The premise of war is that something is worth dying and killing for, that something is more important than life itself. For professionals whose role depends on the belief that life is precious, society's use of war as a policy tool can therefore be deeply troubling. War and Public Health is a sourcebook for those who wish to study this compelling problem.

Professional warriors may deem their highest mission to include the prevention of war and, in war, the prevention of nonmilitary destruction. Nevertheless, modern warfare is total in character, meaning that whole societies wage war; one of the ironies of the Cold War era is that the prevention of nuclear war may owe as much to the use of civilian populations as shields for their armies as to any other factor.

Another irony is that the Cold War military–industrial complex has produced social fratricide on an unprecedented scale. According to this attractively designed and well-edited book, “Half of those who have worked in the U.S. nuclear weapons complex are believed to have been affected by exposure to radiation.” Some 4500 sites remain contaminated by nuclear-weapons waste; “more than 50 Nagasaki-size bombs could be manufactured from the waste that has leaked just from Hanford's underground tanks.” Cleanup, now mandated by federal law, will cost between $3 million and $5 million “for every nuclear warhead the nation has produced.”

According to this book, nearly half a million soldiers have died per year, on average, in wars during the 20th century, raising the war-related military mortality rate from 19 per million population in the 17th century to 183.2 per million population in the 20th century. Along with this rise in military deaths, civilian deaths have accounted for 90 percent of all deaths in warfare in the 1990s, up from 14 percent in World War I and 67 percent in World War II.

Even the restoration of peace does not end the collateral damage, for once sown in war, “mines recognize no cease-fire.” The Cambodian army was particularly fond of land mines, and Cambodia now has the highest percentage of inhabitants disabled by them of any country in the world.

This book, comprising 26 chapters by 37 contributors on various aspects of the effects of war, preparation for war, and militarism on populations, arose from a session at the 1991 annual meeting of the American Public Health Association, focused primarily on the Persian Gulf War. The editors express two purposes: to present “systematic” information about war and public health, and to make “war and its prevention an integral part” of the discipline of public health.

The book covers a broad range of topics. One important chapter considers the ethics of the physician's role with respect to the military and war. Another chapter addresses the medical consequences of the use of nuclear weapons, and another the prevention of nuclear war. Other chapters address the vital role of humanitarian intervention in civil wars, a matter of growing importance despite the moral complexities of providing aid in regions controlled by militant government or rebel forces. In Somalia, the Red Cross found itself paying protection money to local gangs; genocidal Hutu militia controlled relief efforts in Goma. In addition to these nongovernment efforts, another paradigm for humanitarian assistance is intervention by the United Nations, its effectiveness limited by the international organization's political and administrative weaknesses.

The book presents plenty of systematic information about the effects of war on public health, but all the solutions offered are weak: education for peace, medical advocacy of peace, surveillance and documentation of the health consequences of war, civil disobedience, humanitarian assistance, disarmament, international law, and the United Nations. This is not so much a flaw of the book as an unfortunate reality.

There is a need for those who view war from the public health perspective and those who view it from the military perspective to come together. A chapter presenting or debating the professional soldier's or national security advisor's view might have been a useful start. The national security advisor might well defend
government decisions as having, at some level, the same overall goal as public health advocacy, with adverse consequences being unintended. The supreme irony in this theme of unintended consequences is dramatized by the case of the Persian Gulf War, in which Iraq, financed and armed in part by the West as a Cold War containment bastion, became the West's vanquished foe — with less ultimate damage to Iraq's totalitarian leadership than to its noncombatants, environment, and infrastructure. Despite defeat in the war and six years of harsh sanctions, Saddam Hussein remains in power, but Iraqi families draw most of their water from contaminated sources, and the prevalence of malnutrition among children in Baghdad rivals that in disaster-stricken African nations.

The failure of sanctions to secure Iraqi compliance with the United Nations inspection regime after the Gulf War brings into serious question their viability as an alternative to the war, as advocated by some in 1990. This fact merely illustrates the complexities of the prevention of war, the central unsolved problem in this book.

Some chapters of War and Public Health seem to conclude that disarmament is the route to the prevention of war; the logic of the warrior is that only military strength can prevent war. Both views, though shrouded in truth, are illusions. War and peace remain among humankind's compelling mysteries, deeply worthy of the fine study and work presented in this important book.