

Climate change and health: rising to the challenge?

As we write this Editorial, world leaders are meeting in Paris at the UN's COP21 climate conference, attempting to reach a new deal to reduce global carbon emissions and limit future global warming. Whilst the mood music is more positive than that which has surrounded previous such attempts – not least the Copenhagen conference in 2009 – it remains to be seen whether countries will be able to put aside their differences and come to a cooperative agreement that can be said to be effective, binding and equitable. As always, developing nations are particularly alert to the potential negative impact that reduced emission targets could have on their attempts to grow their economies. Western leaders – including David Cameron and Barack Obama – have made strong statements about the need to reach agreement. But as it well known, their actions at home have not always matched their rhetoric on the global stage.

It is now almost universally-acknowledged that a warming climate will have negative repercussions for human health – even if we are successful in limiting global warming to 2°C above pre-industrial levels. Inevitably those worst affected will be the poorest: those with the least resources to enable them to adapt. Those same people are also, of course, those with least power to affect the COP21 negotiations.

Medact's 2015 Forum, held in London on 13-14 November and co-sponsored by *Medicine, Conflict and Survival*, was a vital opportunity for members of the health community to gather, discuss and learn about the multiple contemporary threats to global health, from climate change and militarism, to new (and old) forms of weaponry. One of the key themes to emerge from the Forum was the inter-linked nature of many of these threats, and the radical nature of the political changes that are needed to deliver genuine peace, security and wellbeing to endangered populations across the world. The Paris negotiations are only one potential part of a move towards a better world, but they have huge implications for the health of future generations.

In this issue, Andrew Rigby picks up on one of the issues discussed at the Forum – the need to redefine security away from an understanding based on national defence and preparation for war, towards a definition that has at its heart the safety and wellbeing of individuals and communities. In this Rigby's commentary, which introduces the 'Ammerdown Invitation', echoes the advocates of human security – a concept that has risen and fallen in fortunes over the last two decades. As the commentary points out, public health has always had an important part to play in discussions over what security means to individuals, and it is incumbent on those concerned with public health to engage with these questions.

Neil Arya's commentary addresses another concept which has risen and fallen in popularity: the 'Responsibility to Protect' (R2P). In a fascinating and extremely

self-reflective commentary, Arya follows up on his piece published in this journal back in 2007 (Arya 2007). Whilst at that time he was positive about the potential that R2P had for improving the protection of civilians, looking back over what has happened in the interim much of Arya's earlier enthusiasm has waned. The commentary points out that in practice the application of R2P has been highly selective, and too often a cover for the powerful's pursuit of their own interests. As ever, we would welcome rejoinders to Arya's commentary given that the contemporary debates over the R2P concept go to the heart of what concerns us in the relationship between conflict and health.

Leo van Bergen is also looking back in his commentary, in this case to Emil Kraepelin (1856-1926), seen by many as the founder of modern psychiatric psychiatry. Van Bergen connects Krepelin's work with contemporary approaches to psychiatric diagnosis, but makes the important point that behind this ancestry lie some troubling ideas about the relationship between mental health and effective war fighting.

Barry Levy and Victor Sidel take the opportunity of the 40th anniversary of the end of the Vietnam War to look back on the health effects of that conflict – both on those fighting it and on the populations that found themselves caught up in the combat. Importantly, the authors are not interested solely in examining the historical record, but also in drawing lessons for the future. As they note,

There needs to be a transformation in the way noncombatant civilians are protected during war. Targeting of civilians during war needs to be rigorously prosecuted as a war crime. The health-supporting infrastructure of society, including medical care and public health programs, needs to be protected during war. Medical neutrality needs to be maintained so that noncombatant civilians have access to medical care and public health services during war. And measures need to be taken to evacuate noncombatant civilians from war zones to safe areas, when necessary.

Finally, we wish our readers a happy festive period. And we express our hope for a less violent, more sustainable, and more healthy world in 2016.

Simon Rushton
Department of Politics
University of Sheffield, UK

Maria Kett
Leonard Cheshire Disability and Inclusive Development Centre
University College London, UK

Reference

Arya N. A Physician Defends the Responsibility to Protect Medicine Conflict and Survival 23 (3): 172-88 (2007)