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**Health, Human Security and Social Justice**

by

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September 2002

prepared for the conference

“Health and Social Justice”

Amman, Jordan

1-3 October 2002

sponsored by

Royal Institute for Inter-Faith Studies

ISBN # 0-945369-23-9

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## Abstract

Growing interdependence among the nations and peoples of the world demands new ways of thinking about how we can work together to pursue common interests and deal with shared threats. Moreover, there is growing agreement that security concerns should not be framed solely in terms of the interests of states, or of powerful non-state actors such as corporations. These imperatives have found expression in the concept of human security, a concept that embraces social justice. This concept is an organizing principle that places the welfare of people at the core of programmes and policies.

Health can be a unifying dimension for human security because it provides a context within which to build an array of partnerships: across disciplines (e.g., science, medicine, economics); across sectors (e.g., health, education, economic development); and across agencies (including government and nongovernment agencies). Thus, health provides a unique opportunity for deeper understanding and implementation of human security. A people-centred approach is also a fundamental component of public health policies. It is time to re-assess the role of public health in building a safer, more secure world. Health-related programmes can provide an important neutral platform, because health is universally valued.

Field experience in integrating conflict management with health care is of particular interest in the context of health, human security and social justice. Experience in the Balkans and in the North Caucasus demonstrates that, in situations of conflict, shared health concerns can create neutral fora for discussion and collaboration. Furthermore, health issues can provide a useful platform from which to address fundamental obstacles to peace, such as discrimination, polarization and the manipulation of information. Health-care delivery programmes that feature cooperation between health professionals from different sides of a conflict can be a model for collaborative action, and can create the sustainable community infrastructure that is essential for social justice and human security.

This paper begins with a general discussion of human security. Then, it focusses on the role of health and social justice as major, mutually-reinforcing pillars of human security. The potential benefits of pursuing health and social justice within a human-security framework are illustrated by experience with two practical endeavours. Finally, the paper outlines a strategy for capturing such benefits on a global scale.

## About IRSS

The Institute for Resource and Security Studies (IRSS) is an independent, non-profit corporation. It was founded in 1984 to conduct technical and policy analysis and public education, with the objective of promoting international security and sustainable use of natural resources. IRSS projects always reflect a concern for practical solutions to resource, environment and security problems, and can range from detailed technical studies to preparing educational materials accessible to the public.

To complement its analytic and educational work, IRSS engages in public participation, dialogue facilitation and conflict management through its International Conflict Management Program. This program works with people of diverse perspectives and interests, to improve communication, build understanding, promote cooperation, and develop new models for sustainable community reconstruction and reconciliation. IRSS has developed a strategic approach to the enhancement of human security through conflict management. We describe this approach as “integrated action.” In this approach, measures to prevent, resolve, or manage conflict, and measures to promote social reconstruction in post-conflict situations, are integrated with health care or with other social functions. IRSS employs an integrated-action approach in a range of field projects. Chief among these is the Health Bridges for Peace project, through which IRSS has developed, or is developing, medical networks for social reconstruction and human security in regions that have suffered violent conflict and war, including the Balkans, the North Caucasus, and the Middle East. IRSS has provided consultation to intergovernmental organizations, including work on the development of policies and programmes at the intersection of health and human security.

## About the Authors

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Drs Gutlove and Thompson have authored numerous articles, studies and reports on issues at the intersection of health care, conflict management and human security.

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## 1. Introduction

"In an increasingly interdependent world, nations and peoples must think afresh about how we manage our joint activities, advance our shared interests, and confront our common threats. No shift in the way we think or act is more critical than that of putting people at the centre of everything we do. That is the essence of human security. That is something that all people -- in rich and poor countries alike, in civil society or the precincts of officialdom -- can agree on. And it is something that, with political will, can be placed at the heart of the work of the UN -- our work to create security where it has been lost, where it is under threat, or where it has never existed."

Kofi Annan, UN Secretary-General<sup>1</sup>

In the statement excerpted above, Kofi Annan offers the concept of "human security" as an organizing principle that can be placed at the heart of the work of the UN. Many other world leaders have endorsed the concept with similar enthusiasm. This concept has been part of the discourse of diplomacy and international humanitarian work for only a decade, still has varying interpretations and has not yet entered public discourse. Nevertheless, the concept of human security offers particular promise as a framework for debating and acting upon humanity's shared interests and mutual vulnerabilities.

In the contemporary world, social justice is conspicuously absent in many social domains, including the domain of health. Some populations enjoy much better health and access to health care than do others. Yet, as global interdependence becomes increasingly evident, there is growing recognition that a secure foundation for health cannot be provided for any population unless every population enjoys at least some minimal level of health. Social justice is, therefore, a precondition for health, and vice versa. More broadly, health and social justice are major, mutually-reinforcing pillars of human security.

Supporters of the concept of human security argue that it will broaden the scope of policy debates and create new opportunities for addressing humanitarian concerns. Some critics argue that human security is simply a re-packaging of old ideas. However, even the critics agree that the lives of millions of people are plagued by insecurity, and that future events could undermine the security of many more people. Similarly, there is now broad agreement that security concerns should not be framed solely in terms of the interests of states, or of powerful non-state actors such as corporations. Given these imperatives, the concept of human security deserves careful attention. At present, there is no competing principle for comprehensively addressing humanitarian needs.

This paper begins with a broad discussion of human security. In this discussion we address contemporary threats to individuals and societies, evolution and definition of the concept of human security, and application of the concept to practical programmes. Then, the paper focusses on the role of health and social justice as major pillars of human security. A general review of this role is followed by descriptions of two endeavours that illustrate the benefits that can arise if health and social justice are pursued within the context of human security. (One endeavour is the creation of “health bridges for peace”; the second is an international consultation on health and human security.) We then offer a comprehensive strategy for enhancing health and social justice within a human-security framework. The paper ends with conclusions and a selected bibliography.

## 2. Present and Potential Threats to Individuals and Societies

Millions of people around the world live in conditions of chronic insecurity, mostly because they are poor. This situation reflects a lack of social justice at the global level. As the World Bank has said:<sup>2</sup>

"Poor people live without fundamental freedoms of action and choice that the better-off take for granted. They often lack adequate food and shelter, education and health, deprivations that keep them from leading the kind of life that everyone values. They also face extreme vulnerability to ill health, economic dislocation, and natural disasters. And they are often exposed to ill treatment by institutions of the state and society and are powerless to influence key decisions affecting their lives. These are all dimensions of poverty."

The effect of poverty on health is readily apparent from global data. For example, the mortality rate of children under five years of age (deaths per 1,000 live births) is 120 or greater for the 40 percent of the world's people who reside in low-income countries, whereas the rate is 35-39 for the 45 percent of people who reside in middle-income countries and 6 for the 15 percent of people who reside in high-income countries.<sup>3</sup>

Although the populations of richer countries enjoy better health than those of poorer countries, they are potentially susceptible to infectious diseases. Such diseases account for a quarter to a third of deaths worldwide, and could spread rapidly in the modern era. About 2 million people cross international borders each day, including about 1 million people passing between developed and developing countries each week. As a result of this interchange of populations, together with a high level of international trade, no population can be completely shielded from infection. This point is illustrated by a trend in the United States, where annual infectious disease deaths have doubled to 170,000 after reaching a historic low in 1980. Epidemics of new diseases or drug-resistant forms of

familiar diseases could dramatically accelerate this trend. Such epidemics are especially likely to begin in populations that suffer from poverty, social breakdown and insecurity.<sup>4</sup> Thus, richer populations have a direct interest in ensuring that poorer populations enjoy basic health security. In other words, social justice serves the interests not only of the disadvantaged, but also of the rich and powerful.

Linked with the threat of infectious disease is the threat of bioterrorism. Many nations and sub-national groups now have the capability to prepare and disseminate pathogenic microbes, and this capability will become even more widespread in the future. The propensity of a group to apply this capability for a malicious purpose will be influenced by a variety of factors, one of which will be the group's perception of social injustice. While it would be foolish to attribute the entire threat of bioterrorism to social injustice, it would be equally foolish to ignore the potential for poverty, insecurity and injustice to motivate terrorists or provide a rationale for their actions. Thus, social justice can be viewed as a global security measure, in the sense that it reduces the potential for bioterrorism and other forms of terrorism.

Moreover, social justice can improve a society's capability to defend itself against bioterrorism. For example, it has become clear that the US government's ability to detect and respond to disease outbreaks in the US homeland is handicapped by two forms of social injustice. First, more than 40 million US citizens lack health insurance. Second, the numerous illegal immigrants in the United States are denied access to federally-funded medical clinics.<sup>5</sup> As a result, these two populations have limited contact with the health-care system, potentially allowing an undetected epidemic to begin within their ranks.

Violent conflict has always been a threat to the security of individuals and societies. In recent decades, episodes of violent conflict have tended to occur in lower-income countries. However, higher-income countries are not exempt from this scourge, as residents of the former Yugoslavia discovered in the 1990s. Wherever violent conflict occurs, it has significant direct and indirect costs.<sup>6</sup> Collateral impacts -- resulting from factors such as economic dislocation and the degradation of public health infrastructure -- remain evident for years after violence has ceased. Some weapons, notably land mines, remain for decades after a violent conflict is over and continue to maim and kill.

The ultimate level of violent conflict is nuclear war, a potential catastrophe that is, for most people, difficult to imagine. However, the threat is real, and it can be analysed. The consequences of a global nuclear war were examined in a special issue of the Swedish journal *Ambio* in 1982, whose findings included the statement:<sup>7</sup>

"In such a war no nation on earth will remain undamaged. The industrialized societies of the Northern Hemisphere will be totally destroyed, and hundreds of

millions of people will die, either directly or from the delayed effects of radiation. Even greater numbers may ultimately perish there and in Third World countries as a result of the collapse of their societies and of the international exchange of food, fertilizers, fuel and economic aid. The environmental support system on which man is dependent will suffer massive damage."

These findings illustrate the interdependence and mutual vulnerability of all people, both rich and poor, in the modern world. However, political leaders sometimes seem unaware of the extent of our interdependence and mutual vulnerability, and of the existence of factors that could destabilise the present international order. These factors include economic inequality, poverty, political grievances, nationalism, environmental degradation and the weakening of international institutions. Military strategists, who are obliged to consider a range of contingencies, have considered factors of this kind and concluded that the future will not necessarily be benign. For example, a 1995 study for the US Department of Defense contains the statement:<sup>8</sup>

"If the worst does transpire, the world could combine the negative features of nineteenth-century geopolitics, twentieth-century political passions, and twenty-first century technology: a chronically turbulent world of unstable multi-polarity, atavistic nationalism, and modern armaments."

Over the coming decades, human society will be vulnerable to a variety of threats that are complex, inter-related and potentially additive, leaving but a short window of opportunity to reverse trends and improve the quality of human life. The Stockholm Environment Institute (SEI) has identified a range of scenarios for the future of the world over the coming decades, and has studied the policies and actions that will tend to make each scenario come true. In summarising this work, SEI states:<sup>9</sup>

"In the critical years ahead, if destabilizing social, political and environmental stresses are addressed, the dream of a culturally rich, inclusive and sustainable world civilization becomes plausible. If they are not, the nightmare of an impoverished, mean and destructive future looms. The rapidity of the planetary transition increases the urgency for vision and action lest we cross thresholds that irreversibly reduce options -- a climate discontinuity, locking-in to unsustainable technological choices, and the loss of cultural and biological diversity."

Thorough, objective consideration of potential threats to individuals and societies is needed for a productive discussion of human security. Careful analyses, such as that by SEI, show clearly that the security of the world's people is, ultimately, indivisible. We all share a fragile ecosystem and a range of vulnerabilities, including potential susceptibility to new types of infectious disease. None of us can be fully secure unless all of us have at

least some minimal level of security. Moreover, the available time for effective action is limited.

### 3. Evolution and Interpretation of the Concept of Human Security

There is an extensive literature on human security, including documents that review the evolution and interpretation of the concept.<sup>10</sup> Within this literature, there is agreement that human security refers to the security of people as individuals or in small communities. In this way, human security stands in contrast with security concepts that focus on the security of collective entities or resources. For example, "national security" refers to the security of a nation and its territory, while "energy security" refers to a nation's access to energy resources such as oil.

The ideas leading up to the present concept of human security have been described as follows:<sup>11</sup>

"While the term "human security" may be of recent origin, the ideas that underpin the concept are far from new. For more than a century -- at least since the founding of the International Committee of the Red Cross in the 1860s -- a doctrine based on the security of people has been gathering momentum. Core elements of this doctrine were formalized in the 1940s in the UN Charter, the Universal Declaration of Human Rights, and the Geneva Conventions."

During the 1980s, these ideas were further developed through debates that centred on disarmament issues. One strand of thinking about human security can be traced to a debate about "common security" that occurred during the final decade of the Cold War. This debate was catalyzed by the publication in 1982 of the report of an independent commission chaired by the Swedish statesman Olof Palme.<sup>12</sup> Common security offered an alternative vision to the Cold War confrontation, a vision in which nations cooperated to prevent conflict and to enhance the well-being of humanity. This vision found expression at the governmental level in the work of the Conference on Security and Cooperation in Europe (CSCE), which addressed issues ranging from multilateral arms control to human rights. The vision also nurtured a wide variety of nongovernmental initiatives. For example, health professionals worked through the International Physicians for the Prevention of Nuclear War (IPPNW), not only to end the East-West nuclear confrontation but also to promote humanitarian objectives such as improved health care in poorer nations.<sup>13</sup>

The concept of human security became widely known through the Human Development Reports published by the UN Development Programme (UNDP) in 1993 and 1994. The 1994 report is said to be the first document to provide a comprehensive definition of

human security.<sup>14</sup> The concept was described as the security of persons in seven domains: economic security (assured basic income); food security (physical and economic access to food); health security (relative freedom from disease and infection); environmental security (access to sanitary water supply, clean air and a non-degraded land system); personal security (security from physical violence and threats); community security (security of cultural identity); and political security (protection of basic human rights and freedoms). Chronic and acute threats to security were recognized. Human security was identified as a universal need, in recognition of the interdependence of people in the modern world. The preventive aspect of human security was emphasised, and a distinction was drawn between human development -- which is about widening people's economic choices -- and human security -- which is about people being able to exercise these choices safely and freely.

The UNDP definition has not been universally employed, as illustrated by the differing interpretations of human security that have been used by the governments of Canada and Japan. Both countries are important supporters of human security initiatives. Canada has described its position as follows:<sup>15</sup>

"A wide range of old and new threats can be considered challenges to human security; these range from epidemic diseases to natural disasters, from environmental change to economic upheavals. Through its foreign policy, Canada has chosen to focus its human security agenda on promoting safety for people by protecting them from threats of violence. We have chosen this focus because we believe this is where the concept of human security has the greatest value added -- where it complements existing international agendas already focussed on promoting national security, human rights and human development."

Japan has adopted a broader focus for its work on human security, based on an interpretation somewhat like that of UNDP. The Japanese position has been described as follows:<sup>16</sup>

"Japan emphasizes "Human Security" from the perspective of strengthening efforts to cope with threats to human lives, livelihoods and dignity [such] as poverty, environmental degradation, illicit drugs, transnational organized crime, infectious diseases such as HIV/AIDS, the outflow of refugees and anti-personnel land mines, and has taken various initiatives in this context."

To some extent, differing views on human security reflect differing views on related issues of international policy. For example, the personal-security domain of human security is linked to the potentially controversial issue of "humanitarian intervention" in the affairs of states.<sup>17</sup> However, differing perceptions of the utility or "value added" of human

security also play a powerful role in influencing the decision of an actor -- such as a government -- to emphasise one or another domain of human security.

Ultimately, there is not really a divergence of interpretation of the concept of human security. In fact, as illustrated by the Canadian and Japanese positions quoted above, there is broad consensus that human security has multiple domains. There is much less consensus about applying the concept. At any given time, a particular actor will choose to emphasize some domains of human security more than others. However, these differing choices need not be an obstacle to the broad application of human security.

#### **4. Toward an Operational Definition of Human Security**

A decision by a government or other actor to emphasize a particular domain of human security will reflect the answers to at least three questions. First, in this domain is there an existing agenda for debate and a framework for implementing practical actions? Second, will application of the human security concept in this domain provide added value? Third, is this domain one where I (the actor) can make a significant contribution? Affirmative answers will encourage the actor to proceed.

These questions could be framed and answered in the absence of consensus on an operational definition of human security. However, the existence of a consensus would facilitate the questioning process. More importantly, a consensual, operational definition would facilitate the implementing of practical actions. Such a definition would help to ensure that actions taken by multiple actors, across multiple domains, would be synergistic. Recent analysis provides a framework that could, over time, yield an appropriate definition. This framework brings together two ideas.

The first idea, which has been discussed in a paper prepared for the Commission on Human Security by Sabina Alkire, is that the objective of human security should be to provide a "vital core" or minimal set of conditions of life.<sup>18</sup> There is a clear implication that a person lacking these conditions deserves assistance. People whose conditions of life are above the minimal level may live in comparatively undeveloped circumstances. However, they have a basic level of security that allows them to plan and work for a better future for themselves, their families and their communities. Their progress in this respect can be described as human development. Human security, defined in this manner, is a necessary, although not sufficient, precondition for human development.

The second idea is that the minimal set of conditions for a secure life can be specified by setting thresholds in each of a number of selected domains of human security. A person is said to be secure if her conditions of life, in every domain, are above the threshold value. Conversely, falling below the threshold in any domain places the person in a state

of insecurity. With this formulation, there is no need for weights to be assigned to the domains. This idea has been refined by two analysts -- Gary King and Christopher Murray -- who are associated with the World Health Organization (WHO).<sup>19</sup> They have identified five domains of human security: income; health; education; political freedom; and democracy. For each domain, they have identified indicators that are widely used by entities such as the World Bank and UN agencies. For each indicator, a threshold value can be chosen.

In combination, these two ideas provide a framework for discussions that could lead to a consensual, operational definition of human security. During these discussions, a variety of domains, indicators and thresholds could be considered. Ultimately, there could be a consensus to adopt the seven domains articulated by UNDP, or the five domains proposed by King and Murray, or some other set of domains. For each domain, it would be necessary to reach consensus on indicators that are measurable, consistent over time, and appropriate for worldwide application. Before the chosen domains and indicators could be employed operationally, there would need to be consensus on an initial set of thresholds. Over time, assuming that the state of human security improves, the thresholds could be raised.

Efforts to develop a consensual definition of human security should be accompanied by comparable efforts to develop a consensual analytic framework for the application of human security. In view of the preventive aspect of human security, this framework must support forward-looking assessments of potential threats to human security. The framework must also support the planning, implementation and evaluation of actions that are taken to preserve human security. These actions will typically involve multiple actors, working across multiple domains.

### **5. Applying the Concept of Human Security to Practical Programmes**

The concept of human security will demonstrate its utility when it is used to guide the planning and implementation of practical programmes of action. In this context, one must remember that, as a general rule, these programmes will continue a pre-existing strand of activity. Also, human-security programmes must be consistent with existing strategies for humanitarian work. A notable strategy of this kind is the set of Millennium Development Goals through which the UN system is operationalising the development goals set forth in the UN Millennium Declaration of September 2000.<sup>20</sup>

Human security must, if it is to be a useful concept, bring added value. This can occur in at least four ways. First, human security can provide a clear and compelling objective for humanitarian work. Second, human security has a preventive aspect, which can stimulate forward-looking contingency planning. Third, human security emphasises global

interdependence, and can therefore mobilize additional resources and new partnerships. Fourth, human security addresses interacting threats in multiple domains, and can therefore stimulate holistic, comprehensive threat assessment and programme planning.

The fourth of these points can be illustrated by the interacting threats that must be considered in connection with the health domain of human security. For example, poor economic conditions, social injustice or bad governance can undermine health care and promote political or criminal violence. When violence occurs, it can have adverse effects on health, either directly or through collateral effects such as economic dislocation, food shortages or degradation of the infrastructure for public health. Adverse effects on health can have adverse implications for the economy. The potential for a downward spiral in the conditions of life is obvious. Such a spiral can be difficult to arrest or reverse. A holistic response is essential, preferably in a preventive mode.

Planning and implementing a holistic, forward-looking response in each relevant situation will require new mechanisms for cooperation among actors. To facilitate this enhanced cooperation, and to ensure that the lessons of experience are rapidly incorporated into programmes, new mechanisms of information exchange, organisational learning and programme evaluation will be needed. Meeting these requirements will demand additional resources. Thus, new investments will be needed to capture the value that can be added by applying the concept of human security. However, these investments could be repaid many times over through enhanced effectiveness of programmes and the mobilisation of new resources.

### **6. Health and Social Justice as Pillars of Human Security**

As pointed out above, practical programmes that are guided by the concept of human security will generally continue a pre-existing strand of activity. This will certainly be true in the health sector, in which there is a rich body of experience and active planning of new programmes. A notable example of current planning is the action agenda that has been set forth by the WHO Commission on Macroeconomics and Health (CMH).<sup>21</sup> This action agenda, which complements the Millennium Development Goals, focusses on the health needs of the general population in low-income countries and the poor in middle-income countries. The financing plan for the action agenda involves a substantial increase in donor commitments above the \$7 billion available in 2001, to \$27 billion in 2007 and \$38 billion in 2015. The plan also calls for increased local expenditures on health. These recommendations are predicated on the practical necessity of pursuing social justice, both within and between nations.

The concept of human security can bring added value to the CMH action agenda, in at least three ways. First, the human-security perspective can be used to mobilise new

resources to support the action agenda. Second, the human-security perspective can catalyse new partnerships that recognise global interdependence and complement the action agenda; the linked threats of infectious disease and forced population movement provide one context for such partnerships, while the similarly-linked threats of infectious disease and bioterrorism provide another context. Third, the human-security perspective can link the CMH action agenda with programmes that address related objectives -- such as the prevention of violent conflict -- and can thereby enhance the effectiveness of both strands of effort.

The potential for new partnerships that address the mutual threat of infectious disease -- to developed and developing countries alike -- was evident from discussions at a March 2002 conference on human security, held at American University in Washington, DC. According to a press account of a session on global health and human security:<sup>22</sup>

"US National Institutes of Health senior researcher Samir Khleif... said the continuing prevalence of easily preventable diseases in developing countries demonstrates the huge disparities between developed and developing countries and has 'tremendous' implications for the security of North-South relations.

Every year, 3.5 million people die from pneumonia, 2.2 million from diarrhea, 1 million from malaria, 1 million from measles and millions more from tuberculosis -- all easily preventable diseases that have a devastating impact on human and economic development in the global South. Khleif said that health should be an essential human right, not a 'privilege.'

'Investing in global health is an investment in national security,' said Khleif, noting that no country is completely isolated from the diseases of the poor because of the effects of globalization, more mobile populations and migration patterns. Citing the United States as an example, Khleif said that 40 per cent of TB cases have originated with immigrants and that the United States was unable to prevent the trans-Atlantic importation of the West Nile virus. 'You can't stop TB at the border,' he said."

Another illustration of the potential for new partnerships is concern about the threat of smallpox as an instrument of bioterrorism. This threat is stimulating actions around the world. For example, the WHO Regional Committee for the Eastern Mediterranean has requested the Regional Director to prepare a plan to ensure the availability of a strategic stock of smallpox vaccine to serve the region.<sup>23</sup> As another example, the US government recently urged Americans to consider mass, voluntary smallpox vaccinations. In view of the potential for rapid spread of infectious disease in the modern world, one can argue that actions of this kind should be coordinated, as part of a broader effort to develop a

comprehensive, global response strategy to address the linked threats of infectious disease and bioterrorism. Such a strategy would recognise the interdependence and mutual vulnerability of all people, would accept social justice as a global security measure, and could catalyse a wide range of new partnerships.

There is already a body of experience with international collaboration to control infectious diseases. Nations have been willing to cooperate to a remarkable degree, and to accept the authority of international organisations, because they recognise their mutual vulnerability. An excellent illustration of this phenomenon is provided by WHO campaigns to address polio, malaria and TB in Southeast Asia.<sup>24</sup>

As pointed out above, one way in which the human-security perspective can add value is by linking the CMH action agenda -- whose focus is health -- with programmes that address related objectives -- such as the prevention of violent conflict, the improvement of governance, or economic development. Human security provides a perspective that can facilitate the linking of such strands of effort, to their mutual benefit. To illustrate, consider two observations from experience. First, violent conflict and bad governance are severe constraints on the effectiveness of health interventions, and these constraints are difficult to address.<sup>25</sup> Second, programmes for the peaceful management of conflict and the promotion of social reconstruction can be successfully integrated with health interventions.<sup>26</sup> Thus, the potential exists for mutually-beneficial linkages between health programmes and other programmes.

Experience in integrating conflict management with health care is of particular interest in the context of health and human security. In situations of conflict, shared health concerns can create neutral fora for discussion and collaboration. Furthermore, health issues can provide a useful platform from which to address fundamental obstacles to peace, such as discrimination, polarisation and the manipulation of information. Health-care delivery programmes that feature cooperation between health professionals from different sides of a conflict can be a model for collaborative action. Moreover, such programmes can create the sustainable community infrastructure that is essential for enduring peace. Health programmes can be a unifying influence in post-conflict situations; relevant programmes could include research/action programmes, sustained inoculation campaigns and public health education.<sup>27</sup>

### **7. Health Bridges for Peace**

Much of the experience in integrating conflict management with health care has been conducted under the rubric "health bridges for peace". This body of experience provides an important illustration of the benefit of pursuing health and social justice within the context of human security.

Health professionals have a special role to play in healing violence-ravaged communities and enhancing a society's potential for human security.<sup>28</sup> They have an intimate association with the people who have suffered mentally and physically from armed conflicts. They are often well educated, and have stature and access to a wide range of community groups. Health professionals can create a "bridge of peace" between conflicting communities, whereby delivery of health care can become a common objective and a binding commitment for continued cooperation. Also, health professionals can assist reconciliation after the trauma of war, through a healing process that restores relationships at individual and community levels.

In a post-conflict community, the health infrastructure is often one of the few to be aided by international and NGO assistance. This can provide options for communication, transport, technology transfer, and educational support that are otherwise unavailable.<sup>29</sup> In complex emergencies there is often a paralysis of the state, whereas health professionals can facilitate the development of sustainable institutions that deliver health care while addressing issues of social justice and human security. Furthermore, international medical organisations have experience in building bridges between medical communities in developing and developed countries, North and South, East and West.

Delivery of health care has been the basis for significant cooperation between parties that have been divided by violence, as has been documented by the War and Health Program of McMaster University in Canada.<sup>30</sup> UNICEF has pioneered the promotion of humanitarian cease-fires for pediatric immunisations, and the brokering of "corridors of peace" to allow the transport of medical supplies. WHO has demonstrated the potential for health to be a unifying influence through research/action programmes, sustained inoculation campaigns and health-education programmes in conflict-torn areas.<sup>31</sup>

The Institute for Resource and Security Studies (IRSS) has sought to increase the potential for the health community to enhance human security, and has done this by promoting the integration of health care with conflict management in selected conflict and post-conflict situations. IRSS's experience shows that social reconstruction, the healing of inter-communal relationships, and the transformation of violence-habituated systems can be significantly enhanced by training and assistance in the concepts and skills of conflict management.<sup>32</sup> The field of conflict management encompasses efforts to prevent violent conflict, to mediate existing conflict, and to reconcile communities in the aftermath of violent conflict. Conflict management processes that address the underlying causes of conflict and provide sustainable structures for adaptive social change can transform the ways in which groups and societies deal with differences. This transformation, away from dealing with differences through violence and destruction, and toward constructive, cooperative interaction, is essential to sustainable peace, social justice and human security.

In 1996, IRSS launched the Health Bridges for Peace (HBP) project to help health-care professionals realise their potential to heal violence-ravaged individuals and communities. The purpose of the project is to utilise a shared concern, namely the restoration of public health, as a vehicle to convene, engage, and train health-care professionals in conflict management and community-reconciliation techniques. Also, once these professionals are trained, they are assisted in designing and implementing inter-communal activities that integrate community reconciliation and conflict prevention into health-care delivery. In 1997, IRSS initiated the first HBP field programme in the former Yugoslavia. The second HBP field programme was initiated in the North Caucasus in November 1998.

The HBP field programme in the former Yugoslavia helped to launch the Medical Network for Social Reconstruction in the former Yugoslavia (the Medical Network). Founded in 1997, the Medical Network is a network of health-care professionals drawn from all parts of the former Yugoslavia. It is dedicated to facilitating healing and recovery processes that promote individual and community health and empowerment and the prevention of future conflicts in its region.

The Medical Network is founded upon two major beliefs:

- First, violent conflict and war are the ultimate threat to public health.
- Second, the health community has a unique and crucial role to play in promoting a healthy society, by mending the physical and psychological wounds of individuals and communities, by rebuilding structures for public health care, and by creating bridges for community reconstruction and social reconciliation.

The Medical Network convenes conferences and engages in a range of health-care delivery and social-reconstruction activities. To date, IRSS has facilitated and co-convened with the Medical Network nine international HBP conferences and more than thirty workshops and seminars. More than four hundred health care providers, physicians, government health officials, health administrators, psychologists and academicians from all parts of the former Yugoslavia have participated in Medical Network conferences, seminars and meetings, exhibiting a high level of inter-ethnic cooperation. Through these meetings and other projects, the Medical Network has promoted professional exchange, training, and joint humanitarian assistance projects in a variety of areas, including: war-trauma recovery; special issues in refugee medicine; social reconstruction in cooperation with other professional groups (e.g., police, teachers, social workers); health care for the war-injured physically challenged; and special issues of war-affected children.

Training is recognised within the Medical Network as one of the most effective ways to bring together professionals from divided communities. Training programmes have been developed and taught by Medical Network members in cooperation with international

experts in specialised areas. The training of physicians from Bosnia, Serbia and Croatia, for example, has provided a context for cooperation and the renewal of relationships. Many training programmes have involved the training of trainers, and mixed-ethnic teams of trainers have been developed.

One of the first cooperative projects of the Medical Network was the development of a training programme for psychosocial assistance to promote trauma recovery. Trauma recovery is closely related to peacebuilding efforts; both are ultimately about developing or restoring healthy human relationships. Trauma recovery implies the decrease of loneliness, mood improvement, a sense of inner peace, a decrease in isolation, anger and bitterness, and a decrease in feelings of animosity and hatred toward others. Trauma recovery can only take place in the context of relationships. Recovery cannot occur in isolation because it is necessary to heal the psychological faculties that were damaged by the trauma, and this healing can only occur through relationships with other people.

Trauma-recovery training has both content and relational dimensions. The content of the training changes as the training context evolves from basic trauma treatment to large-scale social reconstruction. The relational dimension also evolves, as trainers, caregivers and their clients all need sustainable support structures that can develop as their roles evolve. Trauma healing must, therefore, be integrated into a program of psychosocial assistance. The psychosocial approach seeks to strengthen the remaining healthy resources within individuals, families and communities, and to help new ones evolve. It is important to coordinate psychosocial efforts so as to be synergistic with related humanitarian and democracy-building efforts in a region. In this way, trauma recovery can lead to an integrated process of rebuilding the social infrastructure of a violence-ravaged society, strengthening the remaining healthy resources within individuals, families and communities while promoting reintegration, resettlement and retraining.

Building a community-based psychosocial assistance programme will open the way for the development of the NGO sector. The psychosocial approach to trauma recovery can lead to the development of new, community-based organisations. The Medical Network has found it functional to mobilise large numbers of volunteers for these organisations. In all post-war situations there is a tremendous lack of human resources, together with widespread poverty and a lack of state-supported health services. One solution to this problem is for health professionals to promote volunteer action, by training and empowering individuals and groups to engage in (unpaid) public-service and social-reconstruction activities. Volunteers, invited by and collaborating with the health professionals, can significantly improve the quality of life of persons with medical and psychosocial problems. Through voluntary work the values and practice of solidarity and of mutual help, regardless of religious, national or other attributes, are reinforced and promoted. In the period 1999-2002, Medical Network psychosocial-assistance

programmes have incorporated over 5,000 volunteers from all parts of former Yugoslavia into social-reconstruction efforts that enhance social justice and human security in the region.

The Medical Network has reached out to physicians from other war-devastated areas. In April 1998, physicians from Chechnya were guests at a Medical Network conference in Sarajevo. This stirred an interest in the North Caucasus for a HBP field programme, and a request to IRSS for assistance. In October 1998, IRSS convened a meeting in the North Caucasus that brought together Chechen, Ingush, North Ossetian and Russian health professionals for conflict-management training and guidance in developing collaborative public health activities. From this meeting the Medical Alliance for Peace through Health in the North Caucasus (Medical Alliance) was born. The Medical Alliance's planned cooperative public health projects, to be assisted by WHO, include: a regional network on tuberculosis control; cooperative centers for psycho-social rehabilitation; a North Caucasus inter-regional training center for the prevention of drug addiction; and a cooperative programme for prosthetic assistance to amputees in the North Caucasus.

In addition to creating opportunities for an integrated-action approach to conflict management, HBP field programmes have provided new hopes and possibilities to numerous indigenous health professionals. Many of them were in despair, and had all but given up their medical practice in the face of human and physical destruction. The HBP project has given them new opportunities, a new vision, and a new role in their community and in the world. It has demonstrated the potential of healing and collaborative action, and has built bridges between colleagues who thought they could never again work together. Similarly, for international agency field staff, HBP has expanded their mission and has sparked great excitement, both in the field and at headquarters.

The impact of HBP is not limited geographically to the former Yugoslavia and the North Caucasus. Health professionals from many other conflict areas (including other parts of Europe, Central Asia, South America and the Middle East) are interested in learning from, and emulating, the HBP programmes in the former Yugoslavia and the North Caucasus. International health and humanitarian assistance agencies -- such as WHO, UNHCR, CARE, UNICEF and others -- participate in IRSS's HBP programmes and/or have developed health-bridges programmes of their own. On the local level, some of these agencies are contracting with, or collaborating with, Medical Network personnel for trauma-recovery and peacebuilding work. At the policy level, IRSS is working with international organisations to develop policies and programmes whereby humanitarian assistance can be synergistic with the building of a healthy civil society, the enhancement of social justice and human security, and the creation of a culture of peace.

### 8. Cairo Consultation on Health and Human Security, April 2002

A second illustration of the benefit of pursuing health and social justice, within the context of human security, is provided by an international consultation on health and human security that was held in Cairo in April 2002. This three-day event was co-sponsored by three UN agencies -- WHO, UNFPA and UNAIDS. It was the first interagency forum to address the connection between health and human security, and brought together 50 participants, including representatives from a range of UN agencies, from states in the Eastern Mediterranean region, and from other regions including Western Europe and North America. Both governmental and nongovernmental institutions were represented.

The significance of holding the consultation in the Eastern Mediterranean region was underscored by the numerous and serious threats to both health and human security that exist in the region. Health was acknowledged by all to be a cornerstone of social, economic and political well being. Moreover, the consultation provided a working model of the multidisciplinary, comprehensive nature of the human-security approach. It was an interagency collaboration that provided opportunities for intra-regional and North-South dialogue, while encouraging multi-sectoral actions.

The role of health and social justice in human security was emphasised in a message sent to the consultation by the UN Secretary-General, Kofi Annan, as illustrated by the following excerpt:

“Health is one of the key building blocks of society. It is essential for economic growth, poverty reduction and social justice. It is a prerequisite for hope.....

We live in an age when the separation between national and international on the issue of health agendas no longer works and no longer exists. There is no dividing line between “foreign” and domestic” infections. We know that poverty lies at the root of many ills, and that ill health in its turn has a devastating effect on the economies of developing countries. If we are going to break this vicious circle, and ensure human security for all the world’s people, we will have to make a major investment in public health in the developing world.

The Cairo Consultation is well placed to promote dialogue between North and South and share knowledge and experience. Most of all, I hope you will spread the message that health and human security go hand in hand.”

The consultation had the following five objectives: to arrive at a common understanding of human security; to build consensus on the relationship of health to human security; to

identify the health and human security issues that are relevant to the participants in the consultation; to propose a working agenda on applications of health and human security strategies; and to propose a plan to disseminate and operationalise the consensus of the consultation.

The consultation participants identified public health as a crucial unifying dimension for human security because it provides a context within which to build an array of partnerships: across disciplines (e.g., science, medicine, economics); across sectors (e.g., health, education, economic development); and across agencies (including government and nongovernment agencies). Thus, public health provides a unique opportunity for deeper understanding and implementation of human security. Conversely, human security offers a new opportunity to re-define public health within a context of rights-based development.

A people-centred approach, which is the essence of human security, is also a fundamental component of public health policies. Thus, the consultation concluded that it is time to re-assess the role of public health in contributing to a safer, more secure world. Health can be an important neutral platform, because health is universally valued and health for all people can be a shared goal. At the consultation, it was noted that the trust that people place in the health profession can further the profession's role as an actor in wide-ranging human-security endeavours. In this light, health is uniquely positioned as a focal point for dialogue and action among disparate parties in government and civil society, among rich and poor alike.

The centrality of health and social-justice issues to the realisation of human security was illustrated by the tremendous human costs of new diseases such as HIV/AIDS, re-emerging old diseases such as TB, widespread environmental degradation, gender-based and other forms of violence, famine, various forms of discrimination, and recurrent social strife and territorial occupations.

Consultation speakers discussed the relationship between health and human security for communicable diseases. Speakers pointed out that communicable diseases produce social and political instability in the disease-impacted country. Moreover, these instabilities spread across international borders, producing global insecurity. In looking at specific diseases, it is clear that many communicable diseases, such as TB, Malaria, HIV/AIDS and parasitic diseases, all of which plague the Eastern Mediterranean region, pose not only direct threats to health, but also economic, social and political threats to human security. Economic threats are both direct and indirect, and can be calculated by a loss of productive members of the work force, and by the economic burden that diseases place on the health services. In the vicious cycle of poverty and health, poverty increases vulnerability to many infectious diseases, and these diseases increase poverty. Social

threats from infectious disease are apparent because these diseases disproportionately affect young, active people, thereby disrupting families and communities. Many infectious diseases are highly prevalent in situations of violent conflict and other complex emergencies. They increase political instability while drug-resistant strains increase as populations are forced to migrate. The spread of infectious disease is also often linked to human-rights abuses because marginalised populations, living in poverty, in refugee camps or in prisons, are often most vulnerable to infectious diseases, and these are the communities that have the most difficulty gaining access to treatment.

Also discussed were communicable-disease surveillance and the threat of biological weapons. These are areas in which national security overlaps directly with public health. Communicable-disease surveillance is facing new challenges from the changing nature of communicable diseases (e.g., drug-resistant strains) and the potential deliberate release of infectious agents. The threat of an event involving biological weapons, an event that may have low probability but high consequences, has changed in recent decades. Now, states that have not joined the relevant international conventions, and non-state actors, pose a threat. Epidemic alert and response is now based on a three-pronged strategy: containing known risks; responding to the unexpected; and improving preparedness on the community, country, regional and global levels. International public health policy provides a framework for pursuing this strategy through a global health partnership. For example, WHO and other international agencies are working on a response to the biological weapons threat that will improve technical support to member states.

Mine-victim assistance was identified by participants as an area of health that has greatly benefited from operationalising a human security approach. This effort has been assisted by the Human Security Network. Based on the September 1998 Kampala Declaration and the subsequent 1999 Maputo Strategy, the international effort for mine-victim assistance has adopted an integrated and comprehensive human-security approach. This approach has made mine-victim assistance an integral part of comprehensive, national reconstruction and development policies, with positive consequences for all victims of violence and injury. The approach has promoted inter-sectoral integration of assistance programmes and public policies, strengthening the planning- and programme-implementation capabilities of affected countries.

### **9. A Strategy for Health and Social Justice within a Human-Security Framework**

The preceding sections of this paper have shown that health and social justice are major, mutually reinforcing pillars of human security. Moreover, a human-security approach, properly refined and rooted in international consensus, can bring added value to existing policies and programmes. Thus, the world would benefit from a comprehensive strategy

for enhancing health and social justice within a human-security framework. Such a strategy is outlined here.

An effective strategy will promote collaboration by a wide range of actors, including: national governments; international agencies (e.g., WHO); private foundations; academic institutions; professional groups; citizen organisations; and businesses (e.g., pharmaceutical companies). Collaboration of this kind has become increasingly frequent in the modern era. However, if the potential benefits of the human-security approach are to be realised, future collaboration must be more intensive and must engage additional actors. It is especially important that people and institutions whose focus has been on national defence and security find a common purpose with their counterparts whose focus is health, social justice, and human security.

To facilitate the needed collaboration, there needs to be a consensual definition of human security and a consensual analytic and operational framework for the application of human security. This framework must support forward-looking assessments of potential threats to security, and the development of plans to respond to these threats. The lessons of experience must be rapidly incorporated into programmes; meeting this need will require new mechanisms for information exchange, organisational learning and programme evaluation. Moreover, these steps must be taken in a decentralised manner without any overarching authority. There is no organisation that possesses such authority and, in any event, the pursuit of social justice requires broad-based collaboration.

Given the multiple tasks that must be performed, and the diversity of actors who must be involved, there must be some division of labour. We propose four synergistic strands of effort to refine and implement the overall strategy. The four strands are: policy development; specific programme opportunities; research, training and technical collaboration; and outreach and promotion.

Work on policy development should be informed by experience in the field, to ensure that policies have an empirical basis. Policy decisions should be iterative, so that changes can be made as lessons are learned from experience. At the same time, policies must account for the evolving interests of the many actors involved. Needless to say, these are demanding requirements.

A wide variety of specific programme opportunities are available. Much work will be required to identify, select, plan and implement programmes that respond to these opportunities. The geographic scope of these programmes will range from the local to the global. Each programme should follow a structured-learning model, whereby the outcomes of actions are monitored and documented, and programme implementation is

adjusted accordingly. Findings from this experience should be widely shared, to inform policy development and other strands of effort.

Research, training and technical collaboration are inter-related areas of effort. A major focus of the research effort should be on learning from experience, whether at the policy level or through work on the ground. This would be accomplished by designing structured-learning evaluation models for policy and programme initiatives, and by independently observing these initiatives. The training effort would include building human capacities for research and for implementation of human-security programmes. Training would give special attention to the development of the leadership and management skills that are required when working with diverse actors, in multi-sectoral contexts, to achieve shared goals. Developing these skills would be one of the most significant value-added contributions that a human-security approach would make. The technical collaboration effort would involve the creation of professional relationships among researchers, managers, trainers and practitioners, worldwide. This effort would benefit from the establishment of an inter-university network for research and training on health, social justice and human security.

In the outreach and promotion strand of effort, work would be undertaken to establish and maintain relationships with relevant actors, including those who are not directly involved in human-security initiatives. There would be two major purposes in establishing these relationships. One purpose would be to propagate knowledge about human-security initiatives and their accomplishments. The second purpose would be to obtain knowledge and other resources, including financial support. Among the actors with whom relationships would be sought would be communications media that can reach the general public.

### **10. Conclusions**

Millions of people are plagued by insecurity, and future events could undermine the security of many more people. In the modern world all people share a high level of interdependence and a mutual vulnerability to threats including infectious disease and violence. Forward-looking analyses show that none of us can be fully secure unless all of us have at least some minimal level of security.

The concept of human security originated in debates in the 1980s. Human security refers to the security of people as individuals or in small communities. It has been identified as a universal need, and its preventive aspect has been emphasized. There is general agreement that human security has multiple domains, including a health domain.

A wide-ranging debate on the interpretation of human security appears to be converging on an operational definition that combines two ideas. First, the objective of human security should be to provide a "vital core" or minimal set of conditions of life. Second, the minimal set of conditions can be specified by setting thresholds in each of a number of selected domains of human security, such that a person is said to be insecure if her conditions fall below any threshold.

The concept of human security will demonstrate its utility by adding value to pre-existing strategies and practical programmes of humanitarian work. It can add value by providing a compelling objective, mobilising new resources and partnerships, and stimulating forward-looking, holistic threat assessment and programme planning.

Health and social justice are major, mutually-reinforcing pillars of human security. A human-security perspective can add value to pre-existing strategies and programmes that seek to enhance health and social justice. This perspective can add value by mobilising new resources and partnerships -- including partnerships to address worldwide threats such as infectious disease and bioterrorism -- and by linking health programmes with programmes that address related objectives. For example, experience shows that there can be mutually-beneficial linkages between health programmes and programmes for peaceful management of conflict and the promotion of social reconstruction.

Two endeavours discussed in this paper -- the creation of "health bridges for peace", and the Cairo consultation -- illustrate the benefits that can arise if health and social justice are pursued within the context of human security. Benefits of this kind could arise on a larger scale, if guided by a comprehensive strategy. Such a strategy is outlined in this paper.

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<sup>1</sup> From the Foreword to: McRae and Hubert, 2001.

<sup>2</sup> World Bank, 2001, page 1.

<sup>3</sup> Commission on Macroeconomics and Health, 2001, Executive Summary, page 2.

<sup>4</sup> National Intelligence Council, 2000.

<sup>5</sup> Wynia and Gostin, 2002.

<sup>6</sup> Cranna et al, 1994.

<sup>7</sup> Peterson et al, 1982, page 162.

<sup>8</sup> Kugler, 1995, page xv.

<sup>9</sup> Raskin et al, 2002, page 11.

<sup>10</sup> See, for example: Acharya, 2001; Edson, 2001; King and Murray, 2001-2002.

<sup>11</sup> Department of Foreign Affairs and International Trade, 1999, page 3.

<sup>12</sup> Independent Commission on Disarmament and Security Issues, 1982.

<sup>13</sup> See, for example: International Physicians for the Prevention of Nuclear War, 1987.

<sup>14</sup> United Nations Development Program, 1994.

<sup>15</sup> Department of Foreign Affairs and International Trade, 2000, page 3.

<sup>16</sup> The Ministry of Foreign Affairs of Japan, 2000, Chapter II, Section 3.

<sup>17</sup> See, for example: International Commission on Intervention and State Sovereignty, 2001.

<sup>18</sup> Alkire, 2002.

<sup>19</sup> King and Murray, 2001-2002.

<sup>20</sup> General Assembly, 2000.

<sup>21</sup> Commission on Macroeconomics and Health, 2001.

<sup>22</sup> Hartmann, 2002.

<sup>23</sup> WHO Regional Committee for the Eastern Mediterranean, 2001, paragraph 15.3.

<sup>24</sup> Shiffman, 2002.

<sup>25</sup> Jha et al, 2002.

<sup>26</sup> See, for example: Gutlove, 2000; Hotez, 2001.

<sup>27</sup> Gutlove, 2000.

<sup>28</sup> Gutlove, 1998.

<sup>29</sup> War and Health Program of McMaster University, 1996, page 5.

<sup>30</sup> Peters, 1996.

<sup>31</sup> World Health Organization, 1995; Swartz, 1996.

<sup>32</sup> In this context the term "inter-communal" refers to the class of racial, ethnic, religious, and ideological conflicts that involve differences between communities of people, rather than between individuals or governments, regardless of whether those communities exist within or across international borders.