

Offline: Can public health overcome its colonial history?



"War destroys the present in order to alter the future. Genocide destroys the present and the past in order to abort the future." Ghassan Abu-Sittah is a British-Palestinian professor of surgery and a plastic and reconstructive surgeon. He has worked in conflict zones in Yemen, Iraq, Syria, Lebanon, and Gaza. In April, 2024, students elected him Rector of Glasgow University. He was speaking at the London School of Hygiene and Tropical Medicine (LSHTM) last week at an event organised by the Health in Humanitarian Crises Centre—"The Role of Public Health Institutions in Ethical Reconstruction". Is it possible for institutions like the LSHTM or *The Lancet* to participate ethically in the reconstruction of a country riven by war or genocide? Ghassan Abu-Sittah argued that before one can consider the role of an institution *after* a conflict, one has to consider its performance *during* the conflict. Western institutions have been a part of genocide enablement, he claimed. Universities have contributed to weapons technologies. They have provided "killing knowledge" to the arms industry. Western media institutions, including scientific journals, have silenced voices trying to encourage a public conversation about war and genocide. Why are we in this place? According to Abu-Sittah, it is because the west has an "apparatus of institutions" that has aided and abetted genocide.

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The humanitarian sector isn't guilt-free. The humanitarianisation of a war or genocide is another example of white saviourism, Abu-Sittah suggested. The aggressor nation depends on the humanitarian sector to dissipate domestic criticism. Scientific journals have also played their part, sometimes refusing to allow the word "genocide" to be used when violence is transparently genocidal. A country engaged in killing women and children with impunity may be "a seamless appendage of western power". And the public health institutions of surrounding nations are simply watching a "colonial genocidal war against troublesome natives". Abu-Sittah asked: can those same institutions do a 180° turn and behave ethically? He was sceptical. Some war zones are being turned into uninhabitable places. Racial unseeing is an active and deliberate process. Those who had been killed are "ungrievable because they are unseeable". And

western public health institutions are complicit in this unseeing. What can be done to stop genocide? The only answer is to end the western imperial project. And that imperial project is alive and well. The closing down of protests at universities. Attacks on those who deviate from the accepted narrative. Genocide in one setting is matched by repression in another. I tried to find some small possibility for the ethical participation of western public health institutions after war or genocide. There are those, I suggested, who do see, who do grieve. Those who actively choose not to be a part of their country's imperial project. Those who don't wish to become white saviourists. Those who seek, instead, to be part of a resistance. Can they not help to make the invisible visible through their research? Can a medical journal be a platform for projecting that visibility worldwide? No, the possibilities are limited, Abu-Sittah seemed to conclude. Only those living in a zone of war or genocide can rebuild their homes, communities, and country. We, in western nations, can assist only if we are invited. "There is no health without sovereignty", he argued.

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So what do we in western public health institutions do? We have agency. We must take back control of our institutions. But first we must be clear about what is taking place around us. Abu-Sittah described how particular conflicts have been turned into laboratories to study and address "surplus populations", people no longer needed by virtue of the politics of the time. The results from one laboratory of war will be learned by authoritarian political leaders elsewhere. And when those leaders face their own "surplus populations", they will know how to act in a way that defies international accountability. Abu-Sittah was speaking at the LSHTM to an overflowing lecture theatre of students and faculty. His words drew a standing ovation. For those in western public health settings who have sought a different future, one allied to peoples in the grip of war and genocide, his words were uncomfortable to hear. We cannot escape our past. We are complicit in our present. And, unless we renounce our collusion, we are cursed in our future.

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