

# **Epidemiology and prevention of armed conflict: the activity of the working group on war of the Italian Association of Epidemiology (AIE)**

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Armed conflicts continue to be a serious threat both to public health and to the environment. Between 1990 and 2001, there were 57 majors armed conflicts in 45 different places<sup>i</sup>; the majority were internal conflicts and frequently involved regular armies, but there were also international conflicts such as the Iraq-Kuwait War, the First Gulf War, as well as conflicts between India and Pakistan and between Ethiopia and Eritrea, not to mention NATO intervention in the ex-Yugoslavia. In 2002 alone there were 21 conflicts, mainly civil wars; 2002 also saw the start of the war in Afghanistan and 2003 the Second Gulf War, both of which are still underway and spiralling towards civil war. Many conflicts, especially civil ones, are scarcely covered by the mass media despite their devastating consequences; it is estimated that since 1998 war in the Democratic Republic of Congo has killed almost 4 million people, 600,000 alone between 2003 and 2004: in excess of 1200 deaths per day<sup>ii</sup>. A ceasefire has held between Israel and Lebanon since 2006, one that was reached after more than a month of conflict. Before and after the conflict in the Gaza strip Palestinians in the Occupied Territories are subjected to aggression on a daily basis, in a situation that creates global insecurity, the victim of which is also the people of Israel.

In this given context, and in consideration of the fact that the prevention of armed conflict is a (neglected) part of the obligations of the medical profession, in 2004 a working group on war was established by the Italian Association of Epidemiology (AIE); as of today the main areas of activity have been:

- the documentation of the impact on health and the environment of armed conflict (a weekly screening for articles published in peer reviewed medical journals is performed).
- the dissemination of scientific articles on the impact of armed conflict, both within the association (mailing list, web-site, newsletter, organization of special sessions on occasion of the annual meetings of the association) and to the general public

(conferences, lessons in medical schools, lessons in public schools)

- a communication project aimed at raising awareness among students in secondary schools on the effects of conflicts on the health conditions of the population<sup>iii</sup>. Three case studies have been identified: acute emergency (Darfur), chronic conflict (Palestine), historic conflict (Vietnam) and scientific documentation on the health effects of war in these countries has been collected. Three school modules have been developed, providing the students with extracurricular scientific tools for dealing with the subject "war and health".
- periodic group meetings with presentations and discussions on specific issues: the legacy of agent orange in Vietnam, long term consequences of the bombing of Bari harbour during World War II (German warships transporting mustard gas were destroyed and sunk), Golf-war syndrome, the WTO bombings, the health in the Palestinian occupied territories, mortality in Darfur, public health effects of a military shooting range in Sardegna, effects on health and environment of military activities in time of peace, the conflict in the Gaza Strip. In some cases original research performed by group members was presented (Darfur, Bari, Sardegna, Occupied Territories) in others scientific evidence published in medical literature was summarized.
- a critical examination of surveys and interventions realized by the Italian authorities on issues like depleted uranium and the health of Italian soldiers.
- the support of political initiatives to promote peace and prevent war, specifically the collaboration with a group of health professionals opposing the construction of a new US-military airport near Vicenza (Dal Molin).

After the examination and discussion of the health related issues of armed conflict the working group has established a provisory list of characteristics that all recent conflicts have in common<sup>iv</sup>:

- Systematic and irreversible recourse to weapons and military strategies that make it impossible to differentiate between civilian and military targets; this leads to increasingly higher casualties among the civilian population, which has accounted for 90% of the victims of conflicts since the 1990s<sup>v</sup>;
- Major indirect effects on the health of populations exposed to war, which can continue for years after the end of hostilities (i.e. destruction of day-to-day infrastructure and exposure of humans and the environment to toxic substances with long latency times);
- Withdrawal of economic resources from the social and health sector, thus contributing to an increase in social inequality; in the

meantime, the socially and economically disadvantaged run a higher risk of being wounded or killed in war<sup>vi</sup>;

- Partial privatization of war, which makes controlling military operations even more difficult<sup>vii</sup>;
- Lack of clear boundaries in space, time and legal obligations within a context of growing world disorder that fosters the recourse to armed intervention and also erodes civil rights within warring states<sup>viii</sup>;
- Risk of nuclear powers using their weapons and other countries racing to develop them;
- Rise in the combining of military intervention with NGO humanitarian operations<sup>ix</sup>;
- Contradiction between the consequences and rhetoric used by warring governments to justify their politics (e.g. humanitarian intervention, defence/export of democracy and wellbeing, increase in international security by preventing terrorist action, etc.).

In our opinion these features illustrate the fundamental contradictions between war and human emancipation; therefore prevention of wars is the only way to address the problem. As within other health sectors, there are three different ways of preventing armed conflicts: primary, secondary and tertiary prevention<sup>x</sup>.

- Primary prevention, i.e. preventing war from breaking out or halting a war that has already started, is only possible by acting on the causes of conflicts and meeting needs with long-term political action<sup>xi</sup>.
- Secondary prevention entails preventing and reducing the consequences of war on health and the environment to a minimum and is normally implemented by applying treaties that govern the jus in bellum, principally the Geneva Conventions.
- Tertiary prevention involves addressing the consequences of war and is thus entrusted to humanitarian health organizations and their workers.

Not all our colleagues share the position of the working group. It is a common thought that health professionals, researchers or scientists should remain neutral when it comes to political issues. Therefore our group has been accused to be more a group of activists rather than of scientists. In our opinion the opposite is the case: as health professionals the decision not to engage in the battle for peace and against war can only be motivated by political prejudice. There are many reasons to remain neutral or even to agree with waging war, but none of these reasons can be of medical or humanitarian nature. It is our professional commitment to health promotion which obliges us to speak out and to engage in actions of prevention of war.

Our experience shows that it is possible for health professionals to work for peace not only on the battlefield or in conflict ridden countries but inside professional medical associations by disseminating knowledge, stimulating debate and realizing preventive interventions.

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<sup>i</sup> Global Health Watch Report 2005, pp. 253

[www.ghwatch.org/2005\\_report\\_contents.php](http://www.ghwatch.org/2005_report_contents.php)

<sup>ii</sup> Coghlan B et al. Mortality in the Democratic Republic of Congo: a nationwide survey. *Lancet* 2006; 367: 44-51

<sup>iii</sup> Silvia Francisci, Anna Gigli, Roberto Pasetto, Bruno Seravalli, Health education on the effects of war: a pilot project on scientific communication in school. *Rapporti ISTISAN* : 09/8 2009, iii, 28 p. (in Italian)

<sup>iv</sup> Fateh-Moghadam P. Epidemiologia e conflitti armati. *Epidemiologia e Prevenzione* 2007; 31: 295-6

<sup>v</sup> Garfield RM, Neugut AI. The human consequences of war. In: Levy BS, Sidel VW. *War and Public Health*. Oxford University Press, New York, 1997 pp. 27-39

<sup>vi</sup> Fateh-Moghadam P. Diseguali alla guerra, giustizia sociale, diritti civili e conflitti armati. In: Maciocco G. (editor) *A caro prezzo, le diseguaglianze nella salute*. Edizioni ETS, Pisa, 2006, pp. 85-100

<sup>vii</sup> Singer PW. *Corporate warriors: the rise of the privatized military industry*. Cornell University Press, Ithaca, 2003, pp. 206-243

<sup>viii</sup> Butler J. Unbegrenzte Haft. In: Butler J. *Gefährliches Leben*, Suhrkamp Verlag, Frankfurt am Main, 2005, pp.69-120

<sup>ix</sup> Fateh-Moghadam P., Confalonieri V., Conflitti armati e lavoro umanitario, III Rapporto dell'Osservatorio Italiano sulla Salute Globale, Pisa, 2008, pp. 128-140

<sup>x</sup> Levy BS, Sidel VW. *War and Public Health*. Oxford University Press, New York, 1997

<sup>xi</sup> Saracci R. Prevenire la guerra. *Epidemiologia e Prevenzione* 1991, n. **47**