

## **AMCHP 2008 ANNUAL CONFERENCE**

### **WE ARE MAKING A DIFFERENCE:**

#### **MacQueen Lecture Presentation**

March 1st to 5th, 2008

VICTOR W. SEIDEL: Thank you very much, very much, Dick. It's a privilege to be here, and it's a privilege to receive the award.

I want to start by talking about John in terms of his work with children and special needs. John MacQueen was a remarkable human being, and it is an honor to be part of a series of speakers for the past 20 years who have worked with and who have commemorated the work of John MacQueen.

Starting with the first lecture 20 years ago there has been a great variety of topics chosen for the MacQueen lecture, and for this lecture, I want to draw attention to the urgent needs of children who are affected by war and to talk about the ways in which workers of maternal and child health can help the bridge the Charter of the United Nations to help the scourge of war to disappear.

Now, as Dick has mentioned, a recently published book called War and Public Health summarized the issues that I want to cover in my talk.

If that book, the book begins with war has an enormous and tragic impact, both directly and indirectly on public health. War causes death and disability, destroys families, communities and the environment, diverts resources and destroys infrastructure needed for human and health services, limits human rights and often begets further violence.

What you should be aware of, if you're not already, is that 200 million people died directly or indirectly as a result of war during the 20th Century. More than half of these victims of war were civilians. Many of those were innocent bystanders caught in the crossfire and many others were targeted civilians used to create fear.

Of the wounded who survived, many lived with severe disabilities and rehabilitation, a problem that Dr. MacQueen devoted much of his outstanding work is not as available as Dr. MacQueen would have wanted.

The impact of war on children was summarized in the 1996 report to the United Nations by Graca Michel, the widow of the late President of Mozambique and the wife of the former President of South Africa, Nelson Mandela.

And Michel said millions of children are caught up in conflicts in which they are not merely bystanders but targets. Some fall victims to a general onslaught against civilians, others die as a part of calculated genocide, still other children

suffer the effects of sexual violence and the multiple deprivations of foreign conflict, expose them to hunger and disease.

Just as shocking, thousands of young people are cynically exploited as combatants. In the past decade an estimated two million children have been killed in arms conflict; three times as many have been seriously injured or permanently disabled, many of them maimed by land mines; countless others have been forced to witness or even to take part in horrifying acts of violence.

Although we hear a great deal these days about the need for medical care and rehabilitation for U.S. Military personnel wounded both physically and mentally by war, we hear far less about the urgent need for care and rehabilitation of children living with disabilities caused by war.

These include injuries caused by the bombing of areas in which children live and loss of limbs as children return to work in fields in which land mines have played. Those needing care and rehabilitation also include children who have lost one or both parents because of the war and who have been severely traumatized by war. War not only causes the wounds but also traverse the resources needed for care and rehabilitation.

The war in Iraq provides us with endless examples of the impact of war on the health of children in Iraq, in the United States, and in the world. In Iraq, along

with the deaths of children of disabilities caused by bombs and explosives, damage to water and sewage treatment facilities leading to 500,000 tons of sewage dumped into the rivers have caused gastrointestinal illness including fatal diarrhea that predominantly affects children.

Children are especially liable to suffer the consequences of disruption of medical care. And damage to medical care facilities and the flight of disease -- flight of doctors and other medical care workers.

An estimated one-fourth of Iraqi children are malnourished due to food shortages caused by invasion, sanction and occupation.

But children in the United States have also felt the impact of the Iraq war. The trauma to children caused by the loss of a parent or another family member in Iraq is well recognized. Less well recognized except for this group which recognize it only too well, recognize has been the major loss of resources for medical and health services due to the 500 billion dollars already spent by the United States on fighting the war, an expenditure that is expected to rise to two trillion dollars for the overall cost of the invasion.

In the 10 minutes since I've started speaking, the war has cost the United States over two million dollars.

Another aspect of this diversion of resources has been the lack of services of national guard troops stationed in Iraq and they are not then available to meet emergency needs in the United States.

And having talked about Iraq and the United States, let's also point out that children in developing countries have also suffered health consequences because of the war in Iraq, the consequences of disruption of -- sorry.

The expenditures on -- let me point out that the United States pays the lowest share of its gross national product for aid to low-income countries and a fraction of the money spent on Iraq War could have sharply reduced world hunger, fully immunized all children in the developing world, and provided clean water and functioning sewage systems for unmet needs worthwhile.

The United Nations has estimated that 10 billion U.S. dollars, what the United States will spend on the war during this luncheon, invested in safe water supplies could reduce by a third the current four billion annual cases of diarrhea that result in 2.2 million deaths.

In short, investment in international public health of the wealth being spent in Iraq could have helped provide protection against diseases rooted in poverty, in illness, in ignorance and in absence of services and might have provided greater

protection to the people of the United States than the war in Iraq or the global war on terrorism.

All over the world children's futures are threatened by the potential for war of other forms of violence, and particularly threatened by the arsenals of nuclear weapons, other weapons of mass destruction.

As we meet here today, there are exist in the arsenals of the world nuclear powers 20,000 nuclear weapons, an equivalent force of 200,000 Hiroshima size bombs, and equivalent to 10 billion tons of TNT, two tons for every human being on the planet.

Of these weapons, 2,000 to 3,000, are on hair-trigger alert ready to be launched on a few minutes notice.

And so let us talk at the end of this talk about what health workers can do about these issues. I'll discuss these under four headings.

First of all, addressing the underlying causes of war and terrorism; two, controlling the weapons; three, promoting a culture of peace; and finally, promoting peace through health.

Under the heading of addressing the underlying causes of war and terrorism, one of the underlying causes is to urge the United States and other wealthy nations to increase funding for humanitarian sustainable development and other programs that address the root causes of war, which substantial reduction of it would cause the war would require increased attention to the millennium development goals, and these as you may be aware are -- include the eradication of extreme poverty, hunger, achieving universal primary education, promoting empowerment of women, reducing child mortality, combatting HIV AIDS, malaria and other diseases, ensuring environmental sustainability and developing global partnership for developments.

It's a remarkable coincidence, not so much a coincidence, but remarkable comparison with the issues that you already work on.

Second having is controlling the weapons. Small arms and light weapons, which are the main weapons currently used in war are also used to kill children and others in our schools and neighborhoods. Severe controls on position of handguns and other weapons are needed within the United States and internationally but the National Rifle Association stands in the way of such action.

Efforts by health workers to control these weapons in our communities must be coordinated with the work being done by health workers in other countries and internationally.

Another important area pending the protection, storage and transfer of the use of weapons of mass destruction described deserves the attention of health workers. I'll just simply point out, since it's one of the areas that I've been working on, is that what we need is a strong nuclear weapons convention to find ways to ban the production of new weapons and dismantle current weapons.

The Physicians for Social Responsibility as Dick mentioned and the International Physicians for the Prevention of Nuclear War have been a part of this effort for in the case of PSR for 40 years and for International Physicians for 20 years.

Even more relevant to your daily work is the promotion of a culture of peace. An education of children is particularly important in promoting such a culture. Opposition to current practices such as torture and maltreatment of prisoners, invasion of privacy and support for preemptive war are all key issues.

But in terms of children, we have to and are aware of this creating a culture of peace is not at all simple. One has to find ways of making other kinds of goals available to children so that they don't in terms of being he-men and he-women try to emulate the war that goes on elsewhere.

And finally, promoting peace through health. This is part of your daily task, but if we talk about the ways in which health can play an important role in the reduction

of violence. In fact, the World Health Organization has just published a monograph five years ago talking about the level of violence in our communities and in our country. Not just our country, but every country in the world.

And these levels classified by the nature of the perpetrator are self-directed violence, personal -- interpersonal violence, and collective violence. And these are all interconnected.

And so health workers can by working on prevention of suicide, working on interpersonal violence in schools and in communities help to reduce the impetus to violence in the world.

This can be done in all of your lives by directly working with children, but also working with their mothers on ways to bring to bear on the lives of children the ways in which violence affects them and not only can this be done in clinical encounters but also in terms of grand rounds and other presentations.

Part of this work involves working with other organizations, and you should be aware that the American Public Health Association, one of your members, Deborah Klein Walker, was just President of the APHA, and the American Public Health Association has a peace code against which is sad for the past 10 or 15 years, has established an annual award for someone in APHA who works for

peace, and there is no reason, if I may say so, that AMCHP could not also join in this work.

Now, finally although a world without war has long seemed unobtainable, the threat of worldwide devastation and death posed by nuclear weapons and increasing recognition of the cost of war has brought the dream closer to reality.

As John F. Kennedy expressed it, quote: Never before has mankind had such capacity to control our own environment, to end hunger and human -- to end hunger, to conquer poverty and disease, to banish illiteracy and massive human misery. We have the power to make this the best generation of mankind, these days we would say humankind, in the history of the world, or to make it the last.

Some progress has already been made, and I'm going to skip forward and talk about the ways in which the United Nations Children's Fund has described what the world may see.

The day -- quote: The day will come when the progress of nations will be judged not by their military or economic strength, not by the splendor of their capitol cities and public buildings but by the well-being of their peoples, by their level of health, nutrition, education, by their opportunities to earn a fair reward for their labors, and by the protection that is awarded to the growing minds and bodies of their children.

The poster that's been on the screens since I started talking was designed by Lorraine Schneider in 1967 as a protest against the Vietnam War. She was a mother of four and the wife of an anesthesiologist group of mothers sent 1,000 Mother's Day cards to Washington.

The group, another mother for peace played an important role in ending the Vietnam War, and it may inspire you to remind the mothers with whom you work that the prevention of war can have great impact on the health of their children and on their futures.

Now, all of this is effort that when handed to your daily work seems impossible, seems unattainable in terms of making the times to do this.

But one of the important elements of AMCHP is that it has recognized this kind of effort as part of the work of maternal and child health. And so immediately following this presentation, there will be a workshop. The workshop is entitled the Social Injustices of War and Their Impact on Maternal and Child Health. It is in the Chestnut Room on the main lobby level immediately following this presentation, and Dick Aronson, Chris Kus and Sally Kirchner will all be part of that workshop, and I urge you to attend it.

In closing let me say that it's been a privilege to honor Dr. MacQueen with this talk on the victims of war, the children and mothers who are in one way or another the victims of war.

And so I thank you very much for the award and for the opportunity of talking with you. Thank you.