

The Challenges of Preventive Diplomacy

The Role of the United Nations and Its Secretary-General

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One system of metaphors that I have recently used extensively is the comparison between peace and health. ... Peace research and health research are metaphors for each other, each can learn from the other. Similarly, both peace theory and medical science emphasize the role of consciousness and mobilization in healing.

—Johan Galtung¹

Introduction and Definitions

In matters of peace and security, as in medicine, prevention is self-evidently better than cure. It saves lives and money and it forestalls suffering. Since the end of the Cold War, preventive action has become a top priority for the United Nations.

From the beginning, a preventive role had been envisaged for the Organization. Article 1 of its Charter had stated that one of the purposes of the United Nations was “to take effective collective measures for *prevention* and removal of threats to the peace” (emphasis added). But the Cold War reduced almost to zero the Organization’s capacity to take such measures collectively.

When the Cold War began to thaw in the mid-1980s, two consequences followed. First, it became possible at last for the Member States to act collectively in matters of peace and security. Second, the need for preventive action was made brutally clear to them. The Cold War might have been over, but the world was still plagued by a number of wars that it had spawned, almost all of them wars within states. These were the so-called proxy wars in which each of the protagonists was backed, politically and in *materiel*, by one of the Cold War power blocs. The United Nations Security Council was now able to take effective action to end most of them. But the cost was high. Major peacekeeping operations had to be established in Namibia, Angola, and Mozambique, between Iran and Iraq, in Afghanistan, in Cambodia, and in Central America. At the same time, the collapse of communism in the Soviet Union and Eastern Europe was creating a new set of conflicts, one of which was to bring about the deployment in the former Yugoslavia of the UN’s largest-ever peacekeeping operation.

It is not surprising that the Member States began to look for more economical ways of maintaining peace and security. On December 5, 1988, the General Assembly adopted a

“Declaration on the Prevention and Removal of Disputes and Situations Which May Threaten International Peace and Security and on the Role of the United Nations in this Field.” Through that instrument, the General Assembly declared that States should act so as to prevent in their international relations the emergence or aggravation of disputes or situations. It encouraged the Secretary-General to approach the States directly concerned with a dispute in an effort to prevent it from becoming a threat to the maintenance of international peace and security; to respond swiftly by offering his good offices if he were approached by a State directly concerned with a dispute; to make full use of fact-finding capabilities; and to use at an early stage the right accorded to him under Article 99 of the Charter (namely to bring to the attention of the Security Council any matter that in his opinion may threaten the maintenance of international peace and security). This decision represented a marked departure from the Cold War culture, in which the legitimacy of a political initiative by the Secretary-General had usually been challenged if not taken explicitly under Article 99.

On January 31, 1992, at the end of the first-ever meeting of the Security Council at the level of Heads of State and Government, the Council adopted a statement that *inter alia* invited me to prepare an analysis and recommendations on ways of strengthening and making more efficient the capacity of the United Nations for preventive diplomacy, for peacemaking and for peacekeeping. As I worked on the resulting report, which was later published as “An Agenda for Peace,”² it quickly became clear that preventive diplomacy is in fact a portmanteau for a range of prophylactic measures that can be taken by States, groups of States, or international organizations to help maintain peace and security between and within States. Since that report was published, the United Nations has gained experience not only in preventive diplomacy, strictly defined, but also in preventive peacekeeping, preventive humanitarian action and preventive peace-building. Let me define these four main types of preventive action.

Preventive diplomacy is the use of diplomatic techniques to prevent disputes from arising, or from escalating in armed conflict if they do arise, and, if that fails, to prevent the armed conflict from spreading. Article 33 of the Charter requires parties to disputes that could endanger peace and security to seek a solution by negotiation, inquiry, mediation, conciliation, arbitration, judicial settlement, resort to regional agencies or arrangements, or other peaceful means the protagonists may choose. To those techniques can be added confidence-building measures, a therapy that can produce good results if the patients, i.e., the hostile parties, will accept it. Central to the idea of preventive

diplomacy is the assumption that the protagonists are not making effective use of these techniques on their own initiative and that the help of a third party is needed if the threatened conflict is to be prevented by diplomatic means.

The techniques employed in preventive diplomacy are the same as those employed in *peacemaking* (which, in United Nations parlance, is a diplomatic activity, not the restoration of peace by forceful means). The only real difference between preventive diplomacy and peacemaking is that the former is applied before armed conflict has broken out, while the latter is applied thereafter. But in the world today there are many endemic situations where the causes of conflict are deeply rooted and chronic tension is punctuated from time to time by acute outbreaks of virulent fighting. Examples of such situations are those arising from the conflict between India and Pakistan over Kashmir, Israel's occupation of parts of southern Lebanon, and the conflict in southern Sudan. In such cases it may be artificial to make a distinction between preventive diplomacy and peacemaking or indeed between preventive and postconflict peace-building. Those who want to help control and cure such chronic maladies need to maintain their efforts over a long period of time, varying the therapies they prescribe as the patients' condition improves or deteriorates.

One is sometimes asked to give examples of successful preventive diplomacy. It is not always easy to do so. Confidentiality is usually essential in such endeavors. Time may have to pass before one can say with such confidence that success has been achieved. Many different peacemakers may have been at work, and it can sound presumptuous for just one of them to claim the credit.

A conspicuous success, which history now permits us to claim for the United Nations, was the Good Offices Mission undertaken in great secrecy in 1969/1970 by Under-Secretary-General Ralph Bunche, on behalf of U Thant, to resolve an Iranian claim to Bahrain before that country achieved full independence. U Thant said of it: "the perfect Good Offices operation is one which is not heard of until it is successfully concluded or even never heard of at all."

Preventive peacekeeping involves the deployment of international military and police personnel to perform a variety of possible functions: to deter aggression, to help maintain security, to build confidence, to create conditions favorable to negotiations and/or to assist in the provision of humanitarian relief. As with all peacekeeping, a wide range of tasks can be considered, but it is essential that each mandate should specify with absolute precision which tasks the force will actually perform.

Preventive humanitarian action is action that, in addition to its humanitarian purpose of bringing relief to those who suffer, has the *political* purpose of correcting situations, which, if left unattended, could increase the risk of conflict. A wide range of measures may be required. They may include

planning for the humanitarian action that will be required if a crisis breaks, e.g., the stockpiling of relief goods in certain places. But they may also include creating conditions that will help to persuade refugees or displaced persons to return to their homes, e.g., improvements in security and gender, greater respect for human rights, and creation of jobs, etc. One example is the efforts of the international community to facilitate the return to their homes of the Rwandese refugees in Zaire and thereby alleviate the tensions that their presence has created between the Governments of Rwanda and Zaire.

Preventive peace-building is the application to potential conflict situations of the idea of postconflict peace-building, which I set out in “An Agenda for Peace.” Like its postconflict cousin, preventive peace-building is especially useful in internal conflicts and can involve a wide variety of activities in the institutional, economic, and social fields. These activities usually have an intrinsic value of their own because of the contribution they make to democratization, respect for human rights, and economic and social development. What defines them as peace-building activities is that they additionally have the political value of reducing the risk of outbreak of a new conflict, or the recrudescence of an old one.

An example in the context of potential interstate conflict is the offer in 1951 by the then International Bank for Reconstruction and Development (now the World Bank) to provide its Good Offices to India and Pakistan to help both countries resolve their dispute over the waters of the Indus River by approaching it as a technical and engineering problem rather than a legal and political one. The Bank’s offer was accepted and after nine years of negotiation, the parties signed the Indus Waters Treaty, which became the basis of the biggest waterpower and irrigation project in the world at the time. In due course it made the two countries independent of each other in the operation of their water supplies, thereby removing the risk of conflict on that set of issues.

The Secretary-General’s Role in Diagnosis and Prescribing Preventive Therapy

None of these preventive treatments need exclude use of any of the others. Indeed, a fully integrated international response to an impending conflict could prescribe them all. Nor does the United Nations have—nor claim—an exclusive right to prescribe and administer these treatments. The most effective prophylaxis may be achieved through coordinated team work by the United Nations, various of its specialized agencies, one or more regional organizations, individual Member States and nongovernmental organizations.

There are five generic conditions that have to be fulfilled if the Secretary-General of the United Nations is to be able to apply the preventive treatments effectively. They are discussed in the

following paragraphs with particular reference to the most pressing situations, which, at the time this chapter was written, demanded preventive action by the international community. That was the internal crisis in Burundi. It is worth recording in this context that, in the week this chapter was finalized, the Minister of Human Rights of Burundi, in a statement to the United Nations Human Rights Commission, described her country as being “a patient on the operation table” and appealed to the international community to help in finding “a permanent cure.”

Fulfillment of the conditions becomes more difficult when, as is so often the case, the potential conflict is an internal one. More than 60 percent of the actual or potential conflicts in which the United Nations played an active peacemaking or peacekeeping role related to disputes within states, though several of them also had a significant international dimension too. As is well known, Article 2 (7) of the United Nations Charter provides that the United Nations should not intervene in matters that are essentially within the jurisdiction of a State or require its Members to submit such matters to settlement under the Charter. The General Assembly’s declaration of December 5, 1988, to which I have already referred, provided that, “States should act so as to prevent *in their international relations* the emergency of aggravation of disputes or situations” (emphasis added).

Since the end of the Cold War, however, there has been a growing readiness by the Member States to accept, or even insist, that the United Nations’ preventive, peacemaking, peacekeeping and peace-building services should not be denied to a conflict simply because it is a conflict within a State and not one between States. At the same time, Member States have continued to insist on the inviolability of their sovereignty and strict respect for Article 2(7). Because the sovereign state is the basic building block of the international system and will so remain, it is not possible to resolve this contradiction on a generic basis; Member States will continue to defend their sovereign rights. But in practice the contradiction will continue to be resolved on a pragmatic basis in certain situations where there is broad agreement within the international community that an internal conflict is so dangerous and/or cruel that international efforts have to be made to control and resolve it.

As a result, however, the United Nations cannot take preventive action without a specific request from, or at least the consent of, the Member State or States concerned. From the Secretary-General’s point of view, the ideal is that he should receive a request from the government. But sometimes, when the threat of imminent conflict is evident, he feels compelled by his general mandate for preventive action to take the initiative in suggesting a course of preventive therapy. Even when such an idea is put forward tentatively and confidentially, it can be taken as a slight to the sovereignty of the state concerned and the Secretary-General is blocked from further action.

The Secretary-General also has to be ready to propose preventive action in cases where a country no longer has a government capable of exercising sovereignty in an effective way, the so-called failed state syndrome epitomized by Somalia. In such cases, the Security Council may decide that the state of war is so threatening to the country's neighbors or is causing so much suffering that the Council is obliged to establish a UN operation to bring it under control without seeking governmental consent. But the United Nations will still need the consent and cooperation of those who actually control the situation on the ground in the various parts of the country. As has been demonstrated in Somalia and Bosnia, the lack of such consent and cooperation can prevent the United Nations operation from carrying out the tasks entrusted to it by the Security Council, even when the Council's decision has been taken under Chapter VII of the Charter.

The first of the five conditions for preventive action is that the Secretary-General should have the necessary capacity for the collection and analysis of information. One of the main reasons for my decision in 1992 to bring all the Secretariat's political work into a single Department of Political Affairs was to create this early warning capacity. That department, working with the Department of Humanitarian Affairs, has its own early warning system to detect impending humanitarian emergencies. With the Department of Peacekeeping Operations, it has created a "Framework for Coordination," which is essentially a set of procedures for ensuring that the three departments review at regular intervals all information relevant to a potentially threatening situation and institute timely consultations with other elements in the United Nations system that may have information to contribute and/or a role to play in a concerted preventive action.

It is sometimes said that the United Nations is handicapped in its peace efforts by the lack of an intelligence service of its own. I do not believe that this need be the case. Much information is available to the Secretariat from the media and from academics and nongovernmental organizations, which often contribute their own interesting perspectives to the analysis. Above all, Member States have responded generously to my request in "An Agenda for Peace," which asked that Member States be ready to provide me with the information needed for effective preventive diplomacy. Of course, the information they provide may sometimes reflect their own national interests and their own preferences for action by the United Nations. But if information on the same situation is sought from several States, it is not difficult to form an accurate picture.

That said, the United Nations, like the rest of the international community, was caught unaware by the assassination of the President of Burundi in October 1993, as it was by the shooting down of the aircraft carrying the Presidents of Burundi and Rwanda in Kigali six months later, and by the horrors that followed both incidents. There will always be acts of extreme political violence that

cannot be predicted with precision. But the United Nations needs both to be sensitive to the conditions that can lead to such acts and able to contribute to contingency planning for an adequate response by the international community when they occur.

The second condition is that the Secretary-General should have the clinical capacity to prescribe the correct treatment for the condition diagnosed. To fulfill this condition, he needs to be able to assess both the factors that have created the risk of conflict and the likely impact of the various preventive treatments available. Making those judgments in an interstate situation is easier than in an internal one. In the first case, much can be learned from consultation with the States involved and their neighbors, friends, and allies. In the second, the crisis is often due to ethnic or economic and social issues of an entirely internal nature and of great political sensitivity, in which the potential protagonists may include nonstate entities of questionable legitimacy and with shadowy chains of command. If in such circumstances the Secretary-General probes for the information needed to identify the right treatment, he can find himself accused of professional misconduct by infringing the sovereignty of the country concerned.

Another potential source of difficulty for the Secretary-General at this stage of the process is the need for triage. His analysis of the symptoms may lead him to conclude that there is no preventive action that the United Nations can usefully take. This could be because he judges that, contrary to the general impression, conflict is not actually imminent and that what is being observed is posturing or shadow-boxing rather than serious preparations for war. Or he may judge that there is no effective treatment that would be accepted by the parties, or even that there is no effective treatment at all. Such conclusions will not always be welcome to the Member States. They rightly want the Secretary-General to do everything possible to prevent conflicts. But the reality is that not all—perhaps not even many—actual or potential conflicts are susceptible to the United Nations treatment at all times. Selectivity and careful timing are necessary, especially when Member States are so reluctant to make resources available for the Organization's peace efforts.

In Burundi, the ethnic massacres of October 1993, to which reference has already been made, led me to dispatch a Special Representative to that country with instruction to inform himself about the situation, to help prevent it from deteriorating further, to facilitate national reconciliation and to recommend to me further preventive measures that the United Nations could take. His initial advice was that the situation was so threatening that the United Nations' efforts should be concentrated on stabilizing the patient and that, for the moment, the modalities for longer-term treatment were a matter of second priority.

After my Special Representative's efforts and those of other peacemakers had brought about a certain stabilization, notably through the signatures of almost all the political parties of a "Convention of Government" in September 1994, attention was turned to longer-term therapy. This required action on two fronts: promotion of a political dialogue and national reconciliation, for which a country-wide "National Debate" was the chosen remedy; and measures to improve security. For the latter, I had already proposed to the Security Council at various times a number of possible remedies. These had included the establishment of a humanitarian base, manned by the United Nations troops, at Bujumbura Airport; the maintenance in a neighboring country of a military presence capable of intervening rapidly if the situation in Burundi should deteriorate rapidly; and the deployment of a contingent of United Nations guards to protect humanitarian activities. However, these ideas had not found favor either with the government of Burundi, whose armed forces were strongly opposed to the stationing of any foreign troops in the country, or with the members of the Security Council.

The situation in Burundi began to deteriorate further. I warned its leaders and parliamentarians that they could not count on continuing support from the international community unless they produced convincing evidence that they were ready to reconcile their differences. In other words, I told them that unless the patients took their physicians' advice seriously, the physicians would turn elsewhere. The country's condition did not improve, and I reaffirmed to the Security Council my conviction that the international community should prepare for the possibility of a humanitarian emergency so severe that foreign forces would have to intervene. I again put forward the ideas of the United Nations guards and/or preventive deployment of foreign forces in a neighboring country. This proposal again proved unacceptable to the government of Burundi and to the Security Council. Then, I urged that Member States should at least undertake contingency planning so that troops could be quickly deployed to Burundi if the worst happened and a humanitarian intervention became imperative. The Security Council responded by inviting me to pursue consultations with Member States to this end.

The third condition for preventive action is that the parties to the potential conflict (the patients) should accept the action proposed by the Secretary-General. This is a *sine qua non* because he has no power to impose any remedy on them and can act only with their consent. In any case the remedy will have no effect unless the patients have confidence in it. Sadly, this is usually the most difficult condition to fulfill. There are, of course, at least two patients in every potential conflict. Usually one of them is more favorable than the other to international involvement; indeed, the very fact that Party A wants international involvement is often cause enough for Party B to oppose it. Sometimes also there exists earlier agreements committing the governments involved to give priority to bilateral

means. An example of this is the Simla Agreement of July 1972, in which India and Pakistan agreed “to settle their differences by peaceful means through bilateral negotiations or by any other peaceful means mutually agreed between them.” At other times, powerful countries in the region concerned may object to United Nations involvement and may insist that the parties have recourse to regional mediators.

In internal conflicts, sovereignty is an added complication. A government faced with an opposition that is threatening to take up arms is understandably reluctant for an international organization to come on stage, professing its impartiality and apparently treating government and opposition as equals. The Secretary-General has to proceed with great delicacy and finesse in such circumstances if he is to succeed in persuading both patients to consult the doctor and to take the medicine he prescribes.

Returning to the example of Burundi, the parties have very different views about the desirability of United Nations—or any other foreign—intervention. The main political party representing the Hutu majority has welcomed proposals for contingency planning for a possible humanitarian intervention. But the main party representing the Tutsi minority has reacted very negatively, as have the Burundi Armed Forces, which are largely recruited from the minority.

The fourth condition for action is that the Secretary-General, having prescribed a preventive treatment and got the patients to accept it, must persuade the other Member States, and especially the members of the Security Council, to give him steady political support. Unless they are ready to use their influence in a concerted effort by the international community as a whole, the efforts of the Secretary-General alone are unlikely to produce the desired results. The reactions of the Security Council to my various proposals for preventive action in Burundi have already been described.

The Secretary-General must also—and this is the fifth and final condition for success—persuade the Member States to provide the necessary resources to finance the agreed preventive action. The mandates given to him by Article 99 of the Charter, by the Security Council statement of January 31, 1992, and by the Resolutions and Statements adopted by the General Assembly and the Security Council, respectively, in response to “An Agenda for Peace,” provide the Secretary-General with considerable freedom of maneuver in diagnosis and prescription, as will be evident from the foregoing description of my own initiatives related to Burundi. But he has no power to commit funds without the authority of the General Assembly, which will have to be convinced of the legitimacy, feasibility, and likely efficacy of the prescribed treatment. If it includes the deployment of military personnel, more than financial authority will be needed. The political authority of the Security Council will also be necessary, as well as a readiness on the part of Member States to contribute the

troops and equipment required, whether as a UN peacekeeping operation or as a multinational force authorized by the Security Council but under national command.

To sum up, the salient fact that emerges from this analysis is that the Secretary-General's ability to take effective preventive action depends most critically on the political will of the parties to the potential conflict. In international politics, as in human medicine, the physician cannot impose treatment that the patient is not prepared to accept. Important improvements have been made in the Secretary-General's capacity to diagnose and prescribe. Failure to take effective preventive action is, in any case, only rarely due to lack of early warning; the symptoms are usually there for all to see. What is too often lacking at present is a predisposition by the parties to accept third-party assistance in resolving their dispute. Ways have to be found to persuade them, without infringing on their sovereignty or other rights, that it is in their own interests to accept the help of the United Nations and other international players, rather than to allow their dispute to turn into armed conflict. And the Member States of the United Nations have to be persuaded to pay the costs of providing that help.

The Secretary-General's Role in the Application of Preventive Therapy

Once a course of therapy has been defined and agreed upon by all concerned, decisions have to be taken on the modalities for its application. There is no fixed pattern. Specific modalities have to be worked out for each case. The Secretary-General's role can take many different forms. He can do the work himself, directly or through his Secretariat. He can refer the patients to specialists, such as specialized agencies of the United Nations system, regional organizations, individual Member States, or nongovernmental organizations, and work with them to apply the therapy. He can coordinate the work of others or simply provide them with political and moral support.

The Secretary-General often performs his role through a senior United Nations official or outside personality, appointed as his Special Representative or Special Envoy, who takes up residence in the country or region concerned or visits it on a regular basis. The mere appointment of a Special Representative or Envoy can have a political impact. It alerts the Member States of the United Nations to a possible new conflict and alerts the potential protagonists to the international community's concern. There are other conspicuous actions available to the Secretary-General that can achieve similar results—the dispatch of goodwill or fact-finding missions, a public offer of his good offices, briefing of the media, a report to the General Assembly or Security Council, or a formal notification to the Council under Article 99 of the Charter.

Such public manifestations of the Secretary-General's concern can sometimes have a useful therapeutic effect. But more often he will prefer to provide his good offices quietly, especially where

the looming conflict is an internal one. Quite apart from sovereignty-related sensitivities, it is easier for parties to make concessions when it is not publically known that they are being urged to do so by the Secretary-General of the United Nations, who can guarantee little or nothing in return. As already mentioned, preventive diplomacy is usually best done behind closed doors, which can make difficulties for the Secretary General if the world is clamoring for the United Nations to do something but he knows that to reveal what he is actually doing would impair his chances of success, as well as being the diplomatic equivalent of violating the Hippocratic oath.

Where preventive peacekeeping takes the form of a United Nations operation, the Secretary-General's role is more clearly defined and more exclusive. It is he who designs the operation; obtains the Security Council's authority to establish it; assembles the necessary troops and equipment from Member States; deploys, commands, and manages the operation; and reports on it to the Council. But even in this situation the Secretary-General can find himself exposed to considerable pressure from countries directly or indirectly involved in the conflict.

It is not, however, to be assumed that preventive peacekeeping will always be done through a United Nations operation. In the case of Burundi, I believe that the peacekeeping therapy would be so demanding militarily that it could be provided only by Member States capable of responding with the necessary rapidity to a crisis in a distant theater, and that the correct prescription would, therefore, be a multinational force authorized by the Security Council under Chapter VII of the Charter. In such a case the Secretary-General's role is likely to be less than if the operation were under United Nations command.

In the case of preventive humanitarian action, one aspect of the Secretary-General's role is to establish adequate arrangements for the coordination of relief activities. Another is to take, or support, the political action required to persuade the governments concerned to create the conditions that will permit resolution of the humanitarian crisis. As already noted, these can include a wide range of measures in the fields of security, law and order, human rights, institution building, reconstruction, restoration of economic activity and social programs, and may, therefore, require the Secretary-General to play a coordinating role in this field also.

Peace-building is perhaps the preventive therapy where the Secretary-General's role is least well defined. In the case of preventive diplomacy and humanitarian action he has the necessary authority to administer the therapy that he has agreed upon with the parties. For preventive peacekeeping he has to obtain the authority of the Security Council, but well-established procedures exist for him to do so, and for the operation to be deployed once authority has been obtained.

But peace-building is more complicated. It can require a wide range and variety of actions, not all of which will fall under the direct executive responsibility of the Secretary-General. His functions in this context are essentially those of a general practitioner. He can diagnose the patients' condition and advise them that certain general measures of a political, economic, or social nature will help reduce the risk of conflict. Such therapies can include confidence-building measures, increased respect for human rights, more just law enforcement, strengthening democratic institutions, improving social services, addressing gross economic injustices, sharing natural resources more fairly, and so on. But for a detailed prescription and for help in administering the therapy, the general practitioner will have to refer the patients to various specialists inside and outside the United Nations system, including nongovernmental specialists.

This gives the Secretary-General three roles in the implementation of preventive peace-building, all of them delicate. The first is to persuade the specialists to apply the therapy that he has prescribed and the patients have accepted. The best way of doing this, of course, is to associate the specialists with the earlier consultations and make them a part of the diplomatic process, through which the parties are brought to accept the desirability of preventive action and the nature it should take.

The Secretary-General's second role is to coordinate implementation of all the agreed upon peace-building actions. In some cases this can be done through the standard arrangements for coordinating the United Nations system's operational activities for development through a United Nations Resident Coordinator. But usually wider coordination will be necessary, especially if the overall prescription includes diplomatic, peacekeeping, and/or humanitarian elements. In that case, the normal arrangement is for the Secretary-General to appoint a resident Special Representative, who should have not only diplomatic skills but also sufficient experience in the economic and social fields to give him or her credibility with the specialists in those fields.

The Secretary-General's third role is to monitor the political impact of the agreed peace-building measures, so that he can assess how well the patients, i.e. the parties to the potential conflict, are responding to the therapy and whether the prescription needs to be modified—or, of course, discontinued if the risk of conflict has been sufficiently alleviated. Obviously, the Secretary-General will depend, to a considerable extent, upon the advice of his Special Representative; but this is an area where visits by the Secretary-General himself or by his senior officials to the country or region concerned, and direct contacts with their leaders, can be of great value.

Epilogue

Prevention is indeed better than cure. I hope that this chapter demonstrates the high priority that my colleagues in the Secretariat and I attach to improving the United Nations' capacity in the preventive field, as desired by the Member States for well-founded political, humanitarian, and financial reasons. But the chapter should also have shown that preventing the malady of conflict is even more difficult than preventing the diseases that afflict the mind and the body of human beings.

There are no guaranteed vaccinations to prevent conflicts from starting and no miracle cures to end them once they have started. The best prevention is for the region or country concerned to follow a strict and healthy regimen of democratization, human rights, equitable development, confidence-building measures, and respect for international law, while eschewing indulgence in such unhealthy practices as nationalism, fanaticism, demagoguery, excessive armament, and aggressive behavior. Most of the elements of such a regimen are prescribed in the United Nations Charter and in the corpus of international law.

The difficulties of prevention in the field of peace and security do not arise because the warning signs of conflict are more difficult to detect than those of human disease; on the contrary, they are usually more obvious. Nor is it that the therapies are less effective; many effective therapies have been devised over the years. The United Nations dispensary is well stocked and many experienced consultants and specialists are on call.

The problem is with the patients and with the friends and enemies of the patients. Human beings may be full of phobias and superstition about disease but they can usually be relied upon to respond fairly rationally to the diagnoses and prescriptions of their physicians. The same cannot, alas, be said of governments and other parties to political conflicts. Many general practitioners would have been tempted to retire in despair long ago if their advice had been disregarded by those to whom they prescribed therapies. But the Secretary-General of the United Nations cannot abandon his principal duty to avert imminent conflict any more than a conscientious physician can abandon a difficult case. The Secretary-General's duty is to use all the means available to him, be they political, military, economic, social, or humanitarian, to help the peoples and governments of the United Nations to achieve the goal, emblazoned in the first paragraph of its Charter, of saving succeeding generations from the scourge of war.