

Peace, health and medical work: Opening address, 130306

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Background

Like most medical people, I hesitated a lot the first time I was challenged to reflect upon how medical work can contribute to peace. The primary task of health workers is health, not politics, and professionals usually can be expected to run businesses better than amateurs.

Three things made me reflect further.

1. The first fact that occurred to me, was that three organisations, two of which I am a member of, and all of them closely linked with medicine, have received the Nobel peace price during the last ten-fifteen years. All of you here have heard about them,

-Médecins sans Frontières work with international health relief in natural or man-made disaster areas,

-International Physicians for the Prevention of Nuclear War work to make people and politicians understand why nuclear arms represent such a terrible threat against all life on earth, and

-International Campaign to Ban Landmines works to forbid production and use of these weapons which you will hear more about all these themes in our course.

2. The second phenomenon that suggested some kind of link was the overwhelming use of war metaphors in medicine, and vice versa. War on poverty, fighting cancer, a diseased society, etc.. (PP1 War, a new virus, - it's not new)

3. The third fact, the most important and the one that convinced me, was the simple recognition of war as a major cause of mortality and morbidity, including long-term disability. War is, regardless of its motives and of the level of technology applied, a socio-medical catastrophe. No -ism, logo or credo is exempt from this, and none of the current, very intense research activities on non-lethal weapons can exempt from this. A socio-medical catastrophe.

History and conceptual links

Starting to look at the literature, I found that linkages between peace and health had been advocated long before our time. Physicians were active

participants at international peace congresses being held at the middle of the 19th century. They saw progress in education, arts and science as sources of mutual understanding and peace. More specific links were established when the medical society of Metz in France published a history of epidemics in this war-ridden Lorraine or Lothringen region, and describes these epidemics as the fruit of the different wars. But the most influential medical person to convey such thoughts during the next decades, was Rudolf Virchow who stated that “my medical creed merges with my social and political creed”. Politics should become what he termed “medicine on a large scale”, and he pointed out the much better use of public money for social development than for arms and proposed in the Prussian Chamber of Deputies a general disarmament through diplomatic negotiations.

Medicine should fight untimely death. Regulators of the population throughout the centuries have been famine, epidemics, war and death. The first three are closely linked, and they are frequent causes of untimely death. Thus medicine and war are linked, and it is a clear responsibility for medicine to fight against the negative effects of war. Like in all fields of medicine, it comprises primary, secondary and tertiary prevention, but of course efforts should be concentrated in the areas where modern medicine has genuine expertise.

However, it may take some intellectual effort to find out *what this expertise is, and where and when and how it should be applied*. This is what this course is about.

Course topics

We should perhaps start with good old Leo Tolstoy, because his novel war and peace may be one of the best works of fiction ever written. However, in a way he may misled many people: to reach an understanding of peace promotion, we should start with *violence rather than war as the antithesis of peace*. Violence is not necessarily physical, you will hear in this course about structural and cultural violence in addition to the direct, physical violence. Hitler’s rise to power came through a cynical use of all three forms combined, direct violence through his noisy SA-brownshirts, structural violence through the way his movement spread fear through the first KZ-camps and the secrecy around them, cultural fear in the initially mostly verbal attacks on jews and on groups with deviant behaviour or views on society. On Thursday, this will be touched during the first lecture. To-day’s violence may be more subtle and concealed, but when a whole set of common diseases is neglected by political powers as well as by the pharmaceutical industry, it is a case of health policy affecting human rights.

It is easy to demonstrate that this is so for most of the so-called “forgotten diseases”, which includes many tropical diseases and genetic disorders mainly affecting poor populations. Both direct and structural violence plays a role in maintaining a situation where almost half of the world’s poor people die of infection, at a time when these diseases play a marginal role as a cause of death in rich countries. You will hear about all this to-day and to-morrow, and again on Thursday from a Human rights perspective. Even more obvious is it that human rights abuse affects health, torture in all its forms being the extreme case of this. Less obvious forms include lack of safety measures for manual workers, isolation and other forms of discrimination against people living with hiv, and many more. When it comes to a country’s ability and readiness to fight epidemics like hiv and the bird flu, I think that not only the rich powers but also leaders in most poor countries carry a large responsibility in not having given necessary priority to compulsory primary schooling and a modest but basic health care.

Conflicts arise when violence in any form is sustained, and conflict resolution is a key concept in both biology and social sciences. To-day you will hear more about this, after a first session with a clarification of concepts and links between social, political and medical theory of violence. This course will also give examples of positive action aimed at replacing conflict with dialogue. To-morrow’s and Wednesday’s first sessions will ask whether health care can make a difference for the ailments of the globe.

The third day will include a session on nuclear arms, a topic mainly connected with physics, not with medicine. Similarly, chemical weapons are associated with chemistry rather than with medicine. But people in Hiroshima were killed through the effects of heat, blast and radiation. Heat make burns, blast causes traumatic injuries, and radiation ruins cell production in the bone marrow. Burns, trauma, bone marrow aplasia, all well-known medical conditions difficult to treat but theoretically easy to prevent. This day, Wednesday, you will also hear about disarmament work and peace promotion with reference to medical work.

We will return to human rights on the fourth day, Thursday, and look at international regulations and practical peace work in medical and humanitarian organisations. Health personnel can act both on the health system to enhance peace, and directly on the war system. You will find on your literature list a good article from the Lancet in July 2004 by Santa Barbara and MacQueen discussing this. The classical and very practical example of acting on the health system is humanitarian ceasefires to vaccinate, while the “meaning” of wars can be challenged from being

contests between good and evil to promotion of the simple and obvious understanding of war as a population health disaster more than anything else. And finally, on Friday, conflict transformation will be in focus.

Evaluation

You will be asked to evaluate the whole course and we ask you to stay for the last half hour's course closure on Friday. I hope you will participate actively and I encourage you to ask questions and interact with the lecturers when appropriate. I wish you all an experience that we hope will engage you in a way that stimulates both an academic interest and a motivation to contribute to this field of health and medicine in the future.

Paper/exam

The exam will consist of a paper 7-10 pages, with a topic relevant to the course topic, and brief prose answers to some questions testing the understanding of lectures and the compulsory course literature. The questions will weigh 1/3, the paper 2/3. You will get more details at the end of this week, so we won't go any more into this now.

Thank you all, and let's start: Klaus Melf, medical doctor and Master of peace studies from the UofT.