

# Wounded healthy cities : searching for health and human dignity : [the 1st Croatian Healthy Cities Network health profile, June 1992] : a report

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CROATIAN HEALTHY CITIES NETWORK

# WOUNDED HEALTHY CITIES



*The 1st Croatian Healthy Cities Network  
Health Profile, June 1992*

# ***WOUNDED HEALTHY CITIES:***

**Searching for Health and Human Dignity**

A report by the Croatian Healthy Cities Network and the  
Croatian Healthy Cities Support Centre

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## Editor's Introduction

This report is remarkable for two reasons: Firstly, it is a report about the practice of a group of public health specialists during the War in Croatia (1991- ). It presents to the world the body of their knowledge and the experience that they gained, in maintaining essential public health services, civil protection and health services; in documenting public and environmental health problems; and in forming and developing public health alliances, which enhanced the quality of life even in times of extreme hardship, which gave people belief in human rights, in the sense of their community and in the possibilities that they could jointly achieve where they would individually fail, and which gave people the will to go on.

Secondly, it makes up the first national health profile compiled by a country in the World Health Organisation European Healthy Cities Network. It is even more remarkable for the context in which it has come to be written and for the fact that it has been written by one of the newest countries in the European network, and indeed, one of the newest countries in the world.

I have edited very little in the content, and little in the style. Each city's contribution reflects the particular experience, and pain of that city and the character and expression of the individual authors. Some people will say the report is "biased". I say, of course it is: what is massively political, is also deeply personal; as the quotations from Antun Soljan suggest, each of the authors of this book has been attacked. As well as fulfilling the physician's responsibility to their patients and populations, each of the authors has had to cope with the reality of being a target in a war, and with fear for the safety of themselves, their families and their friends. All have risked their lives, some have been injured, most have family missing or dead; all have personally borne the effects of shortages, inflation, the demands of displaced

persons and refugees. Yes, the report is biased.

The lesson here for public health practitioners elsewhere, is that you are part of the community in which you work, you are subject to the same influences on health that you describe so dispassionately in your annual reports; you are not a passive observer, you are an interested party.

And public health is fundamentally an issue of equality and equity, social justice and human rights. If you believe you can tackle the prevention of heart disease, the promotion of immunization or the number of hernias operated on without understanding these, you are in the wrong job.

There is a story to be told from the other side. As an internationalist, a European and a public health specialist I will be happy to assist the good people on the other side who may have the courage and the will to tell that story, who will remain campaigning to end the war.

What do I think are the lessons for public health practitioners in Europe?

Fear and hatred are infectious; violence is an addiction. As alcoholism may be the addiction that satisfies social inadequacy, so violence may become the addiction that satisfies hatred. We must not assume that what is happening in Bosnia cannot happen elsewhere in Europe. Racial violence and prejudice is rife in Europe. Race relations in few parts of Europe, are as healthy as they were once considered to be in Sarajevo. The development of "spiritual health", "Shalom", the control of hatred, the prevention of violence, the development of tolerance, compassion, understanding and community, these are vital elements of public health strategy for Europe, which we neglect at our collective peril. These we can consider as forming "the primary prevention of conflict".

The skills of public health should be called into play early in any conflict and preferably before it, particularly those relating to epidemiology, communicable disease control, information collection and communication and health services organisation. The presence of public health specialists on the scene of a conflict is at least as urgent as the presence of the international band of specialist accident and emergency teams, called in by WHO and funded by national governments.

The World Health Organisation, should recognize this and pull together a pool of international public health specialists from which teams can be sent to zones of conflict to report on the public health problems requiring the most urgent attention. The Government Development Agencies and Ministries and Non-Governmental Agencies should also recognize this need and find the dispatch of WHO sponsored public health teams, as they do the emergency surgical teams. If our public health practice can be brought into play at an early stage, we may contribute to the "secondary prevention of conflict".

If this does not prevent war it may at least facilitate our understanding of the public health problems and the political situation in a war zone.

Telling this to the outside world may help to limit the damage of the war and bring it to a speedier conclusion. This then would be the "tertiary prevention of conflict".

This report is the result of the Croatia Healthy Cities Network meeting in Dubrovnik in May 1992. Sadly, the situation in Bosnia is now far worse and the consequences for Croatia are massive. The report describes how Croatian cities soaked up all their displaced people from their war; but they can no longer do this with the doubling of the refugee population from Bosnia. There has been no harvest for 18 months there will be starvation in Croatia and Bosnia this winter. Urgent and massive international relief is required. European Commission food mountains must be mobilised to aid these people. Individual charity and voluntary help is not going to be enough.

This report then, should be seen as a snapshot of an appalling situation in a new country, in a ceasefire, in what it hoped was the end of a war. The meeting was convened in a context of hope, to plan public health services, for an outbreak of peace, for a country, fit for heroes. I believe the body of public health practitioners responsible for this report have the vision, the commitment and the skills, eventually to win through and achieve their goals. I expect this report to be the First Annual Public Health Report of the Croatia Healthy Cities Network. I look forward to reading the Second Annual Report.

## REPORT ON ACTIVITIES OF CROATIAN HEALTHY CITIES NETWORK AND SUPPORT CENTRE IN 1991/92.

Professor Slobodan Lang, Croatian Healthy Cities Network Coordinator and  
Dr. Selma Sogoric, Croatian Healthy Cities Network Support Centre  
Ivana Eterovic, Croatian Healthy Cities Network Support Centre

### Introductory remarks

The Yugoslav Healthy Cities Network was established in June, 1990. On the first meeting in Dubrovnik representatives of 11 cities from Croatia, Slovenia and Vojvodina (Serbia) were present. On this meeting the framework for the future Network activities was set up. Professor Lang was elected as Network Coordinator and A. Stampar School of Public Health nominated as the Network Support Centre.

The second meeting was held in Zagreb in mid December 1990. and it was attended, apart from the cities initiators, by representatives of another 7 cities (from Croatia, Slovenia, Serbia, Bosnia and Herzegovina and Montenegro) . On that meeting the basic documents were accepted, covering the following issues : fundamental principles, organization and the function of the Network, member cities' duties and benefits, functions of the Support Centre. Several thematic groups were formed, each working on one of the specific fields of interest, recognized by the cities themselves as the most important ones, including: quality of life, environmental health, mental health, youth health, preventive medicine and health education. One of the conclusions was that the national networks would be established in the Republics of Slovenia and Croatia.

### Activities in 1991/92

The third Network meeting was held in Dubrovnik at the end of April 1991, attended by the representatives of only 8 cities, exclusively from Croatia and Slovenia. In the review of the member cities' activities it was concluded that the

level of engagement of local Healthy City Projects differs significantly. It was also observed that the thematic groups didn't produce the expected results. Having in mind the financial difficulties each of the Network cities was faced with, it was suggested that instead of paying a membership fee, cities could contribute to the work of Support Centre through work engagement of their project members. It was proposed that, following the rotation principle, each city representative would spend several days working at A. Stampar School of Public Health together with the professionals from the Support Centre.

Despite the fact that the process of disintegration of the Yugoslav Federation was going on, the present cities stated that they were willing to maintain their cooperation no matter what the future political structure would look like.

Events we predicted in the early spring did occur. Following the will of the people expressed on the referendum, Slovenia and Croatia became independent states. Events that followed, especially the aggression on Croatia, changed everything. In the light of these events, the course of the activities of all Croatian Network Cities changed dramatically. The support centre put all its efforts into helping Croatian Network cities affected by the war, although it tried to maintain communication with cities outside Croatia. Cooperation with Slovenian cities was quite successful, but quite unsuccessful with the cities from Bosnia and Herzegovina, Montenegro, Macedonia and Serbia.

Because of the extremely hard situation caused by the war in Croatia, the leadership of the Croatian Network



recognized its duty to stay inside the country and engage actively in solving numerous problems that arose. That reduced our presence on international conferences and meetings. However, we intensified our communication with the international professional community, informing it of the situation in Croatia and of the additional needs we had here.

Reviewing their activities in the last six months of 1991 and the beginning of 1992, all Croatian Network cities reported that their activities were fully determined by the war.

Dubrovnik was brutally attacked and heavily damaged in this war. Despite the most unfavourable conditions, its Project team, headed by Dr. Andro Vlahusic and supported by the personal engagement of Professor Slobodan Lang, worked very actively and successfully on establishing a comprehensive civil support system. One part of their engagement was the research on displaced persons of the Dubrovnik region. The purpose of this survey was to collect correct and updated data on displaced persons and assess their needs.

Osijek is the city which was permanently under attack by the Federal Army and Serbian irregulars from June 1991. Because of their horrible experience of living under the permanent danger for many months, Osijek Healthy City Project Team was the first to acquire knowledge on how to organize various city services in wartime. Due to various steps taken to prepare the city for the war, it was possible to maintain the most important functions of the city even in times of intensive attacks (water, electricity and food supply).

During the last months of 1991, and in 1992, Zadar also experienced very hard times, being surrounded and attacked by troupes of Federal Army and Serbian irregulars, overwhelmed by displaced persons, with serious difficulties in water and electricity supply. In these circumstances, Zadar Project Team was

preoccupied with preventing diseases that could occur in such conditions.

Although Metkovic was close to areas in which very heavy fighting was going on all during the war, it wasn't directly attacked until two months ago. Before the direct attacks on the town, the role of Metkovic was to provide support to Dubrovnik region. And now, faced with destruction, it becomes a town that relies on support of the others.

Other Network Cities (Pula, Rijeka, Split, Vara'din and Zagreb) were not exposed to major damage of war, but they faced its consequences - hundreds of thousands of displaced persons from Croatia and hundreds of thousands of refugees from Bosnia and Herzegovina. Therefore, they focused their actions on care for displaced persons and refugees, determining and fulfilling their needs, being, at the same time, faced with progressive pauperisation of their own inhabitants.

The role of Network Support Centre was to enable communication between Croatian member cities and their exchange of experience. We also forwarded their problems to other European National Networks and Project Cities together with their appeal for help.

On behalf of the Centre as well as on her personal behalf, at the beginning of October Dr. Selma Sogoric addressed the letter asking for help for Croatian cities to 36 prominent personalities in the field of the public health. 28 of the individuals contacted were the professionals from public health institutions in Great Britain, Spain, Germany, Netherlands, Belgium, Denmark, Italy, Sweden and Czechoslovakia, while the remaining eight were connected exclusively with Healthy City Projects either on city or national level. By the end of December the Centre had received answers to about one half of letters. The majority was very sympathetic and compassionate and expressed moral support to Croatian cities. Yet, only one quarter of individuals

from whom the help was requested engaged actively in supporting the member cities of Croatian Network in ways they found adequate both in relation to their setting and to the best interest of Croatian cities. It is interesting that all seven individuals in the group of "very active" out of 28 public health professionals we contacted were the people involved in action - oriented projects or organizations such as United Kingdom and German Healthy Cities Movement, Tipping the Balance Project, German Self - Help Movement and International Physicians For The Prevention of Nuclear War. Of all the individuals involved exclusively in European Healthy Cities Movement, only the Coordinator of Netherlands' Healthy Cities Network responded readily.

They undertook various activities, including:

- contacting various prominent individuals humanists and peacemakers, members of national governments or parliaments, members of the European Parliament, member cities of their national networks (Slovenia, Germany, Netherlands)

- publishing articles (both theirs and ours) in specialized journals and eminent newspapers

- collection of humanitarian and medical aid on their own initiative (Hamburg, Giessen, Tilburg) or through national charities, national Red Cross organizations, health institutions etc.

In the beginning of 1992, several other cities (Horsens, Munich, Vienna) offered and provided help through Zagreb Healthy City Project Team or through Croatian Healthy Cities Network Support Centre.

In conclusion, we could say that the Croatian Healthy Cities Project Teams managed well in dealing with problems they had never faced before. Of course, they had to put aside some of the projects they had been working on before (smoking, nutrition, environmental protection, physical activity etc.), but lot of

others were initiated (regenerating communities, disability, psychological support, reorientation of health services etc.). Croatian Network cities are very grateful to those who helped them and responded to their appeal for help and are looking forward to future cooperation.

If we were to speak in the spirit of the healthy city idea, that is if we think positively, in terms of models of good practice, we may say that the tragedy of war in Croatia also did something of value for the European Healthy Cities Movement. If nothing else, it gave us the broad range of answers to the question "What can Healthy Cities do for each other?". We organized the course upon that title in Inter - University Centre Dubrovnik from 18. to 23. of May 1992. That was the fourth Healthy Cities Course, a part of the School "Health for All".

Because of the total destruction of the Inter-University Centre building during the war, the Course was mainly held in the premises of the Music School, Dubrovnik and "Argentina" Hotel, but also on various other locations in the city in the Medical Centre Dubrovnik in Medarevo, the Franciscan Monastery, Convoy "Libertas" Office, and on the ferryboats "Irija" and "Slavija", on the trip to and from Dubrovnik.

The main goal of the course was to facilitate the exchange of knowledge and experience acquired during the war, both between the member cities of Croatian Healthy Cities Network and between Croatian cities and cities from abroad who helped them during the war; to find solutions that would promote our future cooperation and to sublimate present experience into the guidelines which could be useful to other cities in similar circumstance

Seventeen participants took part in the Course - coming from cities in Croatia (Dubrovnik, Osijek, Rijeka, Zagreb), Slovenia (Celje), Great Britain (Liverpool, West Bromwich), Germany (Hamburg) and

Austria (Vienna); most of them were physicians, but there were also social workers, lawyers, sociologists, nurses, planners etc.

The main conclusions and recommendations of the Course were, as follows:

1. It is an obligation of "Healthy Cities" to help each other.

2. There are various forms of help which Healthy Cities can offer each other (financial, humanitarian, expertise, informing their own general public on the situation etc.)

3. The help must be directed in accordance with specifically expressed needs and priorities of the receiving cities.

4. Adequate information is the key factor in mobilising help both from within the country and from abroad. Development of the system of good quality, full and direct information among the Croatian Healthy Cities Network member cities and between them and the cities from abroad is a necessity.

5. As a group effort of all participants, a pattern was developed, including directions to be followed by Croatian cities in writing a report on their needs and forms of help that would be in accordance with those needs. In order to gather this type of information, publication on the topic of wounded Healthy Cities in Croatia will be issued and distributed among the representatives of project cities and national networks on the Healthy Cities Annual Meeting in Copenhagen, in June 1992.

6. During the summer, a book will be worked upon, in which both models of good practice developed during the war in Croatian cities and the models of campaigning for help developed by the cities from abroad will be elaborated. The book will also include general guidelines which could be useful to others who find themselves in similar circumstances.

7. One of the ways to ensure adequate, good quality help is through direct relations between cities - members of Croatian Healthy Cities Network, on one side, and Healthy Cities from abroad, on another side.

8. In addition to the network of Healthy Cities, efforts to ensure aid will be directed towards other networks and organisations, such as twinning cities, Medical Action for Global Security (MEDACT), the International Physicians for Prevention of Nuclear War (IPPNW), self-help movement, International Union of Local Authorities, humanitarian trusts, universities, professional associations, etc.

9. Croatian Healthy Cities expressed their readiness to offer hospitality to all interested representatives of the above mentioned groups, organisations and associations, so that they could, through personal experience, become more familiar with the extremely severe problems Croatian cities are facing.

10. Representatives of Croatian Healthy Cities Network member cities expressed their satisfaction with the activity of the Croatian Healthy Cities Network Support Centre, working within Andrija Stampar School of Public Health, Medical School, University of Zagreb. They also expect communication, coordination, networking and advocacy of Network member cities interests towards the European Network and other above mentioned subjects to remain the major tasks of the Support Centre in the future.

11. The Croatian Healthy Cities Network wish for the basic principles of European Healthy Cities Movement to be followed in the process of renewal and future development of Croatia. In this regard, relevant Ministries of the Government of the Republic of Croatia will be informed on these conclusions.

Following those conclusions, we prepared this brochure you are reading, trying to introduce you to what has been our reality for the past 12 months.

# DUBROVNIK

By Andro Vlahusic and Matija Cale

## Description of the region.

The region of Dubrovnik encompasses the area of the Municipality of Dubrovnik, i.e. land space in the length of about 200 km with the islands Mljet, Sipan, Lopud, Koločep and Lokrum, with the total surface area of 979 sq. km, and the full coast length of 575 km. Its population is 70 670.

The city of Dubrovnik is the centre of the Municipality of Dubrovnik, and the subregional centre for the South Adriatic region, including the Municipalities of Korčula and Lastovo and other surrounding areas.

Since 1979, it has been included in the Register of the World Cultural Heritage of UNESCO, because of its exceptional landscape and cultural heritage. Today it is an important tourist and cultural centre with many scientific and educational institutions.

Tertiary activities (tourism, catering trade, trade and traffic) with about 77% share in the GI, have the most important part in the economy of the Municipality of Dubrovnik. The share of industry (manufacturing civil engineering) is about 19%. The share of quaternary activities (intellectual services, education) is only 1%.

Dubrovnik was the central settlement of the South Adriatic Region even in the past, and it is possible to trace down its history to the beginning of the 7th century A.D, and the history of the broader area of Iliric settlement Epidaurus (today called Cavtat) even back to the 3rd century. B.C.

## The effects of the war

The war has brought great human and

material loss to the Dubrovnik area. The estimates of the human loss in the Municipality of Dubrovnik are:

- a total of 200 persons killed, 120 of which were civilians (10 children and 110 adults), and 80 Croatian soldiers.
- 1,200 wounded, 500 of that number being civilians (40 children and 450 adults) and 700 Croatian soldiers.
- 200 handicapped - 50 civilians and 150 Croatian soldiers. Unfortunately, these figures cannot but grow, for the war is still raging in the area. Human loss will not cease until the whole Municipality of Dubrovnik is completely liberated.

The material damage will be listed by sectors.

**Housing:** The destruction of the total residential resources can be separated into two groups. The first group consists of the destruction in the very city of Dubrovnik which has been free from occupation in the whole course of the war, and the other of destruction in the occupied territory. In Dubrovnik itself, 100 family residential units have been completely destroyed, while 300 of them were partially damaged. In the outer-city area all the houses have been plundered, except for those in Cavtat and Orasac, 1,800 are completely destroyed and 4,000 partially damaged. Conclusion: 2 000 families have nowhere to live.

**Hotels and tourism:** Out of 21,500 beds, 7,000 have been totally destroyed and another 5,000 damaged. There is not one hotel that was spared from damage, and those which have been only partially damaged must be invested in extensively in order to be able to receive the guests. The majority of buses and tourist boats are completely destroyed, as well as the smaller yachts in the "Komolac" Marina, which have been either burnt down or stolen and taken to Montenegro.

**Infrastructure:** has also suffered extensive damage. Many roads have been mined, several smaller bridges brought down. There was no electricity for 3 months, and some parts of the Municipality still don't have any, for as long as 8 months now. Water supply was a particular problem - there was no running water for 3 months, and some areas still have none. A large portion of the electricity distribution network has been brought down, while the water supply pipes and wells remained rather intact.

**The Communal sector** suffered extensive damage, too. The public transport company, with 90 buses before the war, is now left with only 24.

The communal waste management company suffered the occupation of the city dump, in addition to the destruction of some special vehicles and employees' facilities.

**Environment** The environmental problems are extraordinary. From the first day of the war, the complete city waste has been dumped in the vicinity of the hospital. The average daily amount of the waste dumped into the sea was 300 cubic meters, causing pollution not just to Dubrovnik aquatorium, but also to the larger stretch of the Adriatic.

All the forests on the occupied area were deliberately burned down, as well as many parks. The greatest damage was done to the Trsteno Arboretum and the botanical garden on the island of Lokrum. No serious attempts at there forestation will be possible after the war because of a regreat number of mines installed by the enemy.

**Health service:** There has been no considerable deterioration in the health status of the population during the war. The exact data are not available, but despite the severe hygienical conditions no epidemics took place.

Several health stations were destroyed

on the occupied territory, and the city hospital suffered some damage.

**Cultural and historical heritage:** The enemy has displayed particular ferocity towards the cultural and historical heritage. The major part of those monuments has been exposed to barbaric destruction (churches, monasteries, museums, etc.).

In the area of the old city, the City - Monument under the protection of UNESCO, has been hit by over 2,000 shells, all the churches and museums have been hit, 8% of the buildings were burnt down, 45% severely damaged and some amount of destruction has been registered on 99% of the objects.

On the whole territory of the municipality many churches, monasteries, historical buildings and cemeteries have been destroyed, burnt or damaged, but the total destruction can be only approximated, for the greatest part of the area is still under occupation. The estimated total damage in Dubrovnik exceeds 1.5 billion US dollars.

### Social effects of the war

The population of the Municipality of Dubrovnik encompasses 70,670 inhabitants, 34,420 of which live in the city itself. At the present moment, there are some 52,000 persons in Dubrovnik, 17 546 of which are displaced persons and 5,865 are children. Activities in all of the economy have been stopped in the past months, and the majority of facilities have been partially or completely destroyed.

The average income in the Republic of Croatia is 13,619 HRD, and the average income in Dubrovnik is estimated to be 1,000 - 2,000 less than that.

Out of the total population in the productive age range (40,000), some 23,500 are employed (58.8%). Out of the total number of the employed, 30 - 40%

receive minimal wages.

The number of the unemployed registered at the Government Employment Agency: 4,535 (30% more than in 1991).

The amount payed as minimal wage: 8,170 HRD.

number of families receiving any type of social support. 1,261.

The data listed below provide an illustration of the buying power of a family (with two children, one under and one over, 6 months of age) receiving two minimal salaries:

Family monthly income:	16 340
Milk for two children/month	5 520 - 7 260
Bread for family/month	2 610
Housing costs	3 500 - 8 000

Total	11 630 - 17 870
Remains	4 710 - (-1530)

### Psychological effects of the war

According to our study involving displaced adult men whose property was destroyed, 90% stated their intention to return to their homes; 85% displayed serious psychosomatic difficulties, out of which one half will have to receive a serious professional treatment; 75% smoked, out of which 50% more than before; 30% claimed to consume larger quantities of alcohol than before. The same study revealed the increase in the indicators of criminality rate by 17%. 30% of the patients in the general practice displayed some mental difficulties at the very first encounter. Before the war mental disorders were ranked the sixth most frequent condition, and now they are the third. There has been an increased demand for psychotropic drugs, and lately for antiulcer drugs, too (every 4th-5th prescription is for some psychotropic medicine). While before the war the incidence of reactive neurosis was just sporadic, they now represent 70% of morbidity recorded in psychiatric out-patient units (mostly the reactive anxiety states and reactive depressions). The studies carried out in elementary schools reveal that 80% of parents observe

behavioural changes in their children, mostly aggressive behaviour, anger, sleep disorders, enureses, even the emotions described by parents as hatred.

The number of war orphans in Dubrovnik is 71.

The number of widows with small children is 42.

A part of the occupied territory Cavtat, Konavle, Primorje is still under a total telecommunication blockade.

### Social sector

From the beginning of the war all the social institutions of Dubrovnik stopped their activities. The kindergartens, primary and secondary schools, and faculties ceased to function.

The enemy has destroyed or damaged many school buildings, kindergartens, public libraries, both in the occupied areas and in the city itself. The Inter - University Centre suffered a particular extensive destruction, for it was completely burnt down with all of the equipment and the library of 80 000 books destroyed.

Individual lectures and group work has been organized for the children in the public shelters. A significant proportion of the children took refuge in other parts of Croatia or abroad, where they studied by differing educational programmes. The children have often been separated from their families, they live in constant fear, and provided with no adequate education, so a number of psychosocial disorders have already been observed, and are expected to become even more marked in the future period.

However, in the beginning of February, 1992, the kindergartens and schools reopened, while the university level teaching started somewhat beforehand, with the educational

programmes adapted to the specific conditions of war.

The severe conditions of living, lack of water and electricity, of adequate diet and medication, and of adequate housing, affected the health of the population, especially that of vulnerable groups. The immense efforts of both health professionals and the population itself prevented the onset of larger epidemics, and health care was provided even in the most severe of conditions.

Dubrovnik city hospital was shelled several times, but came out with relatively smaller damage, while the health stations in the city and its environs suffered extensive damage and destruction.

### **The displaced persons of Dubrovnik**

During the war 35,000 persons were expelled from their homes, which constitutes 50% of the population of the Municipality of Dubrovnik. The majority of the displaced persons come from the surrounding areas, but a significant number of inhabitants of the city itself was forced to leave their homes. Before the war, some 30 000 inhabitants lived in those areas of the municipality which are temporarily under occupation, i.e. 42% of the total population of the Municipality of Dubrovnik.

The problem of the displaced persons represents one of the most prominent problems of the Municipality of Dubrovnik. It will most probably remain such till the completion of the rebuilding activities in the whole community area. This problem is of a social, economic, demographic, and cultural nature.

Concurrently with the aggression on Dubrovnik, a study of displaced persons was carried out. Most of the displaced persons included were from the surrounding areas. Out of the total number of 36 250, 19 497 displaced persons coming from 6 282 families from

the area of the municipality completed the questionnaire, which represents 53% of the total number of displaced persons and refugees registered.

Out of the above number, 17,696 came from the occupied territory, and 1 803 from the unoccupied areas (city of Dubrovnik, Peljesac peninsula, islands of Mljet and Elafiti, and several villages on the coast). The average number of members of family who left their home was 3, and from unoccupied areas 2.

One point which should be particularly made is evident from the data regarding the value of the abandoned property estimated by the displaced themselves, which includes the total estimated value except from the value of the land. The estimate was forwarded by the senior member of each family, and should, as with all the other subjective judgements, be treated with proper caution. However, the total amount of the property abandoned by 6,282 families is estimated to 5,442,000,000 DEM (867,000 DEM per family), or 10,267,924,000 DEM if the data are extrapolated to all the displaced persons. In the light of these figures, it becomes obvious that one of the major reasons for the attack on the Municipality of Dubrovnik is simply the mere plunder of the wealthiest rural and urban area of the Republic of Croatia and of this part of Europe. The data reviewed above should be considered reliable because they are based on a large number of subjects.

By our present knowledge, all the occupied settlements have been completely and thoroughly plundered, a large number of homes is totally destroyed and burnt down, while the destiny of those remaining is unknown, for further destruction is expected on the retreat of the Yugoslav Army.

## Programmes for displaced persons and refugees

One of the programmes carried out is the one entitled "Psychosocial support of refugee children in Dubrovnik".

**History:** The programme started in January. At that time, kindergartens and schools were closed. There were many children placed in cool hotel bedrooms. Instead of being in their warm homes, wide yards or playgrounds, children were in narrow hallways in overcrowded hotels. It became urgent to offer some activities to children. At that time school lectures were held in hotels. A group of people willing to spend their time with children (playing, talking, singing, performing) was gathered. They started their work in Hotel "Libertas". Later on, this group took the name of "Liberta". All members passed some training in psychological support and communication. At that moment, there were three teams, each of 10 people, and 5 spots in different parts of the town where the work was carried out.

The aim of the programme:

1. To help children to overcome the stress and the horrors of the war.
2. To raise the quality of life of displaced persons and refugees, by raising their activities and the feeling of satisfaction.
3. To prepare people for the return to their villages.

The strategy (two directions of our actions):

1. to involve people in different activities such as dancing school, folk dancing, choir, school of chess, school of needlework. Our intention was to involve as many adults and children as possible.

2. Psychosocial support: through direct contact with children and their parents in playing rooms (Children express their feelings regarding the war suffering through e.g. talking, drawing, building

new houses and villages); self-help groups were also founded.

3. Accompanying programmes: lectures on protection from unexploded explosive devices, art workshop entitled "Rebuild or build a new home" etc.

Potential users: all displaced persons and refugees, especially children.

Resources:

Money: no money. We need help in money. Some of the people volunteering in the programme are unemployed; they have no money even for bus tickets.

People: Will power of all the people included in the programme (all volunteers)

Space: You can be surprised again and again how people can make the best out of the bad bargain.

Equipment: We do receive some help in drawing materials and toys, but not in sufficient quantities. We need more help.

### Needs.

1. Expert help in planning and reconstruction of the existing settlements - as healthy settlements
2. All types of construction materials (cement, roof tiles, glass, PVC foils etc.)
3. Food (powdered milk, cheese, canned food, rice, baby food, pastry, etc.)
4. Direct investment into the economy (hotels, roads, tourist boats, family enterprises, etc.)
5. Sponsorship by cities or regions for the reconstruction of particular settlements, health and education facilities, or cultural heritage monuments.





# METKOVIC

By Asja Palic - Cvitanovic

Metkovic, a municipal centre, is situated in the Neretva river valley, in Dalmatia region, on the very south of the Republic of Croatia. The town is situated eighteen kilometres from the Adriatic coast. It is an important centre of traffic, economy, culture and education, which also made it an important target for Serbian/ Chetnik conquer from the very beginning of the war. Back in September 1991, the Serbian- Chetnik Army opened two fronts in the immediate neighbourhood of Metkovic (8 to 12 km distance), and from that time onwards, we have been totally surrounded by the war operations (everyday artillery and infantry battles, attacks from the air and the constant threat by all types of weapons).

All human and technical resources were mobilized for the defence and the town and its surroundings entered the state of immediate threat of war, the state that has been on for nine months and is continuing even now. These 270 days brought us all the horrors of this lunatic war, from fear and panic to suffering and losses, displaced persons and refugees.

During the last 9 months the life of civilians has been totally paralysed, filled with anxiety and fear, intimidation and exiles on several occasions, depending upon the developments in the enemy's manoeuvres at the battle-field. Economy and public life were arrested, the population driven to the threshold of poverty, and humanitarian help we have been receiving has not been sufficient to meet all the needs for food and medicine. Schools and kindergartens were closed, but the majority of children remained in town, exposed to the terror and the hazards of war day after day.

Data on numbers of victims among civilians and Croatian soldiers or on objects destroyed by bombs are not even close to being a relevant indicator of all

that has been going on and of all we have been experiencing; for, violent, raging, devastating psychological war has been raging.

All of this has been multiplied with the breakout of war in Bosnia and Herzegovina, which brought an unseen exodus of Croats and Muslims from the neighboring country. Thousands were coming every day, leaving everything, trying to save their life by escaping from the immense terror. Their needs in accommodation, food and medicines by far exceed the diminished potential of the town, which puts both the town and its surroundings in an exceptionally difficult situation and on the verge of ecological catastrophe.

The social and psychological consequences of the war are especially severe. The consumption of psychotropic drugs is showing an extremely sharp increase in this period. This catastrophe has put a great burden on children, which is manifested in increased night fears and uncontrolled urination, behavioural disorders such as aggression and increase of substance abuse among young people.

We put continual efforts in trying to improve the psychological state of both domicile population and refugees and displaced persons by means of special radio and television broadcasts featuring various experts.

At the Centre for School Medicine, the Counselling Centre for Youth Mental Health has been working, although in inadequate premises (which has been the case with all health care institutions in Metkovic).

The most important health institution in Metkovic is the Health Centre, which was inadequately equipped in regard to manpower, technical facilities and premises even before the war. Regarding

the provision of health services, Metkovic was oriented towards the Medical centre in 45 km distant Mostar (in Bosnia and Herzegovina), but all the contacts were broken 9 months ago. Thus, the closest health centres this region has to rely on are 100 km (Dubrovnik) and 150 km away (Split) away - a significant distance even in peacetime, and immense in war-time.

Even before the war, the necessity of opening the regional hospital was obvious, especially since this area is, due to heavy traffic, among the leading ones on the tragic list of traffic accidents. Health Centre Metkovic employs only 5 specialist physicians. Diagnostic services are also inadequate. Right before the war broke out, an additional storey was built, but not yet furnished, so that we are working in the most unfavourable conditions.

Because of the additional needs due to the war, teams of surgeons from Split and Zagreb have been working in our region for 9 months in a provisional war hospital.

We all are yearning for the destruction to end !

We are waiting for fathers to return to their children !

That's the most important !

But, life in Metkovic will be very difficult even after the war...

The economy is in the state of collapse. The number of unemployed is getting bigger and bigger. There were no agricultural activities in the once rich surrounding agricultural region. Having in mind the lack of premises and of technical equipment, serious problems can be expected in the health service, too.

The population has been subjected to both psychological and physical strain by the enemy for too long. Experts who could alleviate the consequences of stress will be badly needed. A group of young enthusiasts, working within the "Healthy City" movement in Metkovic has been trying to solve the problems of displaced persons and refugees who lack food, shortage of medicines and stressful situations our citizens were passing through, but even they feel that additional professional training is necessary if they are to be more successful.

And all the problems we once dreamed of solving are still here:

Our valley is overloaded with pesticides and we wanted to save it and avoid the ecological catastrophe.

Our children don't have an adequate kindergarten.

We have been trying for years to raise the money necessary for solving these problems. We can only imagine the extent of the need for new investment after the war and the severity of financial difficulties we are to face.



## OSIJEK

By Tibor Santo and Antun Tucak

Osijek before the war:

Osijek is mentioned under that name for the first time in the early Middle Ages, and records of the town under the old name of Mursa go back to the times of Roman Empire. The town is situated in the north-eastern part of Croatia, at the bank of river Drava, 20 kilometres from its inflow into Danube.

According to the last, 1991 census, the Municipality of Osijek had 104 761 inhabitants. Demographic data show the following structure: 9% of the population are under 6 years of age and 22% are in the school age (from 6 to 19 years), and those of 65 years and older account for 10% of the population. The total active population is about 65,000. The structure according to ethnicity is, as follows: Croats 67.13%; Serbs 20.05%; 5.05% of the population are Yugoslavs and 3.55% did not state their ethnic origins. Although members of 25 national groups live on the territory of Osijek Municipality, except for the above mentioned groups, only Hungarians constitute more than 1% of the total population (1.85%).

Osijek is an important regional centre of Slavonia and Baranja, and the population of 900,000 gravitates toward it. The most important branches of industry are agricultural products manufacturing, agricultural equipment production, chemical and cosmetics industry, leather, textile and clothing manufacturing, furniture and wood industry etc.

Health care for the inhabitants of Municipality of Osijek was provided in 7 primary care institutions (with more than 80 health care units) and in Osijek General Hospital; health care was provided by 2254 health care workers, 479 of them physicians and 74 dentists. The general hospital provided hospital care for

the population of the Municipality, but also for a larger portion of the region and some parts of northern Bosnia. There were 1,700 hospital beds in the general hospital and approximately 2,500 employees. The Hospital also played an important role in research and university education through its clinical wards and research units, as a scientific unit of the Medical School of the University of Zagreb.

In the field of education, Osijek (and its region) had 26 kindergartens, 25 elementary schools, 15 secondary schools and 8 faculties of University of Osijek. There were two theatres, 4 cinemas, several art galleries and museums and numerous regular cultural events. Large recreation centre and more than 20 various sport fields offered the possibility for sport and physical activity. Local media included local daily newspapers, radio and TV station in Osijek.

By the declaration of the Municipal Assembly, Osijek joined the "Healthy Cities" movement in 1990.

Effects of war.

The cold wind of war started to blow in this area in May of 1991, with the massacre of Croatian policemen in a village 45 km from Osijek - Borovo Selo - one of the first Chetniks' strongholds. From that time Osijek has been living with the war as its only reality. Direct attacks on the town from all nearby terrorist strongholds started in September 1991. Both heavy artillery and warplanes were used. Ever since that time, for 9 months now, killing of civilians and destruction of cultural heritage and material goods continues. Never in its past had Osijek been attacked in such a barbaric and cruel manner.

The consequences are horrid:

- 774 persons killed, 346 of that number civilians (25 aged 18 or younger, and 8 aged 14 or younger);

- 3,763 persons wounded, 1,353 of that number civilians (132 aged 18 or younger, 67 aged 14 or younger);

- Up to now, there are 1 500 war-invalids registered, 80% of them physically handicapped;

- Destruction of infrastructures is immense:

17,000 residential units (500 totally destroyed), 179 stores, 7 department stores, 33 tourist and leisure facilities (4 hotels), 128 small craft enterprises, 30 public buildings (1 theatre, 3 cinemas, 1 gallery, 1 museum, 1 public library, 7 local community offices, offices of daily newspapers, radio and TV broadcasting stations, 24 kindergartens (8 totally destroyed), 25 elementary school buildings (6 totally destroyed), 15 secondary school buildings (3 totally destroyed), 13 university premises (3 totally destroyed), 17 objects of sport and recreation, 5 student accommodation institutions, 2 old people's homes. 17 chapels, 13 churches, 3 monasteries and 3 graveyards were damaged. Out of 187 cultural monuments damaged 9 of which were totally destroyed, 25 were monuments classified to the highest category. Also, two bridges and 4 viaducts were destroyed, as well as 8.8 km of tram rails and 2/3 of all public transport vehicles (at this moment, only 6 trams and 15 buses are in operational state). 847 objects of the manufacturing sector were destroyed or damaged (108 totally destroyed, and 210 with 50-100% damage).

Although electricity plants were significantly damaged, electricity supply was satisfactory. Water supply was in order and 200 wells were kept as reserve resources in case of destruction of the water supply plants or distribution

network. There are lots of unexploded explosive devices in the immediate surrounding areas; detection and elimination was possible only in the western part of the Municipality, the only part which is not occupied. This is expected to become a serious problem, especially as field works start in agricultural areas.

All during the war waste disposal was and still is one of the most serious problems. Since the city waste dump was located on now occupied territory of the Municipality, a new, temporary location had to be used, but it doesn't meet all the standards of appropriate and completely safe disposal. Parks and green areas also suffered from explosions, but they were well kept. Since the production process in most industries was either blocked or reduced, air, water and soil pollution, when compared to the period before the war, decreased significantly (Although it never was a major problem in Osijek). However, after an attack, a large oil-container in which oil for central heating purposes was stored caught fire and 5,000 tons of oil burnt out, causing quite serious air pollution. Fire in the matches factory had similar effects. In addition to the above mentioned problem of waste disposal, another specific problem occurred - one of the disposal of medicines that passed the expiry date. Most of these medicines arrived as part of donations. In the pre-war period, the approximate amount of drugs to be disposed of was 30 kg, and now it increased up to 3 tons. There is some evidence that the National Park of Nature "Kopacki Rit" has been heavily destroyed, but, since it is on the temporarily occupied territories, we still cannot be sure of the degree of damage.

- The average number of displaced persons in the town during the war was 20,000, and the highest number recorded 26,000. Most of them were people coming from the nearby areas. Displaced persons mainly found accommodation in private homes of the citizens of Osijek or in those settlements on the territory of the

Municipality which were not exposed to the attacks as seriously as the town itself. Accommodation for around 1 800 displaced persons was organized in groups ( in student accommodation; institutions etc.). After the outbreak of aggression on Bosnia and Herzegovina 878 refugees from that country arrived in Osijek. Osijek was not only accepting displaced persons and refugees; large numbers of citizens, especially by the end of November, fled the town, primarily children, women and old persons, but partly also the persons under the work or military service obligations. The estimated number of persons who remained in the town at the end of November and in the beginning of December was 30,000. Although the children of pre-school and school age were mainly evacuated from the city, approximately 10% of children of that age spent most of the war in the town, in shelters and basements. Several institutions and organizations provided organized care for displaced persons and refugees : The Red Cross and Caritas obtained and distributed aid in food, clothing, and personal hygiene necessities etc. Health care, hygiene and epidemiological services were provided by primary health care institutions and the Institute of Health Protection. Accommodation for displaced persons and refugees, as well as social care were provided by the Office for Displaced Persons, the Social Welfare Centre and the Civil Protection Organization. During the whole course of the war, displaced persons, but also all the other citizens, were continually cared for, often due to the great personal courage of so many people who did their jobs and followed their responsibilities even under heavy artillery attacks.

- In spite of frequent direct attacks on health care institutions, essential health care was continually provided. In periods of extremely heavy attacks, temporary in-patient units on different locations in the town had been put in operation in order to provide necessary aid to the injured and those suddenly taken ill, until the

transport to the hospital was possible.

All during the war, premises of the General Hospital were frequently deliberately chosen as a target of attacks, even after the hospital was put under the direct protection of the International Red Cross Organization. The hospital was attacked more than 10 times and practically no ward was exempted from serious damage. From the time of the first attack, patients and equipment were moved to the basement of the surgical ward that had been in construction, and the hospital has been functioning in these, extremely difficult conditions for the last 8 months. During the attacks on the hospital 4 patients and 1 nurse were killed, and two physicians injured. A total of 25 objects belonging to the hospital have been damaged, with damages from 70% to 100% on 19 of them. The hospital bed number was reduced to only 500, and number of employees dropped to one half of the previous number. In spite of all these adversities, 20 surgical teams were ready at any moment.

Primary health care facilities were also attacked, so that 7 health stations, 14 pharmacies, 10 dental care units in the town were damaged. Furthermore, 12 fully equipped primary health care units (consisting of general practitioner's office, dental care unit and pharmacy) are on the territory currently under occupation; according to available information, they were not only damaged but all of the equipment had been stolen.

Data on patients treated and hospitalized show that health care service utilization has dropped to 20% of the utilization before the war.

According to incomplete data ( unfortunately, the war is not over yet), there have been some changes in the health status of the population. While in the pre-war period the most common causes of death were heart diseases (33% in the previous year), strokes (22%) and malignant neoplasms (18%), in the war

period violent deaths took over the first place (44.7% in the last trimester of 1991), and the proportion of heart diseases (19.1%), strokes (12.8%) and malignant diseases (7.3%) declined. In the pre-war period, accidents always accounted for less than 10% of total deaths. No significant change in the number of suicides has been noticed. There has been a significant decrease in the number of cases of communicable diseases (from 1,971 cases in 1980 to 1,174 cases in 1991) - varicella accounted for over 50% of that number (1,280 in 1990 and 724 in 1991), and the proportion of tuberculosis increased from 5.6% to 5.9% of all registered cases of communicable diseases. No significant changes in proportion within this group of diseases has been noticed when compared to the pre-war period. Perhaps an explanation for the decrease of cases of communicable diseases could be found in the fact that some institutions such as schools, kindergartens and university were closed, but also in the fact that, except for some larger shelters and objects used for accommodation of displaced persons and refugees, there has been no gathering of larger groups of people. Part of the reason most certainly lie in the most agile engagement of all responsible health institutions. More significant epidemiological problems occurred due to the fact that it was impossible to carry out an efficient monitoring and control of stray dogs, which resulted in an increased number of persons receiving anti-rabies vaccine following the attack of unidentified dog or cat (rabies are highly prevalent among wild animals in our area). Vaccine for dogs and human anti-rabies vaccine are badly needed. Large numbers of wounds and injuries led to an increase of anti-tetanus vaccines issued, so that there is an additional need for that vaccine, too.

Due to the prompt evacuation of pregnant women, nursing mothers, newborns and infants, their mortality rates did not change in comparison to the pre-war period. In the last few years, the infant mortality rate ranged from 10 to

13/1000. Organized evacuation transports of children were frequently joined by health workers from Osijek, which enabled us to get a good insight into the scope of vaccination and we have achieved the 85% coverage. In the case of children without any documentation on previous vaccination measures taken, vaccination programme was carried out on basis of the special scheme recommended by the Republic Institute of Health Protection. The need for help in vaccines included in the Republic Institute for Health Protection list is getting greater every day, since most of the refugee children coming from Bosnia have no documentation on previous vaccination with them, but also because certain supplies of vaccines were lost in the health stations on the occupied territories.

The number of handicapped persons has increased significantly, and, unfortunately, the numbers are probably not yet final. The average number of handicapped persons before the war was 15 000 (1,500 mentally impaired, 850 deaf, 500 blind, 200 cerebral palsy patients, 500 dystrophic, 20 multiple sclerosis patients and approximately 12,000 disabled). And now, 1 500, mainly physically handicapped persons, war invalids (limb amputation, severe head and spinal injuries etc.) must be added to that number.

Utilization of the health service due to mental health problems increased significantly during the war approximately 40% in primary health care services and 5 times in the structure of hospitalized patients. Data gathered for the purposes of evaluation of the SOS counselling service and the SOS telephone line (established in October) show that in 70% of cases these services were used by women who worried for the safety and lives of their children and who were feeling the burden of uncertainty. Heavy attacks on the town regularly resulted in increased number of calls. It was noticed that in relatively quiet period conversations were longer and that more calls from male citizens were received

The youngest person who used the services was 5 years old, and the oldest 84. The calls from persons with suicidal intentions were very rare. Suicide acts were less frequent, too. Due to the still existent danger and very difficult living conditions, as well as due to the fact that a lot of people are still displaced from their homes, more detailed research into the repercussions of the war on mental health, especially in children, have not yet been carried out; but, it is clear even now that the process of healing the consequences will be a long and difficult one.

Efforts of local authorities of Osijek to inform and involve the international public in the problems of brutal attacks on both lives the of civilians and their material goods resulted in empathy and concrete help from many individuals and cities from Europe and the rest of the world. There is a long list of cities who helped us. Fortzheim, Osijek's twinning city showed special concern and helped us very much. as for the cities within the "Healthy City" movement, Munich expressed the willingness to help.

The consequences of this war are extremely severe and the healing process - in all the segments - will be both long and difficult. In this process, any kind of help will be much needed and very valuable - from material help (food and clothing, construction materials, furniture, construction and furnishing of school buildings, health stations, kindergartens, playgrounds, rebuilding of destroyed production plants...) to the expert help based on the knowledge and the experience of others.

In the short-term, there is a need for help in repairing or rebuilding and basic furnishing of so many destroyed and robbed homes on currently occupied territories (estimated number from 5 to 10 thousands), 12 destroyed and robbed health stations, 20 school buildings, 8 destroyed or damaged local water supply networks, as well as in agricultural machinery and other requisites, etc.

In the long-term, the best form of help would be to invest in the development of the town, following organisational and developmental principles implemented in European towns.







## PULA

By Radoslava Bareta

### **Town profile:**

Pula is one of the few Croatian towns not to suffer direct damage during the war.

The town is 3,000 years old, situated on the Adriatic coast, on the Istria peninsula, whose spiritual and cultural profile was formed under the Mediterranean influence.

The town has 84,000 inhabitants, most of them are not autochthonous, because Pula, as well as the whole of Istria experienced the unparalleled exodus of its Italian population, but also of Croatian inhabitants after World War II. The population is very old (more than 10% is over 65 years of age) and the town is currently in post-transitional stage of demographic development.

In regard to ethnic structure, the majority of the population is Croatian (55.5%), followed by Istrians (11.9), Serbs (7.6%), Italians (6.4%), Muslims (3.5%), Yugoslavs (5.4%) and others (9.7%).

Pula is the centre of the economy of Istria. Industry is well-advanced (shipbuilding, glass and cement production), as well as trade, tourism and some other branches of economy.

Pula is also the health service centre of Istria. The primary health care service, specialist outpatient service and in-patient health service (800 beds) are well developed, as well as public health services and pharmacies.

Social services are also well developed; there are several old people's and retirement homes, an orphanage etc.

Pula is a cultural centre of Istria. Cultural institutions in the town include theatre, symphonic orchestra, several cinemas, several museums, university library,

numerous public libraries, several cultural manifestations - festivals (film and theatre festival etc.) and several annual symposia.

Educational institutions include 37 primary schools with 8,786 pupils enlisted, 6 secondary schools with 4,997 students enlisted and several institutions of high education with a total of 889 students.

Pula is famous for its precious monuments from Roman times, the most famous of them being the Arena - a Roman amphitheatre, the beautiful Brijuni Islands - put on the list of protected national natural heritage - on which Robert Koch used to work. It is also a town in which lot of eminent persons were born, lived or worked.

### **The town in the war - war in the town:**

Although the town was not attacked or bombed, the ex Yugoslav Federal Army (YFA) remained in Pula until December 1991, creating an atmosphere of constant danger. When they left, most of the premises on 36 different locations (this data shows that Pula was a "military town") were left devastated - everything of value was taken away and facilities were destroyed or mined. Two institutions of great importance - the Military Hospital and Pula Airport were left without any equipment.

The Military Hospital is a beautiful building, dating from the time of Austrian Empire, and renovated a few years ago. The hospital itself was one of the best equipped health institutions in Croatia.

When the YFA left, the process of removing mines was started and 4 members of special police units were killed and 2 injured in this action.

Organized care for displaced persons coming from all war-threatened regions of Croatia (Eastern Slavonia, Lika, Banija, Zadar, Dubrovnik) started in Pula back in August 1991. In some periods, up to 10,000 displaced persons lived in the town, with accommodation organized in private homes or in special centres, hotels etc.

Organized care for displaced persons was provided by the social welfare service, health care institutions, humanitarian organizations, local authorities and individual volunteers.

Owing to numerous connections between Pula and European towns and countries, help from all over Europe was permanently coming to town. The role of towns, organizations and individuals from Italy, who offered generous and outstanding help to Istria and Croatia, should be especially emphasized.

In the same way in which Pula offered hospitality to displaced persons from other parts of our own country, it offers it now to refugees from Bosnia and Herzegovina; at this moment, their approximate number is 3,500.

#### **Health profile of the town.**

The health profile of Pula is characterized by diseases connected with life-style (smoking, alcohol consumption, obesity, lack of physical activity, drugs).

Heart diseases and vascular diseases account for 47-48% of deaths each year, cancer for 25-26%, injuries and poisoning around 8%, and gastrointestinal organ diseases approximately for 8%.

Regarding morbidity in the population of Pula, the most common are respiratory diseases (especially among preschool children), communicable and parasitic diseases (preschool and school children), diseases of the nervous system and sensory organs, injuries and poisoning and rheumatic diseases (adults).

Among school children, bad posture, skeletal deformities and dental caries should be emphasized.

The infant mortality rate is among the lowest in Croatia (6.0/1000 in 1990), and vaccination coverage is excellent so that the occurrence of the diseases for which vaccines exist is only sporadic.

#### **Current problems and needs**

We are presently at the point when all the pre-war potential of Istria and Croatia has been completely exhausted. We are no longer able to provide for basic needs of neither domicile population nor displaced persons and refugees.

Our priority needs at this moment include food, especially baby food, personal hygiene necessities, underwear, children's clothing and footwear.



## RIJEKA

By Iva Josipovic

### General information:

Rijeka is situated on the north of the Adriatic coast, in Kvarner Bay, where the Mediterranean sea penetrates deep into the continent and where it is closest to the Central European countries. It is also on the spot of the easiest passage from the Danube area to the Adriatic sea. For all of these reasons, Rijeka has a very favourable position for developing transport services. The Municipality of Rijeka covers the territory of 515 sq.kg., and the town itself of 50 square kilometers. According to the 1991 census data, Rijeka had a population of 206.000. It is organized in 57 local communities. Most of the population of the Municipality of Rijeka are Croats (over 80%), but members of numerous ethnic groups present in the region also live in Rijeka, with the particularly significant Italian ethnic minority. The literacy rate is very high and the educational level adequate, especially in the last 40 years, when institutions of high education have been established in Rijeka, with the University acting from 1973. The education system has a long tradition, and especially primary and secondary education, going back to the beginning of 15th and 17th centuries, respectively. Rijeka has a great cultural heritage. The most important branch of economy, regarding both the income and number of persons employed is industry, and right beside it transport, trade and commerce, tourism and supporting branches. Till the war begun, the employment rate in Rijeka was very high, so that out of 200,000 inhabitants 100,000 were employed. With the outbreak of war, more and more people lost their jobs, whole branches of production were blocked, especially transport and tourism, so that at this moment, more and more people are impoverished each day and the living is getting harder. If this situation prolongs, Rijeka is going to face great difficulties in securing enough food and

other basic prerequisites for living.

Rijeka is also an important health centre, with a Medical School of long tradition.

The health service in Rijeka is organized in five institutions: Clinic, Pharmacy "Jadran", Health Centre, Emergency Care Station and Institute for Health Protection. From the utilization point of view, the health service is organized in 14 separate sections by activity and about 450 medical teams (physicians and other health care workers).

The health service in Rijeka employs 4, 903 persons (5.3% less than in 1990). The number of health workers is 3,395 (4% less than in 1990), out of that number, 1,025 are physicians and other professionals with university degrees (2.5% less than in 1990). This manpower potential can be expressed through the ratio of 1, 000 inhabitants per 1 primary care physician and 277 inhabitants per 1 physician in the Municipality of Rijeka. The health service in Rijeka provides 2,000 various services (procedures) in primary and specialist outpatient care and over 1,500 services (procedures) in hospital care. In 1991, 101, 000 periodic health examinations were performed, for both preventive and health needs assessment purposes. A total of 51,479 patients was hospitalized, 2/3 of them from the Municipality of Rijeka.

Morbidity data show the rate of 3 disease per "average inhabitant". Every third disease is the one involving respiratory organs. Except for that, leading diseases are those of nervous system and sensory organs, locomotor system diseases and heart and vascular diseases.

Leading causes of death are, as follows:

- heart and vascular diseases 41.6%
- malignant neoplasms 23.6%
- old age and ill-defined conditions 10.4%

- injuries and poisoning 5.9%
- other causes 16.5%

The total mortality rate is 7.8/000 population

Having in mind large numbers of displaced persons and refugees, the situation with regard to communicable disease is very good.

### **Casualties**

Our region did not suffer direct war damage, but we fully shared the destiny of Croatia. A lot of young men from our town left their normal everyday duties of working or studying, and are defending our country. Many were wounded, and some of them are never to return to their town. Feelings of fear and anxiousness are intensive, and, unfortunately, they will remain with us for quite some time. During this war the lives of 57 young men from our town were lost, and more than 300 were injured, 41 of them severely - with permanent consequences. The fact that all of them are between 19 and 40 years of age makes it even more tragic.

### **Displaced persons and refugees**

Fortunately, as we have already mentioned, Rijeka was spared of direct war damage, but the consequences of war in our town are significant. During this war Rijeka performed many important tasks. It accepted many persons displaced from Vukovar, Vinkovci, Osijek, Gospic, Karlovac, Otocac, Zadar and Dubrovnik. There were 56,000 displaced persons registered in the area covered by our Regional office for displaced persons.

They all were accommodated in solid buildings, food, accommodation, clothing and other necessary goods were and still are provided for them, as well as health care, kindergartens and compulsory education. We have also organized a hotel-school for primary school pupils from Osijek. In addition to taking care for displaced persons in our region, Rijeka has, all through the year, been a transit centre for displaced persons (reception, food provision, meeting basic personal hygiene needs, and organizing transport and escort to the final destination). Thousands of persons passed through our town in this way.

As the war conflict in Bosnia and Herzegovina broke out, long lines of refugees started to arrive in Rijeka. At this moment, there are 13,600 refugees in Rijeka. For them also, Rijeka is a transit centre with a refugee centre in which food, basic hygiene needs and transport and escort to their final destination are provided.

### **Our needs:**

We expect our friends, European "Health Cities" to help us in the renewal of our country, by starting the programmes of investment, especially in tourism, transport and trade. This is our long-term need.

As for the short-term needs, we continually need food, personal hygiene necessities and medicines for displaced persons and refugees in our area.

## SPLIT

By Ankica Smoljanovic

Split is situated at the heart of Dalmatia - the coastal region of Croatia. It is an ancient town, 295 A.D. mentioned as the year of its founding, the year in which the Roman emperor Diocletianus began the building of his palace at this spot on the Adriatic coast. Monuments from his time, as well as those from all other periods of the long history of the town form its beautiful historical centre, included in the Register of the World Cultural Heritage (UNESCO).

Nowadays, Split is the second largest city of Croatia and the centre of the region of Dalmatia. It is the important centre of traffic, trade and commerce and tourism, with large shipbuilding, cement, chemical, textile and many other branches of industry.

It is also the health service centre of the region. The most prominent health care institutions are : the Clinical Hospital Split (with 1,300 hospital beds); the ex-Military Hospital (with 450 hospital beds), the Health Care centre, the largest in Croatia, offering both primary health care and specialist polyclinical services; the Regional Institute for Health Protection, the Municipal Pharmacy and the City Spa, with the tradition going back to the Roman times.

On November 15, 1991, Split was attacked from the sea by several Yugoslav Army vessels. On that occasion, two sailors were killed while on duty on a ferry in Split's passenger harbour, and several citizens were injured. Numerous civilian objects were targeted, and some parts of the old city centre also suffered damage. Apart from this attack, damage was also caused by Yugoslav soldiers shooting from the army barracks stationed in the city.

Citizens of Split and the whole of Dalmatia have actively participated in the defence activities throughout Croatia. 169 persons from Dalmatia have been killed from the beginning of the war to June 3,

1992. 58 of that number were citizens of Split and its suburbs, and an additional 146 were wounded.

As the regional centre, Split is also providing all types of support for towns and villages in the war-zone.

Large numbers of displaced persons and refugees have been coming to Split throughout the war. Currently, 75,000 persons (54,000 refugees from Bosnia and Herzegovina and 21,000 displaced persons coming from other parts of Croatia) are residing on the territory of nine municipalities covered by the Regional office for Displaced Persons and Refugees in Split. 41,274 of that number are accommodated in the city area (Split and suburban towns Solin and Kastela). 25,059 are living in private homes of citizens who offer them their hospitality, and 16,215 in other facilities (hotels, student homes etc.) in which the accommodation is organized. In order to comprehend the extent of additional needs city has to meet, let us mention just a few from the long list of foodstuffs and personal hygiene necessities they need /quantities needed per 1 month/: 476,000 kg of flour, 17,000 litres of cooking oil, 17,000 kg of salt, 205,000 kg of potatoes, 45,000 kg of milk and milk substitutes, 4,500 kg of baby food, 34,000 packages of soap, 102,000 packages of toilette paper, 4,000 packages of diapers, 17 000 kg of washing powder etc.

The health service in Split is providing care for displaced persons and refugees, injured and ill from the whole region. the Regional Institute for Health Care is the coordinating centre of all preventive activities in Southern Croatia. since the additional needs are great, there is the lack of equipment. At this moment, an off-road vehicle equipped for the epidemiological and sanitary field work for a team of 4-5 health professionals is badly needed.



## ZADAR

By Ivan Stipanov

Zadar is situated on the Adriatic coast - in Northern Dalmatia. The city is over 3 000 years old, is rich in historical and cultural monuments originating from different civilizations and has an important place in the history of the Croatian people. It has always been an important commercial, political and cultural centre. It has often been destroyed; prior to this latest destruction, it was almost levelled to the ground during the bombing at the end of the World War II. Since then it was gradually rebuilt and today, with 75 000 inhabitants, it is the fifth largest town in Croatia and the leading cultural, maritime, industrial and tourist centre of the entire Northern Dalmatian region (area of 2 500 sq.km) which attracts a population of around 200,000. Zadar has a well-developed chemical, textile, food and tobacco industry and shipbuilding. The vast potential in tourism and fishing is still insufficiently exploited. Zadar is also the centre of the strongest Croatian maritime trade.

According to the 1981 census, 50% of the population of Zadar is under 30 years of age, while 10% is above 65. With seven secondary schools and the faculty of arts, Zadar is the regional centre of education, and the chief health care provider for the whole region. There is a centre of primary and secondary health care and a department for preventive medicine. Close to the town there are two psychiatric hospitals (one completely destroyed in this war) and an orthopaedic clinic.

The citizens of Zadar ran to shelters for the first time on 16 September, 1991. From the beginning of the fighting in Croatia, in the Zadar area there were 200 dead in everyday attacks, of which over half were civilians and the rest Croatian soldiers. During that period, close to 1 400 people were wounded, out of which 322

were civilians.

The hospital was struck several times by cannon and artillery fire: the child care ward received most of the direct hits. The basement was temporarily transformed into a surgical ward with operating rooms. Several general clinics are destroyed, ambulance cars have been an enemy target on many occasions. In Zadar's surrounding villages the Serbian aggressor completely devastated at least six out-patient clinics, terrorized the patients and the staff of the psychiatric hospital in Zemunik (some 10 kilometres away from Zadar) until it finally destroyed it. The psychiatric hospital on the island of Ugljan in the vicinity of Zadar, where patients from the Zadar General Hospital were evacuated, was under artillery fire as well. Due to dangerous circumstances, hospitalisation criteria were intensified, while the number of treatment days was reduced to minimum. During peace time the hospital had a capacity of 637 beds. Also damaged in Zadar were five kindergartens, the majority of schools, the famous school of music, many centennial churches, museums, as well as several thousand residential buildings. Shells and aerial bombs struck the remains of the Roman forum, the bishop's palace, and both homes for the retired. Many industrial facilities and hotels were demolished. The brutal enemy hit on purpose civilian shelters and buildings (mostly hotels and bungalows) where refugees were staying. One of the most inhuman incidents of the war in Croatia occurred in the very vicinity of Zadar: in the village Skabrnja more than fifty civilians were massacred, mostly women and elderly.

Many villages around Zadar were completely destroyed, looted and set on fire and reconstruction will need to be drastic. As well as destroying villages, the villains set many explosive devices in



villages, forests, fields. In order for the displaced of the Zadar surroundings to return to their homes, the whole area will have to be cleared from explosives of various kinds. Most explosives will remain in the area for a long time after the war, threatening mostly children. The sight of handicapped people that could emerge is horrifying. We would therefore, need help in obtaining modern, reliable mine detectors.

It should be brought to attention that the stated data on the suffering are not final because attacks on Zadar and its surroundings in May, which is eight months since the first attacks, are becoming more violent and more frequent. The citizens of Zadar had been in shelters continuously from 20-27 May, 1992, without water and electricity. Zadar has lived without electricity the whole month of May. Since September 1991 the enemy struck the transmission lines on several occasions, due to which Zadar and its surroundings were without electrical power for all together almost four months. At one time there was no electricity for 72 days. The situation with the water supply is far worse. At the very beginning of the war the enemy deprived the citizens of Zadar from obtaining water from regional supplies as a result of which we were forced to put to use the old, much smaller water supply. Besides that, two sources of water were put to use as well as one in the nearby area which had never been used for supplying citizens. That type of water is brackish and unsafe to drink, but is satisfactory for maintaining a certain hygienic level. With even such an impoverished supply, the citizens get water every third day. One of the biggest necessities for Zadar would be generating units for water supply pumps, as well as for supplying electricity to vital institutions: health, residential or industrial.

It is hard to believe that in this entire period of war we have not had any severe epidemics. The reason for it is undoubtedly in intensive preventive

medical activities. Maximum efforts have been done for the vaccination of as many children as possible. Yet due to somewhat chaotic fluctuation of children into and out of the town, keeping files is very difficult. Anti-tetanus vaccination was performed on soldiers, which is complicated due to constant transfers of units. Health workers were vaccinated against tetanus, and patients against hepatitis B. The maternity ward lacked vaccine against tuberculosis so that many children were released from their packed narrow shelters without receiving the necessary protection.

Lately, an augmented psychological tension can be felt among the population but the true problem of mental health is still ahead of us in the postwar period. It seems that the actual stressful situation induced in people protective mechanisms which still keep a counterbalance. How long will that hold?

In Zadar's morbidity statistics in 1990 respiratory diseases were ranked first, diseases of the neurological system second, followed by muscle disorders, skeletal and connective tissue, and diseases of the circulatory system as fourth. Accidents, poisoning and assaults are ranked seventh, after digestive and infectious diseases. Their jump on the ranking list is to be expected. In 1990 there were 100 cases of infant deaths, half the number of 1980. But the war will bring changes to this statistic also.

Zadar is in close enemy encirclement. It is the target of shelling and heavy machine-gun fire from 3-5 km distance. The only connection for Zadar, with the entire Dalmatia (Southern Croatia) is a local road which goes towards the island of Pag. Pag is connected to the mainland by the bridge on one side, and by ferry on the other. The ferryboat traffic has often been interrupted due to enemy attacks as well as heavy winds. The aggressors destroyed the bridge Maslenicki which was the vital connection on the main road. An international invitation

tenders has been published for the rebuilding of the bridge when the war is over. The building of a tunnel through the mountain Velebit situated behind the bridge is also planned. It would be essential for Zadar, for its surroundings, for Dalmatia and for the whole of Croatia, as well as for the connection between Europe and the Adriatic sea.

Zadar has received help during its most difficult times in history from many kind people and organizations all over the world, and also from its fraternal cities. We are obtaining humanitarian help mostly in medicine, sanitary material, clothing and food. There were some problems in relation to this. The most important concerns were the medicines which could not be used due to expired date. During winter we had enough clothes, but now with the arrival of summer we will need lighter clothes and shoes. The most valuable supplies are bottled water and fruit, vitamins and especially baby food and milk. Diapers are also very much needed. The humanitarian help is distributed by the Red Cross, Caritas, Centre for Social Work and by the Medical Centre, and recently by a newly formed agency for donation which coordinates all activities.

Healthy Cities have the political support of local authorities. Therefore, European and Healthy Cities all over the world could directly influence higher political bodies to make decisions to stop the destruction of Croatian towns and villages. So far the world has shown itself so slow and sleepy! Zadar and its surroundings are left to fight alone against the bloodthirsty enemy in the tightest circle! The UNPROFOR units are not foreseen for deployment in this area which the enemy does not plan to leave. Any kind of political movement or support would be received with open arms, because it is becoming clearer every day that without foreign military intervention, there will be no peace.

Since many villages were totally

destroyed (an exact insight to the situation is impossible for now, but some assumptions exist) a complete restoration and construction of new homes, clinics and other institutions as well as the infrastructure will be needed. Restoration and protection of the environment will also require a professional and careful approach including delicate renewal of cultural and historical monuments. We shall welcome any advice and professional help.

Recapitulation on the means of help:

- political support, abolition of embargo for the import of weapons for Croatia, economic sanctions for our enemy and the enemy of the human race, and military intervention;
- medicines with a longer expiry date, sanitary material, medical instruments and devices, food (especially baby food);
- mine detectors;
- devices for restoration (field vehicles, utensils for disinfection, and disinfection and rodent control sprinklers);
- construction material;
- furniture;
- monetary help, credits (business and industrial), investments in Zadar's economy;
- advisory and expert help in the restoration of residential areas, etc.

Profound thanks from the citizens of Zadar, which tries to become a Healthy City, dreaming above all about a life in peace!



## ZAGREB

By Dubravko Bozicevic and Vida Zibar

### City profile.

Zagreb is the capital of Croatia, its political, cultural and health service centre. It is one of the oldest European cities. The estimated number of its inhabitants was 950,000 in 1990. The number of inhabitants in the central, historic part of the city is decreasing, and Zagreb as a whole records the decrease of natural population growth as well, due to a long-term trend of low birth rates. For this reason the number of the ageing is increasing, which requires the formulation of a specific health care programmes, adjusted to the present demographic change. The increasing proportion of the aged also imposes the problems related to their social care. The present demographic structure of Zagreb calls for the activities aimed at reversal of trends in fertility and birth rates.

The chronic diseases are a prominent public health problem in Zagreb, both from morbidity and mortality aspects. Heart and vascular diseases are the leading cause of death, as well as a major cause of disability. The death rates related to these diseases are still increasing in Zagreb, especially with the increase in the average age of the population. This is also the case for malignant neoplasms, which, for years now, represent the second major cause of death. Every fourth patient in general practice has rheumatic complaints; although they do not represent a major cause of death, they do produce high disability rates.

Within the group of mental illnesses, the most prevalent ones are neurotic disorders, personality disorders and other non-psychotic disorders, followed by alcohol dependency syndrome. After the outset of war, an increase in the frequency of mental disorders in the city's population has been recorded, which is reflected in the increased use of sedatives and in an

increased incidence of suicide.

Much has been done in the field of infectious disease prevention in Zagreb through vaccination and health monitoring, although there is never a reason for complacency. It should be noted that primary vaccination in children is not comprehensive enough for some illnesses (e.g. measles). In the present situation, the most crucial point is that no epidemics of infectious diseases have broken out in the situation of extensive refugee influx, which is deemed to be particularly due to the good childhood vaccination practices immediately before the war. Over the past years there has been a marked decrease in infant mortality, with rates falling from 31.4/1000 in 1964 to 7.7/1000 in 1990. However, the structure of infant and child morbidity has not changed significantly, and for a long time the respiratory complaints represent its bulk, amounting to 58.1% of all childhood morbidity in 1990.

### The effects of the war:

Zagreb was also attacked in this war, at first its suburbs; in the areas surrounding the airport and the army barracks, and on November 7th, 1991 the very centre of the city went under rocket attack, during which some 70 historical buildings were damaged.

In the new parts of the city, in the vicinity of the barracks, a number of residential buildings were damaged.

After the retreat of Yugo-military from the city, the areas surrounding the abandoned and destroyed barracks and the airport still remained dangerous because of the large quantity of unexploded explosive devices. Several children have been reported wounded by them. The Croatian Army, with much

effort, is trying to solve this problem in a satisfactory way.

The "Healthy City" of Zagreb is organized in following ways: - citizens are actively participating in the defence;

- organizing and sending medical teams to the field, in the high risk areas;
- sending ambulances;
- sending medicines and medical material;
- providing blood and blood products, especially for the regions of Slavonia and Bosansko Posavlje.

The war, however, takes its toll: by April 3rd, 1992 the total killed in Zagreb was 217; 1,000 were wounded, and 120 were left with permanent disablement.

In Zagreb's hospitals the wounded are treated, displaced persons and refugees accepted and accomodated.

From the start of the agression on Croatia to June 10, 1992, in the Clinic of Traumatology only, 7 649 injured were treated in outpatient clinical service, and 840 hospitalized.

Zagreb is also facing the enormous problem of acceptance and accommodation of displaced persons coming from all the war-affected parts of Croatia, and also recently of refugees coming from Bosnia and Herzegovina.

The first groups of displaced persons started incoming at the beginning of June, 1991 from the areas of Hrvatska Kostajnica, Glina, Petrinja and Pokupsko. Zagreb was meant to be just a transit centre at the time, but it soon became obvious that provisions were to be made for a longer-lasting accommodation in the city for some of the displaced persons. As the war became fully fledged, the number of those persons increased daily. For this reason, the Regional Office for Displaced Persons was established on November 7th, 1991, employing professional teams consisting of social workers, physicians and other professionals.

The first major wave of displaced persons the Office was faced with came from Ilok. In the second half of 1991 Zagreb accepted the largest wave of the displaced up to then, all coming from Vukovar. Within a week, over 20, 000 displaced persons arrived, so that the organization of refugee acceptance centres became essential and unavoidable. Twelve sports halls were made available, and all the available hotel facilities were used as well. The people were accommodated in such a way for 3-5 days, and were afterwards provided with a more permanent accommodation in the hotels in Istria. Specialist teams were organized for each centre, encompassing the employees working in the accommodation facilities, health care professionals, civil protection and Red Cross officers, and social workers. The board was organized to the distribute cooked and cold meals. A thorough emergency sanitary monitoring programme was carried out, so that no major health problems occurred. All public services in Zagreb are accessible for the displaced persons and refugees (public transportation, hospitals, kindergartens, schools, universities, etc.).

There was a problem of treatment of dialysis- dependant patients who came to Zagreb after the hospitals in both Sisak and Osijek were attacked on the same day. They have been accommodated in the old people's homes, and dialysis was carried out in three of Zagreb's hospitals. The old people's homes also accepted those who were accommodated in the similar institutions in the crisis-stricken areas, and new beds were brought in order to increase their accommodating potential. Data on June 2, 1992 record a total of 65,000 displaced persons and 63,000 refugees currently residing in Zagreb. Food and housing for them represent a burning problem. There is also a concern that the increase in their numbers may well cause the onset and spreading of some diseases (e.g. hepatitis, typhoid)

Zagreb has been receiving relief from various foreign humanitarian and caring

organizations, as well as from other organizations and individuals throughout the war. The aid from the Danish city of Horsens and from the Norwegian city of Sadens, both "Healthy Cities" and members of the European Healthy Cities Network, also arrived.

Our experience with the received aid is generally very positive. Some objections may be directed to the lack of appropriate communication and information exchange, and the fact that the large part of the medicines received have already been beyond the expiration date.

Food is what Zagreb still urgently needs, and another major problem is one of lack of the accommodation (housing) facilities for displaced persons and refugees.



## HEALTHY CITIES REPORTS - EUROPEAN NETWORK

### HAMBURG

#### INITIATIVE GROUP FOR MEDICAL HELP IN CROATIA, IN COOPERATION WITH THE "HEALTHY CITIES PROJECT-HAMBURG"

The grounding:

September 1991

"...As the war in Croatia broke out, I was totally occupied with the thoughts which the horrors of war had awakened in me. TV pictures, radio broadcasts, newspaper reports, telephone conversations with people who had just come from Croatia, and my search for friends in the threatened region, all increased my "drama". Although I have lived in Germany for over 25 years, I remember very well the friends of my childhood who, until yesterday, lived in peace and who now found themselves endangered by the war...

...I could no longer just sit and mourn, I had to combat this crime in some way. I had to do something...Being a nurse, I knew that the best way in which I could help was in medical area."

Difficulties

(After trying different approaches) "... I decided to get in touch with the media. In many places my cries fell on deaf ears... The press were not prepared to publish articles about the war in Croatia. Also, the fear of taking sides could be noticed, for fear of subsequent disadvantages..."

**First successes of the newly founded action group for medical help for Yugoslavia**

- On the 26.9.91. we had a bank account.
- The first press announcement appeared in the Hamburger Morgenpost on the 28.9.91
- In the beginning of October, 365 churches and 60 hospitals in and around Hamburg were written to and more than 6000 calls for help were sent out... All

were asked to give a donation for the war victims in Yugoslavia.

- Pharmaceutical and medical equipment industries were approached.

- A call for help was published in the Physicians' Newspapers and thereby tens of thousands of doctors were reached.

- Our first press conference was held in the "Healthy City" Project Office in Hamburg...

**Cooperation with the "healthy Cities" in Germany**

"...Our group proposed, at the suggestion of the Croatian Healthy Cities Network Support Centre in Zagreb, to approach the Healthy Cities Network in Germany with the suggestion to establish links between towns in Germany and towns in Croatia; within the framework of that kind of partnership it would be easier to distribute food and technical equipment. Dresden, Berlin, Frankfurt, Bremen and Munich either supported the activities of the Group or formed their own groups..."

Change of name:

"...On 15.1.92. the group decided to change its name. Germany had officially recognized Croatia and the rest of Europe slowly came to understand the wisdom of that decision..."

"...Our new name was "The Initiative Group for Medical Help in Croatia, in cooperation with the 'Healthy Cities Project-Hamburg'"..."

"...In January we have received an offer for free transport to Croatia, in cooperation of humanitarian organization "Moj Bliznji" (Dr. Josip Mikulic) and INA (oil company)..."

Cash receipts and payments



"...Donations of money came to us from all parts of Germany. To date we have received over DM 700, 000. From the receipts, we notice that many people make a regular monthly donation. The amounts range from DM 1.95 to DM 10 000 with an average somewhere between DM 100-DM 200..."

"...The total value of goods despatched to date exceeds DM 8 million..."

\*\*\*\*\*

"...Both in Croatia and in Germany, we are now accepted as the best organized group..."

In addition to the already described activities on organizing and collecting medical help,

- "... The group has arranged for the treatment, operations and provision of prosthesis for some (war) injured and has been successful in arranging for others to be treated in the USA..."

- ...The Croatian Culture Group and Croatian Catholic Mission in Hamburg have offered us their support through the agency of the city of Hamburg...

- ...Many physicians throughout Germany have volunteered their help and we have frequently used these offers.

- ...Preparations are going on for a series of benefit concerts to take place in the autumn of this year in five cities in Northern Germany.

- ...Lectures and exhibitions showing the miseries and war damages in Croatia are being presented to the public.

- ...Part of the programme is also the care for refugees and displaced persons from Croatia (at this moment - 1 million 350 thousand).

- ...Hospitals in Bosnia and Herzegovina have also been included and in the last two convoys (6 lorries) medical and sanitary supplies for north, central and south Bosnia and Hercegovina were included, a total of 12 towns and hospitals.

- ... Also, we have received calls for help from over 50 Croatian and over 15 Bosnian towns, from medical centres, old peoples' homes and homes for youth,

refugee centres, companies, groups and individuals.

## MY PROPOSAL

"...We would be happy to work together with you. Please:

Organize yourself in your own towns and collect medicines, food and sanitary articles..."

...Coordinate with us and inform us of what you have collected... If you wish, we can arrange for the fair distribution of the very precious things you have to offer. We will inform you when your donations have arrived and to whom they have been given, in the same way that we receive confirmation of successful delivery.

Please do not forget to send me the telephone and telefax numbers of your coordinator!...

**ONLY TOGETHER ARE WE STRONG ENOUGH TO HELP CORRECTLY AND ACCURATELY  
LET US NOT LEAVE THE SUFFERERS OF THE WAR UN-CARED FOR."**

**INITIATIVE GROUP FOR MEDICAL HELP IN CROATIA, in cooperation with the HEALTHY CITIES PROJECT HAMBURG**

Members: Prof. Alf Trojan, Dr. H.J. Langmaack, Dr. A. Friedrich, Prof. D. Jung

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## The Netherlands Healthy Cities Network

In November 1991, at the Healthy Cities Symposium in Eindhoven on "Health in the Information Society and Information in the Healthy Society" the National Healthy Cities Network in the Netherlands took the initiative to draw the attention of the symposium participants to the situation in Croatia. Janine Cosijn, coordinator of the Network, was able to speak on behalf of her colleagues in Croatia at the opening as well as the closing session. This plea for help was repeated by John Ashton and Keith Barnard, who were both key note speakers at this symposium. Staff members of the Support Centre of the National Network, Gretha van der West and Marleen Goumans, were very active in collecting money from all the participants. The result of all this was that approximately 350 USD was raised.

### Activities in Tilburg

However, Tilburg, one of the cities participating in the Network, turned out to be very active in organizing practical help for Croatia, especially Dubrovnik. Tilburg is the home town of Janine Cosijn and she got in touch with the "Solidarity Committee Tilburg helps Dubrovnik".

In the week of Christmas 1991, Tilburg organized a special action-week to find help for the inhabitants of Dubrovnik. A special Solidarity Committee was established to coordinate this action week. This committee consisted of Mr. Brokx, the Mayor of Tilburg, all the chairmen of the local political parties and representatives of several influential institutions in Tilburg, such as the University, the Women's Council, the trade union, medical doctors and pharmacists, and organizations for migrant people. The chairman of this committee was Mr. Wilbert Willems, member of the Dutch Parliament for the Green Party. The action week was aimed to raise money and to collect clothes,

hygienic goods and canned food from the inhabitants of Tilburg. On Saturday 21 December the week was started by an opening ceremony performed by the Mayor. Mr Zeljko Gazi, member of the Dubrovnik Healthy Cities project was present at this opening and he reported on the situation in the city.

The fact that Zeljko Gazi could attend this opening was a matter of pure coincidence. The day before the start of the action week, Zeljko, who happened to be in Dusseldorf (Germany) at that moment, called Janine Cosijn just for a friendly chat. Dusseldorf is only 1,5 hours by car away from Tilburg. It took only three more telephone calls to arrange Zeljko's presence at the opening.

This action week had its climax on Saturday 28 December. It was a success. With the help of many volunteers from the Red Cross and other organisations, money, food, clothes and blankets were collected. Approximately 10,000 USD were collected as a result of this action week and the amount of goods was big enough to load a first truck to leave for Dubrovnik. Within the Committee it was decided to buy drugs and hygienic products. Dr Andro Vlahusic, Healthy Cities Project Coordinator in Dubrovnik, provided the Tilburg Committee with a list of the most needed drugs. The total amount of money which the Committee received was approximately 28,000 USD and still more donations are coming in.

The first transport left for Dubrovnik on 11 January, the second on 25 January and the third on 10 April. The first transport contained mostly food and clothes, the second transport many kitchen instruments and the third brought also hospital beds to Dubrovnik.

To give feedback to the citizens of Tilburg who supported the action, an exhibition was organized in the Municipal Information Centre. This exhibition was opened by the Mayor of Tilburg on 9

March and showed pictures of Dubrovnik in former times, the present situation, the action-week in December 1991, what was bought with all the money collected, the transports to Dubrovnik, the damaging of the Inter-University Centre building and plans for future activities.

New activities are planned for the summer period and for the opening of the new academic year at the Tilburg University.

## Network activities

The staff members of the Support Centre of the Netherlands Healthy Cities Network will continue, where and whenever possible, to find support for the Croatian Network.

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## GIESSEN

*Fragments of letters by Mr. Jurgen Matzat, psychologist, working at Klinik für Psychosomatik und Psychotherapie, Justus-Liebig University Giessen. (Mr. Matzat is one of the founders of German self-help movement and adviser for German self-help clearinghouses.)*

29 October 1991.

"...I had a telephone conversation with Klaus Balke, and we both agreed that some action should be taken by us also...  
... At first I called and visited all the big welfare organizations like the Red Cross, and I had to learn that they do not go to any part of Yugoslavia as long as there is shooting going on. So transport became the biggest problem. But Klaus' and my search led us to small rather private initiatives where we may find a possibility to add some parcels or small containers..." (We opened) "... special account here in Giessen for donations "Aid to Zagreb". And now we are multiplying your call-for-help-letter and sending it together with a personal letter of Klaus' and mine to some hundreds of friends and colleagues, especially in the self-help field... So, hopefully there will be some thousand DM available in a few days, and you should send me concrete orders what is needed most..."

The first shipments, sent to Zagreb, to Pescenica Branch of Croatian Red Cross Organization were organized with the assistance of Adventist Development and Relief Agency (ADRA).

8. November 1991.

"...Let me inform you that my (and Klaus's) letter to friends and colleagues produced more response than I would have dreamt of. I receive a number of calls each day, as well here in clinic as at home. My sister will visit me next Friday to bring all the winter cloths she is collecting in a small village outside Koln/Cologne... ... Colleagues from Frankfurt and Bremen called me to get background information to publish parts of your/our letters including calls for donations. So, what I want to show you is that many people here follow the events in Yugoslavia, feel that this happens "just in front of our own house door", want to care for the country where they had spent good times before and have a desire to counteract aggression and destructiveness. But of course our means are much weaker than our will, and certainly weaker than missiles and bombs..."

(After diplomatic recognition of Slovenia and Croatia "...Hopefully more official help by our big welfare organizations will be started. They are really "tankers", and I feel like sitting in a nutshell, a complete amateur confronted with all the "devils sitting in the details"..."

3. January 1992

"... We will continue as long as we receive donations..."

...From Alf I received a huge pack of information after his return from Zagreb. He reported very positively about his contacts and his impressions of how the aid is distributed and managed..."



## HEALTHY CITY PROJECT - MARIBOR

Maribor Healthy City Project Team initiated its support activities in mid October 1991

In his letter to Mrs. Magda Tovornik, President of the Maribor Municipal Assembly, Mr. Zeljko Blazeka, Director of the Institute of Ecological Engineering and member of Healthy City team suggested that:

Maribor Municipal Assembly should, through the Maribor - Healthy City project, contact our partners from the European Healthy Cities network and ask them to organize concrete help, in form of material help, financial help or expertise. He emphasized the willingness of Maribor - Healthy City project team to perform technical tasks needed in the transaction of help from Europe to Croatia.

Apart from the suggestion regarding the initiative towards the Healthy Cities movement, he also suggested to the City Assembly that Maribor should offer expert help to Croatia in resolving situation in the country, in the first stage, and in the operational involvement in rebuilding and renewal of the country, in the second stage.

On 5 December 1991, a letter by Mrs. Magdalena Tovornik, President of Maribor Municipal Assembly, was addressed to mayors of numerous towns within the Healthy Cities Network. The letter started with following words:

"UNIVERSITY CITY OF MARIBOR, INTEGRATED INTO THE "HEALTHY CITIES" NETWORK, GIVES INITIATIVE TO ALL TOWNS WITHIN THE "HEALTHY CITIES" WORLD NETWORK FOR THE ORGANIZED ASSISTANCE TO THE DESTROYED TOWNS IN CROATIA..."

On 22 November 1991, Mr. Zeljko Blazeka sent a letter containing information on the developments in their support initiative to

the Croatian Healthy Cities Network. He wrote:

"... I write to you in these sombre times to tell you that I can hardly do anything concerning our agreement on helping you in Croatia. I expected things to develop slowly, but not this slowly. The only responses to our letter we have received up to now are those from Milan, Vienna, Dublin and Belfast. But, we are determined to continue and will inform you on any new developments. You will find enclosed two articles published in our local newspapers..."

One of the articles mentioned was published in "Vecer" daily newspapers on 20 November 1991, upon the title "Codex Binds". In mid March, 1992, a series of arts and cultural events took place in Maribor, under the patronage of the Maribor Municipal Assembly. The whole humanitarian event was entitled "Dubrovnik Calls - Maribor Helps".

The members of Maribor Healthy City Project team most actively involved in the support activities for Croatian cities are: Dr. Vesna Smaka-Kincl, Mr. Zeljko Blazeka, Dr. Tilka Kren, Dr. Igor Krampac, Mr. Zoran Kus, and others.

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## MECHELEN (BELGIUM)

By Jef van Dun, Project co-ordinator

By his letter of 27 December 1991, Dr.J.E.Asvall, Regional Director in the Regional Office for Europe of the WHO in Copenhagen appealed for the support of all the Healthy Cities in the European network for the city of Zagreb.

After the contacts with the project office in Zagreb and the WHO office in Copenhagen, the Board of Mayor and Vice-Mayors of Mechelen, at its meeting of 28 April 1992 decided to transfer an amount of 250,000 Belgian francs (or 7,350 US Dollars) to the account number of the Croatian Healthy Cities Network for help to the refugees.

This transfer took place on 27 May 1992. This money came from the Benefit made at the annual Ball of the Mayor. Traditionally the Benefit goes to several social works in the city. As a token of solidarity, the Board decided to transfer the benefit of the 1991 Ball to Croatia.

The money will be used for the re-orientation of the health system in favour of primary health care in reconstructing and re-establishing destroyed facilities in two Healthy Cities members of the Croatian Healthy Cities Network - Osijek and Vinkovci.



## SANDNES - NORWAY

Report from the Zagreb Committee, Sandnes

By Hans Ivar Somme

In February, 1992 the executive committee of the local council appointed a committee to coordinate relief action to Zagreb, the capital of Croatia and one of Europe's 35 Healthy Cities. At the same time Nkr 100,000 was allocated to cover the expenses.

The background for the action was that the mayor received an appeal in December, 1991 from WHO to help Zagreb following the extensive material damage and human suffering experienced there during the last year.

Sandnes Red Cross was given the responsibility for the practical carrying out of the action, and the committee decided to start the relief action from 19th - 21st March. The action consisted of a visits by activists with collection boxes to every household and shopping centre, and collecting blankets, rugs, training shoes and toys.

Before this took place, a delegation comprising the Deputy Mayor, Jostein Haga, Sandnes Red Cross leader, Dag Monsrud, Stavanger Aftenblad journalist, Ole Silvertsen, and photographer Oyvind Ellingsen of the same newspaper had been in Zagreb to survey the help required.

Before the relief action a letter was sent to all households requesting support for the action. A letter was also sent to all congregations suggesting that the offering on Sunday, 22nd March should go to the action. In addition, the media was requested to make the action as widely known as possible.

The education officer sent a letter to all schools concerning the Healthy City Project/relief action. The committee had not prepared for any relief action in the schools.

The total amount collected as a result

of the relief action was about Nkr 170,000. This amount is somewhat lower than the committee had hoped for, but we are satisfied with the result considering the numerous relief actions recently and the short time the committee had at its disposal to organize it. Sandnes Red Cross did an impressive job in order to complete the action.

The collection of blankets, rugs, toys and training shoes was very slow and the result was not as expected.

The committee received a Nkr 45,000 transport grant from the Foreign Office.

As a result of the action, 2 trailers loaded with 40 tons of aid parcels for refugees in the war-torn cities left Sandnes on 22nd March. The aid consignment consisted of 20 tons of flour, 15 tons of tinned food plus blankets, training shoes and toys.

Sandnes kommune  
Postboks 583 - Krossen  
4301 Sandnes  
NORGE





## THAT'S HOW IT HAPPENED: HORSENS - AID FOR ZAGREB

By Flemming Holm, Journalist, Healthy City Foundation of Horsens.

First thing I see is Marianne running to the door. A WHO letter in her hand, with the signature of Jo E. Asvall..? Half an hour later I learn that she has been visiting our Mayor. Discussing the possibility with him, will the Town Hall and the politicians back-up on a Healthy City action to help one of our "old" city-partners in the Healthy Cities Network, namely, the city of Zagreb, which has been severely attacked during the civil war in Croatia?

According to Marianne there is no hesitation or reservation in the voice of our Mayor, when he says: - Yes, certainly. Let's do everything we can do! So the two of them phone the chief of our Civil Defence/fire brigade in Horsens, Mr. Kjaersulf, asking assistance from his organization. His answer is: - Of course. What do you want from us? A campaign group is formed immediately with a Healthy City person as the focal point; the chief executive from the Town Hall and the chief of our Civil Defence as partners.

The campaign group has to organize all the necessary stuff for the population in Zagreb. As much as possible from Horsens and near-by villages. Every day the group will co-ordinate knowledge and activate new partners in the city. The campaign is to run for one week - so is it planned...

With this result Marianne returns to the Healthy City project office (which in fact is quite a big shop with many volunteers and six paid staff-members). Her face is shining as she tells us these "facts of life".

We immediately fax our colleagues in Zagreb, trying to cheer them up with the news about our tiny campaign.

The first days are slow. Very slow! In spite of big articles, printed in our local

newspapers and radio interviews, where our Mayor and our chairman of the Healthy City Foundation, Jytte Holm, encourages people to deliver all kinds of necessary stuff for the people in Zagreb - nothing worth mentioning is delivered! Crisis-meeting on the telephone in the campaign group: - How come? - The voice of the politicians is not enough. All kinds of aid-campaigns run through Scandinavia. People are fed up with helping a starving planet. What we need is "the voice of Zagreb". We must try to make this campaign a "must" for everyone in Horsens.

So the Healthy City Radio-magazine is calling the 57,000 listeners. Extra-Extra... Interviews with people in Zagreb, Danes in Zagreb, WHO doctors reporting from Zagreb and an interview with Jo E. Asvall, Regional Director of WHO-Euro, saying thank you for the quick response from Horsens and all the best to the campaign. All tied together by folk music from Croatia and Bosnia.

Just before this extra-edition we get the happy message from a member of the Healthy City Board that the County of Vejle has decided to donate an emergency hospital for Zagreb. Complete with X-ray and operation equipment... Of course, we broadcast the news at once.

And we make a deal with our local radio that they follow our campaign more closely. News every hour on the progress and much more information about what is going on in Croatia and Zagreb. Now things start to work with "the speed of life" (to quote David Bowie, the songwriter).

Local musicians decide to do band aid concerts for free. People dance, drink and listen to poems, songs and speeches that make them pay an amount of money. All money is exchanged with medicine at our local pharmacies. Companies decide to

deliver food, toys and other goods. Unemployed people visit all shops in Horsens to make them contribute - helped by several school classes. Private persons phoned: - Could you come and pick up clothes and stuff for Zagreb at my address? Certainly, our Civil Defence will come within two hours.

Suddenly a week is not enough. The campaign group decides to prolong the campaign one more week. The cities around Horsens also want to contribute. Sports organizations, unions and several other organizations make arrangements and deliver their things to the Healthy City Shop, the local radio station or the headquarters of our Civil Defence.

Now it is not enough with the trucks we have. It is necessary to contact private transport companies and ask for their help. With the exception of a few managers, who want money, all the loaded trucks for Zagreb can leave with voluntary drivers and free transportation (a politician from the Town Hall is an unemployed driver, and the key to this transportation - success).

We talk to the WHO about increasing the number of trucks - a convoy, carrying 800 cubic metres of aid, at an approximate value of 40 million Danish kroner. WHO says: - We want to film the convoy. We send a television crew to film the transportation to Zagreb.

And verily, verily: They do! 10 days after the convoy has returned safely to Horsens we make a giant night of "thanks giving" to everyone who has contributed to our campaign. A night of celebration and contemplation at our new theatre. 400 people see the WHO movie. The musicians and the poets do their job once again, and all our people having done extra valuable jobs during our campaign are asked to enter the scene to receive a personal "thank you", signed by Dr. Asvall.

We are extremely busy with this activity for about three weeks. But it was

a true pleasure to sit in the centre and coordinate all the good will in this city. For us it was a valuable training in intersectoral action. We will certainly do it again, if necessary.

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## DIALOGUE ABOUT THE WAR IN CROATIA

By Selma Sogoric

This text is a dialogue between people that have never met. Trying to emphasize the specificity of each culture and nation in Europe, the different way of looking on the same events, I created this imaginary dialogue by putting together the thoughts and views of different people; on one side, fragments of letters by members of the House of Lords and Foreign and Commonwealth Office, and, on the other side, fragments of articles by Antun Soljan, one of the most prominent contemporary Croatian writers, published in daily newspapers "Vecernji list". Those letters were written and articles published mainly during the last three months of 1991. So please, keep in mind that they are reflecting standpoints and views dominant at that time on the both sides.

### Theory of equal guilt:

*Fragment of the letter by U.K. official (Foreign and Commonwealth Office):*

"The fighting in Croatia as a whole is a tragedy. The European Community have done all they can to encourage the Yugoslav parties to agree among themselves about the future. We have sent monitors to observe cease-fires, we have set up a peace conference in the Hague in which the parties can negotiate and, if a settlement is reached, we will be willing to consider further practical help to get what is now Yugoslavia back on its feet.

None of this can substitute for the will of the Yugoslavs themselves to reach a peaceful settlement. Until that happens, we cannot stop the appalling violence. Each cease fire which has been arranged (often through the European Community) has been broken. The YNA and the Serbs are certainly behaving worst, but wisdom and compassion are qualities which have been missing from all the parties."

*Fragments of the article "Shrapnel", by Antun Soljan, published in "Vecernji list" December 8th, 1991.*

" I am looking at the peace of shrapnel on my desk. A grey peace of heavy alloy, ten centimeters long, its edges so sharp you have to be careful not to cut yourself when you touch it. It's been sitting there since the day Zagreb was bombed - this splinter flew in through the window, cutting the frame, hit the wardrobe and fell, red-hot, onto the carpet..."

"I recognized it immediately and greeted it as an old friend. In the Second World War, we children used to gather them to play with or to sell as scrap iron. We called them by their German name, "geller", though the bombs were American. This time the bombs are Serbian, but the shrapnel is equally lethal. At the moment this one struck I was in the flat: had I been sitting in another chair I would have lost my life - as it is, I only lost about two score window panes and some flower pots.

- So they missed me, - I thought as I picked it up from the floor, tossing it in my hands like a potato.

Because they were aiming at me.

Now, somebody will say: not at all, you must be paranoid - they were aiming at the Presidential Palace, Zagreb in general, they were aiming at ALL OF US. Or at least at all of Croats. But this kind of logic is well known from Heller's novel *Catch 22* - where the American pilot complains that total strangers want to kill him. If they are shooting at everyone, does it mean they aren't shooting at me? I therefore inform all those who are interested: they wanted to kill me. As far as I know, they still do.

Who are they? And why? Far be it from the harbour any ethnic prejudice, but, judging by his name, it was a Serbian pilot in, judging by all the evidence, a Serbian aircraft, and I can't see any reason for his wanting to kill me except

that I am a Croat.

War has been declared on me, then.

Now, at my advanced age I am even less belligerent than I used to be, and I have always been a peace-loving person, tending to avoid trouble. But I must be in someone's way since he is trying even to kill me, and I do not see how I could get out of it. For I have no other country. True, everybody is talking about a Europe without frontiers, but if I wanted to flee, it would soon become quite clear where the frontiers are. One European minister warned me in advance: "In Europe there is no room for new states and you probably don't want to move to another continent!" I therefore don't see how I can reject the war that has been declared on me. I cannot avoid it.

All those who, in this general tragedy, think this war was avoidable - "somehow", "anyhow" - are deluding themselves. Its roots are over seventy years old; during the past ten years it has been prepared carefully and in cold blood in academies, committees and staff headquarters - war is the guarantee of their survival - and that Serbian pilot was guided on to me as precisely as a missile..."

"I accept war because I have no choice, but I cannot accept the lies and hypocrisy that go with it, however grandiloquent. They say that borders between states are unimportant, incidental, superfluous - and I agree as long as I am not being attacked across them by tanks. They say war does not solve any problems, and I agree, but they are firing at me and my problem is that I have to defend myself - so that they may not say afterwards, when the conquerors write history, that I provoked them, that it was I who attacked myself, or at least: "It was not clear who started it!" And that they may not say, "We are all equally to blame!" - just as after World War II some smart cynics blamed the Jews for Auschwitz because they did not defend themselves vigorously enough. They "overemphasized their Jewishness" and

were therefore guilty of being Jewish, in the same way I am guilty of being a Croat.

I must defend myself even if I were as fanatical a pacifist as, say, Bertrand Russel, who suggested on the eve of the Second World War that England, if attacked, should disarm and surrender to the Germans. The English did not follow his advice, nor indeed did they do so more recently, when they fell out with Argentina over the Falklands - "like two bald men fighting over a comb", as Borges said - a territory just as rocky and barren as the Krajina around Knin..."

### Generations of hostility?

*Fragment of the letter by a member of the House of Lords:*

"I am not sure what the outcome can be. I was conscious while I was there of the generations of hostility between Serb and Croat which seemed reminiscent of our own situation in Northern Ireland. Healing of old wounds needs to take place which I am sure can only come as a result of prayer and patient working. I am sad that Lord Carrington's initiatives seem to have met with so little response"

*Fragments from the article "It started so well" by Antun Soljan, published in "Vecernji list", July 7th, 1991.):*

"...Had the harangue been aimed only against Croats, I would have suspected that it was prompted by an instinctive Serbian feeling of being endangered, or that there was a historical intolerance between our two peoples. But as the harangue comes in a package and the enemies include Slovenes and Muslims, Albanians and Macedonians, Hungarians, Austrians and Italians, and even Montenegrins (in fact everybody except the Soviet Union), I can't help thinking that the Serbian collective consciousness has been overpowered by a combination of nationalistic and socialist ideology, a

combination which is known by its acronym from the recent past..."

"...While pointing their finger quite rightly at the crimes committed by the Ustashes in the Second World War, they have totally forgotten those committed by the Chetniks. While branding the Croatian people as inherently fascist, they have declared themselves immune to fascism. Deeply believing their own mythology and propaganda, they have opened, forty years after the war, a Pandora's box of retribution, having persuaded themselves that they alone were the victims in the war, that they alone won the war and that they alone were losers after the war. They have forgotten that right and wrong are never one-sided, that in a war, and in our wars especially, everybody is the loser, that there is no victor, and that historical and political simplifications, no matter how patriotic, lead only to more evil..."

### **On the Neighbourhood.**

*Fragment of the letter by U.K. official (Foreign and Commonwealth Office):*

"We have, of course, considered whether recognizing some of the Yugoslav republics as individual countries would help. Certainly the wish for independence cannot be suppressed. But to recognize them now, without any idea of how minorities should be safeguarded or how these new countries will live together, could make things worse rather than better.

It is not easy to recommend patience when shells are falling on a country and the people in it. We will continue to press the Yugoslav parties to come to their senses. We are looking to see whether we can persuade the United Nations to exert pressure on them, perhaps through trade or oil sanctions. In the meantime, even if the peace process appears to be making little progress, we want to keep the Conference going so that if the Yugoslav parties do decide to reach an agreement,

there will be a forum ready for them to use..."

*Fragments of the article "Shrapnel" by Antun Soljan, published in "Vecernji list", December 8th, 1991.:*

"...Though the shrapnel missed me, something else hit me: not one of my many Serbian friends, not one of my Serbian colleagues found it necessary throughout the harangue which led to this war and during the war itself to call and tell me, at least in private if he could not do so publicly, that he wanted no part of this general hostility, to at least offer an apology, if not accept responsibility, for this shrapnel. At least to ask whether I had been hit..."

"...And while Serbia is touting its innocence and claiming blatantly before the whole world that it is "not at war with Croatia", what will the Serbs say after the war? Will they say that I myself threw that shrapnel into my house, as they are already saying that the Croats themselves bombed the Presidential Palace? That they killed their own people, destroyed their own cities and villages, shelled their own churches, drove themselves out of their own homes like lemmings? Are they going to say: it wasn't us but those other Serbs?"

Among them will be some of my former friends and they will say: it wasn't us, it was them! We didn't want you, you were hit by accident! We didn't want to hit Zagreb, Vukovar, Osijek or Dubrovnik, we didn't want to get the Croats but the "Ustasha". And then there will be nothing else for me to say but: I don't want you either!

I mean that as a Christian I will not seek revenge but I shall not want to have anything to do with you. This thing on my desk is much more than the fragment of a shell - it is a fragment of a shattered illusion which lasted a long time and for which we have all paid a high price..."

"...They are going to swear their innocence: we are not "extremists", we are "intellectuals", we are above national

divisions - and I will answer: you watched passively as the tanks rolled over Vukovar and cannibalistic songs were sung in its streets. Worse, you cheered them on, but you are not extremists: you raised your voices, for example, against the plundering of Dubrovnik, but only when your villas were endangered, and what you shouted then was that Dubrovnik was "both Serbian and Croatian", that it was "international!"

They are going to demand: you must draw distinctions! What shall I answer: everybody has the right to be singled out and I will make a distinction between the extremists, who claim Dubrovnik for Serbia, and the moderates, who want it to be international - only not Croatian! I will differentiate between extremists, who burned and killed, and the moderates, who were silent until the last moment, letting the extremists do the dirty work for them.

I can well see how we are going to play-act hypocritically after the war! Because, as we all know, we shall have to live together - with our neighbors in the villages and with those across the border. But as somebody rightly asked: what does "cohabitation with snipers" mean? Shall I keep peering into their faces in order to identify them for the sake of my personal safety?

I know you must love your enemy, but nobody can make you want him. As a citizen and democrat, I know it is my duty to ensure for him all the rights and liberties I enjoy, and I shall do it conscientiously and to the best of my ability. But nobody can demand my confidence and friendship! For now I know: if I should embrace him, he'll shout that I'm strangling him, that he feels threatened. If I should give him a book, he'll say it is not in Cyrillic print and that he feels threatened. If I should ask him to work, he'll say that he doesn't know how to work but he knows how to fight! Should I give him a Christian burial, he'll shout from the grave: "This is Serbia!"

Or, if he is a bit more two-faced: "This is Yugoslavia!"..."

"...In disasters like this one, our personal impotence is frightening. I believe there are Serbs who feel this impotence just as I do - but the fact that their voices have been so few and so late hurts more than the shrapnel. I feel the impotence like a lump in my throat and it is my only weapon. I am not ashamed of it - because the whole of Europe was impotent - unable to be Europe at the moment of trial. It is not the impotence of the weak, but that of the unprepared, the impotence of those who did not believe in lunacy and savagery but trusted reason, agreement, justice - and it took them a long time to believe their own eyes. It took a long time for that feeling of impotence to change into wrath.

And the longer this war lasts, the lump of anger grows bigger and harder, and I cannot help recalling that sentence of Brecht's *Mother Courage*, who tells the offended soldier not to vent his anger without restraint, because it will be short-lasting. What one needs is a "long anger"."

### Respect and compassion .

*Fragments from the letter by a member of the House of Lords:*

"...Today in the Lords A.A. has an unstarred question to ask Her Majesty's Government whether they will take urgent action to help the people of Croatia...But then B.B. has a similar question about the human rights violations in Nagorno-Karabach in Azerbaijan (Where she has been visiting) and on Monday there is a question from C.C. about the plight of the Kurdish people in Iraq. I suppose it must be a dilemma for the Government to respond to need of various kinds in so many places..."

"...I will certainly take any opportunity to raise the issue of our response to the situation in Yugoslavia whenever possible - even if only over cups

of tea in the House!..." (Names replaced with initials by S. Sogoric)

*Fragments of the article "Rhinoceroses" by Antun Soljan, published in "Vecernji list", March 1st, 1992.:*

"Some time at the beginning of this war, flabbergasted by the events, we stared helplessly at the television all day long. Not only did we watch ritually all the news but also the programmes in between, hoping or fearing we would miss something. So at one moment, unintentionally, I saw Pavarotti.

That Pavarotti was singing while all around tanks were roaring, struck me as insensitive; the mere fact that a concert was being given seemed obscene; the audience listening to him obliviously seemed to me like a sheer insult to people dying at the front. It felt as an injustice.

There, of course, I myself was being unjust. We know that such is the nature of human suffering - as the poet would say about Breughel's painting - while Icarus is falling from the sky, a peasant is peacefully ploughing his field and a horse is scratching its behind against a tree. What can you do: life always goes on, people have to sing.

But when I heard the announcer say that Pavarotti was singing for rhinoceroses, I was really shaken. It was a benefit concert for rhinoceroses.

At the same time while Saddam Husein was exterminating the Kurds, and the Serbs the Croatians, it seems that rhinoceroses were endangered too. They were being exterminated, it seems, by our species. We as a species seem to have had a bad conscience, so the United Nations organized a concert and Pavarotti sang sweetly to clear it.

Now, I am absolutely for rhinoceroses and I know they should be looked after, and even sung for. But what could the Kurds or the Croatians have thought

about it? Which zoological species did they think they belong to?

Which society for the protection of animals could they have turned to? Competing against rhinoceroses did they stand a chance with the United Nations?..."

### Articles by Antun Soljan.

(translated from Croatian by Vera Andrassy)

### A Physician and the war

By Slobodan Lang

"War is the most serious of all threats to health". This statement by the World Health Organization in 1985. has determined my life since September of 1988. From that time I have devoted all my work to the fight against this most serious threat to health. During the last three and a half years, I was not doing it either in theory or in some faraway country - this battle against war and the striving for peace takes place in my own country, Croatia, and concerns its people and all other peoples of the region - Albanians, Slovenians, Serbs, Muslims, Montenegrins, Macedonians, Hungarians etc. My specialty is social medicine, primarily human rights, medical ethics and health care policy. This professional view has also determined to a large extent my involvement, experience and conclusions. This Editorial is based on crude data analysis, but surely presents the most extensive war experience of a social medicine expert in Europe since World War II. In the near future, I will present a more thorough analysis.

The present war in Croatia and the rest of former Yugoslavia and the Balkans is the first war in Europe in the last 45 years. During this period, there has been a significant development in different forms of destruction, but also a whole philosophy and technology of peace. Since 1945, a whole family of United



Nations organizations was founded, including UNICEF and UNESCO. A number of other peace and human rights organizations were constituted, such as International Physicians for the Prevention of Nuclear War, Physicians for Human Rights, Medecins sans Frontieres, Medicine du Monde, Helsinki Watch. The unification of Europe has gone further than ever before. Key international documents were developed and accepted as a part of a process of universal thinking and responsibility. They are the Charters of United Nations, Universal Declaration of Human Rights and fifty other human rights documents, protocols added to Geneva conventions of August 12, 1949, Helsinki Documents, Paris Documents, Targets for Health for All and many others. Since 1945, the work of some of the greatest people in history in the field of human rights and peace became widely known: Gandhi, Martin Luther King, Mother Theresa, Anwar el Sadat. The struggle against inequity and for human rights, against war and for peace, against pollution and for ecological thinking, against oppression and for freedom, have been very painful but also created the enormous experience of modern humanism. New technologies in information systems, communications, negotiations, social organization and others were developed. This was the technology of peace and human rights on which I based my approach and introspection. Based on these instruments, experiences and introspection, here are some of the basic observations and conclusions.

This war is neither one between Serbians and Croatians nor one between Serbia and Croatia, but the third Balkan war in which the Yugoslav Federal Army (YFA) and parts of the Serbian population in other republics and regions is trying to liquidate even the remnants of the rights of all other nations and create the so called "Greater Serbia". This activity was made public in Kosovo in 1988, when Slobodan Milosevic said that "Nobody is allowed to beat Serbs". The war itself

started in January 1989, 1 km under ground, in the Stari Trg mines, when Albanian miners were tricked in negotiations by Serbs who did not keep their word and that is when the first tanks rolled against the Albanian people in Kosovo. It continued throughout 1989 as mass fascist rallies and later the formal renewal of fascist groups (Chetniks) in Serbia and among the Serbian population in other republics occurred. The war and the expansion continued as an *anschluss* of Voivodina, destroying its autonomy and persecuting the Croatian and Hungarian minorities, as well as the native Serbian population which had been developing their autonomy for hundreds of years and belonged more to the Western world. At the end of 1990 and the beginning of 1991, Serbia imposed a military-political fascist organization of life on the Serbian population outside of Serbia itself, and continued transforming the YFA from Serbian-dominated to an exclusively Serbian army with the strategy of creating a "Greater Serbia". In June 1991, Serbia used the YFA to perform the amputation of Slovenia and free more troops for the occupation of Bosnia and Herzegovina, and begin the occupation of Croatia through staged, "national" conflicts, and finally, through devastatingly brutal aggression in the summer of 1991.

For all the above reasons I consider this war the third Balkan war of Serbian neocolonialism. It has been transpiring for more than three years.

During these three years, I was personally present at the places of conflict, from Stari Trg to Eastern Slavonia and Dubrovnik, as well as at a number of key social and political events and meetings in Croatia and abroad. Altogether, I was present in more than 40 crisis points in the former Yugoslavia: Stari Trg, Pristina, Dakovica, Skopje, Krusevo, Belgrade, Subotica, Dalj, Aljmas, Vinkovci, Zupanja, Tenja, Tenjski Antunovac, Ernestinovo, Laslovo, Osijek, Slavonski Brod, Virovitica, Duplevac, Zagreb, Sisak, Petrinja, Banski Grabovac, Dvor na Uni,

Vojnic, Petrova Gora, Vrlika, Civljani, Drnis, Knin, Potkonje, Topusko, Srpske Moravice, Plitvicka Jezera, Opatija, Rijeka, Split, Dubrovnik, Sipan, Lopud, Zaton, Mokosica, Ro'at, Sustjepan, Srl, Cavtat, Konavle, Morinj. Internationally, I visited a number of European countries and the United States in a search for peace.

I was present when people were killed, was personally under fire more than a dozen times, visited jails and prison camps, lived in occupied territories, joined refugees when they were driven from their homes, and later in the camps. I also witnessed the destruction of hospitals, churches of all major religions, graveyards, cultural institutions and homes. I suffered with the children and the old, men and women, different national groups, refugees. My experiences include ecological warfare on Slavonian wheat fields, burning of Konavle and Zupa near Dubrovnik, as well as 50 days in besieged Dubrovnik without water, electricity or heating.

As a personal witness, I have to call this war the War against Three Crosses: on the grave, on the church and on the hospital. In this way, Serbian aggressors and the YFA tried to destroy Croatian roots, spirit and social support.

My socio-medical activity included work with the Red Cross, human rights organizations, health and social care organizations, political parties, civil protection, media, Croatian Army and Navy, as well as the YFA. A whole set of socio-medical tools were used - planning, organizing, leadership, information systems, interviewing, negotiating, supporting... On the basis of direct application of socio-medical, peace and human rights know-how, I am positive that this war has developed new understanding of civil, health and human rights support during armed conflict.

It should be emphasized that in all of these experiences during these three

years, the Serbian side continuously became more brutal and barbaric, while Croats grew from victims to an organized army and people. So many people showed their greatness at critical moments that I will always cherish the time we spent together.

Finally, this war has been waged against the Croats and all the peoples of the former Yugoslav state, but it is bringing to them more freedom than ever; the war against churches, graves, and hospitals has led to spiritual growth and development of health organizations; the destruction of human rights and freedom has led to the highest reverence for human rights and democracy.

In the end, I would like to challenge the reader with the following questions: Why did the international community, especially WHO, show such an unbelievable level of inability to understand what had to be done and what was needed? How shall we present all of our tragic experiences and newly gained knowledge to the international community so that it can be used to curtail future suffering? How shall we return 700,000 refugees to their homes, employ 300,000 jobless, care for 600,000 who are retired. How shall we renew our fields and forests, churches and hospitals, roads, factories and schools, cities and villages? The world is looking at us, neither respecting nor trusting us enough even in the midst of our suffering. The next five years will show all the world in spirit and in deeds that our renewal will be based on human rights, ecology, social medicine, and all other tools of a civil society, that will create life without fear and with dignity and well being for all people in Croatia.

The challenge of this war is enormous, and tragic for us, but we are passing it. The challenge of peace is no smaller, for "peace is not just the absence of war, it is also a positive sense of well-being and security for people of all countries, implying the opportunity to freely

determine their own destiny and fully utilize their human potential. It assumes the possibility of all nations actively participating on a basis of equality and in a true spirit of solidarity and reciprocity in the development of a more satisfying world for all people".

(The article was published as Editorial in "Croatian Medical Journal", War Suppl. 2, 1992.)

## Conclusion

If you were puzzled by the two previous articles, then maybe I am to succeed in delivering my message. In these lines, I would like to raise some questions rather than to offer you any straight conclusions.

1. Will your city be healthier if you offer support to the others?

I can't answer this question for you, it is something that each of you has to do by yourself. But, what I do know is that, if nothing else, you will look more convincing and more coherent in the eyes of the suffering groups in your communities/cities if you show the ability to empathize with the cities that suffer.

2. A satisfying world for all of its people!

What is it that we are trying to achieve through the Healthy Cities movement, in all of its various aspects and activities: health public policy, equity, and supportive environments, community involvement...?

Isn't that an effort to create a more satisfying world for all people, or is it limited to the rich communities?

3. Is our Healthy Cities movement self-sustaining?

Can we reach the mentioned goal alone and separate our efforts from those

of the others - environmental, developmental, health and peace groups and organizations?

4. How should the progress be measured? - Function versus structure

If we are, together with the others, going to reach this goal, how are we to measure this process and our successes? Should we measure the vitality of the group (projects) by its ability to communicate messages both within the group and to the "outside world" or by its formal structure?

5. Trust your patient - pay attention to his complaints

Most of us physicians made the biggest mistakes in our professional careers when we didn't take our patients' complaints seriously. The same is true in the case of war. If the warning signs coming from the local communities are not taken seriously at least by the international peace, human rights and health organizations, there is always a chance that the right moment for the intervention will be missed. What remains to us then is only to work on healing the consequences. Why do I put the emphasis on the local community warning signs? Being a member of our particular community, belonging to it by education, culture and tradition, we are the first to perceive changes. We are not vaccinated against misjudgment and prejudice, but we are at least more familiar with the people and the situation.

6. We already have the philosophy and the technology of peace, human rights and health. Do we use it adequately?

As Dr. Lang stressed in his article, there has been a significant development in this field during the last 45 years, through the United Nations and non-governmental peace, human rights and health organizations. Sharing his point of view, I believe his words "...that this war in Croatia has developed new

understanding of civil, health and human rights support during armed conflict." to be true. And we are willing to present our tragic experience and newly gained knowledge to the international community, so that it could be used to curtail future suffering. I am sure that others who were going through the same experience feel this way too.

With the joint forces of health, environmental, developmental and peace groups and organizations, with a good, coherent action plan, a more satisfying world for all people is not an UTOPIA. Let's see what we know, what we have, what we could offer through the Healthy Cities movement. Let's be honest about our strengths and weaknesses, for the over-expectations of both ourselves and the others could only cause disappointment.

## 7. Long-lasting anger

The most painful events in my professional life that I remember from the time when I was working as a general practitioner were the moments of confrontation with the fact that some of my young patients were condemned to death. At moments like those, I remember it quite vividly, I was feeling the anger. That is the conscious, deliberate, long-lasting anger that keeps me going in my professional development. The same one Antun Soljan was writing about in his article "Shrapnel", the same one that I believe we need in our work.

By Selma Sogoric

## WOUNDED 'HEALTHY CITIES' CROATIA

### A meeting of European public health specialists: Dubrovnik May 1992.

1. A meeting of public health officials from Croatia and other European countries took place in Dubrovnik between May 18-24 1992, under the auspices of the Healthy Cities Croatia Network.
2. The purpose of the meeting was to document the effects of the war in a number of Croatian cities and in the country as a whole; to document and review the action taken by public health authorities during the war to all alleviate suffering, to assist refugees to limit environmental damage and try to maintain essential health prerequisites such as water and food; and to plan for the rebuilding of the country from the current period of ceasefire.
3. The military and political context of the meeting was that a ceasefire was ostensibly in place, United Nations and European Commission observers continued to monitor the situation and United Nations Protection Forces (UNPROFOR) had begun to move into Serbian occupied areas to facilitate the withdrawal of the Yugoslavian National Army (YNA).
4. During the period of the meeting, in Dubrovnik, there were exchanges of heavy machine gun fire and an air raid alert and a general attack warning occurred in the 21 May 1992, forcing the city's 50,000 inhabitants into their shelters. Most seriously, water and electricity supplies to the city were cut off by the YNA in the evening of May 22 1992 and the threat was made by the YNA general in Trebinje, to reduce Dubrovnik to rubble by 9.00 am (as if it had never existed) if Croatian forces did not cease their activities in the field. The 12 midnight deadline for this bombardment passed without the threat being realised; however, military observers and the people of Dubrovnik have no doubts that while Serbian forces could not occupy the city without great cost, it is within their power to destroy it, with the heavy artillery now available to them. The events of the week of May 26 1992 seem to have demonstrated the very real danger of total destruction that the people of Dubrovnik face.
5. The impression that the war is over is far from a true one; major attacks continue to take place against Osijek, Metkovic, Zadar, Vinkovci and other Croatian towns. Zadar has its water and electricity supplies also at the whim of the Serbian forces. The agricultural land around Zadar, is the richest in Croatia and has remained occupied and therefore untended. There is the certainty of food shortage in Croatia and the strong possibility of starvation by the winter of 1992-93, if humanitarian aid is not forthcoming from the international community.
6. Deaths and casualties in the war appear low by comparison with some wars the world has seen, with 5000 dead and 22000 wounded on the Croatian side alone as at April 1992. These figures hide the reality of a truly terrifying war in which a number of elements of Serbian strategy are finally being understood and acknowledged by the international community:
  - 6.1 Serbian inhabitants of villages in Croatia move out of their Homes, ostensibly in fear that they will be killed by the Croats.
  - 6.2 Serbian irregular forces ('Chetniks') initiate attacks on the grounds of protecting their homes and communities against the Croats.

- 6.3 These attacks develop into full scale exchanges which are then the premise for the intervention of YNA forces.
- 6.4 It has been a 'war of a hundred massacres', particularly of innocent and unsophisticated civilians, which have instilled terror into those who have survived and led to their fleeing their homes and communities.
- 6.5 These communities have then been systematically looted and burned and left. The dead villages of Conalve in the Dubrovnik region were just one example shown to the meeting.
- 6.6 Elsewhere Serbian villagers have moved back into their properties along with new immigrants, being resettled in the 'ethnically purified' territories. Displaced persons, those made homeless in Croatia number 700,000, and refugees, those fleeing the war in Bosnia number over 1,000,000; these numbers appear disproportionately high relative to the numbers killed and wounded and when considering the impression the outside observer has of a war between small militias. The numbers reflect the systematic depopulating of areas regarded as important for the establishment of the new greater Serbia.
- 6.7 The war has been described by Lang as 'The War Against Three Crosses'. It has been a war in which the Red Cross of Health Service workers, the cross of the church and the cross of the graveyard have become first line targets for the occupying forces. The destruction of hospitals, the targeting of Red Cross symbols and the murder of International Red Cross workers leaves no safe haven from the war and the prospect only of greater suffering for the wounded and sick. It also renders health

care workers fearful for their own lives as well as for those of their patients. The targeting of churches destroys another potential sanctuary, and a source of spiritual strength and succour. The targeting of churches and graveyards is an attempt to destroy Croatian culture and heritage. The destruction of graveyards, disconnects simple peasant folk from their past and destroys the evidence of their tenure on their land.

- 6.8 More journalists have been killed in the Last year in the Croatia War than in all the other wars worldwide (just over half). Anyone who can document the conduct of the war risks being eliminated. In addition the first actions of UNPROFOR have been subjected to the same intimidation by Serbian irregulars in Eastern Slavonia.
- 6.9 The particularly damaging effects of environmental destruction and the control of natural resources such as food, electricity and water has added to the burdens, predominantly imposed upon the demoralised and disenfranchised civilian population. Their suffering remains largely unseen: deaths from starvation will be a delayed phenomenon; the deaths of diabetics for want of insulin are not recorded in the war statistics; the loss of the subsistence economy of the rural people will not figure in calculations of economic loss. There has been greater environmental damage and greater damage to the infrastructure than was seen during the Second World War. Two oil refineries along the Sava river have been destroyed; oil spillages have reached the Danube and affect drinking water supplies to Belgrade. There have been extensive forest fires and loss of agricultural land and production.

7. The effects of the war in Croatia will be as nothing compared to those which eventually come to light from the Bosnia War.

8. The period of withdrawal of the YNA forces is one of extreme danger. The sacking of 16 YNA generals by the Serbian President Milosevic, seen as placatory by the west, has in fact strengthened the hand of hard line Serbian Army command. The army is expected to withdraw and needs to save face; it has nothing to lose and has an expensive arsenal available to it. Serbian irregulars have already shown an extreme taste for violence, a willingness to commit atrocities in pursuit of their goals, and a complete, cynical disregard for international conventions and institutions in this war. With the collusion of YNA commanders they have taken over military hardware left by the YNA in withdrawal. The irregulars are not subject to the discipline of the YNA, they have also engaged in the training and arming of Serbian inhabitants of Croatia. The Serbian forces are battle hardened and naturally selected out from the original YNA which was half-heartedly committed to battle in Slovenia in June-July 1991. Their actions are as unpredictable as they are brutal. Further outrages against the inhabitants of the occupied zones are feared, with further looting and scorching of the earth as the withdrawal takes place. There is also the possibility of reprisals by Croats.

9. The Dubrovnik meeting will lead to the production of a report on the health and environmental effects of the war in Croatia. The report is also intended to describe the efforts made to protect people and the environment during the conflict. The meeting also discussed ways in which the Croatian cities could be assisted in rebuilding their country. Among its conclusions were:

9.1 There is still a massive need for humanitarian aid, particularly

clothing, shoes and blankets.

Many Croatian towns have become expert in the sensitive handling of large numbers of refugees. However, a limit has been reached; the coastal towns of Split and Rijeka are becoming overwhelmed with refugees from the Bosnia conflict.

Donated drug supplies have caused some problems where they have not been provided in accordance with local needs - Osijek has 3 tonnes of out-of-date drugs which must now be disposed of. Food supplies will also be needed as the year progresses and efforts will be needed to secure supplies from the European Commission and other major world food surpluses/

Many individuals in Europe have demonstrated their willingness to organise collections of humanitarian aid. The problem of transportation and distribution is far more difficult than the collection of donated goods and demands concerted international action.

9.2 There is a need for technical assistance and professional expert help, particularly in areas such as waste disposal, water and sanitation, environmental protection and regeneration, agriculture, power generation, housing, health-care and infectious disease control.

9.3 There is a need for personal contacts with all the peoples of the former Yugoslavia to develop understanding of the situation and hasten the process of meditation and peace-making.

9.4 There is a need for concerted action by the international community to protect the civilian population in Croatia and Bosnia, and put greater pressure on Serbia to end its military action and withdraw its

forces from occupied territories. As a minimum, there is a need for military protection for humanitarian aid convoys and a place for a naval presence along the Dalmatian coast to protect shipping of supplies and deter military aggression against the besieged ports of Dubrovnik and Zadar, and to protect refugee transport. What other military options are possible will be a matter for the politicians and the United Nations to decide.

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July 1992





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## CROATIA

### (Republika Hrvatska)

Capital: Zagreb

President: Dr Franjo Tudjman

National Flag: three stripes fesse wise, red, white, blue, with the coat-of-arms in the centre.

### CONSTITUTION AND GOVERNMENT

Croats came to their present homeland in the 7th century. Croatia has documents testifying its statehood since the 9th century. Since the beginning of the 10th century it has been a kingdom. After the extinction of the national Croat dynasty, the Croatian Parliament (Sabor) started electing various European dynasties for Croatian kings. Under all those kings Croatia preserved the functions of a viceroy (ban), who was a Croat, of its Parliament and of regional administrators. It means that Croatia did not lose the essential attributes of a state, of a kingdom, until this century.

After the World War I, the South Slavic part of the Habsburg empire broke off all the links with the empire in October 1918, and formed the "State of Slovenes, Croats and Serbs." The unified "Kingdom of Serbs, Croats and Slovenes" was proclaimed on December 1, 1918. The documents of this unification were ratified only by the Serbian Assembly, but never by any political body in Croatia or the State of SHS. The Croatian Parliament was dissolved from 1920 until 1939, for the first time in the one thousand years of history. King Alexander introduced his personal dictatorship on January 6, 1929, assuming for the first time the name "Kingdom of Yugoslavia."

In Croatia in 1941, under the patronage of Germany and Italy a fascist state "Independent State of Croatia" was proclaimed. The antifascist movement started immediately after that, and resulted in the establishment of the "State Antifascist Council of the National Liberation of Croatia" in 1943, consisting

of the Communist Party and bourgeois parties. Under the leadership of the Communist Party, the Antifascist Council of the National Liberation of Yugoslavia laid foundations for the post-war Yugoslav state in November of 1943.

After the World War II Yugoslavia was formed as a federation, and the 1974 constitution introduced strong confederal elements.

As a result of the disintegration of the Communist regimes in Eastern Europe, in 1990 Croatia reacted with a series of democratic changes. The first free elections after the World War II were organised in Croatia and Slovenia, other republics followed the suit. In May 1990, Croatian Democratic Union, led by Dr Franjo Tudjman, won the majority in the elections. A new Constitution was proclaimed in December 1990. In a referendum in May 1991, the citizens of the Republic of Croatia decided (by an overwhelming majority - over 94%) to live in a sovereign state of Croatia. This was followed by the proclamation of sovereignty and independence on June 25, 1991 - after all federal institutions of Yugoslavia failed. In the meantime, war was waged against Croatia, by the Yugoslav Army and the Serbian-led rump presidency of the former Yugoslavia. The process of the international recognition of Croatia began at the end of 1991. Until February 17, 1992, the Republic of Croatia was recognised by 47 states.

### LEGISLATIVE AND EXECUTIVE POWER

On December 22, 1990, the new Constitution of the Republic of Croatia was promulgated by all three Chambers of the Croatian Parliament (Chamber of Associated Labour, Chamber of

Municipalities and Socio-political Chamber). As the legal and social order, described in the Constitution, has not yet been achieved, the present Parliament still consists of the three chambers. After the new elections, whose preparations are under way, Parliament will be able to undertake the duties appointed to it by the Constitution.

The Croatian Parliament, which is the highest legislative body, consists of two Chambers: the Chamber of Representatives, having between 100 and 160 members, and the Chamber of Provinces. Members are elected for a period of four years. Voting is by secret ballot. All men and women aged 18 years and over are entitled to vote or be elected. In the elections of May 1990, the Croatian Democratic Union (HDZ) won 205 seats, out of 349. Presently, the opposition parties in the Parliament are: SDP (Social Democratic Party of Croatia - Party of Democratic Changes), HDS (Croatian Democratic Party), HSLP (Croatian Social Liberal Party), HNS (Croatian People's Party), SP (Socialist Party), HKDS (Croatian Christian Democratic Party), SDSH (Social Democratic Party of Croatia), and SDS (Serbian Democratic Party) which suspended its relations with the Parliament on July 26, 1990. The Chairman of the Parliament is Dr Zarko Domljan (HDZ).

The supreme head of the Republic is the President, who is elected for a term of 5 years. According to the Constitution, the President appoints the Prime Minister and, on the proposal of the Prime Minister, other members of the Government. However, this appointment is subject to confirmation by the Chamber of Representatives.

The existing Government, the so-called Government of Democratic Unity, was established on August 3, 1991, by the consent of 8 Parliamentary parties.

#### LOCAL GOVERNMENT

Croatia is divided into 102 districts which

are both units of local self-government and perform certain tasks of central government administration.

The Constitution of Croatia articulates a different territorial division: districts should be units of local self-government, whereas groups of districts would make up provinces which function both as units of local government and regional offices of the central administration.

#### LEGAL SYSTEM

State power in Croatia branches into three bodies: legislative (Parliament), executive (President and Government), and judicial. The Supreme Court is the highest judicial body in the state, comprising 15 members elected by the Chamber of Provinces on the proposal of the Chamber of Representatives. The Constitutional Court consists of 11 judges elected in the same manner as the Supreme Court members, and for the same period of 8 years.

#### AREA AND POPULATION

The total area:	56,538 sq km
Population:	4,760,344 (1991 census)
Population Density:	84.2
Ethnic composition:	Croats 77.9%
	Serbs 12.2%
	Slavic Muslims 1%
	"Yugoslavs" 2.2%
	Hungarians 0.5%
	Italians 0.4%
	others 5.8%

## MAJOR CITIES:

Zagreb 930 550 inhabitants, Split 206 612, Rijeka 205 836, Osijek 164 577

## RELIGION

Roman Catholic: 76.5%, Orthodox 11.1%, Islam 1.2%, Protestant 1.4%, Atheists 3.9%, Others or unknown 6.9%

## CURRENCY

The basic unit of currency is the Croatian dinar, introduced as a temporary tender of payment on December 19, 1991. This act established a full monetary independence from the former federal monetary system, in compliance with the Croatian Parliament's decisions on the sovereignty and independence of the Republic of Croatia. The Croatian bank notes are issued in the nominations of 1, 5, 10, 25, 100, 500 and 1000 dinars.

## ECONOMY

The Republic of Croatia is situated between the Alps and the Adriatic Sea and incorporates a part of the Pannonian and peri-Pannonian region, the Adriatic coast, islands and hinterland and the central mountain belt.

The Pannonian region abounds in arable lands and forests, oil and natural gas deposits, non-metals, thermal mineral springs and a hydro energy potential and favours the development of food and other processing industries.

The Adriatic region abounds in hydro energy potential, bauxite deposits and various non-metals and arable land. It favours the development of the tourist, shipbuilding and maritime sectors of the economy, as well as the development of maritime culture for the food processing industry.

The central mountain belt is a natural link between the Pannonian and Adriatic regions and abounds in forests, grazing land, water supplies and natural beauties.

The Republic of Croatia has about 3,225,000 hectares of agricultural land which makes even 57% of its overall territory.

The energy potential of Croatia is limited to hydrodynamic resources and deposits of oil and natural gas, producing about 2.76 million tons of oil and almost 2 billion cu.m. of gas annually. Coal deposits are insignificant. Mineral resources are limited. Deposits on non-metal ores (barite, graphite) are considerable. It bounds in bentonite clay, quartz, quartz rock and sand deposits.

In the past 50 years, the development of the Croatian economy was restricted by a socialist communist non-market economy. The 1990 and 1991 data would give a distorted picture due to war destructions and damage to Croatian economy, namely transport facilities, industrial plants, tourist and port sectors. Several years of stagnation and falling productions caused by the economic crisis worsened dramatically in 1991.

In the income structure of the exchange with foreign countries the export of goods accounts for 32.4%, services 30.4%, and hard currency remittances from citizens working abroad 37.2%. Croatia realizes 76.9% of its commodity exports in Europe. Most of Croatia's imports are obtained from Europe (72.5% of total imports). Croatia's most significant trading partner is Italy (15.3% of total commodity imports). Tourism is a very important sector of Croatian economy. About 5 million foreign tourists (mostly from Germany, Austria, Italy and Great Britain) visit Croatia every year. There are about one thousand accommodating capacities (hotels, motels, camps, etc) in Croatia.

There are 11 active shipping companies in Croatia, two of them deal with tugs, salvage and off-shore business. Three companies are in liner business, one in liquid cargo business, one in frigo shipments, one in passenger business, and 5 companies are in dry bulk cargo

business. The fleet consists of 402 vessels, with total capacity of 4.640.000 dwt (or 3.028.000 GRT), while total container capacity is 44.000 TEU. The capacity of passenger fleet is 21.600 passengers.

Fleet structure according to the type of ships: 19 container ships, 53 semi-container ships, 10 RoRo cargo ships, 61 general dry cargo, 88 bulk carriers, 12 container - bulk carriers, 18 tankers, 2 chemical carriers, 6 frigo vessels, 4 heavy lift vessels, 31 passenger ships, 41 RoRo passenger ferries, 28 tugs, 10 tug - supply ships, 19 others.

A number of ships are sailing under foreign flags: 84 ships St. Vincent, 61 ships Malta, 24 ships Liberia, 6 ships Panama, 4 ships Bahamas, and 3 ships Cyprus.

In 1991 the income of the Croatian shipping in international trade was 816 million US dollars, and the net hard currency income was 156 million US dollars.

Croatian merchant marine employs about 10,000 seamen, and the same number of the Croatian seamen are employed with various foreign shipping companies.

Transport routes - roads, railroads, air traffic and waterways link central and western Europe with south-east Europe, the Near East and the Adriatic Sea. Major river ports are located along four main rivers, the Danube, the Sava, Drava and the Kupa.

The road net comprises 27,380 km. Density of the road network is 48.4 roads per 100 sq.km, or 5.82 km per 1,000 inhabitants. The road traffic enterprises have 4,792 cargo vehicles, with the capacity of 88 million tons. 30 million tons of goods and 160 million passengers are carried per year in the road transportation.

Croatia has 2425 km of railway lines, out of which 35% are electrified. The annual volume of the railway transportation is

40,000 tons of goods and 43 million passengers.

There are 8 international airports, and 11 sports airports. In the year 1990 the Croatian international airports had transit of 4.6 million passengers and 71,910 plane starts.

The postal net comprises 1099 postal units, with average density of 52 sq.km. or 4355 inhabitants per a post office. There are 890,720 telephone users, while the average density is 18.7 telephone connections per 100 inhabitants.

The broadcasting enterprise of Croatia is Croatian Radio and Television (HTV) which broadcasts daily on two television and three radio channels. Radio programs of HTV cover 96% of the inhabitants, while TV programs cover 93% of the population. There are 1,002,398 of TV subscribers.

## BANKS

Zagreb: Zagrebacka Banka, Privredna Banka, Croatia Banka, Hrvatska Postanska Banka;  
Split: Splitska Banka, Pomorska Banka;  
Rijeka: Rijecka Banka, Adria Banka; Pula: Istarska Banka; Varazdin: Varazdinska Banka; Osijek: Osjecka Banka; and others. Financial institutions in Croatia include Croatia Insurance and Slavija LLOYD (reinsurance). Some foreign financial institutions (banks) are about to open their offices in Croatia. There is also the Stock Exchange in Zagreb.

## EDUCATION

The whole educational system is comprised of:-

- a) kindergartens
- b) primary education
- c) secondary education
- d) higher education

Kindergartens admit children aged 1 to 6, i.e. up to the time they reach school age. The whole pre-school educational system is supported by the state. recently, a

number of independent (private) and church-supported nurseries and kindergartens have been established. Pre-school education is optional depends upon the parental choice. Over 110,000 children (about one third of the age group) attend 230 kindergartens, and are cared for by almost 7,000 teachers.

Primary schools in the Republic of Croatia are state-supported. Primary education is compulsory for the children between the ages 6 and 15. In the school year 1989-90, as many as 506,707 pupils attended 816 primary schools. A total of 31,272 teachers were employed.

Secondary schooling in the Republic of Croatia lasts from 2 to 5 years, depending on the kind of school. Secondary schools are state-supported or private. Secondary education system undergoes the process of transition from the school centres offering a number of different curricula to one curriculum schools (grammar schools, providing general education, technical and specialized schools) and several curricula schools (the so-called mixed schools). In the school year 1990-91, 212,000 students attended 191 secondary schools in Croatia. A total of 13,200 teachers and 3,300 other experts were employed.

Croatia has 4 university centres (Zagreb, Rijeka, Osijek and Split). The University of Zagreb is the oldest and largest one (founded in 1669). Institutions of higher education may be state-supported or private. The university centres comprise 52 schools and colleges throughout Croatia, with 58,664 full-time students, 3 colleges of art with 669 students and 3 polytechnics with 1,447 students, totalling 69,780 students, 6,360 professors and 2,840 other employees. Incorporated within the university centres are also 5 residential halls accommodating 9,000 students and student restaurants for 20,000.

## HEALTH SERVICES

The Croatian health services comprise the public and private health sectors. The

citizens are free to choose the health service unit as well as the doctors for treatment and cure. The health service is carried at primary (surgeries), Polyclinical and in-patient clinic levels according to particular health care requirements and type of treatment as well as the national and regional strategic planning. Health service units encompass community medical centres, hospitals and hospital centres, specialized institutions, preventive health service centres, infirmary and surgery services and pharmacies. Each citizen has right to health care. The funds for the health services are provided through taxes and contributions, as well as the allocation of the government resources. The Croatian health service system has a workforce of 50,000 people, among which 11,000 physicians, 2,500 dentists and 2,000 pharmacists.

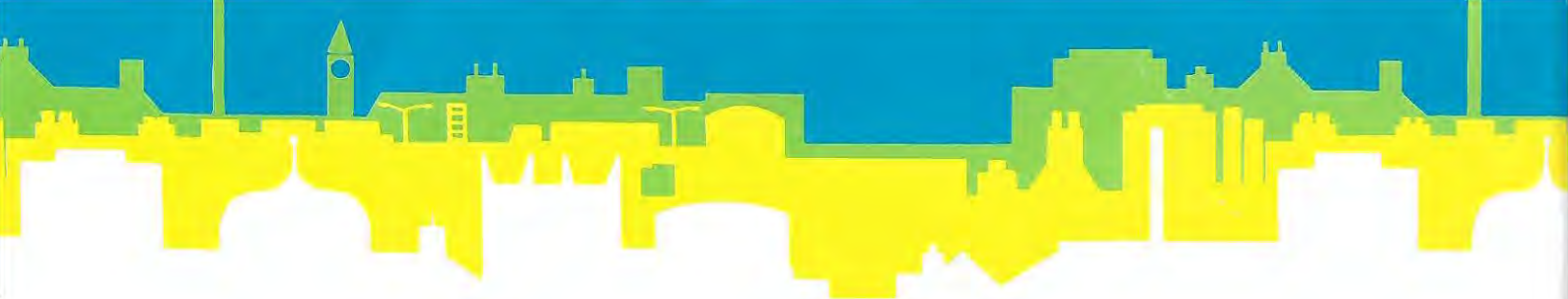
In the Republic of Croatia there are 4 Schools of Medicine, (Zagreb, Split, Osijek and Rijeka), 2 Colleges of Dental Medicine (Zagreb and Rijeka) and College of Pharmacy and Biochemistry in Zagreb.

## MAJOR NEWSPAPERS

Vjesnik, political news faily, Zagreb.  
Vecernji List, daily, Zagreb.  
Slobodna Dalmacija, daily, Split.  
Glas Slavonije, six days a week, Osijek.  
Novi List, daily, Rijeka.  
Nedeljna Dalmacija, weekly, Split.  
Globus, weekly, Zagreb.  
Danas, weekly magazine, Zagreb.







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