

## Tromso Presentation

### Peace qualities and peace deficits in health professionals

- Neil Arya
- University of Waterloo
- narya@uwaterloo.ca

## A new paradigm: Development of a Model of PtH activities

- Medical professionals participating in organisations such as the ICRC and MSF dare to tread where few outsiders might venture. They assist with or contribute to:
  - Communication of Knowledge
  - Strengthening of Communities
  - Healing of the Individual and Society (physical, psychological, and spiritual)
  - Extend Solidarity
  - Broaden the Concept of Altruism

## A new paradigm: Development of a Model of PtH activities

- Personify the Enemy –
  - *E.g.*, IPPNW used common professional contacts and friendships during the Cold War to show that the consequences of war for 'real people' on the other side would be as real and catastrophic as they were for 'us' in the 'free world'.
- Construction of Super-ordinate Goals
  - *E.g.*, Concern for the well-being of their children allowed the warring factions to find a common goal in El Salvador.

## A new paradigm: Development of a Model of PtH activities

- Non-co-operation and Dissent
  - *E.g.*, The refusal of medical personnel to participate in unjust war campaigns of their governments, such as Israel in the Occupied Territories.
- Diplomacy
  - *E.g.*, IPPNW, MSF, UNICEF, ICRC and PAHO

## A new paradigm: Development of a Model of PtH activities

- Redefinition of the Situation
  - IPPNW turned nuclear war
    - Military-political issue a medical one:
  - Nuclear bombs indiscriminately target civilians
  - Disproportionate number of health care personnel
  - Traditional medical responses are useless.

## Assets of Health Workers

- Knowledge and Skills Assets
  - Epidemiology - measuring death and disease and determining causality. Both direct and indirect effects of war and violence
  - Mental health expertise in diagnosis, treatment and rehabilitation of trauma and stress has been invaluable in projects.
  - Medical ethics - gaining trust and confidence of parties in conflict include confidentiality, impartiality, beneficence and non-maleficence.

## Mechanisms of Peace through Health Work

Adapted from MacQueen (Peace and Change and Lancet and Arya in Medicine Conflict and Survival, CMJ and Webel and Galtung)

- Knowledge
  - Public Health and Epidemiology
  - Psychology and Mental Health
  - Ethics Medical
  - Systems Analysis (Analogies from the world of Medicine applicable to other sectors)

## Mechanisms of Peace through Health Work

- Skills
  - Strengthening the Social Fabric through Health Care Delivery
  - Reconciliation-Healing of Communities-Physical, Psychological; Social, Spiritual
  - Teaching, Communication of Knowledge, Dissemination of Facts
  - Diplomacy
  - Personification of the Enemy

## Mechanisms of Peace through Health Work

- Values
  - Altruism (Evocation and Broadening of)
  - Sensitizing (Putting a Human Face on Suffering)
  - Solidarity (Extension of to those Disempowered)
  - Dissent and Non-Cooperation
  - Development of Superordinate Goals

## Stages of War

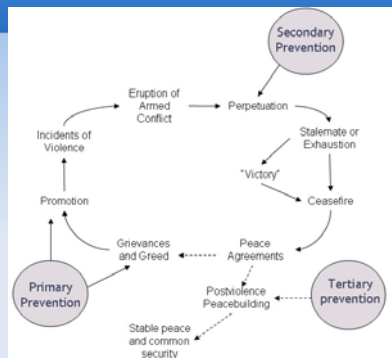
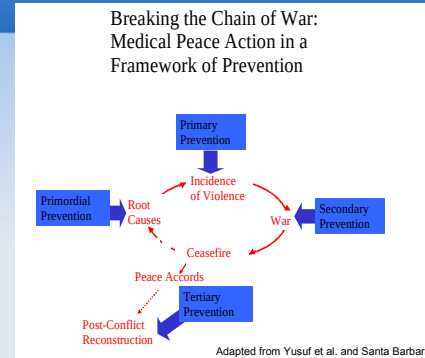
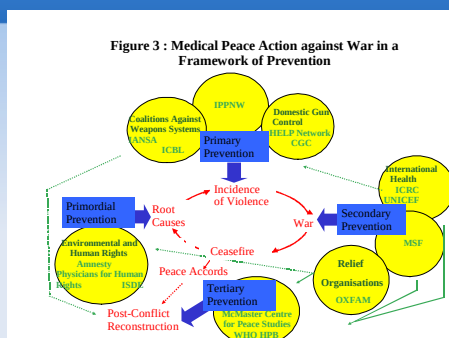
- Yusuf et al. (1998) describe how war may be viewed as analogous to a disease.
  - War has risk factors and may allow preventive manoeuvres or interventions during pre-war, during and post-war stages at the primordial, primary, secondary and tertiary stages paralleling a medical model of prevention, treatment and rehabilitation.

## Stages of War

- Primary prevention:
  - modification of risk factors and prevents war from breaking out when a situation of conflict already exists, or from escalating to more dangerous levels.
  - 'Peacekeeping', limitation of arms, combating propaganda and diplomacy are examples

## Stages of War

- Secondary prevention:
  - war has already broken out (the disease has manifested itself) where the effects of war can be treated.
  - 'peacemaking' effort required.
- Tertiary prevention
  - analogous to rehabilitation in medicine and ecological restoration for environmentalists, would be post 'hot' war 'peace-building'



| Figure 1 Peace through Health Working Model |                                                                                                      |         |           |               |  |  |
|---------------------------------------------|------------------------------------------------------------------------------------------------------|---------|-----------|---------------|--|--|
|                                             | Stage of Prevention                                                                                  |         |           |               |  |  |
|                                             | Primordial                                                                                           | Primary | Secondary | Tertiary      |  |  |
|                                             | Pre-conflict                                                                                         |         | Conflict  | Post-conflict |  |  |
| Values and Qualities                        | ← <b>Altruism</b> - Evocation and Broadening →                                                       |         |           | →             |  |  |
|                                             | ← <b>Sensitizing</b> : Putting a human face on suffering →                                           |         |           | →             |  |  |
|                                             | ← <b>Solidarity</b> - Extension of →                                                                 |         |           | →             |  |  |
|                                             | ← <b>Dissent</b> and Non-cooperation →                                                               |         |           | →             |  |  |
|                                             | ← <b>Diplomacy</b> →                                                                                 |         |           | →             |  |  |
| Knowledge                                   | ← <b>Public Health</b> - Epidemiology, Prevention, Promotion →                                       |         |           | →             |  |  |
|                                             | ← <b>Psychological</b> - cycles of violence, post traumatic stress, concepts e.g. psychic numbing, → |         |           | →             |  |  |
|                                             | ← <b>Principles and Practice:</b> Systems Analysis Parallels →                                       |         |           | →             |  |  |
|                                             | ← <b>Medical Ethics</b> →                                                                            |         |           | →             |  |  |
|                                             | ← <b>Teaching</b> : Communication of knowledge Dissemination of Facts →                              |         |           | →             |  |  |
| Skills                                      | ← <b>Humanization Personification</b> of "Enemy" →                                                   |         |           | →             |  |  |
|                                             | ← <b>Maintaining</b> structural integrity/social fabric →                                            |         |           | →             |  |  |
|                                             | ← <b>Reconciliation and Healing</b> of communities: Physical, Psychological, Spiritual →             |         |           | →             |  |  |
| Each of the above                           | ← <b>Superordinate Goals</b> - Construction of →                                                     |         |           | →             |  |  |
|                                             | ← <b>Redefinition of the Situation</b> →                                                             |         |           | →             |  |  |

## Model Deficits: Knowledge deficits

### Knowledge Deficits

- Biomedical focus of medical training on the pathological basis of disease, leaves physicians with major deficits
- Useful to understand: non-violence, violence and conflict analyses, reconciliation, and conflict resolution/transformation, intercultural communication, peace processes, international human rights norms, humanitarian law, human security

## Model Deficits: Skills deficits

### Skills deficits

- include the ability to monitor events and make continuous political analysis, conflict resolution, negotiation and mediation.
- Nurses and other allied health professionals seem better equipped to approach problems more holistically.
- The Butterfly Garden in Sri Lanka shows how other professionals' expertise may be incorporated and how resilience may be fostered rather than merely treating trauma in a medical way.

## Model Deficits: Values deficits

- When physicians forget professional obligations for individual gain in terms of what they see as a greater good.
  - Of all occupational groups in Germany at the time, the medical profession had the largest membership in the Nazi party.
  - Nazi racial policies derived from the medical profession itself.
  - Public population health provided a scientifically legitimate vehicle for the achievement of their political goal of racial purification or hygiene
  - Sterilizations of those with hereditary conditions, deemed 'unfit' were performed in hospital under anesthetic, and later radiation.

## What should we include in education?

- Address Deficits in Knowledge and Skills
- Highlight assets
- Provide Inspiration

Please visit the Peace Through Health Course website at Waterloo University:  
<https://uwangel.uwaterloo.ca/uwangel/frameIndex.htm>

login = s\_pacs  
password = Uw11Ace