

**D**uring his career, Harvard School of Public Health's Bernard Lown has traveled two roads. The First Road unraveled the secrets of sudden cardiac death and developed the direct current (DC) defibrillator that became a lifesaving device worldwide. On The Second Road, he worked as a peacemaker, co-founding an organization, International Physicians for the Prevention of Nuclear War (IPPNW), that won the 1985 Nobel Peace Prize for its role in slowing the nuclear arms race.

Recently, Lown, who is professor *emeritus* at HSPH, spoke at the launch of the Bernard Lown Scholars Program and Visiting Professorship, established at the School to honor his exemplary career advancing public health.

Below are excerpts from his talk about The Second Road, in which he shares observations and lessons learned as a public antinuclear activist—ideas that remain applicable today as wars and civil unrest envelop many parts of the world. For Lown's complete talk, including his acknowledgments of many at HSPH who have been instrumental in his career, see <http://webapps.sph.harvard.edu/accordentG2/deanslecture-20101105/index.htm>.

# Waging Peace, Saving Lives

A renowned physician explains how defeating militarism could solve global health problems.

In the late 1950s, quite by chance, I attended a talk by Philip Noel-Baker, a recent British Nobel Peace laureate. He intoned about an impending nuclear holocaust. Compared to the threatening nuclear disaster, sudden cardiac death, preoccupying me at the time, seemed a small problem.

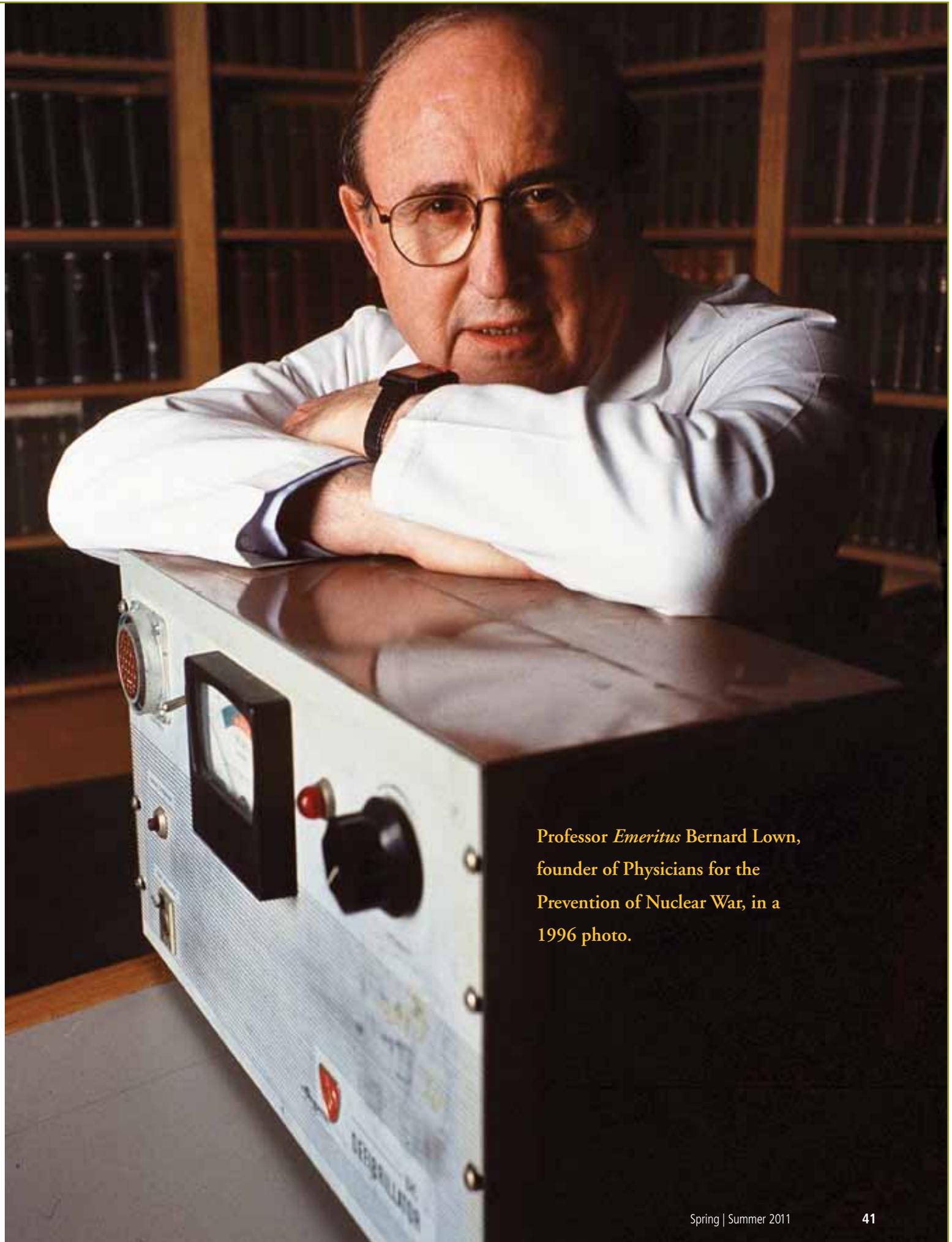
In 1961, I assembled a small group of doctors, young Harvard Medical School academics, to address the formidable nuclear challenge.

How could we as physicians make a difference? We extrapolated the medical consequences of a virtual nuclear bombing of Boston. We concluded that there was no meaningful medical response to a catastrophe of such magnitude. And we published our results in the *New England Journal of Medicine*.

We became instant world experts on the topic. We launched a physicians' antinuclear movement in the U.S., the Physicians for Social Responsibility (PSR). Having demonstrated that in nuclear war there was no place to hide, our findings put an end to the underground shelter craze then exercising the American public. We learned that health professionals had something to say on war and peace issues, and that furthermore, the public was ready to listen.

Though the analysis of physicians and of others had a substantial public impact, not a single nuclear weapons system was dismantled as a result. What followed instead was the greatest arms buildup in history.

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Professor *Emeritus* Bernard Lown,  
founder of Physicians for the  
Prevention of Nuclear War, in a  
1996 photo.

## CHANCE COLLABORATION LEADS TO DISARMAMENT

Quite fortuitously, I was in a position to take an initiative. For nearly a decade in the 1970s, I had cooperated with Soviet cardiologists investigating sudden cardiac death, sponsored by the National Institutes of Health. We were fortunate that our Soviet partner was Eugene Chazov, the physician to President Leonid Brezhnev and for much of the gerontocracy then in the Politburo. In 1981, together with other colleagues, the two of us founded the International Physicians for the Prevention of Nuclear War (IPPNW).

Remarkably, within four years we gained 150,000 physician members in 60 countries and educated a wide public on the nuclear threat. We did some seemingly im-

possible things. Largely because of Chazov's enormous political clout, we were able to telecast across 11 time zones an uncensored one-hour broadcast. More than 100 million Soviets watched a free, wide-ranging, hitherto forbidden discussion.

If what I am describing sounds like smooth sailing, it was far from it. We were reviled in the American mass media as communist dupes. When our Nobel Peace Prize award was announced, *The Wall Street Journal* urged the Nobel committee to close up shop in shame for its immoral choice. A crescendo was reached when Chancellor Helmut Kohl of Germany appealed to the Nobel Committee to rescind the Prize.

## Forging New Pathways in Cardiovascular Disease

Below are excerpts from Bernard Lown's talk about his distinguished work as a cardiologist, which he calls *The First Road* in his career. To hear the entire speech, see <http://webapps.sph.harvard.edu/accordentG2/deanslecture-20101105/index.htm>



### HEARTS TOO GOOD TO DIE:

#### Remembering how the defibrillator was invented

In the 1950s, cardiac death was the leading cause of fatality in the U.S., claiming 500,000 victims annually. The problem was ignored, largely because it happened outside hospitals and was deemed the result of a massive coronary artery thrombosis incompatible

with survival. Our research in dogs led to the development of the first effective direct current (DC) defibrillator. Once a dog's heart was defibrillated, it recovered and survived despite the blocked coronary artery. The implication was momentous: sudden cardiac death was likely afflicting patients with hearts too good to die.

#### Lown's observations about doctor-patient relationships in the 1960s resonate even today.

The growing dominance of market forces was transforming health care. The human dimension of the doctor-patient relationship was rapidly being denatured by overtreatment, endless tests, unwarranted referrals, and polypharmacy. At the epicenter were highly trained specialists dealing with parts of disembodied patients. Emerging was a sickness system centered on a magnifi-

cent emporium, the modern hospital. Prevention, the foundation of a sound health system, was scorned in practice as it was honored in preachment.

An early casualty was listening. Since listening to a patient consumed much time and was minimally reimbursed, it became cursory, circumscribed, and frequently bypassed.

When doctors don't listen, treatment is compelled by the chief complaint, which frequently has little to do with what troubles the patient. This results in a multiplicity of tests and procedures as well as referrals to specialists. Another consequence is polypharmacy, resulting in a profusion of adverse drug reactions that intensify the cycling of patients for tests and referrals. Necessarily this new paradigm undermines patient trust in the medical profession.

**The Bernard Lown Fund in Cardiovascular Health at HSPH** supports the Bernard Lown Cardiovascular Scholars Program, which trains qualified midcareer clinicians, scientists, nurses, and other health practitioners in public health strategies related to preventing cardiovascular disease in the developing world. The goal is to create an international community of Lown Scholars who will continue to interact around issues of cardiovascular health, particularly in the developing world. The Fund also supports a professorship at HSPH involved in research and teaching focused on the prevention of cardiovascular disease in the developing world, and supports international conferences devoted to cardiovascular prevention. Srinath Reddy, president of the Public Health Foundation of India, is the Bernard Lown Visiting Professor of Cardiovascular Health in HSPH's Department of Epidemiology.

### THE HIDDEN COSTS OF MILITARISM: THEN AND NOW

The world is no longer facing instant nuclear extinction. We roused multitudes to speak out against the awesome peril. Doctors from all around the globe contributed to unwinding the potential doomsday clock. We learned that to advance on any complex social and political issue demands rousing wide public awareness of the true stakes to their well-being and survival.

Another key lesson was of the colossal destructiveness of militarism even in the absence of war, what the public health social activist Victor Sidel called “destruction before

and write. Twenty schools could be built for the annual cost of a single American soldier. For the cost of 1,000 soldiers, one could end the scourge of maternal deaths in Afghanistan.

Wars are among the leading causes of premature deaths. At present, more than 90 percent of victims are civilians. Annual global military expenditures exceed \$1.3 trillion. A small fraction of this colossal expenditure could resolve nearly all outstanding global health problems.

Where then are the voices of medicine and public health? Where are the curricula educating young health

## **In Afghanistan, 20 schools could be built for the annual cost of a single American soldier. For the cost of 1,000 soldiers, one could end that nation's scourge of maternal deaths.**

detonation.” The Cold War and the war on terrorism have so far claimed more than \$20 trillion. Such a diversion of prodigious resources in large measure accounts for our dysfunctional schools, our backward energy policies, our unlivable inner cities, our failing infrastructure, and our ever-diminishing commons essential for healthy civic life.

Today the U.S. spends \$1.1 million annually to sustain a single soldier in Afghanistan, a country with the second-highest maternal mortality rate in the world and the third-worst global ranking for child mortality. In 2009, 1,600 young women died during childbirth for every 100,000 live births. According to the *British Medical Journal*, safe drinking water supplies reach only 23 percent of Afghans, and only one-quarter of adults can read

professionals on this vital sector of health and community well-being? Where is the dialogue spilling over to the wider community?

### CULTIVATING MORAL VISION AND COMMITMENT

In an epoch of quavering certitudes, we need to cultivate moral vision as well as moral commitment. This is the categoric imperative of our age. Moral practice has to begin with social engagement.

I believe we are reaching the end of an economic and political era. The first Renaissance was driven by painters, sculptors, and poets. Why cannot the second Renaissance be driven by the health profession? Perhaps this new journey will begin with an ancient practice: a doctor listening to a patient. 🌱