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EVALUATION

Peace-health initiatives aim to improve outcomes in both health and peace. Evaluation is needed in both areas, and where possible, it should shed light on the links between these two forms of outcome.

Evaluation of peace outcomes is difficult. In many situations, use of a control group is impossible. Measures before and after intervention, for all their flaws, may be the best achievable. The incidence of human rights violations against a group before and after a solidarity action may be compared, for example. For some hoped-for peace outcomes, the only way of evaluating the peace-health linkage may be through the direct reports of key decision makers. Mikhail Gorbachev, for instance, reported that his foreign policy, which enabled a shift away from the Cold War, was influenced by the analyses and policies of IPPNW.

An example of evaluation using a control group design was the peace-health intervention with Croatian school children described above. As well as measuring psychological symptoms (health), the children's degree of antipathy to other ethnic groups was measured. So were their attitudes and behaviour around violence and conflict resolution (peace).⁶ A control group of schools received no intervention, and the evaluation team was separate from those who carried out the program. The tests were given immediately before and after intervention, and to control and intervention groups a year after the end of the intervention. Such controlled evaluation cannot always be done in war zone fieldwork.

The recent surge of interest in "peace building" is leading to advances in evaluation. Recent studies have begun to develop indicators for the peace and conflict impact of development projects—including health initiatives—in conflict zones.



REFERENCES

1. Levy B., Sidel V. *War and public health*. Oxford: Oxford University Press, 1997.
2. MacQueen G., McCutcheon R., Santa-Barbara J. The use of health initiatives as peace initiatives. *Peace and Change* 1997; 22: 175-197.
3. Peters M., ed. *A health-to-peace handbook*. Hamilton, ON: McMaster University, 1997.
4. Gutlove P. Health bridges for peace: integrating health care with community reconciliation. *Medicine, Conflict and Survival* 1998; 14: 6-23.
5. Hess G. *Case study of the WHO/DID peace through health programme in Bosnia and Herzegovina*. Copenhagen: WHO Regional Office for Europe, 1999. (WHO document EUR/ICP/CORD 03 05 01.)
6. Bush K. *A measure of peace: peace and conflict impact assessment (PCIA) of development projects in conflict zones. Working paper No 1*. Ottawa: Peace-Building and Reconstruction Program Initiative, International Development Research Centre, 1998.

SUGGESTED FURTHER READING

Anderson, Mary B. **Do No Harm: Supporting Local Capacities for Peace through Aid**. Cambridge: The Collaboration for Development Action, INC., 1996.

Diamond, Louise and John McDonald. **Multi-Track Diplomacy: A Systems Approach to Peace**. Washington, DC: Institute for Multi-Track diplomacy, 1993.

Galtung, Johan. **Peace by Peaceful Means**. London: Sage Publications, 1996.

Peters, Mary Anne ed. **A Health-to-Peace handbook**. Hamilton: McMaster University, Peace-building and Health Programme (limited publication numbers) 1996.

Hay, Robin. **"Immunization and Ceasefires" in Aid as Peacemaker**, ed. Robert Miller, 161-172. Ottawa: Carleton University Press, 1992.

MacQueen, Graeme, Richard McCutcheon and Joanna Santa Barbara. **"The Use of Health initiatives as Peace Initiatives"**. *Peace and Change* 22, no. 2 (April 1997): 175-197.

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PEACE BUILDING THROUGH HEALTH INITIATIVES

By Graeme MacQueen & Joanna Santa Barbara M.D.

WAR AFFECTS HUMAN HEALTH BOTH DIRECTLY—THROUGH THE VIOLENCE OF BOMBS AND BULLETS—AND INDIRECTLY, BY DISRUPTING economic and social systems that address health needs. Famine and epidemics often follow in the wake of conflict, at a time when economic resources are diverted to military rather than health needs. In recent years, war has been framed as a public health problem.¹ This highlights the role of health workers in preventing conflict and limiting its destructiveness, and raises questions about the challenges they face.

THE PEACE-HEALTH CONNECTION

The transition towards peace in war-affected zones will often improve the health care and health status of populations. But do health workers have a role in expanding peace? Progress towards peace—between large entities such as nations or blocs, or small entities like community groups—requires multi-track actions at several levels. Does health care offer one such track? Our preliminary analysis suggests that health initiatives have indeed been successfully used as peace initiatives.²⁻⁴

This paper explores the linkage between health and peace. The term "peace-health initiative" is used to refer to any initiative aimed at improving the health of a population, while also raising that population's level of peace and security.

BASES OF PEACE-HEALTH MECHANISMS

The peace-building mechanisms described below have been used by health care professionals. These mechanisms are related to qualities often attributed to health care: "altruism", "objectivity", and "legitimacy".

Altruism, the impulse to care about others, is found in every human society but is often expressed chiefly towards "in-groups" with which a person identifies and

feels a sense of community. The rest of humanity may be regarded as the "out-group", a target for hostility or indifference.

Health care is one means by which society institutionalizes feelings of care and compassion; it is associated with humane, over-arching goals that transcend human differences. This spirit of extended altruism is embodied in international organizations such as the World Health Organization (WHO) and global non-governmental organizations (NGOs) such as Médecins sans Frontières (Doctors Without Borders) and International Physicians for the Prevention of Nuclear War (IPPNW). Extended altruism puts much of traditional war making in question, for it rejects hate-based identities. Health care affirms the value that all humans are equally worthy.

Scientific objectivity is another quality associated with health care. It values empirical study that produces results that can be verified and repeated. This perceived objectivity is crucial to challenging key psychological processes of modern war.

Manipulation and suppression of information, as well as manufactured or exaggerated atrocity stories, have become pillars of modern warfare. Accurate and unbiased information about the health effects of policies, tactics, and weapons can act as an antidote to war propaganda, and is essential in achieving a just peace.



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The third basis of peace-health initiatives is *legitimacy*. Health care workers enjoy a high degree of credibility. In North America, for example, physicians have been consistently ranked as among the most honest and ethical of all professionals. The legitimacy enjoyed by health workers accords them considerable influence.

PEACE-HEALTH MECHANISMS

None of the mechanisms summarized in this box is the unique property of health professionals, but each is highly suited to promoting peace through health.

PEACE-HEALTH MECHANISMS

Superordinate goals: Health workers help conflicting parties to identify an overarching health goal, the achievement of which requires the cooperation of all parties.

Dissemination of facts: The truth about the projected or actual health impacts of war may be ascertained by health workers, thus attempting to prevent war or promote reconciliation.

Solidarity: Outside links can support those working to expand peace in difficult situations.

Strengthening the social fabric: The bonds uniting a diverse population may be strengthened through methods of health care delivery, reconciliation and healing.

Healing and reconciliation: Support for the psychological aftermath of war may be combined with work towards reconciliation.

Dissent: The profile, experience, or expertise of health care workers may be the basis for their legitimacy in expressing disagreement with dominant policies.

Limiting the destructiveness of war: Health care workers can argue for the restriction or abolition of military weapons or policies on the basis of their health effects.

Conflict management: Conflict may be addressed through "medical diplomacy" when health workers find themselves in a position to do so.

Superordinate Goals

Health-related goals may also be shared among conflicting parties, giving them much needed grounds for cooperation. This may create an opportunity to build a negotiating framework, to counter dehumanization of the enemy, or even to demonstrate the possibility of stopping the violence. Where the warring parties are, or want to be, the government, they may willingly support public health goals. Funding bodies may make grants conditional on the warring parties finding ways to work together.

In the mid-1980s, Unicef, the Roman Catholic church, and other organizations negotiated "days of tranquility" in El Salvador. Fighting stopped for the immunization of children for three days each year from 1985 until the peace accords in 1992. Major gains in the health goals of the campaign were

achieved, with some 300,000 children immunized each year. The incidence of measles and tetanus dropped dramatically. Polio was wiped out. A negotiating framework between the government, army, and rebel forces, mediated by the church, was created at the national and local levels. This framework likely contributed to the peace accords.

Dissemination of Facts

Health workers have done numerous epidemiological studies on various indicators of the impact of war on populations – child nutrition, morbidity, mortality, water quality. The intention may be both immediately pragmatic – to establish baseline data for a humanitarian response, and also to persuade people that the human costs of war are too great.

Solidarity

Those in threatening situations may be struggling to survive, trying to prevent or restrain a war or fend off abuse by state or rebel groups. Links with external health sector or other groups may provide much-needed resources, including knowledge. The vigilance of organizations like Amnesty International and Physicians for Human Rights, has protected some against persecution, disappearance, or death. Solidarity links may also offer alternative, nonviolent strategies for resolving disputes.

The Medical Action Group in the Philippines comprises physicians, dentists, community development workers, nurses, and medical students. They travel in small teams to remote areas to treat people in communities displaced by war. They also promote the peace and security of these communities by reporting on human rights abuses by the army, and they work for longer term peace and justice by advocating on behalf of affected communities. Human rights violations are thought to have diminished as a result of the teams' health and peace work.

Strengthening the Social Fabric

Health care is one of the chief means by which members of a society express their commitment to each other's well being. An adequate health care system accessible to all can promote feelings of security and of belonging to a broad, inclusive group that respects people and meets their common

needs. This civic identity makes hate-based mobilization more difficult. In Uganda, renewed health structures have encouraged displaced people to return home. It has become clear that repairing the health care system is linked to the wider process of social recovery from war.

Healing and Reconciliation

In many areas, ethnic and religious divisions have been manipulated to foment war. Social healing is necessary to re-establish conditions for public health. This is sometimes combined with the tasks of physical and psychological rehabilitation. In Croatia, a school-based curriculum has been devised for children aged about 11 in areas seriously affected by war. It combines the opportunity to discuss sadness, anger, and stress symptoms with a cautious approach to reducing prejudice, learning about nonviolent conflict resolution, developing a vision of reconciliation and "peace living". Evaluation of this programme has shown small positive changes in some aspects of mental health and ethnic tolerance.

In Bosnia-Herzegovina, the WHO and the UK Department for International Development mounted a programme to address obstacles to peace through health sector development.⁵ There is evidence that it lowered ethnic barriers and enabled other NGOs to implement inter-ethnic programmes.

Dissent

The power of dissent by health care workers may draw on their legitimacy, experience, or expertise.

Benjamin Spock, well known for his writings on the care of infants, drew on his great credibility with the American public to speak out against the US war effort in Vietnam. Claire Culhane, a Canadian nurse who had worked in a clinic in South Vietnam, protested Canada's involvement in the war through civil disobedience, speaking, and writing. Her actions were based on personal experience of the health effects of military policies. Doctors who participated in the international war crimes tribunal held in Stockholm in 1967 spoke primarily as scientific experts. They testified against weapons used and actions taken by the US government in its pursuit of the Vietnam War.

Health care workers have been successful in redefining war as a public health problem rather than a strictly political problem. This creates a space for their knowledge and opinions to count.

Such dissent may be furthered by "redefinition". By redefining a situation, parties can gain control over issues that have been defined by those in power as "none of their business" or "outside their field of expertise." Health care workers have been successful in redefining war as a public health problem rather than a strictly political problem. This creates a space for their knowledge and opinions to count. The IPPNW's success in redefining nuclear war as a public health issue is a classic example. Similarly, the International Study Team challenged the construct of a "humane war" against Iraq by raising doubts about so-called "smart weapons" used in the Gulf War.

Limiting the Destructiveness of War

In the West, war has long been restricted by banning weapons deemed abhorrent. The notion goes back at least as far as the second Lateran Council of 1139, when the crossbow was outlawed for use against Christians. Where proposals to ban particular weapons or tactics are based on health effects, these become peace-health initiatives. Arguments against the use of napalm and other incendiaries, nuclear weapons, cluster bombs, and antipersonnel landmines on the basis of their horrific health effects belong to this category. So do arguments against food and crop destruction, deliberate starvation, and physical and mental torture. There is a risk in such efforts, however. Some interpret legal restrictions on war as evidence that war is a civilized, professional activity that can be waged in rule-based and even humane ways. But for people committed to ending war, gradual suffocation through ongoing curbs and restrictions is one possible route.

The International Committee of the Red Cross has developed criteria for a medically-based definition of "superfluous injury or unnecessary suffering" by which some weapons can be banned and/or destroyed.

Conflict Management

Doctors are able, at times, to gain access to the highest political offices while maintaining credibility with the general public. IPPNW members, for example, spoke directly with Reagan and Gorbachev during the Cold War. Through shared medical research and professional organizations, physicians also have wide international contacts. Given appropriate training, they may be well placed to undertake diplomatic activities such as mediation, facilitation of dialogue, and high level advocacy.