



## Medicine as a Bridge to Peace

Medicine and Peace – a new column and a fairly new idea, at least in terms of deliberately linking these two realms of activity.

The Red Cross Society can claim forerunner status in this linkage. Founded in 1864 to provide better treatment for battlefield casualties, it evolved within a few years to forge international treaties agreeing to limit the destructiveness of war, and standards of treatment for prisoners of war. This body of international humanitarian law, known as the Geneva Conventions, was the legal foundation on which the World Court established in 1996 that the use and threat of nuclear weapons was generally illegal.

But does limiting the prospective destructiveness of war count as peace? We need to examine meanings of this elusive term. In this column “peace” will mean a quality of a relationship between two parties in which no harm is done to each other (minimal) or a relationship of mutual benefit exists (maximal). “Peace action” will mean changing the relationship between groups of people to lessen harm done to each other (at the minimum) or to the forging of mutually beneficial relationships where harm becomes unthinkable (at the maximum). We will include in our concept of “harm” the direct violence of war, the indirect violence of war that cuts a far wider swathe of mortality and morbidity by deprivation and disease, and also the slower-acting violence of structures of oppression, exploitation, and exclusion – “structural violence”, to use Johan Galtung’s term (1). We may need to consider “cultural violence” – those attitudes and values that permit oppression, human rights abuses, or even killing.

Peace action, then, may range from the mere curbing of the destructiveness of war or structural violence (e.g., economic sanctions) to the forging of cooperative relationships and structures of social justice and nonviolent conflict resolution. Thus, we can talk about the following dimensions of peace action:

Lessen harm→Prevent harm→Forge lasting structures of mutual benefit.

Action may be directed to lessen the direct, structural, or cultural violence. We can also consider peace action directed to entities of various sizes:

Interpersonal→Intergroup→Intercommunal→International→Intercivilizational.

So, while repairing the wounds of war might be seen as humanitarian, rather than peace action, forging treaties to lessen the human and ecological damage of war counts as peace, at the minimal end of that dimension.

During the 1980s, the linkage between health and peace as an arena of action found expression through several unrelated clusters of actors. In El Salvador’s war years, UNICEF repeatedly organized temporary ceasefires to allow immunization of children. While the primary purpose for this action was improvement of child health, the meaning and inspiration of the temporary ceasefire lent strength to those working for peace and is said to have cleared the way for a permanent ceasefire (2). Emerging from the multiple wars of Central America in this period, the region’s Ministers of Health declared (3):

*We, the Ministers of Health of the Social Security Institutions of Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua and Panama, gathered here in Managua, Nicaragua, on 27 August 1987... do express the great hope we place in the decision of our Presidents, and reaffirm our complete resolve that the programs and actions of the Health Sector facilitate the attainment and maintenance of the firm and lasting peace needed for the development and health of our peoples...*

*We invite other regions of the world that are beset by conflicts and unrest to make use of the consensus on the value of health as a means for promoting understanding and solidarity. Our experience in Central America has shown that this can be done and that there exists not only a resolve to cooperate in health, but also a strong desire to contribute to the attainment of peace.*

The Pan-American Health Organization (PAHO, the South American component of the WHO) had paved the way for this concept, calling it “Health: A Bridge for Peace.” Its then-director, Carlyle Guerra de Macedo, observed in 1988 (3):

*The Pan-American Health Organization was built on the belief that health transcends political divisions and can be a key factor in fostering solidarity and peace between people and nations.*

During the same period, one of increased Cold War dangerousness as U.S. President Reagan contemplated “limited nuclear war”, physicians in several

countries insisted on a radical redefinition of the risk of nuclear war as a health issue and therefore an arena of action for health workers. They pointed out in some detail the health effects of nuclear war, and that medical services would be irrelevant in its aftermath. A coalition of these organizations became International Physicians for the Prevention of Nuclear War (4), which won the Nobel Peace Prize in 1985.

Medecins sans Frontieres, while primarily focusing on the health needs of those affected by war and genocide, also insisted on a "witness" function, naming the perpetrators of the suffering they saw, in the hope that political action would follow (5).

In the 1990's, several independent clusters of thinker-activists examined the linkage between health and peace more systematically. WHO formed its "Health as a Bridge for Peace" framework and put it to work in a number of sites of post-war reconstruction of health services (6), based on its earlier 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.*

(World Health Assembly, Resolution 34.38, 1981)

McMaster University Centre for Peace Studies in Canada developed a "Peace through Health" framework and elaborated on the concepts within it (7), applying it by combining interventions for mental health with peace education in several post-war settings. The U.S. based Institute for Resource and Security Studies, under the leadership of Paula Cutlove, uses a similar framework for its work (8).

Is this linkage a reasonable idea? One could argue that each of the fields of health and peace requires deep knowledge and great skill and is best left to experts in each area. Let me argue for the linkage in action.

It is self-evident that population health requires peace, both in terms of absence of the direct and indirect violence of war and the insults to basic needs incurred by structural violence. Therefore, those who foster population health experience an imperative to prevent war and promote peace.

But should health workers actually engage in peace work? Let me propose that working for peace is the task of a whole society, not only those with specialist knowledge or in positions of power. Moreover, this argument holds, there are particular "tracks" by which various sectors of society may work for peace: media, law, education, religion, and so on – all have special contributions towards peace. So does health. Health workers can deepen their own knowledge of peace work, and are accustomed to working in multi-disciplinary teams, which can include peace specialists.

Furthermore, health workers have some particular advantages in peace work. They may have unique access to difficult situations and hard-to-reach people. They may be trusted to serve humanitarian purposes and usually to be impartial. Because medicine is a sci-

ence-based discipline, data cited by health workers may be trusted in situations rife with propaganda.

Finally, it may be argued that health and other humanitarian interventions cannot be carried out in zones of actual or potential violence without having an impact on conflict dynamics (9). Health workers need, at least, to apply relevant knowledge to ensure that they do no harm in terms of worsening the situation, and then to consider whether their health intervention may strive to improve it.

Does this linkage work? It is too soon to tell. While the last century has seen huge advances in the methodology by which we assess the efficacy of health interventions, the appraisal of efficacy of peace interventions has barely begun. Some say it is impossible to accomplish this in terms of "scientific" methodology, each separate situation of violent conflict being unique and enormously complex. Others are experimenting with methodologies.

In this column I plan to bring you stories of those who are working with the linkage between health and peace. We will try to draw lessons from these exploratory efforts. I hope readers will engage with these ideas, comment, argue, and bring their own stories of peace through health to light.

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## References

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