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Challenge of Goodness II: New Humanitarian Technology, Developed in Croatia and Bosnia and Herzegovina in 1991-1995, and Applied and Evaluated in Kosovo 1999

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This paper presents improvements of the humanitarian proposals of the Challenge of Goodness project published earlier (1). In 1999 Kosovo crisis, these proposals were checked in practice. The priority was again on the practical intervention – helping people directly – to prevent, stop, and ease suffering. Kosovo experience also prompted us to modify the concept of the Challenge of Goodness. It should include research and education (1. redefinition of health, 2. confronting genocide, 3. university studies and education, and 4. collecting experience); evaluation (1. Red Cross forum, 2. organization and technology assessment, 3. Open Hand - Experience of Good People); activities in different stages of war or conflict in: 1. prevention (right to a home, Hate Watch, early warning), 2. duration (refugee camps, prisoners-of-war camps, global hospital, minorities), 3. end of conflict (planned, organized, and evaluated protection), 4. post conflict (remaining and abandoned populations, prisoners of war and missing persons, civilian participation, return, and renewal). Effectiveness of humanitarian intervention may be performed by politicians, soldiers, humanitarian workers, and volunteers, but the responsibility lies on science. Science must objectively collect data, develop hypotheses, check them in practice, allow education, and be the force of good, upon which everybody can rely. Never since the World War II has anybody in Europe suffered in war and conflict so much as peoples in Croatia, Bosnia and Herzegovina, and Kosovo. We should search for the meaning of their suffering, and develop new knowledge and technology of peace.

Key words: Bosnia-Herzegovina; Croatia; Helsinki Declaration; human rights; Kosovo; prisoners of war; Red Cross; refugees, Kosovo; war; World Health Organization

In late eighties, hate was growing in former Yugoslavia. In August 1988, I wrote a letter to the leading Belgrade magazine (NIN) entitled "A Plea to Stop Hate" (2). With an irresponsible degree of trust, I notified the editor that I would not publish the letter anywhere else if they did not publish it, meaning that I believed that we can freely warn each other, protect our peoples and save peace in time. The letter was not published, and is still unpublished, but hate has destroyed millions of people. In 1989, the Kosovo miners started a hunger strike. With a group of physicians, I went there and joined the miners underground and tried to alleviate their already deteriorating health condition. The finally reached agreement of the Government with the miners was not respected: returning from Kosovo, alone in an ambulance, we met an unending line of Yugoslav Army tanks moving into Kosovo. It was the beginning of the aggression and war. We tried to warn the international community to prevent this conflict before killing; in response they asked where Kosovo was (3). Then I became aware that there is no adequate concept of humanitarian intervention in a crisis situation. During the next 2 years we tried to call attention and help people in Kosovo (3), as well as to prevent the coming conflict in Croatia.

Developing Concept of the Challenge of Goodness

On August 29, 1991, I visited Mr. Henry Kissinger, former Secretary of State of USA; he told me, as I recall, that I was not a realist, that very few people knew where Yugoslavia was and that nobody knew where Croatia and Slovenia were – to prevent the coming conflict would be very difficult and if anyone did it, it would not be noticed by anybody as a result. When the war starts, it would be very cruel and whoever ends it will get the Nobel Peace Prize. He ended: "Doctor, become a realist, it is not profitable to prevent wars". My warnings were not understood even at my own medical school. After failing in my effort to warn, I devoted myself completely to practical work, moving from one place of suffering to

another. In the spring of 1993, I was the first fellow of the newly founded Francois-Xavier Bagnoud Center for Health and Human Rights at the Harvard School of Public Health (4). There I wrote the first synthesis of my experience and proposals, the first concept of the Challenge of Goodness: preventing genocide, good people, peace hospitals, and "every day is a human right's day" (5). After returning to Croatia, I continued practical work, but also started writing about the impact of war, described our interventions, and exposed the need for the development of new humanitarian, human rights, and public health technologies (6-23). On December 9, 1997, we initiated the project of the Challenge of Goodness at the Ruđer Bošković Institute, the central research institution in Croatia. We did it in honor of the 50th anniversary of the universal declaration of human rights (see 24) but a day before the actual Human Rights Day because the Convention on the Prevention and Punishment of the Crime and Genocide was accepted by the UN on December 9 (see 25). Our experience was exposed in 12 proposals, asking other people with knowledge in the field to join in and add new topics, criticize and improve the proposals and, above all, accept the responsibility of science for continuous improvement of the humanitarian work (1).

It took 10 years of suffering of many people for our message to be heard and the problems recognized by a leading authority: in June 1999, the editor of *The Lancet* agreed with our hypothesis that a major humanitarian issue was raised during the conflict in Southeast Europe. He praised practical work of saving lives and helping people who suffered, but also openly recognized importance and need for critical evaluation of the existing humanitarian models and international practice, and for new proposals. He identified humanitarian work as a part of science and public health responsibility (26,27). He joined us in facing the Challenge of Goodness.

After analysis and evaluation of humanitarian experience of wars in Croatia and Bosnia and Herzegovina through the Challenge of Goodness project (1,21-23), we proposed new organization and technology for humanitarian work during war and conflict (Table 1). This concept was implemented in practice during the Kosovo tragedy in May-June 1999.

Table 1. Humanitarian proposals based on humanitarian work experience during wars in Croatia and Bosnia and Herzegovina presented in separate reports and integrated in the project "The Challenge of Goodness", with the goal of development of new humanitarian approach and technology: modifications after the 1999 Kosovo crisis experience

Kosovo – Practical Assessment of the Challenge of Goodness

Warnings

Together with the Red Cross of Croatia, in early March 1998, we warned international community (ICRC, IFRC, WHO, UNHCR, and Special UN High Reporter for Human Rights) of the coming tragedy in Kosovo and asked it to act. We proposed concrete measures because the long experience of war thought us never to make a diagnosis without proposing a therapy, never to cry danger or help without proposing what should be done and what is needed. This is the road to responsibility, efficiency, and effectiveness. At the same time, we sent two other papers: one on special protection of hospitals and another on imminent humanitarian crisis and measures needed (28). In the early autumn of 1998, at the conference in Strasbourg, celebrating 50th anniversary of universal declaration of human rights, we identified five humanitarian shames of the century: Holocaust, killing of Vukovar patients, abandoning refugees and genocide in Rwanda, killing people in UN-protected Srebrenica, and the inability to stop ten year old conflict in Kosovo. At the beginning of 1999, again in Strasbourg, the first European Conference on Health and Human Rights was held. We proposed the concept of humanitarian globality, which limited the right of sovereignty in cases of humanitarian terror (29). At the same conference we supported two doctors from Kosovo to present conditions and dangers faced by Kosovo health workers, health service, and patients. The world was thus informed that 8,547 health workers (1,897 physicians, 414 dentists, and 112 pharmacists) and 5,985 hospital patients were directly at risk. Now the Europe knew exact numbers, problems, and risks, and absolute dependence of these people upon their support in the coming crisis (30).

In the March 1999, we again sent to the same international addresses a plea to protect hospitals in Kosovo and other endangered areas of Yugoslavia (31). When the Red Cross abandoned Kosovo hospitals – despite all the memories of Vukovar and Dubrovnik, when international representatives left

at the moment when most needed, we sent a final plea in the name of the global hospital, expressing our hope that this was the last abandonment of hospitals and patients (32).

After this we had to take a direct action ourselves. I wrote to the President of Croatia asking to support humanitarian mission to Macedonia, Albania, and Kosovo in order to help the Croat minority in Kosovo and see how it can offer help in general (33).

Humanitarian Mission in Macedonia and Albania

Humanitarian mission headed by Mr M. Međimurec (Assistant Foreign Minister, Croatia) and me was the first humanitarian mission from Croatia to a foreign country during conflict (aside from Bosnia and Herzegovina). At the refugee camp Blace (border between Kosovo and Macedonia) we observed the final failure and collapse of the existing civil humanitarian international intervention (Fig. 1). Tens of thousands of people were in the field with a single physician. Corpses of the dead were thrown in the river. There were no proper toilets and the dirt accumulated in enormous piles. People used plastic sheets to make some kind of shelter.

Figure 1. Civilian humanitarian collapse. Blace refugee camp, border between Macedonia and Kosovo, April 3, 1999.

Figure 2. Cancer and comin an improvised tent. Blace refugee camp, border between Macedonia and Kosovo, April 3, 1999.

Figure 3. Croatian consulate in a tent. Croatian consular officials issuig Croatian documents to Croat refugees from Kosovo, in a tent in Stenkovci refugee camp.

I met a woman with eyes filled with pain. I asked her what the matter was and whether I could help. She told me "No, there is nothing that can be done". I pleaded "Let's try, we shouldn't give up". She accepted my plea, and led me to one of the plastic shelters (Fig. 2). This tent was just the beginning of our discovery what had happened to some of those six thousand hospital patients needing help in Kosovo. Her husband lied on the ground in diabetic comma. Next to him was her sister with an open breast cancer wound and sister's husband with angina pectoris. I called two attendants with stretchers, and she followed her husband as they carried him away. I wanted to believe that her hope in humanity and medicine was growing back at least a little bit, albeit what I saw was not all: she did not know the fate of her five children. In the same camp, we found a woman physician who wrote her testimony, A Journey to the Unknown, describing her flight from home (34). Above in the sky, powerful NATO planes flew. It was clear to me that, at the end of the 20th century, people knew how to coordinate 500 warplanes but not 500 toilets. Civil humanitarian collapse was complete. As a result of this civil failure, military took over the organization and refugee camps in Stenkovci and elsewhere were founded. I admired Israelis finishing a hospital in just two days; first time on European ground, they worked jointly with German soldiers. I admired it, but also felt deeply ashamed of the failure of civilian efforts.

With the NATO decision to intervene for humanitarian reasons, using the most powerful military tools and led by the most powerful states in the world, everything changed. From a marginal issue, humanitarian work became the central political question. But humanitarian, public health, and human rights organizations should have developed and proposed and more efficient humanitarian crisis tools before the NATO bombardment. The silence, unacceptable silence, of so many is as loud as the bombs. The development of humanitarian concepts of intervention and technologies is an imperative. Two conflicts were fought simultaneously: NATO was fighting Serbian Army, and Serbian Army was prosecuting Albanian people. Serbia stood up to NATO for 75 days, but, at the same time, Albanian population collapsed immediately and almost 75% of them became refugees or displaced, with thousands tortured and killed. For 75 days, terror raged over the collapsed population. This asks for the most scrupulous humanitarian scientific analysis, much deeper than passing the blame onto politicians and soldiers. The development of new humanitarian, human rights, public health, and medical technologies is needed.

Protecting the Croat Minority

In Kosovo, there were about a thousand Croats living primarily in centuries-old communities in Janjevo and Letnica. We encountered the issue of how to protect small group during such a conflict. We faced the moral question if it was right to protect a separate group, and the practical question of how to do it. In answering the moral question we were guided by the rule that in humanitarian intervention it is necessary to identify priority groups (the old, sick, women, children). We also saw that military developed special efforts and technology in protecting their own subjects (American soldiers and pilots in Bosnia and Herzegovina, Macedonia, and Serbia). From our own experience during the wars in Croatia and Bosnia and Herzegovina, we knew that there was a special risk for the minorities in the conflicts (11,13). Minorities have to be protected from two risks: of being used as accomplices at the beginning of aggression, and for blaming them for this by the victim population after conflict. This is an issue that should be given much more attention in the analysis of the World War II and other conflicts in the twentieth century. After concluding that it is morally imperative to protect Croat population, we defined that population by Croatian citizenship or by the nationality of the family members. Such an approach was at the same time targeted and universal.

At the Croatian Embassy in Skopje we opened a Center for Humanitarian Support and passed information through different channels (church, local Red Cross, administrative authorities, and message boards in the camps). This constituted a sort of a network to discover refugees. The network functioned in the following way: a Croatian refugee from Kosovo at the camp would use cellular phone to establish contact with his relatives anywhere in the world. The relatives would consult each other and usually contact a catholic priest in Zagreb or Skopje. They would tell them that there was a Humanitarian Center at the Croatian Embassy or would directly come to us and tell us that there were Croatian refugees in a certain tent. With this information, we would contact by cellular phone our consular team at the camp and it would establish contact with the refugees. They would identify the people and check their documents (at that time we did not know that Yugoslav authorities intentionally took away documents from the refugees). Our work was crucial for the refugees' right to identity, registration, and help. We also established a Croatian House, which was able to take in refugees without adequate lodgings. When we identified about a 100 people, they would be airlifted to Croatia (35). Our interest was not whether Croats would stay or leave Kosovo, but to protect them and their dignity.

To protect Croats still left in Kosovo, we asked Macedonian Red Cross and local politicians to help us establish contact with the Serbian Red Cross to permit us to enter Kosovo. We also asked for the permit from the Yugoslav Ambassador in Skopje. Croatian Foreign Ministry formally asked the Yugoslav Foreign Ministry to allow our mission to Kosovo. Everything failed: we were flatly refused. After returning to Zagreb, we again asked for support from ICRC (all respective documents are in my possession).

The fact that we could not enter Kosovo, further development of the conflict, and direct witnesses of suffering made the protection of our people an even stronger imperative. Our experience (18) taught us that we should not be satisfied just with a thousand rescued people but that we have to try to identify as many individuals as possible. By interviewing refugees, priests, and collecting data from other sources, we carried out a "distant intervention census", showing that we were protecting not just the population but each individual. We communicated with both Albanians and Serbs asking them to respect and protect our population, to support them, and restrain from misusing them. We gave Kosovo Croats security at all stages of the conflict.

Finally, we made our work publicly known – some were critical about this, thinking that it may have endangered people at critical times. Maybe they were right but the risk had to be taken. It has to be pointed here that Croats have always had tragic fate at the beginning, during, and at the end of wars, but this was the first war where there was no Croat killed at any time and there was no loss of their dignity towards anybody in any way. (A note added proof: after signing the ceasefire agreement in July 1999, one Croat was killed in Kosovo.) Maybe it would have happened anywhere, but we had it as a goal, we took action, and the result was accomplished.

The Croatian mission was the only humanitarian intervention targeted towards a special group. Another Kosovo minority group, Gypsies, had no special protection and may end up as the biggest

victims of this conflict. Their fate will be the tool by which I will measure the effectiveness of the High Commissioner for the Human Rights of the UN in protecting all victims of the Kosovo tragedy.

Changes in Humanitarian Proposals

Powerful military and political action in Kosovo is a precedent for any humanitarian intervention in the sense that it made possible to intervene militarily in another country for humanitarian purposes. Debate will last for a long time and will be intersectorial in all aspects. It is now our responsibility from within the field to improve work through research, education, and new technology needed for humanitarian work. It is the responsibility of science, education, public health, and human rights. We proposed a necessity of continuing and regular research and education in this field. Classification and technology are needed. The preliminary classification was presented through the twelve proposal of the Challenge of Goodness (1). These proposals were further developed before the Kosovo crisis (23,29). We used them in the Kosovo case to help, but also to assess and further develop them. The problems we present are universal and global, and our approach covered all stages of war, individuals, groups and populations, homes and communities, immediate and future necessity of humanitarian globality.

Kosovo experience modified some of the proposals (Table 1).

Prevention

The experience in Kosovo showed that the concept of the right to a home is imperative. Any state that destroys homes or expels any population loses the right to sovereignty and all other states have a responsibility to intervene. Human Rights Convention on the Right to a Home should be proposed, clearly identifying moral, organizational, and economic aspect of this right, with the following in mind:

1. Nobody's home can be taken away because of his/her race, nationality, sex, age, or political opinion.
2. Nobody can be expelled from his/her home country for the same reasons.
3. In case any of those happens, international community has a responsibility to give support to displaced or refugees up to the point of their return and renewal of their homes.
4. International protection of home should be performed through protection at the time of the risk, refugee placement as close as possible to their homes, and right to return to their own country after renewal of their homes.
5. Joint solidarity is expressed by the responsibility of individual states to accept refugees proportionally to the number of their own population and in proportion to their GDP.
6. All refugee-supporting activities are carried out through international coordination, which must be registered centrally and properly distributed, depending on the need. Before organized return to their homes, refugees should go through a return training, in order to express their own traumas, prepare for practical organization of life and hardships they will encounter. They should understand emotional, social, and human meaning of return. This preparation would significantly increase the human ability to renew home, and the reduced burden of suffering and hate would open the way to reconciliation and renewal of full life.
7. For better efficiency, joint humanitarian technology must be developed internationally.
8. Humanitarian workers should also have internationally planned education.
9. Every international humanitarian action should have its appointed commander of the project with a full responsibility for continuing and regular information on the public.

10. Organization of humanitarian intervention should be regional, for cultural and economic reasons, but with a clear global support.

11. UN should introduce a World Home Day.

Throughout the conflict in Southeast Europe from 1980 on, I ineffectively tried to warn of coming dangers (33), including recent events in Kosovo (34). Now I believe that early warning system (Table 1) should be formalized, and I therefore propose:

1. International Committee of the Red Cross (ICRC) and International Federation of the Red Cross (IFRC) should jointly establish an early warning system.
2. Early warnings would be collected through national Red Cross societies, with the right of every individual or organization to initiate it. Organizations and individuals have the right to communicate directly with ICRC or IFRC if needed.
3. Red Cross should have a questionnaire or early warning message as a standard form through which the warning is sent from a national to the international level. When a national message is sent, they have a responsibility to open the case and collect any material or data related to the risk. Internationally, any warning received must be registered and the decision made how to proceed in further analysis.
4. Such approach allows individuals, national organizations, and international community to bear right and responsibility of early warning about the conflict which will not be ignored and will have a meaning in preventing conflict and in later evaluation of all responsibility of all actors.

Duration

Global Hospital concept (15) has been underscored in each of its aspects and should be pursued with full vigor. The concept of the prisoners of war should be broadened by the following – it is forbidden to transfer prisoners of war from one camp to another without international permission and monitoring. Doing it any other way constitutes a war crime.

Besides already known population groups requiring special attention (the old, women, children, patients or soldiers) other specific minorities, which need attention, should be identified as well.

Actions at the End and after Conflict

This includes identifying the stage of conflict, which is of utmost humanitarian importance. End of a conflict is of particular importance because during that short period there is a social collapse in which it is conceivably very easy and conceivable that a victor of war will inflict damage on the "losing population". After victory, wrongdoings of a victor are not analyzed objectively and subjectively. On the other hand the "losers" bear the wrongs inflicted upon them, without the right to present it publicly. Younger generations that depend on their "loosing" parents enter life with different messages and the entire community loses the right to truth. This has probably happened in all wars but it became strongly manifested after the World War II through ethnic cleansing of German minorities, the fate of a number of prisoners of war, and the so-called "vanishing populations" in many countries. No humanitarian concept of the end of war has been left from that time, but new discoveries of suffering continue (36). At the beginning of aggression in Croatia, when Yugoslav Army entered Vukovar after a social collapse of Croatian defense, soldiers were taken as prisoners of war and many disappeared afterwards. Civilian population was practically completely expelled and hundreds of hospital patients were killed. At about the same time, before Mokošica (a village close to Dubrovnik) was occupied by the Yugoslav Army, we organized the local Red Cross, which succeeded to a great deal in protecting the local Croat population after occupation. In another city in that area, Cavtat, Red Cross was organized after the occupation but it nevertheless protected the occupied population. By 1995, we clearly knew the importance of humanitarian protection at the end of conflict. After unsuccessful warning about imminent dangers to Srebrenica and its population ("the most tragic Europeans") at the World Summit in Copenhagen (37), it was clear that military action had to be taken to protect people in

besieged and attacked city of Bihać in Bosnia and Herzegovina. The Croatian military "Storm" operation had a very strong humanitarian justification. For three years of its mandate, UN did not succeed to disarm Serbian para-military units, to organize return of the expelled Croatian population (100,000), or reintegrate the areas into the Republic of Croatia. Social functions on the territory itself continually deteriorated. Before the operation, with a final call by Croatian government to the Serbian side to accept peace plan proposed by the international community, the international community did not help the local negotiators to make proper decisions. Throughout the UN mandate there were no reports on human rights violations from the area. As far as I know, up to the present, it has not been evaluated internationally. On the other hand, during the "Storm" operation, a number of human intervention activities were performed:

1. After breaking the siege, the security and needs of Bihać population were assessed.
2. Armed Serbs were permitted to leave Croatia.
3. Croatian and Bosnian Moslem refugees expelled from Yugoslavia and Bosnia and Herzegovina were received and taken care of.
4. Bosnian Moslems who took refugee into Croatia as a result of inter-Moslem conflict were accepted by Croatia and accommodated in a camp next to the border. A powerful intervention was organized to enable their reconciliation and secure their return home. This is the first known population return into reconciliation after the World War II in Europe. It is also exemplary because the refugees were not scattered all over the world but were kept close to the border, to their homes, which allowed the return itself.
5. After entering the city of Knin, all hospital patients, including Serbian soldiers, were protected first. In the UN camp, which protected fleeing Serbs, activities were taken to try to convince Serb population to stay (small number did), while those wishing to leave were helped. Even when the people accused of war crimes were taken into custody, a social assessment of their needs was performed.

International cooperation was initiated with a targeted action to help the remaining Serb population in the "Save Life" operation. These were primarily old people and a new category of humanitarian practice and population (18).

Altogether, although human rights violations and mistakes were many after the "Storm" operation (18), it was nevertheless the first comprehensive humanitarian protection at the end of conflict and can be used as a starting point for the future. After Dayton Agreement, when Serbs left Sarajevo, and especially after armistice in Kosovo, such a humanitarian concept was not developed and previous experiences were not used. This led to a disorderly return of refugees who faced unacceptable shocks of contact with the destruction of their homes, deaths of their loved ones, exposure to unneeded personal risks with overall increase of pain, hate, confrontation, and vengeance. Now the Serbian population becomes endangered in their flee from Kosovo. This may seem yet another impression of Balkan hates but in truth it was the consequence of inadequate humanitarian planning and performance.

Conclusions

I tried to follow and present a number of simultaneous issues using humanitarian proposals (challenge of goodness) as a hypothesis. I and my collaborators warned, intervened, and analyzed the experiences of our Kosovo intervention. We evaluated and introduced changes in our own proposals and made critical appraisal of the intervention itself (Table 1). This work has to be read as a continuation of the first Challenge of Goodness paper (1).

Major humanitarian conferences, including the Red Cross, are held and planned with the aim to develop new humanitarian approaches. We believe that the UN Summit to chart new policies for humanitarian crises is needed. Finally and always, the key responsibility is on science; without it protection and support for populations exposed to war cannot be improved. War is a tragedy of human

dignity and the science of humanism, human rights, and public health have a responsibility to develop new technology of building peace (38). We cannot succeed without both faith and reason.

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