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28 March 1995

OF HEALTH AND HEROES**
(Kingston, Jamaica)

Mr. Chairman, Mr. Clarke, Dr. Stokes, Ladies and Gentlemen:

I must thank Mr. Clarke for his invitation to speak to you tonight. When I received his invitation, memories of some of my associations with newspapers and newspapermen came flooding back. Some of the tales surrounding these memories do not bear repetition, but I do recall my first formal contact with a newspaper -- The Barbados Advocate -- where I was employed as a part time sub-editor just before I came to the University. I was rather proud of my ability to write English prose when I started, but I learnt very quickly that Burke and Churchill would probably not have had their speeches published intact by a newspaper and the art of conveying many images in a few words is one that is guarded jealously by the Muses.

As I remember some of the veteran reporters, I recall what is known as Cohn's Law, which may equally well be applied to some bureaucrats. "The more time you spend reporting on what you are doing, the less time you have to do anything. Stability is achieved when you spend all your time reporting on the nothing you are doing." But then, they were reporting on what others were doing.

I am pleased when an institution as respected as the Gleaner singles out a person or persons in the society for special recognition and honor and I congratulate the recipients of the Gleaner Awards. It is good to recognize and applaud merit, as this enriches the lives of those who are selected and brings credit to those who make such recognition possible.

It was in part the memories of my youth that led me to choose the topic for this evening, Of Health and Heroes. When I grew up as an elementary school boy in Barbados, my little heart beat fast as we sang songs about the British Grenadiers and the brave men of Harlech. The stories that were fed to me were ones that lauded men of valor, men that performed great feats of arms for king and country -- men that went singing into battle for noble causes or to defend fair damsels. In those days all damsels were fair!

As I grew older and was initiated into the mysteries of Latin and Greek the tales of gods and supermen were my constant diet, and I can still remember the opening lines of Virgil's Aeneid

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** **Honor Awards Banquet, the Gleaner Company**

"Arma virumque cano" - I sing of arms and the hero. The prowess of sportsmen was cast almost in the same mold as many of the images of the fields of sport were very similar to those of the fields of battle.

But age and wisdom have caused me to change my perception of heroes and heroines, and for many years I have been wedded to the thesis that all countries need heroes. This evening I wish to speak of some men, women and institutions that have merited and might merit the title of hero. The old mold of hero is not good enough for me now, and I look to tell particularly the young, that our real heroes are those that have brought about a genuine change in the well-being of our people. They are people who by word and deed strove and struggled, often against many odds, for the preservation of values that are fundamental for the existence of organized society, with the firm conviction that for us to live we need an organized society and the state as its ultimate expression. I will speak of some of the heroes in health that are no longer with us and more importantly I will challenge a particular institution to think of itself as being cast for a heroic part.

I doubt I would have to convince many of you of the importance of health at the individual level, and the population or national perspective was put well by Benjamin Disraeli when he said:

The health of the people is really the foundation upon which all their happiness and all their powers as a state depend.

Some of the issues that trouble our health today may truly shake the foundation of our state and we need some modern day heroes to tilt against them. This is not to say that there have not been Jamaican heroes of health. Jamaican men and women of medicine have a proud tradition and John Bigelow in 1851 recognized these talents when he said:

We have an abundance of medical men of the highest qualifications that British training can confer, men of true science, great experience and unfailing assiduity.

My memory does not go back quite that far, but I remember with affection the lumbering gait and wise words of Gussie Peat, the legendary skills of doctors like Carnegie, Martin, Harry, Rob, Whitelocke. I remember almost with awe the pronouncements of Leila Wynter and the smooth assurance of her husband Courtney Wedderburn -- the ladylike grace, charm and competence of Christine Moody -- the dapper Harold Johnson who I can now appreciate was a storehouse of wisdom and experience that we as students never fully explored. Public Health nurses like Violet Skeffrey and Eva Lowe came to mind. Louis Grant. Dr. Sutherland who made us look forward to visiting High Holborn Street and hearing the richly textured tales of young men who described how they contracted sexually transmitted diseases in almost every possible way except through intercourse.

I could go on and on about these men and women who had heroic characteristics and without doubt there are those active now and others to come who will be just as great because of what they did and will do for health in Jamaica. But institutions can be heroic as well, and I wish to challenge the Gleaner and perhaps other similar institutions that deal with the health of our people, that they should so work that at some future time a wise griot will place them in the pantheon of health heroes.

The problems with which those men and women whom I mentioned dealt were somewhat different from the ones their professional sons and daughters face. The pattern of disease has changed and the capacity of the services to promote and protect the public's health is under serious strain. Jamaicans are now living longer, fewer of their babies die of the causes that were rampant when I came here first. I said fewer, because there are still problems of infection, pneumonia and malnutrition that affect our children and produce consequences that we never dreamt of before.

But the chronic diseases are the major problems that will affect Jamaicans increasingly into the next century, and our dominant concern is that the public services as presently organized will have great difficulty in providing the universal care that will be necessary. The data we have show that the leading five causes of death for all ages are cancer, heart disease, cerebrovascular diseases, diabetes mellitus, accidents and violence. Treatment for hypertension is one of the two most common reasons for curative visits to the government's primary health care facilities.

It is expensive for a country to try to provide public services to all its people especially when their major problems are those mentioned before. It is estimated that for 1993-1994 the total health care spending in Jamaica was 8.9 per cent of GDP and the public sector accounted for about 1/3 of this. Jamaica's expenditure on health care as a percentage of national wealth is higher than the average for Latin America and the Caribbean, which is just over 6 per cent, although it is below the United States' figure of 14 per cent.

This elevated expenditure is not reflected in overall public satisfaction, and I am often greeted with accounts of deterioration of public physical facilities and shortages of drugs and supplies in the public sector. I am pleased to note that the Ministry of Health is seriously engaged in a process of reform which will essentially address the two key issues of financing of the sector and the organization and rationalization of the system and the services to be offered.

But in a metaphorical sense there is another cancer that is tearing at the mental, physical and economic health of the Jamaican people - that is violence.

This is not the place to discuss the theories of violence which range from concepts related to social deviance to those that look for basic biological abnormalities in violent individuals. There is no doubt that even if violence is not excessive in modern times, it certainly is magnified. As one author puts it graphically, if two naked humans fight, neither is likely to get killed, but man through intelligent use of technology has magnified or amplified the capacity to inflict often lethal damage as a result of violent behavior. There are various theories and much recent interest in the genesis of international violence, but I will concern myself with interpersonal violence.

Societies in every part of the world are becoming increasingly fearful that violence against the person is rising and threatening the very way that we live. I wish that I had extensive data for Jamaica on violence. It is remarkable that for all the public outcry and genuine concern there have been few detailed analysis of the nature of this phenomenon. Such data as I could collect show that the number of homicides is rising steadily from 542 in 1990 to 653 in 1993. Rape, carnal abuse, and robberies showed the same trend over that period. The estimated total number of deaths from homicide in 1990 in India with a population of 850 million was 20,000. Thus, proportionally

Jamaica had about 12 times more violent deaths. In the world as a whole there were 55 deaths per million population in 1990. The Jamaican figure was four times as high.

Much of my information comes from the National Center for Injury Prevention and Control of the United States. It is reported that every day some 65 Americans die and about 6,000 are injured as a result of personal violence and the economic burden of violence is enormous. The average annual cost of violence towards the end of the 80's was about 180 billion dollars. I have no doubt that the cost of violence to the Jamaican society is also very high.

The recent studies on personal violence are very similar in their demonstration of a strong correlation between personal violence and deprived social and economic conditions. In spite of the attention given to the violent acts against, or perpetrated by the rich and the famous, the poor and the deprived injure and are injured by one another much more frequently.

Even in the developed societies it is difficult to get accurate data on many forms of violence. Intra-family violence is often not reported and specifically there are large gaps in our information on domestic violence against women and much of the battering and rape they suffer is not recorded. Also, we must note that while the major crimes of murder make the headlines, they represent a very small fraction of violent crimes. American figures show that fewer than 4 in every 1,000 violent victimizations result in the death of the victim.

Many attempts to explain what is perceived as increasing violence focus on the breakdown of community organization. Roderick Rainford, in a very perceptive discussion of the political economy of violence dealt with all violence as manifestations of a fractured community. His concept of community is "a durable structure of shared interests, reciprocal expectations and common cultural and moral values which emphasize respect and concern for others." The same concept has been framed as a breakdown of social capital - "the capacity to transmit positive values to younger generations."

Most of us here over the age of 50 relate to this very directly as we remember neighbourhoods that did share values and resources, where neighbours had no problems with disciplining even-handedly their and other neighbours' children, and the community elders were treated with deference and respect. But it is not enough to agonize over the good old days and wish that the reality of the violent culture of today will go away.

When confronted with the problem, most societies, and Jamaica is no exception, adopt typically a reactive posture. Public outrage that is usually episodic, leads to attempts to strengthen the criminal justice system as a means of making our streets safe again. This approach deals primarily with the results of violence but not its causes, and many of us in health will argue that this is necessary but not sufficient. Let me be clear: there must be adequate anticrime methods and the state has a responsibility to protect its citizens from aggression from without or within. But there is evidence that the criminal justice system has its limitations and it has been shown, for example, that lengthening prison terms has little if any effect on violent crimes.

The health sector has now begun to adopt a more proactive approach to interpersonal violence. We have seen at first hand many of the things that the general public does not see; the havoc

wrought on lives, the mental health consequences of the violence that because it is so commonplace never gets reported. We see emergency rooms that have to dedicate themselves, almost exclusively, to treating the victims of violence, patching young bodies and sending them back to the war zones of the streets. We agonize over money spent in what appears to be an endless struggle - money that could really be directed towards producing health.

So just 10 years ago the public health community - at least in the United States - entered the field more formally when the Surgeon General, Dr. Koop, convened his Workshop on Violence and Public Health. We are taking the view that violence like other epidemics can be controlled, and prevention is a legitimate approach. I am pleased to note that the Conference of the Caribbean Public Health Association last year was devoted to this topic. The Pan American Health Organization also convened a hemispheric Conference that involved a wide range of disciplines to address the issue and propose some approaches we might take.

We believe that as with any other epidemic we need to know more about the nature of the problem, what are the causes and risk factors that determine who will be victims and perpetrators? We can also promote appropriate interventions that must be tested before rushing into applying them widely. This is not a call for passive gradualism. Other major public health problems not caused by infectious agents have yielded to this approach. The reduction of deaths from car accidents, the change in the pattern of heart disease, the reduction of smoking related mortality and morbidity are all the result of this type of approach. Unless we have place specific data and follow some sort of logic, we will still be wringing our hands decades from now and bemoaning the opportunity missed. There is a natural tendency to wish to see something happen now - this is laudable, but excellent well meaning programs are no substitute for a structured approach.

The data have to be place specific. In the United States, for example, much of the discussion turns around gun violence, and I learnt recently that keeping a gun at home is perhaps more dangerous for the household than for the would be assailant. For every time a gun in the home kills an assailant, it is used forty three times to kill someone in a criminal homicide, for suicide or for unintentional shooting. The Jamaican situation has its own characteristics that must be studied. A beginning has been made and I found one study from two young doctors who described themselves as wound officers. They showed that the knife was the favourite weapon and most violent acts were committed by friends of the victim.

Another fundamental of the public health approach is that there has to be community involvement. This is easy to say and very difficult to achieve, but with patience and specific interventions in mind it can be done. Involvement in health activities is often an entry point to achieve community activity. It is also absolutely necessary to incorporate some of the disciplines that traditionally are considered non-medical. Although I referred to the criminal justice system as reactive, the health sector must work with it, if for no other reason than in our countries it probably has data that can inform the epidemiological surveillance that is needed.

PAHO has been devoting increased attention to promoting the public health approach I have described, and we have begun to implement a technical cooperation program. Our financial resources are limited in the face of this massive problem and one of our major efforts is to promote the cooperation of the various national resources to deal with it. Naturally, we propose that the

appropriate state organ coordinate the many efforts to be made. Small societies in particular cannot afford the waste that occurs when many well meaning programs act in an important field without some sort of road map to guide them all.

A great deal has been written about the media and violence and a common approach is to cast it as portraying the kinds of images that lead the young and impressionable to embrace violence. Too seldom do we seek to encourage the media to be proactive in promoting the preventive public health approach to control of violence. The role of the media in control of violence is only one aspect of the relationship of the media to national health in general. I have stated often and believe that the media is a responsible social partner and is an instrument for informing and shaping public opinion in addition to entertaining.

It is notable, however, that the approach to health has also been reactive with reporting predominantly portraying disease as a manifestation of some individual failure. Reporting on population issues also tends to dwell on the breakdown of systems that lead to illness. General issues of public health draw very little attention and focussed efforts at health promotion are not very common. One comment on the nature of the problem by Wallack who has studied the relationships of the media to health goes as follows

The primary problem that the public health advocate faces when trying to use the mass media to promote health is the fundamental link between the public's health and the social structure. The pursuit of public health goals often involves social change; the public health perspective primarily emphasizes system failures to explain poor health. The mass media, for the most part, reinforce existing arrangements and primarily emphasize failures of individuals to behave appropriately as an explanation of poor health.

In large measure this is the fault of the public health community which does not seek to cultivate the media, and try systematically to put public health problems in such a form that they are both entertaining and informative. Research on the media and health is very poorly developed in the Caribbean and I could find no good body of data on the treatment of health issues by the media or the extent to which the media influence health practices.

PAHO has promoted the Caribbean Media Awards as a contribution to strengthening health journalism and I am impressed by the increasing interest being shown. I hope that this will grow.

But I wish to go beyond the role of the media as social partners. Because of my high regard for the institutions and because I am old fashioned and have a special affection for the print media, I am searching for criteria for including them among my health heroes. If I had to write them a prescription for this I would recommend that they seriously and steadfastly promote a different view of health - that they inform our citizens of the true determinants of health. I would ask them to shape the public debate on health so that more attention is given to the promotion, preservation and protection of it. They might ferret out the health consequences of actions taken by sectors that are theoretically outside health. What is the effect of commercial policy on health? How is genuinely healthy public policy formed? The health of our people is a good measure of the level of societal development - or better human development! There can be few better tasks for heroes that have shown from time immemorial the power of images, than to use these talents to ensure that our citizens and our nations are genuinely healthy.

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