

SLOBODAN LANG & IVAN BAGARIĆ

# The Challenge of Goodness II

- *Humanitarian Globality*
- *The Challenge of Goodness II*
- *A Journey into the Unknown - KOSOVO*
- *XII Humanitarian Proposals*

*... everybody is needed*



**CROATIAN RED CROSS**

ZAGREB, SEPTEMBER 1999





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Adviser to the Croatian President for Humanitarian  
Issues

## BIOGRAPHY - CURRICULUM VITAE

### 1 Personal:

- Born in Zagreb, Croatia, in 1945
- Married to wife Nada, a physician
- Two children: Maroje and Maja

### 2 Political:

- Advisor to the President of the Republic of Croatia for Humanitarian Issues
- Deputy in the Chamber of Counties of the Parliament of the Republic of Croatia
- Ambassador in the Ministry of Foreign Affairs of the Republic of Croatia
- Head of the Croatian delegation to the Interparliamentary Union
- Member of the Council of Europe

### 3 Academic:

- Assistant professor of the Faculty of Medicine in Zagreb at the School of National Health
- Guest professor at the Faculty of Medicine in Mostar
- Guest professor at the Harvard School of Public Health (until 1996)
- Associate of the Francois-Xavier Bagnoud Center for Health and Human Rights (1993)
- Member of the Faculty of Public Health Medicine of the Royal Colleges of Physicians of the United Kingdom
- Member of the Advisory Board of the Journal of Health and Human Rights, Harvard
- Member of the Editorial Board of the Croatian Medical Journal
- President of the Croatian Network of Healthy Cities
- President of the "Health for All" summer school in Dubrovnik

*Where do human rights begin?*

*How far do they reach?*

*When do they have meaning?*

*Whom do they inspire?*

*What do they accomplish?*

*IS THERE ANYTHING WE CAN LEARN  
FROM WAR?*

CONTENTS

**HUMANITARIAN GLOBALITY** ..... 4

    Reality of war ..... 6

    History of humanitarian Intervention ..... 7

    Personal humanitarian experience 1988 - 1999 ..... 8

**The challenge of goodness - humanitarian proposals** ... 9

    Good people - experience of goodness ..... 9

    The question of will ..... 10

    At the end ..... 10

**THE CHALLENGE OF GOODNESS II** ..... **11**

**A journey into the unknown** ..... 28

**XII HUMANITARIAN PROPOSALS** ..... 30



## HUMANITARIAN GLOBALITY



Pope John Paul II Dr. Slobodan Lang, 03.10.1998. in Marija Bistrica, Croatia

*In the next ten years we can expect approximately 30 new wars in which millions will be killed, twice as many will be wounded and many times more will be displaced or exiled. Each of these conflicts will primarily be directed against civilian populations. As we approach the new millennium, we must be aware that the maintenance of peace, the prevention of war, the protection during wars and postwar reconstruction are first and foremost public health and human rights issues.*

- The term "**Globalization**" came into use in the last ten years, and has become the key word of the post-communist world. It symbolizes the internationalization of economic activities seen by many as a **heartless economic** process that destroys jobs and cultures
- Prof. Klaus Schwab founder of the World Economic Forum in Davos, in February 1999 pointed out a need to look beyond the economic dimensions of what is happening
- There is a global need for something larger than business and economics, a goal, a phase, a condition, something pointed towards the **future**

There is a need to integrate the heart and the soul, mind and faith into our thoughts and action

- There is a need to look at the world in a **multidimensional** way -economy, plus politics, technology, society, health, culture, goodness
- There is a need for social and global economic responsibility
- All of this is **Globality-Responsible Globality**
- Globality is here to stay said U.S. Senator John Kerry, and Bill Gates said that he would add globality to Microsoft's dictionary
- Here in Strasbourg, at the first conference on health and human rights, I propose to you - Humanitarian Globality
- **Humanitarian Globality** means working seven days a week, 24 hours a day, in order to achieve needed professional, medical and political connections all over the world that will facilitate humanitarian recognition, notification and action wherever and whenever is needed

- Humanitarian Globality includes global **responsibility** during any conflict for each hospital, refugee, and prisoner's camp or any other key humanitarian point in the area of conflict

- Humanitarian Globality is based on the fact, that thanks to the unstoppable growth in the importance of **human rights, communication technology** and influence of **media**, borders are eroding, uniting the world into a network of global communities

- **Humanitarian Globality** is based on a fact that today it is possible to **prevent**, stop or lower conflict, wars and natural disasters using technological and political means which were unthinkable just few years ago

- What will be the rules of this reality?

- How shall we transform humanitarian globality from **vision to realization**?

- What will be the consequences for the millions of sick, wounded, imprisoned, displaced, refugees and all endangered and persecuted? What will it mean for peace throughout the world

- Globality is inescapable

- It will influence more and more the lives of those most endangered when and where most needed

- Humanitarian globality and responsibility express **necessary vision** and enable **new reality**

*Humanitarian globality and responsibility express necessary vision and enable new reality*



## REALITY OF WAR

- In the over **150 armed conflicts and wars** fought throughout the world since 1940, 23 million people were killed, no less than 50 million were wounded and hundreds of millions were displaced or made refugees
- These wars are long lasting, law in intensity, high in disrespect of humanitarian principles and rules and they occur throughout the world
- These conflicts and wars are marked by high civilian casualties, they are first of all waged against civil populations, **from abuse to genocide**
- We are concluding this millennium with **five dates of shame**, or five unanswered questions
  - **In October of 1942**, ICRC decided not to condemn publicly the "final solution". **The question of preventing and stopping genocide is an open issue**
  - **In November of 1991** two hundred patients in Vukovar hospital were shot. **The protection of hospitals during conflicts and wars is an open issue**
  - **In April of 1994** the international protection of the Tutsi population in camps in Kigali (Rwanda) facing genocide was lifted. Hundreds of thousands were killed in 100 days. **The protection of camps and again of preventing genocide is an open issue**
  - **In July of 1995** thousand of unarmed men were killed, and all other women, children and the old were displaced from Srebrenica, in the presence of UN troops, two years after being declared a Safe Haven, and after they surrendered their arms, receiving the promise of the

French/UN general on the honor of Europe, that they would be protected.

**The question of protecting safe havens is an open issue**

- **In 1999** it will be **10 years** since the beginning of the conflict in Kosovo. **The question of stopping long lasting conflicts is an open issue**

*We are concluding this millennium with **five dates of shame**, or five unanswered questions*

### Future wars

- If nothing changes, during the first decade of the third Millennium there will be 30 new wars with 5 million killed, 10 million wounded and many more displaced or made refugees
- Between 1990 and 2020 the impact of war on the global burden of disease will rise from 16th to 8th place. Diarrheal diseases, HIV, perinatal conditions, violence, congenital anomalies and other will have a lower impact than war.
- Because of disrespect of basic humanitarian rules special courts were formed for former Yugoslavia and Rwanda and a decision was made in Rome to create permanent International Criminal Court
- **What shall we do in Humanitarian work?**



# HISTORY OF HUMANITARIAN INTERVENTION

## **1859** *Battle for Solferino*

**1863** International Committee of the Red Cross (ICRC)

## **1919** **League of the Red Cross Societies**

- including Natural Disasters

**1948** Beginning of the **UN humanitarian organizations**  
(WHO, UNICEF, UNHCR, UNESCO)

## **1949** OXFAM

- Private humanitarian organization

## **1961** **Amnesty International**

- beginning of the organizations for human rights

## **1967** War in Biafra

- key importance of media

## **1971** **Physicians without borders / Medicine sans frontiers**

- Bernard Kouchner (Biafra) plus floods in Bangladesh
- linking Medicine plus witnessing plus public responsibility
- spread of humanitarian and human rights organizations
- growth in importance of mass media

**1977** Additional Red Cross Protocols to the Geneva Conventions of 1949

## **1979** War and conflicts in Cambodia

- 37 humanitarian organizations at the border with Thailand
- inadequate coordination
- large expenditures (600 million USD)
- humanitarian donors market
- media
- lack of EVALUATION

## **1989** Conflicts and war in former Yugoslavia

- Kosovo, Slovenia, Croatia, Bosnia and Herzegovina
- humanitarian collapse
- large number of organizations (102 national Red Cross Societies)
- high level political involvement
- UN - NATO
- all humanitarian crimes and disasters: Vukovar - Srebrenica - Kosovo

## **1994** Genocide in Rwanda

**1998** President Clinton apologizes in Rwanda for not having "fully appreciated.... this unimaginable terror"

## **1998** **Philip Gourevitch:**

*".. endangered people who depend on the international community for physical protection stand defenseless."*

## **1999** *Kosovo - NATO intervention on humanitarian field*





# PERSONAL HUMANITARIAN EXPERIENCE

## 1988 - 1999

### • Areas of war and conflict

- Kosovo
- Slovenia
- Croatia
- Montenegro
- Bosnia and Herzegovina
- Macedonia

### • Forms of involvement

- Humanitarian actions and organizations
- Academic - research and education
- Political - Parliament, diplomacy, Office of the President
- Media

### • Populations helped

1. Croats
2. Serbs

3. Bosniacs

4. Albanians

5. Jews

### • Key problems

- Confronting hatred
- Helping displaced and refugees
- Protection of hospitals
- Protection of prisoners of war
- Confronting genocide
- Organizing population during siege
- Leading humanitarian convoys
- Support for occupied population
- Saving people after social collapse
- Mobilization of good people
- Informing international communities, public, political, professional



Coordination, Knin, december 1995



# THE CHALLENGE OF GOODNESS - humanitarian pro- posals

## 1. Humanitarian research and education

- humanitarian studies should be pursued as interdisciplinary and intersectional studies at the University
- after each conflict or war, studies should be pursued in the area of the conflict with international support to collect humanitarian experience
- introducing the term genocide in Index Medicus

## 2. Humanitarian Evaluation

- Red Cross Forum on effectiveness and efficiency of humanitarian work

### · experience of good people

## 3. Humanitarian work in different stages of conflict or war

- Prevention of conflict
  - Hate watch
  - Right to home
- During conflict
  - Displaced and refugee camps
  - Prisoners of war camp
  - Global hospital
- After conflict
  - Saving remaining population
  - Supporting return of people and renewal of community and environment

# GOOD PEOPLE - EXPERIENCE OF GOODNESS

## 1. Righteous among nations

## 2. Humanitarian actions

- 1989 Physicians for Kosovo
- 1990 Candle light ceremony
- 1991 Potkonje
  - Dubrovnik - Convoy Libertas
- 1993 Ilić Family
- 1993 Mostar camps
- 1993 White Way Convoy for Central Bosnia
- 1994 Humanitarian Roads of Peace and Love
- 1994 Hospital in Nova Bila
- 1995 Tuzla - Srebrenica
- 1995 Return to Kladuša
- 1995 Save Live
- 1997 Renewal of trust
- 1999 Kosovo

## 3. Distinguished for humanitarian work

## 4. Victims

- displaced / refugees
- wounded / handicapped
- families of missing in action
- camp inmates
- veterans

## 5. Crisis Communities

- occupied
- front
- surrounded / siege
- destroyed

## 6. Red Cross

- ICRC-IFRC
- Croatian Red Cross (CRC)

## 7. Humanitarian Organizations

- religious
- Healthy Cities

## 8. Emigrants

## 9. Nobel Prize winners

## 10. International Community



## THE QUESTION OF WILL

### Is there a will?

To perform humanitarian work during war or conflict area of continuing interest for:

- **science**
- research
- **education**
- media

### Is there a will?

After each conflict or war to **evaluate** effectiveness and identify new risks or possibilities for humanitarian work

### Is there a will?

After each conflict or war to collect **experiences** of goodness and mutual support

### Is there a will?

After each conflict or war to write **peace letters** all over the world to spread globally experience of humanitarian work

### Is there a will?

To improve **leadership** and mutual support among humanitarian organizations during conflict or war

## AT THE END

Humanitarian work should be significantly improved

- There is **need**
- There are **means**
- **Is there a will?**

**I believe,**

That in this moment the **answer is** primarily not political, military, religious or activist but **academic**.

**Will academic community, through Universities, professional societies research and education face the challenge of need for humanitarian globality.**

*Will academic community, through Universities, professional societies research and education face the challenge of need for humanitarian globality.*



**THE CHALLENGE  
OF GOODNESS II**

Dr. Franjo Tudman, President of the Republic of Croatia, Prime Minister Zlatko Mateša  
and Dr. Slobodan Lang

***I believe,***

*That in this moment the answer is  
primarily not political, military, religious  
or activist but academic.*



## 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 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, special minorities, 3. end of conflict: planned, organized, and evaluated protection, 4. post conflict: remaining and abandoned population, prisoners of war and missing persons, civilian participation, return and renewal). Effectiveness and efficiency of humanitarian intervention may be performed by politicians, soldiers, humanitarian workers, and different volunteers, but the responsibility is that of science. The 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, develop new knowledge and technology of peace.**

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

## THE CHALLENGE OF GOODNESS

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



DR. IVAN BAGARIĆ & DR. SLOBODAN LANG  
STRASBOURG, MARCH 1999



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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 **Ruder Bosković 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

## THE CHALLENGE OF GOODNESS

improve the proposals and, above all, accept the responsibility of science for continuous improvement of the humanitarian work.

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, chief 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.

## 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 CHALLENGE OF GOODNESS

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 of 1999, we again sent to the same international addresses a plea to protect hospitals in Kosovo and other endangered



BLACE, APRIL 1999



BLACE, APRIL 1999



STENKOVCI, APRIL 1999



TETOVO, APRIL 1999



areas of Yugoslavia (31). When the Red Cross abandoned Kosovo hospitals despite all the memories of Vukovar and Dubrovnik, when international representatives have 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. We wrote to the President of Croatia asking to support humanitarian mission to Macedonia, Albania, and Kosovo in order to help Croatian minority in Kosovo and see how it can offer help in general (33).

#### **Humanitarian Mission to Macedonia and Albania**

Humanitarian mission headed by Mr M. Medimurec (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.

**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

## THE CHALLENGE OF GOODNESS

thousand hospital patients needing help in Kosovo. Her husband lied on the ground in diabetic coma. 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 refuge (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 tech-**

## THE CHALLENGE OF GOODNESS

**nologies 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 Croatian 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



TETOVO, APRIL 1999



BLACE, APRIL 1999



STENKOVCI, APRIL 1999



STENKOVCI, APRIL 1999

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 Croatian 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

## THE CHALLENGE OF GOODNESS

would stay or leave Kosovo, but to protect them physically and to protect their dignity.

To protect Croatian people 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

## THE CHALLENGE OF GOODNESS

any time and there was no loss of their dignity towards anybody in any way (A note added to the 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 is needed. The preliminary classification was presented through the twelve proposal of the Challenge of Goodness (1). These proposals further developed before the Kosovo crisis (23,29). We used it in the Kosovo case to help, but also to



IN THE PLANE FOR ZAGREB, APRIL 1999



IN THE PLANE FOR ZAGREB, APRIL 1999



ARRIVAL AT ZAGREB AIRPORT, APRIL 1999



ARRIVAL AT ZAGREB AIRPORT, APRIL 1999

assess and further develop it. 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 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:**



## THE CHALLENGE OF GOODNESS

1. International Committee of the Red Cross and International Federation of the Red Cross **should jointly establish an early warning system.**
2. Early warnings would 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.



ARRIVAL AT ZAGREB AIRPORT, APRIL 1999



MACEDONIAN-KOSOVO BORDER, APRIL 1999



RED CROSS FORUM, CAVTAT, MAY 1999



RED CROSS FORUM, CAVTAT, MAY 1999

Besides already known population groups with 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 was left from that time but continuous 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

## **THE CHALLENGE OF GOODNESS**

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 was assessed.
2. Armed Serbs were permitted to leave Croatia.
3. Croatian and Bosnian Moslem refugees



## THE CHALLENGE OF GOODNESS

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**



KOSOVO, JULI 1999



LETNICA, KOSOVO, JULI 1999



JANJEVO, KOSOVO, JULI 1999



JANJEVO, KOSOVO, JULI 1999 - NEW LIFE

### 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), Page 30.**

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

## THE CHALLENGE OF GOODNESS

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.

## Acknowledgments

My thanks to those throughout the world who understood, helped, and suffered with us, and to all people in war or conflict, whose loss of life, home and dignity made us face The Challenge of Goodness. My special thanks to Mr Branko Čulo with whom I faced, lived, and developed the Challenge of Goodness. My thanks to Ana and Matko Marušić, who supported me in my humanitarian work and thought me the responsibility and power of science.

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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

Before 1999 Kosovo crisis	After 1999 Kosovo crisis
<b>RESEARCH AND EDUCATION</b>	<b>RESEARCH AND EDUCATION</b>
1. Redefinition of Health	1. Redefinition of Health
2. Confronting Genocide	2. Confronting Genocide
3. University Studies and Education	3. University Studies and Education
4. Collecting Experience	4. Collecting Experience
<b>EVALUATION</b>	<b>EVALUATION</b>
1. Red Cross Forum	1. Red Cross Forum
2. Open Hand - Experience of Good People	<b>2. Organization and technology assessment (new)</b>
	3. Open Hand - Experience of Good People
<b>STAGES OF WAR OR CONFLICT</b>	<b>STAGES OF WAR OR CONFLICT</b>
1. Prevention	1. Prevention
Hate Watch	Hate Watch
Right to a Home	Right to a Home
2. Duration	<b>Early warning (new)</b>
Refugee Camps	2. Duration
Prisoner-of-War Camps	<b>Refugee Camps (modified)</b>
Global Hospital	<b>Prisoner-of-War Camps (modified)</b>
3. End of Conflict and Postconflict Period	<b>Global Hospital (modified)</b>
Care for the Remaining and Abandoned	<b>Minorities (new)</b>
Prisoners of War and Missing Persons	<b>End (new)</b>
Civilian participation in Defense, Return, and Renewal	<b>Planned, organized, and evaluated protection (new)</b>
	3. Post Conflict
	Remaining and abandoned
	Prisoners of war and missing persons
	Civilian participation
	<b>Return and renewal (new)</b>



## References

- 1 Lang S. Challenge of Goodness: twelve humanitarian proposals based on the experience of 1991-1995 wars in Croatia and Bosnia and Herzegovina. *Croatian Med J* 1998;39:72-6.
- 2 Letter in possession of Dr Slobodan Lang.
- 3 Documents in possession of Dr Slobodan Lang.
- 4 Letter from Professor Jonathan Mann, Director of the Francois-Xavier Bagnoud Center for Health and Human Rights of the Harvard School of Public Health to Dr Slobodan Lang, July 12, 1993. In possession of Dr Slobodan Lang.
- 5 Research paper by Dr Slobodan Lang for the Francois-Xavier Bagnoud Center for Health and Human Rights of the Harvard School of Public Health. Boston (MA): Harvard School of Public Health; 1993.
- 6 Jones L. Letter from Yugoslavia. *BMJ* 1991;303:371.
- 7 Lang S. A physician and the war. *Croatian Med J* 1992;33 War suppl. 2:1-2.
- 8 Croatian Healthy Cities Network: Wounded healthy cities. Searching for health and human dignity. London: Sandwell Public Health Publications; 1992.
- 9 Lang S. Bosnian Winter: An open letter to Mr Al Gore, the Vice-President of the United States of America. *Croatian Med J* 1992;33:236-9.
- 10 Lang S. Croatian Refugees Claim. *Croatian Med J* 1992;33(4):back cover.
- 11 Čulo B, Lang S, Marušić A. Protecting the population in occupied areas of Croatia. *BMJ* 1993;306:1071-2.
- 12 Lang S. The Third Balkan War: Red Cross bleeding. *Croatian Med J* 1993;34:5-20.
- 13 Lang S, Marušić M. Peace, human rights and war: the painful Balkan lessons. *International Minds* 1993;4:6-13.
- 14 Marušić A, Marušić M, Lang S. White Road for Nova Bila and Silver Bosnia: a chronology of the humanitarian convoy. *Croatian Med J* 1994;35:3-7.
- 15 Lang S, Marušić A. Peace Hospitals -- technology of hospital protection in a conflict. *Croatian Med J* 1994;35:53-8.
- 16 Lang S. Human rights, medicine and health: tragic symbols of Eastern Slavonia that became a reality. *Croatian Med J* 1995;36:3-6.
- 17 Lang S. Abandoned elderly population, a new category of people suffering in war. *J Publ Hlth Med* 1996;19:476-7.
- 18 Lang S, Javornik N, Bakalić K, Swenlund S, Ghidi V, Luetić V, et al. "Save Lives" operation in liberated parts of Croatia in 1995: emergency public health action to assist abandoned elderly population. *Croatian Med J* 1997;38:265-70.
- 19 Lang S. A physician and war: the conflict in Bosnia and Herzegovina. In: Lang S, Orešković S, editors. *Javno zdravstvo i ljudska prava*. Mostar: Medicinski Fakultet Sveučilišta u Mostaru; 1997. p 31-46.
- 20 Lang S. Preventing genocide. In: *Ethical reflections of clinical care in violent situations*. Harvard Program in Refugee Trauma. Rijeka: USAID and Harvard University; 1997. DHR-0016-A-5055-00.
- 21 Lang S, Javornik N, Vukušić H, Jakovljević M. The Challenge of Goodness: is there anything we can learn from war? *Psychiatra Danubina* 1998;10:142-4.
- 22 Lang S. Partnership in peace. *Tipping the Balance*. Newsletter 1998;6:5.
- 23 Lang S. The Challenge of Goodness. Zagreb: Croatian Red Cross; 1999.
- 24 UN General Assembly resolution 217 A (III). Universal Declaration of Human Rights. New York: Centre for Human Rights Geneva; 1988. p. 1-7.
- 25 UN General Assembly resolution 260 A (III). Convention on the Prevention and Punishment of the Crime of Genocide. New York: Centre for Human Rights Geneva; 1988. p. 143-7.
- 26 Horton R. Croatia and Bosnia: the imprints of war--I. Consequences. *Lancet* 1999;353:2139-44.
- 27 Horton R. Croatia and Bosnia: the imprints of war--II. Restoration. *Lancet* 1999;1999:2223-8.
- 28 Letters in possession of Dr Slobodan Lang.
- 29 Lang S. The Challenge of Goodness -- humanitarian globality. Abstracts of the European Conference on Health and Human Rights; 1999 March 15-16; Strasbourg, France.
- 30 Kelmendi Z, Limani A, Gashi-Luci L, Dedushaj J. The Health-Care and Medical Situation in Kosova. Lecture Paper presented at the European Conference on Health and Human Rights; 1999 March 15-16; Strasbourg, France. (Manuscript in possession of Dr Slobodan Lang.)
- 31 Lang S. Appeal for hospitals in Kosovo. 1999. Letter in possession of Dr Slobodan Lang.
- 32 Global Hospital. 1999. Letter in possession of Dr Slobodan Lang.
- 33 Letter to the President of Republic of Croatia by Dr S. Lang. April 1, 1999; and Decision of the President of April 2, 1999. (In possession of Dr Slobodan Lang.)
- 34 Plana I. A Journey into the Unknown. The testimony of a physician from the Priština hospital at Kosovo. Skopje, Macedonia, April 6th 1999. (Letter in possession of Dr Slobodan Lang.)
- 35 List and Plan. 1999. (In possession of Dr Slobodan Lang.)
- 36 The world at WAR. From Sarajevo to Sarajevo: a century of eyewitness accounts. *Newsweek* 1999 March 15.
- 37 Lang S, Ljubijankić I. The most tragic Europeans. World Summit on Social Development, Copenhagen, Denmark 1995 March 9t. In: Prossli A, editor. *Akcija za Banja Luku*. Zagreb: Bijeli put; 1995. p. 111-6.
- 38 Zwi A, Fustukian S, Sethi D. Never again, once again: learning from the Kosovan tragedy. *European Journal of Public Health* 1999;9:81-2.



**GOOD PEOPLE**

Dr. Plana in the plane for Zagreb.

*That was the end to our suffering. We felt human once more, as people had time to listen to our story and wanted to help us. Our lives made sense again.*



## A JOURNEY INTO THE UNKNOWN

The testimony of Dr. Ivanka Plana, born Janžlć, a physician from the Priština hospital at Kosovo.

The tragedy we have witnessed and taken part in began a year ago and reached its peak on March 31st 1999, when a heavily armed unit of Serb special police barged into our home and ordered us to leave in the most brutal way. Shouting insults and cursing us, they took our money and gold, and we realised that the same thing happened to our neighbours. Our street resounded with screams of terrified women and children and horrible bawling of Milošević's policemen.

There was only enough time to get into our car and begin our journey into the unknown. We had only one goal - to stay alive. Fighting for survival began, as our lives were the only possessions we were left with. We set off towards Macedonia, but the police directed us off the main road to make way for a convoy of tanks and armoured vehicles. We were not allowed to go any further, so that we spent the night in a village near Uroševac. Two days later a convoy of several cars, ours among them, resumed its journey and headed towards Skopje. We soon joined the line of cars waiting in front of the Macedonian border, which was about ten and a half kilometres long. The refugees from Priština, Mitrovica, Vučitrn and Uroševac were in the cars.

Food and water were scarce. Although we saved food for the children, we did not even have enough for them. We were able to have a meagre meal once a day. On April 2nd, around 6 p.m., a Serbian TV crew arrived with a van full of bread. They started handing out bread, which lasted only as long as it took them to shoot the scene and then went back. While we were waiting to cross the border, we were surveyed by soldiers on military vehi-

cles, armed with automatic guns they pointed at us. At 8 p.m. on the same day, we set off towards the border. On entering the border area we were instructed to go into a dark factory yard and wait there without any explanation why. We were surrounded by drunk policemen, who swore and shouted at us, even forbidding little babies to cry. We spent the night in the cars. It was raining all the time

*The camp of death was a place where we struggled to get a piece of nylon covering, as it was raining continually, where we fought for a piece of bread, a carton of milk, a blanket.*

and we were without food and water. In the morning of April 4th all the men were called to gather in the middle of the yard. The women and children were ordered to remain in the cars. The men were told that we should leave the cars and continue our journey on foot, following a railway track which, we were warned, was mined all the way. Following the railway track we came to the no-man's-land, which I named the death camp, a place where you can see dead men walking. The people there resembled ghosts who aimlessly wandered around. We had to pass a cordon of Macedonian police and board the buses which, we hoped, would take us away from the camp, to a world where there was place for Croats, Albanians and Romanians alike, not only for Serbs, a world without massacres and killing of babies, pregnant women or helpless old men.

The camp of death was a place where we



struggled to get a piece of nylon covering, as it was raining continually, where we fought for a piece of bread, a carton of milk, a blanket. People died there and their bodies ended up in the river of Vardar, as there was no place for their graves.

The soil in the camp was thick and black, mixed with human excrements. People were sitting huddled together, some ten to fifteen of them under a piece of nylon, their eyes filled with terror. Everything had a price there, except human lives. During the night you could hear painful children's cries and sad wailing of the adult.

I made a few attempts to explain to a Macedonian policeman that we were Croatian citizens, but the only answer was : "Back off."

Trying to figure out how to save my children from the camp, I decided to make a risky move. The price for getting on the bus was a thousand German marks for each person, and I did not have that kind of money. Since my husband was in a medical team, I decided to pretend that our little boy was dying. Together with my daughters, I simulated a hysterical attack and ran by a policeman shouting out that the boy was dying. Luckily, we were allowed to an improvised nursing station where I my husband was waiting. Hoping to reach the buses, we went on through the mud, but we were soon stopped by another cordon of policemen. We had to try again , the bus was so close. A young men from the Red Cross carried my boy, while my daughters and me crawled up the hill. A policeman tried to pull me back, but I gave him a desperate look and he let me go. We reached the bus, soiled with mud, exhausted, hungry and thirsty. My son was barefoot and I went to a relief centre to ask for shoes. He got new shoes, but he still

cried for his worn out muddy trainers. We waited to get on the bus from 10 p.m. till 5 a.m. the following morning. We hoped that that was the end to our suffering.

Not long after our ride had begun, we stopped at one place. We did not know where we were heading and what our destination was. We were not allowed to leave the bus, not even to open the door. We were dirty and deprived of sleep, that was the sixth night in a row we spent awake. There were about 70 - 80 people in the bus. It was terribly hot. People were sleeping on their feet. At one moment we were ordered to leave the bus but then we were instructed to go back again. Finally, we reached the camp. Instead of nylon coverings there were tents, but the camp was surrounded with wire and guarded by the police.

I tried to find out how to get to the Croatian Embassy, but nobody could help me. Then I heard a journalist speaking Croatian and decided to turn to him. Fifteen minutes later I was at the Embassy, together with my family. That was the end to our suffering. We felt human once more, as people had time to listen to our story and wanted to help us. Our lives made sense again.

This is just a brief account of the events that were happening from March 31st to April 5th 1999.

Skopje, April 6th 1999

Written by :

Dr. Ivanka Plana, born Janžić

Translated by: Nina Antonnini





# CHALLENGE OF GOODNESS:

## Twelve Humanitarian Proposals Based on the Experience of 1988-1999 Wars in Croatia and Bosnia and Herzegovina

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Based on the 1988-1999 war experience of peoples of Croatia and Bosnia and Herzegovina, I made twelve proposals regarding the following aspects of health, humanitarian work, and human rights:

1. Broadening of the WHO definition of health by including spiritual well-being (absence of hatred) in it,
2. Inclusion of the term genocide into the Index Medicus (MeSH),
3. Establishment of concepts of prevention of hate,
4. Right to a home,
5. Right of civilians to participate in defense and renewal,
6. Right to liberation from enslavement and right to find out the fate of missing persons,
7. Global hospital,
8. Monitoring of prisoner-of-war camps,
9. Refugee camps,
10. Providing of care for the abandoned - a new category of people suffering in war,
11. Introduction of the Helping Hand concept,

12. Organization of the Red Cross Forum after the cessation of hostilities. The fundamental objective was to establish the legitimacy of honesty in practice, regulative social mechanisms, and science.

Key words: Bosnia and Herzegovina; Croatia; human rights; refugees; war; World Health Organization

The immense humanitarian experience gained during the 1991-1995 conflicts on the territory of the former Yugoslavia is of invaluable significance for the promotion of humanitarian work in the entire world. There is nonetheless a danger of not using it adequately or disregarding it.

The twelve proposals presented here were formed gradually over the course of this period. They originated from personal and common experiences and practical work with thousands of people in most difficult conditions (1), and therefore range from daily practicalities to the concept of righteousness. The fundamental objective was to establish the legitimacy of honesty in practice, regulative social mechanisms, and science. In essence, I propose a definition of a "technology of goodness".



## THE CHALLENGE OF GOODNESS

In the beginning, I was focused on the struggle against genocide, gradually realizing that the efforts should concentrate on the promotion of goodness, because that approach constitutes a direct method of genocide prevention. People subject to suffering and expulsion possess an immense power to do good. Under conditions in which humanity is stifled, unimaginable forms of creativity and mutual human support appear. They can be extensively utilized in spite of limited resources. This power, ability, and readiness should be given legitimacy and room to develop. A basic prerequisite for this is that international humanitarian activists and institutions collect more information on the strength and initiative of goodness under conditions of hardship and suffering.

After the Second World War, thanks to the victory of the allied forces, as well as to the personal contribution of great humanists such as Eleanor Roosevelt and scientists like Dr Victor Frankl, the Universal Declaration on Human Rights was adopted, and the United Nations (UN), the United Nations International Children's Emergency Fund (UNICEF), the United Nations High Commission for Refugees (UNHCR), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Health Organization (WHO), and other organizations were established (2).

Today, the humanitarian approach is in crisis (3), because it has an unsatisfactory reputation in the public (4) and lacks sufficient intellectual, political, and economic support. Present scholarship does not cherish enough interest in the truth on the knowledge of humanitarian needs and possibilities, nor does



ZAGREB, 1995



DRNIŠ, 1995



KNIN, 1995



BAJAKOVO, 1996

it adequately appraise the desire for creating goodness. Humanitarian organizations themselves, particularly the specialized agencies of the United Nations, waste more time justifying their failures than ensuring the necessary support for the improvement of their work. Nevertheless, after the 1991-1995 wars in Croatia and Bosnia and Herzegovina, we cannot limit ourselves to record experiences of warring, crimes, and human rights violations, but we must also record humanitarian, peace-making, and all other experiences of goodness. During 1998, which marks the 50th anniversary of the Universal Declaration on Human Rights, the world must remember the people in our region who strived to do good during this past war, and, based on that experience, strengthen international humanitarian work in the future.

## Proposals

Based on the experience of peoples of Croatia and Bosnia and Herzegovina, twelve proposals on various aspects of health, humanitarian work, and human rights were made. The proposals call for the responsibility of medicine, particularly regarding the technology and potentials of public health medicine, with the emphasis on the struggle against hatred and genocide.

## General Principles

The first two proposals aim at improving general aspect of peace and humanitarian work as seen from a medical perspective. Both proposals are easy to achieve, but it may be difficult to convince those in charge to accept them.

## THE CHALLENGE OF GOODNESS

### 1. Redefinition of Health

We have seen that the spiritual well-being entails an absence of spiritual "contamination" (hatred), with a disposition for tolerance and reconciliation. A person who hates cannot be considered healthy. Thus, the definition of health as given by the World Health Organization (WHO) (5) should be extended to read: "Health is a state of a complete physical, mental, social, and spiritual well-being, and not simply the absence of illness or incapacity."

### 2. Inclusion of the Term GENOCIDE into the Index Medicus

The term "genocide" should be classified in the Index Medicus (Medical Subjects Headings, MeSH). This would emphasize the responsibility of medicine, particularly of public health, in the prevention and cessation of genocide, and systematic action and research on it.

## Peacemaking Rights

The group of the following four proposals is associated with peacemaking rights - human rights which can potentially enhance peacemaking in situations of conflict, armed or other.

### 3. Prevention of Hatred

Hatred can increase, sustain itself, diminish, and cease in an individual or population. Raising the level of hatred in a community is one of the leading early signs that becomes apparent before the commencement of persecution, war, genocide, and other extreme forms of the mass violation of human rights. The advancement of tolerance and prevention and mitigation of hatred are human rights which allow the realization of the foundations of

## THE CHALLENGE OF GOODNESS

humanity - the dignity and mutual relationships in the spirit of brotherhood. For this purpose, the monitoring of hatred ("Hate Watch") must be introduced, with defined and comparable indicators of its intensity, origin, targets, etc.

Hatred is sustained and fostered through political, cultural, scholarly, and other organizations and individuals, through writings, laws and other decisions and statements, and particularly through the mass media (6). Determining the extent of hatred, its reduction and the prevention of its growth among national, religious, and other groups must be the subject of regular study and monitoring. This can be implemented by scientific research, parliamentary organizations, the media, and other methods.

### 4. Right to a Home

The right to a home is a fundamental human right. Destruction of a single home and expulsion of an individual is a global event. A system of international human rights and an effective organization for the prevention of seizure of homes and creation of refugees must be implemented.

In case of refugees, the right to return home must be realized within a period of two years since their expulsion. If this is not implemented, the refugees must have a right to chose a country in which they wish to find their new home.

The UNHCR has so far primarily organized the reception of refugees, their accommodation, and assisted in their resettlement to third countries. This entire concept, i.e., taking people away from their homes, must be completely reversed: the Right to a Home, i.e., the right to remain or return home, should be established as one of the fundamental human rights.



DUBROVNIK, 1991



MOSTAR, 1992.



MOSTAR, 1993



TRAVNIK, 1992

Refugee insurance must be introduced with the goal of protecting refugees' social rights. The social welfare of refugees should be ensured from the very beginning of their exile. The financing of this project should be implemented as a part of the obligations of all United Nations member-states.

### **5. Right of Civilians to Participate in Defense and Post-War Renewal (Overall Civilian Support)**

The role of civilians in the implementation of defense and renewal should be particularly emphasized.

Aggression against civilian population and their common suffering, as well as the first phases of post-war renewal, are marked by a significant increase in the readiness of civilians to assist one another, strengthen their common defense and participate in the post-war renewal. In general, civilians show their altruism and readiness for personal, active participation in the accomplishment of the common goals. This is all the more important since aggression against civilians has become one of the key features of modern wars.

### **6. Right to Deliberation from Enslavement and Right to Find out the Fate of Missing Persons**

The location of missing persons and release of prisoners should be an unconditional part of every peace treaty implemented on the international level.

The implementation of this goal will require the establishment of a body consisting of international political representatives (the UN and regional organizations), humanitarian organizations (UNHCR, ICRC; IFRC, the UN Special Rapporteur on Human Rights), the conflicting parties, and special participants. This appointed group must have a

## **THE CHALLENGE OF GOODNESS**

right to demand the unconditional location of all missing persons and secure the release of all detainees taken in the theater of war. Any obstruction of its work should be considered a war crime and a violation of a peace treaty (truce).

The introduction of an international war crimes tribunal actually indirectly endangers the missing persons and detainees. Fearing that these persons, after being released, will testify against them, the warring sides abandon the agreements regarding their fate, refuse to release the prisoners or tend to do even worse things. A large number of today's conflicts end in compromise. The release of detainees and the provision of information on missing persons must be unconditional.

### **Protection of Endangered Groups and Institutions in War**

The following four proposals relate directly to war and to actions that can be undertaken for a more efficient protection of endangered groups and institutions during an armed conflict.

### **7. Global Hospital**

The current forms of hospitals in wartime conditions have considerably stagnated, and they do not satisfy the basic needs, such as safety, supplies, information, care for patients dependent on technology/dialysis, intensive care, incubators, chemotherapy, etc. Modern hospital is a technological center, immobile and dependent on energy supplies and in other ways. New human rights-protection possibilities have not been utilized in hospitals protection and continuation of work in cases of emergency (e.g., war). These possibilities include UN neutrality, public support, and the computer and communications development - all in



## THE CHALLENGE OF GOODNESS

conjunction with the growth in the global importance of health and human rights.

The safety of hospitals proved to be one of the most delicate problems of 1991-1995 wars in Croatia and Bosnia and Herzegovina, i.e., the readiness to attack hospitals became one of the greatest surprises of the war (7,8). I propose the improvement of hospital organization during wars and other forms of violence, general strife, and times when normal hospital operations are impeded. The proposal is based on (a) the changes in modern technology in medicine and communications, (b) increase in the destruction and prevention of hospital operations in modern wars, (c) changing face of illness and breakthroughs in public health, and (d) growth of the opportunities for human rights in this field. I propose that in war, every hospital in the world has a right to become a member of a global hospital which would coordinate the following: 1. Registration of hospitals with the Red Cross, and WHO which would head the organization of the global hospitals' program; 2. During conflicts, hospitals become neutral territory (UN-protected); 3. Hospitals have international observers during times of general strife; 4. Hospitals are obliged to receive all patients, regardless of nationality, race, language, sex, age, social status, political affiliation, health or loyalty to either conflicting party; 5. Hospitals receive supplies from the international organizations if needed; 6. Hospitals have sister hospitals on the safe territories with which they cooperate. The sister hospitals would offer support in professional consultations, and representation before the international community; they would also provide direct assistance in material, personnel, and expertise; 7. During times of general



KNIN, 1995



MAJDAN, 1995



PERUZOVIĆ, 1994



ILOK, 1997

strife, the hospital submits daily reports on its functioning and general situation (e.g., safety, supplies). The UN (WHO) and the public would be regularly informed through world news and Internet; and 8. In cases of emergency, the UN (Secretary General, Security Council) and the public are informed (9).

### **8. Prisoner-of-War Camps**

The existing forms of humanitarian protection provided to the prisoner-of-war camps do not include the obligation of registration, constant international presence or sufficiently effective monitoring and action (10). The following new and concrete measures, in addition to the known ones, should be considered as a regular tool in the future: 1. Prisoner-of-war camps must be registered with the International Committee of the Red Cross (ICRC) immediately upon their establishment; 2. Failure to register camps is a war crime on the part of the party that establishes the camp, and this party will be directly responsible for all further developments in the camp; 3. Immediately upon receiving this information, the ICRC must designate a permanent representative who would reside in the camp as long as it is in operation. The international representative would be obliged to monitor the observance of the existing regulations, regularly submit reports on conditions in the camp, and undertake all necessary measures as needed; 4. UN (Department of Human Rights) and the public must be regularly informed; and 5. In cases of emergency, the representative would inform the UN (Secretary General, Security Council) and the public.

### **9. Refugee Camps**

Based on our 1991-1995 experience, I

## **THE CHALLENGE OF GOODNESS**

think that the humanitarian approach to refugee camps is not sufficient to provide the maximum possible assistance to the refugees (11). I propose the following innovations with this respect: 1. Refugee camps must be registered with the UNHCR immediately upon their establishment; 2. UNHCR must designate a permanent commissioner who would reside in the camp as long as it is in operation; 3. UN (Department of Human Rights) and the public (media and Internet) must be regularly informed of the situation in the camps; and 4. In case of emergency, the UNHCR is obliged to inform the UN (Secretary General, Security Council) and the public.

### **10. Care for the Abandoned**

When the majority of the population massively departs from an area, regardless of the cause, the rest of the population remains, and this may lead to a social collapse (12,13). The remaining, abandoned part of the population, generally the sick and elderly who are not mutually connected in any way, is exposed to great additional risks (12,13).

Up to the present, humanitarian care for displaced persons and refugees, and for detained persons or persons living on the occupied territories, has been developed, but the same cannot be said for the abandoned population.

Care for the abandoned population was defined and implemented for the first time in Croatia in 1995 (12). An abandoned population is a new humanitarian category, and it will be necessary to systematize and develop care for them. Our experience has shown that such populations are generally elderly persons requiring additional forms of humanitarian protection (12,13). This too has yet to be adequately defined.



# Peacemaking and Humanitarian Evaluation

Humanitarian concern with war should not cease with the cessation of a conflict. The peace should be used to prevent future potential conflicts, first and above all by the analysis and utilization of peacemaking experiences from the most recent conflict.

## 11. Helping Hand

God accepted Abraham's request to forgive everyone in Sodom and Gomorrah if he could find ten righteous men in them. There were only five, so the towns were destroyed. However, in human history, the importance of good and righteous people in saving the lives of individuals and communities has been proven many times. After the Holocaust and the formation of the state of Israel, the Yad Vashem Memorial Center was founded. It pays tribute to the millions of victims, and even today, it still collects data on each individual victim. At the same time, it has been proven that there were righteous people in every nation, who have saved Jews without any compensation and at risk to their own lives. Such experiences have also been collected, one by one, so that today over 13,000 people have been proclaimed Righteous. This was the first time in the history that the experiences of righteous people were collected and preserved (14).

Based on these experiences, we have attempted to collect the experiences of the work of good people since the beginning of the war in Croatia, and (partially) in Bosnia-



KNIN, 1995.



NEMETIN, 1994



GOSPIĆ, 1994



PAKOVO SELO, 1995

Herzegovina.

I propose the methods introduced in Yad Vashem to be applied: 1. Righteous acts should be recorded and righteous people should be proclaimed after each war, in accordance with the defined criteria and methods of conferral; 2. The proclamation of righteous people would be performed by the Red Cross through a special Committee, defined criteria and conferral methods; 3. Each proposal must be accompanied by verified documentation on the righteous acts; and 4. The archives of righteousness should be located at the Red Cross and be at disposal to the public.

In Vinkovci, Croatia, at the end of the war, we found the left hand of Christ, lacking the forefinger, pierced by a nail from the cross. Christ's hand was outstretched, ready to receive and assist others despite his own suffering and wounds. Thus, we propose that in Croatia this award is called "A Helping Hand."

Righteous people and their deeds have always existed, but unfortunately neither specialized organizations nor science developed methods of collecting their experiences and the creation of a technology of goodness. The international community has been much more involved with politicians, soldiers and criminals than with the righteous. This diminishes the respect and aid to the suffering, and even supports prejudices against nations when they are undergoing the greatest hardship. The experience of righteousness acquired through suffering should be used much more in order to prevent further suffering and aid other nations and people.

## 12. Red Cross Forum

After every war, the Red Cross family (local organizations, ICRC, IFRC) would hold a

## THE CHALLENGE OF GOODNESS

mandatory Red Cross Forum. The goal of the forum would be to assess the effectiveness of the existing and applied humanitarian aid models, the observance of humanitarian laws, and to review a survey of new approaches and methods. Representatives of the UN, governments, humanitarian organizations, research organizations, interested individuals, and others would participate in the work of the forum. The work would be organized as a Research Plenum, with testimonies and presentations on specific topics.

The Red Cross Forum would be announced concurrently with the proclamation of truce and cessation of hostilities, and it would be held two years later, on the same day, in the country in which the conflict occurred. The introduction of the Red Cross Forum would mark the end of the tragic tradition of a systematic sustaining and fostering of the memory of military activities and perpetration of evil (6,15). In this manner, a right to the experience of goodness is introduced, not only within communities that underwent suffering and hardship, but in the international community as a whole.

## Discussion

The twelve proposals depicted here should not appear either too ambitious or far-fetched. The peoples of Croatia and Bosnia and Herzegovina have passed through extremely hard times, and their awesome experiences are among the worst of all wartimes. Nevertheless, both countries are civilized, with advanced medicine, ability of local intellectuals to communicate with professionals from other countries, and subsequent awareness and appreciation of human rights and their relationship with medicine. The peoples of Croatia

## THE CHALLENGE OF GOODNESS

and Bosnia and Herzegovina were not only able to endure the horrors of the war, but also to learn from the respective experiences, and, above all, to retain the ability to forgive, and to - give. We want to give to others, who may be unfortunate like ourselves to find themselves in the state in war, and to all the mankind, our experiences arranged not only as a course of suffering (16,17), but also as a piece of advice, a call for action that may be important at any point of our future. The experience of the past should be used as a preparation for future, as the knowledge of a disease allows the development of a vaccine that will stop or at least alleviate the disease in the future, in all people encompassed by the vaccination.

Some of the twelve proposals are technically simple, and their implementation depends on initiative and good will only. Others require more extensive actions, more participants and stronger public, medical, and political support. Some are more local in character, but none of them is unnecessary, and without a concrete goal and definite strategy, and all extend, directly or indirectly, to all inhabitants of our planet, those living now or those who are yet to be born.

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NOVA BILA, 1992.



NOVA BILA, 1993



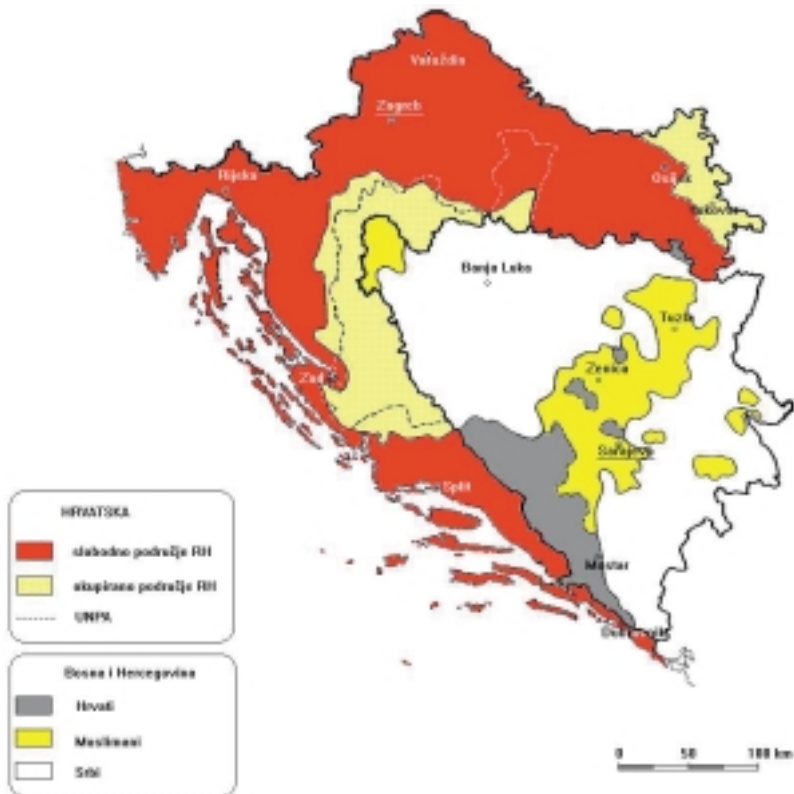
NOVA BILA, 1994



NEW HOSPITAL, NOVA BILA, 1997



CROATIAN HOSPITAL DR. MATO NIKOLIĆ, NOVA BILA 1999



SITUATION IN THE FIELD, 1993





OKUČANI, 1995



BAJAKOVO, 1996



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*After each armed conflict a **Red Cross Forum** should be held which would gather all of those involved in humanitarian work. This Forum would assess the effectiveness of existing approaches by subject, point out new perils and new possibilities, and engage in the collection of experiences of goodness and mutual assistance among people.*



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*The challenge of goodness*



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