

Health transition among Pacificans: unpacking imperialism

Abstract: What and who defines health? In the Pacific at least, health is not only an individual's state of well-being. It also refers to the positive state of the social body i.e. how people within a community interact with each other and with their environment to produce positive and desired effects. Even death can be viewed as a positive stage in human life if it facilitates the achievement of well-being as one transit or translocates to the next stage of 'eternal bliss'. The pursuit of health and well-being has resulted in many challenges over time in many communities. Health transition has been seen as a phenomenon that can be defined by the various eras of disease occurrence. Various morbidity and mortality indicators are used to measure these. According to health transition theorists, this phenomenon is linear and similar for all societies. However, this linear approach is not cognizant of the many dimensions of social, mental, physical and spiritual well-being that encompasses the life and death of Pacificans. This paper attempts to tease out the various forces that have influenced the health transition phenomenon in the Pacific. Specifically, it argues that the forces of imperialism, colonialism and globalization have largely influenced health transition in the Pacific in a manner that is to some extent, both unfavorable and oppressive. It raises the difficulty of using morbidity and mortality as measures of transition in societies where people do not die but are believed to just translocate to another life. The paper ends by suggesting alternate ways of looking at the multidimensional processes of health changes in the Pacific.

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Introduction

The health of all populations, unavoidably, changes with time^{1,2}. How and why changes occur can be understood from many different viewpoints. Health transition is one such framework, and it is an assimilative one. It implies a change from a beginning, "alpha" to an end, "omega" the transition points are all those between "alpha" and "omega." This paper challenges the notion of a unified health transition process by disaggregating the various transitions—environmental, political, economic, sociological and cultural—that shape changes in health in the Pacific. It examines the velocity (speed and direction) and the framework around which contemporary discussions of health transition in the Pacific have taken place. Doing so challenges the claims of health transition theorists that this model can provide a unilinear, causal explanation for changes in well-being. We argue first that health transitions that do occur are about imbalances in power relations and cannot be explained solely by reference to

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the narrow indicators of morbidity and mortality. Globalization and imperialism have a critical impact on the health of Pacificans. We also describe the multiple transitions that need to be taken into account in understanding health changes. Last, we suggest a range of alternate ways of viewing processes of change in the Pacific.

Health and the Pacific

Health has been defined in the Pacific largely as the World Health Organisation (WHO) has promoted as the "world's consensus:" "health is a physical, social, mental and spiritual state of well being, not just the absence of infirmity and disease³." This ideal state is akin to happiness. Some Pacificans have added to this definition and included a relationship with the environment, people, and ancestors⁴. The inclusion of ancestors challenges the medical notion that death as the end point of life is not an

adequate parameter for Pacific constructs of health. In contrast with the WHO definition, for many Pacific peoples death may be seen as transitional and more a translocation to another level of being. Therefore, to measure health transition in terms of mortality, morbidity, or an absence of either of these conditions, does not address Pacificans' quality of life or how Pacificans view well-being.

The Pacific is multicultural, multiethnic and a multitude of small populations in ecological microcosms^{5,6}. Each population group is unique in language, physique, culture, and lifestyle. Attempts to create a pan-pacific notion of Pacific peoples, Pacific islanders and, lately, Pacificans, have drawn upon ideas external to the Pacific, in which groups of a certain size get lumped together with other

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"small" groups. This conforms to a prevailing economy of scale³. This assumes that a defined minimum scale exists for economic efficiency. This definition of social groups is inadequate for understanding small island populations' experiences. In particular, it does not allow for a full understanding of the effects of globalization and political histories.

Health transition frameworks also do not provide an adequate framework for describing and explaining shifts in the patterns of health⁷. The fundamental goal of health transition models is to describe and explain the change from high fertility and high mortality from mostly infectious diseases in traditional societies to low fertility and low mortality from mostly non-communicable diseases in modern societies. The speed of this change, however, has not been specified.

Pacificans, apparently, have to follow these steps or periods of health transition⁸:

- Era of pestilence and famine, with high mortality especially, at a young age.
- Era of receding pandemics, with mixed causes of mortality among the middle age groups (<50 yrs).
- Era of non-communicable diseases, with chronic problems and death at old age (>55 yrs).

There are many assumptions, which are questionable for the Pacific. For example, it is assumed that enumeration of mortality and morbidity is accurate⁹. This varies from country to country. In addition, mortality patterns do not reflect quality of life. For many Pacificans, the quality of life, due to various transitions, may as well be that they are dead long before the certification of the expiry of life¹⁰. Compounded with these assumptions are problems with data quality in most Pacific countries. Health statistics are often inaccurate, and information on cause of death, age, religion, residence, etc. is unreliable. Has the system properly counted and diagnosed the dead? Last, this leads to the question: how much of the mortality transition is due to non-communicable diseases? This is an especially important question because of emerging evidence that non-communicable diseases have underlying infectious risk factors, such as: peptic ulceration and cancer with *helicobacter pylori*¹¹; cardiovascular disease with *chlamydia pneumoniae* and *helicobacter pylori*¹²; renal disease with streptococcal infections and hepatitis B virus¹³; bacterial oral diseases with coronary heart disease¹⁴; etc.

There are an equal number of problematic aspects to claims about a demographic transition from high fertility

to low fertility. The ideal demographic change is, apparently, low fertility and birthrates, the argument being that high birth rates lead to lack of resources and poverty¹⁵. Reproductive norms in some societies have been critiqued for preventing the demographic transition towards those of the "modern societies. We argue that this definition of health transition valorizes modernized societies which exhibit patterns of low fertility and low mortality. As an alternative way of looking at the Pacific, we propose that imperialism and globalization provide the roots of a more viable framework¹.

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Imperialism and the Pacific

In the last four or five centuries, imperialism has been one of the most powerful forces affecting health. Imperialism is the process where the dominant politico-economic interests of one nation are lauded and imposed on another country or people. The dominant nation penetrates and transforms the land, labor, raw materials and markets of another people for its own enrichment¹⁶.

Imperialism involves the systematic accumulation of capital or wealth through organized exploitation of labour, and penetration of overseas markets. The central theme of imperialism is always to expand and accumulate capital. Such expansionism has been described as a: "bourgeoisie that chases the whole surface of the globe. It must nestle everywhere, settle everywhere, establish connections everywhere...it creates a world after its own image¹⁶."

This amounts to a transition from self-sufficiency to employer-controlled wage earners, from localized subsistence economies to the global market economy, from self-employed to foreign-controlled employment, and from autonomous regions to centralized autocracies^{5,17}.

Prior to colonial contact, the traditional Pacific cultures were mainly subsistence-based, as determined by their local environments. The cultures beliefs and practices were focused mainly on meeting their basic needs for survival, and maintaining social cohesion within their communal settings. Pacificans were not individualistic but, rather, they depended on each other for their survival and for security. Accumulation of wealth was discouraged, and equitable distribution of goods and services through sharing and reciprocal giving was encouraged. The capital goods and sacred treasures were the land and the people. The Pacificans believed that they were the guardians of the land, and that the land was the source of their very being, identity and history. Therefore, the land was held in high regard, as being sacred as the gods they worshipped¹⁸.

There were many self-serving imperialist theories that were put forth belittling the indigenous people and promoting the idea of "cultural backwardness"^{19,20}. They used this notion in order to justify their act of enslaving and assimilating indigenous peoples¹⁶. Based on these colonial policies, transition and globalization have been rampant even then. Today, these have been globally legitimized, more organized, and are still beyond the power and influence of Pacificans. The fact that the developed nations are still dictating to Pacificans how to live in the Pacific, demonstrates the arrogance of imperialism.

Globalisation and the Pacific economies

Colonialism and capitalism focus on mass-production with an export emphasis. The two forces regulated and promoted the incorporation of small Pacific economies into the global economy. This meant that localized village economies, which sustained the majority of Pacificans, needed to change to an emphasis on cash and export. These same villages were required to supply labour and cash crops, and the imperialists decided and dictated how these sectors should interact. They took over the decisions on:

- Who was to own the land?
- Who was to do the work?
- Who was to supply the capital?
- What was to be the balance between the interests of the indigenes and those of settlers?
- Were the villages to be sources of wage labour, or places of direct export production?
- How far was tradition to be preserved?
- Where would the labour be deployed?

Globalization is the latest label for capitalism, colonialism, and imperialism expansions combined. Commentators of the Western world view this as "a new era of unprecedented opportunity," opening up for the world capitalist class. The main idea behind globalization is that the world becomes a global village, under the doctrines and practices of capitalism. This means that capital flow would transfer with technology and the teaching of proper work habits to the "poor, backward nations" that will be made rich. This is an updated version of the "white man's burden"²¹.

What has emerged from globalization is an intensely exploitative form of capitalism, where a relatively small, elite network of international corporations dominate the global economy, and make huge profits in the face of worsening economic conditions in "Third World" countries or the "global South"¹⁶. The two agents of globalization, the World Bank (WB) and the International Monetary Fund (IMF), demonstrate a classical example of this exploita-

tion. These two Agencies are the chosen avenues by which the political and business elites of the Northern countries operate, to rule the global economy and to dictate to the rest of the world how those countries should be run, and how the indigenes should live their lives according to imperialist paradigms²².

In order to access funds from WB and IMF, a country requesting a loan must first agree to policy changes and economic system restructuring by adopting Structural Adjustment Programs (SAP). These SAP, by orienting economies towards generating foreign exchange, are designed to ensure that debtor countries pay up, often at the expense of local programs. The outcomes of this SAP have not been favourable in most countries where they have been applied. SAP activities have increased poverty, have exacerbated the suffering of millions, and have created a net flow of wealth from the developing world to the industrialized countries, further enriching them and their multinational corporations^{22,23}.

Transitions in the Pacific

Health transitions are a framework based on the outcomes of living^{5,6}. Therefore, to understand the determinants and effects of health transition, the events preceding mortality need to be identified and discussed. Such an analysis will help to address the following questions:

- Is health transition inevitable?
- Can the velocity of health transition be changed?
- What are the determinants of health transition?

In the Pacific, many accelerated changes are taking place. Many of these contribute to health, in different ways for different Pacificans. However, there are common themes that run through these societies in transition. We propose that the following transitions are critical to understanding health in the Pacific.

1. Economic transition

The fundamental change here is the monetization of the economy, translating subsistence to globalization¹⁷. Many life and living variables have changed, over time, at different velocities between different Pacificans^{24,25,26}. These changes have taken place because of interaction with and through foreign imperial powers. The emphasis on the economy of scale buried the interests of Pacificans through the law of average. That is, the average reflects the trends of the majority, rather than the specific experiences of smaller groups. In addition the expected trickle down effect from the economy of scale assumes a finite absorptive capacity for wealth of the bourgeois. However the latter's large and expanding capacity to accumu-

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late wealth minimizes the trickle down to Pacificans and the working class, thus creating the gap between the poor and the rich.

2. Religious transition

A major transition, in the Pacific, is the conversion to Christianity²⁷. This brought life-style changes varying from clothes, food and cooking, to suppression of local religions and cultural practices. Pacificans were recreated in the image of a foreign deity. Christianity was joined by numerous other religions²⁸. Today, a multitude of religions, sects and denominations dominate the lives of Pacificans²⁹. Some have become fanatical, and, for most, it has become difficult to tell where religions and cultures begin or end. With this religious transition come negative and positive changes. Will the transition ever end?

Global Christianity brought Christian morality, teachings in use of technology, and help in dealing with the debasing influences of contact with European traders. The vigorous application of Christian principles resulted in changes and the suppression of Pacific cultural mores that were unacceptable to imperialists. This repeatedly undermined the islanders' self-respect and confidence in their own cultures.

The case of the Solomon Islands South Seas Evangelical Church is one of many examples of how an introduced religion disturbed culturally significant acts that served to strengthen social ties and kinship amongst families. The use of bride price gifts during a traditional wedding ceremony amongst the 'Are'are people was frowned upon and discouraged by the Australian evangelists who came to Malaita in the 1930s. They repeatedly told the natives that:

"God did not sell Eve to Adam, and therefore the human body especially that of a woman's cannot be sold like a commodity³⁰."

While the western-styled "free marriage" movement that was encouraged by the Church which promoted individualism, bride price marriages were communal affairs requiring collective decision-making, gift exchanges and rituals that served to strengthen family cohesiveness. "Free marriage" fostered the presentation of gifts useful for the newlyweds, bride price marriages involved the presentation of the traditional shell money and other gifts that are not merely for the generation of wealth but the strengthening of social relations, achieved through the reciprocal sharing of resources. In addition, the 'Are'are offering of gifts recognizes the value of the bride socially, biologically and economically, emphasizing that she will be the reproducer, teacher and manager for her family and

the next generation. The bride price marriage is not seen as the union of just the newlyweds but the union also of two separate kin-based social groups. 'Free marriage' fosters the idea that children are solely the responsibility of the parents; whereas, children born to couples whose union was confirmed through bride price are a communal obligation on both the maternal and paternal sides. There are many such examples in the Pacific where subtle and yet rich cultural messages have been superficially judged or ignored by colonialists. The bride price marriage debate has not been resolved but has led to divisions, confusions and loss of cultural mores among the 'Are'are people³⁰.

3. Environmental transition

With cash cropping, mining, mechanization, and industrialization, the fragile Pacific environment has become very vulnerable³¹. The "green house effect" and the rising sea levels, caused by metropolitan modern societies' efforts to maintain their consumption level, are threatening the Pacificans' habitat³². In addition, the environments have become obesogenic³³, toxic^{31,34}, and insecure due to crime and violence. The new environment has also generated motor vehicle accidents, wars and serious injuries. The environmental transition not only brings physical and social changes, but also develops uncertainty and stress in the Pacific psyche.

4. Social transition

The most fundamental social change is the occidentalization and orientalizing of life style and values of the Pacificans³⁵. In search of progress, many have traded traditional values for imported ones. Global crime syndicates now operate and trade in illicit commodities in the Pacific. There is an increased focus in women and feminist advocacy^{36,37}, men-generated violence and neglect³⁷, delinquencies and youth alcoholism³⁸, and migration and social dislocation³⁹. The basic unit of Pacific societies, the family, is breaking down, and is redefined, narrowly, to emphasize individuals, rather than the family unit and its basic tenet of reciprocity and common good.

5. Political transition

The traditional forms of government are being replaced by a search for democracy⁴⁰. This, and migration, have led to transition in leadership from the traditional leaders to a new elite of western-educated men and women^{41,42}. The traditional social structure is adjusting to the new leadership with foreign ideologies⁴³. These ideologies and their practices (e.g. democracy, globalization, capitalism etc.)

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is lulling the masses to believe they are part of government and therefore, in control, when, in fact, the locus of control is elsewhere (e.g. multinational companies, local business, media, foreign government, etc.)^{42,43,44}. Many of the new leaders are on a string (e.g. aid and defense), are slaves of inappropriate ideologies, and are second-class protagonists of foreign models.

The continuance of colonialism and imperialism in different forms (e.g. education, trade, technology, etc.)⁴⁵ ensures that inequality and inequity persist. Even the notion of political independence of Pacific countries is doubtful, with aid strings and MIRAB economies being the order of the day⁴⁶. There cannot be political independence without, at least, economic autonomy.

6. Food and nutrition transition

This started with the missionaries wives having special classes, for the natives, on baking cakes or eating in modern-day upper class restaurants⁴⁷. Both teach and, subtly, imply that native food is no longer classy and good, and that the new foods have status. In addition, other changes (e.g. cash cropping, sedentary labour, etc.) have also affected food production and the varieties of food available. A society in a hurry needs fast foods. Therefore, there is a high consumption of processed and caloric-dense foods⁴⁸. Even the definition of a meal is changing, from a social occasion to an individual consumption of food and drinks. A recent study demonstrated the deleterious effect of globalization on people's diet in Tonga⁴⁹.

7. Health service transition

The production and management of health have been drastically changed⁵⁰. The environment, food, politics, economics and social trends have generated new diseases. The health services are sluggishly responding to diseases, rather than health⁵¹. The health service is becoming bureaucratic, specialized, technology-dependent, professionalized and westernized. All these changes have not stopped the re-emergence and persistence of infectious diseases, and new threats, from AIDS, alcohol, drugs, smoking, bacterial drug resistance, etc.

There has been improvement in the information systems, but the counting of the sick and the dead, let alone the accuracy of diagnosis, is incomplete⁹. One analysis based on mortality has shown that what the health services in the Pacific need are more doctors², contrary to evidence that the most effective health intervention is by other health categories (e.g. environmental health workers) and other sectors (e.g. agriculture)⁵⁰. In most Pacific

countries the health expenditure is almost entirely (70-90%) spent on diseases, rather than on health⁵². It has been suggested that Ministries of Health should be renamed Ministries of Disease, because of this overwhelming focus³.

Health transition and the Pacificans

When we talk of health transition, in the Pacific, all other forms of transition must be included, for the so-called health transition is only an outcome of all the other forms of transition. From this vantage point, the transition is by no means inevitable. The speed can be controlled, as has been shown by countries like Japan⁷. It can be reversed, as is happening to "modern societies" with the re-emergence of infectious diseases. If health is the focus, then health transition may be a desirable state to be at, where one would die quickly from infectious diseases, rather wilting and dying slowly after a prolonged chronic illness (e.g. diabetes, stroke etc).

There is little evidence from Pacific societies that a "modern" Pacific society necessarily improves quality of life. Studies on migrants have shown that migration changes only the cause of death, without concomitant changes in conditions of health, happiness, or the quality of life for individual migrants⁵¹. Does this knowledge implicitly condone solutions,

for example, of an immigration policy that will be manipulated to promote intermarriage between Pacificans and non-Pacificans, with a consequent dilution of political identity?" It is also arrogant and assimilative to suggest that Pacificans' ways of life need to be discarded for perhaps foreign ones. Perhaps, current mortality levels are ideal for Pacificans; perhaps they are not transitioning anywhere.

The present knowledge and technology of health problems are not fully accessible, available, affordable, and acceptable to Pacificans^{3,50}. If they were, then the health transitions of Pacificans would be different. Knowledge and technologies will decrease death rates due to both infectious and non-communicable diseases, without necessarily changing fertility. This, of course, is an untenable situation for an imperialist regime, where population increases in "traditional societies" are a threat to the security of "modern societies."

The Pacific countries are still near-colonies or actual colonies^{25,44,53}. The imperialists control all phases and determinants of health transition. Pacificans are aspiring to political independence, struggling with democracy, accepting economic dependence, and searching for an identity^{54,55}. In New Zealand, the debate on New Zealand-

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born or raised versus Pacific-born or raised rages, while groups are trying to redefine their ethnicity and resident status in New Zealand. This red herring is a diversion away from the Pacificans claiming their rightful share of New Zealand and its wealth⁵⁶.

The socialization of Pacificans, through foreign education, is another imperialist tool to enhance control^{45,57}. A western education is status and livelihood wrapped in one. Health personnel trained within a biomedical model, reflect and promote the western disease emphasis. Many of the scholarships and training opportunities are for doctors and nurses, as disease fighters (who save individuals), rather than as health promoters (who save communities). The latter could drive health transition faster, or halt it altogether, at a stage more conducive to being Pacificans.

Imperialist control, through knowledge and technology transfer, is also common^{58,59}. These forces are often assumed to be neutral. However, knowledge perpetuates ideology and logic, on which power imbalance is based. It has been shown, many times, that technologies and ideologies contribute to the reproduction and the strengthening of the pattern of power relations that feed imperialism⁶⁰.

Models for Pacific health transition

We propose an alternative way of viewing health changes in the Pacific. We address the oppression and assimilations borne by imperialism. We support expanding the successes of "community-based" efforts, (including ethnic-specific efforts) to improve access, acceptability, availability, and affordability of service to the target populations^{4,47,56}. We also support viewing health in a way which addresses power relationships^{3,59,60}. Some of the alternative strategies may include the following, individually or in combination:

1. *Mountain Model*: This model suggests that Pacificans aspire to be like Palangis, and focus on the economic pathway of accumulation of wealth, high consumption and increasing Gross Domestic Products (GDP). For example, build more hospitals, focus on disease management, while health spending is approaching the mark of more than 50% spent during last year of life. Pacificans must climb the market economy, leaving subsistence behind.
2. *Valley Model*: This model suggests total descent into traditionalism and lower productivity levels, to a level that maintains traditional living. This would mean re-

tracking, for many Pacificans, "who have started the good life and have seen the bright lights." However, attempts towards traditional living for health are being made by some indigenous societies, such as the New Zealand Maori, Hawaiians, and some Australian Aborigines. The evidence, from these approaches, has been positive, for some health aspects. The control of non-communicable diseases has improved with traditional lifestyle.

- 3) *Bridge Model*: This suggests selective adaptation of traditional and cultural aspects during transition. The model includes commercializing the subsistence mode, the use of traditional medicine alongside western medicine, and taking the best from the past and carrying these through time. Many healthy practices are integrated and inherent in the cultures of traditional communities.
- 4) *Tunnel Model*: This suggests selective adoption of the new life-style. A selection of ideas, technology, and values may enhance traditionalism. For example, introduction of selected fishing and agricultural method may boost production. The use of scientific methods in health (e.g. microbial sterility techniques) for use in combination with traditional know-how, may boost health status and quality of life.
- 5) *Red Sea Model*: This suggests a removal of obstacles to usual practice and its development. This is tantamount to removal of oppression, thus, imperialism. This approach suggests revolution, not evolution; confrontation, not diplomacy; and management of conflict, rather than a reception for negotiation. This model is based on the notion that power is to be taken from the powerful, as it will not be given by them. The model is consistent with the religious notion of "Onward Christian soldiers, marching on to war..." This model needs to be championed by Pacificans at all levels without prejudice. However, the Pacific false modesty has made Pacificans vulnerable to foreign influences and the comfort of imported friends.

These models assume that changes are inevitable, over time. They provide strategies for the management of change, rather than a resolution of the problems of, and for, change. The models may be used individually or in combination, but the ultimate aim will have to be the resolution of power imbalances, rather than being civil or the maintenance of Pacific false modesty.

It is anticipated and indeed desirable that considerable debate be evoked by the theses expressed thus far. Researchers partial to strict methodological approaches

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may well argue that "evidence," or substantial data, do not form part of this discussion. However, one could also counter this by asking whether tools, measurements, or methods exist that would assess happiness and life fulfillment in a non-western way.

Eventually, the pragmatists will clear the ground and query how best can lessons be learnt from history? And, as a corollary to this, is the "Bridge Model," or, perhaps, its more "tradition-leaning" parallel, the "Tunnel Model," the most viable way forward? Can damage that has been historically recognized and identified be remedied, or at least contained, as time goes by? At the end of the day, we all must wonder: can the "Red Sea Model" be used, when all else fails, in a way that respects the Pacificans and imperialists alike?

Conclusion

Health transition theory reflects the power imbalances that mark imperialism, globalization and their consequences. These include physical, social, mental, and spiritual dominance of "modern societies" over "traditional societies."

Pacificans need not transit to the mortality and fertility patterns of "modern societies," in order to be healthy and happy. Perhaps the "modern societies" may consider a transition to the health states, and the management of change, before they are forced to it by re-emerging and new infectious diseases; by a geriatric population with high consumption and low productivity; by high technology replacing and devaluing people; by energy source depletion; and by a competitive, fluctuating and highly stressed market economy, with accumulation of wealth without social conscience⁶⁴.

The health strategies we propose in this paper are for Pacificans to maintain their integrity and to demonstrate the way the world should be. To exercise these models, Pacificans need to take matters into their own hands. This includes the cessation of imperialism and assimilative processes that create subtle oppression and power imbalances. This is not as complex as it is made out to be if there is a will (e.g. removal of non-Pacificans expatriates from Pacific regional organizations; research of Pacificans and their environment to be controlled by Pacificans; removal of heavy handedness from aid; etc). All these could and should be done yesterday. If these had eventuated, the way things would be done and the process outcomes would have been different.

The ultimate and essential measures of success of the models suggested are the answers to the following questions:

- Are Pacificans endangering other societies?
- Are Pacificans healthy and happy?

This is Pacific alpha and omega, not some constructed "transitional state," justifying further imperialism, or constructing a paradigm for foreign intellectual gratification. "Pacific means Peace!"

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A conference is a gathering of important people who singly can do nothing but together can decide that nothing can be done.

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