

GLOBAL HEALTH

Book Review: *Peace Through Health: How Health Professionals Can Work for a Less Violent World*

Edited by Drs. Neil Arya and Joanna Santa Barbara (2008)

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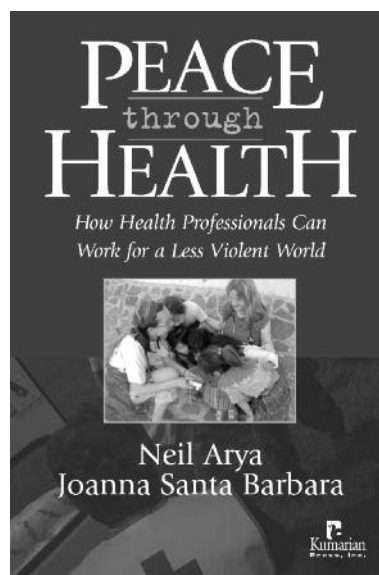
As a Canadian medical student at the beginning of the second millennium, it can sometimes feel as if there isn't enough humanity in health care. Too easily lost in the countless hours of memorization are the kinds of collaborative theories and projects that encourage the consideration, practice and development of living harmoniously in the world. Fortunately, *Peace Through Health* (PTH) is an emerging field that does just that. In the Spring of 2008, Drs. Neil Arya and Joanna Santa Barbara brought together 39 of its leading practitioners to develop a framework for PTH by sharing their stories of creative interprofessional projects, strategies for change and tools for appraisal. The informative and inspiring result, *Peace Through Health: How Health Professionals Can Work for a Less Violent World* (Kumarian Press, 2008, Sterling, VA, 340 pages), is an edited anthology of the history of PTH and its approaches to developing peaceful personal, social and political relationships in order to address the massive negative health outcomes resulting from violence. Whether you've led a campaign for International Physicians for the Prevention of Nuclear War, worked for communities facing systemic violence and social exclusion, or simply witnessed a patient living with abuse in the home, it is hard not to be touched by the impacts of violence when you work in the health professions. This brief review is meant to encourage readers to pick up a copy of *Peace Through Health*, as it will undoubtedly challenge your ideas about effective health care provision, inspire new approaches to

the way you practice, and remind you of what makes you passionately committed to a profession guided by the values of relieving suffering and doing no harm.

For readers who are new to the field, PTH sets out to address "the impact of violence on human health" and to advance peace "through work from the health sector" (p. 5). In essence, PTH asks that we consider violence a public health priority and respond preventatively. Though there is an extensive "historical involvement of physicians in the peace movement," *Peace Through Health* was formed as a discipline at McMaster University by the collaborative efforts of the Centre for Peace Studies and the Centre for

International Health in the early 1990s (p. 16). This development was complemented by "Health Bridges for Peace" work throughout the decade, and predated by the Pan American Health Organization's "Health as a Bridge for Peace" program in the 1980s (pp. 17-18). PTH included actions from immunization ceasefire programs in El Salvador, Peru and Sierra Leone, to the delegitimization of weapons such as landmines and nuclear arms (p. 18). The McMaster school classified such work as primary (promoting peace and preventing war and violence), secondary (peacemaking during conflict), and tertiary (peacebuilding during times of relative safety), and brought the effects of war on children's health to the forefront (pp. 18-19). The discipline was collaborative,

innovative and self-reflective, and it was complex in its approaches to bringing about peace by efforts from the health sector.



For anyone who has ever worked in health care or been involved in identifying and preventing risk factors for ill-health, it is clear that the task is gigantic and the approaches endless. There are roles for those committed to quantifying the health outcomes of violence, establishing targets for their reduction and points of intervention, raising awareness and education, lobbying for political will and funding, and participating in front-line coordination and delivery of services and strategies. There are roles for theorists, as well as those skilled in positively transforming conflict, and those able to assess the impact of our efforts and offer suggestions to alter them for greater efficacy. Furthermore, there is a need for strong communication between the multiple peace and health sectors in order to ensure accountability, forethought, effective resource sharing and mutually beneficial collaboration. *Peace Through Health* takes readers through each of these roles step-by-step, and provides case studies to illustrate successes and complications that can guide theories and projects in the area.

Further expanding opportunities to intercede in preventing violence, is the dramatic range of its scope – from a single act, to a persistent massive collaboration involving “the politics, economies, and cultures” (p. 9) of entire nations. According to UNICEF, “War, by its very nature, is intended to produce death and disability” either “directly from injuries in violent conflict or indirectly through disruption to health services, vaccination delivery, nutrition and water supplies” (p. 232). As such, war impinges on the health sector’s established strategies, seeping into multiple health-determining areas as if an uncontrollable epidemic. *Peace Through Health* manages to capture the many facets of this epidemic and counter each with either constructive ways to stave off their devastating impacts or thought-provoking questions to engage its audience in creating new solutions.

Inevitably, there are many problems left unsolved as the collection dissects the complexity of man-made morbidity and mortality. Perhaps chief among them is the age-old question: how can health care providers treat an illness without intervening in the inequalities of circumstance that serve as its medium? As noted in one chapter, “If we observe carefully, and tirelessly ask why a problem is concentrated in a particular place and time, then we have a chance to understand the problem to its foundations” (p. 272). Seeking the root causes of illness is one of the greatest achievements of the PTH field and depends on the work of healthcare providers from all lines of duty. In fact, the success of PTH programs depend on identifying those best positioned to direct efforts – often nurses, midwives, occupational therapists, physiotherapists or mental health support workers, to name but a few.

Peace Through Health uses probing and salient studies in medical ethics and medico-legal responsibilities to con-

sistently push the scope of traditional health care models and uncover roots of illness that allow us to reconsider our preconceptions of them. For example, an undeniably moving account by Wendy Orr, the first and only physician to pursue an indictment to protect prisoners from torture in apartheid South Africa, asks us to consider our professional and moral limits in the face of injustice, versus the edicts of our regulating bodies. Shocking epidemiological reports on the massive health deficits resulting from non-military sanctions against Iraq leave one re-evaluating what it means to employ weapons of mass destruction. Furthermore, witness borne by health care providers of the ever-rising number of civilian lives lost and affected by the use of violence to resolve conflict, allow us to reconsider who wars are fought by – especially when “collateral damages” include electricity necessary to refrigerate “vaccines, blood supplies, and medicines” (p. 215), “food shortages and resultant malnutrition,” and “diverted resources from health and other human services” (p. 62) for the preparation for war. As such, *Peace Through Health* gives us the opportunity to truly reflect on how far our scope of practice can extend and how far we’re willing to go to stand up for the well-being and health of our clients.

Peace Through Health also reminds us that, as health care providers, we are uniquely positioned to create change. We have special access to human suffering, irrespective of the many divisions of humanity (p. 42) and we have a greater potential to do harm based on this privileged position (p. 75), such as physicians who participated in human experiments in Nazi concentration camps (p. 91) and those who release medical details of inmates’ vulnerabilities to interrogators in Guantanamo Bay (p. 94). On the other hand, “peace and health have many conditions in common, like well-being, harmony, security, fulfillment of needs, and human dignity” (p. 265). One of the things that makes *Peace Through Health* so special is its ability to highlight these shared principles and tease out conceptually complex social concepts in ways that are easily understood by readers who are oriented to scientific thought. In fact, one chapter advocates for PTH debates to take greater place in medical journals in order to preserve the accuracy, accountability and dignified interactions such media demand (p. 97). As a compilation easily classified in the medical humanities, *Peace Through Health* is grounded in evidence and scientific inquiry guaranteed to appeal to professionals from all backgrounds.

It is impossible to do justice to this ground-breaking work in a review so brief. *Peace Through Health* tackles the hardest aspects of our professions’ responsibility to ensuring the full slate of “Maslow’s needs” necessary for the development of healthy personhood, from conflict in Israel/Palestine to the work necessary to regain the trust of Indigenous people and others who face stifling capability deprivation

(p. 206). *Peace Through Health* encourages us to engage in the struggles of humanity with an open heart and mind, and to commit our meticulously hard-earned skills to their greatest potential. This is a history, a toolbox, a provocative dialogue and a stepping-off place, and if I were to encourage every person involved in health care to memorize just one more text, *Peace Through Health* is it. †

The anthology can be obtained through the website: <http://www.kpbooks.com/books/BookDetail.aspx?productID=185789>.

Author Biography

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