

Editorial Comments—"West Bank Barrier Decreases Access to Schools and Health Services"

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The authors of "The West Bank Barrier Decreases Access to Schools and Health Services" are to be congratulated for an insightful and informative paper. Indirect effects of terrorism on individual health and well being have received little attention in the disaster literature. The authors show that counter-terrorism measures can affect the health of a community. While a government's responsibility to protect the immediate security and well-being of citizens and travelers is undeniable, an issue with counter-terrorism is to what degree individual access to health and education should be sacrificed. At its essence, terrorism is the worst form of dehumanization, as it turns innocent people into mere targets.¹ Terrorism is a difficult global challenge; in fact the definition of terrorism is difficult for world leaders to agree upon. The United Nations has struggled with defining terrorism, while at the same time unconditionally condemning terrorism.² Terrorism is a world dilemma when one considers that those functioning as terrorist claim a legitimate basis for employing violence in pursuit of a perceived appropriate cause or aim. Further, governments countering terrorism often are drawn into actions that violate human dignity. In essence, both terrorism and subsequent efforts to counter-terrorism have developed a global culture that is willing to risk human rights.

Qato and co-authors effectively show the effects of a counter-terrorism barrier fence that separates populations. Their conclusions are specific to the West Bank, but demonstrate the need for further population health research and evaluation of the effects of counter-terrorism measures. As the authors imply: to what degree should a community accept denial of health and education in conducting counter-terrorism? The skills and tools used in disaster medical science are particularly appropriate for answering many of the questions that arise from terrorism and counter terrorism. Research methods used to study prolonged (complex) emergencies and refugee populations, are transferable to the study of the health effects of terrorism and anti-terrorism.³ Analysis of access to medical care and social services, and the effects of travel restrictions will allow for identification and planning to address health impacts of counter-terrorism actions.

In effect, terrorism has become a global issue and consequently, the world population has become refugees from terrorism. Qato and co-authors have provided a concrete example of the importance for disaster researchers and planners to engage the complexities of the effects of terrorism and counter-terrorism.

With the results published in the Qato paper, the government of Israel has information that will allow for interdiction to address problems recognized in erecting the counter-terrorist barrier. This information will allow for efforts to address essential needs for the affected population and thereby, decrease support for terrorists. At the same time, studies of the overall protection of a community gained by an anti-terror effort such as the West Bank Barrier will help determine if such a community intrusion is effective and warrants the cost in loss of human services and health.

Future research into the effects of terrorism activity on human populations using the models that have been developed for disaster research will improve the understanding of the health effects of this global problem and further

efforts to effectively mitigate the hazard while limiting the losses of essential health services. While disaster medical research has recognized the importance of study of acts of

terrorism such a blast injury, it is important that disaster science study the prolonged health effects of both terrorism and counter-terrorism to address the newest human disaster event, the global spread of terrorism.³

References

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