

# **HEALTH SYSTEM AND ETHNIC CLEANSING: A TESTIMONY FROM KOSOVA**

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## **0. SUMMARY**

We have investigated the effects of repression and ethnic cleansing on the Health Care System in Kosova during the decade of segregation and apartheid (which escalated to genocide) and the initial years of reconstruction after the war (1990-2003). We have been looking at resources in the system, its usage by the population and its performance in combating health problems.

For the baseline, the data of 1990 were used and then compared with health indicators (i) after the start of destruction and (ii) after the postwar attempt of revitalization and restructuring.

We have found that the ethnically based reduction of the number of medical doctors and nurses in the health institutions as well as the deterioration of the economical situation lead to a decrease of immunization, an increase in the number of epidemics and the number of communicable diseases, as well as an increase in malnutrition and infant mortality.

Lack of trust in “ethnically pure” hospitals decreased the number of admissions of Kosova Albanians. This eventually resulted in a general increase of the mortality rate.

As an example, we have documented that there is a direct link between the reduction of health workers, the deterioration of the economical situation and the increase in the incidence of tuberculosis in Kosova.

Remarkably, ethnically motivated denial to work at state owned health institutions, has mobilized citizens and medical professionals to set up a parallel health care system and charitable network through the country. But, surprisingly, most of the charitable clinics have become dysfunctional after the war even though the need for their services was still present.

We have observed that by the distraction of the health care system in Kosova, the Serbian regime’s aim was to introduce fear and uncertainty for the future of Kosova Albanians, to force them to leave Kosova, and through that to achieve demographic and ethnic change in country.

The post war reconstruction of health institutions and facilities was faster and more effective than the “return” of human resources. Therefore gaps in human resource created during the years of repression will require more time and resources than the physical reconstruction of the system.

We have concluded that the decrease in the number of medical professionals and institutions, followed by the deterioration of the economical situation has deteriorated the health status of the targeted populations (that is Kosova Albanians).

## Table of content

<b>0. SUMMARY .....</b>	<b>2</b>
<b>1. BACKGROUND INFORMATION .....</b>	<b>4</b>
1.1 Population .....	4
1.2 Age structure.....	6
1.3 Geographic distribution and household composition.....	7
1.4 Gross domestic product and public health care budget .....	8
<b>2. OUR STUDY.....</b>	<b>9</b>
<b>3. MATERIAL AND METHODS.....</b>	<b>10</b>
<b>4. FINDINGS AND DISCUSSION.....</b>	<b>11</b>
4.1 The issue of human resources in the health care system .....	11
4.2 The institutional discrimination .....	12
4.3 Structure and practice .....	18
4.4 Peaceful attempts to set-up an alternative system.....	21
4.5 Results and consequences - Epidemiological situation.....	24
<b>5. CONCLUSIONS .....</b>	<b>29</b>
<b>6. BIBLIOGRAPHY .....</b>	<b>30</b>

# 1. BACKGROUND INFORMATION

Kosova was one of eight constitutive units of the Federal Republic of Yugoslavia. Under the Constitution of Federations (established in 1974) Kosova was an autonomous province with its own President, Parliament and Government.

In 1989 Belgrade's regime introduced the martial law and abolished the Kosovan Institutions. Albanians (92% of the population of Kosova) could not accept such a rule and established their own parallel system.

Situation escalated from segregation and apartheid to genocide and crimes against humanity in 1999. In March 24, 1999 NATO waged the war, and expelled Serbian military, police and paramilitary forces (78 days of air campaign without any NATO casualties).

In June 1999, the Security Council of the United Nations passed its UN Resolution 1244, which suspended Yugoslav sovereignty in Kosova and established United Nations Interim Administrations (UNMIK) to create conditions to establish sustainable democratic institutions in Kosova.

As soon as NATO took security control in Kosova more than one million Kosovars who were expelled by Serbian regime as a strategy of ethnic cleansing, returned home in less than one month.

With the support of the International community, Kosova has achieved remarkable reconstruction and has established its democratic institutions.

Kosova has its national elected officials and institutions (President, Parliament and Government) as well local government.

Kosova's territory is 10'908 square kilometers.

## 1.1 Population

In 2004, Kosova's population is estimated at 2.2 Million, among them 94% are Albanian, 4% Serbian and 2% are Bosnia's, Turks, Gypsy etc. ( Demographic Survey 2004, Statistical Office of Kosovo). About 50 percent of the population is less than 20 years old and up to 60 percent less than 25 years old.

These numbers are estimated because the last accepted census by the overwhelming Albanian majority took place in 1981.

Albanians did not participate in the census of 1991, because on March 1989 Kosova's autonomy was abolished by military and police force and martial law was introduced in the country.

Kosova's parallel structures estimated that in 1991 Kosova's population was 2.15 million with a population density of 197.4 habitants per square kilometer.

Despite the incompleteness of demographic indicators, the 1991 census organized by Serbian authorities (without the participation of Kosova Albanians) showed that population was 1'956'197 with a median age of 20.9 years, crude birth rate of 28.7 per thousand, crude death rate 5.3 per thousand, total fertility rate of 3.9, and infant mortality rate of 51 per thousand births (Dedushaj, 1994).

In 2001, the Statistical Office of Kosova estimated the resident population of Kosova at 1.9 million.

In 1999, UNFPA and IOM produced the report "Demographic, social, economic situation and reproductive health in Kosovo following the 1999 conflict". Table 1 shows the difference of the growth indicators between the years 1999 and 2003. The difference of the number of population, CDR and total fertility is obvious.

The 2003 UNICEF report showing "Population Growth Indicators in Kosova and some European Countries" is using the data issued by the Statistical Office of Kosova.

Country	Population (Millions)	Population Density (per km <sup>2</sup> )	Crude Birth Rate (per 1000)	Crude Death Rate (per 1000)	Total Fertility	Infant Mortality (per 1000)
<b>Kosova</b>	<b>1.9</b>	<b>175</b>	<b>19</b>	<b>4</b>	<b>2.7</b>	<b>18</b>
Albania	3.1	110	17	5	2.1	12
Croatia	4.3	75	10	12	1.4	8
Slovenia	2.0	100	9	9	1.3	5
Greece	11.0	80	10	10	1.3	6
Italy	58.1	190	9	9	1.3	5
Sweden	8.9	20	10	11	1.6	3

Country	Population (Millions)	Population Density (per km <sup>2</sup> )	Crude Birth Rate (per 1000)	Crude Death Rate (per 1000)	Conception	Infant Mortality (per 1000)
<b>Kosova</b>	<b>1.4 - 1.7</b>		<b>17.9</b>	<b>13</b>	<b>1.2</b>	<b>35?</b>

Table 1. Population growth indicators in Kosova and some European countries on 2003 (Source: UNICEF, 2003) and the same data for Kosova on 1999 (Source: UNFPA, 1999)

The Statistical Office of Kosova (2003) estimated that Kosova's population was 1.9 million (population density of 175 hab. per square kilometer), crude birth rate was 19

per 1'000, crude death rate 4 per 1'000, total fertility rate of 2.7, and infant mortality 18 per 1'000.

The very low crude death rate suggests poor death registration. On the other hand the recorded fertility rate is the highest of these countries. Estimated infant mortality at 18 per thousand live births is also questionable. It is widely believed among medical community that the real figure is much higher - the estimates range from 25 to 35 (Vuori, 2004).

## 1.2 Age structure

Figure 1 shows that the population pyramid based on data from the Demographic and Socio-economic Survey of 1999 (UNFPA 2000), (re)confirms that Kosova's population is very young. Over 50 percent of the population is estimated to be less than 20 year old, 31 percent is under 15 year old.

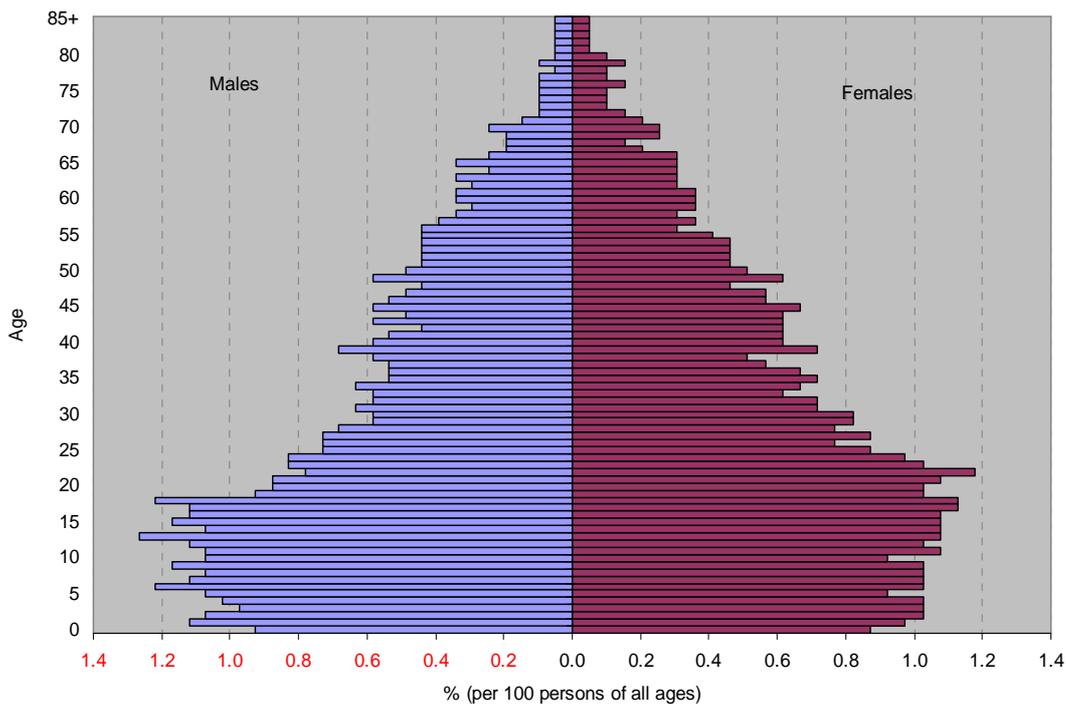


Figure 1. Population pyramid based on survey data, 1999 (Source: UNFPA 2000)

In the European Union, only 17 percent and in the USA 21 percent of the population is under 15.

Only 5.5 percent of Kosovars are over 65. This is much lower than in western European countries. Median age of the population is estimated to be between 22 and 23 years and life expectancy is 71.5 years for men and 76.5 years for women.

Age group	Albanian (%)	Serb (%)	Others (%)
0-14 years	33.7	19.7	31.7
15-64 years	60.7	67.7	59.1
65 and older	5.6	12.6	9.2
Total	100%	100%	100%

Table 2. Population by ethnic group and age  
(Source: Statistical Office of Kosova 2003)

Table 2 shows that the ethnic Albanians are younger than the average and especially the Serbian residents of Kosova.

### 1.3 Geographic distribution and household composition

About 60 percent of the population still lives in rural areas although many Kosova Albanians have moved to the towns. On the reverse, and because of the security situation, former urban Serbs prefer to move to rural areas (Riinvest, 2002).

Year	Urban population (%)
1981	32 %
1991	35 %
2002	45 %

Table 3. Estimated proportion of urban population in Kosovo (Source: Riinvest, 2002)

There are some 310.000 families in Kosovo, with an average family size of 5.6 members (Statistical Office of Kosova, 2003).

The World Bank Poverty Assessment (2002) showed that poverty is widespread in Kosova, with half of the population living in poverty and 12% in extreme poverty. Poverty is closely related to the health conditions of the family (poorer access by poor families to health care).

## 1.4 Gross domestic product and public health care budget

Since 2000 to 2003 Kosova has experienced a slight increase in GDP, from 1.328 million Euro to 1.640 million Euro, after the drastic fell during the nineties to almost a quarter of what it was during eighties (UNDP,2004).

Along with the increase of the GDP the public health care budget has increased too, but the spending per capita is still very low, at 29.3 Euro per year (MEF, 2004).

Table 4 shows the budget share for public health from 2000 to 2004 as the percentage of Kosova Consolidated Budget (KCB), which dropped from 16% to 11%, and as the percentage of GDP that has remained constant at 4% (Ministry of Economy and Finance, 2004).

Year	PH Budget (1.000 Euro)	Percent of KCB	Percent of GDP
<b>2000 total</b>	<b>41,500</b>	<b>16</b>	<b>4</b>
<b>2001 total</b>	<b>46,600</b>	<b>18</b>	<b>4</b>
<b>2002 total</b>	<b>55,725</b>	<b>14</b>	<b>4</b>
Ministry	40,495		
Municipal PHC	15,230		
<b>2003 total</b>	<b>59,630</b>	<b>12</b>	<b>4</b>
Ministry	44,400		
Municipal PHC	15,230		
<b>2004 total</b>	<b>65,100</b>	<b>11</b>	<b>4</b>
Ministry	49,845		
Municipal PHC	15,255		

**Table 4. The Kosova Consolidated Budget(KCB), Health Budget, 2000-2004**  
Source: Ministry of Finance and Economy, annual budgets 2000-2004

It is very difficult to calculate the expenditures on public health during the nineties, because of the enormous high level of inflation. Any information in local currency would be inaccurate in unveiling the real effort.

## 2. OUR STUDY

The aim of the study is to explore the evolution of the performance of the Health Care System in Kosova during the years of apartheid and in its initial reconstruction after the war.

For the baseline we have used the data of 1990 and compared it with the postwar data (2000-2003).

Our study has to be seen as **a testimonial of the consequences of the weakening of the health system due to the segregation policy in the health system** during the pre-war period. Our study emphasizes on the consequences for the ethnic Albanian population of Kosovo.

From our analysis and experience, we can say that more than a decade of apartheid and war has left many scars in the Health System in Kosova.

Although the post war physical reconstruction was fast and effective, the lack of human resources created during the years of repression, is requiring more time and resources to resume the situation.

We believe that by the distraction of the health care system in Kosova, Serbian regime's aim was to introduce fear and uncertainty for the future of ethnic Albanians, to force them to leave Kosova and through that to achieve ethnic cleansing. As the Albanian majority got organized, created its own health care system and other parallel systems in the entire country, as well armed resistance, the Serbian regime escalated the apartheid to genocide and crimes against humanity. Western democracies waged the war, stopped the genocide and supported Kosova in its efforts for physical reconstruction as well as to compensate the lack of human resources.

### **3. MATERIAL AND METHODS**

We have used epidemiologic methods, namely descriptive retrospective tools with existing statistical data and have compared and analyzed it.

For the baseline the available data from 1990 was used, and then we used data collected during the following years until the war and finally data from the first years after the war. For the time after war, the most recent data was used, which means mostly the ones of 2003.

Since there is no central data bank for health in Kosova, we collected and analyzed the health data of the past decade and of the initial post war phase. It was necessary to rely on different sources, such as Kosova's Institute of Public Health, scattered data of Kosova's parallel system (1990-1999) and for post war data, we used data from the newly emerged local and international institutions functioning in Kosova such as the Statistical Office of Kosova, the World Bank, the World Health Organization, the Kosova Ministry of Health, the European Agency for Reconstruction, the Faculty of Medicine University of Prishtina and non-governmental organizations (NGOs) dealing with health issues.

## 4. FINDINGS AND DISCUSSION

### 4.1 The issue of human resources in the health care system

In 1990 the number of health professionals in Kosova was 8'591 (Gashi, 1991; Dedushaj, 1994; Kelmendi, 1994). There were 1'898 medical doctors, 415 doctors of dentistry, 109 pharmacists, 173 registered nurses, 5'957 nurses and lab technicians and 39 midwives.

In 1992 the number of health professionals in Kosova decreased to 7'485 (Gashi, 1993; Dedushaj, 1994). Due to arbitrary dismissal from jobs, in its initial phase (before the creations of parallel system), some of the medical personnel left Kosova.

Among these 7'485 health professionals, 1'696 were medical doctors, 314 doctors of dentistry, 62 pharmacists, 145 registered nurses, 5'244 nurses and lab technicians and 24 midwives (Dedushaj, 1994).

Category	1990	1992	2003
Doctors	1'898	1'696	2'474
Nurses and technicians	5'957	5'244	7'929
Others	736	545	3'711
<b>Total</b>	<b>8'591</b>	<b>7'485</b>	<b>14'114</b>

Table 4. Health personnel employed by the public sector  
(Source: Statistical Office of Kosova, 2003)

According to the figures of Kosova's public sector (Statistical Office of Kosova, 2003) in 2003 the total number of health personnel was 14'114 (doctors 2'474, nurses and technicians 7'929 and other medial personnel 3'711).

In brief, in 1990 there were 8'591 health professionals in Kosova, in 1992 the number decreased to 7'485 and in 2003 it increased up again to 14'114 health professionals.

Country	Doctors per 100.000	Percent in hospitals	Nurses per 100.000	Percent in hospitals
Sweden	309	71	972	75
Finland	206	50	2147	52
UK	164	64	497	87
Netherlands	251	-	902	46
FYR of Macedonia	225	33	533	35
EU/Europe	346	-	772	-
<b>Kosova</b>	<b>139</b>	<b>40</b>	<b>361</b>	<b>40</b>

Table 5. International comparison of the number of medical doctors and nurses per 100.000 inhabitants (Source: World Health Organization, 2000)

Table 5 shows a comparison of the number of medical doctors and nurses per 100.000 habitants in some Western European countries, in FYROM (a neighboring country to Kosova, established after the destruction of Yugoslavia) and in Kosova in 2000. Obviously the number of health professionals per habitant is still very low in Kosova.

## 4.2 The institutional discrimination

During the nineties, as a consequence of the institutional repression against Albanians in Kosova, the health care system of Kosova was critical in all its aspects and gained a tragic dimension each passing year until spring of 1999 when NATO waged the war and expelled Serbian military and police forces out of Kosova.

Segregation was applied in a narrow form, and manifested itself in discrimination that started with

- Rigged political trials in civil and military courts (Gashi, 1991)
- Isolation and confinement of hundreds of intellectuals, scientists and most eminent experts of Kosova's economy
- Massive prison sentencing of Albanians
- Killings of peaceful demonstrators (Gashi, 1990)
- Arbitrary dismissals of physicians and other medical staff, university professors, scientists and thousands of teachers (Kelmendi, 1994)
- Full denial of human and national rights (Gashi, 1992).

### 4.2.1 Repression under "special circumstances" ...

The repression intensified following the unconstitutional decision of the Serbian Parliament to abolish the Autonomy of Kosova (Official Gazette Socialist Republic of Serbia, 1990) and application of what they termed as "special circumstances." In reality, an emergency situation was declared and martial law enforced.

As part of this, the Serbian authorities in Belgrade introduced new "emergency" management in work places throughout Kosova, and striped off Albanians from top positions. The formal reasons differed, but each case amounted to sanctions against "political disobedience".

One of the first institutions to be affected was the Faculty of Medicine at the University of Kosova in Prishtina, including its hospitals and health care centers (Official Gazette SRS, 1990).

With the newly imposed laws, Serbs appointed by Belgrade began firing Albanian physicians of different specialties, exclusively due to their political disagreements and the doctors' unwillingness to accept illegal and violent measure. This has resulted in some ethnically pure hospitals and clinics such as the Department of Surgery, the Department of Gynecology and Obstetrics, the Department of Pediatrics, the Deans Office, etc.

### **... and police brutality**

As a medical student I have been an eyewitness of the violence against Albanian medical workers and teaching staff of the Faculty of Medicine and other scientific institutions in Kosova.

*“In the presence of astonished and shocked colleagues, patients and others including medical students, head physicians have been pulled out of their workrooms and offices, laboratories as well as operating rooms by Serbian police forces”* (Jones, 1993).

For Albanian medical workers who were not fired, it was mandatory to communicate with patients and among themselves exclusively in the Serbian language (a foreign language for them), and many specialists have been dismissed with the explanation that, “they continued to communicate in the Albanian language” (Official Gazette SRS, 1990; Gashi, 1992; Jones, 1993; Kelmendi, 1994).

Albanian medical doctors who were permitted to work at hospitals were in some cases accused for being political activists. They could be punished for allowing an Albanian schizophrenic patient to swear at Serbian leader in the yard of department. Can a psychotherapist tell his patients what to say, particularly if they are psychotic? (Jones, 1993).

Similar measures were taken at over 85 per cent of medical institutions and clinics throughout Kosova, with the result that 1’855 health professionals have been dismissed from their jobs for political reasons. Of those dismissed, more than 400 were medical doctors of high qualifications with university positions; all were Albanians (Gashi, 1991; Dedushaj, 1994; Kelmendi, 1994).

#### **4.2.3 Brutal measures**

To the brutal Serbian continuous and systematic structural repression, Albanians responded with peaceful demonstrations, demanding human rights to be respected and equal status with Serbs. Demonstrations were subject to increasingly severe repression, including the banning of public meetings, arrests, detention without charge.

One of the first targets was the Deans Office of the Faculty of Medicine, University of Prishtina followed by other health institutions. As a response, the very first parallel structures created were health institutions. During the war the most frequently targeted institutions were health clinics identified as parallel health institutions, being those of charitable network, community based or school clinics.

*“The problems in health care must be seen in the context of continuing repression of the Albanian population”* (Helsinki Watch, 1992).

Dr Jones (1993), finds that *“Albanians regard the creation of parallel systems of education and health care as a way of maintaining the human, social, and ethnic rights*

*they enjoyed before 1989 and of non-violently defending themselves against what they see as a "quiet form of ethnic cleansing". And concludes that: "Working Albanians and many abroad provide the financial support. And regardless of the dispute over the province's political status they would like dialogue with the Serbian authorities to resolve these practical issues".*

#### **4.2.4 So called absence of loyalty**

When at the end of 1990, the International Helsinki Federation for Human Rights asked Dr. Milosevic Serbian Minister for Health in Prishtina about the dismissal of Dr. Alush Gashi, Dean of Prishtina Medical School, who was violently removed from his position and brutally beaten in witness of students and other faculty members, the Minister cited "Dr. Gashi's absence of loyalty to the new system is the reason for his dismissal".

Medical doctors as well as human rights activists have participated in many hearings, they also lectured on the subject of the Denial of Human and National Rights of Albanians in Kosova, with a focus on health care in Kosova (Hearings at the USA Congress, 1990; 1991; 1992; 1994; 1996; 1997; Nobel Institute, 1991, European Parliament, 1993). In a response to these activities, Kosova was visited by Congressional delegations and nongovernmental delegations. For instance, a delegation from the International Helsinki Federation (IHF) after the fact finding mission in 1991, issued the following report: "*Forced mass relocation and reduction of medical personnel, the closing of clinics or hospital departments by armed guards, and an acute deprivation of the most basic supplies by the Serbian-backed government in Belgrade, has caused health care in Kosova to deteriorate to unacceptable levels*".

*"The Health Care Situation in Kosova, is full of examples supporting atrocities, which are squarely aimed at weakening the two million Albanians living in Kosova". (IHFHR Report, 1991)*

Prior to repressive measure, such as decreasing the number of health professionals, the health care in many fields in Kosova was acceptable by modern western standards. Unfortunately, as the IHF for Human Rights has pointed out, victimization of the Albanians has continued into these previously successfully run hospitals and clinics and the once efficient system has become paralyzed and unable to provide help in either emergency or routine cases (Gashi,1991).

The IHFHR (1991), has noted that many of the dismissed doctors were of the highest standard. Furthermore, the IHFHR (1991) was informed that doctors are regularly called in for the questioning by the police and are threatened with further violence to their families or the loss of their homes should they reveal the content of such sessions.

Interest of nongovernmental institutions increased each passing year and Kosovars learned to approach International Institutions such as UN Commission for Human Rights in Geneva, were several resolutions have been passed in condemnations of the Serbian regime for the atrocities they committed in Kosova with a special focus on the health care system.

#### 4.2.5 Arbitrary dismissed Albanians were replaced by Serbs

Application of "special circumstances" at the Kosova health institutions by the Republic of Serbia was in complete contradiction with the 1974 Constitution of Kosova, Constitution of Serbia and the Constitution of the former Yugoslavian Republic.

According to the law in force at that time, it was only the Municipal Parliament, and in certain cases the Parliament of Kosova, that was liable to introduce such measures in certain occasions on its territory.

It was only the workers' council that had the right to elect and appoint the staff at the Faculty of Medicine (Art. 38, 93, 94, the Statute of the Faculty of Medicine of the University of Prishtina).

Expulsions based on the law of "special circumstances", and the law governing changes and additions of the law on "special circumstances" (Official Gazette of SRS No. 40/90 and 54/90) were in contradiction with the previous law.

Although this law does not say that such positions can be substituted by Serbs and Montenegrins only, the dismissed Albanians were still replaced by Serbs and Montenegrins, such as:

- *Alush A. Gashi*, dean of the Faculty of Medicine was replaced by *Tomislav Djokic*;
- *Gazmend Shaqiri*, director of the Department of Surgery was replaced by *Dusan Bulajic*;
- *Ymer Kocinaj*, director of the Department of Internal Medicine was replaced by *Spira Strahinjic*;
- *Xhemail Ahmedi*, director of the Department of Gynecology and Obstetrics was replaced by *Ljubisa Ristic*;
- *Izedin Osmani*, director of Department of Pediatrics was replaced by *Joksim Martinovic*;
- *Nysret Ramadani*, director of the Institute of Physiology was replaced by *Radmila Mihajlovic*;
- *Hashim Maloku*, director of the Institute of Pathology was replaced by *Ana Laban*;
- *Musa A. Haxhiu*, director of the Institute of Pathophysiology was replaced by *Sreten Pavlovic*;
- *Xhemajl Bajraktari*, director of the Department of Radiology and Oncology was replaced by *Radomir Babic*;
- And the list continues with many other names.

Replacement of "fired" qualified Albanian employees by less qualified Serbian and Montenegrin ones on permanent basis was in contradiction with Article 3 item 2 of the above mentioned law, which states: "*employment on a limited basis for the purpose of*

*replacing the fired worker is only valid until a final decision is passed in the disciplinary procedure, i.e. until an effective decision is made".*

Although years have passed, and none of the fired employees received a final dismissal decision, one can conclude that none of the workers have definitely been fired, and therefore there should be no hindrance whatsoever for returning such workers to their former jobs.

#### **4.2.6 Health professionals accused of being the "enemy"**

Kosovars were successful in building the spirit and respect for the autonomy of the medical profession.

During and after peaceful demonstrations of Albanians for freedom and justice in Kosova, medical doctors were accused by Serbian authorities of being the "enemy", because they were giving medical care to wounded demonstrators whom the Serbian authorities deemed as government's enemies. Many of them were taken to the police stations for interrogations simply because they spoke up against police brutality (Kelmendi, 1994).

Medical professionals have been eyewitnesses of police brutality for many years and they had the courage to appear as witnesses before the European Parliament, the United States Congress as well as the United Nations Commission on Human Rights.

As a result of this activity, consequent resolutions have been adopted, which condemned repressive actions against medical profession and general violations of human rights. These resolutions asked Serbian authorities to respect the international human rights' convention.

	Professors	Assistants	Doctors	Medical Tech.	Other workers	Total
<b>Name of Institution:</b>						
Dept. of Surgery	10	21	15	188	42	276
Dept.of Gyn &Obst.	5	9	27	207	41	289
Dept.of Medicine	8	8	3	60	16	95
Dept.of Pediatrics	3	4	3	8	2	20
Dept.of ORL	4	2	9	22	12	49
Dept.of Dermatology	2	2	2	11	11	28
Dept.of Neurosych.	3	1	4	10	4	22
Dept.of Infectology	1	1	2			4
Dept.of Ophthalmology	1	3	4			8
Diagnostic Center	4	3	3	6	9	25
Preventive Medicine	2	1	4	1	1	9
Stomatology	6	14	1	6	2	29
Basic Research	19	7	3	3	7	39
Services					26	26
Tech.Service			1	2	40	43
Med.Center Prishtinë			44	97	51	192
Med.Center Gjilan			4	44	4	52
Health.Ist.			3	25		28
Med.Center Viti			2	13	7	22
Med.Center Ferizaj			21	71	14	106
Med.Center Lipjan			3	2	1	6
Med.Center Mitrovicë			55	154	73	282
RUDO					20	20
Farmed			1	2	17	20
Nursing Home			1	1	13	15
Med.Center Rahovec			8	11	2	21
Med.Center Pejë			8	2	2	12
Med.Center Prizren			23	24	19	66
Disp. Obiliq			4	1		5
Med.Center Shtime					1	1
Ilixha – Pejë			2	6	1	9
Med.Center Podujevë			8	17	5	30
<b>TOTAL</b>	<b>68</b>	<b>76</b>	<b>268</b>	<b>994</b>	<b>443</b>	<b>1849</b>

**Table 7. ARBITRARY DISMISSED ALBANIAN MEDICAL WORKERS FROM HEALTH INSTITUTIONS IN KOSOVA**

Table 7 shows the whole number of dismissed health workers in all health institutions throughout Kosovo, the first 13 departments were part of the University Clinics.

#### **4.2.7 Forceful expulsion and loss of intellectual resource**

Because of the arbitrary and forceful expulsion of Albanian surgeons (some of them have been taken from the operating rooms to the police station handcuffed), there was a very bad situation in the surgical fields, especially in the Department of Gynecology and Obstetrics, where there was no single Albanian medical doctor permitted to work (CDHRF Reports, 1990 -1992).

As a result, there was no trust left between Albanians and Serbs. Albanian patients hesitated to go to Serbian surgeons for surgery. Therefore a lot of very ordinary complications were increasing. In the hospitals of Kosova there was no vascular surgeon or specialist for oncology.

Some of the fired Albanian physicians of different clinical specialties established modest private offices and clinics in different regions of Kosova. Others, while not being able to work in a hospital worked for survival outside the medical profession (Gashi, 1992; Macklin, 1992).

Through institutionalized discrimination and structural repression, the Serbian regime worked to achieve its goal: ethnic cleansing without open war, but with daily police brutality (Kelmendi, 1994). That was the case until 1998, when apartheid escalated to genocide and crimes against humanity.

#### **4.2.8 “Ethnically pure hospitals” - an illustration**

Due to bureaucratic ethnic cleansing, some medical departments were left without a single Albanian physician.

Before the "special circumstances", when a state of emergency was introduced in the Department of Gynecology and Obstetrics of the University of Prishtina, for instance, there were 35-50 babies delivered each day. Under Serbian control of the Department of Gynecology and Obstetrics, Albanian women were afraid; there was no trust to go to the hospital, and they got through childbirth at home, without medical assistance and under poor sanitary conditions. Many deaths at delivery were recorded. There were cases of neonatal tetanus and deaths as a consequence of tuberculosis, as well as over 23 cases of poliomyelitis from 1990-1993 (Dedushaj, 1994; Tolaj, 1994).

### **4.3 Structure and practice in the health system**

#### **4.3.1 Bed count**

There was no substantial change in the number of hospital beds between 1990 and 2000. The total number of hospital beds in Kosova is about, 5'800 (tertiary – University hospital in Prishtina - and secondary – district hospitals).

Department	No. beds	No. staff	No. patients	Average L.O.S.
Surgery	294	292	7'753	13.2
Orthopaedics	115	110	2'040	18.8
Gynaecology and obstetrics	572	301	42'193	2.7
Internal medicine	255	200	5'668	15.1
Infectious diseases	116	73	1'646	14.7
Paediatrics	252	204	4'629	15.9
Neuropsychiatry	159	106	3'227	20.2
Ophthalmology	100	71	2'284	8.3
Oto-rhino-laryngology	100	77	3'239	7.7
Maxillo-facial surgery	45	37	453	10.2
Dermatology	60	42	860	14.4
Chest medicine	68	44	1'399	17.8
Intensive care	38	138	3'519	2.1

**Table 6. Number Of Beds, Staff And Patients And Average Length Of Stay By Specialty at the Prishtina University Hospitals, 2003 (Source: Prishtina University Hospital, 2004)**

In late 1992 the Serbian authorities undertook another drastic action such as, reducing the number of health care organizations from 44 to 11 and took all funds of Kosova health care and social security. The primary health care was severely affected (Dedushaj, 1994).

#### **4.3.2 Medical practice and education**

Kosovars have worked very hard to establish international standards on medical education as well as criteria for promotion (Monografia, 1989).

Before the Serbian crackdown of postgraduate education, significant part of the clinical training and continued education was done in Universities outside Kosova (Monografia, 1989). For the promotion, written references outside the University of Kosova were required (Statute of the Faculty of Medicine, 1974).

There was a strong demand from academia that, as part of the scientific training, seminars of the postgraduate school were held in English. This was the practice in place during the eighties. Unfortunately from 1989 until spring of 1999 under the Serbian jurisdiction, Albanians were denied the right to speak even their own language, and all the correspondence had to be written in Cyril alphabet (Jashoviq 1991).

Research at every level in all departments has suffered. An enormous intellectual resource has been buried during the years of repression and apartheid.

### 4.3.3 A “Mysterious illness”

Several months after the arbitrary decision of the Serbian government to segregate schools throughout Kosova, a “Mysterious illness” - massive poisoning of mostly school children appeared (Gashi, 1990; Anderson, 1990; Mesic, 1992; Dobreci, 1994). Poisoning was denied by Serbian authorities but was confirmed by local medical professionals (CDHRF, 1990; Gashi, 1990, Dobreci, 1994) as well as by independent medical professionals and human rights activists (Anderson, 1990). Two years later even the former President of Yugoslavia H.E. Mr. Stjepan Mesic acknowledged this fact (News paper “Borba, September 29, 1992).

The Serbian police obstructed medical assistance, stopping patients in the front of health institutions and preventing them to enter into the hospitals, or even taking away driving licenses from ambulance drivers. In hospitals, the police lifted the medical records of patients (Dobreci, 1994).

Some patients and physicians were interrogated and mistreated at the police station. Albanian medical doctors appealed to the authorities to establish an independent and impartial international investigation of these events. This demand was rejected (CDHRF Report, 1990).

Local media reported on time and later the international press reported extensively about the children poisoning in Kosova, such as the “Washington Post” on December 30, 1990, which published an article written by Jack Anderson and Dale Van Atta: *Children's Illness in Yugoslavia Probed: "It happened on a day in March when 4'000 Albanian students flooded hospitals in the Kosovo region complaining of nausea, stomach cramps and breathing problems. Over the next few days, more children came in with the same ailments. Federal medical experts came from Belgrade to investigate and found no traces of poison. They concluded that the children were faking it".* The report continues: *"respected French doctor and human rights advocate, Bernard Benedetti managed to slip out enough blood samples which, when he studied them back home in France, convinced him that the children had been exposed to a poison similar to one used in pesticides"..."He now claims that nearly 3.000 Albanian children were poisoned between February and May 1990 by someone who tossed canisters of toxins into the schools during the hours when only Albanian children were present."*

Two years later (1992), the President of Yugoslavia H.E. Stjepan Mesic, during his visit to the U.S.A (1992) wrote his report entitled “The participation of Yugoslavia in Chemical Armament”. He said among other things: *"Dangerous military gases have been used against the Albanian population in Kosova"* (Borba, 1992). (Stjepan Mesic is currently the President of Croatia).

## **4.4 Peaceful attempts to set-up an alternative system**

### **4.4.1 Alternative education**

In response to Serbian brutality, the overwhelming majority had several attempts to peacefully enter the school buildings at different levels of education.

After being denied education, in 1992, more than 450,000 Albanian students and educators of different levels have organized and conducted classes free of charge in private homes all over Kosova, including the school of medicine (Christopher, 1992; Dempsey, 1992; CDHRF Reports, 1992-1999).

Teaching was not without risks, such as daily interruption by Serbian police, including the beatings of high school teachers in classrooms in the presence of their students. Or the beatings of teachers and students in front of the home schools, or, in the worst situation, the killing of three parents in the village of Uca, Municipality of Istog in 1992 (CDHRF, 1992).

Despite the harassment, Kosova's majority continued the educational process and health service throughout Kosova free of charge.

### **4.4.2 Medical school in private homes**

After Serbian authorities dismissed most of the Albanian medical doctors as well as professors and ended university teaching in Albanian language in late 1990, Albanian medical staff and their students established medical school as part of the parallel University in private Albanian homes, where most of Albanian professor's worked free of charge.

When apartheid became rigged, some of the scientists left Kosova. Among scientific and professional leadership, while there was respect for the desire of scientists to continue their scientific work in good laboratories outside troubled Kosova, there was a strong belief and public call that scientists should stay in Kosova. Scientists should be ready to make the difference in their country (Gashi, 1994; 1996).

There was not a blunt accusation for their academic colleagues who have left Kosova or were planning to leave for a better life, but it was made clear that there was no agreement that escaping is the solution. Kosova's professional leadership did not agree with the attitude of some of their colleagues that they will come back to Kosova when situation gets better.

The public question was: Who will make Kosova better? Who will make the difference if not the best educated people? Kosova had invested in their education, therefore, the scientists should have been staying, Kosova needed them.

Among Kosova's professional leadership there was a very strong belief that it was their right and duty to contribute to the development of nonviolent and scientific thinking where

they were living. There was a very strong dedication to the continuing peaceful demonstrations for freedom and democracy in the country. This call was shared at the American National Academy Conference Tribute to Andrei Sakharov (Gashi, 1994).

Fortunately the call to scientist and professional community to stay in Kosova produced results. They stayed in Kosova during the years of apartheid and war; they made the difference for this nation (Gashi, 1996).

The medical community in Kosova was aware that it was going to be very hard to deal with this traumatized country, to deal with a very large number of people that needed help in many different ways.

#### **4.4.3 Alternative health system**

Kosova's parallel institutions (Kosova Medical Association, Independent Union of Medical Workers, Members of the Red Cross of Kosova, Group of Physicians in the Council for the Defense of Human Rights and Freedoms (CDHRF), Ministry of Health), as well as individuals worked very hard to establish a system that would help the population in those very hard times (CDHRF Reports, 1990-1999).

As a result, private offices of different medical fields were established throughout of the country, some of those were free of charge.

In cooperation with international non-governmental organizations, with public relations support of several medical associations from western democracies and the help of UNICEF, complementary groups of medical workers were organized for vaccinations, systematic examination in schools all over Kosova, humanitarian support for the families which needed help for survival, and the presentation of facts about health care in different international hearings. All this was done on a non-discriminatory base.

#### **4.4.4 Charitable Networks**

Kosova Mother Theresa Charitable Network, under who's umbrella the Charitable Health Clinics were, has achieved remarkable results.

Mother Theresa Charitable Health Clinics have been successful.

From March 30<sup>th</sup> 1992 when the first Clinic was established until March 23<sup>rd</sup> 1999, more than 106 Clinics were operational all over Kosova (Mother Theresa Society, 2000). There was a strong support from the community and an admirable dedication of medical personnel. All medical and other technical staff worked free of charge.

All Clinics were established in private homes, offered by owners free of charge. Clinics welcomed all people in need, regardless of nationality, religion, political affiliations etc., and service was free of charge.

Charitable clinics offered services in general practice, pediatrics, internal medicine, surgery, gynecology and obstetrics, neuropsychiatry, dermatology and dentistry.

During 1996, the charitable health network did a remarkable job on vaccinations. In cooperation with UNICEF, WHO and over seven thousand volunteers, they succeeded to mobilize parents for the vaccination of their children. During the first campaign it was documented that more than 60 thousand children had never been vaccinated. Immunizations campaign of 1997 and 1998, with the support of WHO and Rotary International managed to immunize over 630'000 children and stopped polio from spreading (Mother Theresa Society, 2000).

Due to deteriorations of health conditions in Kosova there was a need for charitable hospital, especially for maternity and that was established in 1996.

There is evidence that in Mother Theresa Charitable Maternity in Prishtina, from 1996 - 1999 a total of 12'385 birth were recorded. In those premises over 800 surgical procedures which required general anesthesia were performed (Mother Theresa Society, 2000).

In Mother Theresa Charitable Health Network, 1'637 health professionals donated their work (443 general practitioners, 208 specialists of different fields, 884 nurses and 108 technical staff).

Throughout Kosova school clinics were established as part of the parallel system. Unfortunately, more than 50% of these clinics were burned or completely demolished during 1999 by the Serb forces, and the whole network didn't function anymore after the war, despite the big need of the population for charitable health care (Mother Theresa Society, 2000).

Organizing the parallel structures helped the society survive during ten years, but it was impossible to follow up the progress that happened during this time especially in health field, so the consequences are still very much present.

#### **4.4.5 A unique response to the repression**

After years of struggling, work of Kosova's civil society and its parallel structures got the initial attention of international community including researchers and journalists who came to study this quite unique response.

Lynne Jones, writer and psychiatrist in a "Letter from Kosovo", entitled: "Cooping with Serbian Repression in an Albanian Population", which appeared in British Medical Journal, 1993: 307: 112-4, describes the "parallel" medical school in Kosova. *"It looks like an ordinary suburban villa, white, two stories with a garage. In the garden there are fruit trees coming into bloom and green spikes show through the freshly turned earth of the vegetable patch. The garage door is open. Inside, however, instead of a car or the detritus of household goods, are fresh painted walls, notice boards covered with class lists and timetables, and clusters of young people examining them. These are the offices*

*of the "parallel" Prishtina medical school in Kosovo. The school was established by Albanian staff and their students after Serbian authorities dismissed most of the Albanian medical faculty from the official medical school and ended university teaching in Albanian in late 1990".*

*Dr Jones continues: "Around the corner in an abandoned grocery shop, under dusty adverts for soft drinks, are some wooden benches and a few microscopes that make up the histology laboratory. In the basement of other villa students prepare for an exam in infectious diseases".*

After the descriptions of working conditions and the attitude of students and professor about their system, Dr Jones, reports that: *"There has been a university medical school in Prishtina since 1969. Until 1990 medical students could study in their own language- Albanian or Serbian - except in those subjects for which Albanian language professors were unavailable, in which case all studied in Serbian. Clinical work, including written notes, was conducted in the language of the patient and doctor, mostly Albanian".*

On the sanitary conditions during years of segregations, discriminations and apartheid Dr Jones, states that: *"Kosovo has specific health problems. With only 42 % of the population living in buildings with a water supply and only 28 % in buildings connected to the sewerage system there is a high incidence of infectious diseases. Kosovo also has the highest birth rate in Europe, 29.5 per thousand".*

## **4.5 Results and consequences - Epidemiological situation**

After the arbitrary dismissal of 1'849 medical personnel (out of total 8'591) and 143'000 workers (out of total 244'000) as well as the ending of health care insurance and other social benefits, the epidemiological situation, and the quality of health care has rapidly deteriorated in Kosova for 90 per cent of population.

In 1990, only 46% of the population used drinkable water, 33% of inhabitants were connected to the sewerage system. Only 28.9% of the total number of the housing facilities had both drinkable water and sewerage system.

According to the report published by UN Agencies in 2003 still 44% of the population has access to drinkable water and only 28% are connected to the sewerage system. This proportion varies in urban and rural parts, as many other indicators do. The situation is of course worse in rural parts (UN Agencies,) 2003.

### **4.5.1 Communicable diseases**

From 1990 until 1993; 541 individuals died from the infectious diseases (enterocillitis not included).

During the period of 1991 -1993, data shows that 944 children died from enterocillitis (Deshushaj, 1994).

From 1983 until 1990 there was no single poliomyelitis case in Kosova. Kosova was declared polio-free. Unfortunately after the first three years (from 1990 until 1993), of repression and institutional discrimination against medical profession, 23 poliomyelitis cases were documented and one death identified as a consequence of poliomyelitis (Tolaj, 1994).

Deteriorations continued until 1996, and became a regional health threat which awakened the World Health Organization. WHO, engaged with Kosova's parallel institutions and Rotary International, set-up and implemented a massive vaccination and revaccination plan in Kosova and neighboring countries.

From 1990 until 1992, there were 13 documented cases of the neonatal tetanus, four of these newborns died. (Dedushaj, 1994).

It was obvious that tetanus appeared because of the lack of professional support during deliveries and non proper sanitary conditions outside the Department of Gynecology and Obstetrics (there was no trust to go to the hospital for delivery).

During the year 1992, there were more than 200'000 people infected by scab, and there was a measles (morbilli) epidemic with more than 3'000 cases and 10 deaths (December 1992 and January 1993). In 1993, there were also epidemics of hepatitis A, and typhus abdominalis etc.

Brucellosis is an endemic communicable disease in Kosova for which the data exists since 1985, with 3 cases recorded and than the number slightly increased up to 32 on 1990, to the outbreak of 241 cases on 1991.

Table 8 shows the cases with brucellosis registered after the war, the number is not low but it is slowly decreasing, which is not the case with tularaemia that is posing big problem to public health workers.

Disease	Number of cases		
	2000	2001	2002
Brucellosis	91	81	73
Tularaemia	253	88	338

**Table 8. Endemic diseases in Kosova (Source: Kosova Institute of Public Health, 2003)**

The destruction of the health care system has increased the incidence of tuberculosis in Kosova. There is direct link between dismissed health workers, deterioration of economical situation and the increase of the incidence of tuberculosis in Kosova.

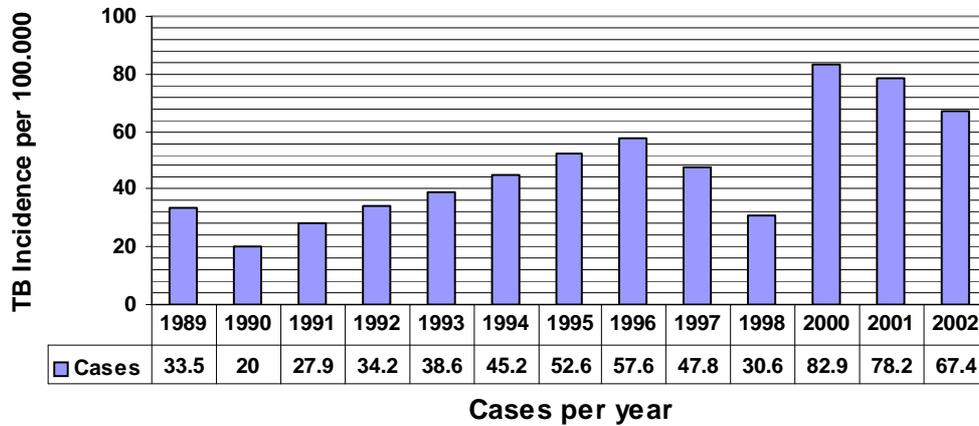


Figure 2. Tuberculosis incidence per 100'000 inhabitants in Kosova, 1989-2002 (Source: Kosova Institute of Public Health,2003)

In 1990, the incidence was 20 cases per 100'000 inhabitants while in 1996 that increased up to 57.6 per 100.000 (Vuori, 2004).

Figure 2 shows that the lack of health care and the poor living conditions contributed to the increase of the incidence of tuberculosis in Kosova. There was increase until 1996 and after that data shows a decrease, although the quality of reporting is questionable due to the deterioration of the political and security situation in the country from 1999, when the war started and for which year data are missing.

In the first years after the war, reporting of incidences of tuberculosis improved and it is documented that in Kosova tuberculosis has the highest rate in Europe, shown in figure 3. This continues to be a real public health problem for Kosova, although the number has started to decrease.

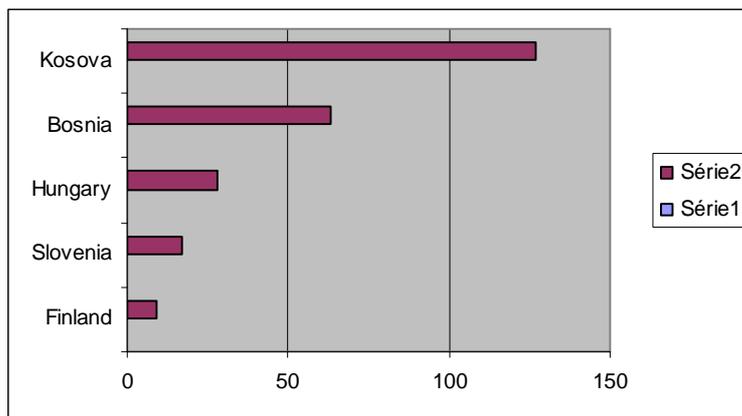


Figure 3. Tuberculosis incidence per 100 000 in Kosova and some European countries, 2001 ( Source : WHO)

Due to the lack of data and accurate reporting there are different figures such as those from the Institute of Public Health of Kosova (Fig.2) and WHO (Fig.3). But it is obvious in both cases that the incidence of the tuberculosis is very high.

#### 4.5.2 Infant mortality

Infant mortality has been a continuous negative health indicator in Kosova for decades.

Table 9 shows the scale of infant mortality since 1961 from 125.6 per thousand to 49.9 per thousand on 1989, which was still at very high scale but with a tendency of decreasing. And after the dismissal of all the gynecologists in only two years increased for 3 per thousand (Dedushaj, 1994).

Year	Infant mortality
1961	125.6
1971	89.6
1981	62.9
1989	49.9
1991	53.0

Table 9. The scale of infant mortality per 1000 in Kosova ( Source: Praxis Medica,1994))

#### 4.5.7 Vaccination

Prior to arbitrary “dismissal from jobs” of Albanian medical workers, over 90 per cent of Kosova's population was regularly vaccinated.

As the consequence of the institutional discriminations, the situation drastically changed. In 1990, 61'853 children should have been vaccinated against poliomyelitis. Due to arbitrary “dismissal from jobs” of Albanian medical personnel, only 36'295 of them or 58.4 per cent have been completely vaccinated. In municipalities such as Prishtina, Mitrovica and Peja, the situation was even worse. Just 30 per cent of children were vaccinated. Or in the municipality of Vitia, where more than 98 per cent of Albanian physicians had been fired, less than 20 per cent of the children were completely vaccinated. Unfortunately this was followed by the outbreak of a polio epidemic in Kosova (officially polio was eradicated in 1983, and Kosova was declared “Polio free”).

The last recorded polio case in Kosovo was in 1996 and no case of neonatal tetanus was reported since 1998. From 1990 until 1998, there were a total of 3'919 cases of whooping cough with 50 deaths recorded. This figure has since fallen to 63 cases in 2002 after peaking at 375 in 2000.

In Kosova measles occurs in an endemic-epidemic form. For the period 1990-1999, there were 16'756 cases of measles with 43 deaths registered.

It is evident that, Kosova had low level of immunization, especially during years of discriminations and apartheid (1990-1999). Those were years of under-investment in the health sector. Morbidity and mortality from diseases such as measles and polio increased especially among the Kosovo Albanian population.

Despite very hard attempts of Kosova's parallel health structures to organize the vaccinations, interruption by police and other Serbian institutions made it hard to sustain. Vaccine shortages and the lack of cold chain equipment were evident. After the polio outbreak, police did not investigate medical professional because WHO and Rotary International were negotiating with the Serbian regime.

The war in Kosova, ended in June 1999. In September 1999, WHO, IPH (Institute of Public Health) and UNICEF carried out some extensive immunization rounds with the support of donors, regardless of the age and the previous immunization status of the children. The coverage of children vaccinated according to the schedule has been high, 99% (UNICEF, 2003).

Post war epidemiological data show sporadic outbreaks. There were 9 verified cases of measles in 2000 and 12 cases in 2001. For the period 1999-2002, there were 585 reported cases of rubella. In 1999, 620 cases of mumps were registered in Kosova, an epidemic which continued in 2000 with 8'786 cases and 1'403 cases in the year 2001 (Vuori, 2004).

#### **4.5.8 Malnutrition**

Due to discriminatory policies and arbitrary decisions some 147'300 Albanians have lost their jobs. Having in mind that in 1990 the average size of an Albanian family in Kosova, was 6 to 7 members (Gashi,1993), this sums up to more then 1'031'100 people who had no means of support. The unemployed Albanians received no unemployment benefits or social security. Before the crack down, Kosova had 244'000 employed people, 67 percent of them were Albanians.

Therefore malnutrition of children, as well as malnutrition of the rest of the population was increasing as a result of people being dismissed from their jobs by the thousands. In 1991/1992 the breeding/growth of a 14 year-old child in Kosova, matched that of an 8 year-old child in Europe (Dedushaj 1994). There are no other more detailed data available on the deficiencies in micronutrients during the nineties.

In 2002 UNICEF carried out a survey on the nutritional status of Kosovar women and children. The survey that covered both Albanian and Serbian Kosovars showed that 14% of women had anemia and 21% had moderate deficiency of vitamin A. More than 30% of children had vitamin A deficiency (UNICEF, 2002 ).

## 5. CONCLUSIONS

From the above, we can conclude that:

1. Repressive measures and apartheid against the “overwhelming majority” of Kosova population had direct negative effect on wellbeing, especially health care system in Kosova.
2. Decrease of the number of medical doctors and nurses from State owned health institutions, has increased the number of victims of diseases, especially infectious ones.
3. Reductions in the number of health institutions (from 44 to 11), has increased infant mortality (from 49.9 per thousand to 53 per thousand).
4. Forceful creation of ethnic pure hospitals has decreased the admission of patients to hospitals and increased the number of deaths, especially amongst patients requiring gynecological and obstetrical as well as pediatric care.
5. Economical deteriorations (as a consequence of apartheid) resulted in malnutrition and rapid increase of the incidence of tuberculosis.
6. Decrease of immunizations resulted in a remarkable increase of epidemics of a number of communicable diseases.
7. Destruction of state health institutions has mobilized citizens and medical community to organize a parallel health system.
8. During the war, targets for physical destruction were health units established as part of the parallel system.
9. Most of charitable clinics have become dysfunctional after the war even though there was still a need.
10. Post war physical reconstruction of health institutions was much faster and more effective compare to the reconstruction of health services and hiring of qualified health professionals.
11. Gaps in human resources created during the years of apartheid and war are requiring more time and resources than physical reconstruction.

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