Staging a conference to frame war as a public health problem

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Abstract
"War & Global Health: Transforming Our Professions, Changing our World," a conference organized at the University of Washington in the spring of 2010 by the Department of Global Health in the School of Public Health and Physicians for Social Responsibility, aimed to promote a public health approach to war and frame the prevention of war as a legitimate and imperative academic endeavor. The conference planners drew on substantial, yet under-acknowledged, work on the health consequences of war in both research and practice. They considered historical lessons on how a human behavior with negative consequences—generated by political and economic forces—can be framed as a health issue by health professionals. Key elements in the planning and execution of the conference were a strategic partnership between an academic department and an activist organization and the harnessing of considerable student energies. Conference organizers built on a policy statement adopted by the American Public Health Association in 2009 outlining the responsibility of public health professionals to prevent war. The authors document the important elements and the convergence of forces that resulted in a successful conference, examine the lessons learned, and offer a Web-based resource for those interested in staging a similar event.

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Introduction

War and violent conflict have a profound effect on health.[1] War causes damage to families, communities, and societies, which reverberates across generations. Both combatants and civilians who become casualties of war manifest physical, neurologic, and psychiatric injuries from direct contact with violence, which have vast economic and social costs. Massive indirect health effects include those from infectious disease, malnutrition, and population displacements. Destruction of health infrastructure, loss of health workers, and contamination of the environment also affect the health of populations, while the diversion of resources to building weapons and waging war depletes funds that could otherwise be spent on improving health.[2]

The War & Global Health conference described in this article was an effort to firmly position the problem of armed conflict within the realm of public health and to encourage the health professions to aim their considerable resources toward preventing collective violence worldwide. The primary goal of the conference was to legitimize the prevention of war and violent conflict as a topic for academic public health discourse. We found that a university-based conference held in collaboration with a recognized professional-based activist organization provided a means to that end. We specifically sought to involve academic leaders, including de-

partment chairs and deans, who could help legitimize the discussion. Throughout the endeavor, a broad conceptual framework was used to call out this significant determinant of health that is not yet widely recognized as a public health issue.

Framing public health challenges

Public health professionals address a range of diseases, behaviors, conditions, and policy issues in their efforts to promote health. There is consensus in the global health community that a handful of diseases (malaria, HIV/AIDS, tuberculosis) should be prioritized because of the numbers of people they kill each year worldwide. Beyond microbial exposures, however, there are a number of individual and collective behaviors that pose significant risk to public health, such as smoking tobacco, for which public health professionals have advanced protective measures.[3] Inclusion of war and collective violence on global health priority action lists such as the Millennium Development Goals,[4] the Copenhagen Consensus,[5] and the Disease Control Priorities Project,[6] as well as in the curricula at prominent schools of public health and medicine, are ways to legitimize the issue as a public health concern. Once war is legitimately recognized as a significant and modifiable determinant of poor health outcomes, the full force of global health interventions and advocacy can be aimed at reducing its negative effects on global well-being.

Conferences can play an important role in shaping a professional community's stance on an issue and can provide opportunities for establishing policy positions or practice guidelines. For example, the 10th Conference on Retroviruses and Opportunistic Infections in February 2003 in Boston, MA hosted the deliberations that led to antiretroviral treatment becoming more widely available in low-income countries.[7] Conferences provide a forum for debate and decision making, thus leading the way for concrete actions to be taken by professional, academic, or policy-making associations.

The field of public health is increasingly focused on the social determinants of health, such that practitioners are shifting their approaches from being solely directed at individuals toward an appreciation of more comprehensive social and environmental influences on health. The nested levels of influence have the individual at the center, then move on to peer and family influences, community context, and the social and cultural environment.[8] Persuading individuals to use helmets or sunscreen positions problems at the center of the social ecological framework, the easiest place to work. Behaviors associated with entrenched economic or political systems are particularly challenging to address.[9] This is especially true when the harmful behavior is a consequence of the complex interactions of powerful industry and geopolitical history.

Tobacco control represents arguably the most successful effort to reframe an issue from a matter of personal choice to one of public health and public policy interest. The decades-long battle of public health professionals and their allies against powerful corporate interests and their lobbyists finally succeeded in positioning tobacco as a threat to individuals and those around them forced to inhale secondhand smoke.[10,11] Similarly, traffic deaths were reframed from their pre-Nader position as unfortunate "accidents" to events whose frequency can be reduced by changes in law, manufacturing, and attitude.[12] Many occupational deaths and injuries have undergone similar transformations from individual tragedies to public health problems.[13] We can use these experiences to inform us as we similarly work to end war and collective violence.

War has causal factors at many levels—individual, familial, societal, governmental, corporate, and, increasingly, ecological, due to scarcity of natural resources and arable land. This makes collective conflict exceedingly complex and resistant to efforts to conceptualize it as a public health issue. Nevertheless, war is a consequence of human choices, and therefore preventable. Public health practitioners, educators, and researchers can apply the principles of public health to design, implement, and evaluate interventions to prevent war, or at least to mitigate its health effects.

Health professionals manage the downstream health and social consequences of conflict and violence, but only relatively recently have they developed systematic approaches to preventing conflict and mitigating the health effects of conflicts.[1,14] A position paper adopted in 2009 by the American

Public Health Association, titled "The Role of Public Health Practitioners, Academics, and Advocates in Relation to Armed Conflict and War," details clearly the public health consequences of war at multiple levels and captures efforts made to mitigate these consequences.[15] The World Federation of Public Health Associations adopted a similar resolution in May 2011.[16] Historically, health professionals who involved themselves in activism to prevent war and violent conflict were labeled "leftist" and the topic was considered too politically charged for the majority of health professionals to get involved. For example, the American Public Health Association has passed numerous antiwar resolutions over the last decades, but not before significant debate about the role of the association in this type of issue. Attempts to address handgun violence in the United States[17] by characterizing the problem as an epidemic, developing educational programs, and demonstrating the public health benefits of regulatory measures remain controversial and have met with mixed success. Analogous efforts have attempted to address small arms violence globally.[18]

Several notable frameworks have been developed to facilitate health professionals' roles in broader war prevention efforts.[19,20] An early example was the Health as a Bridge for Peace program developed by the Pan American Health Organization to call for ceasefires to facilitate mass vaccination campaigns during violent times in Central America.[21–23] The Peace through Health framework, developed at McMaster University in Hamilton, Ontario, Canada, clearly delineates the various ways in which health professionals can engage in peace building activities.[24] Medical Peacework (www.medicalpeacework.org) is a Northern European initiative that offers online courses and teaching resources. These frameworks contribute to an emerging academic discipline, providing both theoretical constructs and practical tools to relate health interventions to peace building.

Conceptualization of the conference

For the purpose of this conference, we broadly defined war as organized violent conflict between multiple parties, whether state actors or not.[25] We also broadly defined the health effects of war to include the multiple sequelae resulting from militarism and defense spending. This is a departure from the narrow definitions used by some in the field.[26] We framed the health effects of war to include civilian casualties due to displaced populations, destroyed health care facilities and systems, water and sanitation disruptions, uprooted communities, diverted resources, as well as the costs of caring for returned veterans and repairing uninhabitable environments—in addition to combat morbidity and mortality.

The goals of the 2010 War & Global Health conference were:

- To frame conflict prevention, management, and reduction as a legitimate area of study and practice for the public health and medical fields.
- To advance the understanding of the health consequences of war among medical and public health students and practitioners, and share information and tools on how these groups can contribute to peace building and mitigate the effects of conflict.
- To contribute to the development of new leaders in the medical and public health fields committed to conflict prevention, management, and reduction.

Planning and organization

We planned the War & Global Health conference in conjunction with the annual Western Regional International Health Conference (WRIHC). The WRIHC is student-run and appeals to students of varied disciplines. While the WRIHC adopts a different theme each year, it typically presents a broad range of global health topics to a general student audience. We adopted the existing WRIHC framework, while narrowing the subject matter and expanding the audience. Partnering with Physicians for Social Responsibility (PSR) lent topical expertise, credibility, and resources to the event and increased the number of potential attendees, adding PSR's membership to the traditional student audience.

We designed the conference to attract 500–700 individuals, largely students, faculty, and medical and public health practitioners on the West Coast.

We also reached out to community members who were specifically interested in the topic, including members of peace and veterans groups. The registration fees were modest compared to those at other academic conferences: $100 for faculty and professionals and $50 for students, medical residents, and unemployed individuals (with higher rates of $125/$75 for late registrants). A limited number of scholarships were available, and registration was open to all.

Working with the structure and legacy of an existing regional academic conference facilitated planning for several reasons. There was a schedule schematic known to have worked in the space we were using, which we modified to include two pre-conference sessions, one keynote, three plenary sessions, two lunchtime panels, an evening film and discussion, and three hours of concurrent breakout sessions (see Figure 1). There was also an existing base of potential attendees. The challenge for the specific topic, however, was to make it applicable and appealing to a broad base of health science students and other students who had previously shown interest in global health but may not have immediately grasped the relationship between the theme of the conference and their global health interest.

The Department of Global Health of the University of Washington School of Public Health and PSR were the principal sponsors of the conference. To expand the funding base and engage a broader community, we invited other organizations and departments on campus to co-sponsor the event. The Center for Global Studies in the Henry M. Jackson School of International Studies, the Washington Global Health Alliance, and Physicians for Human Rights contributed financial and logistical support. Social receptions hosted by the Global Health Council and Health Alliance International served as key opportunities for topical debate and networking during the conference.

We also sought co-sponsorship from other West Coast universities that had participated in previous WRIHCs. Co-sponsorships were obtained from 14 Canadian and U.S. West Coast universities, extending from Anchorage to San Diego. While these institutional cosponsors did not contribute financially to the conference budget, they encouraged and funded student and faculty attendance, publicized the conference widely at their institutions, and provided faculty as speakers for the event.

Governance and decision making

Planning began in the early summer of 2009. This was a student-led conference, with significant faculty involvement. The lead faculty member, present author Evan Kanter, was then serving as national president of PSR. A psychiatrist at the Seattle Veterans Administration Hospital and an assistant professor in the University of Washington School of Medicine, he specialized in the treatment of post-traumatic stress disorder and other manifestations of war trauma.[27] Present author Amy Hagopian, who had an extensive background in peace work[28–30] and was a co-author of the American Public Health Association policy statement on the role of health workers in war and conflict,[15] served on the steering committee. Present author Daren Wade was the lead professional staff person, with experience running the WRIHC for several of the preceding years. He played a critical role in conceptualizing the structure, rhythm, logistics, and communications for the conference. A Department of Global Health graduate student, present author Rebecca Bartlein, took on organization of the conference as her thesis project. She served as the lead conference organizer and chair of the student committee. This leadership team kept the departmental faculty engaged by reporting at monthly faculty meetings and soliciting speakers from among the faculty ranks.

Twenty students from various schools and programs on campus responded to a call for student committee members that was issued at the beginning of the academic year. The students met approximately twice a month at first and then weekly as the conference date approached. Committee members were joined by 30 others who served as volunteers throughout the conference to register attendees, monitor breakout rooms, record sessions, collect evaluation forms, and assist with set-up and take-down. The faculty took primary responsibility for organizing plenary sessions with substantial input from students, while the students took primary responsibility for breakout sessions with guidance from faculty.

Figure 1. Conference Schedule

Friday, April 23, 2010		**Presenter(s)**
12:30–1:50 PM	Global Health Seminar/Pre-Conference Session: Expanding the Definition of War	Sunil Aggarwal, MD, PhD, University of Washington (Moderator) Jeff Ellis, JD, Seattle University Norm Stamper, PhD, Law Enforcement Against Prohibition Howard Campbell, PhD, University of Texas
2:30–4:00 PM	Pre-Conference Session: Roadmap to Security: A Meeting of the Minds on Inequality, Conflict, and Health	Stephen Bezruchka, MD, MPH, University of Washington Linn Gould, MS, MPH, Just Health Action
4:00–6:30 PM	Welcome Reception	Sponsored by Health Alliance International
7:00–7:15 PM	Welcome and Introduction	Rebecca Bartlein, MPH, Conference Co-Chair
7:15–8:30 PM	Keynote Address: War is a Force that Gives Us Meaning	Chris Hedges, MDiv, The Nation Institute
8:30–10:00 PM	Dessert Reception	Sponsored by the Global Health Council
Saturday, April 24, 2010		
8:15–8:45 AM	Continental Breakfast	
8:45–9:00 AM	Welcome	Evan Kanter, MD, PhD, University of Washington
9:00–10:30 AM	Plenary #1: The Health Effects of War	Amy Hagopian, PhD, University of Washington (Moderator) Barry Levy, MD, MPH, Tufts University Victor Sidel, MD, Montefiore Medical Center/Albert Einstein College of Medicine
11:00 AM–12:30 PM	Track 1: The Wounds of War—Focus on Veterans of Iraq and Afghanistan	Barry Levy, MD, MPH, Tufts University (Moderator) Evan Kanter, MD, PhD, University of Washington, and Physicians for Social Responsibility Juanita Celix, MD, MPH, University of Washington
	Track 2: Children and War	Cheri Eichholz, MD, Washington Physicians for Social Responsibility (Moderator) Laura Lee, MSc, PhD Candidate, University of British Columbia Patrick Clarkin, PhD, University of Massachusetts, Boston Shannon Dorsey, PhD, University of Washington
	Track 3: Low-Intensity Conflict in the Drug Wars	Sunil Aggarwal, PhD, MD, University of Washington (Moderator) Alfred McCoy, PhD, University of Wisconsin Norm Stamper, PhD, Law Enforcement Against Prohibition Howard Campbell, PhD, University of Texas
	Track 4: Human Rights Violations after the Iraq War	Bert Sacks, Activist (Moderator) Scott Long, PhD, Human Rights Watch Nagam Khudir, DDS, Refugee Women's Alliance
	Track 5: The Politics of Health and Humanitarian Aid	Judith Wasserheit, MD, MPH, University of Washington (Moderator) Christian Theodosis, MD, MPH, University of Chicago Jose Teruel, MD, MPH, DrPH, Georgetown University Linda Doull, RN, MPH, Merlin
	Track 6: Reporting on War and Health	Gerri Haynes, RN, Washington Physicians for Social Responsibility (Moderator) Hanson Hosein, LLB, MS, University of Washington Kevin Sites, MS, Neiman Fellow, Harvard University Larry Johnson, MA, Seattle Post-Intelligencer
1:15–2:15 PM	Lunch Presentation: Elimination of Nuclear Weapons: A Public Health Imperative	Peter Wilk, MD, Physicians for Social Responsibility Evan Kanter, MD, PhD, University of Washington Bob Gould, MD, San Francisco Bay Area Physicians for Social Responsibility
2:30–4:00 PM	Track 1: Emerging Issues in the Treatment of Veterans	Cindy Sousa, MSW, PhD, University of Washington (Moderator) Roger Dowdy, MSW, University of Washington Julia Sewell, MSW, VA Puget Sound Health Care System Matthew Jakupcak, PhD, University of Washington
	Track 2: Women and War	Amineh Ayyad, Adapt International (Moderator) Hope O'Brien, MPA, MPH, Physicians for Human Rights Sutapa Basu, PhD, University of Washington Nassim Assefi, MD, Author/Filmmaker Muliri Kabekatyo with Judy Anderson interpreting, HEAL Africa

Figure 1. Conference Schedule (continued)

	Track 3: Health Professionals and Torture: Perpetrators, Activists, and Healers	Robert Crawford, PhD, University of Washington, Tacoma (Moderator) Jess Ghannam, PhD, University of California, San Francisco J. David Kinzie, MD, Oregon Health and Science University Randall Horton, PhD, Seattle University
	Track 4: Ecological Impacts of Warfare	Noah Derman, MPH, University of Washington (Moderator) Gary Machlis, PhD, Yale University Gordon Thompson, DPhil, Institute for Resource and Security Studies Tim Takaro, MD, MS, MPH, Simon Fraser University
	Track 5: Non-Violent Communication within the Context of Health	Melanie Sears, RN, MBA, Center for Nonviolent Communication
	Track 6: Documenting Stories of War and Health	Anita Verna Crofts, MPA, University of Washington (Moderator) Meg Spratt, PhD, Dart Center for Journalism and Trauma Janet Johnson Bryant, Liberian Journalist
4:30–6:00 PM	Plenary #2: Psychological Torture and Political Impunity	Welcome: Steve Gloyd, MD, MPH Introduction: Congressman Jim McDermott (WA) Lecture: Alfred McCoy, PhD, University of Wisconsin
8:00–9:30 PM	Film and Discussion: "Pray the Devil Back to Hell"	Janet Johnson Bryant, Liberian Journalist
Sunday, April 25, 2010		
9:30–10:00 AM	Continental Breakfast	
10:00–10:30AM	Awards and Recognition Ceremony	
10:30 AM–12:00 PM	Plenary #3: Health Professionals Working for Peace	Evan Kanter, MD, PhD, University of Washington (Moderator) Neil Arya, MD, McMaster University Paula Gutlove, DMD, Institute for Resource and Security Studies
12:00–12:45 PM	Buffet Lunch	
12:45–1:45 PM	Lunch Presentation: War: Origins, Consequences, and Prevention	Rebecca Bartlein, MPH, University of Washington (Moderator) Stephen Bezruchka, MD, MPH, University of Washington Stephen Gloyd, MD, MPH, University of Washington
2:00–3:30 PM	Track 1: PTSD Treatment Research: New Directions	Eric Smith, DO, Madigan Army Medical Center (Moderator) Scott Michael, PhD, VA Puget Sound Murray Raskind, MD, VA Puget Sound Health Care System
	Track 2: Refugees and Internally Displaced Persons	King Holmes, MD, PhD, University of Washington (Moderator) David Roesel, MD, MPH, University of Washington Maggi Little, AmeriCorps VISTA, Seattle International Rescue Committee Lillian Benjamin, MPH, U.S. Agency for International Development Susan Purdin, RN, MPH, International Rescue Committee
	Track 3: Health, Human Rights Law, and the Responsibility to Protect Civilian Populations	Milli Lake, PhD, University of Washington (Moderator) Diana Chamrad, PhD, Antioch University, Seattle Beth Rivin, MD, MPH, University of Washington Joel Ngugi, LLB, SJD, University of Washington
	Track 4: Radioactive Weapons and Human Health	Charles Cange, MPhil, PhD, University of Washington (Moderator) Holly Barker, PhD, University of Washington Karen Parker, JD, Association of Humanitarian Lawyers Tom Carpenter, MA, JD, Hanford Challenge
	Track 5: Conflict Analysis for Health Care Workers	Neil Arya, MD, McMaster University Joanna Santa Barbara, MD, McMaster University
	Track 6: Measuring the Health Impacts of War	Tim Takaro, MD, MS, MPH, Simon Fraser University (Moderator) Christopher Murray, MD, DPhil, Institute for Health Metrics and Evaluation Rajaie Batniji, MD, MA, Oxford University Andrew Lim, MD, MSc, University of California, San Francisco, and University of California, Berkeley
4:00–4:30 PM	Closing Session	

Thematic Tracks

The student committee developed six thematic tracks for the conference (see Figure 2) through an iterative process. First, a brainstorming session was held in which topics of interest were listed. Then the leadership team grouped these topics thematically into a set of tracks that were presented to a student committee meeting, where they were reformulated and regrouped until consensus was reached. The students divided themselves into six groups, each with responsibility for developing three workshop sessions per track. Each group was given $500 to support outside speaker travel or other expenses and was supported by a member of the faculty or staff, or the student chair.

Figure 2. Thematic Tracks

Track 1: Combatants
- PTSD treatment and research
- Emerging issues: suicide, military sexual trauma, etc.
- Impacts of war—focus on U.S. veterans from Iraq and Afghanistan

Track 2: Vulnerable populations
- Women
- Children
- Refugees and internally displaced persons

Track 3: Policy, human rights, and social justice
- Low-intensity conflict and the drug wars
- Health professionals and torture
- Health, human rights law, and the responsibility to protect civilians

Track 4: War, society, and the environment
- Radioactive weapons and human health
- Ecological impacts of warfare
- Human rights violations after the Iraq War
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Track 5: Health professionals as peace workers
- The politics of health and humanitarian aid
- Nonviolent communication
- Conflict analysis

Track 6: Impacts of media and information on war and health
- Documenting stories of war and health
- Measuring the health impacts of war
- Reporting on war and health

Branding

The student committee went through a branding exercise early in the planning process. Students chose the conference title "War & Global Health: Transforming Our Professions, Changing our World" because of its transformative call to action as well as its inclusion of professions beyond those traditionally considered to be the health professions. The university's Creative Communications Services department developed a logo and poster design in consultation with the student committee (see Figure 3).

Selection of presenters

Speakers for the plenary sessions were recognized leaders in the field of war and global health, including some of the most preeminent authors and subject matter experts in that area. Our keynote speaker, Chris Hedges,[31–33] was, however, neither an academic nor a public health practitioner. We selected Hedges, a well-known author and 20-year war correspondent, after a thorough discussion process involving the student committee. Our rationale was to engage someone who would attract a large number of registrants, who had extensive personal experience with war, and who had reflected deeply upon it. His books and articles, as well as his keynote speech, provided stimulating discussion points for conversations throughout the weekend. In addition to the keynote, we held three plenary sessions and two additional lunchtime presentations for all attendees. We also hosted a journalist who had been active in the Liberian Women's Peace Movement to speak after a showing of the film *Pray the Devil Back to Hell*. We provided airfare and accommodations for the keynote, plenary, and film speakers. Other speakers received honoraria, paid through the conference budget or another university budget for bringing speakers to campus.

We invited presenters to address the topics in each Thematic Track, but also issued an open "Call for Abstracts" to solicit speakers and posters. We accepted 9 of 45 submitted abstracts as presentations and offered the remaining authors the opportunity to display posters. Twenty-one posters were displayed in the lounge area of the conference venue throughout the conference.

Figure 3. Conference Poster

Resource fair

The resource fair was an opportunity for 25 local and international organizations to display materials and engage attendees throughout the conference. Tables were conveniently located just inside the main conference hall, so that conference goers walked through them to find their seats in the hall. This allowed table organizers to hear the plenary sessions. The variety of organizations represented prompted some interesting dialogues, for example, between veterans and refugee service agencies. We also set aside space adjoining the stage to showcase an art exhibit titled *Sequels*, including photographs taken by Burmese refugee children (www.cameraswithoutborders.org) and a video showing the challenges faced by U.S. veterans with post-traumatic stress disorder (www.slowhealing.org).

Publicity and communications

A variety of print and online news sources as well as social media outlets reported on the proceedings before, during, and after the conference. Footage of the conference was aired on the University of Washington public access television channel and made available online by alternative news sources. The major regional newspaper, *The Seattle Times*, not only gave prominent news coverage to the conference, but published a highly supportive editorial titled "War's Toll on Public Health."[34]

Students created a Facebook page, Twitter account, and Flickr photostream for the conference with the help of the Department of Global Health's communications director, Bobbi Nodell. These tools helped publicize the conference and allowed substantial interaction on the issues to begin prior to the event. A dedicated team of four photographers and seven student volunteers videotaped sessions. A class of global health journalism students was assigned to write articles and blogs on the sessions. Speakers signed releases authorizing their slides and videos of their presentations to be posted.

Rebecca Bartlein has documented the process of planning the conference and produced a web-based manual for use by others interested in hosting a similar conference (see http://wrihc2010.wrihc.org).

Costs

The total cost of the conference was almost $60,000, with about half ($29,748) paid for by registration fees and organizations participating in the resource fair. The $12,500 pledged by the Department of Global Health was supplemented by contributing cosponsors, most notably the Center for Global Studies in the Jackson School of International Studies ($6,006), the Global Health Council ($3,000), the Stephen Gloyd Lecture fund ($4,104) as well as several other organizations. The highest cost components were space, equipment rental, and catering. Use of student volunteers, and the availability of video equipment at no charge, saved a significant amount of money, although they added extra layers of coordination.

Lessons learned

The value of student committee involvement cannot be overstated. The students learned about the topic, became familiar with leading experts in the field, and gained experience in conference planning and advocacy work. They learned the importance of messaging and how to reconcile conflicting viewpoints when working as a team. All of this contrib-

uted to our goal of developing young leaders. The efforts made to diversify the target audience facilitated cross-fertilization of various sectors of a neglected field of public health and encouraged discussion among parties who do not frequently communicate or collaborate despite shared goals, such as veterans and refugee organizations.

The organizing process had some disadvantages. While the students were dedicated, they were also volunteers with competing academic commitments. Limiting the tracks to six necessarily left out important topics. There were also constraints imposed by using the pre-existing conference structure.

An interesting challenge emerged in the form of speakers who did not attend sessions other than their own and thus did not understand the broader context of the conference in which they were speaking. This produced some awkward or contentious exchanges, and it was unfortunate that some well-known speakers did not engage in the conference-wide dialogue and debate. There were also several instances in which a presenter in a breakout session would cover the same definitions or topics that had just been explored during a plenary session. For a conference of this nature, speakers should be strongly encouraged to attend sessions other than their own. This produces more cohesive content and more engaging presentations.

Outcomes of the conference

The conference was successful by a number of measures including attendance, positive feedback, media attention, inclusion of academic leaders, and potential for replication. A diverse audience of more than 650 attendees included students, faculty, health professionals, and community members. Evaluative comments from participants were solicited using forms distributed and collected at each session as well as a web-based post-conference survey e-mailed to all registered attendees.

In the post-conference survey, 80% of respondents stated that they attended because the topic was of specific interest to them, 30% stated that they attended for networking opportunities, 19% because their organization was represented, and 13% because they were regular attendees of WRIHC. (More than one answer choice was allowed.)

The publicity and marketing of the conference was successful, as respondents stated that they learned about the conference through posters (26%), e-mail listservs (56%), websites (21%), and word of mouth (48%).

The conference fostered lively discussion on the topic of war within the context of public health and medicine, providing a venue for debates on key topics such as defining war, measuring the effects of war, identifying proper roles for academics, and evaluating the effects of specific interventions. The workshops included interactive opportunities to learn practical tools and skills such as conflict analysis and nonviolent communication. The origin of war and its relationship to human civilization was an area of active debate throughout the conference. The discourse resulted in consensus that conflict is inevitable among human beings, but war is a planned decision to escalate conflict, driven by political and economic factors. Recognizing that war is a preventable phenomenon associated with precipitating and perpetuating factors makes it amenable to public health interventions.

Survey responses to the question "How did the conference help to advance the understanding of war as a public health problem?" included:

> *Framing war as a public health issue is revolutionary in and of itself. I know war is terrible, but I now have a new way of conveying my position that can reach most audiences.*

> *I was particularly struck by the details of how war interrupted services like electricity and water. I'd thought before about it interrupting medicine and regular health services, but not some of the other necessary services. Also, ... I learned a lot about the biological effects of war when the infant is still in utero.*

When prompted for their most significant takeaway from the conference, respondents wrote answers such as these:

> *It is great that the School of Public Health is finally looking at the devastation of war as a real and urgent public problem contributing to all the other "conventional" global public health issues.*

Some books and references I will use in my courses.

I thought the psychological torture [session] was fascinating but very disturbing. It's a topic often not talked about. But I really liked the examples of health workers as peace builders and that they must be interdisciplinary and creative because there are not enough health workers to treat all that suffer from PTSD.

The conference resulted in the development of new leaders among students in the medical and public health fields committed to conflict prevention, management, and reduction. Students connected with experts whom they planned to invite back to continue the discussion. Departmental support for a conference on this theme is itself a step toward inclusion of war in the public health curriculum, and the conference chair continues to be a guest speaker for undergraduate students on war as a public health problem. The conference leadership team has also been instrumental in developing a working group through the Peace Caucus of the American Public Health Association that is focused on developing curriculum resources and competencies on prevention and mitigation of the health effects of war. (Information on the working group is available from the corresponding author.)

Conclusion

The forces that benefit from perpetuating armed conflict are powerful and entrenched. The challenges to advancing public health approaches to war prevention are formidable. The 2010 conference, "War & Global Health: Transforming Our Professions, Changing our World," served as a useful tool in furthering the effort. Others can use our design and approach through the manual and resources available at http://wrihc2010.wrihc.org, as well as by contacting the corresponding author for more information on replicating this effort in their own academic and practice communities. We hope this article will motivate those in a position to host similar conferences or related events, especially ones that involve public health trainees and students across disciplines.

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