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Impact of the War on Public Health:

Experiences from the War in Bosnia and Herzegovina 1992-1995 using the example of the Federation of Bosnia and Herzegovina

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Impact of the War on the Health of People

Experiences from the War in Bosnia and Herzegovina 1992-1995 using the example of the Federation of Bosnia and Herzegovina

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I acknowledge my honest appreciation for his great support and patience to my Professor Karl Heinz Wehkamp.

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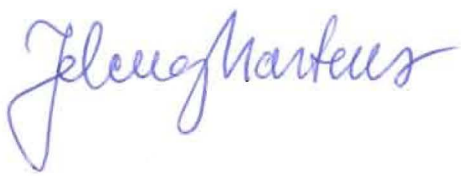
Statutory Declaration

I declare that I have developed and written the enclosed Master Thesis completely by myself, and haven not used sources or means without declaration in the text, any thoughts from others are clearly marked. The Master Thesis was not used in the same or in a similar version to achieve an academic grading or is being published elsewhere.

Hamburg, March 08, 2012



Jelena Martens

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INTRODUCTION

1.1 Modern society and modern war

"War is perhaps the most serious of all public health problems."[1]

In our modern society violence is experienced daily, and in the most versatile ways. The direct consequences of violence are injury and death, and thus it has an enormous impact on the public health. This is why the public health practitioners have developed epidemiological methods to unveil the characteristics of this problem, identify risks, develop appropriate interventions, and close the scientific circle by measuring and evaluating the impact of those interventions (2).

Violence in our modern society is also experienced indirectly, and this indirect exposure also has an impact on our health (2). Violence (violent images, stories, news, etc.) is broadcasted and publicized using the advanced technology by the media to be condemned, glorified, prevented, exposed, celebrated, encouraged, inspired, and used as an argument for even more violence.

Violence is in families, on the street, in youth gangs, it is expressed in music and video spots, and army print is still in fashion and even on children's clothing. Toy shops are filled with impressive selection of toy-weapons, army-uniforms and other war gadgets for children. Out of the concern for the child's safety, these toys are labeled for what ages the toy is appropriate (e.g. from 18 to 24 months, not recommended for children under 3, etc.) - just like on the Lego blocks.

Violence seems to excite the modern man, and is often used for entertainment. Film industries have produced masterpieces where violence is put on a pedestal, and they have been awarded with Hollywood's Oscars, or other awards. Internet has brought the violent warfare videogames to a new global level of online play, and newspapers have informed numerous times of high-school shootings sounding awfully familiar. "The association between childhood exposure to media violence and subsequent aggressive behavior has been firmly established over the past four

[1] ***Encyclopedia of Public Health***, Edited by Breslow, L. Macmillan Reference USA (2002) Volume 4, Page 1301

decades."[2] But, the industry of violence is a source of income for many humans, and a source of great power for a few.

War is a type of violence, and it does not seem to be everywhere, at lease not at the same time. There are societies free of war. Are there societies free of violence?
"From this culture of violence people learn at an early age that violence is the way to try resolving conflicts"[3]. The role of public health practitioners thus must change in the direction of exposing hidden and not so obvious treats of violence. Understanding and reducing violence and promoting non-violent alternatives is decisive for improving the quality of life, at least on a community level. (2)

Wars have been a constant part of human history, and throughout the history their nature has changed. In the war casualties amongst military personal are expected. But even the military casualties have been consistently increasing throughout centuries.

Casualties amongst military personal

Century	Average Annual Military Deaths	World Mid-Century Population in Millions	Average Annual Military Deaths per Million Population
17th	9,500	500	19.0
18th	15,000	800	18.8
19th	13,000	1,200	10.8
20th	458,000	2,500	183.2

(Source: Barry S. Levy and Victor W. Sidel, War and Public Health, updated edition
2000 The American Public Health Association Copyright 1997 by Oxford University Press, Inc.)

[2] **Oxford Textbook of Public Health**, The Scope of Public health, fourth edition Oxford University Press 2002, Volume 3, Page 1556

[3] ***Encyclopedia of Public Health***, Edited by Breslow, L. Macmillan Reference USA (2002) Volume 4, Page 1301

While in the past we have witnessed armies meeting on the designated battleground, usually in the territorial conquest, wars in the modern society primarily aim at societal disruption. Battlegrounds have moved into the civilian populated areas - cities and villages. Civilians, often women and children, have become the primary targets (36). Only over the past decade, UNICEF and NGOs estimate that two million children have been killed, four to five million handicapped or disabled, twelve million left homeless, over one million orphaned or separated from parents, and ten million psychologically traumatized. In addition, out of the world's twenty million refugees, children constitute between one third and one-half. (2)

The destructive nature of the war is not only severe, but also long lasting. War destroys social economic, and political infrastructures, and uses up large funds to fuel the war or preparations for the war. These funds could be used up for social goods, if the conflicts were resolved through non-violent ways (2). Modern wars are also characterized by the erosion of system of values, violation of human rights and international laws.

Recent wars have employed rape, siege of the cities and targeted distraction of the necessary infrastructure for the survival of citizens (e.g. hospitals, water and electricity facilities, telecommunications, etc.), ethnic cleansing, genocide, terrorism acts, and random sniper shooting at the civilians, mutilation of the civilians, landmines and other forms of brutalities.

Scientific and technological developments have also contributed to the changed nature of the modern wars. "The age of science has provided more efficient methods of inflicting violence, and it has changed the ethics of violence".[4]

The world has seen two World Wars in the first half of the XX century with massive destruction of everything human, with massive destruction of nature too. The consequences of these wars were deep and long lasting. In the second half of the XX century, the world was spared of World Wars, but not of wars as such. Regional, local wars continued to happen on the world stage, and

[4] Barry S. Levy and Victor W. Sidel, ***War and Public Health***, updated edition 2000 , Page 3, The American Public Health Association Copyright 1997 by Oxford University Press, Inc

the politicians, representatives of the state, national leaders, etc. continued to be the central figures to (fail to)prevent war, provoke the war, and (fail to)reconcile the warring parties.

Modern wars have been worldwide publicized through the media, and in modern wars we also see the presence of international community in the form of peacekeeping forces, humanitarian organizations, journalists, world leaders, etc.

Human creativity in this field continued to blossom throughout the 20th century, leaving the impression that it was the most violent century in the human history.

1.2 Public health approach to collective violence

Health sector's response to violence and war is primarily reactive, healing, and therapeutic. As public health focuses on populations with the primary focus of preserving, promoting and improving health, it wideness its field to function as a multidisciplinary science based approach. The idea that the violent behaviour is preventable is rooted in the selection of theories and methods public health develops and employs.

Public health uses epidemiological methods to examine and define the problem, as well as to identify the influencing risks. The findings help develop interventions. It means that public health believes in deliberately planed course of action. The results, or success of intervention programs is evaluated and evidence is provided.

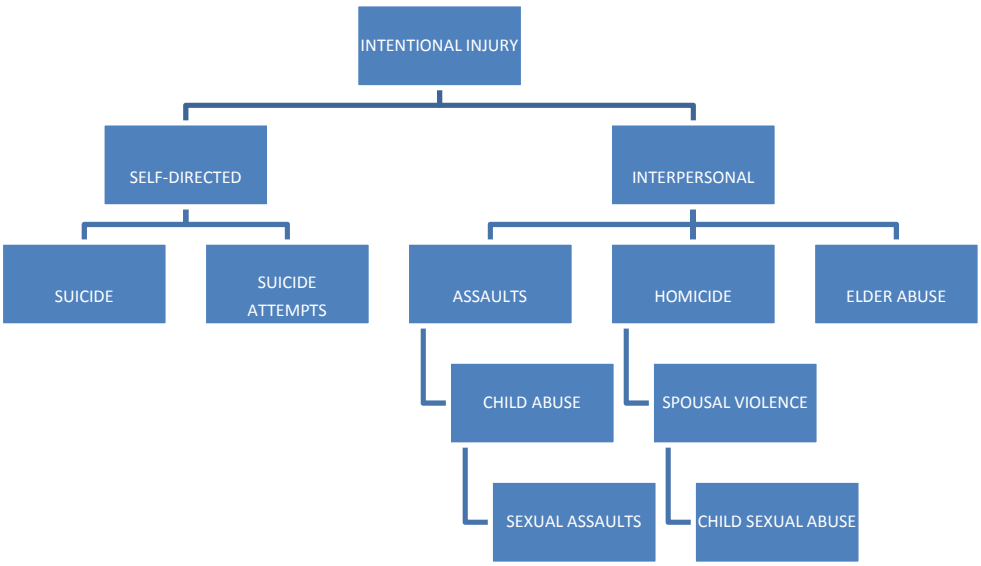
Public health has multidisciplinary approach and often has overlapping interests with other fields. For example, criminal justice law and human rights also tackle issue of violence, but from different grounds than public health, even though often with similar or the same issues and objectives. Public health is an enriching approach that does not negate or offer a different view, but compliments criminal justice law and human rights agenda by offering additional evidence, tools, research findings, and sources of collaboration.

To clearly define violence one encounters complexity of the phenomenon which makes the task difficult, considering all the cultural, social, ethical and other aspects that constitute it in this ever changing world. This is one of the reasons why globally addressing the issue of violence becomes

complicated, at times controversial and often, due to multiple sensitivities and interests, trapped in its global evolvement.

In an attempt to better understand violence, public health approach recognizes the variety of violent acts, than it emphasizes the common features between different types of violence, and it develops a typology of violence. According to this typology, there are three broad categories differentiated by the criteria who commit the violent act: self directed violence; interpersonal violence; and collective violence. This typology also recognizes and separates different nature of violence into: physical; sexual; psychological; deprivation or neglect.

Intentional Violence Classification



(Source: **Textbook of Public Health**, The Scope of Public Health Oxford University Press Fourth edition 2002, Volume 3, Page 155)

The weapons of war often include weapons that are beyond guns and bombs, weapons that deliberately target civilians.

Finding a consensus and setting “universal standards of behaviour through the elaboration of human rights in order to protect human life and dignity…”is outlined as the global urgent need by the World Health Organization in the World Report on Violence and Health 2002, (page 4).

World Health Organization estimates that in 20th century about 191 million people lost their lives as a result of armed conflict. Half of them were civilians .How many million were left affected, and in what ways, and for how long? (39)

When approaching the problem of war, public health believes that the risk of arms, violence and conflict can be measured, in order to be deliberately reduced. Collecting data and evidence is of huge importance. Conflicts need to be studied, and in each conflict we can examine surveillance system that characterizes each conflict, examine risk factors that led to conflict, as well as identify those factors that can be altered.

War has been a major cause of mortality and ill health in our global village, yet it has not received the same attention from the public health researchers, as other causes of disease and death (17).

Barry S. Levy and Victor W. Sidel in their book War and Public Health (2) express an opinion that public health can demonstrate the global benefits that could be gained if there was a global sense of comfort concerning health, housing and nutrition. Public Health advocates for a global health approach where decisions by local governments are seen in the global context, as well as with the understanding of the long term impacts of the current decisions.

Much more transparency is needed when looking into the world’s war stage and the actors in relation to populations and their health and well-being. Also, finding ways to improve measurement and risk assessment, as well as improving ways to prevent and heal the consequences of war are much needed (17).

Obtaining accurate and objective data and conducting epidemiological surveillance in war-thorn countries is a challenge. Data is often seen as militarily and/or politically sensitive, which may not only lead to obstruction of collecting data, but also to falsifications (38). In many parts of the

world, especially under the war conditions, records keeping may not be practiced at all. Reliable data on conflict-related injuries may not even be available, and large movements of displaced persons all together make a search for facts and evidence a very hard task. For example, "The former federal republic of Yugoslavia had a comprehensive epidemiological monitoring and reporting system. This had virtually collapsed within Bosnia and Herzegovina (B-H) as a consequence of the war which began in 1992"[5].

Although there is not much experience on collecting data on the impact of war on civilian population (38), it is essentials to document the needs of a post-war nations in order to better guide not only humanitarian relief programs, but also short and long term post-war development of health care services of a country.

The roots of conflicts are generally deep, and are result of building up of tension and unresolved issues. In the World Report on Violence and Health (39), the Carnegie Commission on Preventing Deadly Conflict identified following factors as those contributing to putting states at risk of violent conflict:

1.) A lack of democratic processes and unequal access to power
2.) Social inequality marked grossly by unequal distribution of, and access to, resources
3.) Rapid demographic change that outstrips the capacity of the state to provide essential services and job opportunities

One of the legal international ways of controlling the ways wars are fought and protecting civilians is adhering to guidelines outlined in the four Geneva Conventions of 1949 (10). They represent a set of rules to be adhered to in an armed conflict and emphasize the distinction between civilians and combatants. Additional Protocols I and II were added to the Conventions to update them accordingly to the current changing nature of the wars, as well as war technology.

Understanding the roots of violence, and that it is a phenomenon that can be, by human intervention and effort, be prevented, public health works at different levels.

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[5] Weinberg, J. and Simmonds, S. Public Health, Epidemiology and War Social Science and Medicine Vol.40, No12, 1995, page 1664

Primary prevention aims at preventing the violence before it occurs, secondary prevention focuses on more immediate responses to violence, and tertiary prevention focuses on long-term care.

Defined by the target group, we differentiate between universal interventions which disregard individual risks, selected interventions which focus on those with heightened risk for violence, and in indicated interventions the focus is on those who demonstrated violent behaviour.

Giving the priority to primary prevention of violence, and focusing on particular target groups, public health aims at developing tailored interventions for specific groups.
Evaluation of any prevention program closes the cycle scientifically, thus findings contribute to the cumulative human knowledge even when they fail.

In terms of primary prevention of war, public health workers can also engage through advocacy, promoting actions and policies that prevent war and minimize its harmful effects. B. S. Levy and V. W. Sidel list several objectives suitable for the advocacy work done by the public health professionals. These include:

1.) "Promoting nonviolent conflict resolutions, both in general and in specific situations;
2.) Advocating maintenance of public health resources and services;
3.) Advocating decreases in military spending;
4.) Advocating decreases in-and ultimately elimination of-the international arms trade;
5.) Advocating cessation of the development, production, stockpiling, transfer and testing of nuclear weapons;
6.) Advocating ratification of-and then adherence to-the Chemical Weapons Convention" [6]

Public health sees the value in prevention, especially if we consider long-lasting benefits and cost-effectiveness. Public health efforts often, or ultimately, depend on political commitment. It

[6] Barry S. Levy and Victor W. Sidel, War and Public Health, updated edition 2000, The American Public Health Association, Copyright 1997 by Oxford University Press, Inc., page 390

is necessary to have a multidisciplinary approach and a commitment by many sectors until there is a political commitment to tackle violence.

In this light, the World Health Organization has created recommendations for action for the local, national, and international governments, and stakeholders. They are:

1.) "Create, implement and monitor a national action plan for violence prevention
2.) Enhance capacity for collecting data on violence
3.) Define priorities for, and support research on, the causes, consequences, costs, and prevention of violence
4.) Promote primary prevention responses
5.) Strengthen responses for victims of violence
6.) Integrate violence prevention into social and educational policies, and thereby promote gender and social equality
7.) Increase collaboration and exchange information on violence prevention
8.) Promote and monitor adherence to international treaties, laws, and other mechanisms to protect human rights
9.) Seek practical, internationally agreed responses to the global drugs trade and the global arms trade."[7]

1.3 Introductory overview of Bosnia and Herzegovina

Situated in Europe on the western side of the Balkan peninsula, Bosnia and Herzegovina covers an area of 51 129 km², including 9 km of the Dalmatian coast and an access to the Adriatic sea. The climate is sub continental in the eastern and central regions of the country, and Mediterranean in south-west regions.

According to the last census data from 1991 (pre-war period) Bosnia and Herzegovina's population was 4 518 456, out of which:

- 43.7 % declared themselves as Bosniaks (Bosnian Muslim)

[7] World Health Organization (2002), World Report on Violence and Health: Summary, Geneva, pages 31-34

- 31.3% declared themselves as Bosnian Serbs
- 17.3% declared themselves as Bosnian Croats.
- 7.7% declared themselves either as Yugoslavs or other ethnic origin

Post war census data for Bosnia and Herzegovina are still pending, and current population estimates vary from 3.6 million to 3.97 million. (4)

The war had a strong impact on the demographic and health situation. Different documents quote various estimates of the number of deaths during the war, ranging from about 140 000 people (3% of population) to 200 000 people. The indicative numbers of people wounded range from 170 000 to 240 000 (100 000 of which were severely wounded and 25 000 left with permanent disabilities, although estimates also vary widely between different sources). It is estimated that between at least 16 000 and 17 000 children died and that perhaps another 40 000 were wounded. Several hundred thousand people are still living as refugees outside the borders of Bosnia and Herzegovina and about a third of the citizens currently living within its territory fall under the United Nations High Commission for Refugees (UNHCR) category of concern – that is, claiming status as refugee or internally displaced person. (4)

Ethnicity and religion are in today's Bosnia and Herzegovina crucial issues that dominate daily political scene and life in general. The main religions practiced in Bosnia and Herzegovina are: Islam Orthodox Christianity, Roman Catholicism, in addition to small Jewish and Adventist communities.

Prior to the War in Bosnia and Herzegovina 1992 – 1995, the official language of Bosnia and Herzegovina was Serbo-Croatian or Croatian Serbian, written in both Latin and Cyrillic alphabets. Today, the official languages of Bosnia and Herzegovina are: Bosnian, Croatian, and Serbian.

Until 1992 Bosnia and Herzegovina was one of the six republics of the former Socialistic Federative Republic of Yugoslavia. Following the referendum on independence in March 1992 Bosnia and Herzegovina declared independence in April 1992, which received international recognition, and Bosnia and Herzegovina became an independent country and a member of the

United Nations and the World Health Organization. At the same time, in April 1992, a triangular war broke out between Bosnia's three constitutive peoples: Croats, Serbs and Moslems, and thus started one of the bloodiest wars in modern Europe including the siege of Sarajevo, the longest city siege in European history. Today Bosnia and Herzegovina comprises of two entities: the Federation of Bosnia and Herzegovina and the Republic Srpska, and one independent district – the District of Brcko, over which neither entity has jurisdiction.

1.4 Objective of the Study

The objective of the study is to conduct research on the health of the people in the post-war society of the Federation of Bosnia and Herzegovina starting from the hypotheses that the negative health effects of the war are long-lasting and manifested in versatile ways in the society. In this context of war and public health, the study also analyses the role of the local and international factors, with the aim of identifying areas for improvement and emphasizing the importance of the war prevention.

The 1992-1995 war experience in Bosnia and Herzegovina offers examples that we must use to learn from, and alter our efforts, programs, and policies.

2 METHOD OF RESEARCH

There are numerous aspects of the harmful effects of the war on public health which could be researched using statistical data. Also, there are numerous issues to consider concerning war data: no data, manipulated data, difficulties in obtaining the data, ideologies and motives of those obtaining, guiding, issuing, obtaining, analyzing, publishing, etc.

The war also brings the kind of suffering and human conditions that are not easy to measure, such as feelings of abandonment, loss of faith in humanity and justice, ruined value system, both in society and in individuals.

"The main mortality risk in Sarajevo was going to the river to obtain water for household use, because of danger of getting caught in sniper fire"[8].

But that restriction of movement by daily shelling and sniper works alone may have reduced the risk of being killed (e.g. on the streets of Sarajevo), but that restriction alone, although may have helped preserve bare life, also impacted individuals negatively in numerous ways that are difficult to describe and measure. This restriction of movement alone destroyed human condition of choice – freedom was lost.

To assess the status of the public health in the post war Federation of Bosnia and Herzegovina researcher choose a qualitative path which employed methods from observational (descriptive) epidemiology and included a three-weeks stay in Sarajevo, Federation of Bosnia and Herzegovina with the aim of data collecting in the field, including conducting 5 interviews. "We conduct qualitative research because we want to understand the contexts or settings in which participants in a study address a problem or issue. We cannot separate what people say from the context in which they say it-whether this context is their home, family, or work"[9]. The goal of the field work was to discover relationships and describe connectedness among the observed. This

[8] Reed, H R and Keely, C B Editors Forced Migration & Mortality Roundtable on the Demography of Forced Migration, Committee on Population Commission on Behavioral and Social Sciences and Education National Research Council, National Academy Press 2001 Washington, D.C. Available at: http://www.nap.edu/openbook.php?record_id=10086&page=1, Accessed on May 27, 2010

[9] Creswell, J. W. Qualitative Inquiry & Research Design: Choosing Among Five Approaches-2nd Edition. 2007 Sage Publications, Inc.

study did not have an objective of discovering causal relations and therefore did not employ methods which would unable this.
"…acknowledging that today qualitative research is legitimate in its own right and does need to be compared to achieve respectability" [10], the chosen topic was approached with:

1. the qualitative analyses and interpretation of the relevant publications (books, published studies, reports, laws, testimonies, etc.) using multiple sources of data,
2. 5 interviews were conducted with the individuals of the expert-level knowledge and the professional experience in the public health relevant field,
3. collected material was interpreted with the self-reflective thoughts

Adhering rigidly to the described methodology while maintaining spontaneity and natural shaping of the research process also allowed for the development of myself as a researcher. Recording observations for critical assessment aimed at recording and monitoring author's own subjectivity due to personal and emotional involvement with the topic, as the researcher is involved on multiple levels:

- Former Yugoslavia (SFRJ) is researcher's home culture by birth and 23 years of life.
- Researcher experienced the war directly in Bosnia and Herzegovina and the siege of Sarajevo, and as a result of the war was forced to immigrate to Toronto, Canada.
- Researcher has emotional ties to the region, and all three people (presently often described as three conflicting ethnicities: Croats, Serbs and Bosnjaks or Bosnian Muslims) involved in the armed conflict constitute what the researcher considers her own (multi)ethnic background.

Researcher acknowledges that this study cannot escape researcher's own stamp, as it is the case in any scientific work - explicit or implicit, more or less evident, epistemological and axiological position of the researcher is always present. "We (re)present our data, partly based on participants" perceptive and partly based on our own interpretation, never clearly escaping our

[10] Creswell, J. W. Qualitative Inquiry & Research Design: Choosing Among Five Approaches-2nd Edition. 2007 Sage Publications, Inc.

own personal stamp on a study" [11]. Clarifying personal epistemological positioning will shed an additional light on compatibility (or incompatibility) of the chosen methodology, as well as the interpretations provided in the study.

In the broadest sense, an epistemological position sprouts from researcher's total (accumulated) knowledge and experience of reality (about nature, society, man, life, etc.), from hers/his philosophy – as a unitary rational critical knowledge about the world and the man in it. Therefore, the philosophical and epistemological positioning of the researcher can be encumbered with the characteristics that are different from the truth. These values can be idealistic or materialistic, social or individualist, (a)theistic, subjective or objective, etc. To be scientifically acceptable and methodologically effective, researcher's epistemological position should be comprehensive, logical, and critical.

The epistemological position of the social sciences researcher is complex and delicate for in the social sciences researcher explores and explains human society and men. This means that the researcher explores herself/himself and hers/his social world too, as a part of the nature. Humans, being the most complex and the most developed of all beings on our planet are thus the most delicate for research. Man is not only natural being, but also social and emotional being that creates itself, and its social world. Researcher holds the opinion that this is the place of fundamental difference between the natural and social sciences.

In accordance with this, researcher's epistemological position includes understanding of the social world as the construction of man. Social institutions (e.g. government, university, the UN, etc.) do not constitute an objective reality external to man -they are creations of man. While the researcher undertakes the task in this study to look into the impact of the war on public health, it is of importance to clearly state that it was the impact of human decisions that the war happened in the first place.

[11] Creswell, J. W. Qualitative Inquiry & Research Design: Choosing Among Five Approaches-2nd Edition. 2007 Sage Publications, Inc. page 43

Researcher’s epistemological position is characterized by: humanism, dialectics, rationality (logic), criticism (conformity of knowledge with other values).Researcher of this master theses holds dialectic understanding of the reality, understanding which incorporates constant change and goes beyond the extreme positions of any “…ism” (subjectivism-objectivism, idealism-materialism, optimism-pessimism). The researcher’s philosophical position thus can not be strictly framed into any “…isms” of the philosophical schools (positivism, pragmatism, marxism, utilitarism, existentialism, etc.) The topic of the research researcher understands as a complex, important and actual. Its complexity is manifested through a number of phenomena, processes, problems (economic, political, cultural, health, moral, inter-ethnic, civil, military, war,). The importance stems from human life and health (as highest values) and war (which threaten those values, destroys)

Regarding axiological perspective, health is treated as the ultimate value (goal and condition of all other human values) - as universal, the universal good, and war, by contrast, as evil. This is why this work has an ethical component, "color" by which to distinguish good and evil. Therefore, it is not ethically neutral, but on the good side, engaged in the preservation and expansion of the goodness and the other values of human existence.

Integrated action of knowledge, science, and technology in this century made biggest and fastest development. Unfortunately, the greatest (man created) destructions happened as well. It suffices to mention the significant world revolutions (industrial, social, political, cultural), and two World Wars, and numerous regional and local wars. Today’s society is, is increasingly seen as the global village with over 7 billion people. Its structure is more complex with increasingly rapid pace of development, and in it, the more developed technical civilization. This technical civilization produced at the same time a new situation (wealth, prosperity) and a new spiritual state (in philosophy, science, art) The scientist is in a very complex, delicate position: while with its work contributing to the human knowledge, at the same time scientist can and should impact on the constructive, humane use of it.

Great dilemma of modern humanity: technological progress and/or sustainable development. When the advantage of technological progress is favored, it is often done so with the idea of neutrality of science in terms of humanism and moral rights. When the scientist is committed that

the results of hers/his scientific work (knowledge, discoveries, patents, etc.) are used in a constructive, humane purposes, it shows that there is no “ethically neutral science”

Researcher of this master thesis recognizes her own axiological position as the one which stems from an idea that all science should be in the function of the overall good of society and man. This will manifest consciousness (and conscience) that sustainable development is an essential prerequisite not only to every other development (progress) - economic, technical - technological, social- but also to the survival of man, the human species of living creatures, and even life on our planet. Actuality of the master theses can be seen mainly in the fact that in the world today there are wars and evil which they inflict.

Creswell’s, 2007 outline was used for the researcher’s final written report, and it “includes voices of participants, the reflexivity of the researcher, and a complex description and interpretation of the problem, and it extends the literature or signals a call for action”[12].

2.1 Qualitative Data Collection

To achieve structure and clarity about the activities behind the praxis of the data collection activities, researcher customized the Creswell’s, 2007 scheme of the data collection activities and used his guidelines.

“I especially like to see unusual forms of qualitative data collection, such as using photographs to elict responses, sounds, visual material, or digital text messages”. [13]
Instruments used include Dictaphone, tape recorder, and always pen and paper. Data was stored in appropriately organized computer files.

[12] Creswell, J. W. Qualitative Inquiry & Research Design: Choosing Among Five Approaches-2nd Edition. 2007 Sage Publications, Inc. page 37

[13] Creswell, J. W. Qualitative Inquiry & Research Design: Choosing Among Five Approaches-2nd Edition. 2007 Sage Publications, Inc. page 45

Two protocols were created modeling after Creswell, 2007 and were used during data collecting in the field (Bosnia and Herzegovina). They are: observational and interview protocol (see Annexes).

Observing and Inter viewing Protocols were created for providing the structure and consistency to guide researcher in observing and interviewing sessions, as well as a pre-designated form to make the data easier to record, store, analyze and later interpret.

Observational Protocol

Recognizing that an observational session can happen at any time while working in the field, researcher always carried a pen and paper to write notes about those situations. Data was later transferred into the observing protocol. In these unscheduled situations additional information was collected (e.g. what prompted the researcher to notice and collect that particular piece of data, what could have triggered the response and the quality of it).

Fluency in the local language, familiarity with the region and understanding of the local culture with its value systems and customs proved to be an asset for the researcher in studying participants in their natural setting, observing the dynamics of the familiar cities, in particular Sarajevo, ability to follow daily news, observe behavior and understand conversations of the public in public places (market, shops, theatre, bookstores, public transportation, parks, school yards, mosques, churches, etc.) with the aim of discovering traces or no traces of the war.

Interview Protocol

In application of the interviewing procedures, researcher developed and used following forms:

Request for an interview - A written letter briefly outlining the purpose of contacting and the content and purpose of the research. Letter used in the English and Bosnian language.

Interview Questions – A written semi-structured questions separated by an empty space designated for notes taking.

Consent Form to a Taped Interview – A form which is signed by the Interviewee, agreeing that the Interview is taped. Prior to conducting interview, consent form was read out loud and signed by the interviewer and the interviewee, and was dated.

Sample Interviewed

"To level all individuals to a statistical mean overlooks the uniqueness of individuals in our studies"[14] .

Researcher selected for interview local experts and interpreted their interpretations of the connectedness between the current public health situation in the Federation of Bosnia and Herzegovina and the war which happened 20 years ago – the BiH war of 1992-1995. Selection criteria was outlined and used in the selection of the interview candidates (see Annexes).

After identifying international organizations of interest, a request for an interview was emailed and after receiving responses, suit able candidates were selected based on the outlined criteria, as well as their availability and interest to participate.

Consultations with the researcher's former professors from the University of Sarajevo resulted in good recommendations of possible candidates, and in the selection of experts working for the local institutions.

Researcher conducted 3 recorded interviews and 2 not recorded interviews using semi structured Interview questions with experts in the field relevant for public health:

Selected sample of interviewed candidates is presented in the below table:

Selected candidates	Interviewee 1	Interviewee 2	Interviewee 3	Interviewee 4	Interviewee 5
Working in local institutions or international organizations	Academy of Science Sarajevo, BiH	Univesity of Mostar, Faculty of Medicine	UNICEF Office, Sarajevo BiH	EU Delegation to BiH (Task Manager)	HealthNet International (Head of Department of Research and Development)
Medical, educational, governmental-public health relevant	Private praxes as Psychiatrist	Education in the medical field	Targeted population of children & woman	Educational and health related programs	Health related
Expert level education/experience (university degree)	Prof. Dr. Psychiatry	Prof Dr. Surgeon	Med. Dr. MPH	Prim. Dr.	Mr PhD Candidate

[14] Creswell, J. W. Qualitative Inquiry & Research Design: Choosing Among Five Approaches-2nd Edition. 2007 Sage Publications, Inc. page 40

Selected candidates	Interviewee 1	Interviewee 2	Interviewee 3	Interviewee 4	Interviewee 5
Contacts with large populations/health issues	Scientific community, students, patients, etc. Mainly local but international too.	Scientific community, students, mainly local, but international too	International and local org. and public of interest (Children/mothers)	Governmental level of partnership and contacts	Local and international
Has professional experience from before, during, and after the war	War experience-work in Sarajevo	War experience includes: surgeon in Sarajevo hospital	War experience includes public health work in Sarajevo	War experience includes work in Sarajevo hospital	Has no profession related war experience
Speaks English	Yes	Yes	Yes	Yes	Yes
Candidate selected and agreed to be interviewed choose: Anonymity or Introduction by name	by name	by name	by name	by name	by name

2.2 Data Analyses

Researcher used Creswell's 2007 five tasks of the data analyses used in a phenomenological study. Researcher chose the described tasks as best fitted for the researcher's approach to data analyses

1.) "Reading through the written transcripts several times to obtain an overall feeling for them,
2.) identifying significant phrases or sentences that pertained directly to the experience,
3.) formulating meanings and clustering them into themes common to all of the participants transcripts,
4.) integrating the results into an in-depth, exhaustive description of the phenomenon,
5.) validating the findings with the participants" [15]

In deciding upon the way of transcribing the recorded interviews, researcher chose the denaturalized way of transcribing. As the focus of the research was not on the specifics of communications, but rather on discovery of meanings and perceptions that are present in our speech, denaturalized transcription was better fitted. "Denaturalism has less to do with depicting accents or involuntary vocalization. Rather, accuracy concerns the substance of the interview, that is, the meanings and perceptions created and shared during a conversation."[16].

Transcripts were read several times to obtain clarity and feeling for what was being said, as well as to discover themes common to all interviewees. Time was allowed for contemplating and resting and ripening of the material Transcripts were re-read and important statements that relate to participants" experience were identified. They were translated into the English language. Researcher than identified common themes and clustered them from all participants under larger categories. Results are presented in a written text form of this master thesis.

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[15] Creswell, J. W. Qualitative Inquiry & Research Design: Choosing Among Five Approaches-2nd Edition. 2007 Sage Publications, Inc. page 89

[16] Oliver, D.G., Serovich, J.M., Mason, T.L. Constraints and Opportunities with Interview Transcription: Towards Reflection in Qualtative Research National Institute of Health, Soc. Forces, 2005 December, 84(2): 1273-1289

3 CIVIL WAR AND PUBLIC HEALTH

3.1 Role of International organizations in protecting public health

Various international organizations have engaged in numerous worldwide conflicts to protect public health, deliver humanitarian help, and offer other kinds of assistance. Organizations such as the International Red Cross, Doctors without Borders and Doctors of the World have the main duty to care for the victims of the war. Recent wars report sad figures of casualty rates amongst children- only in the past decade two million children have been killed, four to five million left handicapped or disabled, twelve million are left without a home, more than one million of children have been orphaned or separated from parents, and ten million are psychologically traumatized (2). The biggest international organization caring for the wellbeing of the children (and their mothers to some extent) is the United Nations Children's Fund (UNICEF). Violence against the women has also increased in the past wars, and in some of them mass rapes were systematic and used as a weapon of the war, such as in the case of the 1992-1995 war in Bosnia and Herzegovina. Under the United Nations Charter in 1947 the United Nations Commission on the Status of Woman was established with the goal of pursuing women's rights. Thus the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) was adopted by the General Assembly, and was ratified by 130 states in December 1993. In terms of war and protection of the public health, there are also international organizations that look into the causes of the war with the goal to educate and promote non-violent options and conflict resolutions. Some of them are American Public Health Association, Physicians for Social Responsibility, Amnesty International, the International Physicians for the Prevention of Nuclear War, and many others.

Different bodies of the United Nations play an important role when a conflict in the some part of the world arises. How they respond and why they respond (or chose not to respond) in the certain way is of huge importance for the public health in the war thorn region. "the prolonged agony of the people of the former Yugoslavia may illustrate the limitations of what the United Nations can do in certain complex emergencies"[17].

[17] Barry S. Levy and Victor W. Sidel, War and Public Health, updated edition 2000, The American Public Health Association, Copyright 1997 by Oxford University Press, Inc, page 19

Numerous small and big organizations also engage in the collection, organization and the delivery of humanitarian aid in war-thorn regions. Often they come unprepared for the numerous limitations and dangers of such work. Limited funds, logistic problems, inadequate security for their own staff, poor understanding of the culture and the need of the people they are wishing to help, issues arising with the local authorities, suspicious motives for the engagement, and other unanticipated situations often contribute to the effectiveness of the delivery of the humanitarian aid. The delivery of humanitarian aid is necessary but challenging in numerous ways too.

Effectiveness of many interventions remains yet to be adequately evaluated, but to aid the effectiveness of the humanitarian interventions "the evidence base for humanitarian health interventions should be actively developed"[18]. Scarce resources shall be used in a way to maximize the value for the beneficiaries. To evaluate the effectiveness of a program, the program must explicitly declare humanitarian principles under which it operates. "Relief programs tend to be ad hoc and would be more effective if they were based on the most up the date and valid knowledge basis, drew on a cadre of more rigorously trained professionals, and assure earlier and more effective program planning coordination" [19].
Enthusiasm of those involved in the humanitarian efforts is not enough to provide the effective assistance, and the mistakes are costly. In addition to not always possessing the necessary skills, organizations need to improve assessment and evaluation of humanitarian intervention. To help with these issues, the Sphere Project among others has attempted to establish a set of standards for assessing and evaluating the quality of humanitarian interventions (36).

Another important aspect to consider is a fact that people caught up in a war are highly vulnerable population. In an armed conflict public health experiences multiple consequences, primarily due to the effect of weapons, shortage of food and water, population displacement, collapse of basic health services, etc. It is thus essential that these people shall benefit from the activities and interventions of agencies and organizations, humanitarian, scientific,

[18] Banatvala, N. and Zwi, A.B. Public health and humanitarian interventions: developing the evidence base, BMJ 2000; 321:101-105 (8 July), Available at: http:www.bmj.com/cgi/content/full/321/7253/101, Online: March 2010, page 1

[19] Ibidem, page 2

organizational, etc. Researchers conducting work with vulnerable populations use four steps to ensure ethical approach:

1. maximizing benefit and minimizing harm,
2. obtaining informed consent,
3. ensuring confidentiality,
4. and treating individual with dignity (1)

3.2 Specifications of the war in Bosnia and Herzegovina

The disintegration of Yugoslavia took place in a time of great global change in the political and geostrategic plan. The disintegration of the Eastern division (Warsaw Pact) and the Western bloc (NATO) has influenced the creation of the Yugoslav crisis, as well as how it was handled by the international community. Ceasing to be so called the buffer zone between the two world military and political blocs, international interest in the preservation of Yugoslavia fell. The fact that Yugoslavia was a multiethnic country which handled its problems, typical for such multiethnic societies, was quickly overlooked. The relevant international factors did not analyze with enough seriousness and responsibility the situation in Yugoslavia and the possible consequences of this new crisis, as well as the real possibility of it escalating into the armed conflict. Various representatives and organs of the international community did not have similar views on the crisis in Yugoslavia. It is also indicative that the international community has not insisted that the negotiating teams of Yugoslavia and its republics include representatives of the opposition, groups and institutions that have insisted on a peaceful resolution of the crises, groups which were clearly against the war. (18)

In addition, the international community rushed to recognize the new independent countries (breakaway republic of SFRJ) without previously and precisely defining conditions, obligations and guarantees for the newly created states, especially for the rights of other nationalities, ethnic groups that had been in these republics and had the status of constituent peoples.

Ooccurrence of extreme nationalism was not the result of historical development and different positions in which some ethnic communities were in the recent past. It was the result of the extreme nationalist and separatist forces, especially in the last decade of the twentieth century. Its

full institutionalization nationalism achieved through the formation of a large number of national(istic) parties. National(istic) parties claimed victory in the first multiparty elections and became the determining factors in establishing the new states (18). “Due to lack of democratic experience, people were easily misled by nationalist symbolism and discourse of blame and soon, the stage was set for a large-scale violence”[20].

The war in Bosnia and Herzegovina has been defined differently throughout the literature and in the media: civil war, aggression, ethnic conflict, invasion, etc.

The war in Bosnia and Herzegovina was “triangular” (28). In most of the war there were actually three sides (Serbs, Croats, and Bosnjaks or Moslems), each with completely different goals. Unification of the territories inhabited by Serbs and Croat populations, as one of the main goals of the Serbian and Croatian national(istic) policies required a redrawing of Bosnia and Herzegovina, not only in terms of borders, but also in terms of the structure of the population (18).

Paramilitary armed forces were also an important component in this war. Final report of the UN Commission of Experts in 1993 identified 83 armed paramilitary groups (18). Some of these paramilitary groups (e.g. Serbian group “Arkan”s Tigers”) have committed the dirtiest tasks in the field of ethnic cleansing and other forms of brutal violence against woman and girls, and against people of other nationalities in general. Another kind of the paramilitary groups were the foreign mercenaries who came voluntarily or by invitation and joined to the selected warring parties. For example, it is calculated that between two and three thousand Islamic militants were involved in the Bosnia and Herzegovina war, mainly belonging to the brigade "El Mujahedin". The military power of these units was not as important as it was important their ideological activity – highlighting Islamic values of life and developing mistrust and intolerance towards other religious communities and people in Bosnia and Herzegovina. Bosnian Moslems were thought Islamic fundamentalism and extremism by these forces in addition to being provided military assistance. (18)

[20] Simunovic, V.J. Health Care in Bosnia and Herzegovina before, during, and after 1992-1995 war: a personal testimony, Conflict and Health 2007, 1:7, page 1

Violent ethno-demographic changes in population structure, ethnic homogenization and creating mono-ethnic states were the policy objectives which affected the strategic models of warfare in Bosnia and Herzegovina. It is thus not a coincidence that the main victims in the BiH war were civilians. Complex, elaborate and efficient system of a number of measures, actions and procedures was in place to intentionally harm: liquidation of a small or large groups of people, the expulsion of the population, isolation in separate camps, sexual abuse, forcing the civilian population to perform dangerous work, activities to prevent the receipt of humanitarian assistance, blockade of urban and rural settlements, capturing of the innocent civilian population for the exchange of prisoners, preventing the return of exiles to their own homes, etc (18).

"In Bosnia and Herzegovina all humanitarian principles were totally ignored, and health institutions, even ambulances and "people in white coats" were important targets for aggressor"[21].

It is estimated that in 1991 there were, on the territory of Bosnia and Herzegovina, 19.330 health workers. Out of that number, 500 were killed or missing, and 7.470 (or40%) migrated. Serious consequences of the war in the health sector were also reflected in the destruction of the facilities (28.9%) and the medical equipment (29).

In the book War and Public Health most of the specifications of this war have been described and it has been pointed out that "the instruments of ethnic cleansing have been massive assaults on non-combatants, torture and murder of men, women, and children, the widespread and systematic use of rape to terrorize whole communities, the destruction, by explosives and arson, of residences, farms, industries, and basic infrastructures that provide water, electric power, food, fuel, sanitation, and other necessities, denial of medical care and other violations of medical neutrality, and siege, blockade, and interference with humanitarian relief. Solders and non-combatants alike have been starved, tortured, or killed in prison camps, to many of which the International Committee of the Red Cross have been denied access. Thousands were victims of

[21] Smajkic, A. and associates Health and Social Consequences of the War in Bosnia and Herzegovina – Sanatation Proposal, IP "Svjetlost" 1997 Sarajevo, Fifth Edition, page 121

arbitrary and extrajudicial execution and were berried in mass graves. Refugees and displaced persons have been denied protection and made victims of deliberate attack, subjected to beatings, rape, and extortion, forced to walk through minefields, or slaughtered in churches, hospitals, and other sanctuaries"[22].

Perhaps the most often in the literature and media war in BiH has been called ethnic conflict. Why is this so? For hundreds of years Serbs, Croats, and Bosnjaks have lived together in what is known as Bosnia and Herzegovina today. They shared the history of the land and participated in the conflicts in the region, sometimes on the same side, sometimes on the opposing, but sometimes within the same ethnic group the split would arise too, making the members of the same ethnicity warring parties, and thus also creating partnership with other nationalities. Croats, Serbs and Bosnjaks also married between each other and created families and children - children of multiethnic identity.

The ethnic identity of the warring parties is not what makes the conflict ethnic, nor is ethnicity as such conflicting (31). The conflict in Bosnia is not the ethnic conflict, but the conflict organized by the existing states. National states erase the multiethnic identity and can become a more radical form of repression. Sokolovic in his book "Nation against People" (31) notes the thought of Stephen Ryan that states identify ethnic feelings as a threat and try to keep it an internal issue. He quotes S. Ryan when he warns that the state members of the UN have created out of this organization an institution for its own protection: "Instead of protecting minorities from state power, the UN seems to be protecting states from minorities"[23].

Another specification of the war in Bosnia and Herzegovina was the systematic use of rape and sexual assault as a weapon of war. The Final report of the United Nations Commission of Experts (December 1994) on Rape and Sexual Assault (33) revealed that there were 1,100 reported cases and about 162 detention sites for sexual assault in the former Yugoslavia. Report further states that rape and sexual assault have been reported to be done by all warring parties, but the majority

[22] Barry S. Levy and Victor W. Sidel, War and Public Health, updated edition 2000, The American Public Health Association, Copyright 1997 by Oxford University Press, Inc, page 43

[23] Sokolovic Dz. Nacija protiv naroda (Nation Against People), Biblioteka XX vek Posebna izdanja, 2006 Beograd, page 93-94

of the victims were Bosnian Muslim while the majority of perpetrators were Bosnian Serbs. While rape often occurs during the war as an opportunistic and non systematic crime, rape in Bosnia and Herzegovina was used as a weapon of war - method of ethnic cleansing "Also, every reported case occurred in conjunction with an effort to displace the civilian population of a targeted ethnic group from a given region"[24]. The main characteristics of the rapes and sexual assaults in the war in Bosnia and Herzegovina were: using ways that emphasize the humiliation and shame (e.g. forcing family members to rape each other, public raping, etc.), victims were subjected to multiple rapes by large groups of man, young woman, virgins and prominent members of the community were especially sought after, perpetrators tell victims that they will bear children of perpetrators ethnicity, and hold them in custody until its too late for abortion, sexual assault with foreign objects such as broken glass bottles and guns, castrations performed in the most brutal ways (e.g. forcing one man to bite off another's testicles), camp commanders often knew about the assaults, and sometimes participated in too. (33)

"The reports of rape camps in Bosnia and of the forced impregnation of women have finally aroused sufficient outrage that rape is now, for the first time, included within the framework of war crimes. Estimates of the woman raped in Bosnia range from 10,000to 60,000 and include systematic rape of girls as a strategy of war"[25]. Rape and sexual assault also happened amongst the refugees and internally displaced persons. Reports from the former Yugoslavia estimate that 20,000 Bosnian, Serbian, and Croatian women have been raped (2). The consequences of rape are severe and long lasting. The suffering of victims is both physical and mental and impossible to calculate or measure (36).
The UN Security Council passed Resolution 1325 in 2001 urging those involved in war to protect women and girls from such violence, but the implementation and the enforcement of the

[24] United Nations - Security Council, Final Report of the United Nations Commission of Experts established pursuant to security council resolution 780 (1992) Annex IX Rape and sexual assault. S/1994/Add.2 (Vol. V), 28 December 1994, page 7

[25] Barry S. Levy and Victor W. Sidel, War and Public Health, updated edition 2000, The American Public Health Association, Copyright 1997 by Oxford University Press, Inc., page 189

resolution remains inadequate. Another instrument of ethnic cleansing was mass killings "genocidal in spirit" [26].

"This war shows a degree in regression of human behavior which equals the worst in recent history"[27].

Deliberate and systematic bombardment of hospitals was another specification of the war in BiH (28). About 30% of health facilities were destroyed or severely damaged. Before the 1992-1995 war Bosnia and Herzegovina had 80 emergency clinics, and after the war it was left with 46. In addition one general and one regional hospital became totally incapacitated, and around 30% of health professionals were lost, either as war casualties or due to migration (4).

There were also several besieged towns in Bosnia and Herzegovina which were daily terrorized by deliberate and random shelling, snipers, sealing off access to food, interrupting power and water supply, deliberately disrupting and destroying all infrastructures necessary for the survival of the civilian population, etc. One of the besieged towns was Sarajevo. Final report of the United Nations Commission of Experts (1994) Annex VI – part 1 Study of the battle and siege of Sarajevo states that the city was hit by an average of approximately 329 shell impacts per day (35). Report also noted the link between shelling activity and the political events. Heavy shelling often occurred prior or during various peace conferences and the report reveled correlation between the increase and decrease of shelling in connection with the political events.

According to the reports of Bosnia and Herzegovina Public Health Institute and UNPROFOR reports, it is estimated that as of 15 November 1993 about 9,539 persons (1,525 being children) had either been killed, died from malnutrition or cold, or were missing in the city. In addition, it is estimated that 55,801 (14,538 being children) persons were wounded (35).

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[26] Barry S. Levy and Victor W. Sidel, War and Public Health, updated edition 2000, The American Public Health Association, Copyright 1997 by Oxford University Press, Inc., page 189

[27] Sir Acheson D. Health, humanitarian relief, and survival in former Yugoslavia, BMJ 1993, 307:44-8 Available at: http://www.bmj.com. Online March 2010, page 46

Hospitals and medical complexes, medical facilities, ambulances and medical staff were also deliberately attacked during the siege of Sarajevo. Sir Donald Acheson experienced this first hand, and wrote: "Time and again I visited hospitals that were under fire or which had been badly damaged and where the staff had retreated to the ground floor or the basement. Yet emergency surgery was being conducted and even babies delivered to a remarkably high standard, and morale was good. In the Kosevo Hospital Dr. Tony Redmond saw major surgery being conducted at 0 C" [28].

Children of Sarajevo have not been spared. UNICEF reported that at least 40% of the children had been directly shot at by snipers (estimated population of children in the city ranging from 65,000-80,000), 51% had seen someone being killed, 39% had seen one or more family members being killed, 48% had their home occupied by someone else, 73% have had their home attached or shelled, and 89% lived in underground shelters (35).

3.3 Health Care System in Bosnia and Herzegovina before, during and after the war

"Everybody was determined to implement nothing less than "the world's best practice" and "European standards"[29].

The first traces of health care system in what is today Bosnia and Herzegovina we find after 1879 when Austro-Hungarian administration introduced health care system similar to systems in other countries within its empire. A department of medicine was established (within the Bosnia and Herzegovina government) to define and control implementation of medical and hygiene measures.
First hospitals were established in larger towns towards the end of nineteenth century, and the first health ministry was established in 1920 – at that time Bosnia and Herzegovina being a part

[28] Sir Acheson D. Health, humanitarian relief, and survival in former Yugoslavia, BMJ 1993, 307:44-8 Available at: http://www.bmj.com. Online March 2010, page 45

[29] Simunovic, V.J. Health Care in Bosnia and Herzegovina before, during, and after 1992-1995 war: a personal testimony, Conflict and Health 2007, 1:7, page 3

of the first Kingdom of Yugoslavia, established in 1918. Some of the duties of the ministry were to take care of the population health and the development of children to build institutions for prevention and treatment of illnesses, conduct epidemiological surveillance, and educate population on hygiene and health related topics. Key actors in the social-medical approach to medicine became “departments of hygiene”, established in 1929 (4).

After the Second World War Bosnia and Herzegovina was one of the republics of the Socialistic Federative Republic of Yugoslavia which adopted a system described as “self-management” although the organization of the system was centralized and mainly governed by the ruling Communist Party. The health system was financed through these “self-managed community of interest” which provided health insurance, social security, and disability insurance to employees and their families (4).

In the seventies living standards and income increased as well as a more comprehensive health care system. Improvements in the health care and deliver were substantial. A new law passed in 1970 covered comprehensive and free health coverage for vulnerable populations, such as children and adolescents, pregnant women and those suffering from specific chronic conditions. Overall coverage of the population rose from a quarter in 1952 to over 80% in 1984.

Public health was organized through institutes on three levels: municipal, regional and national. Primary health care was provided at municipal centers, secondary at both municipal centers and regional hospitals, and the tertiary level of the health care was provided at teaching university hospitals (27).

During the eighties and nineties the system experienced unplanned increases, and the health care entitlements grew faster than the capital investment in the system. The negative developments in the business and economy affected the health care system greatly.

The health care system of SFRJ could be criticized for the following: although claiming social ownership and the “self-management” it was ruled by the state government, and the commitment to primary health care was more rhetorical than evident in the allocation of resources and organization.

Prior to breaking out of the war in Bosnia and Herzegovina (1992), despite the obvious political tension and the war in neighboring Croatia, no preparations for the war were done within the health care system(27). When the war broke out the standard of the health care was reduced to minimum, and public health and hygiene programs stopped completely (4). At that time, "the first organizational move was to replace all but a few hospital and department heads with ethnically and politically suitable individuals of dubious professional and organizational abilities"[30]. Emergency care facilities were set up to treat injured, and sanitary units were organized to offer medical help on the front lines (4) The quick changes that happened in the personnel responsible for the organization of the medical services in war time conditions unfortunately often empowered individuals according to their "ability to ardently express nationalistic, patriotic, and religious sentiments and a lack of any serious ethical restrains"[31].

At this time, since the Health Insurance Fund virtually stopped working, the health care system was financed through the Ministry of Health – health insurance contributions covering only small part of the expenses, and the majority of funds being from the state budget, humanitarian aid and donations. (4)

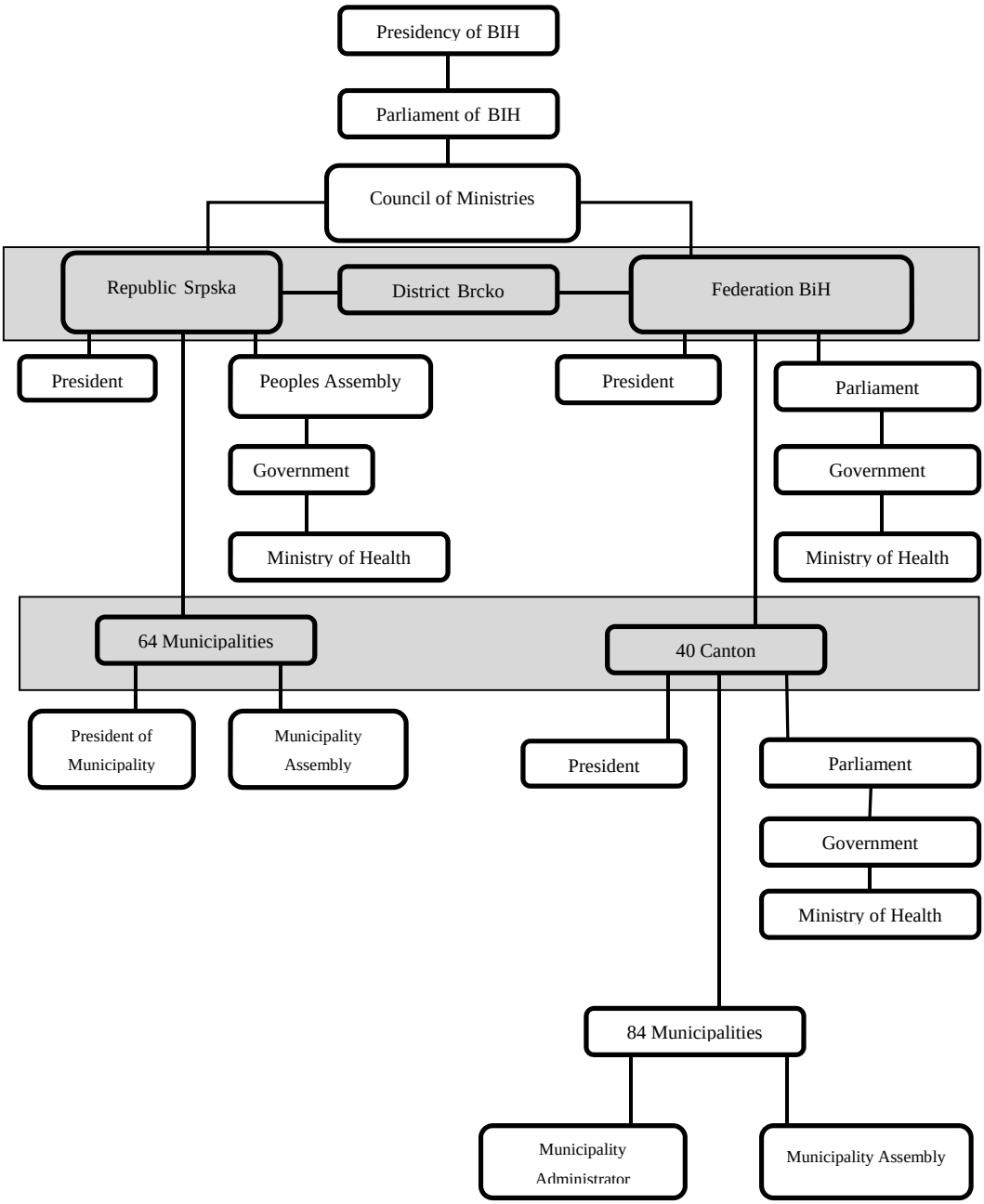
The signing of the Dayton Agreement has brought the peace in the region and an outline for a new political organization of Bosnia and Herzegovina – "a political experiment devised by the best political minds in the world"[32].

[30] Simunovic, V.J. Health Care in Bosnia and Herzegovina before, during, and after 1992-1995 war: a personal testimony, Conflict and Health 2007, 1:7, page 2

[31] Ibidem

[32] Ibidem. Page 3

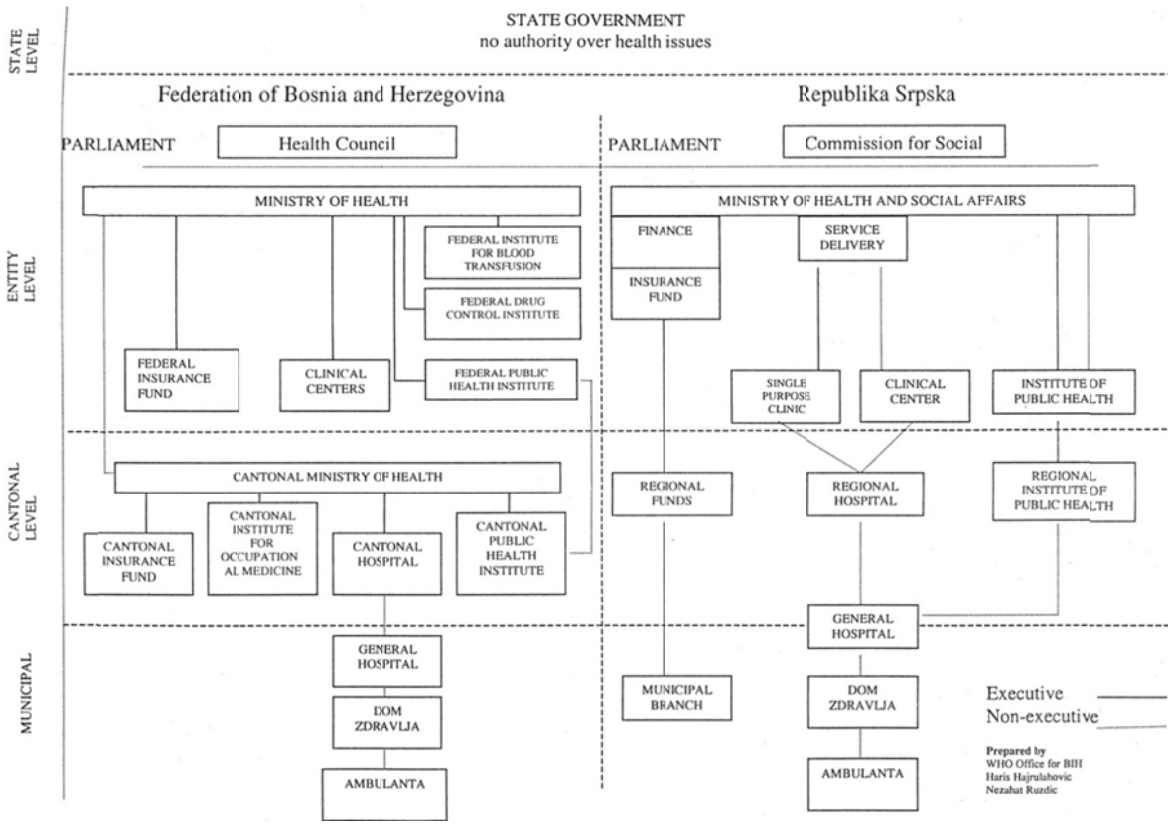
Scheme of the political organization of BiH



The Dayton Agreement also outlined a new health care system for Bosnia and Herzegovina, which, in fact is two health care systems – the health care system of Federation of Bosnia and Herzegovina and the health care system of Republic Srpska where the financing, organization, and the delivery became the sole responsibility of each entity. Independent district of Brcko has also its own responsibility for the organization, financing and the delivery of the health care. As

the social insurance system of Bosnia and Herzegovina collapsed, each entity decided on new arrangements independently. While Republic Srpska opted for the centralized health care system with a single Ministry of Health, federation of Bosnia and Herzegovina chose decentralized system making its 10 cantons responsible for health-care administration and financing (44). “For the health care system this meant ten more ministries, each with his or her own entourage of deputies, aides, counselors, and technical staff[33].” Professionals hired for the key positions are selected based on political and ethnic affiliations rather than competence.

Scheme of the health care system in BiH



In the broadest sense the aim of health care reforms in Bosnia and Herzegovina is to establish financially sustainable and efficient patient-centered system which focuses on the public health and primary health care. Federation Bosnia and Herzegovina received support from the WHO

[33] Ibidem, page 3

Regional Office for Europe, the World Bank, and the European Commission in the development of a Strategic Health System Plan (44).

Implementing health care system changes has been a challenging process. “Health ministries, health insurance funds and health care providers have lacked the technical infrastructure and management capacity to implement change in the short term”[34]. Not only do the ministries of health have not enough executive power to implement measures in the sector, but the lack of sufficient baseline information (e.g. availability of trained human resources, financial and institutional resources) is impeding operational planning for the health care reforms. Progress has been made in some specific sectors, such as pharmaceutical and family medicine (the availability of trained human resources and institutional infrastructures) (4).

Another reason for the difficulties in the health care reform in Bosnia and Herzegovina is “an attitude of political resistance against change”[35]. This means that the progress was not made even in the areas where it was feasible – meaning there were money, knowledge, information, human and other resources available.(4)

3.4 Role of International organizations in the protection of civilians and public health in Bosnia and Herzegovina during the war 1992-1995

Prior to the war Bosnia and Herzegovina had very little experience with the foreign experts and international organizations, as there was no need for humanitarian aid and there were no unusual infectious diseases or epidemics (27). After the war broke out, Bosnia and Herzegovina received huge media attention international expert community arrived in Bosnia and Herzegovina to provide humanitarian aid, observe, and broadcast news

[34] Cain, J. et al. In Cain, J. and Jakubowski, E., eds. Health Care Systems in Transition: Bosnia and Herzegovina, Copenhagen, European Observatory on Health Care Systems; 4 (7) (2002), page 100

[35] Ibidem, page 102

"It was typical for war period that activities of humanitarian organizations, international as well as local, were totally independent, without any coordination with state institutions and local authorities"[36].

Certain aspects of the war 1992-1995 in Bosnia and Herzegovina had great impact on the public health, such as planned and deliberate attacks on hospitals, and certain organization's primary focus was health of the people and provision of various kinds of medical aid

World Health Organization arrived to Bosnia almost six months after the UNHCR, UNICEF, and WFP, and was criticized for its lateness by the local authorities and some NGOs and IGOs. The novelty of the situation and resources, were stated as a reason by WHO.

When the war started in Bosnia and Herzegovina (1992), the World Health Organization (WHO) arrived to assess health and the health care needs in the region, as well as to deliver medical and surgical supplies. Since the existing epidemiological and reporting system collapsed, the World Health Organization (WHO) saw the establishment of the surveillance system as a priority in order to conduct assessment of health care needs in the population, as well as for the later evaluation of provided interventions. Surveillance system was also recognized as essential to help guide post-war health care reforms (38). WHO's response in Bosnia and Herzegovina also included development of five programs: health monitoring, medical supplies, nutrition, winter protection, and rehabilitation.

First attempt to establish sentinel sites for reporting failed due to incomplete and irregular reporting. At the same time some offices in the conflict areas of the pre-existing epidemiological system were trying to collect and transmit data. "The surviving elements of the pre-existing surveillance system were used to report to the Republic Institute of Public Health in Sarajevo. Notifications were carried out by experienced local staff, often those responsible for notification before the conflict. Various methods were used to overcome the difficulties in transmitting the notifications. Telephone lines worked occasionally, even across the front lines; international

[36] Smajkic, A. and associates Health and Social Consequences of the War in Bosnia and Herzegovina – Sanatation Proposal, IP "Svjetlost" 1997 Sarajevo, Fifth Edition, page 126

humanitarian aid staff visited isolated locations and collected forms. For some enclaves the only method available was amateur radio"[37].

WHO revised its strategy into the collaboration with these existing and functioning offices. Not undermining the local structures, and working towards sustainability within the available resources seem to be the key lesson learned and the point of the success. WHO Health Monitors become regular and welcome participants at the Federal Public Health Institute weekly meetings and contributed to the writing of the annual report of the Institute of the epidemiology of infectious disease in Bosnia and Herzegovina during 1993"[38].

The presence of WHO in former Yugoslavia was essential for the survival and rehabilitation of many citizens. In several parts of the region, WHO"s medical supplies were the only resource of much needed drugs. Other organizations also helped with drug supplies, but "the WHO estimates that as much as 35% of donated medicine were either useless (irrelevant to needs) or downright harmful (expired or containing obscure ingredients)." They also add that such donations take up precious air cargo space and require precious fuel to be destroyed.

The WHO program, with the help of local authorities and people, and other donor organizations has helped avert major epidemics, it prevented scurvy and rickets, it initiated a health-care reform, enabled nearly 1,400 amputees to walk, while it enriched skills of local prosthetic technicians, brought and official awareness about the nature and the scale of PTSD (Post Traumatic Stress Disorder). For many, the presence of WHO in the region meant a difference between life and death.

UNICEF played a he role for the children of the region. During the war their staff would manage to create agreements with the warring parties to stop fighting for some period and allow delivery of aid, medical supplies and immunization for the children, or food. These would be known as

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[37] Puvacic, Z., Weinberg, J. Impact of war on infectious disease in Bosnia-Hercegovina British Medical Journal 1994, 309:1207-1208 (5 November) Available at: http://www.bmj.com/cgi/content/full/309/6963/1207, Accessed on May 27, 2010

[38] Weinberg, J. and Simmonds, S. Public Health, Epidemiology and War Social Science and Medicine Vol.40, No12, pp1663-1669, 1995, page 1665

“days of tranquility” Routes were the “corridors of peace” used to reach the vulnerable population and often remove them from the dangerous areas and bring to safety or hospitals for treatment (2).

UNICEF worked impartially with all the sides involved in the conflict and March 1993 it denounced the systematic rapes and other atrocities against children in former Yugoslavia before the Commission on Human Rights (2).

Based on the data from the Federal Ministry of Social Security, Dislocated Persons and Refugees, it is estimated that about 640 organizations were registered within the territory of Bosnia and Herzegovina. It has been identified that, out of that number, 240 were international humanitarian organizations and 96 of them supported the health care system (29). Some forms of the aid included drugs, fluids, food for patients, bandages and dressings, some equipment and spare parts, fuel, etc. Health institutions on the territory of Federation of Bosnia and Herzegovina received in the form of humanitarian aid 42.000 tons of drugs, 60.000 tons of dressing materials and fluids, and 6.000 tons of food for children and patients. In 1996 humanitarian aid and various donations were estimated to have a value of 300 million DM (29).

Different aspect of the aid was also solving various energy problems. In some parts of the country there were no energy source functioning at all, and some humanitarian organizations worked on resolving these issues according to their abilities.

“Humanitarian aid was the only support and resource for health system functioning during the war”[39].

The Dayton Agreement in the post war phase also envisioned: the return of refugees and displaced persons to their homes, prosecution of the war crime suspects, the establishment of internationally supervised national, regional, and municipal elections, and demilitarization of the

[39] Smajkic, A. and associates Health and Social Consequences of the War in Bosnia and Herzegovina – Sanatation Proposal, IP ”Svjetlost” 1997 Sarajevo, Fifth Edition, page 127

country”[40]. To monitor the implementation of the peace, and to provide the guidance to the United Nations International Police Task Force (IPTF), the Office of the High Representative (OHR) was established.

With the budget of US $5.1 billion (mainly from the World Bank and the European Commission) the Priority Reconstruction Program was designed and endorsed by the Bosnia and Herzegovina government authorities (4).

“UNICEF started to support psychosocial projects for war-affected children and women in 1992, and continued throughout the war. A range of projects were supported focusing on the development of psychosocial services for war-affected children in the school system”[41].

“From 1995 to 1998 the Ministry of Social Work, with UNICEF support, carried out a systematic assessment in all parts of the country. Results showed that as per April 1998 there are a total of 3,350 children without parental care in Bosnia and Herzegovina. Out of these, there are 2,800 children without both parents in the Federation of Bosnia and Herzegovina, and 550 in the Republic Srpska. A much higher number of children have lost one parent”[42].

3.5 Impact of the 1992-1995 war in Bosnia and Herzegovina

The demographic consequences of the war in Bosnia and Herzegovina are indirect, but severe. Normal growth of population was disturbed and it is uncertain when it will recover.
It is estimated that 1,250.000 persons were expelled to foreign countries (28.2% from total number of inhabitants), and 1,170.000 persons were dislocated within the territory of Bosnia and Herzegovina (26.3% of total number of population) (29).

[40] Cain, J. et al. In Cain, J. and Jakubowski, E., eds. Health Care Systems in Transition: Bosnia and Herzegovina, Copenhagen, European Observatory on Health Care Systems; 4 (7) (2002), page 5

[41] UNICEF, Bosna and Herzegovina: Woman & Children-Situation Analysis 1998 UNICEF, page 35

[42] Ibidem, page 36

Consequence of the war is also increased perinatal mortality (region of Sarajevo area), two times higher percentage as compared to before the war, of newborns with decreased weight, and two times higher percentage of newborns with different congenital malformations (29).

War and the stress it brought impacted the public mental health greatly. In addition, society has changed so much and very quickly that it also impacts psychic functioning of the individuals. "Field researchers in Sarajevo have showed that in general population there is more than two thirds of mentally disturbed" [43].

In post war Bosnia and Herzegovina many children suffer from posttraumatic stress disorder. Post-war studies confirmed that depressive reactions remain very high. "A study of 422 primary school children carried out in Sarajevo in November 1997 revealed that more than one third of the pupils experienced significant posttraumatic stress reactions and a significant minority reported they did not think life was worth living anymore"[44].
"The movement of the people as refugees and displaced people has also been shown to facilitate the spread of the infectious disease to new geographical areas, placing populations living in these regions at risk"[45].
Large migrations of population have also had social and health impact on the health of population of Bosnia and Herzegovina. As of August 1996 it is estimated that 2.140.087 citizens of Bosnia and Herzegovina have fled their homes, and 900.000 out of those are displaced persons, and 1.240.000 are refugees (29). A research conducted in the collective refugee centers by the Institute of Public Health found inadequate living conditions, such as-irregular or no water, gas or electricity supply, poor nutrition. "Communicable diseases such as enterocolitis, scabies, lousiness, and hepatitis were registered by epidemiological research"[46].

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[43] Smajkic, A. and associates Health and Social Consequences of the War in Bosnia and Herzegovina – Sanatation Proposal, IP "Svjetlost" 1997 Sarajevo, Fifth Edition, page 127

[44] UNICEF, Bosna and Herzegovina: Woman & Children-Situation Analysis 1998 UNICEF, page 35

[45] Oxford Textbook of Public Health, The Scope of Public Health, Oxford University Press Fourth edition 2002, page 180

[46] Smajkic, A. and associates Health and Social Consequences of the War in Bosnia and Herzegovina – Sanatation Proposal, IP "Svjetlost" 1997 Sarajevo, Fifth Edition, page 73

Years of the war have exposed population to enormous stress, constant lack of regular food and water supply, energy supply. The main identified health and social changes in the population after the war include negative trend in the biological reproduction, natality drop and morbidity increase, increased mass diseases morbidity, and high inequality in utilization of the health care services.

Demographic, social and health indicators in Bosnia and Herzegovina 1981-2000.

Year	1981	1991	1997	2000
Population	4,124.256	4,395.643	3,683.999	3,683.665
Refugees	-	-	712.000	624.250
Displaced	-	-	856.000	501.000
Natural growth	10,9	7,7	4,0	2,7
Biological type of population	Progressive	Stationary regressive	Stationary regressive	Regressive
Natality	17,2	14,9	11.6	10.6
Mortality	6.3	7.2	7.6	7.9
GNP per capita in US $	1.707	2.729	1.080	1.213
Social product per capita US $	1.876	3.151	1.253	1.898
Employed:unemployed ratio	5,83:1	3.17:1	1.36:1	1:1
Average monthly income in US $	190	299	139	174
Health care participation in % of GNP	4,6%	11.7%	14.7%	5,5%
Hospital beds per 1000 citizens	4,1	4,5	3,6	3,7
Physicians per 1000 citizens	1,1	1,6	1,5	1,3
Nurses per 1000 citizens	3,9	4,6	4,7	4,4
Immunization coverage	85%	98%	90%	90%

(Source:Public Health Institute of Bosnia and Herzegovina, “Health Status of Population and Health Care System in transition Bosnia and Herzegovina Report for 1998 and 2000.)

The Public Health Institute of Bosnia and Herzegovina in the Report for 2000 recognized several consequences of the war with numerous risks for life and health of the population, such as that the 50% of inhabitants are exposed to the risk of low quality water supply, 25% of the citizens are

in close permanent danger from reminded mines, chemical, biological, radioactive, and other material, and 50% of the citizens are without health insurance and without basic human rights to life and health. (7) “Inequity and lack of access to health care regarding geographical, political, national and social status of citizens is present”[47].

“There is a growing concern about the problem of land mines as a leading cause of deaths and injuries in war-torn countries”[48]. It is estimated that there were over 30,000 mined areas in Bosnia and Herzegovina, containing one million mines, and it is also estimated that it would take twenty six years to clear 90% of the mines, as all of them can never be retrieved. (UNICEF)

Public Health Institute of Bosnia and Herzegovina reports that, according to the Mine Action Centre (MAC) data, from December 1995 until March 2001, 335 persons were killed by the land mines, 706 persons had serious injuries and 269 with minor injuries (8). On the territory of Federation of Bosnia and Herzegovina during the period from 1998 until 2002, 298 persons were injured by mines, out of which 106 were deadly.

In the reports (2002, 2005, 2009) on the health status of population in the Federation of Bosnia and Herzegovina, Institute of Public Health of the Federation of Bosnia and Herzegovina presented all key socio-economic and demographic indicators, identified health risks and made recommendations. It is hard to precisely identify what could be recognized as a clear consequence of the war, with the exception of the mine injuries. However, socio-economic changes that have happened because of the war have contributed to the numerous challenges in adaptation to the new situation, and might have contributed to some unhealthy trends in the health of the people of Federation of Bosnia and Herzegovina. For example, the report from 2002 registers the increase in mental and behavioral disorders for 3.7%. High unemployment rates, sense of uncertainty in the society, unstable socioeconomic situation of the country, and difficulty in adjusting to life in such a surrounding are seen as the contributing factors. An important indicator of the mental health is also a suicide rate which increased in the Federation of Bosnia

[47] Encyclopedia of Public Health, Edited by Breslow, L. Macmillan Reference USA Volumes 1, 2, 3, and 4 (2002), page 24

[48] Ibidem, page 1750

and Herzegovina from 6%00 in 1999 to 9%00 in 2002. In this period 70% of suicides are among the men. The report for 2009 identified smoking as the single biggest risk factor to the health of population of all age groups, with the 37.6% of smokers among the adult population, of which 49.2% are man, and 29.7% are female regular smokers.

Land Mine Injuries in the Federation of Bosnia and Herzegovina Classified by the Age Groups

Age group	1998	1999	2000	2001	2002	2003	2004	2005	2007	2008	2009
Children 0-18	14	9	28	12	11	7	3	1	2	1	5
Adults 19-39	32	15	17	25	15	17	22	1	15	22	12
Adults 40-60	19	11	16	13	21	11	7	2	15	24	9
Elderly over 60	7	3	4	5	5	5	2	1	9	14	1
Unknown	8	2	0	6	0	0	0	0	7	2	1

(Source: Public Health Institute of the Federation of Bosnia and Herzegovina, 2002 Report)

The number of killed and wounded was not significantly increasing during these years, but the fact that mines every year take the lives constantly refers to the seriousness of the problem and the lengthy process of resolving it.

Most of the mine victims are man in rural areas, but one in five is a playing child under the age of eighteen. Mine awareness is thus of huge importance in health awareness in Bosnia and Herzegovina. “A number of organizations are involved in the promotion of innovative mine awareness campaigns in Bosnia and Herzegovina which have been developed for children”[49].

The process of de-mining still continues in Bosnia and Herzegovina, but the luck of funds still remains to be a serious obstacle to faster progress (9).

The Personnel Landmine Convention Anti- (ALC) entered into force in 1999, and by February 2000 it has been signed by 137 governments. However, these signatures do not include the USA,

[49] UNICEF, Bosna and Herzegovina: Woman & Children-Situation Analysis 1998 UNICEF, page 39

Russia and other states of the former USSR, as well as most of the countries in the Middle East (7).

3.6 Experts about the Experts – Interpretation of the Interviews

There are two dominant themes emerging from the interviews and they are lost trust (into the own government and into the international community) and a concept of future without hope.

Lost trust in the own government

When asked who is responsible for the public health in Bosnia and Herzegovina, one of the experts with the war experience of working as a head surgeon in the trauma department replied with a deep sight :"*Ah, nobody, mainly nobody. People are hired according to their belonging to certain political parties and not according to qualifications. They are brought from the rural areas, and their only goal is to make a political career in the city, but certainly not to better the public health*". There was a long pause after the statement and it created a sense of defeat.
The sense of the lost faith in the abilities of own government was also shared by an expert with 6 years of post war experience working for the international health organization when he said: "*Most projects after the completion are left to the enthusiasm of a few individual people, and that is simply not enough. We cannot always blame the donor, but our authorities are simply not able to even recognize if anything is worth something or not, which is very very sad*".

Some have recognized that the luck of funds is preventing bettering of the situation, but have more often shared an opinion that ethnicity and political affiliations are the main selection criteria for the key positions in the country. "*Like with everything else, recipe is simple: you get the people who are politically suitable*", said one of the interviewed experts. Distrust into the government also illustrates the following statement: "*Political System of Bosnia and Herzegovina? Ha! It does not even exist, and therefore how can it care for the health of people*".

An expert in a managerial position, working for the EU Delegation to BiH, and a medical doctor by training, after presenting facts and some of the activities and programs conducted in the field of health, concluded at the end that: "*If our government selected people based on their*

qualifications and not only on nationality, things would function much better, including the co-operation with the international organizations".

Academic and psychiatrist by training with the experience of working in the Ministry of Health of Bosnia and Herzegovina shared his doubts in this way "*I must speak of the Ministry of Health which is in a way limiting an initiative and normal development. For example Ministry of Health decides when someone shall specialize, and this is not for the state politics*".

Engaged in offering examples from the work experience that illustrate all kinds of barriers one encounters, with a lot of emotion and frustration one of the experts added: "*Healthy woman with a husband that has lost a limb in the war also has health issues, only no one recognizes this or cares for her. The Federation of Bosnia and Herzegovina does not even have a policy on mental health yet*".

When discussing the biggest threat to public health in the current Federation of Bosnia and Herzegovina, this is how one expert articulated his answer "*This political disintegration and disorganization are the biggest threats to the health of people in Bosnia and Herzegovina*". For another expert it is "*the ignorance which perpetuates in academic structures. Once you get half intelligent people there they will keep the situation. Really, nothing seriously is being done on educating people, especially after the war, and on the war*".

Lost trust into the international community

Some interviewed experts, when asked about the contributions of the international community have demonstrated loss of faith. Underestimating of local experts seemed to have contributed to this. An expert with the experience of working for an international organization said: *"Some organizations are helping by sending aid in a form of not fully qualified trainers. We had a Canadian nurse come to give a workshop on health management and the attendees were people of high qualifications, they had at least Master's in economic and they had to sit and be quiet listening to trivialized examples. Really, people sometimes are entitled to hold grouches towards such approaches*". The former head of the trauma department and a surgeon that has performed numerous surgeries, including the ones during the war time under the extreme conditions shared

his experience that has contributed to the suspicion and los of faith into the value of offered assistance: "*For example, I was approached as the head of the department, as the neuro surgeon, by the nurse offering to help me, and discuss with me the department needs, or to teach me something about the assessment of this…*".

For some experts a loss of faith also occurred due to a short-goal orientation of some programs whose primary pursuit was of their own agenda, and for their own benefit in some ways. One expert articulated this in this way: "*We are a field for larger experiment. You know, it is inexpensive to use a country like this, and you have all the perfect post war conditions. Some foreign experts gather to analyze data for their own purposes. They are often semi-experts just with some formal education*". The same theme was found in the reply from another interviewed expert: "*Some organizations came with the objective of their own, which was not the betterment of the public health. They bring experts of very modest qualifications*".

Recognizing that some programs are not so good but still implemented with the permission from the government, one expert said: "*These are often successful manipulators which can very well recognize corrupted people in the government to work with*". An expert with the experience of working on many projects with the international health organizations expressed the concern for credibility of some programs by saying: "*It is hard to say what was beneficial from the international organizations, but I can see many projects that I sincerely believe that if they did not come, nothing would have happened. We could have done without*". One expert presented himself as being disillusioned about the operating of the international programs when he said: "*It is clear that the international organizations have taken their part of financial resources intended to help us. They leave us just enough so that they have an alibi*".

One expert shared a concern that certain programs can create an image of a victim and induce the behavior of a population that is not desired, that depends on others. He expressed it this way: "*In a way people have become spoiled too. You give them a tractor and they come back to you to ask for the fuel too, or they quickly sell it. Again, only a short term benefit. We are now stuck in a curse of a war time society, and we are condemned to think in a very short terms. The long term planning is completely lucking, but that suits our authorities very well*".

Another issue that carried the theme of lost trust in the international community and its programs were the examples of failed interventions. Reflecting to the early war stages the former head of the trauma department in the hospital said: "*Everything in Sarajevo was done ad hoc. We received one day a box full of malaria medication which we did not need. Someone sent boxes with condoms to the besieged town of Srebrenica, and all sorts of stuff like that…*".

Concept of the future without hope

Those suffering from incurable diseases and facing inescapable death often think of future with the absence of hope (for betterment). These conceptions negatively influence the health (or the health condition) of humans. But how about the people we would consider healthy in a sense that there is absence of illness, but whose thoughts of future also luck the idea of hope? How healthy are they?

When asked who do people trust to care for their health, one of the experts said: "*They do not trust anyone. In the beginning people were grateful while they hoped for something, now they don't any more. Even the most naïve have figured it all out*". All interviewed experts shared the concern about the levels of trust in the society, and one of them articulated it like this: "*The level of trust is very law in general, and sometimes I get the feeling that the media goes against the public health…Mmmm, you see, people are here not thinking clearly*".

Changed society – now the post-war society, required from population numerous adjustments in adopting to the new situation, after having experienced an enormous stress that the experience of the war brings. The questions about human existence and our own purpose in the world have to become re-assessed due to the experience of the war, and not just any war, but the civil war that has violated every human right and has been described as the most brutal in the recent history. One of the interviewed experts spoke with concern and sadness in his voice when he said: "*I do not know if it is me or something objective, but there is certain mental pathology in here. This society is now completely deprived of positive values. You stop believing that there is any chance for progress, or worthiness in investing into anything aesthetic. Than you stop going to theatre and other cultural places you simply needed to go to, and then you lose the need too*".

When asked what keeps than people of Bosnia and Herzegovina going on, one expert replied:

"*There must be something, some trace of some kindness left in the people of Bosnia and Herzegovina that keeps them going, I don't know…*" followed by a deep sight and a long pause, that it seemed more as an attempt of reassurance, rather than a statement fully believed in.

This post war society for some experts has also demonstrated changes in values reflected in a work ethics, and one of the experts said following with a deep concern and care: "*When a three minute telephone call policy was introduced in one mental health centers people working there did not complain. But what if it is a suicidal person, and after three minutes they are just cut off? Do they share any responsibility? Why don't they care? Nobody simply said anything. And when they cut the daily visiting of the patients, a task for which the donor left the car, they were relieved that they don't have to go and visit patients any more, or only by appointment which was not the donor's concept, and the car is now used for personal purposes*". A similar concern is expressed with this statement: "*Changes in staff are reflected in overall migration of good qualified staff. If someone is capable and becomes an expert in their field, they will surely leave. They have no future here, and the government does not need such a people*".

One of the experts spoke about the Bosnians as the group the least cared for in the Federation of Bosnia and Herzegovina in the following statement: "*Now days you are either a Serb or a Croat or a Bosnjak, a Moslem. Bosnians and the morally upright people with the good qualities are the most marginalized. OK, they are also very quiet too and not formally organized, I guess they see no way how to integrate into this society. Can you believe that sometimes you are not able to get the medical service, or appropriate service, just because of this? It is hard to prove, but it exists. You know skilled, intelligent and knowledgeable people of good morals and no political and national (ethnic) affiliations have no future in the current Bosnia and Herzegovina*".

Reflecting on the changes in the population that one might contribute to the war, one expert described it like this: "*We are witnessing now some new Bosnian mentality, to call it like that. Is it because of all the migration, and the war? Constant strain and stress that the people here are exposed to makes them extremely irritable now, they react to trivial things. Really, people in Sarajevo have lost this warm positive regard to each other that before the war they were very known for. That kindness though, for example, still exists in some other smaller Bosnian towns.*

This is also something that people visiting Sarajevo notice too, I mean the Bosnian people that can compare the situation with the situation before".

Some experts made reflections towards the past in terms of the health care, and one of them commented in the following way: "*System than cared for the people. For example if the treatment was not available in Sarajevo, patients were sent to Zagreb or Ljubljana, and at times even abroad. Nowadays people have to wait for the service or choose private service and pay for it*".

Another expert with the experience of working for the Ministry of Health shared following: *"I must say even though it may not be appropriate, o it may even be appropriate that I had an opportunity to be in the delegation of the University of Sarajevo visiting Stockholm University, and a very reputable doctor, a leading head for the whole of Sweden public health commented that he was very sorry about the disintegration of Yugoslavia because he knows that Sweden learned a lot of good organizational things from the Yugoslav health care system. Unfortunately the situation is not like this any longer and we are far from having any organization that could match the pre-war one*".

The erosion and changes of values in a post war society is reflected in an attitude of the society of living from day to day. A sense of lost control over life and a concept of future with no trace of hope – hope for the betterment of any sort, hope for gaining control of personal safety, development, growth, etc are serious threats to public health. Luck of trust amongst individuals and neighbors, luck of trust into the capabilities of own government to solve problems, and luck of the trust into the altruistic intentions of the international community to really help, luck of the trust into abilities and interest of the medical doctors to properly care fort the health of people, represent common themes in the Federation of Bosnia and Herzegovina. These elements represent a serious challenge in establishing a healthier society.

4 CONCLUSIONS

The War 1992-1995 in Bosnia and Herzegovina represents a case from which we can draw several lessons.

Firstly, that it is possible despite all the international bodies and regulations (and the forces to implement them) that a brutal war breaks up in Europe – in a small country on the Balkan Peninsula. This war represents a perfect example of the modern type of the warfare in is full horror and brutality. We have learned that it is possible that genocide is conducted (only few kilometers away from where the UNPROFOR peacekeeping forces were stationed), and that it is possible that the cities become besieged and randomly shelled for the record number of days in the history of modern warfare. The local government and the relevant international bodies have failed to prevent the war in BiH, as they have failed to prevent the violations of all human rights during the war. If we are to end violent wars, this example suggest that we need to look for ways how to more effectively enforce adhering to already existing international regulations for conduct in an armed conflict. Peace enforcement is needed before the peacekeeping troops can assure any peace.

Secondly, it is crucial and possible to provide the humanitarian aid to the people in a war thorn country, but more co-ordination and synchronizing of activities is needed to make the humanitarian aid appropriate for the needs of people and delivered and distributed in the most effective ways. While politicians (some of which accused of war crimes) ineffectively met to discuss the peace options, and the war raged throughout the country, for many people humanitarian aid literary meant the difference between the life and death, and represented the sole source of food. It is important, however, to improve the existing system, which is no system at all. A case of Bosnia and Herzegovina offers several examples how receiving inappropriate aid is not only helpful, but requires time, money and services to be removed, or properly eliminated in the case of expired medications.

Public health professionals, in order to eliminate the causes of war, must work interdisciplinary, and examine political, economic, and social dynamics surrounding the war, in a global context.

One of the ways it would be by raising the awareness about the consequences of the war, and creating the opportunities for the interdisciplinary exchange of the expertise in preventing the war. Educating on the risks and the assessments of the risks of conflicts, and the magnitude of possible consequences seem as a necessary step for the public health professionals if we are to engage in the prevention of the war.

This study also revealed that the selection of the government and appointment of the staff to all relevant positions based primarily on the nationality and political affiliation leaves a lot of room for the incapable and opportunistic individuals to create networks with each other and prevent capable, knowledgeable and moral individuals without ties to national(istic) parties to compete for the positions by applying their competence in the chosen field. At the same time, these individuals are very employable outside Bosnia and Herzegovina and thus a lot of them leave. Pouring out of the intellectual resources of Bosnia and Herzegovina, however, does not seem to concern the Bosnian and Herzegovina government – it seems to suit them. Post war society in Bosnia and Herzegovina, still very much feeds on the nationalistic and patriotic slogans, - and these are the expert fields of the local politicians. It is hard for the local population to forget this war. The media, press and the government seem to make it even harder by daily informing of some war related information. The victims of the war are often again victimized by being exploited in various political games. Mediocre abilities of those in the key position, and their short-goal orientation towards personal political career make it hard for such a government to lead the people out of the post war society into the one that believes in the future.

In addition to the absolute essentials that the human needs for survival, such as air, food, water, and shelter, for sustainable health humans also need peace, freedom from oppression, a reasonable sense of certainty and security, work, and economic stability. Concept of the hope and faith in the future are important for (healthy) human existence, as well as for the heeling of various conditions. The absence of these essential factors for sustainable health seems to be plaguing the researched population of the Federation of Bosnia and Herzegovina today

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6 A SHORT DICTIONARY OF RELEVANT TERMS

This dictionary of terms was developed using:
A Dictionary of Public Health, edited by John M. Last, Oxford University Press 2007

DIALECTIC- The method of reasoning that proceeds by question and answer and logical argument, famously illustrated by the dialogues of Socrates (470-399 BCE) as recorded by Plato (c. 428-347 BCE). Teaching of epidemiology and other public health sciences can be conducted by dialectic. (Page 92)

DISPLACED PERSONS – People who have been obliged by war, natural disaster, political persecution, ethnic cleansing, or other cause, to relinquish their usual home and habitat, and seek refuge elsewhere within their own country.

EPIDEMIOLOGY – The definition developed by an international representative expert group for the Dictionary of Epidemiology (1983) is “the study of the distribution and determinants of health-related states or events specified populations and the application of this study to control of health problems”. (Page 111)

ETHIC – The branch of philosophy dealing with distinctions between right and wrong, with the moral consequences of human actions. Aristotle identified many virtues that are components of the good life or of the ethical person, in Ethics (4th century BCE). Some of Aristotle”s virtues, including truthfulness, integrity, compassion, are the basis for one approach to applications of ethics in the health sector. (Page 114)

ETHNIC CLEANSING – A euphemism for attacks on and violent destruction and driving out of their habitat of a group of people who are ethnically distinct from their aggressors. (Page 114)

ETHNIC GROUP – A community or a group of people with distinctive social, cultural, and behavioral characteristics that distinguish them from others in the same or different country or society. Members of an ethnic group share the same language, have similar ways of life and a

common history, preserve traditions and customs from one generation to the next, identify themselves as members of that ethnic group, and often have common genetic heritage. (Page 114)

ETHNICITY – A term for the ethnic group to which people belong Usually it refers to group identity based on culture, religion, tradition, and customs.(Page 114)

EXPERT WITNESS – A person with particular knowledge, skill, experience in a defined or specified field, generally recognized by peers in that domain of human affairs, who is called upon to testify in a court case in the capacity of an acknowledged authority of the subject. (Page 117)

GENOCIDE – The extermination, usually by brutal armed aggression, of members of an ethnic group. (Page 140)

GOAL – A desired condition or state of affairs that is to be achieved within a specified time frame. (Page 145)

HUMAN RIGHTS – A set of moral principles governing human conduct towards other humans, enunciated in the United Nations Universal Declaration of Human Rights, the Declaration of the Rights of the Child, and other internationally recognized and ratified statements. These principles have evolved from the cultural values of civilized societies and the ideas of philosophers of earlier civilizations and generations. Basic human rights include freedom; equality, autonomy, access to the necessities of life, i.e., water and food, clothing, and shelter, personal security, protection of the law, absence of discrimination, recognition as a person, and freedom from arbitrary arrest, imprisonment, torture, or cruel or inhuman punishment. Health is recognized as a human right in the ALMA-ATA Declaration, and by philosophers of public health, but ways to implement this right remain elusive. (Page 173)

INDUCTION – The form of logical analyses that proceeds from observation of particular events or circumstances to creation of a “rule” or “rules” about nderlaying processes that could explain observed phenomena. Another name for this is “generalization from the particular”. (Page 185)

LANDMINE – Indiscriminate war weapon of which the victims are often not combatants in an armed conflict but innocent bystanders, including children who are killed or maimed while playing and farmers attempting to cultivate land that has been mined. (Page 208)

METHODS and PROCEDURES – An essential prerequisite of all research projects and of descriptions of these projects that are prepared for scientific peer review, and ethical review if required, is a detailed, comprehensive account of what will be or was done (the methods) and how (the procedures). It is these aspects of the work that are often described as “methodology”. (Page 236)

OBJECTIVE – A precise detailed statement of the aims toward which efforts are directed. (Page 261)

OBSERVATIONAL STUDY – Any of several varieties of non experimental scientific investigation in which the investigator relies on direct or indirect observation of a situation or behavior, for example a natural experiment or an epidemiological study such as a case control or cohort study. There is only observation without intervention, and there is no experiment in which an investigator manipulates or modifies conditions in some way. (Page 262)

POLITICS – A set of activities associated with governance, organization, and running of public affairs at local, regional, national, and international levels. It is essential for public health professionals to comprehend health-related political factors because health and politics are entwined. (Page 294)

REFUGEE – Person who has been forced to leave his or hers home and usual habitat by natural or human-induced disasters to move to another country. The UNHCR distinguishes refugees from internally displaced persons, who have been forced out of their home and habitat but have not had to cross and international border. (Page 318)

SEXUAL ABUSE – A crime perpetrated by a person in a position of trust against a vulnerable person or persons, using force or persuasion, commonly a crime against children and minors. (Page 341)

TARGET – Syn: objectively verifiable indicator. The quantitative element distinguishes targets from objectives, which are more general statements of the aims of the program. Targets have three elements: quantity, quality, and time. (Page 364)

VALUES – 1. In sociology, the beliefs, traditions, and social customs that are held dear and upheld by individuals and society. Values influence the behavior of individuals, families, groups, and entire nations. They include moral values that are deeply believed and often grounded in religious beliefs, and are almost immutable social values, such as attitudes toward the roles and functions of women in society, which are more flexible and sometimes change rather quickly, as values regarding marriage in many Western societies did after about the 1970s. Moral and social values influence public health policies, priorities and actions, such as the provision of health promotion programs. (Page 386)

VIOLENCE – The simplest form of definition of violence is behavior causing harm by the use of force. (Page 390)

WAR – A violent conflict between armed forces, usually involving two or more nations or hostile forces within a nation (civil war). It is one of the worst, most intractable public health problems. (Page 393)

WEAPONS OF MASS DESTRUCTION – A collective name for several classes of lethal weapons having in common the fact that when deployed they can cause death and injury indiscriminately among large number of people. Three classes of WMD are biological, chemical, and nuclear weapons. All have been used in conventional war, and two (biological and chemical weapons) have been used in terrorist attacks. (Page 395)

7 LIST OF ABBREVIATIONS:

ALC - the Personnel Landmine Convention Anti

BIH – Bosnia and Herzegovina

FBIH – Federation Bosnia and Herzegovina

RS – Republic Srpska

WHO – World Health Organization

UNCHR – United Nations High Commissioner for Refugees

IOM – International Organization for Migration

OHR – the Office oft he High Representative

IPTF – the United Nations International Police Task force

ECHO – the European Commission Humanitarian Office

EU – European Union

8 ANNEXES

Candidate for Interviews Selection Criteria Form

Working in local institutions international organizations

(Medical, educational, governmental) (public health projects)

Expert level education/experience (above university degree)

Contacts with large populations/health issues

Has professional experience from before, during, and after the war

Speaks English

Candidate selected and agreed to be interviewed choose:

Anonymity in the study

Full introduction_____

Request for Interview

Dear Sir/Madam,

I write to ask you for an interview with me.
My name is Jelena Martens, born in 1967, and I am currently finishing a Master program in Public Health at the Hamburg University of Applied Sciences in Hamburg, Germany.

For my final paper – Master Theses I have chosen the topic: IMPACT OF WAR ON PUBLIC HEALTH-Experiences from Bosnia and Herzegovina war of 1992-1995. I am currently in Sarajevo, Bosnia and Herzegovina on a limited 3 week stay to conduct research on the status of public health of the peoples of Bosnia and Herzegovina 15 years after the war.

As a part of my research I would need to interview several individuals holding important positions. You are one of those individuals and I kindly ask for your support and an agreement to an interview at your earlies convinience, as my stay in Bosnia is timely limited and I will return to Hamburg in November.
The information I would obtain from you I intend to use only as scientific data intended exclusively for my Master Theses. In addition, I hope that my research provides scientific imput that will help not only post war recovery of the nations, but also emphasize the importance of war prevention.

I thank you for your attention and hope to receive a positive answer.
I can be reached by telephone at (033) 663-038, or by email: jelenamartens@googlemail.com.

Warmest regards,

_____

Jelena Martens
MPH Candidate
Dipl. Prof. Philosophy and Sociology
Sarajevo, October 15, 2010

CONSENT FORM TO A TAPED INTERVIEW

I kindly ask for your consent to a taped interview with me.

My name is Jelena Martens, born in 1967, and I am currently finishing a Master program in Public Health at the Hamburg University of Applied Sciences in Hamburg, Germany.
For my final paper – master theses, I have chosen the topic: IMPACT OF WAR ON PUBLIC HEALTH-Experiences from Bosnia and Herzegovina war of 1992-1995.
Information obtained from you will be used for my master theses.

Please feel free to refuse answering any questions that make you feel uncomfortable, or that you wish not to answer for any other reason.

Do you agree that I tape the interview? _____

Do you agree to sign this consent form? _____

I thank you for your time, trust and input for my scientific research.

Interviewer's signature

_____

Date and place

_____

Interviewee's signature

_____

Date and place

_____

Structure of the Qualitative Interview

Prior to conducting this Interview, consent form is read out loud and signed by parties, the interviewer and the interviewee and dated.

1.) Please introduce yourself, stating your age, education, your occupation, employment status and ability to work during the war years of 1992 – 1995, as well as your current occupation.
2.) Who is responsible for the health of the people of Bosnia and Herzegovina?
3.) Who is influencing health care policies in Bosnia and Herzegovina and whose interests are being met?
4.) What has been the role of International organizations, NGOs, and International donors during the war of 1992-1995, and what is their role today?
5.) Do people of Bosnia and Herzegovina benefit today from international engagement?
6.) Are you aware of any important health measures implemented by international organizations and whose interests are represented in those measures? Are people from Bosnia and Herzegovina benefiting, are international organizations benefiting?
7.) How is cooperation between local governments and international organizations and is there any impact on public health in Bosnia and Herzegovina?
8.) How is political system influencing public health in Bosnia and Herzegovina, what are the supporting and inhibiting factors?
9.) How is division of Bosnia and Herzegovina into the Federation, Republic Srpska and Brcko district influencing public health?
10.) What levels of trustworthiness do you think people have into their local governments to care for heir health, as well as into the international organizations?
11.) How would you describe pre-war (prior to 1992) health needs of people of Bosnia and Herzegovina, during the war (1992-1995), and today (2010) 15 years after the war?
12.) What would you describe as a main threat to public health in Bosnia and Herzegovina today?
13.) How is economy of Bosnia and Herzegovina impacting public health?
14.) What are the specific health needs of people of Bosnia and Herzegovina today that You perceive to be today a consequence of 1992 – 1995 war?

15.) Has the war impacted genders differently, and are there gender differences in health needs of people of Bosnia and Herzegovina?
16.) How are those needs met, what are the supporting and inhibiting factors?
17.) Do you perceive any regional differences in health needs of people of Bosnia and Herzegovina which could be result of local intensity of war activities?
18.) What are the strengths and weaknesses of Bosnia and Herzegovina's society and how are those influencing public health?
19.) How open are those having mental health needs to seek help, and are there gender differences?
20.) Who are socially excluded and marginalized in Bosnia and Herzegovina and who is caring for their needs, and how?
21.) Please tell me anything that you wish, that You perceive could shed an additional light on he topic, and that I have not covered with my questions.

I thank you for your time, trust and input. I look forward to share with you the results of my research.

Observing Protocol

Field Work: Sarajevo, Federation of Bosnia and Herzegovina

Observing signs that help answer questions of the presence of the war in today's BiH society and searching for connectedness and relationships with the current status of the public health in the Federation BiH

INDICATE WAS THE OBSERVING SCHEDULED OR SPONTANIOUS?
TIME AND PLACE DESCRIBING THE SETTING?

WHO OR WHAT WAS OBSERVED-(FOR SPONTANIOUS –WHAT TRIGGERED THE INTEREST)?

WHAT HAVE I OBSERVED ABOUT MYSELF, WHAT ARE MY THOUGHTS?