

# Northwest PUBLIC HEALTH

## Viewpoint. Public Health and War

### War Is Bad for the Public's Health, by Amy Hagopian

Our country seems to have won the war against Iraq. The opening military strategy meant days and nights of cruise missiles and "smart" bombs crashing into Baghdad, creating the "shock and awe" that resulted in a brutally short conflict, one that would not tax the attention span or patience of the American people. The subsequent looting of hospitals, museums, universities, and public spaces has nonetheless been painful to watch.

Health workers reported hospitals were overflowing, although few Iraqi casualty counts have been reported in the mainstream press. The killing of civilians was not intentional, of course, but we were willing to kill them in the pursuit of victory. Whether intentional or not matters little to the victims. Half of Iraq's population of 24 million are children. Bombing and then laying siege to Baghdad meant maiming and killing children. We never ruled out the use of nuclear weapons (and could still use them against the next target of our imperial interests in the Middle East), and we have not shied away from the use of depleted uranium materiel, despite the disastrous health consequences in the last Gulf War for both our soldiers and the citizens of Iraq (*The Lancet* 351; 2/28/98).

Our "National Security Strategy" defines terrorism as "premeditated, politically motivated violence perpetrated against innocents" (9/02, p.5). The United Nations' worst case scenario estimated the war would result in 500,000 direct and indirect casualties. If this estimate had been even close, we-the mightiest military power in the world's history-were willing to bring on more death, mutilation, and misery than all the combined terrorist acts carried out by private criminals in the last 20 years.

Wendell Berry in an essay in the *New York Times* (2/09/03) says, "One cannot reduce terror by holding over the world the threat of what it most fears." He notes we are the ones who have taught the world that the best economic system for all is the one that serves U.S. corporate greed, wastefulness, and selfishness at the expense of poor countries' staggering indebtedness at usurious interest rates. These policies are reaping their rewards in acts both small and terrifyingly large and won't cease with the bombing of Baghdad.

We are public health workers. Our jobs are to promote public health in academe and in the community. And yet, as a profession in the North-west, we sit silently while our government plans a vicious assault on the public's health in Iraq.

In contrast, more than 500 staff, students, and alumni of the London School of Hygiene and Tropical Medicine published an open letter in the *BMJ* (2003; 326: 220) opposing war. "Health professionals worldwide care for the casualties of war," the statement says. "We accept this responsibility. However, it is also our responsibility to argue for the prevention of violence and peaceful resolution of conflict."

Seattle has had many anti-war marches since last fall. I've seen a number of my public health colleagues at those events. But individual participation in these events is not sufficient for a school and a profession with our collective responsibilities. We speak out on health problems-the need for exercise, women's hormone problems, internal fat. Why do we shy away from this most pressing current health problem?

On February 12, 2003, Robert Byrd spoke to his colleagues in the Senate, imploring them to act. "To contemplate war is to think about the most horrible of human experiences.... Yet this Chamber is, for the

most part, silent-ominously, dreadfully silent. We stand passively mute."


In its 2002 resolution against war as "an undertaking that runs counter to the health and well-being of people," the American Public Health Association quotes Nazi war criminal Hermann Goering: "The people can always be brought to the bidding of the leaders. That is easy. All you have to do is tell them they are being attacked and denounce the peacemakers for lack of patriotism. It works the same in any country."

It is time for us to work together on this as faculty, alumni, students, practitioners, and friends of public health. We need to move beyond individual participation toward collective action. There are few restrictions to the actions we can take in the defense of public health, other than our own timidity.

We could march together under snazzy public health banners at demonstrations in our towns, write resolutions for publication in local press and national journals, and invite our elected and appointed public officials to take anti-war stands.

The UW School of Public Health and Community Medicine is uniquely positioned to provide leadership, because leadership grows so naturally from our mission: *to promote better health and prevent illness and injury.*

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