PAN AMERICAN HEALTH ORGANIZATION

Pan American Sanitary Bureau, Regional Office of the

WORLD HEALTH ORGANIZATION

HEALTH AND HEMISPHERIC SECURITY

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I. Introduction:

Our increasingly interconnected world of frequent abrupt changes and instantaneous communications has required high level policymakers to rethink continuously the traditional, post World War II paradigms of regional security. During the past decade, the Organization of American States (OAS) and presidents of its member countries have highlighted on several occasions the urgency to redefine concepts accepted until recently as security doctrines by the international community.

In the Summits of the Americas, governmental leaders have reaffirmed their commitment to maintaining peace and security in the region, while recognizing current, multi-dimensional threats to the security of the hemisphere.[1] At the First Summit, held in Miami in 1994, hemispheric leaders launched a discussion process on new parameters for Hemispheric security, emphasizing the importance of building mutual confidence to strengthen and consolidate democracy in the region and promote peace. Recognizing the need to review prevailing concepts on hemispheric security, they agreed to intensify regional dialogue on confidence-building measures by promoting a series of Regional Conferences.[2]

The series of Conferences on Confidence and Security Building Measures (CSBMs) and transparency was initiated with the Buenos Aires OAS Governmental Experts' Meeting on CSBMs, in 1994. In this conference participants developed an extensive list of both military and non-military measures to strengthen military-to-military relations and decrease historic rivalries and tensions in the Western Hemisphere.

Both the 24th OAS General Assembly and the 34 leaders at the First Summit of the Americas endorsed the Santiago Regional Conference on CSBMs, held in 1995, to "support actions to encourage a regional dialogue to promote the strengthening of mutual confidence." The conference adopted the "Declaration of Santiago on Confidence and Security-Building Measures." While focusing on promoting agreements regarding advance notification of military exercises and promoting exchanges of information concerning defense policies and doctrines, the Declaration of Santiago on CSBMs introduced non-military recommendations, such as actions to cooperate in the event of natural disasters, or to prevent such disasters and increase overall security for transport by land, sea, and air.[3]

Continuing the series, the San Salvador Regional Conference on CSBMs took place in 1998. Besides tackling key military issues including arms control and monitoring

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1 Organization of American States. (2002) Hemispheric Security mandates from the Third Summit of the Americas. Washington, DC: OAS, in http://www.summit-americas.org/Quebec-hem-security/hem-security-eng.htm.
2 http://www.state.gov/t/pm/rls/fs/2002/12067.htm
3 Organization of American States. (2002) The Committee on Hemispheric Security Reports of the Committee, in http://www.oas.org/csh/english/comreportschs.htm.

and military-to-military cooperation, the San Salvador Conference called for non-traditional security issues, such as the support of the efforts of the small island states to address security concerns of an economic, financial, and environmental nature. Other non-military security issues included a cooperation program to address concerns raised by maritime transport of nuclear and other waste. The conference also encouraged the identification and development of activities promoting cooperation among neighboring countries along their border regions and cooperation among legislators to develop peace promoting networks. Furthermore, linking security issues to democratic development, the conference proposed to open seminars, courses, and studies on issues related to peace and hemispheric security to the broad society.

At the Second Summit of the Americas, held in Santiago, Chile in 1998, governmental leaders committed to carry out the measures and recommendations put forth by the three CSBMs Conferences, among them supporting the efforts of small-island States, recognizing their special, multidimensional security concerns. A resolution also encouraged actions to support international humanitarian de-mining efforts in the hemisphere. Moreover, the Heads of State and Government entrusted the OAS' Committee on Hemispheric Security with the tasks of reviewing the concept of regional security and examining ways of strengthening the inter-American system's institutions concerned with hemispheric security.

The 25th OAS General Assembly had established in 1995 the Committee on Hemispheric Security as the Americas first permanent forum for the consideration of arms control, nonproliferation, defense, as well as a few non-military security issues. Since then, the Committee on Hemispheric Security has built a record of achievement, particularly in organizing the Conferences on Security Building Measures and discussions on key issues related to a multidimensional approach to security.

The Third Summit of the Americas, which took place in Quebec City in 2001, decided on a Special Conference on Security to be held in 2004, that would consider both new and traditional approaches to international security. In addition to reiterating special security concerns of the Small Island Developing States (SIDS) and the promotion of continual building of confidence and security measures in the hemisphere, the Third Summit produced resolutions asking for greater transparency and accountability from its defense and security institutions. The Third Summit reaffirmed the Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on their Destruction and the Inter-American Convention on Transparency in Conventional Weapons Acquisitions. Moreover, governments agreed to consider further financing the OAS Fund for Peace.

The Summits of the Americas have also supported efforts to combat terrorism in the Region. Created in 1998, the Inter-American Committee on Terrorism (CICTE) is a result of the Commitment of Mar del Plata, reached at the Second Inter-American Specialized Conference on Terrorism.

In 1999, the OAS held a "Forum on the Future of International Security in the Hemisphere" designed to discuss new security concepts on hemispheric security, among

academics and other experts in the Americas. The main objectives of the Forum were to "analyze the meaning, scope, and implications of international security concepts in the Hemisphere" to develop common approaches and "identify ways to revitalize and strengthen agencies of the inter-American system related to the various aspects of hemispheric security." Through case studies, participants discussed new strategies and concepts of security, current challenges for regional and global security, and the reform of hemispheric security institutions.[4] As a result, the Forum contributed to greater conceptual precision in definitions ranging from traditional notions of security with an emphasis on political and military aspect, to a much broader conception, encompassing economic, social, and environmental dimensions.

The 1999 Forum evidenced the divide between "traditionalists" and "wideners" that defines the ongoing debate in security studies. The "traditionalist" view defends the field's only focus on military conflict, while the "wideners" posit that the meaning of security has changed with the end of the Cold War and the acceleration of globalization. In security studies, "wideners" question the narrow focus on state insecurity caused only by other states and introduce the study of insecurity of individuals. "Wideners" believe the concept of security needs to be broadened with non-traditional security issues, such as organized crime, global concerns such as environmental degradation and climate change, the increased importance of regions and institutions as new security actors, and the emergency of new security threats (terrorists, transnational criminal organizations, and computer hackers).[5] Traditionalists, while acknowledging the magnitude of these problems, question if they constitute security problems that should be tackled by existing institutions dedicated to military security issues.

The fact that most military threats are directly related to reactions to ideological, economic, and personal factors supports the case for a multidimensional approach to security. According to Finel, "political, economic, cultural causes and military effects" should be taken into consideration even under a narrow, traditionalist approach.[6]

Security issues and the need for new thinking have dominated also recent OAS General Assemblies. The 30th General Assembly, held in Windsor, Ontario, in 2000, produced several resolutions and declarations directly related to security issues. These resolutions included a broad range of issues, such as concerns with children in armed conflicts, the illicit traffic of small and light weapons, the traffic of illegal drugs, cooperation for security, actions against the use of anti-personal mines, and the prohibition of nuclear arms in Latin America and the Caribbean.

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4 Organization of American States. (2000) New Concepts of Security: Forum on the Future of International Security in the Hemisphere, in http://www.oas.org/csh/english/newdocumForum.htm

5 Bernard 1. Finel, "What is Security? Why the Debate Matters," *National Security Studies Quarterly*, Vol.4, No. 4 (Fall 1998): 1-18, in http://www.oas.org/csh/docs/New%20thinking%20about%20Security%20by%20Bernard%20Final.doc. See also Richard H-. Schultz, Jr., "Introduction to International Security," in Schultz, et al. (eds.), *Security Studies-for the Twenty-First Century* (Washington: Brassey's, 1997), p. 43-44.

6 Filsen recommends Kalevi J. Holsti, *Peace and War: Armed Conflicts and International Order, 1648-1989* (Cambridge: Cambridge University Press, 1991) for a discussion on multidimensional causes of war; in Filsen, op.cit, p.7.

Officially introducing the debate around the concept of Human Security in the Western hemisphere, the OAS' 30th General Assembly broadened the multidimensional approach to security concerns--previously identified mostly for small islands states--to encompass the regional context. Hosting the Assembly, the Canadian Foreign Minister proposed that "human security" becomes a central part of the hemispheric agenda. While stressing that violent armed conflict within or between states is a major, direct challenge to the security and safety of our peoples, the Canadian Foreign Minister proposed that the cornerstone for human security is the "promotion of good governance, which means democracy and respect for human rights."[7]

The Declaration of Bridgetown consolidated the discussion on the "Multidimensional Approach to Hemispheric Security" in the 32nd General Assembly of the OAS. It stated clearly that the "security of the Hemisphere encompasses political, economic, social, health, and environmental factors.[8]

In 2002 the Committee on Hemispheric Security established a working group to advise the Permanent Council on the modernization and changes on defense and security issues and to discuss the appropriateness of the human security approach to hemispheric security. The main objective of the study and recommendations is to support the ongoing examination of the institutions of the inter-American system related to hemispheric security. The Pan American Health Organization was called to participate in the working group to advise about the health component of security.[9]

II. Human Security

Existing security doctrines in the Western Hemisphere--built around perceived and real threats to the Americas in a bipolar world-- became mostly obsolete with the end of the cold war. These doctrines focused mostly on issues of territorial national security, understanding regional security mostly as a sum of all national securities, bundled together to protect the Americas from ideological subversion or military threats from outside. Current times, marked by intensively enhanced globalization, bring forward new concerns and new risks for the security and welfare of our peoples--a broad range of issues that cannot be categorized in a narrower, bipolar approach. Furthermore, the discussion around current security issues must evolve around complex international relationships based on increased interdependence, even within a context of asymmetrical power relationships that make for divisions in the region.[10]

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7 http://www.americascanada.org/eventoas/menu-e.asp

8 Organization of American States. (2002) *Declaration of Bridgetown: The Multidimensional Approach to Hemispheric Security* (Document AG/DEC.27, XXXII-0/02, June). Washington, DC: OAS, in www.oas.org/juridico/english/ga02/agdec_27.htm

9 http://www.oas.org/csh/english/documents/cp10204e04.do

10 Organization of American States. (2000) *Canadian Foreign Minister Tells OAS Human Security Is a Major Issue for Hemisphere* (Document E-027/00, February 11) Washington, DC: OAS, in http://www.oas.org/oaspage/press2002/en/press98/press2000/027.htmsee also http://www.summit-americas.org/ Canada/Remarks%20by% 20Lloyd%20Axworthy%20Windsor%20G.A..htm

The determinants of national security are perceived as the physical safety of the population and territory of the nation, the physical characteristics of the territory itself and the social factors that affect political and social stability. The traditional view of foreign policy, as exemplified during the cold war era, was narrowly focussed on national security and national interests. The main concern was with the balance of power relationships and in particular the creation of military and political alliances to protect national self-interests and the stabilization of friendly regimes.[11] Thus, original concepts of national and hemispheric security were posited on the belief in the dominance of the State as the unit of reference and the identity between State and government.

New thinking in security strategies--taking into consideration the person and the focus on human, in addition to state security--has come about because of several factors, brought up not only by the end of the cold war, but by the intensification of the globalization process as well. The dissolution of the Socialist Block and of the Soviet Union in the early 1990s marked the end of the ideological polarization based on a clash between states. The acceleration of the globalization process dominated by market forces compels a re-conceptualization of the role of the state and its security. As Nye posits, "sovereignty remains important but its content is changing under the influence of transnational forces of information and globalization." Even the most powerful sovereign states have been "porous to some degree."[12] More then ever, contemporary national security requires intensive international cooperation, as national territory cannot be protected solely by protecting national borders. More than concentrating on territory, the modern state has the ultimate role of protector of its citizen's security. Globalization brings the appreciation that the state is not only the government: the private sector has a whole to play and there are numerous other actors in civil society, with both national and international clout, that influence security outcomes. The appearance of the trans-state threats, such as global terrorism and drug trafficking, and specifically the threats to the health and wellbeing of individuals and populations, represent examples of the determinants of human security that derive from influences that are outside the state and that permeate borders.

Kofi Annan, General Secretary of the United Nations mentions that in a world in which "we are connected, wired, and interdependent," problems such as pollution, organized crime, and the proliferation of deadly weapons of mass destruction "show little regard for the niceties of borders. They are problems without passports."[13] The concept of human security represents a redefinition to encompass a wide full range of threats to the health safety and wellbeing of individuals and communities rather than exclusively threats to states.[14]

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11 HJ Morganthau *Politics Among Nations: The Struggle for Power and Peace* (New York:Knopf)1978.
12 Joseph S. Nye Jr. *The Paradox of American Power: Why the World's Only Superpower Can't Do It Alone*. Oxford: Oxford University Press, 2002. p.164
13 Koffi Annan, "Problems Without Passports," *Foreign Policy*, September/October 2002, p.30.
14 MacLean G "The changing perception of human security: Coordinating national and multilateral responses" Unpublished paper University of Manitoba Winnipeg 1998

In this context, Annan has placed the concept of Human Security discussion in the core of the United Nations peace promotion efforts:

We must also broaden our view of what is meant by peace and security. Peace means much more than the absence of war. Human security can no longer be understood in purely military terms. Rather, it must encompass economic development, social justice, environmental protection, democratization, disarmament, and respect for human rights and the rule of law.[15]

> Defending a multidimensional approach to security, Annan states that there is a "growing consensus that collective security can no longer be narrowly defined as the absence of armed conflict, be it between or within States." He mentions international terrorism, drug and arms trafficking, environmental disasters, and the AIDS pandemic as issues that have to be included in the Human Security approach.

Several scholars and policymakers have contributed to the development of a consensus being built around the concept of human security, subordinating military issues to the end of achieving the wellbeing of individuals and communities. Among the proponents of human security, some understand its concept as related to human survival, wellbeing, and freedom, and perceive human security as the main objective of all security concerns. Issues such as demographic pressures and diminished stock or access to resources are considered major security threats,[16] while military security serves simply as "means for achieving the ultimate objectives of human security."[17] In this approach human security departs radically from the traditional emphasis on defending territory to that of defending the person. Thus, human security goes beyond the protection of the state's territory and sovereignty, and includes issues such as education, health care, and protection from crime as part of the objectives of sovereign states.[18] Others, such as Sadako Ogata, Coordinator of the Commission on Human Security, sponsored by the United Nations, combined evenly under the umbrella of human security the concerns with threats to human security, ranging from political and military to social, economic and environmental issues.[19]

The UNDP defines two main basis of human security: safety from chronic threats as hunger, disease and repression and protection from sudden and hurtful disruptions in the patterns of daily life. With this approach, it lists as main threats to human security the

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15 Koffi Annan. "Towards a Culture of Peace."
http://www.unesco.org/opi2/lettres/TextAnglais/AnnanE.html 08/22/01

16 Ramesh Thakur. "From National to Human Security." *Asia-Pacific Security: The Economics-Politics Nexus.* Eds. Stuart Harris, and Andrew Mack. Sidney: Allen & Unwin, 1997, p.53-54.

17 Lincoln Chen in: David T Graham, and Nana K. Poku. *Migration, Globalization and Human Security.* London: Routledge, 2000, p.17.

18 George McLean. *The Changing Concept of Human Security: Coordinating National and Multilateral Responses*. http://www.unac.org/canada/security/maclean.html 08/22/01

19 "Human Security: a Refugee Perspective." Keynote Speech by Mrs. Sadako Ogata, (former) United Nations High Commissioner for Refugees, at the Ministerial Meeting on Human Security Issues of the "Lysoen Process" Group of Governments. Bergen, Norway, 19 May 1999.<http:/www.unher.ch/refworld/unher/hcspeech/990519.htm> 08/22/01

following areas: health, economics, food, environment security, and personal, community, and political security.[20] Ultimately, health security involves the preservation of the human capabilities that are central to human freedom and development

III. Health Security

The human security approach proposes to promote security by working in a concerted way with complex, existing and emerging problems that crosscut several different dimensions that directly affect the wellbeing of individuals and populations. The Pan American Health Organization, following its Inter American mandate to promote health as the wellbeing of our populations, has long embraced the concept of Human Security, as protective measures against threats and hurtful disruption in societal life.

In the Inter American system, PAHO is a major catalyst for ensuring that all the peoples of the Americas enjoy optimal health and contribute to the well-being of their families and communities. Thus, PAHO's mission to lead strategic collaborative efforts among Member States and other partners to promote equity in health, to combat disease, and to improve the quality of, and lengthen, the lives of the peoples of the Americas is fully compatible with the pursue of human security.

Relationships between health and security have now gained a center stage in international affairs in recent years. In 2001, for instance, the "United Nations Security Council took the unprecedented step of declaring that a disease—AIDS—poses a threat to global security."[21]

The health situation of populations--both means and ends for human development and wellbeing—results from intricate relationships that are multidimensional in their nature. The improvement of the health situation is simultaneously means for and dependent upon economic development--thus to the overcoming of poverty. It is also a desirable goal of economic development, in which people can be benefited at the end. Ultimately, the health situation of a population both affects and is affected not only by health care and disease prevention systems, but also by several dimensions such as education, income and access to vital resources, infrastructure of social services, social participation, and the environment. This poses a difficult task in categorizing the various intertwined dimensions that affect, or are affected, by health in order to propose concerted, regional policies. For the purposes of this paper, which is to introduce to the Hemispheric Security Committee of the OAS the discussion of health and human security, the following main categories will be presented for discussion:

- Health and poverty

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20 United Nations Development Program (UNDP). *Human Development Report 1994*. New York: Oxford University Press, 23.<http:/www.undp.org/hdro/1994/94.htm>
21 David Heymann. "The Fall and Rise of Infectious Diseases" *Georgetown Journal of International Affairs*. Summer/Fall 2001, p13.

- Health, democracy, and peace
- Health and the environment
- Natural disasters
- Bioterrorism and other "Man-made" disasters

***Health and poverty*:**

The health situation has multiple determinants: "the physical and social environment; biology, which includes genetic endowment; individual and collective behavior; and health care." With exception of the biological characteristics, the rest are socially determined and therefore subject to the conditions of equality of opportunities or lack thereof, which are in turn manifestations of power relations within society, be they between genders, between ethnic groups or between economic groupings.[22] The larger the presence of inequality in the economic, social and political spheres, the more likely there will be unfair and avoidable differences in health status that detract from overall political and social stability, hence constituting a risk for national security. Our understanding of global health issues must broaden, from a narrow focus on infectious diseases and health services to include concern for the underlying factors that determine physical and mental health, and also are fundamental to military, trade, and foreign policy. These factors include, among others, poverty, education, social capital, access to clean water, a healthy diet and avoidance of unnecessary stress.

Relationships between health and poverty have various different but interrelated angles. The fact that poverty generates conditions that threaten health has been clearly demonstrated since the 19th Century. Nowadays there is a clear understanding of the marked social class gradient in health outcomes, persisting in population groups "followed longitudinally, even though the causes of ill health and death may vary."[23]

Wilson points out that traditional views have long stressed that war and poverty have been "major destabilizing forces on a society and its economy. Yet infectious disease can also be a potent disruptive factor," representing a "major stress upon a national economy and the individuals struggling to earn an income within it."[24] David Heymann asserts that "infectious diseases continue to rank as the world's biggest killer of children and young adults," accounting for more than 13 million deaths a year and one in

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22 G.O.Alleyne. "Health and National Security". Distinguished Lecture Series, UWI, Kingston, Jamaica, March 1992, p.6.
23 G.O.Alleyne. "Health and National Security", op. cit., p.6.
24 J. Wilson. "Bioalert: Prevention is key" *Georgetown Journal of International Affairs*. Summer/Fall 2001, p.5.

two deaths in developing countries, although caused by few, preventable diseases such as tuberculosis, malaria, AIDS, pneumonia, diarrheal diseases, and measles.[25]

Underlying to determinants of diseases linked to poverty are patent inequalities between and within countries. According to Nye, the increase in social inequalities during the period preceding World War I fomented political unrest that led to violent conflict and cut short the globalization process drastically in the beginning of the 20th Century. There is evidence that the current process of globalization also has been tainted by increasing inequalities. "The ratio of incomes of the 20 percent of people in the world living in the richest countries to those of the 20 percent living in the poorest countries increased from 30:1 in 1960 to 74:1 in 1997." [26] Inequality of access to resources, including basic health care, is four times higher in Latin America than in countries in other regions with similar levels of income. This trend is aggravated if inequalities are evaluated within countries. In some Latin American countries such as Argentina, Chile, and Colombia, the wealthiest 10 percent of the population has 15 times more resources than the poorest 10 percent. In other countries, such as Honduras, Peru, Ecuador, and Brazil the discrepancy of wealth concentration between the groups reaches a factor of 84 times more concentration of wealth.[27]

As it generates income inequalities, globalization has simultaneously generated worldwide awareness and expectations of its potential benefits. This effect has been magnified with the diffusion of television, publicity, and increased access to other information and communication technologies. Commenting about the political effects of these growing expectations, Wade states that, "the result is a lot of angry young people, to whom new information technologies have given the means to threaten the stability of the societies they live in, and even to threaten social stability in countries of the wealthy zone".[28]

If income distribution is a key economic and social determinant of health, on the other hand health can influence economic security. Global health issues are of fundamental importance to long-term human security, worldwide economic prosperity, development and global citizenship. In recent years these issues have been discussed at the UN Security Council, G8 summits, Commonwealth Ministers meetings and at Davos conferences of world dignitaries, as well as at the various meetings of the Summit of the Americas. Yet those most closely involved in diplomacy report that global health is often treated as a side issue to the central concerns of foreign policy. This may be because the immediate relationship between health and other policy issues, such as trade and the overall economy, is extremely complex, not easily quantified, and poorly understood.

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25 David Heymann. (2001) op.cit. p13.

26 Joseph S. Nye Jr. (2002)op.cit. p.p. 110 and 193.

27 Juan Luis Londoño (1995) *Poverty, Inequality, Social Policy, and Democracy*, pp. 2–3. Mimeo. Washington, DC: The World Bank, Technical Department, Latin American and the Caribbean Region. June.

28 R. Wade. "Winners and Losers", *The Economist*, April 28, 2001 pp.72-74 in J. Nye, Jr, The Paradox of American Power, op. cit. pp.193.

However, examples abound of health problems influencing international trade and the economy in several ways. These problems can ultimately affect human security, by depriving populations of much needed resources for social benefits. That increases the number of people living in poverty, promoting ill health and potentially fueling unrest. Historical evidence, from the French revolution to modern times, shows that instability in states in which there is income inequality, can explode in social unrest and violence. Besides the well-documented undermining effect of prevailing disease in productivity in a daily basis, epidemic outbreaks may cause heavy economic costs to both developing and developed countries. Direct costs of cholera in Peru, in the early 1990s, with medical treatment and preventive care expenses incurred by the government and individuals reached $29 million--a burdensome sum for an impoverished country--while indirect costs represented by losses in productivity reached $260 million. Cholera also brought losses in Peru's external market totaling $170 million, both in trade and tourism.[29] The United Kingdom Bovine Spongiform Encephalopathy (Mad cow disease) cost the country's beef industry losses between US$10-40 billion.[30]

The report of the World Health Organization Commission on Macro Economics and Health shows that health is a major factor in economic development.[31] AIDS, for instance, has a strong impact on the economies of poor countries. According to The World Health Organization (WHO), GDP growth shrinks "by as much as 1-2% annually in countries with an HIV prevalence rate of more than 20%. Heavily infected countries could lose more than 20% of GDP by 2020."[32] AIDS patients in African countries "often represent over half of all bed occupancy and consume close to 75 percent of public budgets," draining resources from other much needed services.[33]

Poverty caused by ill health may lead to less security, causing instability in poor states. Projections made for 2015 by the U.S. National Intelligence Council, suggest that AIDS and its associated diseases, such as TB, "will have a destructive impact on families and society. In some African countries, average life spans will be reduced by as much as 30 to 40 years, generating more than 40 million orphans and contributing to poverty, crime, and instability." Furthermore, AIDS, other diseases, and health problems will hurt prospects for transition to democratic regimes as they undermine civil society, hamper the evolution of sound political and economic institutions, and intensify the struggle for power and resources."[34]

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29 U. Panisset (2000) *International Health Statecraft: Foreign Policy and Public Health in Peru's Cholera Epidemic*. Maryland: University Press of America, p.173

30 J.S. Kassalow. (2001) *Why Health is Important to US Foreign Policy* (New York: Council on Foreign Relations/Milbank Memorial Fund).

31 J. Sachs. "Macro-Economics and Health: Investing in Health for Development", WHO 2001.

32 Gro Brundtland. "Speech to the UN Special Session on HIV/AIDS, 2001.

33 M. Lewis. "The Economics of Epidemics" *Georgetown Journal of International Affairs*. Summer/Fall 2001, p.28.

34 U.S. Government, National Intelligence Council, "Challenged Water Supply, " *Global Trends 2015: A Dialogue About the Future With Nongovernment Experts*, NIC 2000-02, December 2000, in http://www.cia.gov/nic/pubs/2015_files/2015.htm#link8b .

Health, democracy, and peace:

PAHO considers social responsibility for health, as well as the role of the State, as essential elements in ultimately protecting and promoting public health. This approach requires fostering the active participation of the population in reaching health security.[35] Therefore, public health depends on governmental and societal efforts to successfully tackle determinants of health such as education, income distribution, and the environment. Health and human development literature has used the terms "governability" and "governance" to describe this relationship between public health and the exercise of government.[36]

Tomassini calls governability the capacity of authorities to channel interests of civil society and the interaction between both government and the society, thus establishing the level of legitimacy of the government.[37] Fernández states that governability depends on the manner in which a certain society--or specific political system—coordinates and adequately solves the sum of tensions and conflict generated around the practice of governing.[38] Roberto Espíndola describes democratic governance as the capacity a society has to govern itself with the consensus of its members.[39]

As health security thrives with democratic social participation, it also impacts democracy as it promotes social cohesion and stability. Social capital, usually described in human development literature as processes "among people and organizations that lead to accomplishing a goal of mutual social benefit," includes interrelated components such as trust, social engagement, neighborhood solidarity, civic participation, and reciprocity, all fundamental ingredients for healthy human development and a stable society.[40] Several authors have emphasized inequality and the distrust it generates in relation to other fellow citizens and government, as a major threat to social cohesion and social capital, opening space for violence and crime and fueling overall insecurity.[41]

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35 Beaglehole R., *Public Health at the Crossroads*. United Kingdom: Cambridge University Press; 1997, p. 147.
36 J.A.Casas, R.D.Casco, y C.T.Parodi, *Gobernabilidad y gobernancia: hacia el desarrollo humano y la salud*. Washington, DC, Organización Panamericana de la Salud/Organización Mundial de la Salud, 1998.
37 Tomassini L. Estado, *Gobernabilidad y Desarrollo*. BID. 1993, p. 6
38 Fernández Feingold H. *Gobernabilidad Democrática en Tiempos de Reforma*. Texto presentado a la Reunión Consultiva sobre el Programa Regional de Gobernabilidad del PNUD, México, 29 de marzo de 1996.
39 Espíndola R. *Democracia y Gobernancia en América Latina*. Santiago de Chile, mimeo, 1997, p. 159-74.
40 In Marshall Kreuter (1998) "Is Social Capital a Mediating Structure for Effective Community-based Health Promotion?" Internet at http://www.httcs.com/soccap.htm. updated July 17. See also Robert Putnam (1993) "The Prosperous Community: Social capital and Public Life." *The American Prospect* 13 (Spring): 35–42. Also see J.S. Coleman (1993) "Social Capital in the Creation of Human Capital." *American Journal of Sociology* 94 (Supplement): 95–120.
41 Kawachi, I., Kennedy, B.P., Lochner, K., Prothrow-Stith, D. (1997). "Social capital, income inequality, and mortality." *American Journal of Public Health* 87: 1491-1498; Kawachi I, Kennedy B, Wilkinson RG., 1999 (Editors). *Income Inequality and Health: the Society and Population Health Reader*, Volume 1. New Press: N.Y.

Amartya Sen, Nobel laureate in economics, is among those voicing concerns about the potential for violent breakdown of societies when governments fail to guarantee basic prospects for survival, particularly in public health. On a positive side, he highlights the role of social and political participation of "the weak and the vulnerable" in achieving "growth with equity." Protected by safeguards from economic recession "with security in the form of economic safety nets," people will feel secure even during cyclic downturns in market economies.[42]

Brundtland points out that "fear - whether as a result of cruelty, of violence, of disease or as a malicious combination of all three - undermines people's ability to trust those who are charged with safeguarding their societies - particularly their governments. At the same time, fear and mistrust - whether between peoples, or between nations - are stoked by divisions in society."[43] In this context, poverty and disease fosters despair and provokes frustration that can raise tensions within society and provoke violent conflict.

In addition to being a desired objective in itself and helping the consolidation of democracy, health security initiatives may also serve as diplomatic means to promote cooperation, mutual confidence and, ultimately, peace. Health projects can be helpful in calming tensions and improving relationships in otherwise tense situations. In the late 1980's PAHO designed and implemented the Central American Initiative, in close coordination with the area's Ministries of Health, to support the OAS and Contadora Group efforts to promote peace in a region threatened by an arms race, torn by civil wars, and pressed to take sides in the Cold War. PAHO's health diplomacy undertaking encouraged cooperation in health among contending neighboring countries with two fundamental objectives: to improve health care and the health situation of populations overwhelmed by social inequities and war, and to use common concerns with mutual health problems to open additional doors to negotiations between countries.

Commenting on the possibilities of using health as a foreign policy instrument to ventilate stalled diplomatic negotiations in the process of the "Health as a Bridge For Peace Initiative," Carlyle Macedo, then PAHO's Director, affirmed that:

We believe that health transcends political divisions. We believe that not only can it, but many times it has been a key factor in promoting dialogue, in fomenting solidarity, and in contributing to peace among peoples and among nations. [44]

The Central American Priority Health Needs Initiative led by PAHO in the 1980's and the PAHO-led immunization program that temporarily halted the civil war in Nicaragua and El Salvador during the 1980s, and similar experiences that have been obtained more recently in the conflict in Colombia are good examples of health based

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42 Amartya Sen, "Why Human Security". Paper presented at the "International Symposium on Human Security," Tokio, Japan, 2000, pp. 2-4

43 . Gro H. Brundtland, "Health and Foreign Policy," Ditchley Park, Oxfordshire, 26 April, 2002, at http://www.who.int/director-general...020426_ DitchleyParkOxfordshire.html .

44 OPS/OMS (1989) *Salud un puente para la paz en Centro América y Panamá*. Washington, DC: OPS/OMS.

diplomacy leading to conflict mitigation. As a "mutual interest area that brings states together," health can strengthen and enhance the national security of those countries and "peace that was, in some measure, favored by the non-conflictive interactions that took place in the name of health."[45]

Health and the environment:

Relationships between the environmental and health security are obvious, yet multifaceted. The threat of environment hazards, such as chemical contaminants crossing borders daily grows constantly, especially with the increasing speed of transportation. Climate changes, possibly caused by environment degradation, directly threaten small island states with ocean inundation. In both small and large countries, the systematic destruction of jungles, previously sanctuaries to latent but deadly viruses, have led to the emergence of new plagues, such as the Sabia virus in the Amazon region, or the Ebola and Lassa fever outbreaks in Africa, that could potentially spill-over to other continents. Contamination of the environment with biological and chemical pollutants and mismanagement of natural resources, such as water sources or mining and agricultural land, predispose large areas to the spread of diseases and pollutants that may also cross international borders.[46]

Another obvious relation between the environment and health is the contamination of water supplies. According to the United Nations Development Program (UNDP), the major causes of death in developing countries are easily preventable infectious diseases, which kill 17 million people annually. Most of these deaths are linked with poor nutrition and an unsafe environment—particularly polluted water.[47]

Disease is undoubtedly interwoven with poverty and environmental degradation. Poverty and general social marginalization of large population segments have, to a great extent, contributed to poor environment conditions, promoting human insecurity in many countries. A degraded environment provokes migrations either by exhausting natural and agricultural resources and facilitating natural disasters such as floods, landslides, soil erosion, etc.

Natural disasters:

The degradation of the environment linked to poverty drastically aggravates the consequences of natural disasters. The consequences of such disasters are usually even more devastating in low-income urban settlements where large segments of the population concentrate on dangerous ground and in fragile housing. During emergencies these dwellings have access to fewer resources such as potable water, uncontaminated

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45 G.O.Alleyne. "Health and National Security". Op.cit 1992, p.9.
46 "In the aggregate…impacts of climate change on human health … have considerable potential to cause significant loss of life, affect communities, and increase health care costs, and lost work days." Intergovernmental Panel on Climate Change, 1998, in Andrew T Price-Smith,. (2002) *The Health of Nations: Infectious Diseases, Environmental Change, and their Effects on National Security and Development*.Cambridge, Massachusetts: The MIT Press, p.143
47 UNDP (1994) op.cit, p. 27.

food, evacuation routes, safe transportation, and security forces, rendering the poor more vulnerable to hurricanes, earthquakes, floods, and other similar harms. Natural disasters, particularly in small countries with few resources, require immediate cooperation for humanitarian search and rescue operations.

The Interamerican system has evolved to respond in a more concerted manner to natural disasters. In the General Assembly of the OAS held in Guatemala member States adopted a resolution updating the Organization's response mechanisms to natural disasters. Hurricanes George and Mitch, along with the earthquake in Colombia, made evident the need for this modernization, the result of which was the creation of an Inter-American Committee on Disasters. PAHO has for long contributed to disaster preparedness and emergency relief interventions and has constantly perfected its capacity to respond with coordinated efforts to health challenges posed by natural disasters.

Besides the direct threat to the lives and wellbeing of populations, natural disasters threaten human security as basic services are disrupted, the food supply is inaccessible or contaminated, and civil unrest may occur, such as in documented cases of looting, for basic survival needs or for opportunistic criminal action. In the Third Conference of Defense Ministers of the Americas held in Cartagena, Colombia, in 1998 the then US Secretary of Defense declared that military capabilities are indispensable in fighting both military threats and the results of natural disasters. Therefore, the readiness of military forces is crucial to assist during natural disasters with logistics (transportation, evacuation, search and rescue, communication), health care (emergency services, campaign hospitals, immunization), and maintenance of peace and order. These activities require concerted efforts between the military and health authorities.[48]

Intentional and unintentional "Man-made" disasters:

In addition to the effects on natural disasters related to daily environmental degradation caused by humans, *man-made* disasters can be classified in two broad categories: unintentional and intentional. Several disasters of massive consequences to health and human security are caused by industrial accidents, others can be caused by terrorist individuals or groups intended to disrupt peace and the public order to accomplish a political agenda.

If germs disrespect borders, so does radiation, chemical pollutants, and other environmental contaminants. By nature, infectious diseases and other health hazards, such as environmental pollutants, defy national boundaries and represent a major threat to human security. The Chernobyl nuclear disaster in 1986, in the former USSR, showed the world the consequences of a nuclear accident in one country quickly threatening the food supply and the health of people in most of Northern Europe. These "man-made," unintentional disasters can be prevented with regulation, monitoring, and social participation of risky enterprises.

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48 http://www.summit-americas.org/Hemispheric%20Security/Confidence&Security.htm

In contrast, intentional disasters caused by terrorists have become central to hemispheric security. Evaluating the risks of terrorist attacks to the disruption of human security in our region, the Summits of the Americas process has also supported efforts to combat terrorism in the region, especially through the Inter-American Committee on Terrorism (CICTE), created in 1998, as a result of the Commitment of Mar del Plata, at the Second Inter-American Specialized Conference on Terrorism.

The urgency to revise traditional security strategies at a hemispheric level has gained a particular momentum with the aggression suffered by the United States at the hands of terrorist forces in September 11, 2001. The death of thousands of civilians in a one-day concerted aggression is a horrifying warning of other possible threats. Since that tragic day, the potential use of weapons of mass destruction by terrorist groups left the realm of game rooms and simulation scenarios to pose a plausible and critical threat to hemispheric human security, with possible consequences to the economy, social organization and, most obviously, to people's health. Kofi Annan, warning about the risks that weapons of mass destruction pose to human security, highlights that "their very name reveals their scope and their intended objective, if they were ever used.[49]

Less economically developed countries, overwhelmed by increasing health care costs and emerging diseases, may evaluate bioterrorism as a distant threat ranking low in the long priority list. However, in the Western Hemisphere, a bioterrorism attack aimed at any country is likely to become an immediate and major threat to the whole region, thus requiring concerted preventive action and interventions.

The potential use by terrorists of biological weapons, designed to threaten large numbers in the population stresses the need for a more human-centered approach to security. If natural epidemics are per se a threat to security, bioterrorist epidemics pose the additional complication of an intentional vector striving to do the most harm possible to large segments of the population.

Of all weapons of mass destruction—biological, chemical, or nuclear—the intentional use of biological agents to spread terror, or *bioterrorism*, is probably the easiest to use and of worst long-lasting and unpredictable effects. The use of biological weapons is not new, with historical records dating back to the sixth century B.C., when the Assyrians used rye ergot to poison their enemies' drinking water. However, what makes it a major threat in our days is precisely the speed in which people travel long distances, crossing international borders in great numbers in a short period of time. The number of airline passengers crisscrossing the globe has jumped from 2 million in 1950 to 1.4 billion a year nowadays.[50] An attack to any of the countries in the Americas could spread quickly to the whole region in matters of days.

Biological weapons differ radically from other weapons of mass destruction in cost, availability, timing, and required responses. The information revolution fueled by the Internet and other communication technologies provides easy access to knowledge on

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49 Koffi Annan. (2001) op.cit 08/22/01
50 David L. Heymann (2001) op.cit. p.8

how to develop and use lethal pathogens already existing in nature or slightly modified in improvised laboratories. Equipment previously restrained to laboratories controlled by economically developed States can now be accessible at relatively low costs in the market. Chemical and nuclear weapons cause instantaneous casualties, while biological agents require incubation periods, facilitating the escape of the perpetrator and building up on the population's panic as the numbers of fatalities grow with time. Moreover, many pathogens likely to be used in an attack cause initial symptoms similar to a common flu, making difficult for authorities to detect the onset of the attack.

The epidemiological path of transmission in natural or man-made outbreaks varies. Intentional human vectors can tailor their attacks to cause more massive and striking effect. However, whereas chemical and nuclear weapons require specialized response teams to clean up, bioterrorist aggression demand the strengthening of the existing public health infrastructure used to prevent and control both the disastrous effects of the bioterrorist attack or naturally occuring epidemics.

Noji, the Associate Director of Bioterrorism Preparedness and Response Program at the Center for Disease Control and Prevention (CDC) highlights that the unique qualities of biological weapons "requires improving the recognition and information-sharing mechanisms of existing public health surveillance systems within the United States and overseas." The pervasiveness of pathogens across international borders requires intensive international cooperation to prevent, detect, and respond concertedly to a bioterorist attack. It requires unprecedented "coordination among public health, law enforcement, and intelligence agencies" extended to "foreign governmental, multilateral, and non-governmental organizations to improve global surveillance for suspicious outbreaks."

Therefore, international cooperation and the role of the InterAmerican system are fundamental to a successful approach against the impact of bioterrorism.[51] For instance, PAHO has stepped up its efforts to adapt the network of surveillance laboratories in the region to confront this new health security threat.

The effective quality of a response to a bioterrorist attack will depend on "sensitivity and connectivity of the existing public health system," or respectively the capacity of healthcare workers to recognize an unusual manifestation of a disease and how quickly and accurately information about a case flows to state, national, and international authorities. Studies have shown that the potential scope and scale of a bioterrorist attack indicate "that improvements to surveillance systems for biological terrorism must build directly upon existing public health surveillance systems."[52]

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51 Eric K. Noji, "Hazardous World: The Real Risk of Bioterrorism," *Georgetown Journal of International Affairs*. Summer/Fall 2001, p.34. See also A.S. Khan, S. Morse, and S. Lillibridge, "Public-health Preparedness for Biological Terrorism in the USA," *The Lancet* 356.9236(2000):1179-82.
52 Noji, op.cit., p.36. See also: J.E. McDade and D. Franz, "Bioterrorism as a Public Health Threat," *Emerging Infectious Diseases* 4 (1998):493-4.

The government of the United States of America has invested around 1 billion dollars in its Public Health system since September 11, 2001, to increase its capacity to detect and respond to bioterrorism. Epidemiological surveillance and the quick flow of evidence and information to decision-makers are key components of this investment. Some states compile a monthly e-mail report of disease outbreaks overseas. Also fundamental is the training of specialized personnel, since one of the problems some states are facing is the competition for existing public health experts already prepared to respond to such attacks, other states in the U.S. are training physicians and hospital administrators as a first line to detect and respond to an epidemic originated by a bioterrorist attack.[53] However, investments are required at a Regional level as well, to build surveillance shields in all countries.

People are susceptible not only to human to human contagious infections: the food supply is also potentially exposed. With rapid systems of food exports, an attack on the food supply, if not detected in time, can spread its harmful effects to the entire Hemisphere.

A Report by USA's National Academy of Sciences released in September 2002 warns that the food supply is vulnerable to bioterrorism and proposes the identification of specific threats, direct research, and intelligence to prevent and respond to such attacks. Moreover, agricultural bioterrorism threatens both health security and the availability of food stocks and poses a potential risk to the economy.

The economic risk represents an additional problem for the response to agricultural bioterrorism. The agricultural sector's concerns about the effect of contamination on trade of even uncontaminated produce, leading to huge economic losses due to perceptions and fear may cause delays in informing the public about the attack.[54] The study of epidemics that involved food supplies, such as the cholera pandemic in the Americas in the early 1990s or the "Mad Cow" disease outbreak in Great Britain, show that delays in informing the public for fear of panicking consumers and causing major economic losses ended up hampering efforts to combat the disease and compounding to additional economic losses.

Transparency to the general public is key to confront the identification of a bioterrorist attack and should be promoted by regional intergovernmental institutions. Ultimately, experts say, the most important achievement since September 11 has been the increased consciousness achieved by authorities and large population sectors in the region of the Americas, as shown during the Anthrax scare. However, one of the issues requiring more research and decision-making is the balance between the need of transparency to mobilize public opinion and the need to withhold sensitive information from aggressors. Not only the government, but the press as well has definitively a major

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53 "Many Worry that Nation is Still Highly Vulnerable to Germ Attack" *The New York Times*. September 9, 2002, p.A16. See also: "Bioterror Targets May Be on Farms," *The Washington Post* September 20, 2002, p.A27.
54 "Many Worry that Nation…" *The New York Times*. Op.cit., p.A16. and "Bioterror Targets May Be …" *The Washington Post*, op.cit, p.A27.

role to play in deterring the effects of a bioterrorist attack, by warning the general population, divulging orientation and informing society for preparedness. The recent release of a report by the US National Academy of Science that proposed identification of specific threats, direct research, and intelligence to prevent and respond to such attacks, sparked controversy over fears that too much information was disclosed, that could give hints on the actual vulnerability of the food supply to bioterrorism in the USA.

IV. Violence, Insecurity, and Health:

Violence is definitively a public health problem, not only because it produces direct harm and dysfunction, but also because it causes breakdown in social interrelations and harms overall social development. Akin to ill health, it is preventable and avoidable in any of its forms, it impedes the attainment of human potential, and it has multidimensional causes. Because of its multidimensional nature, the effective prevention and mitigation of violence requires the commitment of diverse societal and governmental sectors to diminish its harm to public health.

The traditional view of security has looked to large scale violent conflicts as its main concern. The human security approach considers the well-being of the individual as central to any type of security, be it an internal large scale conflict or a subregional, international conflict, thus including interpersonal violence as a security threat to the whole society. In instances of interpersonal violence--such as juvenile violence, child abuse and negligence, intimate partner violence, abuse against seniors, sexual violence, suicide--the individual or small groups of individuals are at risk and constitute a clear case for the need of health and human security approach in prevention and control.

Violence, either in large conflicts or interpersonal, is a worldwide problem. However, the Western Hemisphere is one of the most affected regions. Large scale violent conflict in Colombia, for instance, has claimed the lives of 25,000 people every year, for the past fifteen years.[55] Studies conducted at PAHO demonstrate that 120,000 homicides and 55,000 suicides occur annually in the region. Violence is the first cause of death among young males (15 to 29 years old), having a profound impact on lost years of productive life. Furthermore, an alarming increase has been observed in juvenile gangs dedicated to violent acts and criminal delinquency, frequently perpetrated by children 8 to 10 years old. The pervasiveness of violence in the region demands concerted action and the cooperation of international organizations and national governments.[56]

The public health approach to violence is a relatively new trend. In 1996, PAHO developed a multi-centric research project examining attitudes and cultural norms related to violence, with the objective of providing evidence for policymaking. The research covered eight cities: Cali, Colombia; San Salvador, El Salvador; San José, Costa Rica;

55 Instituto de Medicina Legal y Ciencias Forenses de Colombia, in www.dafp.gov.co.
56 Albert Concha-Eastman and Etienne Krugg. "Informe mundial sobre la salud y la violencia de la OMS: una herramienta de trabajo. *Pan American Journal of Public Health*., V.12 n.4, October 2002, p.227.

Caracas, Venezuela; Río de Janeiro and Salvador, Brazil; Santiago, Chile; and Madrid, Spain. It confirmed that violence is not the exclusive function of individual personality, and that policies that promote social equity, protect human rights, control access to guns, increase access to education and health care, and provide opportunities for employment and dignified work, are key to maintenance and development of democratic social processes and peace. Finally, disillusionment with the law enforcement and a loss of trust in authorities also correlated with greater incidence of violent behavior. The research concluded that, although the root causes of violence are complex, it can be understood and prevented.[57]

In 1996, the World Health Assembly in Geneva declared violence a leading worldwide public health problem. The very recent publication of the World Report on Health and Violence 2002 further attempted to define the magnitude of the problem, examining various types of violence, from individual to international, and to describe what is known about its effects on personal and public health, as well as about the cost of violence to the society.[58]

The World Report defined violence as the "intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation," all public health concerns. It emphasized that definition of what constitutes violence depends on the moral code of society, and varies across time and cultures.

Besides the direct costs to medical and justice systems, a wide range of factors must be considered in assessing the cost of violence to society. They include the costs of shelter and long-term care, loss of productivity through death, injury, absenteeism, long-term disability and lost potential, diminished quality of life and decreased ability to care for oneself and others, damage to public property and infrastructure leading to the disruption of essential services (health care, transport, food distribution), disincentives to investment and tourism.

The health sector has both a special interest and a key role to play in addressing violence. Rather than be left to deal with consequences of violence, health professionals should be engaged in research on the epidemiology of violence as well as through three levels of public health interventions: prevention, response by public health and emergency services, and long-term care (rehabilitation, reintegration). The Report recommends the development of national plans of action for violence prevention, which would involve multicultural approaches to the development of culturally-sensitive preventive measures, and would possess integral evaluation mechanisms.

Recorded information about the extent of the problem of violence is lacking. Most countries do not have clear stated strategies for addressing the problem. Although

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57 Pan American Health Organization. *Pan American Journal of Public Health*; Special Issue on Violence, v.5 n.4/5, April-May 1999.
58 WHO. *The World Report on Violence and Health 2002*

direct costs of violence are generally well known, much research still needs to be conducted to examine non-fatal consequences and economic and social costs of violence: the long-lasting health effects of injuries, mental and reproductive health problems, and sexually transmitted diseases due to violence.

National or international large scale violent conflict was given special consideration in the WHO Report. The 20th century was one of the most violent periods in human history, with estimates of civilian casualties ranging from 50 to 90 per cent.[59] The most profound consequences of large-scale conflict are: the damaged or non-existent public health infrastructure leading to higher infant and refugee morbidity and mortality, mental health problems that represent serious long-lasting consequences, and the destruction of entire economies wrought by violent conflict, poor nutrition, unemployment, displacement, vulnerability of refugee settlements to public health crises and epidemics. The destruction of public health facilities leads to increased vulnerability to infectious diseases and to unexpected disease outbreaks, such as tuberculosis, cholera, tuberculosis, malaria, diphtheria, plague, HIV/AIDS, and the emergence of new epidemics, such as Ebola, Lassa fever, among refugee and survivor populations.

The clear-cut relationship between violence and health security is poignantly described by Pederson:

> "…The breakdown of social fabric, family loss and disruption of daily life, lack of shelter and food shortages, the dismantling of basic services and destruction of the local infrastructure all contribute to extreme forms of suffering and disability. This new disease ecology (…) – especially in the low and middle-income countries – has lead to the re-emergence of infectious diseases and unexpected disease (…), increasing malnutrition and poor health outcomes, and towering rates of mental illness and behavior-related conditions."[60]

Today the public health consequences of war are more severe, due to increased technological advancement and firepower, as well as strategic changes in modern warfare, which may target public health infrastructure, causing much more civilian deaths while making war safer for well equipped soldiers. Attacks on electrical grids also harm public health infrastructure, such as water and sewage pumping stations, and during military engagement the public health establishment becomes overburdened with combatants, often neglecting the rest of the population.

Military conflict, and even preparation for war, has lead to human rights violations, psychological trauma, environmental damage, displaced populations, especially women and children, compounding the prevailing instability and threat to democracy. Civil wars continue to kill people indirectly, well after the shooting stops.[61]

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59 Pedersen, D. (2002). "Political violence, ethnic conflict, and contemporary wars: broad implications for health and social well-being." *Soc Sci Med* 55(2): 175-90.
60 Pedersen, D. (2002). Op.cit. p180.
61 Ghobarah, H., Huth, P., Russett, B. "Civil Wars Kill and Maim People – Long after the Shooting Stops." http://www.cbrss.harvard.edu/programs/hsecurity/papers/june/ghobarah.pdf

These new deaths (and disabilities) are overwhelmingly concentrated in the civilian population. In recent years, more children have died due to public health consequences of war than soldiers have died in battle.[62]

Consequences of violence can last for generations. Children who witness violence experience an increased number of health problems later in life, and are much more likely to inflict violence on others.[63]

The global level of small arms trade and the violence that it entails are enormous and the scale of human suffering they cause is immense, although the full extent of it is yet to be measured. Small arms cause at least hundreds of thousands of deaths and more than a million injuries each year, as well as permanent physical and psychological damage, destruction of families, lost productivity, and diversion of resources from basic health services. Research is required on three basic issues: health effects of weapons; the contributing factors and causes, including behavioral issues; and impacts of interventions and their cost-effectiveness.[64]

Political or group violence, such as ethnic conflict and wars that presently shape many parts of the world, have deep-seated structural causes, centered around the lack of democratic processes and the control of valuable resources by a single group or entity, of poverty, social inequities and inequitable distribution of resources, economic and environmental decline, asset depletion, and the erosion of subsistence base leading to further impoverishment and food insecurity for vast segments of the population. As discussed earlier in the health and poverty topic, social epidemiology and critical social theory converge in arguing that structural inequalities are the most important determinants of population health.[65]

A permanent state of stress associated with widespread violence, or one that arises in communities that experience rapid demographic change, outstripping the state's capacity to provide essential services and jobs, is a source of serious health problems. In refugee satellite cities and shantytowns "poverty and high unemployment, inadequate shelter, incomplete families, alcohol and drug abuse, domestic and street violence are dominant features that often turn into multiple sources of distress and adversity, likely to have physical and psychosocial consequences, closing a vicious circle which perpetuates violence and related disease conditions."[66]

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62 King, G., Martin, L.L., "The Human Costs of Military Conflict". Overview paper for Sept. 29, 2001 conference on Military Conflict as a Public Health Problem
http://www.cbrss.harvard.edu/programs/hsecurity/papers/humancosts.pdf
63 Rawson, B. (2002). "Aiming for prevention: medical and public health approaches to small arms, gun violence, and injury." *Croat Med J* 43(4): 379-85.
64 Rawson, B. (2002). Op.cit.
65 Pederson, 2002, op.cit.
66 Pedersen, 2002, id }

V. Health, PAHO and hemispheric security: the regional dimension

As the OAS prepares to propose reformulations to the Interamerican institutions concerned with security, the health situation of the populations of the Americas must be fully considered as a key issue. Several foreign affairs experts have highlighted that health is a national and international security interest. According to Eliot A. Cohen:

> The increasing ease of international travel and the creation of megacities conducive to the spread of disease are two matters of particular importance to those concerned with international relations. Indeed, as reflection on medical history suggests, the spread and course of pandemics may affect international relations in powerful ways.[67]

Joseph S. Nye Jr. has stated recently that the 2001 "anthrax attacks, and the belief that worse is yet to come" has prompted decision makers to realize that "global public health has become a critical part of America's national security system. Citing the $1.5 billion the USA spent on global public health in 2001, he estimates that the investment should reach at least double this amount to meet the new requirements posed by potential bioterrorist attacks. "When seen in the context of national security, less than 1 percent of a nearly $400 billion defense budget seems not only affordable but wise and urgent investment."[68] Moreover, this investment would boost existing public health systems, maximizing overall health security. Nye mentions efforts by WHO to develop an effective response to infectious diseases based on a global public health system of surveillance, detection, communication and response. WHO's global alert network, supplemented by NGOs such as the Nobel prize winning Doctors Without Borders.

In its 100 years of history, PAHO has developed an extensive network of centers of excellence in the Americas, dedicated to problem-solving and policy proposals of numerous issues related to health and human security. PAHO's own centers and offices spread throughout the Region are dedicated to key security issues such as the environment, nutrition, food safety, and infectious diseases. The organization has an experienced Task Force dedicated to respond immediately to natural disasters in any of its Member Countries, with emergency communication equipment and specialized personnel. The Task Force on Bioterrorism works to improve the existing infrastructure to prevent and respond to potential attacks and coordinates with national authorities for the event of an attack in any country.

As regional and international trade and travel intensify, so do the health risks in the Americas and the vectors that contribute to it. Through the diverse entry and communication points throughout the continent, either controlled by authorities or not, "flow millions of people, animals, and cargo shipments each year."[69] The United States alone has 25 major airports linked to the rest of the world. The patterns of diseases

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67 Eliot A. Cohen, "Military, Scientific, and Technological: Book Reviews," *Foreign Affairs*. 74 (4/July–Aug. 1995): 136.
68 J.S. Nye Jr. "Health turns into a security priority". *International Herald Tribune*. September 2, 2002.
69 James Wilson, "Prevention is Key." *Georgetown Journal of International Affairs*, Summer/Fall 2001, Vol11, Number 2, p. 3.

potentially carried through porous borders are dynamic, permanently changing with the flow of people and goods. Health hazards will constantly challenge surveillance systems, requiring continuous vigilance and improvement of preventive measures, as well as regional intensive cooperation.

VI. The Regional Response:

In spite of the complexities posed by the multidimensional intricacies of health in human security, PAHO has, throughout the years, accumulated experience in breaking down in manageable pieces the initiatives necessary to promote a safer and healthier Region. Furthermore, countries in the Region, as well as regional institutions have continued to advance and engage more than ever before at looking broadly and jointly at regional health problems.

As Human Security becomes the core of hemispheric security strategies, PAHO will continue to fully collaborate with the OAS and the Interamerican Security institutions to promote peace, democracy and a safer and healthier Region. However, this cooperation must be constantly adapted and upgraded to the new demands of a continuously changing world.

Health components of human security have been promoted in most initiatives of the OAS and the Summits of the Americas process. This trend must continue and amplify. The Confidence and Security Building Measures, for instance, should include specific, existing health activities in the promotion of its proposed cooperation among neighboring countries along their border regions, as well as in cooperation efforts among networks of legislators.

The regional response--to improve health security and diminish the possibility of health problems leading to a decrease in human security-- fosters this trend toward regional cooperation and advances existing mechanisms for inter-institutional collaboration. We recommend that this concerted regional response to reduce the possibility of poor health contributing to human insecurity that can lead to hemispheric insecurity includes:

(1) Initiatives for advocacy,

(2) Better information and surveillance systems,

(3) Support for regional institutions,

(4) Research, and

(5) Training.

In a transparent manner, advocacy will stimulate the utilization of abundant human resources existing in Member Countries, in a context of increasing participation of

different actors in civil society, to further consolidate democracy and hemispheric security. PAHO has advocated closely with governments for health security initiatives and for the improvement of health systems to better the health situation, but it has also worked with non-governmental organizations and the media to better develop advocacy strategies that can reach all our populations.

In 1998, the meeting "Health and Human Development in the New Global Economy: Experiences, Opportunities, and Risks in the Americas" issued the "Galveston Declaration" that recognized the benefits of the globalization process, as well as its shortcomings in widening inequities both within and between countries, that poses "formidable threats to the health of peoples all over this hemisphere," but especially to the poor. The declaration exhorted local, national, regional and international non-governmental organizations to develop and strengthen regional advocacy networks to play a critical role in raising levels of public concern for healthy public policies.[70]

The media has an obvious fundamental role in advocacy and has helped our efforts to increase awareness of authorities and populations to the need to improve health security. Recommendations from the Committee on Hemispheric Security will certainly have even a greater impact on the media and on the general population if advocating an encompassing concept of human security.

The most vital initiative for the achievement of health security concerns information. PAHO has dedicated great resources and attention to improving existing information on all matters related to health security, as well as information analysis, interpretation, dissemination, and its utilization for decision making. The 30th OAS Assembly, held in Canada, highlighted the "need for greater attention and imagination in harnessing the potential of new tools, such as information technology, in advancing our human security goals." These new technologies permit us to disseminate information and foster regional cooperation in a pattern compatible with the enormous challenges posed by globalization. However, all this potential will only succeed in helping solve pressing problems with a concerted and continuous effort of all Member Countries in improving collection and prompt dissemination of vital information.

The complex relationships between the various determinants of health security demand the diversification of sources of data and promote transparency. Health-related information must be collected from a multitude of sources, both traditional (e.g. Ministries of Health, universities, research centers, household surveys) and non-traditional (e.g. NGOs, patient groups, media). Data must include not only traditional health indicators, but also indicators on socioeconomic determinants of health such as income distribution, education, housing, employment, etc.

Networks of surveillance must be strengthened to collect information that will allow for prompt responses to threats to health security, be they accidental or intentional.

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70 Pan American Health Organization. *Health and Human Development in the New Global Economy: Experiences, Opportunities, and Risks in the America*. Edited by A. Bambas et al., Washington, DC: PAHO/WHO, 2000, p.330.

PAHO restates its firm determination to support and help improve existing networks of surveillance, laboratories, and public health intervention in our countries, and to work with other national and regional institutions that help respond to health hazards, including security institutions.

Regional institutions have a major role as the main loci for intergovernmental action at the hemispheric level, especially since many of the more important health risks are transnational. The Summit of the Americas process and the OAS must continue to support regional institutions and to foster coordination and cooperation among them in order to respond to pressing, interconnected health security issues.

Another key action to improve and orient health security initiatives is the support for scientific research and innovative ways to utilize scientific evidence for policymaking. The use of research results in policymaking requires special efforts to sort, analyze, and translate information obtained by scientific method and readily available to decision-makers in a permanent basis.

Finally, among key actions is the promotion of training activities about health security to non-health personnel, such as diplomats, the military, and other policymakers responsible for regional decisions. These training activities can be formulated at an ad hoc basis, as well as be extended to diplomatic training institutes, military academies, research centers, and universities, in several forms, such as seminars, courses, studies envisioned in the Declarations of Santiago and San Salvador, and games and crisis simulations.

Core technical decisions will continue to be the realm of specialized institutions and experts. However, globalization has changed the landscape of how crises develop and are played out in our region and our world, especially with regard to health. Old practices in international health restricted just to the health sector no longer suffice, and regional leaders must consider new issues and strategies with a broader approach. Training programs should take an interdisciplinary approach and integrate professionals from different fields, such as health authorities, the military, and diplomats, to increase cooperation efforts between countries and regional institutions. Most importantly, the educational process should train people to prevent, identify, and prepare for crises that may arise. The result will contribute to the development of a set of far-reaching cooperative policies in anticipation of and in response to epidemics, environmental disasters, bioterrorism, violence and other health phenomena that affect hemispheric security.

VII. Conclusion:

The recent changes in the global and regional political landscape have made it necessary to consider approaches to security that are beyond the traditional dependence on power to protect natural territorial integrity. This paper points out the importance of human security for national and hemispheric security and itemizes the role and place of health in the preservation of such security. It emphasizes that the regional response must include advocacy, improvement of information and surveillance systems, support for regional institutions, given the transnational nature of some health risks as well as properly focused research and training.

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