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Bosnian Refugees in New Zealand

**Their Stories and Life Experiences, Health Status and Needs,
and the Implications for Refugee Health Services and Policy**

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To refugees
and those dedicated to the alleviation of refugees' loss, pain and suffering.

ABSTRACT

New Zealand has been accepting refugees for resettlement since the 1940s and currently accepts a quota of up to 750 refugees per year. Although international literature demonstrates that refugees have substantial health needs, little research has been conducted in New Zealand.

This study used a semi-structured interview guide containing a list of predetermined themes that were explored through open-ended questions. Twelve refugees from Bosnia, seven male (former concentration camp detainees) and five female refugees were interviewed in the setting of their choosing between April and October 1996.

Findings indicate that though severely traumatised by their experiences, the respondents were not assessed for mental health during the comprehensive medical screening process at the Mangere Refugee Reception Centre. As with other aspects of the resettlement process, no follow-up of this group of refugees took place to assess how they were coping and adapting to the new surroundings since the completion of their orientation programme at the Centre. This, in part, may explain their lack of awareness of the service provided by the Refugees as Survivors Centre established some two years after their resettlement in the community.

Though unsure of the long-term effect that their experience may have on their health, immediate and most common symptoms reported were headaches, irritability, persistent thoughts of the past, difficulty with sleeping, and nightmares. Believing that they would not be understood by those who had not been through the experience themselves, former concentration camp detainees have come to rely on each other for mutual support rather than other members of their family or any outsider who had not been through the camps. The majority of those interviewed said they had limited contact with the wider community which resulted in a sense of social isolation. Contact with other Bosnians has been retained,

although contact with non-Bosnian immigrants from the former Yugoslavia, including those who arrived in New Zealand well before recent conflicts, has been avoided.

Despite their ordeal, most of those interviewed seemed to enjoy good physical health. The reported use of General Practitioners and other health services was low. The major reported health need was dental, but dental care was largely not met because of the cost. Language and transport were not identified as major barriers to health care. This may have been mitigated by the availability of interpreters known to the respondents who initially also took them to the health care providers. No other barriers to health care were reported. Mental health services were not seen as a need by those interviewed, in spite of the symptoms reported.

The findings of this study highlight the potential difficulties when an established ethnic group, from the country of origin, is selected as a sponsor, especially considering the cultural religious and political complexities of the former Yugoslavia. Greater consultation with the refugees themselves, speedier family reunification, orientation programmes that more closely reflected the character and background of the refugee group, and greater financial assistance, would have facilitated the resettlement process and minimised possible downstream personal, social and financial costs and in the long term, potential health problems.

The major conclusion of this study is that refugee health and refugee health policy cannot be isolated from the total refugee experience (the pre-flight period, asylum and resettlement in a distant foreign country). This experience is characterised throughout by loss (of loved ones, homes and homeland), trauma and a lack of choice. An effective refugee resettlement and health policy must take these factors into account.

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ABBREVIATIONS

ICRC	International Committee of the Red Cross.
JNA	Yugoslav Peoples' Army (<i>Jugoslovenska Narodna Armija</i>)
HVO	Croat Council of Defence (<i>Hrvatsko Vijeće Odbrane</i>)
NZIS	New Zealand Immigration Service
PTSD	Post-Traumatic Stress Disorder
RMS	Refugee and Migrant Service (NZ)
SDA	Party for Democratic Action
SDS	Serbian Democratic Party
UN	United Nations
UNHCR	United Nations High Commission for Refugees
UNPROFOR	United Nations Protection Force

GLOSSARY

The terms below used in the text, are defined as follows:

Displaced Person

“A person who has lost or had to flee from his or her home, but does not necessarily meet the formal requirements for refugee status” (Department of Labour, 1994). A person who has been uprooted within one's country, or whose country has ceased to exist as a result of boundary changes, is such a person. The term was commonly used in the period after the Second World War.

Muslims

Muslims were one of the national groups, or *narods*, within the former Yugoslavia. Although the term also refers to a religion, unless otherwise stated, in the text it is used to

refer to people who identified themselves as an ethnonational rather than religious group. As one of the six national groups accorded the status of *narod* in the former Yugoslavia, Muslims stood alongside Croats, Macedonians, Montenegrins, Serbs and Slovenes. The differences between the *narods* have been created by and imagined along the lines of religion, geography, customs, history and variations in language. Although the term 'ethnic' is used to refer to these different nation groups, technically they are of the same ethnicity - they are all Slavs. Those residing within Bosnia-Herzegovina have therefore been differentiated along national lines thus referred to as Bosnian-Croats, Bosnian-Muslims and Bosnian-Serbs even though in reality, and particularly in the urban centres, these lines were often blurred.

Refugee

The UN 1951 Convention relating to the Status of Refugees defines a refugee as: "a person who, owing to a well-founded fear of persecution for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and unable or, owing to such fear, unwilling to avail himself of the protection of that country".

In New Zealand, there are two legally recognised categories of refugees: those who form part of the UNHCR mandated annual quota; and those who gain refugee status by applying to Immigration Service after arrival in New Zealand. Those who apply for refugee status after arriving in New Zealand (the asylum seekers) and immigrants who enter the country under the refugee family reunion immigration policy are generally referred to as refugees but do not have legal refugee status.

Post-Traumatic Stress Disorder (PTSD)

A generic diagnostic category first used in the American Psychiatric Association's 'Diagnostic and Statistical Manual of Mental Disorders' (DSM-III). Commonly used when mental disorder (characterised by depression and/or anxiety) follows experiences of trauma

and/or torture amongst victims of political violence, it was devised as a diagnostic category in early publications describing Vietnam War Veterans. Apart from physical injury, individuals diagnosed with PTSD are likely to suffer from: “a devastating loss of self-esteem; interpersonal, social and employment difficulties; acute loneliness; insomnia and nightmares; recurrent, intrusive and disturbing thoughts; reduced involvement with ordinary activities; memory impairment; reduced concentration; emotional lability; irritability and sudden anger; dissociation; hyperalertness; diffuse psychosomatic symptoms; and survivor guilt” (Reid and Strong, 1988, p.342).

According to the legal definition in the UN Refugee Convention, on acquiring a new nationality, a person ceases to be a refugee. In New Zealand, this is normally granted after three years of residency status. While their nationality status may change, social realities do not. The cultural, psycho-social and economic differences and needs make this group different from other New Zealanders. For this reason, these people are often perceived by the community as ‘refugees’ long after they have acquired a new nationality.

Unless otherwise stated, the term ‘refugee’ is used here in its broadest sense.

Torture

According to the UN 1975 Declaration on the Protection of All Persons from Being Subjected to Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, torture is defined as “any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted by or at the instigation of a public official on a person for such purposes as obtaining from him or a third person information or confession, punishing him for an act he has committed or is suspected of having committed, or intimidating him or other persons” (in Reid and Strong, 1988).

NOTES

The notes referred to in the text are listed at the end of each chapter.

INTRODUCTION

The multicultural nation, known since 1945 as the Socialist Federal Republic of Yugoslavia, no longer exists. Since its creation after World War I, its relatively short history has been marked by internal tensions and conflict reflecting political aspirations of its two main ethnic groups: Serbs and Croats. Located on the Balkans Peninsula in South-eastern Europe, it was a union of six republics: Bosnia-Herzegovina, Croatia, Macedonia, Montenegro, Serbia and Slovenia (see map, Plate 3). In area slightly smaller than New Zealand, its population of more than 23 million in 1985 was multiethnic, multilingual and multireligious with the main ethnic groups (Croats and Slovenes; Serbs, Montenegrins and Macedonians; and 'Bosnians') broadly aligned with Roman Catholic, Eastern Orthodox and Muslim faiths, respectively. There were three official languages (Serbo-Croatian, Macedonian and Slovenian) and two written scripts, with Serbs using the Cyrillic alphabet and the Croats the Latin alphabet. Historically separated and controlled by various neighbouring powers, the disintegration of the dual monarchy of Austria-Hungary in the final months of World War I gave impetus to the South Slav independence movement and the formation of the Yugoslav (South Slavs) state. While the wash of Roman, Byzantine, Ottoman and Austro-Hungarian empires deposited layers of culture as reflected in the architecture and way of life in that part of Europe, Yugoslavs' failure to develop a durable formula for national coexistence following the death of President Tito in 1980 and in the wake of the collapse of Communism in Europe in the late 1980s and early 1990s, culminated in a violent disintegration of the Yugoslav state. What remains of the Socialist Federal Republic of Yugoslavia is a union of its two former republics, Serbia and Montenegro which have retained the name 'Yugoslavia'. Croatia, Slovenia, Macedonia and Bosnia-Herzegovina (in its partitioned form) have all seceded and become independent states.

After four and a half years of bloody conflict, some 250,000 Yugoslavs were dead, a similar number injured and more than 2.5 million, mostly Bosnian Muslims and Croats, were driven from their homes. Many ancient buildings, monuments to and symbols of

Muslim history and culture, were destroyed or severely damaged. Impotent to halt the war, the European and international community was confronted with a mass exodus of refugees from Bosnia, the largest refugee crisis in Europe since World War II. The attempted genocide of a people caused massive public outrage and applied considerable pressure on the international community to respond to atrocities being committed against Bosnian Muslims in various Serb-run concentration camps.

This thesis is about one small group of these former Yugoslavs, the Bosnians, who were either made homeless or held in various concentration camps, unable to return to their homes and communities because they were either destroyed or forcibly taken over by Serbs. In need of resettlement, the United Nations High Commission for Refugees approached the New Zealand Government to accept a certain number of Bosnian Muslim displaced by the conflict. During the summer of 1992/3, thirty-one persons arrived, mostly young men released from the concentration camps only weeks earlier. Subsequently, they have been joined by other family members, all of whom have settled in the Auckland area. Thousands of kilometres from the home they loved, the Bosnians began to rebuild their shattered lives in New Zealand.

Using a qualitative investigative study approach, I interviewed twelve of these Bosnian Muslim refugees in order to gain insight into their pre-migration, migration and resettlement experiences. The focus of the study was on these experiences and the impact they may have had on the health and general wellbeing of this group of refugees. The next step was to see whether the health needs of this Bosnian cohort were being identified and met and whether there were any barriers to their gaining access to necessary health services. Since resettlement can have an impact on the health status of the newcomers, I sought to find out what steps were taken to aid the successful resettlement of this group and how these measures were perceived by the group. The findings of the study indicate major concerns with some aspects of the current refugee resettlement policy and procedures. The study raises questions as to the adequacy of the measures used to adequately identify and meet the health needs of such a group of refugees. Since the identified procedural shortcomings carry implications for the refugee resettlement policy,

some suggestions are made which, if implemented, could alleviate some of the suffering of refugees and facilitate an easier transition into a new society.

The group of Bosnian refugees is unique in that being European in origin, it diverges from the “new” refugees, mainly from South-east Asia, who have resettled in New Zealand over the last twenty years or so. My interest and concern to select the Bosnian refugees arose from my professional and academic background in health. I was particularly well-placed to conduct the study as I spoke the language of Bosnians and had a reasonable understanding of their history and culture. Sharing a similar background and knowledge to the research participants gives a researcher a distinct advantage, including the ability to discern issues and any potential problems that may not be appreciated by someone unfamiliar with the respondents’ history and culture. Furthermore, by not requiring an interpreter, the researcher is able to conduct a more “normal” conversational interview and be aware of subtle verbal and non-verbal messages that otherwise could be lost.

The significance of this thesis lies in three areas. Firstly, this study is one of very few (and the only such study in New Zealand) about resettled Bosnian refugees. Secondly, although the focus of the study is on the health of Bosnian refugees, it looks at health in the total context of the experiences prior to and following resettlement. Finally, this thesis aims to present the ‘authentic voice’ of a small group of Bosnian refugees who have resettled in Auckland, New Zealand between 1992-1995. Out of this ‘authentic voice’, recommendations are made for the purpose of promoting an understanding of the issues affecting refugees and their health, reducing their resettlement stress, and aiding their adjustment to a new country.

The thesis consists of ten chapters. In the first chapter, I describe the methodology of the study, including the research design used, sample selection, the process of data collection, the process of data analysis, ethical issues taken into consideration, and the limitations of the study. A review of the literature pertaining to refugee experiences, and associated health issues, is covered in the second chapter. In the third chapter, I provide an overview of New Zealand’s immigration and refugee policy and information pertaining to the health

and health needs of refugees in New Zealand. Chapter 4 discusses the Bosnian people, who Bosnians are and the history of their nation. Given the complexity and poor understanding of the war in former Yugoslavia, Chapter 5 is devoted to an elucidation of the civil war. In Chapter 6, I focus on what became a hallmark of the civil war, ethnic cleansing, and the cost of the conflict in terms of human suffering and the loss of life. The experiences of the respondents as victims of the sectarian violence are described in this chapter. Chapter 7 covers the experiences of the refugees in the country of first asylum (Croatia) and place of temporary refuge (inside Bosnia) while Chapter 8 covers their experiences in the country of resettlement (New Zealand). In Chapter 9 I describe the health experiences and health needs of the respondents and the services available to them through time; pre-war, during the war, in the place of refuge, and in New Zealand. Conclusions are presented in Chapter 10, including recommendations for policy on refugee resettlement and further research.

CHAPTER 1:

METHODOLOGY

A qualitative study comprising in-depth interviews of twelve Bosnian refugees resettled in Auckland, New Zealand, was conducted between April and October 1996. This chapter describes the method used, identifies difficulties encountered in conducting research among vulnerable human subjects, and explains how these problems were addressed.

Aim

The aim of the study was to investigate both the health status and health service needs of Bosnian refugees who have been resettled in New Zealand. These issues were investigated in the context of the experiences of Bosnian refugees, both pre-migration and following resettlement.

Objectives

Objectives of the study were to:

1. Identify the health status and health service needs of Bosnian refugees since resettlement in New Zealand from the perspective of the Bosnian refugees, and compare these with their pre-migration health status.
2. Describe their experiences in getting health needs met in New Zealand, and identify any difficulties encountered.
3. Interpret the health status of resettled Bosnian refugees with regard to the pre-migration experiences in being the victims of civil war, ethnic cleansing and asylum seeking, and of their resettlement experiences in New Zealand.
4. Make recommendations concerning refugee resettlement policy generally, and refugee health services in particular.

Research Design

A qualitative research method was used. Respondents were interviewed using a semi-structured interview guide containing open-ended questions organised around the themes that appeared most significant in the literature on the conflict in the former Yugoslavia and the literature on refugee experiences and health. My reason for choosing this method was because it gave me enough flexibility to elicit individual accounts which were likely to vary, while at the same time, allowing me to gather information with enough consistency to make comparisons between the respondents possible. The other reason for choosing this method was that the process seemed more conducive to discovering the respondents' perspective on a topic, rather than my own or those dominant in the literature (May, 1991).

Location and Time of Study

The study was conducted in Auckland between April and October 1996. Interviews took place after a period of initial adjustment to New Zealand when Bosnians were entering a period of greater stability in their lives. Although most of the respondents had by then been in the country close to four years, some had arrived just over a year before the interview.

Selection and Recruitment of Participants

Having been unsuccessful in directly establishing contact with the Bosnian refugee community through a couple of Bosnian refugees and an interpreter involved with the refugees, I contacted a representative of the community. This contact was established with the assistance of the Access Radio station in Auckland. A meeting was arranged and the intended study was discussed. A letter of introduction, including the outline of the study and information about myself, was requested. Potential respondents were assured of confidentiality and, as requested by the representative, an undertaking was given that the respondents would be given an opportunity to see the summary of the findings of the study. Copies of the letter and the Information Sheet outlining participant rights (see Appendix A)

were forwarded to the representative for distribution to potential respondents. Both forms were written in the Serbo-Croatian language spoken by the respondents.

In response to the above two forms, the names and telephone numbers of those who agreed to participate were provided by the representative. The respondents were contacted and arrangements made for the interview. Of the twelve persons interviewed, nine were accessed in this way. Of the remaining three respondents two, having heard from others about the study, approached me and offered to participate. The twelfth knew me personally, and agreed to participate after being approached.

The twelve respondents who participated in this study were part of the 139 Bosnian refugees who were resettled in New Zealand from December 1992 until June 30, 1996.

Method of Data Collection

The data was collected by interviewing respondents using a semi-structured questionnaire containing open-ended questions (see Appendix B). With the consent of the respondents, all interviews were audio-taped and, with the exception of one, all were conducted in the respondents' homes. Interviews were conducted in the Serbo-Croatian language by myself together with my wife, in the role of research assistant, who also speaks Serbo-Croatian. The advantages of chief researcher and research assistant interviewing together was that the assistant could: assist with the interpretation of some comments made by respondents during the interview; provide important feedback as to interviewing style and the possible impact it may be having on the respondents; provide useful balance particularly where female respondents were involved; enable a more natural, conversational style of interviewing; and as a husband-wife team, provide added strength and credibility to the process from the point of view of respondents. As a qualified interpreter, my research assistant was fully conversant with and willingly bound by confidentiality requirements.

Four of the respondents were interviewed individually and alone, four with another member of the family present, and four were interviewed conjointly in pairs. The respondents were given the option of selecting how and where they wished to be interviewed, and the above reflected their preferences. In their study of Middle Eastern immigrants in the United States, Lipson and Meleis (1989) reported that distrust of the researcher was reflected in a tendency not to allow individuals to be interviewed alone. This phenomenon was not apparent in the present study, even when interviews were conducted with others present.

On several occasions, valuable information was forthcoming after the formal interview had in fact concluded, often just as we were taking leave. These admissions were noted and documented against the respondent's interview. A similar pattern was also reported by Lipson and Meleis (1989) who found that such information often seemed to be more important, sometimes more truthful, than some of the answers obtained during the interview. May (1991) suggested that important information obtained after the interview has formally ended can be recorded either by immediately making notes or by making an *addendum* to the audio-tape, both after leaving the respondent.

The audio-taped interviews were transcribed *verbatim* by myself, and copies given to respective respondents to add to, modify or change as desired. None in fact did so. All transcripts used in the analysis were as originally obtained. Five of the respondents were interviewed once only while the remaining seven were interviewed on two separate occasions. First interviews normally took approximately two-and-a-half hours with second interviews being somewhat shorter. Initially it was planned to use the first visit for the purpose of introducing the study and ourselves, and to obtain consent. From the first interview, it became apparent that the Letter of Introduction and the Information Sheet obtained earlier, had paved the way for the interview to begin and to have done otherwise would have been incomprehensible to the Bosnian respondents. Although I have maintained contact with some of the respondents since the interviews, the visit when a copy of the transcribed interview was provided was treated as the closure of the formal interviewer-respondent relationship.

An important source of secondary data used in the study was journalistic and politico-historical literature of the conflict (see Chapters 4-6). This has been used to put the experiences of the respondents into a wider context, as well as to supplement the experiences of respondents with those of others recorded in secondary material, thereby providing more of the total picture.

Method of Data Analysis

The analysis was carried out at three levels. The first level was descriptive, providing a picture of the background and experiences of the individuals interviewed. The content of the transcribed interviews was categorised and the data pertaining to certain areas of the inquiry grouped together. The second level involved comparisons of the interviews, looking for areas of commonality and difference in the respondents' stories. Common themes were identified and described. Finally, issues identified in the first two levels of analysis were related to the existing literature on recorded historical and current issues, and refugee and migrant health (Chinn, 1986).

Ethical Considerations

The study was carried out in accordance with requirements prescribed by the Massey University Human Research Ethics Committee (see Appendix C). Before the interview, the respondents were either given a copy of the Participant Rights form or had it read out to them (see Appendix A). While to some respondents this seemed to appear overly formal, it was explained to the respondents that as a researcher I was obliged to bring this to their attention. Confidentiality and anonymity were stressed and the respondents were given an opportunity to ask any questions or to seek further clarification on any aspect of the study and the process.

For reasons of confidentiality, normal names and identifying information were not used in the thesis, nor was information obtained from one respondent discussed with another. Unless the respondents were present at the interview, or discussed their participation among themselves, they would not have known who the other respondents were. The safe storage of information was observed. For added protection, audio-tapes and interview transcripts were identified by assigned numbers, not the names of the respondents. As indicated on the Participant Rights form (see Appendix A), an undertaking was given that at the completion of the study, respondents would be given an opportunity to decide what is to be done with the audio-recordings.

Written informed consent is a standard research requirement by most, if not all, human ethics committees in New Zealand universities, designed to protect the respondents from potential distress or harm. In this study, written consent was considered culturally and experientially inappropriate. As such it was considered likely to have a detrimental effect on the interviewer-participant relationship which was largely based on trust. As many of those who left Bosnia would have had to sign documents relinquishing all right to property owned by them in order to be able to leave, the possible negative connotation associated with signing such a document had to be taken into consideration. Problems of written consent in ethnic research have been reported by others including North (1995) and Lipson and Meleis (1989). The latter noted that a request for a signed written consent after a verbal approval had been given constituted an insult among their Middle Eastern respondents.

The argument that requiring written consent could be detrimental to Bosnian refugees in view of their past experiences was presented to the Human Ethics Committee. The Committee accepted that the use of verbal consent was appropriate, providing a sentence to that effect was developed in the Information Sheet and the consent was reiterated at the beginning of each taped interview. Verbal consent was complemented by the Letter of Introduction which contained not only my telephone number but also the names and telephone numbers of the study supervisors who could be contacted if the respondents had any questions or concerns. This practise was also reported by Lipson and Meleis (1989)

who used an information form handout containing the telephone number of the human research committee. Respondents were reminded of their rights throughout the interview and the consent to proceed sought. Rather than being a one-time event, the need for consent in qualitative research to be a continuously negotiated has been reported by Munhull (1988), Muecke (1992 a) and North (1995).

Given the known traumatic experiences of the respondents in this study, and the awareness of the possibility that revisiting trauma can precipitate psychological distress or harm, an arrangement was made with the Refugees As Survivors Centre in Auckland to refer respondents to the Centre should this occur. No such need arose. The need for such an arrangement is consistent with the views of May (1991) who notes that in emotionally sensitive areas, there needs to be a provision for debriefing respondents and, if necessary, for additional support either by researcher or by referral to another source of assistance. According to May (1991), this provision is even more important in cross-cultural research and in research with traumatised subjects.

Limitations of the Study

One limitation of the study is the potential bias in the composition of the study group, because I was reliant on a single member of the group who acted as a gatekeeper and contact. I obtained the names of most respondents via the Bosnian refugee community representative, and personally had no access to other potential respondents known to the representative. While negotiation with an acknowledged refugee group leader to serve as an intermediary is usually essential for gaining access to refugees as participants, Muecke (1992 a) notes that there is a risk of sample selection bias towards those refugees who enhance the image of the refugee group. Higher-risk members can be left unstudied and unknown. At the same time, the potential for bias was reduced as not all the respondents were accessed in this way. Moreover, those interviewed appeared to represent a cross section of the Bosnian refugee community in terms of gender, age and refugee experience. If I had been successful in using the alternative “snowball” method, that too would not

have been entirely free of bias as the sample so obtained may not have been representative of the whole population but rather the population characterised by the first few respondents in the study (Lipson and Meleis, 1989).

Another limitation of this study is that it constitutes a single snapshot of the refugees' current situation. A longitudinal prospective study would have produced richer source of information.

Reliance on a single method of obtaining primary data also has its limitations. This study used qualitative, semi-structured interviewing only. A combination of qualitative and quantitative data, which included the use of standardised instruments, would have enabled greater cross-study comparisons. Tripp-Rimmer (1985) and Duffy (1985) note that the combination of qualitative and quantitative methods result in rich and complementary data that gives a more complete picture than could be obtained using either one method.

CHAPTER 2:

THE REFUGEE EXPERIENCE AND HEALTH: A REVIEW OF RELEVANT LITERATURE.

A refugee can be defined in three ways: legally, as in international law (see glossary for United Nations definition); politically, to suit political situations (to reduce the obligations and duties of governments); and sociologically, in terms of empirical realities (Farmer, 1985). For the social scientist, the refugee category is defined by the trauma and stress, persecution and danger, losses and isolation, uprooting and change of the refugee experience (Stein, 1986).

This chapter, and the review of relevant literature on refugee experience and health, is divided into several sections which relate to pertinent issues of this study. The stages of the refugee experience and views of traditional health are discussed including the use of bio-medical diagnostic labels to describe psychological dysfunction amongst refugees. Early theories of refugee health which have tended to focus on constitutional rather than situational factors, and on pre-migration trauma rather than post-migration (resettlement) stress, are discussed. The more recent recognition that a refugee health is influenced by pre-migration, migration and post-migration stresses is discussed and key resettlement stressors mentioned, including the degree of variance in how different refugees respond to these events. The chapter concludes with a section on the health of Bosnian refugees.

Stages of Refugee Experience

Refugees studies, in general, are clustered around certain stages of the refugee experience such as pre-migration, migration, and post-migration. In her survey of refugee health and social problems, Muecke (1992 b) organises the material in three sections 'mirroring' the life history of refugees; internal displacement; asylum; and permanent resettlement in a third country. Stein (1981) lists nine such stages: perception of a threat; decision to flee; period

of extreme danger and flight; reaching safety [asylum]; camp behaviour; repatriation, settlement or resettlement; the early and late stages of resettlement; adjustment and acculturation; and residual states and changes in behaviour caused by the refugee experience.

The kinetic model (Kunz, 1973) provides a widely used classification for the understanding of the early phase of the refugee experience. Limited primarily to the flight stage, the key to the model is the 'push' factor. Unlike a voluntary migrant who is attracted or 'pulled' out, a refugee is 'pushed' out. The flight and resettlement patterns of most refugees are seen to conform to two kinetic types - anticipatory and acute refugee movements. The anticipatory refugee senses the danger early before a crisis makes orderly departure impossible. He or she is normally educated, well to do and 'alert'. Preparations are made for a new life - the whole family moves taking their resources with them. European Jews who departed from Germany prior to 1933 are one such example¹. The acute refugee movement, on the other hand, comes about as a result of an overwhelming push that necessitates departure at a moment's notice. Such refugees have not planned or prepared for the journey. They flee from the immediate danger giving little thought to the consequences of flight and the future (Stein, 1981). Relatively recent mass flights of Cambodian and Rwandan refugees illustrate this point.

Although potentially a fertile ground for research, refugee camps have received relatively little analysis. Murphy (1955) reported that although physical conditions of refugee camps may vary widely, the effects tend to be uniform. The most important characteristics identified were: segregation from the host population; the need to share facilities; lack of privacy; and the restricted area in which daily activities take place. Characteristically, the camp environment fosters in a refugee a feeling of dependency, being controlled and of having limited status. It is here that the enormity of the events is finally realised; what has been lost and what awaits. Kunz (1973) refers to this state as "midway to nowhere" (Stein, 1986, p.9). Anxiety, fear, frustration and emotional disturbances may appear during this phase (Stein, 1981; Nguyen, 1989). Also, it is here that the acute refugee comes to consider the three 'classic choices' or 'durable solutions': to return home; to remain in the

place of first asylum; or to accept a resettlement opportunity in a distant country. The kinetic factor at this point is one of pressure from the country to which he or she has fled and the international aid agencies, forcing the refugee to make or accept a choice. Stein (1986) notes that the full range of options is rarely available to the refugee and the pressure is applied because all the available options are usually not satisfactory to the refugee. The country of resettlement is often chosen against or despite the refugee's wishes (Stein, 1981).

Muecke (1992 b) notes that although resettlement is only one of the three 'permanent solutions' to the refugee problem, and the one that is least available or used as an option to the world refugee problem, almost all the literature on refugees relates to resettlement. Stein (1981) notes that research on this stage of refugee experience tends to fall into two broad groups; those that focus on the refugee, and those that focus on refugee programmes and services.

Traditional Views of Refugee Health

In attempting to explain the apparent excess ill health and mental disorders among refugees, the literature suggests two main schools of thought: pre-settlement trauma and resettlement (adjustment) stress. With a major increase of refugees from non-European backgrounds in recent years, a third school of thought, that of a cross-cultural perspective, has been added. With regard to the effects of trauma on refugee mental health, Stein (1986) notes two different and opposing views held by researchers and clinicians: those who maintain that there are predispositions in individuals that produce specific symptoms secondary to the stress of migration, including that those already experiencing marginality in their own countries are likely to experience mental health problems due to the stress they are experiencing as refugees; and those who maintain that severe stress and trauma causes the symptoms.

Until the 1960s, resettlement and the associated literature largely focused on traditional refugees who were primarily Europeans, mostly Eastern Europeans, products of World War II and the Cold War. Psychiatric disorders amongst these people was explained by pre-migration factors including previous mental health problems, and the severity of their war and concentration camp experiences. These experiences were associated with the higher rate of mental illness, particularly schizophrenia (Cohon, 1981).

In a study of Russian, Polish and Yugoslav refugees who fled to Norway between 1946-1955, Eitinger (1959) suggested that "the general population of refugees was a 'minus selection' coming from a lower socioeconomic status being disabled and ill", and concluded that "both premorbid personality and external stress have an intense interplay and reciprocal influence in the case of the illness" (Cohon, 1981, p.258).

In his study of Hungarian refugees seen in a London psychiatric clinic between 1957 and 1959, Mezey (1960) reported that of those treated, 50 percent had a "certain or probable" history of previous mental illness, paranoia being the most frequently observed form of schizophrenia. The "selection hypothesis" was used to explain the higher incidence rates of schizophrenia (Cohon, 1981, p.258). However, Mezey fails to acknowledge that for refugees, realistic suspicion or distrust is a survival skill that often reflects a history of vigilance and self-protection. Unlike the true schizophrenia therefore, many, if not all those whom he studied, may have had a real cause for symptoms indicative of paranoia.

In his study of predominantly female 'displaced persons' in a Montreal psychiatric clinic, Tyhurst (in Cohon, 1981) described two characteristic periods of behaviour after arrival: an initial period lasting several months during which the person often feels euphoric, active and willing to express his or her war experiences; and a second period called the period of "psychological arrival" during which the person increasingly recognises the difference in the new environment and the losses suffered. Also characterised by an idealisation of the past, this and other psychiatric symptoms peak at about six months after arrival. Critical of the traditional psychiatric nosological approach in the diagnosis of refugees, Tyhurst distinguished three trends, each characterised by certain psychiatric symptoms:

suspiciousness with paranoid trends; presence of anxiety and depression; and somatic complaints. However, when discussing the aetiology of these disturbances, Tyhurst states that consideration must be given to “the interplay of individual constitutional factors and external social stresses” (Cohon, 1981, p.257).

In a comprehensive study of three European refugee groups who arrived in Australia between 1945 and 1954, Krupinski, Stoller and Wallace (1973) found paranoid schizophrenia and depressive neurosis as two diagnosed disorders that were related to ‘war experiences’. Intergroup comparisons found that World War II refugees in Australia were not a homogenous group, either in terms of their past war experiences or psychiatric disturbance. Jewish refugees, who had suffered the most severe persecution, had the lowest rate of schizophrenia. Their psychiatric disturbances were not detrimental to their socio-economic activities. In fact, they showed considerable upward mobility. The possible explanation given for both the low rates of schizophrenia and their high upward mobility was “genocidal selection during the war and a further selection on migration”. The second group, Poles, Russians and Ukrainians, showed high rates of psychiatric disorders “proportionate” to the severity of their war experiences. They came from “low, mostly peasant, social backgrounds”, and remained in unskilled and semi-skilled occupations. Those in the third group, those who came from Czechoslovakia, Hungary, Yugoslavia and the Baltic States, came predominantly from a middle class background, and showed “significant” downward mobility. Although they had suffered least persecution, their high rates of psychiatric disturbances were associated with the loss of social status and the stress of migration rather than their war experiences. Neither family support, nor the degree of assimilation into the Australian society “seemed to have any protective influence on the refugees: (Krupinski, Stoller and Wallace, 1973, p.47).

More recently, and in the tradition of Eitinger, Mezey, Tyhurst and Krupinski, Buchwald, Klacsanzky and Manson (1993) reported frequent psychiatric disorders in a clinical population of Eastern Europeans (Hungarians, Romanians, Czechoslovaks, Poles, and Gypsies). Adjustment reaction (in 45 percent of the cases), marital or family problems (in 11 percent of the cases) and paranoid schizophrenia (in 11 percent of the cases) were the

most common diagnoses. Buchwald, Kiaczansky and Manson (1993) concluded that affective and psychotic disorders are common among Eastern European refugees and immigrants seeking help for mental health problems. Those seen in clinical settings are likely to be young, unmarried, unemployed, have low educational attainment and lack English skills.

In a study of Czechoslovak refugees living in Switzerland, Cernovsky (1987, 1988) found 67 percent of those responding to a questionnaire reported experiencing mild depressive symptoms, and over half reported nightmares about re-escaping their former homeland. Most frequent in the first two years following emigration, these nightmares decreased substantially over time. Reports of escape nightmare were similar regardless of the gender, age, occupation and educational level of the respondents (Cernovsky, 1990).

In a study of recently arrived groups of refugees from Poland, Romania, Iraq, Laos and Vietnam living in Detroit, Young, Bukoff, Waller and Blount (1987) found indications of 'good' overall health in the cohort but very specific health problems in the dental, mental and obstetric areas. Language was reported as the major barrier to the utilisation of health services. Both the health problems and the utilisation of health services varied among the groups. Lacking an apparent depth of anthropological analysis and understanding, the authors concluded that "cultural patterns in self-reporting may have been a contributing factor in the significant differences shown between the various subgroups, but disease is linked to environmental factors and the distinct environments from which the refugee emerged would, undoubtedly, have affected their health statuses" (Young, Bukoff, Waller and Blount, 1987, p.780).

In her review of literature on the relationship between migration and health concurrent with, or following difficulties in adaptation, Hull (1979, p.32) noted that it is "widely observed that migrants have more infectious illnesses than non-migrants." Explanations offered for this include genetic vulnerability, immune status, nutrition, and general health.

While it is generally accepted that migration itself is a risk factor in producing mental disorders, that risk is greater if one migrates as a refugee, and greater still if one has experienced torture. Nguyen (1989) notes that recent epidemiological studies have demonstrated that the belief that immigrant populations always suffer from an excess of mental disorder is not supported empirically. It does not necessarily follow, therefore, that migrants have a higher rate of mental disturbance than non-migrants. More recently, attempts to explain intractable health problems experienced by refugees have shifted the focus from refugee constitutional factors, to refugee situational factors giving consideration not only to symptoms of mental health but also to the sources of those symptoms. The stressors which influence refugee health are to be found in pre-migration experiences, the migration process itself, and post-migration factors associated with resettlement.

Until relatively recently, much of the literature on refugee health and resettlement issues were focused on the traditional refugees who were primarily European in origin, and many of whom were concentration camp victims. More recently the concern and interest has shifted to what Paludan (1975) calls "new" refugees; those who come from the developing countries of Africa, Asia and Latin America, who are culturally and ethnically different from their European counterparts, and different from the host population of the countries of resettlement.

Cohon (1981) cautions against the use of diagnostic labels to describe refugee psychological dysfunction. Instead, he notes that there is a range of symptoms that characterise the refugee experience and that these manifest themselves differently in different individuals. Citing Lin, Tazuma and Masuda (1979) as a seminal study, Cohon (1981) notes that Vietnamese present different somatic complaints from previous groups, and that this was likely to be due to different cultural ways of experiencing illness.

Sequelae of Trauma and Torture

This group of theories of refugee health has arisen out of clinical assessment and the care of Indo-Chinese refugees in specialist university, research-based, psychiatric centres. The first published report of Post-Traumatic Stress Disorder (PTSD) among refugees was that of Kinzie, Fredrickson, Ben, Fleck and Karls (1984) based on the assessment and treatment of South-east Asian patients suffering from severe depression who had not shown any improvement in their condition after a year of treatment for PTSD.

PTSD and the emphasis on psychological sequelae of trauma and torture have helped focus clinical and research attention upon the mental health needs of refugees after their resettlement. This has enabled the awareness that with time, psychological difficulties may not only be associated with the history of trauma but may in fact increase rather than decrease over time among certain groups. Women without spouses were identified as one such group (Mollica, Wyshak and Lavelle, 1987). In a study of Cambodian, Laotian and Vietnamese patients, Mollica et al (1990, p.87) found a reduction in depressive symptoms, particularly among Cambodians, after a six-month treatment period in a “culturally sensitive psychiatric setting”. However, anxiety symptoms proved less responsive to treatment, while somatic symptoms actually worsened.

High PTSD prevalence rates in clinical populations (see Mollica, Wyshak and Lavelle, 1987) has raised questions about the rates in community settings. Though few such studies exist, those that have been done show a great variance in reported rates. In their studies of Cambodian refugees, Carlson and Rosser-Hogan (1991) found 86 percent PTSD prevalence, Kinzie, Sack and Angell (1986) found 50 percent, and Gong-Guy (1987) 16.3 percent (in Hauf and Vaglum, 1994). In a New Zealand study of Cambodians, PTSD prevalence rate was 12.1 percent (Cheung, 1994). North (1995, p.58), whose extensive study also focused on health of Cambodian refugees, notes that this “enormous variation in reported prevalence rates in both clinical and community populations, that is unlikely to be related to equivalent variations in trauma experienced, is worrying”. Also worrying is “the suggestion that significant numbers of refugees are not recognising they are

psychiatrically impaired” (North, 1995, p.58). Furthermore, these large variations in reported prevalence rates of PTSD inevitably bring into question the accuracy of the information reported and the consistency with which the instrument is used.

While some psychiatric disturbances may appear soon after the traumatic event(s), Reid and Strong (1988) note that some may not emerge until later in the victim’s life. Regardless of when the disturbances appear, many of them will, without treatment, become chronic. In a ten-year follow-up of Greek victims of torture, Petersen et al (1985) found that all had physical symptoms, and about 90 percent had chronic psychological symptoms which had appeared after the torture experience. Most notable were emotional instability, depression, passivity, fatigue and disturbed sleep. The authors of the study suggest that psychological stress factors do not have to be prolonged to generate chronic sequelae affecting the health, and that the treatment of the sequelae to torture should be initiated as early as possible. Prevalence of chronic PTSD has also been reported by Hauff and Vaglum (1994) who found 10 percent of their cohort of Vietnamese refugees living in Norway suffering from the condition.

The PTSD diagnostic label and the related clinical and research interest in trauma and torture represents an important step in the acknowledgment of the ongoing consequences for health of the pre-migration experiences of the resettled refugees. As such, it provides a counter balance to earlier preoccupation with post-migration stress factors (North, 1995, p.58). At the same time, by focusing on past experiences of trauma, PTSD fails to take account of current and ongoing negative experiences which may be compounding the pre-migration traumas. These are not reflected in the criteria for PTSD (Muecke, 1992 b).

While the diagnostic category may have empowered health professionals in dealing with the phenomenon of trauma and torture, the benefits to patients remain uncertain. Moreover, some clinical-researchers have raised questions as to whether the revisiting of past trauma experiences is therapeutic or iatrogenic (Muecke, 1992 b, p.520).

Laurence (1992) notes that while many would accept that there is no universal definition of either mental health or illness, the vast majority of the literature seeks to apply contemporary Western biomedical psychiatry to all victims of political violence. Mollica (reported in Eisenbruch, 1989) warns that the PTSD category can be hazardous because it reflects the assumption that Western, Anglo-Celtic experiences of suffering and illness are experienced in the same way by every person. For this reason, the PTSD diagnostic label has been seen by some to perpetuate the reductionism of psychiatric categories (Muecke, 1992 b).

The Relationship of Adjustment and Refugee Health Status

On their arrival in the country of resettlement, refugees bring with them certain 'baggage' that, in terms of their needs, sets them apart from other migrants. The negative pre-migration experiences, combined with those during the resettlement period, may not only retard successful resettlement but, if not addressed, may also be perpetuated. A number of factors that promote or hinder refugee adjustment and wellbeing have been identified and are acknowledged in the recent literature on refugee health.

In investigating reactions to threat, and the impact of stress and trauma on behaviour, Keller (1975) found that the trauma of flight produced 'residual psychological states' in the refugee that affect his or her behaviour in subsequent years. Because refugees usually endure considerable hardships and loss, those who are late to flee (see Kunz, 1973) are more likely to come out of the experience with three residual characteristics: guilt; invulnerability; and aggressiveness. Aggressiveness manifested itself in the form of increased violence, crime and suicide (Stein, 1981).

Victims of torture and rape form a sub-group of the refugee population who are at special risk of mental disorder. In comparison with other refugees, survivors of torture and rape have experienced a greater number of traumatic events and are more likely to be troubled by them. With reference to clinical settings, Mollica, Wyshak and Lavelle (1987) noted the

difficulty experienced with obtaining trauma and sexual violence-related information from refugee patients. Because of the stigma and ostracism that may be attached to it, the ongoing trauma may be concealed and, if left untreated, may become an intractable health problem.

In a study of the relationship between trauma and the financial and physical wellbeing of Cambodian refugees living in the United States, Uba and Chung (1991) found that pre-migration trauma predicted income, current employment status and health. Multiple trauma events were associated with both lower income and worse psychological health. Previous physical hardships, poor health care in refugee camps, and somatisation are used to explain poor physical health. Unexpectedly, Uba and Chung also found that those who experienced traumas that continued to disturb them were more likely to have higher incomes. Explanations offered for that phenomenon were: overcompensation for a recognised financial vulnerability; survival guilt; the feeling that they owed it to the family to be come successful; sublimation of guilt-driven anxiety into economic pursuit; or an attempt to recapture self-esteem that was damaged by becoming financially self-sufficient (Uba and Chung, 1991, p.222).

The reality and culture shock have been identified as having a negative impact on the resettlement behaviour and subsequent health of refugees. Stein (1986, p.15) notes that refugees often have romantic and unrealistically high expectations about their future in the country of resettlement, particularly with regard to their economic and occupational adjustment. Often, refugees do not expect to lose anything because of their migration. They want to “recover their lost status and are resistant to accepting jobs that represent underemployment”. Stein also notes that a phenomenon of particular importance regarding refugee behaviour during resettlement is that refugees have a strong belief that someone owes them something. Because their persecutors are unavailable, those demands are transferred to the government and the relief agencies.

Like culture shock, Garza-Guerrero (1974) suggests that grief for the lost culture may be associated with mental distress. According to Eisenbruch (1991, 1992), the popularity of

PTSD is "based on an ethnocentric view of how refugees should express their distress, how their disorders should be classified, and how the distress should be ameliorated" (in North, 1995, p.59). In contrast Eisenbruch puts refugee distress into the context of uprooting, homesickness and bereavement for the lost culture, maintaining that personal and cultural bereavement are complementary (in North, 1995, p.59)." According to Eisenbruch, distress is not necessarily a disorder but a normal, even constructive, response to such events.

With reference to Baskauskas (1981) and Loizos (1981), Stein (1986, p.20) notes that one expression of refugee adjustment to major losses may be the process of grief. Stein refers to three stages of the refugee grieving process: conservatism (a defensive reaction in order to maintain continuity and hold onto the past); bereavement (a stage of mourning and anger but associated with the acknowledgment of the irretrievable loss); and innovation (moving beyond one's loss and developing new life). Stein considers the bereavement stage as the most important one and the one that can prove difficult to enter because the fate of their country and the possibility of their return may remain unclear for quite some time. Stein (1986, p.20) notes that clinging to the hope of return can delay "the refugees psychological arrival, interrupt the process of grief and inhibit adjustment".

Having witnessed death and violence, having been unable to grieve for friends and loved ones and having been unable to accord them proper burial, can produce profound grief. This grief can be complicated by a feeling of guilt for having survived yet failing to protect or save the loved ones or others (North, 1995). Acts committed in the process of survival that may be incongruent with one's own beliefs, may be another source of guilt that inhibits the grieving process.

In reference to Keller (1975) and DeVoe (1981), Stein (1986, p.16) notes that denied what they believe is owed to them, refugees come to feel that the agencies seek to control them and come to suspect that the assistance is given to humiliate and subjugate them rather than for reasons of genuine help. Stein notes that a vicious cycle can be set in motion: "refugees are helped because they are helpless; they must display their need and helplessness; the case worker cannot accede to all who are needy and must shield him or herself from emotional

involvement; the cool attitude of the caseworker conveys suspicion to the refugee about his or her truthfulness; if they won't believe the truth the refugee inflates it; hearing exaggerated stories the caseworker becomes suspicious" (Stein, 1986, p.16). Such potential misunderstanding highlights the need for giving accurate information to refugees. Nguyen (1989) notes that more time should be spent on orientation programmes for refugees before they reach the country of resettlement, starting at the refugee camps, and continuing after arrival in the host country.

Stein (1986, p.20) notes that the host-refugee relationship is not an easy one. Despite the use of the sponsorship approach in the United States, few personal friendships are formed. The refugee is "helped out of duty, to serve one's own needs, and rarely is seen as a fellow or friend" says Stein. The added difficulty in the relationship is that some sponsors fail to recognise the refugee's growing independence and do not know when to let go.

Some refugee groups are received warmly by their host society, some with indifference, others with hostility. Invariably, the manner in which a refugee is received by the host society impacts on his or her resettlement experience. Pernice (1989) found experiences of discrimination were associated with high symptom levels of depression and anxiety among her Vietnamese and Cambodian subjects. Most refugees in her study felt discriminated against, particularly by their fellow workers. Having a reputation of working hard and long hours, some respondents felt that this was resented by the more 'easy-going New Zealanders'. Some felt discriminated against because of their limited English. Some resented that their education and qualifications were not recognised in New Zealand.

Unemployment, underemployment and the drop in social and economic standing following migration is regarded as the most important determinant of refugee health status (Boman and Edwards, 1984; Stein, 1986; Nguyen, 1989). The discrepancy between self-concept and the real social position referred to as status inconsistency adds to the refugee's sense of deprivation and insecurity. As noted above, Krupinski, Stoller and Wallace (1973) found the highest rates of psychiatric disorders amongst those who have experienced severe status

dislocation resulting from the loss of social and professional standing. Male heads of families in the 35-55 year age group are a particularly susceptible group.

Language and difficulties in communication have been found to be a major determinant of the health status of refugees. Little or no English has been identified as a significant or major barrier to obtaining health care (Young, Bukoff, Waller and Blount, 1987; D'Avanzo, 1992; Lipson, 1992; Cheung, 1994). Evidence of loneliness and social isolation has been found among Cambodian women living in New Zealand whose inability to speak English prevented them from establishing friendships outside the Cambodian community (Crosland, 1991).

Intergenerational conflict has been seen as an inescapable part of the refugee experience and one that may impact negatively on refugee resettlement experience and health (Stein, 1986). In the new environment, older people commonly find that age acts as a barrier to learning the language, new skills and absorbing key elements of the new culture. Not firmly rooted in their home culture, younger members of the family are continuously torn between the need to adopt the new value system and behavioural norms, and conform to expectations of the old culture. Lin (1986) notes that this often results in a confusion of mutual expectations and the definition of role relationships. Frustration and feelings of anger and resentment are not uncommon. Furthermore, since young people tend to learn the language sooner, parents often rely on their children to interpret for them and to help them manoeuvre through the system in the new country. This new dependency and the reversal of traditional roles can exacerbate the intergenerational conflict (Lin, 1986).

Loneliness, isolation and the lack of social support experienced by those separated from family members and friends are other important risk factors in refugee health. Higher stress scores and the incidence of mental problems have been observed among single adults in the 19-35 age group, divorced, widowed, separated female heads of families, male heads of families in the 36-55 age group experiencing unemployment or underemployment, elderly refugees who have little chance of finding employment and have difficulty learning new language (Lin, Tazuma and Masuda, 1979; Mollica, Wyshak and Lavelle, 1987; Nguyen,

1989; Lipson, 1992; Buchwald, Klacsanzky and Manson, 1993). While recognising that the family can be a source of support, Anderson (1987) also notes that the family can also be a source of stress.

Where there is no existing ethnic community in the country of resettlement which can provide a source of support and identity to the newly arrived refugees is regarded as another factor influencing refugee health. The presence of such a community is considered an important source of information and support for a newcomer that can facilitate easier transition into the new society (Boman and Edwards, 1984; Nguyen, 1989). While the presence of such an ethnic community may help reduce transition stress, others have suggested potential problems with such assumptions. In her study of Iranian migrants in the United States, Lipson (1992) noted that the Iranian population is characterised by factionalism and distrust based on political, religious and social class differences. Li (1982) reported that recent refugees are not always welcomed by those in the established ethnic communities who are often conservative, successful and in the past have received little or no post-migration help themselves. Thus, for those coming from a different political spectrum, the potential comfort and psycho-social support normally provided by such ethnic communities may not be available (Lin, 1986). Kunz (1973) also alludes to this fact when he states that there is a tendency to see all refugees coming from a certain country as a homogenous group. This is in fact rarely the case. Stein notes that as political changes take place over time, different 'vintages' flee, with the result that the latest arrival in exile may potentially be greeted by those whom they had previously persecuted. Lin (1986) comments that refugees, with memories of war fresh in their mind, often have a tendency towards mutual suspicion and mistrust which tends to keep them away from each other. Other factors described by Lin that keep refugees apart include: feelings of anger, and guilt easily displaced or projected onto fellow refugees; well-meaning host families who, believing that it would be detrimental to their progress in the new society, actively discourage any association with other refugees; government resettlement policies; and the vagaries of the job market.

New Perspectives on Refugee Health

Muecke (1992 b) draws attention to major shifts in the perception and understanding of health problems of refugees who have resettled in Western countries. In the early stages, refugees were objectified as a medical phenomenon, classed rather than personalised in health and social service programmes, and literature (foreign, dependent and poor). As such, they were regarded as an infection risk to the host population and as potentially having clinically “interesting” diseases seldom encountered in the West. Muecke (1992 b) notes that so objectified were the refugees by this perspective that their suffering and the manifestation of their distress was fundamentally overlooked. The preoccupation with disease and nosology in the area of refugee health is still in evidence today.

A shift in orientation occurred when it became apparent that many refugees had intractable medical problems which did not seem to respond to conventional Western medical treatment methods. Often these were interpreted and diagnosed as somatic expressions of emotional pain.

In her analysis, Muecke (1992 b) concludes that the literature on refugee health is “exclusively” negative. This pessimism is attributed to the predication of medicine on pathology and problems, and to a focus on the treatment of the patient rather than the environment that constrains that person. Because of this predication, Muecke (1992 b, p.520) claims that contemporary medicine and psychiatry cannot take account of the strengths and the resilience of refugees who possibly present the maximum example of human capacity to survive despite the greatest of losses and an assault on human identity and dignity.

Stein (1986) observes that western health professionals and services often have a limited understanding of the ‘new’ refugees’ culture, beliefs, practices and perspectives on mental health. The refugees’ culturally defined ways of seeking help may result in their reluctance to use mental health services in the country of resettlement, and may have very different expectations about the types of help and treatment.

The need for an understanding of the complex social and cultural factors that operate in any patient-health practitioner relationship, and the ability to incorporate this understanding into clinical practice has been mentioned by some (Meleis, 1991; Muecke, 1992 b; Lipson, 1992). A participative approach that promotes an understanding of the migration experience and culture, a reduction in the power differentials inherent in the patient-clinician relationship that silence the 'authentic voices' of refugees, and a latitude for unconventional perspectives needed to alleviate suffering among refugees are all called for.

New Zealand Refugee Health Literature

While the mental health profile of refugees has been reasonably well documented in the overseas literature, there is little published information on the health needs of refugees in New Zealand. Given the relatively large number of Indo-Chinese refugees who have settled in the country over the last 20 years, it is not surprising that most, if not all of the studies that have been done, have focused on this group.

Perhaps the most phenomenologically searching New Zealand study to date is that of North (1995) who longitudinally studied Cambodians' health issues, interpreting problems experienced from the contexts of pre-migration trauma, adjustment stress and health cultures in transition. The other noteworthy study is that of Tudsri (1987) who interviewed three Cambodian mothers, looking at the acceptance of Western medicine and maintenance of Cambodian beliefs and practices.

Because there is no organised mental health screening for refugees arriving in New Zealand, and very little information on those who access mental health services after arrival, little is known about the mental health of refugees living in the community. Similarly, there is no national data on refugee morbidity and mortality. Information on the incidence of notifiable diseases collected during medical screening at the Mangere Refugee

Resettlement Centre clinic reflects a primary concern with public health, and the protection of the host population rather than personal health of refugees.

In a study of the health needs of Cambodian and Vietnamese refugees in Porirua (Blakely, 1996), 38 percent reported as suffering from poor health, with asthma, hepatitis B and treated tuberculosis being the three most common conditions. Health service utilisation was as high, or higher, than a comparable needs assessment in the Porirua region. Key respondent interviews suggested undiagnosed psychiatric morbidity and problems with accessing interpreting services, particularly in primary care.

In a study of the health status and the use of health services by Cambodians in Dunedin, Cheung and Spears (1995) also found language to be a major barrier to health care. Physical health problems were reported by 7.2 percent of the respondents. The prevalence of psychiatric morbidity was reported by 15.7 percent and post-traumatic stress disorder by 12.1 percent of the cohort, with no decrease in the rate over time. Recurrent intrusive recollection of trauma was the most frequently reported symptom. Nightmares were also common (Cheung, 1994).

In a study of three immigrant groups that included Vietnamese and Kampuchean refugees living in Wellington and Palmerston North, Pernice (1989) found that 33 percent of her cohort was reported as 'symptomatic' of anxiety or depression, and most were symptomatic of both. Two significant findings of this study are that these symptoms were present on arrival and that they reduced very little over time. This appears to suggest the need for maximum support on arrival and during first few years of resettlement.

The Health of Bosnian Refugees

Given their recent arrival, it is not surprising that no studies on the health of Bosnian refugees resettled in New Zealand have been found. In a departmental newsletter, Harris (1993) made a passing reference to newly arrived Bosnian refugees and alluded to the fact

that “they were not the walking skeletons we had expected” and that there was a certain mistrust in the New Zealand authorities. The lack of published information is also evident in the international literature. The only study I managed to locate that pertained to recent refugees from Bosnia-Herzegovina was that of Weine et al (1995). Few other published articles were found during a literature search. Those which were found were either inaccessible or were located in foreign language journals (namely German), written in a language I do not speak.

Based on a clinical assessment and trauma testimonies of 20 newly resettled Bosnian refugees in the United States, Weine et al (1995) looked at the psychiatric consequences of ‘ethnic cleansing’. Testimonies documented by Weine et al (separation of adult men from their families, detention in concentration camps, extreme deprivation, loss of loved ones, destruction of homes and property, forced evacuation, exposure to acts of violence or death, and betrayal by neighbours or friends) are consistent with those obtained in my study. Clinical assessments indicated high rates of PTSD (diagnosed in 65 percent of the cases), depression (diagnosed in 35 percent of the cases), as well as other forms of psychological morbidity. The number of types of traumatic experiences were found to correlate positively with age (increased age was associated with the experience of greater numbers of all types of traumatic events, and hence the more frequent diagnoses of PTSD in middle and late adulthood). Weine et al (1995) conclude that the findings of their study suggest that newly resettled traumatised refugees have serious mental health needs. Even though they have been resettled, the refugees’ trauma was ongoing as they received news about the war through the news media and through letters from Bosnia. It is feasible that similar and other reminders of the war could have the same or similar effect.

European in origin, the wave of Bosnian refugees stands in marked contrast to the origin of other refugee groups in recent years who have come from Asia, Africa, and Latin America. Although much of the early work on refugee health focused on refugees coming out of Europe, more recent studies have primarily focused on those coming out of South-east Asia. Bosnian refugees represent a reversion to a focus on Europe, a change in focus to traditional refugees, in contrast to the “new” refugees from non-European origins. Whereas

many studies over the last twenty or so years have been conducted on the latter, the findings of these studies may provide only a limited understanding of the health needs of refugees originating from Europe, major cultural and socio-economic differences being the most significant factors. At the same time, early European studies are also only partially helpful because of their focus on constitutional factors, nosology and the application of biomedical diagnostic labels to describe psychological dysfunction, without due attention to pre-migration, migration and resettlement situational factors. This, combined with the highlighted lack of literature on Bosnian refugees, suggests a need for more studies such as this one.

Nevertheless, some of the theories referred to have relevance to the understanding of health status and needs of Bosnian refugees. Kunz's kinetic model, the idea of the 'push' factor and the notion of acute refugee movement is relevant to the flight of Bosnian refugees. The group of theories of refugee health centred around sequelae of trauma and torture, and the diagnostic category of PTSD in particular, have their origins in the 'concentration camp syndrome' as described by Eitinger (1959). Despite its limitations, the application of the PTSD diagnostic label can be useful in demonstrating the ongoing consequence for the health of the Bosnian refugees' pre-migration experiences. Given the relatively short stay at the transit facility whilst in the country of first asylum, the application of that experience on the ongoing health of Bosnian refugees resettled in New Zealand is less significant. The resettlement stressors such as: the untreated medical and psychological conditions; culture and reality shock; language inadequacy; loneliness and isolation; the absence of existing ethnic community and social support; social, economic and occupational status inconsistency; grief and bereavement; and intergenerational conflict, are relevant to Bosnian refugees when considering their resettlement experience and its relationship to their health.

Given the pre-migration and migration traumas and stresses, any resettlement programme needs to identify these stresses and associated needs, and to introduce measures which incorporate these issues and thus minimise potential negative consequences. In as much as it is possible, a resettlement programme needs to introduce measures in order to minimise

or eliminate resettlement stressors which are detrimental to the successful adjustment to a new country.

¹ Superficially, the anticipatory refugee resembles the voluntary migrant. The difference comes in the vindication of the refugee's anticipatory move by later events, and in that any destination is acceptable to the refugee while the voluntary migrant has a preferred destination (Stein, 1981).

CHAPTER 3:

NEW ZEALAND REFUGEE POLICY AND RESETTLEMENT PROVISIONS

People who wish to emigrate to New Zealand are usually considered by the New Zealand Immigration Service under one of four main categories of government residence policy: General Skills, Business Investor, Family and Humanitarian (Statistics New Zealand, 1997). In addition to the four main categories, Samoan citizens may be granted residence under the Western Samoan Quota, and refugees may be granted residence under the New Zealand Refugee Quota Programme (Department of Labour, 1997, p.4). Whereas refugees resettled under the Refugee Quota Programme are nominated by the United Nations High Commissioner for Refugees, those admitted under the Humanitarian category must have at least one close relative who is a New Zealand citizen or resident and who supports their application. This category “allows people whose circumstances are exceptionally difficult to gain New Zealand residence if this is the only reasonable solution to their situation and granting residence would not be contrary to the public interest” (Statistics New Zealand, 1997, p.149). Applicants must demonstrate that either they or the relative in New Zealand is suffering from serious physical or emotional harm.

Until the late 1980s, New Zealand immigration policy favoured immigrants from ‘traditional source countries’, in other words, those who were “racially” similar to New Zealand citizens (Trlin, 1992). Despite the progressive disappearance of explicit assimilation policies, discrimination against immigrants of Asian and Southern and Eastern European origin persisted and restricted their entry into the country (Trlin, 1986). For those who gained entry, the policy was closely associated with pressure to assimilate.

In 1986, a major review of New Zealand immigration policy was carried out which resulted in the passing of the Immigration Act 1987. North (1995, p.19) points out that this Act provided for the “selection of immigrants primarily on the basis of personal merit rather than ethnicity or nationality, a significant departure from the previously biased policy favouring immigration from traditional European sources”. As a result of this change in

policy, intercensal data (1986-91) indicates a fall in the proportion of citizens of traditional European origin, and the marked growth of those originating from Asia, Pacific Islands and other 'non-traditional' source countries (Statistics New Zealand, 1997, p.147). A commitment to family reunion and refugee resettlement has been maintained. A quota for accepting up to 800 refugees a year was set.

According to Trlin (1992, p.23), the major new objective to emerge out of the immigration policy revision in the late 1980s is "enrichment of the nation's multicultural social fabric". Trlin (1992, p.19) notes that this new objective is more than mere non-discriminatory admission of immigrants from non-traditional source countries but involves a rejection of assimilation and acceptance of cultural diversity. This shift has major implications for the cultural identity of New Zealand and the maintenance of its ethnic minority cultures.

Using the New Zealand 'Yugoslav' community as an example, Trlin (1992 p.25) demonstrates that until the late 1980s, the entry provisions "were virtually blind to the family reunion eligibility constraints and disadvantages confronted by ethnic communities with different settlement histories and demographic configurations". With approximately 50 percent of New Zealand 'Yugoslavs' aged 55 years and over in 1986, and few likely to be eligible to act as sponsors, the family reunion provisions favoured younger, more recent immigrant groups from Asia and the Pacific Islands. The once thriving ethnic community faced with an aging population and starved of 'new blood' to rejuvenate it, faced eventual extinction. The wording of the 1986 policy review, notes Trlin, implies an acceptance of cultural maintenance (Trlin, 1992, p.25).

Trlin also points out that the New Zealand immigration policy cannot be reconsidered in isolation and separate from the country's economic policy. He notes that the intake of migrants from more varied backgrounds "has been pursued in a manner consistent with skilled labour recruitment and the attraction of entrepreneurs according to the needs and benefits of New Zealand's labour market and economy" (Trlin, 1992, p.93). In Trlin's view, the policy transition may be described as a movement from 'selective entry rules' to 'promotional entry rules' and one that was "probably initiated by the prevalence of

neoclassical economic thinking in government and some sections of the state bureaucracy” (Trlin, 1992, p.25).

Even though officially discarded with the former immigration policy, Trlin (1992) notes that pressure to assimilate remains strongly entrenched in public opinion. With reference to refugees, Abbott (1989, p.5) argues that the overall message given is “you are welcome here as long as you fit in, don’t criticise, are grateful, undemanding and become like us as soon as possible; if you can’t become like us, then keep to yourself or go elsewhere”. Given that the New Zealand social services and institutions have their origins in Britain, North (1995) questions whether they are designed to meet the needs and preferences of a diverse, multicultural population. She suggests that there is little evidence to indicate that they are. Instead, North (1995, p.21) notes that “to effectively reorient institutions requires policies grounded in a knowledge base developed through empirical research”.

New Zealand’s Refugee Mosaic

For more than 50 years, New Zealand has been involved in international refugee resettlement. New Zealand’s formal refugee resettlement programme began in 1944 with the arrival of some 733 Polish children and 105 accompanying adults. Most of the children were orphans while the adults, almost exclusively women, were in the main widows who had lost their husbands in the war. As New Zealand was intended to be a temporary refuge to them for the duration of the war, initially this intake was not strictly a resettlement programme. It evolved into one when, after the war, it became evident that because of the political situation in Poland, it was not feasible for the children to return home in the foreseeable future. New Zealand thus became their permanent home, marking the beginning of the New Zealand refugee resettlement programme (Department of Labour, 1994).

Since the end of World War II to the present time, New Zealand has accepted more than 20,000 refugees and displaced people from the various trouble spots of the world

representing a variety of languages, cultures, religions, levels of education and skills (Statistics New Zealand, 1997, p.149).

Because no formal international system of classifying refugees existed before 1944, those who were fleeing persecution migrated to New Zealand on an individual basis under the Government's normal immigration policies and procedures. Such groups included the Lebanese refugees who came at the turn of the century and approximately 1,100 people, mainly Jews, who fled fascism and persecution in Europe between 1933 and the beginning of World War II in 1941 (Beaglehole, 1988). The 1,100 were part of the estimated 50,000 refugees who applied for permits to enter New Zealand because of Nazi persecution who were selected "because they had substantial capital and occupations that suited New Zealand's labour market" (Farmer, 1985, p.217).

In the late 1940s, New Zealand accepted Displaced Persons from Europe - those who, after the war, were either unable or unwilling to return to their home countries, many of which were under the Communist rule. In 1949/50, 941 such persons came, followed by 978 in 1950/51, and 2,663 in 1951/52. These included Baltic nationals, Czechoslovaks, Hungarians, Poles, Bulgarians, Greeks, Russians, Ukrainians and Yugoslavs.

In 1956, following the uprising in Hungary against the country's Communist government which was crushed by Soviet troops, New Zealand accepted over 200 refugee families. In total, 1,117 persons were resettled. In the 1960s, New Zealand accepted refugees from various countries in Asia and Europe. Fifty Chinese orphans from Hong Kong were accepted for adoption by New Zealand families in 1962. They were followed by 80 Russian Christian "Old Believers" from China who came in 1965. After the 1968 Warsaw Pact invasion of Czechoslovakia, 125 Czechoslovaks were accepted for resettlement. At the end of 1960s, and during the early 1970s, a small number of Chinese families from Hong Kong and Indonesia were also accepted.

In 1959, New Zealand became the first country outside Europe to accept refugee families containing handicapped members. Most of these refugee families had been previously

rejected by other countries and included a Romanian family, political refugees from World War II, who had fled to Austria and had been living in camp for 14 years “because the father had lost a leg and no country was willing to accept him because of this disability”. By 1963, New Zealand had resettled more than 200 refugee families with ‘handicapped’ members and was instrumental in encouraging a new international emphasis on the resettlement of such families (Department of Labour, 1994, p.18).

Following the expulsion of Asians Ugandans by President Idi Amin in 1972, 244 Ugandan Asians were accepted. After the overthrow of the Allende Government in the 1973 military coup, 254 Chileans arrived in New Zealand, and the following year 335 Soviet Jews. Between 1974 and 1991, 799 Eastern Europeans were resettled. In the 1980s, for the first time, the New Zealand Refugee Quota Programme was filled almost exclusively by non-Europeans, the Indo-Chinese (Vietnamese, Cambodians and Laotians) representing some eleven-and-a-half thousand people, about a half of all refugees accepted under the programme since its inception (Department of Labour, 1994).

More recently groups of some 348 Iranian/Baha’i (1979-97), 1,485 Iraqis/Assyrian Christians (1985-97), 762 Somalis (1992-97) and 143 Bosnians (1992-97) have been accepted for resettlement (Department of Labour 1989, 1994, and unpublished data).

The Refugee Selection Process

In 1987, a comprehensive review of immigration policy and of the New Zealand Refugee Quota Programme was carried out. As a result, the Government affirmed the acceptance of refugees as an ongoing humanitarian priority within New Zealand’s immigration policy. Two major changes emerged from the review. Firstly, since 1992 the categories for the Quota Programme changed from national to worldwide categories based on needs as they arose. From piecemeal acceptance of individual refugee quotas, an annual global quota intake of up to 800 refugees was established in 1987, subject to the availability of community sponsorship (Department of Labour, 1994) The figure was reduced to 750 in

the 1997/98 financial year. (Department of Labour, 1997). Secondly, whereas previously only Indo-Chinese refugees went through the orientation programme at the Mangere Refugee Reception Centre, from 1989/1989 financial year all refugees coming under the Quota Programme have been able to attend the orientation programme (Department of Labour, 1994, p.25).

Current categories in the New Zealand Refugee Quota Programme include: 'women-at-risk' (women who are in a country of first asylum and who would usually be outside the normal criteria for acceptance by resettlement countries); 'medical/disabled' (those refugees with medical, physical or social disabilities which place them outside the normal criteria for acceptance by many resettlement countries); 'emergency' (those facing an immediate risk to their security and must be moved to a resettlement country as quickly as possible); 'protection' (those who are in situations where their personal security cannot be guaranteed, are in need of resettlement protection but who do not necessarily meet the criteria of other categories); and 'family reunion' (those nominated by a family member in New Zealand who were themselves accepted as part of the New Zealand Refugee Quota Programme) (Department of Labour, 1994). The New Zealand Refugee Quota does not include people who seek asylum on or after arrival in the country. Asylum seekers are treated as a separate group.

Normally before persons are considered for resettlement under the New Zealand Refugee Quota Programme, they must be both formally classified by the United Nations High Commission for Refugees (UNHCR) as refugees and in need of resettlement. The only exception to this process is the family reunification category under which a family member in New Zealand may nominate refugee relatives. Normally limited to immediate family members, people nominating refugee family members for resettlement under this scheme are expected to pay for airfares (Department of Labour, 1994, p.25).

The approach to New Zealand to accept refugees normally comes from UNHCR which presents the government with information for consideration. Refugees are then selected by New Zealand officials who take into account any previous association with New Zealand

and their potential ability to adapt to the New Zealand life and working environment (Statistics New Zealand, 1997).

For the purposes of refugee resettlement, New Zealand is normally regarded as a "third country" constituting one of the three "durable solutions" to the refugee problem. The other two solutions are voluntary repatriation and local integration into the country of first asylum. Voluntary repatriation involves the return of refugees to the country from which they had come once the conditions are sufficiently improved. By being able to return home and thus avoid the difficulties associated with resettlement in a new country, this is regarded as the most desirable solution. Local integration, on the other hand, involves resettling a refugee in the country to which he or she has fled. Because of geographical proximity to the country of origin and the likelihood of greater economic, social, cultural and linguistic similarities between the two countries, successful integration into a local population is considered more likely. Resettlement in a "third country", an option that the UNHCR applies in less than one percent of cases, involves the resettlement of refugees beyond the country of first asylum. Since it usually involves major adjustments for a refugee, it is regarded as the least desirable durable solution and the one that is resorted to only when neither voluntary repatriation nor local integration is possible (Department of Labour, 1994, pp.10-11).

New Zealand is also a country of first asylum for those who enter the country legally on a visitor's visa, student's visa or work permit and subsequently apply for refugee status. The number of such cases in recent years has been increasing. According to Dr Rasalingam, the President of the Auckland Refugee Council, there were more than 1000 asylum seekers in the country awaiting an Immigration Service decision on their status. Since a decision can take 2-3 years, the backlog was in need of being cleared (Barber, 1996). Unlike the refugees admitted under the quota system and the refugee family reunification scheme who are granted residency status on arrival, asylum seekers must first apply for a refugee status and, if successful, then may apply for New Zealand residency. At the time of writing, on arrival in New Zealand, asylum seekers were entitled to an 'emergency unemployment benefit' and a one-year work permit. In the case of a family, this was available only to the

principal applicant with a visitors' visa issued to spouse and a students' visa to minors (personal communication, RMS source). In the event of their application being rejected, asylum seekers are entitled to an appeal and legal aid.

The Resettlement Process

On arrival, those refugees accepted under the quota system (but excluding entrants through family reunification and on-shore asylum seekers) are accommodated at the Mangere Refugee Reception Centre where they normally spend their first six weeks in New Zealand. Located in Mangere, Auckland, the former army barracks became a residential reception centre first for Indo-Chinese in 1979 and a facility for all refugees coming under the New Zealand Refugee Quota Programme in 1987 when the New Zealand Immigration Service (NZIS) assumed responsibility for its administration. Set in five acres of ground, the Centre can accommodate up to 220 refugees at any one time. Apart from the accommodation blocks, its facilities include a dining area, a lounge and meeting room, classrooms, a nursery, administrative areas, a clothing store, recreation and sporting facilities, and facilities for medical and dental examinations. NZIS, Refugee and Migrant Service (RMS), Auckland Institute of Technology's (AIT) School of Refugee Education, and the Auckland Healthcare Services Limited are all represented on site (Department of Labour, 1994).

At the Centre, the newly arrived refugees undergo a six-week orientation programme. During this period, refugees receive a social welfare benefit from which food and accommodation expenses are deducted and 'pocket money' paid (Department of Labour, 1994).

Because New Zealand has a refugee non-discrimination policy on medical grounds, and a preference for directly assessing refugees' health rather than relying on the reports of others, refugees are given a thorough medical examination on arrival in New Zealand. At the Centre's health clinic, refugees undergo comprehensive medical screening: chest X-ray, faecal examinations, blood tests¹, vision and hearing tests and dental check-up, as well as immunisation and any medical treatment that may be required. Referral to specialised

services outside the clinic may be made. Arrangements for necessary ongoing care after refugees leave the Centre are also made by the clinic. The medical service is provided by the Community and Mental Health Services, Auckland Healthcare Limited, and is funded by North Health.

The School of Refugee Education runs programmes for different age groups. For adult refugees, the programme is divided into English classes, and orientation classes. Conducted in smaller groups and in the language spoken by the refugee group, the programme provides information about life in New Zealand. The syllabus includes topics such as: New Zealand people and places; health; housing (home safety, appliances and services); work (job applications, interviews, job types and time keeping); shopping; postal system; banking; transport (drivers' licences, traffic safety and public transport); education (New Zealand system and options for further study); government departments (Labour, Income Support and Inland Revenue, Justice); race relations; and police and law. The programme also includes visitors from various government departments and ethnic groups. Because of the commitment to the Treaty of Waitangi, a Maori representative, as well as representatives from the community of each refugee group also come to speak to each intake (Elliott, 1988).

At the end of the orientation period, the refugees travel to their resettlement destinations where they are met by relatives or designated sponsor.

RMS, the third organisation represented on the site, has a number of functions which could be grouped into two major categories: practical help which includes accommodation arrangements and the distribution of donated furniture; and personal support which includes registration with the Income Support Service, The New Zealand Employment Service and the Inland Revenue Department, arrangements for schooling and educational courses, and the establishment and facilitation of community volunteer support groups (formally called sponsorship). Volunteer community support includes: any member of the community volunteering to visit and assist needy refugees; family members; ethnic community; and other community service groups. Sponsorship is intended for the initial

period of 6 months then subject to review (personal communication, RMS source, November 1997). Recently, social worker positions have been established, with some social workers also being bi-lingual and versed in the culture of refugees. Where necessary, referrals are made to other appropriate agencies.

The Role of Government and Community Sponsorship

Community groups and organisations have always played a crucial role in the resettlement of refugees. Historically, churches have played a leading role, the National Council of Churches having operated on an *ad hoc* basis until it set up the Resettlement Office in 1964. The amalgamation of the Resettlement Office with the Catholic Immigration Committee resulted in the formation of the Inter-Church Commission on Immigration and Refugee Resettlement (ICCI) in 1976. The United Hebrew Immigrant Aid Society (HIAS), representing Jewish welfare agencies, also joined the arrangement. Government financial support of the ICCI's resettlement work started in 1976. In 1989, the ICCI became the Refugee and Migrant Service (RMS) with a broader support base, including ethnic, refugee and community groups as well as church groups (Department of Labour, 1994, p.29).

As the national agency responsible for coordinating the resettlement of refugees accepted by the New Zealand Government, RMS and its ICCI predecessor, in co-operation with and through a nation-wide network of churches and other community groups, has arranged sponsorship and resettlement support for some seventeen thousand refugees. The work of volunteers provides the backbone of the service. Sponsors are supposed to ensure that suitable accommodation and employment is available when refugees arrive in the country. By donating their time and resources, sponsors and other volunteers help refugees settle into their new community "providing assistance with home furnishings, enrolling children in schools, and families with doctors, obtaining social welfare benefits and English language tuition. Above all though, the role is one of friendship and support" (Statistics New Zealand, 1997). Sponsors are expected to continue with their assistance for as long as it takes for the refugee to fully settle.

Although an integral part of the New Zealand refugee resettlement policy, RMS is a non-governmental, non-aligned and non-profit incorporated society. Over the years, RMS and its ICCI predecessor have steadily grown from two staff and the operating budget of \$20,000 in 1976, to 20 staff and the operating budget of \$734,000 in 1996. Only partially funded by Government, in 1994, 1995 and 1996, \$324,000 was provided by NZIS with \$177,000 coming from the Community Funding Agency of the Department of Social Welfare. Other income has come from grants received for special purposes, from charitable trusts and from public appeals (Statistics New Zealand, 1997, p.150).

While new arrivals are free to settle wherever they like in New Zealand, generally they go where sponsorship can be found. The reluctance of refugees to resettle outside Auckland at the end of their orientation period has tended to undermine the sponsorship concept resulting in some erosion of support in other centres. At the same time, over-saturation in the Auckland area has stretched the available sponsorship to breaking point. This, combined with the expressed desire of some refugees to reach their final destination as soon as possible, and reports of practical orientation having to be repeated in the region of resettlement, has led to claims that a centralised approach is no longer the most appropriate or effective structure for successful refugee resettlement and that it should be replaced with regionally based services (Cotton, 1993).

While successive New Zealand governments have demonstrated a commitment to the resettlement of refugees, and successful resettlement has involved considerable input from the government, a heavy reliance of the government on voluntary community sponsorship, cost-shifting to the voluntary sector and inadequate resourcing have led to the criticism of the government role. The Community Funding Agency has identified a "need for increased resettlement support as a priority". In 1996, RMS ran an \$18,000 deficit and "had struggled to meet expanding demands for its services" (Statistics New Zealand, 1997, p.150). In 1997, the Community Funding Authority increased its funding to \$275,556 and the NZIS by some \$40,000 to \$359,111 with suggestions that the increase may not be repeated in the 1998/99 financial year. Resourcing remains a critical issue for the RMS as

reflected by a recently appointed position of a fund raiser not only to lobby government for more funds but also to attempt to secure financial support from private sponsors and organisations.

Earlier comments made by Cotton (1993) that government commitment, limited to the acceptance and initial reception of certain number of refugees for resettlement, is not sufficient, remains current. Cotton notes that historically, policy and services in New Zealand have lacked integration and co-ordination which "has resulted in 'patchy' service provision at best, punctuated by 'gaping holes' in a number of vital areas" and that it is vital that government commitment "extends to the development of an integrated policy and services" (Cotton, 1993, p.19).

Although the policy concerning the acceptance of refugees has been simplified and streamlined, some anomalies and unevenness in resettlement assistance remain. With reference to refugees from Bosnia and Somalia, Cotton (1993, p.6) notes that while many of them have been mandated as refugees by UNHCR, they have not been presented as 'priorities for quota resettlement'. As a result, some of those with existing family links to New Zealand have been accepted under normal immigration policy (Family Reunion or Humanitarian). Ironically, as Cotton (1993, p.6) points out, "such people have frequently come from 'identical refugee situations' to those accepted under the Refugee Quota - in some cases from the same refugee camps". Cotton (1993) also notes that often such people have been sponsored by recently arrived refugees family members who themselves are still adjusting to the new country and were not well placed to provide the support and assistance generally expected of sponsors. According to RMS, "the complications and expense of trying to process refugee family members through the normal immigration programme creates immense frustration and distress among affected communities. Many of the documentation requirements simply cannot be met by people in refugee circumstances and the fees for application and travel place impossible demands upon refugee families" (Statistics New Zealand, 1997).

As with sponsorship, the level of government involvement and funding in the area of language acquisition for refugees has shifted much of the responsibility and cost to the voluntary sector. Since the level of language proficiency impacts on the refugees' ability to access various institutions, gain employment, achieve occupational aspirations, and secure financial and social benefits, acquisition of the English language is a major need for refugees (Gubbay and Cogill, 1988; Chung and Taylor, 1989). Limited to six weeks, the English language programme at the Mangere Refugee Reception Centre provides only a very basic grounding in the English language, sometimes referred to as "survival English". After resettlement in the community, government funding is channelled through the polytechnics. The introduction of a 'user pays' approach has resulted in "reduced access for refugees with little money" [which, by definition, accounts for most refugees] (Statistics New Zealand, 1997, p.150). Problems of accessibility and the appropriateness of English as a Second Language (ESL) courses have been identified by Crosland (1991) who found that domestic demands, the formality of classes and transport act as deterrents for women of a non-Western background. Voluntary, and free of charge to the user, the English for Speakers of Other Languages (ESOL) Home Tutor Scheme was developed to provide English language support, as well as friendship and personal support. Providing weekly tutoring in the learner's home, the scheme has been criticised by Gubbay and Cogill (1988) for its use of unskilled teachers. Initial help with basic English and ongoing assistance with homework in specific subject areas is available to refugee students studying at secondary and tertiary levels through the Volunteer Tutor Scheme run by the School of Refugee Education (Department of Labour, 1994).

Refugee Health Services

Apart from the comprehensive medical screening of quota refugees on arrival at the Mangere Resettlement Health Centre, thus far the government has shown little willingness to establish and fund services catering for the long term, specialised mental health care needs of refugees. Instead, voluntary organisations have set up certain services for refugees, all of them in Auckland. These are: the Auckland Refugee Health Centre, run by a team of multi-disciplinary health professionals on a largely voluntary basis, providing free medical care, counselling and advice to refugees; Groves Hostel for asylum seekers located in Sandringham and run by the Auckland Refugee Council; and the Refugees as Survivors Centre (RAS) administered by the Mental Health Foundation (see below). Outside of Auckland, there are no specialised or dedicated health services for refugees, although in Wellington the Newtown Union Health Centre has developed an interest in caring for refugees.

The fragmented nature of the New Zealand refugee health service is evident in the way different categories of refugees receive a different health care service on their arrival in New Zealand. As mentioned above, those arriving under the quota scheme are routinely screened through the medical clinic at the Mangere Refugee Reception Centre. This service is not available to non-mandated refugees: the asylum seekers and those entering the country under the family reunification provisions. Upon their arrival, and following filing of an application for refugee status, asylum seekers are sent to the Groves Hostel from where they are referred to the Auckland Healthcare for medical screening and the Auckland Refugee Health Centre for follow-up. Both the asylum seekers and those who had come under family reunification are screened for infectious diseases at Green Lane Hospital. Although not mandatory, compliance among asylum seekers is generally good as they often perceive compliance as enhancing their chances of being granted refugee status. On the other hand, those who suspect that they may have a medical condition and fearing that it could prejudice their application, may not present for screening hence placing themselves and the community at risk. By the time they present for treatment, they are often very sick (personal communication, Dr Rasalingam,). Nevertheless, asylum seekers are issued with a

Community Services Card on arrival, and while their application for refugee status is being considered, they, like those who had come under the family reunification scheme, are eligible to receive health services normally available to all New Zealanders.

On the basis of a review of the local and overseas literature and extensive consultation with representatives of refugee communities residing in Auckland, providers of health care to refugees, and representatives of other agencies and services who are involved in the provision of assistance to refugees, the report of the Deloitte Ross Tohmatsu Management Consultancy (1991) identified major deficiencies in the New Zealand health system for refugees. Based on the number of refugees in the country, the number of annual refugee arrivals, the migration factors that make refugees a comparatively needy group, and by relatively few refugees presenting for treatment, the report concluded that the health needs of refugees were not being met. A poor understanding of the New Zealand system, fear of authority, cultural inappropriateness, language barriers and the resulting untreated problems were identified as factors reducing the likelihood of refugees presenting for services. Appropriateness, rather than availability, was identified as the key issue.

Despite evidence that pre-migration, migration and post-migration factors increase the risk of mental illness among refugees, and recommendations that health clearance programmes and resettlement follow-ups must be tailored to meet the health care and cultural needs of specific groups of refugees, there is no systematic mental health screening and necessary follow-up of refugees arriving in New Zealand (Solomon, 1993). Since many mental health services do not record refugee statistics specifically and those that do state that refugee numbers presenting for assistance are very small, little data is available on the mental health status of refugees in New Zealand (Deloitte Ross Tohmatsu, 1991). The need for a mental health screening programme, and the establishment of a service for the treatment of trauma/torture victims employing health workers with appropriate language, cultural and professional skills, was identified. The issue of adequate resourcing which would enable the service to provide lengthy therapeutic contact was raised².

The need for a more integrated approach to refugee health was highlighted by the reported inability of services to adequately provide for the refugees arriving from Bosnia (Working Party on Refugee Health Issues, 1993). Although the national facilities for medical health screening are established at the Mangere Refugee Resettlement Centre and the cost has been charged against national funds, the funding of specialist refugee needs and services in other centres of the country, has yet to be realised. Solomon (1993) noted that such cost shifting and inadequate resourcing would result in increased downstream costs. Measures were required to limit these costs.

More recently some of the deficiencies identified in the earlier reports have been remedied, in part by the setting up of a specialised refugee health centre in Auckland. Established in February 1995, the Refugees As Survivors Centre (RAS) is managed by the Mental Health Foundation and funded by the Northern Regional Health Authority (North Health, subsequently reorganised as the Transitional Health Authority, and most recently, the Health Funding Authority). According to the Centre's 1996 annual report, financial assistance was also provided by the ASB Community Trust.

Located in a building owned by the Red Cross, the RAS Centre provides a confidential and free service to all refugee ethnic groups in Northland and Auckland. Its key aims are to establish a specialised service for the survivors of torture and trauma, to develop a centre of expertise in refugee mental health, and to provide education and training (RAS information brochure). In its first year of operation, the Centre received 140 referrals, 135 of whom were seen and five were pending. Twenty-seven countries of origin were represented, 80 (59 percent) came from only five countries: Iraq (20); Somalia (20); Iran (16); Bosnia (14)³; and Ethiopia (10). Of those referred 76 (56 percent) were male and 59 (44 percent) female. Thirty-six (27 percent) were 17-25 years of age with a further 74 (55 percent) aged 26-40 indicating that 82 percent of those presenting were in the 17-40 age group. Forty-two (31 percent) were asylum seekers. Referrals came from a wide range (14) of sources, including the Mangere Resettlement Health Centre, General Practitioners and sponsors. Other sources of referral were lawyers, Workbridge, Peoples Centre, family, self-referrals, school counsellors, a public health nurse, other community agencies, Crisis

Teams, an immigration consultant and private psychiatric clinics. Post Traumatic Stress Disorder, depression, depressive mood states, anxiety/stress, sleep disorders, distressed mental states, psychosis, and behavioural issues (children) were the reasons for the referrals (RAS Centre, 1996).

Until relatively recently, New Zealand refugee resettlement policy, like the general immigration policy, has been highly selective. Nevertheless, over more than 50 years, New Zealand has accepted more than 20,000 refugees and displaced people from a variety of trouble spots around the world representing a variety of languages, cultures, religions, levels of education and skills. Although the numbers of refugees accepted for resettlement appears relatively low, New Zealand is one of the few countries that has an annual quota system with a per capita level of acceptance among the highest in the world. While the refugee resettlement quota reflects New Zealand's humanitarian obligations, deficiencies in its resettlement policy have been identified. The deficiencies revolve mainly around the issues of government involvement after the refugees' arrival in the country. A heavy reliance by the government on the voluntary sector to meet the needs and to successfully resettle refugees, the lack of an integrated policy and service provision on a national level, and the under-resourcing of RMS, the key refugee resettlement agency in this country, are all matters of concern. The next chapter deals with the history of the origin region of the refugees that are the focus of this thesis, Bosnia-Herzegovina.

¹ Including FBC, ESR, VDRL, Hepatitis B Antigen, haemoglobinopathy, and rubella titre for women in childbearing age.

² National Conference on Refugee Mental Health, 1988 (in Abbott, 1989), Deloitte Ross Tohmatsu Management Consultancy (1991), Solomon (1993), and the Working Party on Refugee Health Issues in a submission to the Public Health Commission (1993).

³ Three other referrals had origins in former Yugoslavia - one each from Croatia, Macedonia and Serbia.

CHAPTER 4:

HISTORY OF BOSNIA-HERZEGOVINA

Balkan history is a rich tapestry of culture and politics. In order to gain a better understanding of the war in Bosnia-Herzegovina, it is important to separate as far as possible myth from facts, and examine the past in relation to recent political events. The aim of this chapter is to provide a brief overview of Bosnia's history including: the migration of Slavs into present-day Bosnia in the sixth and seventh centuries; Bosnia-Herzegovina under the Ottoman Empire (1463-1878); under the Austro-Hungarian Empire (1879-1918); within the Kingdom of Serbs, Croats and Slovenes (1918-1929); within Yugoslavia (1929-1941); and finally within Socialist Federal Republic of Yugoslavia (1945-1991). It is necessary to make clear from the outset that Bosnian Muslims are neither Turkish nor Albanian¹ in origin. Like Bosnia's Croats and Serbs, they are Slavs, none more or less European than the other.

Early History of Bosnia

Bosnian people are descendants of Slavs who migrated into the Balkans in the sixth and seventh century AD. Those who settled in Bosnia likely preceded the Slavs who migrated into what is now Croatia and Serbia (Vesilind, 1996). As descendants of the original Slavs, Bosnian Muslims are not recent, nor indeed relatively recent, arrivals to that area. Reiff (1995, p.47) notes that "these Muslims had not immigrated to the region but rather they had been converted, though not from Orthodox Christianity but from Bogomilism". Bogomilism, or Patarenes, was a medieval Catholic heretical sect that is said to have flourished both in Bosnia proper and along the Dalmatian coast and the Herzegovinian littoral between the tenth and fifteenth centuries. Now extinct, evidence that Bogomils had existed remains in the form of their distinctive burial stones (see Plate 7).

The explanation for Bogomil conversion and its eventual demise lies in it having been regarded as a heretical movement against orthodox Christianity, Greek and Roman alike. Facing hostility and persecution from the crusading orthodox Christian armies, Bogomils turned to the Islamic Ottoman Empire for protection. The Ottoman armies conquered Serbia in 1453 and moved into Bosnia a decade later. Thus most Bogomils progressively took on the Islamic religion of ~~the~~ their eastern conquerors, turning away from Christianity in the process. Some Bogomils also converted to Roman Catholicism, others to Eastern Orthodoxy.

Bosnia-Herzegovina² Under the Ottoman Empire (1463-1878)

The Ottoman Empire was a centralised institution in which the Sultan owned vast holdings of land. The converted Bosnians were integrated into this disciplined feudal system as landowners/land managers, bureaucratic administrators and merchants. Under the system, impressive mosques, libraries and schools were built, and detailed records of demography, property ownership and affairs of the state were kept. Some of the converted Muslims were also sent to manage Turkish interests in other parts of the empire (Vulliamy, 1994)³.

The incentive to convert to Islam came in the form of tax breaks offered to Muslim landowners. Providing they fulfilled their burdensome financial obligations to their overlords, the Bosnian Christians (Catholic and Orthodox) were by and large left to worship freely. Nevertheless, the Christian peasantry came firmly under the control of the Muslim Bosnian middle and upper classes giving rise to resentment and hostilities culminating in Croatian and Serbian nationalism during the last decades of the Ottoman rule. Nation-states centred on common ethnicities and religions thus began to emerge in the Balkans in the mid-nineteenth century (Vulliamy, 1994). In Bosnia, if one was Catholic, the tendency was to assume that he or she was a Croat, or if one was Eastern Orthodox, the tendency was to assume that he or she was a Serb. This was the first time

the labels Croat and Serb were used in Bosnia (Vesilind, 1996). These issues were to prove pivotal in the war of 1992.

Bosnia Under the Austro-Hungarian Empire (1878-1918)

In 1878, Bosnia-Herzegovina was occupied by Austria's Hapsburgs who were anxious to prevent Serbia and Russia from making excessive gains from the imminent collapse of the Ottoman Empire. Muslim and Serbian resistance was overcome and the territory annexed thirty years later (Vulliamy, 1994). Serbs remained defiant with fighting breaking out against Austria to the west and Bulgaria to the east. Within four years of Austria's annexation of Bosnia, the Balkans erupted into conflict resulting in the first of the two Balkan Wars. Following the Balkan Wars, which had been fought over the division of the spoils of the Ottoman empire, a network of alliances came into play pitting Imperial Germany and Imperial Austro-Hungary on the one side, and against France, Britain, Serbia and Russia on the other. Determined to oust the newly installed Austrian colonial power, the infamous assassination of the Austrian Archduke Ferdinand by a Serb nationalist in Sarajevo in 1914 ignited a well-primed and tense situation triggering World War I.

Bosnia in the Evolving Modern Yugoslavia

In the wake of World War I and the Hapsburgs' defeat, a united southern Slav state came into being with the support of the British and the French. It was named the Kingdom of Serbs, Croats and Slovenes, governed by a Serbian King and characterised by Serbian supremacy. Excluded from the very title of the Kingdom, the Bosnians had no status. The loyal Ottoman province was dismembered with Muslims ending up as a minority in each administrative district. The Kingdom was renamed Yugoslavia in 1929 but collapsed in World War II because of tensions between Serbs and Croats. Germany took full advantage of the situation. When Serbia's crown prince Paul, the regent of

Yugoslavia, seemed ready to sign a non-aggression pact with Nazi Germany, Serb military officers, partly at the instigation of the British, overthrew him in a coup. After the conquest of the republic in a 1941 *blitzkrieg*, Hitler installed a puppet regime in Belgrade and made a triumphant visit to Zagreb, the capital of Croatia, where he endorsed the fascist Ustasha regime.

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At the start of World War II, the Allies backed the Serb Royalist forces, known as Chetniks, against the Axis powers. By 1943, Winston Churchill, the British Prime Minister, concluded that the Chetniks were collaborating with Axis powers. From then Churchill threw his support behind the communist partisan forces headed by Josip Broz Tito, believing that Tito was more active in resisting the Germans (Gutman, 1993). In the war, some 1.7 million Yugoslavs died - many in a struggle between the multi-ethnic, communist-led partisans, members of Croatia's Nazi-allied Ustashe movement, and the royalist Chetniks who wanted to restore the Serbian monarchy (Vesilind, 1996).

Gutman (1993) notes that with courage, charisma and cunning, Tito united Serbs, Croats, Slovenes, Muslims and others to defeat the German occupiers and in 1945, created a postwar Yugoslavia under communist rule. In the wake of the communist victory, the status of Bosnia within the new Yugoslavia remained ambiguous. Vulliamy (1994) notes that various options were considered, including its incorporation into Serbia or Croatia, partition, or return to the pre-royalist frontiers of a federated Bosnia. The latter was ruled as appropriate by Tito with Bosnia being neither Serbian, Croatian nor Muslim but Serbian, Croatian and Muslim. The communist Yugoslavia was to have six republics: Bosnia-Herzegovina, Croatia, Macedonia, Montenegro, Serbia and Slovenia. As well there were two autonomous provinces in Serbia: Kosovo in the south (inhabited mainly by ethnic Albanians) and Vojvodina in the north (inhabited by ethnic Hungarians and a mixture of other ethnic groups - see Plate 3). Under communist rule, each nationality was to live with full national rights (Gutman, 1993).

According to Vulliamy (1994, p.38) Titoism was more a technique than an ideology which involved the performance of 'political acrobatics' made all the more difficult by

the fact that the borders of the Yugoslav republics did not coincide with 'tribal' ones - those of the *narod*.⁴ Tito managed to keep the lid on ethnic squabbles and the 'bricks and mortar' of Yugoslavia through the mechanism of the omnipresent Communist Party, the secret police apparatus, and stubborn neutrality in the environment of the Cold War. Strategically located between the east and west power blocks, Tito's Yugoslavia evolved into the world's freest and perhaps most prosperous of the post-war communist regimes attracting billions of dollars in credits from the west (Gutman, 1993).

In the socialist republic of Bosnia-Herzegovina, the Serbs came to dominate the party system and Muslims who, although the largest ethnic group⁵, were still a 'national minority'. Even so, the federal apparatus shielded Muslims from the claims of Serbs and Croats alike. In 1964, the status imbalance was rectified when Tito declared the Muslims a *narod* as well.

Nevertheless, it has been pointed out that "the internal political and demographic borders were superimposed over and built on a dangerous network of [ethnic] seismic fault lines" (Vulliamy 1994, p.38). Gutman (1993, p.xxi) notes that "in hindsight, Tito's greatest failing was that he suppressed national passions and papered over the past". The constitution drawn up by Tito in 1974 assumed that the communists would retain power forever and that the party, backed by the army, could settle all differences. The creation of a collective presidency for the post-Tito era, and the rotation of the top positions among six republics and two Serbian provinces, was intended to address national rivalries (Gutman, 1993). Gutman notes: "the system prevented the emergence of institutions or a truly national leader who would carry on Tito's balancing act. Tito himself had banished from political life some of the ablest of his potential successors. After ousting a generation of Croatian communists who came to power on a wave of Croatian national feeling in 1971, Tito then turned to Serbia, and for the sake of even-handedness, ousted and disgraced a generation of liberal-thinking technocrats. After his death in 1980, politicians, including many of whom had served jail terms for their nationalist writings in the Tito era, won elections by appeals to national identity" (Gutman, 1993, p.xxii).

The Disintegration of the Communist Yugoslavia

In the Western media, President Milosevic of Serbia has been widely reported as the man responsible for the disintegration of former Yugoslavia and the ensuing war. The groundwork is said to have been progressively laid down within Serbia itself with the nationalist demonstration movement⁶ and nationalist rhetoric.

The symbolic turning point in the history of Yugoslavia, as it stood, is said to have been Milosevic's address to several hundred thousand Serbs assembled at Kosovo Polje (the Field of Blackbirds) outside the Kosovar capital of Pristina on 28 June 1989. The occasion was a commemoration of the 600th anniversary of the Battle of Kosovo at which the Serb army had suffered a humiliating defeat at the hands of the advancing Turks. Long considered the 'cradle of the Serb nation', Kosovo and the battle of 1389 has retained its significance in Serb history. Glenny (1992, p.35) notes that the commemoration, a "gross display of Serbianism, in the heart of an area populated largely by Albanians" did not go unnoticed by the rest of Yugoslavia.⁷ Described as 'carefully measured', Milosevic's speech contained some 'unmistakable warnings': "Six centuries [after the Battle of Kosovo Polje], we are again engaged in battles and quarrels. They are not armed battles, but this cannot be excluded yet" (Glenny, 1992, p.35).

Having attained unchallenged a high personal standing in Serbia and in four (Serbia, Vojvodina, Kosovo and Montenegro) and possibly five (Macedonia) out of eight federal votes under his control, Milosevic was well positioned within the federal government to rewrite the constitution enabling Serbia to be pre-eminent (Malcolm, 1994). These developments were viewed with particular concern in Croatia, Slovenia and Bosnia-Herzegovina.

The Serbian government rejected calls for western-style political and economic reform, and proposals to form a loose confederal system to replace a federal Yugoslavia, resulting in a widening rift between the republics. The final straw for Slovenia and

Croatia came on 15 May 1991 when Serbia refused to accept a Croatian as the holder of the automatically rotating federal presidency. Yugoslavia was left without a head of state. With the federal system in a state of paralysis and continuing skirmishes throughout the republic, Croatia held a referendum on May 19, 1991. In the referendum, 92 percent of the electorate voted in favour of full independence. Slovenia had held a similar referendum six months earlier in which 90 percent of the electorate voted, with 89 percent in favour of the republic becoming independent and an autonomous state (Malcolm, 1994). Unlike Croatia, Slovenia had already drafted and passed a new Slovenian constitution giving itself legislative sovereignty and explicitly declaring its right to secede (Malcolm, 1994).

On 25 June 1991, both Croatia and Slovenia declared their independence. Serb leadership felt that it could quickly intimidate the two renegade republics back into line, encouraged in its resolve both by the European Community (which had stated in April that it was committed to the 'unity and territorial integrity of Yugoslavia'), and by America's Secretary of State, James Baker (who had made a similar pledge in Belgrade only five days earlier). The next morning, a column of federal army tanks entered Slovenia. However, having secretly organised its defenses in the preceding two years, Slovenia mounted a well-planned resistance and after a relatively low-key conflict⁸ with the Yugoslav Peoples' Army (JNA), Slovenia soon dropped from the latter's strategic plan (Malcolm, 1994; Vulliamy, 1994; Serrill, 1991).

Croatia, unlike Slovenia, was not prepared for war. Its position was rendered much more difficult by its geography, the greater ethnic mix of the population, and the international arms embargo imposed on the whole of Yugoslavia, an embargo which, however, had no impact on the military capacity of the JNA. Furthermore, the tactics employed by the Serbs in Croatia were also different to those used in Slovenia. Malcolm (1994) notes that a two-track policy was employed: general military intimidation directed at Croatia as a whole, and at the same time, a consolidation of the pockets of Serb-populated areas which were already controlled by armed Serbs. Concerned that they would lose their cultural identity in the new nationalist Croatia, Serbs in the Knin

region of Croatia formed a Serbian Democratic Party (SDS) for the Croatian April 1990 elections. Although it was said to be essentially a local initiative, the party was taken over by an extremist leader who seems to have been in close contact with Belgrade. In defiance of the Croatian Government, a local referendum on autonomy was held in August and, by January 1991, the local Serb leaders were referring to the area as the 'Serb Autonomous Region of the Krajina'. Two months later, armed men from Krajina tried to take over the nearby Plitvice National Park, an important tourist resort in inland Croatia. This act was a direct and deliberate challenge to the Croatian government. A shoot-out with Croatian police occurred and the federal presidency ordered the army to occupy the park to 'restore peace' (Malcolm, 1994).

The carving up of Croatian territory, which had began a year before the Croatian declaration of independence, relied heavily on the allegation that Serbs in Croatia were threatened by an 'Ustasha' regime (modelled after the fascist regime during the Second World War). Every action taken by the Croatian government was presented as an act of Ustasha terror (Malcolm, 1994). At the same time, any concerns that Serbian communities in Croatia may have had, had not been alleviated. In fact, Fedarko (August 1995, p.23) notes that President Tudjman managed to achieve the opposite effect, by "tolerating and at times even encouraging his government's enthusiasm for reviving the fascist and anti-Serb slogans that had once been the signature of the dreaded Ustashes". When Croatian Serb communities rebelled, Croats began pushing Serb civilians from their jobs and communities.

Malcolm (1994) notes that the tactics employed by the Serb forces in Croatia were significant, as they constituted the blueprint for what was later to occur in Bosnia-Herzegovina. The techniques were: non-stop bombardment of misinformation and fear-mongering through media and local politicians in order to 'radicalise' the Serb population; stage an incident to invite a crackdown or reprisal, then distribute arms to the inhabitants telling them that the authorities were planning to attack them. When the armed police arrived, a gun battle would ensue and the previously uncommitted residents would side with the insurgents; create a violent incident and then request the

army to intervene in an impartial role when it was evident that the army with its Serb-dominated officer corps were acting on behalf of the Serb government in Belgrade (Malcolm, 1994). The first recorded atrocity took place on 2 May 1991 at Borovo Selo near Vukovar in eastern Slavonia when twelve Croat policemen and three Serb civilians had been shot dead. Many Croats believed that this incident marked the beginning of the war (Glenny, 1992). By late August 1991, the situation had escalated to the point of full-scale war: Slavonian towns (Osijek, Vukovar and Vinkovci) were being attacked, and in September, the bombardment of Dubrovnik began (see Plate 1).

The Serbs who organised the revolt in Croatia came from very specific communities: from around Knin and from Serb communities which were resettled into former German villages in eastern Slavonia after World War II (see Plate 1). The majority were relatively recent settlers, or *dosljaci* as they were called, and unlike Serbs elsewhere in Croatia, had no tradition of political cooperation with the Croats. Virtually none of the instigators of the revolt came from Croatia's urban Serb population or the more-established communities, the so-called *starosedeoci*, who had lived alongside Croats for generations. Bennett notes that in many parts of Croatia, Serbs and Croats managed to remain on good terms despite the conflict raging around them (Glenny, 1992; Bennett, 1995).

Another ominous feature of the fighting in Croatia that foreshadowed the war in Bosnia-Herzegovina, was the use of the Serbian irregular forces who were determined to permanently shatter the bonds between communities. These small paramilitary units,⁹ organised in Serbia, were operating in the Serb-held regions of Croatia since 1990 with the knowledge of, and in conjunction with, the Serb government and the JNA (Malcolm, 1994; McGeary, May 1996). In September 1991, one commentator noted that "the strategy seems to be to link up various pockets of Serbian settlement by driving out the Croats in between through terror and intimidation" (quoted in Malcolm 1994, p.226). The destruction of Croat homes and cultural monuments ensured that those driven out, could not return.

Particularly active in eastern Slavonia and later around major Serb enclaves in Croatia was a paramilitary group led by Zeljko Raznatovic, better known as 'Arkan', hence the name Arkanovci (Arkan's men). Initially the unit was known as the 'Serbian Volunteer Guard', set up and financed by the Ministry of the Interior in Belgrade. Later, when it became known as 'Arkan's Tigers', it was not only self-financing but also highly profitable. McGeary (May, 1996, p.36) notes that Arkan was in it for the money and since the paramilitaries from Serbia were paid mainly in what they could steal, theft provoked many atrocities. No one is said to have profited more from the atrocities than Raznatovic himself, who reportedly had a price list for 'liberating' a town. Looted goods by truckloads were reported to have been sent back from Croatian towns and villages (Malcolm, 1994). Other well known Serb paramilitary units were the 'Grey Wolves' led by Slobodan Miljkovic, known as 'Lugar' (the Gamekeeper), 'Chetniks' led by Vojislav Seselj¹⁰, and 'White Eagles' led by Dragoslav Bokan (McGeary, May 1996).

Bennett (1995) notes that the fanatics were by no means confined to the Serb side. Croat extremists, like their Serb counterparts, were essentially outsiders who did not belong to the established communities which had lived alongside Serbs for centuries. A few are said to have been *dosljaci* who had migrated from Herzegovina to eastern Slavonia since World War II, while most were emigres returning from abroad.¹¹ Bennett notes that Croat emigres were a particularly insidious influence since they had not learned the same respect for the cultures of all Yugoslavia's nations as other Yugoslavs had, and did not have to live with the consequences of their actions - if the worst came to worst, they could always return to wherever they had come from. Nevertheless, due to a lack of weapons, Croat extremists, unlike their Serb counterparts, were not in a position to cause much damage.

As the repeated diplomatic attempts failed, including that of the Peace Conference on Yugoslavia in the Hague, and as fighting in Croatia escalated, a rift emerged within the European Community. On the one hand, countries like Germany believed the way to end the war was to stand up to Serbia, while on the other, countries like Britain preferred to stay out of the conflict and consider all sides equally guilty, irrespective of evidence to

the contrary. Since Germany was unable to deploy troops in Yugoslavia for constitutional reasons, the most Germany could offer Croatia was international recognition. That rapidly became the principal goal of German diplomacy (Bennett, 1995). At Germany's insistence, the European Community finally agreed in mid-December 1991 to recognise the independence of Croatia and Slovenia. In order to maintain a united front, the European Community agreed that recognition would not occur before 15 January 1992 and established a five-member judicial commission, headed by the French constitutional lawyer Robert Badinter, to consider applications from any Yugoslav republic seeking independence. After six months of war, the loss of some 25,000 lives and roughly a quarter of its territory, the war in Croatia ended. However, while the recognition helped bring the war to an end in Croatia, that recognition was to impact heavily and negatively on Bosnia-Herzegovina.

The Bosnian Question

While all six Yugoslav republics contained more than one nationality, a single nationality nevertheless formed an absolute majority in all but one of the six republics, with minority populations concentrated in specific areas. Bosnia-Herzegovina was an exception to this pattern. Not only was Bosnia-Herzegovina far more ethnically mixed than the rest of Yugoslavia, but no nationality formed an absolute majority nor were ethnicities locally concentrated. Rather, all three main ethnicities were distributed reasonably evenly throughout the republic. Bennett (1995) points out that Bosnia-Herzegovina could not fragment neatly along ethnic lines because there were no ethnic lines to fragment along. Dividing Bosnia-Herzegovina into ethnic territories would require massive population transfers and could only be achieved at a very high and unjustifiable social cost. The price demanded of ordinary Bosnians that would have enabled them to live together in peace was a relatively small one and had it been left to Bosnians themselves, the majority would have been happy to pay it. However as both Bennett (1995) and Malcolm (1994) point out, it was not left up to the Bosnians: "the majority were happy

to pay that contribution. A minority, acting under the direction of a neighbouring state, were not; and they had the guns" (Malcolm, 1994, p.235).

Historically, both Croats and Serbs shared the ambition to carve up Bosnia. In March 1991, President Tudjman proposed the division of Bosnia-Herzegovina as a way of avoiding conflict between Croats and Serbs. While totally at odds over Croatia, Tudjman and Milosevic met several times that year to discuss the partition of Bosnia-Herzegovina between them. The agreed lines of division correlated almost exactly with the frontiers of the 1939 Banovina Plan¹² (Vulliamy, 1994).

As far back as 1989, Serbian secret police and nationalist agitators began stirring up Serb communities in Bosnia-Herzegovina. The tactics used were identical to those employed in Croatia. Even before the elections Serb proxies, the Serbian Democratic Party¹³, had established two Serb *krajinas*¹⁴ within Bosnia-Herzegovina which rejected Sarajevo's authority. A Serb National Council was set up in Banja Luka¹⁵ while Belgrade was systematically arming the Serb population. By November 1991, six *krajinas* had been established across Bosnia-Herzegovina in all the regions that Serb nationalists claimed as part of Greater Serbia, each with its own Serb administration (Bennett, 1995). Important communications centres in Bosnia had been occupied by JNA in the autumn of 1991 and heavy artillery positions were constructed around major Bosnian towns, including Sarajevo, in the winter of 1991/2. As the fighting wound down in Croatia in January and February 1992, columns of federal army tanks and artillery were withdrawn into Bosnia, increasing the JNA presence there. At the same time, and in an apparent attempt to assure the army commanders of his government's peaceful intentions, President Izetbegovic allowed the JNA to disarm Bosnia-Herzegovina defence forces in the same way as it had disarmed those in Slovenia and Croatia six months earlier (Malcolm, 1994). As a result, the Serbian Democratic Party leadership, which openly consorted with Milosevic and Seselj (the Chetnik leader), was able to act with impunity, secure in the knowledge that it was the only political party in Bosnia with its own army and that, in the event of war, it would be supported by the JNA (Bennett, 1995).

Since Bosnia's Government was a coalition of all three leading parties,¹⁶ including the SDS, Karadzic could and reportedly did sabotage its operations, making sure there was no progress towards a negotiated compromise, while instilling fears in ordinary Serbs with images of an Islamic fundamentalist dictatorship (Bennett, 1995). While the Bosnian Serb military capability increased, the only tactics open to the militarily weaker Bosnian Muslim and Croat leaders were those of appeasement.

Secession

The prospect of Slovenia and Croatia leaving the Yugoslav federation was always deeply alarming to most Bosnians since they, together with another weak republic, Macedonia, would remain entirely under Serbia's control (Malcolm, 1994). Izetbegovic feared that the consequences of Yugoslavia's disintegration would be catastrophic to Bosnia and appeared prepared to agree to anything which would keep the country intact. He is said to have gone to considerable lengths to remain neutral during the war in Croatia so as not to provoke SDS or enrage Serbia (Bennett, 1995).

Yugoslavia's disintegration put Bosnia-Herzegovina in an extremely awkward position for only within some form of a Yugoslav entity could all three of its constituent peoples feel truly secure. Izetbegovic hoped to avoid the issue by putting his faith in the international community and accepting whatever it decided the republic's future should be. Grasping this situation, and with the independence of Croatia and Slovenia about to be recognised, in October 1991, the European Community Conference on Yugoslavia invited applications for independence from both Bosnia-Herzegovina and Macedonia (Malcolm, 1994). Since neither Bosnian Muslims nor Bosnian Croats, like Croats and Slovenes before them, would accept becoming a minority within a Greater Serbia, the Croatian Democratic Union (HDZ) and the Muslim party for Democratic Action (SDA), as well as the republic's minor parties, opted for independence (Bennett, 1995). Despite Karadzic's threats, Bosnia-Herzegovina, like Macedonia, applied to the Badinter

Commission for recognition before the European Community-imposed December 20 deadline. While the Commission recommended that Macedonia be recognised in addition to Croatia and Slovenia, Bosnia-Herzegovina was deemed more complex and the Commission decided that a referendum should be carried out to assess public opinion before considering the matter further (Malcolm, 1994; Bennett, 1995).

The Slide Into War

In the meantime, in November 1991, a month after the European Community Conference on Yugoslavia invited applications for independence from Bosnia-Herzegovina, the SDS announced the formation of a Serb republic within Bosnia-Herzegovina, after an exclusively Serb referendum within the six Bosnian *krajin*as. The new republic was intended to have all the trappings of an independent state with its own government and currency. However, as Bennett (1995) points out, the republic also contained a large non-Serb population, and its six entities were separated from one another by territories populated by Croats and Muslims. The creation of the Serb republic and ultimatums to Bosnian Croats and Muslims to either join with Serbia in a rump Yugoslavia¹⁷ or face destruction, effectively destroyed Bosnia-Herzegovina, more than four months before the war broke out (Bennett, 1995).

Izetbegovic hoped that by complying with everything the European Community asked for, the Community would not stand by and allow Serbs to destroy Bosnia-Herzegovina (Bennett, 1995). Since the Badinter Commission wanted a referendum in Bosnia-Herzegovina, the Bosnian Government duly organised one for 28 February and 1 March 1992. On the ballot-paper, it was asked: "are you in favour of a sovereign and independent Bosnia-Herzegovina, a state of equal citizens and nations of Muslims, Serbs, Croats and others who live in it" (quoted in Malcolm, 1994). The result was 99.5 percent support for independence. However, the SDS rejected the referendum in advance and ensured that Serbs boycotted it.¹⁸ Consequently, only 64.7 percent of Bosnia-Herzegovina's total population, including many thousands of Serbs in the major

cities, turned out to vote. Before the results came through, a Serb attending a wedding in Sarajevo was shot dead by unidentified assassins¹⁹ and within the hour, masked Serb gunmen erected barricades around the capital and elsewhere. For some twenty-four hours, it appeared as if the military takeover of Bosnia had begun but as thousands of Sarajevans came out onto the streets to demonstrate, the coup appeared to have been aborted (Nelan, December 1995; Malcolm, 1994; Bennett, 1995).

During March 1992, the number of armed incidents progressively increased yet full-scale war did not break out, since it remained difficult to shatter bonds between communities which had lived side by side for centuries. Bennett (1995) notes that for that to occur, outsiders were required. As in Croatia, the principal instigators of violence belonged to Serb extremist organisations, especially the Arkanovci. War erupted on 2 April 1992 as Arkanovci raided Bjeljina a small town on the Serbian border, claiming that they were preventing a massacre of Serbs, killing several dozen Muslims in the process (see Plates 1 and 9). Three days later, 5 April 1992, Serb gunmen fired indiscriminately from the top of the Holiday Inn Hotel in Sarajevo at anti-war demonstrators who had gathered to profess their commitment to a multinational Bosnia-Herzegovina and that evening, Serb heavy artillery began its bombardment of Sarajevo. The war having started, and with the policy of non-recognition having manifestly failed, the next day the European Community and the United States finally recognised Bosnia-Herzegovina as an independent state, only to stand by as Serb forces and the JNA laid waste to the new country (Bennett, 1995).

Conclusion

The major conclusion of this chapter is that Bosnian Muslims are the descendants of the original Slavs who assumed the Muslim name and cultural characteristics through conversion from Bogomilism (Catholic sect) to Islam in response to hostility and persecution from Orthodox Christianity. Some of their kin also converted to Roman Catholicism while others to Eastern Orthodoxy. The alignment of religious identity with

nationality came in the wake of nineteenth century European nationalism. In Bosnia, as in the rest of former Yugoslavia, the *narods* shared a common language and co-existed in relative harmony, indicated by the mixed population and a high rate of intermarriage. Decades of secular education, communist political culture, and growing urbanisation all served to further blur the differences between the peoples. In the wake of the collapse of communism, the differences were again evoked, and in a highly charged political climate, used to create divisions where historically no such divisions had existed. The instigators of sporadic violence to create rifts were largely outsiders, emigres and others who had not lived in the same communities as *narods* now being identified as enemy.

¹ Predominantly Muslim by religion, the Albanians are descents of the Illyrians, an Indo-European people who settled on the Balkan Peninsula during the first millennium BC. Displaced by Slavs who entered the Balkans during the sixth century AD, Albanians settled in the south what is present-day Albania and province of Kosovo. Granted independence from Austro-Hungary in 1912, the northern province of Kosovo was overrun by Serbia and, in 1913, awarded to Serbia by the Great Powers. As a result, more than half a million Albanians were incorporated into Serbia and later Yugoslavia (Pano, 1968).

² Herzegovina refers to the southern region of Bosnia that in the fifteenth century attained a brief period of autonomy under a 'herceg' (duke).

³ Ed Vulliamy is a journalist whose coverage of the war in former Yugoslavia won him *Granada's* Foreign Correspondent of the Year Award for 1992, plus other special prizes in the British Press Awards and from Amnesty International. His accounts are published in *Seasons in Hell* (1994).

⁴ This is the Slavonic word for 'people' meaning both 'people' and 'nation' at the same time. From the royalist period, Tito inherited three *narods* (Serbs, Croats and Slovenes) to which he added Montenegrins and Macedonians. A number of 'national minorities' such as Muslims in Bosnia, Hungarians in Vojvodina and Albanians in Kosovo (not considered as *narods*) were recognised and granted certain rights.

⁵ According to the census which was carried out in April 1991, 43.6 percent of the Bosnia-Herzegovina's 4,354,911.3 population declared themselves Muslim, 31.3 percent Serb, 17.3 percent Croat and 5.2 percent Yugoslav (Bennett, 1995, p.180).

⁶ A government organised movement designed to intimidate the non-Serb peoples of Yugoslavia, instil among Serbs the idea that their fellow Serbs were being widely discriminated against, and to underline Milosevic's determination to mark his territory as the undisputed master of post-Titoist Yugoslavia. Unemployed young men were paid to travel around Serbia, Kosovo and Vojvodina to participate in these rallies. Firms were also encouraged to provide financial support. The climax of the demonstration movement was the rally at the Battle of Kosovo (Glenny, 1992).

⁷ This has also been reported by Nelan, December 1995; Prager, 1995; and Calabresi, February 1997).

⁸ In total, eight Slovene and 39 JNA troops died, 111 Slovene and 163 JNA troops were wounded, and more than 2,500 JNA conscripts were taken prisoner (Bennett, 1995).

⁹ Paramilitary units were the primary instigators of violence. Generally young, unemployed with little education and bleak prospects in the struggling economy, many were part of President Milosevic's demonstration movement (Bennett, 1995).

¹⁰ Also a leader of the extreme nationalist 'Serbian Radical Party' elected to the Serbian parliament in July 1991 (Malcolm, 1994).

¹¹ In particular, the returning emigres came from the United States, Canada, Australia and Western Europe.

¹² The Banovina Plan proposed reorganisation of the kingdom's internal boundaries, drawn in 1939, resulting from pressure brought about by Croatian nationalists. This was never implemented because of the intervening events of World War II.

¹³ Serbian Democratic Party, one of three leading parties in the government coalition.

¹⁴ A border area, an outpost.

¹⁵ Banja Luka is a second largest city in Bosnia and one that has a Serb majority population.

¹⁶ Bosnia's coalition Government was made up of the Muslim Party for Democratic Action (SDA), Serbian Democratic Party (SDS) and Croatian Democratic Union (HDZ). Elected in the November 1990 elections in which 75 percent of those who voted, did so for nationalist parties. According to Bennett (1995), the voters opted for security within their own ethnic groups rather the destruction of their homeland.

¹⁷ A new federal state of Yugoslavia, consisting of Serbia and Montenegro only, was announced on 27 April 1992 (Malcolm, 1994).

¹⁸ The SDS forbade Serbs to vote in the referendum and erected roadblocks to prevent ballot boxes entering the areas of Bosnia it controlled. Federal army planes dropped leaflets supporting the boycott, thereby dispelling the notion of JNA's impartiality (Malcolm, 1994).

¹⁹ The assassins were reported to be two young Muslims. The killing, which appeared to have arisen from a sudden flare-up of tempers with no premeditation, was taken as an excuse to denounce Muslim 'terrorism' (in Malcolm, 1994).

CHAPTER 5:

THE WAR IN BOSNIA-HERZEGOVINA - THE LARGE PICTURE

Introduction

The truth, it is said, is usually the first casualty in a war. While this almost certainly is true of the war in Bosnia-Herzegovina, the issue demands closer examination. Bennett (1995) notes that despite several years' coverage and media saturation of the Yugoslav wars, the understanding of the conflict among the general public was generally poor. This, he says, was for several reasons: partly because Yugoslav affairs were complex and as such did not translate easily via journalism; partly because issues had been obscured and distorted by propaganda; and partly because of a deliberate campaign by Western commentators and statesmen to confuse the issue, attempting to justify their policy of inaction irrespective of what had happened in the former Yugoslavia. According to Bennett, from the beginning the major powers seemed to have devoted more time to developing the case against military intervention than analysing the conflict, and devoted more energy to finding scapegoats for their own diplomatic failures than attempting to halt the war. These scapegoats were those republics which chose to depart from the federation after having exhausted the negotiation process. The persistent attempts to deem all sides of the conflict equally guilty¹ in effect pinned the blame for the war even on the victims of aggression itself (Bennett, 1995).

The material for this chapter is drawn from media reports of the conflict and subsequent publications by political commentators and journalists who covered the war. These sources provide the most comprehensive coverage of the war as well as the greatest sense of immediacy of the conflict that took place between 1990-1994. The material is grouped around the issues of myths and reality, the actual causes of the war in Bosnia-Herzegovina, nepotism and the part played by the international community, and the significant role played by the international media. The political and military overview, as well as the cost and consequence of the war are presented.

Myths and the Reality

The conflict has variously been described as a civil war, a religious war, and as a peculiarly Balkan phenomenon inherent in Balkan peoples who are each as bad as the other. This last perception has been attributed to ancient and irrational animosities that could not be understood, much less resolved, by intervention from the outside. Bennett (1995) notes that statesmen and diplomats have generally chosen to interpret the war in this way. He argues that though superficially compelling, the 'ancient hatreds thesis' neither does justice to the peoples of the former Yugoslavia nor does it stand up to serious examination.

While there may have been some hatred in the former Yugoslavia, it was neither widespread, ancient nor irrational. It is only this century, since the creation of the Kingdom of Serbs, Croats and Slovenes in 1918, that the south Slavs have had sufficient dealings with each other to be able to fall out and come into conflict. The wars fought in the Balkans in past centuries were not fought among the south Slavs, but between and against the multinational empires of the Hapsburgs and Ottomans, which had controlled the region for some five hundred years. Current animosity is a very recent phenomenon and, as Bennett (1995) points out, reflects the failure of the south Slavs to develop a durable formula for national coexistence in the course of the twentieth century. "It is a hatred bred of fear which is rooted not in history, but in contemporary interpretations of the past and can be dated to the 1980s and the media offensive which accompanied Slobodan Milosevic's rise to power in Serbia" (Bennett, 1995, p.241).

Gutman (1993), too, casts doubt on the notion that the Bosnian conflict was a civil or a religious war. He notes that in Bosnia-Herzegovina, there was no inherent hostility between predominantly Eastern Orthodox local Serbs and Muslims. The capital Sarajevo, with its skyline of minarets, church steeples and synagogues, was a testimony to centuries of civilised multi-ethnic and multi-faith coexistence. The city, like the rest of Bosnia-Herzegovina, was European and westward-orientated. Secular and religious tolerance characterised the entire republic. Historically, all three Bosnian peoples had lived in relative harmony and as Malcolm (1994) notes, national animosities within Bosnia-Herzegovina

reached the point of inter-ethnic violence only as a result of pressure coming from outside its borders. Inter-marriage, particularly in the urban areas², had blurred lines between the groups with little attention being paid to ethnic labels. Speaking the same language, Serbo-Croatian, Bosnians preferred to think of themselves collectively as Yugoslavs. Nevertheless, while the towns and cities were largely indifferent to ethnic groups, everyday life in the countryside was one in which Muslims, Serbs and Croats were rather more insular (Vulliamy, 1994).

The media was used by different factions to stir up intergroup distrust. Having travelled widely in Bosnia and having stayed in Muslim, Croat and Serb villages, Malcolm (1994, p.252) notes: "I cannot believe the claim that the country was forever seething with ethnic hatreds. But having watched Radio Television Belgrade in the period 1991-92, I can understand why simple Bosnian Serbs came to believe that they were under threat, from Ustasha hordes, fundamentalist jihads or whatever". Bennett (1995) points out that the propaganda was so intense that ordinary Serbs, particularly the large rural and relatively 'unsophisticated' population, were taken in by it. As the Serbian media generated stories about the imminent slaughter of Serbs in Bosnia-Herzegovina, many lived in genuine fear of Islamic fundamentalism. Malcolm (1995, p.233) observed that "a kind of political psychosis had been created by the Serb and Serbian politicians and media, in which the defence of the rights of the Bosnian Serbs was given such absolute status that people ceased even to wonder whether they were really under attack. Once this psychosis was fully established, the final step to military action was a small one to take". Once that occurred, the claim of an Islamic fundamentalist threat became a self-fulfilling prophecy requiring no further justification.

The alleged threat of Muslim fundamentalism, like that of the 'ancient hatreds thesis', does not stand up to close examination, as the Bosnian Muslims were among the most secularised Muslim populations in the world. The majority of Muslims did not think of themselves as religious believers and only followed some of the practices of Islam as a matter of culture and tradition. Bosnian Muslims saw themselves as secular Europeans first, Muslims second. Women did not wear the chador, men rarely wore a fez or attended

religious services - historically, ethnically and culturally they had little in common with their co-religionists in other parts of the world. Decades of secular education, communist political culture, the growing urbanisation of Bosnia, and ever increasing westernisation of their society have all played their part on the unique character of Bosnia-Herzegovina (Malcolm, 1994). As one Bosnian Muslim put it: "your leaders are talking about maps, Serbs, Croats and Muslims, not Bosnia. And if you insist on thinking of it that way, then I am a Muslim. But I'm not religious, I don't know how to pray, I never went to mosque... my country is Bosnia, with all three peoples in it. I call myself Bosnian, and I know what that means" (Vulliamy, 1994, p.152).

The main Bosnian Muslim party, the Party of Democratic Action (SDA), was founded in May 1990 under the leadership of Alija Izetbegovic. Caught between Serbian and Croatian nationalism, Bosnian Muslims reacted by strengthening their own identity by giving greater emphasis to the most distinctive thing about it, its religious component. However, it was emphasised that the party stood for the preservation of Bosnia's unique character as a multi-national, multi-religious republic (Malcolm, 1994).

The Causes of War

As already noted, most commentators seem to agree that 'ancient and irrational animosities' were not the cause of the conflict in Bosnia-Herzegovina. Reflecting on the history of the war, Malcolm (1994) notes that there is a consensus of opinion that the real causes of the conflict and the resulting destruction of Bosnia-Herzegovina have come from outside Bosnia itself in two distinct forms: firstly, in the form of the political strategy of the Serbian leadership; and secondly, in the form of the miscomprehension and fatal interference of the leaders of the West.

The war in Bosnia-Herzegovina, like the preceding wars in Slovenia and Croatia, was not the consequence of an unfortunate series of events or misunderstandings, but a deliberate and calculated attempt to forge a Greater Serbia out of post-Titoist Yugoslavia.

Furthermore, the principal factor fuelling the fighting was the massive imbalance of firepower between militant Serbs and the Yugoslav Peoples' Army (JNA), on the one hand, and the republic's other citizens of all nationalities, on the other. This enabled Serbia to act with impunity and to pursue all its goals, including the elimination of non-Serb culture from those areas earmarked for a Greater Serbia, without the need to negotiate (Bennett, 1995). Noting that the war in Bosnia started only after the conclusion of hostilities in Croatia, Gutman (1993) states that it was the third in a series of wars launched by Serbia, the state that harnessed the powerful military machine of the former Yugoslav state to achieve the dream of its extreme nationalists.

It has been suggested that Yugoslavia did not simply fall apart but rather was systematically destroyed "by at most a handful of people, and to a great extent by a single man, Slobodan Milosevic" (Bennett, 1995, p.247). His impact on the events, in part, is attributed to his ability to harness the inherited communist party apparatus, a powerful mechanism for control, as well as his ability to exploit the economic malaise prevailing in Serbia during mid-1980s. Instead of attempting to address the deficiencies of the economic system, Milosevic "offered only simplistic solutions and scapegoats to revamp communist authority with nationalism and further his own career" (Bennett, 1995, p.248).

According to Bennett (1995), the key to Milosevic's rule, and the understanding of modern Serb nationalism, was the role played by the Serbian media and its sustained campaign to generate national hysteria. Within Serbia the 'war psychosis' was set in place during the late 1980s. However, because Serb communities outside Serbia were out of range of the Serbian media offensive, there was no such perception there. The rest of the country remained generally tranquil and unaffected. The relations between communities proved remarkably durable and despite "concerted attempts by nationalist agitators from Serbia to stir up Serb communities in the neighbouring republics from 1988 onwards, the vast majority of Croatian and Bosnian Serbs wished only to steer clear of trouble". It took a number of years to undermine the unity amongst the peoples to the point where hostilities could break out (Bennett, 1995, p.250).

Generally as outsiders, the Serb paramilitary groups played a crucial role in the war and, as in Croatia, were responsible for the greatest excesses of ethnic cleansing in Bosnia-Herzegovina. The atrocities committed by these irregular forces were deemed necessary to destroy all vestiges of Yugoslav unity and formed a part of a calculated campaign to permanently shatter relations between Serbs and non-Serbs. Though the impact of the atrocities was enormous, "the number of individuals behind the campaign was not great, nor were they representative of the wider Serb community in whose name they claimed to act" (Bennett, 1995, p.249). Most Serbs were dragged reluctantly into the war and as such are as much victims of the events as their Croat and Muslim neighbours.

Despite being a principal site of federal army bases, munitions plants and vast underground arsenals stockpiled by JNA, the Bosnian government had neither an army of its own nor weapons at its disposal. Since the federal army's corps were, and always had been, dominated by Serbs and their Montenegrin cousins, JNA's alliance with the Serb government was predictable. The consequence was that militarily, Bosnia-Herzegovina was neither ready for war nor was it in a good position to defend itself.

Given the Serb allegations that Serbs in Bosnia-Herzegovina were victims of Croat and Muslim oppression (hence the justification for intervention to protect them), and the gross imbalance of firepower, Serbia was well placed to negotiate a settlement generous to its position. However, the conflict was not a question of Serb rights, and despite many opportunities to resolve it, there was no desire to do so (Bennett, 1995). Because Serbia held all the trump cards, it had no need to negotiate and forged ahead to claim as much territory as possible.

The fundamental failure of the Western politicians in the Bosnian war, like that in Croatia, was their inability to understand and come to terms with the cause of the conflict. Western powers looked only at the symptoms of the war, not at its causes and insisted on treating it essentially as a military problem rather than a political one (Bennett, 1995). Because the war was seen primarily as a military problem, and since the blame was apportioned to all 'warring factions', including the legally constituted and internationally recognised Bosnian

government, the efforts of the West were directed at reducing the amount of fighting, hence the obsession with cease-fires.³

Given the gross imbalance of firepower, the refusal to lift the arms embargo against the Bosnian government was the biggest single contribution by the West to the destruction of Bosnia (Malcolm, 1994). The embargo had been introduced by the United Nations in September 1991 against the whole of Yugoslavia which, at that stage, was formally still a single country. However, although the United Nations recognised Bosnia's independence and admitted it on 22 May 1992 as a member-state distinct and separate from Yugoslavia, it continued to apply the embargo as if nothing had changed.⁴ Although the embargo also continued to apply it to Serbia, it had no real effect on the Serb military capability since Serbia held most of the stockpiles of the former federal army, as well as having its own large armaments industry. Whatever the original thinking behind the embargo may have been, its only effect was to make Serb military superiority a permanent feature of the conflict, and to facilitate Serb victories (Bennett, 1995). To the lightly armed Bosnian defence forces, in the long term, it was a sentence of death (Malcolm, 1994).

After the arms embargo, the second most important contribution of the West to the destruction of Bosnia was the Vance-Owen plan. The plan proved to be not only unsuccessful but immensely harmful (Malcolm, 1994). The real result of the Vance-Owen plan was the destruction of the Croat-Muslim alliance forged out of necessity during the first months of the war and one that proved very effective in repelling the initial Serb onslaught. The plan that proposed ethnic partition caused tension between the two groups and resulted in a conflict that saw some of the most brutal fighting in parts of Herzegovina and central Bosnia where the Muslim-Croat population had been mixed.

The third most important contribution of the West to the destruction of Bosnia was its decision not to intervene militarily. Given the imbalance of firepower and the lack of political will and credible military threat by the Western nations to neutralise the Serb military might and reverse Serb territorial gains, negotiations proved meaningless. As a result "the mediators could only aspire to discovering Serbia's minimalist position and then

exerting pressure on all other parties to the conflict to accept it" (Bennett, 1995, p.239). Pursuit of a just settlement does not appear to have come into the equation, irrespective of events taking place inside Bosnia itself. Unless the war came to threaten their own interests directly, Western nations were determined to stay out. The arms embargo enabled the European powers to contain the war, and at the same time, humanitarian aid and a policy of closed borders stemmed the flow of refugees to western Europe (Bennett, 1995).

The Political and Military Overview

The Serb military action in Bosnia-Herzegovina had been prepared many months in advance and came on the heel of the cessation of Serbia-Croatia hostilities. As in Croatia, the military action was coordinated with the JNA with the aim of seizing the entire republic for the rump Yugoslavia or, failing that, forging land corridors between the six *krajin*s linking them together within a single Serb entity.

The war in Bosnia-Herzegovina began in early April 1992 as the United States and the European Community accorded diplomatic recognition to Bosnia-Herzegovina. During the preceding month, the number of armed incidents progressively increased, yet full-scale war did not break out as it remained difficult to shatter bonds between communities. As noted earlier, to achieve that objective, outsiders were required. The war erupted with the arrival of Arkan's paramilitary force in the north-eastern town of Bjeljina on 2 April and with the heavy bombardment of Sarajevo by Serbs on the evening of 5 April, 1992.

In reality, two wars broke out: Sarajevo siege; and what came to be known as 'ethnic cleansing' in the rural hinterland. Oddly, it seems that these two wars rarely overlapped (Vulliamy, 1994). While world attention was focused on the besieged city of Sarajevo, the hardships endured by its inhabitants, and the indiscriminate shelling that terrorised and killed its population⁵, there was another, different, and largely unreported war going on in the rural hinterland of Bosnia. Sarajevo became the focus of media attention not because the suffering of its inhabitants was greater than anywhere else but because reporters could

get there. Because foreign journalists had ready access to Sarajevo, its suffering was there for everyone to see. However, most of the initial killing took place in rural areas well away from the prying eyes of the international media. The worst had been hidden from eyewitnesses and what happened in the Serb-held regions would later be pieced together from the accounts of refugees and the victims of the violence. Only when the foreign journalists uncovered the existence of concentration camps did the extent of the pogrom become apparent.

It has been claimed that the siege of Sarajevo, which attracted considerable international media attention, was a tactical move which helped divert world's attention away from atrocities being committed in rural Bosnia-Herzegovina (Vulliamy, 1994). This is supported by a statement reportedly made by a Serbian member of the Bosnian presidency that "Sarajevo was designated a piece of violent theatre which would captivate world attention and draw it away from the principal programme"(Vulliamy, 1994, p.96).

Having finished their 'clean-up' operations in Vukovar (Croatia), Arkanovci raided a small, peaceful and predominantly Muslim town of Bjeljina on the north-eastern, Serbian border, on 2 April 1992. These heavily armed men, most of them Serbians (not Bosnian Serbs), arrived claiming that they were preventing a massacre of Serbs, killing several dozen Muslims in the process (see Plate 9). As in Croatia, their aim was firstly to terrorise the local Muslims into flight, and secondly to radicalise the local Serb population (Malcolm, 1994). The paramilitary *blitzkrieg*-style operation was not only designed to exterminate the non-Serb populations but also to do away with any Serbs who refused to go along with the Greater Serbian vision of the republic's future (Bennett, 1995).

Bjeljina is said to have been chosen first because of its strategic importance. Being close to the Serbian border, it was the axial point from which extended the two broad strips of territory to be taken over by Serbian forces. The federal army first launched a campaign to seize a broad strip of land on the eastern side of Bosnia, along the Drina River running all the way down the Bosnian-Serbian border to the ethnically Serb areas of eastern Herzegovina, and then a broad strip of territory across northern Bosnia, linking Serbia with

the military base at Banja Luka (the Bosnian 'Krajina') and the occupied areas of Croatia (Malcolm, 1994). The war was designed as a *blitzkrieg* so that the Bosnian Serb leadership would be able to present the international community with a *fait accompli* (Bennett, 1995). Given its fire-power superiority, in April 1992 the federal army took two-thirds of Bosnia's territory and closed all major arteries to Muslim areas. Serb forces then systematically set out to erase all trace of non-Serb culture from the areas under their control. Bennett (1995, p.190) points out that "given the number of Muslims and Croats who lived either within or between the six Serb *krajin*as, the undertaking was enormous and the killing had to be on a massive scale to have any chance of succeeding. Ethnic cleansing was not a by-product of the war; it was its principal aim".

Since Izetbegovic had refused to prepare for war, Bosnia-Herzegovina's Muslims and Croats found themselves at the mercy of bands of militant Serbs. Having triggered the war with their raid on Bijeljina, the Arkanovci rampaged across the east of the republic, leaving a trail of death and destruction in their wake. Elsewhere in Bosnia-Herzegovina further groups of Serb irregulars carried out an identical campaign of atrocities against equally defenceless Muslim and Croat communities, while the JNA contended itself with bombing cities from afar. Consequently, a very large, though incalculable, proportion of the total dead from the war in Bosnia-Herzegovina were killed in the first three months of the war (Bennett, 1995).

Though on a greater scale, the tactics used by Serb forces in Bosnia-Herzegovina were essentially identical to those they employed in Croatia. As noted earlier, atrocities were fundamental to the war effort and served to shatter any remaining trust between peoples and forced non-Serbs to abandon their homes. The worse the atrocities, the greater was the incentive for Muslims and Croats to flee. Invariably, the above process worked and produced queues of people anxious to flee. Those who were allowed to leave could do so only if they were issued with exit papers which in turn could only be obtained in exchange for signing documents relinquishing all claim to their property and possessions (Jackson, 1992). Within days of the war breaking out, refugees began flooding into Croatia and Muslim-controlled areas in Bosnia. Those who stayed put were stripped of their

possessions and herded into detention camps (Bennett, 1995). Although Muslims were by far in the majority, they were joined by Croats and a smaller number of Serbs who dared to side with the Bosnian government or merely to oppose the war. All three suffered a similar fate.

Since the Serb army was predominantly drawn from rural areas, it had no problem taking control of large tracts of Bosnian countryside. However, their ability to conquer cities and regions with a predominantly Croat population proved much more difficult. Bennett (1995) notes that in many respects, the war was as much between city and countryside as it was between Serbs and non-Serbs (Bennett, 1995). As a result of the flight, the influx of Muslim and Croat refugees from the countryside swelled the urban population. Although lacking weapons, Bennett (1995) points out that the Bosnian government was not short of manpower or commitment and, despite difficult conditions, the cities refused to surrender. As it became clear to Serb forces that they would not be able to capture the urban centres without incurring massive casualties, they chose to bombard them from afar rather than launching frontal assaults. The result was a series of sieges, most notable being Sarajevo, Srebrenica and Gorazde (Bennett, 1995) (see map, Plate 1).

McGeary (1996) notes that typically, the regular Bosnian Serb forces and Yugoslav army troops would surround an area designated for ethnic cleansing and for several days shell the target from afar. As the town capitulated, paramilitary units would be sent in to deal with the non-Serb population.⁶ Homes, churches and mosques were razed, and residents terrorised with random killings, rape and looting. Malcolm (1994) notes that the psychology of terror which the paramilitary commanders introduced into these places was designed not only to frighten the local Muslims into flight, but also to convince the local Serbs that they had to 'defend' themselves against their Muslim neighbours (Malcolm, 1994). Once that was achieved, local Serb 'crisis committees' would then take charge, detaining, beating and imprisoning anyone who did not manage to flee, gathering them into camps where abuse and mass killing was common and routine (McGeary, May 1996).

As previously noted, within the first month of fighting Serb forces came to control about two-thirds of Bosnia-Herzegovina. That, however, was effectively the end of Serb territorial gains. From the moment the Croat and Bosnian government forces began to be properly organised in late May 1992, the military position for the next nine months was that of virtual stalemate. Despite Serb military superiority and a constant flow of fuel and supply to its forces, Serbs were kept in check, and in some areas were actually pushed back (Malcolm, 1994). Although the local territorial defence forces of the Bosnian government did attempt to mount some resistance during April 1992, at that stage, the main opposition to the Serb forces came from Croat Defence Council (HVO) (Bennett, 1995).

The announcement on 27 April 1992 of the newly formed federal state of Yugoslavia comprising only two former Yugoslav republics (Serbia and Montenegro), placed the federal army in Bosnia in a precarious position. Responding to international criticism, Milosevic announced the withdrawal of the JNA from Bosnia, namely the soldiers in Bosnia who were citizens of the new two-republic Yugoslavia. Those who were Bosnian Serbs were to be transferred to the Bosnian Serb Army under the command of General Ratko Mladic (Malcolm, 1994). While some forces withdrew to Serbia, "most just changed their shoulder patches and transformed themselves into the Army of the Serbian Republic" (Gutman, 1993, p.xxviii). Some 30,000 men, as well as all the weapons were left behind to the local proxy while the weapon flow from Belgrade never stopped moving through Serbian-held northern Bosnian towns (Post et al, 1992).

Despite Izetbegovic's refusal to make military preparations prior to the outbreak of war, and despite starting from a state of extreme unpreparedness, the Muslim Bosnian Army and the HVO managed to retain control of the remaining one-third of the country. Improvised out of necessity, this alliance proved remarkably successful (Bennett, 1995). Despite the blockade of the Croatian coast mounted from July 1992 by NATO and West European Union flotillas, small supplies of arms, mostly via Croatia, did reach Bosnia. While a few armament factories remained within Bosnian government-controlled areas, and some weapons were occasionally captured from the Serb army, Bosnians always lacked heavy armour, artillery and anti-tank weapons.⁷ This has led some commentators to say that had

the Bosnian government been able to exercise the normal right of any government to obtain arms for the defence of its people, it is quite likely that the Serb gains would have been rolled back in many parts of Bosnia, and that the war might have been ended much sooner, within four to six months (Malcolm, 1994).

The Croat-Muslim alliance was forged out of necessity during the first months of the war and proved very effective in repelling the initial Serb onslaught. However, there were weaknesses in the alliance due to Croat resentment that the Bosnian government had earlier refused to acknowledge Serb aggression in Croatia and turned a blind eye to JNA operations against Croats in western Herzegovina during the war in Croatia. Furthermore, since Sarajevo had made no preparations for war, it was not in a position to defend or offer assistance to the rest of the country and effectively abandoned Croat-populated regions. To survive the initial Serb onslaught, Croats from Herzegovina had to organise their own defence and looked to Croatia and Croat *emigres* for support. Thus, as mentioned above, it was HVO and Croat Defence Forces (HOS), not the Bosnian Army, which halted the Serb advance across Herzegovina. Having incurred heavy casualties, Croat forces were then unwilling to turn their gains over to the Sarajevo government and resented Izetbegovic's avoidance of placing the alliance on a formal footing (Malcolm, 1994).⁸

In January 1992, before the war broke out, Mate Boban replaced Stjepan Kljuic as the leader of Bosnian Croats. The move was widely regarded as having been engineered by Croatia's President Tudjman (Malcolm, 1994). Since the Vance-Owen plan awarded Croats more territory than perhaps they were entitled to in strictly proportional terms⁹, Bosnian Croats happily signed it as soon as it was unveiled. While the reluctant Sarajevo government was being coerced by the international mediators to follow the Croats in agreeing to the plan, the Croat authorities in Mostar and other Croat-designated provinces began implementing it, irrespective of Muslim opinion.

In Spring 1993, after several months of tension, the conflict between Croats and Muslims escalated into the full-scale war. Bosnian Croat forces, with Tudjman's encouragement, went on the offensive with ethnic cleansing of Muslim towns in central Bosnia¹⁰ that under

Vance-Owen plan were to be Croat-dominated (Gutman, 1993). As the central authority disintegrated, several mini-wars erupted which saw some of the heaviest fighting of the entire war.

In parts of Bosnia-Herzegovina, the Croat-Muslim alliance actually remained intact while elsewhere Croats actually turned to the Serbs for help in their fight against Muslims whose rejuvenated military notched up an impressive series of victories. While the major battles between Croats and Muslims took place in central Bosnia, the lowest point came in November 1993 when Croats destroyed Mostar's historic landmark, the sixteenth century footbridge linking the eastern and western halves of the city (Bennett, 1995).

Despite the destruction of the Croat-Muslim alliance and the ensuing three-way conflict, and despite overwhelming superiority in weaponry, Serb forces failed to conquer the entire republic, and were unable to present the world with a *fait accompli*.

Nepotism - The Response of the International Community

Despite warnings of the imminent collapse of Yugoslavia, the international community did its best to ignore Yugoslavia right up until June 1991 in the hope that somehow Yugoslavs would resolve their differences and that the problem would go away. This policy of neglect was in part due to the fact that Yugoslavia had lost its strategic importance as a buffer state between East and West in the just-ended Cold War, and because other regions of the world had superseded it in the pecking order of international importance. While Eastern Europe's emerging democracies became the focus of diplomatic activity and foreign investment in the region, Iraq's invasion of Kuwait and the Gulf War in August 1990 eclipsed all other conflicts for the best part of that year, dashing Slovenia's and Croatia's attempts to internationalise Yugoslav affairs (Bennett, 1995).

Statesmen and diplomats monitoring Yugoslavia during 1990 and the first half of 1991 were simply looking for a way of holding it together. The policy was based on the premise

that Yugoslavia, as it stood, was the best arrangement for that part of the world and that its disintegration would set a bad precedent for the Soviet Union. This in effect served to endorse and strengthen the position taken by Serbia and the JNA (Bennett, 1995).

Rather than coming to grips with Yugoslavia's internal political issues and condemning violence at its source, the initial diplomatic efforts focused on pressuring Slovenia and Croatia to abandon planned independence without exerting comparable pressure on Serbia (Bennett, 1995). According to Bennett, the greatest diplomatic error in Yugoslavia was made before the conflict degenerated into war. This was the failure to listen to any but the Serbian point of view.¹¹ Bennett notes that while Slovene and Croatian envoys who went abroad to canvass international opinion were given a cold shoulder by foreign ministries, foreign diplomats based in Belgrade were prepared to write lengthy reports on Yugoslavia without visiting Zagreb or Ljubljana. Britain was said to have been the greatest offender.

Despite recognising Bosnia-Herzegovina as an independent state, neither the European Community nor the United States had any intention of coming to Bosnia-Herzegovina's aid (Gutman, 1993). As in Croatia, by focusing on military incidents rather than the causes of fighting, their overriding aim was merely to contain the war and ensure it did not spread beyond Bosnia-Herzegovina itself. Thus Bosnia-Herzegovina's national interests were subordinated to wider European interests (Bennett, 1995). The European Community was not looking for a just settlement within Bosnia-Herzegovina, nor did it act out of humanitarian concern; it was merely hoping to dispose of the problem by facilitating some form of compromise among the republic's three peoples (Bennett, 1995).

The belatedly established European Community's Peace Conference on Yugoslavia in the Hague on 7 September 1991 under the chairmanship of the former British Foreign Secretary Lord Carrington failed to have any impact on fighting in Bosnia-Herzegovina. Bennett (1995, p.177) notes that in the absence of a military alternative to neutralise the firepower imbalance, and despite the agreements signed, the Conference could only "aspire to appeasing Serbia and then persuade the Bosnian government to accept whatever settlement Serbia agreed to".

Evidence of ethnic cleansing and the media images of detention camps in Bosnia-Herzegovina, resembling the Nazi extermination camps of half a century earlier, resulted in considerable public outrage of the international public, demanding politicians to intervene. Under pressure, Britain's then Prime Minister, John Major, who had recently taken the chair of the European Community, and in conjunction with the United Nations, organised an international conference on Bosnia-Herzegovina. It convened at the end of August 1992. The London Conference reaffirmed the territorial integrity of Bosnia-Herzegovina and acknowledged it as a sovereign state with the legal right to defend itself against aggression. World leaders spoke of war crime trials and how settlement based on ethnic cleansing would never be recognised. A framework for resolving the war was drawn up that effectively involved reversing the results of ethnic cleansing and the neutralisation of Serb military superiority (Bennett, 1995).

Huge international pressure forced Serb leaders to adopt a more conciliatory stance and agree, among other things, to end hostilities, place heavy weapons under United Nations supervision and allow the free passage of humanitarian relief to the civilian population. Cyrus Vance, former US Secretary of State, and Lord Owen, a former British Foreign Minister, were appointed on behalf of the United Nations and the European Community, respectively, to oversee a negotiated settlement based on the principles agreed in London. The principles were to be worked out at a new Conference on Yugoslavia, in Geneva. However, Bennett (1995) notes that as soon as public outrage over detention camps died down, the London principles were conveniently forgotten and not one element of the agreement was implemented. Despite the rhetoric, politically and financially the London agreement seemed too costly for the international community to implement. No country seemed prepared to commit the necessary resources. Bennett (1995) notes that irrespective of what was happening inside Bosnia-Herzegovina, unless the war came to threaten their own interest directly, Britain and France, the two European countries with the military power to make a difference, were determined to stay out. Without that commitment, the Geneva Conference found itself in the same position as its European Community predecessor, and Vance and Owen, like Lord Carrington before them, could only aspire to

finding the minimum settlement acceptable to the Serbs and then coercing non-Serbs into agreeing to it.

The Vance-Owen plan, like that of Lord Carrington, proposed cantonisation of Bosnia-Herzegovina.¹² Partition by another name, cantonisation came to be seen as an indication that the international community was prepared to wash its hands of Bosnia-Herzegovina problem. Contrary to the agreements reached at the London Conference and contrary to the commonly accepted concept of civil society in which all citizens were treated equally irrespective of nationality, Bennett (1995) notes that each plan advocated the division of a sovereign Bosnia-Herzegovina along ethnic lines even though those lines did not exist at that stage and could not come about without massive population transfers. Despite months of talks in which both Milosevic and Karadzic were persuaded to endorse it, the Bosnian Serb parliament rejected it. The plan was finally abandoned due to a lack of international support.

In May 1993, Vance stepped down as Owen's co-mediator and was replaced by Thorwald Stoltenberg, the former Norwegian Foreign Minister. As the Owen-Stoltenberg proposals essentially attempted to win Serb approval with a more explicit carve-up of Bosnia-Herzegovina than envisaged under the Vance-Owen plan, the proposal was rejected by Muslims as it made Bosnia-Herzegovina even less viable.

As fighting intensified, a rift emerged within the European Community and between the countries of the European Community and the United States. The result was mutual recrimination over who was to blame for the diplomatic failures. British politicians in particular attempted to explain the Bosnian war as the consequence of a premature decision by Germany to recognise Croatia. Since, because of constitutional reasons, Germany was unable to deploy troops in Yugoslavia, the most Germany could offer Croatia was international recognition. This became its principal diplomatic goal.

While from the outset, the European Community considered the Yugoslav issue as the one for Europe to deal with, US ambivalence towards the various peace proposals which

allegedly encouraged the Muslims to hold out for more in the hope that eventually the international community would provide them with the necessary support to achieve their goals, also came in for criticism. Bennett (1995, p.203) notes that as far as the United States was concerned, "the European powers appeared more interested in securing US troops to implement a dishonourable peace than in just settlement".

Bennett (1995) argues that recriminations over the diplomatic failure in Bosnia-Herzegovina were essentially redundant, since persuasion alone could not prevent the Bosnian conflict escalating into a war, and timely military intervention, the only strategy which might have averted the bloodshed, had been ruled out during the war in Croatia. The real failure of the European Community was less its inability to prevent the war from breaking out than its refusal either to protect innocent communities or to allow them to defend themselves while Serb forces systematically levelled Bosnian cities and 'cleansed' the countryside of non-Serbs. It is not surprising, observes Bennett (1995) that Izetbegovic, as leader of Bosnia-Herzegovina's legally constituted and internationally-recognised government, felt aggrieved and betrayed. Unlike his Croatian and Slovenian counterparts who defied the international community with their independence declarations, Izetbegovic and his multi-ethnic government had done everything possible to avoid war and to comply with the advice and wishes of the European Community.

The Role of the International Media

Until the war broke out in Slovenia, Bennett (1995) notes that Yugoslav affairs had largely been neglected by the international media. When the war broke out, there was a sudden convergence of journalists many of whom had never been to Yugoslavia before and had minimal knowledge of Yugoslav affairs. With the only satellite feed out of Yugoslavia going via Belgrade, and foreign journalists and diplomats concentrated in Belgrade who rarely visited other parts of the country, Serbian media and Belgrade could not fail to win the propaganda war.

Bennett (1995) notes that the coverage of Yugoslav affairs steadily improved as the media came to know more about the region. By the time war broke out in Bosnia-Herzegovina, journalists who had covered the war in Croatia were no longer willing to write the fighting off as a consequence of ancient animosities. Journalists came to realise that Bosnians were European, accustomed to a reasonably high standard of living and, particularly in urban areas, they were often extremely sophisticated and articulate. In Sarajevo, the great proportion of people spoke at least one foreign language and could easily communicate with the foreign media. Bennett (1995) observed that when visiting journalists discovered how well-read and informed many Sarajevans were, they were frequently embarrassed by their own ignorance of Bosnian affairs.

Journalists, who had spent time in Bosnia-Herzegovina, experienced some of the hardships ordinary Bosnians had to endure and came to respect and empathise with Bosnians. Having shared many of Sarajevo's worst moments, Bennett (1995) notes that reporters made good friends in the city with people from all three ethnic groups and inevitably grew emotionally involved in the conflict. Many foreign reporters became the most ardent advocates of intervention and, like many Bosnians, remained committed to the ideal of a multinational Bosnia-Herzegovina. As the international community turned its back on Bosnia-Herzegovina, journalists came to feel the same sense of betrayal as the Bosnians themselves. While diplomats tried to wash their hands off Bosnia-Herzegovina, journalists were determined to keep the war at the very top of the international agenda (Bennett, 1995).

As noted earlier, most of the initial killing took place in the rural Bosnia-Herzegovina out of sight of foreign journalists. What was happening in Serb-held regions could only be pieced together from the accounts of refugees. As the rumours and stories of detention camps circulated, some journalists decided to investigate.

After locating former detainees from camps at Omarska and Brcko Luka who told a story of routine daily killing in the camps, Roy Gutman¹³, a foreign correspondent with the New York's *Newsday*, reported the story in the 2 August, 1992 issue. The dramatic coverage

titled "The Death Camps of Bosnia", was immediately picked up by news wires, television and radio in the United States and around the world (Gutman, 1993). A few days later a television team from British network *Independent Television News* (ITN)¹⁴ convinced the Banja Luka authorities to provide access to Omarska. The guards allowed them to photograph some prisoners being rushed through meals. At Trnopolje, another camp, they were shown emaciated, cadaverous prisoners behind barbed wire (see Chapter 6, and Plate 11). Within a short time, a flood of reporters visited Omarska and other camps including Gutman himself.

Despite compelling press reports of ethnic cleansing, Western governments generally kept their silence while European powers continuing to do everything possible to treat the conflict purely as a civil war. Gutman (1993) points out that it was hard to believe that given the amount of money countries spend on intelligence and today's satellite technology that senior Western diplomats did not know of Bosnian detention camps months earlier, and that it is highly improbable that journalists could have uncovered a scoop of such magnitude had the intelligence community known nothing of it. "I began to develop a theory that the Western governments had written off Bosnia and had not bothered to tell the public", says Gutman (1993, p.xiii). To have admitted knowledge of genocide would have carried with it an obligation to intervene against the perpetrator. Since all the Western powers sought to avoid military engagement, it was more convenient to down play its true extent of ethnic cleansing. In mid-August 1992, Lawrence Eagleburger, on his way to replacing James Baker as Secretary of State, said a CIA investigation had found no evidence of systematic killing in the camps, only of "unpleasant conditions" (Gutman, 1993, p.xxxi). Gutman notes that Eagleburger overlooked the testimony of Alija Lujinovic before the Senate Armed Services Committee, cited in the *Newsday* account, that he had witnessed more than one thousand executions. Bennett (1995) notes that had it not been for the courage of a few journalists and the filmed evidence of atrocities, it is highly likely that the international community would have continued to turn a blind eye to the many Serb-run detention camps across Bosnia-Herzegovina.

It was not until television journalists from Britain's Channel Four got inside the Omarska detention camp on 6 August 1992 did the world wake up to the horror of what had already been taking place for four months. The television footage of cadaverous, frightened prisoners ringed by barbed wire conjured up images of Nazi death camps and provoked public outrage. Gutman (1993) observed that the Bush administration sometimes seemed to spend more effort trying to manage the news than on the crisis itself. The London Conference, which convened later that month, was a direct result of public outrage and pressure. The Conference gave Bosnians hope.

Bosnians clung to the hope that as soon as the West understood what was happening, it would come to their assistance. However, as Bennett (1995) points out, the London Conference was typical of the international response to the war in Bosnia-Herzegovina. Without the irrefutable proof of systematic Serb brutality towards Croats and Muslims provided by Channel Four, and the ensuing outcry, it would never have taken place at all. However, as soon as public outrage over detention camps died down, the London principles were conveniently forgotten and despite all the hard-line rhetoric, not one element of the agreement was implemented.

A new round of public outrage in Europe was stimulated by a broadcast in mid-November of interviews conducted by German television programme *Mona Lisa*. As a result, international relief agencies, women's groups, and parliaments sent missions to Zagreb (Gutman, 1993). Television images of refugees led to humanitarian palliatives. The emphasis was now on a military solution to military problems, and humanitarian solutions to humanitarian problems. Failing to understand or acknowledge that ethnic cleansing was not a by-product of the war but a principal aim of the entire political project which the war intended to achieve, it was then described as a humanitarian problem which could be 'solved' by moving refugees into refugee camps outside Bosnia. By doing so, the UN and other relief agencies in effect contributed to the process of ethnic cleansing and the achievement of the Serb political objective (creation of a homogenous Serb area which could eventually be joined to other Serb areas, including Serbia itself, thereby creating a greater Serbia).

Having defined Bosnia-Herzegovina as a humanitarian problem, Gutman (1993) notes that the West failed even to ensure food deliveries. When reporters demonstrated how humanitarian aid was habitually blocked and failed to reach its destination, the Security Council adopted a resolution authorising the use of force to ensure deliveries. Months later, the United Nations troops began cautiously to implement it. Images of horrendous suffering in the town of Srebrenica led to the establishment of so-called safe havens there and in five other besieged Bosnian towns and cities (Bennett, 1995). However, despite the United Nations 'protection', these enclaves remained subject to Serb shelling and, by the end of the war, all but one was overrun by Serb forces with heavy loss of life.

It was the international media and the television images it generated that in many instances forced the Western powers to act, albeit only temporarily, to avoid public backlash. It was the pathetic images like that of a five-year-old Irma Hazimuratovic, dying of shrapnel-caused meningitis that "embarrassed the British government into flying a handful of the most acutely ill patients out of Bosnia-Herzegovina to Britain amid a tasteless fanfare of publicity" (Bennett, 1995, p.197).

The Cost and Consequences of the War

The cost of the Yugoslav wars to the international community is virtually impossible to calculate and continues to rise. In purely financial terms, the United Nations budget for peacekeeping and humanitarian operations has soared to about \$2 billion a year. This is only a fraction of total costs. The wider implications of the war may yet prove infinitely more expensive.

From a population of 4.4 million Bosnians in 1991, some 250,000 died, and some 200,000 have been injured. The estimates of those killed represent over 10 percent of the Muslim population. At the same time, more than 2.5 million people, mostly Muslims and Croats, have been driven from their homes (Vesilind, 1996) resulting in the biggest forced

movement of people and the worst refugee crisis in Europe since World War II (Vulliamy, 1994).

By August 1992, some 350,000 Bosnians had crossed the border into Croatia which then declared that it could take no more and appealed to other, wealthier nations to open their borders. Croatia would offer only transit visas, not asylum. Some European countries employed a so-called 'third country rule' by which application for refugee status were declined unless this was the first country to which the refugees had fled. This rule in effect shut off exit routes for Bosnians fleeing violence, presenting the United Nations and other relief agencies with a moral dilemma. By accepting refugees across Croatia's borders and finding them placement in another country, they were abetting the Serb process of ethnic cleansing. By refusing to take the refugees, they were condemning those still in Bosnia to continuing persecution and violence (Vulliamy, 1994). Nevertheless, Germany took more than 200,000 refugees while the only other European countries to accept significant numbers were Hungary (54,000), Austria (50,000), and Sweden (44,000). Other European countries to come to the aid were Switzerland, which took 17,000 Bosnian refugees, Italy (7,000), Holland (6,300), Luxembourg (3,200), Norway (2,300), and Czechoslovakia (1,700) with France and Britain taking 1,100 apiece (Vulliamy, 1994; Jackson, 1992). Ironically, France and Britain, the two European countries that had the military power to make the difference in Bosnia-Herzegovina, the two countries that repeatedly blocked the lifting of the arms embargo, and the two countries that are said to have contributed the most to the demise of the multi-ethnic Bosnia-Herzegovina, appear to have accepted least responsibility for the end result. In addition, Britain was not only among those countries that applied the 'third country' rule, but at one stage during the war had attempted to extradite some Bosnian refugees who had reached its shores (Vulliamy, 1994).

As a principal aim of the war, ethnic cleansing by Serbs involved not only the attempt at eradicating the Muslim population but also traces of their culture. The destruction of monuments, symbols of Muslim history and culture, has been enormous. It is said that nowhere could the destruction be more clearly measured than in the fate of the mosques in towns that came into exclusively Serbian hands (Vulliamy, 1994). More than eight hundred

Bosnian mosques were reported as either completely or partially destroyed, amongst them one of the finest in Bosnia, the Ferhadija Džamija mosque in Banja Luka built in 1583, and the oldest, the Emin Turhan Bey Mosque in Ustikolina, built in 1448. In Foca, all the mosques are said to have been destroyed including the Sultan Bayazid Imperial Mosque built in 1501, and Aladža Mosque built in 1550. Mosques, graveyards and libraries were destroyed in many villages, towns and cities. In Mostar, the *Stari Most*, a sixteenth century limestone footbridge that stood through more than 400 years of conflict and conquest, and uniting the two sides of the city, collapsed under heavy Croat shelling in 1993. The bridge was considered one of the world's cultural treasures (Painton, 1993). In Sarajevo, thousands of priceless documents and manuscripts housed in the library of the Institute of Oriental Studies were incinerated when the building was targeted by inflammable rockets. All this and more had gone, systematically and deliberately destroyed.

The Bosnian war has dispelled many illusions, and severely undermined the credibility and reputation of international institutions and great powers alike. Having failed to decisively deal with the Bosnian question, the war made a mockery of western European pretensions to a greater role in world politics (Bennett, 1995). The United Nations Security Council, while advocating the inviolability of national borders, ignored the key principle embedded in the United Nations charter, that of a sovereign country having the right of self-defence. At the same time, having recognised Bosnia's territorial integrity, the United States and the European Community acquiesced in successive plans to dismantle the republic. As Gutman (1993, p.xli) states: "lacking the will to use force or the mechanism to agree to its application, the main powers drifted into appeasement and betrayal".

The international response to the Yugoslav wars illustrated how ethical considerations play little part in the foreign policies of the great powers. While western diplomats and politicians pontificated about democratic values and justice, ethical and humanitarian considerations came a poor second to narrowly defined national interests. Given the military imbalance which was exacerbated by the Security Council imposed arms embargo, the United Nations and the Western powers refused to acknowledge what was taking place inside Bosnia and failed to protect its defenceless communities. Bennett (1995, p.238)

points out that "it is this indifference to the fate of the innocent victims of the conflict on the part of the United Nations Security Council, which has bordered on complicity in ethnic cleansing, that has brought shame on the great powers and brought the entire mediation process into disrepute".

Conclusion

As this chapter illustrates, the war in Bosnia-Herzegovina was neither a religious nor a civil war, or one that could be attributed to ancient and irrational animosities. Instead, there seems a consensus of opinion that the real causes of the conflict and the resulting destruction of Bosnia-Herzegovina came in the form the political strategy of the Serbian leadership and in the form of miscomprehension, inaction and interference of the Western leaders. The fundamental failure of the West was less its inability to prevent the war from breaking out than its refusal to either protect innocent communities or to allow them to protect themselves. The eventual response of the Western powers to the Bosnian crisis was largely provoked by media accounts of ethnic cleansing and the resulting public pressure to intervene. Failure to act decisively resulted not only in mass destruction of Bosnia-Herzegovina but also in the biggest forced movement of European people and the worst refugee crisis in Europe in the last fifty years. The loss of human life on such a scale illustrates how little ethical considerations played a part in the foreign policies of the great powers.

These are the events that have propelled the respondents in this study to come half way around the world and it is against this background that they need to be understood. In particular, the sense of betrayal by both former friends, neighbours and fellow countrymen, and by the international community, as well as their powerlessness to halt or reverse the events that have overtaken them, need to be appreciated.

¹ Expressed by Douglas Hurd, the British Foreign secretary (Malcolm, 1994, p.239), Lord Carrington, former British Foreign Secretary and the chairman of the European Community Peace Conference on Yugoslavia, and Warren Christopher, United States Secretary of State (Gutman, 1993, p.28).

² By the late 1980s, 30 percent of marriages in urban districts were 'mixed' marriages (Malcolm, 1994).

³ According to Lord Carrington, the European Community negotiator: "everybody is to blame for what is happening in Bosnia and Herzegovina and as soon as we get the cease-fire there will be no need to blame anybody". The numerous broken cease-fires became the most telling symptom of this lack of political understanding (Malcolm, 1994, p.242).

⁴ Once Bosnia-Herzegovina became an internationally-recognised state, it became a member of the UN in its own right. The extension of the embargo ran counter to the spirit of the UN Charter since, under Article 51, a member state has the right to self-defence. Nevertheless, contrary to the wishes of the UN General Assembly which voted repeatedly for the embargo to be lifted, the Security Council chose to maintain it on the explicit insistence of two of its permanent members, Britain and France (Bennett, 1995).

⁵ The siege lasted 43 months, was characterised by intermittent supply of power, water and fresh food, and resulted in the deaths of more than 10,500 Sarajevans (Stiglmeier, Sep.1995).

⁶ Three important units were identified: the 'Grey Wolves' led by Slobodan Miljkovic ("Lugar"); the 'White Eagles' led by Dragoslav Bokan; and the 'Tigers' led by Zeljko Raznatovic. The latter is said to have been most notorious and particularly active in Bosnia. Financial and material gain is said to have been their primary motivation. Secretly enlisted by the Serb leadership in Belgrade and the Bosnian Serb leaders in Pale (McGeary May 1996).

⁷ In September, it was estimated that Bosnia possessed two tanks and two armoured personnel carriers, while the Serb army in Bosnia had 300 tanks, 200 armoured personnel carriers, 800 artillery pieces and 40 aircraft (Malcolm, 1994).

⁸ Izetbegovic refused to formalise the alliance, either because he feared an eventual absorption of Bosnia into Greater Croatia, or because he thought such a move would justify Serb arguments. His thinking may have been dominated by the idea that his government must represent Serbs as well as Muslims and Croats, and he did indeed maintain Serb ministers in his government throughout the war (Malcolm, 1994).

⁹ Nearly a quarter of Bosnian territory, well over their 18 percent of the population, including areas such as Mostar, Jajce, and Travnik where Muslims were the single biggest national group (Gutman, 1993).

¹⁰ Gornji Vakuf in February, Travnik-Vitez-Zenica area in April, with both sides engaged in ethnic cleansing in the area between Vitez and Kiseljak (Malcolm, 1994).

¹¹ In the case of the US, the policy came from Deputy Secretary of State, Lawrence Eagleburger [who later replaced James Baker as the Secretary of State], and National Security Adviser, Brent Scowcroft, who had both been diplomats in Yugoslavia during the 1960s, spoke fluent Serbo-Croat and retained close contacts with the country. While out of government during the Reagan administration, both continued their relationship with Serb and Yugoslav leaders. Eagleburger joined the board of Yugo America, the US branch of the Serbia-based car manufacturer, and served as president of Henry Kissinger Associates, which had contracts with Yugo America and other Yugoslav state-owned enterprises. Scowcroft was a vice president (Gutman, 1993). In the late 1970s Eagleburger returned to Belgrade as Ambassador, during which time he got to know Milosevic, a man he believed the 'US could do business with'. More than a decade later, this assessment formed the backbone of US policy on Yugoslavia (Bennett, 1995, p.175).

Under the Bush administration, the State Department had placed its hope for peace on Milan Panic, a Serb-American businessman whom Milosevic was happy to appoint as an unelected Prime Minister of Serbia

(Bennett, 1995). Panic promised that he would topple Milosevic, but needed time to moderate his policies. Panic employed John Scanlon, a former US ambassador to Belgrade as his national security adviser. During Scanlon's brief tenure in Belgrade, the US Embassy *charge d'affaires* reportedly sometimes found himself presenting notes from his government to the former US ambassador. By December, Milosevic had no more use for Panic and easily ousted him in 'tampered' elections (Gutman, 1993).

¹² The plan envisaged the division of Bosnia-Herzegovina into ten provinces, nine ethnically-dominated and one mixed, linked together under a weak central government in Sarajevo. The proposal was touted around the world as a panacea (Bennett, 1995).

¹³ Gutman won a Pulitzer Prize for his despatches from Bosnia-Herzegovina, which were based on the testimonies of survivors of Serb-run detention camps. His investigation remains the most comprehensive, if controversial, account of ethnic cleansing and form the content of his book, *Witness to Genocide* (Bennett, 1995).

¹⁴ A team of reporters comprising Penny Marshall, Ian Williams and the *Guardian's* Ed Vulliamy.



Plate 1: Bosnia-Herzegovina
Source: Vulliamy (1994)

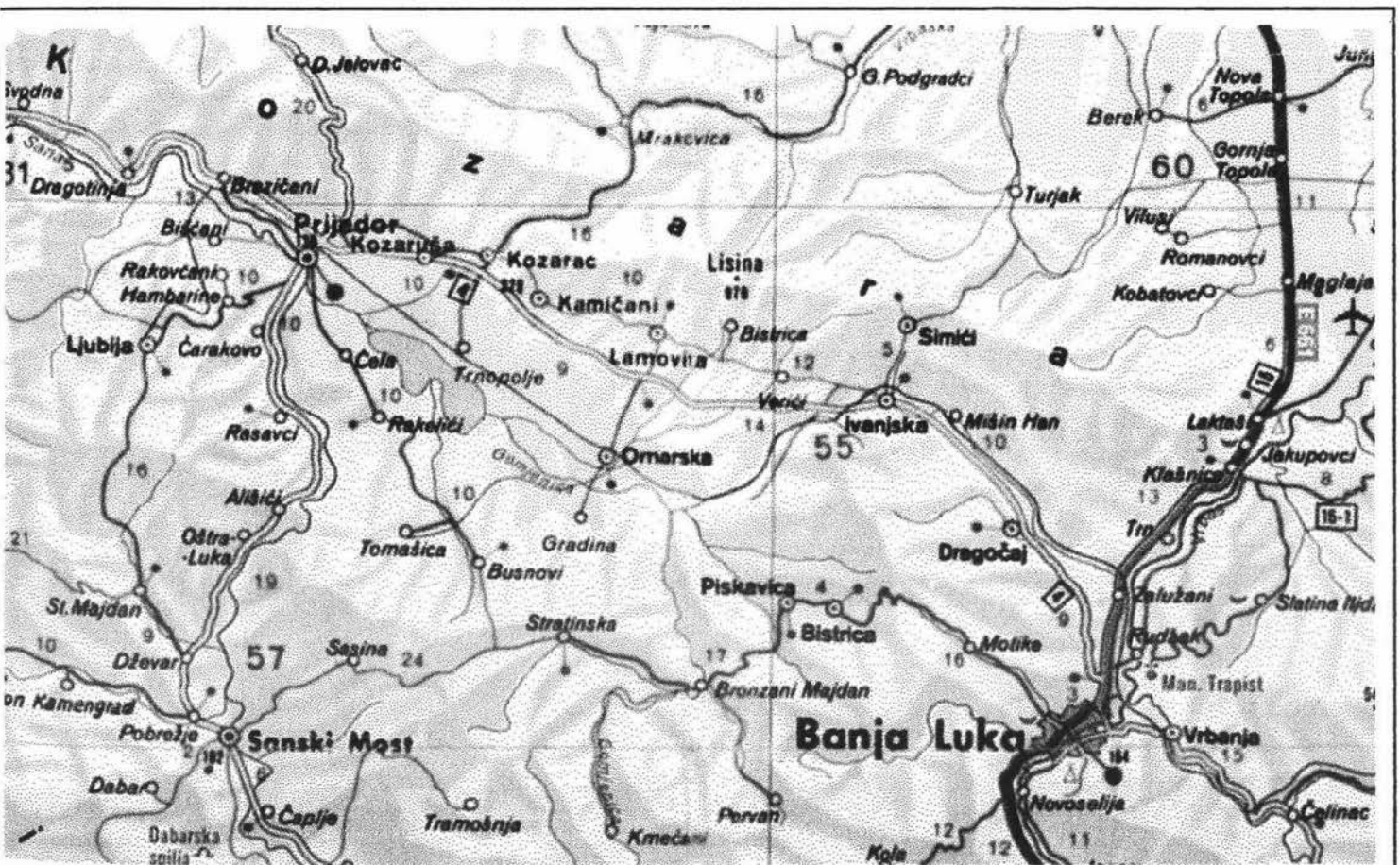


Plate 2: North-west Bosnia

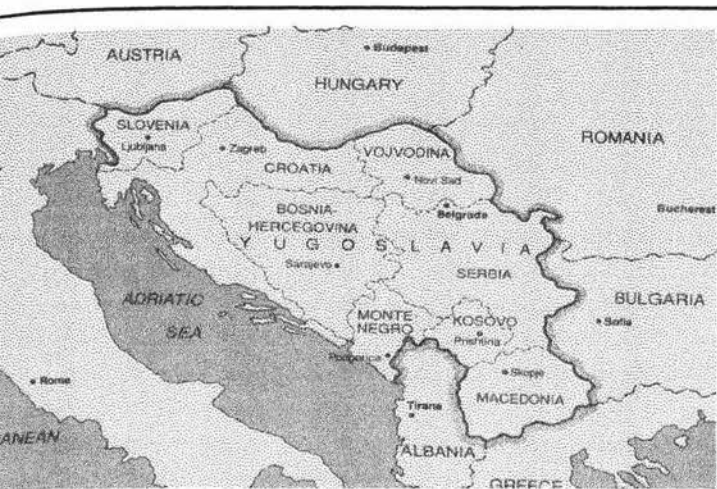


Plate 3: The six republics of the former S.F.R. Yugoslavia.

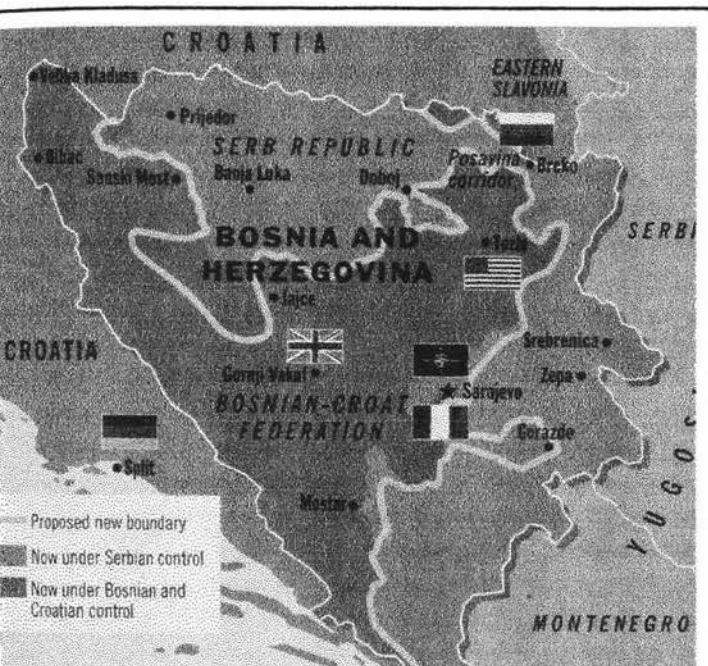


Plate 5: Partitioning of Bosnia-Herzegovina and the significance of the Posavina corridor.

Source: Time, December 4, 1995.

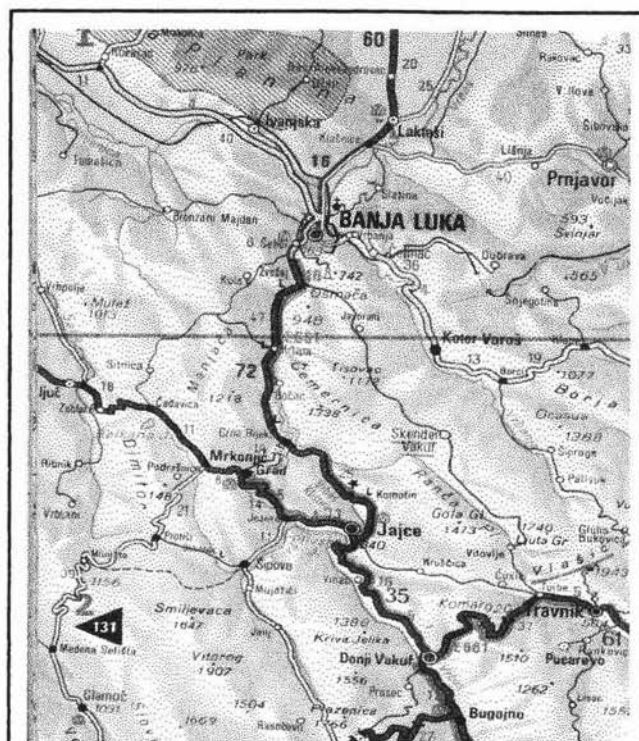


Plate 4: The mountain road to Travnik.



Plate 6: Refugee identification card of one of the respondents.

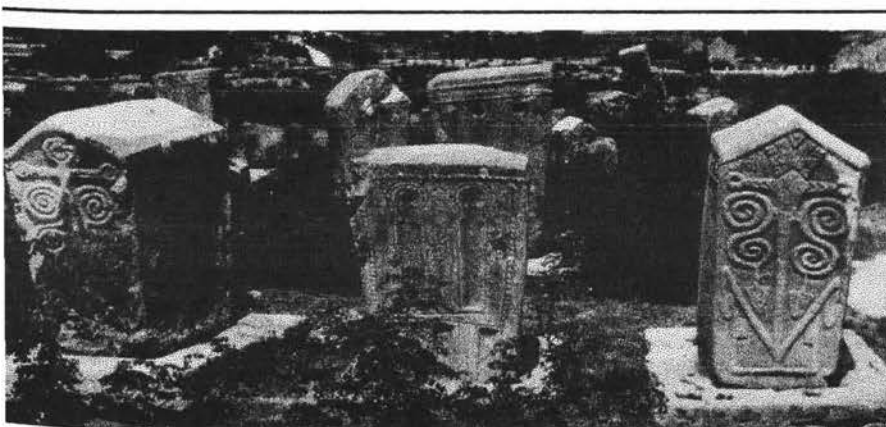


Plate 7: Marble Gravestones thought to belong to the heretical Christian sect of Bogomils (or Patarines).

Source: Auty (1965).

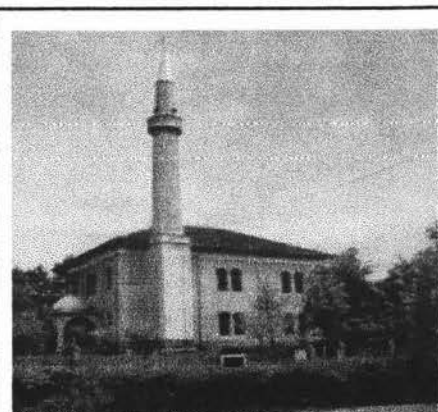


Plate 8: The Kozarac Mosque
Source: Gunic (1995)



Plate 9: Ethnic cleansing in Bjeljina, April 1992.
Source: Vulliamy (1994).



Plate 10: A pit of corpses near Brcko, 1992.
Source: Walsh (1996).



Plate 11: Fikret Alic, Trnopolje camp, August 1992.
Source: Vulliamy (1994).



Plate 12: A detainee at the Trnopolje camp.
Source: Jackson (1993).



Plate 13: The gymnasium at the Trnopolje camp.
Source: Gutman (1993).

CHAPTER 6:

BECOMING A REFUGEE: VICTIMS OF ETHNIC CLEANSING

Introduction

Under the provisions of New Zealand's Refugee Quota Programme, and at the request of the United Nations High Commission for Refugees (UNHCR), 143 Bosnian refugees arrived in New Zealand between 1992 and 1997.¹ The first arrivals numbered 31 persons. They came in December 1992 and January 1993 in two groups of 14 and 17 persons respectively. Apart from three women and one child, all the arrivals were men, former detainees of the concentration camps in north-west Bosnia - Kereterm, Omarska and Trnopolje. Released from detention, the men were taken to the Croatian city of Karlovac under the auspices of International Red Cross (ICRC) and the United Nations. There some of them were reunited with members of their family. The majority of the men were less than 25 years old, some as young as 19 years. Most were single. The women in the group were the wives of the men who came. The Bosnian refugees who came subsequently were close family members of this first, core group (parents, siblings and their families) who managed to reach Croatia, and who came under Family Reunification provisions, also under the Refugee Quota Programme.

The people interviewed for this study came from the town of Kozarac, some ten kilometres east of the city of Prijedor, and the satellite communities. Formerly a predominantly Muslim town of some 25,000 people, Kozarac was a social centre for the area. It was located in the middle of the broad strip of land running across northern Bosnia that was taken and ethnically 'cleansed' by Serb forces in a *blitzkrieg* operation in the early stages of the war (see Plates 1 and 2).

This chapter is based on the accounts provided by the respondents of this study as well as the accounts reported by Hukanovic (1993), foreign journalists and political commentators. Unlike those of foreign journalists, the accounts of Hukanovic are based on his personal

experiences of ethnic cleansing and the time he spent at the Omarska and Manjaca concentration camps after being seized in his home town of Prijedor in May 1992. The accounts of all these sources have proved remarkably consistent.

Basic information about the respondents is provided and placed in the context of their life, as they knew it, before the outbreak of the hostilities. The chapter deals with the accounts of ethnic cleansing and the variation of experiences of the war among refugees, experiences that were largely gender-related. While the men had been rounded-up and detained in different detention camps, women, after a relatively brief stay in the Trnopolje camp and other community facilities, were transported out of the area and into the territory held by the Bosnian Army. These journeys took one of two forms: an arduous train trip in a cattle-car; or the perilous and notorious mountain-road track into central Bosnia.

The accounts provided by the respondents are supplemented and supported by information from journalistic publications and press reports. The inclusion and extensive use of these sources has been done for several reasons: to establish a framework for the events that took place; to corroborate events which the respondents of this study recalled; and to fill in the gaps that the respondents may have had no knowledge or recollection of, found it difficult to express, or for whatever reason, chose not to mention. These reports are considered significant because they provided the first, graphic and often the only documented outsider accounts of what these people had been subjected to.

Description of the Respondents

Twelve persons were interviewed for this study, five females and seven males. While all the males were former concentration camp detainees who were part of that initial group of 31, arriving in summer 1992/93, the women arrived separately between October 1993 and April 1995. At the time of their arrival in New Zealand, the age of the women ranged from 18-58 years, the average age being 31 years. The age of males ranged from 20 to 32, the average being 25 years. Combined, the average age on arrival in New Zealand was 31.

In general terms, the group could be described as having come from a working-class background. Some of the respondents were either students or had only just completed their schooling when the war broke out, and had not yet entered the workforce. Since the duties of older women were largely domestic in nature, they, too, had no history of paid employment. The majority of the younger respondents, however, had completed specialised secondary (vocational) school roughly equivalent to an apprenticeship type of training in New Zealand. There were no individuals with tertiary or professional qualifications among those interviewed.

In order to protect the identity of the study participants, respondents are referred to by an assigned identifier. Men are identified by letter "M" (male) and women by letter "F" (female). Within the respective gender groups, each respondent is identified by his or her assigned number; 1 to 7 for men, and 1 to 5 for women.

Life in Pre-war District of Kozarac

The respondents described Kozarac as a picturesque town, a 500-year-old settlement located at the foot of the Kozara Mountains and the National Park bearing the same name. Described by its former inhabitants as a relatively wealthy town with many substantial private dwellings and small land holdings. The once prosperous community of 25,000 people of whom 90 percent were Muslim, Kozarac had been a home to many Muslims who had gone as guest workers to Germany, Austria and other parts of western Europe, and who had used their earnings to build well-furnished villas in the town.

Whereas some worked abroad, others worked in other parts of former Yugoslavia where work was more plentiful and more money could be made. One of the respondents had worked in Germany; husbands of two female respondents had worked abroad; and two respondents had worked elsewhere in former Yugoslavia. While working away from home was not uncommon, the tendency was to return home on regular basis. Strong family ties,

the sense of responsibility to the family, attachment to the community, and strong affinity to the 'land', were offered by the respondents as explanations for this phenomenon.

Land and homes were rarely bought or sold but rather passed from father to son down the generations, sons always inheriting the land. Generally, young people lived with their parents. When the eldest son married, his parents helped him build a house for himself. However, when the youngest son married, it was customary for him and his wife to stay in the parents' house to help them in their old age and then to inherit the house. After her marriage, a daughter generally left home to live with her husband's family.

Cultural orientation and strong family ties provided individuals with necessary support enabling them to maximise their economic well being. Permissible, and even encouraged by the State since the late 1960s, working abroad proved an attractive option for many. As grandparents often lived in the same house as their grown children, grandchildren were often left with grandparents while their parents worked elsewhere. The reliance on the family, with all implicit obligations, was strong. For example, the respondents said that it was considered shameful for a person to receive state support, as welfare payments tended to be associated with those who had no family backing. Because of the expectations that the family would provide necessary support, dependence on state welfare was rare. For similar reasons, living in rented accommodation was uncommon. As one respondent said: "people just did not live in someone else's house".

As were family ties strong, so too were social relations and community ties among friends, neighbours and wider family. Respondents spoke of close neighbourly ties where "everyone knew everybody", neighbours were "like family", and where life was "more open". Neighbours would call on each other, and drink coffee together without having to make prior arrangements; their doors were always open. Although the community was predominantly Muslim, social relationships with the Serb minority were reportedly no different.

The majority of the young people thought that life was good and were very happy with their lot. Most of them lived with their parents and assured of their inheritance, felt materially secure and carefree. Like most young people, some planned to leave school, find employment, get married and start a life of their own. Others had not yet thought very much about the future, as there seem to be no need to do so. None of the Bosnians interviewed remotely considered the possibility that one day they would have to leave their homes and country, nor sustain the kind of losses that were soon to occur.

Ethnic Cleansing in Bosnia-Herzegovina

A euphemism for genocide, ethnic cleansing is said to have been the principal aim, not just a by-product of the war (Bennett, 1995). According to Malcolm (1994, p.246), "it was a central part of the entire political project which the war was intended to achieve, namely the creation of homogenous Serb areas which could eventually be joined to other Serb areas, including Serbia itself, to create a greater Serbian state".

In a systematic campaign of ethnic cleansing, Serb paramilitary groups swept through northern and eastern Bosnia and, municipality by municipality seized control of the region. While there was a certain uniformity in the way the cleansing was conducted, in places it was achieved in an orderly fashion with minimum of violence, while in other places it was violent and accompanied by mass killing (Silber and Little, 1995).

Typically, larger centres designated for ethnic cleansing were shelled from a distance until inhabitants surrendered. Paramilitary units then dealt with the Muslim population. In smaller towns and villages, the area would usually be surrounded and while some paramilitaries went in, others blocked entry and exit points. Ordered out of their houses, women, children and the elderly were separated from the men and after being robbed of money, jewellery and other valuables, were allowed to go to Bosnian army-controlled territory. Men, on the other hand, were detained and processed in detention centres. Deprivation, random beatings and killings were common. A common characteristic of the

cleansing operations was the systematic elimination of community leaders - prominent people, intellectuals, members of the Muslim Party for Democratic Action (SDA), and the wealthy. Prepared lists of names were used to identify and round up targeted people. As Silber and Little (1995) state, it was a conscious elimination of an articulate opposition, the destruction of community from the top down.

Wholesale robbery became an organised part of ethnic cleansing with every major population centre in northern Bosnia reportedly having an Office for Population Resettlement and Property Exchange. Most Muslims and Croats were not allowed to leave without first signing documents surrendering all future rights to their property. Having given up all their possessions (homes, cars, businesses, money and luxury goods), they often suffered a final indignity by being charged a fee for being driven out of town (Silber and Little, 1995). As Vulliamy (1994) points out, the Office lucratively combined the roles of intimidation, ethnic cleansing and extortion.

Located in the north-east corner of Bosnia, Brcko was amongst the first towns to be ethnically cleansed (see map, Plate 1). Seized by Serb militiamen on 30 April 1992, local Muslims and Croats, who made up more than two-thirds of the town's population, were harassed and detained. Many ended up in makeshift detention camps including the notorious Luka camp, an abandoned warehouse on the Sava River. Stories of atrocities in Luka and other camps abounded over the following months as survivors escaped into exile (Walsh, January 1996). Gutman (1993) interviewed some of the survivors, whose accounts corroborated the allegations which were cited in *Newsday*, and presented as the testimony before the US State Armed Services Committee (see Chapter 5). The State Department report issued in September 1992 concluded that at least 3,000 men, women and children were "slaughtered" in Brcko's camps and streets that year (Walsh, January 1996, p.32; Gutman, 1993). Orgies of carnage are said to have been especially gruesome "after guards had been on drinking bouts and had swallowed unidentified green pills" (Walsh, January 1996, p.32). The bodies of the victims were thrown into the Sava River or taken by other prisoners to an animal feed production plant where the bodies were buried in mass graves or destroyed (Gutman, 1993; Vulliamy, 1994; Walsh, January 1996) (see Plate 10).

In other parts of eastern Bosnia, Muslim residents of other towns in the Drina River valley suffered similar fate. Gutman (1993) reported brutal attacks on and elimination of Muslim populations in the towns of Kozluk, Visegrad² and Foca during April 1992. After the initial ethnic cleansing in eastern Bosnia where Muslims had been the majority population, only a handful of pockets remained and were holding out against the Serbs. These were Cerska, Kamenica, Gorazde, Srebrenica and Zepa. Each of these pockets began their unique and long-drawn-out torment under siege (Vulliamy, 1994). Some 300,000 people were reported trapped in these enclaves. Srebrenica was the first of the UN declared safe areas to which Sarajevo, Gorazde, Bihac, Tuzla and Zepa were later added. By the end of the war, all but Gorazde were to fall (see map, Plate 1).

In July 1995 the town of Srebrenica was seized by Bosnian Serb forces and ethnically cleansed of its 42,000 Muslim inhabitants. The fall of Srebrenica has been ranked among the most infamous atrocities of the war. In a sub-heading to the title of his book 'Endgame', Rohde (1997) described it as "Europe's worst massacre since World War II". As Srebrenica fell, some 15,000 men tried to escape to the Bosnian government-held territory. Many were captured en route to Tuzla or killed in summary mass executions. Some 8,000 remain unaccounted for. Evidence of mass executions of Srebrenica's inhabitants has been supported by the discovery of mass graves outside the villages of Glagova and Grbavci (Bird, 1996; Nelan, July 1995; Walsh, January 1996; Walsh, April 1996).

While Serb forces ethnically cleansed northern and eastern Bosnia of Muslim populations, Croatian forces actively pursued the same objective in central Bosnia and parts of Herzegovina following the collapse of the Croat-Muslim alliance in the wake of the proposed Vance-Owen Plan (see Chapter 5). Awarded to Croats under the Plan, Mostar, a city in which Muslims were the single largest group before the war, became a focal point of ethnic cleansing by Croat forces who claimed it as their capital, the city of 'Herzeg-Bosna'.

The assault on Mostar began on 9 May 1993 with a nightlong shelling which set the Muslim quarters of town on fire. The mass deportation of Muslims from the west bank began. While men were sent to Croatian concentration camps (Dretelj and Gabela), women, children and the elderly were rounded up at gunpoint and with shots fired over their heads, sent across bridges and front lines into the tiny Muslim enclave on the east bank. When the siege began, the population of east Mostar stood at 10,000. Within a relatively short period of time it increased to more than 55,000 (Vulliamy, 1994). Trapped in east Mostar, Muslims endured appalling living conditions in crowded cellars and torture by prolonged and relentless shelling and sniper fire that created an atmosphere described by Vulliamy (1994) as 'concentrated claustrophobia' and the "most savage and pitiless siege of the entire war" (p.331). For ten weeks, the Croats allowed no food, aid or medicines into eastern Mostar. At the end of August, and on the edge of starvation, the UN convoy finally reached the town only after giving generously out of the supplies to the besiegers as a condition of entry (Vulliamy, 1994).

Around the city of Mostar, the UN teams estimated that between June and September 1993, some 45-55,000 Muslims had been driven from their homes through ethnic cleansing. Muslims from Capljina, Stolac, west Mostar and a host of other villages in the area were gathered and deported (Vulliamy, 1994). Croatian tactics are said to have resembled those employed by Serbs in other parts of Bosnia.

Vulliamy (1994) reported a frenzy of violence and sights of extreme brutality by Croat Council of Defence (HVO) units against Muslim populations in the central Bosnian town of Prozor and the village of Ahmici. The attacks took place in October 1992 and April 1993 respectively, the latter less than a mile from the British base in Vitez (see map, Plate 1). As part of the systematic ethnic cleansing of the Vitez area, this Croatian push is said to have been deliberately accelerated during the weeks that the eyes of the world were focused on Srebrenica (Vulliamy, 1994).

Ethnic Cleansing Northern Bosnia and the District of Kozarac

Nowhere was the process of ethnic cleansing applied more systematically, more brutally and more extensively than by Serbs against Muslims and Croats in northern Bosnia. The area involved territory stretching some 200 miles from Bihac in the west to Serbia proper in the east connected by a narrow but strategically important strip of land known as the Posavina Corridor (see map, Plate 5). Located in the north-west part of this territory was the half-Muslim, half-Serbian region of Bosnian Krajina. Kozarac was in this region.

In some communities, lives of Muslims were progressively made more difficult. Reminiscent of early Nazi actions against Jews, Muslims were sacked from jobs, harassed in the streets, their homes were attacked and businesses destroyed. In a town of Celinac near Prijedor for example, a decree forbade Muslims to drive or travel by car, to assemble in groups larger than three, to leave without the permission of the authorities, or to make phone calls other than from the post office (Silber and Little, 1995). In other communities however, ethnic cleansing was more abrupt and unexpected and took on a very ferocious form. Satellite towns and villages in the Bosnian Krajina in particular, fell into the latter category. Vulliamy (1994) reported that between 150 and 200 homes, shops and mosques were being burned or dynamited every day in the Bosnian Krajina, sending a tide of refugees towards Croatia. When Croatia closed its borders to the Bosnian refugees (see Chapter 5), instead of heading north, refugees' only escape routes led south into Government-held central Bosnia. Columns of fleeing refugees took to the mountain roads, a perilous journey in its own right. At checkpoints along the way fleeing Bosnians were robbed, intimidated, beaten and abused, and shot at by Serb militiamen. Some were killed. Refugees with vehicles had their vehicles taken away from them, and by the time they crossed into the Bosnian Government territory at the front line village of Turbe, three kilometres north of Travnik, the refugees had been walking for days (Silber and Little, 1995). Others were herded into railway boxcars and sent to Muslim-held Zenica (see map, Plate 1) while most men were detained in hastily set up detention centres such as Kereterm, Omarska, and Trnopolje in the Prijedor area, and Kotor Varos, Manjaca and Vijaka in the Banja Luka area (Vulliamy, 1994).

Although at the time there was war in Slovenia, in neighbouring Croatia and in other parts of Bosnia, the assault on Kozarac came as a shock to most of those interviewed. No one believed that war would happen in Kozarac, as Serb, Muslim and Croat neighbours got on well, young people of all groups socialised together, and intermarriage was common. There did not seem to be any problems, and no obvious need to attack the town. One respondent, who had sensed that there would be trouble, said that he could never have imagined the extent of devastation that was to besiege them.

The assault on Kozarac began after Serbs forcibly took control of the *Opština* (government district authority) in Prijedor in early May 1992. A process of rounding up and intense shelling of Bosnian Muslim and Croat areas by Serb forces followed soon after. So sudden and unexpected was the turn of the events, that most people interviewed were caught completely unawares. Respondent "M1", for example, had come home to Kozarac from abroad for holidays not long before. Once the hostilities erupted he was unable to leave. Similarly, respondent "F4" described how in the evening of Friday 22 May 1992 her father had come home from his job in Croatia with the intention of returning to work on Monday. Like respondent "M1", her father was unable to return, went missing and is presumed to have been killed. An acquaintance of respondent "F4" had also just returned from work in Russia after a two-year absence, to suffer the same fate. People were coming home for the weekend, unaware of what was about to happen.

Respondent "M4" recalled how on the day the assault started, he and his father were working in the field. That day, Sunday 24 May 1992, sirens sounded at 1:30 in the afternoon and shelling started from a nearby Serb village across the river. Respondent "F4" was making plans to go into town that evening when the sirens suddenly sounded. According to respondent "M6", the sound of sirens was quickly followed by heavy shelling coming from 105 mm and 155 mm guns positioned outside Kozarac which was surrounded on all sides by Serb forces. Apart from brief spells, shelling lasted three days and three nights, terrorising people into running in all directions, seeking refuge in shelters and houses.

cellars. Marlowe (1992) reported that laundry left hanging on the clotheslines in the town testified to the suddenness with which the inhabitants of Kozarac left.

Although the assault on Kozarac and the nearby communities was sudden and unexpected, a couple of respondents mentioned that it followed the refusal of the town's police and the territorial forces (the Army of Bosnia-Herzegovina) to heed three Serb ultimatums to hand over the weapons in their possession and surrender.

Seeing no option, the town's residents decided to surrender. As instructed over the radio, first the police, then the armed territorial defence forces and then the civilian population proceeded along the road towards Prijedor, towards the Serb lines, where they would be met and taken to the city. Returning to the town to find his family, respondent "M5" saw part of Kozarac ablaze and, led by police carrying a white flag, a column of people who had surrendered.

"When we surrendered, that's when the black days began", said respondent "M1". Half way between Kozarac and Prijedor (see map, Plate 2), those who had surrendered were met by Serb soldiers who, respondents said, were not locals, but had come from the nearby Serb strongholds of Banja Luka and Knin. The soldiers were in possession of lists containing the names of people they were seeking to identify. They knew who was a policeman, who owned a business and had plenty of money, or who was a politician, said the respondent. Individuals who wore army boots, along with listed persons, were singled out and taken to two houses some 20-30 meters off the road. Respondent "M5" reported hearing screams: "They were horrible screams", he said, causing him intense fear. Generally it was believed a mass slaughter took place, with one respondent reporting that 15 policemen were executed. Another reported having spoken to men who managed to survive the ordeal. Those men verified the slaughter, even though the respondent himself did not witness the executions.

Gutman (1993) reported the account of Began Fazlic, an older man from Kozarac. Fazlic said that he witnessed the execution of his next-door neighbour and his family. The victim

was the local chairman of the Muslim SDA party that had organised the town's resistance. After refusing to provide the names of Muslim activists: "They [the military] took electric drills and bored them into their [the man's and his wife's] chests" said Fazlic. The three children, aged one, three and five, were impaled on spikes. "We saw it with our own eyes," he said.

Told that they would have to go to 'gathering centres', respondents described that able-bodied men were separated from women and children, before being sent to the detention centers of Kereterm, Omarska and Trnopolje. Women and children were at first accommodated en masse in city halls, before being released to their relatives in Prijedor and the outlying villages. Some ended up in the Trnopolje camp.

With her son having been taken to Omarska, respondent "F1" recalled how she and other women, children, the elderly and the infirm, were taken like 'livestock' to a school hall. Kept there for two weeks, they endured hunger, thirst and frightening nights of shelling. After two weeks she, her daughters and grandchildren were transferred to Prijedor where she stayed with her sister. After a month and a half, she and others like her from Kozarac were collected at gunpoint and herded into buses for Bosnian Army-held central Bosnia. Unable to leave Bosnia, respondent "F5", with her infirm mother and sisters, roamed the country for two and a half years. Living in makeshift accommodation, and in fear, constantly harassed by soldiers, the women eventually found their way to Croatia.

After hiding for a couple of days in a shelter, respondent "F4" and other members of her family were discovered by Serb troops and sent to the Trnopolje camp. Her father, however, was kept back on the pretext that the Serb soldiers wanted first to talk to him before releasing him; she has not seen her father since that day nor learnt of his fate. She remembered the day well; it was Monday 25 May 1992, the day on which he planned to return to his work in Croatia.

Not all, however, were forced to leave immediately. After her sons had been taken to a concentration camp, respondent "F2" and her daughter (respondent "F3") remained in their

house for three months before continued beatings, shooting and killing forced them to leave, fearing that they may not survive if they remained.

Less fortunate, respondent "F5" described the day soldiers came into her parents' house and took away her father and two brothers for execution. "I did not see them dead" she said, "but [only] heard the shots". The neighbours reported seeing a pile of some 30-50 bodies being loaded and taken away on a truck. The women were not sure where the bodies were taken to, but the nearby Ljubljana mine and Tomasica were possible sites of disposal.

Gutman (1993, p.84) reported the account of Jasmin Kaltak, a 22-year old detainee at Kereterm concentration camp, who volunteered to "harvest the wheat". The harvest turned out to be that of bodies. Kaltak described how, during the three days in late July 1992, he and another prisoner loaded onto trucks about 250 to 300 corpses of men, women and children, some as young as two years old. The corpses came from homes in seven Muslim villages south of Prijedor - Tukovi, Sredci, Biscani, Zecovi and Carakovo (see map, Plate 2). According to Kaltak, there were fourteen other two-man teams doing the same, suggesting that thousands of people may have been executed during the ethnic cleansing of the villages. Kaltak did not know where the corpses were taken. He noted that most of the victims were men whose hands were tied behind their backs with wire. Corpses that had begun to decompose or were maggot-infested, were collected by prisoners and put in piles of three to five corpses. A uniformed army chemical officer in protective headgear then sprayed each pile with a 'white liquid' and lit it. The corpses were reduced to soot.

As in most Serb-held territory, Muslims wishing to leave could do so only with exit papers obtained in exchange for signing documents relinquishing all claims to their property and possessions. A long line of women was seen outside the Prijedor police station waiting for a permit to leave. Some 9,000 are said to have applied (Nelan, 1992). For many however, extortion was not over. Collins (1995) reported the story of a 47-year-old Muslim woman from Prijedor who, with her daughter and a 17-year-old son, was put on board of a bus and taken out of the city. After four hours, they arrived at a clearing where the men were told

to disembark. The Serbs began beating the men. A group was taken and stood next to a wall as if they were about to be shot. Members of their family had to pay to have them spared. Eight were marched into a small building and were not seen again. After two terrifying hours the bus took off with the distraught women. When the bus stopped again, the woman, and her son who had been concealed under the seat and covered over with bags, got out. A soldier immediately grabbed the young man and put a knife to his throat demanding 1,000 Deutschmarks of the mother in exchange for not killing her son or raping her daughter. She paid.

In the days following the assault on Kozarac and the expulsion of its Muslim population, Serbs returned to loot Muslim houses of their belongings (Marlowe, 1992). Respondents detained at the Trnopolje camp reported seeing trailer-loads of household items being taken out of the area. Under orders from their Serb captors, Kaltak and other work-crew collecting corpses in villages south of Prijedor (see above), plundered the houses of expelled Muslims and loaded appliances and other possessions into trucks that took the goods to two warehouses in Prijedor (Gutman, 1993).

Having long enjoyed very good relations with their minority Serb and Croat neighbours, some of whom they had known for decades, the respondents found their neighbour's actions unbelievable. They felt betrayed. Some of the respondents observed that in the days preceding the assault, their Serb neighbours and friends left the area, presumably having been warned of the pending attack on the town. They felt betrayed because their non-Muslim friends and neighbours, people whom they had known and trusted for so long, had not warned them. Respondent "F4" recalled how only the night before the attack, she was out with a Serb friend, her best friend whom she trusted completely. He left town the next day, and was later seen in a uniform, but never warned her.

Described by Gutman (1993) as once one of the most beautiful towns in Bosnian Krajina, Kozarac was almost completely destroyed; there was barely a single house left undamaged, reported Gutman. Ordered by Serbs to fly white flags from the windows of their homes, Muslim homes were easily identified for targeting and methodical destruction by shelling

(Marlowe, 1992). According to Vulliamy (1994), Muslim houses were dynamited so that the expelled Muslim residents could not return home. The mosque and a historical graveyard, vestiges of the settlement's 500-year-old history, were also destroyed (see Plate 8). Out of the Kozarac's Muslim pre-war population of more than 20,000, according to Muslim survivors, more than 5,000 men were beaten to death or shot. The entire local political, business and cultural elites were singled out for extermination (Vulliamy, 1994). In a final act of ethnic cleansing, Kozarac was renamed by Serbs as Radosavci (Gutman, 1993).

Rail and the Mountain Road Journeys

In their zeal to ethnically cleanse northern Bosnia, Serb authorities made use of the only rail line in the region to deport refugees from the area. Reminiscent of Nazi deportation of Jews, thousands of women, children and elderly were transported in tightly packed and sealed freight trains, in sweltering heat, a journey that lasted several days. An unknown number of people, particularly children and the aged, died en route. For most, the journey ended in Muslim-held cities of Zenica and Tuzla in central Bosnia. From there some were sent to Travnik, the third city in the remnants of Bosnia to which the refugees from ethnically cleansed communities in north-west Bosnia were sent. Respondent "F4" and her mother, the mother of respondent "M6" and a sister of respondent "F5" all experienced this journey, in a boxcar that had previously been used for the transportation of livestock, and all were eventually resettled in New Zealand.

Allowed to stay with a relative in the village of Trnopolje, respondent "F4" and her mother were loaded onto a boxcar heading for the town of Doboj, 150 kilometres to the east. The boxcar contained some 150 people, mainly women and children and a few older men. Shut in, they had no water and little air, a small window being the only ventilation. En route they were robbed of gold and money; anything of any value had to be handed over. She heard that in an earlier convoy, young women had been taken out of the train and raped. Fortunately, no one in her convoy was molested, she said. Taken off at Doboj, the

deportees crossed on foot the line separating the Serb and Bosnian army-held territories, and walked to a village of Klokotnica 12 kilometres away. There "F4" and her mother stayed for three weeks. After spending a week in a small Herzegovinian village west of Mostar, "F4" arrived at the Zagreb railway station without money and having never been to Zagreb before. Fortunately she had the telephone number of a girlfriend whom she managed to contact and with whom she stayed for three weeks, before moving in with her uncle's family south east of the city. After a year there, respondent "F4" came to New Zealand.

The mother of respondent "M6" took the same route to Doboj but ended up in the town of Zenica before reaching Croatia. The sister of respondent "F5" ended up in the city of Travnik. According to "F5", after her sister's village was taken by Serbs and her husband sent to the Kereterm camp, the 23-year-old mother with her one-year old child was loaded onto a boxcar with other women and children. The boxcar had no windows, just heavy metal doors that were closed, leaving those inside in darkness. In such conditions she had no breast milk to feed and soothe the crying infant. In the high temperatures and dusty conditions, sores erupted all over the child's body from the dust and sweat. Unlike other young children, he did survive.

According to eyewitness reports, the first two trains, carrying about 4,000 deportees from Kozarac, passed through Banja Luka around 12 June. Some were transported in passenger cars, but the majority rode in cattle cars (Gutman, 1993). Maggie O'Kane of the *Guardian* obtained a testimony from a man who in June 1992 witnessed the deportation process at the Trnopolje railway station. There were ten cattle wagons. The witness saw only a few of the women's faces, women who were sticking their arms out of two barred windows high up on the wagons. He said that he knew that the wagons were full because of the noise - they were screaming out for water. There was also no food, fresh air or toilet facilities. A hole in the floor of the carriage piled up with excrement. After two days the train reached Banja Luka a mere 50km away, with women still in distress and sticking their hands out of the windows shouting: "two children are dead. Let us take out the bodies, let us out, please, water". After five days, the train finally reached Zenica (Vulliamy, 1994, p.95).

Began Fazlic from Kozarac (see above) whose sons were taken to the Omarska camp, described his experience on the inside of a carriage, one in a convoy of five which was followed by a car of bearded men with machine guns. The deportees were segregated by sex, except for children who were allowed to stay with their mothers, and a few elderly men. Inside his car, it was stiflingly hot. As described by the sister of respondent "F5" and O'Kane, there was no water and little air. The luckiest, said Fazlic, were infants who were still nursing, and the unluckiest were the small children, who made up most of the dead. "They'd open the door, take the bodies out and dump them by the roadside. We weren't allowed to bury them", said Fazlic (Gutman, 1993, p.42). In Banja Luka, Serb army reluctantly agreed to take over the train from the militia for the next leg of the journey into the war zone. The new guards, as those described by respondent "F4", robbed and beat deportees before allowing the train to proceed to Maglaj, some 20 kilometres south of Doboj, the following day (Gutman, 1993).

Described as a shortcut to the Bosnian army-held territory and the city of Travnik, the road journey across mount Vlasic was another route taken by deportees from north-west Bosnia. Respondents "F1", "F2" and "F3", as well as the father of respondent "M6" took this notorious route into central Bosnia. From Prijedor and Trnopolje, the journey took them through Banja Luka, Kotor Varos, Skender Vakuf, Vitovije and Smet (the last Serb checkpoint) down Mount Vlasic, and through the village of Turbe, into Travnik (see map, Plate 4).

Not knowing where they were being taken, respondent "F2" described the journey as difficult, a journey she could not forget easily. The women, children and a small number of men were packed 150 to a truck previously used to carry livestock. Under a tarpaulin in temperatures that reached high 30s, she was surprised that they did not suffocate. Some women gave birth on the way. En route, like those taking the boxcar journey, the deportees were robbed of any gold or money they possessed, the uniformed men threatening to execute anyone who tried to conceal any valuables. Having travelled as far as they could

within the territory under Serb control, the deportees were unloaded and told to walk down the mountain to where the Bosnian army would be waiting for them. They walked for hours, sometimes throughout the night, before reaching their destination.

Many of those interviewed reported a massacre of detainees from the Trnopolje camp who, having been told they were being released, were en route to central Bosnia. The alleged massacre took place on Mount Vlasic. Respondent "M5" reported knowing of 160 who were executed there. They, too, came from Kozarac, and many were his friends. Most likely referring to the same incident, Ed Vulliamy of the *Guardian* reported that on 21 August 1992, four days after he took the convoy that followed the same route, 200 men were taken from buses and cars between Vitovlje and Smet and were never seen again. Only two survived what appeared to be a summary execution on the edge of a ravine through which a small river ran. One of the survivors gave testimony on the massacre to the War Crimes Commission (Vulliamy, 1994).

On 17 August 1992, Vulliamy joined a convoy of fleeing refugees in a town of Sanski Most some 30 kilometres south of Prijedor (see map, Plate 2). Once home to some 20,000 Muslims, the fate of the Muslim residents was similar to that of those in Kozarac. In the preceding days the mosque was blown up, Muslim-owned shops were burned and looted, some Muslim girls had been raped, and scores of people killed, their bodies disposed of in pits on the edge of town. Some 2,500 Muslim men were rounded up and sent to the Manjaca camp (Vulliamy, 1994).

Announced over the local radio that the convoy was leaving that day, it had been made clear by Serb authorities that this convoy was among the last opportunities for Muslims to leave. Tickets for the journey were purchased from the police, the fare payable in Deutschmarks. People could either use the buses and trucks provided, or take their own vehicles. Lined up along the roadside, a convoy of some eighty cars, buses and trucks left shortly before midday. Told that they were going to Bosnian Army-held territory where papers were ready for their onward journey to Germany and Austria, soon it became

apparent that nobody on the other side had the slightest idea that they were coming (Vulliamy, 1994).

Proceeding along mountain roads that in places were reduced to unsealed tracks and ledges along river gorges, the deportees were mocked, spat at, punched and kicked as they moved through the Serb-held territory. Robbed at various checkpoints along the route, some of the convoy's passengers were taken out for apparent questioning. Some came back, but others did not, while some young women were "taken prisoner" by soldiers. The fear of a massacre was ever present, said Vulliamy. At the last checkpoint at Smet, armed men stopped each car in the convoy and methodically pulled out its occupants at gunpoint, allowing them to take out what baggage they thought they might be able to carry on foot. Of the little they had managed to pack, much was left behind or dumped along the road. All but seven vehicles were driven brusquely away by the gunmen, the owners of the vehicles thrown out into the night. The buses, too, unloaded their passengers and returned the way they had come (Vulliamy, 1994).

Close to the front lines and into a no-man's land, Vulliamy observed that the last eleven miles, on foot, were terrifying and extraordinary even by the standards of the long-drawn-out nightmare of the day. Wandering like "silent ghosts", the 1,600 or so battered Muslim refugees were sent trudging at dead of night through a mountain battlefield, towards what they had been told was the safety of their army's territory. Vulliamy reported how "heavy artillery from 300 yards away pounded a little village in the valley below, the shells whistled over our heads, tracer fire lit up the hillsides, and heavy machine guns rattled in the hamlet just ahead. It was here that the soles of our shoes stuck in the blood and we stumbled over the ripped flesh of the last wretches who tried to pass this way" (Vulliamy, 1994, p.126).

With a T-shirt held high and lit by torchlight as a white flag, the group came across a surprised Bosnian Muslim militiaman who sent word back to the front line to hold fire until the refugees were off the road. As the refugees were not expected, they were at risk from 'friendly fire.' The refugees were ushered off the narrow highway, up the hillsides along winding dirt tracks, and around the back lines of the battle. By 3 am they reached the

relative security of the Muslim-Croat village of Turbe, from where they were taken by a hastily found bus to Travnik. There, in the city centre, they joined some 26,000 other Muslim refugees.

Vulliamy notes that as it turned out, his convoy was a lucky one. Earlier that night, another defenceless convoy of people, following along the same route, had been ambushed by Serbian gunmen. Two boys, brothers aged fifteen and seventeen, were killed. Vulliamy notes that "it was almost certainly their remains over which we had walked some hours earlier" (1994, p.127). From a Bosnian Army commander in Travnik, Vulliamy also learned that in the proceeding days, twenty refugees had been killed in the ambushes by the same irregulars who escorted his convoy. To escape shooting and shelling, the refugees would run off the road into the woods and get lost. According to the commander, his soldiers would sometimes find women wandering in the mountains, "half-mad and half-alive" having left the convoy to save themselves (Vulliamy, 1994, p.128).

The Concentration Camps of North-west Bosnia

In order to ethnically cleanse northern, eastern and other parts of Bosnia, Muslim and Croat men were rounded up by Serb forces and held at hastily established detention centres. Relying on "the most detailed bill of particulars" issued by Bosnian officials, McAllister (1992, p.21) reported that Serbs operated no less than 105 camps, through which some 260,000 people had passed between April and August of that year, and of whom some 17,000 had died. The names of Bijeljina, Bosanski Samac, Kereterm/Prijedor, Kotor Varos, Luka/Brcko, Manjaca, Omarska, Trnopolje, Ugljevik, and Vijaka were mentioned. However, the stories of refugees reaching Croatia and Travnik, suggested that every small town and village under Serbian control had its own prisons and camps; men were being held in small groups in the sheds and barns of Serbian farmers" (Vulliamy, 1994, p.115).

Various referred to as detention camps, interrogation centres or simply as camps, Vulliamy (1994), who was in the first group of foreign journalists to visit Omarska and Trnopolje camps in August 1992, concluded that 'concentration camp' was exactly the right term to describe these and other such facilities operated by Serbs, and later by Croats: places in which populations were concentrated prior to enforced deportation and in the meantime tortured, beaten, and murdered in large numbers. In addition, many died from neglect, starvation, disease and dehydration in the scorching summer heat.

All but one of those interviewed ended up in a concentration camp. Of the seven men, one was held at the Omarska camp, two at Kereterm and four at the Trnopolje camp. Of the five women, four stayed briefly at the Trnopolje camp before being deported to the Bosnian army-held territory. The men who were held at the Omarska and the Kereterm camps were brought to the Trnopolje camp before their release.

Omarska Camp: Situated half-way between Prijedor and Banja Luka, Omarska township is located on the only railway line that runs through northern Bosnia. The existence of the Omarska camp, the location of what used to be Omarska's iron mining and ore processing complex, was first uncovered and visited by foreign journalists on 5 August 1992. No one from the ICRC, the UN or the press had previously accessed this camp (Vulliamy, 1994). Run by the Bosnian-Serb police, the Omarska camp was described as "a place of savage killing, torture, humiliation and barbarous cruelty" (Vulliamy, 1994, p.108). Although the exact figures are not known, the evidence suggests that some 6,000 men were held at Omarska at any one time, and as 13,000 went through it, as many as 5,000 were killed (Brand, Bresl and Nordland, 1992; Gutman, 1993; Vulliamy, 1994). For five months, respondent "M1" was held at this facility. A brother of respondent "M6" was also interned here.

Coming through the back gates of the complex, Vulliamy (1994) reported that nothing could have prepared him and his fellow journalists for what they were to see. Across a yard, a group of prisoners who had just emerged from a door in the side of a large rust-

coloured metal shed, were adjusting their eyes to the sunlight and being ordered into line by the barking commands of a uniformed armed guard. As part of some rehearsed drill, their heads newly shaven and wearing baggy clothes over their emaciated bodies, the 30 prisoners ran in single file across the courtyard into the canteen. Vulliamy observed that some were so thin that they were barely able to move³. Above them in an observation post was a guard with a machine gun. Once in the canteen, the prisoners lined up in obedient and submissive silence and collected their ration described as a meagre, watery portion of beans augmented with breadcrumbs, and a stale roll, which they collected as they filed along the metal railings. The prisoners sat down at the tables and gulped down their food. It appeared to be the only meal of the day. The meal took precisely one minute when the guards signalled that time was up. The men quickly formed another queue clutching the roll that came with the lunch, obviously to keep for later.

At Omarska, the journalists were informed that the camp was an 'investigation centre' for men suspected of being members of the Bosnian Government Army. The men were rounded up, then 'screened' to determine whether they were 'fighters' or 'civilians'. Those found guilty of 'preparing the rebellion' were assigned to 'Category A'. There was no information as to their next destination. Those found to have been territorial defence soldiers, but not 'preparing the rebellion', were assigned to 'Category B' and were sent to the Manjaca camp⁴. The rest went to the Trnopolje camp, a short distance away (Vulliamy, 1994). It was acknowledged that there was a fourth category referred to as 'hostages', the 'innocents', who would be exchanged for Serbian prisoners held in detention camps run by Croats and Muslims (Brand, Bresl and Nordland, 1992; Vulliamy, 1994;).

In spite of the invitation given to the journalists at the London Conference by the Bosnian Serb leadership (see Chapter 5), the journalists' request to see inside, the sleeping accommodation, the 'hospital', the 'white building' and the 'rust-coloured shed, were denied. What was actually taking place inside these Omarska camp buildings was only going to be pieced together later based on reports of former detainees (Vulliamy, 1994).

The rust-coloured metal shed at the Omarska camp contained metal cages into which more than a thousand men at a time were crammed. Apart from the brief excursion to the canteen, prisoners were confined to the shed for twenty-four hours a day. Many were reported as having died from asphyxiation (McAllister, 1992; Vulliamy, 1994). One former prisoner, a 63-year-old man from Kozarac, spent one week in Omarska in June 1992. He described how he was "held in an ore loader inside a cage roughly 700 square feet, along with 300 other men awaiting processing by their captors. The metal superstructure contained cages stacked four high, separated by grates. There were no toilets, and the prisoners had to live in their own filth, which dripped through the grates" (Gutman, 1993, p.45). The man also described how "bread was distributed every third day, a two-pound loaf for three people, and after a week prisoners were given a small cup of weak soup once a day" (Gutman, 1993, p. 48).

The 'category' system was a euphemism for a regime under which men were kept in the shed while awaiting interrogation. After being 'interviewed' with the help of torture, those deemed to have been part of the resistance ('preparing the rebellion') were assigned to category "A" and sent to the 'White House'. Assignment to White House meant certain death. Only five men are known to have survived it.

Nedžad Jacupovic, a 25-year-old from Kozarac, was one of the five known survivors of the White House. Moved from the rust-coloured shed to one of the small rooms on the upper floor of the White House during the ten weeks he spent at the Omarska camp, Jacupovic said that he had watched 150 men, whom he had come to know, beaten and kicked to death. The Serb soldiers "would bring people from the big red hut at eight in the evening, forty of them each night, to the White House. There they would beat them until they were dead", said Jacupovic (Vulliamy, 1994, p.109). Badly beaten himself, Jacupovic said that for twenty-five days he could neither walk nor stand. Another known survivor of the White House was an older man identified only as Sakib who reported seeing much blood and many bodies inside the White House, his own brother being among those killed (Vulliamy, 1994, p.110). Sakib calculated that more than 600 men disappeared from the rust-coloured shed during the 12 days he was interned at Omarska in July 1992. Many of

the bodies were disposed of down a mineshaft (Brand, Bresl and Nordland, 1992; Vulliamy, 1994).

Although respondent "M1" made no specific reference to different buildings at the Omarska camp, his report of daily routine of interrogations, beatings and killing was not inconsistent with those of Jacupovic and Sakib. Although the respondent could not say exactly how many people he saw tortured and killed, he estimated that he witnessed more than a hundred. In the mornings when he and other prisoners went outside, or when they were marched for a meal, they would see dumped bodies of torture victims. He himself was beaten with a bar and struck in the head many times with the butt of a rifle, but he suffers no permanent injury.

Initially taken by surprise and not fully aware what had happened, respondent "M1" said it took him "a day or two" to realise the gravity of the situation he was in. Although he witnessed torture and killing, initially he thought it was a result of personal vendettas and the settlement of old scores rather than as acts directed at the Muslim population in general. Told that they would be returned home after interrogation, for the first two to three weeks he thought that he would be released once it was established that he had not fought against the Serbs. After a while, he realised that it was not the case and began to doubt that he would ever be released.

Professional people among the prisoners in particular were singled out and badly beaten. The guards reportedly had lists of everybody's name, address and profession, used specifically for that purpose (Brand, Bresl and Nordland, 1992). One former prisoner reported that those at Omarska included "the entire political and cultural elite of the city of Prijedor" (Gutman, 1993. p.44). According to respondent "M6" many doctors and technicians whom he had worked with at the Prijedor Hospital, did not survive. The camp's 'administrator' was their former colleague. Thirty-three females were also amongst the Omarska prisoners. Mostly professionals from Prijedor, they were held at the camp in an 'administration building', separate from the men. They too endured beatings, and also rape. Twenty-nine were eventually released, but four have never been seen since.

At Omarska, here are several unconfirmed accounts of prisoners being made to bite off the testicles of fellow prisoners, and, at gunpoint being forced to have sex with each other and with prison animals (Gutman, 1993; Vulliamy, 1994). In a sworn statement to the Bosnian State Commission on War Crimes, a 52-year-old man from Kozarac, said that a dozen people a day for five days were decapitated with chain saws near one of the main pits. At least one prisoner was burned alive by having petrol poured over him and then being set alight (Gutman, 1993).

Within days of the foreign journalists' visit to Omarska, and due to the ensuing international outrage, the camp was closed and its prisoners gone, mostly to the less notorious installations at Manjaca and Trnopolje (Gutman, 1993; Vulliamy, 1994). Respondent "M1" was among 800 other men who were transferred to the Trnopolje camp. Before the transfer he was ordered by his captors to clean up and remove any evidence of the killing that had taken place. "There was blood and some horrible images around the place", he said.

Kereterm Camp: Kereterm was a disused factory that had manufactured ceramic tiles, located at the edge of Prijedor. Respondents "M2" and "M3" were held here, as well as a brother of each and a father of another respondent. Respondent "M2" also had some 12 or 13 relatives detained in this camp. Although the Omarska camp was said to have been the worst of the camps, respondents agreed that those amongst them who were held at the Kereterm camp suffered most. There the two respondents spent 18 days and three-and-a-half months respectively. "M2" who spent 18 days at Kereterm said "I was not there for many days but they were bloody days". He was referring to a massacre in Room 3E, one of four rooms in the camp to which he and other men from Prijedor, Kozarac and five or six surrounding villages were assigned. Gutman (1993) and Vulliamy (1994) who sourced the information from survivors located in and near Room E that night also reported the massacre.

Room 3E was a large storage space made of concrete with a heavy steel door that opened across half the front wall (Vulliamy, 1994). Sleeping on wooden palettes, respondent "M2" said that for the first three days he and fellow prisoners went without food or water. Beating and random execution of prisoners was routine. Nights were unlit and the beating of prisoners outside the room's metal doors, generated fear amongst those inside: "you feel it the same as the person who is being beaten", said respondent "M2". In the mornings, there would be bodies all over the parade ground (Vulliamy, 1994).

According to Vulliamy (1994), the reported massacre occurred on the night of 28 June 1992. Respondent "M2" recounted that deprived of water and food, the prisoners unsuccessfully tried to sing some Serbian songs in order to get some water.⁵ Panic occurred among the detainees as "smoke" described by the respondent as containing "thousands of colours", filled the room. Those inside Room 3E believed that the smoke was a kind of poisonous nerve gas, not tear gas that psychologically affected those exposed to it, making them delirious. In the darkness, the panic-stricken detainees started to fight among themselves. "It was as if people went mad", "M2" said. "You don't know who is hitting you and you don't know whom you are hitting." In the melee, "M2" lost consciousness and had no recollection of what happened for the rest of the night.

The next morning he awoke still dazed, unsure of what had happened. Initially thinking that he had woken too early and that the others were still asleep, he walked amongst them without at first realising that they were dead. In the process of searching for his brother, "M2" came across a person who told him that his brother was lying in front of the now bullet-ridden door through which Serb guards apparently had earlier opened fire from the outside. Only when the man slapped the respondent's face to wake him from his daze, did the respondent realise that his tracksuit was soaked in blood and that many of his fellow prisoners were dead; some were moaning. Blood covered the ground. He saw the body of his brother lying on a pile of some hundred bodies. "At that time I had no strength to come closer, to shake him a little, to touch him. At that time I had no courage, no strength, but now am regretting it... I just stood there looking like a savage", he said.

Two men inside the room were ordered to take bodies to the door while another three received them and loaded them onto a waiting truck. The wounded and those loading the truck were also taken away and never returned. "Where they went God only knows", said the respondent. Chosen to wash down and load bodies, a prisoner from another room described the scene: "It was nothing but bodies, piles of bodies and blood covering the floor. I cannot remember much more, I felt faint and started to cry. Another older prisoner took my place, but I remember the loading. They had a fork-lift truck, and prisoners were being made to drive it at the bodies, lift them on the prongs of the truck, and take them to the lorry". Of the 260 or so people in the room, about 150-160 were killed that night. About eighty survived. (Vulliamy, 1994, p.112). Respondent "M2" estimated that out of 250 Room 3E prisoners, maybe 30 had survived. None of his 12 or 13 relatives did.

Trnopolje Camp: Trnopolje camp was a former elementary school, located in the village of Trnopolje some six kilometres from the town of Kozarac, on a railway line half way between Prijedor and Omarska (see map, Plate 2). Turned into a detention camp by the Serb militia for rounded-up Muslim civilians from the area and those assigned to the 'third category' at Omarska (see above), the former school had some 20 classrooms and a large gymnasium (see Plate 13). The facility was surrounded by barbed wire. At one point or another, the Trnopolje camp was home to all but one of the respondents: four men spent their entire detention time there, three men were transferred there from Omarska and Kereterm camps, and four women stayed briefly in Trnopolje before being deported to central Bosnia. Respondent "M7" spent 192 days at this facility.

After being bundled out of the Omarska camp, Trnopolje was the second detention camp visited by foreign journalists on 5 August 1992. On approaching the camp, Vulliamy (1994, p.104) reported seeing behind the barbed wire perimeter fence "standing in a close-knit crowd under the impenitent sun, thousands of men and women, boys and girls of all ages, as dumbstruck to see us as we were amazed by what was before our eyes". Dirty, dazed and emaciated, the men were stripped to the waist. Among them was the young man with the "famished torso and xylophone rib-cage" who that day became a symbol of the war

featured on magazine covers and television screens around the world (see Plate 11). His name was Fikret Alic who only that morning was transferred there from Kereterm.

Trnopolje was the least harsh of the concentration camps in the area. According to one respondent detained in more than one camp, there was a big difference between Omarska and Kereterm camps, and Trnopolje camp. In comparison with others, Trnopolje was described more as "a reception centre", enjoying relatively better conditions. The presence of women, children and older men, as well as members of their family among them, made the detainees' environment more bearable. Some of the men were even permitted to leave camp premises for brief periods of time.

Although less severe than Omarska or Kereterm, Trnopolje was nevertheless far from being a comfortable and safe place to be in; detainees were not exempt from extortion, deprivation, neglect, beatings, torture and rape. Ironically, some women came voluntarily to the camp simply to avoid the rampaging militias in the village. The camp's guards and the barbed wire afforded them greater safety than their own homes (Vulliamy, 1994, p.105).

As the guards were always looking for someone specific, the fear of being identified and taken away was everpresent. The task of concealing one's identity or trying to hide among other detainees was made that much more difficult as some of the guards were their former acquaintances.

Beatings were a common occurrence which none of the men escaped. The worst beatings occurred during interrogations held at the command post, in a tavern located across the road from the camp. Rifle butts and metal bars were used to extract information. Many were reported killed, not in the camp but at the tavern and other locations outside the camp. Much of the killing reportedly took place after dark, after the day command had gone home. Any person in a Serb uniform seemed to have unquestioned authority. Often drunk, the uniformed men would come, take away certain people and execute them. Many

a personal score was said to have been settled in that way. For this reason, nights were particularly frightening for the detainees.

Extortion, too, caused much fear. Even though he had no money, respondent "M5" was asked by one of the guards to produce 50 Deutschmarks by next day. The respondent said that he was spared only because the extortionist was transferred out of the camp and never returned. Had that not taken place, not possessing the 50 Deutschmarks, he was convinced that he would have been killed.

Food was of poor quality and in short supply but detainees did not starve. About 100 litres of broth, described by one person as salty water with a few things in it, was shared by some 2,000 detainees. Having no eating utensils, the detainees had to improvise. One person had the hot broth poured into a plastic bag and although it was burning his fingers he would not let it go. The more fortunate had relatives living nearby, who supplemented their diet by bringing food. An alternative was to forage in the abandoned gardens of nearby houses, but this was risky; some detainees were killed whilst doing so.

According to one of the respondents, the buildings and the surrounding playing field at Trnopolje held almost 8,000 people. Because of the crowded conditions, women and children who had relatives in the village were permitted to reside there. Others, who had no relatives nearby, were accommodated in the school's buildings while the men were forced to live outdoors. Makeshift lean-tos and tents made of plastic sheeting and supported by few sticks of wood provided shelter from the hot sun and rain for approximately half of the detainees (Nelan, 1992). So crowded was the compound that at times it was difficult to find room to lie down or to walk around. Detainees slept on concrete and damp grass. Normally warm at that time of the year, respondents reported that the spring/summer of 1992 was unusually cold with more rain and hail than normal.

Four days after the journalists' visit, Vulliamy (1994) reported that the fences of the Trnopolje camp came down. Although the conditions in the camp improved, especially following the supplies of water, food and clothing by the UN, the armed guards stayed on

and beatings continued. Vulliamy learned that the day after his visit to the camp, one man was beaten and died. Soon after, another nine were killed, most of them those who had spoken to the journalists (Vulliamy, 1994, p.203).

Each detainee was registered by ICRC and issued with a personal identification card stating their number, family name, given name, and place and date of birth. Without this card they were not able to leave (see Plate 6). Serb authorities also required the detainees to sign documents relinquishing all right to their properties and guaranteeing that they would not return. With those formalities out of the way, and under the auspices of ICRC, the seven male respondents, among a group of 1,640 detainees, were released to Karlovac. Though happy to be released, for most the occasion was marked by considerable sadness knowing that they were leaving their homeland, not knowing when they may be able to return.

The Serb offer to free their prisoners if the international agencies would take responsibility for them and find them somewhere to go presented the UN with a dilemma. UNHCR was forced to either condemn the inmates to further detention, or to facilitate their expulsion from the Serb-occupied territory. The problem was compounded by third countries, mainly European, being reluctant to take sufficient numbers of inmates. As the end of September deadline for the closure of camps approached, the ICRC announced that it was obliged to delay the release of thousands of detainees because the international community could not agree on where to put them and because there was no other safe place for the detainees to go to. As a result, thousands more prisoners apparently went missing, believed to have been executed during the transfers (Brand, Bresl and Nordland, 1992; Vulliamy, 1994).

Explaining Survival

Apart from certain measures used to sustain them and reduce the likelihood of further punishment, the respondents could not offer a ready explanation as to why they survived the ordeal while others did not. Randomness of the events and the feeling of powerlessness

in the circumstances engendered a sense of resignation. As one former Trnopolje detainee put it, he left it to the wind to take him wherever.

Nevertheless, hope, luck and the will to survive were mentioned by some respondents as reasons for their endurance and survival. “There was a ray of hope that encouraged the person that he would survive, that helped us to endure”, said the former Omarska camp detainee. A lot also depended on luck, he said. The discovery of the Omarska camp by the foreign journalists, and his decision not to join the ill-fated convoy out of the Trnopolje camp (see above), were two examples he gave.

Spite helped respondent “M5” to endure the hardships at the Trnopolje camp. “When you are imprisoned”, he said, “within a person there comes about some kind of spite”. Sometimes he would refuse the food that he was given, while at other times he took considerable risks to obtain it. Humour was also used by detainees to sustain their morale. Respondents talked about how they deliberately disseminated false information amongst themselves, and then observed how that information spread and became distorted and magnified.

Beatings were a daily ritual and were usually administered by guards, who appeared to enjoy themselves while they did it. According to detainees, there were ways to avoid beatings: “rule one” was never to look a guard in the eye. If called to an interrogation, “rule two” was to confuse the guards by saying that you had just come from an interrogation. To be spared as much as possible, inmates sometimes smeared themselves with blood from newly beaten detainees (Gutman, 1993). As one respondent said: “You did not know how to behave, whatever you did it was not good”. To avoid beatings, he said, it was best to say nothing and not to engage eye contact.

The Rapes

According to calculations of a European Community team of investigators 20,000 Muslim women and girls were raped by Serbs. Other estimates run much higher (Morrow, 1993).

Morrow (1993) notes that in Bosnia-Herzegovina, rape, far from being a by-product of war, became one of the indispensable instruments of war and an integral part of the ethnic cleansing process. According to Amnesty International's January 1993 report, "the available evidence indicates that in some cases the rape of women has been carried out in an organised or systematic way, with the deliberate detention of women for the purpose of rape and sexual abuse" (Morrow 1993). This suggested that many of the rapes have almost certainly been committed as a matter of deliberate policy rather than random acts of indiscipline on the part of soldiers. These claims have been supported by numerous testimonies reported by Gutman (1993) and Vulliamy (1994).

While some accounts supported the notion that Serb troops were operating under orders to rape women and that many of the men "fortified their resolve by taking white pills that appeared to stimulate them" (Gutman, 1993, p.70), Morrow (1993) states that elite units of Serbian irregulars also made rape a gesture of group solidarity. Refusal to join the others in rape would have been regarded as being a traitor to the unit. As such "a young man willing to do hideous things has subordinated his individual conscience in order to fuse with the uncompromising purpose of the group. A man seals his allegiance in atrocity" (Morrow, 1993, p.40).

As a weapon of war, Morrow (1993) notes that the effect of rape is sometimes more powerful than actual killing. Whereas killing may create martyrs and thus strengthens the morale and solidarity of a victim group, rape has the opposite effect. "When a woman is raped in war, she and her family and ultimately her community internalise the assault upon their identity... rape penetrates the pride and cohesion of a people and corrodes its future" (Morrow, 1993, p.38). Morrow suggests that the dynamics of rape in such circumstances are ingeniously destructive since the husband often blames the woman who was raped as

much as he blames the man who did it, so that the woman is twice victimised. At the same time, rape not only degrades the women who were raped but also disgraces the men who were unable to protect them. In Morrow's view, rape is inherently unforgettable and unforgivable, hence holding little hope of reconciliation.

The first indications of mass rapes began to emerge during summer of 1992, after Muslim and Croat victims described their experiences to both the International Red Cross (ICRC) and the UNHCR. The first victims began to arrive in Zagreb as early as August, sent from the Trnopolje camp to Travnik and then onto Zagreb via the coastal city of Split (Vulliamy, 1994). Two respondents in this study took this route but neither reported being raped. The women who had reached Croatia, those in the relative safety of centres in the Bosnian government-held territory, and some still living in the concentration camps, all told of being forcibly violated by Serb troops.

The violation of women and girls took place either during the ethnic cleansing purges, in their own homes, barracks or public places, or at the special temporary 'camps' (hotels, schools, town halls, private houses and other premises) throughout Bosnia (Morrow, 1993; Gutman, 1993; Vulliamy, 1994). Following their ordeal, the women were then either released or sent to one of the larger concentration camps. In Bosnian Krajina, women were taken from the Trnopolje camp to be raped at various facilities. Some were kept at a sawmill near Kozarac for that purpose (Vulliamy, 1994). According to some reports, daughters were often raped in front of their parents, mothers in front of their children and wives in front of their husbands (Morrow, 1993; Gutman, 1993; Vulliamy, 1994), the ultimate in humiliation and degradation.

Resulting from rape, some of the women who fell pregnant were held by Serb soldiers until they gave birth. Others ended up in Croatian hospitals as refugees, awaiting the birth of "unwanted" children (Morrow, 1993). Some, like a 26-year-old woman from the town of Rogatica, had an abortion. Held by Serb soldiers and violated "at least once every other night on average, for a number of weeks", she said that she "just closed down as a human being". Falling pregnant soon after, she considered herself lucky as it meant that she was

“exchanged”. She also considered herself lucky to have her pregnancy diagnosed early enough to have an abortion, an option not available to others. “I hated the thing inside me” she said, and “I have not had a single regret about having an abortion” (Vulliamy, 1994, p.198).

Despite widespread reports of the rape of Muslim women in Bosnia during the war, and the respondents’ reference to rapes having taken place at the Trnopolje camp and during the freight train and mountain-road journeys, none of the female respondents reported either having been raped, witnessing a rape or knowing of any Bosnian woman or girl who had been raped and who has since resettled in New Zealand. Such non-reporting of rape has been noted among other refugee groups. For example, in a clinical setting, Mollica, Wyshak and Lavelle (1987) have noted that their Indo-Chinese patients rarely directly provided history of sexual violence. North (1995) also observed that her Cambodian subjects reported other women being raped but not they themselves. For Bosnian women who came from Bosnian communities where premarital sex was culturally unacceptable and where rape over the years was rare, the shame and implication for the victims was considerable (Gutman, 1993). However, used as a weapon of war, the significance of rape during the war in Bosnia went beyond the immediate victims of rape. Apart from the victims, the families of women who were raped and ultimately the Bosnian Muslim community internalised the assault upon their own identity. According to Morrow (1993) mass rapes were systemised to further the aims of ethnic cleansing through ethnic pollution. In such circumstances, denial of rape and the condoning of denial are not surprising.

Conclusion

Bosnian refugees in general, and those interviewed in this study in particular, typify the ‘acute refugee movement’, one of the kinetic types described by Kunz (see Chapter 2). So sudden and unexpected was the turn of events that the unsuspecting respondents did not even have an opportunity to flee at a moment’s notice. Trapped, townspeople of Kozarac and the surrounding communities were gathered at gunpoint and either detained in nearby

concentration camps or, as in the case of most women, children and the elderly, deported out of the area. The experiences of the group of people interviewed closely resembled those of other Bosnian Muslims who were forced out of their homes and communities in other parts of Bosnia-Herzegovina.

Although there was some variation in individual experiences of the war, experiences described were common to most. Respondents claimed that these experiences left an indelible mark upon them, and as people they had changed them forever. They lost their homes and belongings and were subjected to extortion for the little they could carry on them. Deprived of food and water, respondents experienced hunger and starvation in conditions characterised by overcrowding and appalling sanitation. Those detained in concentration camps talked about indiscriminate acts of violence and sadism, witnessing gruesome killings and being forced to commit morally repugnant acts. Subjected to interrogations, beatings and torture, they were left with a profound sense of humiliation, dehumanisation and fear. Most lost members of their immediate family and numerous other relatives and friends. The tragic events, and indeed their own survival, were inexplicable by the respondents.

Considering themselves as having had good relationships with their non-Muslim neighbours, respondents gave no credence to the notion of historical animosities between the Muslims, Serbs or Croats. Rather, it appeared that the hostilities were planned and executed from outside of the community. Nevertheless, the respondents felt betrayed by their non-Muslim friends and neighbours for not warning them of the planned assault. Looking back, the respondents felt that there were indications that their Serb friends and neighbours knew of the assault in advance but never told them. The sense of betrayal was not alleviated by respondents' former acquaintances acting as their guards during detention, even though some acknowledged that they had no option.

Some respondents were reluctant to tell their story, not because they found it difficult or painful to recount the events but because they did not think that they would be understood or believed. Maintaining that unless a person had lived through that experience it would not

be possible for him or her to understand the events, such experiences were shared primarily with fellow-sufferers.

Suffering is synonymous with the refugee experience. The genocide of one people by another people of the same country in Europe in the 1990s, sets the Bosnian refugee situation apart from the uprisings in Hungary (1956) and Czechoslovakia (1968), in which respective against Communist governments were crushed by Soviet troops. The Bosnian crisis was reminiscent of the holocaust of more than 50 years ago, and the consequences of the Bosnian crisis equal in character and the personal magnitude to other recent genocides in Asia and Africa. A particular horror of the Bosnian crisis is that Europe has shown that it is not exempt from the inhuman violence perpetuated in so many countries of the world, and nor has Europe demonstrated that the holocaust of the Second World War will never be repeated.

¹ For the year ending 30 June: 31 in 1993, 83 in 1994, 21 in 1995, 4 in 1996, and 4 in 1997.

² Predominantly a Muslim town with a population of about 30,000, Visegrad's Turkish-built bridge was immortalised in a novel "The Bridge on the Drina" for which its author, Ivo Andric, had been awarded the Nobel prize for literature in 1961.

³ A former Omarska camp detainee who remembered the journalists' visit well, said that only the fittest men were allowed to the canteen during that lunchtime (Vulliamy, 1994, p.111).

⁴ Located in hilly country 15 miles south of Banja Luka, Manjaca was a former army exercise ground, adjacent to a large army base. It was operated by the Serb army which, according to Gutman (1993), maintained a certain discipline among its troops. Although former detainees reported that beatings and torture were an integral part of the daily programme, Muslim leaders referred to it as a first-class hotel compared with the accounts that had emerged from the camps run by local police in other municipalities in northern Bosnia. According to a leader of Merhamet, a respected Muslim charitable organisation, most of detainees at Manjaca had no connection with military activities (Gutman, 1993).

⁵ According to testimonies obtained by Ian Taylor of the *Guardian*, and Vulliamy, prisoners were forced to sing Serb songs (Vulliamy, 1994).

CHAPTER 7:

SEEKING ASYLUM: EXPERIENCES IN CROATIA

Introduction

The experiences in the first country of asylum of those interviewed can be categorised into two broad groups: the men who were brought to Karlovac (Croatia) following their release from concentration camps; and the women who found their own way to Croatia after spending some time in other parts of Bosnia.

For many of those deported from north-west Bosnia, Travnik was the first destination. Within Bosnia and under the control of the Bosnia army, the city provided temporary refuge and a place of relative safety for the female respondents before they could reach the neighbouring Croatia – the first country of asylum. The released concentration camp detainees reached Croatia directly from the camps.

Although for the male respondents the Karlovac reception centre was a vast improvement from conditions endured in concentration camps, life for female respondents inside Bosnia, and later in Croatia, was difficult and arduous, characterised by deprivation and a lack of assistance, particularly within Bosnia. In Travnik, a lack of food, heat, and medical care, compounded by illness, the constant threat of shelling and uncertainty about the future, made life very difficult. While the stay in the place of first asylum for male respondents was relatively brief and typically lasted several weeks, for some female respondents it was as long as two and a half years.

Earlier, in Chapter 2, it was noted that although physical conditions of refugee camps in countries of first asylum may vary widely, the effects on asylum seekers tend to be uniform. The most important characteristics identified were: segregation from the host population; the need to share facilities; lack of privacy; and the restricted area in which daily activities take place. Characteristically, the camp environment fosters in a refugee a feeling of

dependency, of being controlled and of having limited status. It is frequently in the refugee camp that the enormity of the events is finally realised; what has been lost and what the future may be. Kunz (1973) described this state as “midway to nowhere” while Stein (1981) noted that anxiety, fear, frustration and emotional disturbances could emerge during this phase.

Concentration Camp Detainees Released

On 1 October 1992, as a result of lengthy negotiations between the International Committee of the Red Cross (ICRC) and the Bosnian Serb authorities, 1,561 former detainees at Trnopolje, were brought to the Croatian town of Karlovac, 65km south-west of Zagreb (see map, Plate 6). This was the first large contingent to be released from the camps (Gutman, 1993). The men were accommodated in the city’s disused former military barracks located in the town’s main square. Boarded up by several rows of wooden planks, respondents had restricted access to visitors and other civilians, and could not freely venture out of the centre, especially at night. Croatian police guarded the facility.

Assessed and processed by international relief agencies at the Karlovac reception centre, the released concentration camp detainees were supervised there by Croatian authorities until refugee agencies could resettle them abroad (Gutman, 1993). Described by some respondents as “miserable”, the reception centre was nevertheless a vast improvement from the conditions experienced in the concentration camps. Although crowded into rooms containing 200-300 people, the released detainees had a bed each, facilities for washing, and meals three times a day. But most importantly, said one respondent, they were no longer beaten or anxious that they might be killed.

After months of incarceration and deprivation, adjustment to greater normality was a memorable and vivid experience for some survivors. Having been deprived of basic items he previously took for granted, respondent “M1” described his feelings in the refugee camp as follows: “I don’t know how to describe it but when I came in contact with people in

Karlovac after being released and was given a clean towel, a toothbrush, shampoo and other things, I had a feeling as if I was being born anew". The experience of incarceration had a dehumanising effect on him: he described it as having regressed as a human being, and likened it to 'clinical death' followed by rebirth and becoming like a child again. The respondent had no other way of explaining his reaction of "surprise" to receiving toiletries and seeing electric light again. Pointing to his head he said: "something has been washed out of here". The sense of rebirth was also reported by Weine et al (1995, p.540) in their study of Bosnian victims of ethnic cleansing.

Horror and Deprivation – Women Deportees

With the Croatian borders shut, Travnik, one of a few towns under Bosnian army control where those fleeing could find refuge, became a centre where tens of thousands of deportees were being herded by the Serbian war machine. Crammed into gymnasias and schools, most of the new arrivals had taken the previously described mountain road journey (see Chapter 6). According to Vulliamy (1994), the journey was one thing that every member of that swelling, uprooted community had in common. It was in Travnik, after surviving the harrowing journey, that the refugees had time to reflect and absorb the changes in their lives, and where the countless stories of ethnic cleansing, at its worst, were shared. Simply to have been on that road and to share stories about it was to be understood, if not accepted, in Travnik (Vulliamy, 1994).

Albeit a temporary safe haven, safety in Travnik was but an illusion. Surrounded by enemy from all sides, Travnik was bombarded from the hills above. Under siege, the town sustained heavy shelling which, according to the respondents, could occur at any time during the day or night. On two occasions, a shell landed in the living quarters where a mother and daughter (respondents "F2" and "F3") were staying. While one was a relatively small explosion, the other killed nine people and wounded 17. On one such occasion, the husband and father of the two respondents were killed.

Unable to leave and with nowhere else to go, the swelling population of Travnik stretched the town's already inadequate facilities. Even though the deportees and townsfolk did not mix a great deal socially (Vulliamy, 1994), and some local residents would not come to their aid, respondents felt that overall the people of Travnik were good to them. United in common suffering in a common war, they felt accepted by local residents who willingly shared what they had. Accommodated in a school with some thirty people living in one room, initially the respondent "F2" and "F3" did not have a bed to sleep on, and because there was no electricity, they had to endure a harsh winter without heating. Food was in short supply and deliveries erratic. The single meal a day increased to two only when the siege of the town was relaxed; people were hungry. "We asked ourselves whether we would ever again eat enough bread to satisfy ourselves", said respondent "F2".

Capturing the feelings and emotions of the displaced and traumatised, Vulliamy describes his conversation with a young woman in Travnik who had come to the town on the same convoy as him. Having previously lived in a pleasant house, the young woman was sheltering in a gymnasium, sharing the floor space with some 4,500 refugees. "This place is hell, not because of the conditions... but because of what it is doing to people... people are slowly going mad".¹ Scolded by her mother for not joining the army and fighting like her brothers, the young woman said: "But I am fighting my own war, I'm fighting to stay sane...It's not a question of hating people. I simply do not trust anybody any more... I don't see good in people any more" (Vulliamy, 1994, p.155).

Through a former neighbour (at the time a convoy truck driver making food deliveries), respondent "F2" learned that one of her two sons had been released from a concentration camp and was in Karlovac. Obtaining the necessary clearance from the Bosnian authorities, which included an acknowledgment that they were leaving voluntarily, and the bus fare paid, respondents "F2" and "F3" left Travnik two and a half years after having arrived there. They were amongst the last to leave. Despite the hard times, having made friends and acquired new neighbours, the women found it was hard to leave, as sad as leaving their own home two-and-a-half years earlier. On their arrival in Zagreb, the women managed to

locate relatives living in Croatia and went to stay with him. With refugee centres in Croatia full, the women were fortunate to have this option.

Only after reaching Croatia were the Bosnian refugees placed under the United Nations High Commission for Refugees (UNHCR) protection and issued with an identification card, indicating refugee status, while the procedure for resettlement took its course. Being under UN protection meant that the Bosnians could not be returned to Bosnia against their will. Whilst in Croatia, the refugees received some assistance from the UN and from other locally operating relief agencies, namely Caritas (a Roman Catholic organisation) and Merhamet (a Muslim charity group), which supplemented their personal resources.

Although not long previously Croatia had been part of their country of Yugoslavia, Croatia was now technically a foreign country and a place of temporary asylum only even though some had family living there. What's more, the respondents reported feeling not only as strangers but also unwelcome in Croatia. Despite being under the protection of the UN, the respondents also reported that they did not feel safe there. Their discomfort was deepened when Croat authorities said that Bosnian refugees were regarded as foreigners and were not welcome in Croatia, a statement reinforced by gestures of both Croatian police and civilians. There were reports of refugees being harassed and beaten up. Wearing a scarf commonly worn by Muslim women as a sign of mourning (in this case mourning a son who had only recently been killed), respondent "F1" reported being warned by a civilian that she was inviting harassment. Later she was verbally abused by two youths in front of the house where she was staying at the time. On another occasion, the woman's cousin was taken away by two Croatian policemen and severely beaten. "We would not have been able to survive there", she said.

The release of the prisoners from concentration camps was widely reported on Croatian radio and television. It was announced and generally known that the detainees were being sent to the Karlovac reception centre. In this way, the relatives of those known to have been detained or who had gone missing, and having themselves reached Croatia, came to Karlovac to find out whether their relatives were amongst those released or to learn the

fate of their loved one. The reunification of family members was an emotional and traumatic occasion, as was learning that reunion would never take place.

Burying the Dead

Many of those involved in this study had lost loved ones during the war. The whereabouts of the bodies of the loved ones killed and missing, presumed killed, in most cases remains unknown. For the bereaved, the absence of dignified and marked burial had made the closure of the experience difficult. For others who lost a loved one and were in possession of the body, different hardships arose. This was exemplified by one of the respondents.

Having survived the war in Bosnia and after reaching Croatia, the mother of respondent "F5" died in a Zagreb hospital. Lacking resources, the respondent illustrated the added difficulties experienced as a refugee. To bury her mother in Zagreb, the respondent needed 3,000 Deutschmarks for the plot. Having no money, she approached the local mosque for help and was told that a free plot could be arranged. Intended for the refugees, the plot was in a cemetery of a small Croatian town some 400 kilometres away. "Do you know what shock it was for me when he said that. Did I not have enough of everything and now not able to even bury her like a person", she said. Determined, she "pleaded" with the United Nations Protection Force (UNPROFOR) officials who would only agree to providing a casket and payment of the burial expenses, but not for the plot in Zagreb. "I could have screamed", the respondent said. Eventually accepting the decision, the respondent agreed to have her mother's body interred at the distant cemetery. Accepting the UNPROFOR offer to pay for the casket, the respondent chose a more expensive one only to be told that she should have chosen a less expensive one. Angry, she retorted: "have I ruined the world because of this box? They have ruined my heart, my soul! They made this war in Bosnia... and who suffered? The poor suffered!" Because of the distance, only a few people could attend the funeral. Invited to view the body one last time, she took the opportunity to satisfy herself that it was her mother's body in the casket, and that it had not been disposed of elsewhere. At risk of sniper fire, the ceremony was brief with participants hurriedly

retreating from the scene. All this happened only a month before the respondent came to New Zealand.

Why New Zealand ?

Kunz (1973) suggests that it is in the place of first asylum that the acute refugee must consider the three 'classic choices': to return to their place of origin; to remain in the place of first asylum where he or she is; or to accept a resettlement opportunity in a distant country. The kinetic factor at this point is one of pressure from the country to which he or she has fled and the international aid agencies, forcing the refugee to make or accept a choice. The full range of options is rarely available to the refugee and pressure is often applied because the available options are not always acceptable to the refugee (Stein, 1986). When resettlement in a third country presents as the only option, the actual choice of country of resettlement is often made against or in spite of a refugee's wishes (Stein, 1981). The lack of choice and an inability to personally choose constitutes a principal defining characteristic of refugees.

Asked why they chose to come to New Zealand, the response of all seven former detainees, was that they did not choose New Zealand but that the decision was made for them. With few options available, they had little choice but to accept. "Lists [of names] were regularly appearing on the notice board showing where people were meant to go", said one respondent. At first a list appeared for the United States but was withdrawn, then one was placed for France but that too was withdrawn. In the end a list appeared for New Zealand with his name on it. "I did not object", he said. "Whether it was fear or lack of knowledge, I don't know, [but] that's how it was... it is hard to know what is happening behind the [closed] doors when no one tells you anything".

The preference of the majority of detainees was to go to a nearby European country such as Germany or Austria. However, preference for those countries was given to those who already had family members in those European countries. Others were sent elsewhere

including respondent "M1" who, as mentioned in Chapter 6, was home on holiday from Germany where he worked and whose fiancée was domiciled in Austria. That did not seem a sufficiently strong reason to have him resettled in Europe.

"In the end, it made no difference whether I went to Australia, New Zealand or America", said respondent "M3". "No matter where you went, you did not know what was waiting for you", he said. An advantage of being accepted by New Zealand was that the refugees were granted permanent residence on arrival and the eventual right of citizenship. In contrast, respondents believed that those sent to European countries were not granted these rights and could eventually be returned to Bosnia.

One respondent who objected to going to New Zealand, the country to which he was assigned, illustrated the lack of choice given to the refugees and the degree of coercion exerted for them to comply with the decision. When asked at an interview in Karlovac by officials of the UNHCR for his country of preference, respondent "M5" answered Holland. When his name appeared on a list for New Zealand, he complained and was told: "leave the papers, you are no longer under the protection of the UNHCR". "What else could I do?" he said. To have lost the protection of the UN, he said, would have resulted in the recall of his registration card and his ending up on the streets of Karlovac.

With only a small number of countries coming forward to accept the released concentration camp detainees, respondents also reported the use of 'emotional black-mailing'. So that the detainees still held at the Manjaca camp could be released, as demanded of the UNHCR by the Serb authorities, the refugees were expected to comply and leave quickly for a third country of resettlement (also reported in Department of Labour, 1994, p.24). "Had we not gone to a third country, had we all donned the uniform of the Bosnia-Herzegovina army, the people of Manjaca would never have seen freedom", said respondent "M5". Respondent "M6" had a brother still held in the Manjaca concentration camp. At that time, the ICRC was estimating that 20,000 to 40,000 civilians were still being held in different camps including some 3,500 at the Manjaca camp (Gutman, 1993).

The offer to resettle in New Zealand was made primarily to the men who had been held at the concentration camps and had been registered by ICRC and UNHCR. The same offer was not extended immediately to male respondents' family members who had reached Croatia by other means, and thus not in the same category, creating difficulties for those who did not want to be separated from their family. Expressing their dissatisfaction, the men were promised that other members of their family would join them in New Zealand at a later date. Unwilling to be separated from his wife, respondent "M6" successfully insisted that his wife accompany him; she was the only woman in his group and one of only three women to arrive with the released concentration camp detainees.

A number of respondents believed that the reason why New Zealand accepted mainly single men without families was because they would integrate better, were less likely to suffer from homesickness, and would find it easier to start life anew. The feeling was that the decision to accept mainly single men was deliberate and politically motivated including the notion that New Zealand would benefit from their resettlement.

The five female respondents came later to New Zealand as refugees under the family reunification provisions. Although they, too, had limited options available to them, the primary reason (and opportunity) for coming to New Zealand was because other members of their family were already there. Like the male respondents, women, too, would have preferred resettlement somewhere in Europe. Had they been able to stay in Croatia, said one, they would never have come to New Zealand. As it happened, neither living permanently in Croatia, nor returning home to Bosnia (now under Serb control), was an option. With a son in New Zealand, the country presented the best opportunity for resettlement.

How much did they know about the country to which they were to go? Judging by the comments made by those who were interviewed, it was apparent that their knowledge about New Zealand prior to their departure from Europe was minimal. "I knew very little" or "nothing at all" was a typical response. Having never wanted to leave their own country in the first place, an island tucked away on the other side of the world attracted neither

their attention nor interest. None ever thought that one day they would be living in New Zealand, said respondent "F2", reporting that she had not even heard of New Zealand until she received a message from her son that he was now living there.

Conclusion

Although Bosnia and Croatia were part of one and the same country before the war, respondents felt neither welcome nor safe in Croatia. As a result of the war, Croatia technically became a foreign country to Bosnian refugees and a place of temporary asylum only, compounding the sense of rejection. The sense of being unwelcome in Croatia resulted from the attitudes of the host population and Croatian authorities, as well as from the responses of the representatives of the international relief agencies. Typical of the refugee experience, respondents reported feelings of dependency, vulnerability, of being controlled and having limited status.

While the UN regards voluntary repatriation or local integration into the country of first asylum as the two preferred, and indeed 'durable' solutions to international refugee problems (see Chapter 3), neither option, repatriation to Bosnia or integration into Croatia, was offered. Only the third and the least desirable option, that of resettlement in a distant country, was made available to the respondents. What's more, indications are that pressure was applied on the respondents by representatives of the UN, not only to accept the option of resettlement in a third country, but also to agree to a specific country of resettlement, New Zealand. Lack of choice and an inability by Bosnians to choose where they would live highlights a defining characteristics of refugees, that of lack of choice. With the issue of justice not being addressed and the actions of the UN in effect perpetuating and abetting the Serb intent of ethnic cleansing, it is not surprising that some respondents felt aggrieved towards the international community which to them appeared to have rewarded the perpetrators of violence.

In Karlovac there was little introduction to the country to which the respondents were going to be sent and what they could reasonably expect once they got there, which did little to facilitate an easier transition to New Zealand once they arrived. Although Croatia and the relatively safe haven of Travnik provided some respite from the violence characterising occupied and ethnically cleansed Bosnia, circumstances and experiences added to earlier trauma. So it was that the small group of Bosnians arrived in New Zealand, directly out of a violent, and traumatic situation in which they lost their home, homeland, and for many, near kin.

¹ Many of the Travnik's itinerants were indeed "starting to go mad". Vulliamy (1994, p.263) describes a case of an old man sitting in a corner "nodding rhythmically like a Hassidic Jew at prayer and mumbling to himself", and a woman who shuffled about going through the motions of scattering seed on the ground apparently thinking she was feeding chickens.

CHAPTER 8:

EXILED IN NEW ZEALAND: THE RESETTLEMENT EXPERIENCE

Introduction

The resettlement of refugees in New Zealand involves support from the government, the Refugee and Migrant Service (RMS), and the local community. In addition to the commitment and support of the government and public of New Zealand, the success of the refugee resettlement process also depends on the refugees themselves; their ability and willingness to adapt and integrate into a new society. Refugees' cultural orientation, their pre-migration and migration experiences and subsequent expectations all play a role in their interpretation of their newfound environment.

The purpose of this chapter is to identify key issues involved in the resettlement of the Bosnian refugees in New Zealand and how the resettlement experience was perceived by the refugees themselves. The chapter deals with the refugees' initial impressions of New Zealand, the orientation programme at the Mangere Reception Centre and the experiences with their designated sponsors. The issues of perception by the community, personal and material assistance, employment, reunification of family members and changes in the family relations, are discussed. Respondents' interpretations of these events, their current position and visions of the future are also presented in this chapter.

Initial Impressions and Assistance

Although the resettlement programme at Mangere was designed to last six weeks, several respondents spent a shorter period of time at the facility, because of the forthcoming Christmas holiday break. The first group of Bosnians to arrive spent only three weeks at the Centre before being placed into the community; however, they did not feel they were disadvantaged by the shorter stay.

Initial impressions of New Zealand were not positive. Accustomed to larger and more solidly built brick homes, a number of the respondents reported surprise at seeing mainly timber houses. The Mangere Centre is in the poorer, industrialised part of town with little in the way of scenic outlooks. One respondent wondered whether the rest of the place was any different; it seemed dirty and neglected. The perimeter of the Resettlement Centre was surrounded with a wire fence, and one respondent observed that having spent time in refugee camps, she was surprised that it seemed they were now in another.

The new surroundings, new people, different speech and different faces all contributed to an initial negative impression. The different lifestyle also came under scrutiny. Described as 'closed' by one respondent, he went on to comment that when you do not have family, it is difficult to gain entry. Accustomed to living with parents, he found it strange that children would be paying rent to their parents, and as in a case he heard about in the Centre, be thrown out if they failed to pay. However, not all impressions were as negative. Respondent "M1" who had worked abroad commented that he had learnt to adapt wherever he was. "Nothing was hard here", he said.

Generally, orientation classes attended while at Mangere were found to be useful and informative. Refugees learned some English and basics about New Zealand society, "enough to know what was waiting for us". Generally they were pleased with the reception and how the refugee workers responded to them: "they could not be faulted". Those who came in the first group, who spent only three weeks at Mangere, were offered an additional three weeks of free tuition at AIT, but because of transport and financial constraints, not all could attend. "It was the same as if they had not offered me classes", said respondent "M6". As he had only \$70 left over after paying for rent, \$20 on bus fares per week was a substantial amount of money for him. "There was no money for the food, let alone for bus-fare", he said. Respondent "F4" did not take up the offer of English lessons because she had no one to go with her, and did not know how to get there. Instead, she attended some evening classes, for which she had to pay. Having completed one part of a course, respondent "F5" was told that the second part would cost her \$1,000; since she did not

have the money, she discontinued lessons. From the accounts of these Bosnians, it appears that there was no distinction made between the circumstances of refugees and fee-paying migrants.

Resettlement in the Community - The Sponsorship Issue

The Refugee and Migrant Service (RMS) is the key agency responsible for the resettlement of refugees into the community, and normally arranges sponsorship (now referred to as volunteer support network) to facilitate the refugee resettlement process. According to one RMS source, in the case of the initial group of Bosnian refugees the designated sponsor was arranged not by the RMS but by the then Minister of Immigration. This sponsor was the Dalmatian Cultural Society that until mid-1992 was known as the Yugoslav Society. Established ethnic communities from the same country of origin are generally regarded as an important source of support for new refugee arrivals (see Chapter 2). Subsequent arrivals were 'sponsored' either by previously settled family members or by volunteers arranged by the RMS.

From the perspective of the Mangere Refugee Resettlement Centre, community sponsorship was outstanding. "Support from the local Dalmatian Cultural Society, which is sponsoring the Bosnians, had been overwhelming", said the then manager of the Mangere Centre. "It's quite amazing. When the group arrive there are lots of people who visit with baskets of food. The Bosnians are often invited back to their homes for dinner" (Harris, 1993). However, the new arrivals interpreted events differently. From the outset, while still at the Mangere Centre, difficulties arose in the relationship between the Bosnians and their designated sponsors, and a number of contentious issues arose, causing refugees to distance themselves from both their designated sponsors and from other members of the ethnic community from former Yugoslavia.

The experience of Bosnian refugees in New Zealand illustrates how unanticipated tensions within a given ethnic community can have negative consequences and result in a level of

support that is far inferior to that intended. The feeling among the first Bosnians arrivals was that the established immigrants from Yugoslavia charged with the refugees' resettlement had limited knowledge and false impressions about Bosnia in general, and about them as people in particular. Respondents felt that the New Zealand authorities relied too heavily on erroneous information provided by their 'Dalmatian' sponsors. The interpreters/bi-cultural workers from the Dalmatian community, who interpreted what Mangere Centre staff said, came in for special criticism. Having migrated to New Zealand from a different part of the former Yugoslavia decades earlier, the interpreters were thought to believe that Bosnia, as other republics of the former Yugoslavia, was poor, culturally backward and economically underdeveloped. "They [the sponsors] did not know that we don't think [about Yugoslavia] the way they do, that we see life in a totally different way, that we are different people, that we are coming from a different country than the one they left some 30 or 40 years ago". Furthermore, said the respondent, "the people from Immigration imagined that we were coming from some undeveloped places where there was [a lower] level of culture and civilisation...they knew nothing about us, they knew nothing about Bosnia and Bosnian Muslims, nothing. All that they knew was from the Dalmatians" (the early immigrants).

Arising from such misconceptions, Bosnian refugees were subjected to unnecessary experiences they found humiliating, and that they still feel strongly about. For example, on one occasion, when being shown bathroom facilities, the instructor pointed out that a red colour on taps indicated hot, and a blue colour indicated cold water. Though some of them found the episode funny, others found it insulting, an indication of ignorance on the part of their instructors about their background. Humiliated, respondent "M3" refused to attend further sessions. "I did not come from Samoa", he said. On another occasion, refugees were in the city and shown such familiar things as a petrol station, and traffic lights.

Although the 'Dalmatian' interpreters were targeted for criticism, it should be noted that they were carrying out the role of interpreting what others said, including staff from the RMS, Immigration Department, School of Refugee Education, Income Support and other agencies, an issue not readily appreciated by the respondents. As such, the interpreters

became the objects of refugees' dissatisfaction. Indeed, interpreters were seen by some respondents as closely affiliated with 'Dalmatian' interests. It is more likely that the interpreters were simply repeating in Serbo-Croat the content of the orientation programme provided by the School of Refugee Education.

The experience of the Bosnian refugees suggests a need for flexibility of the orientation programme according to the origins of refugees who come from many different countries, cultures, and different socio-economic backgrounds. In recent years, the orientation programme was designed to meet the needs of refugees coming largely from the less developed countries of South-east Asia, Africa and South America (the 'new' refugees). The Mangere programme was not prepared for 'traditional' refugees coming from Europe (see Chapter 2).

The Dalmatian sponsors intended new arrivals to board with different families belonging to the ethnic community. The Bosnians, however, took strong exception to the idea, rejecting it outright. Having a strong family orientation and accustomed to living at home with parents, respondents had difficulty with the idea of living with a family of strangers, people whom they had never met before (see Chapter 7). "It is not easy to live under a stranger's roof", and "you can never be apart of his family", they said. Respondents were also concerned that they would be dispersed, that they may lose their identity and eventually become assimilated into the wider society. Having arrived as a group, they decided they should 'stick together', supporting each other.

Another reason for rejecting the resettlement arrangements was the erosion of trust through pre-migration experiences, and with it a suspicion that some kind of hidden political agenda was involved: "we came from the war, no one trusted anyone so the mistrust may have played a part", reflected one respondent. The degree of mistrust for some was very high: "They concocted these plans while we were still in Croatia. The Dalmatian Club and Immigration [Department] at Mangere were corroborating. Had we accepted, we would have made it easier for those at Mangere because then they could have lifted their arms

[walked away from their responsibilities]. In this way while we were together we always made some kind of demands on them”.

Having rejected the option of boarding with Dalmatian families, the initial group of men was accommodated in a group of flats. These flats were owned by a person from the Dalmatian community. So they could stay together, the 14 shared three or four flats, where they remained for about a year and a half until they started to go their separate ways as they found work, got married or their families arrived. In hindsight, some respondents acknowledged that the idea of boarding may have been well intended and had they accepted it, they may have found work sooner and adapted better. For example, as the core group started to break up, still on his own, respondent “M4” ended up boarding with a Dalmatian family. His landlord proved helpful, finding him work. “Even today, if I was to call him he would always help, without any problems. They are very good people”, he said.

Another factor that strained the relationship between the new arrivals and their sponsors was the factionalism within the ethnic community. Respondents said they felt like pawns, pulled in all directions and understood neither by those associated with the Dalmatian Cultural Society, nor by a small group of Bosnian (Muslim) migrants who had settled in New Zealand decades earlier. The refugees felt that each group had an agenda to benefit from the refugees, financially or in some other way. For example, the established Bosnian (Muslim) migrants reportedly approached New Zealand authorities and the local (non-Bosnian) Muslim community for funds. One respondent commented: “they had a need to lead us, [they thought] that they are smarter, that they should be [our] representatives”. An attempt was also made to have the refugees attend the local mosque, to be converted to ‘their religion’. “I have never been in a mosque, nor has my father. He was a member of the Communist Party, he was forbidden to [practice religion], and I was brought up in that way”, said respondent “M5”.

Differences in opinion with some of those in the Dalmatian Cultural Society led to conflict. Some established migrants claimed that the Bosnian Muslims were Croats reviving the political arguments that had led to the partitioning of, and the war in, Bosnia-Herzegovina.

“You do not know who you are dealing with”, said one respondent. “We realised that we did not belong there”. Having come from a war, respondents wanted neither to talk about the war nor discuss the politics involved, yet were obliged to contend with the views and interpretations of those who had not been there. “Do not bring me the politics here”, said respondent “M5”. “...leave me alone. What does it matter who I am! If you don’t want to help me, don’t. That is how we resolved that between the sponsors and ourselves”, he said.

Some six months after the refugees’ arrival, in mid-1993, war broke out in Bosnia-Herzegovina between the Bosnian army and the Croat forces (HVO) (see Chapter 6). This further exacerbated the tensions between the Bosnian refugees and those within the Dalmatian Cultural Society holding strong pro-Croatian political views. “How could he be my sponsor [here] when there [in Bosnia] he [Croats] kicked me [my people] out”, said one respondent. Referring to a person with whom all Bosnian refugees had close dealings, another respondent said: “politically he was leaning on the side of our enemies. We did not know that when we came [here]”.

Political, religious and social class differences, along with ‘vintage’ factors and mutual suspicion resulting from fresh memories of the war, help explain the negative suspicious reactions of the Bosnian refugees to the host ethnic community (see Chapter 2). Consideration also needs to be given to the impact of the political events in the former Yugoslavia on the Auckland ‘Yugoslav’ community and its organisations. Until mid-1992, less than six months before the arrival of the Bosnian refugees, the Dalmatian Cultural Society was known as the Yugoslav Society, itself born from the amalgamation in 1981 of two organisations that had competed for over 50 years: the Yugoslav Club (founded in 1930 and made up of politically conservative settlers on good terms with the Catholic Church and, until the early 1940s, supportive of a Yugoslav state headed by a Serbian monarch); and the Yugoslav Benevolent Society (established in 1932 that fostered a more working-class, radical, left-wing political image, opposed to the Serbian monarchy and dictatorship) (Trlin and Tolich, 1995, p.225). After the JNA tanks rolled into Slovenia and Croatia in mid-1991 (see Chapter 4), pro- and anti-Croatian factions emerged, along with mounting pressure for the Society to shed its Yugoslav identity. The challenge to the

'Yugoslavist orthodoxy', the Society's leadership and the community identity came from "a new and vigorous, well-supported organisation", the Croatian Cultural Society, incorporated in February 1992 (Trlin and Tolich, 1995, p.222). These authors note that the new Society sought not only to facilitate the process of cultural maintenance, but also acted to promote the recognition of, and support for, an independent Croatia. During 1993, attempts were made by the Croatian Cultural Society to take over the assets of the Dalmatian Cultural Society. While a substantial number of members defected to the Croatian Cultural Society, dual membership and "new arrivals from Croatia, Serbia and Bosnia - politically moderate, often in mixed marriages" helped maintain the membership of the Dalmatian Cultural Society at a relatively stable level. Against this background, the desire of the Dalmatian Cultural Society to act as a sponsor for the Bosnian refugees, and the Bosnian refugees' reports that "they wanted us to join their club", can be understood. The demise of the Federal Republic of Yugoslavia and the emergence of an independent Croatia thus have had "a profound effect upon Croats, their descendants, and voluntary organisations in metropolitan Auckland. An often bitter factionalism developed, forcing individuals to assess their self-identification, producing tensions within and between families, disrupting old friendships and social networks" (Trlin and Tolich, 1995, pp250f). This was taking place between the beginning of 1990 and the end of 1993, at the same time that the Bosnians arrived.

An expectation of sponsors is to find employment for the new arrivals. Initially a number of Bosnians were offered work by members of the Dalmatian/Croatian community. This, too, was often interpreted negatively with Bosnian refugees feeling exploited. A number reported working for one employer, mostly on long night shifts for low pay; one complained of being paid \$8 per hour; another complained of temporary employment only. They felt that the 'Dalmatians' had benefited financially from their circumstances; some believed that had they (the Bosnian refugees) accepted board in Dalmatian homes, they might have been no better than servants.

Although the employer in question said he desired to help the refugees by giving them work, Bosnians felt that the real reason behind the offer was so that he could learn from

them about the events in his former homeland. Respondent "M1", keen that his fiancée joined him as soon as possible, accepted a job as a night security guard with the above-mentioned employer soon after his arrival. Though poorly paid, his poor English and lack of spare time to look for another job resulted in his sticking it out for two years. His situation improved greatly after he found other work. Other refugees who refused to work for low wages remained unemployed for some time.

Overall, the Bosnians' experience with sponsorship by the 'same ethnic community' was not a positive one. They had expected that their sponsors, who spoke their language and were familiar with their culture, should have been able to understand the refugees' needs and represent them better than they did. The refugees also expected a higher level of assistance, because they did not choose to come but 'they were brought here'. With needs not met, the conclusion was that sponsorship was only a paper exercise with little or no material help resulting from it. "They were called [sponsors], yet they did not help any one of us, they were more of a hindrance than help", said one. "They were not our sponsors, they were presented as if they were, [but] they were looking after their own interest... they made a name for themselves as philanthropists, as people who help but were able to employ their members as interpreters whom the government paid very well".

Despite being heavily criticised, the interpreters nevertheless fulfilled an important role in the resettlement of the refugees, for which some Bosnians were indeed grateful. For example, the interpreters made themselves available, not only for interpreting in official contexts, but also assisted with shopping, finding accommodation and other basic requirements. The interpreters were also instrumental in arranging registration with general practitioners and dentists for the group members. Some interpreters took refugees to their own dentists, negotiating more favourable fees for the cash-strapped individuals.

Perceptions by Bosnian Refugees of How Others Saw Them

A number of Bosnians expressed distress on how poorly informed individuals of New Zealand society were, and false perceptions held about Bosnians. "Many have accepted that we are uncivilised people", said one. Another commented that "when you start to work but cannot speak English, they look at us as if we went to school for only couple of years, who don't even know the times table. But each one of us who came here had been educated, and the schools there were much better [than here]", he said. "When they see those images on television, maybe they thought I was some kind of a primitive person from some island...I know that it is not worth explaining. It did offend me, but I never try to explain anything".

The Bosnians agreed that local television reporting perpetuated negative images of Bosnian arrivals. For example, two individuals in their group experienced behavioural problems. Television crew filmed the flats the Bosnians were living in at the time and sought an interview. "We refused the interview". "They tried to make us look mad... how we came crazy from the war", a respondent claimed. Feeling misunderstood and misrepresented by the media, and hurt and offended by society's attitudes, one respondent commented: "when you are misunderstood by your own people [the previously settled migrants from former Yugoslavia], how can you expect a New Zealander to understand you?" From then on he would only discuss issues with refugees with whom he came to New Zealand. "I don't like pity and people saying that they are sorry when I tell them I came from Bosnia", explained a young woman.

Some objected to being referred to as refugees. A former detainee preferred to regard himself as a former prisoner-of-war, having belonged to the army of Bosnia-Herzegovina. A refugee and a prisoner-of-war, he said, are not one and the same thing. Furthermore, *izbeglica*, the Serbo-Croatian equivalent for a refugee, literally translated means a person who has escaped or fled the country. Having been removed from the territory of Bosnia-Herzegovina rather than fled of their own accord, none of the former detainees were refugees within the literal translation of this term.

Another objection to the way Bosnians were portrayed appeared related to a confusion of nationality with religion. Most attention was given to their religious identity, rather than their nationality. "I am a Muslim from Bosnia, first a Bosnian from Bosnia then [a Muslim] by religion", said one. A number of Bosnians preferred to call themselves '*Bosniacs*', the name given to the original settlers of Bosnia and in existence since well before the Turkish occupation of the territory (see Chapter 4), and did not refer to themselves as Muslims. This redefining of self was born out of necessity to establish their identity in response to fragmentation of Bosnia-Herzegovina along nationalist lines. Said one, "man alters his thinking, thoughts about people, he changes his stance towards life, totally alters his identity". However, not all Bosnian refugees shared the views on either the '*Bosniac*' or the Islamic identity; the group was not homogeneous in this regard. Strongly rejecting an Islamic identity, one respondent said: "this religion has destroyed me and my [family] and I cannot associate with those people who adhere to Islam. I am neither a Serb nor a Muslim nor a Croat, I am a Yugoslav. I will always say that I am a Yugoslav, I am from Yugoslavia, not from Bosnia".

Material Assistance and Personal Dignity

Apart from the unemployment benefit, the only material help received by the Bosnians came in the form of an Income Support 're-establishment grant'. Valued at \$1,200, the grant was established for and made available only to refugees with permanent residence status. Rather than being given in cash in a lump sum, those eligible could purchase items only with the prior approval of the Income Support Department, who determined which items could be purchased and what cost for those items was acceptable. Most of those interviewed received the grant of \$1,200 per single adult. Although not a large sum, the new arrivals were able to purchase essential items they required, and where several unattached adults lived together, the combined sum of individual grants enabled the money to go further. However, the provision appeared to discriminate against married couples

with children, for example, a Bosnian couple with two children were given \$1,200 for the whole family. The refugees saw this as unfair.

The process of using the grant was complicated. Instead of outright purchasing of items required, the person would first request from the retailer a statement describing the goods and their price. The person would then take this statement to Income Support for approval. If the goods were approved, the person could return to the retailer with an acknowledgment that Income Support would pay for the goods. If Income Support considered goods inappropriate or too expensive, the person would then have to choose others, or go to another shop, repeating the whole process.

Having arrived with few clothes, new clothes were a priority. One respondent went to a shopping centre to buy a pair of Levi jeans, a shirt and a pair of leather boots. When he presented the statement to Income Support, the shirt and jeans were rejected as too expensive. "They did not allow us to dress as we wanted to", he said. Another person who also had items rejected by Income Support, commented that young people in Bosnia placed much emphasis on their appearance and were accustomed to being well dressed. Living at home with parents and with free disposable income, they were accustomed to wearing better labels of clothing, not the kind of clothing that they were expected to wear here. As choice of clothing is an expression of individuality, the result of being denied choice was further humiliation.

The procedure that the group was obliged to follow was not only complicated and costly, but time consuming. For example, on several occasions a shop informed the refugees that they had no arrangement with Income Support and were not willing to assist. With no personal transport, travelling at least twice to a shop and to Income Support was expensive for someone on low income. Having to spend "half a day every time you went to Income support", also added to general tension. Sometimes an interpreter's services were also required at every stage. Much of this time, cost and humiliation could have been avoided if refugees had been given the resettlement sum in cash, and allowed to administer it themselves.

The humiliating effects of the above process were particularly acute in the light of welfare being seen as shameful in Bosnian society (see Chapter 6). "Can you understand [what it feels like] when he tells you have to buy for yourself underpants through Income Support", explained respondent "M4". "At that time I felt like returning immediately", said another. Some Bosnians believed that the authorities feared that recipients might misappropriate the money if they were given it in a lump sum to buy goods of their choice; others that refugees were seen as not capable of managing their own affairs, unable to make purchases because of being unable to speak English.

The experiences of these Bosnians illustrate well the common refugee experience of being treated as foreign, dependent, poor and powerless (see Chapter 2). For example, on one occasion a number of Bosnians were taken to Income Support to sign some cheques. When they questioned what the cheques were for and why they were signing them, an interpreter told one person: "it would be better for you to learn English rather than ask too many questions". The cheques were signed and taken away by the interpreter. Respondent "M6" went on to say that "the Dalmatians decided where we will live, what we need to buy and they bought everything... they just brought us to the flat and said this is from your money that the Government gave you... they never showed us the receipts, how much it all cost." As most things were second hand or, if new, of poor quality, articles tended not to last long. "I have nothing left of the things that the Dalmatians bought for that money - within a short time it broke down", he said.

Employment, Social and Economic Marginality

At the time of the interviews, five respondents (all men) were employed and six (two men and four women) were on benefits. Of the five employed men, all but one found employment only after lengthy periods of time. Three and a half years after arriving in New Zealand, one man was still unemployed. Only three of those in employment were doing similar work to the type that they had done before the war.

Two unemployed respondents referred to a loss of social status. "People in Bosnia wanted to work. To be employed was to have a name, be a somebody, to have standing in the community. What you do is what you are worth", said respondent "M6". "We are not people who can live from Thursday to Thursday [Income Support payment days], from one benefit to another. We are not people who don't know what a holiday is, what a good car is, a luxury house. We are people who had [all these things]". Before he eventually found work, this man requested that he be returned to Bosnia because of his inability to find work. A single woman hoping to get part-time work, so as to slowly ease herself into the workplace, was advised by a volunteer worker that learning English should be her first priority. The accounts of these refugees underline the importance of financial independence, the need for material recovery, and that work restores a sense of identity and self worth.

Dissatisfaction with the level of pay was mentioned by a number of respondents, causing considerable economic hardship. This was well illustrated by the circumstances of respondent "M4", a married man with a small child: as a sole income earner, the man's earnings barely covered the basics such as the rent, food and telephone. After these expenses were deducted, they had \$29 left over, less than \$10 per person per week. When asked by an Income Support representative how they managed to live off that amount, his reply was: "I too ask myself what do I live off". Borrowing money from friends would meet unexpected expenses such as a visit to a doctor or dentist. The respondent mentioned making a toll-call to his brother who was resettled in Europe, although he could not afford it. He felt obliged to make the call because his brother had called him on the last three occasions. Despondent about his financial status, he commented: "If you continue working like this, you will never have anything, you will live and die in this flat... I thought life was [going to be] much better here." Prospects of home ownership seemed remote. Financially he was better off on the unemployment benefit, but he preferred to work. Some respondents associated low pay with discrimination. For example, respondent "M1" believed that as an immigrant, he would never be treated as an equal or be paid at the same rate as New Zealanders. Despite having a comparable education, working harder and

producing better quality work, he claimed he was being paid less than his English-speaking work-mates.

The majority of those interviewed were reasonably happy with their rented accommodation. Though expensive, respondent "M3" said that he was happy with the rented house he was in because he was able to choose it: "no-one was telling me where to live, and no-one was telling me how much he should be paying. That's why I am happy", he said.

Support and Follow-up

Having rejected their designated sponsors, and finding themselves in the community merely three weeks after their arrival in the country, the first group of Bosnians seemed particularly vulnerable. Before leaving Mangere, the Bosnians were advised to call one of the interpreters if help was needed. The interpreters maintained contact with the refugees in the community, and were most frequently mentioned as the people whom the respondents contacted when they needed assistance, and, it seems, much of this assistance was provided voluntarily. Although different people were mentioned as having been of assistance to various individuals, there does not appear to have been any systematic or coordinated effort to follow them up. The RMS appointed social workers after the arrival of the first Bosnian refugees, but no respondent of the first group reported receiving a social worker visit.

Family Reunification

The issue of family reunification was perhaps the single biggest hurdle the Bosnian refugees had to deal with when they arrived in the country. Whilst still in Karlovac, the Bosnians said they were promised that their families would be able to rejoin them in New Zealand within a short period of time, perhaps as soon as a month. Everyone wanted to see his or her family as soon as possible.

At the time, the then manager of the Mangere Refugee Reception Centre was reported as saying that some of the Bosnians "still have family in the camps and so they are loathe to disclose their names or any details about themselves for fear of jeopardising their families at home. For this and other reasons they are also very sceptical about help from authorities... they think there are ulterior motives. That they have to do something in return" (Harris, 1993).

The perspective of the Bosnians, however, differed. Concerned that the matter of family reunification was proceeding too slowly, and some suspecting that there was an agenda to do nothing at all, the Bosnians requested a meeting with the Minister of Immigration who came to the Centre to hear their concerns. At the meeting, the Bosnians insisted that unless the promise given to them in Karlovac was honoured, they should be returned to Croatia, or sent to another country of resettlement where they could be reunited with their families. Within a year, most were reunited with remaining family members. Most believed that if they had not made these demands, their families would never have come to New Zealand. A nurse who made home visits, and had previously worked at the Mangere Centre, was specially mentioned by a number of respondents for helping bring families of Bosnian refugees to New Zealand, expediting family reunification by arranging a meeting with the then Minister of Immigration. "That woman really helped us", said one of them. "One can never repay how much that woman did for us."

The first family members to come were those who were located in Croatia and Slovenia. It took considerably longer to be reunited with those still on the territory of Bosnia, arousing fear that those still inside Bosnia were being neglected. Respondent "M3", having lost his brother in one of the concentration camps and whose father was killed in Travnik while awaiting exit to Croatia, was finally reunited with the remaining members of his family, two-and-a-half years after his arrival in New Zealand. He was convinced that "had we not urged, they would never have been brought here". The departure of those inside Bosnia may have been delayed by their legal status as technically they were not refugees (they had not crossed an international border). The reasons for the delayed departure of those in

Croatia and Slovenia are less clear. New Zealand immigration policy requires that those nominating refugee family members for resettlement pay their airfares (see Chapter 3). These Bosnians were not asked to pay for family members' airfares, and in fact passages were paid by UNHCR. It is possible that delays may have resulted as financial issues were sorted through.

Hope that their families would rejoin them kept the former detainees' spirits up and lives changed for the better after reunification. Respondent "M3" said that after being reunited with his mother, brother and sister, it became financially easier and being together, as a person he felt 'stronger' and 'whole' again. Another man joined by his parents, sister-in-law and niece, said that his young niece (the daughter of his brother who was killed in one of the concentration camps), was a real joy to his parents. "I don't know what would have happened to these people [his parents] had this child not come, had her mother decided not to come here", he said. To him, his niece was a constant and positive reminder of his brother. Alcohol consumption was high and former detainees did not venture out much before family reunification. Had the families not come, one man believed that none of the Bosnians would have remained. For example, respondent "M5" was obsessed with returning and cared little for his surroundings until his mother and sister arrived. When they came, some degree of normality returned to his life and he started to look for work.

Respondent "M1" wanted to bring his fiancée out. However, the Immigration Service seemed to have doubts about the genuineness of the relationship, and insisted that he not only pay her passage but have sufficient funds on his bank account for her return fare. The arrival of his fiancée helped him divert his thoughts away from the war, and to comfort him in the recent death of his brother with whom he had been close. "She was something nice beside everything else that happened", he said.

A disturbing issue that emerged from the interviews was reports of numerous cases of families split up and resettled in different parts of the world. Respondent "M6" was selected to come to New Zealand in the first group of released detainees, while his parents and younger brother (who at one point was in the same concentration camp with him)

remained in Croatia. These family members were later reunited under the refugee family reunification scheme. In the meantime, his older brother was released from the Manjaca concentration camp, and was sent to Canada. The brothers had not seen each other now for four years, and are unlikely to meet for quite some time because of the expense. At the same time, this man's wife's mother and two sisters were sent by UNHCR for resettlement in Finland. His wife later travelled to Finland to bring her mother to New Zealand, at considerable personal expense. The parents, two brothers and a sister of respondent "M4" were resettled in Switzerland; he is alone in New Zealand, and can barely afford to pay for the telephone calls, let alone travel to visit them. Neither the New Zealand Government nor any of the international relief agencies appear to be making efforts to minimise or resolve family fragmentation through resettlement.

Changes in the Family Relations

Although Bosnians described themselves as strongly family orientated, and made every effort to reunite their families, the war and the refugee experience affected roles and interpersonal relationships within families. In the case of respondent "F5" who lost both her parents, the relationship between her and her siblings was said to have totally changed. Whereas they had been very close as a family before the war, here she felt as if they were strangers. They no longer got on well; in the words of a friend, "the less they see of each other the better."

Respondent "M5" who was determined to bring his family to New Zealand and said that after they had arrived, things improved for him. Subsequently, however, communication difficulties developed. "I cannot sit with my mother and discuss things with her as I used to", he said. Sensitive subjects, such as the deaths of his father and grandparents during the war, were avoided.

An inability to talk about the traumatic past was also evident in the case of two individuals, respondents "M2" and "M3" who survived the worst of the reported atrocities at the

Kereterm concentration camp but lost a brother each. Although other respondents were aware of the details, neither man has told his parent(s) what had happened in the camp nor the circumstances of their brothers' deaths. Although other respondents and one of the men suspected that the parents had some idea, the matter was neither acknowledged nor discussed between the men and their parents.

Although they were living in the same house, respondent "M2" commented that he and his parents were now "far too closed" toward each other. "I don't have some kind of story for them because I am a stranger to them and they are strangers to me", he explained. When his parents mentioned the missing son and expressed hope of being reunited with him one day, the respondent would reportedly agree with them even though he knew that it would never happen. The respondent himself was hoping that somehow time would reveal to his parents what had happened, or that someone else would tell them the truth. Respondent "M6", the friend of respondent "M2", thought that more recently respondent "M2" had been struggling with the issue of telling his parents what actually happened to his brother but to date had not done so. Carrying something like that on his conscience, suggested respondent "M6", was a very hard thing to do.

Suspecting that her older son had not survived the Kereterm concentration camp, respondent "F2" confirmed that neither the camp experiences of her younger son, respondent "M3", nor the fate of his brother are discussed. In the past when she tried to raise the issue, he "did not respond well", and it "affected him greatly", she said. His response also upset her. Consequently, they do not talk about it; she has not asked him and he has not told her. Having lost his father and brother, and even though the youngest, respondent "M3" has been thrust into a position of responsibility for the family. The only person in the family to be employed, he was also the only one with a driver's licence and having come out first, is relied upon for interpreting when required.

Commenting on role reversal, respondent "M6" observed that whereas in Bosnia, he depended on his parents, here his parents depended on him and he has to take care of them.

Previously ardently independent, his parents now relied on him to take them to the doctor, shopping, Income Support or even to see their friends.

Plans and Vision for the Future

One or two of the younger respondents only appeared reasonably positive about their future, focusing on making more money and getting a better job. The more money you have, said one, the smarter you appear. Others, however, seemed pessimistic and uncertain about the future. One young man commented that: "you live only to die and that's how the life is passing here. I don't see life here or any kind of future", he said. Two female respondents, who had lost number of close family members, commented on their lack of hope or future. Without a husband or children, she was afraid of growing old and having no one to look after her. "I cannot understand why I am living", she said. "I don't think about the future, or strive for the future, I cannot plan for the next hour. I have no zest for tomorrow".

The desire to return to Bosnia was strong; some refugees had already returned. Those interviewed acknowledged that such an option was neither practical nor available, at least for the moment, because with their homes destroyed and the area under Serb control, there was nowhere to return to, and no means of subsistence for those who were there now, let alone for those returning. Economically, said one, things were a "hundred times" worse there than they were here. That in part was holding him in New Zealand.

In the case of one man who had served in the territorial defence forces (the army of Bosnia-Herzegovina), it was particularly difficult for him to return, at least for the next three years or so, he said. He maintained his belief that justice would prevail in the end and that one day he will return to Bosnia, even if in a casket. "My country is my country", he said, "I am freest there". Another man who had not returned earlier when the situation was at its worst, said: "I will help those as much as I can in a different way". He feared being regarded as a coward for not returning to Bosnia when help was required the most.

Missing Bosnia, the majority lived in hope that one day they would return. While younger people seemed more positive that it would happen, the two older respondents seemed less sure. "It is my one wish to return alive to Bosnia, that's my only wish, but given my age and health I have my doubts", said one.

Conclusion

Having endured many months of misery, terror, deprivation, uncertainty, powerlessness and lack of choice (including the country to which they would be resettled), respondents left Croatia for New Zealand with few possessions and only the memories and the effects of their experiences, experiences which forced them to abandon their homes and land and begin a new life in a strange and unfamiliar country on the other side of the world.

The resettlement process and the initial resettlement period was neither an easy nor entirely happy experience for the Bosnian refugees. Particularly for those who were only recently released from concentration camps, neither the barbed wire perimeter fence at the Mangere Refugee Reception Centre, nor the perception and treatment of the newly arrived refugees as poor and dependent as indicated by the lack of choice and autonomy awarded to them by their hosts, contributed to a good start in the new country. Resulting from the initial negative experiences, these added stresses exacerbated the refugees' earlier traumas. These stresses could have been predicted, minimised and managed better by those responsible for the resettlement of the Bosnians. The key sources of these stresses were: lack of knowledge about the Bosnians' socio-economic background and their culture on the part of their hosts and wider community; inadequate consideration of the potential difficulties that may arise from the use of an established ethnic community in sponsorship arrangements; monitoring of refugees' resettlement progress and remedying any difficulties that when they arise; inadequate and undignified initial financial resettlement support; limited support in gaining employment and other forms of assistance beyond the orientation programme at Mangere; and the delayed reunification of the initial arrivals with other family members still

in Bosnia or Croatia. Delayed reunification, the fragmentation of families caused by resettlement of family members in different parts of the world, and no effort shown by government or the relief agencies to subsequently remedy this anomaly, suggests that benefits and the importance of family units to refugees, are not being acknowledged.

The lack of trust resulting from the war, compounded by the above resettlement experiences, has encouraged Bosnians to look to each other for help as indicated by the degree to which Bosnians have not become integrated into the wider community. Low income and dependence on welfare benefits places some Bosnian refugees at risk of becoming a permanent economic underclass. Evicted from their own country and expecting some justice for their experiences and suffering, Bosnian refugees expected more from New Zealand. The mere fact that the refugees were accepted by the New Zealand government, were given a refuge in this country and were provided with some assistance and support during the initial period of resettlement, did not result in satisfactory outcome for many Bosnian refugees.

CHAPTER 9:

HEALTH: EXPERIENCES, NEEDS AND SERVICES THROUGH TIME

Introduction

There are many different ways of defining “health”, ranging from the medical definition of health as an absence of disease, to the positive wellness definitions of holistic perspectives. Although there is no universal definition of health, it is generally accepted that health has several dimensions, that it is a subjective rather than objective concept, and a relative rather than an absolute state of being. The World Health Organisation (1961) defines health as “a state of complete physical, mental, and social well being, and not merely the absence of disease or infirmity” (McGuire, Henderson and Mooney, 1992). Although not the most practical definition of health that could be devised (using this definition only a few people could ever be regarded as ‘healthy’), it nevertheless takes account not only of the absence of disease but also of subjective feelings to which cultural and spiritual dimensions could also be added.

The aim of this chapter is to identify the health status and health service needs of the Bosnian refugees in New Zealand, describe their experiences with accessing health care services and identify any difficulties that may have been encountered. The health experiences of the Bosnian refugees are contextualised and related to each stage of their migration experience: before the war, during the war, in the country of first asylum, and during the resettlement period. Respondents’ self-reported state of health and description of health services available to them before the war is described. The effects of war on the refugees’ health and the assessment and care provided, both in place of first asylum and on their arrival in New Zealand, are also discussed. The current state of their physical, mental and social well being is examined together with the effects of sustained personal and material losses. The Bosnians’ perception and use of health services and barriers to accessing services are also presented.

Respondents' State of Health and Health Services Available to them Before the War

The health needs of the residents of Kozarac and the nearby communities were served by an out-patient medical centre generically referred to as *ambulanta*. Three or four resident General Practitioners and one dentist staffed the *ambulanta*. A dental laboratory was also located on the site. Once a week specialists from the nearby Prijedor Hospital would visit the *ambulanta* and hold outpatient clinics. General practitioners resident at the Kozarac medical centre attended to patients' minor health problems, referring sicker patients, more complicated cases and patients requiring in-patient care to 'specialists' at the Prijedor Hospital, 11 kilometers away.

Prijedor, a city of more than 100,000 people, had a large general hospital that amongst other things provided psychiatric, medical, surgical, obstetric and gynaecological health services as well as intensive care. The hospital was describe as a relatively new and modern facility that had been built in the preceding ten years, near the site of the old hospital. More serious cases that could not be attended to at the Prijedor Hospital, were transferred for treatment to other centres in the country such as Banja Luka (50km away), Sarajevo (almost 300km away), Zagreb (Croatia) 200km away, Belgrade (Serbia) almost 400km away, and Ljubljana (Slovenia) 300km away. As municipal authorities had to pay for services provided in other republics, transfers of such patients had to be authorised.

The pre-1992 Yugoslavia had a universal, state-run health system funded by deductions from employee earnings. According to the respondents, the deductions were minimal. Each person was issued with a *zdravstvena knjizica*, a medical-care booklet that had to be presented before medical care would be provided. Anyone in possession of this booklet was entitled to free medical care. A nominal fee was charged for prescriptions.

The health service in Bosnia was described by the respondents as very similar to that in New Zealand, the major difference being that the primary health care was free of charge at the point of service, and that it was more comprehensive. Although the health service was described as free to those with the medical-care booklet, respondents reported that patients

often had to endure lengthy waits before being seen. Underfunding of health services in recent years and the underpayment of health professionals has resulted in a thriving black market. For example, the respondents reported the health service in Bosnia experiencing shortage of supplies. In order to secure a service or obtain better care, under the table payments to doctors often facilitated a “nicer reception”. As noted above, the transfer of patients to specialist centres in other parts of the country required authorisation from the municipal authorities. According to “M6” such transfers were often delayed, sometimes to the detriment of the patient’s health; a ‘payment’ to the referring physician often helped expedite the procedure. While this practice significantly differs from that in New Zealand, respondents themselves did not seem to highlight this as a noteworthy difference.

Overall, the respondents described themselves as generally healthy before the war with unremarkable family health histories. Considering the young average age of the respondents (31 at the time of arrival in New Zealand), perhaps it is not surprising that only one respondent and the parents of two others had had ever been hospitalised in former Yugoslavia.

Of the two older respondents, “F2” reported a history of high blood pressure while “F1” developed “heart problems” following the death of her husband four years before the war. Prior to her husband’s death, “F1” said she had enjoyed excellent health, rarely having had to see a doctor. Of the younger respondents, “F3” reported having had joint problems, while “M7” reported problems with his back. Other than these, the respondents reported no health problems.

Only three respondents reported significant health events in their immediate family; the father of respondent “M1” died as a result of a brain haemorrhage at the age of 49, while the grandfather of “M5” had suffered three strokes and two heart attacks before the war. The mother of the third respondent, respondent “F5”, was described as having always been ‘weak’, suffering from high blood pressure and shortness of breath; she was a smoker. The father “F5” was an alcoholic and suffered from depression while her brother appeared to have suffered a nervous breakdown not long before the war. There were no reports of

infectious disease among any of the respondents or other members of their immediate family. Prior to the civil war, therefore, ill health did not feature among this group of Bosnians.

The Effects of War on Refugees' Health

The civil war and related privation brought with it adverse consequences for this previously healthy group of people. Gutman (1993) described life at the Omarska camp as a miserable mixture of deprivation, terror and boredom. Packed together so tightly, the men had room only to crouch – there was no room to lie down. At night they slept on the ceramic-tile floor, using their shoes or shirts as pillows. Despite stifling heat during the day, the men were forbidden to wash.

With no sanitation, lice infestation and skin ailments became common at Omarska (Gutman, 1993). A former Trnopolje camp detainee reported heavy head lice infestation among those being transferred into the camp from other camps, namely from Omarska and Manjaca. So bad was the infestation that for a time, they were segregated from others at the Trnopolje camp, and forced to cut their hair. According to respondent "M4" pesticide powder, normally used to control potato pests, was used by the detainees to rid themselves of the lice. Respondent "M1" described his hair as being like straw, impossible to comb and falling out. After his release, it took more than a year for his hair to recover but never to its pre-concentration camp state.

At the Omarska camp, there was only one available toilet which soon became blocked forcing inmates to relieve themselves on the floor (Brand, Bresl and Nordland, 1992). At Trnopolje, Vulliamy (1994) observed that there were only four toilets dug into the ground; they were exposed, full and foul smelling. Unable to tolerate the smell, some detainees found a piece of open ground on which to relieve themselves. With limited space available, the fouling of open ground was moving closer to where people were trying to eat and sleep. All the detainees received the same, dirty water (Nelan, 1992). As hygiene

deteriorated, “almost everyone had diarrhoea and began to vomit” (Brand, Bresl and Nordland, 1992, p.72). An epidemic of hepatitis and the rapid spread of other diseases was reported (Gutman, 1993). Respondents detained at the Trnopolje camp themselves reported having “stomach problems” and dysentery. Although “almost everyone” in the camp suffered from the complaint, and some, particularly the elderly, died from the associated dehydration, only respondent “M4” reported suffering from prolonged dysentery. Hepatitis and pneumonia among detainees was also reported as rife by the respondents, but although respondent “M7” reported a fever lasting several days, neither he nor any other respondent personally suffered from pneumonia or hepatitis.

The denial of food and water in concentration camps was common. Detained at the Omarska camp, respondent “M1” reported that on one occasion he, like other detainees, was denied food for five days. The effects of food deprivation were stomach cramps, dizziness and fainting on standing up. Light-headedness disappeared only after the detainees started to eat normally. With the lack of food came constipation; one respondent reported his bowels did not open for 37 days.

As a result of food deprivation, more than half of the respondents reported significant weight loss, some as much as half of their body weight, while in the concentration camps or in transit. Respondent “M1” reported losing 25kg, dropping from 83kg down to 57kg during his five months of incarceration at the Omarska camp. Towards the end of his stay, before the closure of the camp, he said that “we lost strength, we could no longer walk”. Having himself lost half of his body weight, respondent “M4” observed that after their release, many “swelled up” giving them a bloated look. He did not know the reason for this but suspected that for some reason they may have been given some kind of tablets. The bloating was transient lasting 2-3 days, after which their bodies returned to their former emaciated forms. Weight loss among female respondents exiled in Travnik was equally dramatic.

Having previously had good dentition, a number of respondents reported loss of teeth and deterioration in the state of their teeth whilst in detention. The problem was common

among other detainees. Respondents thought the lack of food and poor hygiene had something to do with it.

Most detainees, especially those held at Omarska and Kereterm underwent interrogation. Severe physical beatings during interrogations and on other occasions were common and widely reported (see Chapter 6). On one such occasion, respondent "M1" was kicked three or four times in the back and kidneys with kicks delivered with such force that he did not manage to stay on his feet. Respondent "M2", the survivor of the Kereterm massacre said that he had "not been beaten much" but did receive five or six blows to the kidneys and spine. Unlike respondent "M6" who described himself as "physically damaged" after sustaining "broken head and ribs", neither respondent "M1" nor respondent "M2" reported long-term physical consequences resulting from such beatings. Haematuria (blood in the urine) among detainees was attributed by respondent "M4" to the severity of beatings received by the inmates.

Memory loss and forgetfulness associated with extreme fear were common among the detainees. Respondent "M1" said: "I forgot the number of my house, I just could not remember it, let alone a name of some person. I look at him and know that he is my friend but I have forgotten his name, I cannot remember it, it means the brain was not working". Witnessing others being beaten or killed, being next in line for execution or seeing dead bodies of acquaintances generated enormous fear among inmates. Described as ever present, the fear was so great that detainees literally shook as a result. Some inmates went "mad", and these were often killed. These reports are supported by accounts obtained by Vulliamy (1994, p.110) from other former inmates.

In their study of Bosnian concentration victims, Weine et al (1995, p.540) noted that "being subjected to atrocities, witnessing atrocities, or being forced to perpetrate atrocities against another leaves the survivor feeling humiliated, helpless, no longer human". A deep feeling of personal humiliation was reported by a number of respondents, including one who said that it was harder to bear than physical abuse. Powerless to respond to deliberate insults and provocations, respondent "M5" gave an example how a young guard would line them

up and drill them for “an hour or two at a time” repeating the following taunts: “you don’t know where your families are, where are your families”, “what sort of people are you who surrendered without a fight”, and “you are cowards, why don’t you fight”. Deprivation of the basic necessities had a dehumanising effect on the behaviour of the detainees, undermining their confidence in themselves and other people. “I have lost trust in the whole world”, said “M1”. In an attempt to survive, each inmate looked after himself, even to the point of fighting for a piece of bread, he said. In some cases survival involved informing on someone in order to avoid punishment oneself.

For reasons not fully understood by respondents, a craving for cigarettes developed in detention. So strong was the craving that it was impossible to describe, said respondent “M6”. With no cigarettes to be had, detainees would beg for a single drag of a smoke. Despite the lack of food, many would trade what little they had for cigarettes. Food was like camp currency.

At the Trnopolje camp a classroom was converted into a small “medical centre” run by fellow detainees, two Bosnian Muslim doctors, who treated the wounded as they arrived from other camps and the sick among those rounded up. According to respondents, the centre’s meager anaesthetic, antibiotics and other drugs came from abandoned houses accessed by detainees permitted to leave camp premises. As foreign journalists were leaving the Trnopolje camp following their visit there, the doctor gave them a film. The photographs that the doctor had taken showed “terrible wounds to the bodies of prisoners he had treated: burns, extensive bruising, one skeletal figure after another, open and untreated gashes from beating, stabbing and whipping, and the rot of extreme malnutrition” (Vulliamy, 1994, p.107). Scurvy was also reported by the team (McAllister, 1992) (see Plates 11 and 12).

Health Assessment and Care in the Place of First Refuge

At the Karlovac reception centre all the newly released detainees were medically examined and treated for minor problems. According to one respondent, they were showered and dusted for head lice. Those found to be suffering from more serious illness or injury were transferred to the hospital in the city. None of the respondents reported serious health needs that could not be dealt with at the reception centre's health clinic. Two mentioned that they had a brief interviews with a team of doctors, both local and foreign, who endeavoured to ascertain the circumstances and conditions of their detention, and whether they were beaten or tortured. The physical examination was reported to have been superficial; "they looked at our skin, only that which they could see with their eyes. No X-rays were taken", said respondent "M6". With only a superficial medical examination, and psychological assessment almost non-existent, the respondents came away with the impression that no one wanted to acknowledge the truth of what had happened to them.

Unlike the men released to the transit camp at Karlovac (Croatia), the women who sojourned in relative safety of Travnik (Bosnia) after taking the mountain road journey, indicated that health care was inadequate, and needs for treatment was not met. Beside lack of food, there was a chronic shortage of medicine and local anaesthetic. What medicine was available it was usually reserved soldiers and the wounded, said respondent "F3".

Although in Travnik the refugees and local people did not mix a great deal socially, Vulliamy (1994) noted that in the town's hospital they were united in common suffering in a common war. Described as a "claustrophobic, subterranean melee of beds, blood and hard work, with wounded lined up along the corridors", and located on the exposed edge of the town, the hospital was bombarded with shells almost every day and every night. All its upper windows were broken and the top floors gutted (Vulliamy, 1994, p.143).

Although suffering health problems, respondent "F3" said that under the circumstances she did not expect help. Headaches (particularly among older people) and dental problems were common. It was reported that the state of dentition of many deteriorated whilst in Travnik

and with there being no electricity, dental work was limited to dental extractions. Respondents also reported that 'gastric typhus' was widespread in Travnik, which they attributed to bad food and water, although none personally suffered.

Those who finally reached Croatia and were placed under UN protection still experienced difficulties in accessing health services, in spite of the UN refugee identification card enabling them to access medical centres and basic health care only. Bosnian refugees without the Croatian medical card could not access specialised health care at all. For example, after two and a half years of roaming through Bosnia, the elderly mother of respondent "F5" reached Croatia in very poor health, and was hospitalised. Transferred between different facilities where she was apparently poorly and inadequately treated, the woman's condition deteriorated to the point where further treatment was unlikely to succeed. Eight months after reaching Croatia, the woman died in a Zagreb hospital before she could be reunited with other members of the family who had already gone to New Zealand. Said respondent "F5": "they did not want to extend proper care; no one cared about the refugees, it was all superficial".

The experience of respondent "F1", whose husband (deceased) had previously worked in Croatia, was very different. The woman received a small pension from the Croatian government, which made her eligible for the Croatian medical card. Having previously been turned away for an investigation and treatment of her pre-existing blood pressure and heart condition, the woman was able to receive care once she obtained Croatian registration. Presenting her with the newly acquired medical card, she was told: "now you are one of us".

In summary, in the place of first asylum where the ill effects of the privation of war and concentration camps were most evident, health care was perceived as minimal and superficial. In particular, neither assessment nor treatment of the effects of torture and trauma, physical and mental, were carried out.

Health Assessment and Care on Arrival in New Zealand

On arrival in New Zealand, a full medical examination, including chest X-rays and blood tests, was carried out during the refugees' stay in Mangere. Some were put on anti-tuberculosis drugs for six months as a precaution for a possibly dormant but potentially infectious organism. Respondent "F3" was treated for a skin ailment on her neck, back and arms, which she attributed to dirty tank water in which she bathed in Bosnia. There were no reports of any other infectious disease. Besides the medical examination, a dental examination was also carried out. Although only extractions and temporary fillings were offered, a number of respondents took advantage of the free service. Though generally accepting of the usefulness of such repairs, in the opinion of respondent "M5", dentist should either have left their teeth alone or fixed them up properly; a year later, his temporary filling had come out. None of those interviewed reported any kind of mental health assessment on arrival, and only one recalled being asked "brief and superficial" questions about his experiences in, and injuries arising from, the concentration camp.

Current Physical Health

In spite of their experiences during and immediately after the civil war and concentration camps, those interviewed seemed at the time of interview to be in relatively good physical health. Respondents attributed this largely to the fact that they were relatively young. At the same time, they generally felt that their health status was not as good as formerly, and although they do not suffer physical problems now, there was some anxiety regarding potential problems later in life. From family members, friends and fellow refugees resettled elsewhere, respondents learned of sudden and unexplained deaths among some former concentration camp detainees resettled in other countries. "You simply hear that he died; well one day, he was dead by the following morning", said respondent "M4". The respondents suspected that the beatings, appalling living conditions and extreme fear whilst in detention, were responsible. One reported problem occurring among other former

detainees is kidney failure. In New Zealand, only one former detainee is known to have died (see below).

After arriving in New Zealand, respondent "M6" developed abdominal pain. Diagnosed as stomach ulcers, the man was hospitalized. The pain is recurrent and is attributed to stress. Another man reported lack of "blood iron", commenting that others settled in New Zealand were similarly diagnosed. None of the women interviewed admitted to gynaecological problems.

High blood pressure affected two older women, respondents "F1" and "F3". Respondent "F1" also complained of 'heart problems' and occasional shortness of breath, requiring regular medication. Respondent "M1" needed surgery to his knee. Respondents "M1" and "M6" complained that their hair quality is worse since detention, with "M6" also reporting actual hair loss.

The most frequently reported physical complaint regarded dentition. On arrival in New Zealand, the manager of the Mangere Refugee Reception Centre commented that "most have broken teeth from rifle butts in the mouth" (Harris, 1993). Although no respondents reported such injuries, half of them complained of significant deterioration in the state of their teeth. Respondent "M3" who experienced toothache and had troublesome teeth extracted or filled, suspected that poor nutrition and poor hygiene were responsible. His mother, respondent "F2", said that her teeth, like those of many other refugees, rapidly deteriorated relatively soon after arriving in Travnik. She attributed this deterioration to freezing water. At the time of the interview, the woman had eight teeth beyond repair (cracked, broken, or decayed) which were to be extracted, and the family needed to borrow the estimated \$2,000 needed for treatment. Other Bosnians, unable to pay, simply put up with dental problems.

To ascertain the prevalence of symptoms commonly cited in refugee health literature and thought to be associated with stressful and traumatic experiences, respondents were asked whether they were experiencing any of the following: headaches; dizziness; memory

impairment; palpitations; body pain; and weight loss. The prevalence of some of these symptoms among the respondents was admitted to only on questioning rather than reported by the respondents without probing.

Almost half of those interviewed experienced headaches, which they could not attribute to a specific event. One woman's headaches began only after arriving in New Zealand. In the case of respondent "M6", were symptoms suggestive of migraine: a feeling of numbness on the left side of face, flickering eye sensation with diminished vision in that eye, and an association with change in the weather (before rain). His headaches had increased in frequency and severity, and having been struck in the head, the former detainee attributed his headaches to the beating he received whilst in detention.

Dizziness was reported by three respondents. "F5" was constantly troubled with dizziness since coming to New Zealand, for which her doctor was unable to help her. The same woman also reported long-standing kidney-pain, for which she had undergone various tests, without resolving her complaint. Despondent and unhappy about medical care received, she said that she had given up seeking further help. The woman also complained of palpitations (described as the 'heart skipping a beat' and a 'suffocating' sensation), and of forgetfulness. In the absence of detectable organic pathology, the question remains whether the woman's complaints are an expression of a deeper and underlying emotional pain. Somatisation, defined by Lin, Carter and Kleinman (1985, p.1080) as "the expression of personal and social distress in an idiom of bodily complaints and medical help-seeking", has been described being prevalent among migrants, the poor, the less educated and those of particular ethnic groups, notably (but not exclusively) Asians. In her early 40s, the woman was on her own, felt stigmatised by mental health problems, and regarded herself as not a good prospect for relationships or marriage.

Memory impairment and recent experiences of palpitations and bodily pain did not feature highly among the respondents. Recent weight loss was not reported by any of the persons interviewed. On the contrary, relatively rapid weight recovery following release from the camps and refugee centres seems to have been the norm. Indeed the manager of the

Mangere Centre had commented that “they were not the walking skeletons we had expected” (Harris, 1993).

Current Mental and Emotional Wellbeing

Weine et al (1995, p.539) suggested that ethnic cleansing “has targeted the structures of Bosnian civilisation itself, and all its forms of societal organisation and order. Given this, we should expect ethnic cleansing to have far more devastating effects on survivors than does a single trauma in an otherwise intact sociocultural environment”. A former Omarska camp detainee commented that the objective of their detention was to crush the human spirit of the inmates, to the extent that there was no thought of resistance. “It managed to crush people... no one can heal him. A person incarcerated for five months [the time he spent at the Omarska camp], will be internally ‘shut in’ for 2-3 years, some for life... some have been left completely mad”, said respondent “M1”. The expression “to suffocate”, was also used by the respondent to describe the effects of concentration camp experiences.

All respondents had endured and survived very difficult situations, some of whom attributed their emotional symptoms to their experiences. Yet only one admitted to having had psychological counselling. Respondents did, however, describe fellow refugees (not participating in this study) who demonstrated mental instability and whose mental health had deteriorated beyond their ability to cope; all three of whom were referred to the mental health service. One, a single man who had lived in hospital and half way houses since coming to New Zealand, attracted the attention of the media and the police. His antisocial behaviour resulted in a brief period of imprisonment. In August 1997, he was found dead in a city park. The coroner’s finding was that the death occurred as a result of acute methylated spirits poisoning.

Sociopathic behaviour amongst refugees has been reported by Keller (1975) and Lin (1986). In discussing the three residual psychological states (guilt, invulnerability and aggressiveness) resulting from the trauma of flight, Keller (1975) suggested that

aggressiveness resulted from guilt and invulnerability and manifested itself in the form of increased violence, crime and suicide. Alternatively, aggressiveness can be evident in an increased willingness to innovate and take risks in an attempt to build a new life (see Chapter 2). Lin (1986), on the other hand, suggested that both grief and cultural ambiguities could lead to anger and rage that can only be suppressed or repressed with considerable effort. When suppression fails, refugees may explode, displace their anger or even become violent. "Excessive anxiety and other dysphoric affects may also become manifest in behavioural problems such as shoplifting, burglary, sexual indiscrimination, and difficulties in school or at work. Without taking the refugee background into consideration, these disturbances may be unduly regarded as indicative of long existing personality defects perhaps not amenable to acute interventions" (Lin 1986, p.67).

Irritability was reported by eight of the respondents, two attributing it to their everyday problems. Others attributed irritability to past experiences, and on continuing developments in Bosnia. Respondent "M1" reported occasionally feeling tense for prolonged periods of time, irritability being something he had no problems with before the war. Respondent "M6" said that he got easily worked up especially over finances: "I cannot find my direction, I don't know what to do. As a result, I smoke and drink more than I should". Three young males reported occasional anger.

Only five respondents felt fearful in New Zealand, for example, when going outside. Said one: "I was very scared, it wasn't normal, I was afraid of myself, some kind of fear in you". Finding it difficult to recount his traumatic experiences, respondent "M5" reported that he "gets the shakes" when talking about them. Afraid of being alone, respondent "F5" said that even now, when she returns to the house after dark, she turns the lights on and checks to make sure no-one is hiding inside. In contrast, two respondents said that their traumatic experiences resulted in loss of fear. "That [fear] somehow died in me because I was on that edge of life and death, I have survived many horrible things so that nothing is horrible [any more, not] even death", said respondent "M1".

The experience of being driven from their homes and the traumatic series of events that followed, were never far from the refugees' thoughts. No less than eight respondents made comments such as: "At least once a day I think about the past. Regardless of how much I want to forget, thoughts return to the past by themselves". Others tried to remember: a few remaining photographs, for example, served as a reminder of the previous life for two older female respondents. One of them, respondent "F1", said that she liked looking at the photographs of her deceased son and husband, even though it also upset her. Like a number of other resettled Bosnians, the woman frequently had dreams of her home, the town and the people. Having lost thirteen members of her family, respondent "F5" said that she constantly thinks about her mother, father, brothers, relatives and neighbours and keeps a book that contains entries of the dates they died. One person appeared so often in her dreams that she considered lighting a candle for him. Physical images in the present were associated with, and reminded respondent "M2" of, his past. He described how when he goes for a walk, certain Auckland landmarks and the people he sees remind him of home, and he imagines them as certain people and places he left behind. Such testimonies are consistent with those reported by other Bosnian refugees. In their study of resettled Bosnian refugees, Weine et al (1995, p.540) reported a testimony of a woman in her 40s who explained that when she was alone, everything came back to her; but when in the company of others or busy with chores, she could avoid intrusive thoughts. The woman was able to sleep free of nightmares only by using nightly rituals: "I lie down and go through every step of the house in Bosnia - the stable, everything they took, the rugs, the horses, the doors. I see it all again".

Within their own small Bosnian circle, survivors frequently talked about the past, exchanged video recordings from television programmes about other survivors and scenes of devastation in the homeland, and shared information about other Bosnian refugees resettled elsewhere. Some liked to watch video footage, claiming that it helped them by making things easier to bear; others avoided watching videos that reminded them of their painful experiences. Weine et al (1995, p.540) made a similar observation noting that although their participants had been resettled, "their involvement in the trauma continued as they received news about the war through the news media and through letters from

Bosnia". Ethnic cleansing was still occurring to the refugees' relatives, friends, communities and nation.

Half of those interviewed described difficulty with sleeping at night, making comments such as: "I do not sleep as well", "I cannot fall asleep easily", and "sometimes I don't sleep all night". Two of those experiencing problems with sleep ascribed it directly to their experiences and persistent images from the war: "I cannot sleep, the scene is always before my eyes. Out of fear, I wake up in my sleep". The camp guards who beat and tortured them, frequently appeared in the dreams of former detainees. Respondent "M1" reported having frequent dreams in which he is being called out by a guard for punishment. Respondent "M2", who normally woke up before the worst in a dream happened, recalled how on one recent occasion and for the first time in his dreams, he actually managed to escape from the camp. He found it amusing and treated it as a personal achievement. Respondent "M5" reported frequent nightmares and waking up through the night and screaming in his sleep.

When unable to sleep, respondent "M2" would deal with the situation by going for a walk. Fearful of being alone in the house, respondent "F5" described how she would always be on guard listening for outside noises in case someone was out there. Sometimes it took her 1-2 hours to fall asleep, even with the help of sleeping tablets. No such problems occurred when she stayed with her relatives. The respondent said it was because she could relax, knowing that she was in the company of others.

In addition to sleep disturbances and nightmares, three respondents also mentioned the recurrence of scenes, images and associated reactions during the daylight hours. In what could be described as a panic attack, respondent "M2", for example, described how he went to an English language class where, as is often customary, participants were asked to introduce themselves to others in the room. Unbeknown to him, there was a Serb in the group. Responding neither out of hate nor any animosity towards the person concerned, he said that such was his fear and reaction that "I left so quickly that I don't know how I [managed to] find the door". Fearful of enclosed spaces even before the war, respondent

“F5” reported that this fear was now more pronounced. She was experiencing feelings of panic and suffocation when in an enclosed area such as a bus or a lift.

When alone and when she closes her eyes, “F5” reported having constantly recurring images from the war period. Three in particular were mentioned: the image of her hospitalised mother screaming from pain with no one coming to her aid; the image of her exiled and immobile mother sitting alone in a room unable to recognise her while calling out for her other children who were not there; and the sight of mother in a state of shock as the woman’s husband and sons were being led away for execution. The image and the words of the respondent’s brother pleading with the soldier not to kill him remained indelible in her mind. “Those words will remain with me as long as I live”, she said. Such accounts are consistent with testimonies obtained by Weine et al (1995, p.540) who note that survivors of genocidal trauma “do not have a few discrete traumatic memories that come and go; their lives are continuously inundated with traumatic images”. One man in that study reported that he did not have ‘memories’ of war but rather “films of traumas that constantly play in his head” that do not seem to respond to his attempts to shut them out. “These images and memories of loss, atrocity, and death are not ossified and may evolve from coherent narratives to something else, where memories crowd each other out”.

The reported psychological symptoms among Bosnian refugees who have suffered trauma and torture, are consistent with the symptoms of Post-Traumatic Stress Disorder (PTSD) (see Glossary and Chapter 2). Among other indicators, reports of irritability, fear, panic-like reactions, preoccupation with the past, recurring intrusive thoughts and images from the war period, nightmares, and sleeping difficulties described above are all diagnostic of PTSD. However, in the absence of psychological assessment and referral for psychiatric treatment, diagnosis of PTSD has not been confirmed among any of the respondents.

The Effects of Personal and Material Losses

The potential outcome of the trauma such as that experienced by the Bosnian refugees is for the victims to direct any anger resulting from humiliation suffered and their inability to come to terms with the new situation, inwardly against themselves. The loss of status and a discrepancy between who they were and what they possessed not long before, and who they are and what they possess now, places refugees at high risk of becoming despondent and for developing depression. Depression, marked by feelings of sadness, loneliness and dejection, is often attributed to personal loss such as death of a loved one or a serious financial setback (Bourne and Ekstrand, 1973).

All the respondents had lost someone in the war: a parent, sibling, relative, friend or neighbour. From their immediate family, five (respondents "M3", "M5", "F3", "F4" and "F5") had lost their father with "F5" also losing her mother, five (respondents "M1", "M2", "M3", "F3" and "F5") had lost a brother with "F5" losing both her brothers, and two women (respondents "F1" and "F2") had lost their sons, one of them having also lost her husband. While all but three lost someone from their immediate family, all but one lost a close relative (uncle, aunt, cousin or grandparent); respondents "F1" and "F2" reported losing more than one hundred relatives each. With regards to friends, one respondent reported losing almost all his friends while three others reported losing 14, 19 and more than 50 friends respectively. The latter, respondent "M6", reported losing more than 20 colleagues from his work alone. While these losses illustrate the extent of personal devastation, they also illustrate the extent to which the Bosnian-Muslim community as a whole has been decimated. Materially, respondents lost everything that they had, including all that they would have customarily inherited. Having to "leave with empty arms", said "F1", was one of the hardest things she had to do. Grieving for the loss of his parents' hard-earned possessions, respondent "M6" said: "They did it for us, and now when it came the time to leave something for us, the reason for which they had lived, to ensure we have an easier life than they did, they lost it all... I think that they are very disappointed". Because the loss was not of their own making, it was that much harder to bear.

Although only three respondents admitted experiencing episodes of depression, more than three-quarters preferred to use the term *tuga* to describe their emotional state. "Everyone who comes from there feels *tuga*", said respondent "M3". "Maybe it is depression, I don't know... it is more like *tuga*", said "M5". Lacking a precise English equivalent, a Serbo-Croatian/English dictionary (Benson, 1988, p.650) defines *tuga* as "grief", "sorrow", or "sadness". Whichever term is used, the concept of *tuga* denotes a deep sense of loss and longing, often associated with feelings for the homeland. "I like it here, it is nice", said respondent "F3", "but I am missing Bosnia". "I feel lonely, sometimes sad, lost. I think it is all *tuga* for the things lost", said respondent "M6". Five other respondents reported being nostalgic and experiencing homesickness, three of them expressing a wish to return, if only to revisit and see the place where they had lived. Respondent "M2" said that *tuga* somehow suited him finding it hard to imagine life without it: "he who does not know how to grieve does not know how to value someone". Having lost her husband and son in the war, and conveying a sense of hopelessness and despair, respondent "F2" described in the following way how she was coming to terms with her situation: "I am not the only one who is bereaved, there are many mothers who are bereaved...many mothers have wept for their children, all have suffered, Serb mothers also, under pressure they had to let their children go, there was no option". Such was the fate, she said, and "only *tuga*, nothing else...".

Lin (1986, p.62) notes that tangible losses are most visible and often talked about, but loss of important interpersonal relationships, while exerting much more profound impact on the mental health status of refugees, are often grieved for in private, and may not be visible to those involved in the refugee resettlement. Lin goes on to say that "grieving over loss of the familiar cultural milieu and aspects of self-identity tends to lead a chronic and fluctuating course which may last for years before some sort of resolution can be realised and a certain level of equilibrium reestablished". As pointed out in Chapter 2, the grief process is a mechanism of refugee adjustment to great loss. The second of the three phases, bereavement, an acknowledgment of the irretrievable loss, may be difficult for some Bosnians to enter because of uncertainty about the future of their homeland and the possibility of their return. Stein (1986) suggests that hope of return can delay the refugees' 'psychological arrival', interrupt the process of grief and inhibit adjustment. Respondent

"M5", for example, commented that he planned to come to New Zealand for only one year. Three years later he was still in New Zealand, even though he had no desire to stay. "Until I return to Bosnia, I will remain like this", he said. Based on theories of grieving, such an individual is likely to experience a difficult and prolonged adjustment to life in New Zealand.

Most respondents appear to have reconciled themselves to the events of the past. With the exception of two, there was little evidence to indicate feelings of anger or hatred towards those who perpetrated violence against them. One of the two who expressed animosity said that he did not see much point expressing his hatred while in New Zealand, but if he was to find himself back in Bosnia, he would "respond differently". Feeling bitter and angry, the other respondent vowed that somehow he, or his son, would avenge himself. "I will bring him up that way", he said.

Current Social Wellbeing

Those interviewed came from relatively small but stable, closely-knit and long established communities in which lives were influenced by strong traditional values and centred on family units. With such cultural orientation and major upheaval in the accustomed social relations and personal support, almost three-quarters of those interviewed expressed a sense of social isolation and lack of integration into the wider New Zealand community. The contrasts between the two cultures in neighbour relationships came in for special mention.

The majority said that their neighbours were either aloof or that they had nothing to do with them. Only three respondents, all women, reported having kind or helpful neighbours. Respondent "F2" mentioned that on one occasion her neighbour came to the door with a cake while the Asian neighbour of "F4" offered help knowing that the respondent was about to give birth and was on her own during the day. Respondent "F5" mentioned a helpful Maori neighbour. However, that is as far as these relationships went. Representing

the general view of Bosnian refugees, respondent "M3" said that back in Bosnia "neighbours were like family, the whole village, everyone knew everyone, went to each other for coffee, you went outside in front of the house, you had someone to talk to". Here in New Zealand, "most of them don't even say hello", said "F5".

Whether at work or socially, the respondents indicated limited and superficial contact with other New Zealanders. With the exception of one person who distanced himself from his compatriots, those interviewed associated mostly with fellow Bosnians who came to New Zealand at the same time as they did. The workplace was the major source of non-Bosnian contact. Reflecting his strong family orientation and discomfort with the local habit of the after-work drinks, respondent "M1" said that as a married man, he had little in common with those he worked with. Having had a New Zealand girlfriend, respondent "M5" commented that he had tried but the relationship just did not work. "We are not even similar, that's the reason, there is no love. I don't feel anything", he said. For a young, homebound mother, the only non-Bosnian contact was her volunteer support person who was teaching her English. "F4" said that she would have liked a closer relationship with her tutor but their association never progressed that far, somewhat at odds with one of the objectives of the English for Speakers of Other Languages (ESOL) Home Tutor Scheme (see Chapter 3).

As a group, Bosnian refugees who arrived since 1992 have remained largely intact; no-one is known to have moved out of the Auckland area. Despite being dispersed around the city, respondents maintained contact with one another and met on a regular basis. Since their arrival, the former concentration camp detainees have been getting together once a week at a well-known Auckland landmark. Feeling that earlier migrants from former Yugoslavia did not understand them, the recently arrived Bosnian refugees formed a Bosnian club of their own, hence two Bosnian associations in Auckland. Numbering more than 100 individuals, the group met once a month. The communication network amongst the Bosnians was strong and effective, enabling any news and information, including that coming from overseas, to be circulated quickly within the group. A regular weekly programme on Access Radio was also used for that purpose.

Respondent "M5" mentioned a need for financial support to strengthen their ability to provide support for each other and deal with their problems. The need for a cultural centre, a venue where they, as Bosnians, could get together socially and enjoy each other's company, was mentioned. Not in a financial position to acquire a property of their own, assistance with the hiring of a hall was suggested. "M5" believed such a venue would provide relief from the monotony of every-day life.

Everyone coped with their problems in different ways. Some smoked heavily, some used alcohol, some consumed prescription medications, and a few were said to use illicit drugs such as marijuana.¹ Respondent "M6" said that like many others, he smoked between 40 and 50 cigarettes a day and drank more than he did before coming to New Zealand. "Most of us drink in the amounts that are not good for us", he said, but "you cannot say that anyone is an alcoholic". When the men get together, he said, "most of us get drunk. It is not like having couple of drinks because it suits you. We drink to get drunk". Excessive use of alcohol, however, appears to relate largely to a group of younger men rather than the Bosnian refugee group as a whole. The reported use of alcohol by Bosnians as a coping mechanism reflects observations that "refugees are more likely to turn to alcohol or drugs in attempting to cope with or to escape from their problems" (Lin, 1986, p.66). What's more, higher rates of problem-drinking and alcohol abuse have been observed among refugees of European background than among refugees from Asia (Lin, 1986).

The Use of Health Services Since Arrival

Despite the reports that health care in Bosnia was free of charge, it was not always as well used as one would expect. Despite having free dental service, for example, the respondents did not seem to have had a high level of dental health before the war. The dysphoric affects caused by dental repair work being done without local anaesthetic was conveyed by another source as being a deterrent in seeking dental care. Different patterns of usage among the working-class Bosnians and those living in provincial and rural centres, and the

reported greater emphasis on self-reliance and self-care, may also explain lower usage rate of both dental and medical health care services by the Bosnian refugees. For example, respondent "M3" said that when sick, Bosnians would stay at home for several days and if there was no improvement, only then would they go to see a doctor. By contrast, he felt that New Zealanders go to see a doctor as soon as something starts to hurt. Such was the character of the Bosnian people, he said.

Respondent "M4" attended an Emergency Department for a sprained muscle sustained during a football game. Of the twelve respondents, three had been hospitalised: one to give birth at a maternity hospital; one for an arm injury sustained at work; and one for laparoscopic procedure for stomach ulcers. All were happy with the resulting treatment and care received while in hospital.

Apart from two respondents, the majority of those interviewed had either not used a general practitioner (GP) at all or used one only infrequently. Reasons for visiting a GP were pre-existing conditions (blood pressure, heart and kidney problems), sedative prescriptions, and minor ailments such as skin allergy and joint pain. A number of those who had visited a GP said that they were never asked by their GP about their war experiences, nor did they tell the GP about their war traumas. Some said that they neither could nor wished to talk to their GP about such experiences. The general feeling was that the GP was unlikely to understand their situation or that he or she would be able to deal with it adequately. "No-one can ever understand [our situation] unless he has felt it, he will not believe you that it was like that", said respondent "M2". "How can they understand me when I cannot tell them what [really] pains me", said respondent "F1". Advised by her GP that she needed to socialise more and learn English, the woman's son felt that the GP's comments were inappropriate and that they showed a lack of understanding of her needs. "She is a woman of 60. She is not even considering learning the language especially as she had lost a son. That is not her illness, she has a different illness", he said. Unhappy with such advice, they changed a GP. Mollica, Wyshak and Lavelle (1987, p.1571) found that traumatised and tortured patients may have difficulty articulating their trauma-related symptoms, suggesting that reluctance was secondary to culturally determined patterns of

health-seeking behaviour, and that traumatized patients may have difficulty in “putting words around symptoms” because the expression of those trauma-related symptoms can significantly increase their emotional distress.

Perception and Use of Mental Health Services

As mentioned in the beginning of this chapter, no mental health or psychological state assessment was carried out on Bosnian refugees upon their arrival in New Zealand, neither at the Mangere Refugee Resettlement Centre nor following their discharge into the community. However, had the assessment been done and had it been found that any of the refugees required psychological counselling or psychiatric care, from the responses of those interviewed it is questionable whether all would have accepted such services.

Two respondents commented that as former prisoners-of-war who were badly treated and tortured, a mental health assessment would have been appropriate, would have been helpful, and should have been done. According to respondent “M7” there was a need to recognise that the refugees did not come problem-free, or from just another country; they came from a war zone. What’s more, he felt that “specialist” rather than “standard” medical care was required. While acknowledging that some of his fellow former detainees may have declined specialised services if offered such services, he believed that given time, explanation and encouragement, they would have consented. However, although his friend (respondent “F5”) reported that “M7” himself needed treatment, she said that he would not avail himself: “in no way will he take tablets, but he needs them. He needs a psychologist and a psychiatrist but will not relent, he will not be humiliated”.

The impression gained from the respondents was that it was not common for mental health professionals to be used in Bosnia. Furthermore, there was a tendency to attach negative connotations with the use such health professionals. For example, respondent “M6” commented that the commonly-held view in Bosnia was that going to a psychiatrist was something for the “crazy... when you lose your mind or have some kind of breakdown”.

Most of the time it was concealed by those concerned, "it was not our habit", he said. With reference to fellow Bosnian refugees in New Zealand, the man commented that if they were to seek psychiatric help, other Bosnians would wrongly interpret the situation: "many I think need to seek this help but are afraid that they may lose their reputation or that they may be declared mentally unstable." Echoing the same sentiment, respondent "F5" commented that if the person was young, he or she would have difficulty getting married.

Rather than relying on professional health service providers, the expressed tendency among the refugees was to rely on themselves and other Bosnian refugees. This was particularly evident among former concentration camp detainees who regularly shared their experiences with each other. Because of the common experiences, the common feeling among the former detainees was that they understood each other, often feeling better understood by fellow former detainees than members of their own family. The feeling among this group was that as long as they had each other, they had no need for psychologists. For example, respondent "M1" commented that while all former inmates have been traumatised, some would take longer to recover than others, and some will never recover; all have been changed for life. However, he felt that no one can provide a cure; only time and self reliance will bring some healing. Respondent "F5" also echoed this sentiment: "they can never cure us, they can only calm us down somehow with tablets and that can last until we come around, by our selves", she said.

In New Zealand some respondents appeared to have difficulty differentiating between medical and mental health professionals. For example, two respondents reported having contact with mental health professionals; one with a psychiatrist, the other with a psychologist. However, from their description of the health professionals, it seems that they were in fact GPs, indicating respondents' lack of familiarity with the roles of different health professionals and the difficulty with differentiating between them. This apparent confusion also suggests that contrary to the claims by some respondents that they were never asked by their GP about their war experiences, the GPs of these two respondents had inquired about their traumas and psychological well-being.

Recently the need for specialist refugee mental health services has been addressed by the establishment in February 1995 of the Refugees as Survivors Centre (RAS) in Auckland, the primary objective of which is to provide specialist care for such refugees as the Bosnian (see Chapter 3). Despite 14 referrals of people originating from Bosnia to the RAS Centre in the first year of its operation, none of the respondents reported being referred to RAS Center or being aware of the Centre's existence. Only respondent "F5" reported having counselling sessions but no reference to the RAS Centre was made. It is likely that the existence of RAS Centre is not well known, and therefore underutilised, not only by refugees themselves, but also on the part of health professionals.

Barriers to Health Care

Finding themselves in a new and unfamiliar environment, refugees may experience barriers that prevent them from seeking and getting the care they require. Although these barriers may be many and varied, they are often associated with issues of transport, language, an inadequate understanding of the health care system, cost, cultural differences, the stigma associated with illness, and a lack of confidence in the health care provider.

Transport, language or non-understanding of the New Zealand health care system, were not mentioned by any respondent as being a barrier to seeking health care. However, while interpreters were often used in hospital settings, this practice was less common when respondents visited their GP. Whereas hospital services normally organised and paid for an interpreter, the same was not happening in private general practices. Family members, relatives and friends, often recently arrived refugees themselves, were often brought along and used for that purpose. The use of unqualified interpreters and persons known to a patient may act as an added barrier in matters which are personal and sensitive and which the patient may not wish to make known to that person. Furthermore, the use of unqualified interpreters contradicts in spirit, if not in law, the provision under the Health and Disability Commissioner Act (1994) Section 20(1)(d) that states:

"The duties of health care providers and disability services providers as they relate to the measures (including the provision of interpreters) necessary to enable health consumers and disability services consumers to communicate effectively with health care providers and disability service providers".

Drafted as a result of the 1994 Act, 'Right 5' of *The Code of Health and Disability Services Consumers' Rights (1996)*, states:

"(a) Every consumer has the right to communication in a language, form and manner which best enables the consumer to understand the information provided. Where needed, this includes the right to a competent interpreter; (b) Every consumer has the right to an environment which enables both provider and consumer to communicate openly, honestly and effectively".

The issue of cost was mentioned by two-thirds of those interviewed, all but two with reference to the need for dental care. Dental care was either not pursued or had been deferred because of the respondents' inability to afford the treatment. While the *Community Services Card* provided some relief from the cost of medical care, no such subsidy existed for dental treatment. Accustomed to free medical and dental care in Bosnia and now having to pay for much of that care, combined with a low income and the identified major need for dental care resulting from, and exacerbated by the war, it is not surprising that lower consultation and treatment fees were identified by some respondents as one means through which health services could be of greater assistance. Unable to afford the \$1,200 quoted for the repair of a broken tooth sustained before coming to New Zealand, respondent "F4" was taken by an interpreter to the interpreter's dentist who, after some negotiations, agreed to do the necessary work for \$410. Even that sum was repaid at \$10 per week. In the meantime, her husband needs dental extractions but was unable to proceed because of cost. Although not isolated, these cases illustrate not only the marginal financial status of some Bosnian refugees but also the indignity through which they have had to go in order to secure necessary treatment.

Among a number of respondents, there appeared to be a general lack of confidence in the New Zealand health care providers, and in the advice or treatment offered. What's more, some of them implied or expressed the view that private health care in New Zealand was

superior to services provided in the public sector, but because of their inability to pay, they were excluded from it. While this feeling in part may be a carry-over from the former Yugoslav health system and its 'grey market' in medicine, it could also be attributed to the feeling about perceived relative disadvantage in a New Zealand society. This lack of confidence, combined with reliance on self and the help of fellow refugees, the belief that their needs would not be understood and that there was little health care services could do for them, as well as the stigma associated with mental illness, all served to discourage Bosnian refugees from seeking health services.

Conclusions

Whether due to their own actions or resilience, or powers beyond their control, the most remarkable aspect of the Bosnians' refugee experience is the fact that they had survived. With unremarkable health histories before the war, the refugees came to New Zealand physically relatively unscathed after enduring beatings, lack of food and water, starvation and severe weight loss, overcrowding and lack of shelter, and appalling sanitation resulting in dysentery and head-lice infestation. Apart from poor dentition, they had largely recovered from the effects of extreme deprivation despite the denial or non-availability of medical care whilst detained in the concentration camps and places of temporary refuge inside Bosnia. The memory and the effects of the war, however, had not gone away; emotional scars were numerous, deep and by their own assessment, likely to remain with the refugees for a long time to come.

Despite being badly traumatised, no assessment had been made of the refugees' psychological state or consideration given to their mental health needs either by the international relief agencies in Croatia or the New Zealand health service upon refugees' arrival in the country. Without an assessment there could be no intervention despite the accepted approach that "it is essential that treatment [of traumatised refugees] begin as soon as possible after the traumatic event" (Reid and Strong, 1988, p.343). In the case of Bosnian refugees, this never occurred. Having been given the routine medical screening at

the Mangere Centre on their arrival which largely reflected the priority given to public health concerns and protection of the host population from the potential importation of communicable diseases, refugees were released into the community. With no mental health baseline information established and no follow up arrangements made to ascertain how the refugees were coping mentally, from the stand-point of the health services, this at-risk group of refugees became indistinguishable from the rest of the community despite the fact that it is well known that the consequences of such traumas may emerge long after the events themselves.

The effects of the war on the well being of Bosnian refugees were reflected in the respondents' descriptions of physical, psychological and social symptoms. Limited social and economic support, combined with the weaknesses in the linkage between the refugees and their GPs and between primary health services, RAS Centre and hospital services, all suggest that the health needs of refugees are not being met and that the health services personnel are likely to become aware of the problems only after the individuals have reached a crisis point.

In this study, the broadest view of health was taken probing into physical, mental, emotional, social and material wellbeing. To have taken a narrower view of health or to have considered only one of the aspects would have provided an incomplete picture of the Bosnian refugees' health and what influenced it. This suggests that the refugees' health and health needs need to be understood in the context of their total experience including all stages of migration. Yet, the medically-based health services have a tendency to focus narrowly on specific complaints with limited knowledge or reference to the context from which they have arisen highlighting the gap between what refugees' needs are and what is provided by the health services.

¹ The use of illicit drugs was alleged by others rather than by users themselves.

CHAPTER 10:

CONCLUSIONS AND RECOMMENDATIONS

Caught up in the events that were sudden, unexpected and beyond their control, the experience of the Bosnian refugees typifies the acute refugee movement (see Chapter 2). Had it not been for the war (resulting from the political strategy of Serbian leadership and fatal interference of the leaders of the West - see Chapter 5), the tenacity of the journalists who discovered the concentration camps of north-west Bosnia (whose reports resulted in international outrage and eventual release of the inmates from the camps - see Chapter 6), and had it not been for the decision of the United Nations to resettle the refugees in distant countries (rather than addressing the causes of the conflict which would have enabled voluntary repatriation or local integration in the country of first asylum - see Chapter 7), the former residents of Kozarac and other settlements in the Prijedor municipality would have never come to New Zealand. Instead, after many months of misery, terror, deprivation, uncertainty and powerlessness, the dispossessed Bosnians came to New Zealand between the end of 1992 and mid-1995 with barely more than the clothes they were wearing.

Although world refugee crises are not uncommon, what sets the Bosnian situation apart is that it took place in Europe and resulted in the biggest forced movement of people and the worst refugee crisis on the continent since World War II. Akin to the *holocaust*, the term 'ethnic cleansing' was coined to denote what amounted to genocide of a people – mass deportation and murder of Bosnia's Muslims, an attempt to destroy all traces of their civilisation and forms of social organisation. Taking place in Europe in the 1990s, it shattered any illusion that Europe had learned from the events of World War II and that such atrocities would not and could not occur again. As Europeans, Bosnian refugees were different in their characteristics from the so called "new" refugees of recent decades who came from the developing countries of Asia, Africa and South America and who were culturally and ethnically different from the host population of the countries of resettlement. Akin to the "traditional" refugees who were primarily European, mostly Eastern

Europeans, and products of World War II, Bosnian refugees were a by-product of a different situation. Unlike the “traditional” refugees who could conveniently be used by the West to show negative aspects of the Communist system, in the wake of the collapse of Communism in Eastern Europe and of the Soviet Union in the early 1990s, this function was now not only redundant but in fact reflected negatively on the great powers. Having contributed to the demise of former Yugoslavia and the war in Bosnia-Herzegovina, Western governments only reluctantly accepted responsibility for the fallout of the conflict and the ensuing refugee crisis. Unlike the victims of *holocaust* and the Cold War, Bosnian refugees had to contend with various misrepresentations of their situation including the view: that their predicament was a consequence of a deep-seated and long standing inter-ethnic animosity; that all sides of the conflict were equally guilty thus pinning the blame for the war on them, the victims of aggression; and that being Muslim, somehow they were not European in origin or only relatively recent arrivals to the Balkans. None of these views have any historical basis (see Chapter 5).

The aim of the study was to investigate the health status and health service needs of Bosnian refugees who have been resettled in New Zealand. These issues were investigated in the context of experiences of Bosnian refugees, both pre-migration and following resettlement. More specifically, the objectives of the study were to: identify health status and health service needs of Bosnian refugees since resettlement in New Zealand from the perspective of Bosnian refugees, and compare these with their pre-migration health status; describe experiences in getting health needs met in New Zealand, and identify the difficulties encountered; interpret the health status of resettled Bosnian refugees in the contexts of pre-migration experiences as victims of civil war, ethnic cleansing and asylum seeking, and of their resettlement experiences in New Zealand; and make recommendations for refugee resettlement policy generally, and refugee health services in particular.

The objectives were achieved through the gathering of data using a qualitative research method. The twelve respondents were interviewed using a semi-structured interview format containing open-ended questions organised around themes that appeared most significant in the literature on the conflict in the former Yugoslavia and the literature on refugee

experiences and health. An important source of secondary data was the journalistic and politico-historical literature of the conflict. These were used to put the experiences of the respondents into a wider context, thereby validating as well as completing the bigger picture.

The suffering and losses experienced by Bosnian refugees have been enormous. The testimonies obtained from the respondents and those reported by foreign journalists who covered the war in Bosnia, bear witness to major and multiple traumas: prolonged deprivation of food, water, shelter, hygiene and other basic necessities; beatings and torture; wholesale destruction and theft of homes and material possessions; loss of friends and loved ones; and, the erosion of individual identity. Violently and suddenly uprooted from the homes and communities they loved, Bosnians were propelled to a distant and foreign land they had barely heard of, let alone knew much about.

According to the sources at the Mangere Refugee Resettlement Centre, Bosnians were among the most traumatised group of refugees to pass through the Centre since its inception. Despite this observation and knowledge, no systematic mental health assessment was carried out on Bosnian refugees when they arrived in the country. Without such an assessment there could be no intervention. No counselling or treatment was given despite the accepted view that it is essential that the treatment of traumatised refugees begin as soon as possible after the traumatic event (Reid and Strong, 1988). No mental health baseline was established and the refugees were released into the community without any follow-up even though findings in literature suggests that refugees like the Bosnians who are young, single (unmarried, separated or widowed) and separated from other family members, constitute a group at high risk of developing mental health problems (Lin, Tazuma and Masuda, 1979; Mollica, 1987; Nguyen, 1989; Lipson, 1992; Buchwald, 1993). This suggests a major procedural deficiency in the assessment and meeting of the mental health needs of refugees in New Zealand, particularly of those who have been severely traumatised.

While important, the routine and comprehensive medical screening on arrival, on the other hand, reflects the primary concern with the issue of public health (protection of the host society from the importation of communicable diseases). Apart from dentition and prophylaxis for a potentially contagious condition, there were few reports of physical ill health or injury among the refugees on arrival. This may in part be attributed to the relatively young age of the respondents, a period of recovery in Croatia as well as inexplicable good fortune during the war. Nevertheless, dental health was reported as a major problem and while first and remedial work was carried out free of charge on arrival, the subsequent cost of more permanent repair proved a major barrier to seeking treatment.

The effects of war on the mental health of Bosnians was indicated by the reported prevalence of headaches, irritability, sadness, preoccupation with the past events, sleep difficulties and nightmares. The abuse of alcohol and sociopathic behaviour among other Bosnian refugees in New Zealand was also reported by the respondents and are consistent with those reported by Keller (1975) and Lin (1986) and with those of post-traumatic stress disorder.

While the use of general health services among Bosnian refugees was not high, and problems with their use reported in only in a few cases, findings of this study suggest linkage weaknesses between the refugees and their GPs. Since GPs act as gatekeepers to the health services, this weak link may have hindered Bosnians' referral and access to other health care services including the RAS Centre and hospital services. While the low use of GPs by Bosnians may be attributed to actual or perceived low need for medical services and their tendency to seek help less often than the general population, Bosnians' lack of confidence in their GPs and other health professionals, seems to also have played a part. This lack of confidence stems from the perception that GPs would not understand their needs in the context of their culture and war experiences and consequently would not be able to deal with them. This is particularly significant in situations where the health complaint was seen as inseparable from their refugee experience. Since the respondents were not asked about their war experiences, they did not mention them to their GPs hence the reports that their GPs know very little, if anything about their traumas. Bosnians'

limited mastery of the English language, limited ability to articulate their health needs and limited availability of interpreters in the primary health setting would not have assisted this process. Reports by the respondents that their GPs know very little about their trauma, their negative perception of mental health professionals, limited awareness of what mental health services are available, reluctance to consult with these services, and the awareness that the effects of the trauma they have suffered may not be over, all point to the possibility of present or future mental health difficulties and mental health needs of Bosnian refugees not being met.

The aim in part of this research was to give voice to the experience and suffering of the Bosnian refugees whose story may not have otherwise been told. Despite personal familiarity with the culture and history of the people of former Yugoslavia and my ability to converse in the language of the respondents, giving of that voice proved neither easy nor straight forward. My experience has been that Bosnian refugees are not amenable to research; they were not easily accessed and did not readily share their experiences. Access to the subjects required considerable effort and patience with no certainty of their participation. There are a range of possible explanations for Bosnians' reluctance to tell: suspicion and mistrust; the personal nature of the experience (including the risk of trivialising it by revealing it to an outsider); a fear that they are unlikely to be understood or believed; feeling that even if they opened up and told their story or problems nothing would be done about it (curiosity factor); unresolved grievances; and reliving of trauma. Although all the respondents were traumatised by their experiences, my observation and impression has been that those individuals who experienced the worst of atrocities were least likely to talk about them, suggesting that the most outspoken refugees may not necessarily be the most needy ones - they are more likely to suffer in silence. While this has been observed among Bosnian refugees, it may equally be applicable in considerations given to the needs of different refugee groups.

Feeling betrayed by their non-Muslim friends and neighbours in Bosnia, their own country and the international community, it is not surprising that the Bosnian refugees were suspicious of New Zealand authorities, of the ethnic community assigned for their

resettlement and the prospect of being a subject of a study (the likely use to which the findings would be put). The absence of mental health assessment and initiatives to document respondents' testimonies, both whilst in the country of first asylum and since coming to New Zealand, may have given refugees an impression that no one wanted to know the truth about what had happened to them, or worse still, did not care.

Having come as a group strengthened the resolve of the former concentration camp detainees to stay together and resist the perceived attempts to have them assimilated both into the ethnic community and into the wider New Zealand society. The group served not only to provide emotional support to individuals within it but also to strengthen the expression of refugee grievance and dissatisfaction with the provisions made for their resettlement, and to make demands of their hosts.

Repeated promises of reunion with family members, a negative reaction to the reception the Bosnians received and to the designated sponsors, minimal material provisions for their resettlement and the undignified manner in which that support was given, resulted in tensions that further eroded an already fragile sense of trust. After all, the Bosnians were in New Zealand not because of their own choosing but because they were sent here, agreeing to come only because other options were either not available or were less desirable. This gave rise to, and sustained, the belief that they were here because of some wider political agenda undisclosed to them. What's more, the resettlement process seemed derived from the view of refugees as poor, dependent and incapable making decisions about their welfare, and to reinforce dependency among refugees. Having only relatively recently lived totally the opposite type of lifestyle, the experiences and feelings related to resettlement added to the stress of traumas related to flight. Factors relating to the resettlement process itself could have been predicted, should have been planned for and needed to be managed better.

Once released into the community, there was no formal follow-up by the RMS or any other agency to assess how the Bosnians refugees were coping and how they were adjusting to their new life. Bosnian refugees were largely left to their devices and, as far as targeting of

government services were concerned, the Bosnian community was indistinguishable from any other community in need of social support. Factors such as suitable employment, economic and social welfare, and language acquisition, all of which are known to facilitate successful resettlement, were not followed up. No special effort appears to have been made to place Bosnian refugees into suitable employment. A number of those who found work with employers from the ethnic community reported working long hours for little pay and felt exploited as a result. Regarding English learning alone, a limited income combined with the 'user-pays' approach and the location of language instruction venues effectively barred many from language acquisition. While these experiences are not unique to Bosnian refugees (see Crosland, 1991), they are highlighted in the case of the Bosnians as a result of the shortcomings of the resettlement support arrangements. The eventual arrival of family members proved beneficial, some respondents describing it as "restoration of wholeness" that enabled them to move on with their life. Although in many instances the relationships within the family had changed for the worse as a result of the war, family was nevertheless regarded as the major source of emotional sustenance. With material resources combined, living conditions also improved. The experiences of the Bosnians illustrate the importance of family reunification as a contributing factor to successful resettlement, suggesting the desirability of a liberation of policy governing immigration on humanitarian grounds.

This study acknowledges the need for a broad approach to the issue of refugee health. Refugees and their health need to be understood not only in the context of their culture but also in the context of their experiences as refugee. Having survived the extremes of brutality does not mean that the effects of trauma cease once the victim is removed from that environment. The memory of trauma is long lasting and the worst of its effects can manifest themselves long after the traumatic events themselves, well illustrated in the case of *holocaust* victims whose suffering continues decades after the events. Victims of political violence need to be given a chance to heal their traumas, a process that is facilitated when the stresses of resettlement are kept at an absolute minimum and the support of professional expertise, if necessary, is made available. The primary focus on nurturing rather than prescriptive therapy thought to be beneficial, seems more appropriate. Herein lies a challenge for the New Zealand refugee resettlement policy and the skills

required by those charged with the responsibility of resettling the refugees. Herein also lies the acknowledgment of the true cost and consequence of political violence.

Recommendations for the Refugee Resettlement Policy

As a signatory to the United Nations 1951 Convention relating to the Status of Refugees and subsequent amendments, the New Zealand government needs to give due consideration to the following as a part of refugee rehabilitation process and its resettlement programme. Exception for refugees also needs to be sought under current and prevailing market-orientated economic policies and health care model which do not lend themselves well to refugees' short- and long-term needs. Not to take into consideration a longer-term view of the costs and benefits is to place refugees at risk of additional trauma, developing long-term disability and/or of becoming a permanent economic underclass. Ultimately, neglect in the short term is more costly to society. Specific recommendations are:

- Orientation Programme: That the initial orientation programme at the Mangere Refugee Reception Centre take greater account of cultural and socio-economic background of refugees especially when "traditional" refugees are involved. Initially, such an assessment can be made by the representatives of the New Zealand Immigration Service at the time of refugee selection.
- Mental Health Screening and Follow-up: That the refugees' mental health is assessed on their arrival in the country and that any necessary counselling or treatment is commenced as soon as possible. The established baseline can be used not only to measure refugees' progress over time but also to further the general understanding of this at-risk group of people.
- Community Sponsorship Arrangements: That careful consideration is given to the selection of community sponsors and that monitoring standards are introduced to measure and evaluate both the suitability and the performance of the assigned sponsors.

While the established ethnic community may appear to provide a logical source of sponsorship support for newly arrived refugees, this may not always be the case. Special care needs to be taken to exclude sponsors who are looking for cheap labour, religious converts or similar 'victims'.

- Case Management: Appointment of skilled caseworkers who are familiar with refugee resettlement issues, to manage, oversee and facilitate refugees' transition into the community. It is important that these caseworkers are specially trained and educated for the role. Allocated to each refugee for a period of say three years, the first and critical year would see relatively heavy involvement of a caseworker with regular visits, assessments and help, gradually giving way to reduced involvement as refugees progressively gain their independence and a foothold in the new country. Attached to the Immigration Service, the concept would require government funding.
- Refugee Advocacy Service: While this role is currently shared among various groups and organisations, it is fragmented and uncoordinated. Not readily available to all refugees, particularly those resettled in more remote parts of the country, the service needs to be easily accessible and independent from but funded by the government.
- Provision and Use of Interpreters: In order to strengthen the linkage between the refugees and their GPs, and between primary health services, Refugees as Survivors (RAS) Centre and hospital services, that refugees have a free and unhindered access to an interpreter. Under the provisions of the *Health and Disability Commissioner Act (1994)* and *The Code of Health and Disability Services Consumers' Rights (1996)* health care consumers currently have a right to communicate effectively in a language which best enables them to understand the information provided. Although the health care providers have a duty to ensure this happens, interpreters are often used in hospital settings but not when refugees visit their GP. The ambiguity in the legislation as to what constitutes effective communication, who arranges for an interpreter and who pays for the service, needs to be addressed.

- Financial Assistance: The amount of the resettlement grant and the manner in which it is administered be reviewed. The grant needs to be increased to reflect the realistic costs of setting up in a new country having come with few or no resources of their own. Allocation of the grant needs to differentiate between the needs of individual adults and family units. In order to avoid the difficulties experienced by respondents in this study, the grant should be made as a lump-sum payment with autonomy granted to recipients to priorities their needs and to use the grant accordingly. Where refugees are in need of costly dental repair work, on comparable high-cost requirements to correct problems arising from deprivation or torture, separate and additional funding be made available to cover the cost of such a treatment on a case by case basis.
- Language Acquisition, Employment and Vocational Training: That language tuition be extended beyond the initial, six-week orientation programme, and that it be made more easily accessible and free of charge to the refugees. That initially refugees are found suitable employment and, if necessary, given appropriate vocational training to approximate, as much as it is possible, the kind of work done by the refugee before coming to New Zealand. Due recognition needs to be given to the fact that traumatised and emotionally stressed refugees are frequently unable to rapidly master a new language, job skills or culturally appropriate behaviour and that in a competitive environment, refugees are in a position of distinct disadvantage relative to general population.
- Family Reunification: Where desired by the accepted refugees, every effort is made by the authorities to speedily reunite family members separated by the refugee crisis. This may include family members who have already been resettled by UNHCR in other parts of the world. The cost of reunification should not be borne by the refugees themselves as it has the potential to create downstream economic and relationship problems. Due recognition needs to be given to the fact that in order to gain foothold in a new country, refugees need to retain a foothold in their own culture by maintaining the viability of their family unit and that of their ethnic group.

Recommendations for Future Research

Most research on refugee health in recent years has focused on “new refugees” originating mainly, but not exclusively, from countries in South-east Asia: Cambodia, Laos and Vietnam. The significance of the present study is that it is first such study in New Zealand to focus on the health of a European refugee group and one of the few anywhere in the world to be conducted on Bosnian refugees since the 1992 war in Bosnia-Herzegovina. While many findings on “new refugees” are applicable to “traditional refugees”, cross-referencing needs to be approached with caution as major socio-cultural differences can compound refugee experiences during resettlement. For that reason, a qualitative approach was used in an attempt to explain the phenomenon from the refugee perspective. It is hoped that the findings of this study will contribute to that body of knowledge and have some influence on policies and practices that impact on refugees’ quality of life.

There is an obvious need for a greater number of studies that involve active participation of subjects and which give voice to refugees’ experience and their interpretation of events. This also suggests a need for ongoing and longitudinal studies of the same or similar cohorts as well as those among different refugee groups resettled in New Zealand in recent years, enabling comparison of similarities and differences between them.

Given the broad approach on health of this study, the specific issues raised could be investigated in greater depth. The phenomenon of grief and how culture may equip victims of political violence to endure and overcome extreme hardships, is one such example. Relating the results of such studies to specific institutional and professional service provisions could indicate the appropriateness and effectiveness of such services or whether such appropriate services exists at all.

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Information Sheet

(Translated into Serbo-Croatian)

Participant Rights:

You have a right to decline to participate in this study.

If you agree to participate, please note that you have the right to:

- Ask any questions about the study at any time during participation.
- Refuse to answer any questions.
- Withdraw from the study at any time.

Furthermore, you should be aware that:

All information is collected anonymously. It will not be possible to identify individuals in any reports that are prepared from the study. Your name will not be used unless you give permission.

For reasons of accuracy, we would like to audio-record the interview and transcribe the information. A copy of the transcript of your interview would be made available to you. You would be given the opportunity to alter or delete information given during the interview.

Tapes of this interview will be identified by code only and will be stored in a safe place. You have a right to decide what will be done with tapes at the end of the research project.

You will be given access to a summary of the findings of the study when it is completed.

Do we have your approval to conduct this interview?

Vladimir Madjar.

APPENDIX B

The semi-structured, open-ended questionnaire used for interviewing the respondents:

Pre-migration Period and Details

- Age, Place of birth / Origin.
- Educational background and occupation.
- Lifestyle including description of family, home, neighborhood and hometown.
- Vision of future at that time.
- State of personal health and that of other members of the family – family health history.
- Health services at their disposal in Bosnia and how used.

Refugee Period

- Circumstances and experiences surrounding departure from Bosnia.
- The effects of the experiences on health.
- Reception and treatment in the first place of asylum.
- Any health needs during this period and whether they were met.
- Reason for choosing New Zealand.
- Knowledge about New Zealand and how it was envisaged.

Resettlement Period

- First impressions of New Zealand and assistance received.
- Biggest changes / Hardest things to get used to.
- When needing help, to whom turned for assistance.
- Current employment status and occupation.
- Level of satisfaction with current situation – employment, income, accommodation.
- Closest friends and associates / On whom depend the most.
- Any changes in the family relations.
- Feelings about material and personal losses sustained during the war.
- What has helped them to survive and overcome the losses.
- Has this impacted on their health and how.
- Current general state of health.

Current State of Health

- Tuberculosis / Respiratory.
- Hepatitis and other infectious diseases.
- Gastric upsets.

- Haematological.
- Gynaecological.
- Cardiac including Palpitations and Blood Pressure problems.
- Dermatological.
- Dental and Oral problems.
- Orthopedic.
- Other problems.

- Dizziness.
- Headaches.
- Aches and Pains.
- Memory / Forgetfulness.
- Weight loss.

- Irritability, Frustration, Anxiety, Anger.
- Sleep, Sleeplessness, Nightmares.
- Fear.
- Grief, Bereavement, Nostalgia / Homesickness.
- Despair, Helplessness, Depression even contemplation of suicide (others).
- Social Interaction / Isolation / Loneliness / Boredom – how a day is spent.
- Self-perception and feeling on how perceived by the community.
- Medication use, Alcohol consumption and the Smoking habit.
- Preoccupation with the past.
- Concentration.
- Flashbacks, Intrusive thoughts, Panic attacks.

- Use of health services in New Zealand / Reasons for seeking care.
- Were the health needs met.
- How did the service differ from the service that would have been received in Bosnia.
- How could health services been of greater help.
- Had felt unwell but did not seek care (give reasons).

- Any long-term plans / Vision of the future.
- Any desire to return home to Bosnia. If so, how likely is it that it will eventuate.

28 March 1996

acsimile **APPENDIX C**

Vladimir MADJAR
Department of Business Studies



MASSEY
UNIVERSITY

Private Bag 11222
Palmerston North
New Zealand
Telephone 0-6-356 9099

Dear Vladimir

Re: **Human Ethics Application HEC96/30**
"Bosnian Refugees in New Zealand: Their Lived Experiences, Wellbeing and Health Needs".

Thank you for participating by telephone conference with Dr Nicola North in the Human Ethics Committee meeting on Friday 22 March 1996. The Committee thank you for your clarification of the steps involved in the project.

The Committee asked that a sentence be developed in the Information Sheet outlining that verbal consent has been given. This consent should be reiterated at the beginning of the taping of any interviews.

The Information Sheet should list the following participants rights:

Participants have the right to:

- Decline to participate
- Refuse to answer any particular questions and to withdraw from the study at any time.
- Ask any questions about the study at any time during participation.
- Provide Information on the understanding that your name will not be used unless you give permission to the researcher.
- Given access to a summary of the findings of the study when it is concluded.
- Agree to participate in the study under the conditions set out in the Information Sheet.

Participants will need to be advised that the interviews will be taped and at the end of the research project, should be given the option of having their tape returned to them or destroyed. The Committee appreciated your sensitivity and understand that you will offer verbal assurance to participants throughout the interview process.

Please delete final sentence from the Information Sheet. This implies consent.

Subject to the above amendments and inclusions being received, the ethics of the application will be approved.

Yours sincerely

A handwritten signature in cursive script, appearing to read "Mike O'Brien".

Per:
Dr Mike O'Brien
Acting Chairperson
Human Ethics Committee

CC: Supervisors: Nicola North and Professor Paul Spoonley