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**A CULTURE OF PEACE. A CHALLENGE FOR HEALTH AND
COMMUNICATION****
Sao Paulo, Brazil

First, let me thank you for the invitation to address you. I would have been delighted to participate in your Conference in person, or at least via a video linkage, but fate conspired against me so I have to communicate with you through the written word. My interest in being with you was stimulated by Dr. Coe's description to me of FELAFACS as the most important organization of its kind in the Americas; one that is acutely conscious of its social role and the responsibility it has to reach out to other disciplines in the endeavor to create a better society.

I thought long and hard about the connotation of a culture of peace and whether in this turbulent world, one could find examples on a macro scale that could be used as a basis for analysis. I came to the conclusion that I could consider it at both the macro and micro levels. In the former sense, a culture of peace would exist where there was acceptance of the principles of tolerance and non conflictive coexistence as being guiding principles for social organization. What would be the place of health in such a context?

First, the sharpest picture is one of health being a casualty when there is no peace. One can start from the extremes of armed struggle between nations when human beings pay the ultimate price. But perhaps the more unfortunate are those persons who are made ill or maimed as the result of war and are left to suffer for the rest of their lives. The grim pictures of the starving and the wounded remind us, if we needed reminding, of the health consequences of armed conflict. Many of the health consequences of such conflicts are subtle and are to be found in mental illnesses that arise sometimes long after the battles are over.

But it is not only the open conflicts that affect health negatively. The recent outbreak of the deadly Ebola fever in northern Uganda is a reminder that the movement of armed combatants or persons displaced by war can be a source of infections that were not heard of before. This is, perhaps, why the association of wars, famine, and pestilence is rooted in history.

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There is, however, another and more pleasant face to the association of health with peace. I believe as experience has taught me, that health can be a bridge for peace-that health can help to create a culture of peace among nations and peoples. We, in the Pan American Health Organization (PAHO), were privileged to witness a period in the history of Central America in which health representatives of nations wracked by war, would sit down and discuss common problems. We saw days in which fighting stopped, a truce was declared, and health workers went about their business of vaccinating children, for example. We like to think that the pacification of that part of the world was due in some small measure to the contacts that were made around health issues. Health, as a universal value system is sufficiently non conflictive in the wide sense that it provides a platform upon which peace and understanding can be built. It is unfortunate that this is not the stuff that makes for attractive communication material, or perhaps we have not enlisted communicators in disseminating the power of health in such situations.

There is also a culture of peace at the micro level-in the micro environments in which people live and labor. It is the shattering of that peace which is seen as interpersonal violence that is perhaps of greatest concern to you. This violence against the person comes in many forms, and I will deliberately omit any reference to violence of the state against the individual-a role that states have assumed unto themselves and regard as a prerogative that cannot be shared or delegated.

Violence is the intentional use of force to harm-in this case a human being, and injury is a result of such violence. We are told that all human beings are aggressive by nature, with some of it being genetic and some programmed. I believe, however, that much of the translation of aggression into violence represents learned behavior that is often modulated or exacerbated by the social and physical environment.

We, in health, must concern ourselves with violence and the injuries that result therefrom. We must be concerned first with the impact of violence on health services themselves. In some societies we find a considerable amount of resources consumed by having to deal with the trauma that results from violence. These are resources that could more profitably be used to promote health or prevent illness.

The overt injuries that result from interpersonal violence are there for all to see, but one of the more pernicious aspects of violence is that which is perpetrated against women. Much of it is ignored or purposely hidden, and it represents one of the more egregious manifestations of the unequal power relationship between men and women. It is not only the open wounds that result from domestic violence that concern us, but also the battering that does not cause open wounds and shames all of society.

Violence is increasing in many of our societies to the extent that it has become a major public health problem. It is for this reason that PAHO has focussed attention on it since 1994 when we sponsored the Inter-American Conference on Society, Violence and Health. More recently we have joined with other partners in launching the Inter-American Coalition for the Prevention of Violence. I stress the aspect of prevention as I believe that much of the violence in our midst can be prevented.

There is no violence vaccine. We believe that our role has to be one of promoting the use of standard epidemiological tools to describe the characteristics of violence as a first step in correcting some of the factors that are indeed correctable. But, in addition, we see the public health community being proactive in altering behavior, as well as the environmental factors that contribute to violence.

I include your discipline as one of those that is crucial and central to all efforts in promoting and guarding the public's health. In the case of violence, communication skills are critical to changing the public perception of the importance of violence prevention. In another address on the role of the media in relation to violence and the possibility of altering the public agenda, I had this to say:

But it is the possibility of changing the public agenda that is most attractive to me, and should engage your attention most. None of us, and least of all you here, is under any illusion of your ability to shape the public agenda. There was a time when institutions like the family and the church were powerful shapers of public perception, they told the stories that really mattered, but in the world of today, for good or ill, reality comes from the mass media. I say reality rather than truth because the two are not always the same. Public judgment that is a forerunner to public action is derived from public awareness.

I reject the idea that this approach to changing the public agenda so as to reduce violence, is a matter for governments. To the extent that it is a societal problem, then all social actors must be involved, and to the extent that it is a public health problem then all the social disciplines must be involved.

Why do I attach significance to the role of communicators in public health in general, and to the aspect of violence in particular? It has become very clear to me that the transmission of information is one of the most potent factors that contributes to health. The availability and internalization of information are some of the factors that are responsible for the differences in health status between the rich and the poor. The provision of information across nations leads to the adoption of lifestyles that can be inimical to health. The advertising of tobacco is a clear example of a risk that has become international through communication or dissemination of information.

But it is of equal importance to see the power for good that can come through communication. The adoption of healthy habits is usually as a result of communication, and I am convinced that traditional health establishments have too long ignored the possibility of creating partnerships with those professions whose business is communication. There is much to learn on both sides, but I wish to think that your invitation to me is a reflection of your wish to hear from the side of the health professional about some of the areas of collaborative effort.

My prime suggestion is that we take a more consistent approach with you, your faculties of communication, and engage you in health concerns. I wish us to show you how your skills can indeed improve the health of our people. I wish to involve you in

this because I believe that the promotion and protection of health is a noble enterprise that merits the concerted efforts of all men and women of good will.

I wish you to think of PAHO as a partner that wishes to learn from and with you how the application of your skills can make a difference to the health problems of the Americas. I am so seized by the importance of this interaction that I have created a post in PAHO that is charged with the specific responsibility of making common cause with schools of journalism and communication. I have great hopes for this initiative.

Let me wish your Conference well, and again express my regrets at not being with you in person, but I will be with you in spirit.