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NINTH BIENNIAL FRANK L. McDOUGALL MEMORIAL LECTURE

by

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Ninth Biennial Frank L. McDougall Memorial Lecture

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FOOD AND HEALTH

“Let us rediscover man wherever we find that which bows him down”.

As we open this Conference, I would like to dedicate this phrase of André MALRAUX's to the memory of Frank McDOUGALL. Frank McDougall had a lofty idea of man and a clear awareness of the weight of certain human burdens, which led him to take an active part in the founding of your Organization. His radiant idealism, coupled with an acute realism, guided him in this work which was to prove fertile and fruitful in the quality of the accomplishments it has made possible.

“Let us rediscover man wherever we find that which bows him down”. I propose to you today that we rediscover today man at grips with those two ills - hunger and disease - that remain among the most implacable of those that threaten to bow him down at every turn:

The presence of hunger and the persistence of diseases to which medical science has found the cure reveal the inconsistency of the world we live in. While our food resources are sufficient to cover our aggregate minimum requirements, they are so inequitably distributed among the different nations and among the citizens of each nation that the lives of large numbers of people are affected thereby. While medicine has learned to do something about many illnesses that were only yesterday deemed incurable, this progress has passed many people by. These imbalances are the mark of a civilization that is still groping its way.

We have no reference equilibrium by which to situate ourselves in time. To be sure, the societies that went before us were held to an equilibrium between resources and requirement, but by major epidemics, infant mortality and famines. The progress made in the field of human health has upset this balance of poverty. But our quest for bread and health for all remains unfinished.

Many are the malnourished of the world, and the deficiencies they suffer cause fearsome diseases. On the other hand - and we must have the courage to say so, absurd and disagreeable as it may strike us - these illnesses of deficiency have their counterparts in illnesses of excess: the diseases of poverty are matched by diseases of opulence.

The disparity is a glaring one. It reflects a specific situation in our societies. Nutritional diseases do not arise merely as organic lesions or biochemical disturbances due to a specific cause that the right treatment can cure. Beyond their physical and often painful aspect and their affective and emotional content, nutritional diseases have a meaning, a social significance as a pathological manifestation of the societies in which they occur, and they are of concern to us all, patients and physicians, citizens and officials.

Even if there is no common yardstick for the problems raised by the diseases of poverty and by those of opulence, by inquiring into their social significance and, beyond them, into the underlying significance of diet, we may attempt to identify broadly a few avenues for action.

Extreme poverty is the lot of about 800 million human beings who, according to the international statistics, earn less than 200 dollars a year. But these assessments conceal real-life situations, deprivations and tragedies that can be met with even in the industrialized countries side by side with the more privileged groups. If we can speak of diseases of poverty, it is because malnutrition, the first consequence of poverty, is also the prime factor in many diseases that weaken the resistance of the organism to external assault; it is the cause of a very high mortality both among infants - their chief and first victims - and among adults. Thus, a better diet would be, for those who lack it, the necessary condition for a satisfactory state of health. As the Tuscan proverb has it, “The cure for malaria comes out of the stewpot.”

No age group is more directly afflicted by nutritional deficiencies than small children. In many countries infant mortality carries off between a third and a half of the children under three years of age and is still decimating families.

The effects of malnutrition during the first years of life can be severe and lasting.

The future of a child is marked before its birth by the diet of its mother. As an infant it is directly affected by the environment into which it is born, by the quality of the hygiene and of the water it finds, and by the endemics and epidemics that threaten it.

In the severest cases learning capacity and development of the intelligence can be impaired. These children, who can be reduced to less than self-sufficiency, will always be more threatened than the others since their resistance will be permanently weakened.

This fact of a human being born alive having its health permanently compromised for lack of the most elementary need - a little nourishment - is intolerable.

It is not acceptable that some of the young people of the world are survivors of their generation, some of them irretrievably handicapped from their very birth.

Also harshly afflicted by malnutrition are the large masses of rootless migrants who stream to the cities and metropolises. Being cut off from their native places, having no work, enduring the terrible destitution of their shantytowns, these are the basic facts of the existence that hundreds of millions of individuals lead in the great urban centres. Though subsisting on the fringe of the modern economy, they are directly at the mercy of the upheavals to which it is prone - as much in the developing as in the industrial countries, for we have not always known how to receive these migrants as we should. This is certainly where we find the greatest penury and where malnutrition and the diseases it causes are most widespread.

Progress in the modern sector of developing economies - industrialization, and the green revolution - has not always done much to redistribute income to the most disadvantaged strata of the population. Actually, the take-off of a modern industrial sector is accompanied by massive shifts of population that far exceed the generation of new employment, and gains in farm production are sometimes made to the benefit of the towns, which draw off the surplus. Thus, within each society the chasm may become a little wider between those able to adopt the consumption patterns of the more advanced societies and those still enmeshed in the toils of malnutrition, ignorance and destitution. Without doubt, there have been some successes in the war on malnutrition during the last decade. Despite the acceleration of population growth, agricultural supply appears everywhere to have kept up with the demand for food and, on the whole, per caput food supplies have rather improved over these last ten years. It even appears that the greatest gains were made where the shortages were most severe. But it is clear that serious gaps remain. Malnutrition is far from conquered.

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Thus, underdevelopment and malnutrition are for international opinion the greatest problem posed by relations between food and health. But, while under-feeding remains the premier concern of two-thirds of the world's population, over-feeding is gradually emerging as one of the chief worries of health officials in industrial societies. This is a genuine scandal that we cannot ignore. While the vicious circle of underdevelopment and malnutrition is for the larger part of mankind the major cause of mortality and morbidity, some of the worst diseases in our societies are diseases of surfeit associated with overeating, and with abuse of alcohol or tobacco.

I know that this remark can be jarring. I know that those suffering from diseases of opulence are only a very small fraction of the world's population and that they are sicker from eating badly than from eating too much. I also know - indeed, I know most of all - that some diseases of poverty still linger in the developed countries: the industrial societies do not yet know how to respond as they should to the needs of all their members.

But it is also important to know that the major diseases that kill nearly half of the people in the industrial nations are the cardio-vascular diseases, and first and foremost myocardial infarction and arteriosclerosis.

Now, these diseases are very frequently traceable to overeating and to any of several nutritional imbalances. International comparisons show that the highest mortality rates from heart disease are encountered, in countries of highest calorie intake. A fairly strong correlation is also observed between these mortality rates and certain indicators of economic development such as per caput national income and energy consumption.

Alcohol and tobacco also cause many deaths. In France, for example, it has been estimated that ailments caused by tobacco lead to the loss of 100 000 years of human life every year, and mortality from alcoholism is a good deal higher.

These new scourges are so much harder to counter because they do not result from rational behaviour, but are most often the outcome of a complex social situation.

The diseases of opulence are diseases of anguish, of anxiety generated by the conditions of life in our industrial societies. Diseases of escapism, of flight from a difficult and distressing social or family situation, they spring from a rejection of reality and of self. While it does have genetic causes, infarction is also traceable to hypertension of the entire organism, to anguish at not doing more and faster combined with overeating and abuse of tobacco. In a society in which machines and automation are supposed to diminish the duration and stress of work, never before have people been more anxious to dominate others, to assert themselves and to succeed.

The physician is still largely impotent before these diseases of individual behaviour and balance. Specialized organ-by-organ approaches and drugs that selectively affect any desired mechanism, are utterly ineffectual. What is involved is the behaviour of the whole person, or body and soul together. Medication, while it can kill germs, replace an insufficient secretion, or momentarily dull a pain, can often do nothing against those general processes that involve the entire organism as a whole. When the damage is done the physician cannot tackle its causes unaided; he cannot by himself heal these illnesses of 'savoir vivre', which stem from the individual's inability to cope.

Thus, the disparity between developing and industrialized countries is greater than it seems: while some people suffer and die of deprivation, others are severely afflicted by overindulgence in food, alcohol and tobacco. And the same contrasts - less stark but no less real - exist within each country.

In the face of such a situation report, of so many lives lost and so much waste, scientific logic breaks down and we are led to ask ourselves all over again a question we had thought answered long ago: what is food?

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Confronted with such a situation, science today goes beyond the apparent simplicity of an objective need to the social components of food behaviour.

This behaviour is in fact a complex resultant of three types of factors: unconscious physiological factors, psychosensory factors such as the pleasure of eating and appetite, but also - one might even say mainly - social factors linked to the symbolic value that people attach to the foods they eat, a symbolic value codified most often in the form of habits, mores, customs. These habits are acquired in infancy in the family circle: at the family table foods take on for the child a symbolic value that blends into their own qualities the love of the mother who dispenses them.

The mother is at the centre of the recurrent feast that is the meal, just as the meal is at the centre of life itself. It is the mother who prepares the foods, she also who suffers first and is the first to do without when food becomes scarce. When she has gotten any, it is she who calls the family to the meal. Noise and movement are stilled. The family is together again. The children have their fill, as much of food as of the presence of their mother who serves it. They will never lose this feeling; all their lives they will be attached to the foods that evoke what they had from her hand.

In most societies the meal is one of the great moments of communal life. This life is expressed through the meal, as can be seen from the place it has been given in our religions, our history and our myths.

Handed down by the family, these food habits are bound up with the culture and the structure of each society. Each of us really models his consumption on that of the group he would like to join. New products that are taken for signs of social success gradually supplant traditional foods, though more expensive and nutritionally inferior. This force of social models, capable of changing otherwise very stable patterns of food behaviour, is widely exploited by advertising. The resulting waste is considerable; meanwhile, we are still under the law of scarcity and cannot tell when we will be able to repeal it.

The social conditioning of food consumption tends to spread in the international sphere. With the development of trade flows and communications, the food habits of the industrial countries are spreading in the urban centres of the developing countries, where they often become a more or less conscious standard for reference. Canned foods and soda drinks, and even bread and wine, thus eventually disrupt nutritional balances which, however fragile they might be, were generally well suited to rural economies of scarcity. Strikingly enough, traditional food patterns frequently included unusual foods and preparation processes the dietetic sense of which, though always unconscious, was such as to balance the diets of those who practised them.

Discovered by popular wisdom and codified by experience, these customs preserved what was most often a precarious balance. They have been supplanted by new habits generally imitated from the West without the conditions for a new nutritional balance being present. The importance of expensive symbolic products of very low nutritional value is best exemplified by the spread of carbonated beverages into the most remote rural areas of the poor countries.

Thus our food behaviour is a response not only to physiological factors but to strong social pressures as well. The advances of biology enable us to assess the limits within which it may be altered.

There is a floor beneath which essential requirements are not met and, as we have seen, deficiencies emerge. There is a ceiling, too, beyond which the various nutrients trigger toxic effects. But within these margins so defined, it is granted today that human beings can lead active and healthy lives at widely variable nutritional levels.

This simple but profound notion of a plurality of possible nutritional balances above a minimum level has fundamental implications. An individual chooses his food pattern just as much as a food pattern shapes a type of human being. Man is largely what he eats. "A society builds itself around how it produces and consumes its foods", Plato observed in the "Republic". Just as the priests of Ammon defined as Egyptians those who drank the waters of the Nile - the first criterion of a sedentary society - just so are we meat people, rice people, millet people. To arrive at or recover a nutritional balance in a society is thus both to choose a possible equilibrium and to embark upon a comprehensive social, economic and political process in which even the culture of that society is involved. To realize international unity while preserving regional diversity in ways of life - is not this the great challenge of food planning, is it not the very meaning of your efforts, and the underlying significance of the international organization that has brought us together here?

Thus, to arrive at a new nutritional equilibrium it is necessary to act upon the conditions in which each social group lives as well as on its food habits, while respecting its cultural identity. Without concealing to myself the difficulties of this endeavour or the differences between situations, I would like to outline a few possible avenues for such action.

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The struggle against diseases linked to diet in the industrial societies, against those diseases of "savoir-vivre" or right living, calls for both a new conception of medicine, collective action, and individual effort.

Along with the struggle of the health-care structure, which must be unflaggingly pursued because some ills persist and can never be combatted by any other means, a new kind of medicine must emerge: a medicine that has doffed its white smock.

Current thinking on psychosomatic medicine, functional medicine, and general medicine meets this need for a medicine of "savoir-vivre" directly linked to right eating - "savoir-manger". This is a medicine of patience and persuasion: the physician must be tuned in to the patient, open his eyes to the need for a complete turnabout in his behaviour, and make him understand why and how he must modify his diet.

This medicine must leave the bedside and move out into everyday life, where people live and work, where children play and families eat. Conditions of life will have to be engendered that are permissive of individual self-realization and generate habits of living that ward off disease. Both the community and the individual have their part to do in this effort.

The community must allow each member to exercise the choices that will enable him to live in good health. Health means the whole human being, and action for health means the whole community. How we plan our cities either encourages or blocks intercourse among their inhabitants; heightens dangers on the way to school or protects schoolchildren; provides playgrounds for the young and walks for the old, or immures them all in concrete. Thus, city planning determines - more directly than it seems to - the incidence of psychiatric disorders, accidents and cardiovascular diseases. And this can be said of everything that enters into the living environment: the quality of the dwelling, of the place of work, the pace of schoolwork, the organization of work.

We are still overly attached to a culture that was shaped in the last century. The world has moved on, and young people can no longer always use this received culture to find their bearings in a universe that has been entirely transformed, or realize themselves in communities the laws of whose organization often elude them. Thus, education should teach the proper use of things.

Beyond the community, it is the individual himself who in a good many cases will have to find or rediscover an individual equilibrium in which diet is an essential physical, cultural and social element. The disorders of "savoir-vivre" cannot be avoided or stabilized unless behaviour as a whole is modified. He must revolutionize his food habits, overcome his anxieties, and learn to use his leisure time. He must heed Montaigne: "There is nothing so fine nor science so difficult as to know how to live this life well and naturally .... and the most ravaging of our diseases is to despise our own being."

We will each of us have to be able to devise a new way of life, of eating, and of communicating.

And, first of all, we will have to rely more on ourselves and less on technique. There is a saying that has become proverbial in our countries: "Health is beyond price", we say to justify our marshalling of the most imposing resources to combat disease.

To be sure, this price does have to be paid. But the saying should also justify the effort of each of us to safeguard his health by giving up the habits of life that ruin it.

The individual has a responsibility in the war on malnutrition in the developing countries, too. This recourse to the same principle of action in the struggle against diseases as unlike as those of deficiency and those of excess need not surprise us. We are only rediscovering man's necessary freedom. Every people must discover or rediscover the rules and rhythms of its own development. In the long run, only by its own effort, as it follows the bent of its own genius, can a people be sure of providing reliably for its own subsistence.

The only constructive action to combat malnutrition is that which, carried out among the interested parties themselves, mobilizes the men and women of the country and is suited to local conditions.

Medicine has made it possible to abate the major epidemics and reduce infant mortality. This is one of the great feats of human progress, and no less indisputable for being still incomplete. To reduce the resultant population imbalance, medicine has only the resources of birth control to offer. Birth control impinges on the most elementary freedoms and the most intimate aspects of the life of the individual. It is up to each population to resort to it or not, in accordance with its beliefs, its social customs, and its actual capacity to implement it.

However the population decides on this issue, its future is literally embodied in the mother and the new-born child. Measures that affect them must take precedence over all others. They must focus on the periods that are critical for the health of the child. Pregnant mothers constitute about 1 percent of the population in the developing countries; this is a small, easily identifiable group on which specific action can focus. The problems of the weaning period must be forestalled by an education effort that begins at the moment of birth. Up to now early infancy has been somewhat neglected in food distributions, which, having been carried out mainly in the schools, have tended to favour an older age class. Other arrangements would make it possible to reach those under five and to reduce the incidence of visible and latent states of undernutrition. The sharp drop in infant mortality is primarily due to the large-scale public health measures taken and to the easier applications of medicine in the control of endemic diseases. This medicine is now up against the hard nut of malnutrition. There are groups today in which malnutrition could worsen, which could reverse the declining trend of infant mortality.

The thinking that culminated in the concept of integrated nutrition planning in which development programmes are grouped around nutritional objectives is now seen as the most promising course. It is also the most difficult one. It compels a reappraisal of many of the hitherto accepted priorities and methods, imposes very rigorous criteria for the allocation of resources, and induces emphasis on questions of redistribution and employment. It shows clearly that each country must look first to its own resources to meet its new needs, even if they often have to be complemented by external resources in the early phases of development.

Actually, food transfers are still indispensable. They raise knotty problems, as much about the approaches to be taken by those who initiate them as about the attitude to be adopted taken by the recipients.

There are a few principles of plain common sense that should not be lost sight of.

Social and cultural factors are of central importance in diet. Each people has its own way of feeding itself, and rules that are too abstract and general ignore the profuse variety of customs and habits. Hence, the very way in which the resources are transferred must be such as to allow each people to preserve its own identity, its own way of feeding itself, and to resist foreign models that neither fit local habits nor respect its personality.

This plurality of dietary customs should be expressly catered for in the various forms of aid, which should take very much into account not only the medical needs, but the habits and social attitudes of the recipient populations as well. When in a recent famine these constraints were not kept in mind, a distribution of milk powder ended in grave failure. Because of the habits of the population, and also because of local difficulties in preparing it, the distributed milk powder was never used.

This example should serve as a warning. It reminds us to verify that the courses we adopt are always suited to the problems to be solved.

Is it indeed conceivable to impose on the opulent a restriction of their consumption in order to release surpluses for transfer to others? There are some who suggest an authoritarian rationing of meat, which is only produced by a very expensive conversion of cereals.

This is a generous proposal, but a difficult one to carry out. Rationing certain foods would only result in a proliferation of parallel trade channels, which are engines of inflation and waste, and, moreover, would disturb the channels for the marketing and production of other foods. By degrees, all food production could be thrown into disarray. Finally, one may wonder about the effectiveness of such a measure imposed by coercion.

I do not want to go into the delicate problems of how these transfers would actually be organized, as that is the business of the governments themselves.

But, speaking as a woman heedful of the difficulties of this world, I must say that building up stocks that would rapidly check threatening famines would do honour to countries that were in a position to allocate part of their resources for that purpose. To be sure, such stocks would have to be built up under a more extensive organization that operated on the markets. Regular, recurrent transfers would be indeed a step forward. But they should not be actuated by a desire to dispose of surpluses as a solution to problems of overproduction in developed countries. Artificial trade flows suddenly generated can shatter traditional production structures; sometimes, when they are shut off, all that is left is derelict food crops. The high yields of the West are not supposed to leave elsewhere fields overgrown with weed and bush. They must meet a need that is defined by the buyer or beneficiary and by him alone. and his freedom of choice is guaranteed by the existence in the world of several centres of production each independent of the others.

Thus, neither imposed nor voluntary rationing of food consumption in the industrial societies can automatically increase the food supplies available to the developing countries. For any progress to be made toward international solidarity in regard to food, consumers in the industrialized countries must first become conscious of their situation vis-à-vis the developing countries. They must consent to the sharing because morality demands it, and constraint would divest it of all significance. This enhancement of consciousness should be inspired in a certain ethic, that of the solidarity of all men in the fundamental act of survival - eating.

It is now essential to abolish the privileges of the industrial countries. This is, first and foremost, a moral obligation. The disequilibria to which I have been referring throughout these remarks on man in relation to his diet and his health, these inconsistencies that lead to the accumulation of wealth here and to the emergence of famine there, these leonine apportionments among peoples who are all first and foremost the offspring of the same earth, are no longer to be tolerated. And then, what is at stake is our own security. If there is no broad movement for a redistribution of health and food, the world situation will quickly become explosive, and peace and security will be endangered. Finally, we must bring the world into economic equilibrium. It is indispensable that new trade flows be established between industrial and developing countries to replace the present flows that run mainly between the more developed nations.

Many efforts in this direction have already been made in recent years. They must be stepped up.

Aid, in its multilateral and bilateral forms, must be developed, primarily to provide the developing countries with the means for their own growth. The markets for raw materials should be organized with a view to the regularization of prices and the stabilization of external earnings.

The developing countries should have their fair share in the creation of new international liquidities. Finally, transfers of technology should enable these countries to acquire quickly the new equipment they want.

This is the course - allow me to say so in closing - that France has been advocating for years. Time and again President POMPIDOU invited the international community to adopt it. In Kinshasa President GISCARD D'ESTAING showed the need to undertake the building of a "new world economic order". France wanted to contribute by endeavouring to start a dialogue between North and South and by thus calling the international community to renewed cooperation.

Food security and a minimum healthy diet for all the people on the globe will lie at the heart of the problems of the generations to come. A capacity to join together to apply the techniques available for their achievement will be our best guarantee of a lasting peace. Indeed, what peace could there be in a world in which the most glaring scandal of all, that of full bellies in the midst of empty, was only growing worse? The world civilization, which is built day by day by a multiplication of exchanges and communications and on contacts among people, must find its ethical mainspring in the fundamental dignity of each member of the species, which must be guaranteed for him by liberating him from hunger.

Wherever we find man bowed down, we must rediscover him. Wherever his strength flags, we must bring him the breath of life.