

Challenge of Goodness III: Public Health Facing War

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Using moral and empirical analysis, we analyzed and discussed the role of public health in prevention of war as well as its function during and after the war. The idea is to develop a theory and new strategy in the spirit of public health to improve practices in preserving and strengthening peace, to be prepared for the future. The experiences from the last four wars in South Eastern Europe were ethical challenges to public health. We identified and described four models of public health practice in the past wars and conflicts. Based on the recent wars, the two new models, Professional Model and Peace Model, were developed and suggested as a new public health strategy in prevention and alleviation of the health burden of war.

Key words: ethics, medical; human rights; public health; war

Public health includes a whole series of activities designed to promote health and prevent disease, injury, and premature death – generally, to assure conditions in which we can all be safe and healthy (1-5). This article is an attempt to use moral and empirical analysis in the discussion of the role of public health in the prevention of war, as well as its function during and after the war. We use ethics to challenge public health, and describe public health as means to prevent or lessen the health burden of war (6,7). We have been listening since early childhood about the terrible crimes committed in the South East Europe during former wars. Throughout our professional life, we have studied the role of public health in war and taught our students about it. Since we have directly experienced the four recent wars in the South East Europe (8,9), we believe that there are valuable lessons in the field of public health and human rights to be learned from the events in this violent period.

In the spirit of Public Health, we are writing about the war to strengthen the peace, analyzing the history to prepare for the future, and developing a theory to improve the practice.

Historical Models of Public Health Facing Wars

Win or Lose Model

The moral dimension of modern warfare was already described in 1762 by Jean-Jacques Rousseau. In his "Social Contract" (cf. 10), he wrote the following: "War is in no way a relationship of man with a man but a relationship between states, in which individuals are only enemies by accident, not as men but as soldiers." General Clausewitz gave military interpretation of warfare in 1833, stating that the sole aim of

war was to overthrow the opponent, during which all acts of generosity were dangerous, even absurd (cf. 10). The basic conflict between ethics and war has remained valid ever since – ethics rejects war, and war violates ethics (Fig. 1).

These approaches, which separated war from ethics and men, opened a tragic era of war destruction and human suffering. The state arrogated to itself complete authority together with the right to spend huge amounts on weapons, use human resources as soldiers, perform research into more effective ways of killing and destruction, and finally declare wars, kill people, and destroy their property, without recognizing human suffering and moral responsibility (11). Modification or rejection of this model of thinking

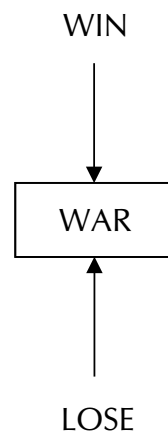


Figure 1. Win or lose model. A war is the responsibility of the state. The goal is to win, and the state takes a right to make laws, draft soldiers, build military industry. Any form of care for the man, either civilian or soldier, is out of question.

and action has been the central goal of all humanists (12).

Soldier Protection Model

In 1859, Henri Dunant was shocked to find wounded soldiers unattended not only during the battle but also after it because medical personnel did not want to risk their lives. He published his observations and initiated founding of the Red Cross (13).

In 1863, International Committee for the Relief of the Military Wounded was founded and in 1876, it changed its name into International Committee of the Red Cross (ICRC). Development of humanitarian principles started with Geneva Convention on the amelioration of the condition of the soldiers wounded in the field in 1864 (10) (Fig. 2). ICRC grew and developed further principles, but its immediate experience showed that moral principles were not enough. In 1872, Gustave Moynier, President of the ICRC, wrote a "Note on the creation of an International Judicial Institution designed to prevent and repress infringements of the Geneva Convention". In 1874, at a conference in Brussels, legal experts expressed doubts about allowing international authority to reduce sovereignty by passing judgment on a nation-state (10). During the Boer's War in 1899, when a major power did little to prevent widespread violations of Geneva conventions, the "moral authority" showed itself far too weak as a means of control over the conduct of war (13).

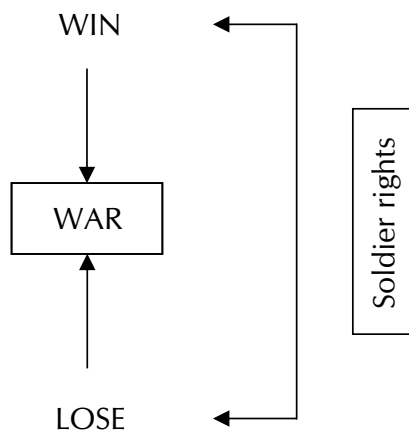


Figure 2. Soldier protection model. Human rights of soldiers are recognized and their treatment is improved. The general belief is that war does not concern civilians. Moral issues are raised and military courts for war crimes are proposed.

By the end of the 19th century, moral approach to war introduced standards of the protection of soldiers (wounded, prisoners of war) and limited the use of some weapons. ICRC was founded to perform humanitarian work and develop moral principles, other international organizations were founded as well, but establishment of the World Court was rejected (14).

Civilian Protection Model

The 20th century begun with the presumption that civilians and civilian objects are not at risk during war, because they are irrelevant for the achievement

of military goals. It was only important to distinguish soldiers from civilians and military objects from civilian ones. Therefore, civilians did not need any personal defense and had no responsibility for war. Geneva conventions did not protect civilians. Civilians constituted only 10% of the war casualties, with hunger and sickness still more important causes of damaged health. Special protection was given to prisoners of war, medical personnel, and health institutions because of their role in medical protection of soldiers during battle. Military (war) medicine rapidly developed, but health burden of war did not become the responsibility of public health profession, education, or research.

During the World War I, ICRC was very successful in its work, especially with prisoners of war, which led to its strengthening and organization of national Red Cross Societies and their Federation (IFRC). Growing risk for civilians was largely ignored.

After 1933, Nazi Germany openly declared destruction of selected populations as its goal (Jews, Roma, mentally sick, and other). Their unprecedented crimes and suffering found ICRC largely unprepared and ineffective in protecting endangered populations. Genocide and Holocaust established war as a major risk to civilian population. However, we will point here other civilian casualties during World War II – casualties of bombardments performed by the Allies.

Sir Arthur Harris justified the attacks on German cities by saying, "I do not personally regard the whole of the remaining cities of Germany as worth the bones of one British Grenadier" (rephrasing Bismarck's remark about Balkans not being worth the bones of a single Pomeranian) (15). In 1943, Winston Churchill, after watching a film about bombing, commented: "Are we beasts? Are we taking this too far?" Air Vice-Marshal Robert Saundby wrote the following about the bombing of Dresden (15): "I was not in any way responsible for the decision to make a full-scale air attack on Dresden. Nor was my Commander-in-Chief, Sir Arthur Harris. Our part was to carry out, to the best of our ability, the instructions we received from the Air Ministry. And, in this case, the Air Ministry was merely passing on instructions received from those responsible for the higher direction of the war." The bombing of Dresden made it morally easier to bomb and invade other cities and cut down protests when American Air Force started bombing Tokyo, which finally eased the way, in a moral sense, toward dropping nuclear bombs on Hiroshima and Nagasaki.

These events led to key changes in moral and legal approaches to war. Risk to civilians during war was acknowledged and the emphasis was put on enormous importance of humanitarian work.

Moral responsibility was recognized on both sides but legal responsibility was only on the losing side. Nürnberg and Tokyo tribunals were formed by the victors in the war, limited to the specific period, and persecuting the accused from the losing side only (16). Tribunals introduced prosecution for genocide, war crimes, and crimes against humanity. Also, physicians were tried for war crimes for the first time in his-

tory (17). These courts were a huge step forward but they also pointed how far we were from universal application of justice in case of war crimes.

United Nations accepted Universal Declaration of Human Rights on December 10, 1948, after adopting the Resolution on Prevention and Punishment of the Crime of Genocide the evening before (18).

The Fourth Geneva Convention on the Protection of Civilians during War was accepted on August 12, 1949. For the first time, the need for the protection of civilians was recognized and defined. Unfortunately, the newly formed World Health Organization did not declare war damage as a part of medical and public health responsibility, education, and research. Therefore, this subject remained largely untackled by schools of public health, medical schools, and health professionals. Genocide is still not recognized by Index Medicus as a separate subject heading (12).

Recognizing the risk to civilians led also to the recognition of their responsibilities as well as contributions and failures. In Israel, the national Holocaust memorial Yad Vashem was founded in 1953 to commemorate the 6 million Jews of Europe killed by the Nazis and to honor the individual non-Jews, *Hassidei Umot Haolam* (Righteous Among the Nations), who "risked their lives to save Jews" during the Holocaust (19). The persecution, as well as inadequate consciousness and support to the persecuted by other civilians during Nazi era, was identified as a major moral failure (20). Eichmann trial underscored personal responsibility for obeying criminal orders.

During the Cold War and years of nuclear threat, wars were fought outside Europe, falsely leading to the belief that classical warfare is no longer possible in Europe (Fig. 3).

The tragic and painful experience of World War II finally recognized civilians (individuals and population) as major victims of war. It also led to the acknowledgement of universal responsibility for the persecution and suffering of innocent human beings,

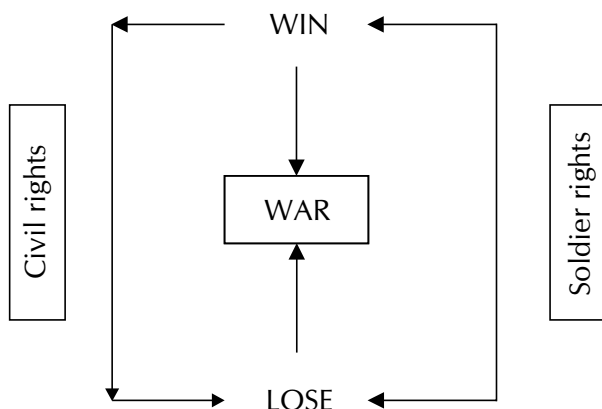


Figure 3. Civilian protection model. War causes both civilian and military casualties. The moral of protecting humanity is not enough. The winners establish courts and war crime tribunals. Human rights during peace are proclaimed and the Geneva Convention protects the civilians in war. Moral achievements are recognized, especially moral acts of individuals in saving civilian lives. The responsibility of civilians during war is also recognized and defined.

and pronounced the neutrality and inaction in prevention of persecution of civilians a war crime. Soldiers and civilians alike had responsibilities and needed protection during war.

Weaknesses of Historical Models

Intermediate Models

During the last 50 years, the development of public health with regard to the protection from war was too slow and unsatisfying. The risk of nuclear war initiated the establishment of International Physicians for the Prevention of Nuclear War (IPPNW), whereas the tragic plight of civilians in Africa and Asia led physicians, dissatisfied with the work of ICRC, to establish *Médecins sans frontières* and *Médecins du Monde*, which soon became global movements. Physicians for Human Rights were founded as well (21). Human rights organizations (Amnesty International, Helsinki Watch, and others) have started to be regularly active in war areas. A number of national Red Cross Societies strongly intensified their own international humanitarian activities during war. A number of humanitarian and human rights organizations reached many civilians in the areas of conflict, but remained largely uncoordinated. Zagreb School of Public Health, Croatia, joined these actions by introducing medical ethics and research course and by its international work at the Inter-university Center in Dubrovnik (22).

Although the need for medical protection of civilians was recognized as an important issue, regular health service and public health would rarely take that task upon themselves. Morally and professionally obsolete and unacceptable model of military medicine was still stubbornly followed.

In the late 1980s, global and local events in South Eastern Europe started simultaneously. This opened a new question: war during peace or peace during war? The book "War in Time of Peace", recently published in the United States, gives the US perspective on this issue in the 1990s (23). At the beginning of 1990s, the United States was at the zenith of its power, reluctant to commit itself abroad. With the successful outcome of the Persian Gulf War, President Bush won the first high-tech, low-casualty war, had personal approval ratings of 90%, and successfully faced a failed coup against Gorbachev in mid-August of 1991, but nevertheless lost elections. All of this coincided with the beginning of wars in South Eastern Europe. During this largest conflict in Europe after World War II, millions were killed and displaced. Clinton era started when the war spread from Croatia to Bosnia and Herzegovina (24). That war tested international commitment to moral goals above the national security. Suffering in Bosnia and Herzegovina renewed a memory that connected these events to the atrocities of the Nazis and, therefore, demanded that other nations ask themselves what their larger purpose was. At the beginning, Washington preferred not to think about larger purposes (25). Powell drew Clinton's attention to a book "Balkan Ghosts", which the US president later often cited as a persuasive reason for not intervening in Bosnia and Herzegovina (26).

Physicians, Public Health, and War in South Eastern Europe

In 1989, two key events challenged the Zagreb public health workers to get closer to the edge between their profession and politics (which will always be the most sensitive area of public health responsibility). In early 1989, our group of physicians responded to the plea of Albanian miners from Kosovo who were on a hunger strike. We went there to assure their rights, but when we arrived, we realized immediately that it was much larger issue – it was the beginning of war (27) and the end of Yugoslavia.

Our top priority was to prevent the war and to help people if it starts. This choice was based upon understanding that civilians would be the major victims and civilian objects key targets (14). In this war, each person was responsible from the start – morally and legally. Nobody was safe or irrelevant. Finally, in this war public health as a profession was obliged to do all it could to prevent, stop, or ease suffering and destruction caused by war. It also had to record its work and use this knowledge to improve future work. War became a major health risk for civilians, and therefore presented a major disease.

Public health analysis of the coming conflicts pointed out a number of issues. These were the first wars in the developed part of the world in the last 50 years, the first after the founding of the United Nations, Universal Declaration on Human Rights, and the Fourth Geneva Convention. The population in the region was significantly older and chronic diseases dominated. Hospitals were unmovable technological centers, attending patients (newborn, intensive care, dialysis, chemotherapy, and others) whose life depended on the hospital's functioning.

Wars in South Eastern Europe were the new Solferino of universal (including public health) responsibility. We found ourselves in conflicts for which we were not prepared, neither morally nor in humanitarian and public health respect (8,27). Our work was often inadequate but nevertheless impressive. War crimes prevention was inadequate, much the same as in the late 19th century.

Experiences from Wars in South Eastern Europe

From our experience as public health professionals working with population affected by war, we developed new models of public health action.

Action, Always Action

Wherever there is a risk to life or health of the population, go and do whatever is possible. There is no situation where nothing can be done or everything solved. We did not join military medicine or regular health system, but went directly to the people and used problem-solving approach. Standard public health approach could not be used – Public Health was lagging in development. We made a number of interventions in hate control (25), prisoners of war camps (27), hospitals (28), refugees (29), surrounded cities (12,27), humanitarian convoys (30), and geno-

cide prevention (25,31). As always in public health, many people were involved.

Collect Data and Present Them to the General Public and Professional Community

The *Croatian Medical Journal* and its editors were first to announce (31) and invite physicians to collect and publish their wartime medical experiences (32). Works we published were related to physician's responsibility, human responsibility, risk populations, community conditions and organization, responsibility intervention, humanitarian intervention, and humanitarian proposals.

Present Findings and Proposals to the Public

Our data were presented to Interparliamentary Union, Council of Europe, Vice President of the U.S.A. Al Gore, Harvard School of Public Health Center for Health and Human Rights, International Conferences on Health and Human Rights, World Veterans Conference, Red Cross Conferences, Public Health Conferences, international and Croatian medical and other professional journals, as well as in public media and on the Internet.

Develop Proposals to Improve Public Health and Humanitarian Work Related to War

These proposals were presented in earlier works and included the following: human rights (11), humanitarian and public health education and research at Schools of Public Health (33); genocide prevention (25); right to a home (14,29); hate control (12,25); refugee camps (29); prisoner-of-war camps (11,14); global hospital (28); care for the abandoned people (34); release of prisoners and fate of the missing persons (29,31,34); experience of good people (34), civilian participation in defense (11,27); return and reconciliation (12,14,31), and Red Cross evaluation forum (27,31,34).

In the years preceding open war, most impressive was the epidemic of hate, planned and supported by media (11,27). It became clear that hate is contagious like other epidemics. Hate control should be a part of public health responsibility as one of the most effective ways of preventing violence. At the World Health Organization – Healthy Cities conference in Stockholm in 1990, together with John Ashton we proposed a resolution "Tolerance and reconciliation: the spiritual prerequisites to health" (35): "Hate is the biggest danger to health and the quality of life. Any analysis of our world today shows the enormous presence and spread of hatred as a major force of destruction, suffering, and death. Health workers have a prime duty and responsibility to spread tolerance, prevent and combat hatred in any form."

In 1990, war was the 16th cause of the Global Burden of Disease (36). Public health analysis reveals increasing impact of war on global burden of disease, showing that by 2020, war would rise to the 8th place, ahead of AIDS.

Before the beginning of war in Bosnia and Herzegovina, we visited U.S. Senator Al Gore. To express all the tragedy coming in the winter of the same year, we wrote "Bosnian winter: an open letter to Mr.

Al Gore, the Vice-President of the United States of America" (25).

War Crimes

At the very beginning of 1991-1995 war in Croatia, indiscriminate bombardment and destruction of the city of Vukovar occurred (37). After the city fell, Geneva conventions were ignored. Two hundred patients taken from the hospital were killed on November 18, 1991 (38). Humanitarian law collapsed.

On November 22, 1991, the Croatian Government proposed and demanded from the United Nations to form a permanent international court for war crimes and other crimes against humanity and international law. This proposal focused international attention upon crimes committed during those wars, leading to the establishment of the International Criminal Tribunal for Former Yugoslavia and Rwanda, as well as initiating the formation of the permanent International Criminal Court.

In 1993, UN Security Council (Resolution 827), alarmed by the violations of international humanitarian law in the former Yugoslavia, concluded that an international tribunal would contribute to stop such violations. It decided to establish an international tribunal for serious violations of international humanitarian law committed on the territory of the former Yugoslavia between January 1, 1991, and a date to be determined upon the restoration of peace.

During four wars – in Slovenia, Croatia, Bosnia and Herzegovina, and Kosovo – 200,000 people were killed and 3.5 million expelled from their homes. There was an eruption of war crimes, crimes against humanity, and genocide (14). In an effort to bring this widespread human suffering to an end, the UN Security Council established the International Criminal Tribunal for the Former Yugoslavia.

The United Nations recognized that genocide has caused great losses throughout the human history, and that international co-operation is needed to stop it. The Convention on the Prevention and Punishment of the Crime of Genocide (December 9, 1948) defined genocide as "a crime under international law", and demanded that persons charged for it should be tried before the State or international tribunal. The International Law Commission proposed an international judicial organ for the trial of persons charged with genocide. However, United Nation General Assembly decided to postpone its founding.

In 1994, International Law Commission submitted the draft statute for an International Criminal Court to the General Assembly. At its 52nd session, the General Assembly decided to convene the United Nations Diplomatic Conference on the establishment of an International Criminal Court. Conference was held in Rome, Italy. The Statute, adopted on the July 17, 1998, established an independent permanent International Criminal Court, with a power to exercise jurisdiction over persons for the most serious crimes of international concern, complementary to national criminal jurisdictions.

New Models of Public Health Facing Wars

During the 1990s, the fate of Vukovar patients (37,38) became the global fate. We were trying to find a way of how to make humanitarian work and human rights more effective. Everybody became involved in every war fought in South Eastern Europe. During that time, international community participated in traditional humanitarian actions and had peacekeeping role, but it also initiated taking the international criminal responsibility, limited the right to use certain type of firearms, and directly intervened by force of arms in 1999.

Complete Responsibility Model

In 1997, Public Health finally accepted full professional responsibility, when Victor W. Sidel and Barry S. Levy stated in their "War and Public Health" (39) that "war has an enormous and tragic impact – both directly and indirectly – on public health; accounts for more death and disability than many major diseases combined; destroys families, communities, and sometimes whole cultures; directs resources away from health and other human services, and often destroys the infrastructure for these services; limits – and often totally eliminates – human rights; leads many people to think that violence is the only way to resolve conflicts, a mindset that contributes to domestic violence, street crime, and many other kinds of violence; contributes to the destruction of the environment and threatens large elements of the fabric of our civilization." At the same time they stressed that "despite all of the effects of war on human health and well-being, up until now war and its prevention have not been seen as integral parts of the work of public health professionals and have not been adequately covered in their professional education."

During the last decade, Bosnia and Herzegovina, Rwanda, Sierra Leone, Somalia, East Timor, Haiti, Chechnya, and Kosovo, among other areas, have witnessed similar catastrophes and violations of human rights (4), with genocide and other crimes against humanity flourishing.

For the last decade, we have been in the midst of transition to full public health (40). Humanitarian and human rights organizations decried the role that international relief organizations were forced to play, filling out a power vacuum, saving the conscience of the international community (41). Their protest was clear to everyone who lived or understood the events in Somalia, Sudan, Croatia, Bosnia and Herzegovina, Rwanda, Congo, and Kosovo (4,41).

International Committee of the Red Cross acknowledges that the way in which wars are fought has changed and that civilians have become the major objects of attacks, pointing out that international humanitarian law remains crucial in contemporary conflicts. In 1999, we celebrated the 50th anniversary of the Fourth Geneva Convention, which was routinely violated in virtually all wars in the last half a century (42), and the 100th anniversary of the Hague Convention, a key document that limits methods of war and prohibits certain weapon. Both Geneva and Hague

Conventions form the cornerstone of international humanitarian law (43).

Also, 50 years have elapsed since the adoption of the Universal Declaration of Human Rights in 1948 (44). It was finally realized that the discourses of international humanitarian law and human rights, once thought to be entirely separate – one for war and the other for peace – overlap (45). Since World War II, medicine, science, and government have all been held responsible in the eyes of international community on the basis of the international humanitarian law, human rights, and medical ethics (46).

The traditional approach to protection of civilians in war rested on the assumption that civilian persons or objects could be distinguished from military targets. It was assumed that attacking civilian targets had little military value and that, aside from legal or moral obligations, parties would aim at optimal use of their resources. This was the basis for the development of international humanitarian law. For the same reason, the armed forces of the warring parties were designated as the protectors of the civilians (Fig. 4). But since 1945, civilians have constituted the overwhelming majority of war casualties (47-50). With the waning of the cold war, armed conflicts have evolved into wars against civilians (14,51-55). Wars and conflicts in South Eastern Europe and elsewhere showed that killings of civilians (56) and destruction of civilian objects (57,58) have become the major goal in war. Civilian population has acquired a strategic importance as a cover for the operations, target of reprisals, shield against air or military attacks, and became victim of terror, ethnic cleansing, and genocide (14). In Rwanda 1994, Bosnia-Herzegovina 1992-1994, and Kosovo 1999, the entire segments of the civilian population were perceived as primary military targets. Civilian deaths in just these three wars amounted to over 1 million, far more than the estimated military casualties. Armed conflict in the past decade also forced over 40 million people into refuge or internal displacement, causing social collapse and dis-

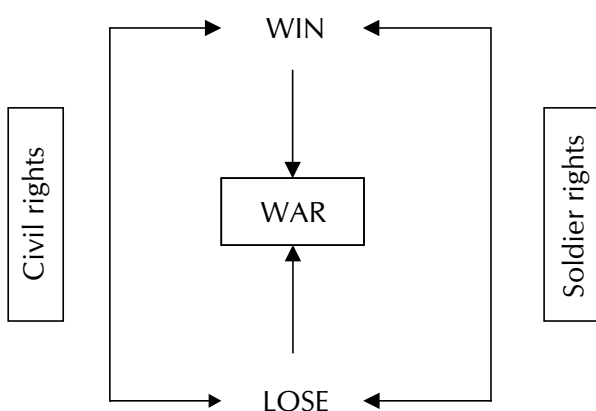


Figure 4. Complete responsibility model. War destroys everything. Everyone becomes responsible for his or her deeds. International community restricts the use of some warring tools. The UN Court for War Crimes on any warring side is established. Humanitarian assistance to civilian and civilian institutions proves to be inadequate. Public health action is necessary.

integration of communities, chaotic situations and disruption of family, including sexual violence and rape of women and girls (59,60). In addition, civilian populations were often denied humanitarian relief through blocking of convoys (30), destroying hospitals (57), and terrorizing medical (61) and other humanitarian relief workers (62,63).

The assumption that the military interest is best served by attacking only military opponents is no longer valid. Once the notion of civilian protection is abandoned, the terrain of war changes completely. The failure and unwillingness to protect civilians is particularly relevant to the human rights and medical, humanitarian, and legal community. During the wars in South Eastern Europe and elsewhere, the world understood that all civilians were at major risk and that joint work of human rights, humanitarian organizations should be significantly strengthened. This effort should become a major goal of contemporary and future public health. At the same time, national and international legal system should efficiently prosecute war crimes. It has become clear that there are no neutral parties in any war, that each person has a moral duty to help everybody in need. Being righteous is a moral responsibility of every human being. This means being active in helping others even through personal risk during war. We just started to develop a new model of professional responsibility, which would make war become obsolete.

Upon the early conflicts in Macedonia in spring of 2001, we, as public health physicians, warned the warring sides (64): "In war, people are killed, property is destroyed, and dignity of the entire community taken away. Afterward, many families are broken because their members were killed or handicapped, and their homes, environment, and entire economy destroyed. Many people become filled with pain, fear, and hate, and number of persons and groups become socially excluded; difficulties rise in mutual communication, and poverty reigns. Young generations are forced to carry arms, fighting and destroying instead of contributing to development. Unemployment rate increases, people emigrate, and new generations lose respect for those who were unable to sustain peace. Tolerance contributes to the replacement of the culture of war with a culture of peace. Tolerance is a precondition for maintaining peace, and peace is a precondition for health."

The tragedy that happened on the September 11, in the first year of the new millennium, proved once again that the world is one. Military intervention in Afghanistan, with heavy bombardment of the country, social chaos, and responsibility for renewal, was followed by anthrax scare in U.S. (65). New issues emerged about the treatment and fate of Afghan prisoners (66). All of this called for an urgent action in the field of civilian protection and human rights during war, making it a major challenge in the years to come.

Three different approaches are presently used to improve the protection of civilians – international humanitarian law and judicial institutions; intersectoral humanitarian, human rights, and public health cooperation; and diplomatic and coercive measures.

Real life and bitter experiences during the last decade forced international legal and political community to develop and expand the scope of protection, operationally and legally, which now includes the period leading to a conflict and the reconstruction after it. For public health and human rights organizations and activists, this is of major importance. After one of the worst war crimes committed over civilians in Srebrenica, Bosnia and Herzegovina, the UN Commission on Human Rights recognized in 1998 the right not to be unlawfully displaced, the right of access to assistance and protection during displacement, and the right to a secure return and reintegration. Repatriation of refugees (67) and the status of vulnerable groups, such as women and girls in Afghanistan (68), have become central concerns in humanitarian and human rights actions.

The expanded concept of humanitarian protection relies primarily on the willingness and the ability of implementing agents (states, the UN Security Council, and organizations, such as NATO). When warring sides fail to respect the international humanitarian law, the international community should enforce it. When states or parties in conflict do not protect civilians, the international community must develop mechanisms of their protection. New strategies expand the concept of humanitarian protection with enforcement agents (the United Nations and regional military organizations). Those who advocate stronger civilian protection believe that new political and security measures are needed. Such protection should constitute the next generation of international security response to violations of humanitarian laws. It should include opening of humanitarian corridors, targeted relief, safe exit of a population in case of emergency, and protected areas. If the warring parties refuse to protect civilians, the international community must consider using force to uphold international humanitarian law, create and enforce security corridors and areas, protect humanitarian convoys, disarm populations or groups, and deploy forces to protect civilians. This is particularly relevant in situations that cause great violations of international humanitarian law, such as major displacement of population and growing social chaos.

Humanitarian organizations have already gained a lot of experience in interventions that involve different sectors, including military (69). It is clear that success depends on political interest and humanitarian and public health engagement in providing adequate security and protection of civilians (70).

After any of such interventions, concerns are raised because there is no clean cut between humanitarian and political goals (71). It remains to be cleared whether UN Security Council members should consider internal conflicts, such as the Kosovo crisis or the Rwanda genocide, to be the Council's responsibility. The central question is which organization should intervene, on what grounds, when, and how.

Professional Model

After a century of wrong assumptions and approaches that cost hundreds of millions of people their lives, after all other painful experiences and con-

sequences of wars, facing new risk of terrorism and especially bioterrorism, it is clear today that preventing and facing war is a major professional responsibility, especially in the fields of law and public health.

Legal development has significantly progressed through the work of the International Criminal Tribunals for former Yugoslavia and Rwanda, and through the development of International Criminal Court. Up to the February of 2002, 139 states have signed its Statute, with Senegal being the first (February 2, 1999) and Ecuador the 52nd (February 5, 2002) country that ratified it. In our region, all countries but Turkey have signed it (Cyprus, Turkey, Greece, Bulgaria, Republic of Moldova, Romania, Albania, FYR Macedonia, Yugoslavia, Bosnia and Herzegovina, Croatia, Hungary, Slovenia), but only 4 have ratified it. For the Court to start working, 60 states have to ratify its statute.

Probably the biggest obstacle for the Court to start working is the opposition of the United States. Supporting the formation of the Court, Elie Wiesel wrote to U.S. congressmen that "...bringing a war criminal to justice remains urgent. Fifty years ago, the United States led the world in the prosecution of Nazi leaders for the atrocities of World War II. The triumph of Nürnberg was not only that individuals were held accountable for their crimes, but that they were tried in a court of law supported by the community of nations..." Although many obstacles still lie ahead, the major breakthrough has already been achieved – control of war crimes has become a global legal responsibility.

Each physician knows that those who live on the margins – the poor, vulnerable, elderly, addicted, mentally disturbed, imprisoned, unemployed, discriminated against, tortured, homeless, condemned, caught up in wars – have higher rates of sickness. Physicians should be paying great attention to those people (72), but too often, like everyone else, they neglect them. The world and its wars have changed, so other means to secure protection of people have to be developed and deployed (Fig. 5). Public Health should follow these developments through teaching, research, and practice, as top priority of its competence in new era.

Public health should help politics make right decisions and, if politics fails, it should carry them out itself. We should immediately start a global dialogue on war control as a major public health responsibility. It is most important to accept and develop sense of everyone's responsibility to promote, sustain, and restore peace.

Peace Model

Medicine in general and Public Health in particular have a responsibility to move from cure to prevention, from disease to health, from war to peace. Therefore, we should minimize civilian casualties caused by war and at the same time show in every way that war should be abandoned as such.

Hate control and tolerance are major means of peace promotion. Wars, ageing, violence, depression, and other most important health problems of the

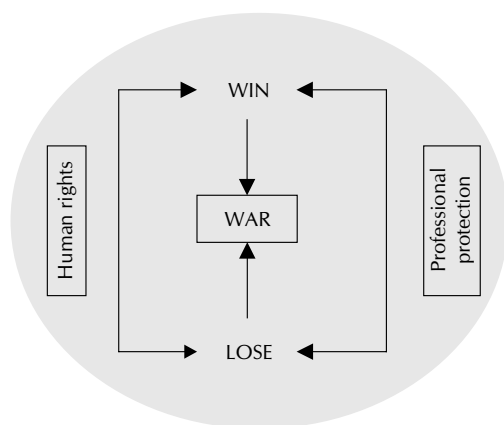


Figure 5. Professional protection model. The World Tribunal guarantees legal responsibility. Public health offers professional protection and guarantees human rights, humanitarian work and protection of civilians and war prisoners. War is in contrast to the right to health.

21st century demand tolerance. In 1931, Helen Keller said, "No loss from flood, no fire, no inimical forces of nature have not robbed humanity from so many noble lives and intentions as it was destroyed by mutual intolerance." Tolerance is the most important goal of education; the highest law in each community, and the spiritual factor that protects the best in people. During the 20th century, Red Cross successfully promoted blood donation activities worldwide. Along the same lines, it should now promote Hate Control and Tolerance Promotion. Everybody should learn how to stop hate and promote tolerance (Fig. 6).

Finally, we should oppose and abolish the right to war as a state's right. The right of a state is to sustain peace, not to start war. Therefore, states should be disarmed or at least arms should be reduced to minimum, with a strong international ability for arbitrage and intervention if necessary.

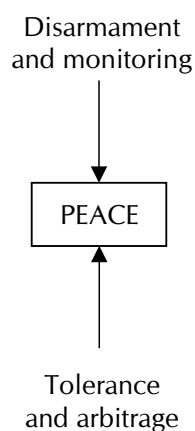


Figure 6. Peace and tolerance model. Citizens do not accept to confer the right to war to the state. Tolerance grows and develops as a human skill and need. Technology for the application of tolerance develops. Conflicts between the states are resolved by international arbitrage, and war is not allowed as a means for conflict resolution. Global disarmament is required.

Postscript

The goal of this article was to motivate individuals and Public Health as a profession to face war. As Dr Barry S. Levy put it (1): "If not you, who? If not now, when? We should move forward and create the future of public health together, let us remember the values that brought us into public health in the first place and not be afraid to articulate them, even in unfavorable political climates – to articulate them with passion, with courage, and with persistence. Let us remember our visions – even seemingly impossible visions – for healthy and safe lives in healthy and safe communities. Let us be the leaders of public health, leaders to shape the future of public health."

With this in mind we end this article with two messages by Martin Buber (73):

"The situation demands nothing of what is past. It demands presence, responsibility; it demands you.", and

"How to love men is something I learned from a peasant. He was sitting in an inn along with other peasants, drinking. For a long time he was as silent as all the rest, but when he was moved by wine, he asked one of the men seated beside him: "Tell me, do you love me or don't you love me?" The other replied: "I love you very much." But the first peasant replied: "You say that you love me, but do not know what I need. If you really loved me, you would know." The other had not a word to say to this, and the peasant who had put the question fell silent again. But I understood. To know the need of men and to bear the burden of their sorrow – that is the true love of men."

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