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Security through a health lens:
The role of physicians in peace-building

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Abstract

Health professionals are increasingly involved in work in developing countries, including in conflict zones. "Peace through health" is an emerging philosophy in medicine, and is a framework through which physicians and allied health professionals can work towards mitigating the effects of conflict and preventing war. Armed violence is seen as a public health threat and approached as a disease at multiple levels. Primary, secondary and tertiary interventions exist, such as arranging cease-fires for vaccinations or increasing awareness of the health implications of new weapons systems. The discourse of "health and human rights" is important in framing this debate, with an understanding that health is a universal right. In addition, health professionals have argued for a broader conceptualization of the role of Canada in conflict, with the "Responsibility to Protect" becoming the "Responsibility to Care". This paper will also explore the concept of "just war" and discuss the ethics of health professionals involved in conflict, both as participants and activists. Canadian health professionals have an opportunity to make a significant difference in preventing war around the world and creating a more peaceful and healthy society.

"Medicine is a social science, and politics is nothing more than medicine writ large."
– Dr. Rudolph Virchow (1821-1902)

Introduction

The above quote challenges the traditional view that medicine and politics are completely separate fields, and Virchow, as a pioneer of public health and social medicine, provokes both practitioners and patients towards a more complex understanding of health. Over fifty years ago, the World Health Organization began their mission statement with a definition of health as "a complete state of physical, mental and social well-being, and not merely the absence of disease or infirmity."(1) This set the stage for a further broadening of the determinants of health to include issues such as poverty, food security and violence. In 1981, a landmark report by Marc Lalonde, then Minister of National Health and Welfare, urged health professionals and politicians to consider these determinants in new ways as they structured the delivery of health care and social services(2).

War is typically seen as existing within the political sphere, yet is recognized as an immense threat to health and well-being. Its immediate impact is seen in terms of lives lost or those wounded directly in conflict. In 2000, it is estimated that 310,000 people lost their lives as a direct consequence of war(3). By 2020, the World Health Organization (WHO) predicts it will be one of the top ten causes of loss of disability-adjusted life years(4). War indirectly causes suffering through its long-term negative effect on social, cultural and economic factors, resulting

in poor health for the entire population(5-7). Each year the world spends over \$1 trillion on military expenditures, ensuring that other areas of "human security" are left under-funded(8).

Armed violence is therefore as much a public health problem as it is a political dilemma. It is clear that the creation of peace in a conflict area would greatly improve the health of many. However, what is less recognized is that health professionals on both sides of a conflict can be a crucial part of peace-building. "Peace through Health" (PtH) is an emerging philosophy that practitioners can use to frame their interventions. This concept is closely linked to human rights discourse and the concept of health as a universal good. As a response to the suffering war causes, a "Responsibility to Care" philosophy can be an important extension of the recently promulgated "Responsibility to Protect" doctrine. However, this brings up important ethical challenges for health professionals engaged in peace activism and in the military. A discussion of "dual loyalty" is an important starting place for examining the complex intersection of bioethics and "just war" theory. Peace should ultimately be the goal for both physicians and politicians, and Canadian health professionals have the opportunity to make a significant difference in preventing war around the world and creating a more healthy society.

Peace through Health Theory

PtH is the use of health interventions that support structures and processes for peace, while undermining the mechanisms of violence. These interventions foster the development of political, economic and social "goods" with which local groups and individual actors can develop a just and peaceful society(9,10).

This movement draws on a long history of health professionals speaking out against war and its consequences. During the Vietnam war, doctors and nurses, such as Benjamin Spock and Claire Culhane, were vocal advocates for the cessation of conflict. They, and others, played an important role in revealing how the conflict impacted health(10). International Physicians for the Prevention of Nuclear War (IPPNW) is an organization that was first active during the Cold War working towards the abolition of all nuclear weapons. Founded in 1980 by American and Soviet physicians, it has worked to raise awareness of the lack of a meaningful medical response to

nuclear war(11). During the last twenty-five years, IPPNW and its national affiliates have expanded the scope of their work to the prevention of all war, the promotion of non-violent means of conflict resolution and the creation of social justice in a sustainable world. PtH has emerged as an academic field and discipline, within which research, education and activism have become intertwined(12,13).

By approaching war as a public health issue that can be treated by several preventative measures, projects are able to build a more sustainable peace. Each of these preventative steps mimic health care practices used when treating various stages of an illness(14). Tertiary prevention works to heal or rehabilitate a population after a war. This can include individual and social rehabilitation, improved access to equal health care and creating a culture of care in the area(15). Secondary prevention acts to develop peace in a situation where war is ongoing, such as by arranging a ceasefire for the delivery of medical aid. Primary prevention is aimed at preventing war from breaking out, and can focus on bringing to light the effects that war will have on all parties involved. Finally, primordial prevention works on the risk factors for war including working to develop international agreements and supporting international health initiatives and collaborative research(10,16). Conflict can be approached at multiple levels, including interpersonal, community, society, and global(12). This theoretical medical approach allows health workers to grasp what is at the root of the conflict, and how one can "cure the disease".

Although war can be seen as a disease or a public health threat, the role of health workers in the peace process is not immediately obvious. However, the unique characteristics of health care providers allow them to engage in this process(10). First, extended altruism is at the foundation of medicine, medical education and health care policy. Globally, people recognize that health workers strive to improve the quality of life of others. Such goals are humane and superordinate and all parties involved support such achievements. International health organizations, such as WHO or Médecins Sans Frontières (MSF), have specifically altruistic doctrines. These groups have promoted a refusal of hate-based identities and depersonalization upon which war is based. Secondly, medicine is rooted in scientific inquiry. Objectivity and a high regard for proven fact prevents physicians from being seen as sources of propaganda. Indeed, health workers can use their position to debunk ethnic prejudices, or be credible sources of information about human

rights abuses(15). Third, health care providers hold a great deal of legitimacy. They are consistently considered members of an honest and ethical profession, and are often more trusted than politicians. This reputation can give a physician or a nurse power in public discourse and publications(17).

These special characteristics lend themselves to certain roles that a health worker can play in a conflict area and are the basis for PTH projects. They can act to limit conflict or negotiate an end to hostilities. For example, health workers often have diplomatic access due to their high credibility. They can point out health care goals which may be shared by both sides, and so negotiate a framework for cooperative peace action. Health workers can also act in solidarity with civilians, providing knowledge, skills and resources to peace workers. Thus they can be vigilant against human rights abuses and act as witnesses to deter such acts. Strengthening the social fabric through proper health care is another role for health workers. This action makes an area more resistant to violence and makes hate-based mobilization difficult. Health workers can also speak and act out against military action. The position of altruism and high credibility makes them a powerful means to mobilize public sentiment against war. Finally, health workers can restrict the destructiveness of war by working to prevent the creation and implementation of weapons that cause extreme injury, suffering and death(18). Health workers can act as dialogue partners, organizers of dialogue, brokers of agreements and help with reconstruction and reconciliation.

Peace through Health Examples

Recognized PtH projects have included attempts to limit the destructiveness of war by addressing specific weapon systems, arranging cease-fires for health purposes and addressing the psychological drivers of war.

As noted above, during the Cold War IPPNW successfully raised global awareness of the implications of nuclear war. Khrushchev cited these efforts as a key factor in the reduction of tensions between the USSR and the West. IPPNW won the 1985 Nobel Peace Prize and continues to be an active group, speaking out against the continual threat that nuclear weapons

pose(11).   A similar movement, which won the 1997 Nobel Peace Prize, is the International Campaign to Ban Landmines. To encourage governments to ban landmines, the group increased awareness of the health implications of their use(19). Small arms and light weapons have been another area of focus of PtH practitioners, as they cause the vast majority of conflict related deaths and injuries. Research related to who provides the weapons, how they get into the hands of users and who the victims are, has contributed to advocacy efforts to limit their sale and to implement stronger control mechanisms(20-22). Finally, the campaign against blinding lasers, as non-discriminating weapons that can cause permanent disability, is another example of PtH advocacy(23,24). Continued research into the health effects of different weapons will hopefully dissuade further investment and development into this industry.

Another PtH example is the arrangement of cease-fires in areas of conflict, to allow for the vaccination of children, called "Days of Tranquility". In El Salvador, organizations like the Roman Catholic church and UNICEF, arranged for three days of cease-fire each year from 1985 to 1992, resulting in 300 000 children being vaccinated(25). This initiative was successful in causing a significant decrease in the incidence of measles, tetanus and polio. It is felt that these cease-fires led to a decrease in hostility and the eventual signing of peace accords(26). This strategy has been used in Sri Lanka, where it helped form channels of communication between the Singhalese nationalists and the Tamil separatists. In Somalia, roads were de-mined to allow for vaccination to occur(27). This strategy is now recognized as a successful part of conflict mediation. It may be used to advance the WHO polio eradication program, as armed violence continues to be the key challenge to vaccination in countries like Liberia, Afghanistan, Nigeria and Tajikistan.

Two PtH projects in the former Yugoslavia have been judged successful in both health and peace initiatives. The first was the preparation and implementation of an elementary school curriculum in Croatia. It was designed to teach ethnic tolerance and how to deal with symptoms of post-traumatic stress disorder (PTSD). Two hundred and fifty Croatian school children were divided into control and intervention groups. The intervention group showed a small but significant reduction in ethnic bias and a reduction in PTSD symptoms. These benefits were long lasting and the curriculum has been applied to a larger student population(28). The second project,

organized by the WHO and the UN Department of International Development (DFID), aimed to bring together health workers of the Federation of Bosnia and Herzegovina (FBIH) and the Republika Srpska (RS). These two groups had been divided by war, and a great deal of mutual hatred existed. Project activities included communication and collaboration between public health directors, the organization of joint national health conferences and the issuing of joint health statements. This project has been judged successful in terms of reconciliation between the two sides and an improvement in the health of both populations(29). Continued progress is seen in this area of the world(30).

Peace through Health Evaluation

Although a growing number of PtH interventions exist, they have all proven difficult to evaluate. While all projects are evaluated on the basis of whether they improve health and health indices, they are also evaluated on their contribution to building peace. This includes an analysis of both the short and long term impact of the intervention. Quantitative measures around morbidity and mortality attributable to the conflict are used, as well as assessing values and community goals. This is a challenging task, as attitudes and values can be very slow to change and difficult to quantify, and control groups are usually not possible(10). These challenges are not unique to PtH and are rather common to all interventions that attempt to work on social and political factors at a population level.

Two evaluating tools exist, which measure the deeper impact of PtH projects. The first is the "Do No Harm Approach", which is applicable to humanitarian aid projects. It first examines the reasoning behind the aid and the method by which it is distributed. After answering these questions, the impact of the aid on the conflict is assessed(31). A second method to evaluate a PTH project is Bush's "Peace and Conflict Impact Assessment (PCIA)" tool. The PCIA evaluates projects based on their ability to impact processes that can increase the prospect for peace and processes that can increase the likelihood of violence. It examines areas such as political and economic structures (e.g. Will the project cause political ethnicization?), social reconstruction and empowerment (e.g. Will the project improve constructive social

communication?) and military and human security (e.g. Will the project lead to a rise in organized crime and black markets?)(32).

Health and Human Rights

Values, and understanding changes in values, are crucial to guiding and evaluating PtH initiatives. The philosophy of health and human rights, as pioneered by Mann and others, is based on the inherent value of each person and the claims one has on the local and global community(33). It can be argued that all health work is concerned with fulfilling these claims and seeking a world where all enjoy a certain standard of living. A human rights framework assists health professionals connect the principles of law and political philosophy to the practice of clinical medicine.

The fundamental claim that concerns most PtH practitioners is the right to health. This right can be fulfilled through access to healthcare, as well as by addressing the social and political determinants of health. This philosophy is deeply rooted in a sense of social justice similarly to public health work. Farmer frames violations of human rights as products of "structural violence", or historically given processes and forces that constrain agency(34). The discourse of human rights is critical of constraints on the development of whole populations. Within PtH interventions this can include persistent armed conflict in a state of "no war, no peace", the militarization of an economy and chronic under-funding of healthcare infrastructure. However, broader constraints may include those imposed by international financial institutions, the "modern slavery" of debt in the developing world(35) and intellectual property laws that limit access to pharmaceuticals(36,37). PtH initiatives, in their analysis of a conflict and the factors driving it, must consider these issues in framing a debate when advocating for peace.

PtH interventions can include advocating for appropriate access to care for both sides in a conflict, thereby asserting the humanity and basic human needs of each combatant. In addition PtH practitioners can argue for access to other basic needs, and point out the destructiveness of certain methods of conflict, such as sanctions and embargoes, that negatively impact these rights(38,39). Gross human rights violations, including torture, often occur during war and can

be an enabling factor for the continuation of violence. Within clinical work, health professionals can document evidence of human rights abuses and use this information to bring global attention to a conflict(40).

Values, "Just War" and Peace through Health

While the framework of human rights is helpful, it can be challenging to put these ideals into practice. Health and armed conflict intersect in a variety of ways, including with concepts such as "just war", dual loyalty for military physicians and when it is necessary and permissible to speak out about witnessed human rights abuses. All of these merit careful consideration and an understanding of the ethical challenges they pose, or deciding what the "good" is and how one can get there.

Nonviolence is at the core of all PtH initiatives. Not only is the focus of interventions on limiting violence, but as healthcare professionals, the concept of "first, do no harm" should be considered always(41). However, while peace may be the ultimate goal, PtH practitioners may justify supporting an armed intervention to achieve this goal if certain criteria are met. This concept, related to the analysis of a "just war", is the focus of a great deal of debate amongst PtH practitioners(42). Examples arise where one could argue that the presence of a "peace-keeping" force, under a clear international mandate, could actually protect human security and prevent a great deal of death and suffering. This follows a utilitarian view of PtH work, where the end would justify the means. Hence, PtH practitioners may legitimize an armed intervention in certain circumstances.

This can be related to a shift in the past two decades, during which the global community has slowly acknowledged that the commitment to "never again" allow widespread human rights abuses made following World War II has not been upheld. Bodies such as the United Nations and the Security Council have not served their intended function in preventing war. Following the genocide in Rwanda, the idea that global civil society has a responsibility to people being oppressed by their own government manifested as the Right to Protect (R2Protect) doctrine(43,44). There is an explicit responsibility to prevent war, to react to ongoing armed

conflict and human suffering and to help rebuild societies destroyed by war. The use of armed violence in these contexts would go beyond simply having a "just cause" and using "just means", but would operate within legal constraints, such as the Geneva conventions, and with an explicit social justice orientation. Unfortunately, enormous problems still remain with R2Protect, not the least of which is the political will to see this framework actualized(45).

From a health professional perspective, it is most important to deal with the root causes of conflict. Within the PtH approach, the concept of a "Responsibility to Care" (R2Care) is the extension of R2Protect towards an understanding of what we owe victims of armed conflict, and how to counter structural violence that enables conflict. It changes the context in which one sees world problems. It uses the perspective that governments should follow more closely the will of the people and that a higher level of resources to be devoted to these issues. This builds on a strong sense of solidarity and is linked to PtH values and philosophy. Primarily, R2Care is most concerned with health issues before the onset of armed conflict(46).

However, this interventionist rationale is balanced against the grim reality of a military force causing death and injury and the indirect harms that armed violence entails. A more deontological approach would find any involvement of PtH practitioners with armed force problematic. There are ethical challenges associated with making the case for war based on health concerns. For example, former US Senate majority leader and physician, Bill Frist, wrote in the months preceding the War on Iraq, "Physicians and policymakers have an imperative duty to help keep people health and alive…. Getting rid of Saddam Hussein's regime is our best inoculation. Destroying once and for all his weapons of disease and death is a vaccination for the world"(47). In light of the harm caused to the Iraqi people since 2003, one can question the health benefits of an invasion and occupation and who benefited from such a war(48,49).

Similarly, there are problems with too closely linking humanitarian assistance and military force(50). Many view the Canadian military as a "peace-keeping" force, and the military health professionals associated with it as carrying out similar values to PtH, in that they are using health interventions to achieve a goal of peace. However, there is a fundamental challenge of "dual loyalty" for these health professionals. They have a commitment to serve their patients, which

may include soldiers, enemy combatants and prisoners of war, civilians and third parties, and to serve their military organization and home nation. A conflict may exist between personal values around the legality of a war or occupation and the demand to carry out orders. This reflects the incompatibility often arising between bioethics and military training. This is part of a broader challenge of the influence of the State in directing the actions of health professionals. Ethical dilemmas for such physicians and nurses date back to the Nazi medical experiments, out of which the modern framework for bioethics emerged after the trials at Nuremberg(51). Physicians have been implicated in harvesting organs from condemned prisoners(52,53), in assisting with amputating limbs as part of criminal justice (54), and suppressing democracy under illegitimate governments such as the South African apartheid regime(55). In response to many of these ethical dilemmas, the international medical community reaffirmed that "medical ethics in times of armed conflict are identical to medical ethics in times of peace" (56). In more recent times, health professionals have been implicated in the torture of prisoners of war at Guantanemo Bay(57). Despite clear rulings against physicians being involved in torture in any format, staff at the detention facility supervise prisoners under questioning, have allowed their medical records to be used as part of the interrogation and write orders for force-feeding inmates on huger strikes (58,59). This has been in the context of a "War on Terror", which further blurs the ethical boundaries and challenges health professionals to examine their actions. Even the metaphor of a "war" on a concept such as terrorism must be critically examined(60), and PtH practitioners have argued that using such labels has enabled the deepening of conflict and abuses of human rights.

Peace through Health Ethics

Many of the challenges described do not have any clear answer. However, an ethical framework can be proposed that helps both military health professionals and PtH practitioners deal with such problems(41). A fundamental starting point is that one's analysis must be historically deep and geographically broad, with a preferential option given to the most oppressed(34). Second, one must be aware that by getting involved, there is the potential to do harm. The "do no harm" approach noted above relates to this need for initial caution. Interventions can create more harm than good, as these are complex issues with complex solutions. All interventions within PtH

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should consider effectiveness, proportionality of the risks and benefits, the necessity or importance of the problem and whether the population or public is supportive and involved(61,62). Third, one must have a population level perspective to address these issues and value a communitarian viewpoint in creating the "good society"(63). PtH is based on a public health conceptualization of population level interventions, examining upstream causes of poor health and primary prevention strategies such as vaccination campaigns, injury prevention and food security. Fourth, PtH efforts are often directed towards advocacy to limit war and its destructive potential. Much of this arises from the privileged position of health professionals as witnesses to war. Like all professionals and academics, physicians have a duty to speak out. Otherwise, they risk of simply supporting the dominant power structures and the marginalization of people within these power structure(64). Both the International Committee of the Red Cross (ICRC) and MSF are organizations that work in war zones and are mandated to ameliorate conflict. However, they have differing views on the ethics of speaking out. This is a longstanding dilemma in humanitarian organizations. Healthcare professionals are often witness grave human rights abuses, including torture, denial of political and social rights and persecution. Is there a duty to speak out? Who are these health professionals speaking for? What is the intent? What are the potential consequences? This is part of a broader critique of responsible activism, and problems with choosing an issue and choosing a method.

Challenges in Peace through Health

PtH is an evolving field and philosophy and contains shortcomings and constraints. There tends to be limited opportunity for non-health professionals to initiate and develop initiatives that depend on a medical background. Evaluating the success or failure of projects is an enormous challenge, given the nature of the outcomes being measured and a lack of validated frameworks(13). Poor evaluation is a major critique of the PtH movement, and have even lead some to question whether the movement is driven by actual practice or mere ideology(65). Lee and McInnes propose several areas that require further inquiry, including questioning which interventions have worked and why, what level of investment is required and what can potentially prevent conflicts(66).

Another important consideration is the perceived loss of neutrality and impartiality that can result from involvement in a "political movement". Even if health workers could identify goals common to both sides, in many conflict areas, one or more parties would favor continued violence. This is especially true of those groups that benefit from an unstable environment. Thus, involvement in a PtH project may limit the access a health worker has to patients on one side or the other of a conflict. PtH workers may even be regarded as military targets. Finally, there is the opportunity for misinterpretation of what PtH groups are working towards(67). It is a new field with a new conception of public health and preventative medicine and it will take time for this philosophy to be accepted.

Conclusion

PtH is a growing movement and can be a pathway for physicians to become involved in peace activism. The importance of PtH is illustrated by the World Health Assembly statement, "The role of physicians and other health workers in the preservation and promotion of peace is the most significant factor for the attainment of health for all."(68). Canada has a role to play in this movement, as the Canadian Public Health Association resolved that health professionals "contribute to prevention of conflict by creating the conditions that enable individuals, communities and societies to achieve their goals without resorting to violence"(69). Important challenges exist within ethics and in evaluation. However, PtH, born from the ideals of medicine, is a means for health professionals to work to improve the health of people in a new and effective way.

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