Peace through Health
IPPNW Students Basel

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What is Peace Through Health?

"An emerging academic discipline to study how health interventions in actual and potential war zones may contribute to peace."

- McMaster Peace through Health Website

Schulich School of Medicine & Dentistry
The University of Western Ontario
Ontario
War and Public Health
### Figure 1 Peace through Health Working Model

<table>
<thead>
<tr>
<th>Stage of Prevention</th>
<th>Primordial</th>
<th>Primary</th>
<th>Secondary</th>
<th>Tertiary</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre-conflict</td>
<td>Conflict</td>
<td>Post-conflict</td>
<td></td>
</tr>
</tbody>
</table>

#### Values and Qualities
- **Altruism** - Evocation and Broadening
- **Sensitizing** - Putting a human face on suffering
- **Solidarity** - Extension of
- **Dissent** and Non-cooperation
- **Diplomacy**

#### Knowledge
- **Public Health** - Epidemiology, Prevention, Promotion
- **Psychological** - cycles of violence, post traumatic stress, concepts e.g. psychic numbing
- **Principles and Practice**: Systems Analysis Parallels
- **Medical Ethics**

#### Skills
- **Teaching** : Communication of knowledge Dissemination of Facts
- **Humanization Personification** of "Enemy"
- **Maintaining** structural integrity/social fabric
- **Reconciliation and Healing** of communities: Physical, Psychological, Spiritual

#### Each of the above
- **Superordinate Goals** - Construction of
- **Redefinition** of the Situation

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Neil Arya
**Table 1: The Health - Peace Connection**

<table>
<thead>
<tr>
<th></th>
<th>Health</th>
<th>Peace</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Definition</strong></td>
<td>physical, mental and social well-being</td>
<td>Integrated, respectful, cooperative, positive relationships, may include spiritual, psychological and emotional elements</td>
</tr>
<tr>
<td><strong>Not merely</strong></td>
<td>absence of disease and infirmity</td>
<td>absence of war or violence</td>
</tr>
<tr>
<td><strong>Further</strong></td>
<td>fundamental right or resource</td>
<td>a right for children</td>
</tr>
<tr>
<td><strong>Determinants</strong></td>
<td>peace, shelter, education, food, income, stable ecosystem, sustainable resources, social justice, equity</td>
<td>biological, social, cultural, environmental, behavioural, economic, political factors</td>
</tr>
<tr>
<td><strong>Conflict Transformation/Pro motion of Health</strong></td>
<td>process of enabling people to increase control over, and to improve their health through advocacy</td>
<td>involves systemic change, catalysing changes at deepest level of beliefs, assumptions and values as well as behaviour and structures</td>
</tr>
</tbody>
</table>
PEACE through HEALTH
How health professionals can work for a less violent world

Akshaya Neil Arya
Joanna Santa Barbara
Peace Through Health Field Work
Harvard International Study Team Iraq, 1991
War and Sanctions: Effects on Children

Figure 3. Mortality in Children 12 to Less Than 60 Months Old, before and after the Gulf War.
Each bar represents a period of four months. Data on mortality in children 12 to less than 60 months old are not shown for years earlier than 1988 because mortality before that year would have been limited to children under 36 months of age.
War and Sanctions Effects on Child Mortality, Iraq

Vol. 327  No. 13  THE GULF WAR AND PEDIATRIC MORTALITY IN IRAQ — ASCHERIO ET AL.
THE NEW ENGLAND JOURNAL OF MEDICINE  Sept. 24, 1992

SPECIAL ARTICLE

EFFECT OF THE GULF WAR ON INFANT AND CHILD MORTALITY IN IRAQ

Alberto Ascherio, M.D., D.P.H., Robert Chase, M.D., C.C.F.P., Tim Coté, M.D., M.P.H.,
Godelieve Dehaes, M.D., Eric Hoskins, M.D., Jilali Laaouej, M.D.,
Megan Passey, M.B., B.S., M.P.H., Saleh Qaderi, M.B., B.S.,
Saheer Shuqaiq, M.B., B.S., Dr.P.H., Mary G. Smith, M.Sc., and Sarah Zaidi, M.Sc.

Abstract  Background. Increased malnutrition and morbidity among Iraqi children after the onset of the Persian Gulf war have been reported by several fact-finding missions. The magnitude of the effect of the war and the economic embargo on child mortality remains uncertain, however.

Methods. We conducted a survey of 271 clusters of 25 to 30 households each, chosen as a representative sample of the Iraqi population. The households were selected and the interviews conducted by an international team of public health professionals independent of Iraqi authorities. In each household all women 15 to 49 years of age were interviewed, and the dates of birth and death of all children born on or after January 1, 1985, were recorded.

Results. The study population included 16,076 children, 786 of whom died during the period surveyed (January 1, 1985, to August 31, 1991). The age-adjusted relative mortality for the period after the war began, as compared with the period before the war, was 3.2 (95 percent confidence interval, 2.8 to 3.7). No material change in the relative risk was observed after adjustment for region of residence, maternal education, and maternal age. The increase in mortality after the onset of the war was higher among children 1 to less than 12 months old (relative risk, 4.1; 95 percent confidence interval, 3.3 to 5.2) and among those 12 to less than 60 months old (relative risk, 3.8; 95 percent confidence interval, 2.6 to 5.4) than among those less than 1 month old (relative risk, 1.8; 95 percent confidence interval, 1.4 to 2.4). The association between the war and mortality was stronger in northern Iraq (relative risk, 5.3) and southern Iraq (relative risk, 3.4) than in the central areas (relative risk, 1.9) or in Baghdad (relative risk, 1.7).

Conclusions. These results provide strong evidence that the Gulf war and trade sanctions caused a threefold increase in mortality among Iraqi children under five years of age. We estimate that an excess of more than 46,900 children died between January and August 1991. (N Engl J Med 1992;327:931-6.)
Sanctions: A Public Health Catastrophe

Physicians for Global Survival (Canada)

IRAQ EYEWITNESS

More than a million people have died in Iraq because of the economic embargo imposed on the country by the United Nations after the 1990 Gulf War. Half of those who have died were children under five years old. This great human catastrophe is on-going and日益 getting worse, yet it remains largely unreported by the news media.

Concerned Canadian physicians have visited Iraq and closely followed the events affecting the crisis. In "Iraq Eyewitness" we hope to share the sufferings of the Iraqi people and urge us all to act to end the economic sanctions.

Dr. Joel Arias, President

Dr. Arthur Clark
Public Health Physician, Calgary

Dr. Alan Ganong
Physician, Community Mental Health, Vancouver

Dr. David Swann
Physician, Calgary

Dr. Larry Wolswy
Family Physician, Edmonton

Dr. Sheila Zurbrigg
Physician, Health Historian, Halifax

SANCTIONS: A PUBLIC HEALTH CATASTROPHE FOR THE PEOPLE OF IRAQ

The United Nations (UN) sanctions on Iraq (sanctions) began in August 1990. With the country dependent on imports for two-thirds of its food needs, sanctions instantly triggered rampant inflation. Within weeks, most Iraqi families were starved from the food market. The Iraqi government responded by shifting the entire civilian population 135 million onto a public dole of bare subsistence food rations.

Today, a liter of milk, which before sanctions cost one IQ dinar, costs 500 dinars, a kilogram of bananas, 3000 dinars, a bunch of bananas, 5000 dinars, a bunch of bananas. The average household income, estimated at 7000 dinars a month, the "basket" is largely unattainable for most Iraqi families.

A friend in Iraq in November 1999, spoke with a husband, a diabetic mother, 21 years old. Her 4-month-old malnourished baby was admitted to a hospital for additional care on the spot market for 500 dinar each. When I met her, for her diabetes, she was receiving 2 units of insulin from the government, but had to purchase two additional units per month, each costing 2000 dinars.

Since the massive 1991 bombing of Iraq by the U.S. and UN forces, most real pats have disappeared. The sanctions prevent rebuilding factories, factories, factories and electrical systems destroyed by the bombs, while unemployment is 75%. Parents and children are forced to live on leaves of a tree known as "survival" and, yes, resorting to prostitution in increasing numbers.

The impact on people's health has been catastrophic. The International Red Cross estimated that by 1994, 24% of Iraqi infants weighed less than 5 lbs at birth, compared to 4% pre-sanctions. This low-birth-weight rate is among the highest in the world, signalling severe hunger throughout Iraq.

Deaths of Children Under Five Years in Iraq

This chart shows the large disparity between under-five deaths before the recent sanctions and the number of deaths under the sanctions. The data has been consistent through the 1990s.

Legend:
- 1990: Before sanctions
- 1991: After sanctions

Continued on page 2.
Commentary
Operation Infinite Injustice: Impact of Sanctions and Prospective War on the People of Iraq
Neil A. Aron
Seth J. Frantzman

War is well known to have devastating consequences for life and health. Estimates of war-related deaths in the last seven years exceed 1.6 million. Modern warfare, far from being an effective means of achieving objectives, is a major source of suffering and disease. The long-term impact of war is both direct and indirect, with effects on mental and physical health, as well as on the overall economy.

The report by Medecins Sans Frontieres (Doctors Without Borders) highlights the devastating impact of sanctions on the people of Iraq. Sanctions, imposed in 1990, have severely limited the country’s ability to trade and import goods, leading to widespread hunger and malnutrition. The health of the population has been significantly compromised, with a sharp increase in the number of deaths from preventable and untreated diseases.

The report also highlights the impact of sanctions on children, who are particularly vulnerable to the effects of deprivation. Children’s access to basic necessities, such as food, water, and healthcare, has been severely limited, leading to a significant increase in child mortality.

The impact of sanctions on the economy of Iraq has been devastating. The country’s ability to import goods, including food and medicine, has been severely restricted, leading to a significant increase in prices and a decrease in availability.

The report calls for the lifting of sanctions and the imposition of a peaceful solution to the conflict. It argues that continued sanctions will only exacerbate the suffering of the Iraqi people and hinder the country’s ability to rebuild.

The report concludes that the impact of sanctions on the people of Iraq is a form of collective punishment, which is illegal under international law. It calls for the international community to take action to alleviate the suffering of the Iraqi people and to work towards a peaceful resolution of the conflict.


Source: Medecins Sans Frontieres (Doctors Without Borders)
Ask the Right Questions

• Prior to second (2003) Gulf War, physicians were prepared to oppose its effects
• Using a medical approach, in the article ‘Ask the Right Questions’ I asked:
  • How imminent and credible is the threat?
  • What would the war do for the Iraqi people?
  • What would it do for countries and peoples of the region? Would it enhance our own security?
  • What would it do to international institutions and international law?
  • Might there be more cost-effective ways to make us more secure? (Arya 2003)
Health Reach Sri Lanka study sites: History of Local Conflict

Tamil Eelam
States & Cities
Flags indicate the capital and provincial capitals.
Study of Health Effects, Sri Lanka
Health Reach Sri Lanka Study
Psychological Distress in Sri Lankan Schoolchildren Exposed to Armed Conflict
(n=325, 8 affected communities (4 Sinhalese, 4 Tamil).

In Batticaloa (eastern Sri Lanka) 2 ethnic Muslim and 2 non-Muslim communities were studied, reflecting the divisions in the local conflict.

Findings in Batticaloa (170 schoolchildren, age 9-11)
41% victims of conflict related violence (homes attacked, being shot at, beaten, or arrested)
>90% disrupted schooling, displacement of home, multiple occasions
15% forced separation from parents (longer than one month)
89% direct exposure to shelling, shooting and/or bombing
80% extreme poverty and deprivation due to the war e.g. going without a home, food or shelter
53% seeing dead bodies
15% direct family member killed by war fighting
19% ‘disappearance’ of family member (following abduction or detention, presumed dead)
95% personally experienced event of threatened death, serious injury) at risk of post-traumatic stress disorder (PTSD)
20% score ‘severe/very severe’ for PTSD, depression, and unresolved grief reactions
Butterfly Garden:
Paul Hogan, Canadian Artist
Butterfly Garden Bus
Butterfly Garden
Butterfly Garden
20 case series-‘pre-post’ BFG x 9 months

Figure 1: Risk Factors for Psychological Distress in children participating in Amma Appa Journey (20)

<table>
<thead>
<tr>
<th>Psychological Risk Factor</th>
<th>Not present</th>
<th>Present low</th>
<th>Significant</th>
<th>Highly Significant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trauma event- conflict related</td>
<td>3</td>
<td>2</td>
<td>13</td>
<td>2</td>
</tr>
<tr>
<td>Trauma event- non conflict</td>
<td>6</td>
<td>2</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>Physical abuse</td>
<td>8</td>
<td>6</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Neglect</td>
<td>0</td>
<td>7</td>
<td>9</td>
<td>4</td>
</tr>
<tr>
<td>Divorce/marital separation</td>
<td>15</td>
<td>0</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Separation from key relationship</td>
<td>5</td>
<td>0</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>Intra-familial conflict</td>
<td>7</td>
<td>4</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Poverty</td>
<td>0</td>
<td>3</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>Alcoholism in family</td>
<td>11</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Parental mental illness</td>
<td>11</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>School difficulties</td>
<td>1</td>
<td>8</td>
<td>11</td>
<td>0</td>
</tr>
<tr>
<td>Violent/untimely death of parent</td>
<td>None 7</td>
<td>13 one parent 0 both parents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Violent/untimely death of close</td>
<td>6</td>
<td>14</td>
<td>1x(4), 2(3), 3(5), 4(1), 5(1), relative mean: 2.4 close deaths</td>
<td></td>
</tr>
<tr>
<td>Household displaced</td>
<td>1</td>
<td>19</td>
<td>1x (2), 2 (6), 3 (4), 4 (3), 5 (1), 6(2) mean: 2.9 displacements</td>
<td></td>
</tr>
</tbody>
</table>

Notes: Highly significant- an important causal factor for child's high level of distress
Parental mental illness- does not include alcoholism, physical abuse or other factors listed separately
December 2004 Tsunami
Afghanistan Project
Afghan Storybook
“I CAN read that sign. I KNOW they’re supposed to have cleared the place. But every time I pass our field the terrible memories came back. I keep seeing it all, as if it was just happening. It makes me feel horrible. Doesn’t it happen to you?”

“Nope. I try not to think about it. You should try too.”

“I’m not TRYING to think about it, Abdullah. The memories just come in a flash.”
Afghan Puppet Show
Bombs aren't the answer

By Dr. Neil Arya • Special to The Record

In Afghanistan a lot of innocent civilians are being hurt as bombs strike neighbourhoods, villages and hospitals. Afghan workers of the International Red Cross walk over debris as flames and smoke billow from the Red Cross compound last week in Kabul. U.S. jets struck the Afghan capital, rocking the city with huge explosions.

ASSOCIATED PRESS
The War in Afghanistan: Alternatives
Education in Palestine
Children passing through the gate.
Living Under Occupation
Health of Children in War Zones: Gaza Child Health Survey

Thomas Miller, MD assisted by Mustafa El-Masri, MD and Samir Qouta

In cooperation with the Canadian Centre for Studies of Children at Risk and the Centre for Peace Studies (McMaster University)
## Prevalence Rate of Trauma Exposure – all ages

(Parent, N=669)

<table>
<thead>
<tr>
<th>Direct Exposure</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>House Searched with Damage Caused</td>
<td>411 (61.4%)</td>
<td>257 (38.4%)</td>
</tr>
<tr>
<td>House Demolished or Sealed</td>
<td>12 (1.8%)</td>
<td>655 (97.9%)</td>
</tr>
<tr>
<td>Tear Gassed</td>
<td>465 (69.5%)</td>
<td>201 (30%)</td>
</tr>
<tr>
<td>Fractures</td>
<td>70 (10.5%)</td>
<td>598 (89.4%)</td>
</tr>
<tr>
<td>Severe Burns</td>
<td>26 (3.9%)</td>
<td>642 (96%)</td>
</tr>
<tr>
<td>Bullet Wounds (live, plastic or rubber)</td>
<td>30 (4.5%)</td>
<td>638 (95.4%)</td>
</tr>
<tr>
<td>Head injury with loss of consciousness</td>
<td>38 (5.7%)</td>
<td>631 (94.3%)</td>
</tr>
<tr>
<td>Detained or arrested</td>
<td>16 (2.4%)</td>
<td>652 (97.5%)</td>
</tr>
<tr>
<td>Severely Beaten</td>
<td>70 (10.5%)</td>
<td>599 (89.5%)</td>
</tr>
<tr>
<td>Tortured</td>
<td>13 (1.9%)</td>
<td>655 (97.9%)</td>
</tr>
<tr>
<td>Other Incidents</td>
<td>8 (1.2%)</td>
<td>655 (97.9%)</td>
</tr>
</tbody>
</table>
## Attribution of Trauma Exposure by Youth (Self-Report, N=219)

<table>
<thead>
<tr>
<th>Direct Exposure</th>
<th>Total</th>
<th>Friends</th>
<th>Israeli Authority</th>
<th>Family Members</th>
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</thead>
<tbody>
<tr>
<td>House Searched with Damage Caused</td>
<td>147</td>
<td>0</td>
<td>132</td>
<td>0</td>
</tr>
<tr>
<td>House Demolished or Sealed</td>
<td>10</td>
<td>0</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>Tear Gassed</td>
<td>171</td>
<td>0</td>
<td>153</td>
<td>1</td>
</tr>
<tr>
<td>Fractures</td>
<td>31</td>
<td>2</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Severe Burns</td>
<td>8</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Bullet Wounds (live, plastic or rubber)</td>
<td>20</td>
<td>0</td>
<td>20</td>
<td>0</td>
</tr>
<tr>
<td>Head injury with loss of consciousness</td>
<td>22</td>
<td>2</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Detained or Arrested</td>
<td>11</td>
<td>0</td>
<td>9</td>
<td>0</td>
</tr>
<tr>
<td>Severely Beaten</td>
<td>44</td>
<td>0</td>
<td>13</td>
<td>26</td>
</tr>
<tr>
<td>Tortured</td>
<td>4</td>
<td>0</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Lack of access to medical care when needed</td>
<td>10</td>
<td>0</td>
<td>6</td>
<td>3</td>
</tr>
</tbody>
</table>
How best to test for
*H pylori?*

Boosting the NHS
Action plans for asthma attacks
What are patients with heart attacks thinking?
Managing differentiated thyroid cancer
Anoraks can damage your health
Confronting the small arms pandemic

Unrestricted access should be viewed as a public health disaster

Physicians throughout the world bear witness to the terrible consequences of small arms. But do we truly understand the impact and the epidemiology of the small arms pandemic, and can we devise effective strategies for prevention as we have for other major public health issues? The capacity for collecting consistent, reliable, and relevant data is limited by various cultural, economic, infrastructural, and logistic factors even in developed countries not at war. Nevertheless, we have some useful data on the size of the problem and indicators suggestive of possible solutions.

The United States, for instance, has over 28,000 deaths a year from small arms—accidents, suicides, and homicides—the highest rate in the developed world. In that country, firearms are the leading cause of death among 15-24-year-olds, slightly ahead of vehicle crashes, and the third leading cause of death in those aged under 15. While the US murder rate without guns is roughly equivalent to that of Canada (1.3 times), its murder rate with handguns is 15 times the Canadian rate. Countries with similar cultural, economic, and ethnic make-up but with different gun possession rates also have widely differing firearm death rates, roughly correlating with the percentage of households with guns. For example, Britain’s firearm death rate is about 0.3 in 100,000 while the US rate is 10.6.1 Households with firearms are three times more likely to have murders and five times more likely to have suicides (due to all causes) than similar households without firearms.12 These data suggest that firearm deaths may be preventable by controlling the supply and possession of guns.

Data from the developing world are less clear, especially in conflict situations. In many post-conflict countries in Central America and Africa only a tiny percentage of guns are registered, estimates of the total in circulation vary widely, and reporting of casualties may be affected by fear of the authorities. Nevertheless, small arms were arguably the primary cause of death in wars in the 1990s, accounting for about 300,000 deaths a year.13 Together with the estimated 200,000 people who die each year from firearms in non-conflict situations these deaths represent about a quarter of the 1.8-2.3 million deaths due to violence in a typical year in the 1990s.14,15 The victims are often the youngest and healthiest members of society. Male combatants are the major perpetrators and direct victims of small arms violence, but in many conflicts non-combatants—disproportionately women and children—account for a large proportion of direct casualties and may also suffer the psychological and social burdens of increased domestic violence.

Impacts have also been evaluated in economic terms. Small arms purchases account for perhaps US$10bn ($5.3bn; £11bn) each year, a relatively small proportion of the roughly $856bn spent on military forces annually worldwide.16 Yet the economic consequences can be far greater. In Colombia violence primarily related to small arms has been calculated as costing up to 25% of the country’s gross domestic product (OV Vieira, Workshop on International Small Arms/Firearms Injury Surveillance and Research, Toronto, 1998).

Unless weapons are removed when hostilities end, casualties may not be substantially reduced. In the
Firearms Possession and Death Rates

Intentional Firearms Death Rate per 100,000

Percentage of Household with Firearms

Wendy Cukier
La situación de la seguridad en América Latina

Homicidios X 100,000 Hbts (2003)

Fuente: PNUD - ILSED

América Latina es la región más violenta del mundo en términos de violencia homicida
El Salvador

Area: 20,742 sq Km
Population Density: 337 persons/sq km
Mental Health and Small Arms

El Salvador Project
Collection of Signatures
IPPNW, El Salvador