

Conference:

“Medicine and conscience - What do people need?”

Healing Under Fire

Medical Peace Work in the Field

Nuremberg, 14 October 2016

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HEALTH

A state of complete physical, mental, and social well being, and not merely the absence of disease or infirmity (WHO)

PEACE

A state of harmonious relationships, in which individuals and communities have unimpeded, secure and equitable access to the basic needs of life for their well-being (HuF)

VIOLENT CONFLICTS

Structural violence, economic disempowerments, civil war, fragmented frontlines, immigration, international influences, weak state capacity, smuggling & global economy, identity ...

What is Medical Peace Work?

Approaches, initiatives, actions of health professionals which can contribute to violence prevention/reduction and peace

Why Peace and Health ?

Underling Characteristics	Related Health & Peace Actions	Main Strategy	Capacity Needed
<p>Credibility</p> <ul style="list-style-type: none"> • Data • Professional 	<ul style="list-style-type: none"> ▪ International Physicians for the Prevention of Nuclear War ▪ Campaign to ban anti personnel mines 	<ul style="list-style-type: none"> - Reframing military and/or security issues into public health issues - Hard data to sustain advocacy towards a specific goal 	<ul style="list-style-type: none"> - Data to policy link - Advocacy - Public information -Education -Engaging stakeholders
<p>Identity</p> <p>Health professionals carry a strong sense of Identity have a similar mindsets and they form community of practice</p>	<ul style="list-style-type: none"> ▪ Workshops including health professionals representing different communities in conflict ▪ Israeli/Palestinian joint workshops; several WHO sponsored health as a bridge for peace seminars 	<ul style="list-style-type: none"> - Using as leverage markers of identity that connect rather than divide 	<ul style="list-style-type: none"> -Conflict resolution -Facilitation -Conflict analysis - Needs outlined by targeted health professionals
<p>Shared Health Concerns</p>	<ul style="list-style-type: none"> ▪ Days of tranquility, humanitarian ceasefires , corridors of peace, safe heavens, sanctuary of peace. ▪ Ah hoc capacity building targeting selected health professionals 	<ul style="list-style-type: none"> - Reducing the scope of an agreement to a practical and well defined objective - Identify a shared health concern and bring conflicting parties together to agree/find a solution 	<ul style="list-style-type: none"> -Mediation - Negotiation - Conflict analysis -Conflict resolution -Stakeholders analysis -Needs outlined by targeted health professionals

History

- 1980 – PAHO: *Health concerns transcends divisions – health as a bridge for peace*
- 1980 – IPPNW: *Physicians responsibility to prevent nuclear war*
- 1981 – WHA: *Physicians peace role important to achieve health for all*
- 1990s – McMaster University, Canada: *Peace Through Health*
- 1990s – WHO: *Health as a Bridge to Peace*
- 1992 – NGOs coalition: *Campaign to ban anti personnel mines*
- 2005-Ongoing – MPW: *European network of medical peace organizations and teaching institutions*
- 2013-Ongoing – 4change: *Healing Under Fire*

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Going to the field

- What do we mean by the 'FIELD'?
- Why go to the field?
- How was field work conducted?
- What have we learned?

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Medical Peace Work in the Field



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Why go to the field?

North —————> South (Capacity for Peace)

- Today's conflicts require engagement of civil society including health professionals
- Relationships and networks established during collaboration make health and peace work sustainable

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Healing under Fire Field Objectives

- Test assumption that health professionals in a particular conflict area aspire to an active role in non- violence and peacebuilding
- What are the existing local initiatives for peace?
- What opportunities for dialogue?
- What capacity is needed in the specific context?

Healing under Fire - <http://goo.gl/zvayIZ>

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Field work

Southern Thailand

Myanmar

Syria – bordering areas (Turkey, Lebanon)

Kurdish Region, Iraq

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Field Work – How?

- Assess risks, feasibility, opportunities
- Understand context – local partner selection
- Plan w/ partner - learning needs and potential for peace building work
- Mobilize resource network
- Create space for dialogue and learning
- Support peace initiatives – apply learning
- Build relationships - mentoring, resources, network

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What have we learned?

- Diverse views of ‘peace’ and the role of health professionals
 - Context and Culture driven
 - Limits (Myanmar, Syria)
- Do No Harm, wider interpretations of ‘peace’
- Addressing concerns of participants – a priority
 - Managing security
 - Stress, psychological trauma
 - Handling dilemmas and suspicions
- Space for building relationships essential
- Initiatives for sustaining relationships/collaboration
- Networking – local and international