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58. THE CROATIAN POPULATION AND RESPONSIBILITIES FOR MEDICAL PROTECTION

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INTRODUCTION

The population and territory of the Republic of Croatia are exposed to the dangers resulting from natural, industrial disasters, as well as crises caused by the war. In the period between 1991 and 1995, Croatia and its population were affected by war.

Apart from the Croatian Army, at the battlefields, frontlines and in the rear, some segments of medical services and civil defense (1,2,3,4,5) actively participated in the defense and protection of the population.

The war, which was imposed to Croatia, put many services, institutions, defense and civil protection systems (6,7,8,9) on test. The experience has shown that a positive level of safety and health status of the population should be a priority task of the organized forces of the Croatian society.

The knowledge of the factors defined of the whole health status should help the persons assessing and planning the health situations to make their assessments and plans of the defense and protection health segment convincing and realistic.

METHODOLOGY

Normative, analytical and comparative methods were used in this work.

DISCUSSION

No society is safe and protected against crises and their consequences. Many people, material goods and the environment itself may be affected by a crisis.

In Croatia, in the period between 1991 and 1999, the responsibility for the defense and protection of citizens, their lives and health was taken on by the medical segments of the ordinary medical services, with 44,000 employees, as well as unspecified number of organized medical segments of the civil defense of the Republic of Croatia.

In 1993, at the national level, the responsibility for the activities of the Protection and Rescue System was taken on by the Government of the Republic of Croatia with its competent Ministries. At the local level, the responsibility for these activities was taken on by local crisis management authorities or, directly, by medical segments responsible for satisfying medical needs of citizens in peace or war times, as well as in the crisis conditions and the consequences of a crisis.

In the early 1994, the program and operational model of defense and protection of citizens against all kind of crises and consequences has been groundlessly given up. Therefore, in normative and practical terms, the activities were reduced to improvisations. A large scope of defense and protection activities was being solved through sub-legal acts and discretion rights of the competent minister, Minister of the Interior. Therefore, the needs for medical segments were neither met nor sufficiently coordinated by the Minister of Health and his referral centres.

In spite of, in modern terms, undefined conditions of defense and protection of citizens against crisis and their consequences, and before including those institutions and

authorities, which are responsible and trained for medical care of citizens during crisis, crisis problem or manifest crisis, these actors should, in peace time and non-crisis period, form an initial team of professionals coming from competent organizations, institutions and other actors. They would, intra-, and interdisciplinarily, on the basis of law, regulations, standards, conventions, treaties, abilities and needs, be able to create preconditions for determining the real status of the health level of the population of Croatia, its needs and abilities. Also, the status, abilities and qualification would be established of the medical segment of protection in the society, which should be the main actors of the protection of population against crises and their consequences, based on assessments, proposals, solutions and plans. The initial core team would lead the responsible civil defense and protection actors towards the formation of command and executive bodies of a designed system of defense and protection of the population against crises and their consequences, as its basic part and medical segment. This would prevent improvisation, disorientation, unresourcefulness, or credits to all participants in a crisis or a consequence of a crisis. What was achieved so far in this field was a result of engagement of individual enthusiasts, rather than organized and legally regulated activities. Therefore, there is need to organize a body in charge for management and coordination in crises and their consequences. This body would also serve all justified activities and demands in society. All services in the country should be engaged, which are in various manners included in and connected with the medical segment of the defense and protection of the Croatian population.

Good organization of medical defense and protection, of goods and environment, is a primary security and economic issue of Croatia. Therefore, activities should be organized more efficiently in order to achieve safety with minimum resources and expenses. This especially applies to economically underdeveloped countries and the Croatian population impoverished by the war.

A comprehensive approach to the protection of the population's lives and health should be observed within the frameworks of definitions and actors, whose components are well-defined situation and health status of the Croatian population.

A positive level of health state of the country should be maintained with expert support, with appropriately set legal regulations, which certainly need to be improved. Crises and their consequences can be reduced by maximal coordinated use of the existing material and human resources. Positive results could be achieved in the medical segment of defense and protection of population because many peacetime resources of the regular medical services exist functionally and are compatible. They can rather quickly fit into the protection against crises and their consequences, with minor reinforcements of human factor recruited from their regular activities or civil defense.

The efficiency of the medical segment of the protection in a crisis would be achieved if the anti-crisis elements were satisfied, such as constant and uninterrupted supplies, reparation, resources supplement, as well as education of donors and acceptors of general security and protection.

Following the typological, organizational and internationally accepted criteria, it is necessary to accept the definitions, contents, relations and factors of the health status, as well as their categories and levels. Not only isolated medical subjects are the ones who are responsible for the factors of individual's or society's health status, but also various governmental and intergovernmental organizations, which bear the responsibility and participate in improving the level and safety of individual's or society's health status; these organizations are also responsible for the definition and contents of those factors, which

define the health status.

Having respect for all kinds of achievements of human activities and a wide range of contents of the health status factors, WHO has proposed a structure of interconnected relations, relations, related to the connections between various medical partners/actors responsible, at the beginning of the 21st century, for the level and the health status itself of individuals or society.

Following its own presumptions, WHO, as an important factor, has presented its own values and the relations, which will be important in future for intergovernmental and governmental cooperation in many countries across the world, and whose task will be to take care of population's life and health.

WHO and all other similar international associations will require general coordination, tolerance and openness to all common problems, which are important for the security of a society and its citizens. These associations shall require coordination and relations with ACC Task Forces and Inter-Secretariat Committees, such as IACSD, etc. (10).

The factors, which influence and will continue to influence the health status, vary in their contents and will affect many fields of human activities. They will be observed as aimed factors or macro-factors, biological or/and proximate factors and/or general factors influencing the population's health status.

Pursuant to their definitions and contents, macro-factors will be of political nature, with characteristics affecting human rights, stock, social affiliation, social security, peace and wars. Economic macro-factor will be related to resources, production, consumption, level of production factors, statuses and relations.

Educational factor will be related to the level and status of knowledge and education. The environmental factor will define all the activities and relations related to the local and global living milieu.

Technological factor will be related to the status and level of technological processes and productivity, but also to the level of sources and distribution of exhaust or stored hazardous substances in the environment or wider. It affects safe life and the living and health standards of the population, living in and exposed to a technical and technological environment.

Demographic factor will have significant contents in its definition of health status of an individual or a group of people, which is organized in a certain time and area, in order to satisfy their needs, to survive and rise future generations.

Croatia has approximately 4.5 million inhabitants. In this geo-strategic area, in average, there are 84.7 inhabitants per km². The life expectancy is 68.6 years for men, and 77.5 for women. As for the age structure, the Croatian young population is decreasing; 27 %, according to 1951 census, was reduced to 19 %, according to 1991 census. The increase tendency has been recorded as refers to the old population.

The registered unemployment rate in the post-war period, in 1999 and 2000, has increased. In 1999, it was 19.1 %. Over a million of pensions users live in Croatia.

The number of actively employed population is the equal (11)

The migration and tourist factors will also be important for the assessment of the health status of the Croatian population. During tourist season, there will be an increased danger of imported contagious and other unhealthy states (drugs, alcohol, prostitution, physical and mental violence, traffic injuries, etc). There will be increased danger and the number of fires outdoor and in buildings. The number of traffic accidents will increase. More hazardous substances will be emitted due to the combustion of larger quantities of fuel, from motor

vehicles exhaust systems.

Due to strengthened traffic connections between the East and the West, open and soft borders, public and secret tourist and economic immigration will flow from the undeveloped East towards Western Europe, which will also affect the quality, contents and the level of security, as well as health status of the Croatian population.

Global trade and communication factors will also interact and influence the health status in Croatia.

Biological factor, especially increased import of, in medical terms, insufficiently adequate seeds and food, genetically modified goods, as well as liberalized import, will affect the health status (transglobal contagious diseases, BSE, gonorrhea, syphilis, measles, diphtheria, AIDS, malaria, cholera, stomatitis aphthosa, anthrax, tularaemia, brucella, trichinosis, rabies, tuberculosis, poliomyelitis, phytozoonoses, toxical infections, parasitoses, etc.). Healthy air, food, water, absence of noise and vibrations will be important positive factors of population's health status (10).

Demolitions and terrorism will be estimated negative factors for security and health status of Croatian population.

The so called, proximate factors will have to be observed from the point of view of security and protection of population, control and surveillance over traffic, production and distribution of food, water and sanitation measures. Industrial factors will be observed from the point of view of industrial production possible accidents, or hazards.

Social network, social work and capital will have to be developed and perfected.

Social and cultural behaviour, with respect for and maintenance of tradition, culture, customs and the level of self-awareness, language, script, religion and rituals, nations and other social groups (10).

Medical actors in narrower sense will have to be developed through intergovernmental, intra- and intergovernmental cooperation of countries of origin and other countries. They will also have to harmonize their work and other activities through international associations, such as WHO, World Bank, OUN, UNICEF, UNDP, UNAIDS, UNESCO, UNIDO, UNHCR, FAO, UNEP and other UNS with wider attributes (10). Scientific services and servicing, defense and protection, together with politics, economy, education, environment protection, life and health status of population, will be terms of reference of one or several definitions of health status, significant for the safety and life of individuals or organized society in general.

Therefore, with a good reason, in crises management, in the very process of facing crises and crisis situation, and during crises situations, solving of the crisis problem will be manifested through standard management phases, from its outburst to the final phase of its removal. All will be defined through the so-called crises management phases and the functions of the activities in crisis situation. The phases follow one another or go simultaneously. Phases will be recorded, i.e. alleviation, preparedness, response to incident, accident, phenomenon, recovery after a crisis and consequences, as well as improvement of conditions, socialization and restoration of the pre-crisis general security situation as well as living and working conditions.

Preparedness is one of the most important segments of functional activities of actors in the defense and protection in crises. Preparedness includes all the activities, which follow the alleviation phase, and which is provided with anything necessary for immediate reaction to alarm for crisis or critical phenomenon. In some crises, we cannot act preventively. But the hazards and consequences of a crisis are unavoidable. Therefore, in the preparation phase,

organized societies (Government, state, organizations, services and individuals) design and develop plans of defense and protection of citizens, their lives, health and environment, and all that with the aim of reducing losses, damages and consequences.

Preparedness is to improve and promote all activities with the aim of efficient and timely response to crisis situation, or in the state of developed crisis with consequences in a certain area, time and population.

Response is defined as the activities related to a certain manifest crisis phenomenon, situation, developed crisis, affected and non-standard situation or accident, whose actors are empowered organized and trained administrative and executive forces and actors, in charge of response, who react to a crisis through actions, immediately or in its course, during its manifest crisis situation. Response will reduce the probability of new and further secondary hazards, consequences and damages, with the aim of accelerating the sanitation process and restoring the peacetime living conditions and security status.

The activities aiming at restoring the normal situation or situation better than the previous one are defined as renovation or reconstruction. The aim of renovation is to restore all of the important functions that have to satisfy the minimum standards/norms of life in the short /shorter period of time. The renovation or reconstruction in the long/longer period will perform all of the activities and procedures that develop the restoration of the previous agreeable situation in the longer period of the time, and this can last even a few years after the crisis/accident, i.e. toxic or nuclear accidents etc.

The purposefulness of protection and defense of population from the crises is linked to the engagement of many factors of the society on all of its levels in protection of lives and health of the population and of the environment. The system of protection and rescue of the population would become more humane, logical, convincing and nationally affirmative factor of health in Croatia in the case of high level of care and protection and developed social and economical relations.

Social categories, together with economic categories, are contained in definitions of better social and economic exploitation of all resources in Croatia. All this is with the aim of maximum exploitation of the system man. resource- environment. This might ensure rather good health protection of the Croatia population from various threats.

The older schools of economics considered humanism and efficiency to be the opposite goals. However, the recent researches show that these goals are mostly complementing each other. There are numerous interdependencies between defense, protection, economy, and vice versa. The general security at the same time influences personal security and vice versa. Individual security is a part of general security. This makes general security more qualitative, more important in social and safety aspect, and more humane.

CONCLUSION

The population and the territory of the Republic Croatia are exposed to threats that can be caused by natural, industrial and ecological accidents as well as war crises.

It has been recognized that feasible positive level of security and health situation of the population has to be the priority task for all of the organized forces in the Croatian society, especially in those subjects whose basic activity is health defense and protection of the population. The knowledge of defined factors responsible for general health situation might be of assistance to the persons charged with assessment and planning health situation, so that the assessments and plans health segment of defense might be applicable and realistic.

This is the reason why it is necessary to organize a body for management and coordination in crisis situation and in case of crisis consequences. This body would provide services to the activities and requirements of the society. All the services and the country that in various ways include and are linked to the segment of defense and protection of the population of the Republic of Croatia (12) should be engaged and harmonized.

The general approach in the protection of lives and health of the population should be viewed also within the framework of definitions and factors, whose component is the health situation of the Croatian population. The general level of health situation in the country should be protected.

The organization of the health defense and protection of the population, goods, and environment is the priority safety and economy issue for Croatia or any other state.

WHO and all similar organizations request absolute coordination, tolerance and openness towards all the problems that are common and of the interest for the security of any society and its population.

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