Introduction

Intersections of Militarism, Imperialism, and Corporate Power as Context for the Prevention of War and Promotion of Peace

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This is the field where the battle did not happen, where the unknown soldier did not die
Where no monument stands
No people killed—or were killed—on this ground
Hallowed by neglect and an air so tame
That people celebrate it by forgetting its name.

At the Un-National Monument Along the Canadian Border,
William Stafford, Oregon’s Poet Laureate and WWII Conscientious Objector

In May of 1637 Puritan colonists of New England attacked an indigenous people’s village of Pequot women, children, and old men. The colonists set fire to the village, burned inhabitants alive, slaughtered any survivors, and took the land and its resources for their own use (Dunbar-Ortiz 2014; Kidd 2016). Similarly, before and after US independence in 1776, the colonial military and civilians responded to the numerous enslaved Africans uprisings by torturing, disfiguring, and executing participants (in addition to the daily tortures of slavery) (Baptist 2014; Horne 2014; Johnson 2013; Kidd 2016).

The languages, culture, religious practices, and way of life of Native Americans, enslaved Africans, and Mexicans were also intentionally destroyed in “settling” the continent so that “whites” could build their houses and towns, farm, ranch, hunt, fish, mine, and cut timber (Dunbar-Ortiz 2014; Stewart-Harawiri 2005). Organized violence for the expansion of empire is woven into the fabric of US history, in both domestic and international relations, and continues today through the US government’s collusion in corporate economic globalization, backed by the threat or use of military violence.
Although there are numerous causes of war (Levy and Thompson 2010) this introduction frames the collusion between the civilian US government, corporations, and the military as the core of US imperialistic war and economic globalization, perpetuated by society’s blindness to pervasive militarism (Mann 2008; Sparke 2005). Those forces are identified as social determinants of health, and an appropriate focus for the health professions in the prevention of war. Building from this foundation, the rationale, priorities, and methods for health activists’ engagement in the prevention of war and the promotion of peace are summarized.

Patriotic Critique of the “Underside”

The perspective presented in this introduction contrasts with the US’s preferred image of promoting freedom, democracy, and justice – an image that serves as a collective amnesiac (Hedges 2002; Trauscheiwer 2012). The perspective presented here may be new to you and might disagree sharply with the US history you were taught, or the values and beliefs that have been reinforced in our society. Critical patriotism is disagreement with policies that are contrary to human rights, peace, and social justice (Cunningham 2004) and is necessary for understanding what led to the country’s less admirable actions, helping us reclaim the vision of the country’s finest ideals, and creating the possibility of making things better (Palmer 2011). That self-examination includes acknowledgement of the wonderful aspects of our country and it respects the sacrifices and suffering of individual military service members, veterans, and their families (Chapter 2). Examining the “underside” of the United States helps us detach from the ideology of militarism that implicitly sustains war (Ferguson 2009), which, left unexamined, sanctions the mobilizing of our psyches for repeated war (Orr 2004). Although the United States has a larger role in the policies and practices described here, readers outside the United States might gain insight from a similar examination of their own country’s history, policies, and practices.

US Empire

The Mandate

A state geologist surveying in Michigan in the mid-1800s met a Chippewa chief who protested that by treaty the country belonged to them. The surveyor replied that he would not ask the chief’s consent to take what he wanted (Caterine 2014). This interaction exemplifies the imperialists’
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expectation to go wherever and take whatever; to win by dominant commercial, political, military, and economic power, and thereby obtain the greatest privileges (Fitzgerald 2004)

Many Europeans came to the colonies for freedom and liberty and to escape tyranny—principles that still inspire us, but many who came were also outcast poor, indentured servants and criminals (Isenberg 2016). However, the founding and growth of the United States was largely driven by competitive commercial and geopolitical interests expressed through violent political processes and policies to expand empire. Colonists brought with them a mandate for expansion, for occupation of “undiscovered” land, and for usurping the natural resources, all of which was founded in the European Doctrine of Discovery, Calvinist exceptionalism, Lock’s natural law of ownership, Hume’s consumerism, the Manifest Destiny, and colonists’ interpretation of Christianity (Stewart-Harawira 2005).

Colonists’ demands for more land, especially for the slave-powered cotton, sugar, tobacco, and rice industries (Johnson 2013; Baptist 2014) upon which the global Industrial Revolution was founded (Beckert and Rockman 2016), and the geopolitics of Britain, France, and Spain fueled the US wars to seize indigenous lands for westward expansion (Kidd 2016). Today, the myth of US exceptionalism (assumed entitlement to police the world, spread democracy, and foster “free enterprise”) expresses those historical foundations through the nation’s racist and sexist masculine sovereignty. That national masculinity self-justifies suspension of international law to wreak the costs of wars on others and extract profits for its corporations (Mann, 2016).

The Way of War

Many North American colonizers learned brutal ways of war in the Christian Crusades, England’s invasion of Ireland, and other European wars and colonizations (Dunbar-Ortiz 2014; Kidd 2016). They drew upon that experience to conduct North American colonial war using counter-insurgent civilians, irregular militia, soldiers for hire, and troops under government orders to brutally impose empire on Native Americans and enslaved Africans (Pfaff 2010; Trauschweizer 2012). They established a militaristic, imperial tradition of unlimited and irregular war that legitimized attacks on and destruction of non-combatants, their cities, and lands, and the torture of prisoners as inferior “others” (Cunningham 2004; Dunbar-Ortiz 2014); a way of war that foreshadowed the future.
Since colonial times the US military has killed civilians in the Philippines (Welch 1974); first applied aerial warfare against civilians in Nicaragua; intentionally bombed civilians in Dresden and Tokyo, and in Hiroshima and Nagasaki with nuclear bombs (Orr 2004); massacred civilians in places like My Lai, Vietnam; and tortured prisoners at Abu Ghraib and Guantanamo. Now, from a distance, using drones, the United States kills noncombatant civilians in Iraq, Afghanistan, and Pakistan.

The United States intervened militarily in other countries twenty-three times between 1798 and 1827, seventy-one times between 1831 and 1896, and forty times between 1889 and 1919, including invasions or interventions in Cuba, Haiti, Dominican Republic, and later, after engaging in World Wars I and II, in Korea, Vietnam, Cambodia, Laos, Lebanon, Grenada, and since 9/11, in Panama, the Balkans, Somalia, Afghanistan and Iraq, Syria, and is complicit in a war on Yemen (Bearak 2016; Boggs 2005; Dunbar-Ortiz 2014; Pfaff 2010). The United States provided political and military support to governments that violate human rights to obtain their support against drugs, leftist governments, and terrorism (Bearak 2016; Kirk and Okazawa-Rey 2000) and to acquire resources such as oil (Turse 2008; Wenar 2016). The United States conducted proxy wars or subversions to overthrow the governments of Chile, Guatemala, Nicaragua, and Argentina (Boggs 2011). It supported death squads in El Salvador; supported the violence of Croatia and Bosnia against Serbian leaders, Indonesia’s invasion of East Timor, Turkey against the Kurds, Iraq against Iran, and Israel against Palestinians (Boggs 2005). Between 1898 and 1919, the United States established colonies in Hawaii, Alaska, Puerto Rico, the Virgin Islands, Guam, Samoa, the Marshall Islands, and Northern Mariana (Dunbar-Ortiz 2014). Many in the United States are unaware of or inattentive to these wars and invasions, in part because some were conducted covertly, or they were normalized as benevolent pursuits, such as defending democracy. The US policy is that it has the right to intervene anywhere regardless of the morality, consequences, or costs.

In the post-9/11 world the Pentagon is preparing for and fighting a high-tech, special operations and private contractor-dominated counter-terrorism war. In the first half of 2015 Special Operations units were deployed in 135 nations with secret missions every day in 80–90 nations (Turse 2015). In its counter-terrorism war the United States has attacked, occupied, and deposed the governments of Iraq and Afghanistan, carried out military strikes in Lybia, Syria, and Yemen, and conducted operations in parts of Africa. Simultaneously the United States is preparing for a potential mutually destructive war by updating its nuclear weapons for use against another
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nation-state (Balibar 2008) while expanding military and economic alliances that the other “super powers,” Russia and China, find threatening.

For-Profit Empire

The first North American colonies were founded by European and British corporations to obtain raw materials, provide a market for homeland goods, and for slave labor to support agriculture (Kidd 2016). Although business in the early US history relied on public resources, the underlying colonial ideology perpetuated an elite class that exercised hegemony through international organizations, banks, and corporations (Stewart-Harawiri 2005) for territorial expansion of empire. The coastal mercantile and financial elite and large land owners built their capitalist interests on slavery and class distinction that led to the bloodiest US war – the war of rebellion of the Confederacy – and to wars of expansion (Hahn 2016). Class distinctions pitted land-poor whites against enslaved Africans, fostered the eugenics of Jim Crow and “poor white trash,” initiated the military draft of World War I, and continues in the unacknowledged elite rule of politics, economics, and social life (Isenberg 2016) manifested in war-profiteering, the violent conflict fostered by income inequality, and institutional racism of militarized police.

Those historical class distinctions and ideology embedded in US laws that designated enslaved Africans as property were also used to protect corporations and absolve liability for protecting workers (Beckert and Rockman 2016), and have been further encoded in contemporary rights for corporations, laws, social structures, and political ideology. Today US empire is less about expansion of territory (except locating of military bases) and more of a deterriorialized domination of global economic and cultural relationships (Bromley 2003; George 2015) with attendant exploitative and destructive effects on societies, and the flouting of nation-state sovereignty (Stewart-Harawira 2005).

Corporations still rely on public resources and move across national borders to expand their markets, obtain raw materials, and acquire low-cost labor, along with tax advantages, lax regulation, and sites to dump waste. The axiom of economic globalization’s empire is “grow or die” for the “bottom line” (Stavinoha 2016), especially during war (Ruggiero 2007–2008), an axiom that fueled the “just business” attitude of the corporations that helped the Nazis conduct the Holocaust (Black 2009). The empire is still backed by an elite network that directs political, military, and economic affairs (Peschek 2008; Sklair 2001), and whose stated goals are
economic stability through a permanent war economy and a strong military to provide security and stability for business and consumerism (Fitzgerald 2004; Kirk and Okazawa-Rey 2000). The “growth” paradigm requires perpetual consumerism built on envious admiration and glorification of the wealthy elite who have benefited the most from economic globalization, by the majority who have benefited little (Bookchin 2015; De Vogli 2013).

Corporations have “captured” government (Miller and Harkins 2010) through “legal corruption” (Kaufmann and Vicente 2011) so that governments pass laws and implement policies and regulations that prioritize the corporate “bottom line” (Wiist 2010). But the “hidden hand of the market” requires the hidden fist of the military to protect, to deter competitors, defend key regions, and preserve US preeminence (Qerimi 2004; Staples 2000). The US military provides backing for the United States in coordinating nation-state competitors, or to compel cooperation in its neoliberal economic empire (Bromley 2003; Kiely 2006).

**Militarism**

The definition and expression of militarism has evolved (Der Derian 2009; Shaw 2012) but in general, it is the extent to which a society is shaped by and devoted to military power and war such that the preparation for war and war itself are seen as normal and desirable, and are prioritized. Militarism is so deeply ingrained and pervasive that most people are blind to it. The hegemony of militarism shapes civilian society with military virtues, ideas, attitudes, beliefs, values, objectives, and rationales. Military ways of speaking, dressing, and behaving are diffused into broader society (Cunningham 2004; Ferguson 2009; Orr 2004; Trauschweizer 2012; Woodward 2005). Militarism is manifest in many ways (Turse 2008), ranging from the veneration of the noble warrior (Hillman 2004) to militarization of law enforcement that threatens civil rights (Balko 2014), and that particularly discriminates against and creates conflict with communities of color (United Nations 2016). Part II of this book explicates numerous examples of militarism.

Discussions of militarism, war, and imperialism are largely absent from the curricula of health professions’ education programs, and may present a new perspective to many health professionals, so it is important to understand them as causal influences on health.
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Public Health and the Prevention of War

Social Determinants of Health

Social determinants of health are conditions, including war, in which people are born, grow, live, work, play, and die that result from social policies and programs, economic arrangements, and politics that determine the unequal distribution of power, income, goods, and services, and that are responsible for a large part of the inequities in health (Commission 2008).

Analysis of noncommunicable chronic disease (NCDs) epidemics showed that, rather than focusing on individual behavior, public health ought to focus on risk factors resulting from “upstream” economic policies that promote health-damaging commodities and the societal structures and conditions that constrain consumer choice (Taylor 2015). That type of analysis is also applicable to other illnesses and to injuries. Public health ought to focus on the upstream factors that cause war rather than addressing only health effects during a war. The triad of US economic imperialism, corporate power, and militarism contributes to an unequal distribution of power, income, goods, and services, and are thus “upstream” social determinants of health. Preventing those fundamental structural level factors is public health’s primary purpose (Public Health Leadership Society 2002).

Prevention and Politics

Health practitioners and researchers often use the proximal-distal causal model of war that prescribes prevention on a primary, secondary, and tertiary continuum (De Jong 2010). That temporal model obscures the intermingling of the micro and macro levels of causal factors that coexist and exert influence simultaneously (Krieger 2008). Those complex interactions between factors that cause war (Chapter 11) show that war is political.

The political nature of war does not excuse health professionals from engaging in political activities to prevent war. All public health is political by nature (Goldberg 2012). Health professionals’ personal ideologies and biases, their practice, and their research methods all reflect sociopolitical frameworks intended to have an effect (Riggs 2013; Romero and Kwan 2013). Politics is the art and science of influencing others in the human effort to create a community in which everyone can flourish and where power is
collaborative and justice and mercy rule (Palmer 2011). Health professionals’ intent to effect the creation of that community makes their work political.

A Public Health Role in Preventing War and Promoting Peace

On September 30, 1986, 400 health professionals attending the annual meeting of the American Public Health Association, including leaders of the organizations Physicians for Social Responsibility and International Physicians for the Prevention of Nuclear War, gathered at a nuclear test site sixty miles outside Las Vegas, NV, to protest US nuclear bomb testing. After the rally, in an act of civil disobedience, 138 protesters crossed the boundary of the test site and were arrested. Some paid fines or posted bail but 100 were scheduled for later trial in court. The protesters had not known that the Department of Energy had scheduled an unannounced nuclear bomb test for the same time as their demonstration, potentially exposing them to radiation (Foreman 1986). There are many other examples of health professionals’ organizations acting to prevent war (Wiist et al. 2014).

Commitment of Health Professionals

Because health professionals are immersed in responding to illness, disease, and injury, they should not be able to look at a film of a nuclear explosion, a picture of a wounded child being carried from the rubble of their bombed home, or a video of a drone’s missile blowing up a car without asking “my God, what have we done?” (Solomon 2007). For health professionals to do nothing about war is morally and effectively equivalent to participating in it (Swanson 2013). Silence is as much of a signal of approval as saying “yes I support war” (Wenar 2016). The first step to end war is to recognize that it is possible (Swanson 2013). Public health professionals ought to be able to see the possibilities beyond “what is,” to imagine “what should be,” and venture into the impossible (Bookchin 2015). They must be the ones who scream the “No” to war that carries hope and possibility (Holloway 2010); the ones to take a heroic stand for peace (Zimbardo 2015).

Taking Action

Collaboration

The vested interests supporting militarism and war are concentrated, organized, and have incentives to promote and protect their situation and
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The only way public health activists can build sufficient counter power is to coordinate with other social movements at the local, regional, and international levels (Skjelsbaek 1979). They must connect other issues of social and economic justice (e.g., racism, climate change) to militarism, colonialism, and the systems that sustain them (Ash 2009; Bookchin 2015; Klein 2016).

Priorities

Health professional activists could select priorities from a variety of factors that contribute to war (Shifferd, Hiller, and Swanson 2016) or peace (Institute for Economics and Peace 2013), and take preventive action based on a public health rationale (Wiist et al. 2014). Because most of the arguments that anti-war campaigners have used historically to oppose war were unsuccessful, health activists need to choose, frame, and apply priorities in ways that address the weaknesses in those arguments (Lakoff 2014; Lorenzo 2016).

Direct Democracy

The United States is a political-economic system of commodification that allocates rights according to the market. That can lead to passivism, pessimism, a lack of a sense of place and community, and the scapegoating of “the other” that leads to violence. In the consumerist economy people are so busy striving for comparative material success that they don’t have time for civic affairs, they believe that ordinary people can’t accomplish anything, and they are resigned to a system in which they believe they have been betrayed by the elite leaders who hold the economic and political power (Holloway 2010; Loeb 2010; Moyer 2001). Therefore, rather than working directly against the proximal causes of war, perhaps humanity would be better served by the creation of popular, cooperative, and compassionate communities of shared power, with democratic assemblies of self-determining citizens taking direct popular control over public affairs (Atlee 2012).

Direct democracy could facilitate a sense of shared purpose, a sense of community, and confirm the value of members’ and their efforts, and model the values it promotes (Nepstad 2011). Such a democratic community would need to provide participants with a clear understanding of the political-economic system (i.e., neoliberal economic globalization) and its problems. It would mean members working step by step on practical tasks focused on long-term change of that system (Loeb 2010). Such a
community would restore avenues and vitality to daily participation in organizations and processes where questions of the inner life are openly examined and addressed, and connections made with something greater than one’s own ego (Palmer 2011). Contributing to a social movement for creating that type of democracy might be the most important thing health professionals could do to eliminate war and foster peace.

**Strategies and Tactics**

The strategies, tactics, developmental stages, and organizational structures of social movements have been well described (Engler and Engler 2016; Moyer 2001), and lessons drawn about non-violent strategy and tactics from the history of social movements (Ash 2009; Nepstad 2015; Sharp 2013). The planning and implementation of various social movement methods have been described (Popovic, Milivojvic, and Djinovic 2006; Ricketts 2012; Starr 2005), including the avoidance of violent tactics (Haar and Iacopino n.d.; Nepstad 2011), guarding against infiltration and spying by law enforcement (Kienschfer 2014; Lee 2016; The Invisible Committee 2009), and preventing activists’ “burnout” (Bankard 2015; Loeb 2010).

**Evaluating Success**

The ultimate measure of health activists’ success is the end of war and a peaceful world (Ash 2009), which could either take a long time or happen in a brief period of intense transformation (Loeb 2010). In the interim, activists need to continually evaluate whether their goals and actions increase dignity, embolden people to speak up, and give them more control in shaping their world; and whether people are more connected to one another, sense each other’s needs, show understanding, and care about how their choices affect other’s lives (Loeb 2010).

**Sources of Hope and Inspiration**

Health professionals who want to end war and create a world of peace can take hope and gain inspiration from the successes of earlier non-violent social movements because they work (Stephan and Chenoweth 2008). Activism helped end the US war in Vietnam and influenced the United Nations to support a nuclear test ban treaty. US health activists helped bring about many changes such as clean indoor air laws, safer motor vehicles, nutrition labelling of foods, and development of new treatments for HIV/AIDS.