

EDITORIAL

The Health Consequences of the Diversion of Resources to War and Preparation for War

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Armed conflict damages health in many ways. These include death and disability directly caused by war, destruction of the societal infrastructure that supports health and safety, forced migration of people both within their own country and as refugees to other countries, promotion of violence as a method to settle conflicts and disputes, and the long-term adverse effects on social relationships.

This special issue of Social Medicine examines the impact of war on human health from a geographically diverse set of countries and from diverse perspectives. Dr. Andrea Angulo Menasse, a researcher from Mexico City's Autonomous University, documents the very personal story of how the violence of the Spanish Civil War affected one family. In her case study the trauma suffered by Spanish Republicans is traced through three generations and crosses the Atlantic Ocean as the family moves is exiled in Mexico. Dr. Sachin Ghimire from the Centre of Social Medicine and Community Health of the Jawaharlal Nehru University reports on his fieldwork in Rolpa, Nepal, the district from which the Nepal Civil War (also called the People's War) originated in 1996. Based on 80 interviews, he documents the difficulties faced by health care workers as they negotiated the sometimes deadly task of remaining in communities where control

alternated between Nepalese Special Forces and the Maoist rebels. Finally, Colombian researcher, Carlos Iván Pacheco Sánchez, from the University of Rosario in Bogota, brings an epidemiologist's tools to examine the impact of the ongoing armed conflict in the border Department of Nariño. His discussion is informed by the current debate over health care in Colombia where a recent Constitutional Court decision has found that the current health care system violates the right to health. These three papers amply demonstrate the depth, breadth and relevance of contemporary social medicine.

While the direct effects of war are usually not subtle, less frequently discussed are the adverse consequences of the diversion of human and financial resources from the provision of medical, public health, and other human services to military spending for war and the preparation for war.

As President Dwight D. Eisenhower memorably said, "*Every gun that is made, every warship launched, every rocket fired signifies, in the final sense, a theft from those who hunger and are not fed, those who are cold and are not clothed.*" But military spending does not just divert human and financial resources from meeting basic human needs. When military spending robs resources needed to address the problems of poverty, unemployment, social injustice, ethnic and racial tensions, and other socioeconomic and sociopolitical problems, it exacerbates the underlying causes of armed conflict. In this way, it undermines the very security it is called upon to protect.

Health workers recognize the connections between population health and reductions in government spending on education, housing, job

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creation, poverty reduction, environmental protection, public health, and medical care. And we understand the adverse effects of diverting resources from these purposes to war and preparation for war.

After a period of declining military expenditures following the end of the Cold War, worldwide military expenditures in current U.S. dollars grew to \$1.5 trillion in 2008, a 45 percent increase from 1999. Worldwide military expenditures amount to 2.4 percent of gross domestic product (GDP) worldwide, an average of \$220 annually for every human being on the planet. Fifteen countries account for 81 percent of the total expenditures, with the United States accounting for 42 percent, distantly followed by China, the United Kingdom, France, Germany, and Japan.

Military spending in the United States

Military spending by the United States increased from \$289 billion in 1998 to \$534 billion in 2009; this figure does not include about \$130 billion annually to fund the wars in Afghanistan and Iraq. U.S. military spending is currently almost seven times larger than the military spending of China, the world's second largest spender on arms, and more than the combined spending of the next 14 nations. The United States and its close allies account for about 70 percent of all military spending.

U.S. military spending is not driven by actual defense needs. Rather, it responds to a demand created by arms manufacturers, politicians, and others to maintain jobs in military industries. The debate earlier this year over spending \$1.8 billion for seven additional F-22 fighter planes illustrates the problem. These were weapons the U.S. military said it *did not need*. Yet, the F-22's main contractor, Lockheed Martin, and its multiple subcontracting suppliers employ 25,000 workers in 44 U.S. states and the sale was only narrowly defeated in the U.S. Congress.

However, \$1.8 billion is small compared to the \$651 billion that will be spent on "defense" during this fiscal year. Many of the weapons systems included in this spending were developed during

the Cold War; their continued production serves no purpose. Congressman Barney Frank argues that a 25 percent cut in military spending would still leave the United States immeasurably stronger than any combination of countries with whom we might be engaged in war. The argument that military spending is important because it preserves jobs and helps the economy is invalid. Many economists argue that spending on military hardware is one of the most inefficient ways to use public funds to stimulate the economy.

Diversion of human and financial resources from health and human services to military purposes in the United States becomes more apparent when one considers that in 2007 the United States ranked first among countries in military expenditures and arms exports, but only 30th in life expectancy at birth and 39th in infant mortality. The United States is the world's leader in arms sales to other countries, having in 2008 signed agreements to sell armaments valued at \$38 billion, or 68 percent of global arms sales. The United States was not only the leader in worldwide arms sales but also the leader to sales to nations in developing countries, signing \$30 billion in weapons agreements with those nations, or 70 percent of all such deals.

The United States has already spent over \$600 billion in operational costs for the wars in Iraq and Afghanistan. These costs are now almost \$3 billion a week. Even if U.S. troops are quickly withdrawn, the total cost of the wars could reach \$3 trillion, making these wars the most expensive U.S. military effort since World War II.

The National Priorities Project collects current data on the total cost of the Iraq War and on the needed social and infrastructural improvements for which resources spent on the war could have been used. The Project maintains a website (<http://costofwar.com/>) that provides a continually incremented statement of the tax-revenue cost of the Iraq War to the entire United States and to each state and county. The website also provides comparisons to the cost of hiring public school teachers, providing health care insurance to uninsured children, building public housing units, and providing other useful programs.

Developing Countries

Diversion of resources has been an important issue for many less-developed, or developing, countries. For example, in 1990, per-capita public expenditures for military purposes in Ethiopia was \$16 and for health expenditures, \$1. In Sudan, \$25 was spent annually for military purposes per capita, but only \$1 per capita for health. And in Angola, \$114 was spent annually for military purposes per capita, but only \$8 per capita for health.

More recent data demonstrate that this type of disparity, although not as extreme as in the above examples, still exists for many countries. For example, India spent 3.8 percent of its gross domestic product (GDP) for military expenditures in 2005 in contrast to 0.9 percent for public expenditures on health in 2004. Comparable data for Pakistan were 3.5 and 0.4 percent; Chile, 3.8 and 2.9 percent; Angola, 5.7 and 1.5 percent; and the Syrian Arab Republic, 5.1 and 2.2 percent. In stark contrast, Costa Rica, which abolished its military forces in 1949, spent 5.1 percent of its GDP for public health expenditures in 2004 and had no military expenditures.

The human development costs of arms imports are huge, as illustrated by some choices faced by developing countries in 1992. India in that year ordered 20 MiG-29 fighter aircraft from Russia at a cost that could have provided basic education to all 15 million girls out of school. Nigeria purchased 80 battle tanks from the United Kingdom at a cost that could have immunized two million children and provided family planning services to nearly 17 million couples. And China purchased 26 combat aircraft from Russia in a deal whose total cost could have provided safe water for 1 year to 140 million people.

From 1998 to 2007, military expenditures in South America rose from \$23.3 to \$32.0 billion in constant 2005 U.S. dollars, a 38 percent increase. Brazil, the leading country in military

expenditures in the region, is the only Latin American country in the top 15 countries in military expenditures. It spent \$15.3 billion in 2007 - \$80 per capita. In recent years, there have been significant arms purchases by Brazil, Chile, and Venezuela. Between 2003 and 2007, Venezuela increased its arms purchases by 73 percent. Brazil also ranks high (30th between 2003 and 2007) among all countries in supplying major conventional weapons to other nations.

What Needs To Be Done

In view of the current economic crisis in the United States and the world, military expenditures are even more inexcusable than they have been and their transfer to socially useful purposes is even more necessary. The 2009 U.S. budget presented by the Obama administration is an important first step in cutting military spending, but the U.S. public's desire for "change" includes change from a half-century or more of unfettered militarism, unnecessary wars, and defense budgets, bloated far beyond legitimate defense needs, which are distortions of humane and healthy social responsibility.

Funds now used for military expenditures could be used in more socially responsible ways – not only to better meet human needs, but also to address the root causes of armed conflict. This special issue is being published on the first anniversary of the report of the WHO Commission on the Social Determinants of Health. The Commission issued a challenge to the international community that it eliminate health disparities within a generation. This is a bold vision and it will require resources. We assert that, rather than purchasing weapons and fighting wars, meeting the Commission's challenge is a far better way for countries to use their human and financial resources.