



President's Column (in press *European Journal of Public Health*, 2015, Vol. 25-6)

I'm writing this column on the 14th November 2015. As I write, we know that 129 people have been killed, but it seems almost inevitable that this number will rise, with over 100 critically ill. Among the other 300 injured, many will have suffered life changing injuries, both physical and mental. How can any of us imagine what it must be like to have survived only because the person you were lying underneath stopped the bullet aimed at you?

At a time like this it is incredibly difficult to find the appropriate words. Earlier today I struggled as I wrote to my closest French friends. I thought particularly of two of them, Michel Kazatchkine and Jean-Paul Moatti, as the news of the shooting was just coming in as we left the offices of the Open Society Foundation in New York last night. We had no idea of the true scale of the horror. That only became apparent when we landed this morning, in London and in Paris. In my e-mails I recalled how, almost a year ago, I and my family, and people from many nationalities, stood in silence in a town square in France to commemorate those who died in the Charlie Hebdo attacks. I also wrote on behalf of EUPHA to our colleagues in the Société Française de Santé Publique (SFSP). It seems almost inevitable that many of them will have been affected personally, through friends and family, by these events. Already I have heard that someone known to one of my French colleagues was shot, but thankfully not fatally, at the Bataclan nightclub. To all of our colleagues in the SFSP we say, just as many of us stood with signs saying "je suis Charlie" last year, we continue to stand with you, in solidarity and in condemnation of these terrible events.

Thirteen years ago, in this journal, Staffan Janson and I wrote a paper entitled "The implications of terrorism for public health", in response to the events in September 2001 in New York. We got some things right. We argued that public health should be seen as an essential element of emergency planning, and not only for bioterrorism. In many countries this is now accepted. We also warned of the threat of a backlash by the authorities, with attacks on human rights, although we could not have imagined that some of our governments would engage in kidnapping, euphemistically termed "emergency rendition", or torture, such as waterboarding. But we also got some things wrong. We questioned whether there would be a move away from high-rise buildings in favour of developments that supported greater social interaction and community spirit. And we hoped that the removal of the Taliban would allow Afghan women to assert their human rights. So I should temper my comments today with some caution. Nonetheless, at times like this, we can reiterate some basic public health principles.

First, all policies should be based on evidence. Every time there is an atrocity such as this there are calls for action to prevent a repetition. Yet, as a Campbell Collaboration review shows, many of the measures that have been adopted to counter such attacks are either ineffective or counterproductive, exemplified by an approach to airport "security" that fails to detect the only

people who have actually tried to place bombs on planes in recent years, whether in shoes, underwear, or most recently, in luggage at Sharm-el-Sheikh. Many are supported by so-called experts on terrorism whose only skill is self-promotion, like the regular Fox News commentator, later described by David Cameron as “a complete idiot” who claimed that Birmingham, in the UK, was a “no-go area for non-Muslims”. Others fail to recognise that those who commit atrocities can learn and adapt. As our Israeli colleagues have learnt, building high walls does not prevent attacks from those armed with knives. We must insist that the measures that are taken are both plausible and based on evidence of effectiveness.

Second, all policies, and not just public health policies, should be underpinned by human rights. Already it is clear that those whose adherence to human rights is, at best, tenuous, including politicians in many European countries, some in governments, are seeking to exploit these events. Those who perpetrated these atrocities are no more representative of Islam than the Ku Klux Klan is of Christianity. In particular these politicians are exploiting suggestions, which at the time of writing remain unproven despite being presented as fact, that one of the attackers may have used the flow of refugees coming from Syria for cover. The current Polish government has already used the events in Paris to withdraw from the EU’s system to distribute refugees. We already seem to have forgotten why so many people have been fleeing Syria, to escape from even worse atrocities than those in Paris, including mass beheadings and crucifixions.

Third, public health combines an individual and public health response. The individual response is clear, to apprehend and convict in the courts those who seek to commit these atrocities. The population level response recognises the role that our dependence on oil plays in the crisis in the Middle East, targeting for action those commodity dealers in the west who help groups like Daesh to launder the funds from the oil under their control and those who are profiting by supplying weapons to all the warring parties.

Finally, public health is underpinned by solidarity. Already, less than 24 hours since the atrocities, this solidarity is apparent, with people assembling spontaneously across the world to sing La Marseillaise. Buildings from Sydney Opera House, to the Pearl Tower in Shanghai, Nelson’s Column in London, and One World Trade Center in Manhattan are lit in the colours of the French tricolour. But as we move on, including, almost certainly, to experience further atrocities, we should never forget that, while today “nous sommes tous des Parisiens”, tomorrow we are still part of the same human race, and we should not allow anyone to divide us.

Martin McKee
EUPHA president 2014-2016