



WORKING PAPER

Building Community Resilience Through Public Health to Address Violent Extremism

Based on Round-Table Meeting Recommendations
November 26, 2019

Building community resilience through public health to address violent extremism

A working paper

This paper presents suggestions on how recognizing and investing in public health can help prevent violent conflict and make its contribution to building peace and harmony in society. It aims to help different sectors of society unite in the endeavor to create various avenues for a holistic approach to health, to strengthen a sense of community and prevent violent extremism around us. This working paper for the GNMI research desk was produced on the basis of a round table meeting held by Media Baithak on November 26th, 2019 in Karachi, Pakistan. (The list of panelists is attached herewith)

Introduction

The concept of public health is erroneously understood as solely pertaining to medical health; however the correct description of the term public health stands to encompass the health of a society as a whole. GNMI aims to create a more holistic approach to public health and has identified several sections of health that contribute to the wellbeing of a society. These factions of health include the access to safe food and clean water, an unpolluted environment, autonomy over one's own health, awareness about and access to vaccinations and reproductive health, facilities that cater to the disabled, lack of stigma and an increase in opportunity to avail mental health resources, institutions that are tailored to children and people with Down's Syndrome, Autism and similar non-neurotypical conditions.

In this paper we will explore the health sector of Pakistan as well as understand the myriad of ways public health can address violent extremism. It is widely understood that diminishing human rights for any individual or group is a leading factor in their marginalization and alienation from the mainstream social fabric, this not only results in harm to society in general but also the individual and group partaking in such fringe activities. The objective of the examples provided above is to encapsulate human rights in a fold of public health so as to understand how a society can be prevented from becoming polarized and violent, if the above public health needs are met.

Background

The greatest worry of PVE (preventing violent extremism) and CVE (countering violent extremism) in regards to using public health as a means to P/CVE is that it might encourage and enable already hurtful stereotypes if doctors and medical practitioners are also enrolled in the line of defense in the War on Terror. Experts argue that the level of training it will require to foresee the signs to accurately recognize suspects that will harm society or the community through acts of terror will require a complete overhaul of the medical curriculum and cause an increase in wrongful arrests.¹ There is also the factor of a ‘self-fulfilling prophecy’ at play here which denotes that when a group or individual is stereotyped as the usual suspect behind criminal or terrorist activity, that will act as a push factor for them to then realize that assumption into reality.

On the other hand some believe that understanding the causes of violent extremism inevitably leads us to reasons rooted in health (public health, health care, mental and behavioral health). If these causes are analyzed with compassion and care, it can be possible to eliminate the factors that create marginalized, vilified and alienated communities that are responsible for acts of terror and violent extremism in society. It has been observed that certain factors contribute heavily to the increased probability of a group or individual partaking in violent extremism (such as youth and gang violence, child maltreatment and domestic abuse). Therefore, understanding those from a public health perspective, knowing that examples such as these are at the root of so much violence, and public health interventions must be part of the solution.

Public Health in Pakistan: An overview

Incidents of violent extremism do not just affect the persons it targets or injures, but entire communities that carry similar identifiers as the ones targeted, live their lives in fear and displacement where their home and security is compromised. There are many such Pakistani citizens who are targets of violent extremism such as the Hindus, Christians, Ahmadis, Hazaras, Shias, LGBTQIA and women. It is a public health concern that these communities be provided medical and mental health care for the traumas that they continue to endure. Special provisions must be created for them to be able to access health professionals in order to create a path to holistic recovery. Not only this but mental health facilities for those who engage in violent extremism or exhibit behaviors likened to extremism have to be made available where they are most easy to access by the individuals at risk. Another public health concern that leads to radicalization is lack of family planning, sexual education and women not having autonomy over their reproductive health. Large families living below the poverty line are not uncommon in Pakistan. Latest studies have shown that around 49 percent of the country is underemployed, i.e. they cannot afford basic human rights amenities from what they earn. These factors combined have resulted in families selling off extra and unwanted children to pay off debt and afford to

¹Countering Violent Extremism through Public Health Practice: Proceedings of a Workshop. https://www.ncbi.nlm.nih.gov/books/NBK537586/#sec_000013

raise their remaining children². This is a health crisis that contributes directly to violent extremism as well as allows dangerous elements to thrive in society as unwanted children being sold off to child traffickers and extremist factions in the country have placed too many innocent lives at risk.

Public health is also closely related to the blasphemy law in Pakistan, as a disproportionate percentage of those targeted under the law are individuals who suffer from mental illness and community leaders have often planted false evidence on them to remove them from their midst under the guise of the blasphemy law. The blasphemy law is also evoked to conceal incidents of sexual and physical abuse when it comes to those with mental illnesses. Cases of vulnerable individuals being abused and then accused of blasphemy have revealed that these charges are levied on them so that they cannot testify against their abuser.³

Child sexual abuse (CSA) is among the 24 global risk factors outlined by the World Health Organisation that contribute to the global burden of disease, or in other words, 9 million years of healthy life lost. ‘Unipolar depression, human immunodeficiency virus/acquired immunodeficiency syndrome, alcohol use disorders, violence, and self-inflicted injuries’ are among the leading contributors to the global burden of disease for which CSA is a risk factor. Other studies have shown that CSA is associated with unsafe sexual behaviors, alcohol use, and obesity, which also contribute to the burden of disease⁴. Life based skills to make parents and children aware of their personal rights are a public health issue and must be implemented in all schools, hospitals and community spaces, since many incidents of child sexual abuse occur in incubators of abuse like madrassahs, schools and even the home.

Recently the environmental degradation in Pakistan has become an alarming public health concern for everyone but especially children and pregnant women, with a significant portion of them resulting in miscarriages, premature births and birth defects aside from developing a decrease in immunity and an increase in respiratory and cardiac issues for adults. A report by UNICEF has ‘blamed air pollution for killing more than 100,000 under-fives every year’. Doctors say kids breathe the noxious air twice as fast as adults because of their smaller lungs, causing respiratory problems and even impairing brain development. There is evidence to suggest that adolescents exposed to higher levels of air pollution are more likely to experience mental health problems, UNICEF said this week.’⁵

Changing landscapes

According to Ban Ki-Moon, the eighth secretary general of the United Nations; ‘health is a human right. When people are not able to access the healthcare they need, especially if this is for

²KARACHI: Pregnant woman wants to sell child <https://www.dawn.com/news/251479>

³Blasphemy laws and mental illness in Pakistan <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4067851/>

⁴The Need for a Comprehensive Public Health Approach to Preventing Child Sexual Abuse <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3982542/>

⁵Pregnant women in Delhi fear for health of unborn child <https://www.asianage.com/life/health/091119/pregnant-women-in-delhi-fear-for-health-of-unborn-child.html>

reasons of cost, their human rights are denied. It is vital for the wider fight for rights, justice and sustainable development that policymakers' actions are informed by this linkage.'

The changing face of public health to include the effects of environmental damage and mental health approaches to crime, rehabilitation and trauma have perhaps created a more holistic perspective around the topics of what constitutes as public health in the first place. The former has created displaced persons, disease and death through water borne diseases, birth defects, early onsets of diseases such as cancers, Alzheimer's, neurological ailments (such as Downs Syndrome, Autism etc), cardiovascular and respiratory diseases, all of which have contributed detrimentally to Pakistan's health concerns and economy. For the latter it has been understood that the aftermath of terrorist attacks result in post-traumatic stress disorder (PTSD), aside from life limiting injuries. It is not only those who have been direct victims of terrorist attacks, but areas or communities that have been through acts of extreme violence also live their lives in fear and often rely on harmful behaviors to cope with their psychological traumas, such as excessive drinking or drugs. These are public health concerns as they increase the health burden on the economy but also have high incidents of injury and health issues. Pakistan has one of the highest populations of refugees, migrants and displaced persons due to the shared border with other turbulent countries and the natural disasters that have left many with their entire towns flooded or demolished. The uncertainty that comes with the lack of a structured health response to these crises has contributed majorly to a public health crisis. Pakistan is one of the three remaining countries where Polio is endemic, one of the major reasons for this is the lack of faith in Lady Health Workers and believing them to be agents of the west; "When I go door-to-door for administering polio vaccines, people ask questions about repeated campaigns and sometime few of them say, "why not America gives other medicines for free, I don't trust my children's lives with only receiving these few drops of polio vaccines," LHW IDI Akbar Pura.⁶ This attitude is not only a symptom of a deeper mistrust towards western health but also western intervention in Pakistan, especially taking into consideration the aftermath of Osama Bin Laden's assassination. An Al Jazeera report on the challenges faced by lady health workers cites; "Anti-polio speeches were propagated through mosques by religious leaders who greatly influence public thinking in our country. Killings were carried out in the name of religion as polio drops were labeled 'haram'.⁷ This polarized mindset is also demonstrated in overt hostility towards Lady Health Workers, an organization of women who are most known and beloved for their role in trying to eradicate polio from Pakistan but also offer a myriad of other relief for women in the most remote and conservative areas of the country in the shape of contraceptives, advice and first aid etc. For their services they have to suffer physical and sexual assault and many believe that those providing women with autonomy over their health are 'corrupting their daughters,' which makes their entire job a herculean task.

However, there has been an increase in awareness in the nation and many are starting to raise their voice for areas of public health that have previously been neglected or stigmatized.

⁶Pakistan Journal of Public Health | Vol. 7, No. 2 | June 2017 <https://www.pjph.org/index.php/pjph/article/view/36>

⁷The plight of Pakistan's Lady Health Workers; <https://www.aljazeera.com/indepth/features/plight-pakistan-lady-health-workers-180410085710330.html>

Keywords

Public health, countering violent extremism, preventing violent extremism, burden of disease, global health risks

Definition of Key Terms

Public health: A holistic approach to the health of a society that encompasses food and water insecurity, environmental factors, access to health facilities, mannerisms of health professionals, availability of authentic medications, cost of medical treatments, autonomy over one's reproductive health, mental health institutions and professionals, education and awareness regarding basic health issues.

Preventing/countering violent extremism: Ideally a complete perspective on the factors that enables violent extremism in a society and the measures that can be taken to counter and prevent them from occurring.

Burden of disease: Practices, behaviors and cultural norms that increase the responsibilities of health practitioners as well as the health budget for the entire nation, such as smoking or malnutrition or lack of clean water.

Global health risks: A culmination of the most common health risks around the world and their causes, such as fat intake, smoking and alcohol consumption resulting in heart diseases, respiratory issues and blood pressure etc.

Research Questions

Due to this being a vast topic of discussion, it was not possible to encompass all the issues of relevance into a two hour period. Therefore research questions were designed to structure the round-table conference, for example; what factors are enabling the divide between patients and doctors? In which areas are the state and community lacking focus when it comes to public health? As health is a human right, in what ways is lack of access to health increasing incidents of violent extremism?

Recommendations

The panel discussion that explored the topic of public health in countering CVE in Pakistan was one with pragmatic and inclusive recommendations so as to benefit the most number of people from different demographics and backgrounds. The following list is not exhaustive.

1. Misinformation and mistrust are one of the primary factors that hinder the progress of public health policies and initiatives. Due to there being a national inclination towards believing in conspiracies and a suspicion towards Western medicine and health practices,

it becomes an ordeal to administer the proper vaccines. This is especially in regards to the polio and typhoid vaccines that have been facing special resistance, even from people in the medical profession. To counter this there must be grassroots level dialogues held with community leaders who can then galvanize the people from their locality. Simply imposing what seems like facts to one person and a conspiracy to another will only increase hostility towards the practice. This dialogue will also reduce the opposition that many feel towards Western health and sciences.

2. Medical professionals must be given the training to be empathetic and compassionate with their patients so as to ensure that patients feel comfortable approaching them and disclosing their ailments and queries as candidly as possible so as to enable the health professional to understand the root of the issues. This also decreases the probability of violence ensuing between doctors and patients, a mounting concern for people working in the health industry.
3. The civil society, private sector and government institutes must work in collaboration as the public health crises is one that affects the entire nation. A Healthcare Commission was launched in 2018 and is a regulatory body that holds health practices and practitioners accountable for the work that they do and also provides a center for complaints that will aim to resolve all issues of malpractices should the registered hospital not deliver the appropriate compensations for the aggrieved patient or complainant.
4. A set of standards have been recognized as the minimum and most urgent that every institute that performs medical treatments must meet otherwise they will not be allowed to continue practicing. This will reduce the gap between the standards of treatment available to the affluent when compared with those who have modest backgrounds, and therefore lowers the push factors that enable violent extremism in a community.
5. The process of registering health practitioners and institutes has decreased police involvement in cases where doctors are accused of negligence and malpractice as the Sindh Health Department has taken up responsibility to resolve these issues instead of incarcerating these professionals.
6. One of the ills that plagues health practitioners in Pakistan is the rampant incidence of quackery, whereby people pretending to be health professionals are doling out medical advice, prescription medication and even surgeries based on unreliable medical experience or credentials. Registration has also helped reduce these in the medical and wellness industry as it involves background checks and verification of the methods being employed by any individual or institution in the name of health. This reduces violent extremism in the country as it aims to ensure the safe and uniform distribution of health for people of all backgrounds.

7. Currently there is only one trauma center in Karachi and for anyone needing it in an emergency there is over an hour's commute to reach there. Therefore the recommendation is that there must be trauma centers available in every district with ease of access, especially in a city such as Karachi that has endured innumerable acts of terror and violence.
8. Every hospital must maintain an organized 'par line,' this ensures that even if there is no supply of medication for two weeks, every hospital has enough stock of medication and medicine to not have its routine procedures disturbed and therefore not cause an emergency situation that could set off a series of acts of violence due to the unavailability of treatment.
9. Before the media crises, health reporters would investigate incidents of nepotism, favoritism and incompetence in the health industry and expose corrupt political practices that enabled individuals without merit to practice on patients without any credentials. The media must be given the free reign it once enjoyed to report in-depth of public health policy and initiatives instead of just being made to focus on one-off incidents of malpractice that increase ratings, instead of providing any positive contributions to the discourse regarding health.
10. Doctors and medical practitioners, including nurses, must be compensated for not just their physical labour and expertise but also the emotional turmoil that they endure purely on the basis of their profession and exposure to trauma. Resultant of the fact that doctors and nurses are not getting their fair dues, these medical professionals are more likely to go on strike and halt their practices, thereby endangering those patients who are in urgent need of care.
11. The government must take the appropriate steps to solidify trust between the state and the community as currently, due to past misconduct, even educated health professionals are distrustful of all initiatives and plans being launched by the government in service of public health.
12. Every medical health professional must be given training in the basics of mental health, as this will ensure the early and accurate treatments for many psychological ailments and also reduce the stigma around reaching out for help when it comes to issues such as depression, anxiety and bipolar disorders.
13. Focusing on mental health will also enable authorities to prevent and counter violent extremism as a holistic approach to health that includes the angle of mental health will decriminalize many of the blasphemy cases that come to light which are thinly veiled ploys to entrap those of different religions, the disabled and those of separate sexual orientations.

14. Currently most health practices and doctors are concentrated in town centers which allowed quacks and faith healers and frauds to function as medical professionals in the city outskirts and rural areas. Government and private sector has to provide incentives to doctors to work in these areas in order to eliminate malpractices and incidents of abuse taking place under the guise of health practices.
15. Society as a whole must be discouraged from not allowing women to work, as this cultural norm has been of an immense disadvantage to the economic, educational and health sectors of the country. Qualified women doctors are not permitted to work after marriage and thereby leading to a shortage of health workers in Pakistan.
16. Due to the sometimes strictly conservative nature of people here, most do not wish for male doctors to be examining their female relatives. However, given the previous recommendation, this is something that can be resolved if proper understanding and investment is being made into unlearning outdated gender roles.
17. A common sight in Pakistan are the street children that no one seems to be accountable for, these children are often recruited for the most heinous crimes as tools for violent extremism as they have no support or safety. Rehabilitation centers must be made available for them free of cost and the centers must be given the protection of the government and the people who are tirelessly working to socialize these children to normalcy must be compensated for the work they do.

About the Working Paper:

This working paper is based on 10 days of desk-based research and policy recommendation proposed in aforementioned round-table. It was prepared for the GNMI ©. The views and recommendations expressed in this working paper are those of the speakers and experts of the round-table, and do not necessarily reflect the opinions of GNMI, its partner agencies or the federal or provincial governments of Pakistan. TheGNMI Research desk provides rapid syntheses of key discussion and of expert recommendations in response to specific topic of discussion on governance, social development, humanitarian and conflict issues. Its concise working papers draw on a selection of the best recent literature available and on input from national experts. Each GNMI Research desk working paper is peer-reviewed by a member of the GNMI team.

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Annex

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Dr. Najia Ashraf	BOD- Make a Wish
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