



Physicians and the Prevention of War

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"One of my favourite patients was a five-year-old girl who had spent months in the feeding centre without any progress. Her older sister continued to bring her in daily but Julienne just didn't get any better. Finally it was clear she had tuberculosis. I promised her sister that now, finally, she would see Julienne start to get better. And she did. It was slow and painstaking, but she began to lose the edema and gain some weight. One day when I came in, she smiled at me. A week later she started to play.

"I keep thinking of my promise to her sister. We could indeed make her better, but we are helpless to protect her from the violence now all around. I wonder where she is now, and if she is still alive. All I know is that, as our team was flying out of the area on the final evacuation flight, they could see the refugee camp from the air. The camp was empty, they said, and our health centre in flames. I wonder ... why on Earth this is all happening again."

-- Letter from Lesley Shanks, a Canadian physician with Médecins sans Frontières, on evacuating Zaire, October 1996 [1].

Physicians and other health professionals working through nongovernmental organizations (NGOs), have an impressive record of action. International Physicians for the Prevention of Nuclear War (IPPNW) has worked to restrict and abolish weapons of mass destruction; Médecins sans Frontières (MSF), Medecins du Monde, and

the International Committee of the Red Cross (ICRC) have dedicated themselves to humanitarian intervention in war; Physicians for Human Rights (PHR) has documented human rights abuses before, during, and after wars; and the International Commission on Medical Neutrality has defended the principle and practice of medical neutrality during wars. All of these international health NGOs aspire toward the prevention of war or mitigation of its most abusive effects.

These aspirations are strengthened by the redefinition of war as a public health problem [2]. Within the public health framework, a familiar dilemma emerges. So compelling are the needs of people either acutely affected by an ongoing war or struggling to rehabilitate a war-torn society once hostilities have ended, that knowledge, energy, and financial resources applied to prevention are sparse.

It may be useful to consider the phases of war over time, and to apply the public

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health concepts of primary, secondary, and tertiary prevention to these phases.

Phases of Conflict and Prevention Strategies

Primary prevention of war can be thought of in two broad areas:

1. Actions that influence the broad international system in ways that lessen the probability of war, or diminish its destructiveness if it does occur [Table 1].
2. Actions intended to prevent specific wars.

Preventing specific wars

The second category, actions intended to prevent specific wars, will be examined more closely and certain principles to guide potential actions will be suggested.

Action must be based on a trustworthy conflict analysis including the main participants to the conflict, their issues, their interests, their resources, and their allies [3]. Particular attention must be paid to sectors or organizations that seek to address grievances and to preserve peace. Threats to these organizations or to their spokespeople must be addressed. An understanding of indigenous modes of nonviolent conflict resolution and relevant cultural values and practices is important. To achieve this understanding health workers need to communicate with scholars of other disciplines, such as political science, history, anthropology, and sociology.

First, do no harm

Interventions at the "grievance" level, while intended to help, may actually worsen conflict [4]. For example, material aid to reduce poverty may release government revenue for military acquisition. To avoid doing harm, a careful and evolving conflict analysis is important.

Cooperation within appropriate roles

Health professionals should work in cooperation with others, based on rational decisions about each participant's niche. This principle is derived from understandings that are emerging from secondary and tertiary war prevention work, when the field is likely to be crowded with NGOs [5]. At the primary prevention phase, the field may be rather bare, but may include a number of players [Table 2].

Opportunities for health initiatives

Quaker physicians, seeking to strengthen the ties of civil society between factions in Cyprus, acted on the superordinate goals of

Table 1. Actions by health professionals that can lessen the probability and/or destructiveness of war.

- * Working for the abolition of weapons of mass destruction
- * Working for the abolition of landmines and laser weapons
- * Proposals to reform the UN (and thus increase its war prevention capacity)
- * Promotion of the International Humanitarian Laws of War (IHL) and of medical neutrality
- * Working to increase accountability to IHL through establishment of a permanent International Criminal Court
- * Working to diminish militarization, arms expenditures, and arms transfers
- * Expanding the understanding and use of nonviolent resolution strategies, where their use is possible, and of the strategies of nonviolent struggle where power imbalance is too great
- * Promoting the values of "peace culture," including connect- edness, cooperation rather than competition, nonviolence, respect for diversity.

Table 2. Potential participants in primary conflict prevention.

Intergovernmental

- * United Nations
- * Regional Security Organizations (eg. Organization for Security and Cooperation in Europe [OSCE], Organization for African Unity)
- * International Monetary Fund (IMF)
- * World Bank

Governmental

- * Development agencies
- * Defense/security ministries

Civil Society

- * NGOs (e.g., those concerned with peace, conflict resolution, economic sufficiency, ecology, human rights, women)
- * People's organizations (e.g., unions)
- * Churches
- * Media
- * Business
- * Academia

water sanitation and maternal and child health. Case histories of health-to-peace initiatives are being documented by the War and Health Program at McMaster University in Canada [3].

The following are tentative suggestions for possible actions by health workers in a country at risk of erupting into large scale violence.

1. Establish a connection with an early warning network that can alert the international community to impending violence or humanitarian disaster. The Centre for Refugee Studies at York University, Toronto is currently collaborating with International Alert of London, England to develop a directory of early

warning systems (EWS). The Center for International Development and Conflict Management of the University of Maryland in the U.S. is also developing an EWS. The UN Department of Humanitarian Affairs in Geneva has developed [Table 3].

2. As members of NGOs, establish relationships with regional security organizations to explore cooperation in war prevention. (e.g. IPPNW recently made representations to the Organization for Security and Cooperation in Europe (OSCE) opposing NATO expansion).

3. Attempt face-to-face meetings across conflict divides. The inclusion of women in such delegations may be particularly productive. Health workers who have a knowledge of and training in indigenous methods of conflict resolution may also be useful in such situations.

4. Identify superordinate health goals across conflict divides with a view to possible projects that would involve working together (e.g., child immunization). In particular, health goals that also address grievances may make an important contribution to war prevention.

5. Expose information about arms flows and the "health opportunity costs" of the international arms trade.

6. Acquire and distribute information about the impact of war on health [2].

7. Since health workers often have close connections with the business community, attempt to engage business people in war prevention. Self-interest alone should dictate a motivation.

8. Contribute to work on grievances. (e.g., human rights abuses, inequity of access to health care).

Ongoing war prevention

The following actions, designed to prevent war, might be taken by members of international physicians networks outside the war-threatened region:

1. Facilitate face-to-face meetings when an outside mediator is needed [6].

2. Create solidarity linkages with indigenous health workers when their peace-promoting actions may lead to persecution.

3. Ensure that the research capacities of peace institutes, especially those in North American and Europe,

are available to indigenous NGOs.

4. Assist the development of health-to-peace initiatives by indigenous health workers.

5. If there has been a fact-finding mission with preventive prescriptions, lobby for preventive action. (A known failure point in prevention is the refusal of the UN Security Council to act on preventive prescriptions of UN agencies, including the Office of the Secretary-General [7].)

6. If some of the causes of the dangerous conflict lie within the international financial system (The World Bank or the International Monetary Fund), lobby for changes to policies less likely to risk war. (eg. changes in "structural adjustment policies" or debt schedules that risk destabilization and violence).

In recent decades, institutions of civil society (such as the health care sector or the media) have exerted increasing influence over the course of world affairs. In the arena of war prevention, intergovernmental and governmental bodies may allow themselves to be crippled by the strictures of non-interference with national sovereignty. Civil society, and especially the health sector, embodying our ethic of compassion, is therefore often left alone in the field, with an increasing potential to play a significant role.

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