

# Less global health means more emergency aid

## On war, calamities, poverty and medical dilemmas

Leo van Bergen

For a long time, basic healthcare was neglected as doctor's work. For thirty years, many have recommended it as the foremost medical strategy for developing countries, a development highly influenced by wartime experiences. However, basic healthcare is something entirely different than emergency aid during disasters and wars. They can even conflict, since emergency aid can hinder structural solutions for the problems leading to the disaster for which it became necessary. Medical attention should focus particularly on basic problems, independent from all parties involved in conflicts. For this basic healthcare - global health, health for all - is much more suited.

### Medical human rights and war

Since the nineteenth century, due to the life-saving capabilities of better sanitation and bacteriology, medicine's value for military operations had become clear. Medicine had become a vital part of war and its preparation, thereby complicating their relationship.

During the two world wars for instance, most doctors wanted their country to win as much as any other citizen. Their main interest rested on the strength of the entire army, not on the health of the individual, resulting in an extension of war and growth in the number of victims. Medical care not only

saved lives, but cost lives as well. Furthermore, medical developments were withheld from the enemies and hindered the universal spread of medical knowledge. During World War I, it was suggested that health workers should distance themselves from war as medical aid in wartime conflicted with the



Nigeria



144 720 000  
inhabitants



\$1 410  
income per year



♂ 48yrs ♀ 49yrs  
life expectancy



4.1%  
of GDP for health



3  
doctors/10 000 people



medical oath.

Additionally, health workers involved in military health care had to leave their homes, resulting in a civilian health care breakdown. The situation worsened as the health of men – soldiers or soldiers to be – was considered to be of greater importance than the health of women, children and the elderly.

In the guerrilla wars of decolonization and the Cold War, minimal medical aid was given to autochthonous populations, hoping this would popularize Western armies and make medicine part of their war strategy. More importantly, humanitarian aid could only be given after consulting local authorities. During the Nigerian-Biafran War from 1967-1970, this led to the foundation of Médecins sans Frontières (Doctors without Borders). This war was the first that televised its humanitarian consequences and brought the dilemmas of emergency aid to the surface.

### **Emergency aid and medical protest**

The Biafran War led to food shortages and images of a starving population shocked the world. The thought arose that hunger was the problem – instead of the consequence – of the situation. Massive aid was organized, resulting in a policy in which starvation became a means to increase wealth, an abuse both warring parties were guilty of.

As a result, aid did not only not help, but also lengthened and worsened the conflict, as was the case with the *Band-Aid food* campaign for Ethiopia ten years later.

In the same period, the Vietnam War faced doctors with the fact that helping the victims was no longer sufficient. They realized that the massive use of defoliants, such as Agent Orange, would result in long-lasting destruction of the environment, thereby affecting public health. In reaction to this, medical protest campaigns were organized against this kind of warfare.

### Donating to emergency aid is feel-good donation

The wars mentioned show that emergency aid, although necessary at the moment, cannot be the answer to problems of a political nature. They contributed to the acceptance of evolving ideas from someone like Ivan Illich, and the acceptance of aid policies like *health for all* during the 1978 Alma Ata conference. They encompassed that *emergency*

*aid is senseless if underlying structures, leading to poverty, inequality and suppression, are not dealt with.* However, applying this is much more complicated than providing emergency aid. Furthermore it is difficult to motivate contributors when positive results are not quickly reached. Donating to emergency aid is a feel-good donation.

### War for human rights: a contradiction

Emergency aid should make us rethink the definition of a disaster. An earthquake in Haiti is a disaster. But would it also have been a disaster without a failing government, poverty and corruption? A similar tremor in the Netherlands would have a much smaller impact.

Political instability, bad economics, faulty infrastructure, sloppy (not to say: criminal) use of nature and environment have a negative influence on public health. Therefore it is a medical duty to stand up for democracy, human rights, justified partitioning of money and goods, and to protest against war, pollution, unlawful water appropriation and

other human rights violations. All of these are causes and consequences of war, hunger, poverty, and bad healthcare. This means that calling for war to restore human rights is a contradiction in itself. If the deeper rooted causes of medical misery are not tackled, emergency aid will inevitably be just drops on a glowing plate.

### About the author

Leo van Bergen is a medical historian at the Free University of Amsterdam. He also is a board member of the NVMP, which deals with health care and peace issues (Dutch affiliate of the IPPNW).

### Further reading

- Barry Levy, Victor Sidel (eds.), *War and Public Health*, Oxford 1997
- Roberts, Adam, *Humanitarian Action in War. Aid, protection and impartiality in a policy vacuum*, Oxford 1996
- Allhof, Fritz (ed.), *Physicians at War. The Dual-Loyalties Challenge*, Berkeley 2008
- Bergen, Leo van et al. (eds.), *Medical neutrality revisited*, Nijmegen 1997

### The Biafran War

The Nigerian province of Biafra strove for independence because it wanted more profit from the raw materials dug up on its soil. The Red Cross failed to access the victims. Doctors accused the Red Cross of listening to Nigerian authorities too much, which resulted in serving Nigerian interests more than those of the victims. Aid, the French said, should be given to those in need, irrespective of political or military demands. The Red Cross countered by indicating that only after consulting authorities, victims can be reached and assisted as long as it is not too hazardous for health workers themselves.

### NVMP

The Nederlandse Vereniging voor Medische Polemologie (NVMP) is an organization focused on war and peace and their influences on health. Projects run by NVMP include education and awareness campaigns concerning nuclear war and weaponry, the role of doctors in conflicts and on our health.