

# **ZLATKO RELJICA KOSTIĆ**

Zagreb

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**The interview was recorded, the recording is kept under the code name**

***reljicax2***

**10,1 MB**

**Duration 31:38**

**The interview took place in Zagreb**

**At the beginning of the recording, I will ask you to introduce yourself – your name and family name, date and place of birth.**

Zlatko Reljica Kostić, born in Zagreb in 1956.

**What do you do by profession? Where did the war find you, i.e. what were you doing during the war?**

I work as a surgeon in the "Dubrava" Clinical Hospital, Department of Traumatology, and during the war I was in the Clinical Hospital which was then called Ozren Novosel, and today is called Merkur. In 1991 I was just ending my specialization in general surgery, which I completed in September. I was in Merkur until Christmas 1992, when in the former Military Hospital, as we were calling it...the late Ante Matković announced job openings for 8 surgeons, and I made my decision to go there. The daily work in the Merkur Clinic didn't satisfy me, especially because I knew what kinds of patients the Military Hospital has.

**In a sketch of your thoughts, you write that 1993 was the most difficult year for the Croatian health care system. Why?**

Yes, this is my opinion, and in this I have the agreement of many colleagues of mine, when we interpreted those war years. Namely, at the beginning of 1993, especially when I look at it from the aspect of the "Dubrava" Clinical Hospital, where I am today, it was a hospital into which the wounded from various parts of Croatia, from BIH, especially Posavina, arrived on a daily basis. So that we had many freshly wounded, while we hadn't completed the treatment of the wounded from the beginning of 1992, and some were still left over from 1991, especially the wounded with injuries of the locomotor system, the extremities.

**In that year, 1993, you get to know Praljak?**

Yes, in 1993. I think it was in late summer, early autumn, on several occasions my patients would tell me that general Praljak was coming to visit them – and then one of them, Stanko Golemac, said that he will alert me when Slobodan comes. And his arrival at the hospital was...He would come to visit the wounded, and he never insisted on formalities of any kind, so that actually, whenever he came if I had other things to do, we never met. That time, Stanko Golemac knew that I was in the hospital and that time Slobodan and I had finally met.

**Why was Slobodan Praljak coming to the hospital?**

Well, at that time, just like many times before and many more times later, he would come to visit these patients and brought various gifts, accessories, cigarettes. And distributed it among the wounded.

**At that time, if I got it right, what we were talking about earlier, there were members of six armies in this hospital, at least six armies, i.e. armed formations. Is it possible that there was such a number?**

Well, let's try to count them. There was quite a number of members of HV, which is understandable, there was quite a number from the Croatian Police, quite a number of members of HVO who, a smaller number, arrived at the hospital by helicopter transport, while a larger number was evacuated from Split, for the continuation of treatment. There were the wounded from Kladuša, there were members of Armija BiH, occasionally someone from the JNA, if his place of residence was here in Zagreb. I actually don't know by which channels each one of them was coming, but there were always the members of at least five or more armies, especially if you add the civilians to this number.

**I have a practical question: you say there were many members of these**

**armies – were they separated in rooms or were they all together?**

The distribution by rooms was exclusively related to urgency of cases, to the seriousness of the wounds.

**I thought they might have been separated in rooms with respect to the formation to which they belonged?**

No, no, no. The only criterion how the patients were distributed – what they sometimes accepted with difficulty – was the seriousness of the wound and possibilities of complications. Namely, let me practically explain it to you. The patients that were, let's say, operated within several days, they were surely situated in the central part of the Traumatology, and this is our main traumatology, the main one in the hospital. The others, who were operated some time before and didn't develop complications, they were in our unit the so-called Trauma 2, which is dislocated to the very end of the hospital. Patients in whom the upper extremities were injured, but not the lower ones, we would distribute throughout the current departments: ophthalmology, ear-nose-throat, dermatology, neurology, nephrology, internal medicine. Also the wounded who were in their final phase of treatment, in whom some smaller interventions had to be made, they were also in these departments, irrespective of the fact that the injuries were on the lower extremities, they actually had to be mobile on crutches. It means, these were the criteria.

**These were the criteria of distribution? There were no other criteria?**

No.

**I am interested in the following: when Praljak would come, and you say he came many times, he would bring something. How was it distributed, what he brought? And what was he bringing?**

Well, he was bringing cigarettes, this is so, maybe it was the most important for these people, he would bring underwear, track suits, t-shirts, shaving accessories, deodorants, then occasionally there would be some special need – and some special needs were on certain occasions – like that. Then, especially in the Trauma 2, the boys would sometimes organize small festivities in which he participated.

**You say that Praljak was bringing, but according to which criterion were these things distributed, if the men were mixed up? Was there a criterion?**

There was no criterion, it was distributed equally among everyone – and later, when his visits really became frequent, even several times a week, then the boys would distribute this among themselves. At the beginning it was he who distributed, later the boys took it upon themselves, and I am not aware of any problem, ever, related to this distribution, quite the contrary.

**Let me ask you concretely: I know that you weren't present every time, but did any kind of information reach you that Praljak was making a difference between the wounded?**

Never.

**And these festivities, these events? Did Praljak also organize them?**

Yes, yes, as the situation in the hospital, shall we say, normalized, a certain normal hospital pace set in – and many of the injured spent several months, some even several years in the hospital. So there was this atmosphere in the hospital, although we had a social service, there is also a psychiatric service which continuously took care of that – Slobodan actually came up with an idea and began bringing various groups. There were some performances, various artists, concerts were organized. Speaking of larger theatre performances, they took

place downstairs in the hospital auditorium, and they were attended by everyone who happened to be in the hospital at the time, even people who came to visit. Apart from that, many who were coming to the hospital, often came without even the basic documents. Various groups, in the last instance the hospital administration resolved it up to a certain measure – insofar as they had to satisfy the basic administrative requirements, but it is certain that there were major needs. Someone had to get his nationality certificate issued, another needed a passport, a third one his ID, whatever. I know that there were problems of that nature, and these were people who couldn't wait in queues in front of various administration offices. And Slobodan was always very open, and he would find ways to help a man, even to take him somewhere by car and return him...He helped many, many. Not only the wounded. It was no rarity that he was helping in a similar way their families that were in Zagreb.

**Can we conclude that all these things that we are mentioning now and what Praljak did, is not the typical work of a general? We cannot say that it was his duty, obligation, job description or similar.**

Probably it wasn't. I can only give you my opinion about it. I often told him what kind of general he is when he knows every one of his soldiers by name, and surely the wounded ones. And later, through our association, I realized that there were few of his warriors whom he didn't know personally, if not by full name and surname, than at least the nickname, and he could clearly pinpoint him in his war path.

**Dr. Reljica, during the war you were not only in Zagreb?**

No. In July 1991 I was in Slavonia, then on several more occasions in 1991 again in Slavonia, a bit on Banija, and then in 1992 it was Posavina, Slavonski Brod. And then, in 1993, I was more and more frequently in Mostar.

**Since which year were you going to Mostar?**

Since 1993, the summer, late spring or early summer of 1993.

**How many times have you been to Mostar?**

Six times in all.

**Can you tell me what you were doing in Mostar?**

I was practicing war surgery on Bili Brijeg.

**You always went to Bili Brijeg?**

Always.

**What was the situation like on Bili Brijeg?**

Well, on Bili Brijeg, in my assessment, it was a very... a high quality third echelon institution. It had two beautiful operating theatres, according to need two more could have been opened, and it was maybe the highest quality screening point which I saw during the entire war.

**Did you meet Praljak there?**

No, I wasn't meeting him there, I never left the hospital when he was there.

**And he wasn't coming to the hospital. You didn't meet?**

No.

**Tell me, which kind of wounding, which type of injuries was the most frequent there? As a surgeon what did you treat most often?**

Well, at the beginning these were more or less explosion wounds, and later, in my third, fourth arrival, when this street war flared up, than more than a third were sniper wounds. Men usually had sniper wounds in the head, women, sniper hits in the lower abdomen.

**These people who were wounded, let me get the picture clear, on which area was this happening? On which area were they wounded?**

Those who were wounded by sniper fire were exclusively from the area controlled by the Croats, from the right side. And sniper hits were coming either from the area on the right side controlled by Muslims or from across the Neretva. This is a distance of only a couple of hundreds metres. Occasionally there would be barrage attacks, I now remember when a bridge was being constructed, somewhere below Jablanica, then the men who were driving trucks and building the bridge were hit with artillery, actually, mortar fire. It was in June 1993.

**The last several years you are intensively involved with the Ilizarov method?**

Yes.

**Can we speak a little bit about it? Why is this method essential, and, of course, I am interested whether Praljak is again present in this story?**

He is. Very actively. Let me put it this way – at the beginning of the war our knowledge of war surgery was small or non-existent. The education on the School of Medicine had one colloquium dedicated to war surgery which was

next to nothing, it never touched upon the problems which this science or this part of science and practice could encounter. The physicians who, during their military service, were on a regular school in Belgrade were in a somewhat better position. However, later I saw that even they did not have a great knowledge in their command. This is a fact. At the beginning we were making a lot of mistakes. These mistakes must have been noted on the scale of results. These mistakes were, at least to me, most visible in the area of locomotor surgery, i.e. the wounds of extremities. Especially because this is the most frequent surgical wound, and on the other hand if it is not complicated by bleeding from a major blood vessel, it is not lethal. Therefore, you have a disabled person, you have a patient, a patient who will not die due to his wound, and how you are going to treat it, especially if you do not want to resort to amputation, then you have a whole range of problems. Researching this area, trying to find solutions, consulting available literature, which is, believe me, very thin – as of this day you can go over these dates and you will see what you will find in world literature as a quality material, literature based on experiences and results, not the doctrine, because the doctrine of urgent war surgery was never in question. Croatia accepted it immediately, one group at the School of Medicine translated this white handbook of urgent war surgery and wherever we went we carried this handbook with us. It was just as well, because it helped us enormously, but as the name itself says, it is war surgery on the third echelon level. What will be with the continuation of treatment of an injury, I am speaking off the top of my head, the lower leg, which was hit by several shrapnel, which has been treated in whatever way it was treated, here we had no knowledge at all. Knowing from earlier times one very high quality method which has quite a lot of success in the treatment of severe complications in peacetime surgery, and this is structured precisely in this Ilizarov method, I believed that it could give positive results on our war surgery material. A lot of things were in favour of this belief. So we started to study the Ilizarov method, link up with key persons in the world practicing this method who helped us a lot, checking these advices and knowledge on a daily

basis, because the only thing that was not lacking is the patient sample, we were not short on the wounded, and we were doing it, and later results clearly showed that we were right. In the last instance, we received acknowledgements from our colleagues from around the world. People who were in charge of the spreading of this method in Europe and America.

**Thanks to this method, many people left your operating theatres and, following rehabilitation, went out walking, is that so? What was Praljak doing in all that?**

Yes. Namely, you know, I worked in the former Military Hospital, in the former Military Hospital there was personnel left over from the earlier era, former JNA officers who had knowledge that was an intrinsic part of the doctrine of the JNA. I studied this doctrine and in discussions with these colleagues, which are actually very dear persons, I tried to acquire knowledge and I realized that their knowledge was insufficient. This promotion of the Ilizarov method within the framework of medical officers, very high medical officers among which I found myself, was not simple, you know. War is truly a time which is offering chances to try new innovations. In my red book, in the first chapter I speak clearly about the knowledge for which we can be grateful to previous wars. I don't have the slightest intention to link the Ilizarov method with, for instance, the quality of physicians who invented the respirator, PIP...who invented things in the previous, World War II. So, I began to push this Ilizarov method and there were a lot of problems. One of the key problems was that you had no written materials to show to somebody that it makes sense. Finally I came upon official handbooks which at that time already existed in the world, for instance the "Operational Principles of the Ilizarov Method" which a group of Italian and American authors published in 1982. The chief editor of the book, Professor Bianchi Maiocchi, and key co-authors are the leading persons of this method in the world, and these are Maurizio Catagni, D. Paley, James Aronson, so these are the men who wrote that

handbook. I realized that, actually, on one hand I should persuade the disbelievers, because the successes which I had at the beginning, you know how it is in medical circles, if there is no firm element, especially scientific, then you are not allowed to trust it, and it is good that it is so. But, I didn't have the opportunity to show to anyone several scientific papers which describe this method on a war surgery material. Because, it simply didn't exist. At that time, it didn't exist. Then we made the decision to translate that handbook. Bianchi Maiocchi gave us the right of publishing in Croatian language, and more than that. He said, why don't we make a conference in Zagreb on which he would gladly come. And this actually happened. Bianchi Maiocchi also came, the man No. 2 in "Lek", Professor Vila came, the American James Aronson, D.Paley was invited, he started out on his journey, but due to airplane problems he had to return. In our later contacts he told me he could never get over the fact that he didn't come to our First War Surgery Congress dedicated to Ilizarov. And we...

### **Was that in Split?**

No, no, in Split was the First Croatian Congress on War Surgery, and this one took place here in the hospital. We made, those are the photographs, we made this meeting where we asked Bianchi Maiocchi and Vila and James Aronson to speak about it, there were several other people, at that time some Americans happened to be here. It was a very interesting meeting and many, many surgeons who were doing war surgery in Croatia attended. It was March 1994. It was then that we presented it. It was necessary to organize this Congress, to take care of those people, to publish the book. Slobodan told me already at the beginning, when I started speaking about this idea, he told me to take care of my part of the business, and that is the translation and to make sure that the wounded are well treated, while he would do the rest. And that's how it was. The entire Congress was supported by the people from the Archive of the Ministry of Defence. Illustrations were prepared there, we made a film which he directed, he sent the cameramen

here who took shots according to some ideas of mine, and subsequently he completed it, gave it the professional touch. He gave me full freedom, what I wish to show with this film. We also had to print the book, where he did everything with his team of people. It means, without him...he believed that it is all worthwhile, which was later proven to be true. Afterwards some changes were made in which, as Bianchi Maiocchi had said, our experience certainly played a role. Now this is highly professional, in some segments the original Ilizarov method is not good, and we know it very well because we applied it on these sites of the body and really some of the wounded were going through terrible pain. Then we made a turn, and changed this method a bit. This method was later printed in another, blue handbook, these are the advanced variants of the Ilizarov method. This is the second handbook, which was also produced in the same way. Mine was only to translate it, and after that Slobodan produced it and returned it to us in packages, printed books. The same thing happened also later, when the war was over, when in a way I was fed up with this war surgery, although we still had instances of wounding by stepping on a land mine or any other kind of mine, and he told me it was my duty to look at it once again, once again present these experiences, and deliver them to the scientific audience in written form. And then let the people judge its worth, so that even this third book, the red book he also took upon himself to realize, although when he saw some mistakes in my syntax he never had the will to change anything in that book. And another issue here, this fateful Ilizarov method, also has an interesting history. When I came to this Military Hospital, I saw here the instruments for the Ilizarov method, and one patient who had the Ilizarov apparatus on him. He was operated by my colleague Frketić. However, he was an orthopaedic surgeon, he didn't have much strength, but he gave me a hint about this method and he was a great support when we started to routinely use this Ilizarov method. The supply of the necessary equipment that we had was quickly used up. Now, when we had used up all the supplies, the hospital management on several occasions succeeded in re-supplying us, but the inflow of the wounded was overwhelming, and some other things happened in the hospital, which are probably not important now, and I had been

used how to solve the problems in the easiest way – I told Slobodan, he told me it was his concern from that moment on, that the Ministry will surely supply me with as much expendable material as I wished. The ordering list which I gave him, which was broad indeed, he signed, doubled the quantities and delivered them to the hospital.

**It means, he then helped you in acquiring these rods, and whatever was necessary for the continuing treatment of the wounded?**

Yes. And I use them to this very day.

**To this very day. Did we say everything, is there anything that was forgotten?**

We shall add if we forgot.

**All right.**

September 2005, Ljubuški

## Addition to the statement "reljica 2" from September 2005

In my previous statement (September 2005) I failed to sufficiently stress one important fact which characterized the relationship between Slobodan Praljak and me:

I already mentioned that our companionship was quite intensive by the end of 1993 and especially at the beginning of 1994 at the time when, along with my daily work as a surgeon I prepared the Congress on "Ilizarov Method in War Surgery" which was held in my hospital on 21<sup>st</sup> April 1994 and on which the film directed and produced by general Praljak was shown. In our discussions related to war surgery which were frequent, I voiced my observations that it seems that in the treatment of the wounded some drastic mistakes were made, as well as the number of complications which as a rule, appeared in the treatment. I was not sure whether it was prudent to make these observations public. A clear and unambiguous opinion of Slobodan Praljak that we had no right to conceal any fact about the Homeland War, including those that are not in our favour, was crucial for my approach to writing. Moreover, Praljak insisted on keeping clear records of pure facts irrespective of how unpleasant or unimportant they might have seemed to us. If the mistakes were made, it should clearly be noted, if complications happened – they should also be in evidence. He supported his viewpoint with a request that I make a photograph of every instance which I consider important. He took care of the creation of the raw illustrative material thanks to which I could later write my last book.

Zagreb, 20<sup>th</sup> December 2005