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A Conversation with Jeremy N. Smith

This interview was conducted by Aaron Shulman and originally appeared in a slightly different form in the *Los Angeles Review of Books*.

WHAT if we knew the cause of death for every single person on the planet, as well as the health problems they experienced throughout life? What if we were able to process all that information into big data computational models in search of macro-insights that have the potential to change human health as we know it? I had never considered either of these questions before reading Jeremy N. Smith's *Epic Measures: One Doctor. Seven Billion Patients*. Now I can't stop thinking about them.

Epic Measures tells the story of Christopher Murray, a brilliant, zealously driven doctor whose life mission is to track how every person on the planet lives and dies. In doing so, he has shaken up global health, making enemies in powerful institutions like the World Health

Organization while at the same time winning the respect of many public health leaders, not to mention the admiration (and funding) of people like Bill Gates. His Global Burden of Disease (GBD) studies have already changed the way countries approach the health of their citizens. In the early aughts, using nation-specific GBD research based on Murray's belief that "to know anything, you have to study everything," Mexico was able to dramatically reform its entire health care system. Fifty-two million people who were uninsured now have coverage. Just as essential, illnesses that health officials previously considered unimportant have become priorities for treatment and prevention. As a result, in the span of ten years, the country nearly halved its child mortality rate.

Smith has a gift for bending complex public policy debates, statistical sciences, and global medicine into a thumping narrative about trends shaping the future. For this interview I emailed Smith the questions that follow while he was promoting his book in the Pacific Northwest, and he emailed his answers back the next day. ►

Talk about how you came to this story and decided it was a book you wanted to write.

I discovered the story behind *Epic Measures* through a high school classmate, Abie Flaxman. Abie and I were science lab partners and on the math team together, but I went rogue in college and ended up majoring in history and literature. Abie studied math and computer science at MIT, where he had a hand in developing the e-ink now used in Kindle readers. He got his PhD in math at Carnegie Mellon and, last I'd heard, was working at Microsoft Research, developing fancy algorithms for social networking. Then, when I looked him up again a few years ago, I saw that he was now a professor of global health at the University of Washington. What happened? I knew Abie had taken only one biology class in his life! Clearly, something in global health had changed if they were hiring the same kind of hacker geniuses as Google or Goldman Sachs.

It turned out Abie had been hired as part of a five-hundred-scientist, one-hundred-million-dollar moon shot project backed by Bill Gates to map every aspect of human health worldwide: the Global Burden of Disease study. And Abie's boss, the study's leader, a medical doctor and economist named Chris Murray, had an amazing story: childhood in Africa, first scientific publication at age thirteen, Rhodes Scholarship, Harvard Med School, a second-in-command position at the World Health Organization by age

thirty-five, basically fired by age forty. Once I discovered this project and this person, I knew I had to write *Epic Measures*.

While the story you tell is incredibly important, data isn't very sexy in a narrative sense. How much work did it take to filter PowerPoint presentations, global health politics, and bureaucratic inner workings into an engaging tale? What were the biggest challenges?

I work for my readers. For them, I wanted to tell the human story behind the statistics: to show the men, women, and children in Los Angeles, in the United States, and around the world whose health is *not* being tracked by the powers that be, and how that missing information leads to millions of premature deaths and billions of people suffering unnecessarily every day. And then how far and how fast our lives can improve once we have the new data.

I also wanted to show why this is a struggle: how ignorant scientists have been about something as fundamental as who dies of what, and how threatening new information can be to existing authorities. Of course, the high stakes make this story really exciting as well. This is literally a life-and-death saga. With any big PowerPoint bullet point, I just had to make sure I showed the human faces behind it.

Murray has been a polarizing figure in the global health community, and he hasn't been known to have the softest ▶

touch socially. What was your personal experience with him like?

Being with Murray was inspiring—and intimidating. He is the most honest, energetic, intelligent, and visionary person (other than my wife) I've ever met. Following him and his team around was like being inside one of the movies or television shows set at the White House, where everybody is brilliant, everything is important, everyone walks and talks quickly, and you keep leaping from one fascinating crisis and revelation to another.

I used to think I was smart. I used to think I was high-energy. I used to think I was hardworking. And I am. But this was someone who went full-speed twenty-four hours a day. He headed a team of more than a hundred very smart people in Seattle and coordinated more than five hundred leading scientists worldwide—and every single one of them was struggling very hard to keep up with him. If he ever had time off, he raced sailboats in the Pacific Ocean or skied down mountains in Alaska you can reach only by helicopter. And he'd been this way for forty years! It made me realize that certain limits on what I thought a person can be or do were false. Spending time with him pushed me to be much more adventurous and ambitious. It was clear to me that one reason so many people in the field disliked him was because they resented the way he was always prodding them to change. They wanted to keep believing, as we all do, that they knew best, that they did best. And that was very hard to

believe if you spent even a short time in his company.

And yet Murray had flaws. He was hopelessly repressed about his emotions. At times, he was annoyingly arrogant. He teased people about their clothes, of all things. He was remorseless if he thought someone working with him was not up to his own punishing standards. When they did work very hard, he didn't often say thank you. I was certain I spent more time with my family than he did with his. I was certain I read more novels. I was certain I took more walks. He was a monomaniac: Captain Ahab to the white whale of big science.

Part of the ire Murray has aroused relates to powerful organizations he has challenged, especially the World Health Organization. Did this create any problematic situations during your research? Or put another way, what were the “politics” surrounding you writing this book?

When I'm reporting on a story, my job is to be curious—I have to be open to and interested in any source, any perspective. I found that asking earnest questions and listening carefully led people to open up to me, whether they worked for Murray or worked against him. One of my best days of interviews was in Geneva, at the WHO. Almost everyone in global health cares deeply about helping others, even if they may disagree strongly about the best ways to do that. If there's consensus, great. If there's conflict, that's great storytelling!

One of the most interesting aspects of Epic Measures—and one of the most anger-inducing aspects of Murray’s work to many health organizations—is the goal of the GBD “to separate, permanently, science from advocacy.” Which is to say, NGOs with really fabulous goals and visible causes may in fact be taking resources from other problems science uncovers that are more urgently in need of addressing. Can you talk a bit about this?

I recently wrote a couple of pieces for the *New York Times* where I noted that, according to the latest data, traffic injuries kill more people worldwide than AIDS and, for Americans, health loss from anxiety disorders is eighty percent higher than that from breast cancer. So why does a quarter of development aid for health go to HIV/AIDS while overall aid money to injury prevention isn’t even tracked? And why are pink ribbons part of so many products and activities while advocates for anxiety treatment don’t even have a colored ribbon? I’ve gotten lots of e-mails since—positive and negative.

I would hate it if this new evidence was used to take money away from people studying—or suffering from—AIDS or breast cancer. But I would hope, as I write in the book, that we can move from advocating for specific causes, which are always changing, and shift to advocating for people, who need care and attention all their lives.

You take the role of unobtrusive, nonparticipant reporter, yet I'm sure you had more than a few memorable personal experiences during your research. What are the best ones?

The whole time I was reporting for the book, I told myself, "This is not about you." I tried to be a fly on the wall, observing everything without making anything personal. But I had a great time sneaking away for street food in Mexico City, to book shops in London, and catching up with old friends from Washington, DC, to Seattle.

My trickiest experience was probably interviewing Larry Summers, the former US secretary of the treasury and president of Harvard. His assistant called me twenty minutes before our scheduled time, saying he was free now and wanted to start talking. Because I had just stepped out of the shower, I had to interview him dressed in only a towel. I'm just thankful that that was over the phone—not Skype!

What impact do you hope your book will have?

My first priority was to tell a good story. I hope that story gives readers new ways to think about solving big problems and new tools to understand and improve personal, public, and global health. ~

Read on

Questions for Discussion

1. Were you surprised to learn how little basic information exists about what actually kills people and makes them sick? What examples struck you the most?
2. What do you think was most important to Chris Murray's early medical and scientific education: his own firsthand experiences across Africa, or the influence and example of his father, mother, and older siblings?
3. The Global Burden of Disease study measures illness and injury, as well as death. How does that change our picture of what's worst for us? What policies may address a world where back pain arguably hurts people more than AIDS, or where health loss from anxiety disorders is worse than that from breast cancer?
4. Ideology trumps evidence for certain global health "missionaries," according to Global Burden cofounder Alan Lopez. What does he mean? Do you agree?

5. Prior to reading *Epic Measures*, were you familiar with the statistic that the US health system ranks 37th in the world, despite the highest per capita costs? Now that you know the story behind that statistic, how would you assess it?
6. *Epic Measures* is about how we measure health, but it explores this subject through the true personal story of a scientific team. Why do you think the author chose that approach rather than simply sharing the team's most important findings?
7. The author describes Alan Lopez as an "affable man, politic and polite." Chris Murray is neither. Why do you think Murray and Lopez have been such successful collaborators for more than three decades? If you started your own "Save the World" club, who would be the first person you'd ask to join it?
8. *Epic Measures* describes how Bill Gates invests his fortune to improve global health. If you donate time or money to helping others, what decision-making process do you use? How could new information improve your own "investments"?
9. Have you checked out the online data visualizations developed to explore the findings of the Global Burden of Disease study? If so, what did you discover? ►

Read on

10. Chris Murray is described as part of a “brilliant, stubborn, even foolhardy family—at once selfless and determined, sophisticated and repressed, intellectual and almost crazily daring. And, ultimately, impossible to stop.” Do you think that Murray’s accomplishments would have been possible without the same personal characteristics that led to his setbacks? Have his and his family’s stories changed your sense of what it is possible to accomplish, individually and collectively? ~

Suggested Further Reading

The Idealist by Nina Munk

This thrilling, devastating piece of reportage about Jeffrey Sachs, the celebrated economist, and his work to end extreme poverty for everyone, everywhere, exemplifies speaking truth to power, including dictators, donors, and Sachs himself.

Moneyball by Michael Lewis

Michael Lewis's masterpiece about Billy Beane, the general manager of the Oakland A's baseball team, is perhaps the most profoundly entertaining book ever written about an outsider turning overlooked information into insight, and a fascinating behind-the-scenes look at an unconventional team upturning their entire field.

Mountains Beyond Mountains by Tracy Kidder

Mountains Beyond Mountains, about Chris Murray's friends and colleagues Paul Farmer and Jim Kim, offers stirring lessons about hope and hard work—in Haiti and around the world—and has inspired a generation of advocates for global health. ▶

Read on

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***Poor Economics* by Abhijit V. Banerjee and Esther Duflo**

Written by two groundbreaking MIT researchers, *Poor Economics* is a consistently surprising, enlightening investigation of the complex lives of very poor people and how to improve them, based on evidence, not ideology.

***Reimagining Global Health*, edited by Paul Farmer, Jim Yong Kim, Arthur Kleinman, and Matthew Basilio**

This book is the rare scholarly work immediately accessible to any interested reader, combining the lessons of history, anthropology, sociology, economics, and ethics to help understand human health as it has been, as it is now, and as it can be.

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