

ASPHER in the Ukraine war: An ethical mission¹

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■ Abstract

Since the beginning of the Ukrainian War, ASPHER has been mobilized to provide its best contribution to the search for an immediate and long-term response. The reason for this strong mobilization is that the present war represents a risk of the greatest magnitude to European Health and, inherently, to Public Health in the countries covered by ASPHER.

Efforts have been made in providing scientific and technical advice related to Public Health to reinforce closer cooperation between Schools of Public Health, in particular between those in peripheral countries to the theatre of military operations, and theoretical training, given the near absence of an educational offer from Schools of Public Health (SPH) in this area of knowledge. A Public Health War Roadmap is also under construction.

This article is essentially the closing speech of the Gdansk Meeting promoted by ASPHER together with the local School of Public Health, which seeks to express ASPHER's position on the war in Ukraine and what, in its opinion, should be done by the SPH.

Key words: public health, Schools of Public Health, public health in wartime, Ukrainian war

Słowa kluczowe: Szkoły Zdrowia Publicznego, Ukraina, wojna, zdrowie publiczne, zdrowie publiczne w warunkach wojny

■ I.

There is nothing more antagonistic to Public Health (PH) than war. In all wars, the opposite of everything we do in our PH work is concentrated:

1. The physical and mental well-being of populations is compromised.
2. Efforts to prevent and diagnose a countless number of diseases are annulled, and even after the war has stopped and the countries have recovered, when the programs are resumed, many more cases need to be answered and in much more advanced stages of development of the diseases.
3. Healthy eating and drinking water supply, the two pillars that have contributed more to Public Health in the last 150 years than possibly all medicines put together, are compromised.
4. The wounded and the dead as a result from the war generate a whole set of human and social challenges that last one to two generations after the end of conflicts. All of this results in a reversal of the trend towards an increase in life expectancy and the number of years of healthy life.
5. Added to the direct problems generated by the war are the economic ones resulting from the change in the normal functioning of the economy, both in terms of its productive character and in terms of generating employment and redistributing wealth. These health and social problems have been well known for a long time and generate the greatest disruptions in quality of life, also with repercussions for periods of one to two generations. The problems are even worse for vulnerable groups.

■ II.

ASPHER as the association that represents the Schools of Public Health in the European region, could have no other attitude than that of being at the forefront of this PH response with the constitution of a Task Force dedicated to the problem of war, made up of three subgroups that are already in full swing:

1. **Scientific advice on Public Health.** The number of PH issues directly or indirectly related to the war is enormous and lacks a technical and scientifically based response to enable political decision-makers to provide sufficient support for good decision-making. It is

necessary not to lose sight of the longer term. Many health conditions have different times of occurrence than what happens immediately. For example, Post Traumatic Stress Disorder can appear up to 35–40 years after the events that generated it. The postponement of acts that now may be elective generates a need for different types of response than if they were corrected immediately. Postponing in health is much more than doing later, it means the need to have different answers for a very long period. In this context, several Statements were produced: one of an ethical nature at the beginning of the war, deploring and criticizing the outbreak of war in Europe, which has the potential to escalate to levels of existential destruction; another one in April, alerting to the fact that the war in Ukraine has the potential to become a catastrophic risk to the world's food supply and that there is an urgent need for governments to take a position in determining contingency plans that guarantee sufficient food for everyone [1]. Both Statements were published in indexed scientific journals. In addition, there was a short article published in "The Lancet" also in the area of professional ethics in Public Health, placing the response to the war in Ukraine as an ethical obligation of all Public Health professionals [2].

2. **Network of Schools of Public Health immediate to the theatre of war operations.** It is critical that the Schools of Public Health (SPH), immediately near the conflict, maintain a strong relationship and cooperation with each other, as in the best case scenario they will have to deal with a huge number of refugees, and in the worst case scenario, they will be the next theatre of war operations. Defining priorities, identifying potential and knowledge, and generating innovative solutions is a key role of SPH. It is the principle of cooperation that ASPHER always defends. Furthermore, different Schools have different areas of excellence and even competence. Only by cooperating and sharing knowledge can we cover the spectrum of knowledge necessary for the best possible response in a situation as disruptive as war. The most visible element of this cooperation is the meeting held in Gdansk by ASPHER in close cooperation with the local School of Public Health, where it was possible for colleagues responsible for the Schools of Public Health in Ukraine to share their reflections, and jointly identify needs and areas of potential scientific and training cooperation. It was also possible to count on the presence and do the same with colleagues representing PH Schools from several neighbouring countries of Ukraine. This joint listening and discussion will allow for better cooperation and strengthen ties for the future, which is expected to be a long-term gain for all parties. Schools of Public Health must come out of this serious ordeal stronger in the same way that they came out more interconnected, more cooperative, and more mutually aware of the COVID-19 crisis.
3. **Definition of content and professional training in Public Health.** This is ASPHER's core matter and mission. Until now, our Schools did not include in their educational content preparation or even allusion

to what a Public Health professional or a Public Health organization should do, either in the prevention of effects or in the action field in war scenarios. There are only a few research units that study specific aspects of war in regions of the world where wars are frequent, and even then, they are mostly associated with assistance to refugees, children, and other vulnerable groups. War as a phenomenon in itself is not included in general academic programs even as a third-cycle training option (masters and doctorates). Almost everything remains to be done in the production of content development, seminars, didactic materials, etc. This future material now being produced must be widely shared in the network of Schools of Public Health. For now, ASPHER, through the School of Public Health at the University of Bielefeld, has promoted a cycle of digital seminars with experts of high international reputation, all with free access. It covered several dimensions of the PH problem in the context of war. Other training actions may be implemented.

Transversely, the **Public Health War Roadmap** is being developed. This is an online document that contains what must be done at any given moment, where everyone can participate and give their contribution.

The existence of these already constituted groups is without prejudice of a permanent communication between the Schools of Public Health of the affected areas. Listening is as important to us as speaking or publishing. The fact that we are working with these three groups in no way invalidates the possibility of producing other tasks that, at any given moment, may be considered necessary. ASPHER is constantly monitoring current needs, and there are several tasks identified as necessary just waiting for the availability of manpower. The tasks and publications developed by ASPHER, representing the set of more than 100 PH Schools, mean that in order to be put into practice, there must be more junior work (usually a doctoral student or young doctored professional) and senior work, usually a SPH director or equivalent, which is difficult at a time when the pandemic depletes the Schools' resources. That is why everyone is invited to collaborate.

■ III.

Let us also not forget that the consequences of this war will extend far beyond Europe's borders. The Schools of Public Health have a global ethical and deontological responsibility as it is in Europe that the world's largest concentration of SPH, research, and scientific production is found, and where Public Health has been investigated for the longest time.

We must look forward to the future and anticipate what this war can bring us even more negatively. It is not just the issue of war itself, but what, becomes able to develop and/or prosper because of it. By its hybrid nature, this war is already a world war. If it is true that the theatre of military operations takes place in a well-defined geographical space, the whole world is suffering consequences in neuralgic points of society: food, energy, and economy.

The fifteen million people who depend on international food aid can suddenly skyrocket through price formation mechanisms, in which basic foods become unaffordable for the most vulnerable. As said before, ASPHER promptly promoted a Statement on the risks of food shortages at the beginning of the conflict and identified potential solutions.

When we join the Schools of Public Health in the search for solutions to the lack of food, lack of work, and lack of living conditions, we avoid the perfect mix for a very explosive cocktail, because no adviser is worse than an empty stomach. That scenario is the factory of extremism and the escalation of latent conflicts. We certainly don't want to live in a dystopia, with the generalization of wars for access to water and food, survival, and minimum living conditions.

All of this is happening at a time when all efforts should be focused on combating climate change, another immense threat to Public Health. Without neglecting support and assistance to all victims of war, we must find ways to persist in the fight against climate change, which could be an even greater threat to the health of populations than all wars combined: the increase in the number of infectious diseases, their ease of dissemination, climate refugees and, worst of all, the reduction in the diversity of life forms poses never-before-seen challenges to global Public Health.

Searching for balance of efforts between the response to the COVID-19 pandemic that has not yet ended, the response to the war in Europe, and climate change will in itself be a management of unprecedented complexity in the history of Public Health.

■ IV.

Returning to the specific problem of this war, we will also have to anticipate possible scenarios and look for answers for each one that can be thought of with time, without precipitation or "hot-headed reactions".

One such scenario is scalability, that is, if the war extends outside of Ukraine and reaches neighbouring countries, where the main possibilities are the involvement of Moldavia, Georgia, Poland, and the Baltic countries. What to do in such circumstances? How to welcome even larger waves of refugees in fewer countries, provide health care to populations, help an increasing number of injured, and continue the fight against the pandemic when other more immediate priorities arise?

Notes

1. This article intends to be as faithful as possible to the speech made at the ASPHER Meeting, held on May 20, 2022, at the School of Public Health in Gdansk, since the intervention had an institutional character of representation of the coordination of the ASPHER Task Force on War. Only some contextual updating elements were added.

References

1. *The War in Ukraine is Exposing Gaps in the World's Food Systems Research*, editorial, "Nature" 2022; 604 (7905): 217–218, doi: 10.1038/d41586-022-00994-8.
2. Archard D., Buyx A., Delfraissy J.F., *Responding to the Humanitarian Crisis of the War in Ukraine with Lessons from COVID-19*, "The Lancet" 2022; 399 (10337): 1776, doi: 10.1016/S0140-6736(22)00731-0.

Another scenario that we all abhor but cannot fail to consider is the escalation to another type of weaponry, even if limited to the Ukrainian theatre of war. Here, we must consider the scenario of not only having the current form of hybrid warfare but also admitting the hypothesis of NCB (Nuclear, Chemical, Biological) warfare in Ukrainian territory and/or in neighbouring countries.

The first step will be at the strategic level, to be aware that dissuasion was the psychological/sociological tool that kept the peace in Europe for decades. This means developing potential Public Health responses that annul the interest in its strategic use. Being prepared for a threat is the best way to minimize the adversary's consideration regarding its use.

Even at the tactical level of chemical, biological, or nuclear use scenarios, it is not necessarily true that there is nothing that can be done. This is only true if we continue on without real cooperation and knowledge sharing.

We know that no health system in the world is capable of dealing with this degree of a threat if it is disseminated, but if the theatre of operations is limited and if the response is networked on a continental scale, much is possible. There, the role of the Schools of Public Health is decisive: scientifically preparing and training existing professionals is something only within the reach of the Schools of Public Health, especially through the cooperation among them.

There is room to intensify collaboration between the Schools of our Public Health network as never before, to study and prepare scenarios for cooperation between health systems in all European countries, with which we all ardently wish to never have to deal.

Almost everything remains to be done in this field, from the simple training of students to the production of scientific research and its publication, to the production of action plans, respective training and everything else that needs to be prepared to implement the plans if necessary. The work of Public Health is immense, now and in the years to come.

■ V.

Although none of us knows what the future will be like, we can work on strengthening cooperation and mutual assistance, making it a little better. Together we have more abilities to rebuild a Europe with better health, a better quality of life, and less inequality.