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## Odyssey to Dante's Inferno

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As American physicians agonized over what creature comforts Clinton's health plan would allow for their patients, Bosnian physicians were resorting to washing bandages removed from the dead to use on the living.

The Serbs' first targets were medical facilities: so basements, bunkers and warrens created from destroyed buildings became "new" medical centers, reducing physicians to a mole-like existence. Above ground they are targets for snipers. Major trauma surgeries are performed under unimaginably primitive conditions, often without anesthesia, but with caring, skilled hands. Jerry-built systems have been devised to provide a modicum of function. Disposal items, which Americans take for granted, are reused ad infinitum.

Most of the physicians in Croatia and Bosnia-Herzegovina had been exposed to Western medical methodology and are painfully aware of the diagnostic might of such items as MRIs and CT Scans. But those possessing that most primitive diagnostic tool the stethoscope - are considered fortunate. In spite of the frustrations, the physicians never seem to lose compassion and respect for human life.

It is ironic that the twentieth century was ushered in by a war that started in Sarajevo and will exit in a war which is destroying Sarajevo. Aside from the staggering human toll, the devastation has severely taxed the medical facilities and delivery of health care in Croatia and Bosnia-Herzegovina.

An American team of physicians comprised of the author, Jerry Blaskovich, Thomas Durant, Assistant Director of Massachusetts General Hospital and David A. Bradt, attending physician, Johns Hopkins Hospital, went to former Yugoslavia to evaluate the medical aspects. Durant and Bradt are widely experienced in refugee affairs. Serbia and Montenegro were excluded from the study because nothing was damaged there and nobody was wounded or lost life in those republics.

Our medical odyssey began at the "Institute For Mother and Child Health" in Zagreb, Croatia's capital. Except for military uniformed men

and women in the streets, cosmopolitan Zagreb gave no hint that the front lines were only thirty miles away. But its hospital wards, filled with civilians without limbs, with gaping visceral wounds and blinded from shrapnel paints a different picture; a picture of a medical infrastructure that has been stretched to the breaking point.

The Institute is the main children's hospital for Croatia and the final triage point in the referral chain. Before the Serbian force unleashed their attack on Bosnia, they had destroyed a large number of medical facilities in Croatia. The population not killed by the ethnic cleansing program in the third of Croatia that the Serbians now occupy, resulted in hundreds of thousands of displaced persons who severely strained the remaining medical facilities. But the enormous influx of refugees from Bosnia, many suffering from major trauma, have overtaxed the already fragile medico-ecological system (1). Ten major hospitals in a country the size of Maryland totally destroyed is devastating.

War injuries, which are not in the mainstream of an urban hospital, require intensive nursing care and prolonged rehabilitation. Besides trauma cases, the Institute is ethically bound to treat Bosnian children for mundane illness. Paradoxically, one third of the treated war injured children, which resulted from Serb weaponry, are Serbian. Further burdening the system are traffic accident injuries. One half of all traffic accidents victims in Zagreb involve refugees, mostly children.

Moving out of Zagreb, with its ultrasophisticated medical facilities and its Viennese-style towers and facades, the architectural landscape increasingly takes on an all prevailing grey monochromatic surrealism and parallels the facilities where patients received treatment.

A scant 100 miles away but circuitous six hour drive around barricades and vilages that were little more than rubble, lies the city of Osijek. Osijek's General Hospital, the largest hospital closest to the battle line, with its walls blasted by rockets and heavy artillery, is 80 percent destroyed.

From the onset of the conflict, all medical and surgical care is conducted in a maze of tunnels beneath the hospital.

The Yugoslav Army (JNA) intentionally violated a number of provisions of the international laws of war. During a three-day period in September 1991, the hospital was hit 94 times by mortars, howitzers, rockets, and countless times by small weapons (2). The shelling originated from the JNA garrison situated 50 meters from the hospital, precluding the barrage was caused by chance or accidentally.

The area around Osijek region has borne the brunt of the Serbian onslaught in Croatia and was the scene of the greatest atrocities. What happened in Vukovar is a prime example. Approximately 1,500 ill equipped, untrained, ragtag Croatian defenders were able to hold at bay, for 89 days, 25,000 Yugoslavs equipped with tanks, artillery and aircraft. Only after the Croatians ran out of ammunition did Vukovar fall.

From the onset of the Serbian attack on Vukovar, Doctor Vesna Bosanac realized the full importance, even before the politicians. Armed with her ever present lit cigarette and a demure more in keeping with a librarian than a dynamo, she mobilized the medical personnel of the hospital. Led with an iron toughness and discipline, they followed the example of this diminutive heroine. Surgeons worked 20 hours at a stretch on the seemingly never ending stream of wounded. "As more of the hospital was demolished we retreated a floor lower - finally we ended up in the basement, where we had three operating theatres in constant use."

As the siege intensified, the rubble, once called a hospital, continued functioning: "improvising in everything and solving problems as they appeared." When the utilities were cut off, Dr. Bosanac's husband, Lavoslav, devised ways to get electricity into the facility. Water, that most precious commodity, came from a brandy distillery. On those rare occasions, whenever there was a lull in the shelling, there was a mad dash to go above ground to get water from wells. Despite the averse conditions and lack of antibiotics, hygienic standards were maintained and infection morbidity was low.

After the city's fall, Dr. Bosanac, along with other survivors of Vukovar, was sent to Serbian concentration camps. When she was freed in a prisoner exchange, she told her story to the world's media in Zagreb (3). Since Dr. Bosanac's first and foremost concern were her patients, despite her abused state, her first question after being freed was the fate of the 259 patients left behind in

Vukovar's hospital. She lost all clinical detachment and wept when she learned soldiers of the Yugoslav Army had forcibly evacuated and summarily executed them. Before Dr. Bosanac's arrest she was given a guarantee by Yugoslav officers that the patients would be protected according to the Geneva Convention.

Another survivor of Serbian concentration camps said he was beaten daily until he pretended to be infested with lice. Thereafter, his former tormenters gave him a wide berth.

Dr. Clyde Snow, an American forensic specialist, confirmed eye witness reports on October 28, 1992, that a mass grave outside of Vukovar contained bodies of patients taken from the hospital. Recently, America's ambassador to Croatia, Peter Galbriath has been denied access to the site by the Serbs.

Shortly after Vukovar fell, Serb forces perpetrated a slaughter in the village of Voćin. Although 43 bodies were found, a great number of others, including children, disappeared without a trace. Examination, verified by forensic studies, revealed torture and mutilation. Some victims were bound with chains, others were axed, chain sawed while living, or burned. Chemical analysis of the charred remains - in reality, nothing but chunks of carbon - verify the victims were burned alive (4).

We next visited Slavonski Brod, whose normal population of 40,000 teemed with 60,000 Bosnian refugees. This city as well as all cities we visited was overburdened with a sheer mass of humanity, all wanting a modicum of safety. The hospital, surrounded by sand bags, existed under shelling and air attacks. Besides caring for the mundane diseases, of the 100 patients it admits daily, 95% are shrapnel related.

Most of the houses around the bridge that separates Croatia from Bosnia have been destroyed. Those buildings still standing were pockmarked from projectile hits. Not a pane of glass was intact. It was surprising to note the mosque in Bosanski Brod had escaped damage. Standing like a beacon, it gave a ray of hope for the Muslims. But a death pall hangs over the city (5). (The bridge and mosque have been subsequently destroyed).

The material damage witnessed in Slavonski and Bosanski Brod, as well as other cities visited, is incalculable, but nothing in comparison to the human suffering. The appearance of the stream of countless haggard Bosnian refugees trying to cross the bridge into Croatia was the one of despair. The road was dense with people fleeing, many

packed like sardines in back of trucks and clinging to the rooves of tractors.

In Mostar and Turanj the destruction were like scenes from Dante's *Inferno*. All that is left are heaps of rubble. Not one building is considered salvageable. It was a distinct rarity to see a building that had a pane of glass intact; all buildings had evidence of shell fire, some grotesquely shattered. Broken glass lies everywhere from windows blown out by mortars; chunks of asphalt ripped out of the ground where shells landed. Only ghosts of the former residents remain in this surrealistic landscape - the only humans present were the handful of soldiers patrolling.

In Mostar, the facades of the Roman Catholic church and Bishop's palace is all that remains of these structures. Destruction was so complete that the heat melted most of the marble altar.

Mostar's city park, in a peaceful arbor setting, is now a cemetery. Unable to bury their dead in town's cemetery because of Serbian snipers, they now use the park. To see nothing but fresh graves bearing crescents or crosses, all bearing dates that end in 1992 to 1994 lends a poignancy to move even the most jaded.

Besides medical facilities, we visited numerous refugee centers. One such center was Gašinci. A tent and barrack "city", once a JNA base, now houses approximately 3,000 transient, mostly female and children Muslim refugees. Looking after their medical needs, as well as social, were a physician and several volunteers from the Institute in Zagreb. The clinic has no set hours and is open as long as there are people seeking help.

What impressed the American team at Gašinci, as well as other refugee centers, were the almost normal mortality rates, low infection morbidity and lack of epidemics: a reflection of good hygienic conditions, nourishment, and selfless medical management. Upon arrival at the camps, the refugees are immediately immunized. Those with valid immunization records were exempt, however, most were found to be immunized. By contrast, Los Angeles County Public Health records show only one third of all children received their necessary vaccinations. Immunization rates for infants and toddlers in Los Angeles County are lower than any country in the western hemisphere except Bolivia.

Thus far, the high caliber practice in Croatia has kept certain diseases in check. If help is not forthcoming, however, neighboring countries will not be exempt from epidemics that are a certainty. Especially with reports of typhoid, hepatitis,

and other infectious disease outbreaks in Serb held territories.

We have been inundated with TV images of the mayhem taking place in Croatia and Bosnia. The breadline and the marketplace slaughters of Sarajevo have been indelibly etched into our consciousness. How do we react? We wring our hands a little, then go on with our lives. The doctors on the scene, however, heed the crying and suffering of the wounded. When it is all over, the medical personnel will emerge as the only heroes of the conflict. Their efforts to give aid and comfort under the extreme averse conditions is laudable.

#### LITERATURE

1. Doctor Ivan Fattorini, Director of the Children's Hospital in Zagreb escorted the American team around the hospital and supplied the information. Aside from being a superb pediatric surgeon, Dr. Fattorini is no stranger on the international sports scene. He has been the team physician for Zagreb's basketball teams, which participated and won most international competitions.
2. Glavina K, Tucak A, Janosi K et al. Deliberate military destruction of the General Hospital in the city of Osijek. *Croatian Medical Journal* 1992; 33(War Suppl):61-9
3. I moderated the press conference and was the first to talk to Dr. Bosanac upon her release from the concentration camp.
4. The enclosed article, *Lest We Forget*, summarizes the atrocity. I was involved in the medical investigation.
5. One day after we left Brod, the sports stadium, where approximately 6,000 refugees were billeted was shelled by Serbian 155 mm artillery, leaving many dead and an extremely large number of wounded. There is no doubt that the refugees were specifically targeted since an airplane had circled the area a number of times that day. Shortly after we left Bosanski Brod had fallen to the Serbs, the bridge and the mosque had been destroyed. The fate of the refugees is not known.

## "LEST WE FORGET" \*

More than a year after the massacre in the Croatian village of Voćin, the crime has yet to receive the attention and international moral outrage it deserves. If there is any doubt that war crimes have been committed by Serbian forces, one need only look to this village. The report of the heinous atrocity received a tiny one day squib in the press. One must ask who committed the greater crime - the perpetrators or those who ignored it.

The only positive feature of the Voćin incident is that it provides the clearest example of the Serbian policy of "ethnic cleansing", or more specifically the "Final Solution".

During the four months of Serbian occupation Voćin's non-Serb villagers were inhumanely abused and harassed. However, evil incarnate descended upon Voćin on a cold December day. Having received orders to retreat, the Serbian forces unleashed their tanks, mortars, and grenades upon the town. Not one Croatian structure was spared. A stump of masonry wall, standing among the rubble like a sentinel, was all that remained of the 750-year old Roman Catholic Church.

The destruction of the church acted as a catalyst for the human mayhem that ensued. Although 43 bodies were found, a great number of others, including children, disappeared without a trace. cursory examination of the bodies, later verified by forensic studies, revealed torture and mutilation. Some were bound with chains, others were axed, chain sawed, shot, stabbed and burned. Those shot, were from extremely close range, usually multiple times. Bullet pathways indicate many were lying down when shot. Chemical analysis of the charred bodies - in reality, nothing but chunks of carbon - verify the victims were burned alive.

Reverend Nikola Sanjković, the village priest, assisted in identification of the corpses. One victim, 72-year old Marija Majdandžić proved to be an American citizen. She, thus far, is the only American casualty of the conflicts in former Yugoslavia. Had she been an oil company employee, maybe the American government would have been stirred to action.

Half of the victims were over 62, the eldest was 84. By no stretch of the imagination could they be considered Croatian soldiers, as the Serbs allege.

The Voćin slaughter was not a spontaneous event like Mai Lai, rather it was calculated Serbian policy. Ethnic cleansing inexorably follows a pattern; preceded first by coordinated air strikes,

rockets and heavy artillery, indicating a sophisticated command structure. As the defense pulls back, Serbian infantry move in. It should be noted that prior to any offensive campaign the local Serb populace are warned beforehand to leave.

Once the objective is secure, the so called Serbian irregulars start their cleansing operation. EC monitors state that many Croatian villages have been bulldozed out of existence. What happened in Voćin was only one example of a pattern that occurred in Croatia and is now continuing in Bosnia-Herzegovina.

The atrocities committed at Četekovac, Škabrnja and Voćin in Croatia are no worse than what the Serb forces committed elsewhere, but are better known because of eye-witness documentation. What makes the Voćin slaughter unique was that Serb soldiers confessed afterward.

According to a number of credible eyewitnesses, which the Serbs left behind in their haste to retreat, the Serbian forces went on a drinking spree after the killing orgy. A few passed out behind bushes and were left behind in the evacuation. When the Croatian forces arrived, they were captured. During interrogation they admitted their role in the slaughter and being members of Vojislav Šešelj's infamous "White Eagles". But what was most damning was that they stated they had acted under direct orders from Belgrade.

Frank McCloskey, the United States Congressman from Indiana, was present at the interrogation and saw the bodies firsthand. Summing up the Voćin affair as "ghastly, beyond words". Representative McCloskey's presence lends objective credence. A Texas Court of Appeals Judge Bill Bass, also witnessed the aftermath and described Voćin as "a mindless orgy of violence". The judge and the congressman were on fact-finding missions close to Voćin. After learning of the slaughter they arrived at the scene.

A somewhat related incident occurred at Vukovar shortly before Voćin's slaughter. After Vukovar fell to Serbian forces approximately 170 Croatian patients were evacuated from the hospital by soldiers of the Yugoslav Army. Confirming eyewitness reports, Dr. Clyde Snow, a U. N. forensic medical specialist on October 28, 1992 said all evidence indicated that a mass grave found outside of Vukovar contained bodies of the Croats taken from the hospital. It is anticipated that further excavations will find at least 3,000 unaccounted for Croatians from Vukovar. Since Voćin and Vukovar are in close geographic proximity

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and both events occurred soon after Vukovar's fall it is probable that the perpetrators were the same.

The west and the U.N. never explicitly condemned the Serbian war policy, the ethnic cleansing and the concentration camps in Croatia. By contrast in Bosnia-Herzegovina the west responded with consternation and hand wringing - but only after the existence of the concentration camps was made public by the media.

The Voćin incident However, will not become a footnote in history because it is the most documented Serbian atrocity in Croatia or Bosnia-Herzegovina. Extensive eyewitness accounts,

photographs, forensic pathology reports are available for any potential war crimes trials. The perpetrators of these atrocities must be held accountable because the victims must not be forgotten. For they were flesh and blood, with human desires and hope for a future. Their only crime was to be born Croatian.

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*Dr. Blaskovich, our next person of the month, recently returned from Croatia where he volunteered in front-line field hospitals.*