

INTERNATIONAL HEALTH

Educating Health Professionals About Peace Through Health

Neil Arya, MD

Why should a doctor be speaking with high school teachers about Peace Through Health and Peace Education?

The Whitehall Health study, a long-term survey of the health of over 10,000 British civil servants in the late 1970s, found significant differences in heart disease among the four socioeconomic classes in British society. What was even more interesting, however, was that education – particularly, female education – completely independent of income, habits and class, was also a major determinant of health across societies. Such findings have been reproduced throughout the world. The Ottawa Charter for Health Promotion (1986), considered by the World Health Organization to be the landmark health document other than the Alma Ata declaration (1978), found peace and education to be two of the greatest determinants of health. Clearly then, the value of education in maintaining the health of a society parallels shelter, food, income, social justice and equity.

How do you approach teaching? Peace through Health, which I teach at the University of Waterloo and have taught at McMaster University, is an academic discipline in how health workers can contribute to peace. We have created a model for how physicians can dismantle conflict at every stage, by using our knowledge, skills and values. Teachers can use their knowledge and skills to do much the same – dismantling violence before it erupts, as it occurs, and in the post-conflict period through the rebuilding of communities, and reintegration of children. This is true whether the violence is individual, community, societal, or structural (affecting the infrastructure in which people live and work).

The majority of my international work is in El Salvador and Palestine. In El Salvador, violent crime and gang warfare has been rampant since the country's slow recovery from a civil war in the 1980s. For instance, its current murder rate is about 20 times that of Canada. However, violence is not something that is genetically programmed. Violence has always been a product of negative environmental influence. To that extent, teachers can help shape that environment, often where families and communities have failed to provide positive guidance. As such, my work in El Salvador will largely be directed at helping medical school student

mentors provide better examples for their communities much as teachers do for young students.

In Palestine I study the mental health of adolescents with a woman whose husband is a politician representing the "Third Way," a middle path between the corruption of much of the Palestinian Authority and the fundamentalism of Hamas. For Rita, as well as for these students, life is dominated by roadblocks, checkpoints, closures, shelling, tear gas, rubber bullets, and beatings. We have documented significant trauma, but then we are left with how to deal with this at a grassroots level, when the politicians seem to be failing. If we were simply focussed on responding to the trauma, we would be at a loss – there are only 7 psychiatrists, a handful of counsellors, social workers and psychologists on the West Bank to manage the needs of 2.8 million people. In fact, the entire society might be considered constantly traumatized, and the resources are far from adequate! Palestinian children, like Indian ones, talk to *teachers* before school counsellors, and well before mental health professionals – particularly in light of the social stigma in some societies of consulting mental health professionals.

So in finding solutions, what might we choose to focus on improving, other than a child's response to trauma? One option is fostering a child's sense of "resiliency," defined as the *capacity to do well in difficult circumstances*. Anthropologist, Jo Boyden identified five interlinking areas that foster resilience in children:

- *Social support networks* (essentially, unconditional acceptance of the child as a person)
- *Capacity to discover meaning*
- *Self esteem*
- *Sense of humour*
- *Skills or agency* (the feeling of having some control over what happens in one's life)

What are the practical implications of such findings and which of these can teachers impact? I'll speak as a physician interested in mental health and Peace through Health and provide examples from other international projects at McMaster.

1) SRI LANKA

Ten years ago, people at McMaster University's Peace through Health programme were involved in a study in Sri Lanka on war-affected children. Of 170 children in the eastern area of Batticaloa where Hindu/Muslim violence had taken place, 41% had experienced personal exposure to war-related direct violence (home attacked, shelled, shot at, beaten or arrested), and 53% had a direct family member suffering a violent death. 95% of children reported events placing them at risk for PTSD; 20% showed severe levels of post traumatic psychological distress. This study clearly illustrated high rates of mental health damage from civil war. Yet, all "health initiatives" to respond to the needs of children in our survey project were *medicalized* models of trauma (PTSD) – treatments with drugs or counselling – two things that were certainly not options in Palestine.

Rob Chase, lead physician in this Health Reach study, felt that fostering resiliency and meeting these needs might be more successful in healing children. He recruited artist Paul Hogan from Toronto, and Jesuit priest, Paul Satkunanayagam, a qualified counselor who had collaborated in the McMaster survey and who had established a counseling center for ex-detainees and widows, and they received funding from the Canadian High Commission to open the Butterfly Peace Garden in September of 1996. The Garden itself would provide sanctuary – a space to honour children. Animators possessing a "contemplative, respectful spirit" were asked to accompany children and through personal engagement and using imaginative play, ultimately help heal the trauma of war and promote resilience. They planted herbs, cared for abandoned animals on site, designed costumes, developed stories, played music, and worked with clay and paint. The children felt a sense of agency, experienced growth and regeneration and could then, themselves, become instruments of healing. The artists and animators still remain quite protective of the children, not wanting them to become the object of study by outsiders.

The teachers initially sent the most troubled children, aged 9 to 14 from surrounding villages – half Hindu, half Muslim and half male, half female. Soon the program developed to 150 students at a time, coming for a half day a week for nine months and working with about 14 local, specially trained, full time animators who were themselves, victims of the war.

Maslow's Hierarchy of Needs includes four basic needs: *physiological* needs (food, shelter, water), *safety* needs (feeling secure), *belonging and love* needs (someone who loves them and gives them a sense of belonging), and *esteem* needs (high self perception and high perception of how others view them). Maslow states that these collectively must be met before the fifth need, a need to *know and understand*, becomes attainable. Teachers at the Butterfly Garden could assist in each of these as well as promote resiliency. The peace-building components of the Garden project included repair and transformation of damaged relationships, reconciliation, trust-building and maximization of mutual under-

standing. Today, a decade later, over 1,300 children have participated in its programs.

2) CROATIA STUDY

McMaster simultaneously launched a school-based pilot project to promote trauma healing, non-violent conflict resolution, peaceful living, human rights, and reduction of ethnic bias in Croatian children affected by war. Seven 4th- and 5th-grade teachers were trained in modules discussing emotional reactions, flashbacks, "bias and prejudice," conflict skills, non-violence and communication skills. They then presented a peace-based curriculum with weekly two-hour training sessions to 250 children, aged 10 to 14, over a four-month period. This was called, "creative conflict resolution." Pre- and post-survey testing revealed a small but significant reduction in ethnic bias, and a reduction in posttraumatic stress symptoms compared to a control group. Follow-up testing showed that these benefits continued. With the involvement of the Croatian Ministry of Education, the program expanded to 1200 students the year after the study.

3) AFGHANISTAN

Afghan Canadian physician, Seddiq Weera, who had led projects on landmine epidemiology and rehabilitation of victims became interested in how to achieve reconciliation in his native Afghanistan. In 2000, together with McMaster colleagues, he launched the Afghanistan Peace Education project to promote non-violent solutions to conflict. His strategies included training by peace-educators, enhancing peace-building capacities of governmental and non-governmental organizations, and other efforts meant to empower the Afghan people by strengthening their capacity to contribute to building peace. These other efforts included a series of workshops in February 2001, involving intellectuals, opinion leaders, political leaders, journalists, writers, educators and NGOs (from right across the political spectrum, with a special effort to include women). After the Taliban fell, given Weera's access to the new Afghan leadership, Western governments and international agencies, a psychosocial model of conflict transformation and a peace education curriculum was developed for Afghan school children ages 10-15. Major transferable outputs included a training manual and storybook demonstrating peaceful principles. These, and the curriculum, have been endorsed by the Afghan Ministry of Education and are now in at least 20 schools.

Child psychiatrist, Joanna Santa Barbara, developed resources to promote similar principles of peace and conflict resolution for the Canadian context, publishing brochures that could be used in schools or physicians' offices. Topics included such things as: Fostering Peace in Our Homes, Choosing Peaceful Story Telling, Encouraging Peaceful Play, and media and gun violence.

As doctors, we know that patients' perception of us is based on affability and availability, before clinical compe-

tence. For teachers, your role is not just conveying information, but being open to a child's needs, and helping fulfill his or her maximal potential. Understanding basic principles of conflict analysis, mediation and transformation are fundamental to accomplishing this.

My father, a high school English teacher in small towns throughout Canada, often quotes the Sanskrit saying *matrudevo bhava, pitrudevo bhava, acharyadevo bhava*.

This translates to, "May you consider your parents and teachers as you would the Lord." Teachers indeed warrant this great accolade, but as Spiderman once stated, "With great power, comes great responsibility." As teachers, your task is a challenging one, but also a spiritual one in which you have the ability to transform lives. Please carry this responsibility not as a burden but as the honour and opportunity it truly is. †

Author Biography

Dr. Neil Arya is a family physician in Waterloo, Ontario and past president of Canada's Physicians for Global Survival. He was recently in Nagpur, India where he delivered a lecture on the interrelationship between Peace, Health and Education to the National meeting of the World Association for the School as an Instrument of Peace. This article is adapted from this address.

WE WILL BE THE COMMUNITY HOSPITAL OF CHOICE

Enrich your practice Expand your horizons

Located in scenic Ottawa, Queensway Carleton Hospital is a patient and family-centred urban community hospital. Providing a broad range of progressive acute care services to the people of Ottawa and the Ottawa Valley, cornerstone programs include: Emergency, Childbirth, Geriatrics, Mental Health, Acute Rehabilitation, Medical and Surgical Services. With a strong focus on the future, QCH offers a full Hospitalist Program for inpatient care and dedicated Intensivists for a new 12-bed ICU, MRI, CT, Nuclear Medicine, Echocardiography, Stress Testing and Endoscopy. We are also building for the future with plans for new ORs, a cancer treatment centre, satellite dialysis centre, lab facilities and an enhanced outpatient centre.

Currently QCH has opportunities for

- Psychiatrists • Pediatricians •
- General Internist Hospitalists*

(*To qualify, you must possess certification from the Royal College of Physicians, and you will be expected to participate in the General Medicine on-call roster.)

To apply, please contact:

Dr. Mary Brown
Chief of Staff
Queensway Carleton Hospital
Tel.: (613) 721-2000, ext. 5602
E-mail: mbrown@qch.on.ca



Queensway Carleton
Hospital



3045 Baseline Road, Ottawa ON K2H 8P4
T 613.721.2000 www.qch.on.ca

RECOGNIZED FOR OUR EXEMPLARY PATIENT CARE, PEOPLE AND PERFORMANCE