Thoughts on the Role of the Healing Professions and the Events of September 11, 2001

On October 5 and 6, 2001, less than a month after the terrorist attacks on the United States, a conference on the Pathophysiology, Detection, and Treatment of Vulnerable Plaque was held in Boston, Mass. Nineteen scientists from around the world came together, despite the uncertainty of air travel, to continue the work against this important cause of cardiovascular disease. After the faculty dinner, Dr James Muller, Co-Director of the Vulnerable Plaque Program of the Center for the Integration of Medicine and Innovative Technology (CIMIT) and Director of Clinical Research in Cardiology at the Massachusetts General Hospital and Harvard Medical School, offered the following thoughts on cardiovascular research and the September 11, 2001, terrorist attacks. Dr Muller was one of the co-founders of International Physicians for Prevention of Nuclear War, the organization awarded the 1985 Nobel Peace Prize.

The terrible violence of September 11, a day of mass murder of innocent civilians, had many consequences, some of which directly affected our collective effort to prevent death from vulnerable plaque.

Specifically, I refer to the irony that September 11 started as a day to celebrate progress for the vulnerable plaque research community. Over 10 000 individuals congregated at the Transcatheter Cardiovascular Therapeutics (TCT) Conference in Washington, DC. The program included a town meeting on vulnerable plaque, one of those wonderful occasions when the scientists working in isolation come together to share progress and ideas. The event was a rare moment when one could actually feel a massive human problem slowly giving way to organized, dedicated human effort.

At 8:00 AM, I gave the opening lecture, which included an overview of the topic of vulnerable and invulnerable plaques.

At 8:45, while Dr Peter Fitzgerald described the use of ultrasound and OCT for the diagnosis and treatment of vulnerable plaque, the first plane hit the North Tower.

At 9:03, as Dr Mort Naghavi, who is here tonight, reported a novel method for MR imaging of macrophages, the second plane hit the South Tower.

At 9:43, as our panel discussion began, the third plane hit the Pentagon, less than 2 miles away.

At 10:05, the South Tower collapsed.

At 10:28, the North Tower collapsed, and the death toll for that terrible morning exceeded the chronic daily loss we suffer from heart disease.

The TCT, which would have had many valuable discussions of vulnerable plaque and a full review of the extraordinary results of trials of drug eluting stents, was canceled.

Many of the 10 000 participants returned to their hotel rooms to follow the tragedy on CNN.

I am not pleased by my immediate reaction to the attacks. Although I had spent many years advocating peaceful solutions to world problems, I found myself hoping for a rapid and massive military retaliation. Though prevention of plaque rupture and thrombosis had been an organizing thought for many years, I had trouble seeing heart disease as a significant problem compared with the disaster I was watching. I spent countless hours watching television reports and reading of the breaking news. I struggled to fit this massive and horrible event into the small structures of my life. Even my profession seemed tarnished by the news that the chief lieutenant of Osama bin Laden, Dr Al-Zawahiri, who was the individual in charge of terrorist acts, was a physician.

As it did for many others, my recovery began as I learned of the matter-of-fact heroism of the firefighters, police, and rescue workers of New York. It was aided by the courage of a New York emergency room physician who was taking a video at the base of the WTC when it collapsed. The screen went black with the ash and smoke that engulfed him. He said he could not breath and thought that was how he would die. He was surprised as the darkness receded and shadowy figures of firemen and policemen became visible. He walked from one group to another asking if anyone needed a doctor.

The health professionals, including a team from Partners Healthcare, stepped in with dedication and expertise, but their effect was limited because the dead far outnumbered the wounded.

In the 24 days since the attack, our appreciation of the magnitude of the continuing threat has grown. Concern over attacks on the United States, chemical attacks with anthrax and smallpox has led to near panic. Chemical warfare has prompted sales of gas masks, and, in a corner of our mind that we try not to visit, we know that a nuclear weapon could level all of Manhattan. The terrorists have demonstrated both the competence and the depravity to make these threats credible.

We sense and are told by our government that more attacks are likely. The 21st century triad of weapons of mass destruction, concentrations of individuals in modern skyscrapers, football games, and concerts, and the evil of a small number of individuals presents humanity with a permanent problem.

Although we now feel great distress, we are in a better position today than we were on September 10. The world did not become more dangerous on September 11; we became more aware. Yes, there is now more fear in our lives, but we are safer.

There are similarities to the problem of vulnerable plaque. On September 10, we were a vulnerable people. The danger was hidden and preventive measures were not applied. The attack occurred and was fatal to 3000, but the nation survived. Our governments now...
struggle to bring to justice those responsible for the attack. We in the medical profession and in CIMIT, in particular, work to improve methods to cope with additional attacks. Most importantly, because the dead will again outnumber the wounded, we as health professionals must seek ways to prevent future attacks.

The startling array of positive forces set in motion by September 11 leaves me with a great pride in our nation, an admiration of the new unity of the civilized world, and a firm belief that humanity will meet this challenge.

The positives are numerous and include a dramatic shift from a bilateral to a multilateral world view; a commitment to countering violence with law; renewed appreciation of religion and spirituality; respect for differences within the US, and respect for Islam and the Arab world; intensified efforts to find diplomatic solutions for the Kashmir, Arab-Israeli, and other conflicts; renewed determination to reduce poverty, disease, malnutrition and oppression, conditions that do not justify terrorism, but aid its growth; and the highest level of US and Russian collaboration since World War II, a cooperation CIMIT might aid.

As Steven Jay Gould pointed out, humanity is capable of great evil and great good, but the scales are not balanced. The good outweighs the evil by 10 000 to 1, and the good people of the world are mobilized.

This mobilization is needed because difficult changes in national behavior will be needed. Prior to September 11, the US refused to sign a comprehensive nuclear test ban treaty, a chemical and biologic weapons treaty, and an authorization for a world criminal court. In each case we refused, in part, because signing would limit our national sovereignty. The 19 terrorists violated our sovereignty, and more seek to follow. The balance has now been tipped from pride in national autonomy to the benefits of a global community ruled by international law. As health professionals dedicated to preserving life, advocacy of these changes and strengthening of our medical ties with colleagues from other cultures are our most effective preventive medicine.

On the philosophical level, this destructive violence will lead to greater appreciation of the powerful techniques of nonviolent resistance, which can even be effectively used by governments. The writings of Tolstoy, Thoreau, Paul Dudley White, and Gandhi hold wisdom for our future. With satyagraha, Gandhi taught of the force born of images of truth and love. The image of the murderers is of a plane colliding with innocent victims; the image of our response is of an Afghan carrying a bag of American wheat.

September 11 belonged to the terrorists. The following 25 days, tonight, and the future, belong to the positive forces of the world, our nation, and our healing profession. The satirical newspaper the Onion flashed the headline “Hijackers Surprised to Find Selves in Hell.” Osama bin Laden and Al-Zawahiri (I won’t call him doctor) are presumably in a cave in Afghanistan, with commandos closing in to bring them to justice. We find ourselves in a world of promise.

The vulnerable plaque research community, a dedicated group so abruptly and sadly scattered on the day of evil, reconvenes in solidarity and celebration. Let us strengthen ties with our colleagues, plan new collaborations, and, as is within our power, hasten the day that disasters from cardiovascular disease, will no longer occur.

Thank you.
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Speakers for the Vulnerable Plaque Conference, Donald Baim, Thomas J. Brady, S. Ward Casscells, Michael Dunne, Zahi Fayad, Valentin Fuster, Scott Gazelle, Alan Heldman, Thomas Hatsukami, Scott Kinlay, Antoine Lafont, Richard Lee, Peter Libby, Bernhard Meier, James E. Muller, Morteza Naghavi, Christopher O'Donnell, Emerson Perin, Mark Rekhter, John Rumberger, Mary Russell, Robert Schwartz, Andrew Selwyn, H. William Strauss, Gary Tearney, Takanobu Tomaru, E. Muran Tuzcu and Bruce Wasserman

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