levels of socioeconomic deprivation. However, a number of publications over the past few years have highlighted a phenomenon, entitled the “Scottish effect”, a term used to describe the country’s shockingly higher levels of illness and mortality over and above that which could be explained by deprivation alone. For example, the Scots have a 50% higher risk of being diagnosed with ischemic heart disease compared to those in England even once individual circumstances like cigarette smoking, have been controlled for. This is most evident in the region of West Central Scotland, with Glasgow at that region’s core. Glasgow is Scotland’s most populous city with a population of nearly a million. A boy born in the Calton region of Glasgow has an average life expectancy of only 54 years, whereas a boy born just 7 miles away in Kessington can expect to live to the age of 82, a difference of 28 years! What is responsible for this striking and frightening difference?

Well the initial explanations related Scotland’s poor health status to its relative socioeconomic deprivation, but that didn’t hold up to closer scrutiny. A series of studies was then performed comparing three different cities in the United Kingdom – Glasgow, Liverpool and Manchester. The level of income deprivation in these three cities was virtually identical. Yet the results showed that the level of premature deaths was 30% higher in Glasgow than these other cities. This was true in both males and females in Glasgow and in every neighborhood. And most troubling of all, the mortality gap appears to be widening. This is an unfolding human tragedy on a massive scale. We are talking about thousands of lives being cut short.

So what is this “Glasgow effect” as it has come to be known? What is the nature of this “excess” mortality? How and why are these people dying?
It turns out that the people of Glasgow die much more frequently from illnesses related to cigarette smoking; for example, lung cancer; in addition, the death rates from suicide are 70% higher, as are deaths related to alcohol abuse, drug poisonings and violence, particularly gang-related violence.

**A City That Lost Its Soul**

Glasgow grew from a small rural settlement on the River Clyde to eventually become one of the largest seaports in the United Kingdom. After the establishment of the University of Glasgow in the 15th century, it became a major center of the Scottish enlightenment and ultimately the city became one of the main hubs of transatlantic trade with North America and the West Indies. However, in the 1960s and 1970s, things changed drastically. Three major industries collapsed at about the same time— the railway industry, coal mining, and shipbuilding. This unfortunate economic implosion led to massive unemployment and high levels of urban decay. In 2006, 25% of the population could not find work and depended entirely on governmental support.

This led to the breakup of well-established communities as neighborhoods were demolished and residents scattered to large housing projects on Glasgow’s outskirts. In addition to the loss of skilled work, there was an important degree of social “connectedness” that withered. As this social cohesion was eroding, people began to feel that they had no control over their lives. There was a growing sense of alienation as men and women became victims of blind economic forces, well beyond their control, and hopelessness and despair filled the community, leaving it residents passive and disempowered. Glasgow, quite simply, had lost its soul.

This is a point I’d like to emphasize—a community’s soul is inextricably linked to its vitality and when you lose the former, the health effects are profound.

But we physicians often fail to make this connection on an individual level. When people die in the United States, physicians record the cause of death and typically describe some molecular or pathologic process like “thrombosis of the coronary artery leading to a myocardial infarction”. What I have never seen written on a death certificate are causes such as “homelessness” or “living in an abusive home
coupled with prolonged unemployment”. Yet there can be no doubt that severe social and economic deprivations are associated with poor health outcomes.

How is it that the loss of a community’s soul has such a powerfully corrosive effect on the health of a population? It turns out one of the key reasons for the excessive deaths in Glasgow was the adoption of high risk behaviors by young adults, especially those between the ages of 11 and 15. Whether it was smoking, alcohol or drug use or risky sexual behaviors, these maladaptive responses put the young adults on a path that often ended in premature death.

**The Role of WCSU**

Now some of you may be wondering what all of this has to do with Western Connecticut State University and its graduates. I am here to tell you that your role in this community’s health and well-being is tightly bound to our role. To have a highly regarded liberal arts university in the heart of our community, particularly one with such a strong legacy in education, is a precious resource that we must fully leverage if we are to collectively improve the lives of this community.

As I looked through the long and impressive list of your accomplishments and the degrees that will be conferred upon you this evening, I realized that you are the very instruments of this community’s future success and well-being. I assure you that we, in our expanding health network, will continue to advance the frontiers of medicine and deliver high quality care that is patient-centered, accessible, affordable and coordinated. But it is an enormous task and we really do need your help.

Glasgow has taught us that one of the most important influences in the long term health of any city like ours is the degree to which the community can offer employment to the people who live there. We are fortunate that so many of you here tonight will be receiving graduate degrees in Business Administration. We need entrepreneurs like you- we need invention, discovery, creativity, perseverance and people who are not afraid to make mistakes. We need a future that provides this community with a thriving economic environment. I cannot predict precisely what that will require but I urge you to go out and invent it.
To those of you who will be receiving degrees in Education, I can’t overstate how important your commitment to facilitate learning will be in maintaining the health of our community. It is abundantly clear that educational attainment is strongly correlated with economic security. Our community- in fact, all communities- must remember that there is no substitute for what you bring to us. And as they are learning now in Scotland, in addition to the basic elements of English, Math, History, Biology, Music, the Fine Arts, Environmental Science, it is also vitally important that we teach and model the values of benevolence, universalism and social participation. For a community to retain its soul, people have to be reminded to volunteer, join clubs, and go to church. Somehow, we need to stay connected to each other- remember to teach that!

For those of you who are entering the field of counseling, there are a few lessons from the Glasgow experience that are worthy of emphasis. When the bottom has fallen out of people’s lives, they try to fill it with various forms of addiction. Those addictions invite risk-taking that our communities can ill afford. You need to help bring back to even the most broken people, their sense of self-worth. People require lifelong investments, made at different times in their lives. We need a culture and a society that is more inclusive, more respectful, and more equal. When it comes to health promotion, smoking cessation programs can only go so far. To repair shattered lives, we need to discover what is really wrong in those lives and seek to transform them and then we talk about smoking. You can tell people to eat less saturated fat, but if someone is struggling to tolerate life on a daily basis, they simply aren’t going to be paying attention to our dietary advice.

I also noticed that a number of you will be getting Doctorates in Education in Instructional Leadership. Permit me to share a few observations that you may want to incorporate into your own thinking as we jointly nurture this population. If we are going to repair a fragmented society where many people feel that they do not have control of their lives, we must not concentrate on deficits, but on assets, skills and capacities. Health improvement isn’t something you do to people; rather it is something you do with people. We need a positive view of well-being rather than a negative view of illness. People have assets and qualities within them that allow them to live healthy lives and make positive choices.
Reinforce this theme as you develop curricula and take on roles as principals and school superintendents.

And now to those of you who have earned degrees in Nursing, Health Care Administration and Public Health. Please see me later this evening for a job application! (President Schmotter told me I could give one plug for our three hospitals).

Take it from someone who has been in the healthcare field for awhile; we still have plenty to learn. I have begun to wonder if our traditional view of health promotion and health improvement is wrong, or at the very least, incomplete. We have a notion of public health officials as individuals whose job it is to pull people who are drowning with serious illness out of a river. After a while, when they see more people struggling in the water, they decide to build a fence and stop them from falling into the river. They then decide to keep going further and further upstream, and keep building more fences. At some point, we need to teach people to swim. We have to give people the capacity to survive in the river. It isn’t just about health improvement, it’s also about life improvement because everything we do in life contributes to our sense of well-being and therefore we should be concentrating on what does that. And this is where the educators, the business executives, the counselors and those in with degrees in Justice Administration and the Visual and Performing Arts are going to help us. If individuals understand the world they live in and find life worthwhile, manageable and comprehensible than they are more likely to value it and choose healthy behaviors.

Now there are a couple of other groups I’d like to recognize before I conclude my remarks. And those are the writers, the musicians and the artists. I’m not going to let you off without an assignment. In addition to those of you who write, I also have a request for those of you who enjoy reading and in particular, reading to young children. So parents and grandparents- listen up!

When I left the meeting in Paris, the Chief Medical Officer in Scotland pulled me aside to share with me an interesting initiative that is being funded throughout all of Scotland based on some very encouraging preliminary evidence. They have
embarked on a national initiative, which they believe, in a small but meaningful way, will help children get off on the right foot and figuratively teach them how to swim, so that if they fall into the river- or should I say when they fall into the river- they will survive. The most recent Glasgow study report shows that children who were often read to at ten months old and who experienced activities like painting and singing, scored better on language development and problem solving skills by the time they were three. Experiences during the early years of a child's life can have a striking impact on their future chances and they believe this is one way to give all children the best possible start in life.

So let me leave you with this image. It is the end of a busy day and imagine how it would feel to rest in safe arms, close your eyes and listen to your favorite, loving voice tell you a soothing and gentle story that whisks you away on adventures, paints everlasting pictures in your mind, soothes your soul and rests your mind in preparation for a good night’s sleep. How lovely that would be. So find time tonight, maybe every night, to read someone a bedtime story and help us, together, make the world a healthier place.

Thank you very much for giving me the honor of addressing you this evening. Congratulations once again and I wish you great success in all of your future endeavors!