

War on Iraq: the public health perspective

The extent to which public health practitioners and researchers focus on health risks seems to be incongruous with the extent to which they pay attention to war and its atrocities on ordinary citizens throughout the world. Let us examine the war against Iraq waged by the United States, the United Kingdom, and their allies. What are the health consequences for the citizens of Iraq, Israel, Palestine, or elsewhere in the Middle East? Could public health workers have done something to voice their concerns, or at least express their views about the negative health consequences, economic losses, and above all, social injustice? Epidemiologists do not need a case-control study or cohort study to document the magnitude of the risk factor—war. They should be able to evaluate the quantum of the death toll, and the incidence of serious injury and of associated adversity and morbidity—famine, infectious diseases, mental trauma—all atrocities resulting from the breakdown of the social fabric. The list is endless. The environmental health expert should also estimate the consequential damage to the environment—from damage to the flora and fauna to the effects of toxic residue on people, the contamination of the water and soil, and the potential breakdown of the ecosystem.

Many in the medical profession are knowledgeable in epidemiology. Epidemiologists are trained and conditioned to an analytical frame of thinking—for example, comparing cases to controls, and the exposed to the unexposed. The epidemiologist might view the Iraq war as an intervention study (the intervention being the war itself) that allows the health of the Iraqi people to be compared before and after the war, in terms of physical, mental, and social well-being. If one must have a control group, one can compare the preintervention and postintervention situation (health status) with that in a country that has enjoyed peace. Being unable to perform randomisation, one might want to adjust for various socio-economic, cultural, and environmental variables. However, do we really need a sophisticated statistical model to demonstrate that the adverse effect of war is ‘statistically significant’? Does the epidemiologist need to debate whether it is ‘clinically significant’? How could a sane epidemiologist come up with a ‘null hypothesis’ (that war has no adverse effect on health) in this ‘study’?

As advocates of social justice, the medical profession has a duty to inform the public and to convince warmongers that war is unjust, damages life and health, creates misery and suffering, damages the environment, and wastes resources—resources that should be used to improve the health and welfare of people and to preserve our global environment. Before and during the Iraq war, we heard lots of protests in many cities in the United States, Europe, and throughout Asia. Vocal critics, including the medical profession in the West, conducted massive rallies and protests

on the street and in the media. But when the war ended, with the toppling of the Iraqi regime, the dissenting voices suddenly went quiet. But it is important to realise that the outcome of the war did not, and will never, justify its cause. This was still an unjust war, an act of aggression, and outright barbarism towards the war victims. The Iraq war can never be hailed as a success just because a dictator was removed from power and relatively few American and British soldiers were killed. The fact that “weapons of mass destruction” that Iraq was (and still is) accused of possessing—the original justification for the United States-led aggression—neither were found during the war, nor so far have been discovered, supports the view that there was an ulterior motive for the attack.

If George W Bush believes he is morally superior to Saddam Hussein, the same thoughts could lead him to wage war against the countries he does not like: Cuba, North Korea, Iran, and Syria; the list might be extended to include oppressive states like Myanmar and some African countries like Zimbabwe and Sierra Leone. And if he thinks that war is justified to protect American security, then any country that is perceived by the United States to be a potential rival or threat would be targeted next. Would that list include France, Germany, Russia, or China? We have a duty to alert the world to stop this dangerous ideology.

The duties of a public health physician are the promotion of the health to the public, whether through the prevention and control of diseases (the conventional approach), or through the prevention and control of any other activity that might harm the health of the population. It is now widely recognised that the prevention and control of ‘accidents’ (occupational, traffic, and home accidents) is one major area of concern in public health practice and research. Other areas include violence (eg intimate partner violence and child abuse) and homicide. Unusual that it might sound, I think now is the right moment to add prevention of international violence on a massive scale—namely, war and aggression—to the list of responsibilities of the public health physicians.

(This article is adapted from an article published by the author before the Iraq war in *ph.com*, newsletter of the Faculty of Public Health Medicine of the Royal Colleges of Physicians of the United Kingdom, March 2003, page 15.)

Tze-wai Wong, FPPHM, FHKAM (Community Medicine)
(e-mail: twuwong@cuhk.edu.hk)
Department of Community and Family Medicine
The Chinese University of Hong Kong
4/F, School of Public Health
Prince of Wales Hospital
Shatin
Hong Kong