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## Peace, Pandemics and Pluralism Bridgetown, Barbados\*

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First I wish to thank the Inter-American Heart Foundation, President Schuleib and particularly my colleague, Professor Trevor Hassell for the double honor bestowed on me. You have seen fit to honor me with your prestigious Science of Peace Award and in addition have given me the opportunity to share my thoughts with you on an area of concern that is assuming greater and greater global significance as the years pass.

It gives me special pleasure to be honored by an Inter-American institution as personal experience has led me to believe in and recognize the capacity of the countries and peoples of the Americas and their institutions to do great things when they collaborate among themselves. Over the centuries, in spite of the many variations on the theme, the vision of there being something special that binds together the peoples of this continent has always burned brightly. The fact of geographical contiguity is one of the bases for the concept of pan Americanism, while another has been the vestige of the romantic idea of Bolivar's grand American patria. This notion of a pan American ideal is one that increases in salience and relevance as the institutions that bear the name American grow and prosper to the benefit of the people of the Americas.

We in the Caribbean are proud of our American linkages and the role we play in the inter American institutions. We also say, somewhat facetiously that we are responsible for the integrity of the continent as this chain of countries, stretching from Belize to Suriname can be regarded as that crucial lateral ligament of the major joint of the system.

The InterAmerican Heart Foundation is a child of that pan Americanism. Sixty years ago, at the same time the World Health Organization (WHO) was founded, the American Heart Association became a volunteer led organization that united American efforts against cardiovascular disease. It was 46 years later that participants from 12 countries of the Americas met and formed the InterAmerican Heart Foundation with a mission that was as noble then as it is now- "*to reduce disability and death from cardiovascular disease and stroke in the Americas*".

It pleases me enormously to see health workers concerned about peace and the means to establish it. But let us not forget that after all Imhotep, recognized as the father of medicine was

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also known as the “Prince of Peace”. I also welcome an Inter-American institution’s concern for peace, although this continent is now free from the wars and rumors of wars that consume many other parts of the world. However, in the decade of the eighties when much of Central America was convulsed by armed conflict, the notion of health as a bridge for peace and the programmatic efforts to sustain it occupied much of the work of the Pan American Health Organization.<sup>1</sup>

This Award is dedicated to the science of peace and when I received the announcement, I reflected as to whether there is indeed some science, some corpus of knowledge that can contribute to peace. I have decided to explore that corpus and attempt to show that the concern for health is very relevant to there being peace and understanding and there is some knowledge to be gained from examining how different forms of societal organization contribute to the success of our efforts to secure health and peace.

This lecture honors the lives and work of two cardiologists Dr. Paul Dudley White and Dr. Rene Favorolo who were outstanding not only for their technical skills, but for their appreciation of the societal influences on heart disease, their social consciences and their persistent promotion of peace in our time.<sup>2</sup> Paul Dudley White-I have never heard reference to him by anything but his full name –was regarded as the doyen of cardiologists in his day and his textbook “Heart Disease” is a classic.<sup>3</sup> He was the physician of the menial as well as of the mighty. He was President Eisenhower’s cardiologist and perhaps he exceeded the bounds of medical advice in trying to persuade the President that physicians could be a powerful force in promoting peace. Their contribution would be through advocacy to those in power, especially those to whom they had access by virtue of their profession. They would be in an excellent position to draw in starkest form the pictures of the human suffering caused by war.

But Dr. White was not very successful and after one of his visits, President Eisenhower wrote this letter.

*“Dear Dr. White:*

*I have tried to test out my friends as frequently and thoroughly as I could on the idea we discussed on the sun porch at Gettysburg. It is astonishing how universally they have rejected the idea that an individual, no matter how well known in the world, could be reasonably effective in the promotion of a peace based on understanding, unless operating from an official position of great power. This point came up for discussion last evening with a group of my closest associates in the government and the conclusions were unanimous along the line I have indicated. Nevertheless, I am not completely convinced.”<sup>4</sup>*

Dr. White must have rejoiced in his grave when another Boston colleague of his, Dr. Bernard Lown along with the Russian physician Dr. Yevgeny Chazov received the Nobel Peace Prize in 1985 on behalf of the International Physicians for the Prevention of Nuclear War. He would have liked Dr. Lown’s peroration:

*“May we learn from the barbaric and bloody deeds of the twentieth century and bestow the gift of peace to the next millennium. Perhaps in that way we shall*

*redeem some measure of respect from generations yet to come. Having achieved peace, in the sonorous phrase of Martin Luther King spoken here twenty-one years ago, human beings will then “rise to the majestic heights of moral maturity”.*<sup>5</sup>

Nuclear war was avoided and with the end of the Cold War there was the hope that we would have arrived at that almost Utopian state of universal peace and prosperity. I even entertained a rather naïve notion about peace and prosperity on the fiftieth anniversary of the founding of the United Nations when there was optimism that at last the swords would be turned into ploughshares, since nations now had no reason for confrontation that could lead to war. I speculated that since there was no need for war as the theater in which they could play out the basic need of mankind to struggle, then perhaps that drive to struggle which Plato says is derived from the thymotic part of our souls could be directed toward a noble cause that would unite and not divide the peoples of the earth. Obviously my suggestion was that the combined efforts of nations could be directed to ensuring that the world’s health inequities be reduced or eliminated.

But indeed, the end of the World War did see major efforts at creating and nurturing a culture of peace, particularly in the United Nations Scientific and Cultural Organization (UNESCO). UNESCO’s constitution echoed the Dutch philosopher Spinoza in its concept of peace. UNESCO’s constitution states “*since wars begin in the minds of men, it is in the minds of men that the defense of peace must be constructed*”,<sup>6</sup> and almost 400 years ago Baruch Spinoza had written:

*“Peace is not an absence of war; it is a virtue, a state of mind, a disposition for benevolence, confidence, and justice”*<sup>7</sup>

It is the notion of peace being related to justice, particularly social justice, which engages physicians and all health workers; it is the notion that it is possible to change the minds of men and women to address some of the more egregious manifestation of social injustice that must have energized Drs. White and Favorolo. It is not disciplinary bias which makes us claim that much of the world’s disease is a manifestation of social injustice.

There is social injustice in the causation of much ill health; there is social injustice in the inequality of access to measures of prevention and treatment of disease. This was recognized by the famous German physician Rudolf Virchow 160 years ago when he pointed out that the cause of an epidemic lay in the social conditions of the people.<sup>8</sup> It was the social injustice combined with the poor living conditions, including ill health and disease that detonated the Caribbean riots 70 years ago. The essence of the relation of this social injustice to health has been captured brilliantly by the recent Report of the Commission on Social Determinants of Health which makes the bold statement that “social justice is a matter of life and death”.<sup>9</sup> This surely brings back memories of the work of Paul Dudley White. The relation of social gradients to heart disease has been one of the seminal contributions of the Chair of the Commission, Sir Michael Marmot.<sup>10</sup>

Much of the interest in disease as related to social injustice and poverty has centered traditionally on the infectious diseases, as most of the developing world was stuck for a long time at the stage of pestilence and famine according to the divisions in the health or

epidemiologic transition. But the situation is changing rapidly, as the chronic noncommunicable diseases (NCDs) are assuming ever greater significance in all parts of the world and the efforts to prevent and treat them constitute one of the major development challenges of this century. WHO has pointed out that in 2005 there were 35 million deaths from NCDs, a figure which represented 60% of all deaths globally and 80% of these deaths occurred in low and middle income countries.<sup>11</sup> The latter category will include all of the Caribbean countries except Haiti. The cardiovascular diseases of heart disease, stroke, hypertension and diabetes make up the major fraction of the NCDs. Indeed they represent a genuine pandemic which is spreading rapidly as WHO projects a 17% increase in the deaths due to NCDs over the next 10 years.

Data from 23 countries responsible for 80% of the burden of NCDs in low and middle income countries were analyzed recently. By 2030 these diseases will account for 71% of all deaths, 53 % of deaths in persons younger than 70 years of age and 59 percent of the total burden of disease as measured by Disability Adjusted Life Years.<sup>12</sup> The fixation on other diseases in developing countries that contributes to a certain myopia as regards the NCDs is shown in a recent study from India which begins thus:<sup>13</sup>

*'Every year in India, complications during childbirth kill 100,000 women; tuberculosis kills 364,000 people; and pneumonia, diarrheal disease and other infections kill more than 2 million children. But none of these tops the list. Surprisingly the leading cause of death in India is an ailment generally associated with wealthy developed countries: heart disease. It kills 3 million people in India every year-a third of the country's total deaths.*

This is a situation which I am sure is repeated in much of the developing world. In 2005 there were 4.8 million deaths from the NCDs in the Americas and it is estimated that over the succeeding 10 years 53 million will die from these diseases. We must ask Bob Marley's question:

*How many more will have to suffer, how many more will have to die?*

The situation of the pandemic in the Caribbean has been well described during this conference so I will summarize it briefly for those who did not attend the scientific sessions.<sup>14</sup> Of all the regions in the Americas, the Caribbean is the worst affected by the epidemic of NCDs. Heart disease is the number one killer of our citizens and the potential years of life lost from the chronic diseases are greater than those attributable to AIDS or injuries and violence. The prevalence of hypertension and diabetes is increasing to the extent where the age adjusted mortality rates for diabetes, at least in the larger Caribbean countries, are higher than those seen in North America. Caribbean countries occupy the first 4 places among the countries of the Americas in terms of prevalence of diabetes among adults.

It must be stressed over and over that these diseases are not restricted to the rich, but are increasingly of concern for the poor. There is good evidence that the poor suffer more, they have less access to the services needed to treat them and when the diseases do strike the poor with limited savings they are more likely to be thrust into poverty or struggle helplessly to escape from the poverty trap.<sup>15</sup> The Caribbean does not see the grinding poverty that affects some other parts of the world, but there are significant numbers of the poor among us and there is evidence

that income inequality which has repercussions in disease and ill health is actually increasing in several places. No country can afford to neglect this pandemic.

The risk factors are very clear and are practically the same all over the world. We know that this pandemic is fuelled by tobacco use, unhealthy diet and lack of physical activity and the cost effective interventions to address them have been well described.<sup>16</sup> There is no mystery about the fact that 80 percent of premature deaths from heart disease, stroke and diabetes could be prevented through a healthy diet, regular physical activity and avoidance of tobacco products. We can project that a 2% annual reduction in chronic disease death rates over and above existing trends during the next 10 years would save 5 million lives in the Americas and over 2 million of these would be younger than 70 years. Obesity as a result of the combination of diet and lack of physical activity is especially troublesome. Approximately two thirds of males and females in the Americas are overweight and this figure is rising steadily in all age groups with the concomitant increase in diabetes.<sup>17-19</sup> It is also now more and more common to see diabetes in children as a result of obesity.

There is no doubt that the NCDs represent a global pandemic and as is the case with most pandemics, the solution has to be a global one. In the case of pandemics that arise from infectious agents the solution lies in actions that are taken collectively. In the case of this pandemic, the solution lies in actions to be taken both collectively as well as universally. Many if not all of the global conquests of disease have started with well organized regional or sub regional collective initiatives. The Caribbean region was the first in the world to call for and succeed in the elimination of measles. Success in the Olympics is not the only lesson the Caribbean can give to the world, so let us examine the approach being taken or which must be taken in the Caribbean and its relevance to the regional and global solutions.

First, two aspects of an approach have become clear to us in the Caribbean. Focusing attention only on the individual and his or her behavior is necessary but not sufficient and there has to be modification of the enabling environment to facilitate that change. It is pointless enjoining citizens to walk more when there are no spaces in which they can walk or their personal safety is in jeopardy from violence if they venture out of their houses. It is pointless advising children about healthy diets and the need for exercise, when school vending machines promote the sale of sodas and physical activity gets short shrift in the formal curriculum.

Over the past few years I have become increasingly disenchanted with the standard reference to the chronic NCDs as life-style diseases and I would like to encourage the Inter American Heart Foundation to join me in arguing for removing that term as a descriptor for the NCDs. The very use of the expression gives the impression that all that is necessary is for the individual to assume some responsibility, without any consideration for those factors that predispose him or her to adopting the risk factors. I am not advocating a nanny-state in which all aspects of the individual's behavior are ordered and regulated with the full power of the government available to ensure enforcement. What I am calling for is a more overt recognition of the reality of the forces that lead to adoption of the contributing risk factors. Indeed, if the accent is put exclusively on individual behavior, then there must be few diseases which are not the product of the individual's way of life. So let us just say chronic non-communicable diseases. I am not proposing that the individual should be relieved of any responsibility, but I am

emphatic that there has to be a major shift in emphasis and I propose that we begin here and now. Life styles, yes; lifestyle diseases, no!

Second, any successful approach to a change in the enabling environment has to involve all of the social partners and I use this expression deliberately rather than making the traditional call for inter-sectoral action. It is in this context that I refer to the growth of pluralism in global as well as local health matters. It is a pluralist approach that must be a feature of the new phenomenon of global health and it is a pluralist approach that is ideal for addressing the pandemic of NCDs at the population level.

We are observing a growing attention to pluralism in all spheres of activity. In the field of international relations it has become clear that the unique focus on the nation state as the sole negotiator in affairs of international concern is no longer tenable. In his book on the Post American World, Fareed Zakaria describes a situation in which it is not that the United States is faltering to the level of crisis economically and otherwise, but the other nations of the world are just progressing faster.<sup>20;21</sup> He points out that the hegemony exercised by Britain and the USA for almost 200 years no longer exists, so the solution of the major global problems has to be based on dialogue between and among many states and here is a change with profound implications. The preeminence of the post Westphalian state and its identity with the constituted government is waning. There are now major non-government state actors who claim legitimacy in discussions and decisions that affect the lives and well being of citizens. There must be robust inter and intra-national pluralism

The major actors in the pluralist state are the government itself, the private for profit sector, the private philanthropic sector, civil society, the media and the trade unions or organized labor. The duly constituted government has responsibility to provide the sanitary and social measures necessary to preserve the health of its citizens, as the American Declaration on the Rights and Duties of Man states. It must do this by employing the instruments it has at its disposal and which only the government can wield-legislation, regulation and taxation. No country or group of countries will tackle the pandemic successfully without judicious use of these instruments by governments. I have hope that opinion on government regulation and oversight will change soon and rapidly. In our love affair with the autonomy of the market we have tended to forget that even Adam Smith saw the need for government to play a critical role. In a pungent and perhaps prophetic comment the Economist wrote the following in 1776.

*“Mr.Smith’s intellectual heirs may be less judicious than he is in seeking to keep government and the market in harmonious balance”.*<sup>22</sup>

There are critical roles for the other major actors as well. The private sector must see itself as a partner and I believe that its most effective participation is through three mechanisms. First, in collaboration with organized labor it can focus on the work place as a locus for program promotion. Thus the private sector should discourage or prohibit smoking in the workplace. Second as a good corporate citizen it can contribute with resources to the national plan. Finally it can contribute with the skills such as marketing and branding that are fundamental for the change of public opinion needed to alter the enabling environment. Let us not forget the wisdom of Abraham Lincoln who said; *“Public sentiment is everything. With public sentiment nothing can fail; without it, nothing can succeed”.*<sup>23</sup>

In looking for examples of radical change in attitudes, I have been attracted to initiatives such as the Illinois methamphetamine program which through brutally explicit and carefully researched advertising and marketing has changed the popular perception of methamphetamine use. The public sector in collaboration with the private sector, civil society and the media can make it socially undesirable to smoke or to be obese for example. This combination can be a major influence in changing the popular perception of obesity and is likely to be far more effective than pious exhortations to lose weight. To those who prate that it cannot be done, I invite them to look at the styles of dress being adopted by our youth-styles that are derived from the informational imperialism which rarely seems to be the purveyor of images and practices that make for our social progress. Fundamental cultural change is possible. But let me be clear about the relative roles of the social partners. Maximum effect will be achieved when the various actors work in concert and being an advocate does not automatically mean being an opponent. Pluralism does not of necessity breed antagonism.

The term web would have conjured up images of a spider to Drs White or Faviolo and they would have been unaware of the power of the internet and the new information moguls. It is to them that I am also looking for help in changing the environment to stem the pandemic of chronic diseases. It is on the internet and the immense possibility of developments in fields such as social networking that I am pinning much hope. The internet has to be the most revolutionary development of our time. It must rank with the stirrup, the plough and gunpowder as agents of change. The speed and facility of its interconnectedness drives globalization ever faster, transforming the very belief systems that sustain societies.

The attention to pluralism within the state does not diminish the need for inter-sectoral action within the public sector. Thus, there has to be cooperation among education, health, agriculture and several other parts of the public sector if the risk factors that lead to NCDs are to be addressed conclusively. The education sector will be responsible for the programs in schools that inculcate into children the practice of eating right, weighing right and exercising right. It was salutary to see the Caribbean Ministers of Agriculture acknowledge their responsibility in addressing the problem of the quantity and quality of food made available to in the region.

The major effort at a collaborative approach that the Caribbean governments have adopted is a fine example of international pluralism. You have heard of the historic Summit of CARICOM Heads of Government which issued the Port-of-Spain Declaration that incorporated 15 policy elements that must be addressed in order to reduce the burden of the NCDs.<sup>24</sup> Indeed, that Declaration calls emphatically on the social actors to play their parts in addressing the pandemic. The emphasis on and the active participation of civil society in this conference augurs well for the prevention and control of these diseases. It was gratifying to see that the decision of the Summit to establish the second Saturday in September as Caribbean Wellness Day has been so well received throughout the Caribbean. I hope that this example of elevating consideration of this pandemic to the level of Heads of Government will have echo in other parts of the world.

But it is not only political pluralism that is needed. There must be disciplinary pluralism as well, a pluralism that is often referred to as a multidisciplinary or interdisciplinary approach. CP Snow lamented the schism between the two cultures-arts and the sciences although even now they have become further subdivided.<sup>25</sup> The really major problems of our time are resistant to the disciplinary reductionism that has characterized many efforts inside and outside of academia. We

will understand the basic causes of the NCDs as well as the possible solutions at the individual and population level when many different disciplines become involved and the contributions of the engineers, the molecular biologists, the economists, the politician and yes the physicians are invited and respected. Contributions from several disciplines have now shown us that stress will lead to changes in markers of inflammation and changes in the control of chromosomal integrity which are associated with the occurrence of the NCDs.

Ladies and gentlemen, will there be peace in our time? I doubt it. I fear that Jeffrey Sachs is correct in saying:

*“The seemingly soft issues of the environment, public health, population growth and extreme poverty will become the hard issues of geopolitics in coming years. Indeed these issues will become the key determinants of war and peace”*<sup>26</sup>

Many of these issues are very much with us today. I will add that the social injustice that is inimical to peace has an expression in ill health and it can be reduced by addressing the causes of that ill health. Much of the ill health that will be upon the people will be in the nature of the chronic diseases and I also posit that our approach to their prevention and treatment has its best hope in the pluralism that will be increasingly the way in which we organize major societal efforts.

There may indeed be a science of peace!

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