

Chapter 6: The Devastation of Osijek and the Smoldering Ashes of Vukovar

Although I continued to participate in the aftermath of the Vocin slaughter, I still had to complete my investigation of the alleged poison gas attacks and evaluate Croatia's medical facilities for the Foreign Press Bureau. To this end, I went to the Western Slavonian city of Osijek. Because Osijek was in the very heart of the war zone I had to receive permission to travel there from the highest levels of Croatia's military authorities. General Ivan Prodan, Chief of Medical Services of the Croatian Armed Forces, personally gave me the green light and a *carte blanche* pass at his headquarters located in the bowels of Zagreb's main soccer stadium. During our meeting I took advantage of General Prodan and had a dialogue with him about the goals of my mission.

A great deal of territory that encompassed the main highway linking Zagreb to Osijek was in Serbian forces hands. To avoid the battle lines while crossing the scant 110 miles that separated the cities, we drove circuitously for six hours, skirting the Hungarian border and military barricades, passing through checkpoints and villages reduced to little more than rubble. When we finally arrived, the city was under heavy artillery and air attack. Serbian forces occupied all the land and towns immediately east, north, and south of Osijek.

From the very onset of hostilities in June, 1991, the city had been subjected to almost incessant artillery and air attacks. Just as everybody thought things couldn't get worse, the attacks markedly intensified after the nearby city of Vukovar fell on November 20. One international news source said the shells rained on the town's center one-per-minute. The citizens of Osijek huddled together in air raid shelters and basements under what had once been a charming, bustling city of 120,000 inhabitants, with a distinctly Austrian architectural influence. The incessant shelling of apartments, schools, hospitals, and churches appeared systematic and planned because Osijek had no military targets. The theater, a typical example of the Viennese ornate period, was destroyed; the multistoried Hotel Osijek by the Drava River had become a burnt out hulk.

When I'd visited Osijek in mid-1992 on another mission, I was among the first guests in that same hotel. The management had repaired the first four floors to make the hotel habitable and was in the process of repairing the upper stories. In June, 1995, when I was once again in Osijek, the hotel repairs had been completed without a trace of the previous destruction. But the drapes had to remain drawn since the hotel was still within sniper range of the Serbian positions across the river. The theater had been totally restored to its former grandeur. After the Croats were able to secure the northern banks of the Drava, they rebuilt the destroyed bridge that spanned the river. Rather than bemoaning the massive destruction and their plight, the citizens of Osijek remained optimistic for the future of Croatia. Despite having found themselves at the vanguard of the battle lines, they undertook a rehabilitation and rebuilding campaign that has set an example throughout war-ravaged areas of Croatia.

Osijek's General Hospital, the largest hospital close to the battle lines, was 80% destroyed. Although almost completely gutted by rockets and heavy artillery blasts, it continued to function. From the very first days of the conflict, all medical and surgical care was conducted in a maze of tunnels beneath the hospital that doubled as an air raid shelter. The situation was similar in hospitals of Vukovar, Vinkovci, and other Croatian towns and cities near the front lines. The occupied hospital beds were jammed together like sardines and filled all available space. Despite the overcrowded conditions, the patients received exemplary care. Quality was never compromised. The physicians managed to keep the postoperative mortality rate at 2.95%. They achieved a phenomenally low rate of 1.7% wound infections.

In addition to caring for patients with so-called mundane diseases like heart attacks, ulcers, or diabetes,

Osijek Hospital admitted and treated 4,545 war victims between May 2, 1991, and November 1, 1992. According to Jonos and Lovric in a Croatian Medical Journal report, 56% were injured by shells or mines. After heavy bombardments bloodied and wounded patients lined the dimly lit hospital corridors waiting to be treated. The hallways filled with moans of agony from patients lying head to toe. Some of the patients had open, gaping wounds, and others had lost limbs; most were swathed with bandages caked with dried blood. The underground, makeshift operating theater worked to full capacity. Statistics aren't available on the numbers that were treated in the emergency room and released, but they were enormous.

Before the war Osijek's hospital, as all hospitals in Croatia, had a great number of ethnic Serbs staff members. Given their political clout, most of the department heads were Serb. But after Croatia declared independence, despite reassurances, many Serb physicians left their positions and joined the rebel forces. But those Serbs that remained continued to practice their art as usual, saving a great number of Croatian lives in the process. There were, however, some glaring exceptions.

Reliable sources told a story that shamed me as a physician after hearing how some of my colleagues had trampled the sacredness of the Hippocratic Oath and most importantly--humanity. Often working around the clock, the care that two physicians, a Serbian married couple, extended to the Croatian wounded at Osijek's hospital was looked upon by their colleagues as exemplary. The staff were surprised when the couple failed to show up at the hospital one morning. But they were numbed with shock when they learned that while the Serbian couple were acting as angels of mercy in Osijek's casualty wards, during their "cigarette breaks" they went on the roof of the hospital, uncovered hidden weapons, and proceeded to snipe at Croat civilians. The angels of death were lauded as heroes in Serbia and resettled in a small town. Apparently they rapidly became bored with living in Serbia. They had the temerity to ask Osijek Hospital if they could return to practice there.

When the Serbs attacked hospitals or medical facilities as primary targets they violated all rules of war. A striking example of typical violations occurred during a three day period in September, 1991. Osijek's General Hospital was hit 94 times by mortars, howitzers, rockets, and countless times by small weapons. The barrage originated from the JNA garrison situated 50 meters from the hospital precluding the possibility the barrage was an accident or a tragic mistake.

Cyrus Vance, Secretary of State under President Jimmy Carter and official U.N. peace negotiator, visited Osijek in early December, 1991. After inspecting the damage caused by Serbian artillery on the hospital, he said, either naively or as diplomatic double-talk: "The evidence did not tally with what I had been told by army and Serbian leaders in Belgrade. The damage to the hospital is appalling... Observing this will affect the discussions I will have with others who have told me different stories." Although his words were comforting to those present, his pledge proved to be just empty rhetoric. At the same time Vance made his statements in Osijek, a leaked EC confidential report from the monitoring mission in Zagreb accused the Yugoslav Army of waging a cowardly campaign of shelling civilian targets in Croatia, most notably schools and hospitals. Herein lies the crux of the way the media handled the conflict: Reports that depicted the Serbs in a bad light were only made public surreptitiously.

I had a number of discussions with members of the medical staff including the director of the hospital, Dr. Kresimir Glavina, and chief of urology Dr. Antun Tucak. Because I was particularly interested in how the population and treating physicians were coping in this modern Dante's Inferno, I also talked to Nikola Mandic, a psychiatrist who has written extensively on the subject. Mandic was in the forefront of the battle lines from the very first day.

His primary concern was what the future would hold for the children of Croatia who had seen their homes destroyed and now were forced to live like moles deep in the bowels of shelters because of the persistent Serbian shelling. Difficult as their situation was, they adapted. But what would become of those children who

had witnessed maimed or dead playmates and neighbors, and those who had lost their parents?

In a November 22, 1991 European article, Dusko Doder noted that several Serbian psychologists, most notably Zarko Korac of Belgrade University, were concerned that narrow nationalism was influencing Serbian children. Many Serbian schools had instituted three basic teaching objectives. Starting with the most important they were: developing national consciousness, love of motherland, and lastly, general education. Korac was most disturbed by the militarism and the hatred being drummed into young minds. "Ours is a Homeric society in many ways," he wrote. "Stories are passed from generation to generation. The hatred of Serb for Croat, of Croat for Serb, the militarism and glorification of war heroes is taking our society backwards, to a tribal level."

I'll be interested to see what attitudes evolve among Croatian and Bosnian children who've experienced and survived the grimmest realities of war and then compare their attitudes to those of Serbian children who were taught and nurtured on hatred toward Croats and Muslims from imagined wrongs. Their conflicting experiences will impact their relations for generations.

Deep in the basement of Osijek Hospital Mandic offered valuable insight into this aspect of war in between the explosions of a Serbian artillery attack. Because the dull rumble of guns was audible even in the depths of the basement, I found it hard to concentrate. I winced at every explosion, but the others in the area continued going about their business without missing a beat. They unsuccessfully tried to reassure me that the blasts you don't hear are the ones you should worry about, they kill.

A modern shopping center lies under the city's main square. But during the ceaseless bombardment and shelling of the city the mall had become a bomb shelter. In the course of the Blitz of World War II, Londoners found temporary havens in subway tunnels during the sporadic air attacks. But the citizens of Osijek had to make the shelters permanent residences. The children were most affected by this lifestyle. Even during rare, prolonged lulls in the bombardment, children refused to go out and play.

A year later I recalled the children of Croatia who had to live under the terror of Serbian bombardment when I gave a talk to the first and second graders at Holy Trinity School in California. The students had "adopted" an orphan through the Save the Children of Croatia, an NGO program I was affiliated with. The program was an American sponsored organization that was a liaison between donors who contributed a monthly sum, for one year, to children who had lost one or both parents during the conflict in Croatia. Until the organization was taken over by the Croatian government, all children that fitted the criteria were eligible, regardless of ethnicity, religious, or parental party affiliation. I spotted comments by the students on the school's bulletin board based on the theme "Why I like Holy Trinity." Two particularly caught my eye: "The school is nice because we play for fun" and "Holy Trinity is small but a safe place for kids." Situations so unlike what their contemporaries in Osijek were subjected to.

While I was in Osijek I looked up my old medical colleague Ivica Ambros who, along with his wife, had practiced there for at least 25 years. They invited me for dinner. As we approached their apartment house I noticed that within the entire facade of their building, which faced the river, as well as in the other buildings in the complex, not one pane of glass was left intact; the superstructure of the entire wall was pockmarked with various-sized indentations and gaping holes. The size of the holes and indentations indicated the caliber of weapons fired by the Serbs from across the river.

The Ambroses lived on the top floor of a 12 story apartment house. I learned that they were the only tenants in the building because the rest of the occupants had moved away in fear. In response to my question about why they hadn't moved also, Ivica said, "Where else can we go? This is our home. If we move what will happen to our patients? Under no circumstances would we abandon them." The elevators weren't running because there was no electricity, so we had to walk up the 12 stories to their apartment. While we were finishing our dinner, several Serbian artillery shells hit the building next door and shook the foundation of the Ambroses'

building. "Ivica," I commented, "I don't think I'll have dessert."

I recall one particular scene that I observed while returning to Zagreb from Osijek. For the first time since World War II, the Croats were overtly celebrating Christmas, something they weren't encouraged to do under the old, atheistic regime. Frost covered the road; the trees looked like skeletons, and a thick fog hung over the ground. All of the sudden, through the fog, I saw a lone house decorated with a Christmas tree and multicolored lights. To me it looked like a beacon of hope.

Upon my return to Zagreb, the Foreign Press Bureau asked if I'd chair and moderate a press conference at the Hotel Intercontinental that would center around the atrocities being committed. The FPB also asked me to introduce a number of Croatian civilians from Vukovar who were recently freed in a prisoner of war exchange. The prisoners included Doctors Vesna Bosanac (who was known as the angel of the killing fields of Slavonia) and Mladen Loncar. Although the press conference was well attended by members of the international media, the moving testimony of the former prisoners or discussion about the atrocities apparently didn't move many, since very little was reported. That evening I took most of the former prisoners out for their first real meal in months.

Dr. Mladen Loncar, the other physician released with Dr. Bosanac, had been arrested four times on unspecified charges despite the fact that he was a Serbian citizen. Apparently his only crime had been his Croatian ethnicity. Dr. Loncar was working at the Novi Sad hospital in the Serbian province of Vojvodina when he was arrested by Serbian police for carrying a package of medicine intended for his parents in Ilok, Croatia. They beat him severely during his 30 hours of captivity. Once free, he was arrested several times thereafter before ending up in Begejci camp near Zrenjanin, Vojvodina.

Out of the rubble of Vukovar a true heroine of the conflict emerged: Dr. Vesna Bosanac. Ever armed with a lighted cigarette, resembling a librarian more than a dynamo, she realized the full gravity of the Serbian onslaught from its onset. Lacking military experience, she instinctively prepared and energetically mobilized the medical staff of Vukovar's hospital into a wartime footing. Anticipating the casualties sure to come, she had the basement cleared up, placed sand bags at the windows, and opened the never used atomic bomb shelter. Her foresight saved countless lives, for these sites later provided the only protection for the patients and medical staff. Because she led with an iron will and discipline but never raised her voice, the medical staff spontaneously followed the example of this diminutive, 4 foot 9 inches tall, heroine.

The Serbs, in their aggressive efforts to create a Greater Serbia in Croatia and Bosnia-Herzegovina, weren't engaged in what could be called normal military operations. All their vaunted campaigns utilized siege tactics. Aside from inflicting psychological pressure, the besiegers have no casualties since there is no frontal attack. Yet both the Bush and Clinton administrations had characterized the aggressors and victims alike as "warring sides" and declared that only "when they get tired of killing each other" would peace be accomplished.

Vukovar was a prime example of Serbian military tactics, but the siege ultimately cost the Serbs the war. The Vukovar operation was one of the rare instances in which most of the casualties ended up being Serbs. For 89 days, approximately 4,000 ill-equipped, untrained, ragtag Croatian defenders, spread across a 100 kilometer long front were able to hold off a quarter of the third biggest army in Europe equipped with tanks, artillery and aircraft. Only after the Croats ran out of ammunition did Vukovar fall. But the Serbian victors found no spoils because there was little left of Vukovar. Almost all structures had been leveled. Buildings had been hit so many times by heavy artillery and bombs that they were no longer recognizable.

The Serbian attacks came sporadically at first, then, with an increasing crescendo, became constant. A whole spectrum of weaponry was used: mortars, large caliber artillery, and airplanes dropping 250 kilogram bombs. One bomb penetrated through the six stories of the hospital and landed, miraculously without exploding, between the legs of a surprised, bedridden patient. After the dust cleared, a nurse, thinking the bomb was an

oxygen tank that had gone to the wrong patient, ordered its removal. A disaster was barely averted.

As the casualties mounted, the blood that sometimes flooded the emergency room floor had to be swept out with a broom. Blood and plasma couldn't be stored because there was no electricity, so the physicians were forced to rely on direct donors. These were plentiful, but most had to be rejected because of anemia that developed secondary to rampant malnutrition.

Apparently the only function of the huge Red Cross painted on the hospital's roof was to help the Serbs coordinate and target their artillery barrage on the hospital. "As more of the hospital was demolished, we retreated a floor lower--finally we ended up in the basement, where we had three operating theaters in constant use," Dr. Bosanac told me. Since the makeshift operating theaters lacked heat, the medical staff used a hair dryer to warm the air. Sometimes physicians worked by the light of candles or oil lamps.

Of the total wounds to patients, 80% resulted from explosions. Only 10% were from small arms. Many patients suffered from multiple wounds caused by fragmenting shells and projectiles, despite such weapons being forbidden by international law. High speed projectiles characteristically have small entrance wounds but exit as huge gaping caverns that reduce the tissues in their pathways to jelly. Surgeons worked 20 hours at a stretch on the seemingly ceaseless stream of wounded. During October, 1991, the surgeons performed 939 surgeries.

Sterilization of instruments became a major problem. Because of the water shortage, the medical staff had to resort to dry methods. The sterilization units were attacked several times by Serbian artillery. Following each attack the units were repaired and relocated but no sooner would a new site become workable than it would be targeted by Serbian shelling. Clearly inside information was being passed on to the Serbian forces. Whenever the Croats transferred material, equipment, or patients to a new site, artillery was aimed in that direction.

Dr. Bosanac galvanized the staff to Herculean efforts. Respecting the Hippocratic oath, they treated everyone who crossed the hospital's threshold. Of the casualties, 70% were civilians and the remainder were Croatian combatants.

As the siege intensified, the badly damaged hospital continued functioning by "improvising in everything and solving problems as they appeared." When the utilities were cut off, Dr. Bosanac's husband Lavoslav devised unusual ways to get electricity into the facility. Water, that most precious commodity, came from the hospital's heating system, rain, underground wells, or even a destroyed brandy distillery. Firefighters had to stop bringing water in cistern trucks because the trucks were targeted and destroyed.

People had to get water at night because of the danger from artillery. During the rare lulls in the shelling, everyone made a mad dash to go above ground to collect water from wells. Hygienic standards were somehow maintained despite the averse conditions. But toward the end of the siege, the previously low infection morbidity rate rose dramatically, and the bane of all physicians, gas gangrene, appeared.

Despite around-the-clock exposure to death, pain, and suffering, the physicians never lost compassion for their patients. They suppressed normal human emotions in order to maintain some of their sanity and continue functioning as physicians. But all the tribulations they had suffered were forgotten when news would spread about the delivery of a newborn. Each birth was cause for celebration.

In addition to all the problems of caring for the living, problems arose with the disposal of the dead. Transporting bodies to the cemetery became impossible because the Serbs targeted the vehicles. So after being tagged for identification purposes, the bodies were placed in dark nylon sacks and stacked in a yard across from the hospital.

Most of the citizens of Vukovar had been reduced to a mole-like existence. Many didn't see the light of

day for months. Children were pale, debilitated, and malnourished. Before its destruction, Vukovar had one of the highest standards of living in former Yugoslavia and had been a major manufacturing center of tires, shoes, and textiles. The latter were largely exported to the United States. The area around the city had abundant natural resources, extremely rich farmlands, and even oil. Only Belgrade surpassed Vukovar in having more telephones and autos per capita. But as a result of the siege, prosperous Vukovar had been reduced to a surreal landscape of rubble.

After the city's fall, Dr. Bosanac and other survivors were arrested and sent to Serbian concentration camps. Before Dr. Bosanac's arrest she'd been given a guarantee by Yugoslav officers that the patients would be protected according to the rules laid down by the Geneva Conventions.

Despite her abused state when she was freed in the prisoner exchange, Dr. Bosanac's first and foremost concern was her patients--she lost all clinical detachment and wept when told that JNA soldiers had forcibly evacuated and summarily executed the 259 prisoners she'd left behind in Vukovar's hospital. I can only imagine how she would've reacted if she'd known what her patients were subjected to before they were killed.

Zarko Kojic, a Serbian witness testifying before The International Criminal Tribunal for the Former Yugoslavia in the Hague in April, 1996, described how Serbian paramilitary personnel and army officers tortured the Croatian patient-prisoners with metal pipes, chains, and ax handles, bludgeoning some of them to death.

Dr. Loncar's testimony upon his release was typical for most released prisoners, but it was more interesting to me since he gave it from a physician's perspective.

All inmates slept on bare stone floors in sub zero temperatures; the only redeeming feature of being packed together like sardines with other inmates was the warmth it provided. The prisoners ranged in age from 16 to 82 years old. Since many of the inmates were old and infirm they suffered from a variety of chronic heart, lung, or diabetic medical problems. Any medications they had with them when they were captured were immediately confiscated. Despite pleas from physician inmates to the Serbian prison doctors, all humanitarian aid was withheld.

A number of inmates with obvious war or traumatic injuries, and many with open, suppurating wounds, were incarcerated with the general prison population. They were denied medical attention except the aid provided by inmate doctors whom had nothing concrete to offer. Fresh orthopedic cases appeared daily. The inmate doctors did the best they could to immobilize fractures suffered by prisoners who had received injuries inflicted by the guards. At least 95% of the inmates had upper respiratory symptoms. Diarrhea outbreaks were prevalent, yet the Serbs denied prisoners access to toilets.

Survivors of all the camps reported horrible beatings. The infirm, aged, or even the wounded weren't exempt. Local Serbian civilians reportedly participated in the beatings of the inmates. A 60 year-old inmate with heart problems was so severely beaten that Dr. Loncar somehow prevailed upon the Serb camp doctor to examine the patient. The doctor downgraded the inmate's injuries to "not severe enough to treat." The next day the victim died. Dr. Loncar also witnessed the arrival of prisoners from Vukovar--all were civilians.

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

The Serbian devastation of Vukovar saved Croatia. Vukovar became the symbol of resistance, a contemporary Stalingrad, and a rallying cry akin to "Remember the Alamo!" After losing far too many tanks and airplanes, the Yugoslav army thereafter was unable to mount any meaningful attacks in Croatia. Most war colleges are now studying the methods of defense and the heroic efforts of Vukovar's defenders, which are destined to become military classics.

The selfless heroism displayed by Dr. Bosanac and the other physicians during the siege of Vukovar is unique in the annals of medicine.

On October 28, 1992, American forensic anthropologist Dr. Clyde Snow confirmed eyewitness reports regarding the whereabouts of the missing Vukovar hospital patients. His investigation concluded that a mass grave in a field at Ovcara, a small village close to Vukovar, contained their remains. According to eyewitnesses, following Vukovar's fall, lightly wounded civilian and military males were forcibly separated from the rest of the hospital patients and placed on JNA buses. They were first taken to the JNA barracks, then transported to Ovcara. The prisoners were put in a large storehouse and beaten for several hours. They were then divided into groups of twenty. Soon a truck arrived and one group was loaded. Every 15 or 20 minutes the truck would return empty and reload with a new group of prisoners. Dr. Snow said that a reconstruction of the truck's route led to the site of the mass grave.

An investigation on December 17, 1992 revealed more. A Daily Telegraph article titled, "Must They Get Away With It" (May 25, 1993), said that the Serbs bowed to pressure from the Physicians for Human Rights and allowed a team of experts led by Dr. Snow to dig one test trench. After checking the area for land mines, the team found human bones breaking thorough the heavy scars of soil laid bare by a bulldozer. Using classical archaeological methodology, the team carefully cataloged artifacts and body parts they found to the depths where they were discovered. Aside from the body parts, the inventory included paraphernalia normally found in association with human being--shoes, socks, pants shirts, and the like. The team estimated that it had found the remains of at least nine bodies in the 10-meter test site. Based on its observations of the surrounding soil patterns the team estimated that there could be at least 200 more bodies.

A preliminary forensic investigation of the body parts from the test site clearly indicated that at least two of the victims had been shot through the head. One skull bore evidence that a single bullet entered the right side of the head and exited through the left in three fragments; the other showed destruction of the mid-facial section consistent with a high velocity gunshot. Serbian authorities stopped further investigation and refused to allow removal of the specimens. The team placed identifiable evidence in separate bags, then sealed and replaced them. Finally, they shoveled fresh earth back in.

Just how long future forensic studies will be fruitful and worthwhile is questionable. The area's environmental factors are conducive to rapid deterioration. The area's high water table contributes to the accumulation of mud and pools of water, and the field has been heavily fertilized for farming. The Serbs recently denied site access to U.S. Ambassador to Croatia Peter Galbraith.

After Vukovar fell, a number of humanitarian groups, including the International Committee for the Red Cross (ICRC), tried to enter the city to assist in the evacuation of the civilians and hospital patients. But the Serbian forces denied access. As documented by an October 29, 1992 Foreign Press Bureau press release, when the ICRC protested, the Serbs told the ICRC "this was war" and if they didn't like it, they could leave. Approximately 3,000 civilians disappeared from Vukovar. They undoubtedly likely met the same fate as the hospital patients. Their remains may be found in other mass gravesites. However, no one, including the U.S. State Department and the Croatian government seems interested in discovering their whereabouts.

A little over a year after the horrific events at Vukovar and Vocin took place, Dr. Snow, testifying before the House Foreign Relations Committee about the atrocities, brought tears to the usually jaded Washington audience. Congress members and the State Department reacted to his shocking testimony as if was a new revelation. Although these bodies long ago had detailed information about atrocities, this was the first they publicly noticed. Apparently Under-Secretary of State Lawrence Eagleburger had completely forgotten that immediately upon Congressman McCloskey's return to Washington from Vocin, McCloskey went directly to Eagleburger and briefed him in great detail. Since then atrocities continued unabated despite a number of

congressional fact finding teams who had been on the ground which gave unbiased reports and verification. Although the reports were public record, the media didn't consider them newsworthy enough to print.

Nothing stirs Congress or the executive branch as public opinion. Had the public been made aware of the true state of affairs, there may have been an outcry much earlier and many lives would have been saved. Instead, the media fed a steady diet of the Serbs' propagandist spin to the public. By their failure to report accurately, using unreliable sources, and in many cases telling deliberate lies, the media bears a great deal of responsibility for the deaths and destruction.