

# Peace Building

Meaningful contributions of health professionals toward conflict resolution and longer-term peace-building processes: An assessment of health-peace brokerage through the United Nations by Heath Ford, PharmD, CGP, PhD Candidate



*Dr. Ford is a practicing pharmacist and PhD Candidate in the Department of Clinical and Administrative Pharmacy at the University of Georgia. His research interests are primarily centered on preparing healthcare workers to manage disasters.*

The 20<sup>th</sup> century has undoubtedly been the bloodiest era in world history, especially in terms of numbers. Two epic world wars and a host of comparatively minor wars and conflicts have motivated Western nations to vigorously pursue global peace. Toward this end, the United Nations (UN) was established “to save succeeding generations from the scourge of war” and to “reaffirm faith in fundamental human rights, in the dignity and worth of the human person, in the equal rights of men and women and of nations large and small,” among many other humanitarian, political, and economic objectives<sup>1</sup>.

Unfortunately, violence and conflict continue to plague mankind. The UN is currently involved in sixteen

peacekeeping missions worldwide, most of which are in Africa and the Middle East<sup>2</sup>. Owing to concerns of disease onset in populations affected by violent conflict, medical professionals have emerged as potential peace brokers among hostile groups. Western militaries, for instance, have a long history of deploying healthcare workers not only in support of armed forces but also in conquering the psyche of disaffected groups strategically important to the conflict<sup>3</sup>. Humanitarian organizations, however, have only recently begun to explore the implications of healthcare as a means to peace<sup>4</sup>.

Health professionals can make important contributions toward conflict resolution and peace-building. Thematic roles have been elucidated somewhat in primary literature and mechanisms identified to further the impact of health workers in the peace process<sup>3-8</sup>. As would be expected in a discussion of global conflict and peace, the role of the United Nations is especially necessary to finalize the fundamental question: “Do health professionals have a meaningful contribution to make toward conflict resolution and longer-term peace-building processes, and if so how?”

## **Contributions of healthcare professionals**

Research regarding the peace-building contributions of healthcare workers is in its infancy. Only in the past twenty years has the subject been under significant development, yet much remains unknown<sup>5</sup>. Persistent advocacy, however, may be the chief driver of research progress in this field, and

a number of commentaries promote roles healthcare workers may adopt to end conflict and promote peace<sup>3-8</sup>.

A particularly noteworthy contribution to the health-peace genre was recently published and neatly captures the essence of a larger work by Arya & Santa Barbara<sup>8</sup>. Buhmann and colleagues describe four peace-building roles for healthcare workers: the military, humanitarian, development, and peace-through-health roles<sup>3</sup>. Military roles intuitively involve supporting and protecting national armed forces and strategic populations through medical services as described above. Workers who adopt the humanitarian role, typified by values such as neutrality and impartiality and illustrated best by the International Committee of the Red Cross (ICRC), have been particularly liable to victimization and are justifiably inclined to encourage the dissociation of medical services from armed force. Those who adopt the development role would necessarily be involved long-term in post-conflict societies to advance adequate medical infrastructure, and peace-through-health workers would act on both the health and war systems through several non-mutually exclusive mechanisms to promote peace.<sup>3,6</sup> Examples of these mechanisms include the following: establishing superordinate goals to end conflict, such as initiating a vaccination program for children affected by war; altruistically extending medical aid to enemy fighters; contributing to civic identity and human security through use of equitable healthcare delivery; disseminating facts in place of propaganda; redefining war in terms of health; advocating on behalf of war victims; and refusing

to cooperate with institutions or leaders that would extend the conflict<sup>6</sup>.

### The United Nations

Peace-building activities undertaken by the healthcare sphere free of external political regulation would perhaps be effective tools for repairing damages created by (violent) conflict. The United Nations, however, is unavoidably a major player in brokering peace globally and, with primary support of few Western nations, continues to assert ascendancy in global economic, political, and religious concerns. Thus, an understanding of the nature of the UN is critical to determining how meaningful peace-building contributions of health workers can be accomplished.

A candid assessment of the United Nations cannot ignore its inescapably religious character immediately exposed in the first lines of the Charter's preamble: "to *save* succeeding generations from the scourge of war [...] to *reaffirm faith in fundamental human rights, in the dignity and worth of the human person, in the equal rights of men and women and of nations large and small*, and to establish conditions under which justice and respect for the obligations arising from treaties and other sources of *international law* can be maintained, and to promote social progress and better standards of life in larger freedom<sup>1</sup>." Rushdoony affirms that it is "thus possessed with all the sense of inevitability and missionary fervor that any religious group might possess<sup>9</sup>."

As the preamble reveals, the UN is a product of Enlightenment philosophies, grounded in the theory of salvation by law, and a thoroughly humanistic, equalitarian, socialistic, and ultimately totalitarian system. For purposes of contrast, orthodox

Christianity, a system which has given unrivaled prosperity to the West<sup>9, 10</sup>, historically views law as that which condemns—law cannot save. "The law cannot create true peace and order; it cannot save man and society from the consequences of sin. Christ alone is the prince and principle of peace and order, man's only savior and mediator<sup>9</sup>." Article 1 of the Charter affirms that objectives stated in the preamble are intended "for all without distinction as to race, sex, language, or religion<sup>1</sup>." Rushdoony again gives salient interpretation to that which cursorily appears worthy of common approbation: "Not the freedom of economic law and religious activity but world legislation with respect to both is in view. Here is a position radically at odds with [...] the constitutional heritage of the United States. [...] The Constitution denies to the federal union any jurisdiction over religion; the Charter forbids all religious distinctions, which is tantamount to abolishing all religions save the religion of humanity<sup>9</sup>." In a recent news piece, Yoshihara explains that "in the past three decades, human rights activists inside and outside the UN system have also dramatically shifted their priorities from promoting civil and political rights to demanding that governments provide their favored economic, social, and cultural rights [...] [thus] undermining the freedoms of speech and religion and circumventing democratic deliberation and debate<sup>11</sup>."

### The United Nations and health-peace brokerage: will it work?

The argument of this analysis is yet incomplete. It may be stated here, however, that assuming health-peace roles meaningfully contribute to the peace-building process and that the nature of the UN is ultimately totalitarian, *effective healthcare peace brokerage through*

*the UN system is highly improbable.* "UN peacekeeping, as with other parts of the UN system, have proven vulnerable to mismanagement, corruption, and misconduct<sup>11</sup>." Mills and McNamee further the impression by arguing that "the clamor for intervention [...] arises more from an instinctive desire to 'do something' than a nuanced understanding of the dynamics fueling the violence, which is necessary for effective action<sup>11</sup>." No research to date documents the effectiveness of work in the health-peace process, an avenue which has only recently been given attention. Therefore, a careful consideration of each potential health-peace role workers may adopt – in context of the UN system – will give a clearer illustration of why health-peace brokerage through the UN may not be optimal.

Health workers who adopt the military role may face particular challenges within and without the armed forces. Though all military health-peace workers may not be soldiers, it is reasonable to assume that soldiers comprise most workers in this role. Soldiers of constitutional republics, such as the United States, swear loyalty solely to the constitution. Thus, issues of international humanitarian law, representing extra-constitutional standards, may create problems of dual-loyalty<sup>3</sup>, where confusion regarding oaths, orders, and humanitarian precepts can lead to ineffectiveness.

The development role also presents unique questions regarding the effectiveness of UN-mediated health interventions. Buhmann and colleagues note that healthcare workers can promote a culture of peace "through their actions such as [...] humanizing 'the other' through their impartiality<sup>3</sup>." Rushdoony brings lucid clarity to this humanistic assessment by noting that

“the UN falls into the same fallacy as Marxism, that of seeing backward peoples not simply as backward because of false faith and bad character but as *victimimized*. [...] These [groups] are not termed backward or degenerate but rather ‘the less developed members.’ Progress is seen as an accident of environment and opportunity, not as a consequence of religious character<sup>9</sup>.” Thus, health interventions to broker peace and spur development without critically addressing foundational cultural issues are likely transient. “Humanitarianism does not exist in a vacuum<sup>3</sup>,” as noted by Buhmann et al.

Humanistic ideals of impartiality and its sister values of neutrality and humanity are essential elements for increased UN oversight of humanitarian-role health-peace work and may thus indirectly limit meaningful impact of health interventions. Neutrality has been termed “one of the most pernicious [...] myths to plague the human race” because it assumes an environment of brute, meaningless facts. Brute, meaningless facts, however, are in reality facts awaiting interpretation by man<sup>12</sup>. The motive, therefore, of neutralism is to create self-serving rules to impose on others, as portentously chronicled in Elie Wiesel’s *Night*: “neutrality only helps the aggressor<sup>13</sup>.”

The various mechanisms of the peace-health role as administered through the UN face many of the inherent difficulties referenced above. Buhmann and colleagues note that the values behind peace-health initiatives are essentially the same as the other roles: impartiality, neutrality, solidarity, and humanity<sup>3</sup>. Unfortunately, research regarding the effectiveness of these types of interventions remains forthcoming.

## Conclusion

It indeed is questionable whether war contributes to medical progress<sup>7</sup>. The social effects of war have proceeded toward humanistic idealism where today universal health coverage is widely regarded as a fundamental right provided by a powerful state. We have also seen, however, where “anything [including healthcare] that puts us into contact with a powerful state and its bureaucracy is dangerous [...] [for] to place the healing arm of society under the coercive or punitive arm [of the state] is the height of folly and unreason<sup>14</sup>.” Nevertheless, the roles of health workers in peace-building, absent socialist, Marxist, and equalitarian values, are perhaps valid. Payne reminds us that they “do have good, even the best intentions [...] but are just blinded by their noetic effects of sin and a functional belief in humanism [...] it’s just that good intentions, in the absence of Biblical and rational truth, are often as destructive as evil intent<sup>15</sup>.” It is doubtful that, due to the ubiquitous and tacit adoption of humanistic ideals in the health-peace research community, forthcoming research will yield significant and lasting benefits for mankind.

## References

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