



## Redefining security – lessons from public health

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## COMMENTARY

### Redefining security – lessons from public health

Andrew Rigby\*

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#### *The Ammerdown Invitation*

In 2014, a group of people who knew each other as conflict transformation practitioners and professionals met at the Ammerdown Centre in Somerset to discuss emerging threats to human security in Britain and the wider world. Over the ensuing months this initiative morphed into the Ammerdown Group (AG) which published a document entitled ‘The Ammerdown Invitation – Security for the future: In search of a new vision’ with the aim of stimulating a public conversation about how to enhance peace and security within the UK and worldwide (see Atwood et al. 2014).

Key points raised in the invitation included the following:

- (1) It is time to reconceptualize what we understand by ‘security’. A United Nations definition highlights freedom from fear and freedom from want, and the opportunity to live in dignity.
- (2) For most of us security means having our basic needs met and feeling safe in our homes and neighbourhoods, it does not mean having a nuclear arsenal and military capacity to deliver force around the world.
- (3) The government’s emphasis on military might as a guarantor of nation–state security can undermine the well-being of its citizens – diverting resources from meeting human needs and addressing key drivers of insecurity such as climate change and global inequalities.
- (4) Moreover, the security of British citizens cannot be isolated from the security of other citizens in the world. British military intervention overseas can sow the seeds of rage and associated desires for revenge amongst those targeted by our weapons, thereby undermining our own security.

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***Medact and the Ammerdown Invitation***

Early in 2015, Medact contacted AG and invited us to have an input into the November 2015 forum on ‘Health through peace: confronting war, militarization and global insecurity’. There are obvious affinities between AG’s understanding of the necessary conditions for a healthy and secure society and Medact’s mission to develop the role of health professionals and activists in such fields as economics, food security, peacebuilding and disarmament. But whilst AG’s vision can enrich the work of Medact, there is much that AG can learn from health professionals, and particularly from the historical development of public health in the UK.

AG is seeking a radical shift in how security is conceptualized in the UK with a view to transforming security policy and practice. During the mid-nineteenth century, campaigners were instrumental in bringing about an equally radical change in world view resulting in the British government acknowledging that the state had a responsibility for enhancing the health of its citizens by means of various public health initiatives. A study of the drivers behind this paradigm shift can help highlight the conditions necessary for a redefinition by the state of the nature and the foundations of security.

***Cholera, public health and the redefinition of state responsibility***

During the first decades of the nineteenth century the urban population in Britain rocketed, but what was also noted was that as the numbers of the urban poor increased, so life expectancy declined.

In 1831, cholera first reached the UK and the incidence of epidemics of the water-borne disease and the loss of thousands of lives fed into a growing movement for sanitary reform. Support for this reform came not just out of humanitarian concern for the victims. There were a number of other ‘drivers’:

- (1) There was a growing awareness that cholera did not respect class boundaries – disease caused by water-borne bacteria could affect anyone. All were potential victims, not just the urban poor.
- (2) Ill-health impacted on economic activity resulting in the loss of key workers. There were significant economic benefits to be derived from a healthy and fit workforce.
- (3) The escalating numbers of sick and bereaved led to a rapid rise in the level of poverty, which resulted in a significantly increased financial burden on poor relief – there was an undeniable linkage between insanitary living conditions, disease, poverty and hence the cost of poor relief.

These factors fed into a growing conviction that preventative measures needed to be introduced and eventually led to a preparedness on the part of

political leaders to respond positively to the proposals of the sanitary reform movement (to which emerging trade unions also added their voice on behalf of their members). The result was the 1848 Public Health Act which, despite its limitations, marked a significant change in the public health paradigm – it was the start of central government taking on a level of responsibility for the provision of clean water and sanitary drainage/sewage treatment services.

### **New approach to public health and a new vision of security**

In some ways it is possible to view the changes that took place in public health reform in nineteenth century UK as a template for the kind of changes the AG is seeking to promote in the realm of national security.

### ***A focus on causes of poverty/insecurity rather than the symptoms***

Initially, the focus of poor relief was on individuals and their families, with policy traditionally informed by a distinction between the ‘deserving’ and the ‘undeserving’ poor. But this focus did not extend to preventative measures addressing the causes of poverty, such as ill-health and debilitation caused by poor living conditions, polluted water sources and toxic sewage systems. This focus on the symptoms (poverty) rather than the causes is mirrored by the concentration of the UK’s defence planners upon military responses to perceived threats that are symptomatic of inequalities and systemic injustices in the global system.

### ***From private to public good***

British security strategy is predicated on ensuring security and wealth for certain of its citizens, despite the fact that in the pursuance of such ‘national interests’ the well-being of citizens of other regions and countries around the world is threatened.<sup>1</sup> In similar vein access to clean water and hygienic sanitation was considered to be a private good – in the sense that the wealthy exercised a form of property right over access to such resources – prior to the incidence of the cholera and typhoid epidemics of the nineteenth century and the subsequent transformation in policy that reflected the government’s acknowledgement that access to clean water should be a public rather than a private good.

### ***Awareness that wealth and privilege does not guarantee security***

One of the key factors leading to public health reform in the mid-nineteenth century was the growing realization amongst the privileged sectors of society that diseases such as cholera did not respect class boundaries – everyone was vulnerable to some degree or other – and therefore ‘something must be done’. This concern was one of the drivers behind the reform movement that

eventually resulted in the provision of clean water as a public good, something that could be enjoyed by all citizens in common. The AG seeks a similar paradigm shift in relation to British security policy. Our thesis is that sustainable security cannot be a private good, enjoyed by a particular set of citizens at the cost of the security and well-being of other citizens beyond our territorial boundaries. It is time we recognized security as a basic right for all, irrespective of nationality, class, ethnicity, gender or religion.

### ***Redefining the state responsibilities towards its citizens***

The dominant orthodoxy up to the mid-nineteenth century had been the *laissez-faire* stance that British governments should not interfere in people's lives beyond maintaining a modicum of public order. A key lever in causing a reconceptualization of the role of government was the 1842 report by Edwin Chadwick that affirmed that disease was directly related to living conditions and that there was a drastic need for reform. Chadwick's argument was based not so much on humanitarian concern and compassion but on the economic grounds of the loss of revenue to the government caused by the early death of so many of its citizens.<sup>2</sup> The passing of the 1848 Public Health Act that followed Chadwick's report marked a significant re-orientation, with central and municipal governments beginning to take on a much greater responsibility in the area of public health.

The lesson for AG would seem to be that appeals to compassion and humanitarianism can only take you so far. To exercise any leverage we need to be able to address the self-interest of British citizens by persuading them that a fundamental refashioning of security thinking and policy is a necessary condition for their own well-being.

### **Conclusion**

If the example of public health reform in the UK is anything to go by, any transformation/re-evaluation of Britain's security strategy will come about as a consequence of a growing awareness that the welfare of all our citizens is threatened by the militaristic approach to national security that has been the orthodoxy for so long. In working to bring this about, we can take heart from the example of the campaigners in the nineteenth century who played a significant role in undermining the established orthodoxies regarding the role of government in relation to public health and the initiatives to be launched to address the challenges.

Moreover, in seeking to strengthen the movement for an alternative security paradigm we might recall that in the late 1940s, as the Cold War escalated and Britain's defence spending under Atlee's Labour Government began to increase, Aneurin Bevan, the chief architect of the National Health Service, proposed an alternative approach. He argued that creating a great welfare state

with a national health service that was the envy of the world would be a more civilized and practical way to achieve international prestige than aggressive diplomacy and militaristic posturing (Todd 2014, 161). Bevan's advice was ignored, but perhaps it is time for us to repeat his call and try to recapture some of his zeal, so that the future of our health service and the state of public health is firmly embedded within the wider project of moving towards a truly secure national and international order.

### Disclosure statement

No potential conflict of interest was reported by the author.

### Notes

1. In early October 2015, a senior government official admitted that the 'prosperity agenda' of promoting British companies overseas now took precedence over concern with human rights. (*The Independent*, 2 October, 2015).
2. According to Artman (2015), Chadwick's work 'led to a total revolution in social thought. It established a link between sanitary conditions and high mortality rates showing that the misery of the poor lay within the government's control, not in some intrinsic deficiency in the class'.

### Notes on contributor

Andrew Rigby is a participant in the Ammerdown Group and Emeritus Professor of Peace Studies at Coventry University where he was founding director of the Centre for Peace and Reconciliation Studies, a post he took up after many years as Reader in Peace Studies at Bradford University's Department of Peace Studies. His latest publication is *Palestinian popular protest: The uncertain future of unarmed resistance*, co-authored with Marwan Darweish and published by Pluto Press, July 2015.

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