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Human Security: Expanding the Scope of Public Health

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(Published in *Medicine, Conflict & Survival*, 2003. Vol. 19-1, pp. 17-34, published by Frank Cass, London. Reprinted with permission.)

Abstract

Human security is an evolving principle for organizing humanitarian endeavours in the tradition of public health. It places the welfare of people at the core of programmes and policies, is community oriented and preventive, and recognizes the mutual vulnerability of all people and the growing global interdependence that mark the current era. Health is a crucial domain of human security, providing a context within which to build partnerships across disciplines, sectors and agencies. These principles have been demonstrated in field programmes in which health-care delivery featuring multi-sectoral co-operation across conflict lines has been used to enhance human security. Such programmes can be a model for collaborative action, and can create the sustainable community infrastructure that is essential for human security.

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 ¹

In his statement the United Nations Secretary-General 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. Human security 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, this concept offers particular promise as a framework for debating and acting upon humanity's shared interests and mutual vulnerabilities.

Supporters of the concept argue that human security will broaden the scope of policy debates and create new opportunities for addressing humanitarian concerns. Others argue that it 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. The concept of human security thus deserves careful attention. At present, there is no competing principle for comprehensively addressing humanitarian needs.

Public health has always been guided by a broad vision of human needs. For example, one of the pioneers of public health, the 19th-Century German pathologist Rudolf Virchow, fought for recognition of medicine as a social science. Virchow also called upon physicians to be the “apostles of peace and reconciliation”.^{2a} Human security offers a framework for applying this vision to contemporary needs, thereby creating new opportunities to expand the scope of public health. A human-security framework recognises humanity’s global interdependence and mutual vulnerability to a range of old and new threats. Proven principles of public health can, with some expansion of their traditional scope of application, make major contributions to mitigating these threats.

This paper begins with a broad discussion of human security, addressing contemporary threats to individuals and societies, evolution and definition of the concept of human security, and application of the concept to practical programmes. It then focusses on the role of health as a crucial domain of human security, describes the benefits that can arise if public health activities are pursued within the context of human security, and offers a comprehensive strategy for enhancing health within a human-security framework.

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. As the World Bank has said:

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.²

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

Although the populations of richer countries enjoy better health than those of poorer countries, they are potentially susceptible to infectious diseases, which 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 one million who pass between developed and developing countries each week. As a result of this interchange and the high level of international trade, no population can be completely shielded from infection. In the United States, annual deaths from infectious disease 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.⁴ Richer populations therefore have a direct interest in ensuring that poorer populations enjoy basic health security.

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.

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 at home is handicapped by two forms of social injustice: more than 40 million US citizens lack health insurance, and the numerous illegal immigrants are denied access to federally-funded medical clinics.⁵ The limited contact of these populations with the health-care system could allow an undetected epidemic to begin within their ranks.

Violent conflict has always been a threat to the security of individuals and societies. Recently, violent conflict has tended to occur in lower-income countries, but higher-income countries are not exempt, as residents of the former Yugoslavia discovered in the 1990s. Wherever violent conflict occurs, it has significant direct and indirect costs.⁶ Collateral impacts – including economic dislocation and the degradation of public health infrastructure - remain evident for years after violence has ceased.

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 *Ambio* in 1982:

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.⁷

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 factors including economic inequality, poverty, political grievances, nationalism, environmental degradation and the weakening of international institutions that could destabilise the present international order. 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.⁸

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, concluding:

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.⁹

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.

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.¹⁰⁻¹² Authors agree that human security refers to the security of people as individuals or in small communities, in contrast with security concepts that focus on the security of nations or other large entities. This is not a totally new concept:

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.¹³

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.¹⁴ Common security offered an alternative vision to the Cold War confrontation, a vision in which nations co-operated 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 Co-operation in Europe (CSCE), which addressed issues ranging from multilateral arms control to human rights. The vision also nurtured a wide variety of non-governmental 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.¹⁵

The concept of human security became widely known through the United Nations Development Programme (UNDP) Human Development Reports of 1993 and 1994. The 1994 report is said to be the first document to provide a comprehensive definition of human security.¹⁶ 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, which both support human-security initiatives. Canada says:

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.¹⁷

Japan has adopted a broader focus for its work on human security, based on an interpretation somewhat like that of UNDP:

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.¹⁸

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.¹⁹ 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, as illustrated by the Canadian and Japanese positions, there is broad consensus that human security has multiple domains, but less consensus about applying the concept. At any given time, a particular actor will choose to emphasise some domains of human security more than others.

Towards an Operational Definition of Human Security

A decision by a government or other actor to emphasise a particular domain of human security will reflect the answers to at least three questions. First, is there an existing agenda for debate and a framework for implementing practical actions? Second, will application of the human security concept provide added value? Third, can this actor 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, such a consensus would facilitate the questioning process and the implementing of practical actions. A consensual definition would help to ensure that actions taken by multiple actors, across multiple domains, are synergistic. Recent analysis provides a framework that could, over time, yield an appropriate definition. This framework brings together two ideas.

The first idea is that the objective of human security should be to provide a 'vital core' or minimal set of conditions of life.²⁰ 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. Analysts with WHO 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.¹²

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 the WHO analysts, 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.

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. As a general rule these programmes will continue a pre-existing strand of activity, and 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 2000.²¹

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 mobilise 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. Violence 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.

Planning and implementing a holistic, preventive response in each relevant situation will require new mechanisms for co-operation among actors. To facilitate this enhanced co-operation,

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.

Health: A Crucial Domain 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).³ This action agenda, which complements the Millennium Development Goals, focuses 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, and 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 bioterrorism provide one context for such partnerships. 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:

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....

'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 cases of tuberculosis have originated with immigrants and that the US was unable to prevent the trans-Atlantic importation of the West Nile virus. 'You can't stop TB at the border,' he said.²²

Another illustration of the potential for new partnerships is concern about the threat of smallpox as an instrument of bioterrorism. For example, the WHO Regional Committee for the Eastern Mediterranean has requested the Regional Director to plan a strategic stock of smallpox vaccine for the region.²³ The US government has issued guidelines whereby the entire US population can be vaccinated against smallpox within a five-day period. In view of the potential for rapid spread of infectious disease in the modern world, such actions should be part of a broader

effort to develop a global strategy that addresses the linked threats of infectious disease and bioterrorism. This strategy would recognise the interdependence and mutual vulnerability of all people, accept social justice as a global security measure, and catalyse a wide range of new partnerships.

There is experience with international collaboration to control infectious diseases. Nations have been willing to co-operate to a remarkable degree, and to accept the authority of international organisations, because they recognise their mutual vulnerability. WHO campaigns to address polio, malaria and TB in south-east Asia illustrate this cooperation.²⁴

As noted, 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 link such efforts to their mutual benefit. For example, violent conflict and bad governance are severe constraints on the effectiveness of health interventions, which are difficult to address,²⁵ and programmes for the peaceful management of conflict and the promotion of social reconstruction can be successfully integrated with health interventions.^{26,27} 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 to address fundamental obstacles to peace, such as discrimination, polarisation and the manipulation of information. Health-care delivery programmes that feature co-operation between health professionals from different sides of a conflict can be a model for collaborative action, helping to create the sustainable community infrastructure that is essential for enduring peace. Relevant programmes could include inoculation campaigns and public health education.²⁶

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 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.²⁸ They have an intimate association with the people who have suffered mentally and physically from armed conflicts, are well-educated, and have stature and access to a wide range of community groups. They can create a 'bridge of peace' between conflicting communities, whereby delivery of health care can become a common objective and a reason for continued co-operation. They 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 sector often receives international and NGO assistance, thereby providing options for communication, transport, technology transfer, and educational support that are otherwise unavailable.²⁹ 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. 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 co-operation between parties divided by violence, as has been documented by the War and Health Program of McMaster University.²⁹ UNICEF has pioneered the promotion of humanitarian cease-fires for paediatric

immunisations, and the brokering of ‘corridors of peace’ to allow the transport of medical supplies.³⁰ 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.^{31, 32} In discussing the connection between health and peace, MacQueen et al. argue that ‘there is a need for a new discipline of ‘peace through health’ that studies both the downward spiral of war and disease and the positive symbiosis of peace and health.’³³

The Institute for Resource and Security Studies (IRSS) has sought to increase the potential for the health community to enhance human security 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. 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 individuals or governments, regardless of whether those communities exist within or across international borders. 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, co-operative 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 project’s purpose is to utilise a shared concern, the restoration of public health, as a vehicle to convene and train health-care professionals in conflict management and community-reconciliation techniques. 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. The first HBP field programme was initiated in 1997 in the former Yugoslavia, and the second in the North Caucasus in November 1998.

The programme in former Yugoslavia helped to launch the Medical Network for Social Reconstruction in the former Yugoslavia (the Medical Network). This is a network of health-care professionals, drawn from all parts of the former Yugoslavia, dedicated to facilitating healing and recovery processes that promote individual and community health and empowerment and the prevention of future conflicts in this region. It is founded upon two major beliefs:

- Violent conflict and war are the ultimate threat to public health; and
- 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 health-care delivery and social-reconstruction activities. It has convened nine international HBP conferences and more than thirty workshops and seminars. More than four hundred physicians, psychologists, government officials, administrators and academicians from all parts of the former Yugoslavia have participated in its conferences, seminars and meetings, exhibiting a high level of inter-ethnic co-operation. It 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 co-operation with other professional groups (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 co-operation with international experts. The training of physicians from Bosnia, Serbia and Croatia has provided a context for co-operation 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 co-operative projects of the Network was the development of a training programme for psychosocial assistance to promote trauma recovery. This 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; it 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 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 programme of psychosocial assistance that seeks to strengthen the remaining healthy resources within individuals, families and communities, and helps new resources evolve. In turn, psychosocial efforts must 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 while promoting reintegration, resettlement and retraining.

Building a community-based psychosocial assistance programme will open the way for the development of the NGO sector, and can lead to the development of new, community-based organisations. The Medical Network has found it valuable to mobilise large numbers of volunteers for these organisations. In all post-war situations there is widespread poverty, under-utilisation of human resources, and a lack of state-supported health services. In response, health professionals can promote volunteer action, training and empowering individuals and groups to engage in (unpaid) public-service and social-reconstruction activities. Volunteers, 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 an estimated 4,000 volunteers from all parts of former Yugoslavia into social-reconstruction efforts that enhance 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. Later that year, 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. Its planned co-operative public health projects, to be assisted by WHO, include: a regional network on tuberculosis control; co-operative centres for psycho-social rehabilitation; a North Caucasus inter-

regional training centre for the prevention of drug addiction; and a co-operative programme for prosthetic assistance to amputees in the North Caucasus.

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. It has demonstrated the potential of healing and collaborative action, and has built bridges between colleagues who thought they could never again work together. HBP has expanded the mission of international agency field staff 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. International health and humanitarian assistance agencies have participated in IRSS's programmes or developed health-bridges programmes of their own. 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.

Pursuing Public Health within a Human-Security Framework

Clearly, health is a crucial domain of human security, and a human-security approach rooted in international consensus can bring added value to existing policies and programmes. Thus, the world would benefit from a comprehensive strategy for enhancing public health within a human-security framework.

An effective strategy will operate through existing institutions and promote collaboration by: national governments; international agencies; private foundations; academic institutions; professional groups; citizen organisations; and businesses, including pharmaceutical companies. Collaboration of this kind has become increasingly frequent in the modern era, but 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.

There needs to be a consensual definition of human security and an analytic and operational framework for the application of human security, which 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. This will require new mechanisms for information exchange, organisational learning and programme evaluation. These activities must proceed 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 involved, there must be some division of labour. We propose four synergistic strands of effort to refine and implement the overall strategy: 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. Also, policies must account for the evolving interests of the many actors involved. 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 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. 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 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. One purpose of these relationships would be to propagate knowledge about human-security initiatives and their accomplishments, the second would be to obtain knowledge and other resources, including financial support.

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IRSS is an independent, non-profit corporation, founded in 1984 to promote international security and sustainable use of natural resources. Its projects range from detailed technical studies to preparing educational materials accessible to the public. Its International Conflict Management Program seeks to improve communication, build understanding, promote co-operation, and develop new models for sustainable community reconstruction and reconciliation. The Health Bridges for Peace project 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.