

and more meaningful for the patients they are ultimately meant to serve.

Widening the criteria for trial participation will take a concerted international effort from investigators, trial sponsors and drug regulators. A more systematic approach, driven by data and greater involvement of patient groups, can and should be used to select participants – not only for cancer clinical trials, but also for studies for other diseases.

1. Liu, R. et al. *Nature* **592**, 629–633 (2021).
2. Fehrenbacher, L., Ackerson, L. & Somkin, C. *J. Clin. Oncol.* **27** (suppl.), 6538 (2009).
3. Kim, E. S. et al. *Clin. Cancer Res.* <https://doi.org/10.1158/1078-0432.CCR-20-3852> (2021).

## To remedy health disparities, scientists must ‘get political’

**The pandemic has given scientists a more prominent voice in society. They need to use it to push for better health through equality.**

**F**or more than 150 years, scholarship and research have revealed how poor and marginalized communities are disproportionately affected by disease. People are more likely to become unwell if they earn low wages, have few employment protections, live in unsafe environments, receive poor-quality education, or are discriminated against. Whether Prussia’s typhus epidemic of 1847–48, tuberculosis outbreaks in the United States in the 1930s or chronic diseases today, researchers conclude that people would live longer, healthier lives if a society’s collective wealth could be shared more equally (M. Marmot *Lancet* **365**, 1099–1104; 2005).

Scholars from disciplines ranging from economics to epidemiology and sociology have proposed ideas for how to share the world’s wealth (R. G. Wilkinson and K. E. Pickett *Soc. Sci. Med.* **65**, 1965–1978; 2007). But their advice has mostly been disregarded by politicians. This is in part because the idea that the public and private sectors need to have a greater role in reducing inequality has been at odds with the thrust of global politics for at least four decades.

During the COVID-19 pandemic, the successes that scientists have scored with drugs, vaccines and other interventions have given researchers a voice in decision-making. They need to use that position to advocate for policies that would improve social determinants of better health, such as living wages, employment protections and high-quality educational opportunities. In this way, scientists need to ‘get political’.

That will require, among other things, scientists to consider how they can best achieve political impact and policy

engagement. But advice is on hand. A Feature on page 674 describes how community organizations in one of the poorest regions of the United States, California’s San Joaquin Valley, tried to curb COVID-19 in communities of colour by tackling some of the disease’s underlying determinants, in part through political engagement.

Hundreds of thousands of people in the valley – mainly immigrants – work on farms and in food-processing or meat-packing plants. Compared with California’s more affluent regions, wages in the valley are low and labour protections weak. And neighbourhoods of agricultural workers often have poor-quality schools, insufficient clinics and few markets selling healthy food. Some areas even lack clean, running water. A child born in San Francisco is expected to live at least ten years longer than children in many parts of the valley.

State and county public-health officials know this, but are often unable to push local leaders for the necessary policy changes. This is because they are generally hired to carry out the wishes of elected politicians, and their budgets and jurisdictions are therefore determined by those politicians.

But academic scientists are not tied by these constraints. During the pandemic, researchers in the San Joaquin Valley have partnered with grass-roots groups to try to address inequities and push agriculture companies to report COVID-19 outbreaks and protect their employees with face masks and physical distancing. They have also distributed free tests, and provided outreach and financial assistance for under-served communities.

But there are few funding opportunities for such work, or for researchers whose main objective is evidence-based policy – let alone systemic reform – and that, too, needs to change. Funders and research leaders must place a higher value on these types of impact in research-evaluation criteria. Then scientists would have a greater incentive to collaborate with economists and political scientists to devise ways to share wealth and turn around rising inequality. Those who study racism could work with epidemiologists to better understand why economic and political systems have marginalized certain groups of people for decades, and how reparations or other reforms could begin to turn the tide.

They can also work with think tanks to write the short, research-informed reports that are required reading for politicians and policymakers. And they could co-design their studies with grass-roots groups who advocate for – and work with – communities in need.

Scientific discoveries and inventions made during the pandemic have led to progress in diagnostics, therapies and, of course, vaccine production. But the pandemic is far from over, and, combined with economic inequality and climate change, the world is in a precarious era. Now that the pandemic has elevated scientists’ voice in society, more must learn how best to use that voice to advance the cause of economic, racial and social justice. Without such change, the essential research that is scientists’ main focus will ultimately fall short of achieving its goal of building healthier, more resilient, more equal and more just societies.



**There are few funding opportunities for researchers whose main objective is evidence-based policy.”**