# The Medical Peace Work project

by Dr Leo van Bergen

About ten years ago an employee of the Public Health-department, medical faculty Tromsø-University, high up North in Norway, who also had a keen interest in questions of war and peace, had the idea to develop an online-course on 'healthcare and violence'. Guided by the 1981 WHO-resolution 34.38 ('The role of physicians and other health workers in the preservation and promotion of peace is the most significant factor for the attainment of health for all') it came from the conviction that: 'As medical professionals we care for the life, health and wellbeing of our patients. Violence, weapons and war cause enormous suffering and misery, and endanger what is important for us. It is therefore our professional responsibility to work towards the prevention of violence and the promotion of peace, human rights and human security'. Leading questions were: What is the role of physicians and other health-workers in the prevention - primary, secondary and tertiary - of violence, on as well a minor scale community as on a major scale (inter)national level, the sort of violence normally called 'war'? How can physicians and other health-workers contribute to a more peaceful society? He asked specialists from several European countries - such as Great-Britain, Germany, the Netherlands, Slovenia - to cooperate and asked for and received a grant from the European Leonardo-fund.
One of the first remarks he got after having found specialist cooperation throughout Europe was: medicine is not 'good' in itself. It is a means to achieve certain goals, and these can - mostly in hindsight - be called 'good', but also 'bad'. So questions were added: What role did physicians and other health-workers themselves play in violence, and how did physicians and other health-workers contribute to violence (for instance by declaring political opponents 'mad'; by experimenting on POW's or other prisoners; by contributing to the development of weaponry such as poison-gas and atomic bombs; by setting up guidelines for effective torture)? Nevertheless the original 'prevention'-task remained most important.
After three years of email-consultations; skype-deliberations and physical meetings in some of the most beautiful places of Europe such as Ljubljana, Slovenia, MPW-I was declared finished. It consisted of a course, itself consisting of a number of courses, a textbook, questions & answers. Soon however the conclusion had to be it did not live up to its task. First of all: it too much had become a 'doctors-course'. Nurses and other health-workers would find it difficult to recognise themselves in it and discover why it was of interest to them.
However: the main reason was that - by the way: logically enough - most thoughts and inspirations had been put into content. The form, the way in which content had to be digitally translated and communicated, although anything but neglected, had been second place. Besides that it did not always work as it should, the consequence was for instance it indeed was *one* course. Health-workers usually are busy bees. Therefore those professionally only interested in human rights, only in health-effects of certain weaponry, only in medical problems of illegal immigrants, would probably put the course aside quickly. Soon it was agreed a new grant had to be asked for to be able to get these childhood illnesses out; reform it into seven different courses, and transform it to indeed a genuine online-course instead of a digital textbook made sexy with films and photographs. Furthermore it had to be made available in more languages besides English.
However: to actually receive a new grant and make plans possible, new partners had to be sought. They were indeed found for instance in Turkey, a country with an active physicians for human rights-organization, but this only to the expense of others such as the Netherlands, whose role - in MPW-I substantial by contributions from the Johannes Wier-foundation, the IPPNW-Netherlands (NVMP) and the in practice Dutch International Federation of Health and Human Rights Organizations (IFHHRO) - was minimised.
Consultations, deliberations and meetings started all over, but now the focus was on the form. The content only had to be renewed and refreshed, which by the way will be a continuous task. The result was that at the end of 2011 MPW-II could be presented: see www.medicalpeacework.org.
It consists of seven courses, divided into two to four chapters, all containing several lessons, and is already accredited by the Norwegian Medical Association, respectively giving the courses the following amount of CME hours/points: 8, 6, 8, 8, 8, 10 and 6, accumulating into a total of 54.


**Figure 1: A common interpretation of (and much heard critique on) medical neutrality is that it means health workers do not want to hear nor see, and do not want to speak out.**

The Norwegian Medical Association
DEN NORSKE LEGEFORENING

A 10 minutes video-introduction is available on http://www.medicalpeacework.org/home.html and power-point-presentations on the course in five different languages (by the way not including Dutch) on http://www.medicalpeacework.org/teaching-resources/model-presentations.html. To follow the course one has to create an account on http://medicalpeacework.de/login/index.php.
Course one is titled *Health workers, conflict and peace* and is an introductory course on the general problems, dilemmas and definitions.

Medical historian, content contributor to MPW, board member NVMP (IPPNW-Netherlands).
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**Photo 1: One of the case boxes in the textbook on Course 3 is on Halabja 1989.**

It is, so is said on the opening page, 'an introduction to medical peace work. It provides an overview of the role and potential of health workers in preventing violence and building peace; summarizes terminology and concepts; and describes some useful peace skills'.
The chapters are *Peace and conflict theory*; *Medical Peace work - a response to violent conflict*, and *Peace skills for health workers*. As in all the chapters of all the courses, they contain a textbook (with photographs and case boxes) and test questions. The third chapter also has two e-cases, a form of education coming back very frequently throughout all seven courses. Here they are: Conflict analysis, and Nonviolent communication in a health care setting.
The second course - *Medicine, health and human rights* - 'aims to give a basic introduction to international humanitarian law, human rights and the ethical codes that regulate the health professions'.
By the end of it, one should 'be able to recognize situations where health-related human rights are at risk of violation' and
'to understand the health worker's responsibility to promote and defend the right to health'.
It has two chapters - *The legal context*, and *Health professionals and human rights* - containing both a text-book, e-cases and test questions.
Course number three is - although the second, the fifth and the sixth course certainly should not be ignored - probably the one of most interest to military medical (wo)men: *War, weapons and conflict strategies*.
It 'describes the health effects of war, weapons and strategies of violent conflict. Beginning with the ABC-weapons of mass destruction it then moves on to other weapons and strategies of war such as the use of landmines and mass rape. The course concludes with a number of lessons which give an historical and practical analysis of the response of health professional groups to war and militarisation'.
The three chapters are about *Weapons of mass destruction*, *Health effects of other weapons and conflict strategies*, and *The health professions' responses to war and weapons*. Naturally e-cases are included, for instance one on landmines. See:
http://www.youtube.com/watch?v=NRF7dTafPu0&feature=results_main&playnext=1&list=PLA3B08021589A060C
Course four will be of the utmost interest to those working in developmental areas, for it concerns *Structural violence and the underlying causes of violent conflict*. In it one will 'examine the interconnections between poverty, development and violent conflict'.
One will 'become familiar with the terminology of development and core issues such as poverty, inequality and health'. And 'then look at the underlying causes of structural violence at local and global levels and at the relationship between direct violence and a range of economic, social and political issues'.
Those following this course 'will be given the chance to explore (his or hers) understanding of these relationships by applying (his or hers) knowledge to real world case studies of violent conflict'.
Finally he or she will 'analyse possible solutions to the problems of structural and direct violence'.
The chapters concern *An overview of development*, *Poverty, inequality and violence*, and *Responses to structural violence and the underlying causes of direct violence*. On top it has a chapter with *Case studies*. Of course as usual they contain a textbook, e-cases and test questions.
Course five is the one most concerning itself with medical prevention of violent conflict and is titled *Peace through health in violent conflict*. By the end of this course the scholar should be able to 'describe key aspects of the history of war and medicine and how they are interrelated in different contexts' and to 'understand how health and health care are influenced by war'.
The accompanying text learns us that 'for centuries health professionals have had to respond to the death, sickness and injury that results from armed conflict. They do so in both the acute and post-conflict stages, and respond to the increased needs of different groups in various roles: as community, public or private health workers; as members of humanitarian organizations; and as part of the armed forces'.
It also states that 'the historical relationship between war and medicine has changed over the centuries, into the sometimes still complex relations between them today, including the current debate about armed forces' involvement in humanitarian assistance, much of which relates to health'.
In all those centuries, and certainly today, 'health professionals have sought to promote peace, prevent conflict and mitigate its effects in various ways, and ensure that their own actions do no harm. They need to be aware of these concepts and the experience of their implementation, in order to analyse a particular situation and select appropriate interventions. The need to promote peace and prevent a resurgence of conflict continues long after active fighting has finished. Psychosocial issues will need addressing, and issues of reconciliation and justice. A greater awareness of these issues will encourage more effective peace-health interventions in armed conflict and its aftermath, and enable health workers to make a significant contribution to preventing conflict and promoting peace'.
It is a statement mainly concerning the second and third chapter: *Offering support during violent conflict* and

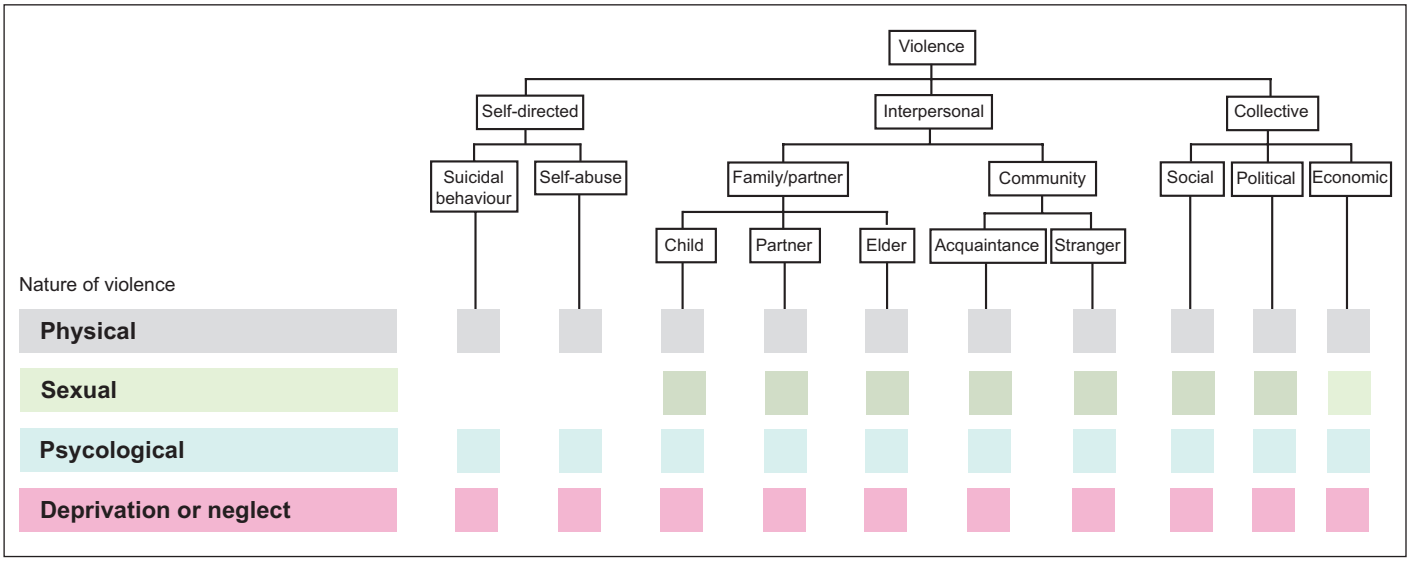


**Figure 2: A typology of violence.**

*Improving mental health after violent conflict*. This of course all sounds great, but reality is harsh, as luckily is acknowledged in chapter 1 putting medical feet firmly back on the ground: *Medical assistance in violent conflict*. Course six, on *Refugee and migration challenges* wants to 'describe the needs of refugees and migrants related to their health and wellbeing; understand the psychosocial impacts of the violent conflicts they may have escaped and the difficulties they are likely to have experienced during their journey into exile; (let you) acquire skills in culturally sensitive health care provision and (wants you to) be able to analyse ethical dilemmas in relation to health and refugee work'.

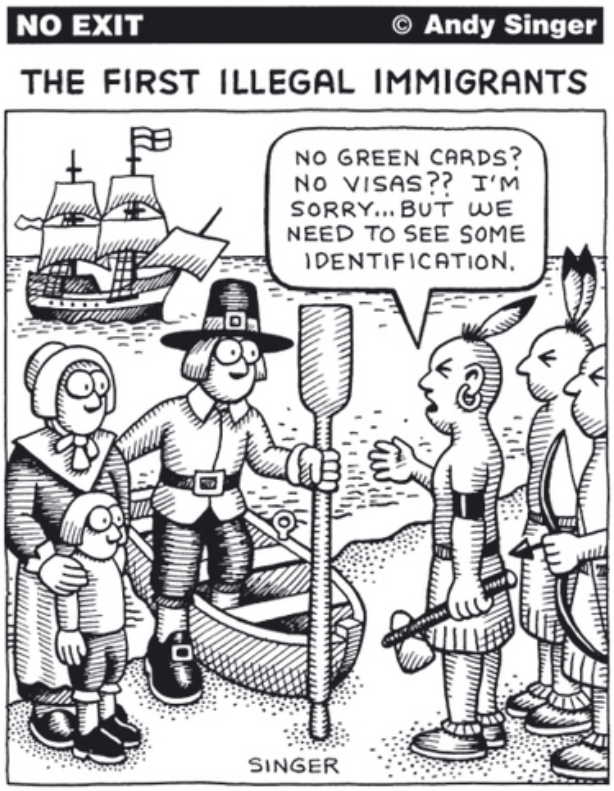


**Figure 3: A critique on human rights restricting measures consequented by the war on terror.**

Although migration in itself is not an act of violence, it certainly deserves a place in the MPW-course because - external or internal - it is probably the greatest health challenge resulting from war, greater even than the direct effects of violence. Besides, as was the case in Congo after the Ruanda-genocide, refugee camps can be (mis)used by perpetrators to reorganise and regain strength.
It contains an introduction to asylum and migration followed by three more chapters on *The migrant's journey and life in a camp*; *Adapting to a new landscape*, and *Ethics and self care for health workers*.
Finally course seven - Prevention of interpersonal and self-directed violence - explores violence in a local setting, bringing it closer to Western societies. Its objectives are to 'analyse the origin and extent of different types of violence at the micro level, including community violence, domestic violence and suicide. It will help you describe risk factors and prevention strategies for each type of violence'.

The Johannes Wier-Foundation and the NVMP are now trying to get the course accredited in the Netherlands as well. It looks good for already the medical faculties of Groningen and Utrecht have agreed to try and fit in into the curricula. But no matter what the future will bring: MPW certainly already is a major, modern contribution to the spread of knowledge of a subject we all think is interesting and important: the relationship between health, healthcare and violence.

## SAMENVATTING

### HET MEDICAL PEACE WORK PROJECT

Eind 2011 is de digitale cursus voor medici en ander gezondheidswerkers, www.medicalpeacework.org, online gegaan. In zeven ook afzonderlijk van elkaar te volgen lessen, wordt de cursist op de hoogte gebracht van bijvoorbeeld de juridische regels betreffende gezondheidszorg en geweld (van kleinschalig tot oorlog) en de medische (psychische en fysieke) gevolgen van geweldgebruik en van verschillende wapens en strategieën. Ook wordt ingegaan op de oorzaken van geweldgebruik, zoals armoede, en de gevolgen ervan, zoals vluchtelingenstromen, die ook weer allerhande medische problemen met zich brengen.
De cursus is reeds geaccrediteerd in Noorwegen en ook in Nederland zijn de Johannes Wier Stichting en de NVMP-Gezondheidszorg en Vredesvraagstukken, druk doende dit te bewerkstelligen.