Potential Untapped: Health Education and Health Promotion As a Means to Peace

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Introduction

Even before the terrorist attack by the al Qaeda on September 11th, the Four Horsemen of the Apocalypse (famine, pestilence, disease and death) rode high in their saddle. Today, their threat to health is greater than ever before. The existence and willingness to use weapons of mass destruction make it so. Today, the United States (U.S.) and its allies are in a conflict to bring to justice the murders responsible for September 11th. Eventually, insuring the peace, and the prevention of subsequent terrorist and similar killing events (peacekeeping) will take priority over peacemaking (i.e., ending the conflict).

This article strongly suggests that health education and health promotion (HEHP) must contribute to peacekeeping and possibly peacemaking. With peace, health prevails. Terrorism, war, and other forms of people-caused, preventable deaths – what I call Horrendous Death (HD) are antithetical to health and to peace. Peace is more than the absence of war. It is a way of living together in social harmony enhancing the health and well-being of the planet and its inhabitants. It is a natural and necessary undertaking for HEHP because "peace ... simply and powerfully constitutes the only background under which human life can evolve and prosper" (Gonzalez-Vallejo & Sauveur, 1998, p. 17). It is in our best interest to do so if we wish our children and other loved ones to live both long and well.

The 20th century has been characterized as the era of violence (Tuchman, 1981), and more recently by Kofi Annan, Secretary-General of the United Nations, as a time of anxiety and insecurity (News Service, 2001). Anxiety implies a dread over what can be. It is future oriented. We think, "when will the other shoe drop?"

People wonder if a subsequent terrorist attack will involve clean or dirty nuclear weapons, smallpox virus or worse. Will entire populations be annihilated?. Will the future find us continually engaged in a "clash of civilizations" between modern, democratic, technology-oriented states, and states that are undeveloped and governed by extremist, fundamentalist, militant theocracies[Footnote 1] (Huntington, 1995)? Will the 21st century be one of globalization in the very best sense of the word? That is, with a concern for establishing a peaceful environment and improving the quality of life for all? Or will the expansion of economic markets with their demand for increased productivity, and profits be the over riding goal? HEHP needs to be concerned with these questions.

My particular approach to peace is to prevent HD. I take the dogmatic position that anything that prevents premature mortality, morbidity, and suffering falls under the purview of HEHP, and is its responsibility (see Leviton, 1969a; Leviton, 1969b; D. Leviton, 1976; Dan Leviton, 1976; Leviton, 1977). In May 1999 I placed the following on the HEDIR Internet discussion group:

Let me offer an irreverent thought. Maybe if we health educators/health promoters took on the tough issues and problems plaguing our society, and the world in general, our image would be improved. For example, we say that we are concerned primarily with "prevention" of that which predicts ill health and premature mortality. Note that poverty, and the disparity between the economic haves and have nots predict a host of health problems ranging from [diseases such as tuberculosis, HIV/AIDS], premature mortality (say, homicide), morbidity, and suffering. They are "root causes." Yet it is rare to see our profession standing up and demanding that poverty and income inadequacy be eliminated. In fact, I haven't seen it raised as a national issue (and disgrace) since LBJ's War on Poverty. . . . In my opinion, the public will better recognize and respect us [as a profession] when we make an impact on the tough but often controversial issues.

Implicit in my remarks are the notions of "greatest health risk and/or threat," and "the greatest good for the greatest number." Anything that is a significant health risk/threat should be cause enough for our involvement. One really doesn't need any specialized training to teach, research, and advocate in this area. In fact the methodology of health (that is, preventive intervention, epidemiology, etc.) provides a fine frame of reference. The people who have done the best writing, research, and/or been the most effective advocates on poverty, war, etc. do not have graduate degrees in these areas. For example, American Public Health Association leaders, Barry Levy and Victor Sidel, co-editors of War and Public Health (Levy & Sidel, 1997) are public health physicians. However, they are motivated, and knowledgeable in their area of interest. Believe me, if you wish to become knowledgeable the literature is out there.

In this article I will discuss how awareness of HD (e.g., death resulting from terrorism) might positively affect our view of health, and role as HEHP professionals. I will integrate themes of thanatology [Footnote 2] (e.g., denial of death, anticipatory grief, expectations of and for the future, and death as a motivator to action), public policy (e.g., globalization, economics, and forms of governing), and public health, health education and health promotion (e.g., epidemiology, education, prevention, and causation).

What is Horrendous Death (HD)?
Today we are threatened by terrorism. However, there are other threats to the quality of individual and global health, and peace. I group them under the heading, Horrendous Death (HD) (Leviton, 2000b, 1991a, 1991b). HD is the umbrella term given to deaths caused by people. Hence, it is preventable. This is its crucial distinction compared to deaths caused by, say, Nature. There are two types. HD-1 where the motivation is to kill others, and HD-2, where the motivation to kill is absent. Examples of the first are deaths resulting from terrorism, war, intentional environmental assaults, intentional famine, intentional chronic hunger and poverty, and intentional racism (lynching) and murder of other minority groups. Examples of the second are deaths resulting from accidents, environmental degradation, unintentional famine, misuse of tobacco, alcohol, and other drugs, unintentional chronic hunger, and poverty, and indirectly as a result of racism, drug use, etc. The focus of this article is on the HD-1.

Two forms of HD-1 make their prevention a great, if not the greatest, challenge for all institutions designed to promote civil and civilized life including HEHP. They are (1) systematic thermonuclear or bio-chemical warfare or terrorist attack, and (2) environmental assault and/or the more insidious environmental degradation. Either could result in global devastation that would make all previous and ongoing epidemics including the Bubonic Plague of the 14th century, influenza in 1918-1919, HIV/AIDS, famines, and previous wars pale by comparison (Leviton, 2000b). HD is globalization ad absurdum, and must be prevented. A process for accomplishing this will be discussed later.

Lifegenic Factors

With an understanding of HD and Lifegenic Factors, Quality of Global Health (QGH) will be defined. Lifegenic Factors (LF) increase the probability of living long and well. Examples are:

Meaningful education

Meaningful employment

Meaningful love and friendship relationships

Financial security

Quality health care

Opportunity for self-actualization

Opportunity for enjoyable recreation and play

Purpose and meaning in life

Opportunity to achieve spirituality needs

Opportunity to maximize health

Opportunity for artistic and creative expression

Quality of Global Health (QGH) may be defined as an equation: $QGH = \frac{LF_{max}}{HD_{min}}$ or elim where high quality of global health and well-being is equated with a minimum or absence of HD, and a maximum of LF. One could arguably substitute peace for QGH.

The HD, Global Health and Well-being Concept (HDC)

Conceptualizing HD as a preventable cause of mortality, morbidity and suffering led to the HDC. It was consonant with The World Health Organization’s definition of health that was broaden beyond the “absence of disease to include the concept of “well-being.” To one degree or another the health professions and their professional organizations began to show interest in the individual forms of HD but not HD as an entirety, a gestalt. The approach of governments (certainly, the U.S.) in developing policies concerning terrorism, war, homicide, and environmental degradation tend to be fragmented, and characterized by crisis management rather than prevention. It became apparent that a systematic process was needed to expedite the selection, integration, implementation, testing, evaluation, and modification of such life enhancing policies.

The HDC is an example. It is a unifying process designed to expedite the implementation of policies that would prevent HD by dealing with underlying, root causes and outcomes. Solid, research-driven policies exist, but are gathering dust on the shelves of think tanks, the United Nations, academic centers, governmental agencies,
and non-government organizations.

In what way is the HDC a unifying process? Since no one is immune from HD-1, working toward its prevention and elimination may be a way of uniting the country and perhaps the world in common purpose. We see this happening in the post September 11th era e.g., The coalition fighting the al Qaeda terrorists, high public approval rating for the President, and an increased trust in government and the military. The driving force? At least three motivations come to mind.

To prevent acts of terrorism from reoccurring. The same phenomena occurred during World War II, generally regarded as a just war. The nation came together. Prior to that, from about 1936 to 1941, the U.S. was, essentially, isolationist in its foreign policy, trying hard to avoid involvement in the war against fascism.

The desire for retribution.

Fear of the dying and death of oneself and loved ones that is premature and torturous. Its reciprocal is the desire to live long and well.

The Process

The first step in the process is to remove the denial of mortality and vulnerability concerning ourselves and our loved ones. As mentioned earlier, no one, I repeat, no one expects to die, or really "knows" that their loved ones can die in the next moment due to war, homicide, terrorist act, accident, or other forms of HD – until it happens. I hypothesize that once a person survives a HD, or is the survivor-victim of a loved one's HD, that person is more likely to act to prevent others (including oneself) from dying in similar fashion. HD has become real rather than an abstraction.

The HDC focuses on the beloved – usually the child or grandchild – due to the powerful, protective bond of love that exists between parent and child but it could be any beloved including oneself, mate, or companion animal. Secondly, the death of a child is untimely, unexpected, and otherwise inappropriate. I hypothesize that when denial of the possible HD of any loved one or oneself is high, action to prevent HD is low. It is this denial that oneself or loved ones, especially the beloved child, can die in such brutal ways, that reduces the probability of action to prevent HD. Most of us rationalize that if a child dies in war or is murdered it will be the amorphous other. It will not be, and cannot be his or hers.

Several years ago at a conference at King’s College in London, Ontario, I asked the president of the organization, Parents of Murdered Children, whether, in her wildest imagination, she would have predicted the murder of her child. Her response was, "Never!" After her child was murdered, she started the organization. Prevention of murder had become salient for her. The same holds true for the founder of Mothers Against Drunk Drivers, and survivors of those killed on September 11th.

A second hypothesis is that the more horrible the type or style of dying and/or death is perceived, the greater the fear; the greater the fear, the greater the denial; and, the greater the denial, the less chance of action to eliminate the very causes of such torturous deaths. Low and high fear of HD are associated with low probability of action. For example, I fear dying of cancer in old age. I deny any symptoms such as the mole on my face that has increased in diameter by six inches in two days (hyperbole – forgive me). I fail to go to my physician until my wife threatens me with divorce.

But there are more terrifying forms of death that may not even apply to me. I fear my wife and children dying in war or acts of terror by burning to death. Or death by means of rape-evisceration-murder. Here my fear is much greater. The denial is immense. It cannot happen to my beloved. I take no preventive action.

The Power of Denial of Vulnerability and Mortality

I see the removal of the denial of HD as prerequisite to individual and group action. It is obvious that this scenario hovers between reality and denial. This may be part of the explanation of the reaction of Americans and others to September 11th. Remove the denial, and the HD issue becomes salient. Salience follows when there is identification with the dead, the dead-who-might-have-been, and/or the dead-who-will-be.

My surveys of over 300 students and others show that the removal of denial by means of discussion, videotapes and film and mental imagery of HD events, increases the probability of self-efficacy. Close to 90 percent of students and other participants agree to take action, e.g., signing a petition, sending a letter to a congressperson, and joining or donating money to relevant organizations.

Several writers have linked denial with aspects of HD, notably war. For example, World War I disillusioned Freud. He was horrified by the eradication of the rules of civilized moral and social conduct, and the brutality with which men could inflict death and suffering upon people whether soldiers or civilians (Freud, 1968). How
could people be so barbaric? His answer was psychological denial of personal death. "Our own death is indeed unimaginable,” he wrote, “. . . at bottom no one believes in his own death, or to put the same thing in another way, in the unconscious every one of us is convinced of his own immortality.” (Rickman, 1968, p. 15).

But it was Herman Feifel, a psychologist and the father of the modern thanatological movement, who first helped me see the link between thanatology and HD [Footnote 3]. As Freud saw repression sexuality as a powerful factor explaining human behavior, so Feifel saw our repressed meanings given death. Feifel felt that fear of death was a powerful factor contributing to our denial of reality. In 1959 he wrote, hopefully, “. . . . if we accept death as a necessity . . . . This might possibly mute some of the violence of our times, for energies now bound up in continuing attempts to shelve and repress the concept of death would be available to us for the more constructive aspects of living, perhaps even fortifying man's gift for creative splendor against his genius for destruction” (Feifel, 1959, p. 12). Ernest Becker agreed when he wrote, several years later, that "This narcissism is what keeps men marching into point-blank fire in wars: at heart one doesn't feel he will die, he only feels sorry for the man next to him” (Becker, 1973, p. 2).

Yet, Lifton is correct when he observes, "And our resistance to that knowledge, our denial of death, is indeed formidable. . . . But the denial can never be total; we are never fully ignorant of the fact that we die. Rather we go about life with a kind of 'middle knowledge' of death, a partial awareness of it side by side with expressions and actions that belie that awareness" (Lifton, 1979, p. 17). Removal of denial of HD is central to motivating people to act to eliminate terrorism and other forms of preventable death.

**Anticipatory Grieving the HD of the Fantasized Beloved Child or Beloved Other**

Once denial of HD of the child (or other beloved including oneself) is removed, and the imagery of the torturous death confronted, intentioned anticipatory grieving must follow to increase the odds of preventive action. I will focus on death resulting from terrorist attack.

Such a death is different from, say, death by means of childhood cancer. For our purposes, the difference between anticipatory grieving of the fantasized and actual terrorist-caused death of one's child lies in the modification and channeling of anger and vengeance. Anger is usually directed toward God or Medicine if one's child dies of Cancer. If the child is literally killed by terrorism, vengeance would be directed toward the killer, Osama bin Laden, members of al Qaeda, or the Taliban in general. Some would be able to channel their need for retribution toward more civilized, less violent means such as forgiveness, working toward negotiation and reconciliation, and other peace making behavior. Most, however, have yet to achieve control over such primal drives.

On the other hand anticipatory grieving over the fantasized HD of the beloved child elicits screams, fear and trembling of what might be. Themes of hatred and vengeance toward the fantasized killer become subordinate to the need to prevent such a death, and to subsequently survive well. Thus, in my conceptual framework the probability of personal action to eliminate HD is thought to increase if the actor experiences the anticipatory grieving resulting from the imagery of the beloved, dead child killed by terrorist act or other form of HD.

**Representatives of Domains of Influence and Power**

Who are the actors in this drama powerful enough to implement existing policies that would improve the prospects of peace and improve the quality of global health? They are the representatives of the domains of influence and power. The domains are government, politics and law; finance; commerce; labor; the military; medicine and public health; religion; the media; education; science; philanthropy; non-governmental organizations (NGO); and, the community, that is, the grass roots representation. Some are as powerful as government-politics-law. For example, in the U.S., it would be nice to have the support of President Bush, Tom Daschel, and Trent Lott. However, the project would have a greater chance of success if influential and powerful people were involved like Alan Greenspan (central banking and finance), Bill Gates (industry), George Soros (finance and philanthropy), the Pope, and Jesse Jackson and others from the community. Once motivated their task is to recommend to the leaders of nation-states preventive policies, and the means to test, evaluate, and modify them.

No one person has the answer on how to prevent terrorism or HD. Others do. The expertise is out there. It needs to be organized and focused on task. Again, a reminder: HD or terrorism is not caused by God, naturally occurring bacteria or virus, or Nature. They are caused by people. Thus they are preventable.

**Motivation of the Actors Involved in the HDC**

Any plan of action must consider motivation. Why should the representatives of the domains and others participate in the HDC? Their loved ones and themselves are as vulnerable to HD as anyone else. Presidents, Popes, and CEOs of multinational corporations have been murdered, killed by terrorists, and are poisoned by contaminated drinking air and water. It is in the best interest of all people, institutions, and domains to have a healthy and peaceful physical, psychological and social environment free from the threat of terrorist or other...
HD attack. No one is immune or safe from HD.

One personality type or motivation that escapes the HDC is the death of war lover (Fromm, 1973). Another is the true believer or religious fanatic (Hoffer, 1966). It is difficult enough to deal with extremist religious groups like the Aum Shinrikyo in Japan who released Sarin gas in a downtown Tokyo subway. They believed that by destroying the world and its corruption they were making it a better place. This is apocalyptic, Armageddon view of the world, a cornerstone of belief among extreme fundamentalists groups in any country, and of any religion. Combine religious fanaticism with hatred directed toward the non-believer and/or oppressor, and the problem is compounded. The members of al Qaeda, and most of the Taliban represent the latter.

On the other hand, the HDC should appeal to the motivation of nearly all others. For example, if one is motivated by altruism, that is, wishes to improve the world for future generations, the HDC should make sense. At the other extreme, the individual motivated by greed and the acquisition of possessions usually wishes to leave a legacy to his or her children and grandchildren. And if they are not alive? What, then, is the benefit of wealth and power? One has to be alive to use either. Similarly, if hedonism is the predominant drive, the individual must be alive and well to enjoy pleasure. Suppose one is motivated by fear of death or annihilation? Then removal of HD should offer some relief.

Underlying Root Causes

Policy and other action designed to prevent any form of HD-1 must recognize and address underlying root causes. Again, I focus on the al Qaeda. There is general agreement across the political spectrum that removing the underlying root causes are vital to preventing terrorism and other forms of HD-1 (Armstrong, 2002; Friedman, 2001; News Service, 2001; Rice, 2001; Useem, 2001; World Bank, 2001). They include poverty, hunger, illiteracy, and totalitarian and repressive regimes. Two related factors are a culture that sees modernity as anathema, and where the ruling class is a fanatical, fundamentalist theocracy.

Michael Renner, writing about conflicts in general, also wrote underlying causes.

The second challenge is to understand and address the underlying causes of today's conflicts. Those causes unquestionably included the continuing perpetuation of massive social and economic inequalities, ethnic tensions, population pressures, and environmental degradation. These phenomena appear to be accelerating in many societies, even as governance structures falter. Left unaddressed, it is likely that they will force heightened polarization and instability, which would trigger even more widespread violent conflict. (Renner, 2000, p. 39)

Armstrong also emphasizes the need to address causes in the conflict against the al Qaeda

Even as President Bush and our allies succeed in eliminating the threat posed by Osama bin Laden and his al Qaeda network, hundreds more terrorists will rise up to take their place unless we in the West address the root cause of this hatred [my emphasis]. This task must be an essential part of the war against terrorism. (Armstrong, 2002, pp. 45-46)

I disagree. My view is that the hatred of Al Qaeda and the Islamists toward the U.S. is so strong that the best policy is two pronged: Address historical grievances, but also speak softly and carry a big stick. I do not feel confident that redressing every perceived and real wrong would eliminate the enmity of the Islamists. On the other hand, if we are to development permanent rapprochement and friendship with the larger Arab moderate majority, Armstrong's recommendations are a must.

In summary, the HDC is a unifying concept and process where the goal is improving the quality of global health by specifically preventing HD. The process involves removal of the denial of personal vulnerability and mortality, and anticipatory grieving of the beloved that lead to preventive actions. Actions that implement preventive policies sensitive to the underlying root causes of HD. Next to be considered are the barriers that inhibit the attainment of peace and the prevention of HD.

Barriers to Peace and the Prevention of HD

Barriers exist that reduce the probability of preventing HD. Before discussion a reminder that the world is made up of shades of gray. There is good, bad, and in between, and a waffling between the three. Some barriers are:

Economic exploitation by the corporate domain at the expense of the health and well-being of people, and the ecosystem. Capitalism is responsible for improving our standard of living, providing jobs, and earning income for corporation shareholders. It is also exploitive and merciless in its charge to produce goods, services, and profit [Footnote 4]. I do not expect corporations to become humanitarian. Those that do are to be commended (for an example of one compassionate and caring company see McGroty, 2001). What can be done to control the exploitive, immoral and unethical aspects of the corporation, and economic globalization? One is to enact
preventive laws with teeth that would prevent malpractice at the national, international and global levels. An example? A global liveable wage.

Nationally, campaign financing and lobbying laws, and regulations reform should be welcomed. They would diminish the influence of the corporate world on lawmakers. At the international level, support for the United Nations to serve as an instrument of surveillance, and early warning, and conflict resolution would be beneficial. Globally? Provide teeth to the World Federalist slogan of "world peace through world law" by strengthening the World Court.

If population growth, especially, in poor countries, is related to HD and disease, then the Catholic Church needs to reformulate its dogma concerning birth control.

If the media are increasingly owned and controlled by large corporations then news may become propaganda. The answer is to read and watch both mainstream and non-mainstream media. Read columnists who, themselves, are not celebrities and part of the establishment. For example, I find the commentary of Norm Chomsky, the MIT Linguistics professor, to be brilliant. He publishes in Z Magazine.

The herd effect, the failure to think independently, is another barrier to peace. Janis coined the expression, Groupthink (Janis, 1982a). His research showed how some advisors to the President Kennedy were afraid to counsel against the Bay of Pigs invasion even though they knew it would be disastrous. Another example: Once the war drums start beating the pressure to conform is tremendous. All German social classes participated in the conduct of the Holocaust with special reference to the "pillars of society": Physicians, Ph.D.s, lawyers, architects, and other professionals (Friedlander, 1995). Robert Lifton wrote of the psychological processes (such as psychic numbing, psychic splitting, conformity, and rationalization) that allowed many Nazi physicians to participate in the torture and execution of over six million people -- to rationalize their Hippocratic Oath to save life and prevent suffering. Affectionate fathers and husbands, and accomplished in their professional field -- on one hand, and on the other -- mass killers (Lifton, 1986; Lifton & Markusen, 1990). They all conformed to Nazi ideology.

The last barrier is faulty education. In my opinion the goals of education should be to learn a trade or profession; develop knowledge, insight, and wisdom; and encourage activism for the common good. Education benefits from a world rather than a parochial view. Ignorance breeds ethnocentrism and jingoism, that, in turn are predictors of violence.

The present day movement toward service-learning is a step in the right direction. An example is The Adult Health & Development Program at the University of Maryland (AHDP), and its spread to 15 other colleges and universities are examples. They are intergenerational, service-learning health promotion programs. One goal of the AHDP is to "Contribute to peace, social harmony and well-being by bringing people together of diverse backgrounds, ethnic/racial roots, health and well-being and socio-economic status, to enjoy one another while reducing the probability of violence" (Leviton, 1998, 2000a; Leviton & Millar, 2002).

Part of the Process: Understanding History and Culture

If we would have a permanent peace the history and culture of other states must be understood. A crucial question is "why are we hated?" Karen Armstrong, the eminent scholar of world religions, also gives priority to recognizing and addressing the root causes of enmity and hatred directed toward the West, and in particular the U.S. She wrote, "Even as President Bush and our allies succeed in eliminating the threat posed by Osama bin Laden and his Al Qaeda network, hundreds more terrorists will rise up to take their place unless we in the West address the root cause [my emphasis] of this hatred. This task must be an essential part of the war against terrorism" (Armstrong, 2002, p. 46). Her suggestion is for people, Americans and other living in developed, modern states, to become more global in our view of the world, and less isolationist. We need to understand the history of Islam, other states and their cultures [Footnote 5]. In my view that understanding comes about though knowledge, empathy, and results in ameliorative actions that insure peace.

In accepting the Nobel Peace Prize, Kofi Annan, the Secretary-General of the United Nations, spoke of one world where each state's well-being is inextricably linked with others. He said

We have entered the third millennium through a gate of fire. . . . If today, after the horror of 11 September, we see better and we see further, we will realize that humanity is indivisible. New threats make no distinction between races, nations or regions. A new insecurity has entered every mind, regardless of wealth or status. . . . Today, no walls can separate humanitarian or human rights crises in one part of the world from national security crises in another. . . . What begins with the failure to uphold the dignity of one life, all too often ends with a calamity for entire nations. (News Service, 2001)

The Rise and Hope of Globalism

Global trade policies and the search for markets, highly controversial as they are, killed isolationism. Early on
the president George W. Bush and his administration were perceived as advocating a unilateralist approach to international policy. It, too, became an anachronism as the need for international cooperation between states became urgent, i.e., the Coalition. The formation of the Coalition exemplified an international response to a global problem. Globalism, in the best sense of the word, is similar to what Michael Hardt and Antonio Negri call "Empire."

Our basic hypothesis is that sovereignty has taken a new form, comprised of a series of national and supranational organisms united under a single logic of rule. The new global form of sovereignty is what we call Empire. . . . The passage to Empire emerges from the twilight of modern sovereignty. In contrast to imperialism, Empire establishes no territorial center of power and does not rely on fixed boundaries or barriers. It is a decentralized and deterritorializing apparatus of rule that progressively incorporates the entire global realm within its own expanding frontiers. Empire manages hybrid identities, flexible hierarchies, and plural exchanges through modulating networks of command. The distinct national colors of the imperialist map of the world have merged and blended in the imperial global rainbow. (Hardt & Negri, 2000, pp. xiii-xiv)

Themes concerned with the development of global and international order and unity are not new. They can be traced back to the Peace of Westphalia, and the Napoleonic Wars (Hardt & Negri, 2000). More contemporary examples are the short-lived League of Nations following World War I, the United Nations, World Court, The World Federalist movement (still alive and espousing world peace through world law), and the Open Society founded by financier and philanthropist George Soros (Soros, 1991, 2000) following World War II.

Eventually the present conflict will wind down. When it will end, who knows? The caveat – as long as Islamists feel that the U.S. and other secular states must be defeated regardless of its good intentions and reconciling, peaceful actions then the conflict will probably continue. Reconstruction, and a coming together of states, in peace, will likely occur as long as they see it as being in their best economic, health, religious, and well-being interests. To that end the wealthier, developed nations will have to cooperate to insure the well-being of underdeveloped and developing nations. Civilized states function best in a peaceful environment.

Understanding the History of Islam and Islamicism

To wage peace insight and understanding of the "other's" history and culture are necessary for successful action. The history of Islam, itself, is one of constant wars, exploitation, and colonization. After the death of the Prophet Muhammad in 632, the Muslims ruled an empire that stretched from the Himalayas to the Pyrenees. By the 15th century, Islam was the greatest world power – similar to the U.S. (Armstrong, 2000)

Beginning in the twelfth century, the Christian nations of the West united to invade and ravage the Islamic states in one of the bloodiest eras known – the five holy wars known as The Crusades (Armstrong, 2000; Reston, 2001). They were initiated, in the name of Christianity, by Pope Urban II, in 1095 "as a measure to redirect the energies of warring European barons from their bloody, local disputes into a 'noble' quest to reclaim the Holy Land from the 'infidel'" (Reston, 2001, p. xiii)

Only the First Crusade managed to occupy Jerusalem – the rest were failures including the Third Crusade (1187-1192) that pitted Richard I of England (known as Lionheart) against Saladin, the Sultan of Egypt, Syria, Arabia, and Mesopotamia (Reston, 2001). Saladin emerged a legend from that conflict. His heroic replacement is still awaited by Muslims to conquer the enemy. Every Muslim leader including Gamal Abdel Nasser, Saddam Hussein, and Yasir Arafat has evoked the image of Saladin in an effort to unite the Arab states in common purpose.

The Crusades, themselves, were a study of arrogance and religious fanaticism. James Reston, Jr.'s description of the carnage sounds like the aftermath of Nazi Germany. He writes that "once unleashed, the passion could not be controlled. The violence began with the massacre of the Jews, proceeded to the wholesale slaughter of Muslims in their native land, sapped the wealth of Europe, and ended with the almost unimaginable death toll on all sides" (Reston, 2001, p. xiii). Centuries later, in 2000, Pope John Paul II issued a sweeping apology for all the sins committed by the Roman Church in the name of religion over the past 2000 years (Reston, 2001). For the Muslim population in the Middle East, the admission of horrible wrongdoing was cause for celebration because the Crusades had finally received equal billing with the Holocaust (Reston, 2001).

Reston explains that the Christian Holy War was evoked the Muslim response of jihad. It is, by definition, a defensive concept, provoked by an unbelieving aggressor. He notes with some irony that the word "jihad" strikes fear in the hearts of Westerners as it is associated with terrorism and Islamic fanaticism. "But, he writes, "there is nothing in Islamic history that rivals the terror of the Crusades or the Christian fanaticism of the twelfth century" (Reston, 2001, p. xiv).

Another burr in the saddle of Muslims was the improvement in the quality of life of the West. Armstrong notes that the Islamic world could not keep up with the Great Western Transformation. The West had 300 years to modernize; the Islamic world, 50. Only Japan was able to modernize quickly but it had never been colonized. Most of the Islamic states remained agrarian, illiterate, and poor as the West embraced technology and development. Technology requires an educated population to man its machines, teach, and sell its products.
An educated people demanded participatory democracy and democratic institutions.

With power, wealth, and modern armies, the West colonized the Arab states. In any master-subordinate relationship the self-concept of the latter is lessened, and characterized by smoldering hatred of the ruler (Armstrong, 2000).

The enmity toward secularism was exacerbated when, following World War II, the Allies agreed to the Zionist demand for a Jewish State, and partitioned Palestine as restitution for the horrible suffering of the Jews at the hands of the Axis powers (i.e., The Holocaust). There was little concern that Palestine was the homeland of the Muslims living there, and their reverence for Jerusalem as a holy city. The price paid is that the U.S., the chief sponsor of Israel, and the industrialized West in general, are seen as modern crusaders [Footnote 6].

There are other wounds that promulgate hatred in the Islamic world such as the U.S.'s foreign policy, since the end of World War II. Our support of dictators and authoritarian, repressive regimes under two conditions come to mind. Our support was a given if access to oil was involved, and/or a policy of fervent anti-Communism was in place. Examples our support of dictators include replacing the hated Shah Muhammad Reza Pahlavi on the throne after he had been deposed and forced to leave Iran in 1953. Saddam Hussein, who became the president of Iraq in 1979, was also a protégée of the U.S., which literally allowed him to get away with the chemical attack against the Kurdish population (Armstrong, 2002).

Add to this our support of unpopular rulers, such as President Hosni Mubarak of Egypt, and the Saudi royal family. Indeed, Osama bin Laden was a protégée of the West, which was happy to support and fund his fighters in the struggle for Afghanistan against Soviet Russia. Too often the Western powers have taken a crudely short-term view without considering their long-term consequences. After the Soviets had pulled out of Afghanistan, for example, no help was forthcoming for the devastated country, whose ensuring chaos made it possible for the Taliban to come to power (Armstrong, 2002).

Our foreign policy comes back to haunt us. Armstrong writes

When the U.S. supports autocratic rulers, its proud assertion of democratic values has at best a hollow right. What America seemed to saying to Muslims was "Yes, we have freedom and democracy, but you have to live under tyrannical governments." The creation of the state of Israel, the chief ally of the U.S. in the Middle East, as become a symbol of Muslim impotence before the Western powers, which seemed to feel no qualm about the hundreds of thousands of Palestinians who lost their homeland and either went into exile or live under Israeli occupation.

In their frustration many have turned to Islam. The secularist and nationalist ideologies, which may Muslims had imported from the West, seemed to have failed them, and by the late 1960s Muslims throughout the Islamic world had begun to develop what we call fundamentalist movements. (Armstrong, 2002, pp. 47-48)

If you asked Armstrong her recommendations for peacemaking and prevention of subsequent acts of terrorism or other forms of HD-1, what would she say?

What can be done to prevent a repetition of September 11th? We need to recognize and mitigate the plight of others. . . . this tragedy can be turned to good, if we in the First World cultivate a new sympathy with other peoples who have suffered mass slaughter and experienced a similar helplessness: in Rwanda, in Lebanon, or in Srebrenica.

We cannot leave the fight against terrorism solely to our politicians or to our armies. In Europe and American, ordinary citizens must find out more about the rest of the world. We must make ourselves understand, at a deep level, that it is not only Muslims who resent America and the West; that many people in non-Muslim countries, while not condoning those atrocities, may be dry-eyed about the collapse of those giant towers, which represented a power, wealth, and security to which they could never hope to aspire.

We must find out about foreign ideologies and other religions like Islam. And we must also acquire a full knowledge of our own governments' foreign policies, using our democratic rights to oppose them, should we deem this to be necessary. We have been warned that the war against terrorism may take years, and so will the development of this "one world," mentality, which could do as much, if not more, that our fighter planes to created a safer and more just world. (Armstrong, 2002, p. 71)

The HDC assumes that drive to live is strong. However, as we have seen, the will to live can be subjugated to the will to die for a cause, hatred of the enemy, or combination of the two. If we would have peace we would be well served to understand the history, culture, and future expectations of the terrorist, warrior, or murderer. Karen Armstrong, the eminent scholar of world religions, makes the point well. I quote her for some length

It is not only Islamic terrorists who feel this anger and resentment [toward the West], although they do so to an
extreme degree. Throughout the entire Muslim world there is widespread bitterness against America, even among pragmatic and well-educated business men and professionals, who may sincerely deplore the recent atrocities, condemn them as evil, and feel sympathy with the victims, but who still resent the way the Western powers have behaved in their countries. Their atmosphere is highly conducive to extremism, especially now that potential terrorists have seen the catastrophe that is possible to inflict using only the simplest of weapons.

Even as President Bush and our allies succeed in eliminating the threat posed by Osama bin Laden and his al Qaeda network, hundreds more terrorists will rise up to take their place unless we in the West address the root cause of this hatred [my emphasis]. This task must be an essential part of the war against terrorism. (Armstrong, 2002, pp. 45-46)

Armstrong relates Osama bin Laden's hatred of the West, particularly the U.S. to the fundamentalist vision of the Egyptian ideologue Sayyid Qutb who was executed by President Nasser in 1966 [Footenote 7]. Armstrong shows that, "Qutb developed his militant ideology in the concentration camps in which he, and thousands of members of the Muslim Brotherhood were imprisoned. After 15 years of mental and physical torture in these ghastly prisons, Qutb and others became convinced that secularism was a great evil and that it was a Muslim's first duty to overthrow rulers such as Nasser, who paid only lip service to Islam" (Armstrong, 2002, p. 70).

Implications for HEHP and Suggested Action

Epictetus (ad 60-117) philosophized that for every evil there was a good, and for every good an evil. What could possibly be the good coming from September 11th? The good is that we are more aware of our personal vulnerability and mortality than in the past. One result is that Americans and its allies have united against terrorism. The omniscient threat of HD can do that. Consider that for most of our history, wealth and station could postpone death. One could buy one's way out of a military draft, escape to less threatening environments, purchase armies and bodyguards. Today, no one is immune – rich man, poor man, beggar man, thief, politician, multinational corporation executive, child or adult, Pope, or piker – all are at risk.

The "enemy" is at risk as well. While fear of death can be subjugated to dying for a cause or belief as has been shown, life and living are always preferred. Does al Qaeda belie that proposition? Hard to tell. At bottom no parent wishes his or her child to die. The promise of martyrdom is that it works for the true believer. One has to reduce or remove the stimulus to die. On the other hand, moderate followers of Islam wish to live. Alexander the Great said that only a king can kill another king. Perhaps only moderate Islamic religious leaders can persuade the extremist mullahs, and subsequently the mujaheddins and others involved in jihad. Another "good" is that HEHP now has an opportunity has to become a global player in the quest for peace. Whether it will remain to be seen. HEHP has unusual assets. First, it is generally well-received. Its primary concern is the health and well-being of people and the ecosystem. Often their product is enlightening (in the case of health education), and fun (in the case of playful activities). Second HEHP is grounded in the scientific method as it considers cause and effect, and the process involving prevention (i.e., epidemiology). Third, education is the primary venue for HEHP. By definition education is future oriented, that is, one learns today that which can be used tomorrow. Education is more, however, then book learning. Knowledge and insight must be applied to solving real world problems. Advocacy is one means. Service-learning and community outreach are others.

HEHP professionals are usually non-threatening, trustworthy, and function as reference persons (Janis, 1982b). No one is after the other's billfold or pocket book

With such assets HEHP is well-suited to establish peace and the prevention of HD-1 as health issues, and part of the HEHP discipline. HEHP can be effective in two types of prevention:

working to reduce the underlying root causes of terrorism and HD-1 nationally and globally. They include the elimination of poverty and inadequate income and illiteracy, while enhancing human rights, and the value of democratic processes, and should be included in curricula, research, and advocacy efforts. Implementation requires that the HEHP professional be knowledgeable in economics, politics, and foreign policy. This hold true especially this age of globalization. Health is or will be affected by global treaties such as the General Agreement on Trade in Services, the Free Trade Area of the Americas, the General Agreement on Tariffs and Trade, and North American Free Trade Agreement. Organizations such as the World Trade Organization, International Monetary Fund, and World Bank provide useful information and initiate global policies affecting health. It is in the best interest of HEHP professionals to be informed. Again, to be effective our purview must be global, international, national, and local; catholic rather than provincial.

preventing the acts of terrorism, and HD-1 themselves, and mitigating their effects should they occur. Something as simple as educating about airline travel and airport safety comes to mind. Another example: As I write there is distrust and confusion in the U.S. about how to deal with the threat of anthrax. Are the vaccines effective? If so who will get them. What is the procedure and costs? HEHP professionals can serve as effective communicators of valid news. A third example concerns the apparent increase in manifestations of stress following September 11th. Post-traumatic stress reactions including depression, anxiety, grieving, and self-destructive behaviors are commonly reported. Serving as an effective on-site counselor or support person would be an appropriate role for HEHP professionals. Additional training should not be difficult to obtain.
What is the saying? Think globally, act locally? We can have it both ways. We can think and act globally and locally. How? A start is in modifying and adapting The Guiding Principles for a Public Health Response To Terrorism suggested by the American Public Health Association's Governing Council. A partial list follows. I comment, when necessary, on those that are particularly salient and efficacious for HEHP, and later give my own recommendations (Governing Council of the American Public Health Association, 2001). The principles are italicized:

In order to prevent future acts of terrorism and their adverse public health consequences, the public health community should support policies and programs that:

Address poverty, social injustice and health disparities that may contribute to the development of terrorism. These are root causes of most forms of HD-1, and should be included in HEHP curricula. Teach, research, and advocate the elimination of poverty in underdeveloped states by providing employment, government programs and subsidies when needed. In this way despair and hopelessness are minimized.

Addressing these issues raises another concern certainly avoided by the media. What of the general welfare within the U.S.? Homeland security should be concerned with increasing social cohesion, and domestic tranquility. How? A long conflict will increasingly drain money from health and other social programs. Those on the short end of the stick may join the domestic extremists who see the government as the enemy. Security implies future expectations. As unemployment and layoffs increase the prospects for the future become bleak. That is the stuff of social disintegration. HEHP should advocate and teach toward full employment at truly liveable wages.

Provide humanitarian assistance to, and protect the human rights of, the civilian populations that are directly or indirectly affected by terrorism. I would especially include the rights of women, the elderly, and political dissidents. The topics are appropriate for HEHP.

Advocate the speedy end of the armed conflict in Afghanistan and promote nonviolent means of conflict resolution. Other conflicts have to be prevented or ended. Already there is talk of spreading the conflict to Iraq, the Philippines, and other states allegedly harboring terrorists. The Arab-Israeli question must be resolved. If it were much of the overt and covert hostility, suspicions, and conflict between Arab and Western states would be reduced. Thankfully, as I write, there is some hope for resolution. Conflict resolution, like parent education, are topics not usually associated with in HEHP but should be. Other means of resolving differences should be explored. One vexing problem is labeling. That is, what distinguishes a "terrorist" from a "freedom fighter," and visa versa?

Strengthen the public health infrastructure (which includes workforce, laboratory and information systems) and other components of the public health system (including education, research, and the faith community) to increase the ability to identify, respond to, and prevent problems of public health importance, including the health aspects of terrorist attacks. There needs to be collaboration and coalition building between health and other organizations such as APHA, AAHE, ASHA, and others. Also within the same organizations. For example, on November 1, 2001, I sent the following email to several HEHP discussion groups on the web. The topic was the American Public Health Association's (APHA) top five public health priorities for the year 2002 with special reference to the listing of bio-terrorism but omission of other forms of HD:

Where is public health promotion/health education (PHPHE) in all of this – especially bio-terrorism, war and the other forms of HD? At the recent (2001) APHA conference the sessions having to do with bio-terrorism but omission of other forms of HD were mostly sponsored by the Peace Caucus. They were packed. I found nil sponsored by PHPHE. I always thought that the purview of PHPHE was (or should be) preventing that which causes premature mortality, morbidity and suffering? . . . .

By the way it does not take a genius to predict that another great problem looming on the horizon will be increasing, internal social fragmentation along class lines as the economy weakens and greater sums of money are spent on defense, corporate bailouts (that is corporate welfare), etc. As everyone knows the health and economic disparities were great before September 11th. Does anyone expect them to improve during the war and foreseeable future? And how will those on the short end of the stick respond? And where will HEHP be if this scenario happens?"
Prevent hate crimes, ethnic, racial, and religious discrimination, including profiling; promote cultural competence, diversity training, and dialogue among peoples; and protect human rights and civil liberties. One way is to integrate people from diverse backgrounds into programs and academic courses. Service-learning courses are well suited to this purpose. Our Adult Health and Development Program, mentioned earlier, does this as it matches students and older institutionalized and non-institutionalized adults to work on a one-to-one basis to improve health, well-being, and health knowledge status in a milieu of fun. Over 50 percent of the participants represent ethnic and racial "minority" groups.

Advocate the immediate control and ultimate elimination of biologic, chemical, and nuclear weapons. Another way of applying knowledge to resolve pressing social issues is through advocacy. In my opinion the academy could do more by organizing its intellectual and creative assets to address HD issues. A multi disciplinary team might take on a project like reducing suicide in a community. Such a team could involve disciplines such as education and health education, criminal justice, kinesiology, recreation, economics, psychology, sociology, cultural anthropology, philosophy, medicine, law, ecology, etc. One gain for the university is that the project might unite the campus in common purpose.

That faculty, in general, might be challenged by such a project was suggested by a 1994 survey reported in The Washington Post (Jordan, 1994). It reported that the public's view toward higher education was low. Faculty, themselves, were discontented. Ernest L. Boyer, the late president of the Carnegie Foundation, said, "My interpretation is that there is a growing feeling that universities are not relevant to social issues and problems." Iris Molotsky, AAUP spokeswoman, said that faculty want to devote more time to service work but that the salary structure is skewed toward those who publish, not toward those who send a lot of time with students or on community problems (Jordan, 1994). By integrating education, service, and research to improve the health and well-being of present and future generations, the function and utility of the academy might become meaningful in the eyes of the public.

HEHP professionals should serve as collaborator and consultants with other professions in the quest for peace. I was once asked to write a chapter integrating the HD and diplomacy. The rationale was that most people, even one's enemy, share common death-related experiences, attitudes and beliefs. Could that shared experience help reduce hostilities and increase opportunity for negotiation? Suppose Israeli and Palestinian parents came together to discuss their grief over the death of a child during war. Is it possible that the bond of mutual suffering could reduce hostility?

HEHP could be helpful to other professions and their endeavors. Politics is another example. Consider that health (as I define it) is highly valued by the public, and few politicians know anything about it. We should both collaborate with the political domain, and run for public office. Policies and laws are fashioned by politicians.

Lastly, I wish to legitimize parent education as a HEHP domain. Examination of the background of murderers, for example, shows that most come from dysfunctional homes. Someone once said that any damn fool can occupy two of the most important professions know to mankind: Politics and parenthood. Neither requires a wit of training or education. For example, parents often beat their kids because that is how they were "disciplined."

There are other ways to motivate children to behave in socially acceptable ways. The literature in child development is immense. Health and violence are strongly related to how we raise our children.

Conclusion

My view is that all institutions, and all professional endeavors, including that of HEHP, must proactively deal with the most profound health issue of our time: The attainment of peace, and the prevention of HD. However, the clock is ticking. The availability and willingness of people and their sponsors to use weapons of mass destruction make it so.

Facing the reality of the HD of self and loved ones is humbling and terrifying. It also reduces self-deception. For example, on the one hand I know that I have done some good works in my time. I also know my work has had no significant effect at all in preventing HD. The drama is almost Kafkaesque. How dumb can we mortals be? Policy makers, and others powerful enough to influence global monetary policies, wage wars, and make billion dollar deals do not see the urgency of preventing HD in general? They do not see "the clear and present danger" as someone once said? Absurd.

Professional, family, and other accomplishments are meaningless unless HD is eliminated. In this case, it is not enough how well one plays the game, but the outcome itself. One criterion of success is the ability to influence policy. But policy is only of value if it is implemented, and accomplishes its goals. Let me put it another way: Nuclear or bio-chemical-germ or environmental holocaust have the potential to destroy the planet. Such destruction will annihilate the past (i.e., history and one's works), and the future (i.e., expectations for oneself and loved ones). If this catastrophe were to come about the legacy of Socrates, Beethoven, and Einstein would be dead.

However nihilism cannot and must not prevail. The great quest is to eliminate and prevent HD against the pressure of time and HD-related events. HEHP can do so much to increase the odds that present and future...
generations live long and well. Whether we take up the challenge remains to be seen.

References


Footnotes

1 Thomas Friedman, the prize winning columnist for the New York Times distinguishes between Islamicists and Islam. The former distorts the religion of Islam for their own political purposes, and is characterized by
militant, fanatical fundamentalism, authoritarianism, and repression of its own people and others. [Back to Article]

2 I like Robert Kastenbaum's definition of thanatology as the study of life ending in death (Kastenbaum, 2000) [Back to Article]

3 I also saw the linkage between the meaning given death and health-related behavior. If one really faced up to his own mortality as a result of smoking, for example, might it reduce the behavior – or contribute to it? Could the theories of health behavior change be improved by considering the meaning an individual or culture gives death? Certainly, it has affected my world view else I would not be pursuing the issue of HD since the late 1960s. Thanatology has prompted me to modify the WHO definition of health, i.e., health is the process toward, and perception of acceptable physical, mental, and social well-being and not merely the absence of disease, Horrendous Death, and infirmity here and now, and as expected in the future. Emphasis is on health as a process rather than a state. Also health is influenced by one's perception and meaning given the future. The person filled with "fear and trembling" and dread over what tomorrow might bring is not healthy according to this definition. [Back to Article]

4 Recall the history of the tobacco industry, its duplicity before the Congress and public, and chronic lying regarding the deadly nature of its product (see Kessler, 2001). Also, the recent collapse of the giant corporation, Enron is another example of a total lack of morals or ethics. It declared bankruptcy in December 2001, and never forewarned its workers. Around 21,000 jobs were lost. Eleven thousand workers lost the large percentage of their retirement plans because they were forbidden to sell their stock in the company. Enron's CEO Kenneth Lay and his fellow executives were exempt from the lock down and sold, often at tremendous profits (McGrory, 2001). According to Mary McGrory, the Washington Post columnist, "Enron lied about earnings, cooked its books and left its employees in the lurch, while its top brass made out like bandits" (McGrory, 2001). On the other hand, Enron was one of those corporations who agreed that global climate change must be addressed (NA, 1998). [Back to Article]

5 Excellent references to better understand the historical, political, and religious basis of the present conflict are the works of Armstrong (Armstrong, 1994, 2000), Bodansky (Bodansky, 2001), and Friedman (Friedman, 1989). [Back to Article]

6 President Bush was ill-advised to liken the military action following September 11th to a crusade. It is a buzz word among Arabs – as politically incorrect as they come. He has not used the term since the early days of the conflict. [Back to Article]

7 Yossef Bodansky, author of the definitive work on Osama bin Laden, describes him "as a man not be ignored, for he is at the core of Islamist international terrorism . . . . Bin Laden has always been – and still is – part of a bigger system, a team player and a loyal comrade in arms. The terrorist operations in several parts of the world now attributed to bin Laden were actually state-sponsored operations perpetrated by dedicated groups of Islamists (Bodansky, 2001, p x). [Back to Article]

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