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## Viewpoints

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### Guard against the oblivion: a role of public health in war

Not to remember means to side with the executioners against its victims; not to remember means to kill the victims a second time; not to remember means to become an accomplice of the enemy. On the other hand, to remember means to feel compassion for the victims of all persecutions.

(Elie Wiesel, excerpt from the Miami Beach Holocaust Memorial dedication, 4 February 1990)

In 1991, Croatia entered the list of world's crisis areas ravaged by armed conflicts. The scenes of war, once thought to be safely buried in the textbooks of European history, resurrected before the eyes of shocked nations. As if all the tragic lessons of previous wars were forgotten, a new bloodshed began, bringing new deaths and suffering, family tragedies, and community destructions. This time, everyone agreed, the horrors of war must be remembered. This time, the lessons must be learned.

Yet today, only 15 years later, can we really claim that our memory is not failing us? Were the people killed during the war in Croatia counted in hundreds, thousands, or tens of thousands? What is the name of the farm where more than 200 patients taken from Vukovar hospital were beaten and then executed? And what time of year did that terrible crime happen—fall or winter? In 1991 or 1992?

#### Responsibility of health workers

Human memory is indeed 'a net full of holes', and many facts about war-related events can easily become distorted and misused for political purposes. There is a great need to guard against the oblivion. Geiger and Cook-Deegan pointed out that health workers cannot shy away from that responsibility: 'The skills of physicians, medical and forensic scientists, and other health workers are uniquely valuable in human rights investigations and documentation, producing evidence of abuse more credible and less vulnerable to challenge than traditional methods of case reporting'.<sup>1</sup>

During the 1991–1995 war in Croatia, the documenting of civilian casualties and human rights abuses was recognized as a public health priority. However, the scope of the task was such that it required

involvement not only of public health workers but also many other professionals, including university professors and medical students. Supported by the Ministry of Health of the Republic of Croatia, Zagreb University School of Medicine established a communication and medical documentation network intended to gather files, messages, and documents from regional medical centres in war-stricken areas and besieged cities, and to give instructions for preventive public health measures.<sup>2</sup> A detailed database of war casualties was created and continuously updated. Special efforts were made to track missing persons and mortal remains, although this task proved to be extremely difficult to accomplish.<sup>2</sup>

#### Looking for '10 righteous people in the city'

The role of public health as a guard against oblivion, no matter how difficult it may be, should go even beyond documenting casualties and human rights abuses. What about the good deeds done by the righteous people during the war? Should they not be recorded with the same diligence as the war crimes? To begin with, public health workers should carefully document their own activities, such as taking measures against epidemics, preventing food and water poisoning, building shelters for refugees, foreseeing the war-related dangers for the environment, cleaning and burying animal carcasses in the war zones, supporting actions against land mines, and caring for old, disabled, poor, or abandoned people. Furthermore, public health workers should actively seek for accounts of individuals taking action, or even sacrificing themselves, to save lives of other people and communities. Following the example of Yad Vashem Memorial for the victims of Holocaust, righteous deeds should be registered systematically to preserve the memory of them.<sup>3</sup>

#### Art and science

The importance of data collection in war circumstances can hardly be overestimated. However, documenting does not end with data collection. To really

produce 'more credible and less vulnerable' evidence, public health workers have to adhere to scientific principles. And scientific principles require that data must be processed, analysed, and published, preferably after a peer review. War circumstances should not be an excuse for scientific sloppiness. On the contrary, the graveness of the situation and far-reaching consequences of deficient documentation should be an impetus for public health workers to excel in both their scientific and field work. Defined as 'the art and science of promoting health, preventing disease, and prolonging life', public health bears equal responsibility for immediate practical actions as it does for studious, scientific approach to health issues, including documentation. Comprehensive data collection is a sign of a keen field work, and builds a solid foundation for theoretical deliberations and development of new peace-promoting strategies.

On the basis of their first-hand experiences, as well as the facts and figures gathered during the wars in South Eastern Europe, Croatian experts were able to disclose the weaknesses of historical models of public health in a war situation. They also outlined new theoretical models in which public health had a major professional responsibility in preventing war and dealing with its consequences.<sup>4</sup>

#### Record keepers

Finally, to guard against the oblivion means to keep the record safe for the future generations. But to whom should the duty of record keeping be entrusted? Without any intention to belittle the importance of news media and official government documents, we argue that scientific journals in general, and medical or public health journals in particular, should play a special role in preventing the facts to be distorted and misused. Reports published in those journals are subjected to scientific scrutiny, which gives them additional credibility.

The *Croatian Medical Journal* (CMJ), whose establishment coincided with the beginning of 1991–1995 war in Croatia, took the role of record keeper from its earliest days: a war supplement was published even before the first regular issue came out of the press. In spite of being produced under most difficult

conditions, the CMJ was issued regularly, bringing reports on civilian deaths and massacres, child casualties, displaced persons, prisoners of war, and destruction of medical institutions. Special attention was given to the descriptions of public health service and organization of medical care in war.<sup>5</sup> Since 1991, the CMJ published more than 220 war-related articles. The editors of the CMJ offered their expertise to Croatian medical and public health professionals, helping them to write more than 100 war-related articles published in journals other than the CMJ. In this way, the war in Croatia became one of the best documented armed conflicts in modern history, at least from the medical point of view.

Guarding against the oblivion is not an easy task. Human beings are prone to forgetfulness, and seldom learn anything

from the mistakes of past. A proverb says that 'to remember means to write down'. Therefore, to keep the memory of war reliable and instructive, to prevent the repetition of mistakes, someone has to write down and safeguard the truth. Why not public health workers?

## References

- 1 Geiger JH, Cook-Deegan RM. The role of physicians in conflicts and humanitarian crises. Case studies from the field missions of Physicians for Human Rights, 1988 to 1993. *JAMA* 1993;270:616–20.
- 2 Kostović I, Judaš M, Henigsberg N. Medical documentation of human rights violations and war crimes on the territory of Croatia during the 1991/1993 war. *Croat Med J* 1993;34:285–93.
- 3 Lang S. Challenge of Goodness: Twelve humanitarian proposals based on the experience

of 1991–1995 wars in Croatia and Bosnia and Herzegovina. *Croat Med J* 1998;39:72–6.

- 4 Lang S, Kovačić L, Šogorić S, et al. Challenge of Goodness III: Public Health Facing War. *Croat Med J* 2002;43:156–65.
- 5 Marušić A, Mišak A, Kljaković-Gašpić M, et al. Educatione ad Excelentiam – Ten Years of the Croatian Medical Journal. *Croat Med J* 2002;43:1–7.

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doi:10.1093/eurpub/ckl028

## Commentary: Guard against war: an expanded role for public health

This excellent summary and analysis of the role of public health workers in documenting the medical and public health consequences of the 1991–1995 war in Croatia, noting the 220 articles in the *Croatian Medical Journal* and the more than 100 articles in other journals related to the war, is extraordinarily useful. Participation in surveillance and documentation of the health effects of war is an important role public health professionals can play, not only in making certain that the victims are not forgotten, but also in preventing future wars and their consequences.

As we discuss in our book, *War and Public Health*, there are several roles that public health workers can play in preventing war, militarism, and preparation for war. These roles include not only surveillance and documentation of the health effects of war, but also (i) developing and implementing education and awareness-raising programmes on the health effects of war, (ii) advocating and promoting policies and actions to prevent war and its health consequences, and (iii) working directly in actions to prevent war and its consequences.<sup>1</sup>

In our book, we distinguish among three levels of prevention of war and its consequences, which are directly relevant to the documentation described in the Viewpoint:

*Primary prevention* is preventing war or causing a halt to a war that is taking place. Public health professionals with access to information on the health and environmental effects of war or of factors that cause war have the capability—and we believe, the responsibility—to gather these data, to analyse them, and to make them widely available. Such data can be

extremely useful in educating, and raising awareness of, both policy-makers and the general public in order to prevent war or cause a halt to a war that is taking place. Recent examples of the documentation of civilian casualties of war have been published in relation to the war in Iraq.<sup>2,3</sup>

*Secondary prevention* is preventing and minimizing the health and environmental consequences of war. Once a war has begun, public health professionals can play role in protecting the public's health and minimizing the consequences of war by documenting and publicizing the nature and extent—among both civilians and members of the military—of injuries, illnesses (both physical and psychological), disabilities, and deaths occurring as a result of war. These data may be useful for the purposes of limiting the health consequences of the conflict or of bringing about a ceasefire.

*Tertiary prevention* is treating or ameliorating the health consequences of war. Documentation of the methods used for treating or ameliorating the health consequences of war is important in preventing or reducing health consequences of future wars.

Many health issues can be both a consequence and a cause of war. These include disparities in health status within and among countries, weakening of human rights, infectious diseases, mental health disorders, and vulnerability of population groups. We health professionals can promote peace in many ways and facilitate this work by demonstrating our values, vision, and leadership.<sup>4</sup> The role of health professionals in documenting the health effects of war is a critically important public health activity.<sup>5</sup>

## References

- 1 Levy BS, Sidel VW. Preventing war and its health consequences: roles of public health professionals. In: Levy BS, Sidel VW, editors. *War and public health*. New York: Oxford University Press, 1997; 388–93.
- 2 Roberts L, Lafta R, Garfield R, et al. Mortality before and after the 2003 invasion of Iraq: Cluster sample survey. *The Lancet* 2004;364:1857–64.
- 3 Panch T, Reeve G, Rowson M, et al. (editors). *Enduring effects of war: health in Iraq 2004*. London: Medact, 2004.
- 4 Levy BS. Health and peace (Guest Editorial). *Croatian Medical Journal* 2002;43:114–16.
- 5 Sidel VW, Levy BS. War, terrorism, and public health. *Journal of Law, Medicine and Ethics* 2003;31:516–23.

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doi:10.1093/eurpub/ckl029