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DOCUMENTATION OF THE BANJA LUKA CLINICAL-MEDICAL CENTER AS EVIDENCE IN THE ICTY DATABASES – THE 'BANJALUKA BABIES' CASE IN 1992 AND THE TRIAL OF RADOSLAV BRĐANIN¹

"[...] and then the child's life ends." [1 p5]

Abstract: This paper, based on the documentation from the database of the International Criminal Tribunal for the former Yugoslavia (ICTY), is dedicated to the suffering of the "Banja Luka babies", one of the many cases of tragic childhood during the aggression against Bosnia and Herzegovina in 1992. The case of the agony of new-borns in the Banja Luka Clinical-Medical Centre (CMC) caused controversy in the public. It is the subject of propaganda speculations and various political calculations that do not stop even with the act of presenting the medical documentation of the deceased new-borns as exhibits for the defence during the trial of Radoslav Brđanin before the ICTY. Brđanin was found guilty and at the end of the trial sentenced to 30 years in prison for crimes against humanity, violations of laws and customs of war, and serious violations of the 1949 Geneva Conventions.

Keywords MeSH: medical records, premature birth, IRDS, sepsis

Non MeSH: War in Bosnia and Herzegovina, Banja Luka, Clinical-Medical Centre, Radoslav Brđanin, ICTY

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Banja Luka in 1992 – a City in the Wartime Hinterland

Banja Luka is the regional centre of Bosnian Krajina, [2] which found itself in the war hinterland after the increase of combat readiness of the forces of the Yugoslav People's Army in the summer of 1990 [3] and the beginning of war operations in Yugoslavia. There was no significant war related destruction in the city itself, but the economic, social and cultural changes were enormous, [4] because of the expulsion and killing of the non-Serb population and political dissidents opposed to the ruling Serbian Democratic Party, both in Banja Luka and in the wider regional area. [5]

The first military operations in Banja Luka took place on the early morning 3rd of April, 1992. On that day, the newly proclaimed Serbian Defence Forces blocked the city from all directions, while also preventing the entrance to the Banja Luka Municipality building. The President of the Municipality, Predrag Radić, along with several other executives, had access to the building, from which he called the principals of secondary and elementary schools to stop classes, and then instructed all workers from the medical sector to report to work at the Clinical-Medical Centre. The Crisis Staff, which consisted of Radislav Vukić, Nenad Stevandić, Stojan Župljanin, Radoslav Brđanin, Ilija Milinković, Aleksandar Tolimin and Ranko Dubočanin, headed by Predrag Radić, claimed that the reason for the blockade of all municipal institutions was the statement of the Minister of Defence of the Republic of Bosnia and Herzegovina Jerko Doko. At the beginning of April Doko proclaimed that the servicemen of the Yugoslav People's Army (JNA – YPA) were outlawed. Doko further said that they would be prosecuted in case of the quite certain acquisition of recognition and international legal subjectivity of Bosnia and Herzegovina. [6]

The leader of the Serbian Democratic Party of Bosnia and Herzegovina, Radovan Karadžić, during the 8th session of the Assembly of the Serbian People held on 25th of February 1992, for the first time mentioned and announced what would later, during May 1992, be programmatically and strategically shaped into the Six Strategic Goals of the Serbian People. [7]. Due to the internationalization of the crisis, he said that Bosnia and Herzegovina must remain within its external borders, but that this republic should be broken from within. One of these goals was the establishment of the territorial connection of the so-called Autonomous regions of Krajina and the so-called of the Republic of Serbian Krajina with the Federal Republic of Yugoslavia, whose Constitution, published in its draft version in the daily newspaper *Politika* on 11th April, also provided for the accession of "other states" in its first paragraph.

Due to the attacks of the Croatian Army and the Croatian Defence Council, which occupied Modriča and Derventa and expelled the YPA units and the Serbian Territorial Defence Forces from Bosanski Brod, the Republika Srpska in Bosnia and Herzegovina was split in two at the so-called Posavina Corridor and was cut off from Yugoslavia in a tactical sense, which prevented the arrival of humanitarian aid to this country affected by international sanctions. [8]

Sketch of the Condition of the Clinical-Medical Centre of Banja Luka (CMC) at the Beginning of the War in 1992

The problems of the functioning of healthcare in the wartime hinterland can be traced through the Belgrade and Banja Luka city chronicles, which were published on the pages of *Politika* and *Glas* newspapers. Thus, as early as April 1992, Belgrade *Politika* reported a shortage of medical and hospital materials and problems in regular and adequate servicing of medical equipment. Shortages of petroleum products led to a complete collapse of the economy, as well as healthcare. The group of students of the 5th year of the Faculty of Medicine in Banja Luka sent an *Open Letter* to the President of the Banja Luka Municipal Assembly, the Rector of the University and the Dean of the Faculty of Medicine, in which they warned of the dangers of an imposed war that leads to the “abyss of no return [...] to complete physical, material and spiritual maiming and destruction” and demanded that their colleagues, who came from war-torn cities, must be urgently provided with the means necessary for survival until the end of the semester and the school year. [9]

In the Banja Luka CMC, the quantity of infusion solutions, medical and general supplies, anaesthetics were decreasing. The director of the CMC Željko Rodić, stated in regional newspapers *Glas* on 19th of May that 50 million dinars are needed to maintain the small stock necessary for the functioning of the clinics, since the daily inflation “melted” the monthly advances from the Healthcare Fund. He pointed out that *Tehnogas* company from Laktaši, which was 20 km away, was ready to deliver an oxygen tank to the hospital, but they did not dare to send “such an expensive vehicle” due to traffic blockages and fear of highway robberies. According to him, obtaining bottled oxygen required constant travel, which presented “a big risk and was expensive”. [10]

In an interview for the *Glas* newspapers, doctor Dragutin Ilić said that it is necessary to answer the appeal for help “as soon as possible by the authorities of military and civil air transport, so that the oxygen from Kiseljak, i.e., Rajlovac, could be transferred to Banja Luka as soon as possible”, in order to help new-born babies and all patients in intensive care, including “the wounded soldiers, post-infarction and asthmatic patients”. Ilić also spoke about the possibility of immediate transfer of new-borns to Belgrade. [11]

A much more vivid picture of the impact of war on the general social, economic and health conditions is provided by the testimonies of mothers who have spent the last weeks of pregnancy at the Banja Luka CMC during May and June 1992, which testify about their personal health problems and the impossibility of getting adequate health care during the pregnancy. [12]

UN Resolution 757

The appeals of the Banja Luka doctors partially gave results, since oxygen was delivered to the Banja Luka CMC on several occasions. The Crisis Headquarters of the Autonomous Region of Krajina called on citizens who own industrial oxygen to hand it over to the CMC, while at the same time prohibiting the transport of civilians by military planes and helicopters from Mahovljani airport in Banja Luka, with the empha-

sis that traffic with Belgrade must continue unhindered. [13] In the same way, the War Headquarters of the AO Krajina prohibited flights of the *Atlas* agency from the Banja Luka airport, while the Yugoslav Air Transport company (YAT) line between Belgrade and Banja Luka began to operate daily in mid-May, due interest and pressure of the population, which was feasible until the end of the month, when the UN Security Council adopted Resolution 757.

With this resolution, FR Yugoslavia was asked to cease all external interference in the Bosnia and Herzegovina, while both Croatia and FR Yugoslavia were required to swiftly end their interference and to respect the territorial integrity of Bosnia and Herzegovina, as well as to disarm all irregular military units.

The resolution condemned the failure of the Yugoslav authorities in the process that was offered to them: either the withdrawal of YPA units from the territory of Bosnia and Herzegovina, or their submission to the Bosnian and Herzegovinian authorities, or disarmament under international control. The failure to prevent the forced relocation of the population was also condemned, and it was decided to completely exclude Yugoslavia from international traffic and trade, scientific and technical cooperation, as well as sports competitions. All international flights with Yugoslavia have been suspended, except for those with humanitarian purposes, for which the special approval was needed. [14]

On the other hand, the political leadership of the FR Yugoslavia and Serbia needed to free themselves from the responsibility for a series of political failures: from the rejection of the request that the FR Yugoslavia continues to be a full member of the UN instead of the SFRY, through the public condemnation of the authorities and the leadership of the YPA for the failures in achieving effective measures to end the conflict, along with the introduction of international sanctions. So, it was necessary to channel the public's attention and anger in another direction. In this sense, the Army of the Serbian Republic was established at the end of May 1992, and the Presidency of the Serbian Republic of Bosnia and Herzegovina passed the *Decision on the general mobilization of forces and resources*.

With the help of the YPA, the Bosnian Serb forces managed to occupy key municipalities in Posavina, which enabled political and military preparation for a counter-offensive by which Karadžić's political elite would take control of the communication connecting the "Serbian Krajina's" with Yugoslavia. In order to make the mobilization as successful as possible, the Belgrade *Politika* published the news on June 19, 1992, which was then repeated by the TV media, that twelve new-born children and several wounded soldiers died in one day at the Banja Luka hospital due to the lack of oxygen. [15] In an orchestrated media campaign, the public in Serbia was presented with an image that blamed the "unjust world", UN and UNPROFOR for the death of Banja Luka babies, instead of their own political elite. [16]

The last pages of the newspaper *Glas* contained news from the registry offices of marriages, births and deaths, in which the editorial staff of the newspaper expressed, depending on the occasion, congratulations or condolences in mourning. Since the names of new-born and deceased children in Banja Luka listed on the pages of *Glas* during May and June 1992 do not match the names of the children in the available

ICTY documentation, it is very difficult to determine the actual number of tragic cases. During the 1990s, the generally accepted figure of 12 deceased children was, on the one hand, the result of media reports that claimed that the Banja Luka hospital was saved by the units of the Army of the Republic of Srpska and the Serbian Army of Krajina, which enabled the reunification of Krajina and Yugoslavia on Saint Vitus Day (Vidovdan) of 1992, while on the other hand, the case itself still caused the disbelief of the public, which ultimately considered the events in the CMC to be fabricated. All further speculations were based on the aforementioned short news item from *Politika*. Articles from regional Banja Luka newspapers *Glas* also contributed in orchestrating the media campaign and mobilizing the population. The room for speculation was slightly reduced when the defendant's defense included a series of medical records of the newborns who died as exhibit materials at the trial. The new light and additional information about the case of the "Banja Luka babies" was cast by the exhibits of the defence of the leading political figure of the Autonomous Region of Krajina, Radoslav Brđanin, after the pronouncement of the Judgment of the Trial Chamber on September 1, 2004, by which he was sentenced to 32 years in prison. [17]

Defence Exhibits in the Case of Radoslav Brđanin IT-99-36

It was stated in the aforementioned Judgment from 2004, among other things, that the case of the "Banja Luka babies" was a mere rumour – according to which Bosnian Serb children were dying due to a lack of oxygen in the Banja Luka CMC – just one more in a series of propaganda campaigns by politicians from the ranks of the Serbian Democratic Party used daily to insult the non-Serb population in Bosnia and Herzegovina, "with the obvious aim of creating fear and hatred among ethnic groups and inciting Bosnian Serbs against other nations". [17 p33-34] The defence, claiming that "the death of the twelve Serbian babies is not a rumour but an established fact", presented the discharge lists and medical histories for the twelve new-borns in the evidence material.

By comparing the aforementioned evidence of the defence in the case of Radoslav Brđanin IT-99-36 before the ICTY and the medical documentation available to researchers that refers to the children who died in CMC Banja Luka from 22nd of May to mid-June 1992, it can be established that these presented similar diagnoses. Eight children were born prematurely, two children were born as "immature", six children had Idiopathic Respiratory Distress Syndrome (IRDS), five children had sepsis, and one child was born with a severe heart defect. When the general condition of the new-born allowed it, extensive tests were performed, and therapy was administered. One of the children was discharged from the hospital after birth and was assessed as being with neurorisk with the need to monitor the condition. The place of birth for seven children was the maternity hospital in Banja Luka, two children each were born in Prnjavor and Ključ, one of them at home, and one child was born in Prijedor. Due to health complications, new-borns were transferred from the aforementioned smaller municipalities to the Banja Luka hospital with considerable difficulty and exposure to military operations. The transfer was successful, but inadequate. The road, which in peacetime con-

ditions was driven by an ambulance in less than an hour, in wartime conditions and with an inadequate, almost unmaintained and old vehicle, with frequent transfers and walking, took more than several hours.

The mother from the village of Surjan, near Mrkonjić Grad, went to the Banja Luka hospital on foot after the onset of labour and arrived at the CMC considerably exhausted, after several layovers and changing means of transportation due to blockaded roads. [12 p167-71] She gave birth prematurely by caesarean section. During the delivery, there was a heavy bleeding due to *placentae previae totalis*, during which the mother went into a state of shock and in extremely severe general condition. The result of the Apgar test after the first minute was 1/1/1, and following artificial ventilation and external heart massage, the child did not react. After the administration of adrenaline and a weak heart action, the child was transferred to intensive care, where the therapy was continued. Unfortunately, the child died six hours after birth. [1]

The child who was born at home, and whose death occurred on May 23, 1992, was given oxygen during medical treatment. Born as a premature child on May 22, it was sent from the village of Donje Ratkovo near Ključ to Banja Luka. No data was entered in the anamnesis since the child was not born in a hospital. It was determined that the child had a body weight of 1470 grams, a gestational age of less than 30 weeks, with "acrocyanosis", "dyspnoea", and it gave the impression of an immature child with initial signs of respiratory insufficiency and weakened reflexes. Upon admission to the CMC on the same day, the child underwent laboratory tests and medical treatment. On the following day, 23rd of May, the child's condition worsened, baby started having convulsions, and unsuccessful resuscitation was attempted. [18]

On 23rd of May, a male child was born at the Banja Luka maternity hospital, also prematurely, more than a month before the due date. The final diagnosis is that the child had sepsis and IRDS. The anamnesis indicates that the data on pregnancy and birth should be looked up in the neonatal list. The specificity of this case is that the otherwise normal birth lasted more than 48 hours. The child's body weight at birth was 2160 grams, while the height was 45 cm. Due to the diminished breath sounds, "tachypnoea" with indicated "acrocyanosis", as stated in medical record, the child was kept at the intensive care unit. Extensive laboratory testing was performed. The clinical findings were not improving nor normal but stated as "satisfactory" for the first three days, when suddenly the child's condition worsened on the morning of 27th of May. The child became extremely pale, atonic, with the loss of reflexes and slow respiratory rate and the liver became enormously enlarged. The child died within an hour in a state of shock. [19]

On May 28, a cardiologist from Prijedor referred a child who was born on May 19 in Prijedor to CMC in Banja Luka. The child left the maternity hospital in Prijedor three days after birth. The pregnancy was normal, the birth was on time, the child cried immediately during the birth and was in good health. The anamnesis of the disease was given by the child's mother, from which it is evident that the child, apart from the fact that a heart murmur was detected after birth, was fine until the evening 27th of May. That evening, the child vomited twice, and on the morning of 28th of May it started moaning and sobbing, turned yellow, and the area around its mouth started to

turn blue due to crying. The mother breastfed the child for five days, and after that the baby was fed with infant formula. A child was admitted to the intensive care unit of the CMC in Banja Luka “due to a severe decompensated heart defect” in a life-threatening stage. Baby underwent medical treatment, laboratory tests were performed, but the child died during the day. [20]

Three girls died in this hospital on 1st and 2nd of June 1992. The medical documentation on all three deaths testifies of a lack of oxygen and notes an urgent need for it, in order for the medical treatment to be adequate and successful.

The first of these unfortunate cases was a twin pregnancy. The mother arrived to the Banja Luka maternity hospital from Ključ in the final stage of pregnancy. One of the twins was in good condition while the other child had no heartbeat. The child was pale, unresponsive and not breathing spontaneously. After heart massage, cardiac action was established. Spontaneous breathing was established after 15 minutes, and the child breathed with occasional deep breaths. After the administration of bicarbonate and placing her on nasal oxygen, the sobs and deep breathing stopped. Due to inadequate medical treatment and therapy, it was not possible to stop the convulsions, and the child died on the seventh day since her stay in the hospital. [21]

The girl who was born prematurely on 29th of May 1992, at gestational age of 35 weeks, and died on 1st of June, should have been delivered by caesarean section, which was not performed due to the lack of oxygen. The birth lasted for 13 hours and the child, whose body weight was 1700 grams, was born traumatized, immature and in a difficult condition, which is why a more detailed examination could not be performed. [22]

The girl, who was also born prematurely at the Banja Luka maternity hospital in the early morning hours of June 1, was diagnosed with an extensive defect in the front abdominal wall with protruding intestines. She was transferred to intensive care in order to perform adequate preoperative measures, and the difficult operation was started 4 hours after the birth. After the failed operation, the girl was returned to intensive care, where, among other things, she received a blood transfusion. She died shortly after the operation, on June 1. [23]

A new-born from Prnjavor, who was also born prematurely, with body weight of 1700 grams, at gestational age of under 30 weeks, with high Silverman index, was admitted to intensive care on June 3, as he was in life-threatening condition, was immature and had IRDS. After the boy received oxygen nasally, the condition improved for a short time, but after two hours it got worse. Certain medical measures were taken, but despite this, the child died on June 5, 1992. [24]

The discharge list and medical history of the girl born in Banja Luka on 24th of May indicate that she was discharged home to Prijedor after the birth. The birth was orderly and on time. The child was born weighing 3600 grams, it was breastfed and discharged from the hospital weighing 3300 grams. The child's mother gave an anamnesis of the disease, where it is stated that the eight-day-old girl started refusing to breastfeed “two days ago” and became agitated and tearful. The colour of her stool has changed, and the paediatrician from Skender Vakuf referred her to CMC in Banja Luka with a diagnosis of *Otitis media and the umbilical granuloma*. She was receiv-

ing penicillin and was vaccinated with BCG. The child was admitted to the children's ward of the CMC on June 1; her weight was 3100 grams, she was pale, hypotonic and was moaning. After the first testing and therapy the condition remained unchanged, so the girl was placed in intensive care. Her condition gradually worsened, the child's breathing became more and more difficult, and heart failure occurred. Until her death on June 7, extensive laboratory tests and numerous therapeutic measures were performed, but without success. [25]

A male child born on 17th of June in Prnjavor, as immature, premature, with IRDS, died at the Banja Luka CMC on the same day, shortly after admission. He was admitted without respiratory movements, with irregular heartbeat, and due to the impossibility of using a respirator for technical reasons, the child received oxygen through the nose. [26]

In the discharge list of a child born in Banja Luka on 28th of May 1992, it was stated that the baby did not receive the BCG vaccine during its stay until 1st of June, with a note that certain physical and functional anomalies were established after the child's birth, namely: "saddle nose root, inspiratory stridor, hypoplasia mandibula, low-set ear and low hair line, pronounced hypotonia and inadequacy of primitive reflexes." It was emphasized that upon discharge, the baby will need to be monitored as a child with neurorisk in the Clinic for neurology. The child was then treated in the intensive care unit from June 1 to 3. After being re-admitted to the CMC, on 18th June, the medical history states that the child refused to feed and vomited. It is further stated that the child received the BCG vaccine after leaving the hospital, as well as that the mother is taking blood pressure medication. A family of four lived in a village near Čelinac, in a home where "they had water, but no electricity", the mother was a homemaker, and the father was in the military reserve. The child was treated in the hospital, but its condition constantly worsened, and its death occurred on June 19. According to the clinical picture, it was indicated that the child should be artificially ventilated, but due to the lack of oxygen and certain malfunctions in other medical devices, the necessary medical treatment was omitted. [26]

The last child for whom documentation related to birth, course of illness and death is available was born in Banja Luka on June 15, 1992, while the due date was at the beginning of September. After birth, the child developed signs of IRDS and was transferred from the prenatal department to intensive care, where therapeutic measures were taken, but the child failed to stabilize and subsequently died 34 hours after birth. [27]

The reaction of the political elite to the tragedy of the "Banja Luka babies" in 1992

Among the available published diaries of the Serbian and Bosnian-Serbian political elite dating from that time, the case of "Banja Luka babies" is not mentioned. The diaries in question discussed political, territorial-legal and international relations, as well as personal relations between members of the political elite.

In the mentioned newspaper article from *Politika* dated June 19, 1992, it is stated that Borisav Jović, in his capacity as president of the State Committee for Cooperation with the UN, wrote an urgent message to the UNPROFOR commander general Satish Nambiar, claiming that “Due to the lack of oxygen and medical supplies in Banja Luka, eleven new-borns and three patients died in the hospital yesterday.” In this form, the news was first reported in *Politika*, and then in the television media.

However, in the excerpts from his diary *Last Days of SFRY*, Jović writes about his conversations with the commander of UNPROFOR and his associates from June 8 and July 7, 1992, but the question of helping hospitals and children was not discussed, according to the contents of the published diary. [28]

Radovan Karadžić's wartime letters that he sent to international and domestic officials during this period also do not speak of his concern about the denial of the right to medical treatment of children in Bosnia and Herzegovina's hospitals. In his letters, he mostly tries to shift the responsibility for current issues and problems to the “other side”, referring to the military and political issues of the Sarajevo region. Banja Luka was outside the horizon of Karadžić's consideration and jurisdiction. [29]

The problem of the (non)functioning of healthcare was not the subject of the contemporary sessions of the Assembly of the Serbian People, as well as the sessions of the Government of the Serbian Republic in Bosnia and Herzegovina. Immediately before the tragic events mentioned above, at the session of the Assembly of the Serbian People held on May 12, 1992 in Banja Luka, Karadžić presented the strategic goals of the Serbian people in six points, while a warning was issued to the European Community at the suggestion of Nikola Koljević, because of the interruption of the Conference on Bosnia and Herzegovina in Lisbon. [30] At the same session, the delegates nominally gave up on the merge of the so-called Republika Srpska and FR Yugoslavia, reasoning that the contemporary political circumstances on the international level were not in favour of that political goal. It was also decided to work more diligently on the project of creating a state of the Serbian people in Bosnia and Herzegovina, which will later be able to unite with Serbia, when more favourable international conditions occur. [31]

The minutes of the following 17th session of the Assembly of the Serbian people in Bosnia and Herzegovina, held at the end of July 1992 in the Bistrica hotel in Jahorina, indicate that the first wave of media abuse of this accident subsided, and that the “Banja Luka babies” were politically useless at that moment, since control over the Posavina Corridor was established by the Army of Republika Srpska, and the connection between Krajina and Yugoslavia was secured. There was no mention of the suffering of innocent children in the Banja Luka CMC at the session. Instead, a respect to soldiers was paid, to those who sacrificed their lives in the fight for freedom, and whose souls will be embedded in the foundations of the Serbian state. [32]

At the cabinet meeting of the Government of the Serbian Republic of Bosnia and Herzegovina held immediately after the Banja Luka accident – quite coincidentally on the very day when *Politika* began writing about the tragedy, on June 19, 1992 – the issues related to the healthcare in the Serbian Republic in Bosnia and Herzegovina were discussed, among other concerns. However, on this occasion, the problems of

hospital supplies were not discussed, but the talks went in the different direction. Under the first item on the agenda, the present ministers considered the *Decision on establishing and fulfilling the material and work obligations of health institutions and health workers for the needs of defence*. The government assessed “that there is no need to make the proposed decision, because the matter was already arranged for by the *Regulation on the organization and execution of work obligations for the needs of defence* and the *Regulation on the implementation of material obligations for the needs of defence*”, so the government authorized the relevant ministry to issue an instruction for the implementation of the aforementioned regulations in the field of healthcare. [33] At the next session of the Government, issues regarding healthcare and endangerment of children’s rights were not discussed at all.

The culture of memory and the tragedy of the “Banja Luka babies”

The commemoration of this tragedy began during the war in Bosnia and Herzegovina, when newspaper *Glas Srpski*, in cooperation with a certain “design studio”, announced a “silent protest against inhumanity” on June 19, 1994 at Krajina Square in Banja Luka, in memory of the “tragedy of the twelve Banja Luka babies”. [34 p1]

This event played a key role in further public perception of the case of “Banja Luka babies”. The first page of *Glas* published a “Postcard for Boutros-Ghali”, a call for a protest. This *Postcard* was promoted during April at an exhibition in the Museum of Applied Arts in Belgrade, with the idea of sending it to acquaintances and relatives abroad, so that the story of the tragedy would spread around the world. The text is written on the flag of Europe, whose stars have become the personification of death – “Twelve dead babies, for twelve stars on the flag.” The text of the *Postcard* was published in English and reads:

“When a star dies, its light remains in space for millions of years, June 19, 1992 - June 19, 1994. Banja Luka, May 14, 1992: the Town Clinical Centre in Banja Luka, due to increased number of newly arrived wounded people, is in a critical situation. They are running short of medicaments and medical supplies, but the largest problem which is dramatically expanding is shortage of oxygen. Twelve prematurely born babies are placed in the hospital incubators who, if the oxygen doesn’t get on time are to face certain death. President of the Bosnia and Herzegovina Presidency, Alija Izetbegović, travels the sky of this Republic to Republic Croatia’s flight control. The plains [sic!] to Krajina mustn’t take off. The destiny of twelve new-born children was left upon conscience of UN Secretary General Boutros-Ghali. Powerful to act as a mediator, capable of making the flight possible, the flight by which ‘the air of life’ could come from Serbia reach the cut off Krajina, remains silent... The planes won’t take off...” [34 p1]

June 19th was chosen as the date of the commemoration, because on that day in 1992 the Belgrade *Politika*, in order to cause as much public outrage as possible, announced that twelve new-borns died in a single day at the Banja Luka hospital. The article does not mention the causes of injuries and the reasons for the increased number of wounded soldiers, as well as the exact reasons for the lack of medical equipment and supplies in hospitals. The President of the Presidency of Bosnia and Herzegovina is al-

most directly accused of the death of new-borns, when it was suggested that he was the powerful man, the “sky flyer” who forced air traffic control in Croatia to cooperate and subsequently ban the take-off of planes whose primary goal was to help children. The death of babies was also attributed to the actions of the UN Secretary General. Serbia is presented not only as the sole possible supplier of oxygen and medical equipment, a saviour, but also as a source of life.

At the first in a series of commemorative gatherings, a thousand candles were lit. Originally, the lighting of candles was planned to occur at the same time in Belgrade, Athens and Thessaloniki. The musical program was performed by the choirs *Jedinstvo* and *Vrapčići*, while Saša Nikić sang “Dvanaest zvjezdica” (Twelve little stars), and Stefan Nikić, the winner of the children’s festival “Djeca pjevaju Republici Srpskoj” (Children are singing to the Republic of Srpska), sang “Da se tate kući vrate” (Let dads come home). Radenka Ševa, actress of the Krajina National Theatre recited the verses of Vladislav Petković Dis and Desanka Maksimović. After the commemoration, the drama “General Milan Nedić” was presented in the Krajina National Theatre as a gift to the citizens of Banja Luka. [35]

Conclusion

All the mentioned children were born in an area that was indirectly affected by war events, in difficult health condition that required optimal hospital conditions and special medical treatment. However, their misfortune was exploited and used as another in a series of real or fictional cases that the media from Belgrade and Banja Luka used to create, channel, deepen and manifest hatred towards the non-Serb population and the international community, and fuel the state of war. “Banja Luka babies” were used for at least two primary purposes. Politically, to achieve and maintain a high degree of conviction of a large part of the Serbian public in the righteousness of the political actions of the ruling class. Militarily, to promote the conscription among the Serbian population and to provide for a more efficient staffing of VRS units, in order to achieve the primary war aim of establishment of a contiguous state and also securing the northern supply route through Posavina Corridor. Taking into account the entire context of complex political events and the state of war in an area much wider than Bosnian Krajina, it is shown that the tragic fate of the children in Banja Luka was influenced by several different factors, only one of which was the lack of oxygen bottles in the CMC.

Rezime

Slučaj stradanja novorođenčadi u banjalučkom Kliničko-medicinskom centru (KMC) već dugo vremena izaziva polemiku u javnosti. Predmet je propagandnih spekulacija i raznih političkih kalkulacija koje ne prestaju ni činom predstavljanja medicinske dokumentacije preminulih novorođenčadi kao dokaza odbrane tokom suđenja Radoslavu Brđaninu pred Haškim tribunalom. Sva navedena djeca su bila rođena u području koje je neizravno bilo pogođeno ratnim dešavanjima, u teškom ili lošem

zdravstvenom stanju koje je zahtjevalo optimalne bolničke uslove i poseban medicinski tretman. Međutim, njihova nesreća je iskorištena i bila je još jedan u nizu od stvarnih ili izmišljenih slučajeva koje su beogradski i banjalučki mediji koristili za stvaranje, kanaliziranje, produbljivanje i ispoljavanje mržnje prema nesrpskom stanovništvu i međunarodnoj zajednici te potpirivanja ratnog stanja. „Banjalučke bebe“ su iskorištene u najmanje dvije primarne svrhe. U političku, u onoj mjeri koja je bila dovoljna za visoki stepen konstantnog održavanja uvjerenja velikog dijela srbijanske javnosti u ispravnost političkih postupaka klase na vlasti, kao i u vojne u cilju pospješavanja regrutacije srpskog stanovništva i efikasnije popunjavanje jedinica VRS kako bi se postigao primarni ratni cilj uspostavljanja celovite države i oslobađanja severne rute za snabdjevanje preko Posavskog koridora. Uzimajući u obzir čitav kontekst složenih političkih zbivanja i ratnog stanja na prostoru mnogo širem od Bosanske Krajine, pokazuje se da je za tragičnu sudbinu djece u Banja Luci utjecalo više različitih faktora, od kojih je samo jedan u nizu bio nedostatak boca sa kisikom u KMC.

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