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Massacre Over Civilians During the War in Croatia

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ABSTRACT

The 1991–1995 War for independence of Croatia was a cruel armed conflict, provoked by the conquering aspirations of the »Yugoslav Federal Army« under Serbian command and Serbian terrorists. It took place on the territory of the Republic of Croatia and gave rise to a mass destruction of civilian and sacral buildings and civilian massacres. Here we present three representative cases as an example of the massacre over civilians that happened in the vicinity of Vrhovine, in northwestern Croatia. Seven civilians were taken from their homes in the village of Dabar, exposed to unprecedented, savage torture and cruel execution. Forensic medicine experts revealed that victims were beaten with blunt objects, probably the butt end of rifles or high boots, stabbed with sharp objects as they were dying, and finally killed by gunshots. Their dead bodies were mutilated by cutting auricles and exposed to post-mortem humiliation. Events at Vrhovine have all the characteristics of crimes against humanity and inapprehensible breaches of the Geneva Convention at the very end of 20th century.

Key words: war, Croatia, mass grave, massacre, civilians

Introduction

»Yugoslav Federal Army«, under Serbian command, supported by local Serbian terrorists, demonstrated conquering aspirations toward territory of the Republic of Croatia. All these circumstances resulted in a cruel and bloody war, imbued with many civilian victims^{1–4} and destroying civilian and sacral buildings including hospitals as well^{5–8}. This War for Croatian independence and freedom took place between 1991 and 1995. Many mass graves on the territory of the Republic of Croatia were revealed and excavated during and after the war. They exist as a witness, painful evidence of extraordinary cruel and bestial behavior with helpless victims. Strategy of »Yugoslav Federal Army« under Serbian command in conquering Croatian territory was designed in ethnic cleansing, expelling and killing domestic people and consequently establishing their own authorities.

A drastic example of war crimes perpetrated on civilians is the one that occurred on November 22nd and 23rd 1991 in the vicinity of Vrhovine, when five men and two women were brutally killed. On April 4th 1992 their bodies were exhumed and transported to the Institute of

Forensic Medicine in Rijeka for identification and determination of the cause of death. The Vrhovine victims are an example of unprecedented savagery because they were beaten, many wounds were inflicted pre-mortem or during their last moments of their lives, confirming horrible suffering of these miserable people. Here we present three of such cases of war crimes, documented in detail.

Case Reports

Case 1

The male cadaver, aged 57, coded L-22, showed changes due to the state of advanced putrefaction. External examination revealed that the skin was greenish-brown, completely changed by putrefaction. The face was completely disfigured, more markedly on its right part due to multiple bone fractures caused by violent pressure exerted on it. On the left side of the nape there was a circular defect, 1 cm in diameter, with edges changed by putrefaction, corresponding to an entrance of a gunshot

wound. Diametrically opposite to it and slightly below there was another circular defect, 2 cm in diameter, with edges slightly turned outwards. Jaws, nose, arch and base of the skull showed multiple fractures. The skin of the right part of the face was markedly darker in color, probably due to the bleeding during agony. Both auricles were amputated posthumously, and on the left one the helix was removed, while almost the entire right auricle was cut off (Figure 1), without any signs of vital reaction.



Fig. 1. Male cadaver coded L-22, with both auricles amputated posthumously.

Internal examination revealed that the nape was bilaterally suffused with blood and lacerated in places of shotgun defects. The bones of the arch and the base of the skull showed multiple fractures with total separation of bone fragments. The *dura mater* showed manifold traumatic lacerations. Both middle ears have been traumatically opened. The examination of the skeletal system revealed a fracture of the cervical part of the spinal column at the junction with the thoracic part, between C7 and Th1, as well as the fracture of the first five ribs on right side in the mamillary line, with bones squeezed into the thorax cavity.

The pathoanatomical diagnoses were: gunshot wound of the head, multifragmented fractures of the head, fractures of the 5 right ribs (1st–5th) with dislocation, posthumous incisive wounds of both auricles and putrefaction of the body. The cause of death was a gunshot wound of the head.

Multiple fractures of the head were not exclusively due to the gunshot canal observed in the occipital part of the head, as their intensity exceeded the destructiveness of the projectile, and the location of the facial bone fractures away from the gunshot canal point to the application of blunt force on the right part of the face of the

decedent, where the traces of the bleeding in agony were present. The fractures of the ribs in the right hemi-thorax were also probably due to the application of blunt force of high intensity, probably applied post-mortem, as there are no signs of the vital reaction around the fractures. The fractures of the cervical part of the spinal cord are probably due to the same cause.

In conclusion, the multiple fractures of the bones of the right part of the head, face, the cervical part of the spine and 1st–5th right rib were the consequence of the application of blunt force of high intensity, probably trampling with shod feet on the head and thorax of the decedent during agony and immediately after his death.

Case 2

The female cadaver, aged 77, coded L-21, showed advanced putrefactive changes. External examination of the body revealed an irregular skin defect, measuring 1 x 1.5 cm, on the forehead, above the left eyebrow. The left eyelids were suffused with blood. The nose was externally unremarkable, except for an excoriation on the right side of the nasal pyramid which revealed the nasal cartilage. On the right occipital part of the head there was a skin defect measuring about 1 cm in diameter. The neck was unremarkable apart from putrefactive changes of the skin. In the middle of the front part of right thigh there was a fracture of the femur with dislocation of bone fragments and an incision wound, 15 cm long, without bleeding (Figure 2). A fracture of the upper third of the right tibia with dislocation of bone fragments was also found, without bleeding.

Internal examination revealed that the scalp was grayish-green, suffused with blood in the right occipital and left frontal parts. A defect, measuring 0.8 cm in diameter, in the right occipital region corresponds to an entrance of a gunshot wound. On the left frontal part of the cranium a defect, measuring 2 cm in diameter, was found, corresponding to an exit gunshot wound (the larger defect was found on the external lamina). The *dura* was greenish, with empty sinuses, and defects found in places of the described defects of the cranium, i.e. right nape and left forehead. The soft meninges were opaque and diffusely suffused with blood. The brain tis-



Fig. 2. Female cadaver coded L-21, with an incision wound, 15 cm long, without bleeding.



Fig. 3. Female cadaver coded L-21, with fractures of the five (2nd–7th) ribs on the right side in the mamillary line, with dislocation of the fractured fragments and the cartilages of the fractured bones dislocated inwardly.

sue was completely changed by putrefaction, softened and structureless with blue-greenish traces of bleeding starting from the occipital lobe of the cerebrum right towards to the left frontal lobe. The whole area was transformed in a bloody structureless mass. The middle ears were filled with blood. The base of the skull showed fractures of the anterior cavity to the left, the central cavity centrally involving the *sella turcica*, i.e. a transversal fracture between the anterior and central skull cavities. After opening the thoracic cavity, the fractures of the five (2nd–7th) ribs on the right side in the mamillary line were found, with dislocation of the fractured fragments and the cartilages of the fractured bones dislocated inwardly (Figure 3). The same ribs were fractured on the medial axillary line, with dislocation of the bone fragments outwardly. In sites of the described fractures a slight bleeding was present. Both lungs were of decreased volume, with putrefactive changes. All the elements of the left pulmonary *hilus* were ruptured.

The pathoanatomical diagnoses were: gunshot wound of the head, fracture of the base of the cranium, brain contusion, serial fractures of the right ribs, rupture of the left lung *hilus*, fractures of the right femur and right tibia and putrefaction of the whole body.

External examination and autopsy of the cadaver established the state of putrefaction, a gunshot wound of the head with the entrance on the right side of the nape and the exit on the left side of the forehead, and contusion of the brain. This wound was the direct cause of death. Furthermore, the autopsy revealed double serial fractures of the right ribs, from the 2nd to the 7th rib in the mamillary line and on the medial axillary line with barely visible bleeding, and rupture of the left lung *hilus*. This injury was inflicted during agony, as witnessed by the scarce bleeding in sites of the rib fractures and absence of bleeding in the left thoracic cavity (rupture of the *hilus*). These injuries might be due to the application of a blunt force of high intensity on the anterior part of the thorax, as by trampling with shod feet. In sites of fractures of the right femur and the right tibia no bleeding was found, which indicates post-mortem infliction, and may be due to the same cause as the injuries of the thorax.

Case 3

The female cadaver, aged 53, coded L-18, showed advanced putrefactive changes. External examination revealed that the ears were amputated post-mortem: from the right ear the lobe and the helix were cut off (Figure 4), while on the left ear the helix was excoriated. The edges were sharp and without vital reactions. In the left temporal region, 6.5 cm above the remains of the left auricle there was a defect, measuring 1 cm in diameter, on the scalp. In the right temporal region, 3 cm below the described defect and to the left, there was another defect, measuring 2 cm in diameter, with turned edges (Figure 4). The area around the defect was suffused with blood. The left side of the nasal pyramid was also suffused with blood, excoriated and with sharp edges. The skin of the upper and the lower jaw has also been removed, and the remaining edges of the skin were sharp and without vital reactions: only the mucous membrane of the upper and the lower jaw was left (Figure 5). The neck was of medium length and width, excoriated on the frontal part, so that the denuded suprahyoid muscles were visible, showing advanced putrefactive changes. On the left back side of the neck there was an



Fig. 4. Female cadaver coded L-18, with the lobe and the helix cut off from the right ear and a defect on the scalp in the right temporal region, measuring 2 cm in diameter, with turned edges.



Fig. 5. Female cadaver coded L-18, with the skin of the upper and the lower jaw removed and only the mucous membrane of the upper and the lower jaw left. On the left back side of the neck there is an incision wound measuring 11 cm, deepest on the left and becoming shallower to the right, without signs of the vital reaction.

incision wound measuring 11 cm, deepest on the left and becoming shallower to the right, without signs of the vital reaction (Figure 5). In the left front axillary region there were two incision wounds, with a skin bridge measuring 1 cm in width laying between them. The upper incision wound was 12 cm long and 11 cm wide, deeper on the right. The direction of the incision was from bottom right upward to the left. Below the described incision wound there was a puncture-incisive wound of significant depth, penetrating deep into the left pleural cavity, damaging the left diaphragm and ending into the left part of the peritoneal cavity. The edges of the wound showed no signs of vital reaction. Below the left breast, in the groove, there was a semicircular incision wound 16 cm long, deeper on the right, directed to the left. On the lower part of the abdomen, 10 cm away from the pubic region, there was a semicircular incision wound 50 cm long, starting from the *spina iliaca anterior superior* on the right, going left and backwards and ending 5 cm away from the lumbar part of the spine (Figure 6). The described incision wound split the abdominal cavity wide open. The edges of the wound showed no signs of vital reaction. In the mucosa of the vagina there were two lacerations with bleeding in locations of 1 and 3 hours.



Fig. 6. Female cadaver coded L-18, with a semicircular incision wound, 50 cm long, starting from the *spina iliaca anterior superior* on the right, going left and backwards and ending 5 cm away from the lumbar part of the spine.

Internal examination revealed a defect in the left temporal region, measuring 2 cm in diameter, with more severe lesions in the region of internal lamina. The area around the described defect was darker in color. Temporally, to the right there was another defect, measuring 2.5 cm in diameter, with more severe lesions in the external lamina compared to the one in internal lamina. On the described locations dura showed defects as well. The base of the skull showed multiple fractures of the anterior, medial and posterior cranial cavity. The fracture fissures were more pronounced on the right side. There was a fracture of the cervical part of the spine at the level of C1. The brain was completely changed by putrefaction. The gunshot canal was extended from top left to the right and downwards. The lower lobe of the left lung was ruptured and the rup-

tures were visible on the arch of the diaphragm bilaterally, without vital reactions. The pericardium was four fingers wide; frontally there was rupture without vital reactions. As for the abdominal organs, there were lesions in the mesentery and the lower part of the small intestine, without vital reactions. On the left side of the described incision wound in the lower abdomen dry leaves were found. On the lower lobe of the left lung there was a traumatic rupture, without vital reactions and on the right lung, there was a rupture in the region of the hilus, with scarce bleeding. The spleen was reduced in size because two thirds have been cut off. Vital reactions were not present and organs were softened due to the putrefactive changes. The liver was totally squashed posthumously. The left kidney was medium size with an incision wound on anterior side, without vital reactions. There were serial fractures of the ribs bilaterally and symmetrically on the scapular line, the medial and frontal axillary line, with dislocations frontally in the scapular line, and laterally in the other lines.

The pathoanatomical diagnoses were: gunshot wound of the head, fracture of the base of the skull and contusion of the brain, incision wounds of the body with lesions on the mesentery and the small intestines, incisive wounds of the spleen and the left kidney, conquesation of the liver posthumously, serial rib fractures bilaterally, laceration wounds of the vagina and putrefaction of the whole body.

The external examination and autopsy of the cadaver revealed a gunshot wound of the head, which was the direct cause of death. Furthermore, the autopsy established numerous incision wounds in the region of both ears, neck, left side of the axillary region and left side of the chest, as well as in the lower part of the abdomen. The wounds were inflicted by a sharp object, such as a knife or the like, and the histological analysis established that they were inflicted during agony and posthumously. The skin of the face was also removed by a sharp object post-mortem. The posthumously inflicted wound in the lower part of the abdomen injured the small intestine and the mesentery, while the incisive-lacerative wound below the left breast, as described, afflicted the spleen, the left kidney and the left diaphragm. These wounds showed no sign of vital reaction. The serial fractures of the ribs bilaterally as described, with ruptures of the lower lobe of the left lung and the hilus of the right lung, as well as the contusion of the lung, were inflicted posthumously, probably by trampling with shod feet on the back of the decedent. The described lacerations at the entrance of the vagina, 0.5 cm and 1 cm long, showed vital reaction in the form of bleeding, which was also histologically confirmed, and were probably inflicted by shoving a blunt hard object into the vagina through the tights.

Discussion

The examples of the massacre over civilians described in this paper represent, unfortunately, just a small fragment of such behavior during the war fought in the Re-

public of Croatia. This war crime happened approximately fourteen years ago. Corresponding to the maxim that war crime does not have limitation period for instituting legal proceedings and that this case was just a part of behavior in wars on the territory of former Yugoslavia⁹, we bring this paper like an awareness of absurdness of any war fought in the world. The events described took place at the end of the 20th century and witness the impotence of the numerous conventions that were drafted by the international community with the exclusive aim of preventing such misdeeds. The Vrhovine civilians' massacre also provides the indisputable evidence of the breach of the Geneva Convention relative to the protection of civilian persons in time of war, namely the Fourth Geneva Convention, which states, among the rest, as follows:

Article 32: The High Contracting Parties specifically agree that each of them is prohibited from taking any measure of such a character as to cause the physical suffering or extermination of protected persons in their hands. This prohibition applies not only to murder, torture, corporal punishments, mutilation and medical or scientific experiments not necessitated by the medical treatment of a protected person, but also to any other measures of brutality whether applied by civilian or military agents^{10–12}. After these appalling crimes, it seems justifiable to pose the question what is the motive that force people to do these inapprehensible crimes toward human beings different by their race, nationality, religion or what so ever. The war fought in Croatia corroborates E. Fromm's assertion that aggressive instincts refuse to yield themselves to the beneficial influence of civilization.

REFERENCES

- MARČIKIĆ, M., Z. KRAUS, B. DMITROVIĆ, M. MOŠUNJAC, A. MARUŠIĆ, *Liječnički Vjesnik*, 113 (1991) 208. — 2. MARČIKIĆ, M., Z. KRAUS, B. DMITROVIĆ, L. ZIBAR, S. MATKOVIĆ, A. MARUŠIĆ, *Med. War*, 9 (1993) 33. — 3. KOVAČEVIĆ, S., M. JUDAS, A. MARUŠIĆ, *Liječnički Vjesnik*, 113 (1991) 205. — 4. MARČIKIĆ, M., M. MARUŠIĆ, *Liječnički Vjesnik*, 113 (1991) 202. — 5. Editorial, *Lancet*, 331 (1991) 14441. — 6. GALE, R. P., B. LABAR, *Lancet*, 339 (1992) 48. — 7. KOSTOVIĆ, I., M. MARUŠIĆ, *Lancet*, 338 (1991) 1018. — 8. STRANDGARD, S., *Ugeskr. Laeger.*, 154 (1992) 288. — 9. RAINIO, J., K. LALU, A. PENTTILA, *Forensic. Sci. Int.*, 116 (2001) 171. — 10. UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES: Handbook for emergencies, part one: Field operations. (United Nations, Geneva, 1982). — 11. INTERNATIONAL COMMITTEE OF THE RED CROSS: Basic Rules of the Geneva Conventions and Their Additional Protocols. (ICRC, Geneva, 1983). — 12. INTERNATIONAL COMMITTEE OF THE RED CROSS: Rules for the Behavior in Combat (ICRC, Geneva, 1985).

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MASAKR NAD CIVILIMA TIJEKOM RATA U HRVATSKOJ

SAŽETAK

Rat za neovisnost Hrvatske (1991–1995) bio je okrutan oružani sukob, isprovociran osvajačkim težnjama »Jugoslavenske Federalne Vojske« pod srbijanskim zapovjedništvom i srpskih terorista. Rat se vodio na teritoriju Republike Hrvatske i bio je uzrokom pojave masovnih razaranja civilnih i sakralnih objekata, te masakra nad civilima. Ovdje predstavljamo tri reprezentativna slučaja kao primjer masakra nad civilima koji se dogodio u blizini Vrhovina, u sjeverozapadnoj Hrvatskoj. Sedam civila odvedeno je iz svojih kuća u selu Dabar, da bi zatim bili izloženi besprimjernom, surovom mučenju i okrutnoj egzekuciji. Stručnjaci sudske medicine otkrili su da su žrtve bile udarane tupim predmetima, vjerojatno kundacima pušaka, ubadane oštrim predmetima dok su umirale, i na koncu ubijene hicima iz puške. Njihova mrtva tijela bila su unakažavana odsijecanjem uški i izložena post-mortalnom ponižavanju. Događaji iz Vrhovina imaju sve karakteristike zločina protiv čovječnosti i neshvatljivih kršenja Ženevske konvencije na samom kraju 20. stoljeća.