

INTRODUCTION

Violent conflict and population health in the Middle East

The United Nations estimates that 2135 Afghan civilians were killed in the first nine months of 2010; 350 of those deaths were a result of attacks by US, NATO and Afghan forces, while the remainder were caused by insurgents (Human Rights Watch 2011). In Lebanon, cluster bombs left behind from Israel's 2006 attack have wounded 300 civilians (Human Rights Watch 2011). The ongoing colonisation of the occupied Palestinian territory has created a situation in which much of the Palestinian population lives with 'acute and constant insecurities' (Giacaman *et al.* 2009), and the Israel–Gaza conflict of 2008–2009 furthered the humanitarian crisis already under way in Gaza, causing the deaths of over 700 Gazan and 3 Israeli citizens (Human Rights Watch n.d.). Lebanon, the occupied Palestinian territory and Afghanistan have all been in protracted states of humanitarian crisis over the last 70 years, resulting from armed conflict or occupation. They have all experienced increased rates of mortality and morbidity, widespread displacement of their populations and deterioration of health and social services. As a result of their shared history of violent conflict, they are taken in this Special Issue as case studies from which to analyse the complex interrelationship between conflict and population health in the Middle East.

The focus of this Special Issue is not on the direct mortality or morbidity rates attributed to conflict in the occupied Palestinian territory, Lebanon and Afghanistan; instead, we address issues of population displacement and community resilience, and speak to larger issues of human rights and social justice that must be taken into account when analysing the health impacts of conflict. Our aim is to examine the broader contexts in which conflicts develop and to better understand the implications of violent conflict on the movements of people and their health and mental well-being. Further, we make a case for policy-makers, programme managers and researchers to include a human rights- and social justice-based framework in their approach to working in situations of violent conflict. Authors also speak to larger questions of political will, economic impacts of conflict and on-the-ground realities facing civilians living in war-torn societies. Throughout this Special Issue, we make a call for public health practitioners, researchers and medical organisations to become more vocal in speaking out about conflict that harms civilians. Others have made this call before (Singh *et al.* 2007, Inhorn 2008, Waterston 2011), and we add here our voices to the urgency of this collective call for action against human rights violations taking place against civilians.

This Special Issue of *Global Public Health*, 'Violent Conflict and Population Health in the Middle East', is the result of a unique and groundbreaking symposium on 'Health and Conflict in the Middle East', which received funding from the Wellcome Trust, the Center for Research on Population and Health at the Faculty of Health Sciences at the American University of Beirut (AUB), and Yale University's

School of Public Health and Council on Middle East Studies (CMES), including CMES's US Department of Education Title VI National Resource Center grant. The symposium was held at the Faculty of Health Sciences at AUB from 16 to 18 March 2009 and brought together 21 scholars from around the world whose research focused on the health impacts of conflict in the region. The aim was to build a diverse network of researchers working on this critical topic, which has been noted as an under-studied field by public health researchers (Murray *et al.* 2002). It was agreed that a better understanding of the ways in which conflict impacts health is critical to creating sound health policy, increasing political will to stop violent conflict in the region and bringing about a larger call for human rights to play a role in shaping responses to conflict, particularly as it impacts civilians. One of the results of the symposium is this Special Issue, which comprises six articles and two commentaries, focusing on issues of displacement, resilience and human rights.

Displacement

Wide-scale geographic displacement often accompanies conflict, and the Middle East region has the highest number of refugees and internally displaced people in the world. Wars have been the largest driving factor leading to the displacement of populations in the region, with one of the most prominent examples being the *nakba* (catastrophe) or expelling of three-quarters of the Palestinian population between 1947 and 1949 (Rogan and Shlaim 2001). More recently, the large-scale displacement of Iraqis from the 2003 invasion of Iraq has resulted in 4.5 million displaced persons (UNHCR 2009). A range of health topics have been studied that are associated with displacement in the Middle Eastern region, ranging from depression (Steel *et al.* 2009), vitamin D deficiency (Sheikh *et al.* 2011), the spread of Leishmaniasis (Jacobson 2010) and food insecurity (Doocy *et al.* 2011). However, as noted by Mowafi in this Special Issue, there is a lacuna in the displacement literature on the pre-existing health conditions of the displaced population, as well as the health impacts experienced as a result of post-conflict displacement. Mowafi aptly calls for researchers to turn their attention to the critical time when the conflict has ended but its health impacts persist, and as such speaks to the need for comprehensive health policies for refugees and internally displaced persons (IDPs).

The health impacts of displacement on a population, even when that displacement occurs over a relatively short amount of time, can be severe. As such, it is critical for policy-makers and programme planners to understand characteristics of persons most likely to be displaced during a conflict. Khawaja *et al.* explore demographic and socio-economic predictors of displacement during the July 2006 Israeli–Lebanese war, a 33-day war that, despite its short timeframe, resulted in the deaths of over 1200 Lebanese and 44 Israelis (Higher Relief Commission 2006). In examining the characteristics of the one million Lebanese who left their homes after the start of the conflict, they find that living in areas experiencing the strongest levels of attack and demographic factors, including younger age, being married and higher education, were all associated with higher odds of displacement. Like Mowafi, they contribute to larger scholarly and policy discussions around displacement and add to an evidence base that can be useful in the design of disaster relief programmes.

Resilience

Despite the heavy physical, mental and emotional toll that war can have on a population, authors in this Special Issue explore ways in which citizens, healthcare workers and non-governmental organisations all demonstrate resilience in the face of both short and protracted conflict. Resilience is not the effort of one person or organisation, but rather a complex interplay of multiple forces such as politics (Nguyen-Gillham *et al.* 2008), culture (Eggerman and Panter-Brick 2010) and social support (Betancourt and Khan 2008). Nuwayhid *et al.* examine the 2006 Israeli–Lebanese war and the way in which the displaced Lebanese population displayed a remarkable level of what they term ‘community resilience’. Their exploration of this phenomenon leads to the creation of a new model of community resilience, which includes at its core the presence of a strong political/spiritual leadership. Sousa *et al.*, utilising interviews and participant observation, explore the healthcare system in the occupied Palestinian territory, revealing that despite systematic challenges created by Israeli check points and closures, health care providers persevere in providing services to their patients by employing strategies emphasising collectivity that allow them to ‘adapt to anything’, as one provider stated. Wick contributes to this discussion of resilience, adaptation and collectivity in her detailed anthropological exploration of a Palestinian health-sector non-governmental organisation and the way in which it navigates and adapts to the neo-liberal system, while simultaneously remaining in solidarity with the often isolated and restricted Palestinian communities. The study of resilience as it relates to conflict is a growing field, and all of these authors contribute to new ways of understanding the resilience of civilians, health care providers and organisations during times of conflict.

A human rights-based approach to mental health and violent conflict

There is a rich literature on the impacts of war and conflict on population mental health in the Middle East (Montgomery 2008, Usta *et al.* 2008, Bader *et al.* 2009). In this Special Issue, Giacaman *et al.* posit that a new framework is needed to understand the collective trauma experienced by the Palestinian population. They echo an argument that has been made by a number of mental health researchers, which challenges dominant western conceptualisations of mental well-being (Shoeb *et al.* 2007). Giacaman *et al.* call for a coherent mental health policy based on a framework of human rights, to be accompanied by a social and political response to Palestinian suffering.

Ruchama Marton, president of Physicians for Human Rights-Israel, also uses a human rights framework to document and comment upon violations of the right to health during the Israel–Gaza conflict in December 2008–January 2009. Marton uses specific stories of grave human rights violations committed in Gaza to call on medical organisations to take a strong and vocal stand against violations of the right to health, reflecting calls from the human rights community positing that health professionals have a critical role to play in promoting human rights (Gruskin *et al.* 2005).

Beyrer’s commentary on the complex and deadly interaction between ebbs and flows of conflict in Afghanistan and opium production contributes to the larger discussion of human rights pertaining to HIV/AIDS and injecting drug users (Jurgens *et al.* 2010, Wolfe and Cohen 2010). The illicit drug trade has a well-

documented connection to organised crime, instability and poverty (Rubin 2000, Morris 2010, Attaran and Boozary 2011), and Beyrer's thoughtful commentary brings the current situation in Afghanistan to the forefront, calling for a move towards treatment, prevention and rehabilitation of active drug users.

Violent conflict and population health: a call to action

Recent conflicts in the Middle East have made it clear that there is a continued and pressing need for more research on the topic of violent conflict and population health. Since January 2011, conflict has erupted throughout the Middle East, as protestors have taken to the streets to oust rulers who have held power for decades. In Egypt, over 297 people were killed in the first two weeks of the anti-government uprising (BBC News 2011), while the Libyan government has been accused of leading massacres and aerial bombardments against civilians, which have subsequently led to the displacement of tens of thousands of migrant workers to Libya's Tunisian and Egyptian borders (Amnesty International 2011). The topic of violent conflict and population health in the Middle Eastern region has never been more pressing, and we hope that this Special Issue serves as an urgent call to researchers to prioritise analysing how conflict impacts civilians. We acknowledge that there are inherent risks to research on health and conflict – it must be multidisciplinary, it is often dangerous to conduct and there are significant ethical challenges associated with research in conflict situations. Nevertheless, the impact that violent conflict has had on population health is one of the most critical topics in global health as we enter the second decade of the twenty-first century, in the Middle East and beyond.

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