

No health without peace

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Contemporary armed conflicts are increasingly protracted and urbanized, worsening their consequences on population health and turning them into intertwined humanitarian crises with escalating public health emergencies [1]. It is estimated that more than 740,000 people die each year as a result of conflict-related violence [2], yet this figure fails to capture the full extent of war-related mortality, as it excludes deaths caused by secondary effects such as untreated diseases, starvation, and environmental destruction [3].

Armed conflicts damage healthcare infrastructure, displace millions, and create long-term public health crises. In Syria, over a decade of war has systematically dismantled medical facilities, forcing physicians and healthcare workers to operate under siege, with severely limited resources [4]. In Afghanistan, decades of conflict have rendered the healthcare system fragile, with maternal and child mortality rates among the highest in the world [5]. And now, in Gaza, relentless bombardments and blockades have left civilians without adequate access to emergency care, clean water, and essential medicines, unfolding a humanitarian catastrophe before the eyes of the global community [6, 7].

These wars do not merely destroy hospitals and medical supply chains; they weaponize health systems as part of the conflict strategy. The deliberate targeting of healthcare infrastructure, the obstruction of humanitarian aid, and the forced migration of healthcare professionals further destabilize health systems, leaving entire populations vulnerable to disease outbreaks, malnutrition, and psychological trauma. The mass displacement of civilians also places additional pressure on regional healthcare systems and international humanitarian efforts, thereby globalizing the health impacts of war.

1. The politics of medicine

The words of Rudolf Virchow, the 19th-century physician and father of social medicine—"Medicine is a social science and politics is nothing else but medicine on a large scale"—are highly pertinent in the context of modern warfare [8, 9]. Medicine extends beyond treating individual patients; it encompasses addressing the social determinants of health—poverty, displacement, infrastructure collapse, and access to care—that are deeply intertwined with political decisions.

When policymakers reduce funding for refugee healthcare, they are making a medical decision [10, 11]. When governments impose blockades that restrict food and medical supplies, they are directly shaping public health outcomes [12, 13]. When warring parties attack hospitals and first responders, they are waging war on health itself [14–16]. The political choices made in war zones determine whether civilians live or die—not just from direct violence but also from untreated infections, lack of surgical interventions, and the absence of maternal and child healthcare.

As researchers, physicians, and humanitarians, we must recognize that health is inherently political. The destruction of healthcare infrastructure in conflict zones is not accidental; it is a strategic choice. The displacement of doctors and nurses is not just an unfortunate consequence; it is a direct result of policies that devalue human life. The spread of disease in refugee camps is not inevitable; it is the result of negligence and the deliberate choice to disregard scientific evidence.

There can be no health without peace.

There can be no health without justice.

There can be no health without equity.

Medicine, as a social science, has the responsibility to diagnose not just diseases but also the underlying societal conditions that allow them to spread. War is the ultimate public health emergency, and until we address its root causes, our efforts to progress will always be hindered by those who choose to destroy. It is time for the medical and scientific communities to step beyond the confines of their research and clinical practice and engage in advocacy that recognizes the inextricable link between war and health.

2. What are we to do?

Addressing such complex issues and aspiring objectives cannot be tackled by over-isolated "solution finder" *dessus de la mêlée* researcher-cells alone. The complexity of modern-age conflicts, which are larger and appear stagnant, demands a full understanding of the social, legal, political, cultural, and public health factors that contribute to their existence [17, 18].

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Gino Strada, founder of the nongovernmental organization EMERGENCY, argued that doctors cannot remain neutral in war. He challenged the profession's role, asking: "When a war has started, the doctor's task is clear: he must do everything he can to save human beings, to save their limbs, their eyes, or at least to reduce their suffering, if it is not possible to save their lives. When the bombs start to fall, no doctor unfortunately has difficulty understanding what his task is. But before? Before the war starts, before the bombs begin to fall, what is the doctor's task? Can a doctor adopt an agnostic attitude, or perhaps just hope in his heart that the will for peace will prevail, without making a public choice?" [19]. His mission—providing free, high-quality medical and surgical care to victims of war, landmines, and poverty—embodied the belief that the highest task of doctors is to prevent wars and their consequences.

To achieve this, pragmatic and useful research, together with evidence-based practice, must examine the functions of each component of society, their complex interactions, and their collective influence on community behavior [20]. For the authors, the core principles that dictate this complex relationship between science and society are as follows:

1. This relationship is dialectical. Scientific theories are related to and dependent on the social context of their production, which does not undermine their foundation or objectivity.
2. Theory and practice are, by definition, inherently intertwined. The strength of a theory relies on its practical application in real life, and a practice lacking theoretical grounding can be harmful.
3. The integration of scientific theory to social practice is a *sine qua non* for the scientific findings to transform into meaningful social action.

For the authors, scientific methodology is inseparable from action, and recognizing the social position of science fosters an organic connection between scientific research, the development of socialized industry, and human culture. Science should be put into practice in service of the community and at the same time, should itself be part of the cultural heritage of the whole people [21]. Such engagement will not only be beneficial in the fight against misinformation but will most definitely create more socially based research projects and in turn, science with greater impact [22].

War is not an isolated event; it is a symptom of deeper structural failures. As long as *laissez-faire* economic systems remain the norm, conflicts will continue to emerge and escalate, often exacerbated by climate change and environmental disasters that further strain already vulnerable populations [23]. These man-made humanitarian crises have detrimental consequences on public health, disrupting healthcare systems, increasing disease burdens, and deepening social inequalities.

This is where we must take a stand. Our responsibility is not just to react to crises but also to prevent them. Recognizing the social role of science, strengthening the engagement of scientists in policymaking, developing strategies based on the social needs of people at a global level to address the health impacts of conflicts, improving resilience in affected communities, and ensuring equitable access to healthcare in crisis settings are no longer optional—they are imperative [24]!

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