

War events in Nova Gradiška: A front line physician's report

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The article deals with the war events in Nova Gradiška region viewed by a front line physician. Organization and functioning of the medical service in one of the battalions of Croatian Army is described. Some preparations of the medical squad before going to the front line concerning medical equipment and

supplies, trained personal and vaccination are emphasized. Morbidity rate of the most often diseases in the battalion is presented, including the cases of one killed and two wounded soldiers.

Key words: medical squad, war, medical service organization, disease

INTRODUCTION

Aggression of Yugoslav Federal Army (YFA) and Serbian paramilitary forces against Croatia brought many challenges to Croatian Health Service (CHS). Before the war, CHS's task was to cover the growing needs for medical services of civilians i.e. citizens of Croatia and former Yugoslavia (5). Now, in the middle of the war events, CHS was faced with at least two complex problems: first, to organize Croatian Medical Corps and efficient medical care of wounded soldiers at the front line; second, to take care of enormous population of refugees and displaced persons (1). Therefore, an urgent transformation of CHS and its medical staff had to be undertaken in order to cope with the mentioned problems.

Medical service in YFA was organized according to military needs – it had necessary vehicles, helicopters, military hospitals and plenty of medical supplies. Unlike CHS, it was prepared for the war and adjusted to the war circumstances.

When I arrived to the 2nd battalion of the 149th brigade of Croatian Army (CA) in December 1991, it was preparing to take positions in Nova Gradiška region. In that region our forces were facing the Banja Luka Corps which was heavily armed with tanks, transporters, and artillery. Nova Gradiška, a town in western Slavonia, is situated near the Zagreb-Belgrade highway. It was a vital strategic point in the Croatian defense.

As a physician of the 2nd battalion, I was appointed to a post of a commander of medical squad, and had to

organize battalion's medical service. In order to do that, I met a number of problems: medical equipment and supplies, trained personal and vaccination.

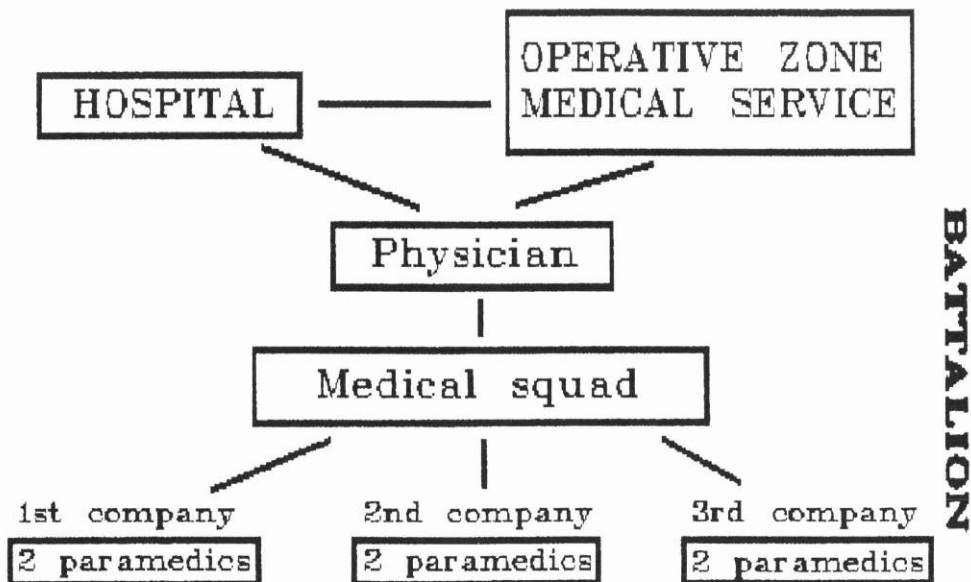
Medical Equipment and Supplies

Two vehicles were on our disposal: both of them were lorries of the »traffic« class. One had five seats, three ahead (in the cabin), and two in the back; another had only three seats ahead. We adjusted both vehicles to be improvised ambulance cars. Necessary facilities were put in; stretchers, first aid bags, plasma expanders, ambumusks, immobilization set, emergency drugs ect (3,8).

Then we checked the first aid bags of soldiers-paramedics in the companies and paramedics in my squad. Some first-aid bags were very well equipped, whereas in some bandage material had to be added.

We were well supplied with drugs because of donations which arrived in Croatia from various countries. However, since most of the drugs were of the German origin, I found quick-reference pharmacological books and the instructions for use and dosage in drug packages very useful. One case with urgently needed drugs was prepared: anti-shock set, strong pain-killers, plasma expanders, anti-allergic drugs, antiarrytmics, diuretics, anxiolitics ect (4,6,7,8). Several others we supplied with antibiotics and all other kinds of drugs (8). During our stay at the front line, the hospital in N. Gradiška proved to be our regular and very helpful drug supplier.

FIGURE 1
 Organization of the battalion's medical service
 SLIKA 1.
 Organizacija bataljunske medicinske službe



Personal

Members of the medical squad were soldiers who had passed medical training in the former YFA. Many of them did it ten years ago. Except one medical technician who worked at the first-aid station in Zagreb, others were not professionals. The same held for soldiers-paramedics in the companies. It was obvious that all

paramedics (except mentioned medical technician) needed a refreshing of skills and knowledge of the first aid. This was done after we returned from N. Gradiška, during the first-aid course at the Zagreb Medical School.

The medical service of the battalion was organized in the following manner

(Fig.1): each of the companies had two paramedics

FIGURE 2
 Aggressor's favorite target: a church
 SLIKA 2.
 Omiljeni cilj agresora: crkva



who took care of their soldiers; medical squad of the battalion was divided in two groups of three members each (two paramedics and a driver), and organized in day-and-night shifts in one of our improvised offices; one driver and a paramedic were on a disposal of the battalion's physician, together with another vehicle. We were in a constant contact with the hospital and the medical service of the N. Gradiška Operative Zone.

Vaccination

One of the necessary steps before going to the front line was to vaccinate every soldier and officer in the battalion against tetanus infection. This was done in two days time. Some soldiers had cold or other minor health problems, so they were vaccinated when we arrived to N. Gradiška. All soldiers were also given ten tablets of »Izosan« for water decontamination and one first aid bandage.

THE FRONT LINE

The companies of the battalion were situated in three different places. The 1st company was to patrol the road between three villages around N. Gradiška which was of vital importance for ammunition, food and water supply of our forces. The 2nd and the 3rd company were placed in two other villages at the front line (Figs. 1, 2,

3). For obvious reasons, the names of the places are omitted.

One of our ambulances was with the 3rd company twenty four hours a day, and I used another, as previously described, for every day visits to the troops (Fig. 4). Additional ambulances of the Operative Zone were situated near-by for any help needed. Since the companies were located in different places we made every day hundred kilometers or more.

Luckily for us, a cease-fire agreement signed in Sarajevo in January 1992, unlike other cease-fires, was so far the most effective one. Despite every day light arms shooting (heavy artillery attacks almost stopped) in three weeks time only one soldier was killed, and two others were wounded.

The Case of Late B.F.

The passed soldier was killed by a tank-shell fired at one of the houses in the village where the 2nd company was situated. He has just returned from the battle positions and was incautiously wondering through the house while the rest of his squad was in the shelter. The grenade hit one corner of the house and caused multiple injuries on soldier's abdomen, lower extremities, left arm and head. He was immediately dead after the grenade exploded.

FIGURE 3.
Terrible consequences of the war: a non-existing house
SLIKA 3.

Strašne posljedice rata: nepostojeća kuća

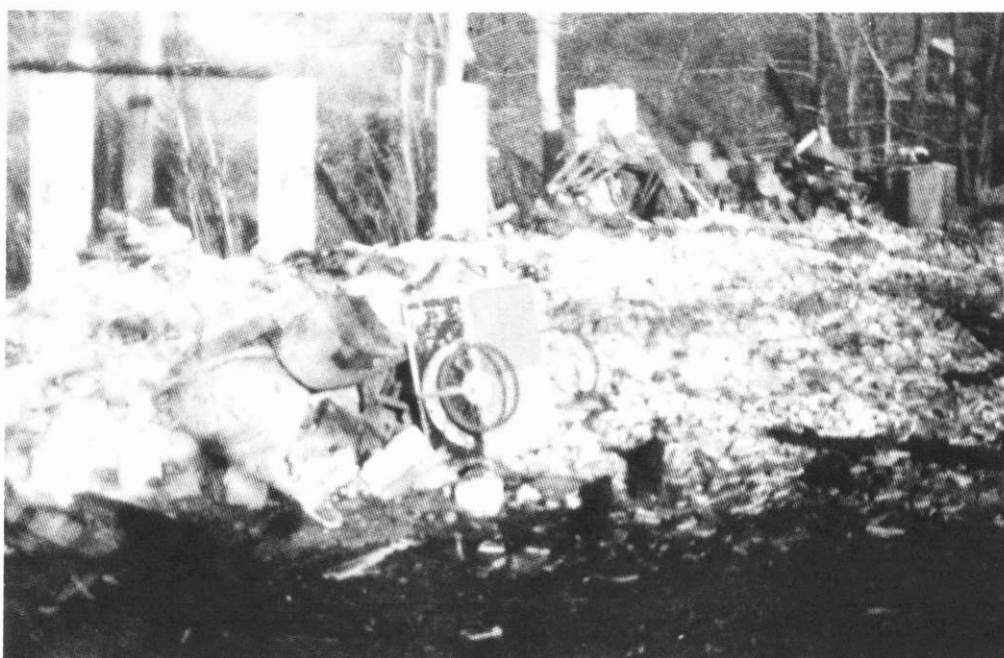


FIGURE 4.
A deserted village with hungry cattle wandering around
SLIKA 4.
Gladna stoka luta napuštenim selom

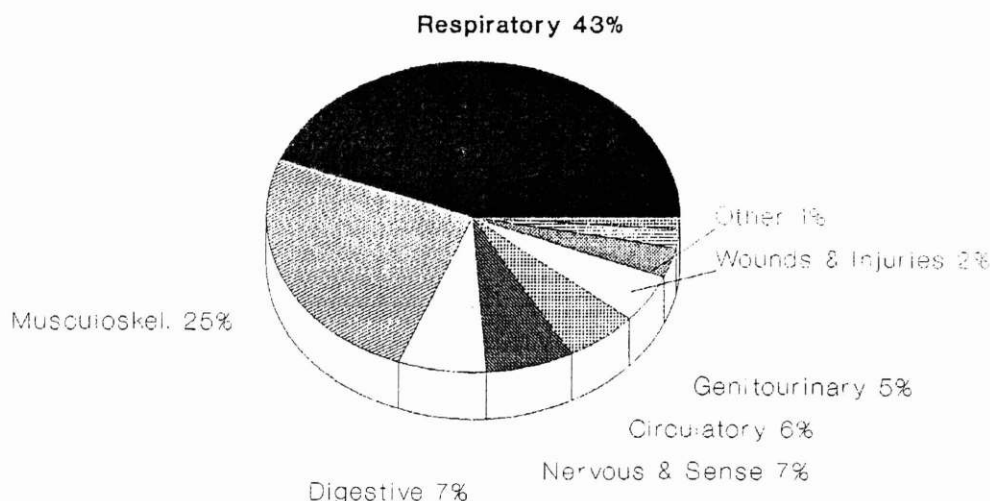


FIGURE 5
Members of the medical squad (from left to right): Zdenko Žumbar, the author, Milan Mihaljević, Damir Rogina
(squatting) and Zoran Bjelopetrović
SLIKA 5.

Članovi medicinske ekipe (slijeva udesno): Zdenko Žumbar, autor, Milan Mihaljević, Damir Rogina
(čući) i Zoran Bjelopetrović



FIGURE 6
Common diseases in the battalion (%)
SLIKA 6.
Najčešće bolesti u bataljunu (%)



The Two Wounded Soldiers

Both of the soldiers were wounded by automatic rifles in lower extremities. One had multiple injuries of the both legs. Fortunately, bullets passed through muscles leaving bones and bigger arteries intact. Only a tibialis posterior was disrupted. After the first aid treatment (stopping of bleeding, immobilization and pain reduction), (2) he was transported to the hospital in Slavonski Brod, where a reconstruction of the artery was done. The other soldier was hit in the right foot. The bullet passed peripherally causing minor injury of the skin and muscles on the outer side of the foot. After the first aid, he was transported to the hospital in N. Gradiška.

Other Diseases

As for other diseases, respiratory infections prevailed (Fig. 6), which was to expect because of the winter period and soldiers holding their positions in shafts and earth-cabins. Next most common diseases were musculoskeletal disorders, including several cases of severe lumboishialgia and knee distensions.

Diseases of the digestive tract included gastritis and ulcer reactivation which could be connected to stressful war circumstances. Despite bad hygienic conditions, only individual cases of alimentary intoxication could be recorded. As far as the nervous and sense diseases are concerned, two soldiers had epileptic attacks (grandmal type) and were transported to the hospital in N. Gradiška after an urgent anti-epileptic treatment. Few patients suffered from high blood pressure, and one had tachycardia during a night enemy attack. Among geni-

tourinary diseases, two acute cases of cystitis were recorded and one case of urolithiasis. A number of soldiers had mycosis of the feet, and two cases of scabies were also noted.

CONCLUSION

Front line physicians and their medical squads play important role in taking care of the wounded and ill soldiers. Being in every day contact with the troops, their task is not only to cure patients, but also to give them a strong moral support. Front line physicians have to organize medical service in companies and battalions looking for adequate transport means, medical equipment and material. They have to take care of hygienic conditions, water decontamination and appropriate food supply. They should also establish close contacts with hospitals and other medical institutions behind the front line which are vital for an efficient and urgent treatment of the wounded and injured.

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Sažetak

RATNI DOGAĐAJI U NOVOJ GRADIŠKI: IZVJEŠĆE LIJEČNIKA S PRVE CRTE BOJIŠTA

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Bataljunski liječnici u domovinskom ratu sudjelovali su u prvim borbenim redovima i odigrali značajnu ulogu u pružanju medicinske skrbi ranjenim borcima. Ovaj članak opisuje organizaciju i pripreme te boravak jednog bataljunskog sanitetskog odjeljenja na zapadnoslavonskom ratištu oko Nove Gradiške. Pripreme za boravak na prvoj liniji fronte obuhvatile su nabavku medicinske opreme, lijekova i zavojnog materijala, opremanje improviziranih sanitetskih vozila i četnih bolničara kao i higijensko-epidemiološke mjere (cijepjenje, sredstva za dekontaminaciju

vode). Prikazana je organizacijska shema bataljunskog saniteta kao i njegova povezanost sa sanitetom Operativne zone i bolnicom u N. Gradiški. Opisane su najčešće bolesti koje su se pojavljivale u bataljunu u tijeku boravka na ratištu, uključivši i dva slučaja ranjavanja iz pješadijskog naoružanja kao i pogibija jednog borca od tenkovske granate.

Bataljunska sanitetska odjeljenja zajednos bataljunskim liječnikom imaju u domovinskom ratu mnogostruku ulogu; ne samo da moraju voditi brigu o ranjenicima i borcima u prvim borbenim redovima te transportirati ih do odgovarajuće medicinske ustanove, već moraju voditi računa i o higijensko-epidemiološkim uvjetima, stanju hrane i čistoći vode. Ta se odjeljenja trebaju odgovarajuće opremiti, posebice adekvatnim vozilima i sanitetskim materijalom.

Ključne riječi: medicinska ekipa, rat, medicinska služba, organizacija, bolest

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