

Care for the displaced and refugee children during the war in Croatia

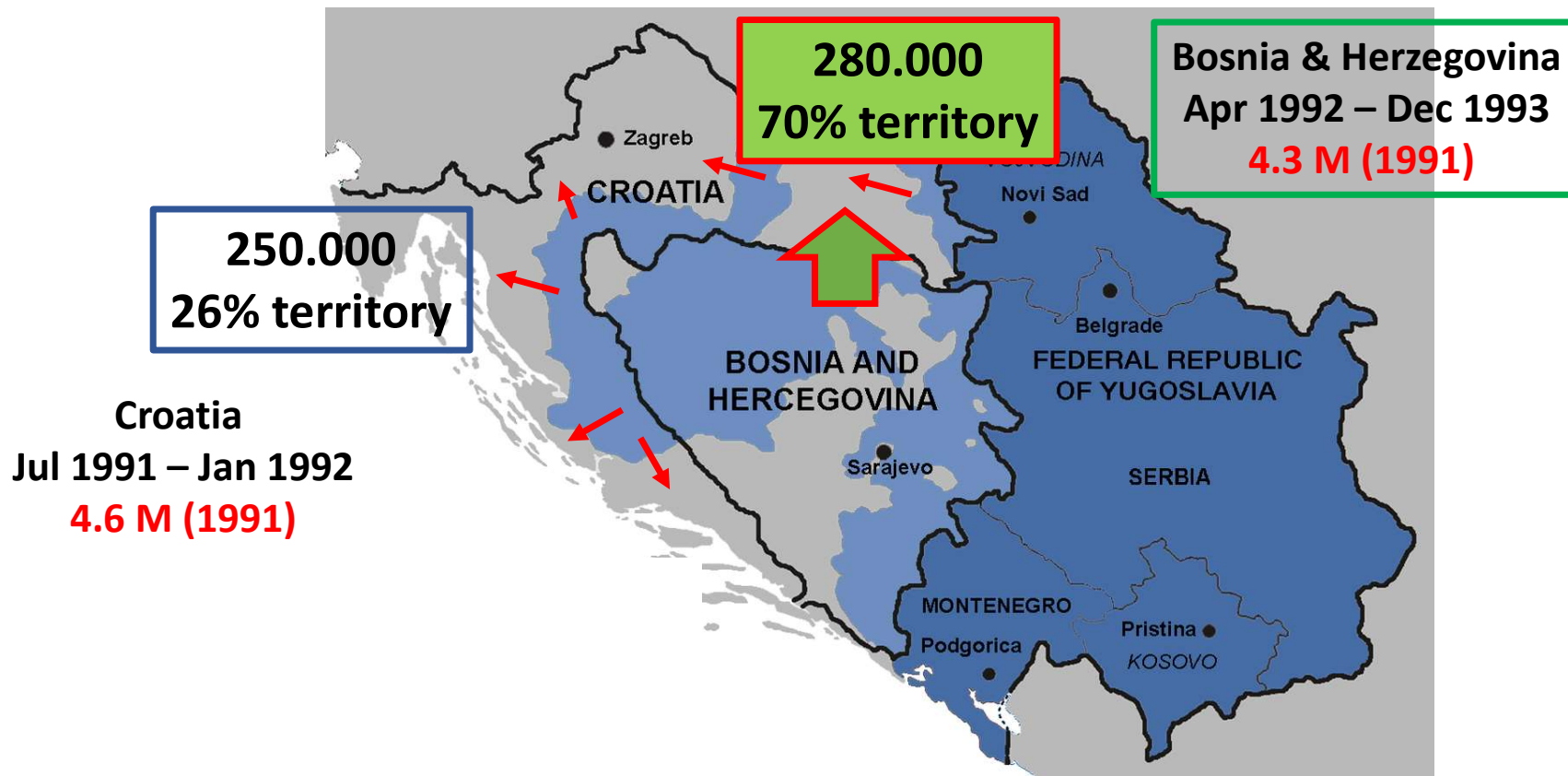
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Territorial changes and population shift 1991-1992



- The war in Croatia started soon after the declaration of Croatian independence on 25 June 1991. The most fierce fighting lasted from July to December. The interim result was the occupation of 26% of Croatian mainland territory **and displacement** of 250.000 persons to the free territory. The Serbian dominated Yugoslav Army was at the same time expelled from almost all of its barracks and establishments on the free territory. **In April 1992** the Serbs started the war in Bosnia Herzegovina which within a few months resulted in **Serbian domination** over 70% of territory, displacement of an estimated 2.000.000 people **of which** 280.000 flooded into Croatia.

Children victims of war 1991-1995

General

- 4,6 M (1991 census)
- **Serbs: est. 400.000 on the occupied territory + 250.000 on free territory**
- 22.192 (of whom 15.007 soldiers) killed
- ~ 30.000 wounded
- ~ 10.000 missing (~1.500 still missing 2024)
- **250.000 internally displaced**
- **+ 280.000 refugees from B-H**
- TOTAL: 530.000 disp./refugee persons**

Children

- 1,1 M children 0-18 yrs (23%)
- **est. 60.000 Serbian children remaining on the occupied territory**
- 265 killed (1.2%)
- 957 wounded (~ 2.4%)
- 323 missing (~ 3.2%)
- 74 lost both / 5724 lost 1 parent
- **90.000 internally displaced (36%)**
- **+ 157.000 refugees from B-H (56%)**
- TOTAL: 247.000 displ./refugee children (47%)**

- HirsI V. Children: victims of war in Croatia. Zagreb: Institute for Mother and Child Health 1993. Memo 18.
- Office for the victims of war: Data on the number of casualties in the homeland war. Zageb, Dec 3, 1993
- Office for displaced persons and refugees. Facts regarding the number of displaced persons and refugees. Zagreb, Dec 22, 1993
- Richter D. Croatian experience on the care for the displaced and refugee children. **Croat Med J 1994; 35: 8-11.**

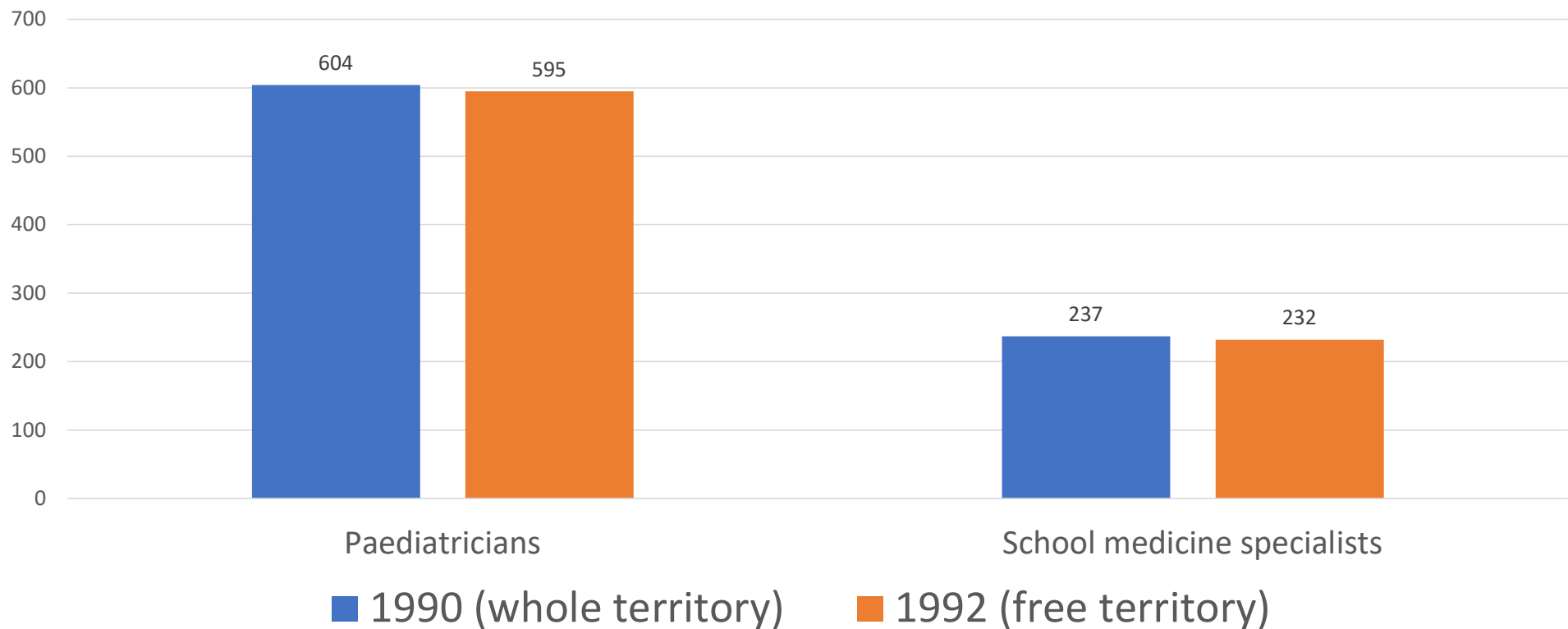
Health care facilities

- Prewar: **237** health care facilities (hospitals, health centers, primary care clinics)
- **17** on the occupied territories
- **14** on the free territory destroyed
- **13%** health care facilities out of use



▲ Fig. 1: Map of Croatia during the war.

Number of paediatricians (0-6 yrs) and school medicine specialists (7-18 yrs) in 1990 & 1992: all doctors moved to the free territory

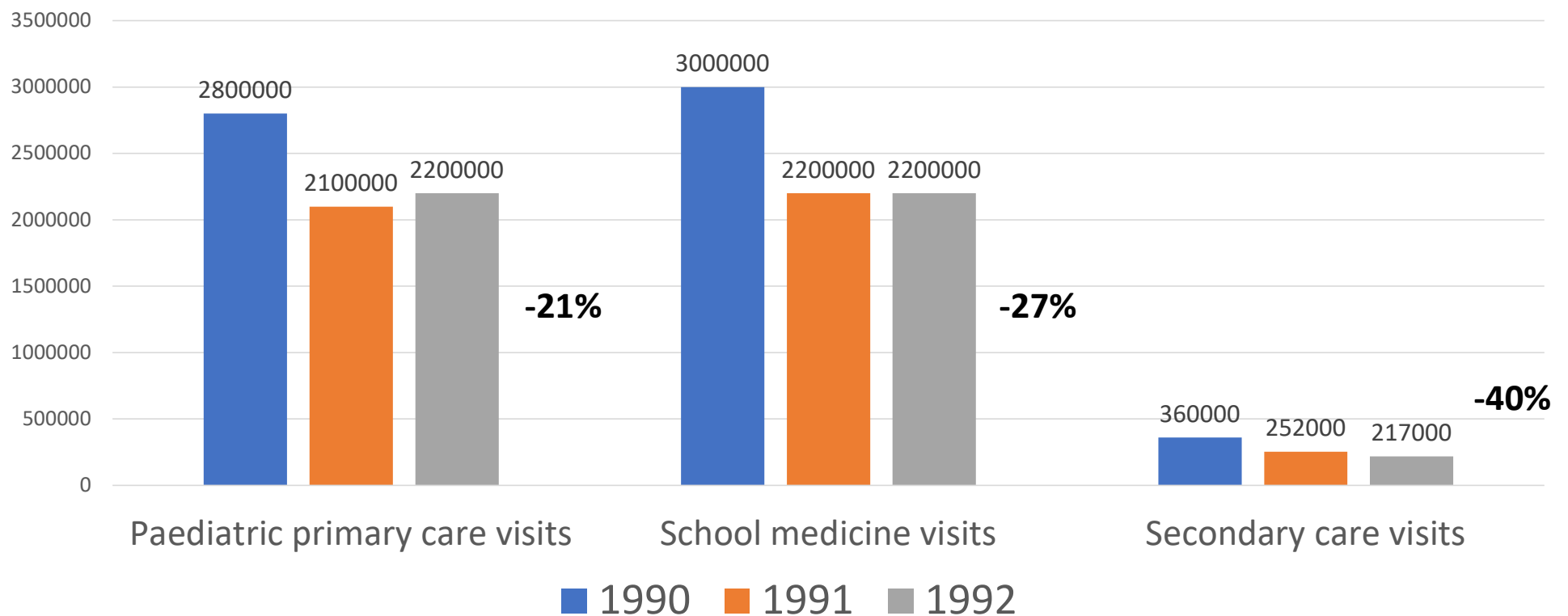


- Croatian National Institute of Public Health. Report on the state and activity of the health system of the Republic of Croatia in 1992. Zagreb: 1993.
- Richter D. Croatian experience on the care for the displaced and refugee children. *Croat Med J* 1994; 35: 8-11.

Increase in the number of children per paediatrician,
1990. → 1992.

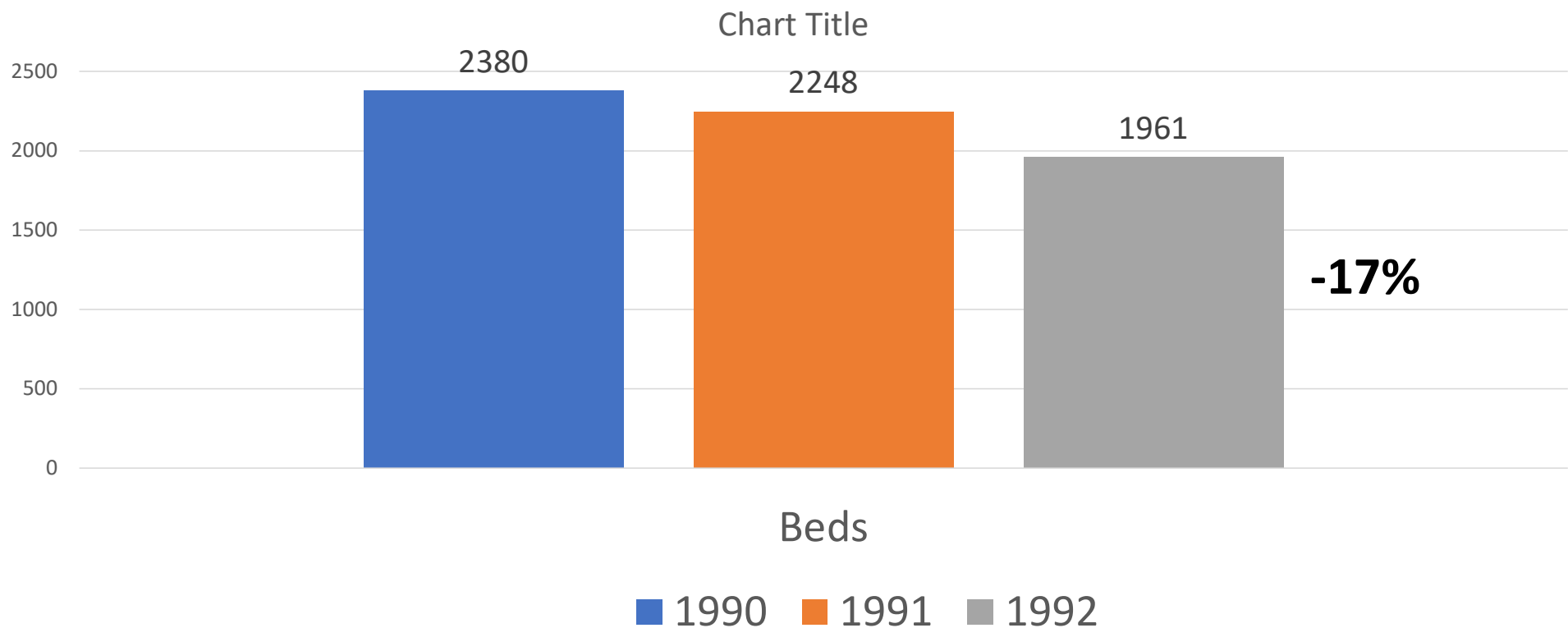
1 : 1350 → + 80 → 1 : 1430

The number of paediatric ambulatory visits declined by 21%, and school children and adolescents visits by 27%. The subspecialist care visits decreased by 40%. This can be interpreted as prioritization, by parents, in the chaotic war circumstances, of needs different than the standard medical visits.



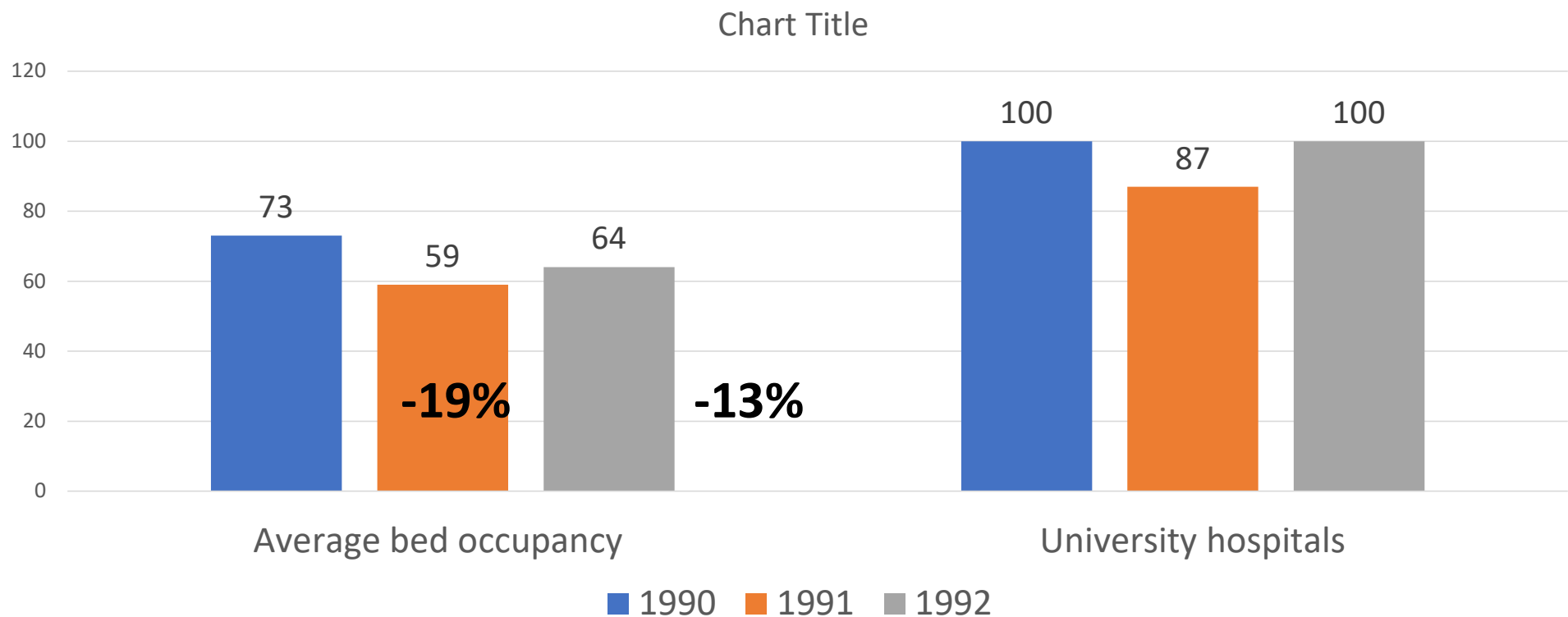
- Croatian National Institute of Public Health. Report on the state and activity of the health system of the Republic of Croatia in 1992. Zagreb: 1993.
- Richter D. Croatian experience on the care for the displaced and refugee children. *Croat Med J* 1994; 35: 8-11.

The number of hospital beds in general hospitals was down by 17%. This was the result of elimination of health care facilities due to occupation or military demolition.



- Croatian National Institute of Public Health. Report on the state and activity of the health system of the Republic of Croatia in 1992. Zagreb: 1993.
- Richter D. Croatian experience on the care for the displaced and refugee children. *Croat Med J* 1994; 35: 8-11.

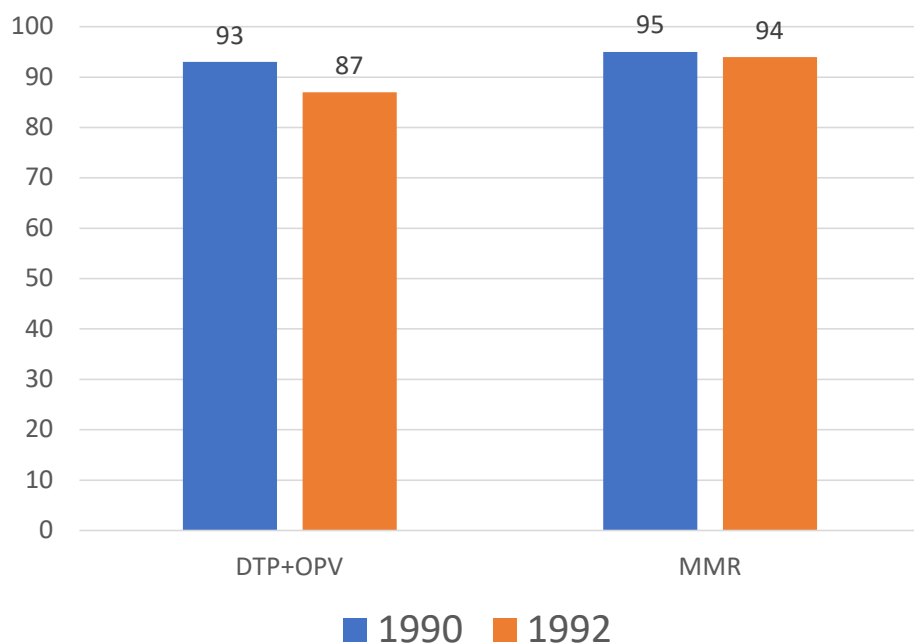
The occupancy of general paediatric hospital beds declined by 13% relative to 1990. However, the paediatric bed occupancy rate in the university hospitals remained the same indicating that the need for highly specialized chronic medical care was not deprioritized by other child needs during the war circumstances.



- Croatian National Institute of Public Health. Report on the state and activity of the health system of the Republic of Croatia in 1992. Zagreb: 1993.
- Richter D. Croatian experience on the care for the displaced and refugee children. *Croat Med J* 1994; 35: 8-11.

Immunization coverage was maintained. Although there have been increased numbers of dysentery, typhoid fever and Group A streptococcus infections, there were no major outbreaks and not a single death was recorded due to these diseases.

Immunization coverage (%) 1990/1992



Infectious diseases 1992

- Increased numbers of:
 - dysentery
 - typhoid fever
 - strep A
- BUT, no major epidemic
- AND, not a single death outcome

• Baklaić Ž, Ljubičić M, Benić N et al. Public health service in Croatia during the homeland war 1991/92. *Croat Med. J* 1993;34:197-202
• Croatian National Institute of Public Health. Report on the state and activity of the health system of the Republic of Croatia in 1992. Zagreb: 1993.

Differences between resident and refugee children in the Emergency department

Dept. of Paediatrics Univ. Hosp. Center (Nov-Dec 1992)

134 children 12 days – 14 yrs	Resident (81%)	Displaced / refugee (19%)
Symptoms quoted	3	1,5
URTI	46%	31%
LRTI	15%	23%
GI disease (gastroenteritis)	9%	15%
Skin infection	7%	15%
UTI	7%	8%
Correct diagnosis anticipated	60%	73%
Admitted	12%	38%

- In the hospital emergency departments (ED) the refugees presented with problems indicating poorer hygiene and apparent longer delays before turning up for help as can be seen by increased lower respiratory infections, while and increased gastrointestinal and skin infections were probably linked to poorer living conditions. **The urinary tract infections** which you would anyway not expect to differ due to war shocks, was comparable between the two sets of children. **However, the parents of refugee** children seemed to have a more focused motive for the emergency visit and were better able to identify the health problem. At the end, a significantly greater proportion of refugee children were admitted for hospital treatment. The 12% admission rate in the resident group was then and is still today the average admission rate among children seen in ED.

Organized activities covering all children on the free Croatian territory

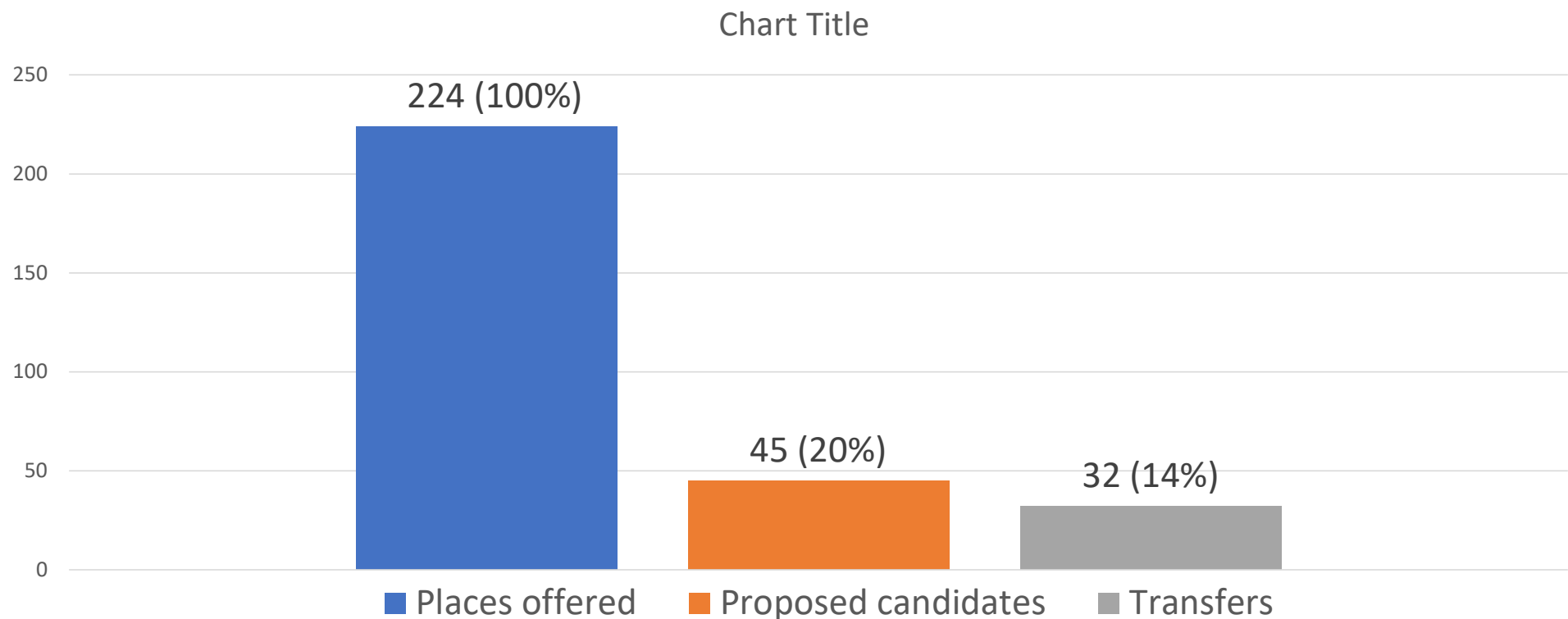
- Committee for the Coordination of the Relief and Health Care for Children in Exceptional Circumstances
- „Save the children of Croatia” – finding sponsors for close to 4000 children who lost one or both parents
- Specific programs: cardiac surgery; treatment abroad

- Program for providing minimum nutritional and health care requirements for children in Croatia. Zagreb: Committee for the Coordination of the Relief and Health Care for Children in Exceptional Circumstances, 1993.
- Stojnić E, Bosanac V, Grgurić J et al. The war and the child – 4th Symposium on social pediatrics. **Paediatr Croat** 1993;**37:45-49**

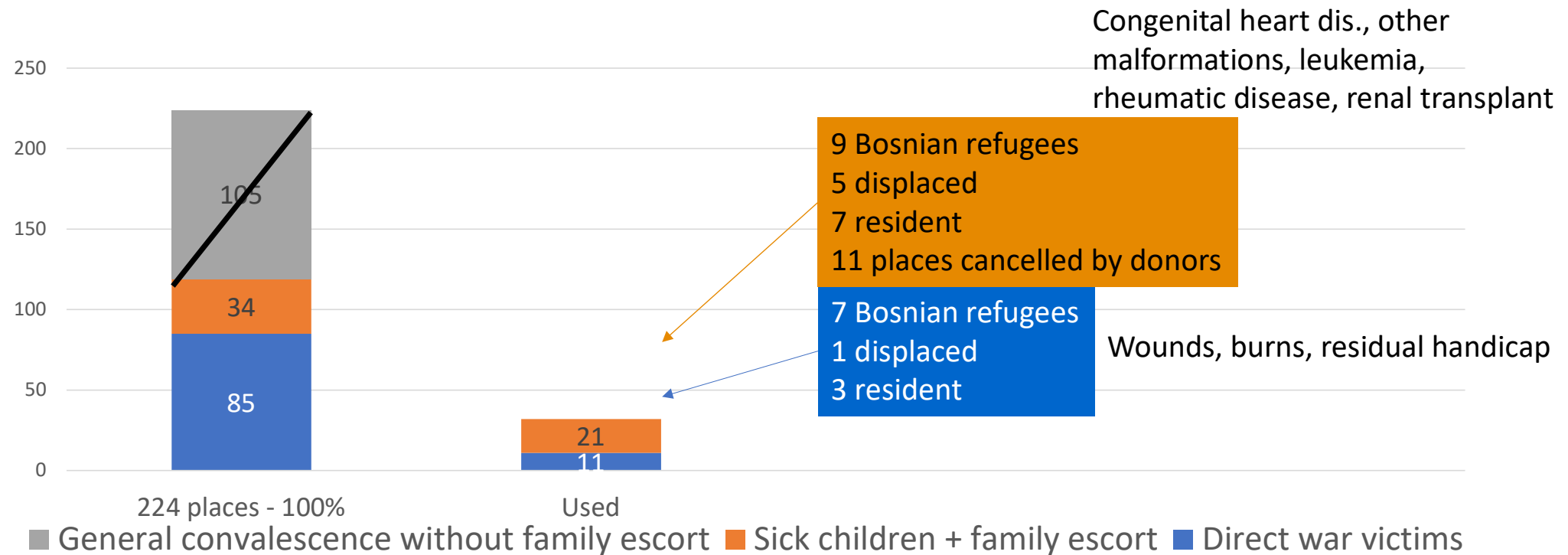
The paediatric cardiac surgery program was started in 1993 and sponsored by the International Children's Heart Foundation from the USA. The chief protagonists were cardiac surgeon William Novick and the paediatric cardiologist Ivan Malčić. The sponsored program was implemented during the war years 1993-1995, with significant results, and was prolonged beyond the end of the war until local paediatric surgery team was fully and autonomously operative.

- **International Children's Heart Foundation (Memphis, Tn, USA)**
- William M Novick, Univ. Of Tennessee, Memphis Tn., USA
- Prof. Ivan Malčić, Head Dept. Of Paediatrics, chief Paediatric cardiology, Univ. Hosp. Center Zagreb
- **Sponsored program: 1993 – 1995**
- **11 visits – 151 congenital heart surgeries**
- Mortality 11%
- Continuation 1995 – 2003: 450 congenital heart surgeries
- Establishment of local paediatric cardiac surgery

For treatment abroad there were 224 places for paediatric medical and surgical treatment offered by various charitable organizations. However, candidates could be proposed for only 20% of the posts, and eventually only 14% transfers were realized. What went wrong here?



In the first place, 115 posts were offered for general convalescence of children **without** family escort. This was **flatly refused by all families** that we approached. Next, 85 places were offered for surgical care of direct war victims. Most such cases have been cared for locally and eventually only 11 children were transferred for this type of treatment. Finally of the 34 places offered for chronically ill children, 21 were eventually used. Following these transfers, all Bosnian children remained in foreign countries where they received the treatment, and all Croatian children returned home.



IN CONCLUSION

- The foreign humanitarian effort has largely missed the target. Instead of the expected massive cataclysmic events attractive for media diffusion, there was the need to maintain the highly specialized medical and surgical care such as transplantation, cardiac surgery, and treatment of malignancies.
- **This was for the most part accomplished by the Croatian health care system aided by several exemplary foreign humanitarian projects.**