

## CONTEMPORARY HISTORY

## A girl in my arms: a story of a paediatrician from Vukovar

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I finished medical school in Zagreb and have worked as a paediatrician in Vukovar for 17 years. I worked in the Vukovar hospital until it fell into the hands of the Yugoslav Federal Army. This is the story of my last patient.

### The story

In the afternoon of 15 November, 1991 a heavy artillery grenade fell on the civilian shelter in the basement of the destroyed Eltz castle. The shelter was actually a wine cellar, with barrels full of wine, and 30 civilians lived there for months. The grenade killed nine of them instantaneously. The family of one of our nurses was killed on the spot, including the nurse herself, her 3.5 year old son, and her mother-in-law. Her husband was wounded in the same shelter and died in hospital. One woman in the fourth month of pregnancy was wounded, and was hospitalised with a serious pneumothorax. Her husband was killed on the spot. In one family, three members were wounded: two girls, aged 6.5 months and 5 years, and their mother. Her brother and mother-in-law were killed. The father was outside at that moment. Later, when he came to visit his wife and children in the hospital he told us of the horrible deaths in the shelter: the cellar was flooded, and detached arms and legs and corpses were floating in blood and wine.

The 6.5 month old girl had a wound of the left thigh, measuring 14×7 cm, and another in the gluteal region. The shrapnel penetrated the abdominal cavity, with consequent paralytic ileus and septic shock. The child was operated on immediately and was in a critical condition. The operation was performed by Drs Njavro and Vidović in the cold operating theatre (part of the antiatom bomb shelter). We disconnected the only incubator left and used its heating plate to keep the baby warm. Our anaesthetist, Dr Kušt, brought in a hair drier and used it to warm the air in the room. The baby received several blood transfusions. We did not have any frozen blood and had to use our own. Also, we could not follow the proper treatment regimen because we had no antibiotics appropriate for her age and had to give what we had for other patients. Even worse, we did not have sterile water, saline, glucose, or any other solution to dilute the antibiotics. We used what we had left from the large donation from Germany that came in the summer. It was a solution for infusions, inappropriate for the girl's age. She had a nasogastric tube and urinary catheter and

a constant intravenous infusion. She vomited most of the time. She lay in a cot next to her mother and sister, who shared the same bed. The baby was practically dying in front of her mother's eyes. I would sit by her and hold her head in one position, so that the infusion needles would not fall out from the veins in the neck, the only ones we could inject, while her mother and sister caressed her and held her hands. Later we managed to move her cot some 2 m from them, so that they did not constantly watch her suffering. Her father held her leg when we changed the bandages. We tried to persuade him not to do that, because her thigh was a large open wound, but he refused and held her in his arms. After two days, the surgeons had to perform a necrectomy of the wound, which even enlarged the wound opening, so that the bone was visible.

The night of the second operation was the night when the Yugoslav Federal Army entered the hospital. On the next morning the transportation of the patients and personnel was organised. I knew it would take a long time so I took the girl and asked the driver of an international Red Cross ambulance if I could sit in his car for a while. It was bitterly cold outside. I sat there with the girl in my arms. This was her first postoperative day and her condition was getting worse. After two hours of waiting I was taken to a Red Cross ambulance from Belgrade. One nurse and a female doctor from Belgrade were with us. The convoy took the route through Negoslavci, an undamaged village, populated mostly with Serbs. We stopped there and waited on the road for two hours. The doctor from Belgrade was correct but cold and reserved, telling us from time to time that the Croatian government did not want us and that they did not know what to do with us. The drive over large holes and bumps on the roads was almost unbearable; the infusion needles fell out and I had to put them back, while the life in that small body just barely flickered in my hands. A woman in the ambulance, who had given birth to the last infant in Vukovar two days before, started bleeding. My little patient's neighbour from the shelter in Eltz castle, in her fourth month of pregnancy and with a pneumothorax, was in a critical condition and died during the trip. I could not tell where we were heading. During the trip I asked several times to be taken immediately to a hospital with the child because she would not survive the next few hours. The doctor from Belgrade finally agreed to leave the convoy and

we left for the Medical Centre in Sremska Mitrovica and went to the surgery ward. The paediatric surgeon who examined the child confirmed my suggestion of immediate transport to the Children's Clinic in Belgrade. A federal army officer agreed to organise the transport to Belgrade. The girl's family stayed in Sremska Mitrovica and said that they would wait for their daughter. They had nowhere to go and nothing to leave—everything they had was

destroyed. If their daughter was to die, they said, they had to know where she was buried.

I do not know what happened to her. I cannot call my colleagues in Belgrade to inquire about her condition. I cannot contact her parents. I hope we eased her pain and took some of her suffering from her little shoulders. I carry the pain and suffering from her eyes in my dreams.

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