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Public health and moving upstream of terrorism

In this issue, we include a number of contributions that were prompted by the terrorist atrocity in New York on 11 September. Around the world people have been struggling to come to terms with this latest manifestation of globalisation and hatred, what it means for the future of the human family and how we can most appropriately respond to the new threat to public health.

As I write, the military action inside Afghanistan has begun, accompanied by intense diplomatic activity and a stepping up of humanitarian aid provided by Western governments. On the streets of Pakistan and other countries in the region, the battle for hearts and minds is in full flow.

The public health community has not been slow to comment on how we might move upstream of an acute military response. Writing in the *Lancet*, Richard Horton claims that "the discipline of public health adds fresh perspectives on foreign policy and counter-terrorism measures. Principles of harm reduction are more realistic and practicable than false notions of a war on terrorism. Attacking hunger, disease, poverty and social exclusion might do more good than air marshals, asylum restrictions and identity cards. Global security will be achieved only by building stable and strong societies. Health is an undervalued measure of global security."[1]

Our own contributions carry a strong personal flavour. While Len Duhl reflects on a war game of the 1960s and a "paradoxical" intervention involving the dropping of food and radios rather than bombs, Gavin Mooney calls for more leaders of Mandela's stature and more initiatives like the Truth and Reconciliation Commission. Andrea Campbell poignantly links a plea to find alternative ways out of the crisis with the memory of her brother's death in Vietnam, and Nancy Milio applies her analytical gifts to provide a policy framework that might just help us avoid the abyss into which we are all now so apprehensively staring.

JOHN ASHTON, CBE

Joint Editor
9 October 2001, Liverpool

1 Horton R. Public health: a neglected counter-terrorist measure [commentary]. *Lancet* **358**:1112–13.

Speaker's corner

Dealing with terrorism: a public health agenda

For the public health community, the terrorism wreaked on the United States is stunning, but not necessarily surprising. It was a shrieking reminder to us all that desperate and hopeless peoples will follow extremist minorities, that poverty and insecurity, compounded by smoldering pockets of war and the cautious engagement, if any, by the rich world breeds the destruction of 11 September. That horror spread its message in nanoseconds across the world, evoking cries of alarm and sorrow, life sacrificing rescues, and loud calls for vengeance and a "crusade" to counter the "jihad", expending more material and human resources for more death, disability, and damage to the lives and futures of thousands, perhaps millions.

Our commitment to the promotion of health and prevention of human and environmental damage calls us to join those whose voices are muffled in the mass media, those who claim another way, those who call for serious peace work and the conditions that can bring it about.

Clearly, the immediate priority in the terror for the public health community was and is to attend to survivors and their families and the protection of environments to avoid further injury and illness to rescuers, securing the necessary infrastructure—air, water, sewage and sanitation, transportation and communication.

Secondly, we must now—if we ever had doubts after decades of research and experience—work with renewed energy to prevent the anger and hopelessness that fosters extremism and finds solace in its crimes. But not, as many would lead the world, with terrorists' tactics. Rather let us use our own tested tools: working for policies and with organisations that will bring basic humane and healthful living conditions to communities—secure housing, safe environments, food security, education and health care—to those in our own rich countries who are deprived; let us lead, encourage, and support the same efforts in poor countries.

To reallocate national budgets in both rich and poor states, as we are doing, to wage a vaguely targeted war on terrorism will only confirm the claims of the "Great Satan" myth. A shift toward war in the US will mean further reductions in already meagre funds for social concerns (because the new money is not likely to be drawn from a repeal of recent tax cuts), diminishing the already threadbare hopes of 37 million Americans living in poverty, including one in five children, the one in three families facing housing hardship, the 44 million without health insurance. These are the grounds of anger and hopelessness.

Thirdly on a public health agenda to eradicate the allure of terrorism is to use 21st century information technology to join the globalising net of organisations that seek to humanise state policies and world markets, to end the rush to commodify everything from genes to environments. Locally and globally, we must raise the message persistently to publics, the media, and policy makers: that there can be no peace without social justice, the fair sharing of the goods and goodness that we have. Let us give leaders in communities and those in intergovernmental forums the political courage to dissent from a war regime and support social justice and criminal justice under law. Every move we can make, everywhere, toward a just society nourishes hope, calms rage, helps ensure a peaceable future for us all.

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