Is war a man-made public health problem?

Is war a man-made public health problem?

Wars and armed conflicts have devastating consequences for the physical and mental health of all people involved, for the social life within and surrounding the war-affected regions, and for the health of the environment. Wars destroy health infrastructure, undoing years of health advancement, and severely compromise health systems' capacity to respond to the direct and indirect health consequences of fighting. Millions of people have been internally displaced or forced to flee their countries because of armed conflict. Forced migration creates further physical and mental health problems during transit, in enforced encampment, and because of restricted entitlement to health care in countries hosting refugees.[1–3] The disastrous effects might last for generations to come. In short, war is a man-made public health problem.

In January, 2018, following the Turkish Government's announcement of a military operation in Afrin, Syria, the Turkish Medical Association (TMA) issued a public statement, declaring that "war is a man-made public health problem".[4] As Sharmila Devi reports,[5] 11 TMA members (five of them from TMA's central council) were subsequently put on trial and sentenced to 20 months in prison with the charge of inciting hatred and hostility.

The Association of Schools of Public Health in Europe (ASPHER) represents 119 schools of public health in 43 countries. ASPHER recognises the unequivocal evidence that war is a man-made public health problem. ASPHER is committed to direct the attention of the public and of policy makers to the irrevocable damage armed conflicts inflict on population health. Consequently, ASPHER stands in solidarity with the convicted TMA members.

OR, HB, RB, MC, KC, NK, KL, and CS are the executive board members of ASPHER; RO is director at ASPHER; JM is president of ASPHER.

Oliver Razum, Henrique Barros, Robert Buckingham, Mary Codd, Katarzyna Czabanowska, Nino Künzli, Karolina Lyubomirova, Robert Otok, Carlo Signorelli, John Middleton
oliver.razum@uni-bielefeld.de

Department of Epidemiology and International Public Health, School of Public Health, Bielefeld University, Bielefeld 33501, Germany (OR); Institute of Public Health, University of Porto, Portugal (HB); Department of Public Health and Health Sciences, University of Michigan-Flint, Flint, MI, USA (RB); School of Public Health, Physiotherapy and Sports Science, University College Dublin, Dublin, Ireland (MC); Department of International Health, Care and Public Health Research Institute, Faculty of Health, Medicine and Life Sciences, Maastricht University, Maastricht, Netherlands (KC); Swiss School of Public Health, Zurich, Switzerland (NK); Faculty of Public Health, Medical University Sofia, Sofia, Bulgaria (KL); Association of Schools of Public Health in Europe Secretariat, Brussels, Belgium (RO); School of Public Health (Igiene e Medicina Preventiva), University Vita-Salute San Raffaele, Milan, Italy (CS); and UK Faculty of Public Health, London, UK (JM)

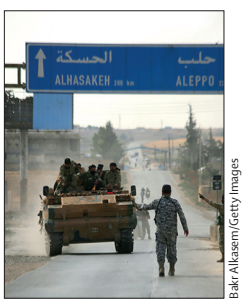
1 Levy B, Sidel V. War and public health. New York: Oxford University Press, 2008.
2 Levy B, Sidel V. Documenting the effects of armed conflict on population health. *Ann Rev Public Health* 2016; **37:** 205–18.
3 Razum O, Barros H, Otok R, Tulchinsky TH, Lindert J. ASPHER position paper on refugee health. *Eurohealth* 2016; **22:** 36–38.
4 Turkish Medical Association. War is a public health problem! Jan 24, 2018. http://ttb.org.tr/haber_goster.php?Guid=28de85da-00e5-11e8-a05f-429c499923e4 (accessed May 27, 2018).
5 Devi S. Turkish doctors sentenced to jail for statement on war. *Lancet* 2019; **393:** 2024.

Reducing health inequity for Māori people in New Zealand

The New Zealand Government should be commended for including the nation's wellbeing as a measure of success. However, health inequity in New Zealand is persistent.[1,2] The scarcity of tangible reductions in inequity between Māori and non-Māori populations raises questions about the effectiveness of policies to date.[1–3] To address health inequity, New Zealand might need to revisit deep-rooted historical, cultural, and systemic issues.

Inequity in New Zealand has been entrenched through colonisation, the ramifications of which have been passed to current generations.[3] Māori people have been politically, economically, and socially undermined, leading to lower income and life expectancy, poorer education and health outcomes, and stigmatisation within health care, among other consequences.[1] As of Feb 25, 2019, the harmful effects of Crown action, inaction, laws, and policies on Māori health were the subject of 205 claims before the Waitangi Tribunal, as part of the Health Services and Outcomes Inquiry (WAI 2575). Despite overwhelming evidence regarding the social and economic determinants of population health,[1,4] the consideration of Māori health inequity in a broader sociopolitical context remains contentious. Although there continues to be a proliferation of research on the health outcomes of Indigenous people, colonisation is not often cited as an explanation for health inequities.[3] The attribution of inequity to surface causes (eg, health practices, psychosocial resources, or health system access) or social status (eg, socioeconomic position or ethnicity) ignores the upstream drivers of structural inequity—ie, key principles such as the colonial basis of dominant culture, economic structures, and political and legal systems.[1] Furthermore, colonisation is often considered to be a historical event rather than an ongoing process that is negatively affecting the health of Indigenous people.[3]

Initiatives that have been designed to improve the health of Māori people include the establishment of Māori health-care providers, cultural competence training, community-led programmes, and a health literacy focus. More recently, the Whānau Ora initiative was launched, which is a cross-government, culturally grounded approach to providing health services and opportunities to families. However, these health initiatives



Bakr Alkasem/Getty Images

Published **Online**
October 16, 2019
https://doi.org/10.1016/S0140-6736(19)31900-2

For more on **ASPHER** see www.aspher.org

Submissions should be made via our electronic submission system at http://ees.elsevier.com/thelancet/