

# The Organization of Healthcare During the Croatian Homeland War

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**I shall briefly explain how and why it came about ...**

Prof. Bodrožić addressed this issue to some extent during the introduction to his presentation. It was a matter of deception and seduction, like the one Prof. Bodrožić described in the Garden of Eden, when Eve picked a fruit from the Tree of Life and gave it to Adam, thereby changing the course of humanity. Something similar happened to Croatia, which picked such an “apple” after the end of World War I.



Hrvatska od 1918. do 1921.



YUGOSLAVIA

# HOW DID CROATIA ENTER YUGOSLAVIA AND WHAT DID IT DO THERE FOR 70 YEARS?

- **Yugoslavia** was a state composed of several southern Slavic and other nations, created in 1918 after the end of World War I with the disintegration of the Austro-Hungarian Monarchy (of which Croatia had been a part for centuries)
- On October 29, 1918, the Croatia Parliament passed a decision on the termination of all state and legal relations between the Kingdom of Croatia, Slavonia and Dalmatia, on the one side, and the Kingdom of Hungary and the Empire of Austria (K.u.K.) on the other side, and declared Dalmatia, Croatia and Slavonia with Rijeka as a completely independent state
- This state briefly became part of the newly proclaimed provisional State of Slovenes, Croats and Serbs, which, due to political uncertainties, united into a monarchy headed by the Serbian dynasty of Karađorđević on December 1, 1918, (the Kingdom of the Serbs, Croats and Slovenes was proclaimed)



# THE ROOTS OF THE WAR IN CROATIA

- The new state was an undemocratic monarchy dominated by Belgrade, Serbia and their dynasties, in which all non-Serbian peoples were denied national rights and subjected to higher taxation.
- Most financial investments were made in Serbia and nearly all the governments, ministers and generals (approximately 90%) were Serbs or Montenegrins.
- The extent of the oppression of Croatia within Yugoslavia was also evidenced by the fact that under the conditions of the Greater Serbian centralist policy, **Stjepan Radić**, one of the Croatian leading politician, was assassinated on June 20, 1928, in the heart of Belgrade, the Yugoslav Assembly, by a radical Serbian member of parliament. The assassin shot from the podium at a group of Croatian representatives, killing two representatives (Pavle Radić and Đuro Basariček) and seriously wounding Stjepan Radić, who succumbed to his wounds on August 8, 1928.
- That event created an unsurmountable breach between the Croats and the Kingdom of Yugoslavia.

# THE ROOTS OF THE WAR IN CROATIA

- In Serbia there were powerful forces who advocated for the greatest possible role of the federal state and state capital, which was then in Belgrade.
- This was not only contributed to by the larger number of Serbs in Yugoslavia, compared to other peoples, but also the spread of the Serbian people into the territories of the other republics.
- After 1945, this power was further increased by the partisan movement, in which they were more heavily represented than their share in the population structure.
- Furthermore, Serbs also held a disproportionately large share of positions in the state and political institutions than the other peoples, which was why they enjoyed numerous privileges.

# THE ROOTS OF THE WAR IN CROATIA

- After World War II, many more Croats emigrated from communist Yugoslavia than other peoples, and until 1981 made up the largest number of political prisoners.
- In the second half of the 1960s, a strong movement to strengthen federalism and democratization was launched.
- Even Tito introduced some confederal elements into the Constitution of 1974 (parity, consensus and veto), which formed the legal basis for Croatia's subsequent succession and independence.





<https://croativ.net/da-se-ne-zaboravi-raspad-jugoslavije-i-granice-novih-drzava-423/>

# THE BEGINNING OF THE WAR

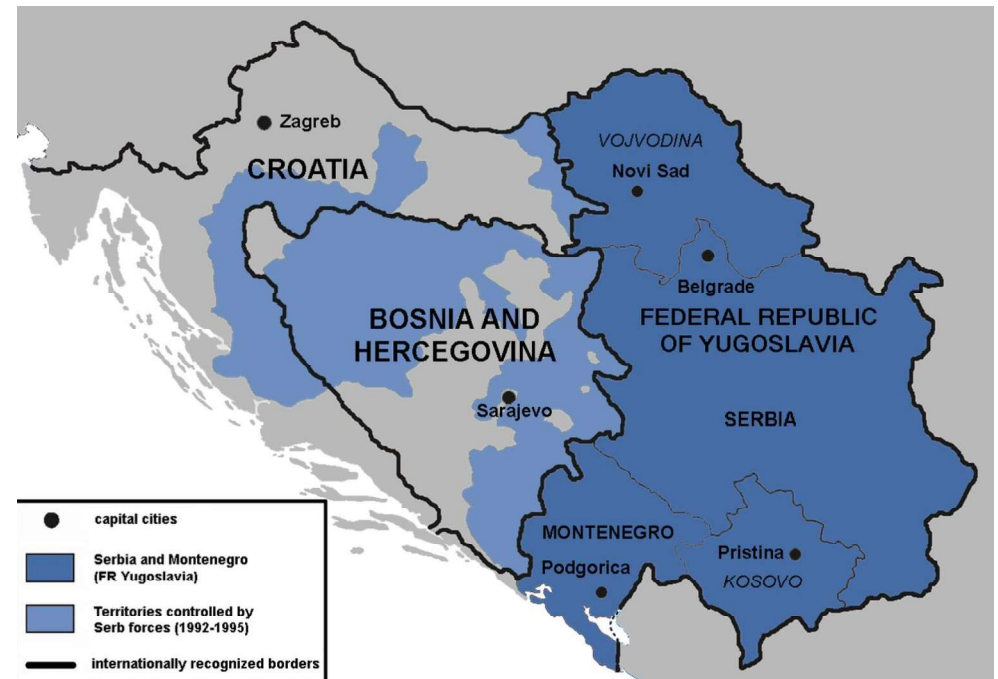
- It is difficult to pinpoint when the Homeland War started in Croatia.
- Although it's officially considered to have lasted **from 1991 to 1995**, the democratic changes that began in Croatia in 1990, the beginning of the process toward independence, prompted ethnic Serbs living in Croatia, supported by the Yugoslav People's Army (JNA) and paramilitary Serbian volunteers, to rebel.
- The so-called **Log Revolution** (rebel ethnic Serbs used logs to barricade sections of Croatian roads, thereby cutting off part of Croatian territory), broke out **on August 1990**, rendering unhindered transportation throughout Croatia, including the transport of patients, impossible.
- These events found Croatia unprepared in all segments of defense, including the healthcare.



# THE BEGINNING OF THE WAR

- In complex political circumstances (the fall of the "Iron Curtain", the collapse of the Soviet Union), on March 20, 1991, the EU took the position that the internal and external borders of Yugoslavia are immutable:
  - changing the republic's borders is possible only by mutual agreement (military achievements will not be recognized).
- Since it was not possible to reach an agreement between the Yugoslav republics, international arbitration started, that made recommendations or decisions based on international law:
  - On August 27, 1991, the EU Council of Ministers formed the **Badinter Commission** (Arbitration Commission): **Robert Badinter** (France), **Roman Herzog** (Germany), **Aldo Corasaniti** (Italy), **Francisco Tomás y Valiente** (Spain) and **Irene Petry** (Belgium).
- November 1991–January 1993, the Commission issued **fifteen legal opinions**, and the most important were:
  - Yugoslavia is disintegrated and no longer exists as a state;
  - The succession of states should be resolved by the principles of international law (respect for human and minority rights);
  - Borders between former federal units are considered state borders and cannot be changed by force;
  - The day of succession for Croatia and Slovenia is October 8, 1991.
- On December 16, 1991, the ministers of foreign affairs of the then EU adopted the **Declaration on the Guidelines for the Recognition of New States in Eastern Europe and the USSR**.
  - As an accompanying document, in accordance with the above, the **Declaration on Yugoslavia** was also accepted.

The Croatian Homeland War was  
a defensive war  
for the **independence** and **integrity** of the  
Croatian state  
against armed aggression by rebel ethnic  
Serbs  
supported by the so-called Yugoslav  
People's Army  
and Greater Serbian extremists from  
Serbia and Montenegro.



- Among the earliest victims of the war were policemen, civilians and healthcare workers.
  - Prior to independence and the Homeland War, **Croatia did not have organized armed forces** (an army)
  - The only armed forces was **Police** – only armed with light infantry weapons.
  - Although small in number, these units were highly mobile, motivated and trained to handle even the most difficult tasks.
- **Special Police units** were formed later,
- Then **the National Guard Corps**,
- Which later grew into the **Croatian Army**.

# HEALTHCARE ON THE BEGINNING OF WAR

- The Government of the Republic of Croatia was required **to reorganize healthcare**
  - in light of the newly arisen circumstances and escalation into a real war (the second half of 1991).
- On December 16, 1990, **the Crisis Headquarters of the Ministry of Health** was established, which became fully operational in May 1991.
- At the end of 1990, **a group of surgeons from Zagreb met**
  - agreed upon a system for providing surgical care and in only one month organized, equipped and trained a superb specialized wartime medical service capable of meeting the demanding requirements of providing care for police and military units.
- The reorganization was based on the **Preparedness Plan of the Republic of Croatia**
  - adopted by the Ministry of Health on August 8, 1991.

# COMMUNICATION SYSTEMS



- At the beginning of the Homeland War, the Croatian medical institutions only had classical communication systems (telephones and telefaxes) which, due to their numerous shortcomings, were unsuitable for use under wartime conditions.
- A group of experts from the University of Zagreb School of Medicine, members of the the Crisis Headquarters of the Ministry of Health, **created a special digital wireless communication system**
  - based on the AX-25 protocol and inexpensive amateur radio equipment, **in order to connect all the important medical institutions in Croatia into a united communication system.**

Mijatović D, Henigsberg N, Judaš M, Hebrang A, Kostović I. Upotreba digitalnog bežičnog sustava u zdravstvu tijekom Domovinskog rata. Prvi hrvatski kongres vojne medicine. Zagreb, 2000. Zbornik radova. Zagreb, 2001.





## Reportage

## Croatia and Bosnia: the imprints of war—I. Consequences

Richard Horton

As Serbia and Kosovo emerge from yet another European war, their people's health and the region's health care, scientific research, and medical education have been seriously damaged and disrupted. There are lessons to be learned from recent Balkan wars, lessons that might help doctors, international relief organisations, and governments to do better than they have done elsewhere during the long reconstruction period that will follow this recent savage conflict. An analysis of the medical legacies of war may also raise issues for doctors worldwide to consider as part of their role in a larger public-health community. For a week in May, 1999, I travelled to Croatia and the Croat-Muslim Federation of Bosnia-Herzegovina to meet doctors working in peace but next to war. In the first part of this essay, I briefly survey some of the medical consequences of the Croatian and Bosnian conflicts. In the second part, to be published in the June 26 issue, I consider plans for and limitations to restoration, and try to identify possible opportunities for prevention of the adverse health effects of war in a newly enlarged Europe.

*Zaklela se zemlja raju da se tajne sve saznaju* (The earth swore to heaven that all its secrets would be revealed).

The dispute in the Balkans has had a long and troubled gestation—more than 1000 years—and the 20th century has witnessed its extraordinarily nasty and bloody climax. Violence has halted almost every step the region has made towards democracy.

One extreme but important example: Stjepan Radic, the founder of the Croatian People's Peasants Party and a man who fought for Croatian independence, was fatally wounded in Belgrade's parliament on June 20, 1928. Punisa Racic, a Serb nationalist politician, had insisted that Radic be thrown out for his increasingly extravagant insults (Radic had described the ruling Serb radicals as cattle). Racic claimed that Serbia was in great danger from belligerent

united Croatia and its complete independence, but will also provide for all people a better education and general social progress". It took another 64 years after his death for this objective to be achieved. His political path was blocked by the sort of internecine nationalist disputes that have dominated the region for six centuries. These stories of betrayal still scar the Croatian heart, and they remain symbols of the country's struggle for peace and stability.

Radic now appears on the brown worn paper of the 200 kuna banknote. But the memories of these struggles, which have continued to the end of this century, are more than symbolic.

**War and health**

Tensions among the Croatian people rose in August, 1990, with a minor, almost trivial, clash between Serbs and Croats in the



Figure 1: Croatia, Bosnia-Herzegovina, and its environs. Bosnia and Herzegovina, divided into the two provinces of Republica Srpska and Croat-Muslim Federation of Bosnia-Herzegovina.

The earth swore to heaven that all its secrets would be revealed.

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*There are lessons to be learned from recent Balkan wars, lessons that might help doctors, international relief organizations, and governments to do better than they have done elsewhere during the long reconstruction period that will follow this savage conflict.*

*An analysis of the medical legacies of war may also raise issues for doctors worldwide to consider as part of their role in a larger public-health community.*



Figure 2: **Vukovar's school today, destroyed and filled with anti-Croat graffiti**



Figure 6: **Mostar's Croat-Muslim front line, now peaceful**



Figure 3: **The hospital administration building of Vukovar hospital, which remains in ruins**

# CONSEQUENCES OF THE WAR

- The culmination of the exile crisis was in 1991 after the fall of Vukovar, when there were 550,000 exiles in Croatia and another 150,000 refugees abroad.
- **The social welfare system of the Croatian government took care of the exiles through the Office for Exiles and Refugees.**
- **Starting in mid-1992, it also cared for refugees from Bosnia and Herzegovina.**
- **In addition to significant humanitarian aid from abroad, the costs of caring for the exiles and refugees were for the most part borne by the Croatian state and citizens.**

# BOND WITH BOSNIA AND HERZEGOVINA

- Throughout the war, Croatian healthcare personnel provided assistance not only to Croatian soldiers and civilians
  - but to the wounded and the population of the **occupied parts of Croatia**,
  - as well as **neighboring Bosnia and Herzegovina**, not infrequently on the enemy side.
- With the approval of the United Nations, the Croatian Air Force was assigned to organize **airlifts for the evacuation** of patients and the wounded from besieged Croatian enclaves in the region of Central Bosnia.
  - The largest number was then hospitalized at the Split University Hospital, as well as in other Croatian hospitals.

Stipančević H, Mustajbegović J. Zračni prijevoz bolesnika u ratu (Operacija evakuiranja pacijenata iz Kiseljaka i Nove Bile 1993. – 1994.). Prvi hrvatski kongres vojne medicine. Zagreb, 26. – 28. 10. 2000. Zbornik radova. Zagreb, 2001.

## Reportage

## Croatia and Bosnia: the imprints of war —II. Restoration

Richard Horton

“Europeans are coming to resemble one another more and more . . . an essentially supernatural and nomadic type of man is slowly emerging, one that is distinguished, physiologically speaking, by having a maximum of adaptive skills and powers.”—Friedrich Nietzsche, *Beyond Good and Evil*

In the thick of the Bosnian war, Ivan Bagaric, a doctor, a former member of the Bosnian parliament, and in 1993 chief commander of the health section of the Croatian Defence Force of Bosnia-Herzegovina, wrote a memorandum to the Spanish battalion of the United Nations Protection Force (UNPROFOR). It read:<sup>1</sup>

“Republic of Bosnia-Herzegovina  
Croatian Community of Herceg-Bosnia  
HVO [Croatian Council of Defence]  
Department of Defence  
Health division  
No: 02-5/1-570/93  
Mostar. 16.09.1993

**Request**

Hereby we are kindly asking you to be the interface in our offer to the Muslim side for the accommodation and medical treatment of civilians—especially women and children—in the war hospital of Mostar as well as the other HVO hospitals. To the ill and wounded persons of Muslim nationality we guarantee the same treatment and healing as for our civilians and wounded persons. We propose that our work is controlled by the International Committee of the Red Cross, European Community, and UN observers. We are doing this for only one reason, which is a humanitarian reason, so we kindly ask you not to read anything political into this request. With respects, Assistant to the Chief of Defence, Department of Medicine and Health Care, Dr Ivan Bagaric”.

UNPROFOR did not reply.

Bagaric’s difficulty was that Bosnia had only three large hospitals—in Sarajevo, Tuzla, and Banja Luka. The first two were in Muslim-held territory and the third was under Serb control. The one remaining moderately sized hospital for Croatians was in Mostar. From almost

Bagaric had good reason not to seek reconciliation on the battlefield. On April 12, 1992, his brother—married and a father of two children—was killed during an attack by Serb tanks on the town of Suica. Bagaric blames the war, not Serbs, for his brother’s death. His work has propelled him, at the age of 37 years, into the role of special adviser to Bozo Ljubic, the Croat-Muslim Federation’s Minister of Health.

**Health care for an uncertain future**

Minister Ljubic is a slight figure and, on the day I met him, he was in an oppressively sombre mood. A former professor of orthopaedic surgery in Sarajevo and once director of Mostar’s largest hospital, his task now is to steer health care in the Federation through the administrative checks and balances of the Dayton Accord. Ljubic was open about the Federation’s prospects. He admitted that Dayton “is not a stable political settlement” and that the country’s policies are “very often imposed by international factors”. He believed that the new Croat-Muslim Federation did not work. “Is it ungovernable?”, I asked. “Yes”, he replied, “a lot of laws are unimplementable”.

The most important tasks Ljubic identified were health financing and rebuilding the country’s broken health-care system. His main difficulty was with regard to the division of the Federation into semi-autonomous cantons, each of which has its own parliament and Minister of Health.<sup>2</sup> Coordination across the region is almost impossible. Doctors and the hospitals they inhabit are not divided equally between regions (rural areas have especially poor services). The future is uncertain because Dayton handed over responsibility for the Federation’s economy to the World Bank. In return for monetary loans, the Bank is demanding cuts in subsidies on welfare and health. If the Federation’s government refuses to comply, the Bank is authorised to stop credit and end aid. That’s blackmail, I suggested. “Yes”, Ljubic replied. He believes that in the

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Republic of Bosnia and Herzegovina

Croatian Community Herceg-Bosna HVO. Croatian Council of Defence  
Department of Defence Health division

No: 02-5/1-570/93. Mostar, Sep, 16, 1993

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**UNPROFOR did not reply.**

# CONSEQUENCES OF THE WAR

- Taking into account the disproportionate military superiority of the aggressor, initial projections **predicted** approximately 10,000 dead and 30,000 wounded.
- The scale of the warfare was much greater than anticipated lasting a full 4 years.
- By the end of the Homeland War in 1995
  - **Over 12,500 persons died on the Croatian side,**
  - **1,030 are still considered missing,**
  - **Over 33,000 persons were injured (30% were civilians).**
- A total of 183,526 residential buildings were damaged or destroyed.

# CONCLUSIONS

- Croatian war medicine, created under the **exceptionally difficult circumstances** of the aggression against the Republic of Croatia, went through a specific path of development.
- In the beginning, its core was made up of **patriotic, highly motivated individuals** (physicians, nurses, technicians , ambulance drivers...), mostly without any previous specific wartime or military experience, poorly equipped, without adequate transportation, means of communication, etc.
- Relying on civil healthcare institutions (integrated healthcare system), **a multi-level healthcare system gradually developed** (adapted from NATO doctrine), from the front lines of the battlefields to clinical hospitals and centers for rehabilitation.
- This staged method of providing medical care **produced exceptionally good healthcare results** for the injured members of the volunteer units and civilians.



# CONCLUSIONS

- In comparison with other countries with similar wartime experiences, **there was no significant deterioration in the health of the armed forces of the Republic of Croatia or major epidemics during the Homeland War in Croatia**
  - with the exception of hemorrhagic fever with renal syndrome in 1995 (Dinara, Mala Kapela, western Slavonia).
- This is first of all **thanks to the efforts and self-sacrifice of the healthcare workers in the integral healthcare system** of the Republic of Croatia.