



Armed conflict and war

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Introduction and Background

This World Federation of Public Health Associations position paper addresses the role of public health practitioners, academics, and advocates in response to war and armed conflict. We who have committed our careers to promoting public health need to change our framework to encompass war as one of the most significant threats to the health of people in every demographic group and in every country. Practitioners, educators, and other workers in public health can play powerful roles in preventing war itself, as well as mitigating the public health consequences of war. WFPHA has taken stands over the years to oppose individual outbreaks of armed conflict, preparation for military intervention, and investments in weaponry.ⁱ These statements include the following:

- Reinforcing the Public Health Commitments On Peace and Human Rights (2008)
- WFPHA Declaration on Public Health, Peace and Human Rights (2003)
- Abolition of Nuclear Weapons (1997)
- Landmines (1994)
- Peace for Public Health Initiative (1993)
- Nuclear Weapons (1993)

This comprehensive statement on the relationship between war and public health creates the foundation for a theoretical and value-based approach to the topic of war generally and will provide a reference point for future statements that address individual conflicts, war policy, or weapons systems including nuclear weapons. Because war affects all public health workers in profound and wide-reaching ways, it is critical they embrace their responsibility to take a stand on how the profession of public health can help solve this most important of public health problems.

Problem Analysis

War has profound public health consequences, and is entirely preventable source of some the world's worst public health catastrophes. Death and disability from violent confrontations are the most apparent and direct effects of war, although they are not always accurately measured. Estimates of deaths secondary to armed conflict in the 20th century range from 110 million to 149 million (an average of about 1 million to 1.5 million deaths per year).^{ii,iii} Some researchers claim additional deaths resulting from genocide, forced enslavement, famines, and other events



associated with war and conflict could bring the total to approximately 231 million for the entire century.²

Although morbidity resulting from war and conflict is perhaps even more difficult to quantify than mortality, the number of injuries dwarfs the number of deaths. Improved battlefield medicine has saved lives that might otherwise have been lost, but survivors have more severe and multiple injuries (now called polytrauma), such as amputations and traumatic brain injury, which result in a range of effects, including dizziness, blurred vision, headaches, seizures, trouble with memory, loss of coordination, sleep disturbance, and behavior or mood changes.^{9,iv} Combatants and civilians face psychological harm secondary to armed conflict, including posttraumatic stress disorder (PTSD), depression, alcohol misuse, and anxiety disorders, all of which can persist for years after the end of the conflict.^{v,vi,vii} Additional injury or even death can result from violent behaviors associated with PTSD in combat veterans, including intimate partner violence and suicide.

Although armies tend to report and track the numbers among their ranks who are killed in conflict settings, less clear responsibility is assigned for reporting deaths and injuries among civilians. According to some (imperfect) calculations, the 25 largest conflicts in the 20th century are reported to have resulted in the deaths of approximately 33 million civilians, compared with approximately 39 million dead soldiers. The 2008 Global Burden of Armed Violence reported that between 3 and 15 times as many people die “indirectly” for every person who dies violently in conflict.^{viii} Targeting civilians to terrorize populations and force capitulation has been a tactic of war since ancient times, and the use of starvation as well as more high-tech and larger-impact weaponry has made the killing of bystanders increasingly more likely.^{ix,x,xi} Despite the 1949 Geneva Convention (IV) and subsequent protocols to define rules for the protection of civilians during wartime, civilians are increasingly targeted because conflict is less frequently characterized as state-sponsored industrial warfare, but rather more often as civil conflict and episodic confrontation without declaration of war.^{xii,xiii} In addition to direct attacks, civilians face further risk from infectious disease and malnutrition when conflicts destroy infrastructure and obstruct humanitarian aid.

Displacement further exacerbates these effects on civilians, who either leave the country as refugees (approximately 10 million worldwide, according to the United Nations High Commissioner for Refugees, although the actual number may be somewhat higher)^{xiv} or remain within the country’s borders as internally displaced persons (approximately 24.5 million in 52 countries).^{xv} These populations suffer further from infectious diseases (including diarrheal disease, measles, acute respiratory infections, malaria), chronic conditions left untreated (cardiovascular disease, cancer, kidney disorders), nutritional deficiencies, sexual assault, and other forms of interpersonal violence.^{xvi}

Women and Children

Three-quarters of all refugees are women and children, who are disproportionately affected by war and conflict.^{xvii} Because women rely on men for security and support in many societies,



they are more vulnerable when men are killed or absent from home during conflict.^{xvii} Women face torture, rape, sexual slavery, and forced impregnation as part of genocidal destruction of a society. A study examining the immediate and long-term effect of conflict on mortality found that even though men tend to suffer more of the immediate mortality caused by war (civil or interstate), the aftermath of severe conflict negatively affects women's mortality as much as men's over the long term.^{xviii}

Children, in addition to suffering the effects of malnutrition during war, are often targeted during ethnic cleansing and are more likely to be killed or seriously disabled by landmines than adults.³⁵ Children also experience severe psychological effects from war, including anxiety, depression, PTSD, anger, and hopelessness.^{xiii,xix} War violence can translate to family violence and parental substance abuse, which place additional stress on children's mental health.^{xx} Exposure to community violence, even only witnessing atrocities rather than being victims, can result in aggression and antisocial behavior in children at the time as well as years after the exposure.^{xxi} Approximately 300,000 child combatants participate in active conflict at any given time, often through abduction, and both experience and perpetrate violent acts.^{xxii} Some studies further suggest that psychological harm can be transmitted from parents to children, especially from parents with PTSD, extending the trauma of war into the next generation.^{xxiii}

Health Care and Health-Supporting Infrastructure

Infrastructure crucial to health and well-being is often targeted and destroyed during war, including health care facilities, electricity-generating facilities, water treatment and sanitation systems, transportation and communication systems, and food supply systems.^{xxiv} Health care services break down when drug supplies are interrupted and health care workers migrate or die.^{xix, xxv} In some situations, combatants deliberately target health workers, such as in Chechnya, Kosovo, Mozambique, Nicaragua, and Afghanistan.^{xxvi,xxvii,xxviii,xxix,xxx} Attacks on health workers and facilities violate International Humanitarian Law, and yet they are not regularly reported or documented, which allows them to go unaddressed by the international community and underrepresented in the total costs of war.^{xxxi} The effects continue after conflicts, when government funding for health is compromised, and the training system for new health workers is weakened or stopped.

Human Rights

Violation of human rights, including torture, the erosion of free speech, and detention, are common during war and ultimately compromise health and well-being. In some cases, these violations constitute both war crimes and crimes against humanity, especially when committed through widespread attacks on civilians.^{xxxii} Despite the adoption of Universal Declaration of Human Rights, the Geneva Conventions of 1949, and the protection from torture described in the United Nations Declaration on the Protection of All Persons From Torture and Other Cruel,



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Inhuman or Degrading Treatment or Punishment of 1975, Amnesty International estimated that forms of torture are prevalent in at least 81 countries worldwide.^{xxxiii,xxxiv} Imprisonment and detention as a means of control of populations is costly and often results in mental and physical harm to detainees, increasing social insecurity.^{xxxv}

Increased Normative Levels of Violence

The environmental effects of war are severe and long lasting. Combatants destroy fields and forests, contaminate or divert water supplies, and release pollutants through fires.^{xxxvi} Military equipment uses nonrenewable resources and emit pollutants, such as carbon monoxide; diesel particles; and oxides of nitrogen, hydrocarbons and sulfur dioxide. The production and testing of weapons has caused severe pollution and habitat destruction, with continued pressure to expand testing throughout the world while undermining species protection safeguards. Approximately 80 million antipersonnel landmines in 80 countries account for 15,000 deaths and many severe injuries each year and make large land areas uninhabitable and unusable.^{xxxvii} The production and use of chemical and biological weapons can also contaminate the environment and affect living beings.^{xxxviii}

Wars on the planet, even those in which one's country is not a combatant or a financier, create burdens for local communities and public health systems. Social service and health care providers in the host country may be ill-equipped to meet the needs of these populations, particularly children, without additional resources and training. Developing countries host 8.3 million refugees (80%) and the 49 least developed countries in the world provide asylum to 1.9 million refugees, thus placing an even greater burden on already stressed health care and other systems.^{xxxix} Even public health workers who do not engage directly with veterans or refugees see the effects of a culture infused with a heightened level of violence in daily life. The norms of everyday behavior are altered by a government policy of engaging in high levels of violence as a matter of public policy. In applying the ecological model to violence, the World Health Organization (WHO) asserted that societal-level factors that influence violence include cultural norms that support violence as an acceptable way to resolve conflict and norms that support political conflict.^{xxxix} Finally, war and militarism can distort public health priorities by channeling federal funds into areas that align with military or security goals but may not be consistent with community needs. Vulnerable populations, such as combat veterans and refugees, place a strain on the social service and public health safety net, whereas funding for war- and security-related priorities reduces the resources for other community needs.

Recommendations: An Expanded Public Health Role in Preventing War and its Effects.

The public health consequences of war are massive and leave few if any areas of public health practice untouched. Thus, war is one of the greatest obstacles to realizing the World Federation of Public Health Associations vision of a "healthy global society." Public health practitioners, academics, and advocates have an essential role to play in preventing war. To that end, public health professionals and international and domestic organizations should:



- Recognize the prevention of war as a local, national, and global public health priority and highlight the essential role of all public health practitioners in the prevention of war and its public health consequences.
- Educate public health professionals, policymakers, and the public about the anticipated consequences of war and advocate for alternative resolutions to conflict.
- Engage public health professionals in advocacy such as on legislation related to the arms trade, ratification of treaties and protocols related to war, military expenditures, financial and political engagement in multilateral peace operations, and international development programs that address structural causes of war.
- Encourage public health professionals and professional journals to focus on the impact of war on public health.
- Encourage and support research and advocacy relating to the structural causes of conflict, trends in risk to civilians from state and non-state actors, assessment of impacts anticipated from wars that have not yet started, comprehensive monitoring and surveillance of public health impacts in conflict zones, factors in successful settlement, the rapid rebuilding of health systems infrastructure as part of post-conflict reconstruction, and identifying ways to prevent war and to mitigate its health consequences.
- Foster dialogue on the issue of war and build partnerships with international public health stakeholders, including the WHO and its regional entities, education institutions and public health associations in various countries, other international professional organizations and civil society organizations.



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