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The *Khan*versation

Leges sine moribus vanae



"Laws without morals are in vain." Thus reads the motto of my undergraduate alma mater. Of all that I learned (and didn't) in college, learning this translation is one of my earliest memories there, at the country's first university. The social justice implications resonated with me, a graduate of Delaware's Quaker high school, that the University of Pennsylvania also had Quaker ties (more threads than ties perhaps; its founder, Ben Franklin, was not a Quaker, although William Penn was).

Much later, in graduate school, I was re-introduced to the idea of social justice and morality as an essential scientific concept for progress. Unlike the comfort that the field of medicine took in being agnostic to such things, public health has always had to engage deeply with social issues: racism, inequity, war & peace. Yet the scientific basis for the social determinants of health were not as well articulated then.

For example, living in certain ZIP codes was directly related to why I prescribed blood pressure medication for certain individuals:

- certain ZIP codes had a higher prevalence of high-sodium fast foods and little access to fresh fruits and vegetables;
- economic disempowerment limited choices of transport to a supermarket;
- decades of failed drug policies led to over-policing and retributive (rather than rehabilitative and restorative) justice;

All of these issues combined lead to the racial profiling and discrimination against minorities such as Black Americans and Latinos. Generational trauma and ongoing daily stresses let doctors sit isolated in our clinics and simply wonder, "why is this patient always late?" "Why does her blood pressure not get controlled?" "Why is she non-compliant with her medications?"

It took science (that of Sir Michael Marmot and others) to make the case of Social Determinants of Health. These scholars, through large cohort studies and analyses, demonstrated the clear linkage between the conditions in which we live and how long (and well) we live.

While I was learning about the Social Determinants, I became familiar with the work of Dr. Barry Levy and the [late Dr. Vic Sidel](#). They were long time collaborators, and simultaneously incredibly smart and incredibly humble. I got to know both, and remain friends with Barry. He is a photographer extraordinaire and his annual photo calendar is a work of art. Former Presidents of the American Public Health Association, he and Vic boldly discussed the role of another major social determinant: War.

Their seminal book, [War and Public Health](#) (now in its 25th anniversary) laid out clearly the case for war being the most damaging of circumstances for human health; both immediately and ongoing. In a time when we needed to conduct a clinical trial to make any assertion, they boldly asserted that war did not need a clinical trial to demonstrate how harmful it was to all human beings, especially to the most vulnerable of society.

Dr. Sidel was the founder of [Physicians for Social Responsibility](#), and of [International Physicians for the Prevention of Nuclear War](#) (and recipient of the Nobel Peace Prize with them in 1985). I wondered through the years what Vic would say about the conflict du jour we happened to be embroiled in; I very much wonder what he would say today.

He argues against the very paradox in which we find ourselves, perhaps because he predicted it. Mutually assured destruction due to nuclear weapons sounds like a madman's doctrine; it is now turning out to be just that. Rather than being deterrents against evil in Ukraine (invasion, civilian killings,

genocide), nuclear weapons have become deterrents to good, deterrents to us doing anything to stop war. One wonders precisely what good the world's largest nuclear stockpile is, if it is also the world's largest set of blindfolds and handcuffs on our ability to intervene.

Any discussion of the US and allies establishing a protective zone over a small Eastern European country undergoing a daily assault by Russian forces is negated by, quite literally, invoking the nuclear option. Our ability to do the right thing is fettered by our own policies, of allegiance to a doctrine meant to keep the world in a constant state of near-war, not on a path towards peace.

Talks of peace are frequently looked at as impractical and perhaps even irrelevant. Yet nothing is quite so relevant a threat to human health as war, and thus nothing quite so beneficial to it, as peace. Thus there should be no more important public health topic on our minds. We know a great deal about the effects of stress, whether in utero or throughout adulthood. The markers of inflammation elevated by stress lead to higher rates of you-name-it: heart disease, diabetes, depression, anxiety, and worsening performance in every area of life.

So why would we not, as health professionals, promote the most important social determinant of all? Why not, indeed, when the concept is even enshrined in our Declaration of Independence. Thomas Jefferson's original draft of this language read as follows:

"We hold these truths to be sacred & undeniable; that all men[sic] are created equal & independent, that from that equal creation they derive rights inherent & inalienable, among which are the preservation of life, & liberty, & the pursuit of happiness."

On presenting the above rough draft to the others in Philadelphia (including Ben Franklin) the final version was ratified on July 4, 1776. I like to think how it also reflects an aspect of Quakerism in its unspoken emphasis on peace; surely a pre-condition to pursuing life, liberty and happiness.

One would think that if these words still retain meaning, that anything that threatens global peace and thus our collective freedom to pursue happiness, would require our highest attention. What, then do we do in the face of injustice and civilian slaughter, as public health and medical professionals? I certainly have no easy answers. Perhaps booking an Airbnb we will never occupy (to transfer funds), and to exert pressure on our elected leaders to do more.

Ben Franklin famously wrote, *'those who would give up essential liberty to purchase a little temporary safety deserve neither..'*

We have certainly purchased a great deal of safety; our defense budget at US \$780 billion is the largest in the world. Yet it does not seem to have bought us the liberty for a morally justified defense. If there is to be a morality to our policies so they are not in vain, they must be re-examined in the face of indisputable evidence. That of a renewed emphasis of de-escalation, of de-nuclearization, of an active movement towards stress reduction and peace.

For individual and global health, it is the most evidence-based solution. If it seems idealistic, I encourage a little light reading, of Levy and Sidel's works, or a little heavy viewing, of the horrors of war and the violent things warring humans do to each other.

As health professionals we have found it easy to choose to do the right thing: to always ask, what is best for the patient? Peace and Non-violence. That is what's best for the patient.

To put it another way, love. I was reminded of that in just the last few weeks. Whether it's part of the institutional fabric of a health system or a personal philosophy, love and kindness in the face of stress (war, pandemics, the economy) is a surefire antidote to hopelessness.

And it's something we can practice every day, regardless of what else may threaten to divide us.

In these continuing uncertain times, I ask us to refocus on what matters: health and wellbeing, love and peace. To let those qualities make us brave enough to do the right thing, on behalf of those who cannot.

And as always: *Drive On.*

Omar Khan, MD, MHS, FAAFP
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Save the Date

**2022 Annual Meeting of the
Delaware Academy of Medicine/Delaware Public Health Association**

When

Thursday, May 26, 2022
6:00 pm

Where

Dupont Country Club
1001 Rockland Road
Wilmington, DE 19803

Keynote Speaker

Senator Sarah McBride

WordSmith



APRIL 4-10, 2022
PUBLIC HEALTH IS WHERE YOU ARE

National Public Health Week

Every year, the American Public Health Association (APHA) celebrates [National Public Health Week](#) - a week in which public health practitioners are highlighted for their work in the field. Each day of the week, a certain topic is highlighted. This year, NPHW is recognized from April 4-10. The theme this year is "Public Health is Where You are."

So, where are you?

Are you working on acknowledging Racism as a public health crisis, and working to mitigate its effects (Monday)? Are you striving to close the health equity gap, and make health care accessible to all (Friday)? Are you taking action for Climate Change (Saturday)?



[Learn More about NPHW 2022](#)

One of my favorite things about public health is that it is everywhere. No matter your field of study, mastery, or enjoyment, public health will play a part.

I invite you to use this week to focus on the public health topics around you, and ask the question "how can I help?"

National Public Health Week Daily Themes

- Monday - Racism: A Public Health Crisis
- Tuesday - Public Health Workforce: Essential to Our Future
- Wednesday - Community: Collaboration and Resilience
- Thursday - World Health Day: Health is a Human Right
- Friday - Accessibility: Closing the Health Equity Gap
- Saturday - Climate Change: Taking Action for Equity
- Sunday - Mental Wellness: Redefining the Meaning of Health

This year, the Academy/DPHA, along with its partners the University of Delaware, Delaware State University, Wilmington University, and the Delaware Health Sciences Alliance, is pleased to present the first Delaware-centered Student Poster Session for National Public Health Week.

We created a Padlet bulletin board for the week. Stop by and check out the student posters, and stay to listen to public health workers in Delaware discuss "A Day in the Life" of a public health professional. If you like, upload a video yourself, and let us know why you choose Public Health!

Kate Smith, MD, MPH
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Delaware Academy of Medicine/Delaware Public Health Association
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Upcoming Events

2nd Annual Parkinson's Symposium

Friday, April 8, 2022
8:00 am - 2:15 pm
Virtual Event



Parkinson's Disease is becoming more prevalent with life expectancy increasing and with the number of therapeutics growing every year to treat patients with Parkinson's disease. With more than 1 million Americans suffering from this neurodegenerative disorder and only 50 movement disorder per year graduating from fellowships, care for these patients are more and more being done through primary care and general neurologists. This year's annual Parkinson's Disease symposium will be targeted toward medical professionals to bring them up-to-date with Parkinson's Disease care in 2022 and how to support your patients with resources in our region and here at ChristianaCare.

Register by April 6, 2022 at noon

[Click here to learn more and register](#)



BOOK CLUB REVIEW

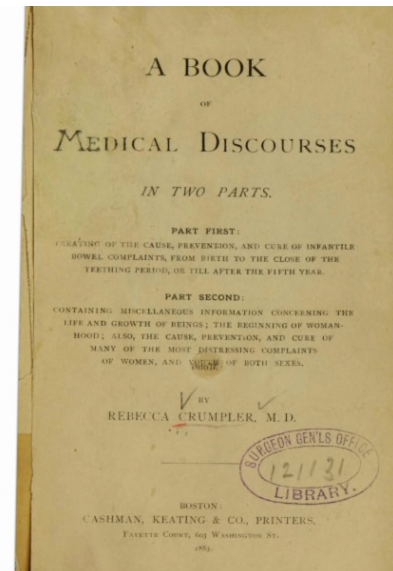
A Book on Medical Discourses

BY DR. REBECCA CRUMPLER

TWO OFFERINGS:

WED, APR 27, 2022 5:30 PM - 7:00 PM EDT

SAT, APRIL 30, 2022 1:00 PM - 2:30 PM EDT



Join the Delaware Humanities, along with [Black Mothers in Power](#), at a reading of Dr. Rebecca Crumpler's *A Book on Medical Discourses*. Born in 1931 in Delaware, Dr. Crumpler was the first Black woman to earn a medical degree in the United States. There will be two sessions for this discussion. A limited number of books will be available for free to registrants, and the book is available (for free) online.

Session 1: **Wednesday, April 27, 2022 from 5:30 pm - 7:00 pm** ([register here](#))

Session 2: **Saturday, April 30, 2022 from 1:00 pm - 2:30 pm** ([register here](#))

Community Research Exchange: Systematic Approaches to Incorporating Community Engagement Across the Translational Spectrum

Monday, May 9, 2022
8:30 am - 3:00 pm

Hybrid Event

Attend online, or in person at the Audion at STAR, the University of Delaware.



Keynote Speakers Rhonda G. Kost, MD and Jonathan N. Tobin, PhD, will present "Building Full Spectrum Translational Research Teams of Laboratory Investigators, Practicing Clinicians, Patients, and Other Stakeholders."

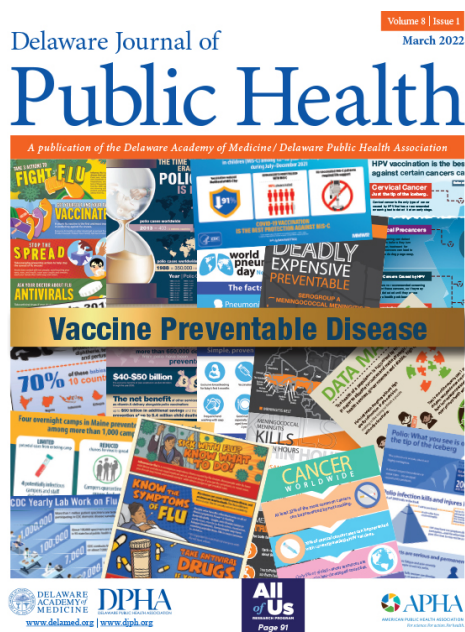
The morning session will include podium presentations on ACCEL-funded community projects, a Community Engaged Research Panel Discussion, and a scientific poster gallery. The afternoon session will include four concurrent workshops.

Conference chairs are Dr. Omar Khan, Dr. Allison Karpyn, and Dr. Marlene Saunders. Please contact Conference Manager Erica Singleton (erica.singleton@christianacare.org) for more information.

[Click here for more information, and to register!](#)

Delaware Journal of Public Health

Vaccine Preventable Disease



Over the centuries of recorded history public health has enjoyed some significant advances. We credit ancient Rome with infrastructure that includes roads, sewers, and running water; ancient Egypt with irrigation. In ancient China, during the Qin dynasty (221 – 206 BC), an integrated response system for infectious disease was established that included prevention, diagnosis, and isolation. Vaccination efforts first occurred during the Song Dynasty (960 – 1279 A.D.).

Dr. Khan's co-guest editor for this issue is Stephen Eppes, MD. Dr. Eppes is the Secretary of the Academy/DPHA, Director of Pediatric Infectious Diseases and Quality Assurance and Performance Improvement at ChristianaCare, and co-chair of the Immunization Coalition of Delaware.

We hope you enjoy this issue!

[Vaccine Preventable Disease](#)

Additional Resources

Delaware Division of Public Health - [The DPH Bulletin](#)

Trust for America's Health: Wellness and Prevention Digest - [Subscribe](#)

Johns Hopkins Infectious Diseases COVID-19 Grand Rounds - [View Schedule](#)

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