Srebrenica: a ‘safe’ area

Appendix I

Dutchbat III and the population: medical issues
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Introduction

This appendix deals with how Dutchbat III handled the provision of medical care. The central theme is the battalion’s intense exposure to medical problems during the fall of the enclave (the period from 6 to 11 July 1995), in particular to the question of whether a stock of medical supplies reserved for the treatment of possible wounded members of Dutchbat should after all be used for the treatment of the local population, which was in acute need of medical care.

First of all, however, the organization of medical aid in the Srebrenica enclave needs to be described. Médecins Sans Frontières (MSF) and the staff of the local hospital were jointly responsible for the medical care of the population. When Dutchbat contributed to this care, this generally occurred under the aegis of and in support of MSF. This form of aid was under pressure even before the fall of Srebrenica, owing partly to the stagnation in the supply of medical supplies which made the provision of aid more difficult and partly to a conflict which arose in the spring of 1995 between the Opstina (municipal council) and MSF. While Dutchbat tried not to get involved in this conflict it did lead to internal problems and to a certain amount of forced inactivity in the Field Dressing Station.

Existing problems were aggravated as the Bosnian Serbs continued to seal off the enclave more and more hermetically from the outside world. This seriously hindered personnel changes, which had repercussions on morale and personal relationships. The transport of supplies to the enclave, which had long been a problem, got steadily worse, even before the Bosnian Serbs started actively interfering with the supply route. The consumption of medical supplies at Dutchbat was so high that the UN had difficulty replenishing the stock of these materials up to the proper level. The humanitarian aid provided to the local population gradually caused the medical supplies to fall to a level at which it was feared that it might be impossible to give wounded Dutchbat soldiers adequate treatment in the event of a calamity. This grew to be a source of tension between Dutchbat and the medical services, and also internally between individual members of the medical services.

All these factors exposed the existing tension between the mandate, i.e. the formal rules governing its deployment laid down by the UN, and the Dutch desire to be of as much service as possible to the population. The poor supply of medical materials ultimately led to the laying down of a stock of such materials for emergencies which came to be known as the ‘emergency stock’. These supplies, which never reached the desired level, were later the cause of much controversy. The establishment of such emergency stock led to countless practical and ethical problems related to the question of whether these supplies could be used to treat the local population or should be reserved for the treatment of wounded Dutch troops if the need should arise. This proved to be an almost insoluble problem. The present appendix is thus largely devoted to a description of how this dilemma developed in practice.

Before these questions can be dealt with in depth, however, the organization of the medical units supported by Dutchbat must first be sketched and consideration must be given to the way the locally available resources were organized. To this end, a brief description of the medical organization of Dutchbat is first given, followed by a sketch of the medical aid provided to the local population, an impression of how this medical aid was temporarily halted by a conflict between Médecins Sans Frontières and the Opstina and the consequences of this situation for Dutchbat. Further details are then given of the problems associated with the above-mentioned ‘emergency stock’ of medical supplies, the rules governing the establishment of this stock and the relation between the UN regulations for medical aid to the local population and the maintenance of adequate supplies of medical materials.

An attempt is then made to give as clear a picture as possible of the medical aid provided by MSF and Dutchbat to the local population during the fall of the enclave. Next, attention is turned to the problems associated with the transport of wounded, first from the hospital in Srebrenica and subsequently from the enclave as a whole. This subject matter is dealt with in successive sections: the evacuation of Srebrenica hospital on 11 July, the attempt to send a convoy of wounded to Kladanj on 12 July and the transport of the remaining wounded from Potocari by the International Red Cross on
17 July. A picture is given of how these matters were dealt with in the report of the debriefing of Dutchbat and of the attempts to gain a better insight into what actually happened in the enclave, often in reaction to statements or comment from the media.

The second part of this appendix is mainly devoted to matters arising after the fall of Srebrenica and after the repatriation of Dutchbat, such as the internal problems which came to light within Dutchbat and the criticism from the media of the medical action of Dutchbat during the Bosnian Serb attack. This criticism concerned in particular the failure to treat a severely wounded Muslim woman brought to the Dutchbat compound on 10 July, a case which was later investigated both by the Military Health Care Inspectorate and by the Dutch Public Health Care Inspectorate. These investigations led to a discussion of the ethics of maintaining medical supplies for one’s own use. The appendix closes with a summary of subsequent opinions on this matter.

The following comments may be made about the sources of information about the matters discussed in this appendix. Dutchbat reports for June 1995 contain little information about the situation of the population after the VRS (the Vojska Republika Srpska, military forces of the Bosnian Serbs) started its attack. The main emphasis lay on operational tasks, reports of the battle between VRS and ABiH insofar as this could be appraised by Dutchbat, and the situation at the various observation posts (OPs). The description given in this appendix of the efforts made to provide the local population with humanitarian and medical aid at the time of the fall of Srebrenica draws on reports by Médecins Sans Frontières, statements made during the debriefing of Dutchbat, subsequent investigations of the medical action taken by Dutchbat, internal investigation and interviews with the local population and other persons involved in the events described.
Chapter 1
The medical organization of Dutchbat

Three medical units within Dutchbat, with a total of 69 personnel in July 1995, were responsible for the primary and secondary health care: the Medical Platoon, the Field Dressing Station and the surgical team. The Medical Platoon, which formed an integral part of the Airmobile Battalion, provided the primary care. Ten men from this platoon were stationed in the compound at Potocari and manned a number of vehicles intended for the transport of the wounded. The battalion’s first aid post and the remaining personnel of this platoon were situated with the company stationed in Srebrenica, with the Dutchbat company at Simin Han near Tuzla and at the Support Command in Lukavac. In addition, a number of soldiers received training in first aid for the wounded. One of these paramedics was present at all times at various observation points within the enclave and on patrol.1

A Field Dressing Station for secondary care was also assigned to the battalion.2 This composite unit had a total of 46 personnel and comprised a reception group, a group manning the crash room, a radiological and laboratory group, mortuary group, nursing department, blood supplies group, dispensary and operating theatre.3 The third medical unit was a team of usually ten specialists,4 working in the operating theatre and sent out by the Armed Forces Hospital Organization (KHO) for a three-month duty period. The Field Dressing Station had a maximum capacity of twenty beds, including four for intensive care. In addition there was the operating theatre and a space where the wounded could be stabilized, reanimated and given artificial respiration. Medical supplies were stored at various locations in the compound at Potocari. A second operating theatre for use in calamities was fitted out in a bunker, and provided with the appropriate medical supplies. This made it possible to continue to perform operations in the case of bunker alarm.

The dentist could make use of a treatment room within the Field Dressing Station. The equipment there was not up-to-date, and not all necessary functions were operative; for example, the dentist had to work with an improvised suction system. Better equipment had been promised from the Netherlands, but never reached the enclave. Dental treatment in the compound was reserved for Dutchbat personnel, other UN personnel and the local workers present in the compound. Patients from other parts of the enclave were treated in the hospital in Srebrenica, but once they were in the compound they did receive dental treatment if required. After the introduction of new measures to reduce fuel consumption on 11 May 1995, the Battalion Staff gave orders that local workers within the compound should no longer receive dental treatment. The dentist did however continue to treat these people in special cases, when he considered it necessary. Unlike the rest of the Field Dressing Station staff, the dentist had a good supply of medicaments. During the last few weeks of Dutchbat’s stay in Srebrenica, the dentist worked in the hospital in Srebrenica one Monday morning a week.5

The Field Dressing Station had its own commander – not a physician – with the rank of captain. The surgeon, who had the rank of colonel, bore the final responsibility in medical matters but was functionally under the command of the Field Dressing Station commander. The normal procedure was that the latter reported on matters concerning medical organization in consultation with the surgeon to the deputy commander of Dutchbat, Major Franken. These differences in ranks and responsibilities within the Field Dressing Station sometimes led to friction.

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1 Confidential debriefing statement (14).
3 Confidential debriefing statement (18).
4 KHO-5 had 9 personnel and KHO-6 had eleven. The additional members of staff in KHO-6 were an assistant physician and a staff nurse. CRST. Fax Commandant KHO aan Operationele Staf BLS (Fax KHO Commander to Operational Staff BLS), 30/11/95.
5 Debriefing statement by J.T.M. Huijgens, 14/09/95.
There were also great cultural differences between the personnel of the Airmobile Battalion and the part of the medical personnel that normally worked in hospitals. The medical specialists had a duty period differing from that of the battalion, which meant that few close links were built up between the two. These differences left a clear imprint on many of the matters discussed below.

The rotation of the surgical teams was a problem, since the Bosnian Serbs refused to give permission for this. As a result, one of the teams was forced to stay in the enclave much longer than planned; this led to the presence of two surgical teams in the enclave at the time of the attack.

After 1 April 1995, the Field Dressing Station was under the operational command of Dutchbat's Commanding Officer. This replaced the previous arrangement in which the station had been under the command of the Commander of Support Command in Lukavac, which was situated outside the enclave; when the Bosnian Serbs sealed off the enclave, this arrangement was no longer useful.

A physician was present as staff officer at the Royal Netherlands Army Crisis Staff in The Hague. He advised the RNLA Crisis Staff and maintained contact with the medical staff in the enclave.6

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6 TK session 1995-1996, 22 181, No. 136, p. 3-4. See further § 2.2 of the report 'Incidenten bij de medische hulpverlening aan burgers door de Krijgsmacht Hospitaal Organisatie in Voormalig Joegoslavië' (Incidents during medical aid to civilians by the Armed Forces Hospital Organization in the former Yugoslavia), hereinafter referred to as the Report by the Health Care Inspectorate, 12/06/96. A version of this report from which all personal details had been removed to preserve anonymity was also available for inspection in the documentation department of Parliament.
Chapter 2
Medical aid for the local population

The hospital in Srebrenica was poorly equipped, and could not possibly provide the local population with adequate medical care. It was not much more than an outpatients’ clinic run as a hospital. The conditions there were very primitive – appreciably worse than those in the compound at Potocari. Electricity, from the hospital’s own generator, was only available a few hours each day. The canteen had been turned into an operating theatre. The operating table was of poor quality, and the level of hygiene in the operating theatre was abominable. A dentist was sometimes present; the only dental equipment available was an old barber’s chair, a selection of pliers and a dental treatment unit the water cooling of which was defective.

The hospital was dependent on the arrival of UNHCR convoys for medical supplies and dressing material. As long as the Bosnian Serbs controlled access to the enclave, and as such the situation in practice, a regular flow of these medical supplies and dressing material was not guaranteed. Accommodation was inadequate, as a result of the enormous flood of refugees coming to Srebrenica in 1993: there were only five physicians and one surgeon to treat 35,000 people.

A team from the Belgian branch of Médecins Sans Frontières supported the hospital staff. Since the Opstina had no separate Public Health department, the hospital management was also responsible for general public health matters in the enclave.7

The Bosnian state committee responsible for maintaining contact with UNPROFOR asked Bosnia-Hercegovina Command in February 1995 for help in attempts to get medical teams into the eastern enclaves and to do something about the shortage of medical staff. However, the Bosnian Serbs refused these teams access to the enclave, and sometimes took them prisoner.8 It is true that the Bosnian Muslims did manage to get a helicopter carrying a group of medical personnel into the air en route for Srebrenica in May 1995, the group in question seems to have been forced to make the trip, but the VRS shot the helicopter down in the hills round Zepa. Apart from the Chief of Staff of the 28th Division of the ABiH, Ramiz Becirovic, the physician Dzevad Dzananovic was one of the few survivors. After the incident, he was present in the hospital practically exclusively as a patient. He only started to learn how to walk again a week before the fall of Srebrenica. Standing on one leg, he tried to help as best he could in the treatment of the patients who had been wounded in the attack on the town.9

The de facto head of the hospital was the physician Ilijaz Pilav. He was also the only one to do any surgical work, though he had only received partial on-the-spot surgical training from a Médecins Sans Frontières surgeon. Avdo Hasanovic was the titular head of the hospital. He only worked a few hours a day, during which time he did little more than perform (crude) abortions for high fees. MSF staff member Emira Selimovic reported that he was mainly interested in money, and that he had refused to cooperate with the chief physician.10 She was not alone in this opinion: the Dutchbat surgeon Colonel G.D. Kremer characterized the man as a charlatan who earned large sums of money by performing circumcisions.11 The relationship between MSF and Hasanovic was problematic. Hasanovic, a member

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7 Interview Hans Ulens, 06/08/97; interview Ilijaz Pilav, 31/01/98; debriefing statement J.T.M. Huijgens, 14/09/95.
8 UNGE, UNPROFOR, Box 82, File 4.2.1. HQ BH Command, ‘Meeting with State Committee for Cooperation with UNPROFOR’, 04/02/95, Ref. 8594.
9 Interview Dzevad Dzananovic, 04/03/98.
10 Interview Emira Selimovic, 21/10/97.
11 Stasdef, naasleep, medische zaken en genocide (aftermath, medical matters and genocide). IMG (Van Ormondt) to minister and junior minister, 28/11/95, No. IMG 95/27/475.
of the circle surrounding Naser Oric wanted MSF to allow him to distribute medicines that were provided free by that organization. It was rumoured that he sold them on the black market.\(^{12}\)

The situation in the hospital was not new. As early as September 1994, the Civil Affairs Officer of Sector North East in Tuzla, Ken Biser, reported the existence of many problems that had been observed since the creation of the enclave. UNPROFOR or UNHCR officials had promised to clear up these problems, but tended to forget about them in the course of time. Biser was also confronted with Srebrenica’s problems in Tuzla when he met the ministers of the Canton of Tuzla and the heads of the international organizations in the region. Biser commented that at these meetings, people tended to approach him according to a standard pattern. The existing problems were described in great (almost exaggerated) detail, after which radio and TV reporters asked the representatives of the international community what they intended to do about them. In fact, however, according to Biser the conditions in the enclave were not as dramatic as they were sometimes painted: no one was starving, and the people were not without shoes and clothing. Medical care was available, though Biser also knew that the hospital was plagued by corruption. Medicines and care could be bought by people who possessed hard currency.\(^{13}\) Local doctors even asked for money to refer people to the Dutchbat Field Dressing Station.\(^{14}\)

Dutchbat I provided medical care by taking over operations from the local hospital three times a week and by holding an outpatients’ clinic three times a week at regular times.\(^{15}\) Dutchbat doctors looked after two of the six ambulantes manned by MSF, and Dutchbat surgeons also helped to perform complicated operations. MSF brought patients to the Field Dressing Station three times a week for echography and X-rays, and the Dutch X-ray technician came to Srebrenica twice a week to take X-ray photos there.\(^{16}\) The hospital staff needed in particular the services of a clinical chemistry technician and an X-ray technician.\(^{17}\)

‘Monthly Morbidity Reports’ gave an overview of the numbers of patients treated for certain categories of complaints. Only one example was found in the UNPROFOR archives, for the month of April 1994. In that month, Dutchbat I treated the following numbers of new cases in the morbidity categories heart (1), respiration (18), abdominal (33), genito-urinary (5), neurological (10), dermatological (55), rheumatological (69), ophthalmological (20), internal (23), psychiatric (7), dental (8) and one gunshot wound.\(^{18}\) Dutchbat sent reports of wounded patients to the Medical Logistical Officer and the Force Medical Office at UN headquarters in Sarajevo and Zagreb. These reports contained records of the persons treated and what was wrong with them, which would be used as a basis for determination of the clinical pictures that could manifest themselves in the enclave. Sarajevo did not often react to these reports, however.\(^{19}\)

When Dutchbat left the enclave, the battalion’s records contained data on about one thousand local people who had been treated at the Field Dressing Station. There were also medical files on about 300 patients who had undergone operations or been admitted for treatment.\(^{20}\) Dutchbat took these

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\(^{12}\) Rohde, *Endgame*, p. 108 and n. 12. Hasanovic failed to turn up for an interview to be carried out by NIOD that had been arranged in Tuzla.

\(^{13}\) UNGE, UNPROFOR, Box 119, File Civil Affairs SNE Srebrenica. Fax SCVAO (Ken Biser) to DSRSG, CAC (Victor Anreev), 29/09/94.


\(^{15}\) DCBC, 1114. Fax RNLA Crisis Staff (G2 Aooi Topper) to DCBC, 301625B Aug 95. Overzicht humanitaire activiteiten 11e bat in de periode 1/03/94 t/m 28/07/94. Opsteller Hoofd Sie 1, 11 Kap Remie, 30/08/95. (Overview of humanitarian activities 11th bat in the period 1/03/94 – 28/07/94.).

\(^{16}\) DJZ archives, War Crimes Tribunal dossier. Answers to the Questionnaire MSF Local Staff, Emira Selimovic, Abdullah Purkovic, Tuzla. DJZ to ICTY, 29/01/96, No. C 95/277.

\(^{17}\) Debriefing statement A.A. Schouten, 14/09/95.

\(^{18}\) UNGE, UNPROFOR, Box 203, file BHC 7-12/05/ 94. HQ BHC FWD Sarajevo to HQ UNPROFOR Zagreb, 081515 May 94.

\(^{19}\) Confidential debriefing statement (14).

\(^{20}\) Debriefing statement H.A. Folmer, 07/09/95.
documents with them when they left the enclave. They ended up in Zagreb, but no one knew exactly what to do with them; after the files had been lying about in Zagreb for some time, a captain there reported that he had a box of ‘confidential medical information’ in his possession about local people who had been treated at the Field Dressing Station. The Medical Service staff officer of the RNLA Crisis Staff, Lieutenant Colonel W.J. Wertheim, then proposed that the data about Bosnian patients should be made available to the International Red Cross. For unexplained reasons, this did not happen. Instead, the box full of information arrived at the Headquarters of the Royal Netherlands Army Crisis Staff in October 1995. Inspection of the contents there did not reveal any major new findings. It did show, however, that Dutchbat I, II and III had played a greater role in arranging medical transports from Srebrenica to Tuzla than had been previously thought. In February 2000 enquiries made by the Netherlands Institute for War Documentation (NIOD) revealed that the documents were stored in Dutch military medical archives. They would have been able to play a role in the determination of ante mortem status in the framework of the identification of victims by the ICRC or Physicians for Human Rights. They were finally handed over to the Yugoslavia Tribunal later that year.

Dutchbat II continued the aid to the local population that had been started by Dutchbat I. Dutchbat II also made its own Field Dressing Station capacity available. In connection with the number of patients calling on the ambulantas, consideration was given on a case-by-case basis of whether Dutchbat surgical capacity should be made available. As a result, many local persons underwent operations or were admitted for treatment in Potocari. Dutchbat II managed, with a great deal of effort and after the necessary negotiations with the Bosnian Serbs, to get 30 civilians with serious illnesses or life-threatening injuries transported to Tuzla or Sarajevo. A few patients were transported by helicopter and the rest in a convoy. Dutchbat II also supplied both the local hospital and MSF with limited amounts of medicines. The Bosnian Serbs in Bratunac were also provided with medicines in emergencies. The institute for the mentally handicapped was provided with electricity via a line laid for the purpose from the compound in Srebrenica.

OPs often acted as links in the health care network for the more remote villages. Wounded Muslims turned up regularly at the OPs, where they received treatment from the paramedic present. In some cases, Dutchbat then took care of transport to the Field Dressing Station for further treatment. The same held true for pregnant women; one even gave birth in an APC.

During the period that Dutchbat III was present in Srebrenica, it continued to hold consultations at the ambulantas in the enclave till the end of May 1995. In addition, surgical consultations were held once a week at the compound in Potocari. An average of 15 patients attended each of these consultations. The numbers attending the consultations at the ambulantas were higher. Depending on their complaints, patients received treatment on the spot or were transferred to the Field Dressing Station or the hospital.

Dutchbat also provided incidental aid in repairing the medical equipment in the hospital in Srebrenica, or in keeping this equipment running. Nurses assisted in the outpatients’ clinic. During the early days of Dutchbat III’s stay, First Aid lessons were also organized for the local population.

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21 SCGD. SSOGD (Wertheim) to CS RNLA Crisisstaff (Royal Netherlands Army Crisis Staff)/ (Dedden), i.a.a. IGDKL (Mels), 15/09/95, No. SCGD/15314/31.
22 SCGD. SSOGD (Wertheim) to RNLA Crisistaf (Royal Netherlands Army Crisis Staff)/LSO DCBC/Hovers, 26/10/95, unnumbered.
23 DCBC, 1114. Fax KL Crisisstaff (Royal Netherlands Army Crisis Staff) (G2 Aooi Topper) to DCBC, 301625B Aug 95, Dutchbat II, inzetperiode van 110794 tot 210195 (duty period 110794 to 210195), opsomming van geleverde humanitaire ondersteuning in het inzetgebied (summary of humanitarian aid provided in duty area). Opsteller Hoofd Sie 1 (compiled by head of Section 1), Capt. Van Dijk, 30/08/95.
24 Debriefing statement E. Klinck, 12/09/95.
25 DGP/IMG. Report by the Health Care Inspectorate, 12/06/96, p. 9.
26 Debriefing statement R. de Groot, 18/09/95.
27 Confidential debriefing statement (6).
interpreters. The medical personnel took toothbrushes along to these lessons as presents, in order to promote personal hygiene.\textsuperscript{28} The hospital staff prepared a weekly survey of the sick or wounded present in the hospital in Srebrenica or attending the consultation for those wishing to be evacuated. Accordingly, the surgeon selected a number of people for transfer to the compound in Potocari for further treatment. The transport to the compound was provided by members of the local population or by MSF. The return transport was provided by members of the local population or by a Dutchbat ambulance.\textsuperscript{29} Dutchbat III performed an average of two operations per day. Patients outside the compound were also visited in exceptional cases. Humanitarian aid was not provided to ABiH soldiers if they were recognizable as such.\textsuperscript{30}

Dutchbat’s medical personnel were more respected by the ABiH than the military. Civilians were also friendlier to the medical personnel who took care of the wounded. A certain amount of self-interest seems to have played a role here. Conversely, the Chief of Staff of ABiH’s 28th Division, Ramiz Becirovic, twice received medical aid at the compound despite the ruling in force at the time that such aid should no longer be provided to inhabitants of the enclave. X-ray photos were taken of Becirovic after he had been wounded in May during the shooting down of a helicopter. The orders to have the X-ray photos taken were motivated by goodwill. These orders were given by Major Franken, at the suggestion of the liaison officers Major Boering and Captain Melchers.\textsuperscript{31} Radiology technician Warrant Officer A. Wiehink received the request from the leadership of the battalion via the Field Dressing Station commander to take X-ray photos and echograms of Ramiz Becirovic. He did so, but was surprised because the request was not in line with agreements that had been made previously.\textsuperscript{32}

Medical aid as an instrument of war

Defence Minister J.J.C. Voorhoeve visited Dutchbat on Sunday 11 September 1994. It was his first visit to the enclave. He summarized his impressions in a letter to his colleague Jan Pronk, Minister of Development Cooperation. The population of the enclave, estimated to amount to 37,000 persons (including 20,000 refugees), was living under miserable conditions: there was a lack of good housing, and medical provisions were extremely limited. Exchanges of fire, initiated first by one side and then by the other, occurred regularly at the borders of the enclave, as did kidnappings and murders. The population reacted apathetically to their hopeless position. Voorhoeve observed that humanitarian aid was only reaching the inhabitants of the enclave in limited amounts. Dutchbat would be glad to help the people more, but could do little in the face of the continued refusal of the Bosnian Serbs to allow medical supplies into the enclave.\textsuperscript{33}

Since there were hardly any Dutch soldiers requiring treatment in the Field Dressing Station, the staff there considered in consultation with MSF whether there was anything the staff of the nursing ward could do to help the local population. The bottleneck proved to be the supplies of dressing material held by Médecins Sans Frontières. Since these supplies were so low, patients’ dressings could not be changed often. This led to frequent infections which in their turn had to be treated with antibiotics – which were also in extremely short supply. This vicious circle had already been in existence for some time.

*Médecins Sans Frontières* were also dependent on the Bosnian Serbs for their supplies. Their supply of fuel, which was kept at the UN compound in Potocari, fell and, like that of Dutchbat, was not replenished. The Bosnian Serbs argued in discussions with MSF that they were not bombarding the enclave, so no one could be hurt by their actions. They were not particularly interested in any wounded

\textsuperscript{28} Debriefing statement A.A. Schouten, 14/09/95.
\textsuperscript{29} Confidential debriefing statement (6).
\textsuperscript{30} Debriefing statement H.A. Folmer, 07/09/95.
\textsuperscript{31} Confidential statement (14).
\textsuperscript{32} Confidential debriefing statement (10).
there might be among the Muslim population. That being the case, why did MSF need so much in the way of medical supplies, the Serbs asked suspiciously. These supplies fell, and since Dutchbat’s supply lines had also been cut it was only possible to help MSF out in cases of utmost need; and even then, only tiny amounts of the most essential supplies could be given. The Bosnian Serbs were not interested in arguments, and opposed clearances for the transit of convoys.\footnote{NIOD, Coll. Koreman. Koreman’s diary, 37th week, 7.}

Dutchbat did sometimes let MSF have medical supplies of which adequate amounts were available, or which were near their ‘use by’ date (though still usable). The medical service did this on its own initiative, without consulting the battalion staff.\footnote{Debriefing statement G.W. Reussing, 12/09/95.} Conversely, MSF supplied medicaments, especially in children’s doses which Dutchbat did not keep in stock. Gifts of medicaments were also used to ease negotiations with local authorities, both Muslim and Bosnian Serb.\footnote{Communication from B.C. van de Borght, 22/02/99.}

In order to solve the problem of the shortage of medical supplies, these had to be smuggled in from February 1995. The Bosnian Serbs kept a close check on all medical supplies and equipment received, and assumed that Dutchbat only used these for its own personnel. Permission was also sometimes given for supplies that the Bosnian Serbs could use too; much of this material disappeared at checkpoints on Bosnian Serb territory. Dutchbat had to keep on improvising and shifting materials from one location to another in order to be able to continue to provide its own personnel with the necessary treatment.\footnote{Confidential debriefing statement (14).}

In the meantime, the Bosnian Serbs complained that the Muslims got all the humanitarian aid, while they got none. The Civil Affairs section of Sector North East countered that the Bosnian Serbs did not ask for humanitarian aid, and did not allow UNPROFOR access to their territory.\footnote{UNGGE, UNPROFOR, Box 118, File Meetings. Points for the Civil Affairs Monthly Meeting, [?] January 1995.} Dutchbat did however get requests for medical supplies from time to time from the hospital in Bratunac, which was poorly equipped and suffered from a lack of medical supplies. Such requests were the subject of negotiations on a number of occasions. When asked for clearance for the delivery of such supplies, the Bosnian Serbs only gave a conditional ‘yes’. Approval could only be ‘arranged’ if Dutchbat agreed in advance that more than half of the supplies delivered would be left at the hospital in Bratunac. Even then, it was by no means certain that the administration in Pale would approve the clearance.\footnote{NIOD, Coll. Koreman. Koreman’s diary, 37th week, 7.} Dutchbat did offer assistance to the Bosnian Serbs in Bratunac, but no medical supplies were actually delivered there up to the fall of the enclave.\footnote{Confidential debriefing statement (19).}

A special form of assistance provided during the Dutchbat III period was the evacuation of elderly and vulnerable people. However, Bosnian Serb promises were not always realized on the ground. For example, General Mladic had said on 15 February and again on 7 March 1995 that he would agree to the evacuation of 450 persons from Srebrenica. President Izetbegovic also gave General Smith his approval for this on 20 March. The Opstina of Srebrenica had already asked UNPROFOR a month before to evacuate 450 to 1000 persons. However, no agreements about this evacuation had yet been made, no criteria had been laid down nor had it been decided who would draw up the list of persons to be evacuated. Experience had shown that this should be done by NGOs, to avoid corruption. However, this procedure could lead to confrontations with the local authorities who liked to retain control over their own people.

Since the media was already mentioning the possibility of evacuations, UNMOs in Srebrenica were instructed to avoid this issue in their contacts with the local authorities and to play down its importance by saying that negotiations were under way but no agreement had been reached yet. If such matters were discussed in too optimistic terms and no evacuation finally took place, UNPROFOR
could be blamed for the failure.\textsuperscript{41} In fact, no results were achieved in this field, even though Dutchbat continued to urge the VRS up till the end of April to allow the evacuation of 30 persons (accompanied by 17 escorts) who were in a critical condition; however, no permission was given, as a result of which one of the persons died.\textsuperscript{42}

In May, 21 patients from the list of persons needing evacuation (the number of whom had in the meantime risen to 36) could be transferred to Sarajevo. Fifteen of the 17 attendants were allowed to go too.\textsuperscript{43}

\textbf{Lack of guidelines}

The situation in the enclave deteriorated very considerably in June 1995, after the NATO air strikes on Pale of 25 and 26 May. Dutchbat, which was also a victim of the block on the transport of supplies imposed by the Bosnian Serbs, no longer felt able to do anything to improve matters. The situation was threatening, and it did not take long for the expected escalation to occur: on 3 June, the VRS captured the southernmost point of the enclave, near OP-E. This led to temporary closure of the smuggling route to Zepa. The food shortage was exacerbated by the fact that UNHCR convoys were no longer allowed access to the enclave. The water mains system was no longer working either, and the hospital was hardly able to offer the population any medical services because of its ageing equipment and lack of medicines. \textit{MSF} could do nothing to improve the situation, and neither could Dutchbat because of the block on the transport of fuel and other supplies.\textsuperscript{44} Dutchbat’s deployability and general scope for action were drastically reduced on all fronts.

There were no clear Dutch or internal guidelines or instructions about the provision of humanitarian aid to the local population. Dutchbat’s Standing Orders went no further than giving some vague criteria for the provision of support for refugees (or ‘non-combatants’ in military terms) in need, if they were wounded or seriously ill and requested admission to a UN facility.\textsuperscript{45} Hence, aid for the population largely developed on an \textit{ad hoc} basis. Lieutenant Colonel Th.J.P. Karremans, Dutchbat’s Commanding Officer, gave KHO-5 a free hand in this form of aid. The surgical teams (KHO-5 and KHO-6 during the Dutchbat III-period) were told nothing about the UN guidelines in this field before being sent out to Srebrenica. The surgeon in charge, Colonel Kremer, and his successor Naval Captain H.G.J. Hegge, did not learn of the existence of these UN guidelines until they had returned to the Netherlands.

In practice, they followed the line that had already been laid down by their predecessors, for which many arguments could be given: few soldiers required treatment at the Field Dressing Station, while the hospital of Srebrenica was overloaded and inadequately equipped to treat relatively large numbers of sick and wounded. The provision of humanitarian aid helped to prevent boredom among the medical staff and allowed them to maintain their practical skills, to learn to work as a team and to learn to work under special circumstances. The provision of humanitarian aid was also seen as a means of improving the relations with the local population.

Kremer made agreements with \textit{MSF} about medical assistance on his own initiative. At the request of \textit{MSF}, the KHO-5 team would provide assistance to the hospital. The possibility of holding

\textsuperscript{41} UNGE, UNPROFOR, Box 116, File SNE Tuzla Memo out Jan 94 – Dec 95. Memorandum Ken Biser, Senior Civil Affairs Officer Sector NE to Mark Pengham, Senior Military Observer, Sector NE, 16/03/95, Ref. Tuz/G/CA/80.

\textsuperscript{42} UNGE, UNPROFOR, Box 119, File Civil Affairs SNE, Srebrenica. Fax HQ Sector NE G5/Civil Military Operations to BH Command Fwd Sarajevo, 23 Apr 2330A 95, HQ SNE G5 Summary for Period 17-22 Apr 95. This report reached HQ UNPROFOR in Zagreb on 26/04/95, along with the report ‘B-H Command Humanitarian Assistance Activities’ mentioned in footnote 43. (UNGE, UNPROFOR, Box 70, File 2.2.6.)

\textsuperscript{43} UNGE, UNPROFOR, Box 70, File 2.2.6. BH Command (Fwd) G5, Civil Military Operations to HQ UNPROFOR, ‘B-H Command Humanitarian Assistance Activities’, 11/05/95.

\textsuperscript{44} CRST. C-Dutchbat to C-RNLA Crisis Staff, 05/06/95, No. TK9589.

\textsuperscript{45} SMG, Debrief. Vaste Order (Standing Order) 1 (NL) UNINFBAT, Part 2: Operations, reports and other messages, Chapter 3: Operations.
consultations in Srebrenica was also discussed. It would then be decided in consultation with the local doctor whether a given patient should go to Srebrenica or to the compound at Potocari. The compound was regarded as the preferred destination for seriously wounded patients, since the Field Dressing Station had better facilities. Kremer did not consult the leadership of Dutchbat about this arrangement; this was to become a source of conflict between him and the battalion staff later.46

In the ‘good old days’ when there were adequate medical supplies, the Field Dressing Station made no distinctions in medical treatment between Dutchbat personnel and civilians. The only difference was one of priority: Dutch soldiers received treatment before local civilians. Later, civilians were only treated if they were suffering from a life-threatening condition while Dutch soldiers received treatment at all times.47

The shortage of fuel played an important role in limiting the extent of humanitarian aid. Restrictions had to be placed on the transport of wounded civilians, as a result of which it was no longer permitted to pick up wounded from the enclave and transport them to the Field Dressing Station or the hospital. Dutchbat did however continue to look for ways for patrols to pick up wounded from near a patrol route.48

46 Report by the Health Care Inspectorate, 12/06/96, p. 18 and 21.
47 Confidential debriefing statement (10).
48 Report by the Health Care Inspectorate, 12/06/96, p. 23.
Chapter 3
The conflict between Médecins Sans Frontières and the Opstina

Low levels of supplies were not the only reason why humanitarian aid had to be limited. Solidarity with Médecins Sans Frontières also played a role. MSF got into a conflict with the municipal council (Opstina) of Srebrenica at the end of March 1995, which was based on a long-standing difference of opinion between the two about legal competences. The municipal council wanted to employ a number of experienced Bosnian staff members of MSF for other tasks, but the coordinator of MSF objected. To give force to the MSF position, she temporarily closed a number of ambulant treatment stations (ambulantas).\(^\text{49}\) The situation then arose that the Opstina rescinded these staff members’ work permits, while MSF would not allow anyone else to do their work.

The liaison officer of Sector North East, Major Guy Sands Pingot, approached the MSF authorities in Tuzla, in an attempt to exert pressure on the organization to resume work in Srebrenica.\(^\text{50}\) The local MSF coordinator, Catherine Vandeneede, ‘refused to budge, however’.\(^\text{51}\)

The Opstina then asked Médecins Sans Frontières to make their medical supplies available, so that the municipal council could carry out the current health care programmes itself. MSF categorically rejected this proposal too as long as its local workers were not allowed back to work. The conflict got so heated that the police were ordered to arrest one of the local MSF staff members in question if he was found to be continuing his work for MSF.

In the meantime, the Belgian coordinator of Médecins Sans Frontières, Catherina Vandeneede, was succeeded by the German Christina Schmitz. The latter requested urgent consultation with the Opstina, but this was turned down. The director of the hospital, Avdo Hasanovic, supported the Opstina in this conflict. Christina Schmitz wanted to put an end to the situation she had inherited from her Belgian predecessor as quickly as possible. The work pressure in the hospital was high due to the closure of the ambulantas, and Schmitz found it unacceptable that the population should suffer as a result of the conflict with the Opstina.

Finally, the Opstina did agree to talk to Médecins Sans Frontières. It argued that the MSF staff were needed for work in the schools, and that others in Srebrenica should also be able to profit from the salaries paid by MSF. Furthermore, the Opstina made it clear that it was not happy that the MSF coordinator reported to the outside world about all kinds of matters concerning the enclave, which in its opinion could just as well be assessed and dealt with at local level. The Opstina continued to claim that it was authorized to commandeer the services of any member of local MSF staff it chose to. According to the Opstina, the population was suffering from the stubbornness of Médecins Sans Frontières; if the organization left the enclave, the Opstina was confident that it could manage things on its own, as it claimed it had demonstrated during the first year of the war.\(^\text{52}\)

Since the Field Dressing Station was working under the MSF flag, Dutchbat also stopped its humanitarian activities at this point;\(^\text{53}\) only emergency aid was still provided. A underlying consideration was that Dutchbat and in particular its medical staff did not want to get involved in the

\(^{49}\) Draft reply to Parliament question No. 139. The reply is not included in TK, 1995-1996 session, 22 181, No. 134 and only partially in 22 181, No. 136.

\(^{50}\) UNGE, UNPROFOR, Box 119, File Civil Affairs SNE, Srebrenica. Fax HQ Sector NE G5/Civil Military Operations to BH Command Fwd Sarajevo, 23 Apr 2330A 95, HQ SNE G5 Summary for Period 17-22 Apr 95.’

\(^{51}\) DJZ, Yugoslavia Tribunal dossier. Answers to the Questionnaire MSF Local Staff, Emira Selimovic, Abdulah Purkovic, Tuzla; DJZ to ICTY, 29/01/96, No. C 95/277.

\(^{52}\) NIOD, Coll. MSF. MSF Capsats 23/06/95 12:57, No. In 443; 29/06/95 11:45, No. Out 903; 30/06/95 07:36; 30/06/95 16:45.

\(^{53}\) Confidential debriefing statement (25).
conflict between the Opstina and MSF, which was in fact being fought out at the expense of the aid to the local population.54

The Medical Officer of B Company in Srebrenica, Captain R.A. Buijs, took a slightly different view of the matter: he thought that Médecins Sans Frontières had exceeded its competence by refusing to treat the local population in response to the stance adopted by the Opstina that it was empowered to order specified staff members of MSF to do other work in the enclave. Captain Buijs agreed with MSF’s standpoint, but not with its consequences.55

The Opstina then raised the stakes a notch by calling up two members of MSF’s logistics personnel for military service. This was in line with the policy adopted by the Bosnian Government of putting locally recruited personnel of international organizations into the army and replacing them with ‘ones better suited to the work’. This idea was not new, and had raised its head elsewhere in Bosnia; UNPROFOR opposed it strongly.56 There were also examples in Srebrenica of attempts to send people working for MSF to the front, according to UNPROFOR, this contravened the Status of Forces Agreement concluded with the Bosnian Government. The Bosnian Ministry of Defence was the main force behind this new initiative, according to which only men aged 45 and over, and women, could be employed by UNPROFOR and UN agencies.57

Since the humanitarian aid activities had been stopped, the staff of KHO-5 had little to do. This enforced inactivity of the Field Dressing Station personnel irritated other Dutchbat personnel, who were having to do their work under increasingly difficult conditions because of the shortage of fuel. This led once more to conflict between the medical personnel and battalion staff, in particular between Colonel Kremer and Major Franken. Franken ordered Kremer to resume the humanitarian work; but Kremer was only prepared to work for MSF and not for the hospital since he was afraid that if the conflict between the Opstina and MSF led the latter to withdraw, he would become responsible for the health care of the population of the enclave.58

Members of the Opstina then asked Dutchbat senior staff to provide the health care that was lacking. The leadership of Dutchbat was initially willing to accede to this request, but the members of the KHO team believed that this would undermine MSF’s position. Colonel Kremer thought that it would be unjustified to assume responsibility for the health of 40,000 people with his small staff. Lieutenant Colonel Karremans ‘could feel the force of this argument’ but Major Franken could not, according to Colonel Kremer.59

This indecisive situation continued for two weeks. Major Boering, who maintained the contacts between Dutchbat and the hospital, asked Karremans urgently to cut the Gordian knot so that he could announce a decision to the hospital staff. Franken appeared to be furious about Karremans’ procrastination, and announced that he would settle the matter himself. He discussed the situation with Kremer, but this did not lead to the desired result.

Major Boering now by-passed the two fighting-cocks and approached the hospital on his own initiative, together with Warrant Officer Tops who was acting as Deputy Commander of the Field Dressing Station after the Commander, Captain R.E.L. Sweens, was unable to return to the enclave after having been away on leave.60 Once Tops had been convinced that the local population did need

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54 NIOD, Coll. Kreemers. Memo from Deputy Director of General Information to Chief of Defence Staff, or in his absence to O. Van der Wind, 16/11/95, No. V95021602.
55 Debriefing statement R.A. Buijs, 19/09/95.
56 UNGE, UNPROFOR, Box 82, File 4.2.1. HQ BH Command, ‘Meeting with State Committee for Cooperation with UNPROFOR’, 04/02/95, No. 8594.
57 Interview Almir Ramic, 06-10/11/99, concerning Muhamed Durakovic.
58 UNGE, UNPROFOR, Box 82, File 4.2.1. Fax Civil Affairs BH Command (Deyan Mihov) to Civil Affairs HQ Zagreb (Michel Moussali), 13/05/95 and annex Government of BiH, ‘Instruction for Employment of Local Staff in UNPROFOR and United Nations agencies’ of 28/04/95.
60 Confidential debriefing statement (2), 13/07/98.
61 Debriefing statement A.J.A.M. van de Wiel, 15/09/95.
medical support, he made a number of internal ‘arrangements’. As a result, when Lieutenant Colonel Karremans gave orders on 9 May 1995 for an investigation to be carried out into alleged misconduct in Dutchbat (as discussed in Chapter 9 of Part II of the main report), he included the provision of medical aid to the local population without knowledge of the Commanding Officer as one of the items of alleged misconduct of Dutchbat III. It is not clear whether there was a connection between this and the conflict between the Opstina and Médecins Sans Frontières, nor whether this matter was ever actually investigated.

Karremans wanted this investigation because there had been accusations in the press which also involved Dutchbat III, and he wished ‘to clear Dutchbat III’s reputation’; the investigation would show that the misconduct had been not so much in Dutchbat III but during the Dutchbat II period, in the Transport Battalion, the Signals Battalion and Support Command, i.e. not in Dutchbat II itself (see Chapter 9 of Part II).

The ultimate decision, in consultation with the Royal Netherlands Army Crisis Staff, was to follow the line laid down by the representatives of Médecins Sans Frontières, since this organization had the primary responsibility for medical aid to the local population while Dutchbat only played a supporting role. This in its turn led to an accusation by the War President of the Opstina, Osman Suljic, and Mayor Fahrudin Salihovic that Dutchbat was doing nothing, and had failed to convince MSF of the need for cooperation. Karremans responded by demanding written apologies from the Opstina. He received a letter to this effect and the apologies were repeated in the course of a meeting, after which Dutchbat considered the incident to be closed. Medical specialists from Dutchbat resumed their aid to the hospital on 12 June.

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62 Confidential debriefing statement (2).
63 Karremans, Srebrenica, Who cares? Appendix 9
64 Draft reply to Parliament question No. 139. The reply is not included in TK, 1995-1996 session, 22 181, No. 134 and only partially in 22 181, No. 136. See IMG, No. 95/27/476. Intern memorandum SSOGD aan chef-staf Operationele Staf BLS (Internal memorandum SSOGD to Chief of Operational Staff CinC RNLA), 16/11/95, No. SCGD/16110/15024.
65 Interview Th.J.P. Karremans, 24/06/98.
66 UNGE, UNPROFOR, Box 70, File 2.2.6. BH Command (Fwd) G5, Civil Military Operations to HQ UNPROFOR, ‘B-H Command Humanitarian Assistance Activities’, 14/06/95.
Chapter 4
The ‘emergency stock’

Definitions

The concept of ‘emergency stock’ (a minimum stock of certain specified supplies maintained for use in emergencies) ceased to apply in formal terms within the Royal Netherlands Army. The rule that such supplies should not be used without the permission of the higher commander dates from the 1950s, and was rescinded long ago. However, the idea continued to lead a life of its own. For example, even Lieutenant Colonel Karremans believed that permission from a higher level of command was required before a battalion could break into its emergency stock.67 However, he also believed that a battalion command was always empowered to define minimum stock levels and to regulate the way in which supplies were used. This notion was based on tradition, and not on formal regulations: commanding officers can order part of the supplies to be set aside, though such a practice is not laid down in the Armed Forces’ logistic regulations.68

The idea of emergency stock was mainly used in Srebrenica in connection with medical supplies.69 Dutchbat also kept a minimum stock of diesel fuel, for use in emergencies, the operational implications of which are discussed in Chapter 4 of Part III of the main report. It was never the subject of later controversy, however, as the emergency medical supplies were.

Procedures

The logistic supply of UN units is a UN matter, but exceptions can be made to this rule by means of a Letter of Assist. This allows a unit to be supplied by another country, which is paid for these services, if the UN lacks the necessary experience or if the items to be supplied are only available from the country in question (e.g., spare parts for equipment made in the Netherlands). The UN has its own system for more general supplies such as food, fuel and medical requisites: the Royal Netherlands Army Crisis Staff thus played hardly any role in the supply of medical goods. Dutch battalions normally ordered goods from Bosnia-Hercegovina Command via Dutch Support Command.

Unlike the Dutch logistic system, the UNPROFOR supply system did not have minimum, maximum and warning stock levels. The UN did not stipulate what stock levels should be maintained. Scrutiny of UN regulations from 1994 did not reveal anything about the maintenance of medical supplies, though the possibility exists that these regulations were not complete - the Netherlands was not included in the list of recipients. The regulations only specified what a battalion should take with it for the first 60 days of deployment.70

The supply of medical articles was associated with many problems. Bosnian Serb blockades were only one of these; the use of UN supply channels was another frequent cause of difficulties. ‘Resupply that depends on the UN is doomed to failure,’ said the special staff officer for medical services in the Royal Netherlands Army Crisis Staff, Lieutenant Colonel Wertheim. This led to much irritation,71 to which the inflexible UN bureaucracy, with its sometimes ambiguous policies and regulations, contributed. UNPROFOR procedures were cumbersome, complicated and time-consuming. Funds were sometimes found to be suddenly exhausted; when UNPROFOR could not

68 Royal Netherlands Army Crisis Staff regulation VR 2-1387 (Guidelines for Medical Care) offers no basis for such a view.
69 Interview R.A. Franken, 04/05/01.
70 The regulations in question were the Medical Administrative and Technical Instructions (MATI). The Force Commanders Policy Directive (FCPD) does not concern medical supplies. The word ‘minimum’ does not occur in the list of definitions.
71 DOKL/BDI, Crst/1550. SSOGD (W.J. Wertheim) to head G4 Royal Netherlands Army Crisis Staff, 04/12/94, No. SSGD/121223/5784.
meet its financial obligations in this way supplies dried up and the Netherlands had to make extra contributions to ensure that Dutch units got their supplies. The procedure for requesting supplies under the UNPROFOR system took between five and eight weeks. In view of the long delays, requests were made from time to time from Srebrenica for the Netherlands to deliver goods that were in short supply. Dutchbat was used to a better supply system in the Netherlands, and the goods could usually reach the field of operations from the Netherlands within one to two weeks. In extreme emergencies, supplementary supplies were sent directly from the Netherlands; later, it became customary to permit goods to be ordered in the Netherlands when the supply time would otherwise be excessive, if it could be shown with reference to a UN order form that delivery via the UN was taking too long.

If a particular medicament prescribed by a doctor was required urgently, this was also sent from the Netherlands because supplementary supplies took too long to arrive via UN channels. Another factor was that the medicaments supplied by the UN were not always known to the Dutch physician, in which case he would sometimes order medicaments with which he was familiar from the Netherlands. In addition, 10% of the articles supplied by UNPROFOR did not meet Dutch quality standards; such articles also had to be obtained from the Netherlands. As a result of the combination of all these factors, the majority of the medicaments required by Dutch units came from the Netherlands. The Hague complied with practically all requests for medical supplies and goods for humanitarian aid for the local population, though neither the UN nor the Netherlands were completely happy with this arrangement – the former for reasons of protocol, and the latter for financial reasons. Since the Ministry of Defence paid for such shipments, requests for extra deliveries sometimes encountered resistance from the Logistics section of Royal Netherlands Army Crisis Staff.

Dutch inspections showed that supplies and consumption in the enclave were properly administered. What no one had a good overview of, however, were the amounts of supplies in the pipeline to Srebrenica. One undesirable aspect of medical stock formation that developed during Dutchbat’s initial period was the build-up of supplies at too many different sites: doctors had their own individual stock, Dutchbat’s Field Dressing Station had its stock and the dispensary kept a store of medical supplies. There was also a distribution point at Support Command. When this duplication of stock was recognized, the organization was streamlined: in particular, the distribution point for medical supplies was coupled with the UN depot in Zagreb.

UN bureaucracy in Zagreb was one of the very factors contributing to this undesirable situation. When Dutchbat put in an order, it never knew how much it would get, or when the goods would arrive. The amounts delivered sometimes differed from those ordered for budgetary reasons. It was known in Zagreb that a considerable proportion of the goods requested were intended for humanitarian aid; the UN administrators seem to have accepted this fact, but they were not happy about it.

The Bosnian Serbs did not accept this fact, however. They did not wish to permit the provision of humanitarian aid by UNPROFOR units, and used this as an argument to block transport of medical supplies for Dutchbat. Since the need for supplies for humanitarian aid to the local population was quantitatively much greater than that for Dutchbat’s own troops, there was no way of disguising orders for medical supplies that were not intended for the battalion’s internal consumption.

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72 Interview E.G.M. van Otterloo, 15/02/99; see also Operationele Staf RNLA Sectie G-4. Intern Memorandum Directie Materieel Koninklijke Landmacht van Htsie B&B aan BLS (Operational Staff Royal Netherlands Armed Forces Section G-4. Internal Memorandum Armed Forces Ordnance Directorate, from Htsie B&B to BLS), DOKL, SC-O, SC B&B, 27/02/95, unnumbered.
73 Communication from B.C. van de Borght, 22/02/99. CRST. Memo from Wertheim to Brig. Gen. Nicolai, 18/12/95.
74 Interview E.G.M. van Otterloo, 15/02/99.
75 CRST/2366. Officer seconded to General Medical Policy section (W.J. Wertheim) to DOKL/SC-O), 11/05/95, No. SCGD/13910/5414.
Supplies of blood were a separate issue. This required special attention, since the supply of blood was a national responsibility. The UN did not arrange this, and did not pay for it either. While deep-frozen blood could be stored for a long time, ready-to-use blood always had to be available for operations. This meant that fresh supplies of deep-frozen blood were needed once every ten weeks on average.

**Procedures and practice**

The generous approach to humanitarian aid adopted by the Netherlands was a thorn in the flesh for the UN bureaucrats. UNPROFOR’s Medical Logistic Officer spoke of ‘excessive quantities requested’. Dutchbat was not very good at sticking to the UN catalogue of medical goods in its requests for new supplies, but it was in particular the ‘enormous quantities of medical supplies’ it requested that caused all Dutch orders to be examined under a magnifying glass. Requests for large amounts of supplies by Dutchbat had to be approved by senior staff. It had been noticed that Dutchbat often requested twice the normal amounts, sometimes even three times, and that was against the rules. The UN therefore wanted the amounts requested to be related to the number of UNPROFOR personnel requiring treatment: Dutchbat was explicitly informed that medical supplies provided by UNPROFOR were only to be used for UN personnel, and not for the treatment of refugees or for training purposes. This edict did not cause Dutchbat to think again or change its ways, however.

Two senior Dutch medical officers, Colonel E.G. van Ankum and Lieutenant Colonel Wertheim, visited Srebrenica in January 1995 to study the procedure for maintaining medical supplies. The doctors working with Dutchbat had stated that they were not getting enough medical supplies to do their work properly, because of the cumbersome procedure for requesting new supplies, the limited range of supplies available from the UN and the fact that some medicaments the Dutch doctors were accustomed to using were not available at all via the UN, as well as the limitations on supply from the Netherlands. Both visitors observed that the procedure for ordering new supplies was in essence quite simple. Contingents requested supplies from UNPROFOR’s Medical Provision Point (MPP). If they were not available from stock, the MPP ordered them. If the supplies requested had not been delivered within ten days, the contingent could order them in its country of origin and the UN would meet the costs. The failure of this system to work well in practice was due to poor management and administrative shortcomings at the MPP. The MPP used its own product numbers, while the Netherlands worked with NATO stock numbers; a separate administrative procedure was thus needed to process the requests. It sometimes took six months to obtain medicaments that had been requested. Moreover, all payments had been stopped due to the UN’s disastrous financial situation. Any budgetary resources still available were used by the UN to guarantee supplies for ‘poorer’ UN contingents.

However, deliveries from the Netherlands were also subject to delays: when medical supplies were requested, the batch was only sent off when it was complete. The Commander of the Field Dressing Station in the enclave, Captain Sweens, recognized that supplies were too limited. He initiated a campaign aimed at tracing containers which should have contained stock destined for Dutchbat I during the initial stages of its deployment, but which never reached the enclave; this search was without results, however. Sweens conceded that blockades had not been the only factor adversely influencing stock levels and that the battalion had also been at fault in certain respects: the users of medical supplies were not well disciplined when it came to ordering new supplies; they often waited too long before submitting their requests and did not always follow the correct procedures.

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76 UNGE, UNPROFOR, Box 54, File 4.2.1.1. Annex D to FCPD 20 Medical, Revised 23/10/94, Amendment No. 1.
77 BLS/OPS/CRST. Deputy Commander Armed Forces Medical Command (KTZAR G.J. Boer) to DOKI, 23/02/94, No. 10703/10274.
78 IMG. UNPROFOR MEDLOGO to M.L. Vervelde, MedCoy Dutchbat, 05/12/94.
79 IMG. Report of working visit to UNPROFOR January 1995, submitted as annex to Internal memorandum SSOGD to SCGD and Royal Netherlands Army Crisis Staff, 06/02/95, No. SCGD/12674/706.
In the judgement of the Royal Netherlands Army Crisis Staff, humanitarian aid still had a low priority when Dutchbat I was sent to Bosnia, but grew steadily in importance during the duty periods of Dutchbat I and Dutchbat II. Moreover, the Minister of Defence had stated that he regarded the provision of humanitarian aid by Dutchbat as important. Even after the changing situation caused by the ceasefire at the end of 1994, international opinion continued to stress that guaranteeing humanitarian aid could be regarded as UNPROFOR’s primary function. This was even truer at a local level. The Royal Netherlands Army believed that the Netherlands should find its own ways of supporting humanitarian aid, and should bear the costs of these measures itself.80

An estimated 90% of all medical consumables were used in the treatment of the local population, and the remainder in the treatment of Dutchbat’s own personnel.81 On arrival in the enclave, Lieutenant Colonel Karremans regarded the stopping of support to the local population, or a reduction in this support, as a serious threat to his mission. He believed, moreover, that it would damage the good relations with the local administration and population that had been built up with such great care and effort. He urged the maintenance of medical aid at its existing level.82

The Netherlands Armed Forces had no guidelines for the provision of aid to third parties.83 It was UNPROFOR policy that, except in emergencies, the provision of medical aid was a matter for non-governmental organizations and not for the military. The comment by General Rupert Smith when he took up his position as Commander of Bosnia-Hercegovina Command that humanitarian aid would become one of the troops’ main objectives thus merely sowed confusion, since he had no say in logistic matters. When Minister of Defence Voorhoeve visited the enclave, he also welcomed the provision of medical aid to the population of Srebrenica: since the capacity of the Field Dressing Station was only partially used for the treatment of Dutchbat’s own personnel, he saw aid to the local population as a useful way of maintaining the medical staff’s skills at the proper level.

The Royal Netherlands Army wanted an unambiguous decision as to whether the provision of medical aid to the local population was or was not permissible: the aid given to the local population had made big inroads into the medical supplies, and after 1 January 1995 Dutchbat could no longer charge the UN for the costs of providing the local population with these supplies – which amounted to NLG 94,000 (about € 42,500) per month. While the previous estimate had been that 90% of the consumption of medicaments and dressing materials had been for the purposes of humanitarian aid, this estimate subsequently rose, possibly to a figure as high as 98%.

Another cause for concern in the Netherlands was that the Bosnian Serbs were very well informed about Dutch activities in this field. This could be concluded from the refusal to grant permission for the supply of medical requisites. In this way, the Bosnian Serbs could regulate or block the provision of aid to the local population. At a given moment in February 1995, 30 pallet-loads of medical supplies were waiting for dispatch; this reinforced Dutch fears that a complete blockade, which might cover other categories of goods too, might be imminent.84 These 30 pallets were in fact never dispatched, and Karremans asked the Commander of Sector North East to arrange for airdrops85 if stock levels did not improve.

No supplies at all had been received since 5 February. Dutchbat had started using its back-up stock, and was also making use of medicaments that were past their use-by date; there were only

80 SSOGD, No. 12637/5414. Internal memorandum RNLA Crisis Staff from Col C.L. Brantz to C-RNLA Crisis Staff, DOKL and BLS, 26/01/95, No. CRST/1637.
81 IMG. Report of working visit to UNPROFOR January 1995, submitted as annex to Internal memorandum SSOGD to SCGD and RNLA Crisis Staff, 06/02/95, No. SCGD/12674/706.
82 SSOGD, No. 12637/5414. C 1 (NL) VN Infbat to C-RNLA Crisis Staff, 22/01/95, unnumbered, annex to Internal memorandum RNLA Crisis Staff, 26/01/95, No. CRST/1637.
84 Operational staff BLS, Section G-4. Internal Memorandum DMKL from G4-Exec to BLS, C-RNLA CSOB, SC-B7B, Hfd Bur Oplg, 15/02/95, unnumbered.
85 The Bosnian Vice President Ejub Ganic had already requested the dropping of medical supplies for the local population in November 1994. (CRST, Code Cable Akashi to Annan, 02/11/94, No. Z-1647).
enough supplies for the treatment of one single intensive-care patient; all the fresh blood had been used up, and there was only enough deep-frozen blood left for two patients, and while blood donation equipment was available, there were no means of testing it; there was only enough film left for 25 X-rays; there were no means of stopping an epidemic of diarrhoea if one should break out, and there was a shortage of dressing material and spare parts for medical equipment. All these supplies had been ordered, and were standing in Zagreb and Lukavac ready for dispatch.86

Dutchbat had already sent a report to Bosnia-Hercegovina Command in Sarajevo about the ‘critical state’ of the medical supplies in March 1995, and Commanding Officer Karremans had expressed his concern about stock levels to The Hague; as a result, these problems were brought to the attention of Minister of Defence Voorhoeve in March 1995.

The roots of such problems lay however in the conduct of Dutchbat I who, with the permission of the previous Minister of Defence Ter Beek, had started providing the local population with medical aid. This had been done at the expense of the medical supplies that Dutchbat I had brought with them for the treatment of the Dutch troops, and it now appeared that UN regulations did not permit the supplementation of supplies that had been used for humanitarian aid: as mentioned above, UNPROFOR stated that humanitarian medical aid was a matter for non-governmental organizations. In view of UNPROFOR’s need to maintain an impartial stance, it was however unlikely that it would ever give formal permission for the provision of medical aid to civilians in the enclave.

The dilemma faced by The Hague was that a de facto situation had arisen in which the population of the enclave had become used to receiving medical aid from Dutchbat. Stopping this aid would not be good for the credibility and acceptance of Dutchbat, and could even lead to disruption of the medical care in the enclave. Chief of Defence Staff, General H.G.B. van den Breemen and Commander-in-Chief of the Royal Netherlands Army, Lieutenant General H.A. Couzy therefore adopted the standpoint that the aid had to be continued, on condition that the aid to civilians should be without prejudice to the primary responsibility, which was the medical care of Dutchbat personnel.87 However, it is not clear whether Dutchbat was ever informed of this condition.

Van den Breemen and the Commander of the Royal Netherlands Army Crisis Staff, Brigadier General F.J.A. Pollé, promised during a visit to the enclave in April 1995 that new supplies to be used for humanitarian aid would be sent.88 At the same time, the Defence Staff tried to find a way out of the impasse as regards stock levels by investigating whether the flow of medical supplies to the enclave could be divided into two streams: a UNPROFOR supply channel for Dutchbat and a separate supply channel for the local population run by UNHCR, which would then have to assume responsibility for the medical aid in the enclave. The Defence Staff appears not to have been doing its homework properly, however: the memo did not mention the medical activities of Médecins Sans Frontières in Srebrenica, or the fact that UNHCR was already taking care of supplies for the population in general.

The memo went on to say that if UNHCR lacked the funds for these medical supplies, then ‘official channels in International Development Cooperation’ would not be averse to making a contribution. The Defence Staff added, in a somewhat patronizing tone, that such a contribution would be earmarked for medicaments and dressing materials intended for the population of Srebrenica; in this way, UNHCR would not have the option of determining the destination of these medical supplies itself.

The Defence Staff was, by the way, well aware that such a construction was dependent upon Bosnian Serb consent; if this was not given, the only alternative was to supply the goods in question by air. Even this route depended on Bosnian Serb consent, however, according to the Defence Staff; that this was indeed the case in practice is explained in the appendix ‘Resupply by air’.

86 UNGE, UNPROFOR, Box 215, File BH-C 7-14/03/95. Medical Sitrep Srebrenica, date illegible.
87 DCBC, 2052. Memo PCDS (LtGen Schouten) to the minister and the junior minister, 08/03/95, No. S95/061/1014.
88 DJZ. IMG (H.J.M. Groenhout) to the minister and the junior minister, 15/12/95, No. 95/27/515.
The only way the Defence Staff thought these solutions could be put into practice was by approaches made via representatives of the Netherlands at various levels: the Chief of Staff of Bosnia-Hercegovina Command, Nicolai; the military advisor of the Dutch Permanent Representative to the UN; the Dutch UNHCR liaison officer in Zagreb; it was even suggested that the VRS might be approached with respect to this matter. The Emergency Aid Bureau of the Dutch Ministry of Development Cooperation was also informed of these ideas.89

An approach was indeed made at the very highest level: Yasushi Akashi, the special representative of the Secretary-General of the UN, wrote a letter to Radovan Karadzic, the President of the Republika Srpska, about the serious nature of the lack of medical supplies in the eastern enclaves. He pointed out that permission for the transport of new supplies had been constantly refused since November 1994, while most medical convoys had been blocked since 19 January 1995. He went on to draw Karadzic’s attention to Security Council Resolution 771 from 1992, according to which all parties were obliged to honour the terms of the Geneva Convention. Akashi urged Karadzic most strongly to draw up instructions to permit resumption of the transport of medical supplies; if this was not done, he would feel obliged to put the matter before the Security Council.90

On 10 April 1995 the transport of medical supplies was resumed, greatly improving the situation as regards the stock of these goods. There were hardly any more shortages at that moment; indeed, supplies of some articles were actually much too high.91 All worries about the level of medical supplies were completely resolved. In a reply to questions in Parliament, Minister of Defence Voorhoeve stated that the supplies were once again sufficient to permit medical care both for civilians and for the Dutch soldiers. Medical aid to the local population was indeed resumed at full capacity, with an average of two operations per day.

According to Voorhoeve, the low levels of supplies in January and February had only led to a temporary reduction of the support for the local population. He ascribed this to a change in the position adopted by UNPROFOR, which no longer wished to bear the responsibility for the financing and transport of medical supplies. Voorhoeve stated further that humanitarian aid to the local population was not strictly speaking part of Dutchbat’s mandate: according to the Minister, UNHCR was the organization responsible for this.92

In practice, therefore, Dutchbat III took care of keeping the medical supplies needed for the population of the enclave at the right level and also took care of transport of the supplies needed for this purpose, while the Ministry of Defence paid the bill. However, the supply of medicaments and dressing material remained difficult, and not all batches that had been requested actually arrived.

### Building up the emergency stock

From 10 April 1995, the supplies were again sufficient for the battalion’s own estimated consumption for about 30 days, in line with the prevailing norm. Dutchbat III determined at that time that the warning level at which new supplies should be requested should be set at the size of the ‘crash stock’ required for the treatment of 30 patients with wounds caused by a single calamity, while supplies for seven days’ consumption should be maintained at all medical posts (such as the Field Dressing Station and Dutchbat’s various first aid posts).93 The Royal Netherlands Army Crisis Staff had wanted to go

89 DS, S95/061/1014. Memo PCDS (Schouten) to the minister and the junior minister, 08/03/95.
90 UNNY, UNPROFOR, Box 88040, File 1-2-2, 95 Jan-Dec. Code Cable Annan to Gharekhan, 04/03/95, No. Z-359 and Letter Akashi to Karadzic, 04/03/95.
91 CRST/2366. Officier toegevoegd Sectie Algemeen Medisch Beleid (W.J. Wertheim) (Officer seconded to General Medical Policy section (W.J. Wertheim))have to DOKL/SC-O, 11/05/95, No. SCGD/13910/5414.
92 Minister of Defence, also on behalf of the Minister of Development Cooperation, to the Speaker of Parliament, 27/04/95, No. D005/95/8514. See also TK, session 1994-1995, Appendix, p. 1523-24. The questions in Parliament to which this statement was a response dated from 7 April 1995, when the situation was even worse.
93 CRST. Deputy C-1 (NL) UN Infbat APC (R.A. Franken) to Commander RNLA Crisis Staff, 101451B April 95, UN Secret.
further by setting aside enough supplies for three months’ treatment of Dutchbat’s own troops, which should not be used for the purposes of humanitarian aid.94

Dutchbat II had already started taking steps to build up emergency medical supplies at the end of 1994. At that time, surgeon K. Snabel and anaesthetist F. Kamerling reported that supplies were much too low, in particular for humanitarian aid to the local population; even the care of Dutchbat’s own soldiers was at risk. Dutchbat II had therefore also set aside emergency stock for operations on the battalion’s own personnel. Maintaining these supplies already gave rise to problems at this time, however, because of the unreliability of the supply channels.95 The emergency stock at that time was calculated to be sufficient for operations on 20 wounded patients and their care for five days. These figures were based on the workload the operating-theatre team could handle and on the capacity of the nursing ward.96

During the Dutchbat III period, the surgical team (KHO-5) also initially set aside stock of 20 operation packets, to permit operations on Dutchbat personnel in emergencies. By April 1995, however, it came to be realized that the high frequency of operations was making a considerable dent in these supplies again. The surgeon, Colonel Kremer, therefore decided, partly on advice of the pharmacist Captain L.A.J. Chin,97 that the stock should be extended to comprise 30 operation packets. This figure was arrived at with the aid of a guideline from the staff manual, which stated that an estimated 8% of the battalion’s troops might be expected to be wounded in the case of armed combat. Even at that time, however, not all the emergency supplies required were actually present: there was not enough dopamine, intravenous antibiotics and material for intensive-care treatment. There was enough material for amputations, however. It was assumed in this context that the wounded could be transferred to the American UN hospital in Zagreb after stabilization.98

The Royal Netherlands Army Crisis Staff used the data provided by Dutchbat to determine stock levels that could be used as a basis for decisions about forced transport of supplies or even evacuation of Dutchbat from Srebrenica. The Crisis Staff defined two logistic levels for answering these questions: the warning level, at which UNPROFOR would still have seven days to take measures to replenish stock, and the safety level, at which it could be decided either to continue the mission for a short period (about seven days) in a restricted form or to evacuate the unit. The warning level for medical supplies was set at enough material for 14 days’ consumption, and the safety level at seven days.99

There are no indications that Dutchbat consulted the Crisis Staff about minimum stock levels during the period after April 1995. The term ‘emergency stock’ (‘ijzeren voorraad’) does not occur in the memoranda and letters exchanged during this period; the Crisis Staff’s logistics officers were not even aware that Dutchbat was maintaining emergency medical supplies. There was, however, regular consultation about which supplies could be sent with which convoy, assuming that the convoy in question could reach Srebrenica.100 Major Franken, Dutchbat’s Deputy Commander, took a different view of the matter. In fact, he believed that Lieutenant Colonel Wertheim, the staff officer in charge of medical services at the Royal Netherlands Army Crisis Staff, had given an order that a stock of medical supplies should be set aside in order to guarantee medical aid to Dutch soldiers, and that this stock should be maintained at a certain level. Franken also believed that the Crisis Staff was consulted on this matter during the VRS attack in July, and that it was stated that medical treatment of the Dutch soldiers

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94 CRST/2366. Officer seconded to General Medical Policy section (W.J. Wertheim) to DOKL/SC-O, 11/05/95, No. SCGD/13910/5414.
95 Interview W.J. Wertheim, 14/02/00.
96 Operational Staff RNL A Section G-4. Report by Head of dispensary CMH (M.L. Vervelde) to SCGD/PB, undated and unnumbered, sent as annex to Internal Memorandum DMKL, 09/01/95, No. 5113/31.
97 Confidential debriefing statement (25).
98 DJZ. IMG (Air Cdre MD H.J.M. Groenhout) to the minister and the junior minister, 15/12/95, No. 95/27/515.
99 Operational Staff RNL A, section 4. E.G.M. van Otterloo to BLS, DOKL, SC-O and deputy CS KLC SOB, 19/04/95, No. 6002/31.
100 Statement E.G.M. van Otterloo, 15/02/99.
should be given priority. According to Franken, the Royal Netherlands Army Crisis Staff had informed Dutchbat that it was not allowed to use the minimum supplies for any other purpose.  

**Composition of the emergency stock**

The Statement of Facts (*Feitenrelaat*) produced on the basis of the debriefing of Dutchbat in Assen in October 1995 does not provide an answer to the question as to the precise contents of the emergency stock. A number of conflicting statements were made in this connection. It should be realized that the internal communication was not optimum at the time, and that various statements contained in the Statement of Facts were based on hearsay.

Several Dutchbat soldiers stated that the minimum stock level was set at the supplies needed for 30 patients requiring nursing and 15 requiring intensive care. They did not know who had decided on this level. Others stated that, as mentioned above, the number 30 was taken from a scenario that had been drawn up within the Field Dressing Station. Thus, it referred to a calculated numbers of patients rather than to a stock of medical supplies that was set aside.

A stock inventory was performed on 7 July 1995, after which the Battalion Staff decided that operations should henceforth only be performed on wounded UN soldiers. There was a shortage of materials for X-rays and for anaesthesia. Six members of Dutchbat personnel stated that a minimum level was decided on in consultation with the Field Dressing Station staff. According to them, support for non-UN personnel would automatically be stopped as soon as this minimum level was reached. As far as they knew, the leadership of the battalion had never been involved in determining the minimum stock level or in deciding under what circumstances the medical staff should start using these supplies and had not known the precise details of the actual course of events. This testimony conflicts with a statement by Lieutenant Colonel Karremans, the Commanding Officer of Dutchbat III, who said that the ‘emergency stock’ levels were determined by the leadership of the battalion themselves in order to ensure that medical treatment would be available for the battalion’s own soldiers in the case of a calamity. As mentioned above, Major Franken also stated that he knew about this decision.

During the period of the attack, a conflict about the emergency stock arose between the two surgical teams (KHO-5 and KHO-6). The question at issue was whether it was a good idea to maintain such supplies. Roughly speaking, KHO-5 thought it was not while KHO-6 thought it was. This discussion took place mainly after the first few days of the VRS attack, when it became apparent that not many Dutch soldiers had been wounded. In the days before that, it had been feared that an appreciable number of Dutch casualties could occur: the explosions in the enclave and near OPs in the first few days of the VRS attack had increased the risk of serious casualties. If a large number of soldiers had been wounded, the shortage of medical supplies would have made proper medical treatment impossible.

It may be noted that the view that the ‘emergency stock’ of medical supplies should be reserved for the treatment of UN personnel was not only held by the surgeon Naval Captain H.G.J. Hegge at whom much of the subsequent criticism was directed (this criticism will be dealt with later on in this appendix); the Commander of the Field Dressing Station, Captain R. van Hoogwaarden, and staff nurse Major R.E. Ros joined with him in drafting a memorandum to Dutchbat’s Commanding Officer on 10 July about the operational status of the Field Dressing Station, in which they adopted this standpoint.

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101 Interview R.A. Franken, 04/05/01.
102 NIOD, Coll. Schouten. The plan was formulated by KTZAR Schouten and issued by the Commander of the Field Dressing Station, R.E.L. Sweens. This scenario was formulated for a calamity, i.e. more than four wounded presented for treatment at the same time. The scenario spoke of medical supplies for 30 wounded patients.
103 SMG, Debriefing. Feitenrelaat, § 4.1.6.
104 Confidential debriefing statement (20).
105 SMG, Debriefing. Internal memorandum ‘Operationele status verbandplaatspeloton Dutchbat 3’ (Operational status dressing station platoon Dutchbat 3), Hegge, Ros, Van Hoogwaarden to C-Dutchbat 3, IGDKL and Wertheim, 10/07/95.
This memorandum was also addressed to the inspector of Medical Services of the Royal Netherlands Army and the Medical Officer of the Royal Netherlands Army Crisis Staff, Lieutenant Colonel Wertheim. Despite a request to this effect from Hegge, however, the Commander of the Field Dressing Station never sent this memo off, though Hegge did inform the leadership of the battalion verbally about the conclusions. In this way, The Hague was deprived of information which would later prove to be crucial. The contents of this memorandum will be given in detail here, in view of the fact that they are not generally known and because other descriptions of the shortcomings of the operational situation at the time are often less complete.

The memorandum stated that as a result of consumption in the past, and also because many of the supplies were past their ‘use by’ date, the medical supplies available for use were reduced ‘to a negligible amount’. Routine narcosis could be performed, but it was hardly possible to treat complications like arrhythmia and anaphylaxis. Surgical masks were in short supply and could no longer be used for operations on non-Dutch patients. Respirator capacity was limited: only two respirators were available, one of which was really only intended for emergency use. Most oxygen cylinders were more than three-quarters empty. The necks of tracheostomy tubes were porous, and most of them were past their use-by date. There was only enough material to stabilize patients for 48 hours, and only enough developer for 50 X-ray photographs. The laboratory had limited facilities for blood-gas analysis, while glucose tests could no longer be performed at all. The supplies of plasma substitutes and glucose solutions were also exhausted. There were 54 bags of O+ deep-frozen blood, and 12 bags of O-. This deep-frozen blood could not be used in the case of a bunker alarm; direct transfusion would have to be used in this eventuality, and there were only 40 blood-donor sets available for this purpose. Supplies of intravenous antibiotics were also limited. There were 29 ampoules of metronidazole (an anti-infection agent), and enough zinacef (an antibiotic) for five patients. The supplies of oral painkillers were practically exhausted.

In conclusion, the memorandum stated that the Field Dressing Station was unable to perform its duties in an adequate manner. Dutchbat personnel could be treated, as long as the casualty rate remained limited, and this should be the first priority. Medical supplies were being reserved for this purpose, as far as possible. The provision of humanitarian aid would however have to be kept to the minimum, and the available medical supplies should only be used selectively, and to a very limited extent, for this purpose.

The Field Dressing Station treated a Bosnian woman for seven weeks in the months of April and May 1995. She had been admitted with serious infection after a self-administered abortion. The consumption of medical supplies required for her heavy demands on the stock.

The hospital had asked Dutchbat for a second opinion on 5 April, after which the patient was transferred to the compound in Potocari, where she was stabilized and prepared for transport to Sarajevo. Although permission had already been granted for this transport, the Bosnian Serbs at Zvornik refused passage to the unit from the Norwegian medical detachment in Tuzla which was to fetch the woman. Since the woman would die if she was not given medical treatment, Dutchbat decided to continue to look after her. An entire team was needed for her intensive care; which meant that the programme of humanitarian operations had to be completely stopped. Her condition (sepsis and Acute Respiratory Distress Syndrome) would normally have been treated in a university hospital,
and even there the chances of survival would have been low. The materials required for her treatment had been in short supply to start with and were soon exhausted; the medicaments she needed then had to smuggled in by convoys of Dutchbat personnel returning from leave, oxygen had to be made from atmospheric air, and her nutrition had to be improvised. After six weeks' treatment, however, the woman died of an intestinal infection which had affected many people in the compound from time to time.\textsuperscript{109}

One of the things that had to be smuggled into the enclave for the woman’s treatment was a particular type of muscle relaxant. The Norwegians in Tuzla did not have it in stock, and so would not have been able to supply it even if they had been allowed access to the enclave. Naval Captain Schouten then contacted the American hospital in Zagreb. The Americans had limited supplies of this muscle relaxant, but stated that they were only prepared to provide it if it was required for Dutchbat and not for the general population. Schouten had replied that he needed it for a member of Dutchbat personnel, but still used it for the woman.\textsuperscript{110}

Since the woman’s general health, and her prognosis after curettage, were good, intensive care was continued. However, as mentioned above, her care up to the time of her death made great demands on the medical supplies: dopamine and intravenous antibiotics were completely used up, as were the drip feed supplies, though the pharmacist managed to make up a replacement mixture from tinned protifar, obtained by making an appeal to all bodybuilders in Dutchbat, and peanut butter.\textsuperscript{111}

As a result of the shortage of medical supplies caused by the woman’s treatment, the members of KHO-6 (Major Ros, Captain Van Hoogwaarden and Naval Captain Hegge) agreed not to treat any more civilians if this would necessitate breaking into the emergency stock. According to Major Ros, all the medical staff were aware of this agreement.\textsuperscript{112}

Major Franken was cognizant of the data compiled by Ros, Van Hoogwaarden and Hegge.\textsuperscript{113} The priority for medical treatment was determined in consultation with Major Franken, UN personnel being given first priority and the local population second priority.\textsuperscript{114} The standpoint that the treatment of Dutchbat’s own personnel should come first was not regarded as a matter for discussion at the time.\textsuperscript{115} For this reason, Major Franken said that he was surprised later about the way people subsequently judged Hegge, how he was accused by others and had to justify his actions, while Hegge had been informed when he took up his duty of the boundary condition that the ‘emergency stock’ must be regarded as inviolable.\textsuperscript{116} This point will receive further attention later on in this appendix; the dilemma of whether or not to help civilians came under the spotlight again after commotion arose in connection with the case of a wounded Muslim woman who was refused treatment on 10 May after she had been brought to the compound in Potocari.

In order not to interrupt the chronology of the events, however, consideration will now first be paid to the provision of humanitarian aid to the local population by Médecins Sans Frontières and Dutchbat after the Bosnian Serbs started attacking Srebrenica.

\textsuperscript{109} Dutchbat in vredesnaam, p. 75-79.
\textsuperscript{110} Interview A.A. Schouten, 21/02/00.
\textsuperscript{111} Report by the Health Care Inspectorate, 12/06/96, p. 22-23.
\textsuperscript{112} Confidential debriefing statement (6).
\textsuperscript{113} Debiefing statement H.G.J. Hegge, 21/09/95.
\textsuperscript{114} Debiefing statement J.P.M. Tops, 18/09/95.
\textsuperscript{115} Debiefing statement H.G.J. Hegge, 21/09/95.
\textsuperscript{116} Interview R.A. Franken, 18/05/01.
Chapter 5
Humanitarian aid in the period from 6 to 13 July 1995

The book *Srebrenica: Getuigen van een massamoord* (Srebrenica: Witnesses of a Massacre) published by Bob van Laerhoven contains, among many others, the story told by Christina Schmitz, the coordinator of the *Médecins Sans Frontières* team in Srebrenica. This organization played a major role in the provision of medical aid to the population before and during the fall of the town. Schmitz’s account offers an insight into the local conditions and the medical aid activities during this period; extracts from her story are used to preface the following day-by-day accounts of the events during the fall of Srebrenica and to throw light on certain key aspects. The picture is one of confusion and much improvisation, but also of the problems that arose between *Médecins Sans Frontières* and Dutchbat concerning the transfer of patients from MSF to the latter.

The account presented by Van Laerhoven is supplemented here by information from other sources, in particular telex messages sent from the enclave by MSF, statements made by members of Dutchbat during debriefing and interviews with Bosnians who were involved in the events described. Dutchbat and UNMO reports offer little assistance in building up a picture of the humanitarian aid provided during the hostilities.
Chapter 6
6–12 July 1995

The attack proper starts on 6 July. Six rockets fall on the UN base shortly after midnight, two of them explode. The southern part of the enclave, in particular the village of Slapovic, comes under heavy fire between 4.30 and 7.30 am. We go to alarm phase red, and will remain in this condition till the 12th. The Muslim authorities will only react in response to a ground attack. (...) There is no ground attack during the following days, but the bombardment becomes heavier and heavier. It is becoming very dangerous to pick up the wounded from the streets without an APC. The local doctors are doing splendid work. Our radio has broken down, but the Muslim authorities refuse to give the local technician permission to repair it. (...) Since our medical supplies are limited, we have to ask Dutchbat if they will take over a couple of patients from us. They refuse. The local surgeon, who has been trained by Médecins Sans Frontières, is completely overloaded. He is at the end of his tether. We urgently need help from outside, but under the circumstances an international surgeon will doubtless be refused permission to enter the enclave. (...) We hear that four tanks penetrate the outer suburbs and cold-bloodedly fire into the overcrowded streets. And yet we still see people outside on the streets, even playing children. It is incredible how apathetic the years of isolation have made these people.117

Dutchbat had hardly anything to do with medical matters concerning the local population at the start of the attack on Srebrenica on 6 July 1995. Like all other personnel, the Field Dressing Station staff went to the shelters. There were few reports of victims at this stage; Dutchbat’s liaison team merely reported that a rocket hit near the ‘Belgian container village’ had seriously wounded a girl and that one person had been killed.

When the report arrived that a wounded non-combatant had to be picked up, a discussion arose between Major Franken and the Commander of Dutchbat’s Medical Platoon, Captain De Bruijn. Franken wanted the wounded Muslim to be taken to the hospital. However, reports of shells falling in the neighbourhood could be heard on the radio. De Bruijn therefore determined that the wounded person should be brought to the compound, especially because the victim was less than a kilometre from there in the first place.118

As soon as the shelling started, the KHO-6 team (which had only recently arrived) started making preparations to receive any Dutch soldiers who might be wounded.119 The transfer of tasks from KHO-5 to KHO-6 had already taken place, and had gone fairly smoothly.120

The medical staff at the hospital had their hands full that day. They panicked when the attack started, and tried to improvise ways of regaining control of the situation. The hospital employees panicked too, and some members of staff did not turn up for work. Those who did show up, worked 24 hours, grabbed a little rest and then worked another 24 hours. The physician Ilijaz Pilav and the others operated 24 hours at a stretch. As a result of this hectic work tempo and the shortage of

117 Van Laerhoven, Srebrenica, p. 135-140.
118 Confidential debriefing statement (6).
119 Confidential debriefing statement (22).
120 Report by the Health Care Inspectorate, 12/06/96, p. 17.
personnel, hygiene in the hospital started to fall to deplorable levels: the floor was covered with blood, and wounded patients were left lying on the ground. The amputations were a terrible sight. Pilav and hospital director Avdo Hasanovic asked MSF to make their physician available. MSF was working in the basement of the health centre and had a shelter there, where some basic supplies had previously been laid up and which was in telex contact with Belgrade and Dutchbat.\textsuperscript{121}

According to Pilav, the cooperation between himself and Dutchbat's surgical team had always been good, but this stopped at the moment when the Bosnian Serb attack began. The previous relationship changed in many ways from that moment. Pilav heard via the Opstina that Dutchbat could no longer help, for example by providing medical supplies for the hospital’s use or by treating civilians on Dutchbat premises. Secondment of Dutchbat personnel for (part-time) assistance in the hospital was also excluded. This seemed to mean an abrupt end to the previous cooperation in the medical field – just when, according to Pilav, it was needed more than ever before.\textsuperscript{122}

After the start of the attack, MSF faxed requests for treatment of a number of patients to Dutchbat from the hospital in Srebrenica. One request sent to Naval Captain Hegge on 6 July concerned a woman with severe abdominal and thoracic wounds. The hospital did not have the capacity needed for her treatment. Hegge concluded, after consultation with the anaesthetists of KHO-5 and KHO-6, the Commander of the Field Dressing Station and the Battalion Staff, that there would be no point in treating this patient. On the basis of the description of her condition, it was concluded that her case was hopeless, and the request for Dutchbat to take over her treatment was turned down.\textsuperscript{123} The Dutch Parliament was subsequently told that medical treatment would not have been able to save her life.\textsuperscript{124}

The telegrams exchanged between Dutchbat and Médecins Sans Frontières concerning this case show another side of the picture. In fact, Hegge replied that the patient could not be treated because of a shortage of intensive care capacity and material.\textsuperscript{125} His reply did not refer to the patient’s condition. Conversely, the fax sent by MSF did not refer to an offer by MSF to supply Dutchbat with medicaments, which were available in adequate amounts in the hospital. In any case, the questions concerning this patient had nothing to do with the subsequent controversy about the refusal to treat a woman brought to the compound on 10 July with similar wounds and wounds to her legs.

Six wounded patients died on 6 July. While Pilav could not say with any certainty whether they would have survived if a medical team from Dutchbat had supplemented the medical staff at the hospital, he did state that the treatment of these patients had been a ‘terrible experience’ for him and had left him ‘totally shocked’. He had to make life-and-death decisions by choosing whom he would treat first. It remained incomprehensible to him that Dutchbat had flatly refused to provide medical assistance in such a situation. It was not a question of medical supplies, as he had sufficient supplies himself, but only of extra manpower, while Dutchbat medical staff were sitting in the bunker doing nothing.\textsuperscript{126} MSF interpreter Emira Selimovic confirmed that the organization did not need medical supplies, of which they had enough, but the assistance of a surgeon. She regarded medical assistance at that time as primarily an ethical question. Women and children were bleeding to death in the corridors of the hospital or needed amputation. Unlike Pilav, Selimovic believed that more people might have been saved if more medical manpower had been available. As it was, patients had to be left in the corridor to die.\textsuperscript{127}

\textsuperscript{121} Interview Abdulah Purkovic, 21/05/99.
\textsuperscript{122} Interview Ilijaz Pilav, 22/10/97.
\textsuperscript{123} Report by the Health Care Inspectorate, 12/06/96, p. 26.
\textsuperscript{125} NIOD, Coll. Kreemers. Capsat OPS Dutchbat to MSF Srebrenica, 06/07/95 20.49 hours. This was a reply to a message received at 20.17 hours. MSF to Dutch Ministry of Defence, 27/11/95, unnumbered.
\textsuperscript{126} Interview Ilijaz Pilav, 22/10/97.
\textsuperscript{127} Interview Emira Selimovic, 17/11/98.
7 July 1995

The situation in the enclave stabilized somewhat on 7 July. Apart from 30 shots fired over the compound at Potocari, intimidatory shelling of OP-M and OP-F and mortar fire directed at Srebrenica, Dutchbat had little to report about the situation of the civilian population. A 14-year-old boy with a shrapnel wound in his upper leg was transferred to Potocari by APC after consultation with MSF. Karremans mentions in his book *Srebrenica: Who Cares?* that in a talk with Dutchbat’s liaison section on this day, Opstina War President Osman Suljic requested support for MSF in the hospital, in connection with an increase in the number of wounded to be treated. Karremans does not mention, however, that Dutchbat’s response was in the negative. It may be noted in passing that Karremans’ book makes no further mention of medical matters after this incident.

The inventory of Dutchbat’s medical stock, which had been disturbed by the shelling, led the recently arrived surgical team to express its ‘extreme concern’ about the low stock levels. The results of this inventory have already been given above. The surgeon of KHO-6 concluded on the basis of this information that it was practically impossible to guarantee optimal medical care of wounded Dutch soldiers – who in his opinion should be given the first priority when it came to treatment. He recommended further that a reliable rapid evacuation chain allowing Dutchbat casualties to receive treatment outside the enclave should be present.

8 July 1995

On Saturday [8 July], Dr Ilijaz [Pilav] is completely exhausted. He can no longer handle his workload. The bombardment becomes so intense around noon that we count one shell every minute. More and more wounded are brought to the hospital. The International Red Cross tries to get permission to enter the town via the ‘Yellow Bridge’ but has to turn back without achieving its objective; I have never been able to find out whether it withdrew of its own free will because of the risks involved, or whether it was refused permission to continue. In the meantime, the local authorities have stated on both Radio Tuzla and Radio Sarajevo that they are glad to have *Médecins Sans Frontières* here.

The International Red Cross tried to gain access to the enclave on 8 July, but without success. It is not clear whether the Bosnian Serbs refused them access to Srebrenica or whether the ICRC delegates, who were bringing 30,000 letters and parcels with them, turned back of their own accord because of the fighting and shelling they witnessed.

On this day, MSF was advised by its own organization in Belgrade not to pick up wounded in the enclave itself: in view of the shelling, the risk to its own personnel should be reduced to a minimum. MSF tended to regard the transport of wounded as a task for Dutchbat, because the latter had armoured vehicles, though no one at MSF had any idea how much scarce fuel this would consume. As long as MSF had sufficient supplies of fuel at its disposal, there was no reason why it should not

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129 Confidential debriefing statement (21).  
131 IMG. Handwritten memorandum 07/-7/95. Author’s name not given.  
133 DCBC, 1180. Code Hofstee 378, 04/10/95, Geh.  
134 NIOD, Coll. MSF. ‘sitrep Srebrenica - Potocari period: 6.7 - 22.7.95’, written by Christina Schmitz and Daniel O’Brien, 24/07/95.
supply Dutchbat with fuel. The UNHCR supplies of fuel, which were stored in the compound at Potocari, comprised about 6000 litres of diesel at that moment.\textsuperscript{135}

After the shelling and the lifting of the ‘siege’ of the first OPs, orders were given at Dutchbat to prepare the operating theatres for use;\textsuperscript{136} for operations on Dutch soldiers. Field Dressing Station staff did all they could to save the life of Private Van Renssen on 8 July.\textsuperscript{137} The circumstances under which he was wounded are dealt with in Chapter 6 of Part III of the main report. An X-ray photograph showed about 150 small metal fragments in his head, from neck to cranium, with a small entry hole in the back of his head. The surgeon, Naval Captain Hegge, concluded on the basis of this evidence that he had been shot at close range with a shotgun. Hegge gave this as the cause of death on Van Renssen’s death certificate, though he was aware that he was not a munitions expert.\textsuperscript{138}

Apart from the death certificate, Sergeant First Class J. Zwiers of the Royal Netherlands Marechaussee investigated Van Renssen’s death on the orders of Major Franken. Zwiers prepared a report of his findings, with a report by experts from the Explosives Disposal Service as an appendix. On the basis of the findings of these explosives experts, among other things, Zwiers considered that Van Renssen died as the result of the explosion of a hand grenade which landed on the edge of the APC in the gap round the turret of the 50-millimetre gun unit before exploding.\textsuperscript{139} The Battalion Staff also informed UNPROFOR that Van Renssen was hit by a fragment of a hand grenade.\textsuperscript{140} As mentioned in Chapter 6 of Part III, however, witnesses stated that he had been shot with a shotgun. According to them, Van Renssen had been wearing his helmet, but had been hit on the small unprotected part of his head.

Although Major Franken made transport available for further investigation, the location where the incident took place could not be revisited because it was considered to be unsafe there and there were probably VRS soldiers in the vicinity. It was impossible to identify the persons who had carried out this shooting. Zwiers identified the body together with Captain Groen and another member of Dutchbat, and the appropriate authorities in Bosnia and the Netherlands were informed.\textsuperscript{141}

The Social Services department of the Ministry of Defence had the task of informing the next of kin. Even here, unfortunately, confusion abounded: there was no one at home at the first address given. Further inquiries revealed to be the address of a former partner of Van Renssen’s; the relationship had been broken off shortly after he had left for Bosnia. Only a phone number had been given for the alternative next of kin. When the address belonging to this phone number had been traced with the aid of the Royal Netherlands Marechaussee, this proved to be that of Van Renssen’s mother.\textsuperscript{142}

Van Renssen seemed close to death for a few minutes on the way to the Field Dressing Station; however, after he had been given artificial respiration at the Field Dressing Station and an infusion system had been set up to administer the necessary drugs, his condition was judged to be stable. According to Soldier M.E. Klaver, there was general relief at the thought that he would pull through with surgical aid.\textsuperscript{143} This proved to be wishful thinking, however: although the KHO-6 team did their

136 Confidential debriefing statement (5).
137 Confidential debriefing statement (22).
138 SMG, Debriefing. Statement concerning Van Renssen, R., ‘shooting incident during evacuation of OP Foxtrot on 08-07-95; interview H.G.J. Hegge, 02/02/00.
139 Interview J. Zwiers, 28/04/99.
140 UNGE, UNPROFOR, Box 287, File Dutchbat 30 Nov 94 – 11 Oct 95. Fax Dutchbat to HQ UNPROFOR Zagreb G1, 08/07/95, Noticas 004.
141 Interview J. Zwiers, 28/04/99.
142 SMG, 1004. Sitcen KL, aanvullende info (supplementary information) dtg 081630.
143 Dutchbat in Vredesnaam, p. 281; SMG, Debriefing. ‘Militaire analyse van het optreden van Dutchbat tijdens de Srebrenica-crisis’ (Military analysis of the behaviour of Dutchbat during the Srebrenica crisis), Assen 28/09/95, compiled by A. de Munnik, see: OP-F REUSG215.
utmost best to treat him, the serious nature of his head wound meant that there was no chance of success.\textsuperscript{144} Van Renssen was the first Dutchbat soldier to die in the enclave.

It may be noted that the calamity plan formulated by KHO-5 proved to work excellently. The objective of this plan was to ensure that the deployment of personnel and resources was streamlined, and that the personnel did not get in one another’s way.\textsuperscript{145} The KHO-6 team worked well together.\textsuperscript{146}

The body was then laid out and made presentable so that members of the OP-F team could pay their last respects. Problems were encountered in getting the body into the coffin, which was too small. Warrant Officer L.P.E. Knapen was very angry about this; according to him, Defence had been guilty of similar slip-ups in the past. Knapen was also annoyed that no members of Dutchbat’s senior staff came to pay their last respects. He saw this as a sign of lack of involvement.\textsuperscript{147}

Van Renssen’s death gave rise to both anger and sadness in Dutchbat, and to the realization that this was the logical consequence of the situation in which Dutchbat found itself: completely defenceless, caught between two completely unscrupulous rival parties. A funeral service was held on the day after Van Renssen’s death, only interrupted by those who chose to record the ceremony on film or photos. It had been planned to transfer the body to Zvornik at about 8.45 am; a UN helicopter would transport the body onwards from there. It was then learnt, however, that the Bosnian Serbs had withdrawn their permission for the transport of the remains of the deceased: as one of the persons involved put it, ‘Of course, indignation did not help to improve the situation’.\textsuperscript{148} Refrigeration of the body then caused problems, since the supplies of diesel were all but exhausted. Colonel Kremer was annoyed at Major Franken’s refusal to authorize use of some of the precious reserves of diesel for this purpose.\textsuperscript{149} ‘If things go on like this, we’ll end up burying him here,’ wrote Naval Captain Schouten in his diary.\textsuperscript{150}

On the evening of the day when Van Renssen died, an emergency message from the Ops Room in Srebrenica led to the establishing of an exceptional direct link with Colonel De Jonge at UN headquarters in Zagreb, to cut through the red tape surrounding the transport of the body. Colonel De Jonge worked late that Saturday night to complete all the necessary formalities.\textsuperscript{151} Since the transport to the Netherlands was routed via Split, the Croatian authorities were also involved. After General Nicolai had intervened on 9 July to remind VRS General Tolimir that permission for transport of the body via Zvornik had been granted the day before, the Bosnian Serbs finally agreed to confirm the permission. General Tolimir promised to give the necessary instructions immediately.\textsuperscript{152} As a result, the guard of honour could finally line up at about half past three. Many Dutchbat soldiers cried as they said farewell to their comrade.

One last hitch was that the four-ton truck that had been chosen as the transport vehicle was found to have a leak in the brake line, and a new truck had to be prepared for departure. At long last, after so many hindrances, Van Renssen’s body could finally depart for Zvornik on the first leg of its last voyage back to the Netherlands.\textsuperscript{153}

When the convoy arrived in Zvornik, a Bosnian Serb army information officer tried to get the convoy commander to make a statement about who was responsible for the death of Van Renssen. He refused to do so.\textsuperscript{154} A Dutch group commander who was being held hostage in Bratunac did make such a statement after some pressure from VRS Major Nikolic. While this OP team member had not actually

\begin{footnotes}
\item[145] Debriefing statement A.A. Schouten, 14/09/95.
\item[146] Confidential debriefing statement (6).
\item[147] Confidential debriefing statement (21).
\item[148] NIOD, Coll. Zwarts. Zwarts diary.
\item[149] Interview G.D. Kremer, 17/01/02.
\item[150] NIOD, Coll. Schouten. Schouten Diary.
\item[151] Interview J.H. de Jonge, 27/09/99.
\item[152] NIOD, Coll. De Ruiter. ‘Telephone Conversation General Nicolai - General Tolimir, 9 July, 12.30 hours’.
\item[154] SMG, Debriefing. Feitenrelaas. § 2.2.1.
\end{footnotes}
witnessed what went on near OP-F, he had followed events on the radio. He had to read out a statement, which was recorded on a tape recorder, in the presence of a VRS information officer. When asked to do the same in front of a video camera, he refused.\footnote{SMG, Debriefing. Feitenrelaas § 2.3.1.}

As soon as the report that Van Renssen was seriously wounded came through, Hegge appealed to Franken: ‘Medical transport must be arranged immediately to a hospital with neurosurgical capabilities.’ Franken passed this request on via UN channels, but never received a response.\footnote{Interview H.G.J. Hegge, 02/02/00.} In fact, the request never got further than Pale. According to Hegge, the UN was apparently afraid to make forceful demands, though it had been agreed that immediate medical evacuation by air could be arranged for UN personnel when necessary.\footnote{Debriefing statement H.G.J. Hegge, 21/09/95.} The fact that this did not occur led Hegge to believe that the UN had simply left them in the lurch.\footnote{Interview H.G.J. Hegge, 02/02/00.}

After Van Renssen’s death, Hegge tried to confront the Royal Netherlands Army Crisis Staff with the fact that the medical aid that could be provided in serious calamities was inadequate. It cost him considerable effort to obtain permission to phone the Netherlands about the medical situation; when he did so, he failed to contact the staff physician of the Royal Netherlands Army Crisis Staff, Lieutenant Colonel Wertheim. He therefore turned to Colonel Herweijer of the Royal Netherlands Army Medical Inspectorate and sketched the problem that would arise if Dutchbat became involved in a conflict: the combination of inadequate medical supplies and the impossibility of airlifting wounded personnel to a suitable facility for further medical treatment could lead to fatalities among Dutchbat personnel.\footnote{Debriefing statement H.G.J. Hegge, 21/09/95.}

Hegge said that he did not receive much understanding for the situation, though Herweijer did finally call back to suggest that Hegge should contact Major Van Empel of the medical staff of the First Army Corps in Apeldoorn. All that the latter could say, however, was that ‘if there were multiple casualties or other serious problems, Hegge should call Colonel Brantz of the Sector North East staff in Tuzla.’ Brantz was not able to do much to help, however. Hegge had the feeling that he was back to square one: he finally realized that he had landed in a hopeless situation, and that Dutchbat, after having existed on half rations for months, with everyone at the end of their tether, were completely dependent on the goodwill of the Bosnian Serbs. Rations were exhausted, personnel were no longer getting proper food and drink, and there were not even any decent bathroom facilities. The VRS captured one OP after the other, and Dutchbat could no longer count on outside assistance. They seemed to be in a classical medieval state of siege.

As a newcomer in the enclave, Hegge had the impression that the members of Dutchbat hardly realized that they were to all effects in a war zone; and he found it deeply ironic that, while Dutchbat was suffering all this misery, Parliament was holding a barbecue in the inner courtyard of the parliamentary buildings in The Hague to celebrate the start of the summer recess.\footnote{Interview H.G.J. Hegge, 02/02/00; debriefing statement H.G.J. Hegge, 21/09/95.}

\section*{9 July 1995}

On Sunday 9 July, we have a meeting with the UN and the mayor in the post office building. The mayor requests aid for the 4000 refugees from Slapovic, who have been given temporary accommodation in a school building. We would like to visit the building, but the heavy bombardment makes this impossible. The UN troops tell us that the Serb army already has the southern part of the enclave in its hands. It is rumoured that they have set fire to the villages of Borovac, Slapovic
and Bucje. The shells keep on falling. One of them makes a direct hit on a room full of people. Fortunately, our radio has been repaired, so we can discuss our medical problems and safety precautions with Belgrade.\textsuperscript{161}

\textit{Médecins Sans Frontières} and the Opstina had not had any contact with one another since the previous conflict about local employees. The Opstina’s War President Osman Suljic therefore wanted to re-establish communications on 9 July. On this occasion, he asked for protection for the local hospital from Dutchbat. \textit{MSF} did not want this, however, as they feared that the military presence might give rise to a military response.\textsuperscript{162}

A kidney operation scheduled for 9 July on a woman who had already been treated for kidney stones for some time at the Field Dressing Station was cancelled, on the grounds that this was no longer the right moment for such an operation. The woman did not take the decision badly, though she did deduce from it, as she said later, that Dutchbat knew the enclave was going to fall.\textsuperscript{163}

Dutchbat’s logbook also mentioned that a wounded civilian from Budak was transported to the compound.\textsuperscript{164}

10 July 1995

The medical team goes on working throughout the night of Sunday 9 to Monday 10 July. By 7 am, the hospital is completely overcrowded. Wounded, bleeding people, patients screaming and crying. We hear on BBC radio that the Bosnian Serb Government denies that the army has launched an attack on Srebrenica.(…) About 10.30 am, a shell falls on the road just opposite the hospital. Daniel [the Australian surgeon Daniel O’Brien] and I [Christina Schmitz] are in the bunker at that moment. The noise of the explosion is deafening. We realize that the hospital is a target too now. A little while later, a new shell falls a bit further along. Many windows are broken in the dispensary and the hospital. We check the patients’ condition and telex information about the situation to Dutchbat and our team in Belgrade, who immediately send a press release to the world media (…) In the course of the afternoon, we hear salvos of explosions (which experts tell us come from rocket launchers) and heavy machine-gun fire. We may thus assume that the front line is moving in our direction, and a little later nine wounded (mainly civilians) with heavy shrapnel wounds and limbs ripped off are brought to the hospital. It is a bloodbath. I repeat my request for surgical assistance. Even while I am sending the telex, I know what the answer will be. I was right: they turn our request down. But we will get an APC to bring wounded from the town centre to the hospital.\textsuperscript{165}

The situation in Srebrenica on 10 July was confused and chaotic. The inhabitants of the Swedish Shelter Project had left their houses and sought shelter in the overcrowded schools in the town. \textit{MSF} staff heard on BBC radio that the Bosnian Serbs had denied that they were engaged in an offensive

\begin{itemize}
\item[162] SMG, 1002/14. Belangrijkste zaken uit verslagen UNMO’s (Key points from UNMO reports).
\item[163] Interview Mevlida Selimovic, 10/12/99.
\item[164] SMG, 1004/61. Monthly logbook Dutchbat Ops Room, 09/07/95.
\end{itemize}
against Srebrenica. ‘How cynical,’ they commented. The wounded, brought to the hospital by the municipal refuse collection truck and an MSF pick-up truck, were mainly young men who seemed to come from the front.\(^{166}\)

The Bosnian Serbs were in complete control of the southern part of the enclave, and were preparing to continue their advance on the town. Dutchbat had in the meantime taken up blocking positions to the south of the town with six APCs, to stem any further Bosnian Serb advance. There was great uncertainty about future developments and the expected number of casualties among the Dutch troops.\(^{167}\)

The sound of the APCs moving south early in the morning to the blocking positions led MSF staff to ask Dutchbat if they could send an APC to assist in evacuation of the hospital if this should prove necessary. Dutchbat agreed. UNMOs counted over a hundred impacts round the town in the morning of 10 July. Two of these, probably 155 mm shells, exploded near the hospital, shattering windows and sending glass fragments flying into walls and rooms. This did not make the care of the wounded any easier. It was impossible to give an accurate estimate of the number of casualties that morning. The UNMOs asked MSF to provide figures, while the Royal Netherlands Army Crisis Staff asked whether the Dutch representative at UNHCR in Zagreb knew already how many people had been killed or wounded by the shelling.\(^{168}\)

The artillery shelling of the town that afternoon wreaked terrible damage. There was hardly anyone to pick up the dead from the streets.\(^{169}\) Nine wounded were brought to the hospital, with limbs torn off and countless shrapnel wounds. It was at this moment that Pilav again asked Dutchbat for assistance, via Christina Schmitz. She sent a telex to Dutchbat, knowing it to be a hopeless attempt. It did not take long for Dutchbat to refuse.\(^ {170}\) Major Franken did however offer an APC to transport the wounded to the hospital. The promised vehicle arrived at the hospital 10 minutes later, and was kept in readiness at the B Company compound.\(^ {171}\) Dutchbat supplied a vehicle for transport of wounded on four occasions; they were used to bring a total of seven wounded to the hospital.\(^ {172}\)

**MSF** Headquarters sent a desperate message to Yasushi Akashi (the special representative of the Secretary-General of the UN), General Smith, UNHCR, the ICRC and the press, pointing out that the hospital in Srebrenica was full to overflowing, with 50 wounded.\(^ {173}\) The Headquarters also tried to make personal contact with the representative at UNHCR in Zagreb, A.W. Bijleveld, while the organization’s Belgrade office approached the ICRC and the VRS.\(^ {174}\)

The Opstina’s War President asked the UNMOs to visit the wounded, but the UNMOs replied, ‘the shelling of the town is nothing to joke with’ and declined to do so. The Senior Military Observer in Tuzla stated on the basis of UNMO reports from the enclave to Sarajevo that if things went on in the same way as they were at that moment, a bloodbath could be the result. Relations with the local population deteriorated, and the UN lost its credibility. UNMOs operating elsewhere in Bosnia were already hearing angry comments about the situation in Srebrenica: the enclave had first been

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\(^ {166}\) NIOD, Coll. MSF, ‘sitrep Srebrenica - Potocari period: 6.7 - 22.7.95’, compiled by Christina Schmitz and Daniel O’Brien, 24/07/95.


\(^ {168}\) SMG, 1004. Capsats MSF Srebrenica to UNPROFOR Dutchbat, 10/07/95 03:24; Ops Room Dutchbat to MSF, 101157B Jul 95; Sitten BLS to Ops Room DB-3, 101500B Jul 95.

\(^ {169}\) Interview Sadik Vilic, 15/04/98.


\(^ {172}\) SMG, 1004/61. Monthly logbook Dutchbat Ops Room, 10/07/95, 15.20, 15.41.

\(^ {173}\) UNNY, UNPROFOR, Box 87717, File 7-8-1, Srebrenica 11 Jul 95 – 31 Jul 95. Communiqué de presse de Médecins Sans Frontières to M. Akashi, Rupert Smith, Head of Mission UNHCR Zagreb, CICR M. Gnadinger, 10/07/95.

demilitarized in the belief that the UN would provide protection and food, but in the words of a UNMO report, ‘now people die first by starvation and the rest by bullets. UNPROFOR is observing how it looks when helpless people die, then starts counting dead bodies and destroyed houses as part of [their] duty’.

The situation at the hospital after the shelling was just as desperate as on 6 July. After hospital director Avdo Hasanovic had informed Ramiz Becirovic, the commander of the ABiH’s 28th Division, that Dutchbat refused to accept sick and wounded patients at the compound in Srebrenica, Becirovic went to the compound. He said later, in a statement made in 1998, that a Dutchbat officer explained to him that they could not accept any wounded because he had not received permission for this from his superiors. The Bosnian author Sefko Hodzic wrote that Becirovic had gone to the compound in Srebrenica with Dr Pilav to ask Dutchbat to accept wounded patients. Becirovic said that he had to stay in the compound between from 3 till around 5 pm because of heavy VRS shelling of the town during that period. He felt that he had been taken hostage by Dutchbat, believed that Dutchbat would not allow him to leave the compound, and got the idea that weapons would have been aimed at him if he had tried to leave at all costs. His reasoning is difficult to follow; Becirovic apparently left the compound without any trouble once the shelling was over. There are no Dutchbat data on this incident. Neither the Dutchbat logbook nor that of B Company makes any mention of a visit by Becirovic to the compound in Srebrenica.

Wounded were admitted to the compound in Srebrenica again on 11 July, as described in the next subsection. Beirovic visited the compound of B Company on the afternoon of that day, but then it was compound Commander Groen’s turn to be afraid that he was being held hostage (this incident is described in Chapter 6 of Part III).

Everyone in the hospital was crying out for help. There were patients whose arms had been torn off, and many with other serious wounds. Four patients were lying on operating tables, with the surgeon Ilijaz Pilav running from one to the other. Other doctors were looking after the rest of the wounded. Pilav saw himself confronted with a hopeless situation: there were 25 wounded patients, seven of them with very severe wounds. He could only deal with five or six at most. Since Dutchbat had two surgical teams, he faxed a request to Dutchbat via Médecins Sans Frontières, asking whether it would be possible for members of the medical team to come to Srebrenica to render assistance, or alternatively if some of the wounded could be transferred to Potocari for treatment. Up till 10 July, there were only two patients in Dutchbat’s sickbay: a UNMO and a sergeant with back complaints. It may be mentioned in passing that it proved possible, with a great deal of difficulty, to get the sergeant out of the enclave with an ambulance on that day.

In fact, the two Dutchbat surgeons never even heard anything about MSF’s request for the transfer of patients with shrapnel wounds: the request never reached them. Captain Hegge did not know who had replied to the request on behalf of the hospital. Colonel Kremer later found out from Pilav and the coordinator of MSF that the fax had been sent to Major Franken. That was correct: Franken had replied to the fax without consulting anyone: he had

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175 NIOD, Coll. Clingendael. UNMO HQ Sector BH-NE to UNMO HQ BH Comd, BH-NE Daily Sitrep 100001B - 102000B, 10/07/95 with Annex A, Capsat TA to TX, 101305B July 95.
176 ABiH Tuzla. ABiH 2nd Corps, unnumbered. Supplementary statement by Ramiz Becirovic, 16/04/98, based on a previous statement dated 11/08/95.
177 Sefko Hodzic, Otpucaeni koverat, p. 268.
178 Interview Emira Selimovic 21/10/97.
179 Interview Ilijaz Pilav, 22/10/97.
180 Confidential debriefing statement (21).
answered with a ‘troubled mind’ that Dutchbat was not in a position to provide medical aid. ‘Although really very willing,’ he pointed out that it was his responsibility to ensure that his soldiers received medical treatment and that the medical supplies were already at a minimum. The only assistance that Franken could offer, despite the poor fuel situation, was (as mentioned above) an APC fitted out for medical transport to pick up wounded in the town, but even there the restriction applied that his own soldiers had to be given priority in cases of emergency, \footnote{NIOD, Coll. Kreemers. Franken to Christina [Schmitz], 10/07/95 16.20 hrs. MSF to Dutch Ministry of Defence, 27/11/95, unnumbered. The complete text of the message is included in Tweede Kamer file 22 181, No. 138.} since at that time Dutchbat was seriously considering the possibility that there could be casualties at the blocking position the Dutch troops had occupied to the south of Srebrenica.

Different views on this rejection of the request for help have been expressed. Ilijaz Pilav stated that he had said explicitly that he did not need more medical supplies, but more medical manpower. According to him, the Dutchbat medical team knew that \textit{MSF}, unlike Dutchbat itself, was not short of medicaments at that moment. Pilav did not hear until later that the medical team had not even been consulted about the reply to his request: indeed, Franken had sent off his rejection within 20 minutes of receiving the request.

Apparently, Colonel Kremer heard of Major Franken’s answer by chance from a Dutchbat soldier, two hours later. This made him so angry that he threw his helmet and flak jacket away and declared his intention to walk the four kilometres into Srebrenica to provide help after all – until he was forcibly restrained. \footnote{Interview Ilijaz Pilav, 22/10/97.} This version, which Pilav said he heard from Kremer himself, differs from Kremer’s own version and from the view of the events expressed subsequently by The Hague.

Kremer said in this connection that he had promised Pilav, round about the time of the conflict between the Opstina and \textit{Médecins Sans Frontières}, ‘that if he was up to his neck in it, he could always call on me’. However, Major Franken rejected Pilav’s call for help: he was not prepared to allow the wounded to be brought to the compound, and he told Kremer ‘that I should go to the hospital. When I asked who I should go with, he replied, “no one; just go on your own.” It was clear that he wanted me out of the way. The whole thing left a very nasty taste in my mouth’.

The only operating theatre in the hospital was at the rear of the building, facing the hills where the Bosnian Serbs had taken up their position and from where they could fire right into the operating theatre. ‘It was deadly dangerous’, Kremer went on. The Dutch Ministry of Defence later asked Kremer, after he had stated that he had been afraid that Franken’s motives for sending him to the hospital were not purely humanitarian, whether his refusal to go to the hospital ‘had perhaps been motivated by fear, or cowardice’. \footnote{Interview G.D. Kremer, 13/07/98.}

The version constructed by The Hague after the event was different again: during the Bosnian Serb attack on the town, Dutchbat command had decided that a surgeon should go to the hospital in Srebrenica. The surgeon in question was of the opinion, however, the situation there was too hazardous to justify carrying out operations there. He had therefore suggested that the wounded should be transferred from the hospital to the compound in Potocari where the conditions were more suitable for proper treatment. \footnote{Draft reply to Tweede Kamer question No. 139. The reply to this question is not included in TK session 1995-1996 session, 22 181, 134 and only partially in 22 181, No. 136.}

The coordinator of \textit{Médecins Sans Frontières}, Christina Schmitz, tried to contact the \textit{MSF} office in Belgrade that day, and also to talk to Dutchbat to obtain further instructions about what to do in these turbulent circumstances. Pilav wanted guarantees for the medical staff from Schmitz, so that they could remain with their patients. He also asked Dutchbat to guarantee his safety. Pilav had said in this connection that he did not want another Vukovar (where Serbs had killed the wounded men from the hospital) and that he therefore wanted to evacuate the wounded; if this was not done, the medical staff would consider themselves obliged to get themselves out, leaving the patients behind. It was, however,
impossible to guarantee the safety of the Bosnian doctors. Neither Schmitz nor Dutchbat were in a position to guarantee anything.\footnote{187 Interview Abdulah Purkovic, 21/05/99.}

This evening, the people start to leave the centre [of town] and collect round the hospital. Our local members of medical staff crowd into the bunker with their relatives. The bunker is intended for a maximum of 5 people; at the moment, there are 80 people in it. We can hardly move, and radio contact is made very difficult by the crying children. The people refuse to leave the bunker: they are at their wit’s end, and almost hysterical with fear. They want to leave this open-air prison and live in peace. I understand their situation and their fears only too well, but we can’t work or find any rest like this. After a lot of palaver, I manage to persuade them to go and sleep in the hospital. (…) The night of 10 July is relatively quiet, and we manage to catch a few hours of rest towards the morning. In the morning, the rumour has spread that NATO bombardments are on the way, and when the UNPROFOR liaison team and the British soldiers who direct the air strikes leave the Post Office building, people flee in all directions from fear of air strikes. In consultation with the local doctors, we decide to move the operating theatre to the basement, and we discuss the evacuation of about 80 patients. The local doctors urgently want to move the patients to Potocari this morning because they are afraid of a repetition of the events of Vukovar, where Bosnian Serb troops forced their way into the hospital and murdered all the patients. We would prefer to leave the patients in the neutral zone of the hospital, but we accept the decision of the Muslim doctors, who will organize the evacuation with the aid of two trucks. (…) In the meantime, the situation has become very tense. Armed Bosnian soldiers have forced their way into the hospital and refuse to leave; but they really have to if the hospital is to retain its status as neutral zone.\footnote{188 Van Laerhoven, \textit{Srebrenica}, p.137-38.}

Many ABiH soldiers suffered severe wounds on this day too. Soldiers carried their dead and wounded comrades for hours till they reached Srebrenica. ABiH officer Sadik Vilic decided to call briefly on his wife to let her know that all was well and that she did not need to worry about him. Shells falling just as he was entering his house wounded him and his mother-in-law, among others. Vilic suffered shrapnel wounds and burns. There was only one truck available, and the driver was brave enough to drive round collecting the dead and wounded. A few hours later, Vilic arrived at the hospital which was full of civilians.\footnote{189 Interview Sadik Vilic, 06/02/98.} Something like a ceasefire arose when the VRS approached to within a short distance of the town; the inhabitants waited to see what would happen next day.\footnote{190 Debriefing statement W.J.G. Brands, 07/09/95.}

In the night of 10 - 11 July, Dutchbat made preparations for the reception of any Dutchbat wounded at the compound in Potocari.\footnote{191 Debriefing statement A.A. Schouten, 14/09/95.} It was agreed that KHO-6 would take care of these wounded soldiers, while KHO-5 staff would be mainly engaged in organizing humanitarian aid to the refugees. Dutchbat had also prepared for the arrival of refugees at the compound in Potocari (see Chapter 4 of Part IV). That same night, Muslim men started to get ready to move out of the enclave on foot; but the big exodus did not actually begin until the next night (for further details, see Chapter 1 of Part IV).

Sergeant First Class H.M.W. Geurts, who took the above-mentioned woman who did not receive medical treatment at the compound in Potocari back to the hospital in Srebrenica (this affair is discussed at length later on in this appendix), saw large numbers of boxes being carried out of the MSF

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\footnote{187 Interview Abdulah Purkovic, 21/05/99.}
\footnote{188 Van Laerhoven, \textit{Srebrenica}, p.137-38.}
\footnote{189 Interview Sadik Vilic, 06/02/98.}
\footnote{190 Debriefing statement W.J.G. Brands, 07/09/95.}
\footnote{191 Debriefing statement A.A. Schouten, 14/09/95.}
building. These boxes were opened, and the contents put into bags and rucksacks – mainly belonging to soldiers and armed men. Geurts was surprised to see this, since the organization had often complained in the past about how few supplies it had; and now they were being distributed to none other than ABiH soldiers. This was not a case of plundering according to Geurts, but a well organized affair. MSF’s cook, Abdulah Purkovic, was in charge and was distributing the supplies. Purkovic was a former teacher better known under his nickname of Dule; he was not only the cook at Médecins Sans Frontières but also their general factotum and a great organizer. Geurts had once seen Purkovic coming out of the mountains carrying a weapon, and was now quite indignant at what he had seen.

11 July 1995

It remains relatively calm till the early afternoon, when the bombardment breaks out again in full force. We can hear aircraft flying overhead from our bunker, and can only guess whether they are carrying out air strikes or not. We hear that most of the patients are on their way to Bravo Company, the Dutchbat compound, which is about 500 metres away from here.

A stream of refugees started to move towards Potocari and the compound in Srebrenica on the morning of 11 July. There was great uncertainty about how the situation would develop in the course of the day. The APCs from the blocking positions, which had withdrawn to positions round the marketplace in Srebrenica during the night, went south again in the morning in order to ascertain how far the Bosnian Serbs had advanced into the enclave.

During a shooting incident near Potocari shortly after noon on 11 July, Captain Van Hoogwaarden, the Commander of the Field Dressing Station, was asked for medical support near the former bus stop opposite the zinc works. Van Hoogwaarden asked Naval Captain Hegge to send medical personnel there, but Hegge did not want to send members of the surgical team outside the compound at that time, since shots were being fired and there was a risk that Dutchbat soldiers could be wounded. Captain Van Hoogwaarden therefore went himself, together with Captain De Bruijn and a few soldiers. They encountered an armed patrol of six ABiH soldiers, who adopted an aggressive attitude towards the Dutch team trying to help. Van Hoogwaarden and De Bruijn returned to the compound with a 16-year-old girl.

The town of Srebrenica was subjected to artillery shelling (others say a mortar bombardment) about 1.30 pm, in the course of which a projectile hit B Company’s vehicles park. It was not clear where it came from. The projectile landed between two APCs and four trucks. A Dutchbat soldier stated that he had seen a ball of fire approaching, followed by an enormous bang. According to him, the ball of fire had come from a mine shaft situated some distance away in terrain occupied by the ABiH; the Dutchbat soldier therefore concluded that ABiH were bombarding their own people – probably, in his opinion, to blame the VRS for the incident and to sow confusion among the Dutch soldiers. Another soldier also stated that this hit had been caused by a shell fired by the ABiH from

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192 Interview Emira Selimovic, 21/10/97.
193 Interview H.M.W. Geurts, 10/05/99. When Purkovic was questioned about this incident on 21/05/99, he answered evasively.
194 Van Laerhoven, Srebrenica, p.138.
196 Confidential debriefing statement (18).
197 Confidential debriefing statement (12).
hill 522 (near OP-H). Yet others saw this as a deliberate attempt by the VRS to drive the refugees towards Potocari.

This hit caused the refugees to panic and to empty the compound, but they soon returned when it appeared that no further hits were coming. The transport of these refugees to Potocari was a slow affair. It was carried out with the aid of four-ton trucks which had really been earmarked by B Company for the transport of sick and wounded to Potocari. Attempts were also made to provide some assistance from Potocari in moving the refugees. After the report of the hit on the compound in Srebrenica had reached Potocari, Sergeant Zuurman (who had accompanied a group of refugees towards Potocari the previous evening) suggested that he should set off for Srebrenica with a couple of four-ton trucks. The masses of people making for Potocari made it impossible for the two trucks to get through, however, and they stranded a kilometre from Srebrenica. Refugees heading for Potocari were then given a place on the trucks, which returned to their home base.

The report of Dutchbat’s initial debriefing in Zagreb mentions a number of casualties (at least one dead and a number of wounded) among the refugees at the compound in Srebrenica as a result of the above-mentioned hit. The subsequent debriefing in Assen provides no evidence of any fatalities as a result of this incident, but does mention eight or nine wounded. The wounded included an old woman with shrapnel wounds, an old man with a wounded jaw and a girl with an open wound in her thigh. The severity of the wounds ranged from a few scratches to serious but not life-threatening injury. Compound commander Captain Groen had the wounded brought into the compound buildings, where the company’s medical team gave four of them medical treatment. They were treated and given accommodation in a dormitory fitted out for this purpose.

A number of local MSF staff members were hard at work in the compound’s bar. They had left the hospital with a number of sick or lightly wounded patients and were also given the task of looking after the wounded who had been treated earlier by Dutchbat medical staff. After the local population had been persuaded, with the aid of interpreters, to go to Potocari, another five severely wounded patients were brought to B Company compound. All the remaining wounded from Srebrenica hospital were brought to Potocari later in the afternoon, bringing the total number of patients transferred in the course of the day to about 30.

Captain Groen said that it did not bother him whether a wounded patient had been brought from the hospital or had been wounded in the vicinity. Anyone who had been wounded and needed treatment received treatment. It had not happened often before that wounded people had presented themselves at the gate of the compound: the hospital was not far away, and people knew they could be treated there. B Company’s medical capacity extended no further than primary medical care for the company’s own personnel.

On 11 July, round about 3 pm, we see NATO aircraft carrying out air strikes. A long column of people is fleeing northwards, probably to Potocari. After a brief

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198 Confidential debriefing statement (4).
200 Confidential debriefing statement (8).
201 SMG, 1007/25. Debriefing of Zuurman, Camp Pleso, 22/07/95.
203 Debriefing statement 11/09/95.
204 Confidential debriefing statement (13).
205 Debriefing statement G.W. Reussing, 12/09/95.
206 Confidential debriefing statement (1).
207 Debriefing statement G.W. Reussing, 12/09/95.
208 Debriefing statement G.W. Reussing, 12/09/95.
209 Interview J.R. Groen, 05/07/99.
radio conversation with our colleagues in Belgrade, we decide to follow the refugees. We pack all valuable supplies. The Australian doctor Daniel O’Brien sets off with a truck, together with the local staff and our supplies, for Bravo Company. We try to get the remaining patients – about 20 people – into two trucks. We manage to deliver them to Bravo Company, after which I return in a pick-up truck. More patients have left their wards in the meantime. I have to leave 6 old people behind, as the UN’s tanks have already withdrawn beyond the hospital. Such chaos! What a mess!210

During the Close Air Support in the afternoon, the APCs of the blocking positions were in the vicinity of the compound again. The problem was that if the blocking positions were withdrawn any further, the compound in Srebrenica would have to be evacuated as otherwise it would run the risk of being surrounded by the VRS.

After Captain Groen had given the order to take the wounded to Potocari, Captain Buijs (a doctor from the medical team), Sergeant Major Thijssen and a corporal collected them from where they were lying all over the compound – in the dining room, in the TV room, in the bar, and loaded them into a truck.211 Surrounded by refugees and mortar and rifle fire, the four-ton truck, the canvas cover of which had been removed, set off at a walking pace towards Potocari. Sergeant Major Thijssen sat at the steering wheel. A Muslim man stood on the loading platform, shouting at the refugees to get out of the way. The portion of the route near the football field came under mortar fire as the truck passed; some shells landed no more than 50 metres from the vehicle.212

When the last vehicles had left the compound, the buildings were checked one last time to see, among other things, if there were any remaining refugees. The medical records of Dutchbat personnel and local patients were not destroyed before departure; there was no time for this.213 One wounded person was found near the rear gate, and helped into a Mercedes. A few more children and one old woman were taken on board the truck halfway to Potocari.214

On the way to Potocari, B Company personnel saw a bloody corpse with shoes on. It was unclear whether it had been there for some time, had been run over or had been killed by an exploding shell. The bodies of two older women also lay by the roadside. Refugees simply walked over them.215 The cause of death could not be determined with any certainty, but it was likely that they had died from exhaustion. Several people were sitting exhausted by the roadside.216

The men of B Company did their best to take as many people with them as they could on their way to Potocari: on the bonnet of the Mercedes, in a wheelbarrow, on the opened backwash deflectors on the deck of the APCs. Dutchbat soldiers made room to lay wounded in the APCs.217 People, especially older people who were unable to walk any further, were given a seat in or on top of the APC. In fact, B Company did not encounter large groups of refugees, only a few individuals lying exhausted or lifeless by the roadside. As many of these people as possible were given a lift, but it was not possible to take all of them.218 The vehicles were overloaded with people sitting on them or hanging on to them. Some people fell off because they were too tired to hang on.219

211 Confidential debriefing statement (1).
212 Debriefing statement J. Thijssen, 07/09/95.
213 Debriefing statement G.W. Reussing, 12/09/95.
214 Confidential debriefing statement (8).
215 Confidential debriefing statement (13).
216 Confidential debriefing statement (8).
217 Interview J.R. Groen, 05/07/99.
218 Interview J.E. Mustert, Assen, 18/06/99.
219 Confidential debriefing statement (11).
Apart from the personnel of the returning blocking position APCs, 30 men from B Company were engaged in accompanying refugees to Potocari that afternoon. B-Company vehicles transported a total of 54 persons, most of whom were elderly, undernourished people, with no injuries.

There were, however, a number of cases in which Dutchbat personnel did not offer any transport assistance. One APC fitted out for the transport of wounded persons travelling from Srebrenica to Potocari did give a lift to three Dutchbat soldiers but refused to help a woman with a child. When she attempted to get inside, a paramedic kicked in her direction (without actually hitting her). The driver of the APC speeded up so that the woman had to let go. She was refused a lift in order to keep the APC on stand-by to pick up Dutchbat personnel in cases of emergency.

In the night of 11 - 12 July, the troops manning a new blocking position camped near the compound, while part of B Company camped to the south of the refugees near Potocari. The platoon sergeants were largely responsible for organizing things, giving the necessary orders without the need for much intervention by superior officers. The paramedics of B Company were independently engaged in caring for the wounded in the neighbourhood.

It is hot, and the streets are overcrowded. People are fleeing in panic, with their crying children holding their hands and with a few possessions in plastic bags.

UN personnel accompany the refugees on foot while the shells continue to rain down from the hilltops. A truck is stalled in front of us. The UN soldiers get it on the move again, but it stops soon after to pick up people. I see people almost killing one another to gain a spot on a truck. (…) We finally reach the UNPROFOR base. The UN soldiers have already set up an emergency hospital. We still have 55 patients with us, but our medical supplies are used up. We request new supplies from Belgrade, knowing all too well that they will never arrive. Outside, some 20,000 people are trying to find shelter round the UN compound. The UN compound is not big enough to offer shelter to all, and the refugees take shelter in ruined houses. The shells keep on falling. Major Franken, Dutchbat’s Deputy Commander, is trying to reach an agreement with the Bosnian Serb army that will allow us to go into the town to fetch supplies, but General Mladic sends a reply that all supplies are gone. (…) While Médecins Sans Frontières Belgrade proposes the setting up of a ‘humanitarian corridor’ to Central Bosnia, we keep on asking for external replacements for the medical team. In the meantime, the shells keep on falling till about 10 pm.

A big stream of refugees had already been expected at the compound in Potocari on 10 July. Dutchbat Commanding Officer, Lieutenant Colonel Karremans, got the compound Commander, Major Otter, to draw up a plan for their reception then. Since the road passing along the side of the compound lay within the field of vision of the VRS artillery, a hole was cut in the perimeter fence to create an access route under cover, along the stream flowing behind the compound.

On 11 July, before the flood of refugees arrived in Potocari, Dutchbat personnel in the compound were warned to prepare themselves for the reception of the refugees. The original plan had been to use the corridor of the accumulator factory for this purpose. In view of the large numbers of refugees arriving, it was decided to offer them accommodation in the big hall of the factory instead.

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221 Confidential debriefing statement (31).
222 Debriefing statement G.W. Reussing, 12/09/95.
223 Interview J.R. Groen, 05/07/99.
224 Van Laerhoven, *Srebrenica*, p.139.
225 Confidential debriefing statement (16).
Dutchbat personnel were ordered to leave the bunker and to be ready to receive the refugees as they arrived.226

As a result of the continuing shelling, the Dutchbat personnel remained in the shelters; hence the local population received very little assistance from the compound in Potocari until the shelling stopped. According to MSF, Major Franken had ordered Dutchbat personnel to remain within the compound even when it was no longer under fire. It therefore looked very much to MSF as if the VRS wanted to keep Dutchbat in the compound.227

The surgeon Colonel Kremer said later that he did not feel like sitting in the bunker wearing his flak jacket; he wanted to get out and help the wounded who were arriving from the B Company compound in Srebrenica. He said, however, that he received an order from the Commander of the Field Dressing Station, Captain Van Hoogwaarden, to stay where he was. Colonel Kremer believed that this command came from Major Franken.228 Kremer said he uttered a four-letter word, and went anyway. Only a lieutenant from the commandos (Van Klinken), who had had no medical training, was prepared to help him. Kremer was convinced that the Bosnian Serbs only fired at the compound to keep Dutchbat inside, but others were afraid and unsure of the Bosnian Serbs’ intentions. Some members of Dutchbat personnel did believe that the Bosnian Serbs really were aiming to wound or kill them.229

It appeared that some form of selection had been made before the inhabitants of the enclave and the patients reached the compound: the ones who arrived tended to be among the more prominent members of the population.230 A tally kept of the refugees arriving at the compound yielded a count of about 4800 persons,231 most of whom were women and children. It was estimated that five per cent of the arrivals were men of military-service age.232 (For further considerations on this topic, see Chapter 4 of Part IV).

A few of these refugees wore ABiH uniform, but were unarmed. There were also some men who had previously been seen in uniform in Srebrenica, but who arrived at the compound after 11 July in civilian clothing.233 Some looked like soldiers, in view of their age and the type of footwear they wore.234 Conversations with an interpreter indicated that a number of these men had carried out operations outside the enclave.235 These men gave the impression of being particularly fearful.236 The Field Dressing Station personnel made no distinction between possible soldiers and civilians in the treatment of the wounded, and the fact that they had an impression that a particular person might be a soldier did not stop them from treating him.237

Around 30 members of Dutchbat personnel were involved in the initial reception. They formed small groups and brought the refugees to the vehicle hall. When the hall was full, only the sick and wounded were allowed in.238 Twelve to 15 members of Dutchbat were involved in administering First Aid after this initial period.239

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226 Confidential debriefing statement (11).
227 NIOD, Coll. MSF. MSF Capsat 95-07-12 10:21, No. Out 482.
228 Interview G.D. Kremer, 17/01/02.
229 Interview G.D. Kremer, 13/07/98.
230 Confidential debriefing statement (16).
231 Debriefing statement E. van ’t Zand, 06/09/95. The Company Commander Otter also mentioned this number (SMG, 1007/25, Verslag debriefing Kamp Pleso (Report of debriefing at Camp Pleso), 23/07/95.).
233 Confidential debriefing statement (17).
234 Confidential debriefing statement (16).
235 Confidential debriefing statement (31).
236 Confidential statement (16).
237 Confidential debriefing statement (25).
239 Debriefing statement J.P.M. Tops, 18/09/95.
The wounded were kept apart from the other refugees and were accommodated in the passageway in the middle of this hall. Personnel without specialized medical training performed general tasks such as ushering the refugees to the appropriate spot, carrying children and personal possessions, fetching and carrying the wounded and sometimes even giving assistance in childbirth. The conditions in the hall were abominable. While sanitary facilities were provided outside (seven ‘Dixy’ toilets were available, and latrines were also dug), many people urinated and defecated in the hall (possibly from fear in some cases). The sewer to which the toilets were connected overflowed. Dutchbat personnel did their best ‘to clean the shit’, as Médecins Sans Frontières put it, but the compound was completely overcrowded.

The situation was harrowing, and the stench in the warm surroundings was terrible. Unpurified water could be obtained from the stream flowing behind the compound, but the refugees declined the offer of spraying them with water from a hosepipe to cool them down or allow them to wash themselves. According to a Dutchbat doctor, there would have been no point in using showers because they would soon have become unhygienic. Dutchbat soldiers gave up their towels, which were moistened and brought into the hall. All these measures helped very little. Nevertheless, this group of refugees was better off than the much larger group outside the compound: they had more water, and received better medical treatment. There was a shortage of water outside the compound, especially in the beginning, and little possibility of sheltering from the blazing sun. The people in the compound were peaceful on the whole, because they felt safer than the refugees outside.

As shells fell round the compound, people panicked and the crowd outside begged to be let in. A rumour also spread at a certain moment that the VRS was advancing with tanks from the direction of Bratunac towards Potocari. This was not true: there was little sign of the VRS in Potocari that day.

The MSF team had seen the VRS advance into Srebrenica, and during its journey to Potocari had witnessed an exodus interspersed with skirmishes. The last patients left the hospital at 3.30 pm, the evacuation of the hospital is described in the section below. The MSF staff arrived in Potocari at the same time as the main mass of refugees.

The staff of the Field Dressing Station, now transferred to Potocari, had not been informed about the evacuation of the hospital in the afternoon of 11 July: ‘We looked up at a given moment, and there they were’. The MSF and hospital staff and the patients were housed as well as possible under the circumstances. At about 5 pm, there were 65 wounded in the compound being cared for by MSF and Dutchbat staff. The total number of refugees in and around the UN compound was about 20,000.

The Médecins Sans Frontières office in Belgrade did its best to draw the world’s attention to the flight of the population to Potocari and the effects of the VRS offensive by sending press releases to various press agencies, radio and TV stations and newspapers in different countries. The organization made a plea for an immediate ceasefire. Its Belgrade and other offices were in close contact with the UN, and lobbied for an active search to be made for solutions. MSF had two scenarios in mind in this connection: a humanitarian corridor to Central Bosnia or, if negotiations on this point could not be brought to a successful conclusion, the granting of clearances for aid convoys and extra personnel.

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240 Debriefing statement W.J.G. Brands, 07/09/95.
241 Confidential debriefing statement (16).
243 NIOD, Coll. MSF. MSF Capsat 95-07-10 12:21, No. Out 482.
244 SMG, 1007/25. Debriefing of Otter, Camp Pleso, 23/07/95.
245 NIOD, Coll. MSF. MSF Capsat 95-07-12 10:21, No. Out 482.
246 NIOD, Coll. MSF. MSF Capsat 95-07-11 19:15.
247 NIOD, Coll. MSF. MSF Capsat 11/07/95 17:16, No. In 834.
248 Confidential debriefing statement (5).
249 Interview H.G.J. Hegge, 02/02/00.
250 NIOD, Coll. MSF. MSF Capsat 11/07/95 17:16, No. In 834.
251 NIOD, Coll. MSF. MSF Capsat 11/05/95 17:16, No. In 834.
Médecins Sans Frontières in Belgrade instructed the team in Potocari to take steps on the following day, if the shelling had stopped by then, to set up an aid post for the treatment of the wounded and of dehydrated children, and to try to provide some form of shelter from the sun for children and pregnant women. They also gave the team the good advice to try to get some sleep.252

Christina Schmitz had a meeting with Warrant Officer Tops early that evening. According to her, Dutchbat’s medical team was prepared to help, but she was not convinced that everyone in Dutchbat was happy about their arrival; she did not give reasons for this feeling, however. The organization had not managed to bring medical supplies with them from the hospital. MSF surgeon Daniel O’Brien drew up a list of things the team required. Schmitz was convinced that their requests would be met, though she knew that Dutchbat was short of supplies itself.253

Médecins Sans Frontières looked after its own patients from the hospital.254 Agreement about responsibilities was reached between Naval Captain Hegge on the one hand and Christina Schmitz and Daniel O’Brien on the other when the MSF team arrived: the patients from the hospital were in the compound as guests, under the medical responsibility of MSF, though Hegge did express his willingness to help: ‘If you need something, or of there is anything that can be done to help, just let us know.’ Captain Hegge had chosen this stance on the basis of his previous experience in dealing with Médecins Sans Frontières in Cambodia. In his view, NGOs tended to adopt a fairly anti-militaristic attitude, and in such a case he thought it better not to force help on them but rather to let them ask for the things they needed. Dutchbat was already in a dependent situation, and if it started laying down the law to others this could be wrongly interpreted.255 The Commander of the Field Dressing Station, Captain Van Hoogwaarden, told his personnel that the construction chosen was that MSF’s chief physician (Daniel O’Brien) and coordinator (Christian Schmitz) were in charge of the medical activities, and they would receive support in the provision of aid to the refugees.256

That same evening, Christina Schmitz reported that, unlike the situation on previous days, contacts with Major Franken had been ‘quite good’ and that Dutchbat, in particular the old KHO-5 team, had been cooperative. Dutchbat personnel went outside the compound every hour to see whether any new patients had arrived. Sleeping accommodation for 16 local nurses was arranged within the compound. Schmitz reported to the MSF office in Belgrade that Dutchbat provided small amounts of important medicaments such as infusion fluids, penicillin and dressing materials that day.257

Although limits were set on the level of humanitarian aid that could be provided, mainly because of the shortage of the materials required for intensive care as explained in the previous section ‘The emergency stock’, this did not mean that orders had been given prohibiting humanitarian aid altogether.258 However, not much aid could be given in view of the lack of medical supplies. At a certain point, however, it was decided to start using up the ‘emergency stock’; this meant that more aid could be offered.259

As mentioned above, the concept of ‘emergency stock’ was not clearly defined. The Commander of the Field Dressing Station took the viewpoint that the total amount of medical supplies should be considered rather than special stock set aside for emergency use.260 Others did use the term ‘emergency stock’, applying it to practically all of the medical supplies, which could only be used freely for humanitarian aid to the local population at a later date. Opinions differed as to the exact moment when this could be done; this point will be discussed in detail later on in this appendix.

253 NIOD, Coll. MSF. MSF Capsat Out 95-07-11 19:15.
254 Confidential debriefing statement (31).
255 Interview H.G.J. Hegge, 02/02/00.
256 Confidential debriefing statement (6).
258 OM (Public Prosecutor) Arnhem. KMar (Royal Netherlands Marechaussee) District Gelderland/Overijssel/Flevoland, PV No. P. 77/95, 18/12/95.
259 Debriefing statement R. de Groot, 18/09/95.
260 OM Arnhem. KMar District Gelderland/Overijssel/Flevoland, PV No. P. 77/95, 18/12/95.
Lieutenant Colonel Karremans had, given orders, after consultation with Naval Captain Hegge, that no operations should be performed on refugees. The operating theatres should be reserved for Dutch wounded, and the supplies required for operations should not be used for other purposes. This material was only freed for use on the wounded present after all the OP personnel were back at the compound and all shelling had stopped. It has been suggested, however, that there were no urgent cases during this period. KHO-6 only performed one operation on a refugee during this period, on a boy who had lost part of one of his thighs.\textsuperscript{261} \textit{MSF}, on the other hand, spoke of two urgent cases.\textsuperscript{262}

Most of the wounded were old people with signs of exhaustion, or people with bullet or shrapnel wounds.\textsuperscript{263} There were a few simulators, however. One man took off his artificial limb in the hope of being evacuated. The Bosnian Serbs were also aware of this. For example, one wounded person was hit on the leg with the butt of a rifle to check whether he really was wounded. In general, however, the Bosnian Serbs did not hinder Dutchbat in the provision of medical care.\textsuperscript{264}

Seven children were born during the first night in the compound, one of them being a stillbirth.\textsuperscript{265} The next day the mother in question was allowed onto one of the buses deporting refugees to Tuzla. The conditions under which the mothers had to give birth were abominable: lying on a stretcher in a dark corridor in unsanitary surroundings, without any privacy and in full view of anyone who might be passing.\textsuperscript{265}

The accommodation in the compound allowed no separation between men, women and children. Some of those present had been driven mad or suffered panic attacks as a result of all they had been through. Some refugees stated later that there had been little medical care or dispensation of medicines during the first few days. A woman who had been wounded in both legs said that she had been seen by two doctors, but had received no treatment. There were no bread either, but sometimes the wounded were given biscuits. Later, the above-mentioned wounded woman was allowed to wash her very dirty legs herself.\textsuperscript{266}

In the opinion of the wounded ABiH officer Sadik Vilic, who arrived in Potocari between 5 and 6 pm on 11 July, Dutchbat personnel were unfriendly towards the wounded and threw them roughly on the dirty ground in one of the halls of the factory. He stated that one doctor dealt with the wounded in a very rough, careless manner. Dutchbat medical staff gave little assistance according to him, and provided no medicines or injections. Vilic claimed that the wounded were only given soup once in the following three days. Dutchbat soldiers did come in and out from time to time, but gave little assistance, shouted, did not listen to the wounded and did not touch them. \textit{Médecins Sans Frontières}, on the other hand, did provide assistance.\textsuperscript{267} According to \textit{MSF} staff member Abdulah Purkovic, all the wounded were crying out for help simultaneously.

The chaos and misery in the compound were unlimited. Young Dutchbat soldiers looked worried or stood crying. The Dutchbat medical staff were in a state of panic, and seemed to be concentrating on looking after themselves. Abdulah Purkovic also stated that in his view, Dutchbat doctors did little to help during the first day in the compound. Christina Schmitz and Daniel O’Brien did what they could, but were exhausted after working a couple of 24-hour days.\textsuperscript{268} Colonel Kremer, unlike other Dutchbat doctors, received general praise. ‘He provided an enormous amount of help, and did what he could’, said Purkovic; Kremer was in fact the first Dutch doctor to provide active assistance for the wounded.\textsuperscript{269}

\textsuperscript{261} Confidential debriefing statement (5).
\textsuperscript{262} NIOD, Coll. \textit{MSF. MSF} Capsat Out 95-07-11 20:33.
\textsuperscript{263} Confidential debriefing statement (5).
\textsuperscript{264} Confidential debriefing statement (19).
\textsuperscript{265} NIOD, Coll. \textit{MSF. ‘sitrep Srebrenica - Potocari period: 6.7 - 22.7.95’}, compiled by Christina Schmitz and Daniel O’Brien, 24/07/95.
\textsuperscript{266} Interview Bosnian woman, Tuzla, 03/02/98.
\textsuperscript{267} Interview Sadik Vilic. 06/02/98.
\textsuperscript{268} Interviews Abdulah Purkovic, 04/02/98 and 21/05/99.
\textsuperscript{269} Interview Abdulah Purkovic, 04/02/98.
Since Médecins Sans Frontières did not have enough staff to deal with all the medical needs, Dutchbat did continue to provide assistance.\textsuperscript{270} The Field Dressing Station staff took over most of the work from MSF, looking after the wounded especially during the evening and at night.\textsuperscript{271} Dutchbat medical personnel also patrolled the area outside the compound at night. They provided medical assistance, or ensured that a number of paramedics brought wounded to the MSF unit in the compound.\textsuperscript{272} People who developed symptoms of shock were given an infusion.\textsuperscript{273} Dutchbat infusion material and saline, which were in ample supply, were used for this purpose where necessary.\textsuperscript{274}

The members of the KHO-5 surgical team took on the lion’s share of the work in caring for the wounded during the first few days.\textsuperscript{275} Since the new surgical team had taken over the task of ensuring that medical care for Dutchbat personnel was available when needed, the old team took responsibility for the general medical supervision of the wounded, sick, women and children in the compound. When the risk for Dutchbat personnel had receded, a working timetable could be drawn up in which the members of KHO-6 also played a part.\textsuperscript{276}

Water supplies within the compound were found to be adequate in the first instance. Conditions outside the compound were worse, especially as regards the water supply.\textsuperscript{277} Dutchbat had a water purification plant capable of producing 7000 litres of water per day from the stream behind the compound. That was inadequate, amounting to not much more than one litre per person per day just for the people in the compound. Besides, Dutchbat did not have enough fuel to keep the installation running. In addition, Dutchbat had supplies of bottled water sufficient for ten days’ consumption.\textsuperscript{278} The refugees initially got their drinking water from the local fire-fighting mains, but this proved to be not so suitable. Refugees complained that the water, which they were given in plastic beakers, was not pure.\textsuperscript{279} The refugees were subsequently also given water from the purification plant.\textsuperscript{280} Later still, the VRS allowed Dutchbat to repair the water station to provide the refugees with water.\textsuperscript{281} Dutchbat set up a water supply system for the refugees,\textsuperscript{282} and placed the battalion’s water trucks outside the compound.\textsuperscript{283} The Bosnian Serbs also sent two tankers full of water from Bratunac, as early as 11 July. This water was of good quality, and the people seemed to get enough drinking water in these days. There were no queues at the water distribution points.\textsuperscript{284} The number of people with signs of dehydration was not a cause for concern. Christina Schmitz did not at this point find any children with signs of severe dehydration, either inside or outside the compound, and no diarrhoea epidemic broke out. It is true, however, that the people were debilitated and the children apathetic.\textsuperscript{285}

General Mladic offered to supply food and medicine from Bratunac.\textsuperscript{286} In practice, this offer remained restricted to a little food. The provision of adequate food supplies for the refugees was a

\textsuperscript{270} Confidential debriefing statement (6).
\textsuperscript{271} Confidential debriefing statement (31).
\textsuperscript{272} Confidential debriefing statement (5).
\textsuperscript{273} Confidential debriefing statement (25).
\textsuperscript{274} Interview H.G.J. Hegge, 02/02/00.
\textsuperscript{275} Debriefing statement R. de Groot, 18/09/95.
\textsuperscript{276} Debriefing statement R. de Groot, 18/09/95.
\textsuperscript{277} NIOD, Coll. MSF. MSF Capsat 95-07-11 20:33, No. Out 467.
\textsuperscript{278} Fax SCVAO Sector NE (Ken Biser) to CAC/DSRSG (Philip Corwin), 14/07/95 with UNMO Sitrep Update 141420B July. UNGE, UNPROFOR, Box 115, File SNE Fax Out Jan-Jul 95.
\textsuperscript{279} Interview the ‘Women of Srebrenica’, Tuzla, 06/08/97.
\textsuperscript{280} NIOD, Coll. MSF. MSF Capsat 95-07-13 13:32, No. Out 524.
\textsuperscript{281} Confidential debriefing statement (14).
\textsuperscript{282} NIOD, Coll. MSF. MSF Capsat 95-07-12 21:10, No. Out 500.
\textsuperscript{283} NIOD, Coll. MSF. MSF Capsat 95-07-11 22:52, No. Out 471.
\textsuperscript{284} NIOD, Coll. MSF. MSF Capsat 95-07-12 10:21, No. Out 482.
practically insurmountable problem. The kitchen staff used 500 tins of soup to make 1000 litres of soup for the refugees when they arrived at the compound. This seemed like a lot, but it meant no more than a mug of soup for each of the 4800 refugees in the compound. This was distributed to the refugees, together with the biscuits from the combat rations, in the evening of 11 July between 9 pm and midnight.

12 July 1995

Conditions in the enclave were somewhat calmer on 12 July. The fighting had stopped, and the VRS had declared a ceasefire up to 10 am that morning. However, this did not bring much change in the uncertain situation the refugees found themselves in. Médecins Sans Frontières made use of the relative calm to ask Dutchbat to erect three tents outside the compound and to set up a First Aid post in them; this would facilitate the selection of patients requiring treatment most urgently and the treatment of patients with signs of dehydration. Most of the patients were apathetic after having spent a night in the open. Nevertheless, MSF was busy that morning giving sedative injections to people who had woken up with hysteria. They did not have much chance to do their work in peace, as the VRS resumed the shelling shortly before the end of the ceasefire.

Still, the overall picture of the day was completely different from that of the day before. Dutchbat’s logbook states that only two wounded patients presented themselves at Potocari during the day: a man who had been bitten by a dog and a man who had hit himself on the head with a stone. They received treatment in the compound.

In response to the MSF request mentioned above, a First Aid post was set up outside the compound, and used to select wounded patients urgently requiring treatment who were transported to the compound in a four-ton truck. MSF distributed sheets of plastic which the refugees could use to make makeshift tents, and patients were provided with blankets, buckets and towels.

Members of the KHO-6 team also helped outside the compound in the distribution of bread and water and in taking people who had been overcome by the heat to the First Aid post where they could receive the necessary treatment. Dutchbat medical personnel set up watches to check on the condition of the refugees during the night and to dress wounds, provide food, administer sedatives or assist in the delivery of babies as required; this started on the first night that the refugees were in the compound (the night of 11 to 12 July). After the medical staff of B Company arrived in Potocari, they also helped the Medical Platoon there to care for and treat the sick and wounded and the other refugees, and provided support for the First Aid post set up by MSF. Dutchbat personnel helped Médecins Sans Frontières there in the application of plaster casts and changing of dressings, and also assisted in the medical care of the patients in the hall of the factory.

In fact, Dutchbat personnel at all levels spontaneously offered to help. Everyone did so, without much need for guidance from the senior ranks. The personnel of C Company also provided various forms of assistance without being commanded or encouraged to do so; this included washing, caring for and feeding patients and other refugees, and in general doing all they could to make the

287 Debriefing statement L.H. Wesstra, 12/09/95.
288 Debriefing statement W.J.G. Brands, 07/09/95.
290 Interview Emira Selimovic, 21/10/97.
291 SMG, 1002/14. Belangrijkste zaken uit verslagen UNMO’s (Key points from UNMO reports).
292 Debriefing statement J.P.M. Tops, 18/09/95.
294 Confidential debriefing statement (25).
295 Debriefing statement G.W. Reussing, 12/09/95.
296 Confidential debriefing statement (31).
situation of all the refugees as tolerable as possible. They also put up tents for women and small children outside the compound, at the request of MSF.297

Dutchbat medical staff received an order on 12 July, in response to a demand from the Bosnian Serbs, to go and set up a medical aid post in Bratunac in preparation for transfer of the wounded from Potocari to there. Bratunac, the major centre of Bosnian Serb activities in the area with a hospital of its own, had been demanding various forms of medical aid from the UN forces for some time, as mentioned above. This order was rescinded later the same day298 - again in response to a demand from the Bosnian Serbs, who had apparently changed their minds; it will be clear that the whole situation was extremely fluid at this time. While the order was still in force, Naval Captain Schouten volunteered to take what seemed to him to be the necessary steps to this end. He collected some supplies, with the aid of the Medical Platoon. However, plans changed every ten minutes, and were then scrapped. The consensus was finally that the wounded would be sent to Tuzla instead.299

As indicated above, General Mladic had initially wanted to start moving the wounded from Potocari first, with the football stadium in Bratunac as their destination. Christina Schmitz tried to argue against this decision when Mladic visited Potocari, but he told her to mind her own business.300

It is not known whether Christina Schmitz’s arguments had more effect than appeared at first sight or whether the Bosnian Serbs changed their minds for other reasons. In any case, nothing came of the idea of moving the wounded to Bratunac and setting up a medical aid post there for them. Instead, it was decided to move both the wounded and the refugees outside the compound to Kladanj, roughly halfway to Tuzla, from where further transport to Tuzla could be arranged as the Bosnian Serbs saw fit. The transport of the refugees to Kladanj started about 3 pm on 12 July, and is described in Chapter 4 of Part IV of the main report. A convoy carrying some of the wounded left at 6 pm. This convoy failed to get through the confrontation line, however, and some of the wounded it carried were returned to Potocari. The story of this abortive move is told in section 13 below.

An unusual case of medical aid was provided on this day by two members of Dutchbat medical personnel, Captain R.A. Buijs and Sergeant First Class F.C. Erkelens, who had accompanied the refugees during their journey to Kladanj. On the way back later that evening, they provided first aid to a number of VRS soldiers who had driven a stolen Dutch APC off the road into a ravine near Vlasenica. They took one severely wounded and one lightly wounded soldier to the hospital in Vlasenica, while the body of a third VRS soldier who had died in the accident was picked up by the Bosnian Serbs.301

297 Confidential Debriefing statement (9).
299 NIOD, Coll. Schouten. Schouten Diary.
300 NIOD, Coll. MSF. ‘sitrep Srebrenica - Potocari period: 6.7 - 22.7.95’, compiled by Christina Schmitz and Daniel O’Brien, 24/07/95.
301 Debriefing statement R.A. Buijs, 19/09/95.
Chapter 7
Return to Srebrenica

At a meeting with the VRS on the afternoon of 11 July, Dutchbat had asked the Bosnian Serbs whether Médecins Sans Frontières and a UNMO could return to Srebrenica to pick up the six remaining patients from the hospital and the 10 to 20 old people who were understood still to be in the Social Centre. Major Franken managed to reach agreement with the VRS on this matter on the evening of the same day: they would be allowed to go back to Srebrenica to pick up patients who were still there. Major Franken had also wanted to return to Srebrenica to try to pick up MSF supplies there, but General Mladic told MSF that everything had already been removed.

Dutchbat considered it safe to return to Srebrenica because the town was completely in the hands of the VRS. An exhausted Christina Schmitz was not so sure.

There was no time to arrange the return to Srebrenica on 11 July after the VRS had agreed to it. Christina Schmitz spoke briefly to General Mladic on 12 July, and she also asked whether MSF could pick up the remaining patients and bring them back to the compound. He agreed.

At 4 pm on 12 July, Warrant Officer Tops was ordered to report to Lieutenant Rutten in order to pick up the remaining wounded and old people with a four-ton truck and three members of medical staff. Tops followed Rutten, who was driving a Mercedes jeep, in the direction of Srebrenica. The VRS stopped both vehicles after they had driven 1500 metres, and confiscated Lieutenant Rutten’s jeep. It was only at this point that Warrant Officer Tops learned that they were making for Srebrenica to pick up patients who had been left behind there. The group was allowed to continue its journey in the four-ton truck. A distended corpse was observed lying in the B Company compound, to the north of the encampment building, and two other corpses in military uniform were seen later in Srebrenica near the UNHCR warehouse and Dom Kultura. The group picked up a total of nine refugees, old people who had been too exhausted to go any further. The many Bosnian Serbs in the town did not molest these refugees. They were too busy looting and collecting the vehicles present in the enclave.

Christina Schmitz did not go back to Srebrenica till 13 July. When the Bosnian Serb delegation inspected the compound in Potocari, she took the opportunity to return to Srebrenica with a VRS escort and a UNMO. She found three old people in the hospital, in the same place where they had been left behind two days ago; they were still in good condition. One person was sitting on the pavement outside the Social Centre, and three more were found inside the building. The VRS soldiers who were accompanying them were very nervous, because they had expected ABiH soldiers to be hiding in the building. The town was however completely empty, apart from a few looters struggling under the weight of TVs and washing machines, and driving cattle in front of them towards Potocari.

Three other patients who had been left behind during the flight from the hospital could not be found; Christina Schmitz had no idea where they could be. They were not allowed any more time to look for people left behind in the ghost town of Srebrenica.
The refugees who were crowded together, waiting for transport, were close to despair at the end of the day on 12 July. It did not look as if the VRS were going to continue the evacuation that evening, which meant that the refugees who were forced to camp outside the compound would have to spend another night in the open air or in improvised shelters.\textsuperscript{310} The conditions outside the compound were appreciably worse than those inside. Some MSF nurses from the hospital were among the refugees outside. They stated later that they thought they would be safer there than with the wounded, where they were afraid that the VRS would treat them in the same way as the ABiH soldiers.

The refugees tried to find temporary shelter in all kinds of places outside the compound. The nurses mentioned a dark, dirty, windowless shed as one of these places. There was practically nothing to eat, and nothing at all for babies. It was claimed that the Bosnian Serbs did not allow the UN soldiers to give them food or water.

One refugee spoke of spending two days at a spot where there was no room to sleep and no food or water; another said that he had lain on the ground in a factory for two days, also without any water. He stated that that he had asked Dutchbat soldiers for water, but they had not given him any. A woman said, ‘The UNPROFOR soldiers were bad. They treated people like animals. (…) My husband asked them for protection but they did nothing. I think there was cooperation between the UNPROFOR and the Cetniks. The UNPROFOR soldiers gave them their uniforms and nobody could know who was who.’\textsuperscript{311} There is an element of truth in the last statement, since the VRS acquired an appreciable number of UNPROFOR uniforms when they occupied the Dutchbat OPs. As a result, it became increasingly difficult for the refugees outside the compound to distinguish Dutchbat soldiers from the VRS.\textsuperscript{312}

\textsuperscript{310} NIOD, Coll. MSF. MSF Capsat 95-7-12 21:10, No. Out 500.
\textsuperscript{311} ‘Srebrenica Hospital Personnel and Local MSF Staff: Eye-witness Accounts of the Evacuation from Srebrenica and the Fate of Missing Colleagues’, Médecins Sans Frontières Report, February 1996, p. 9-11.
\textsuperscript{312} Field Report monitoring Srebrenica 13 and 14 July 1995 from Andrei Kazakov and Rosanna Sam. (Provided by E. O’Dwyer, US State, Department BH Desk).
Chapter 8
13 July 1995

The Bosnian Serbs continued the deportation of the refugees with the aid of buses and trucks early in the morning of 13 July, from about 7 am. Christina Schmitz and Daniel O'Brien of MSF were horrified at the scenes they witnessed:

UN soldiers are controlling the desperate crowd. Everybody who could have stopped this mass exodus, should be forced to feel the panic and desperation of the people, leaving even their belongings behind they managed to bring to Potocari. (…) Everybody should see the violence in the faces of the BSA [VRS], directing the people like animals to the buses, children are screaming on the arms of their mothers, everybody runs for his/her life into an uncertain future.313

Major Franken and Christina Schmitz agreed in the course of the morning that after the failure of the attempt to send a convoy of wounded to Kladanj the previous day (as described in section 13 below), there was no point in trying to send another medical convoy; instead, all attention should be concentrated on the departure of the refugees.314

MSF and Dutchbat continued to be active in caring for the sick outside the compound during the morning of 13 July. Dutchbat doctors selected patients for transfer to the compound; the main indications were hysterical reactions or invalidity. The total number of patients transferred in this way during the day was 22. Patients were given water or fruit juice if necessary. Severe diarrhoea was still not observed, even among children. The breast-feeding of children did yield difficulties, however, since some mothers experienced problems with their milk production due to the stress they were under. The situation of the refugees inside the compound also started to deteriorate. As mentioned above, there were too few toilets, and the ones there were starting to overflow. The refugees outside the sheds could move around more freely now that the threat of VRS shelling had receded.315

The food situation

*Médecins Sans Frontières* reported that there was some food left in the compound in any case, in the form of bread, potatoes and biscuits, though not enough; but that water was more important. It was not clear to MSF whether the refugees outside the compound were getting any food.316

UNMOs reported on 12 July that the food situation was starting to get critical. Major Franken stated that Dutchbat could give the remaining refugees two meals a day, but that there were not enough supplies to permit this to go on after 13 July.317 Some Dutchbat personnel stated during debriefing that refugees were given two meals a day and that the UN personnel were sharing their emergency rations with them,318 but the refugees outside the compound did not seem to be getting any of this.

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317 UNGE, UNPROFOR, File 1.1.57 Civil Affairs SNE Tuzla 4 Apr – 23 Sep 1995. SCVAO (Ken Biser) to HCA UNPF HQ (Michel Moussali), UNMO Report for 12 /07/95.
318 Confidential debriefing statement (14).
It is not clear how much food Dutchbat actually had. As mentioned above, the UNMOs reported that the rations of food would be exhausted by 13 July. However, Dutchbat reported after the departure of the refugees on 13 July that the battalion still had ample food to last them for a week. Dutchbat also received some rations from MSF, but the nature of these rations was not mentioned. It would thus appear that the expression ‘for a week’ must have referred to the roughly 400 soldiers who were left, along with the sick and wounded.\footnote{\textit{CRST. Sitten BLS, dtg 132301B Jul 95: Tfncontact Opsroom. Bericht (Report) C-DB-3 dtg 130800B Jul 95.}}

The last logistic report from Dutchbat, dated 10 July, stated that the battalion still had enough combat rations to last them for eight days. There had not been any fresh food for some considerable time. That meant, roughly speaking, that the battalion had about 4000 rations left when the refugees reached Potocari. In line with this, Yasushi Akashi reported to New York on 12 July that there was enough food for less than 24 hours for the estimated 27,000 refugees in the vicinity of Potocari. The UNHCR had stores of food in Belgrade and Tuzla, but they would only provide relief if adequate transport could be found and if freedom of movement was granted for this purpose. In anticipation of such permission from the VRS, a Dutch convoy was already on the way from Zagreb to Belgrade in order to shorten the reaction time. This convoy comprised two fuel tankers and 15 trucks loaded with fresh and tinned food.\footnote{\textit{DCBC, 751. Code Cable Akashi to Annan, 12/07/95, No. Z-1141, sent with fax COS UNPF-HQ to MODNL, 13/07/95.}}

If the figures for 10 and 13 July are correct, and the reported stock data did show appreciable variation, then it may be concluded that (in contrast to later reports) relatively few rations can have been shared with the local population. In theory, after allowing for Dutchbat’s own requirements, about 2000 rations were available to feed about 10,000 people for a day (from 11 to 12 July) and another roughly 10,000 people for two days (from 11 to 13 July), not to mention the practical difficulties of dividing the packed rations fairly.

In the opinion of MSF, the people still seemed to have enough food on 12 July, taking into account the fact that most had probably taken small amounts of supplies with them when they left home.\footnote{\textit{NIOD, Coll. MSF. MSF Capsat 95-07-12 21:10, No. Out 500.}} Emira Selimovic, the MSF interpreter, disagreed with this assessment however. She believed that the refugees had practically exhausted all their supplies of food and water before they reached the compound.\footnote{\textit{Interview Emira Selimovic, 21/10/97.}}

According to a report by two UNHCR field officers, two VRS trucks with food had been sent to the refugees and this food had been distributed immediately to the refugees outside the compound. Dutchbat also reported that bread was brought to the refugees from Bratunac every day, but the UNHCR field officers could not confirm this.\footnote{\textit{Field Report monitoring Srebrenica 13 and 14/07/95 from Andrei Kazakov and Rosanna Sam. (Provided by E. O’Dwyer, US State, Department BH Desk).}} There had however been negotiations with the VRS about the provision of humanitarian aid, and the VRS had agreed to lend a helping hand with food and water.\footnote{\textit{UNGEO, UNPROFOR, Box 42, File 1.157 Civil Affairs SNE Tuzla 4 Apr – 23 Sep 1995. Fax SCVAO Sector NE (Ken Biser) to CAC/DSRSRG (Philip Corwin), 12/07/95.}} The extent of this assistance was not precisely known (see also Part IV, Chapter 4).

Some reports suggested, however, that this aid was intended to create an image of compassion for the Bosnian Serb cameras rather than being motivated by a real desire to help the refugees. A truck carrying 200 loaves of bread arrived on the morning of 12 July. The Bosnian Serbs distributed this bread, together with chocolate and cigarettes, under the eyes of the cameras. General Mladic was filmed patting a boy on the head. It goes without saying that 200 loaves were not enough to feed the 15,000 people waiting for transport outside the compound.\footnote{\textit{Confidential debriefing statement (6).}}
Convoys

A UNHCR food convoy left Belgrade for Potocari on 12 July but had to spend the night at the Yugoslav border because the Bosnian Serbs did not give permission for it to continue its journey to Potocari. The VRS had started hunting the column of men from Srebrenica who were making for Tuzla through the mountains and forests. Even at that time, UNHCR was receiving reports that the situation in the area was serious: roads were blocked, and there was no freedom of movement even for local people. The VRS argued that it could not give the convoy clearance to pass because of the presence on ABiH troops in the neighbourhood who might open fire on the convoy and give the VRS the blame. General Mladic confirmed, however, that the arrival of the convoy did not represent a problem for the VRS. The convoy carried 20,000 combat rations, 15,000 litres of water, 36,000 litres of diesel, toilets and cleaning materials.

MSF was also trying to get permission for a convoy carrying 30 tons of medical and logistic supplies, together with three persons to supplement its staff, to go to Potocari on this day, but the Bosnian Serbs refused permission on the same grounds as for the UNHCR convoy: the ABiH was still in the neighbourhood, and might open fire on the convoy.

Director General P. Bernard of Médecins Sans Frontières discussed the situation with Kofi Annan, the UN Undersecretary-General for Peacekeeping, who told him that General Mladic had given his assurance that the UNHCR convoy would be granted clearance and that all the refugees – including the men, would be brought to Tuzla.

However, the UNHCR convoy and the fresh personnel for MSF did not get further than the frontier at Zvornik. UNPROFOR tried to get a UN helicopter to Potocari. It was rumoured that Ken Biser, the head of Civil Affairs for Sector North East in Tuzla, intended to go there too. Since Médecins Sans Frontières had found it impossible to get extra personnel to Potocari, the organization reacted ironically to Biser’s plans by commenting that he would ‘doubtless get there on horseback’. In a later comment, MSF conceded that travel by horse might not have been such a bad idea after all, since a helicopter certainly ran a high risk of being shot down.

General Mladic finally gave the promised permission for the UNHCR convoy to proceed to Potocari about noon on the 13th. The convoy arrived at the Yellow Bridge about 3 pm. The UNHCR Field Officers Andrei Kazakov and Rosanna Sam observed a great deal of movement among the refugees there, who were being taken out of the enclave by bus. In fact, the convoy arrived in Potocari at just about the same moment as the last refugees were being taken out of the former enclave: ‘how cynical,’ was MSF’s comment on this event.

The UNHCR field officers met the Bosnian Serb Kekic (of the Coordination Board for Humanitarian Aid) and the president of the Opstina (municipal council) of Bratunac, Ljubo Simic, at the Yellow Bridge. The field officers and Kekic tried to enter the Dutchbat compound while the...
convoy waited. Kekic wanted to get into the compound to ensure the safety of the local UNHCR staff and to check the situation of the refugees. Dutchbat refused access to Kekic, however, since he had a TV team from Pale in his wake. The field officers discussed the situation with Dutchbat and MSF.336

The remaining population

The Bosnian Serbs completed the deportation of the refugees who had been outside the compound about 4 pm. The transport of the refugees from inside the compound started half an hour later. All male patients who were able to walk, along with the remaining nurses, left in these last convoys.337

At a certain moment, the VRS brought along a man with a year-old baby. The man had no one to take care of the baby. Christina Schmitz had to separate the baby from the crying father, while the VRS took the latter away with them;338 she got the feeling that the father would never see the baby again.339 Warrant Officer Knapen described this event slightly differently: when the men were being separated from the women at the orders of the VRS, a young man was found with a 15- to 16-month-old child. Knapen took charge of the child, noted its name and the name of the father and handed the child over to Christina Schmitz of MSF.340

Only those with more serious wounds were left in the compound. The arrival of a film crew from Pale did not go unnoticed inside the compound. Wounded patients said that it was announced at a given moment that the patient accommodation in the bunker was going to be filmed.341 A question about this to MSF’s interpreter elicited the response that a CNN team was expected.342

One person who was confronted with a film crew outside the compound was MSF’s cook, Abdulah Purkovic. He had to repeat a message dictated to him by the Bosnian Serbs in front of the Serbian TV cameras; he had to say that they were being treated well. Purkovic played his own role in helping the refugees. He was walking around in MSF uniform he had managed to get hold of at the last moment, which allowed him considerable freedom of movement. This led the people around him to believe that he was a doctor, and they appealed to him in panic. Many were in need of help, mothers had lost their children; everyone asked him to help.

Purkovic started to draw up a list of missing children and he went outside the compound looking for them. He managed to re-unite a few children with their mothers. Dutchbat personnel asked him to organize the distribution of food; he agreed, on condition that Dutchbat would help in the actual distribution. Soup was taken round in thermos flasks; 15 Dutchbat soldiers helped him to distribute this. A food queue was formed, but not without problems. People were fighting to get a bit of food; Purkovic found it a frightening experience to see this. In particular children and babies had practically nothing to eat or drink. Dutch soldiers brought a few biscuits round, but it was practically impossible to distribute them properly because people were in such a state of panic.343

After his enforced appearance on Serbian TV, Purkovic announced that he was so ashamed that he was going to commit suicide. In preparation for this, he performed ritual ablutions. The MSF interpreter Emira Selimovic asked for two Dutchbat soldiers to keep a watch on him to prevent him

336 Field Report monitoring Srebrenica 13 and 14/07/95 from Andrei Kazakov and Rosanna Sam. (Provided by E. O'Dwyer, US State Department BH Desk).
340 Information based on confidential statement (21) made during debriefing. Christina Schmitz gave the child’s name as Irma Hasanovic. This was written on a card that was hung round her neck. She was re-united with her mother in Tuzla. The father, Mused Hasanovic, did not survive Srebrenica. (Dutch TV, Brandpunt 22/09/95).
341 Interview Bosnian woman, 03/02/98.
342 Interview Sadik Vilic, 06/02/98.
343 Interviews Abdulah Purkovic, 04/02/98 and 21/05/99.
from carrying out this deed.\textsuperscript{344} After it had been confirmed that there was indeed a possibility that Purkovic might commit suicide, Dutchbat provided two men for such guard duty.\textsuperscript{345}

Purkovic’s feelings of insecurity increased even further when a group of VRS officers entered the compound and made a round of inspection. He told Dutchbat’s physician Colonel Kremer about this and asked him for poison, since he did not want to be tortured or murdered. Colonel Kremer told him that he had a 50% chance of survival if he stayed in the compound, and an equal chance if he tried to escape to Tuzla through the woods at night. If however he hung himself or took poison, his chances of survival would be nil. Purkovic replied that he did not want to die, but that if he had no choice he would rather kill himself than be killed. In response, Kremer said that he did not have the poison Purkovic wanted.\textsuperscript{346}

There was yet another reason why Purkovic’s life was at risk: he had been an ABiH soldier before he started working for \textit{Médecins Sans Frontières}. This put both Major Franken and Christina Schmitz in a difficult position. Major Franken intended to ask Purkovic to leave the compound, as he was afraid that Purkovic’s presence there could put others at risk.\textsuperscript{347} After consultation with Franken, Christina Schmitz invited Purkovic to accompany her in her vehicle when she left Potocari. This was not without risk either: if the VRS apprehended him, this could put all the other men in the convoy at risk. Something similar had happened during the attempt to take a convoy of wounded to Kladanj (see below). Purkovic was however only willing to accept this offer if Christina Schmitz gave him poison, so that he could commit suicide in full view of everyone if he was discovered. It did not make things any easier for Christina Schmitz that she disapproved of Purkovic: he had been trying to steal things, had been trying to mislead her, and had been chasing after another member of \textit{MSF} personnel with an axe. All these facts, however, did not dissuade her from trying to get him out of Potocari.

An even greater problem was that he also wanted to kill his sister to prevent her from falling into VRS hands. She was already sitting in a truck, waiting to be evacuated. At that time, it was difficult to intervene because of the large numbers of VRS soldiers who were in the vicinity. Nevertheless, soon after that she appeared at the Field Dressing Station with clear signs of an attempted strangling. She needed protection; she wanted to get away from Srebrenica. \textit{Médecins Sans Frontières} was afraid that Purkovic would make another attempt on her life. A Dutchbat soldier was therefore posted as a guard next to her bed.\textsuperscript{348}

Later, when he was on the point of departure, Purkovic got terrible pains in his legs and could no longer walk. The medical staff ascribed this to depression. They gave him some pills and put him in a wheelchair. They wheeled him into the open where it was extremely hot, but after two to three hours in the sun he could walk again.\textsuperscript{349} Dutchbat also intervened in other cases of attempted suicide.\textsuperscript{350} When a wounded ABiH soldier tried to hang himself, he was saved by the medical staff.\textsuperscript{351} One case of hanging outside the compound was reported, though not observed directly.\textsuperscript{352} However, some Dutchbat soldiers who were outside the compound all the time did report that a man had hanged himself behind the bus station in Potocari.\textsuperscript{353}

Dutchbat made no distinction between possible ABiH soldiers and civilians when treating patients.\textsuperscript{354} As a result, up to 60 ABiH soldiers may have been treated in the compound.\textsuperscript{355} While the

\textsuperscript{344} Interview Emira Selimovic, 21/10/97.
\textsuperscript{345} Debriefing statement A.J.A.M. van de Wiel, 15/09/95.
\textsuperscript{346} Interview Abdulah Purkovic, Tuzla, 04/02/98.
\textsuperscript{347} NIOD, Coll. \textit{MSF}. Capsat 95-07-15 09:15, No. Out 546.
\textsuperscript{348} NIOD, Coll. \textit{MSF}. Capsats 95-07-14 08:21 and 95-07-14 09:15, Nos. Out 536 and 537.
\textsuperscript{349} Interview Abdulah Purkovic, 04/02/98.
\textsuperscript{350} Interview Sadik Vilić, 06/02/98.
\textsuperscript{351} UNGE, UNPROFOR, Box 115, File SNE Fax Out Jan-Jul 95. Fax SCVAO Sector NE (Ken Biser) to CAC/DSRSG (Philip Corwin), 14/07/95 with UNMO Sitrep Update 141420B July.
\textsuperscript{352} Confidential debriefing statement (18).
\textsuperscript{353} Confidential debriefing statement (21).
\textsuperscript{354} Debriefing statement F.H. Elbers, 14/09/95.
toilets were being flushed after the departure of the refugees, a number of weapons and documents were found in them.356

The VRS inspection

The Bosnian Serb military police (MUP) had wanted to search the compound on 13 July, but VRS Colonel Radoslav Jankovic refused to give permission for this because the MUP was known to have looted the compound in Srebrenica and to have removed UNPROFOR material.357 However, a Bosnian Serb delegation did arrive at the compound about 5 pm on 13 July. They were accompanied by a UNMO and Major Franken. Elmira Selimovic, the MSF interpreter, and a couple of Dutchbat soldiers also went round with them. The surgeon Daniel O’Brien and a Dutchbat surgeon were with the wounded during the inspection. ABiH officer Sadik Vilic, who was one of the patients, knew some members of the VRS delegation from before the war. He was afraid of being recognized, and averted his head as much as possible. Ljubisav Simic, a former teacher from Bratunac and now mayor, was one of the members of the delegation. The Bosnian Serb commander said that he wanted the exact name of all patients together with the name of their father. They did not ask Vilic anything, but they did ask his mother-in-law whether she was Esma, a former teacher at the primary school in Bratunac. A Dutchbat medical technician and a coloured Dutchbat soldier did ask Vilic afterwards whether he was an ABiH officer.

Sadik Vilic concluded from the whole proceedings that the Bosnian Serbs told Dutchbat exactly what they wanted done, and that Dutchbat followed all their orders. ‘Dutchbat was scared’, he commented.358 The VRS delegation stayed no longer than ten minutes in the compound: ‘devastated by the shit and smell and the look of the patients they left quickly’, MSF reported.359 The Bosnian Serbs took a list of the patients with them;360 this is discussed in greater detail below.

A Bosnian woman stated that there had been three or four Bosnian Serb checks on the compound during the seven days she was there. The nursing staff warned the patients of such inspections beforehand. The woman was scared, and pulled a blanket over her head. A Bosnian Serb pulled the blanket down and said, ‘I have been looking for you.’ This was Major Nikolic, who said he recognized her and believed her to be the above-mentioned Esma. Nikolic was looking for this former teacher at the primary school in Bratunac because she was suspected of having killed Bosnian Serbs. Her husband, who had died before the war, had been chief of police. The woman said that no members of Dutchbat personnel accompanied the Bosnian Serbs during these inspection rounds, because they were scared. On the other hand, the same witness stated that Dutchbat never left the wounded alone and that she had never seen the Bosnian Serbs taking wounded away from the areas where the patients were lying. She had further never heard any negative comments about the behaviour of Dutchbat.361

355 Debriefing statement H.A. Folmer, 07/09/95.
357 NIOD, Coll. (8). KM DK Bratunac 13/07/95 No. str.pov.br. 08-444-10.
358 Interview Sadik Vilic, 06/02/98.
361 Interview Bosnian woman, 03/02/98.
Dutchbat and MSF were still left with a large number of patients in the compound in Potocari after the deportation of the population. Major Franken gave up the idea of transporting these patients to Kladanj in Dutchbat vehicles, as he was convinced that this would simply cause the VRS to confiscate all the vehicles used for this purpose. He now preferred evacuation by the International Red Cross. Médecins Sans Frontières had no objection to this idea, but hoped that it would not take too long as otherwise the VRS might start developing their own initiatives. However, the ICRC announced on the evening of 14 July that they would carry out this task and were now simply waiting for permission to do so.362

The involvement of the ICRC in the transport of the wounded on 17 July is dealt with in section 14 below. The next point on the agenda once all the patients had been taken away was the departure of MSF, but so far there was no clear idea about how this was to be arranged.

Once the compound was empty of refugees, the opportunity arose to move the patients to somewhere with a bit more light and better hygiene. All the wounded who had come from the hospital were moved from the wet corridor in the plant to the bunker, where they were re-examined, washed and given the necessary treatment.363 Any gaps in the patients’ documentation were filled in, and schedules were drawn up for the administration of medicaments and for the guarding of the patients. General Mladic announced that he was going to visit the compound, but in fact he never did.364

The wounded also reported that they were washed and given cigarettes, fruit and other food, and blankets. The use of paper pyjamas (which tore very quickly) made quite an impression on them.365 Some of these wounded subsequently suggested that the better treatment they were given was connected with the arrival of the film crew outside the perimeter fence of the compound on 13 July. This was not true, however: the real reason for the improved treatment was that a convoy had arrived, and that the departure of the refugees meant that all attention could be concentrated on the remaining sick and wounded.366 There were moreover ample medical supplies now, because all the goods that had been stockpiled in Zagreb for a considerable time, waiting for dispatch, had arrived.367

The convoy with supplies for Potocari that had been waiting in Belgrade for clearance finally arrived on 14 July, too late to be of any benefit to the refugees. One could never be sure in advance whether a convoy would be allowed through. Even in the present case, the VRS only permitted a few trucks with combat rations, water, fresh fruit and medical supplies to pass.368 According to Christina Schmitz, it was a clever move of the VRS to give clearance for these large amounts of medical supplies: there was so much that Dutchbat would have to leave most of it behind when they left.369

The surgical team continued their activities at the Field Dressing Station. A boy about six years old had an abscess lanced on the morning of 14 July, while in the afternoon the wound of the boy who


363 Statement made during debriefing by H.G.J. Hegge, 21/09/95.


365 Interview Sadik Vilic, 06/02/98.


367 Interview H.G.J. Hegge, 02/02/00. An offer of X-ray material made by a Norwegian doctor from Tuzla came too late to be of any real use.

368 UNGE, UNPROFOR, Box 115, File SNE Fax Out Jan-Jul 95. Fax SCVAO Sector NE (Ken Biser) to CAC/DSRSG (Philip Corwin), 14/07/95 met UNMO Sitrep Update 141420B July.

had been operated on 6 July underwent secondary closure. The KHO-6 team also performed three operations on 15 July, to treat a multiple fracture of the leg, an ankle wound and an abscess on a leg. A KHO-6 nurse described these operations as noteworthy, especially because in the preceding period so little had been done. He doubted whether these operations were strictly necessary from a medical point of view. He had the idea that they were performed mainly in the interests of the peace of mind of KHO-6’s surgeon, Naval Captain Hegge. A wounded ABiH soldier and a wounded VRS soldier were also treated after the refugees had left the compound. Both were discharged after treatment.

Five deaths were registered at the compound during the period from 13 to 15 July: a stillborn baby and two men aged about 70 and 75 years, whose names were not known, who died on 13 July; a young woman who died in Bratunac (due to lack of insulin) on 14 July and who was brought to the compound by Naval Captain Schouten in a Dutchbat ambulance; and an old woman called Behara Delilovic who died on 15 July at the age of about 70. Captain Van Hoogwaarden, the Commander of the Field Dressing Station, ordered compound Commander Major Otter to make arrangements for the burial of these persons and the burial was performed under the supervision of Sergeant First Class J. Zwiers and Sergeant Major M. Moek of the Royal Netherlands Marechaussee. All the persons concerned had died a natural death and had been examined by the medical service of Dutchbat and MSF.

The mortal remains were buried in a common grave measuring 12 x 3.5 x 1.80 m, dug behind the compound. No material specifically intended for burials was available. Private Raghoebir (a conscript serving with Dutchbat) observed that a baby had been stillborn, and that the midwife (a member of MSF local staff) had put the body in a refuse bin. He took it out and placed it in a plastic bag, in which it was buried; the other bodies were placed in the ground as they were. Sergeant Zwiers arranged for the driver of the shovel to fill in the common grave. The driver could not look into the grave from his driver’s seat. Thanks to this procedure, the team charged with looking after the burial were spared the task of manually shovelling hard earth on to a bin liner containing the body of the baby and on to the uncovered body of a man. The grave was marked with plates bearing the names and probable dates of birth of the persons concerned, in Serbo-Croatian. Sergeant Zwiers made an official report of the burial.

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371 Confidential debriefing statement (6).
372 Confidential debriefing statement (8).
373 The grave was located at grid reference CP64489120.
374 Confidential debriefing statement (5).
375 Interview J. Zwiers, 28/04/99.
376 Confidential debriefing statement (21).
377 Royal Netherlands Marechaussee Brigade KMAR UNPROFOR, Srebrenica Detachment, Mutations report 10/07 to 16/07/95.
Chapter 10
15 July

On 15 July, the KHO-5 team was finally able to leave the enclave, after long postponement of its rotation. It travelled with the logistic convoy that was returning to Zagreb. A discussion between Dutchbat, VRS, UNMOs and MSF about the fate of the remaining wounded remained inconclusive. It was necessary to await the results of discussions at high political and military level that were to be held in Belgrade on that day concerning the access of the International Red Cross to Potocari and the departure of Dutchbat.

The care of the patients in the compound did not give rise to problems. Médecins Sans Frontières was still seen as bearing the responsibility for all patients, but according to Christina Schmitz Dutchbat was ‘more than willing to help to cope with the daily workload’. Another operation took place on 16 July. This involved several surgical interventions on the same patient, for treatment of a shrapnel wound and a urological complaint.378

On 15 July, Bosnian Serbs brought another five older people to the compound in Potocari. The VRS had found these women in Suceska, in the southwest corner of the enclave; they had been trying to get to Potocari but had been unable to do so unaided.379

A remarkable incident is reported to have taken place when these women arrived at the compound. When the Deputy Commander of the Field Dressing Station, Warrant Officer Tops, asked the doctors for help they are supposed to have refused, saying ‘Let them just go on to the next place; if we help them, the battalion won’t be able to get away on time.’380 However, the women did receive the necessary treatment and were later given transport from with the other wounded.381 Queries about this incident during subsequent interviews of a number of doctors failed to produce any confirmation of the above-mentioned remark. There would have been no reason to refuse treatment to these women alongside the other sick and wounded who were already present in the compound. MSF made no mention of this incident either.

380 Confidential debriefing statement (18); SMG, Debriefing. Feitenrelaas, § 4.1.4.
381 Confidential debriefing statement (5).
Chapter 11
Afterthoughts about provision of medical aid by Dutchbat for the refugees

It is difficult to give a simple, clear answer to the question as to whether Dutchbat did all it could to supplement the efforts of Médecins Sans Frontières in helping the refugees, within the scope available to it and making use of the supplies at its disposal. After the fall of the enclave, Dutchbat had taken upon itself a subsidiary rather than a leading role with respect to medical care. The answer to this question must be based on the judgement of Dutchbat itself, of Médecins Sans Frontières, of UNMOs and refugees and of UNHCR personnel who were only briefly present in the enclave. No other independent sources are available. One problem in this connection is that differences of opinion arose within Dutchbat at the time about the refusal to treat a wounded Muslim woman on 10 July and about a few other incidents that came to light later. In particular the case of the Muslim woman monopolized the subsequent discussion for all kinds of reasons and made it difficult to take due cognisance of other efforts that had been made. The discussion about the failure to treat this woman and the other incidents is dealt with separately below. The opinions given in the present section date from shortly after the fall of the enclave, or were expressed during the debriefing in Assen.

The humanitarian aid given to the refugees inside and outside the compound was initially limited by concern that this could lead to exhaustion of the limited supplies available. When it was judged that Dutchbat personnel were no longer at risk, Dutchbat felt able to give more generous aid. Opinions differed about precisely when the supplies were released for general use.

According to Major Franken, the embargo on the use of the emergency stock was lifted on 11 July when the first refugees reached Potocari. The fall of Srebrenica meant that Dutchbat was no longer in immediate danger, and all restrictions on use of the emergency stock could be lifted. Captain Van Hoogwaarden, the Commander of the Field Dressing Station, believed that the restrictions on the use of the emergency stock were lifted when the OPs were no longer at risk and agreements had been made with the VRS. According to him, the decision to lift these restrictions was made jointly by the leadership of the battalion and the doctors.

The moment at which it was decided to lift the restrictions on the use of the emergency stock was later than that suggested by Major Franken. Lieutenant Colonel Karremans, was not quite clear about the precise moment; he merely indicated that after the fall of Srebrenica it was decided, in consultation with the Royal Netherlands Army Crisis Staff, that the emergency stock could be used to give as much medical aid as possible.

Other members of Dutchbat personnel expressed divergent opinions. Some believed that the restrictions were lifted relatively late in the day on 11 July, when it was clear that the battalion’s own men were safe. However, one member of Dutchbat personnel linked this moment with the time when it was known that the refugees would be taken away and the Bosnian Serbs left Dutchbat in peace. That was not until 12 July, and was announced on the radio.

Christina Schmitz of MSF put the time when the restrictions were lifted late in the morning of 12 July. This was when Dutchbat decided to switch to a ‘non combat situation’ and to make all medical aid available.

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382 BSG, dossier DV 95 II. Memo from deputy director of Information (Kreemers) to the minister, 16/11/95, No. V95021626. The memo refers to a conversation between Kreemers and Franken on 15/11/95. A comment to the same effect is included in memo V95021602 dated 16/11/95.
383 Report by the Health Care Inspectorate, 12/06/96, p. 41.
385 NIOD, Collection of material concerning Dutch TV (KRO) programme Brandpunt. Sworn statements, 24/11/95.
facilities and supplies available. Fluids, antibiotics, analgesics and dressing materials, which were in very short supply at Médecins Sans Frontières, were passed on at that time.386

Naval Captain Hegge said that he had discussed the lifting of restrictions on use of the supplies with Major Franken on his own initiative, and that this discussion had taken place about noon on 13 July when the OPs were no longer occupied and no more Dutch personnel were outside the compound. From that moment, there was no risk that Dutch personnel could not be given any treatment they might need, so any Bosnian Muslims remaining could be given the best treatment possible. Little could be done for the Dutchbat soldiers held hostage in Bratunac.387

The Commander of the Medical Command of the Netherlands Armed Forces, Brigadier General W.F. Vader, subsequently informed the Dutch Defence Staff that the restrictions were not lifted until 14 July when supplies started coming through again.388 Minister of Defence Voorhoeve stated in a letter to the Dutch Parliament that the restrictions were lifted when it had been determined that the risk of casualties among Dutch soldiers was reduced.389 Voorhoeve’s letter did not mention who decided precisely when the restrictions should be lifted, or when this decision was taken.

In addition, it can be concluded from the Statement of Facts (Feitenrelaas) derived from the debriefing in Assen that several members of Dutchbat personnel stated that there was no shortage of medical supplies in the Field Dressing Station. C Company in Potocari had ample supplies of medical materials over and above the minimum stock. These dressing materials and infusion supplies would have been enough to give 120 wounded persons first aid treatment. A standard package of First Aid supplies for a company consisted of 60 sets and two of these packages (comprising a total of 120 sets) were available.

There was also enough infusion fluid for the treatment of two times fifteen severely wounded patients. In brief, something could have been done for the refugees without breaking into the emergency stock. KHO-5 had used material from these standard packages, and knew how much was available. However, there are some indications that KHO-6 may not have wanted to know that the total supplies were larger than those present in the Field Dressing Station. Communication within the Field Dressing Station and between the old and new surgical teams may have been less than optimum, as a result of which KHO-6 was not fully aware which supplies were present where.391

These communication problems and ignorance of which materials were stored where probably meant that the wounded did not always receive the medical material that was available. One example of this is that wounded patients lay for days in disposable operation clothing even though it was subsequently discovered that boxes full of military pyjamas were in stock. Another example concerned a severely wounded Muslim man who was discharged from hospital with a catheter attached to a dirty urine collection system. A new catheter had to be improvised with the aid of a length of plastic tubing and an empty bottle. When the stocks were cleared up, however, at least a hundred catheter bags were found.392

Large amounts of medical supplies were left behind on Dutchbat’s departure. This was partly due to the above-mentioned fact that three tons of medical material that had been waiting in Zagreb for

386 NIOD, Coll. MSF. ‘sitrep Srebrenica - Potocari period: 6.7 - 22.7.95’, compiled by Christina Schmitz and Daniel O’Brien, 24/07/95; Van Laerhoven, Srebrenica, p. 140.

387 Interview H.G.J. Hegge, 02/02/00.

388 DCBC, 1223. Comdr GCK to HOPN (Chief of Operations) Defence Staff, 20/10/95, unnumbered.


390 Interview H.M.W. Geurts, 10/05/99. Geurts was not invited to take part in the debriefing in Assen. When he volunteered to give evidence, one of the officers in charge of his unit told him that he would be called up to testify if this was considered necessary. Geurts himself suspected that he was intentionally kept out of the debriefing because of what he knew about the failure to treat the wounded Muslim woman on 10 July, whom he had subsequently taken to the hospital in Srebrenica. Geurts’ statement about the presence of enough material to treat 120 patients is confirmed in the Statement of Facts (Feitenrelaas § 4.1.6).

391 SMG, Debrief. Feitenrelaas, § 4.1.6.

392 Debriefing statement by F.H. Elbers, 14/09/95.
clearance from the Bosnian Serbs did not arrive in the enclave till 14 July. Dutchbat took the medicines in this batch with them when they left, but some of the dressing material was left behind. Goods worth about NLG 2,000,000 (roughly € 900,000) were left in Potocari in this way. An echoscope system worth NLG 700,000 (somewhat more than € 300,000) was donated to the hospital in Bratunac on humanitarian grounds.

MSF interpreter Emira Selimovic denied comments by witnesses on the Bosnian Muslim side that Dutchbat did not provide good medical care in the compound. Such stories might have come from people who were outside the compound. Médecins Sans Frontières did treat wounded outside the compound, but was unable to reach everyone there and offer the necessary aid. Dutchbat itself could do little, and was equally a victim of the circumstances. It may be noted, however, that Colonel Kremer said later that he was sorry that he had been able to do so little, but a 'command decision' in the days of the fall of Srebrenica had prevented him from doing any more.

The Bosnian Serbs did not engage in any form of care for wounded refugees, though a few cases were reported in which the wounds of Muslim men held captive in Nova Kasaba were dressed.

When Christina Schmitz arrived at the compound, she was still aware of the problems that had previously existed between Dutchbat and Médecins Sans Frontières, but these were a thing of the past and played no further role. She reported on 16 July that her many contacts with Dutchbat had convinced her that the battalion was well aware of its responsibilities with regard to the persons still present in the compound and their evacuation. As mentioned above, she had already stated on 11 July that the contacts with Major Franken were good, and that cooperation with Dutchbat was also experienced as good. Schmitz thus had no criticism of Dutchbat. MSF and all its patients could never have left the enclave safely without Dutchbat. Dutchbat had supported the organization well in the crisis following the fall of Srebrenica. Schmitz did not change her mind on this matter, and said that on the whole she had nothing but praise for Dutchbat’s stance during the fall of the enclave: ‘The UN personnel, and in particular Major Franken, were always ready to lend a helping hand.’ The main point of which she was critical was Dutchbat’s refusal to accept any wounded on 6 and 10 July.

Conversely, Christina Schmitz’ contribution met with general appreciation in Dutchbat. She had had previous experience in Chechnya, though she commented that Srebrenica was much more difficult to deal with. ‘They only way we could keep going was to work flat out and not think too much about the things we saw.’ When MSF left, UNMOs also expressed their great admiration for the activities of the organization in general and of Christina Schmitz and Daniel O’Brien: they were constantly ready to serve, 24 hours a day, and had continued their work during the shelling of Srebrenica.

Some Bosnian witnesses, on the other hand, said that Daniel O’Brien was the wrong person in that situation and that he was unable to cope: ‘Daniel was completely lost’. The interpreter Muhamed Durakovic spoke to him during a meal at Médecins Sans Frontières shortly before the VRS attack. Durakovic had the feeling that something was going to happen, and he wanted to be prepared for any eventuality. He therefore asked O’Brien for some morphine and syringes, in case he or someone else

393 Interview H.G.J. Hegge, 02/02/00.
394 Confidential debriefing statement (5).
396 Interview Emira Selimovic, 17/11/98.
397 Interview Emira Selimovic, 21/10/97.
398 SMG, Debrief, Feitenrelaas, § 4.1.6.
399 Interview V.B. Egbers, 02/09/99.
400 NIOD, Coll. MSF. MSF Capsat 95-07-16 15:54, No. Out 561.
401 Trouw, 27/07/95.
402 Netherlands Press Agency. ANP, ‘AzG-arts bij terugblik mild over optreden Dutchbat’ (MSF doctor judges Dutchbat mildly in retrospect), 21/02/96.
403 Trouw, 27/07/95.
404 UNGE, UNPROFOR, Box 426, File UNPROFOR BH-C 4. UNMO BH SNE to UNMO HQ, Srebrenica Update dtg 181320JUL95.
got wounded. He knew that anyone who was wounded and was unable to continue because of the pain would be finished. This request from Durakovic seemed to shock O'Brien awake: he became pale, and said that he was unable to help. This request seems to have touched a sensitive nerve. O'Brien had wanted to be replaced when the VRS attack began, because he was afraid the local population would be massacred. He did not want to witness this himself, and was afraid that he might share the same fate.

Within Dutchbat, the Commander of the Medical Platoon, Captain De Bruijn, considered that his personnel had delivered ‘more than 200 percent’ performance under the extreme conditions of July 1995. The refugees who were hit by shell blast in the B Company compound in Srebrenica on 11 July received excellent treatment and care from the personnel there. When the big flood of refugees started moving, the Medical Platoon arranged reception centres and places where the sick and wounded could get treatment, both in the compound and at the bus station, and at a later stage they transferred the wounded to the bunker in the compound.

Everyone in the Field Dressing Station worked well, though one Sergeant Major was not very well suited to his function. He was ‘the wrong man in the wrong place’. According to one Bosnian patient, one Dutchbat soldier completely lost control in the period between 11 and 13 July. He ran around, shouting continually ‘the UN are Mafia’.

A member of the Field Dressing Station staff considered that the medical personnel had functioned well and had done their utmost best at all times. Their morale was good, unlike that of the Dutchbat soldiers who had landed in a situation that made it impossible for them to perform the task set them.

There was however no one in the Field Dressing Station whose performance in the reception and medical care of the refugees stuck out head and shoulders above the average. Short-term personnel and in particular ex-conscripts performed well in the reception of patients, though a few showed a drop in performance in the final days before the fall of the enclave, as a result of the intense stress and emotions they were subject to. The local UNHCR representative Almir Ramic had special praise for the efforts of Colonel Kremer and Corporal C.J.M. Govaers. The latter was a (female) member of the quartermaster’s platoon.

Dutchbat medical personnel showed that they had been adequately trained for the tasks demanded of them, though the training might have laid greater stress on the application of dressings and on triage, to prepare them for the treatment of large groups of wounded patients.

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405 Interview Muhamed Durakovic, 20/04/98.
406 NIOD, Coll. MSF. MSF Capsat Out 95-07-11 05:51.
407 Confidential debriefing statement (14).
408 Debriefing statement J.T.M. Huijgens, 14/09/95.
409 Interview Sadik Vilić, 06/02/98.
410 Confidential debriefing statement (5).
411 Confidential debriefing statement (19).
412 Interview Almir and Zahira Ramic, 06-10/11/99.
413 Debriefing statement H.A. Folmer, 07/09/95.
Chapter 12
The evacuation of the hospital on 11 July

Minister of Defence Voorhoeve wrote to the Dutch Parliament on 28 September 1995, ‘The humanitarian efforts on behalf of the refugees from the Srebrenica enclave continued till the last moment. This is underlined by the evacuation by the Dutch UN personnel of the hospital in Srebrenica as it lay under Bosnian Serb fire’. Careful study of the sources shows that there is no basis for this representation of the events.

A previous statement to the Dutch Parliament, on 3 August, based on debriefing talks held with a number of members of Dutchbat’s cadre in Zagreb, said that Dutchbat had evacuated 58 wounded from the hospital in Srebrenica. Karremans had written in a personal report intended for the eyes of the Minister that ‘the hospital is evacuated to Potocari’ with support from the battalion. Even earlier, on 14 July, the Dutch Ministry of Foreign Affairs had sent a memorandum to various Dutch embassies mentioning the praise of Dutch actions in Srebrenica from the international community, with special reference to the request for Close Air Support when soldiers had already been taken hostage, and to ‘the evacuation of a hospital under artillery fire’.

The debriefing report also mentions that Dutchbat managed to evacuate the hospital, and states that this called for a fair degree of improvisation because of the large numbers of refugees climbing on to the vehicles intended for the evacuation of the hospital. When this report was presented to the Parliament it was again stated that Dutchbat had evacuated 58 wounded from the hospital in Srebrenica to Potocari.

Even before the main debriefing operation started in Assen, however, the Military History Section (SMG) of the Royal Netherlands Army Staff had pointed out during an initial briefing for the leaders of the debriefing, the Generals Van der Wind and Roos, that an attempt to evacuate the hospital had failed due to the growing chaos. This conclusion presented by the Military History Section reflected the picture built up by a number of its staff members during the short debriefing in Zagreb (see Chapter 5 of Part IV of the main report).

The report of the operational debriefing in Zagreb does indeed give another picture. It is stated there that 58 patients had to be evacuated, but that this was impossible because the patients could not be loaded on to the four-ton trucks from B Company that were intended for their transport, as these trucks were stormed by the refugees. This previous report seems to have been forgotten later, since the main debriefing report states further that Médecins Sans Frontières initially assisted in the evacuation

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416 BLS/Cabinet. Karremans to Crisis Staff BLS Attn. PBLS, Van Baal, 29/08/95, unnumbered. This document was intended for the minister of Defence via CinC RNLA.
417 ABZ, DAV, 999.241. Memorandum DVL/BZ, 14/07/95, No. 619/95. There were many more confusing and incorrect reports concerning the evacuation of the hospital. The Dutch newspaper De Volkskrant stated on 12/07/95 that there had been many fatalities, and that more than 70 Muslims had been wounded, during a bombardment of the hospital. Similarly, the Algemeen Dagblad reported on the same day, citing an interview with Hans van Oort, project manager of MSF in Bosnia, that two Dutch members of MSF staff had tried to guide the fleeing masses towards the North on 11 July. MSF had no Dutch staff members in the enclave, however. The broadsheet also quoted Van Oort as saying that all patients left the hospital on foot and that MSF had only managed to arranged transport to Potocari for the ten most severely wounded patients.
418 Debriefing report, § 5.3, p. 55.
but that when the mass exodus of refugees started, Dutchbat largely took over. A passage from a statement made during the debriefing was intended to illustrate this: ‘since MSF personnel were in the bunker at the time, it was decided that the wounded would as far as possible be carried in Dutchbat vehicles.’

Later reports from Médecins Sans Frontières and Bosnian witnesses give yet another picture of the course of events during the evacuation of the wounded. These sources state that MSF rather than Dutchbat evacuated most of the patients from the hospital.

It may be commented that it cannot have been an easy task for the compilers of the debriefing report to reconstruct the events in question. The picture is complicated by the fact that some wounded were taken to Potocari from the B Company compound in Srebrenica, while others were transported to Potocari from the hospital, either directly or via the B Company compound. These complications may have confused the debriefers and interfered with the debriefing process. Some statements made during debriefing contradict others. In several statements, it is said that Dutchbat evacuated the hospital, while others said that local MSF staff brought the wounded to the B Company compound in Srebrenica. The available information is however insufficient to be able to state definitely that Dutchbat took charge of the evacuation of the hospital. Careful weighing up of the statements of persons closely involved in these events could have led to a different picture. According to such sources as Sergeant Major Koreman and Sergeant Gillessen, MSF actually rejected the assistance offered by these members of Dutchbat personnel in the evacuation of the hospital and said that the organization could handle matters on its own.

The picture will now be pieced together first on the basis of Dutchbat sources, and then with reference to MSF and local sources.

The Dutchbat version of the evacuation of the hospital

According to the view of the Commander of B Company, Captain Groen, Médecins Sans Frontières did want to evacuate the hospital after it came under fire on 10 July. He therefore gave orders for four-ton trucks to be held in readiness to permit an immediate response to any request that might be made. Other sources also confirmed that the possibility of transferring the sick and wounded from the hospital to some other location had already been considered on 10 July, though the vehicles were not actually used until 11 July.

Médecins Sans Frontières did make a request, via B Company, at 12.58 pm on 11 July for the wounded to be moved from Srebrenica to Potocari because of shelling in the vicinity of the hospital. MSF was afraid that the ABiH would not be able to maintain its resistance to the VRS for more than a further half-hour. There were about 50 to 60 wounded who required transport at that moment. The battalion staff then asked whether MSF had transport available to take the wounded to the compound in Potocari. MSF answered in the affirmative: the organization would arrange the move itself, and would get to Potocari making use of its own resources.

422 Debriefing report, § 5.10, p. 57.
423 Confidential debriefing statement (6).
424 Debriefing statement G.W. Reussing, 12/09/95.
425 Confidential debriefing statement (11).
426 Confidential debriefing statement (18).
427 SMG, 1004/61. Monthly logbook, Dutchbat Ops Room, 11/07/95, 12.58. The Debriefing report also mentions differences of opinion between the doctors at the compound and MSF about who was supposed to evacuate the wounded from the hospital in Srebrenica (Debriefing report, § 5.10). The precise nature of these differences of opinion remains unclear. Further investigation at the Ministry of Defence revealed no details of this issue (TK session 1995-1996, 22 181, No. 136, p. 9-10). According to the commander of the Field Dressing Station, the surgeon of KHO-6 interfered in the matter, which led to a row between him and the doctor from MSF (Confidential debriefing statement (18)). MSF does not mention this, however.
The Commander of the Field Dressing Station, Captain Van Hoogwaarden, also stated that the agreement with MSF was that that organization’s own doctors would take care of their own patients and would evacuate them in their own vehicles.\textsuperscript{428} Shortly after this agreement had been reached, the UNMOs reported that the wounded could not be moved to Potocari because a cannon held the road under fire,\textsuperscript{429} despite the fact that Dutchbat had informed the VRS about the movement of the wounded and had requested them not to fire on the vehicles entering the compound because they were carrying patients from the hospital.\textsuperscript{430}

Despite the agreements that appeared to have been made between MSF and the Field Dressing Station, the four-ton trucks from B Company were still held in readiness. They were drawn up in such a way as to allow them to drive off northwards and were intended, as mentioned above, to carry the 58 wounded who were in the hospital. However, these trucks could not be used as ordered because of the flood of refugees that had washed over the compound in Srebrenica.\textsuperscript{431} The situation in the compound was completely chaotic at that moment: the refugees appeared to think that the trucks were intended to take them northwards, and more than a 100 frantic people climbed on to each truck and could not be persuaded to get off again.\textsuperscript{432} Drivers had to pull people out of the vehicles in order to get into the cab.\textsuperscript{433} Major Franken also admitted that it had been the intention to use these four-ton trucks to evacuate the hospital, but that this was simply not possible because the mass of refugees took them over.\textsuperscript{434}

Dutchbat did however play a role in the evacuation of the hospital in the afternoon, after the period of Close Air Support, when the blocking position APCs took up their position near B Company compound. The blocking positions commander, Captain Hageman, discussed the transport of the wounded with MSF.\textsuperscript{435} The latter wanted to know whether the route was safe, as they wanted to get the patients away. Lieutenant Egbers made as much room as possible for the wounded in his vehicles, and got his soldiers to get out and walk the five kilometres to Srebrenica. Egbers had been given orders to drive the APCs along with the column of refugees and set the column in motion, but he remained near the hospital while MSF brought patients out and laid them in his vehicles so that he could bring them to the Field Dressing Station:

Then you get situations like babies being handed to you. If the mother’s not there, at the end of the day you’re left with a baby that can’t do anything. So I took the mother along too, and people from the mental home, those crazy people walking around, completely confused. We took them along too. And in that way, you collect a whole lot of people. Everyone wanted to come along.

They took about 20 wounded with them.\textsuperscript{436} Although others did not mention any numbers, they did confirm the picture that the Dutchbat soldiers accompanying the column of refugees helped to take wounded from the hospital to Potocari.\textsuperscript{437}

Lieutenant Egbers continued to wait for MSF at the blocking position assigned to him, while MSF staff kept on asking him whether it was safe to return. When Médecins Sans Frontières announced

\begin{itemize}
\item[428] Confidential debriefing statement (18).
\item[429] SMG, 1002/14. Belangrijkste zaken uit verslagen UNMO’s (Key points from UNMO reports).
\item[430] UNGE, Box 42. File 1.1.57 Civil Affairs SNE Tuzla, 4 Apr-23 Sep 1995.Fax Ken Biser, SCVAO SNE to Philip Corwin CAC DSRSG, 11/07/95 [17.25 hr].
\item[431] Debriefing statement G.W. Reussing, 12/09/95.
\item[432] SMG, 1007/25. Debriefing report Groen, Camp Pleso, 22/07/95.
\item[433] SMG, Debrief. Feitenrelaas, § 3.4.5.
\item[434] Interview R.A. Franken, 18/05/01.
\item[435] Debriefing statement G.W. Reussing, 12/09/95.
\item[436] Interview V.B. Egbers, 02/09/99. The Monthly Logbook of the Dutchbat Ops Room reports that about 30 men from B Company went to accompany the wounded at 3.01 pm.
\item[437] Confidential debriefing statement (29).
\end{itemize}
that they were finished, Egbers drove off in his APC. Christina Schmitz reported to the MSF office in Belgrade that the evacuation of the hospital was completed at 3.30 pm. At that moment, the MSF team saw the VRS advancing into the town.

The MSF and Bosnian Muslim version of the evacuation of the hospital

Dutchbat did not play such a big role in the version of the evacuation of the hospital derived from MSF and Bosnian Muslim sources. In the morning of 11 July, Médecins Sans Frontières and the doctors from the hospital discussed how they could adapt to the increasingly threatening situation. Various measures, such as moving the hospital’s operating theatre to the shelter in the basement, were considered. The local doctors insisted, however, that the patients should be evacuated to the compound in Potocari. They were afraid of a repetition of Vukovar if the Bosnian Serbs should force their way into the hospital: there was a risk that the patients might be killed under these circumstances.

MSF, on the other hand, preferred the idea of keeping the patients in the hospital. That was neutral terrain, and Christina Schmitz did her best to keep uniformed men outside even though that seemed an impossible task. It was however difficult for her to resist the determination of the doctors. It was consequently agreed that the doctors would arrange the transport of the patients in two trucks.

The evacuation of the hospital took place in an atmosphere of extreme panic. No one knew precisely what was going on in Srebrenica or where was the best place to go to. Meanwhile, the local medical personnel continued to do their best to help the patients. The latter were scared to death though they reacted in different ways. They asked what they should do, ‘but we were scared too, and did not know what to tell them’, according to the doctor Dzevad Dzananovic. He had no more answers to these problems than anyone else, though he did not really think that anything serious would happen because the UN would protect them; he did not believe that so many people would be handed over to the Bosnian Serbs. It was nevertheless decided that the hospital would be evacuated. Dzananovic suspected that Ilijaz Pilav, had been in contact with Dutchbat in connection with this issue.

ABiH Commander Ramiz Becirovic wrote in a subsequent report that the director of the hospital, Avdo Hasanovic, had started to transport the wounded to Potocari on his own initiative because the VRS were already in the town. MSF interpreter Emira Selimovic, on the other hand, thought that Ilijaz Pilav had given the order to evacuate the patients from the hospital.

According to Pilav’s own account, he was in contact with B Company about the evacuation of patients. In the chaotic situation prevailing in Srebrenica at that time, Pilav saw transport of the wounded to the compound in Potocari as the only solution. The basic MSF team consisted of no more than two persons, and could not do much. There were not enough people taking care of the wounded, some of whom were in hospital while others were in private homes. Pilav therefore went to B Company compound in Srebrenica. He stood in front of the gate, which was closed off with barbed wire, and asked via the soldier at the gate to speak to the officer in charge. This request was initially refused, but when Pilav said that he knew that there was an officer there, one did finally come.

He said, however, that he could not help to transport the wounded. This made Pilav very angry, ‘upset, revolted’ and he told the officer that he had already loaded some of the wounded into two

438 Interview V.B. Egbers, 02/09/99.
439 NIOD, Coll. MSF. Capsat Belgrade team to Christina and Daniel, 11-jul-1995 17:16 (draft press release). The time of departure mentioned here is not confirmed by a message from Christina Schmitz to UNPROFOR at 11.10 am, which states that patients and local staff are on their way to the compound in Potocari (SMG, 1001).
441 Interview Dzevad Dzananovic, 04/03/98.
442 ABiH Tuzla. ABiH 2nd Corps, unnumbered. Supplementary statement by Ramiz Becirovic, 16/04/98, based on a previous statement made on 11/08/95.
443 DJZ, War Crimes Tribunal dossier. DJZ to ICTY, 29/01/96, No. C 95/277, Answers to the Questionnaire MSF Local Staff, Emira Selimovic, Mr Abdulah Purkovic, Tuzla.
trucks and marked these trucks with a Red Cross emblem. These trucks would drive into B Company compound, whether the gate was open or not. In response to this threat, ‘he knew I was speaking the truth’, said Pilav, the officer promised that B Company trucks would help to transport the wounded to Potocari; the vehicles had been standing in readiness for this purpose since 10 July. Pilav did not want to wait for this, however; in his opinion, something had to be done in a matter of minutes. He had information that the Bosnian Serbs were already no more than 800 metres from the hospital.\textsuperscript{444} There was little fighting round the town till the early afternoon. There was some shelling of the town after that, but no one was wounded so the medical personnel of the hospital could stay in their shelter. The patients then left the hospital \textit{en route} for the B Company compound (a distance of no more than 500 metres) in accordance with the plan of the Bosnian doctors. The situation changed however round about 1.30 pm when a shell landed on B Company compound. \textit{MSF} staff seem to have lost track of events at this point: ‘The patients return and all of a sudden are gone to Potocari’, Christina Schmitz writes in her report.\textsuperscript{445}

The Mayor, Fahrudin Salihovic, then informed \textit{MSF} of the deterioration of the situation, though he did not know exactly where the front line was. \textit{MSF} was in radio contact with the UNHCR representative, who was in the compound in Srebrenica, but there are no records of any exchange of operational information. The situation changed again when aircraft arrived over the town to provide Close Air Support. The \textit{MSF} representatives hurried to the hospital to see how many patients were left there. They also observed the start of an enormous movement of refugees in the direction of Potocari.\textsuperscript{446}

After all the wounded had been carried out of the hospital and laid on the platform in front of the hospital, the doctors made a final round and left the patients behind. Doctor Dzananovic said that he did not leave the hospital until all the wounded had been brought out. No Dutchbat personnel were in sight when he left the hospital. People were in a state of great panic and fear, and the streets were full of people milling about in various directions, without any well-defined objective.\textsuperscript{447}

Schmitz consulted the \textit{MSF} office in Belgrade by radio, and it was decided to follow the column of refugees. Daniel O’Brien left in one car, taking little more than the radios and computers with him, while some of the local staff went first to the compound in Srebrenica and then to Potocari. In the meantime, as many patients as possible went along in two other vehicles.\textsuperscript{448}

In fact, \textit{MSF} had already arranged for vehicles to be in readiness for the transport of the patients. Someone had got hold of a truck and a tractor to transport the wounded; unfortunately, however, there were no drivers. \textit{MSF} driver Ibrahim had hidden himself and Abdulah Purkovic, the \textit{MSF} cook and general factotum, had to ask a certain Hajrudin for help in getting the wounded into the vehicles. The wounded were lying on the asphalt in front of the hospital waiting for transport. According to Purkovic, there was no one apart from the wounded to be seen at that moment, and the Bosnian Serbs were only a short distance away. The wounded were placed in the truck, the tractor and a \textit{MSF} Toyota pickup. There was so little room available that they had to be piled on top of one another in the truck.\textsuperscript{449}

Envir ‘Zele’ Dozic, one of the wounded who had had a hand amputated, managed to drive the truck; there was no one else available. Purkovic himself drove the Toyota. An unknown person drove the tractor. It had been the intention to make a couple of trips and to come back, as there was not

\textsuperscript{444} Interview Ilijaz Pilav, 22/10/97.


\textsuperscript{446} NIOD, Coll. \textit{MSF}, ‘sitrep Srebrenica - Potocari period: 6.7 - 22.7.95’, compiled by Christina Schmitz and Daniel O’Brien, 24/07/95.

\textsuperscript{447} Interview Dzevad Dzananovic, 04/03/98.

\textsuperscript{448} NIOD, Coll. \textit{MSF}, ‘sitrep Srebrenica - Potocari period: 6.7 - 22.7.95’, compiled by Christina Schmitz and Daniel O’Brien, 24/07/95.

\textsuperscript{449} Interviews Abdulah Purkovic, 04/02/98 and 21/05/99.
enough room in the vehicles for the wounded. However, Christina Schmitz arranged for the remaining group of wounded to be transported in Dutchbat vehicles. A group of 20 patients had been left behind at the hospital. These are the 20 that were transported by Dutchbat.

These patients, in particular those who could still walk to a certain extent, were then transferred to Potocari in Dutchbat vehicles. (A small number of old people who had been left behind were picked up in the next few days.) MSF interpreter Emira Selimovic saw the driver of one of these trucks crying at the sight of all the misery around him. The wounded were among the last to leave the town.

The patients seem to have expected that Dutchbat would move them. A woman who had only recently been admitted to the hospital said that she knew they would be evacuated by UNPROFOR. Another patient, Sadik Vilic, also said that Dutchbat had announced that they would evacuate the wounded, though in fact this did not happen. Friends of his who later went up into the mountains carried him to the truck, where the wounded lay stacked on top of one another like sandwiches.

All the doctors and some of the nurses from the hospital, insofar as they were not MSF employees, disappeared into the woods as soon as all the patients had been taken out of the hospital. It was an emotional moment. While artillery shells burst round about, the patients begged them not to leave. The local doctors wanted to take the opportunity to escape from the enclave. The patients were thus left in the care of Daniel O’Brien and Christina Schmitz of MSF and a few local nurses. The local doctors had apparently not consulted MSF before leaving, since on the evening of 11 July Christina Schmitz expressed surprise that there were no local doctors in the compound at Potocari.

According to Abdulah Purkovic, a conflict arose with Dutchbat Major Boering on arrival in Potocari. Purkovic knew Boering, who had often brought him good wishes and messages from old acquaintances in Bratunac, where Purkovic had worked in the Fontana Hotel and where many of his pupils lived. When Purkovic and the group of wounded from the hospital arrived at the Dutchbat compound in Potocari, Major Boering refused Purkovic admission. This elicited the comment ‘Boering again!’ from the Muslims. Purkovic showed his MSF pass and said in German that he wanted to get into the compound with the wounded. Major Boering replied that he might perhaps allow Purkovic in without the wounded, but the latter insisted that he wanted to stay with the wounded. In the end, Purkovic was admitted to the compound after Dutchbat had discussed the matter internally. Once he was inside, Purkovic saw that a lot of old people, sick people and children were already there.

Christina Schmitz did not mention any problems about gaining access to the compound. According to Purkovic, Dutchbat had taken the wrong decision of putting the wounded in a corner and a corridor of a windy factory hall where there was mud and water on the ground.

It may be noted that Dutchbat soldiers from the B Company compound in Srebrenica were initially allotted space in the factory hall under the same conditions. They slept there for one or two nights, with the wounded on one side of the factory hall and the Dutch soldiers next to them. It is true that it was draughty, unhygienic and dirty, but the wounded were put there because it was considered that this would provide them with some shelter from the firing that was still going on outside. Besides, Dutchbat wanted to keep the wounded out of sight, under the motto ‘out of sight is out of mind’.

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450 Interviews Abdulah Purkovic, 04/02/98 and 21/05/99.
452 Interview Emira Selimovic, 21/10/97.
453 DJZ, War Crimes Tribunal dossier. DJZ to ICTY, 29/01/96, No. C 95/277, Answers to the Questionnaire MSF Local Staff, Emira Selimovic, Abdulah Purkovic, Tuzla.
454 Interview Bosnian woman, 03/02/98.
455 Interview Sadik Vilic 06/02/98.
456 Interview Abdulah Purkovic, 04/02/98 and 21/05/99. Abdulah Purkovic said that he had promised the wounded under oath that he would not abandon them.
457 Interview Emira Selimovic, 21/10/97.
459 Interviews Abdulah Purkovic, 04/02/98 and 21/05/99.
Comments had been heard on the Bosnian Serb radio that the VRS did not want to refugees to be admitted to the compound.460

The wounded in the hall were laid on stretchers and given blankets. More and more wounded were brought in. Some members of MSF medical staff stayed with the wounded and did what they could, according to Purkovic. One Dutchbat soldier burst into tears as he was following the first group of wounded.461

After the patients had been unloaded in Potocari, Christina Schmitz turned back towards Srebrenica. She noted that some patients reached the compound by other routes than that followed by MSF. She was unable to get back to the hospital, however, as the last APCs that had previously formed the blocking positions had already withdrawn past the hospital. Schmitz therefore returned to the compound, leaving a few old people behind in the hospital.

She described the situation she saw on the way back to Potocari as follows:

What a mess and chaos! People run in panic, carrying screaming children and their small bags, UN personnel walking with the fleeing population, shelling continues from the mountains, it is very hot, the road very overcrowded and dusty. A truck in front us is stuck in the mud; UN troops move it manually. Then this truck stops and people are allowed to climb on it. We are just behind the truck and have to witness, how people almost kill each other in order to get a lift for the 4 km ahead. Finally we arrive in the compound of UNPROFOR. The UN soldiers have already set up a makeshift hospital in a dark corridor. 55 patients have arrived here, mostly war wounded. We have no medical supplies with us.462

As described in Section 7 above, Major Franken made arrangements on 11 July for Dutchbat soldiers and MSF staff to return to Srebrenica to pick up patients who had been left behind, while Christina Schmitz made similar arrangements on 12 July. Dutchbat picked up nine refugees on 12 July – mainly old people who had been too exhausted to get any further.463 Christina Schmitz went back to Srebrenica on 13 July, and found three old people in the hospital and four persons by the Social Centre.464 Three other patients who had been left behind in the hospital could no longer be found.465

For Christina Schmitz, the fall of the enclave and the move of the refugees to Potocari had been ‘the most terrible week in my life’. It may be concluded from her remark that she saw many big soldiers crying that a considerable number of Dutchbat personnel had likewise not been left unmoved by these events.466

There was initially some confusion about the precise number of wounded in the compound on 11 July. Different reports within less than an hour mentioned first 25, then 80 and then 70. UNMOs reported early in the evening that there were 50 patients with severe wounds,467 while later the same evening the Commander of the Field Dressing Station reported the presence of 88 wounded, including

460 Interview J.R. Groen, 05/07/99. After C Company had vacated a number of their prefabs, B Company personnel could be accommodated there. The Dutchbat soldiers commented that it was particularly the persistent smell in the hall that they had found terrible.
461 Interviews Abdulah Purkovic, 04/02/98 and 21/05/99.
463 Debriefing statement J.P.M. Tops, 18/09/95.
465 Trouw, 27/07/95.
466 NIOD, Coll. MSF, MSF Capsat 95-07-13 2202, No. Out 534.
467 SMG, 1002/14. Belangrijkste zaken uit verslagen UNMO's (Key points from UNMO reports).
ten with severe wounds. A total of 58 patients were evacuated from the hospital, including 20 by Dutchbat.

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Chapter 13
Convoy of wounded destined for Kladanj fails to make it (12–13 July)

Following the commencement of the deportation of the populace on 12 July, a solution also had to be found for the relatively large number of patients present in the compound in Potocari. On 12 July it appeared possible to transfer a number of the less seriously wounded to Tuzla. It was said that better facilities were available in Tuzla to take care of the wounded than in the overcrowded compound.

However, the arrangements made with the Bosnian Serbs did not appear to be foolproof. Close to the front line, the convoy was unable to transfer the wounded to the Muslim area or to arrange further transport for them to Tuzla in an orderly fashion. In the dark of night the convoy became a plaything of the Bosnian Serbs, who selected patients at will, allowing them through or sending them back, and who molested the accompanying nurses. The Bosnian Serbs sent the more seriously wounded back with the Dutchbat convoy of wounded. They themselves returned a number of the wounded to the hospital in Bratunac. Some of the wounded were able to cross the front line on their own steam. To make matters worse, the Dutchbat convoy of wounded was not allowed to return to the compound in Potocari and patients had to be dropped off at the hospital in Bratunac. All of this occurred against the backdrop of highly confusing and chaotic circumstances, in respect of which documentation is scarce and later statements do not accord with each other in all respects. This section provides as accurate a description as possible of the fate of this convoy and the patients.

Once Mladic and Karremans had agreed on the departure of the population of Potocari, General Nicolai contacted General Gvero of the VRS. Nicolai informed Gvero that UNPROFOR was busy arranging helicopters to transfer the wounded for treatment elsewhere as soon as possible. The helicopters could also be used to bring in medical supplies. Details were worked out at that point in time and a formal request was soon to reach VRS headquarters. However, in anticipation of this, Nicolai asked Gvero to order his troops to cooperate in the meantime.

After venting his anger about the deployment of airpower the day before, Gvero stated that it was not possible to use helicopters in a war zone. Moreover, the VRS had offered to open its hospitals for the treatment of the wounded and they could be taken there by road. Further insistence on the part of Nicolai and a proposal to arrange a meeting came to naught. Gvero was only willing to consider the arrival of a convoy carrying fuel and food to Potocari.

Following a previous offer made by the VRS to treat the wounded in Zvornik under UN supervision and a possible evacuation of the wounded through the town, Dutchbat made arrangements with the VRS for the evacuation of the sick and wounded. The idea was that vehicles would transport the wounded close to the front line and that further transport to Tuzla would be arranged by the Sector North East on the Bosnian side of the line. The Norwegian medical company would be able to assume responsibility for the wounded at Kladanj and to drive them to Tuzla.

Transporting the wounded separately appeared to be a good idea. It fitted in with the departure of the populace, a process that had already commenced, and sending the wounded in the bustle of the

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469 NIOD, Coll. De Ruiter. MA/COS to MA/COMD, Telephone Conversation of Nicolai with Gvero, 12/07/95, 2.45 pm.
470 UNGE, UNPROFOR, Box 42, File 1.1.57 Civil Affairs SNE Tuzla 4 April – 23/09/95. Fax SCVAO Sector NE (Ken Biser) to CAC/DSRSG (Philip Corwin), 12/07/9595 ‘UNMO Report for 12/07/95’.
471 Parliament document 22 181, No. 111 incorrectly cites the date of 14/07/95 on p. 2 based on ‘Operationele Debrief Dutchbat III’.
472 Interview R.A. Franken, 18/05/01.
refugee convoys seemed to be less desirable. Tuzla was a better place for further treatment and it was
difficult for Médecins Sans Frontières and Dutchbat to continue caring for them in the compound.474

Following consultations with the VRS, it was decided to depart despite the fact that it was
evening.475 The order to ready the convoy for departure was given by Major Franken.476 The latter
wished to make use of the opportunity provided, as soon as possible and sent notice to Colonel Lazar
Acamovic of the VRS, who was responsible for the rear in the Drina Corps.477

In Sarajevo UNPROFOR was not aware of these developments.478 This also applied to a certain
extent in the case of the Sector North East in Tuzla. Karremans only gave notice of this command
relating to the composition of the convoy at 6 pm, and asked that it be met on the other side of the
front line.479

The convoy’s departure

The wounded began to be loaded at about 6.30 pm but the convoy was only able to leave at 8.30 pm. It
was not an easy matter to load the wounded. The four-tonne vehicles first had to be positioned. Many
Muslims stood around them and a lot of people crawled into the body of the trucks when they were
opened. Except in the case of the first vehicle, which was intended to be used for seating wounded
people, the tarpaulins around the body of the truck were rolled up to provide ventilation and views.
There was water and some food on each vehicle. The drivers parked the vehicles one by one at the
entrance to the plant where the team of nurses brought the wounded outside.480

The Médecins Sans Frontières doctor, Daniel O’Brien, selected the wounded in the plant. It was
not clear to the members of Dutchbat what criteria he used for the purposes of his selection.481 The
selection process deteriorated into chaos and the young Australian had no control over the situation.
When he pointed to one patient, dozens of people began to run and shove in order to get away.482
Dutchbat left this job to O’Brien but he felt most unhappy about this. Everyone wanted to leave.483
One man threw away his prosthesis in order to have a better chance of being evacuated.484 A man sat in
one of the trucks with a bloodied bandage, as though he had just had an amputation. However, the rest
of his healthy appearance did not match the image of someone who had just undergone an amputation.
For this reason he was removed from the convoy while it was still in the compound.485

Many other people emerged from the plant, who believed that they were eligible for evacuation:
‘Many families had made their own selection and felt that their grandfather, grandmother, father or sick
brother should be eligible’. Young boys suddenly started walking with crutches in order to have a
chance. There was a suspicion that men in particular had put on bandages in order to be taken away as
wounded individuals. After they were refused, some of them therefore became furious and had to be
calmed down. Muslim onlookers showed that they understood that they were being turned down.
One woman wanted her baby of a few months given to its father in the plant. Intervention on
the part of Dutchbat ensured that this did not happen, because the father was incapable of looking
after the baby. The desperate mother then tried to hand her child to another woman on a truck. Finally,

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475 Confidential debriefing statement (14).
477 Interview R.A. Franken, 21/05/01.
478 Interview J.A.C. de Ruiter, 29/06/00.
479 BLS/Kab. Karremans to the BLS Crisis Staff, Major General Van Baal, 29/08/95, unnumbered.
481 Confidential debriefing statement (16).
482 NIOD, Coll. Schouten. Schouten Diary.
483 NIOD, Coll. MSF. MSF Capsat 12/07/95, 9.10 pm, No. Out 500.
484 Confidential debriefing statement (16).
485 Interview M.J.L. de Bruijn, 09/01/02.
the baby was properly wrapped and assigned a place on a mattress next to the mother and one of the Médecins Sans Frontières nurses took care of both mother and child.

The sick and the wounded were loaded into the bodies of the four-tonne vehicles on the stretchers or mattresses on which they lay. Weeping and hysterical family members took their leave of each other and sometimes had to be forcibly removed from the vehicles. ‘It was a hectic and heartrending event with many people crying and begging, thinking that this was their best chance of leaving this place’, said one of the Dutchbat members involved. Only the number of people in the convoy was recorded. Registering names was an impossible task due to the language barrier and the fact that several of the wounded could not speak.\(^{486}\)

A Bosnian witness said that those wounded people who could not move, were allowed to go and that a Dutchbat doctor also took part in the selection process. A man without an arm who had previously evacuated wounded individuals from Srebrenica thereby putting his own life in danger, begged to be allowed to leave otherwise he would not survive. The Dutchbat doctor is reported to have said that it was an old wound and he could therefore not be allowed to go.\(^{487}\) It was possible to identify the Dutchbat doctor as Naval Captain Schouten but the latter denied involvement in a statement to the NIOD.

When another Dutchbat doctor (it was not possible to identify this one) ordered a man who could not move, to accompany the convoy, and another patient, Sadik Vilic, made it clear that he disagreed with this, he was led to understand that he should also leave. This was not possible and the doctor finally gave Vilic permission to stay. The man who could not move, did go. This was because an interpreter with Médecins Sans Frontières, Emira Selimovic, who knew that Vilic was an officer in the ABiH, had told him that it would be better for him to stay in Potocari, as she expected the situation to improve there over time.\(^{488}\)

The Commander of the Medical Platoon, Captain M.J.L. de Bruijn, commanded the convoy and manned the first vehicle. The convoy consisted of seven vehicles and 64 wounded people (the debriefing report referred to 54). The wounded were distributed across five four-tonne vehicles and the compound ambulance. All but one vehicle bore the Red Cross logo.\(^{489}\)

Dutchbat had expected the VRS to provide an escort but this did not occur. The VRS had only stipulated the route. Following the customary control at Yellow Bridge, a number of wildly gesticulating and screaming Bosnian Serb troops stopped the convoy at Kravica. They revealed that fighting was ensuing between the Muslims breaking out en route to Tuzla and the VRS, and that they were not happy to be exposed in the glare of the convoy’s headlights. The convoy was held stationary and, after Captain Schouten, the driver of one of the vehicles, had opened his window, he had a firearm pressed against his nose. Only after the man called out, ‘Pantsir, Pantsir’, did it become clear that he was interested in the bullet-proof vests worn by Dutchbat personnel. Schouten felt compelled to surrender his vest: ‘In view of the shooting going on around me, I began to feel somewhat unprotected’.\(^{490}\)

Arkan fighters seemed to be involved here. One could conclude this from their long hair, headbands and black clothing. Once the bullet-proof vests had been taken, the convoy was allowed to drive on with its lights off. Thanks to the moon’s rays it was not entirely dark. Along a section of the road extending for about two kilometres Bosnian Serbs lay on the shoulder positioned in ones or twos at 25-metre intervals, waiting for any ABiH soldiers who wished to flee the enclave.\(^{491}\) After buses with their lights on approached from the opposite direction, the vehicles turned on their own lights again.\(^{492}\)

\(^{487}\) Interview Abdulah Purkovic, Tuzla, 04/02/98.
\(^{488}\) Interview Sadik Vilic, 06/02/98.
\(^{489}\) Confidential debriefing statement (14).
\(^{490}\) Debriefing statement by A.A. Schouten, 14/09/95; Schouten correspondence – NIOD 29/12/01.
\(^{491}\) Debriefing statement A.J.A.M. van de Wiel, 15/09/95.
\(^{492}\) Debriefing statement A.A. Schouten, 14/09/95.
Arrival at the front line

The convoy’s destination was a place close to Tisca seven kilometres east of Kladanj, where the refugees had to cross the front line on foot. There the convoy came across Lieutenant Caris of the 108th Commando Company. Caris acted as a liaison officer on the ground. Sergeant E. Klinck was also present at some distance from the place where the buses had stopped. Klinck had notified the Operations Room (the Dutchbat command post) whenever a convoy arrived. Following consultation with the commandos, he had decided to wait until the last convoy of the day arrived. This was the convoy of wounded, which arrived at about 11 pm.493

Caris was there because that morning he had escorted the second convoy of buses to Tisca. Colonel Radoslav Jankovic, the Intelligence Officer for the VRS General Staff, and an interpreter had accompanied him. Jankovic had been making a brief stopover in Tisca and left after this. Caris remained behind and kept an eye out for the arrival of the buses. No one from Dutchbat was in command at that time. The place where the refugees were required to leave the buses was critical. Major Boering and Captain Voerman, who had accompanied the first convoy of wounded, had already left Tisca at the time and were heading towards the front line. It seemed strange to Caris that both of them had gone and that neither had thought it important to remain at the destination. Both had been ordered by the battalion command staff to accompany the refugees from the place where they had alighted. However, neither Boering nor Voerman were equipped with a radio in order to consult others, nor did they have any contact with the ABiH on the other side of the front line. Boering and Voerman did not return to the destination venue.494

Lieutenant Caris had notified the Dutchbat Operations Room that he was remaining at this venue, because the Bosnian Serbs behaved reasonably well as long as there was a blue beret in the vicinity. With the exception of an isolated incident and verbal abuse, they conducted themselves properly. When a young VRS soldier felt that an elderly woman carrying a large number of bags was not walking fast enough and loaded his weapon, a VRS company commander took action to rectify this.

When the convoys arrived, VRS soldiers entered the buses to send the people out. The Dutch did not understand what was said in the process. Later the Bosnian Serbs checked the buses to see if nothing had been left behind. In one incident a young man had remained lying in a bus. The VRS also ran alongside the column en route to Kladanj to remove several men. Sometimes elderly people were left lying. Caris was not clear as to who was actually in charge of the VRS in Tisca. There was a major, perhaps Major Sarkic, the chief of staff of the 1st Milici Brigade, and a major who was the local area commander. The latter commanded his area as he saw fit and was not interested in what his headquarters wanted. This commander was present throughout the period in question.

When the convoy of wounded arrived, the Bosnian Serbs did not want it to drive through to the front in the dark. Sarkic informed Caris that he feared the Muslims would fire on the convoy and the VRS would be given the blame. However, Caris noticed that the two majors discussed the issue. Caris was under the impression that Sarkic was interested in making some arrangement but that the area commander was not.495

Caris had contact with the battalion’s Operations Room via OP-C. Because Tisca was situated in a valley, it was not possible to have direct radio contact with Potocari. Shortly before the convoy departed, Caris was notified of its impending arrival. The VRS was also aware that a convoy of wounded would be arriving.496

493 Debriefing statement E. Klinck, 12/09/95.
494 Interview A.A.L. Caris, 03/03/00.
495 Interview A.A.L. Caris, 03/03/00.
496 Interview A.A.L. Caris, 03/03/00.
Before the convoy left, its commander, Captain De Bruijn, was aware that it would not be able to cross the front line.497 Even while en route the convoy received a radio message that problems could arise at its destination in relation to those of the wounded who were unable to walk.498 In his contact with the Operations Room it was suggested to Caris that he do all in his power to secure transit. In response, Caris revealed that he was mainly sending people along to help the wounded in the event that they had to continue on foot but a great many hands would have been required to carry the 60 wounded individuals whose presence had been announced.499

Some 20 VRS soldiers greeted the convoy in Tisca. A number of them loaded their weapons. At the end of the road the vehicles were required to turn around one by one and drive back several 100 metres.500 ‘A gang of sinister looking VRS guys reeking of alcohol have decided that were not allowed to continue,’ was how Schouten, one of the escorts, summarized the situation.501 The VRS had apparently stopped the convoy because the local commander had not been notified of its passage, according to a report by the UNMOS.502 However, the VRS was certainly aware of their arrival and Caris had not noticed that alcohol played any role. The presence of men of fighting age in the convoy caused those VRS soldiers who were present, to see red. When they noticed this and knew that they would be crossing the front line, nothing further could be arranged. The VRS soldiers who were present, fell on the four-tonne vehicles and the men were dragged out accompanied by loud screaming. It had to happen that the first vehicle which arrived, contained the seated group of wounded. Although the wounds of many of them were readily apparent, this had little impact. There was a man with an amputated foot, one with an amputated leg, one with an amputated arm and another with a leg in plaster. These amputations gave the VRS personnel the impression that they were ABiH troops who had been involved in battle. The VRS soldiers wished to settle a few scores. At that point Dutchbat had no further role to play and the convoy escorts were forced to retreat.503

Threatened with weapons, the Dutchbat troops were forced to stand behind the last vehicle.504 All the vehicles had to be opened, again under threat. The wounded were forced to stand, to state their names and to describe their wounds.505 The Bosnian Serbs checked these details against a list.506 The people in the first four-tonne vehicle, the one containing the seated group of wounded, were required to exit it, even those who were virtually unable to walk. They were ridiculed and several had to remove their bandages to allow their wounds to be examined.507 At least one of the wounded men was severely beaten.508 An elderly man with a broken leg and one wounded by shrapnel were required to walk a long distance. De Bruijn and Caris tried to halt this misconduct but with a weapon trained on them they were forced to watch the men being made to sit separately.509

The Bosnian Serbs said that they wanted to separate the lightly from the seriously wounded. The VRS personnel pulled the lightly wounded people (all were men between 20 and 40 years of age)
from the convoy. In fact, they separated wounded men between the ages of 20 and 40 years from the others, paying hardly any attention to their wounds. There were about 30 men.510

The Dutch, positioned together at the side of the road, were forced to look on in the light of the headlights as the VRS soldiers dragged the wounded from the vehicles, especially those they felt were capable of walking.511 Pushing and prodding the wounded with their rifle butts, five VRS troops violently drove them out of the vehicles and kicked them in the direction of Kladanj. They also kicked their legs. From a medical point of view, this was irresponsible and it was feared that many would not reach Kladanj. Some of the wounded involved in this, went crawling on their way. The VRS personnel rejected attempts to accompany the wounded or carry them on their backs. Those of the wounded whom the VRS felt were able to move in some way or another (about 16), they sent into the valley.512

Amongst those of the wounded who were required to walk further, there were several on crutches and a woman who had given birth shortly beforehand.513 The staff escorting them were not given a chance to supervise the selection and remained together behind the vehicles acting on the advice of Naval Captain Schouten. In the meantime, Lieutenant Caris and Corporal Smit kept an eye on the vehicles.514

It was disgraceful that the wounded were required to walk another seven kilometres to the front line. If this had been known beforehand, the number of wounded to be evacuated would certainly have been smaller.515 Only those seriously wounded individuals who were unable to move, remained behind in the vehicles.516

Negotiations conducted with the Bosnian Serbs about the supervision and treatment of the wounded were thus in vain. They wanted everything to be done on their terms and they made the demands. De Bruijn was ordered to turn his convoy around. When he refused, he was threatened. Caris too was given to understand that he should leave. He was not allowed to take one of his vehicles with him.517 When Sergeant Klinck wanted to drive his vehicle off, the VRS commander told him to leave it behind for Major Boering and Captain Voerman. This seemed to be an easy excuse to appropriate a vehicle. The latter was indeed left behind, under duress. Klinck was also required to leave behind his bulletproof vest and FAL rifle.

The VRS had now appropriated two Mercedes vehicles: that of Klinck and Verhaegh, and that of Captain Buijs, the B Company doctor. All Dutchbat personnel who were still in Kladanj, returned with the convoy of wounded.518 The more seriously wounded had to return, because intensive care was only available in the compound in Potocari.519 After one o’clock in the night of 12 to 13 July the convoy turned in the direction of Bratunac.520

After spending an hour or two in Tisca, the convoy returned via Vlasenica, Milici and Konjevici. The VRS stopped the convoy in Konjevici. This was not accompanied by violence. The VRS merely asked Caris what he was going to do and where he wished to go, after which the convoy was allowed to continue on its way. During the trip the Dutchbat troops saw many armed VRS soldiers and heard a great deal of firing, including that of mortar shells.521 The only delay occurred while evading VRS troops sleeping on the road.522

510 Debriefing statement E. Klinck, 12/09/95.
511 Debriefing statement A.A. Schouten, 14/09/95.
512 SMG, Debrief. Feitenrelaas, § 4.1.4.
513 Debriefing statement A.J.A.M. van de Wiel, 15/09/95.
514 Confidential debriefing statement (26).
515 Confidential debriefing statement (21).
516 Confidential debriefing statement (30).
517 Confidential debriefing statement (14).
518 Confidential debriefing statement (14).
519 SMG, 1002/14. Belangrijkste zaken uit verslagen UNMO’s (Key points from UNMO reports), 13/07/95, 8 am.
520 Confidential debriefing statement (26).
521 Debriefing statement E. Klinck, 12/09/95.
522 Interview A.A.L. Caris, 03/03/00.
Those who stayed behind in Tisca

After the Dutch vehicles returned to Bratunac with the more seriously wounded, no Dutchbat personnel witnessed what happened to the people who had been forced to remain behind in Tisca. Wounded in the war in 1993, Sabit Ahmetovic was in the front truck with his wife and son. He was required to remain in Tisca, while his wife and child were taken to the hospital in Bratunac. When a Bosnian Serb doctor noticed that they were not injured, in the morning he stopped a bus in one of the refugee convoys that had left from Potocari to allow this woman and her child to leave. In this way they still managed to reach Kladanj.

A total of about 15 VRS troops were in Tisca, under command of someone nicknamed Voljvoda. Those who remained behind in Tisca, had to hand over their money and valuables, placing them on a rug in the middle of the group. The group was then searched. While doing this, the VRS soldiers repeatedly inquired after Naser Oric and the group was told that they had allowed themselves to be misused by Oric, because he had enriched himself at their expense. In addition, the VRS soldiers asked who was wounded where and when, and if any of them were former JNA officers or residents of towns such as Potocari and Osmace, where Oric had built up his power base. At around three in the morning a friendly VRS soldier came to hand out blankets and bread. He remained with the group for the night. That night six VRS soldiers managed to rape one of the nurses who were accompanying the group.\(^{523}\)

At the beginning of 1996 Médecins Sans Frontières also tried to reconstruct events in Tisca by interviewing its former personnel and hospital staff.

After the convoy reached Tisca an unidentified VRS soldier asked why it had not gone to Bratunac. He was unable to do anything for these people in Tisca, even though he did not care. A VRS soldier threatened people with a hand grenade in order to get them out of the trucks. Another climbed into a truck and shone his torch in their faces. The woman who had just given birth, was ordered to get out. He frightened her and insulted the others.

Other VRS troops also threatened and insulted the patients, hitting some on their legs and asking them where they came from and what they knew about the ABiH. Valuables such as gold, money, papers, and handbags were confiscated. One of the nurses recognized several VRS soldiers as her former neighbours. One of the VRS majors recognized her, asked her a large number of questions, and wanted to send her back to Srebrenica. She asked if she could continue on her way and that they should definitely not send her back. In response, the major became angry and ordered a soldier to guard her. However, one of her former neighbours gave her moral support by talking to her for two hours. The group remained in Tisca throughout the night.

The following morning at about 10 am two red Volkswagens containing three Bosnian Serbs arrived, two men in a black uniform and one in an army uniform. They ordered everyone to stand up. They were looking for Naser Oric’s sister and had a woman from Srebrenica with them who was supposed to be able to recognize Oric’s sister.\(^{524}\)

A wounded man could no longer stand and was beaten until he stood up again. The soldiers issued threats. A major then began to divide the patients into two groups. The medical staff had to stand between them. Women and men with old wounds, mainly amputees (about ten) stood on one side. Men with fresh wounds who could recover so as to be able to fight again (approximately 30) stood on the other side. The Médecins Sans Frontières technician, Abdulkadir Velic, and a woman from Potocari were also put into this group.

Throughout the selection process the major and other Bosnian Serbs instilled fear in them by making comments such as ‘What shall we do with you? Shall we murder you or rape you?’ The first group consisting of nurses and people with old wounds was sent to Kladanj. They were also threatened

\(^{523}\) Interview Sabit Ahmetovic, 23/10/00.

\(^{524}\) Interview Sabit Ahmetovic, 23/10/00.
that they would be killed if they reported what had happened to them, on television. In Kladanj Pakistani UN troops then took them to the Tuzla airfield.

The fate of the assistants

When the convoy left in the direction of Kladanj, nine Médecins Sans Frontières nurses were present. Médecins Sans Frontières employed 13 local people in Srebrenica, while the hospital had 128. All the Médecins Sans Frontières nurses wanted to go with the convoy of wounded to Kladanj. This tallied with the overall view that the residents who had fled to Potocari, wished to leave the enclave as soon as possible.

Sergeant Geurts assigned two nurses to each vehicle. When the VRS stopped the convoy for the first time at Kravica, nothing happened to the Médecins Sans Frontières assistants. Upon their arrival in the valley near the front line, the Bosnian Serbs also removed all the assistants from the trucks.

Dutchbat personnel only partially witnessed how the VRS dealt with these assistants. Two of them were taken into the bushes and what happened to them remains unclear. This was also true for the other female Médecins Sans Frontières staff from the time they disappeared from sight. Another Dutchbat observer confirmed that, when the VRS isolated the men, VRS soldiers took two female members of staff with them to their barracks. They could be recognized by their Médecins Sans Frontières shirts. They were not seen again.

Someone else saw an armed man walk 50 to 60 metres into the forest with a female Médecins Sans Frontières assistant. However, he did not hear anything further out of the ordinary.

Bosnian witnesses declared that a car with more Bosnian Serbs arrived between 1 am and 2 am. One of them took a nurse from the group and left with her. She returned within 15 minutes, apparently without having experienced any difficulties. After this, these Bosnian Serbs took another woman, a cleaner from the hospital, with them and held her for about two hours. The woman returned in tears and was incapable of speaking. Various people have confirmed that she was raped by several VRS soldiers. The following morning she tried to commit suicide.

According to Sergeant Klinck, three female members of Médecins Sans Frontières staff were permitted to cross the front line but they did not dare to do so, because it was dark. When the men had to seat themselves on a small grass field, these women went to sit with them. So that night eight nurses remained with the wounded. Without blankets in the open air, they were very cold. At about four o’clock in the morning a UN vehicle appeared, driven by two Bosnian Serbs. They selected one of the nurses and took her to VRS quarters located close by. The two alleged that one of the other nurses was a sister of Naser Oric and wished to confirm this. The nurse who was taken, said that she did not know. She was returned to the group without being harmed. Nevertheless, the two men took the alleged sister of Oric with them. After two hours she was returned in tears and said that she had been beaten and raped.

After the two Volkswagens carrying the three Bosnian Serbs arrived at about ten o’clock, a man in a black uniform inspected those that had remained behind, and took several of them aside, including the male Médecins Sans Frontières technician. Other vehicles then took the rest to Bratunac. The people

526 Confidential debriefing statement (26); SMG, Debrief. Feitenrelaas, § 4.1.4. There is also a debriefing statement which indicates that all 14 MSF nurses were escorted into the houses arm-in-arm. The person in question did not know what happened to them.
527 Confidential debriefing statement (14).
528 Debriefing statement A.J.A.M. van de Wiel, 15/09/95.
530 Debriefing statement E. Klinck, 12/09/95.
concerned were 12 seriously wounded individuals, including some who were missing limbs, two elderly men, seven nurses and the woman who had been raped.532

A UN report from Tuzla also revealed that one of the female assistants who had been violently removed from the group, returned utterly beside herself after several hours and said that she had been raped. This report confirmed that a new group of Bosnian Serb soldiers had arrived early in the morning on 13 July. This group selected 13 patients and seven medical staff, and let them go to Kladanj. Those who remained behind, including two nurses and the medical technician, were sent back to Bratunac.533

The numbers referred to in this Civil Affairs report differ from those mentioned in a previous UNPROFOR human rights report. At any rate, the statement concerning the medical technician was incorrect. He did not survive the trip to Tisca. The person concerned was Abdulkadir Velic, a 20-year-old student of medicine who was helping out in the Srebrenica hospital. He was also in the convoy of wounded. A VRS major took him aside, refusing to believe that he was a Médecins Sans Frontières technician. He said that Velic was either an ABiH soldier or could become one: ‘It is best that I kill you. Whatever way you look at it, you are a Muslim’.

A witness stated that Velic had again been sighted near Tisca, where he was tortured and then killed. However, one of the nurses who later arrived in Tisca again as part of a refugee convoy, saw him standing there amongst several wounded people and surrounded by VRS personnel.534

None of the Médecins Sans Frontières nurses returned with the Dutchbat convoy. However, seven nurses returned with the wounded whom the VRS had dropped off at the hospital in Bratunac.535 One of these nurses was in a truck with two women who had just given birth. She took one of these babies to give the VRS soldiers the impression that she was a civilian. According to her, the VRS placed nurses in the same category as soldiers. After the wounded were dropped off at the Bratunac hospital, these nurses returned to Srebrenica, where they joined the refugees who were being evacuated to Kladanj, without being noticed.536 Later Dutchbat learned from Médecins Sans Frontières that all the nurses had arrived safely in Tuzla.537

The VRS refuses to permit the return of wounded individuals to Potocari

Back at Yellow Bridge, at about 2.30 am on 13 July the local commander, Jovan Ivic (nicknamed Jovo) refused to grant the convoy of wounded access to the enclave. According to him, no permission had been given for their return. Captain De Bruijn tried to persuade Ivic but to no avail. The convoy returned with 34 wounded people but no Médecins Sans Frontières personnel.538 The wounded were counted twice. Sergeant Major Ritsema counted the wounded and arrived at 34.539

There were individuals present who urgently required additional medical care. People were dying in the trucks. However, Ivic refused to budge, denied them access to Potocari and ordered the convoy to wait. According to the convoy commander, De Bruijn, no Dutchbat delegation arrived to help with negotiations, even though the staff were aware that the convoy also contained seriously

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533 UNGE, UNPROFOR, Box 118, Civil Affairs SNE, Srebrenica. Interoffice memorandum from Michel Moussali to Yasushi Akashi, 31/07/95, unnumbered.
537 Confidential debriefing statement (26).
538 Confidential debriefing statement (14).
539 Confidential debriefing statement (26).
wounded individuals. Although there was radio contact between the convoy and the Operations Room, the escort, Lieutenant Caris, did not consider using the radio to call the battalion for assistance. As it happened, Dutchbat woke Christina Schmitz during the night after receiving news that the patients who had been sent back, needed to be taken care of. At that point in time no one knew why they had been sent back.

Through the UN interpreter, Petar Usumlic, Dutchbat sought contact with the VRS in order to break the impasse in respect of the transit of convoys but the Bosnian Serbs remained intractable. Jovo had telephone contact with the barracks in Bratunac but he was informed that no permission had been given to allow the convoy through. In response to this, Captain De Bruijn asked whether Jovo was prepared to accept responsibility if the wounded Muslims did not survive the wait. However, Jovo refused to budge and merely stated that he had his orders.

Lieutenant Caris denied that Dutchbat personnel were required to remain in their cabs and they were not allowed to tend the wounded, only to be allowed out of their cabs at 9 am when they discovered that one of the wounded (an old man) lay dead in one of the vehicles. Caris maintains that he said that the wounded should be checked regularly and that he had also spoken to Naval Captain Schouten about this. For the rest, Caris was preoccupied with security and posted a sentry.

In the morning convoy saw various empty buses again going in the direction of the enclave to collect refugees. That morning General Mladic came to the enclave again. Caris walked towards Mladic, shook his hand and explained the situation. In response, Mladic decided that the wounded were allowed to go to Bratunac. However, several lightly wounded individuals were permitted to go to Potocari to travel on the buses to Kladanj if possible. The convoy then turned in the direction of Bratunac and Colonel Jankovic of the VRS accompanied the convoy. Jankovic was a man of authority and managed to keep the populace at bay.

When the convoy arrived in Bratunac, the people reacted quite aggressively. The press were present but again Jankovic revealed that he had considerable standing and that he could persuade people to step back with just a few words. According to Franken, Jankovic did everything in the interests of Dutchbat’s return. In his view, this was also the reason why Jankovic involved himself in the speedy removal of the wounded.

At the hospital the wounded had to be dropped off at a side building. A VRS soldier approached Caris and, pressing a machine gun against the latter’s bullet-proof vest, ordered him to remove it. Jankovic intervened and the VRS soldier left Caris alone. The man who had not survived the trip, was not taken to the mortuary, because Bosnian Serbs were being held there. The dead Muslim was taken to a building next to the hospital and placed on the ground in the shade at the back of the building.

Those Dutchbat personnel who had escorted the convoy of wounded were rather shaken by their night-time adventure. According to Caris, they stood there like whipped hounds and had to be

540 Confidential debriefing statement (14).
541 Interview A.A.L. Caris, 03/03/00.
542 NIOD, Coll. MSF. MSF Capsat 13/07/97, 1.52 pm, unnumbered.
544 Debriefing statement E. Klinck, 12/09/95.
545 See SMG, Debrief. Feitenrelaas, § 3.1.1.
546 Interview A.A.L. Caris, 03/03/00.
547 Confidential debriefing statement (30).
548 Interview A.A.L. Caris, 03/03/00.
549 Confidential debriefing statement (14).
550 Debriefing statement by E. Klinck, 12/09/95.
551 Interview R.A. Franken, 18/05/01. It was remarkable that Jankovic knew Frankens’ home address and later even sent him a Christmas card.
552 Debriefing statement E. Klinck, 12/09/95.
urged into action.\textsuperscript{553} After this the Dutchbat troops placed most of the wounded on beds in the side building. Ten people had to wait outside on a stretcher, because there was no more room at that point in time.\textsuperscript{534}

Once they were in Bratunac, the sick and the wounded were treated well in the circumstances. After lengthy negotiations one of the Dutchbat troops was allowed to remain behind with the wounded.\textsuperscript{555} According to Caris, General Mladic had ordered that someone from Dutchbat should remain behind as some type of guarantee for safe passage. Caris was surprised that the medical staff wanted a corporal to remain behind. He intervened and assigned Naval Captain Schouten.\textsuperscript{556} The latter accepted this duty. In his book, Karremans writes that Major Nikolic heard that Schouten had remained in the Bratunac hospital to keep an eye on the situation.\textsuperscript{557} Apparently, Karremans was not aware that this had happened at Mladic’s instigation.

After the convoy’s return, Major Franken informed Christina Schmitz that the VRS had checked the bandages of the men in the convoy. It appeared that some were not wounded. That had made the VRS personnel angry, after which they had removed 30 men from the convoy. Some of the patients had been beaten. Two or three people were reportedly injured in the process. Franken said that he had notified senior UNPROFOR commanders and the International Red Cross about the VRS’s actions. After this, Franken and Christina Schmitz agreed that in the case of the next convoy, as it happens, there was none, all the male patients should be checked by the VRS to prevent a repetition of what had happened in Tisca. When Schmitz made inquiries of O’Brien, it appeared that he had been unable to control who boarded the trucks.\textsuperscript{558}

The wounded and Médecins Sans Frontières: who was where?

Early in the afternoon of 13 July it was clear that some of the patients and the medical staff of Médecins Sans Frontières were in the vicinity of Tuzla, while others were in Bratunac. The reports paint a somewhat remarkable picture of events. UNMOs reported that the convoy which had been stopped near Kladanj and which had returned to Yellow Bridge, was now en route to Bratunac with a special VRS escort acting according to instructions personally given by Mladic, and that the latter had given his assurance that the convoy would not encounter any problems. At the same time the UNMOs reported that the wounded at Yellow Bridge were still awaiting evacuation. Negotiations on the matter proceeded with difficulty, although the UNMOs hoped that they might be able to make their way directly to Tuzla by road.\textsuperscript{559} Médecins Sans Frontières itself reported that the medical convoy was en route to Tuzla with a VRS escort and that General Mladic had personally issued instructions for its safety.\textsuperscript{560} There was more to report later on about undertakings given in respect of the safety of the wounded. Helsinki Citizens’ Assembly governor, Mient-Jan Faber, stated in October 1995 that several of the wounded had shown him documents and that Dutch officers had signed statements, which were said to reveal that on account of their injuries they were to be transferred to the Tuzla hospital with a Dutch escort and would not be handed over to the Bosnian Serbs. However, no evidence has been found to support the existence of such documents and statements.\textsuperscript{561}

\textsuperscript{553} Interview A.A.L. Caris, 03/03/00.
\textsuperscript{554} Debriefing statement C.A. Koreman, 11/09/95.
\textsuperscript{555} Confidential debriefing statement (14).
\textsuperscript{556} Interview A.A.L. Caris, 03/03/00.
\textsuperscript{557} Karremans, \textit{Srebrenica: Who Cares?}, p. 229 and 231.
\textsuperscript{558} NIOD, Coll. MSF. MSF Capsat 13/07/95, 4.56 pm, No. Out 526.
\textsuperscript{559} SMG, 1002/14. Belangrijkste zaken uit verslagen UNMO’s (Key points from UNMO reports), 13/07/95, 11 am and 12.12 pm.
\textsuperscript{560} NIOD, Coll. MSF. MSF Capsat 13/07/95, 11.34 am, No. Out 521.
\textsuperscript{561} ABZ, DAV 999.241. Letter from Mient-Jan Faber to the ministers, Pronk, Van Mierlo and Voorhoeve, 26/10/95. No reply was received from Mient-Jan Faber to a request for further information submitted by the NIOD.
By this stage Dutchbat had absolutely no idea of the location of the wounded or the numbers involved. There was still a group of patients in the compound who had undergone surgery during the preceding days, 14 of them men, six women and five children younger than five years of age. In addition, there were 18 other patients, 14 of them who had been admitted to the compound on 13 July. Most were old, exhausted or worn out. A five-year-old girl with a lung infection had also been admitted on the same day. In the preceding 24 hours seven children had also been born, one of them stillborn. In addition, 33 people had come back with the convoy of wounded on its return. Dutchbat had counted 34 but one had died on the way. It was expected that of those patients who had since been admitted to the Bratunac hospital, another four or five would die within 48 hours if they did not undergo surgery.

In the afternoon of 13 July O’Brien received confirmation from UNPROFOR that all the nurses and the wounded men who had been removed from the convoy in Tisca, had crossed the front line. The UNMOs added that of this group 15 wounded individuals were being treated in the hospital in Kladanj. Only the next day it was reported that the VRS had taken 16 patients from Tisca to the Bratunac hospital but Captain Schouten, who had remained behind in Bratunac, was not permitted to visit this group.

Other reports paint a confusing picture. There are major discrepancies in respect of the number of patients involved. Sector North East reported to Zagreb that 88 wounded people had been transported to Kladanj and that 35 had returned to Bratunac. On 13 July Sector North East again addressed an urgent appeal directly to the UNPF headquarters in Zagreb to proceed with evacuation as soon as possible in order to save lives. A UNHCR report on the convoy to Kladanj indicated that there had been problems with 80 patients. Dutchbat doctors had urged an evacuation to Tuzla on medical grounds but the VRS had said that this was impossible to do with vehicles. However, it was possible to do so on foot but Dutchbat had turned this down, according to the UNHCR report, because the patients could not walk and because their mandate ordered them to protect the refugees. This was why the convoy had returned to Potocari. Nevertheless, 32 patients had gone on foot. The remaining 48 were subsequently admitted to the hospital in Bratunac.

There are some grounds for doubting the accuracy of the figures that are cited. Originally there were 88 patients in the compound. Of this number 64 went to Kladanj with the convoy that failed to make it. Thirty-four of the people in this convoy returned in Dutchbat vehicles and one of them died. The VRS took 17 patients back to Bratunac and 15 succeeded in crossing the front line. This leaves a difference of two, which may mean that mistakes were made during counting, babies may or may not have been counted, or that 13 and not 15 patients – as reported by the UNMOs – had managed to cross the front line under their own steam.

In the Bratunac hospital

On 14 July UNHCR Field Officer Andrei Kazakov managed to visit the Bratunac hospital and the wounded who had returned from Kladanj. He recorded the names and diagnosis for a list of people who required evacuation on medical grounds, on behalf of the medical desk in Sarajevo. Kazakov noted that Schouten was positive about the assistance which the hospital staff provided. The Bosnian
Serbs did what they could. Nevertheless, two patients died over the next few days due to a lack of surgical facilities. Kazakov also reported that 18 of the patients were said to be soldiers. He had obtained this information from Schouten.

The Bosnian Serbs forced Kazakov to leave again. On 15 July he returned to Zvornik in a new attempt to reach Potocari. However, the VRS did not give him permission to do so on account of the poor security situation, and cited as their reason for this the fact that there were groups of armed Muslims en route from Srebrenica to Tuzla. Various roads were blocked and four Bosnian Serb civilians and ambulance personnel were said to have been killed near Konjevic Polje. Schouten also noted that fighting was going on. During his stay in Bratunac from 13 to 19 July he had seen three dead VRS soldiers and 12 to 13 lightly and seriously wounded ones brought to the hospital.

The Bratunac hospital staff were not really happy with the enormous amount of work which came their way in the form of these wounded refugees but, as Schouten observed, they nevertheless cheerfully went to work. Staff mentioned that they did not have enough supplies. In response to the question whether UNPROFOR could provide any, an answer was received from Dutchbat to the effect that this was not possible. However, General Mladic had informed Dutchbat’s Commanding Officer that, once the logistics convoy arrived, medicine should be supplied by Dutchbat to the Bratunac hospital.

When sufficient resources were available the following day after the arrival of this logistics convoy and a Dutchbat ambulance had taken various items to the hospital, the Bosnian Serbs attacked the escort vehicle. It seemed to be an act on the part of local irregular troops. With the aid of an interpreter, UNMOs managed to arrange a police escort to have the items delivered to the hospital. Due to the delay of the convoy’s arrival a diabetes patient experienced difficulties. She died because no insulin was available in Bratunac. Four men were also in a relatively poor condition because they urgently required an operation. The facilities needed for this were unavailable in Bratunac. In this case the question was who could do what.

Schouten urged the director of the Bratunac hospital, Milan Vujic, to obtain assistance from the Red Cross and Médecins Sans Frontières or another aid organization, because no surgeons were available in Bratunac. Naval Captain Hegge raised the problem with Christina Schmitz but she first wished to discuss it with Franken. The latter then arranged for a Dutchbat ambulance escorted by Major Nikolic of the VRS to go to Bratunac to collect these patients but the ambulance returned empty. The VRS did not wish to relinquish these patients, who apparently had a history of involvement in the ABiH. This ambulance, one of the few that the VRS had not confiscated, took an ultrasound device and more medical supplies, which were supplied to the hospital in Bratunac.

On the first day of his stay Schouten surveyed the wounded. He did this together with the policlinic’s staff. Schouten also acted as a guard by sitting on a chair in front of the entrance to the side building which housed the patients. On various occasions he was accosted by VRS soldiers who used threats and verbal abuse to create the impression that they ‘wished to solve the problem of the wounded once and for all’. It was possible to prevent this thanks to intervention by Schouten and support from the nursing staff and two guards assigned to this post. At one stage two armed soldiers were standing inside. Screams from female staff raised the alarm and it was possible to remove the two

569 Field Report monitoring Srebrenica 13 and 14/07/95 prepared by Field Officer Andrei Kazakov and Rosanna Sam. Provided by E. O’Dwyer, US State Department BH Desk.
570 Debriefing statement A.A. Schouten, 14/09/95.
571 NIOD, Coll. Schouten. Schouten Diary.
573 UNGE, UNPROFOR, Box 115, File SNE Fax Out Jan-Jul 95. Fax SCVAO Sector NE (Ken Biser) to CAC/DSRSG (Philip Corwin), 14/07/95 with UNMO Sitrep Update 141420B July.
574 Interview A.A, Schouten, 21/02/00.
576 Debriefing statement A.A. Schouten, 14/09/95.
with some difficulty. On at least two other occasions armed VRS soldiers attempted to enter the clinic. Schouten suspected that the patients included 18 ABiH troops. 577

Later on Schouten got the impression that express orders had been issued by some authority that the wounded should not be interfered with. 578 Nevertheless, the hospital staff did not entirely succeed in keeping Bosnian Muslims and Serbs apart. In the course of interviews conducted by the UNHCR protection officer in Tuzla with several patients later transferred there, it was revealed that VRS soldiers and civilians had entered a number of rooms in the Bratunac hospital, where they had kicked and beaten patients. A 60-year old man was said to have been hit on the chest with a rifle butt. 579

Schouten was accommodated in the doctors’ room on the top floor of the main building. At six o’clock in the morning of 14 July he was woken up by heavy fire from automatic weapons. Schouten wondered whether the Serbs were busy shooting the Muslims dead. However, this was not the case. From the balcony he saw that there was no panic and that the beds were full in the hospital ward. Everyone was still present in the (stinking) side building. The patients were terribly scared and mimed shots being fired at their heads. When he asked, Schouten was told that a number of Muslims had attempted to break out through Bratunac but were being restrained by the Bosnian Serb police. However, Schouten suspected that it was an execution. 580

On 15 July the Bosnian Serb police used two teams to interview the patients. One was an anti-crime unit, while the other was a vice squad. This team was investigating the rape of Bosnian Serb women by Muslims. Schouten was allowed to be present during the interviews and to inspect the files. He fully availed himself of this opportunity and did not observe any intimidation or improper behaviour. He was told that those in question were people who could testify to the perpetration of war crimes committed by the ABiH. He spent the rest of his time treating and caring for patients. His attention was also drawn to the fact that the main building also housed a number of patients who had left Kladanj on a previous occasion. It turned out that there were 17 of them.

On 17 July the most seriously wounded were transported by a convoy of the International Red Cross. They had been selected on medical grounds. Schouten suspected that they also included several ABiH soldiers but the VRS did not impede their selection or transport. Another 17 wounded remained in the hospital after the International Red Cross had left. On 18 July little happened and Schouten was able to do his rounds and hand out cigarettes. On 19 July Colonel Radoslav Jankovic of the VRS announced that he wished to take the patients to the military hospital in Zvornik. Schouten was asked whether he had any objections to this on medical grounds. Schouten did not, provided that sufficient facilities were available to allow people to lie and sit down. Jankovic obtained a large truck. The Bosnian Serb police selected the wounded. The truck left, escorted by two armed military vehicles. This was curious because the truck was not full and seven patients had been left behind.

Two days prior to this Schouten had received an invitation to have lunch with a female nurse at her home. He accepted the invitation partly because there was hardly any food for him in the hospital. Schouten had been left at the hospital with one combat ration and had to buy his own food during the days he stayed there. 581 The VRS and local civilians supplied the clinic and collected the most diverse types of food. 582 Many local organizations (seven) were involved in feeding the patients but few results were achieved owing to a lack of coordination. 583

577 Washington Post, 18/07/95.
578 Debriefing statement A.A. Schouten, 14/09/95.
579 UNGE, UNPROFOR, Box, 95, File 7.7.1. Preliminary Protection Report No. 1, 18/07/95 accompanying a fax from HRO (Peggy Hicks) to HCA (Michel Moussali), 21/07/95, Outgoing Fax No. 151-3062.
580 NIOD, Coll. Schouten. Schouten Diary and interview, 21/02/00.
582 Washington Post, 18/07/95.
During Schouten’s lunch Colonel Radoslav Jankovic also arrived half an hour later. Because Jankovic was not in a rush now, Schouten began to scent trouble. Back at the hospital the seven patients appeared to have disappeared. Schouten demanded an explanation and indicated that he would not accept silence or evasive replies. However, the nurse in question led him to understand that such questions were not wise, were bad for one’s health and were not appreciated by the VRS. Schouten assumed that his patients had been executed without any form of trial. However, it appeared that this was not the case. Nevertheless, widespread discussion was to ensue in the Netherlands about the fate of the wounded men who had been left behind. This is dealt with in greater detail further on in this appendix.

In the night of 13 to 14 July Jankovic had already notified the Drina Corps Intelligence Service that at the request of the Bratunac hospital staff a UNPROFOR doctor had remained behind to see that everything proceeded properly. At that time already Jankovic had announced that he intended to use a pretext to get Schouten out of the way and to say that he was no longer required. This was the same Jankovic who at 8 pm on 13 July, when the evacuation of the refugees had been completed, wrote that he was of the opinion that, if the Bosnian Serbs wished to take Gorazde and Zepa in the same way, the VRS would need to show through the media that they treated the populace properly, including soldiers of the ABiH who had surrendered.

Conclusions pertaining to the convoy of wounded

To a large extent, the futile trip of the convoy of wounded to Kladanj appears to illustrate the uncertainty about the course of events and the chaos that reigned after the Bosnian Serbs captured the enclave. It appeared to be in the interests of the Bosnian Serbs, Dutchbat and the patients to transfer the latter to Tuzla as soon as possible. Better treatment was available in Tuzla than in the compound in Potocari and the Bosnian Serbs preferred to be rid of the residents of Srebrenica.

The Kladanj convoy was not only a victim of circumstance but also of inadequate preparation both on the part of Dutchbat as the Bosnian Serbs, and a lack of familiarity with the situation prevailing at Tisca, where the front line was to be crossed. There were insufficient guarantees that this could be effected without difficulty, even though the responsible VRS staff officer of the Drina Corps had approved matters.

It was not possible to transfer the wounded from Potocari to a convoy from Tuzla on the front line. This meant that the wounded would also be required to make the trip to Muslim territory on foot. What then occurred was also typical of the hunt which the Bosnian Serbs commenced on 12 July for those Muslim men who tried to escape from Srebrenica. When the presence of men of fighting age was detected in the convoy, the VRS soldiers present in Tisca saw red. In the dark of night it led to a disgraceful situation in which the Dutchbat escort no longer had a role to play. Later on it appeared that some of the wounded had managed to cross the front line. Those who were unable to do so, were sent back with the Dutchbat convoy or appeared to have been dropped of at the hospital in Bratunac by the Bosnian Serbs. The latter denied the returning Dutchbat convoy access to Potocari, following which there was little left to do but drop the wounded off in Bratunac with the VRS’s consent. It was remarkable that the hospital staff requested that a Dutchbat representative supervise the wounded in order to protect them against the VRS, who at that time had begun to execute the Muslim men whom they captured. The wounded were at any rate spared this fate.

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584 Debriefing statement A.A. Schouten, 14/09/95.
585 NIOD, Coll. Ivanisevic. KM DK Bratunac 13/07/95 No. str.pov.br. 08-444-10. The last announcement was contained in a handwritten note.
Chapter 14
Involvement of the International Red Cross

Introduction

After the people were deported, Dutchbat and Médecins Sans Frontières remained behind in the now deserted enclave of Srebrenica with a number of wounded individuals. The previous failure of the Dutchbat convoy of wounded to reach Kladanj did not encourage it to make any further attempt to move the wounded to Tuzla. This would only have been possible once arrangements had been made between UNPROFOR and the Bosnian Serbs at the highest level, and the only organization that would merit consideration for the implementation of any agreement, was the International Red Cross.

This section describes the departure of the wounded and can be broken down into two main sections. First an attempt will be made to reconstruct the role of the International Red Cross in this connection, the key issue being the efforts that were required to obtain permission for this organization to go to Srebrenica. Consideration is then given to the manner in which the wounded were collected on 17 July.

After this attention is devoted to subsequent discussions about the removal of the wounded. An extraordinary aspect of this discussion is found in the compilation of lists of the wounded who were to be evacuated, and the presentation of these lists to the Bosnian Serbs. According to comments made in the Netherlands, this would have made it easy for the Bosnian Serbs to select seven prisoners of war from amongst the wounded and to remove them from the International Red Cross convoy.

The International Red Cross and its access to Srebrenica

By adopting Resolution 1004 on 12 July the Security Council demanded unimpeded access for the UNHCR and humanitarian organizations in order to alleviate people’s suffering. Attempts were also made locally to obtain access to Srebrenica. Early in the morning of 12 July Médecins Sans Frontières floated the idea in Belgrade of entering into negotiations about access to Srebrenica. They felt that this could be done through various channels. In Belgrade the International Red Cross would be able to establish contact with the organization’s office in Bijeljina, in Pale the UNHCR could undertake action on behalf of the International Red Cross office in that town, and in Belgrade the UNHCR could consult Nikola Koljevic, the vice president of the Republika Srpska.

Major Franken maintains that he also sought contact with the International Red Cross through Médecins Sans Frontières. Already on 11 July Hatidza Hren, a local female Red Cross assistant, had asked a Dutchbat soldier stationed at the edge of the area which Dutchbat had cordoned off around the compound, if she could phone the office in Tuzla. The Dutchbat soldier had refused to allow this because she was a local and not a foreign member of staff. However, no International Red Cross officials were stationed in the enclave. Hren made a renewed attempt the following morning. She was again refused permission by an officer. On both occasions Hren had shown her International Red Cross identification card and an interpreter was present on both occasions.

After the International Red Cross had futilely demanded access to Srebrenica from the Bosnian Serb authorities on 13 July, the local Bosnian Serb medical authorities in Bijeljina and the security authorities in Bratunac in turn alerted the International Red Cross. These local authorities sought the

587 NIOD, Coll. MSF, MSF Capsat 12/07/95, 7.39 am, No. In 164.
588 Debriefing statement R.A. Franken, 7 and 20/09/95.
589 Interview Hatidza Hren, 02/02/98.
590 ICRC replies to questions posed by the NIOD, 1999.
evacuation of a number of seriously wounded to Tuzla via Kladanj on medical grounds. This was separate from the previous description of the convoy of wounded to Kladanj.

At the UNPROFOR headquarters in Sarajevo the medical officer updated a delegation from the International Red Cross in the same city: an evacuation of war-wounded from Potocari and Bratunac on medical grounds could be provided on 16 July. The Red Cross delegation in Sarajevo had received a statement from Médecins Sans Frontières that 59 patients were in the compound in Potocari and 49 were in Bratunac, 24 of whom urgently needed to be evacuated. The International Red Cross planned a medical convoy to Tuzla. The operation was to be coordinated by Sector North East in Tuzla, because the International Red Cross was reported to be dependent on the Norwegian medical company in Tuzla. If this plan were to succeed, any wounded Dutch soldiers who were still in Potocari, would be able to accompany this convoy. However, there were no wounded Dutch soldiers. 591

Apart from a convoy of wounded, which was not yet envisaged at that point in time, once the refugees had been deported from Potocari, Major Franken and Christina Schmitz devised a plan on 13 July to enter into negotiations with the VRS to obtain a bus to remove those elderly people who did not need to be transported in a medical convoy, from the enclave. The Médecins Sans Frontières medical staff would be at liberty to accompany them. However, Christina Schmitz insisted that male staff should remain behind to accompany the convoy. 592

In the evening of 13 July a rumour was also doing the rounds to the effect that the sick and the wounded would be transported by helicopter or road. According to Médecins Sans Frontières, Major Franken was very busy also investigating this and insisted that the patients who were present in Bratunac, would be taken with them at the time. 593 Franken contacted the International Red Cross and told them he would prefer it if they would conduct the evacuation, because he feared that UNPROFOR would again fail to reach Kladanj in vehicles. This was because it soon became clear that no helicopters would be coming and that there was still a delay in arranging a medical convoy to collect the patients. 594

The VRS in the person of Colonel Radoslav Jankovic had already wanted the wounded evacuated on 14 July. Jankovic had proposed that the wounded be transferred to Zvornik on condition that UNPROFOR would provide first-aid materials. However, Major Franken had already assured him that he would do all in his power to make arrangements through international channels for them to receive further treatment in Yugoslavia. 595

The International Red Cross had five trucks and a fleet of ambulances ready in Bijeljina to collect all the patients and was only awaiting permission. Both the International Red Cross and the UNHCR brought pressure to bear in an attempt to obtain this permission. 596 In Potocari too Franken was, in Christina Schmitz’s words, ‘pushing like hell’. General Mladic wrote a letter saying that he would personally be visiting the compound in Potocari to consider the evacuation proposal. Dutchbat had to be patient. 597

On 14 July the confusion grew because the UNHCR was also making preparations in Tuzla to get an evacuation underway, with the result that new arrangements had to be made as to who was going to be doing what. 598 In Sarajevo General Nicolai had already made a futile attempt to agree with the VRS on an evacuation of patients by helicopter. Andrei Kazakov, the UNHCR field officer present in Bratunac, also wanted to try and take the patients on to Sarajevo by helicopter after this. This plan was

591 ICRC replies to questions posed by the NIOD, 1999.
592 NIOD, Coll. MSF. MSF Capsat 13/07/95, 3.56 pm, No. Out 526.
593 NIOD, Coll. MSF. MSF Capsat 13/07/95, 10.02 pm, No. Out 534.
594 NIOD, Coll. MSF. MSF Capsat 14/07/95, 9.15 am, No. Out 537.
595 NIOD, Coll. Ivanisevic. KM DK Bratunac 13/07/95 No. str. pov. br. 08-444-10.
596 NIOD, Coll. MSF. MSF Capsat 14/07/95, 11.32 am, No. In 183.
597 NIOD, Coll. MSF. MSF Capsat 14/07/95, 12.18 pm, No. Out 262.
598 NIOD, Coll. MSF. MSF Capsat 14/07/95, 1.07 pm, No. In 183.
evolving parallel to that of the International Red Cross, which was already prepared for an evacuation by road.\textsuperscript{599}

Christina Schmitz felt that the UNHCR plan was ‘messy’, more so because Kazakov did not have any contact with the VRS. Every organization was trying to do things its own way. For the purposes of his plan Kazakov wanted a list of the patients and their details from \textit{Médecins Sans Frontieres}. Based on the fact that Christina Schmitz said that this would take more than two hours to prepare, one can conclude that no list was yet available at that point in time.\textsuperscript{600}

Contact with the hospital in Bratunac, which was routed through Naval Captain Schouten, revealed that the wounded included various ‘\textit{ABiH} soldiers with a good record from the past’ and that the VRS did not simply wish to allow these soldiers to go. A similar time bomb was ticking in the compound. Dutchbat personnel recognized one of the patients as a lieutenant in the \textit{ABiH} and Christina Schmitz had since learned that her cook, Abdullah Purkovic had an \textit{ABiH} past. What surprised her was that the VRS had apparently not yet discovered this. On the other hand, by now the entire world knew how many wounded people were lying in the compound, with the result that the VRS could not simply have them disappear. The outcome appeared to be that no one would receive permission to enter the enclave for the time being. Franken was of the opinion that Mladic, who had announced his intention to visit the compound, would not be coming before this problem had been solved.\textsuperscript{601}

\textit{Médecins Sans Frontieres} learned from the Bijeljina office of the International Red Cross that the latter had submitted an offer to the Republika Srpska to assume responsibility for the evacuation of the wounded to Kladanj. The International Red Cross had not yet received a response to this offer. A meeting of UNPROFOR, the UNHCR, \textit{Médecins Sans Frontieres} and the VRS was first scheduled to occur on the afternoon of 14 July.\textsuperscript{602}

Frustratingly little was happening in relation to this matter. Koljevic, the vice president of the Republika Srpska, and Jo Marie Fecci, the head of the UNHCR mission in Bosnia, were to travel to Bratunac to inspect the situation and to negotiate a solution. Koljevic said that he did not know what was happening because contact between Pale and Bratunac was impossible. However, the delegation failed to arrive on account of ongoing fighting involving the column of men fleeing to Tuzla. Consequently, there was further delay in replying to the request for permission submitted by the International Red Cross.\textsuperscript{603}

In Potocari Christina Schmitz informed the \textit{Médecins Sans Frontieres} office in Belgrade, which maintained constant contact with the International Red Cross and the UNHCR and acted as a source of pressure, that the International Red Cross should be allowed to perform the evacuation and not the UNHCR, because the latter did not have a mandate to deal with prisoners of war.\textsuperscript{604} On the other hand, the International Red Cross would certainly encounter difficulties performing an evacuation without being able to inspect the situation. It would also be unwilling to provide any undertaking in respect of Purkovic’s position as a former \textit{ABiH} soldier. In Belgrade \textit{Médecins Sans Frontieres} merely hoped that the presence of \textit{ABiH} troops would not cause any problems. It was believed that the local \textit{Médecins Sans Frontieres} staff were not aware of this and would treat them normally.\textsuperscript{605}

Personally, Christina Schmitz felt that the VRS knew who was a soldier but that it did not want to do anything until such time as an evacuation got underway. Although the VRS was aware of the \textit{ABiH} patients in Bratunac, nothing had happened to them until then. The most serious problem as \textit{Médecins Sans Frontieres} saw it, was that the VRS would be able to delay the convoy of wounded for this

\textsuperscript{599} NIOD, Coll. MSF. MSF Capsat, 14 /07/95, 7.38 pm, No. In 187.
\textsuperscript{600} NIOD, Coll. MSF. MSF Capsats 14 /07/95, 4.05 pm, No. Out 262; 15/07/95, 2.49 pm, No. Out 270.
\textsuperscript{601} NIOD, Coll. MSF. MSF Capsats 14/07/95, 4.05 pm, No. Out 262; 15/07/95, 2.49 pm, No. Out 270.
\textsuperscript{602} Capsat ICRC Bijeljina to MSF Srebrenica, 14/07/95, 2.30 pm, No. In 184.
\textsuperscript{603} NIOD, Coll. MSF. MSF Capsat 14/07/95, 4.08 pm, No. In 185.
\textsuperscript{604} NIOD, Coll. MSF. MSF Capsat, 14/07/95, 4.18 pm No. Out 263.
\textsuperscript{605} NIOD, Coll. MSF. MSF Capsat 15/07/95, 6.42 pm, No. In 191.
reason and that the problem of the ABiH soldiers who were present, needed to be discussed openly with the VRS.606

In the morning of 15 July Minister Pronk (Development Cooperation) informed Karremans that considerable international pressure was being exerted to ensure that the International Red Cross was given permission to collect any wounded people who were still present. Negotiations were being conducted at all levels, albeit without success so far.607

Nevertheless, by 15 July the International Red Cross had still not contacted UNPROFOR or Médecins Sans Frontieres in Srebrenica to obtain information about the nature of the wounds, nor had any preparations been made to accommodate the wounded in the hospital in Tuzla.608 However, the VRS, UNPROFOR, Médecins Sans Frontieres and the UNMOs did have contact with each other. The VRS said that they were aware of the gravity of the situation but that no decisions had yet been made. However, the VRS was said to agree that the International Red Cross would perform the evacuation. The destination would not be Kladanj on account of fighting in the vicinity and was yet to be determined.609

Access to the area was the topic of discussion in Belgrade on 15 July, when Milosevic, Stoltenberg (in his capacity as the special representative of the UN Secretary-General) and the EU negotiator, Bildt, reached agreement in general terms. The details of the International Red Cross’s access to the area was to be worked out by Generals Smith and Mladic, who were also present in Belgrade. Smith had a major fallout with Mladic on the access he sought to Muslim prisoners on behalf of the International Red Cross. Until then, it was thought that they were being held in Bratunac. Initially, Mladic refused and said that they had been imprisoned because they had been soldiers. After Smith stated that they could not be all soldiers, Mladic held himself in check and gave his permission.610

In the evening Bosnia-Hercegovina Command informed Karremans that permission had been granted for the transfer of Dutchbat to Central Bosnia and also for the evacuation of the wounded. The Norwegian Medical Company in Tuzla was to assume responsibility for this. Médecins Sans Frontieres personnel were required to try and join this convoy. The International Red Cross was also given permission to visit the wounded in the meantime. The details for this were to be finalized on 16 July.611

The plan adopted by the UN headquarters in Sarajevo was to get the wounded out of Potocari as soon as possible. Sarajevo maintained contact with the Bosnian Serb authorities in Pale in this connection and with the VRS liaison officer, Major Indic. Contrary to the procedures, it had been agreed that an application for permission would be submitted afterwards. Vrolijk, a Dutch Lieutenant Colonel, agreed to this with Major Dudic, the VRS liaison officer with the staff of Bosnia-Hercegovina Command. The VRS were prepared to cooperate in this respect. On 14 July the International Red Cross in Bijeljina had already declared that they were willing to assume responsibility for this task. They could leave immediately and could reach the area via a checkpoint which was normally not open. However, the ABiH fired on the convoy en route, after which it returned without accomplishing its objective. Initially, Sarajevo was not aware that the ABiH had a hand in this and Major Dudic had the book thrown at him.612

The vehicles of the Norwegian medical company which were to be used for the Red Cross convoy, ran into an ambush near Zvornik on 16 July. Miroslav Deronjic, the newly appointed civil governor of Srebrenica, had just told Dutchbat that the convoy had passed Zvornik but something strange appeared to be happening: five minutes later a report was received from Tuzla that the convoy

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606 NIOD, Coll. MSF. MSF Capsat 16/07/95, 1.03 pm, No. Out 558.
608 ABZ, DPV/ARA 2001654. Memorandum from DMP/NH to R, 31/07/95, No. NH-618 1995 with a summary of the trip undertaken by R (minister of Development Aid) to Tuzla and Sarajevo, 14-18/07/95. The delegate with whom Pronk spoke was Agnes Badji-Page.
609 NIOD, Coll. MSF. MSF Capsat 15/07/95, 5.20 pm, No. Out 17:20.
610 Interview R.A. Smith, 12/01/00.
611 Karremans, Srebrenica: Who Cares?, p. 229 and p. 231. In his book Karremans does not deal with the arrival of the International Red Cross and the transfer of the wounded in further detail.
612 Interview J.A.C. de Ruiter, 29/06/00.
had been fired on. Zvornik was considered to be a safe zone behind the front line. This led to speculation that the ABiH party which was on the way from Srebrenica to Tuzla, was shooting at anything that moved. This was certainly not a strange idea, because also the VRS feared that this group on the run would attack Zvornik. It was also possible that the Norwegian medical convoy had run into VRS units that were engaged in the hunt for the Muslim men. General Nicolai submitted a complaint to the VRS headquarters that the convoy had been fired on by their forces.

Nicolai was put through to Colonel Markovic, the most senior officer. He denied that an agreement had been reached on the transfer of the wounded. At that point in time General Gvero was holding discussions with the UNHCR about the destination of the wounded and the route that a convoy would need to take. According to Markovic, it would be best to have the convoy return behind the front line and to contact the VRS again once an agreement had been reached.

Major Franken was not aware of the plans of the International Red Cross by the evening of 16 July. However, on that day staff from the International Red Cross were present in Bratunac and Dutchbat had expected the delegation to visit Potocari as well. In Belgrade Médecins Sans Frontières received a request from its people in Potocari to find out what the plans of the International Red Cross were. The latter was in Bratunac to consider the problems of the wounded prisoners of war in the hospital. As yet, little progress had been reached in respect of the prisoners of war. For this reason discussions were held between representatives of the UNHCR and the International Red Cross, and the Bosnian Serb authorities in Pale that afternoon. The UNHCR representative did appear to be unaware that an evacuation on medical grounds was envisaged. Because war-wounded were involved, the UNHCR representative felt that the matter fell under the jurisdiction of the International Red Cross. It was agreed that UNPROFOR would transport the sick and the wounded from Potocari to Bratunac and that the International Red Cross would then assume responsibility for all the patients in Bratunac and transport them to a suitable location in Serbia or to Tuzla.

There was not a great deal of consultation with the Bosnian Serb authorities on the situation in Potocari. The lengthy meeting in Pale focused mainly on access to Sarajevo. Srebrenica was only discussed towards the end of the meeting and the VRS had told the International Red Cross that it could not remove the patients from Potocari and Bratunac, leaving it little choice in this respect. This would then have to occur in Bratunac. No access to prisoners of war was permitted. For this reason the International Red Cross sought permission in respect of the civilian patients. Apparently, it was not yet clear who had been designated a prisoner of war in Bratunac and Potocari. The International Red Cross inquired about numbers and the condition of the patients. This was already known in respect of Bratunac, because local doctors had already supplied this information. In Belgrade Médecins Sans Frontières expressly stated that no names were required in this connection but only a list of seated or bedridden wounded and their condition. However, earlier that day the Belgrade office of Médecins Sans Frontières had inquired whether Dutchbat had already provided the organization with a list of names. Transferring the patients from Potocari to Bratunac presented no problems for Dutchbat. Christina Schmitz had already discussed the possibility with Major Franken.

Initially, the International Red Cross planned to accommodate the seriously wounded in hospitals in Serbia but, because several patients refused to go to this country, this plan was abandoned. Médecins Sans Frontières considered it more likely that the Yugoslavian officials would not

613 NIOD, Coll. MSF. MSF Capsat 16/07/95, 3.54 pm, No. Out 561.
614 NIOD, Coll. MSF. MSF Capsat 16/07/95, 2.39 pm, No. In 306.
615 SMG, 1004. MA/COS to MA/COMD, Telephone conversation between Nicolai and Markovic, 16/07/95, 3 pm.
616 NIOD, Coll. MSF. MSF Capsat 16/07/95, 6.41 pm, No. Out 566.
617 ICRC replies to questions posed by the NIOD, 1999.
618 NIOD, Coll. MSF. MSF Capsat 16/07/95, 12.14 pm, No. In 301.
619 NIOD, Coll. MSF. MSF Capsat, 16/07/95, 6.57 pm, No. In 310.
620 Washington Post, 18/07/95. Announcement of ICRC assistant, Josue Anselmo.
permit this. It also seemed to be better to reunite the families in Tuzla as soon as possible.621 The most
direct route to Tuzla had been closed for security reasons. One would need to move along secondary
routes crossing Serbian terrain along the Drina (Bratunac, Ljubovija, Zvornik, Zepak and Bijeljina) and
proceed to Tuzla from there.622 General Milan Gvero of the VRS gave his approval for the operation.623

On 16 July Dutchbat had made preparations for the transfer of the sick and wounded to the
International Red Cross.624 On 17 July the latter's convoy arrived in Bratunac after some delay due to
problems crossing the front line at Tuzla.625 Contrary to what the International Red Cross had
envisaged and what had been agreed with both the VRS and Dutchbat, the latter had not moved the
wounded from Potocari to Bratunac.626

The International Red Cross subsequently stated that Dutchbat could not be blamed for
anything, because the battalion was not aware of the agreement of Jahorina, which it had entered into
with the Bosnian Serbs the day before. This agreement stipulated that UNPROFOR was responsible
for transferring all the sick and wounded from Potocari to Bratunac by midday on 17 July.627

Apparently, other organizations had also not been informed of this. The UNHCR explained that this
had not happened due to Dutchbat's lack of capacity to transport the 87 patients to Bratunac.628

 Médecins Sans Frontières explained this by referring to an attitude of restraint on the part of Dutchbat: the
organization had detected a reduction in the latter's willingness to assist since Dutchbat had started
packing up preparatory to its own departure.629

The International Red Cross did not have any objections to going to Potocari but would need
permission from the VRS to do so, because the latter had previously stated that Potocari was a war
zone to which it could not receive access.630 However, it was possible to obtain access to Potocari on-
site and without the intervention of UNPROFOR.631

The wounded are collected

When the Red Cross delegates arrived in Bratunac, they were asked to go to Potocari in order to report
to a special committee at the VRS headquarters for the purpose of visiting the wounded and separating
the prisoners of war from the rest.

According to Franken, the mood was rather tense and the female coordinator of the Red Cross
convoy was irritated by problems experienced en route. The convoy had been forced to leave a vehicle
containing medication destined for the hospital in Bratunac on the Serbian side of the border. When
Colonel Jankovic of the VRS heard about this problem, he managed to solve it with a single telephone
call and he was able to inform the International Red Cross delegation that the truck was on the way.
This was followed by difficulties encountered parking the Red Cross vehicles in Bratunac. The
International Red Cross was opposed to this. They had to go on to the enclave, although this meant
that they were governed by the VRS's convoy regulations with an inspection and all its attendant

621 NIOD, Coll. MSF. MSF Capsat 17/07/95, 4:06 pm, No. In 3330.
622 ICRC replies to questions posed by the NIOD, 1999.
623 ICRC Press Release 95/32, 18/07/95.
624 DCBC, 1650. C 11 Airmobile Brigade to the commander in Chief of the Royal Netherlands Army, ‘Operationele Debrief
Dutchbat III’, 28/07/95, No. 172/Conf.
625 NIOD, Coll. MSF. MSF Capsats 17/07/95, 9.15 am, No. Out 573; 17/07/95 8.52 am, No. In 318.
626 NIOD, Coll. MSF. MSF Capsat 17/07/95, 11.05 am, No. In 321.
627 ABZ/DIO/ARA 2000407. Letter from HUM/PV Geneva to the Ministry of Defence (DAB), 30/1195, No. gev/hum-
628 CRST, UNHCR. (UNHCR) BH Desk, Belgrade/Cavalieri to UNHCR Tuzla, UNHCR Geneva, UNHCR Zagreb,
UNHCR Pale, UNHCR Sarajevo, 17/07/95.
629 NIOD, Coll. MSF. MSF Capsat 17/07/95, 9.15 am, No. Out 573.
630 NIOD, Coll. MSF. MSF Capsat 17/07/95, 11.05 am, No. In 321.
631 CRST, UNHCR. (UNHCR) BH Desk, Belgrade/Cavalieri to UNHCR Tuzla, UNHCR Geneva, UNHCR Zagreb,
UNHCR Pale, UNHCR Sarajevo, 17/07/95.
problems and sources of irritation, which was apparently not something the International Red Cross had to put up with on a daily basis.

The mood prevailing during the meeting between the International Red Cross, the VRS and Dutchbat was equally unpleasant, partly due to difficulties experienced in relation to a declaration that the people had been properly evacuated. Franken had signed this declaration, because he feared that it would be impossible to remove the wounded from Srebrenica if he did not.632 (In this respect see Part IV, Chapter 4.)

During the discussions held with the International Red Cross, Major Nikolic checked to ensure that the available lists of wounded included all the information he required. He wanted something added to it but, following a brief discussion with Colonel Jankovic and Major Franken, he was given to understand the list contained information which the VRS had dictated in a previous meeting and that there would be no deviation from it. It contained the names of the people in question, their date and place of birth, the name of their father and the nature of their injuries. The latter was included, because there were quite a few men who used bandages to simulate wounds.633 Recording wounds represented a lesson learned after the failure of the convoy of wounded to reach Kladań.

The International Red Cross convoy then left without any problems and consisted of 15 Land Rovers, two trucks and 30 delegates, including medical teams from Pale, Bijeljina and Belgrade. After it left Bratunac without incident, the convoy crossed the Serbian border. In Bijeljina the Bosnian Serb police stopped it in the middle of the night. The police wanted it to take a different route from the one that had been agreed. After a liaison officer intervened, the convoy was able to proceed on its way to Tuzla, where it arrived in the morning of 18 July.634 This did not apply to the wounded ABiH soldiers. They did not accompany the International Red Cross convoy and remained behind in Bratunac as prisoners of war.

**Prisoners of war**

The VRS designated a total of 23 wounded individuals prisoners of war. They consisted of a group of 16 in the Bratunac hospital, one of which was said to have been recognized to be a war criminal,635 and an additional group of seven in the compound in Potocari. The Bosnian Serbs asked the International Red Cross to take these 23 people to the hospital in Bijeljina. However, the International Red Cross refused to do this, because the transfer of prisoners of war had not been provided for in the agreement it had concluded with the Bosnian Serbs in Jahorina, and also because such a transfer entailed a certain amount of risk for it. More importantly, the International Red Cross did not want to confuse the transport of the sick and wounded, because two different categories were involved.636 As detailed below, this approach was to place Dutchbat in a difficult position.

The International Red Cross did indeed view the 23 as prisoners of war and recorded their identity, so as to be able to visit them at a later stage.637 However, the organization was not permitted to formally register prisoners of war as such and to notify their families. The delegates had to do with an undertaking given by the local VRS commander that it would be possible to visit all the prisoners in hospital or a POW camp in the near future.638

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632 Interview R.A. Franken, 18 /05/01.
633 Confidential debriefing statement (3).
634 ICRC replies to questions posed by the NIOD, 1999. See also ICRC News 29, 19/07/95.
635 NIOD, Coll. (5). UNMO HQ NE to UNMO HQ BHC Sarajevo, 181654B July 95.
637 ICRC Press Release 95/32, 18/07/95.
The International Red Cross assured Franken that they would continue to monitor the men who had been designated prisoners of war. According to Franken, he was told that the seven men in Potocari had themselves confessed to being soldiers. He said that he had also indicated that he was not prepared to hand over the wounded in the compound to the Bosnian Serbs but only to the International Red Cross. He had categorically refused to hand them over to the VRS. However, in Sarajevo UNPROFOR had consented to the VRS questioning them in the compound, subject to the condition that a UN representative would be present at all times and that no one was permitted to be handed over. On 17 July the International Red Cross delegation also consented to the Bosnian Serbs visiting the wounded.

Major Franken, Major Nikolic and the Médecins Sans Frontières doctor, Daniel O’Brien, visited the patients. Nikolic had a brief discussion in Serbo-Croatian with a number of them, and it was consequently not clear what was said. Nikolic had previously been in the compound, had had a good look around, had had a chat, had handed out cigarettes, and had then left again. The patients are reported not to have been afraid at the time. Only the Médecins Sans Frontières assistant, Purkovic, crept away at the time and concealed his presence. Apart from Major Nikolic, five Norwegians from the Norwegian medical company were present during the selection but they did not say anything. Nothing had been said to the Dutch who were present in the plant, with the result that they were not prepared for what was about to happen.

Dressed in the blue and purple uniforms of the Special Police and green camouflage uniforms, Bosnian Serbs walked around with a camera and a camcorder. They talked to the wounded and took photographs of some. They also pointed to several Muslim men, whose names were then checked against a list. If a name appeared on the list, the person in question was drawn aside from the rest of the wounded. The Bosnian Serbs also spoke to a Dutchbat interpreter from B Company, who was asked to state his name and rank but was barely believed. One of the interpreters was a former ABiH soldier. The Bosnian Serbs were in the compound for half an hour and were guarded by Dutch commandos. Franken had assigned Lieutenant Caris to perform security duties with a number of his men during the visit. Finally, Major Nikolic designated seven relatively young men as prisoners of war.

The ABiH officer, Sadik Vilic, spoke about this episode. For some four to five days the situation was very good for the wounded and there was an abundance of everything. After not knowing what had been happening outside for five days, Vilic wished to have a look. He managed to make it outside on his own steam but was sent back inside again. One could sense that there was tension within Dutchbat and the MSF interpreter, Emira Selimovic, warned that a Bosnian Serb delegation was coming. This delegation, headed by Major Nikolic who was armed with a pistol, began to check the men and ask them their names while Dutchbat personnel looked on. Nikolic wrote down the names and dates of birth of seven men and spoke to Vilic’s mother-in-law, because they again thought she was Esma. Vilic mentioned her name, because he thought that they had already recognized him but this only happened once he had stated his name. He was given to understand that the VRS had been searching for him for three years already. The Bosnian Serbs then gave the list to the doctor, Daniel O’Brien. Vilic did not know what they said to O’Brien. They then left and half an hour later a message was received that the Red Cross vehicles were coming to evacuate the wounded to Tuzla. Dutchbat
personnel entered to carry the wounded out. According to Vilic, O’Brien gave the list of seven men to a Dutchbat officer and told him to take the men to a Dutchbat truck. 648

The interpreter, Emira Selimovic, stated that the VRS had said that International Red Cross trucks were waiting in Bratunac to take the seven from the Dutchbat trucks. The VRS commander had told one of his men that the seven should enter the trucks last, so as to make it easier to keep them separate from the rest of the wounded. This already happened in the plant within the compound. 649

According to Médecins Sans Frontières, the Bosnian Serbs allowed the International Red Cross to take the seven men to the hospital in Bratunac but the latter organization was not further concerned about them. At any rate, the names of the seven were known to both the International Red Cross and Médecins Sans Frontières. 650

In reply to a question from Franken as to whether it was not too risky to let the seven go to Bratunac, the International Red Cross delegate responded by saying that someone from their organization in the town would monitor the men. 651

In the course of the meeting with the International Red Cross, Major Franken had given orders for a four-tonne vehicle to be prepared to transport the seven wounded men but whether this occurred at the instigation of the International Red Cross or Dutchbat, was unclear to those who implemented this decision. 652 Captain De Bruijn then ordered Sergeant Major H. Ritsema to transport the seven men to Bratunac in the four-tonne vehicle. The reason cited for this was that the International Red Cross had too few vehicles at its disposal. 653 Because wounded individuals were involved, this had to be done under medical supervision. Apart from the wounded, the following people were present in the four-tonne vehicle: UNMO Major De Haan to keep an eye on things and Naval Captain Schouten. De Haan had been asked by Major Franken to remain with the vehicle to see that the wounded were properly treated. 654 Schouten had briefly returned to the compound from Bratunac to pick up medicine. Ritsema lined up his vehicle as the second in the column of the hastily departing Red Cross convoy, in order to ensure that it did not leave without him. 655

Schouten went to sit at the back of the four-tonne vehicle with De Haan in order to prevent one or more of the wounded from jumping out of the vehicle on the way. Most of the patients were not confined to bed and sat on benches. If they did, they were likely to be shot and killed, and this would also cause difficulties for their escorts. 656

According to Ritsema, the Bosnian Serbs in the person of Colonel Vukovic undertook to use their own transport to take the seven wounded to a military hospital in Zvornik after their arrival at the hospital in Bratunac. There was nowhere to put the seven in Bratunac. Before they could enter the hospital, the side building where the wounded had been held whom the International Red Cross had taken away that day, was being cleaned and disinfected. This only occurred at 9 pm. Until that time the seven were treated as patients and their treatment did not occasion any fear for their lives or to doubt Vukovic’s words. Although the Bosnian Serb police guarded the hospital, the seven were not transferred to their custody but to the care of the medical staff. 657

Upon arrival in Bratunac, quite a few civilians gathered around the Dutchbat four-tonne vehicle in front of the medical centre. They threw stones at it. Several old men in the area were told to remove the wounded from the truck and to guard them. Because the wounded included several sturdily built men, the UNMO and Dutchbat personnel helped remove the stretchers from the truck in a decent

648 Interview Sadik Vilic, 06/02/98.
649 DJZ, doss. Tribunaal. Answers to the Questionnaire MSF Local Staff, Emira Selimovic, Abdulah Purkovic, Tuzla. DJZ aan ICTY, 29/01/96, No. C 95/277.
650 NIOD, Coll. MSF. MSF Capsat 17/07/95, 7.40 pm, No. Out 584.
651 Interview R.A. Franken, 18/05/01.
652 Confidential debriefing statement (3).
653 Interview R.A. Franken, 18/05/01.
654 Confidential debriefing statement (3).
655 Confidential debriefing statement (26).
656 Debriefing statement A.A. Schouten, 1/10/95.
657 Confidential debriefing statement (26).
fashion.\textsuperscript{658} Escorted by the Bosnian Serb police, Ritsema then returned to the compound together with Major De Haan.\textsuperscript{659} Schouten remained behind and only returned to the compound on 19 July, brought back by the hospital’s medical superintendent.\textsuperscript{660} Sadik Vilic saw that some of the wounded taken from the hospital in Bratunac to the Red Cross vehicles, were people he knew from Potocari. That took half an hour, after which the Red Cross vehicles set off for Tuzla. The seven men remained behind and were then removed from the truck and taken inside. After the seven men were dropped off, the two Dutchbat military escorts left. The hospital was guarded and stern warnings were issued against attempting escape. Another 16 wounded men who had been evacuated from Kladanj five days earlier, were brought in to join the seven. A number of them wept and said, ‘We are the only ones left.’ The guards cursed and shouted things such as, ‘We killed everyone in the forest,’ an unmistakable reference to the executions which the VRS had perpetrated in the past few days following the hunt for the column of men who had tried to reach Tuzla.

However, Colonel Vukovic told them that he was using all the resources at his disposal in his struggle to get the men out of Bratunac alive. They were transported again a day later on 18 July. The Bosnian Serbs placed the wounded in trucks with temperatures between 35 and 40 degrees. The trucks drove for three hours and stopped a number of times when stones were thrown at them en route. Then they arrived at a field that had been fenced off with barbed wire. It appeared to be a Bosnian Serb POW camp located near Camp Batkovic in the vicinity of Bijeljina. After three months Vilic and other camp inmates were exchanged for VRS soldiers. There were 35 wounded individuals in the camp. Of those present, 55 had already been there for up to three years and 15 had not even attained the age of 18. Conditions were poor, no medical care was available and they were mistreated.\textsuperscript{661} Because a Dutchbat four-tonne vehicle was used to transport the seven wounded men, it appeared as though this action had not occurred under the auspices of the International Red Cross. Sadik Vilic said that he wondered why Dutchbat had handed over the seven wounded men to the Bosnian Serbs. This question was his only criticism of Dutchbat.\textsuperscript{662} Purkovic’s subsequent view was that the wounded had even been selected and sent with the VRS without Médecins Sans Frontières or the International Red Cross being present.\textsuperscript{663} However, this was not the case. The men were transferred to the custody of the VRS as prisoners of war with the consent of the International Red Cross and in accordance with international law, and an undertaking was given that they would be placed in a POW camp, where they could be visited by the International Red Cross.

Lists of names

The question was how the Bosnian Serbs were able to designate the seven men in the compound in Potocari as prisoners of war. This raises the question as to whether the Bosnian Serbs had received any lists, which could serve as the basis for selecting these seven.

The Bosnian Serbs used a list which was not drawn up or signed by anyone from Dutchbat in 1995 according to Major Franken. However, Médecins Sans Frontières had drawn up a list of names of 59 wounded individuals. In his view, this was nothing more than a routine procedure, which was required in order to take people out of the enclave in a convoy. The Bosnian Serbs demanded a list of all the names of the people being transported in the case of every convoy. No specific request was made for such a list. His ‘list of 59’ also included the names of local Médecins Sans Frontières staff as well as five

\textsuperscript{658} Confidential debriefing statement (3).
\textsuperscript{659} Confidential debriefing statement (26).
\textsuperscript{660} Debriefing statement A.A. Schouten, 26/09/95.
\textsuperscript{661} Interview Sadik Vilic, 06/02/98.
\textsuperscript{662} Interview Sadik Vilic, 06/02/98.
\textsuperscript{663} Interview Abdulah Purkovic, 21/05/99. In Purkovic’s account, a Serbian TV camera team had even been inside the compound, and Mladic and Nikolic had selected the wounded individuals who were allowed to be presented on TV.
elderly people whom the VRS had dropped off at the camp after the people had been evacuated. This list was later passed on to the Red Cross and Franken. The latter stated that he did not witness the transfer of a list. He himself had not given a list to the VRS nor had he arranged for this to be done. 

A closer investigation of the question as to who provided a list to whom, is important because discussions later ensued on this point. Dutchbat would have made matters very easy for the Bosnian Serbs to select prisoners of war based on any list.

The various statements made about the provision of lists of names to the Bosnian Serbs do not paint a picture that is entirely clear. Several lists appear to have been drawn up on different days. Christina Schmitz refers to 15 July as ‘the day of the lists (I can’t hear the word anymore)’. Together with the UNHCR, she prepared a list of all the patients in the compound and their diagnosis. She also drew up a list of local Médecins Sans Frontières staff. These lists were then distributed to the UN and also the VRS.

During a meeting with the VRS on 16 July Médecins Sans Frontières presented a list containing the names of its local staff but only the number of patients. However, the organization confirmed in Belgrade on 17 July 1995 that it had sent a list containing patients’ names to the International Red Cross. Almir Ramic, the local UNHCR staff representative had drawn up this list on 17 July and had handed it to Médecins Sans Frontières. He was certain that the Bosnian Serbs had also received a copy of this list but he did not know who had given it to them. The International Red Cross confirmed that it had received two lists containing patients’ names. The organization received one list from Médecins Sans Frontières in Potocari and one from the local hospital, Dom Zdravlja, in Bratunac.

It is remarkable that the VRS had already reported in the evening of 13 July that UNPROFOR had provided it with a list containing the names of 54 wounded individuals who were held in the compound in Potocari. A Dutchbat serviceman stated that at about 9 pm on 13 July after the refugees had left, one person, whom he thought was Mladic’s interpreter, appeared at the compound and requested a list. He suspected that this referred to a list containing the names of wounded people. He waited at the gate for some time and received a list. The Dutchbat member did not know who provided this list.

This incident closely resembles that referred to in another statement made by a Dutchbat serviceman, although the latter referred to the event as having occurred a day later. Towards evening this member of the battalion had been ordered by Franken to prepare a list of the names of injured refugees. He was told that it was urgent. Together with a female Médecins Sans Frontières staff member this Dutchbat serviceman prepared a list. Franken also ordered him to draw up a copy of this list and to present it to him. He was to wait for him at the gate to the compound. There stood Karremans, Franken, Major Nikolic of the VRS, another VRS soldier and an interpreter. A Dutchbat sentry was also present. The Dutchbat serviceman in question stated that he saw Franken hand the list to Nikolic.

In this respect the VRS is also reported to have said that they were certainly willing to remove the wounded if they were to receive diesel from Karremans for this purpose. Karremans clearly showed that he did not wish to help them with this. Consequently, no deal was struck. Nikolic left taking the copy of the list containing the names of 59 wounded individuals.

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664 Debriefing statement R.A. Franken, 7 and 20/09/95.
666 NIOD, Coll. MSF. MSF Capsat 16/07/95 51:01, No. Out 560.
667 NIOD, Coll. MSF. MSF Capsat 17/7 1995 11:05 am, No. In 321.
668 CRST. Fax from Herman de Kleine, MLO to DCBC, 10/10/95.
669 ICRC replies to questions posed by the NIOD, 1999.
670 NIOD, Coll. Ivanisevic. KM DK Bratunac 1307/95 No. str. pov. br. 08-444-10.
671 SMG, Debrief. Feitenrelaas, p. 23.
672 NIOD, Coll. Kreemers. Extract debriefing statement of J. Feenstra, 14/09/95. Franken could no longer recall if he had or had not handed over a list but neither did he wish to deny that it could have happened (interview, 13/01/02).
The compound commander, Major J. Otter, understood that there was a discussion about a list. A female member of *Médecins Sans Frontières* staff was busy writing down the details of the wounded. One of the questions was whether surnames should be listed or not. Otter thought that this list was destined for internal use by *Médecins Sans Frontières*. The list was changed at least twice because people arrived. Otter did not know whether the Bosnian Serbs had received a copy.673

Emira Selimovic, the *Médecins Sans Frontières* interpreter, had indeed drawn up a list of the wounded in the compound. This list was handed to Dutchbat. Whether the latter in turn handed it to the VRS, Selimovic did not know.674 On the other hand, a Dutchbat soldier said that he had heard from *Médecins Sans Frontières* that the names of the sick and wounded had been given to the Bosnian Serbs with a view to their transport.675

Karremans believed he could recall that a list of the wounded was drawn up by the commander of the Field Dressing Station. He also said that this list was required to transport people. He was not aware of any lists prepared by *Médecins Sans Frontières*. Karremans was of the opinion that the wounded had ultimately left the enclave based on a destination arranged by the International Red Cross.676

The Field Dressing Station staff had prepared a medical file for all the patients in the compound, which stated in English what their condition was along with the policy proposed for their treatment. A list of names was also provided to the staff of the Norwegian medical company, which helped the International Red Cross with transport on 17 July. The list prepared by the Field Dressing Station was not revealed to the Bosnian Serbs.677

After studying photographs of the departure of the wounded from Potocari on 17 July, which had been presented in the course of the debriefing, on 18 October 1995 the Directorate of General Information in the Ministry of Defence ascertained that an International Red Cross assistant could be seen holding a list.678 This coincided with a statement made by a Dutchbat soldier, who said that the men whose names appeared on a list provided by the VRS, were separated from the rest and that Christina Schmitz had read out the list of names.679

Nevertheless, it is difficult to unravel the clues because, in addition to the lists summarized above, there were also others doing the rounds. Already on 14 July while visiting the wounded who had been brought back from Kladanj by Dutchbat and the VRS, in the hospital in Bratunac, the UNHCR field officer, Andrei Kazakov, had noted down their names and diagnosis for the purposes of a medical evacuation list for the UNPROFOR medical cell in Sarajevo.680

Even the local staff in the hospitals in Bratunac drew up a list of the patients there. This list was typed with two carbon copies. Naval Captain Schouten briefly had this list in his possession. However, an interpreter did not feel that it was a good idea for him to have it and asked him to return it. In addition, there was also a ‘hospital treatment register’ containing the patient’s names. The representatives of the International Red Cross also noted down the details of all the sick and wounded who were present in the hospital.681 During a meeting with the International Red Cross, *Médecins Sans Frontières* staff, the civilian governor of Srebrenica Miroslav Deronjic, and the VRS, amongst others, it was decided to give the International Red Cross permission to record names.682 The UNMOs also

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673 Information based on confidential debriefing statement (24).
674 DJZ, Tribunal file. Answers to the Questionnaire MYF Local Staff, Emira Selimovic, Abdulah Purkovic, Tuzla. DJZ to ICTY, 29/01/96, No. C 95/277.
675 SMG, Debrief. Feitenrelaas, § 4.1.5.
676 Debriefing statement by Th. J.P. Karremans, Assen, 27/09/95.
677 Interview H.G.J. Hegge, 02/02/00.
678 BSG, No. 19635. Plv. DV to the minister, 18/10/95, No. V95019631.
679 SMG, Debrief. Feitenrelaas, p. 23.
680 Field Report monitoring Srebrenica 13 and 14/07/95 by Andrei Kazakov and Rosanna Sam. Provided by E. O’Dwyer, US State Department BH Desk.
681 Debriefing statement A.A. Schouten, 14/09 and 1/10/95. Based on the personal description provided by Schouten, the person in question was the UN interpreter, Petar Usumlic.
682 SMG, Debrief. Feitenrelaas, § 4.1.5.
possessed a list of the names of the wounded. On 17 July they sent this list to the UNMO headquarters in Tuzla.683

There were thus many lists doing the rounds but this does not answer the question whether or how the Bosnian Serbs obtained any and if it served as an aid in the selection of prisoners of war.

Subsequent discussions about lists of names

There was an extraordinary twist to the events concerning what came to be called the ‘list of 59’ after the journalist, Frank Westerman, published an article in NRC Handelsblad on the issue on 22 September 1995 following the completion of the debriefing interviews in Assen. According to Westerman, Dutchbat had a list of wounded Muslims drawn up on the orders of the Bosnian Serbs. This was said to be evident from the statements made by the UNMO, Major De Haan, and Christina Schmitz. Minister Voorhoeve had not informed Parliament about this matter. A Defence spokesman could only confirm the transfer of the 59 wounded individuals and concede that the Bosnian Serbs were aware of their identity. According to De Haan, in the course of various discussions the VRS had demanded a list of personal details including age, place of birth and nature of injury. The VRS were said to want to compare it to their own lists in their search for war criminals. De Haan, who was present at the discussion, maintains that the Dutchbat leadership did not protest. They also agreed to a demand to screen the wounded. ‘We literally had our backs to the wall. The Serbs [sic] dictated everything,’ said De Haan. Médecins Sans Frontières staff then recorded the names preparatory to transport.

Nor was it Christina Schmitz’ intention to help the Serbs: ‘At that point in time I did not realize that I would be endangering the patients’.

Once the list was completed, Major Nikolic and other military personnel visited the wounded. Nikolic asked them their names and selected seven: ‘We want this one, and this one and this one’. The panic was reported to have been considerable and the patients who were most afraid, were given sedatives. Schmitz added that the seven who had been selected, were taken away by Dutchbat and that Major Franken had offered a Dutchbat truck for this purpose. They are reported to have still been alive at the end of July but nothing has been heard of them since.684

Westerman wrote about the matter again four days later. This time he wrote that the Médecins Sans Frontières doctor, Daniel O’Brien, had already been ordered by an unnamed Dutchbat official to prepare a list of the wounded people on 13 July. He was told that the Bosnian Serbs had requested it. The VRS subsequently selected all the men they were under the impression might ever be able to hold a rifle, according to O’Brien. The Ministry of Defence conceded, according to Westerman’s article, that when the patients were handed over to the International Red Cross on 17 July, the Bosnian Serbs appeared to know their identity. The Ministry of Defence also stated that the list even included the names of 66 exhausted elderly people, hysterical men and women, and children with bullet wounds.685

On 28 September the CDA (Christian Democrats) Member of Parliament, De Hoop Scheffer, posed questions in person in response to the first article in NRC Handelsblad. In a nutshell, these questions sought to ascertain whether Dutchbat had prepared a list of wounded men. The question was whether the Minister knew about this. If not, the Member of Parliament wanted to know why the Minister did not.686 In response, from abroad Minister Voorhoeve directed his officials to find answers to a large number of questions about the fate of the seven wounded men.687 This was ultimately what the issue was all about.

683 UNGE, UNPROFOR, Box 25/77, File 1.1.57, SNE 4 Apr - 23 Aug 95. Fax UNMO Team Srebrenica via Dutchbat to UNMO HQ BH NE, [sent at 12.42 pm on 17/07/95]. The list was faxed through to UNPF HQ Zagreb on the same day.

684 NRC Handelsblad, 22/09/95.

685 NRC Handelsblad, 26/09/95.

686 Tweede Kamer, Question Time, 28/09/95, TK 6-323 to 6-328.

The Ministry of Foreign Affairs approached the International Red Cross. The latter stated that it had no knowledge of a list containing the names of the wounded. According to a source at *Médecins Sans Frontières*, the MSF in Belgrade had provided one on 17 July. The situation was not entirely clear. On 17 and 18 July 87 people had been transported from Bratunac to Tuzla for medical reasons. When the International Red Cross counted on 23 September, it arrived at 87 evacuees, 28 of whom came from Bratunac, 58 from Potocari and there was one whose origin was unknown. A child who had just been born and who was probably not registered anywhere, brought the total to 88. Indeed, on 18 July 1995 the International Red Cross released a figure of 88 evacuees.688

The Bosnian Serbs had originally given the International Red Cross permission to transport 110 sick people to Tuzla but at the last moment this was withdrawn for 23 of them, including the seven men from Potocari. The International Red Cross drew up a list of these people. 22 of these 23 individuals were found during a visit to Camp Batkovic on 19 September. The missing person was said to have died in the hospital in Bijeljina.689 Prior to this, on 26 July, Rosanna Sam, the Field Officer for the Bosnia-Hercegovina desk at the UNHCR in Belgrade, reported that 22 wounded individuals had been taken from the clinic in Batkovic to the hospital in Bijeljina and other hospitals.690

Consequently, only 22 wounded people may have arrived in Batkovic and the Bosnian Serbs may have managed to mislead the International Red Cross with regard to the whereabouts of the person who died in Bijeljina. Of the group of 23, the VRS had transferred Osman Halilovic to the custody of the CSB (Security Service) in Zvornik. According to the Intelligence Department of the Bratunac Brigade, Halilovic had himself confessed to participating in the mass slaughter of civilians.691

Observations made by Naval Captain Schouten appear to confirm that there was something going on with Osman Halilovic. This was because Schouten managed to remember the name of one of the wounded men: Osman. The only Osman cited in the list of the 23 wounded individuals was the 32-year-old Osman Halilovic. As Schouten recalls, Osman was not one of the seven prisoners of war who were taken to Bratunac in a four-tonne Dutchbat vehicle on 17 July. He had already been there for a longer period of time and must therefore have been one of the patients in the convoy of wounded that failed to reach Kladanj. Schouten had his doubts about the fate of this person. Osman was young and only lightly wounded. Schouten was under the impression that his wounds were self-inflicted in order to be considered for evacuation. He walked quite normally when he thought that no one was looking but limped when he was being observed. The local populace used the name, ‘butcher’ to refer to this Osman, based on his preference for slitting the throats of Serbian men, women and children with a knife in order to conserve ammunition. He was said to have lived in Bratunac before the war and was therefore very well known.692

Schouten had good reason to entertain doubts about the fate of this person. However, these doubts were challenged by a report from the ABiH to the effect that a certain Osman Halilovic of the 28th Division had survived the VRS executions and had already reported to another ABiH unit on 18 July.693 However, it is impossible to confirm with any certainty that the same person was involved.

The International Red Cross in Geneva was able to check this again following the appearance of the list of 59 wounded people via Zagreb after a Dutch UN soldier had handed it to an assistant of the UN special human rights investigator, Mazowiecki.694 The preliminary findings of the investigation

688 ICRC replies to questions posed by the NIOD, 1999. See also ICRC Press Release 95/32, 18/07/95.
690 CRST, UNHCR. Note for the file from Rosanna Sam to Bill Tall, 26/07/95.
691 ICTY, (IT-98-33), OTP Ex. 371/a. Command of the 1st Bratunac Light Infantry Brigade Intelligence Organ (Momir Nikolic) to VRS General Staff, Intelligence Sector. Command of the Drina Corps, Intelligence Department, 18/07/95, No. 08-34 1995.
692 The comments about ‘Osman’ have been sourced from debriefing statements made by A.A. Schouten on 14/09/ and 1/10/95.
693 ABiH Tuzla. Komanda 24. Divizije O.S.V.B. to Komandi 2. Korpusa O.S.V.B., 24/07/95, br. 06-1321 1995. (Nedzad Avdic was another person who escaped execution near Brane Džlici.)
694 DCBC, 1160. Memo from F.J.J. Princen to the minister, undated.
conducted by the International Red Cross were that, while it was true that the list contained 59 numbers, it only cited 56 names. In so far as these names were legible, one could conclude that there were 55 people in the medical convoy to Tuzla which the International Red Cross had organized. Two names were illegible, two were not listed in the International Red Cross’s files, and one name was that of someone who had been taken prisoner by the Bosnian Serbs according to that person’s family. It was known that five people had been taken prisoner. They were being held in the POW camp in Batkovic.695

This investigation conducted by the International Red Cross did not provide a great deal of clarity about the fate of the prisoners of war. Based on these findings, which were anything but clear, the Ministry of Defence resorted to delaying tactics. Defence Department spokespeople were instructed to say that the transfer of the wounded Muslims would be dealt with as part of the extensive debriefing process in Assen.

In view of the fact that several parts of the debriefing statements were already in the Ministry’s possession contrary to what had been agreed in Assen, it was improper to assert the need to await the outcome of the debriefing process. The argument to the effect that the information could change on the basis of the findings of the investigation encompassing the current round of debriefing was weak.696 The debriefing sessions had already been held. How the Bosnian Serbs could be aware of the identity of the Muslims was apparent from at least one of the debriefing statements.

On the other hand, Major Franken had emphatically denied that Dutchbat had transferred the wounded to the VRS. Dutchbat had transferred them to the International Red Cross and the latter had undertaken to continue to monitor those persons designated as prisoners of war.

Parliamentary questions

When answering the questions about the lists of wounded posed by the Member of Parliament, De Hoop Scheffer (CDA-Christian Democrats), Minister Voorhoeve was advised by his officials not to go into detail. This was risky because a great deal was still unclear. There were objections to this approach in that it only raised expectations about the outcome of the debriefing process. In the interim Naval Captain Schouten tried to have the medical superintendent of the hospital in Bratunac send him a copy of the names listed in the patients’ register but no reply was forthcoming.697

In Parliament Minister Voorhoeve replied that a list had indeed been prepared but that it was possible that different lists had been prepared by different people. The situation was not clear to the Ministry. According to Voorhoeve, the list of 59 had been prepared by Médecins Sans Frontières and had been handed to a representative of the special UN human rights investigator and the Red Cross. In stating this, the Minister was rather free in his approach to time, because the list had only been handed over in Zagreb upon departure from the enclave and the International Red Cross only received it on 28 September. The Minister said that he had not known about the list. The Ministry had only come into possession of the ‘list of 59’ on the day of the relevant question time (28 September 1995). Voorhoeve incidentally found it ‘a normal procedure’ that lists of wounded individuals were drawn up to record their identity and what happened to them. For the rest, the Minister presented an accurate record of details provided by the International Red Cross. Voorhoeve suspected and hoped that the seven wounded men were amongst the wounded who had been found in Camp Batkovic.

De Hoop Scheffer did not appear to be satisfied. The Minister and Parliament should have known about the matter. The debriefing process had at any rate started too late. He wanted to know who had given the list to the International Red Cross and whether it had passed through the hands of the Dutchbat commanding officers. The Minister did not really consider these questions, only saying

696 DCBC, 1160. Speech with comments. Undated, author unknown.
697 Interview A.A. Schouten, 21/02/00.
that he had doubts about a number of points raised in the article that had appeared in *NRC Handelsblad* on 22 September. According to him, this article did not entirely coincide with the information that the Ministry had at its disposal but, as it happens, he did not indicate which information he was referring to.

In the second session the Member of Parliament, Hoekema (D66), asked the Minister whether the Red Cross had checked the identities and whether he had yet ascertained how the Bosnian Serbs had established the identity of the wounded. In his response to the article in *NRC Handelsblad*, Minister Voorhoeve had said that this was to be investigated. By way of reply, Voorhoeve again referred to the fact that lists of names had been required for the transport of people through Bosnian Serb territory. With regard to checking identities, it appeared to Voorhoeve to be a good idea to ask the International Red Cross to do this when it again visited the camps where the men were being held. Voorhoeve added that, without being asked, the International Red Cross had revealed that it had no criticism of the manner in which Dutchbat had dealt with the wounded and the refugees.\(^{698}\) This statement was somewhat exaggerated as it did not represent an observation by the International Red Cross itself. In its discussions with witnesses the International Red Cross had not heard of anything negative about Dutchbat.\(^{699}\)

### The ‘list of 23’

On 4 October 1995, the day on which the debriefing report was ready, the International Red Cross announced the findings of a new investigation. The International Red Cross had had contact with 22 of the 23 prisoners of war that it had not been allowed to transport. One of them had died in the hospital of Bijeljina. The International Red Cross had had contact with five of the people who were also mentioned in one of the *Médecins Sans Frontières* lists. However, at the end of September prisoners had been exchanged on two occasions in Camp Batkovic. People whose names were on the list of 23 could have been involved. There was a problem in that the International Red Cross had not been present during one exchange, with the result that it was impossible to provide a conclusive answer.\(^{700}\)

The International Red Cross had shown itself to be particularly helpful but did not wish to go as far as permitting a subsequent investigation in the course of which Ministry of Defence officials would be allowed to approach International Red Cross staff with lists of questions or requests for additional information in person. After all, it would not be possible to deny others whatever was permitted in the case of the Netherlands. It would make it difficult if not impossible for the organization to work in the region.\(^{701}\)

The Directorate for General Policy Affairs in the Ministry of Defence then tried to reach a conclusive decision itself based on the findings of the International Red Cross and a comparison of the lists containing 23, 59 and 239 names respectively. The latter list contained the names of those men who had allowed themselves to be registered in the compound prior to their deportation (see Part IV, Chapters 4 and 8). The International Red Cross had previously examined the list containing 239 names and had compared it with its databases and statements made by family members. This list contained 236 rather than 239 names because three had been crossed out. 50 names could not be traced in the files of the International Red Cross. 65 of the 236 names coincided with those in the organization’s files, albeit that their dates of birth differed. Two names might have coincided if it were not for minor differences in spelling. Three names could have coincided but the question remained as to whether they referred to the same person. 116 names and dates of birth coincided perfectly with the International Red Cross database. According to reports made by the relevant family members, 103 of these 116 men

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\(^{698}\) *Tweede Kamer*, Question Time, 28/09/95, TK 6-323 to 6-328.


\(^{701}\) DCBC, 1180. Code Hofstee 378, 04/10/95, Secret. This passage can be found in TK session 1995-1996, 22 181, No. 128, p. 9.
had been taken prisoner. Seven were said to have escaped to areas under the control of the Bosnian Government. The International Red Cross had registered five people in Batkovic. One person was said to have been seen there.702

The complex comparison performed by the Directorate for General Policy Affairs revealed that seven names coincided and not five as the International Red Cross had concluded. In all cases they involved men of fighting age. The man who had died in Bijeljina was not reported to be one of the seven wounded selected in Potocari. These seven were said to have been alive on 19 September 1995. One was later reported to have died of unknown causes. Three or four of the six survivors were said to have still been alive following the exchange of prisoners. The remaining two or three could have been involved in the second exchange, in which the International Red Cross was not involved.703

It is not clear what the basis was for these assumptions made by the Directorate for General Policy Affairs. The International Red Cross did not mention any numbers in connection with the exchange of prisoners. Nevertheless, the Directorate for General Policy Affairs asserted that the Minister could disclose its findings publicly if necessary. This occurred in virtually identical words when the debriefing report was tabled in Parliament on 30 October.

The Ministry of Defence subsequently remained reserved in connection with the seven wounded people whom the Bosnian Serbs had selected in Potocari. The reason for this lay in the fact that the investigation performed by the Directorate for General Policy Affairs had revealed that the depiction of the events surrounding the removal of the sick and wounded from Bratunac in the debriefing report differed significantly from the version of the International Red Cross. According to the debriefing report, 17 wounded individuals had remained behind in Bratunac. This was said to have been due to negligence on the part of the International Red Cross and insufficient capacity to transport all the wounded. Moreover, the International Red Cross wanted to leave the area as soon as possible because it was getting dark. It was reported that there had not been any consultation about the manner in which the remaining wounded were to be removed. As a result, ten (an inaccurate number) wounded people remained behind in Bratunac in addition to the seven designated as prisoners of war in Potocari, according to the debriefing report.704

The version presented by the International Red Cross was that the Bosnian Serbs had originally granted it permission to transport all 110 of the sick and wounded but that they revoked this in respect of 23 of them at the last moment, and the latter therefore remained behind.705 As revealed in the course of debriefing in Zagreb immediately after Dutchbat’s departure from the enclave, the explanation for this could be found in the fact that the VRS had compiled files on these people.706

Criticism of the International Red Cross

While it may not be very diplomatic to air criticism about the actions of the International Red Cross, not everyone within Dutchbat was positive in his assessment. The arrival of a delegation from the International Red Cross was the first time Dutchbat personnel had a glimpse of the world outside the enclave again. It was an utterly different world that was entering the enclave: there were people who had washed and shaved, women who were properly clothed and men wearing suits. After a week of unpleasantness and misery, this seemed ‘less than brilliant’ to those who were involved. Apparently, this

703 DV, 95019453. DAB to the minister, 16/10/95, No. D95/524, Secret.
705 DCBC, 1160. PV Geneva to the minister of Foreign Affairs, 27/09/95, No. Gevi364, Confi. This communication states that seven people had come from Bratunac and 16 from Potocari. This should have been seven from Potocari and 16 from Bratunac.
nurtured the idea and the stories that in Dutchbat’s view the International Red Cross did not act properly in the sense that the delegates thought: within several hours we will be back in our hotel in Bratunac and tomorrow we will be here again. Within the battalion this led to the following attitude: ‘You will not be leaving the compound until we make arrangements for the wounded, so you may as well stay for a while’.

In the course of the meeting in the compound in Potocari the female representative of the International Red Cross had managed to cause so much irritation with the VRS that a temporary halt to proceedings was required. She had to be taken aside to have the position of the VRS following its capture of the enclave explained to her.

Yet there were also other types of criticism. At the end of the afternoon on 12 July Captain V.B. Egbers saw a white vehicle belonging to the International Red Cross in Nova Kasaba containing two men and two women from Switzerland. Egbers thought that this was a response to the fact that people in Nova Kasaba were in the middle of a battle between the VRS and the ABiH forces fleeing to Tuzla. He asked the International Red Cross delegates whether they wished to see the prisoners of war whom the VRS were holding on the football field, but this did not appear to be the case. The delegates had come from Pale and wanted to go to Belgrade via Zvornik. They merely asked whether the road to Belgrade was safe. The vehicle turned around and drove off. ‘Then you feel that you have been left reasonably to your own devices, whereas the Red Cross is precisely an organization which is impartial and which could be looking after people,’ said Egbers. The latter’s remarks found their way into the debriefing report. The president of the International Red Cross, Cornelio Sommaruga, responded to this by informing Minister Voorhoeve that the staff in question had not been alerted to the presence of prisoners at that point in time.

Two representatives of the International Red Cross were busy in Bratunac from late in the morning until early in the evening of 17 July trying to arrange the departure of patients from the hospital. Naval Captain Schouten found it strange that they did not once contact him. They selected the wounded without asking him for advice. Schouten felt that the representatives were aloof and chaotic in the way they performed their work. He also commented on the inadequate transport capacity of the International Red Cross. He was not alone in this. Sergeant Major Ritsema of the Medical Platoon which drove the four-tonne vehicle containing the seven prisoners of war from Potocari to Bratunac, assumed the same: a lack of capacity on the part of the International Red Cross. The convoy soon left Bratunac but the four-tonne vehicle containing the seven men remained where it was. There was no explanation or consultation.

Dutchbat was not alone in its judgement of the International Red Cross. Christina Schmitz of Médecins Sans Frontières described the evacuation as ‘very unorganized and messy’. It gave one the impression that the delegates on site did not have their heart in their work. On 17 July the International Red Cross was to be present for an inspection of the patients by the VRS and everyone waited for them. The organization had set a deadline of midday for itself but its representatives only arrived at 3.30 pm. According to Schmitz, they were only interested in getting away as soon as possible. Consequently, Médecins Sans Frontières had to join Major Nikolic to inspect the patients together with a UNMO, in the course of which the seven men were selected. Schmitz called this a ‘disgusting’ task.

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707 Interview J. Otter, 26/05/99.
708 Interview A.A.L. Caris, 06/03/00.
709 Interview V.B. Egbers, 2/09/99.
710 Debriefing report, § 4.28.
712 Debriefing statement A.A. Schouten, 1/10/95.
713 Confidential debriefing statement (26).
714 NIOD, Coll. MSF. MSF Capsat 17/07/95, 7.40 pm, No. Out 584.
Later Schmitz said that Major Franken had resisted the VRS’s inspection of the last wounded people in the compound. According to Schmitz, the Bosnian Serbs were only prepared to agree to an evacuation subject to an inspection. Franken’s opposition was futile. The Bosnian Serbs simply did as they pleased.\(^715\)

After that confusion ensued. First, news was received that the International Red Cross had not been given permission to enter the enclave. However, suddenly it was possible for the International Red Cross to start the evacuation and its representatives told the doctor, Daniel O'Brien that he had to leave the patients behind because it was then too late. Nevertheless, in one way or another the patients began to be loaded and the convoy left Potocari at 6.15 pm. According to Schmitz, the International Red Cross was permitted to transport the seven men to the hospital in Bratunac themselves but the organization was not concerned about them.\(^716\) Similarly, Franken was also irritated by the fact that transport was not available for everyone, even though the numbers were known and the male prisoners of war would have to remain behind in Bratunac without adequate supervision.\(^717\)

These were the critical remarks uttered by Dutchbat, which partly and in a modified form found their way into the debriefing report.\(^718\) In his letter presenting the debriefing report to Parliament, Minister Voorhoeve distanced himself from the criticism levelled at the staff of the International Red Cross. They merely reflected the personal views of the Dutchbat soldiers involved. According to Voorhoeve, the Dutch Government had a great deal of admiration for the International Red Cross and its activities in the former Yugoslavia.\(^719\)

The ‘list of 59’ revisited

Finally, in a letter addressed to Parliament on 30 October 1995 in relation to the list of 59 wounded people, Minister Voorhoeve wrote that it had not been established whether they had been handed over to the Bosnian Serbs and, if so, by whom.\(^720\) This is remarkable because the debriefing report is clear and forthright in this respect. Both of the Dutch statements cited in connection with the handover of lists to the VRS are reported in anonymous and somewhat abstract form but are presented in detail in the debriefing report. However, this report does indicate that it was impossible to obtain confirmation for the statement about the handover of the list to the VRS.\(^721\)

An investigation conducted by the Ministry in reply to questions posed by Minister Voorhoeve revealed that the list of wounded referred to in the article by Frank Westerman in *NRC Handelsblad*, had been drawn up on 17 July. This occurred following a meeting which involved *Médecins Sans Frontières*, the International Red Cross, Dutchbat and the Bosnian Serbs. In each case this list stated the name, date and place of birth, the name of the person’s father and the nature of his injuries. *Médecins Sans Frontières* passed on this list to the Red Cross and Major Franken. As far as is known, UNPROFOR, the Defence Crisis Management Centre and the Royal Netherlands Army Crisis Staff were not informed of the existence of this list. It remains unclear how many other lists had been circulating.\(^722\)

According to the debriefing report a list had already been handed to the VRS on 14 July.\(^723\) In a report prepared at the end of July 1995, Christina Schmitz of *Médecins Sans Frontières* wrote that a list of patients had been handed over on as early as 13 July when a VRS delegation had paid its first visit to

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\(^{715}\) ANP, ‘AzG-arts bij terugblik mild over optreden Dutchbat’, 21/02/96.
\(^{717}\) Interview R.A. Franken, 18/05/01.
\(^{718}\) See Debriefing Report, p. 54 and pp. 64-65.
\(^{719}\) This was in §§ 4.28 and 5.34. TK session 1995-1996, 22181, No. 128, p. 15.
\(^{720}\) TK session of 1995-1996, 22181, No. 128, p. 16.
\(^{721}\) Debriefing Report, p. 64, § 5.32.
\(^{722}\) Appendix 3 to DAB, No. D95/488 from 27/09/95. DCBC, 1160.
\(^{723}\) Debriefing Report, p. 64.
the compound. However, the report does not mention whether this was done by Médecins Sans Frontières or Dutchbat.\textsuperscript{724}

More lists had indeed been prepared. In itself, it was not all that remarkable that lists were drawn up. The transfer of the wounded on 17 July without a list would have raised more questions, because there would not have been any way of checking matters afterwards. The question in this respect is whether lists were handed to the VRS which could have made it easier for them to pick out possible ABiH soldiers amongst the wounded. While this is likely, the VRS could also have got this far without any lists. The Bosnian Serbs themselves interrogated people of fighting age and used cameras and video equipment. It would not have been too difficult to recognize people with the aid of images, because the people knew each other from before the war.

In its preparations to answer the parliamentary questions, the Royal Netherlands Army Crisis Staff failed to obtain any clarity on the policy governing lists of names from the UN in Zagreb or the Netherlands Red Cross. At any rate, it was customary to hand over lists of sick and wounded people to the warring factions when they were to be transported. This procedure was followed by UNPROFOR, the UNHCR, NGOs and also local authorities.\textsuperscript{725}

Another question which Minister Voorhoeve posed to his officials was whether Dutchbat had sought guarantees for the safety and medical treatment of the seven wounded Muslim men. This did not appear to be the case. Dutchbat had only transported the seven men to Bratunac at the request of the International Red Cross. To be absolutely sure, a UNMO had been sent along to monitor whether any irregularities occurred.\textsuperscript{726}

The last time that the issue of lists of wounded was raised in the Dutch press, was in Vrij Nederland on 28 October 1995. The editors, Ko Colijn and Paul Rusman stated that, even if it was unclear whether Dutchbat was responsible for those lists, a list of wounded should never have been allowed to find its way into Serb hands.\textsuperscript{727}

In February 1996 Christina Schmitz of Médecins Sans Frontières revisited the issue on the occasion of the publication of the book, Srebrenica: Getuigen van een massamoord (Srebrenica: Witnesses of a Massacre), published by Bob van Laerhoven. She was astonished by the commotion that had arisen in the Netherlands in connection with the preparation of lists of wounded. She did not find anything strange about the preparation of such lists. In this connection she referred to the Geneva Conventions which, according to her, required that such lists be drawn up in cases of this nature and that they be handed to all the parties concerned, including the occupying force, in this case the Bosnian Serbs.\textsuperscript{728} Questions may be raised about Schmitz’s interpretation but she is right when she states that the Conventions provide for the preparation of lists and the presentation of names, albeit that if this is applied to the situation prevailing in Potocari, it was more a duty of the Bosnian Serbs to prepare lists of prisoners of war. In addition, the Conventions make it mandatory for a prisoner of war to state his name when asked.\textsuperscript{729}

\textsuperscript{724} NIOD, Coll. MSF, ‘sitrep Srebrenica - Potocari period: 6-22/07/95’, prepared by Christina Schmitz and Daniel O’Brien, 24/07/95.
\textsuperscript{725} IMG No. 95/27/476. Internal memorandum from SSOGD/ W.J. Wertheim to the chief of Staff, CRST / B. Dedden, 16/11/95, No. SCGD/16110/15024.
\textsuperscript{726} DCBC, 1160. Appendix 3 to DAB, No. D95/488 of 27/09/95.
\textsuperscript{727} Ko Colijn and Paul Rusman in Vrij Nederland, 28/10/95.
\textsuperscript{728} ANP, ‘AzG-arts bij terugblik mild over optreden Dutchbat’, 21/02/96.
\textsuperscript{729} See the Geneva Convention Relative to the Treatment of Prisoners of War, 12 August 1949 (Geneva Convention III), Art. 17: Every prisoner of war, when questioned on the subject, is bound to give only his surname, first names and rank, date of birth, and army, regimental, personal or serial number, or failing this, equivalent information. Art. 20: The Detaining Power shall take all suitable precautions to ensure their safety during evacuation, and shall establish as soon as possible a list of the prisoners of war who are evacuated. Art. 46: The Detaining Power shall take adequate precautions especially in case of transport by sea or by air, to ensure their safety during transfer, and shall draw up a complete list of all transferred prisoners before their departure. In addition, former soldiers may also be treated as prisoners of war (Art. 4).
The evacuation of the wounded by the International Red Cross: conclusion

Ultimately, intervention was required at the most senior political level in relation to the departure of the wounded from Potocari. Only then was it possible for Generals Mladic and Smith to make arrangements for the International Red Cross to have access to the enclave. With hindsight, the delay before the International Red Cross was granted access to Potocari can be explained by the fact that it was not in the interests of the Bosnian Serbs to allow busybodies into an area where Muslim men were being transported and executed.

The transfer of the wounded to the International Red Cross did not proceed without a hitch but was a hastily executed operation owing to the late arrival of the Red Cross convoy from Tuzla. The transfer of the patients was complicated even more by the fact that the Bosnian Serbs had designated seven of them as prisoners of war. Because these men were not taken in the International Red Cross convoy but had to be transported to Bratunac in a Dutchbat truck, this led to consternation in what was a hectic situation. The International Red Cross did not provide an adequate explanation for adopting such a different approach and many Dutchbat personnel were also left in doubt.

This situation created a breeding ground for subsequent speculation about the fate of these men and for questions about Dutchbat’s involvement in it. Part of the discussion concerned the question as to what extent the provision of lists enabled the Bosnian Serbs to select these seven men. This led to as detailed as possible a reconstruction of the preparation of the lists of wounded in various places. However, one cannot conclude from the preparation of such lists that Dutchbat and Médecins Sans Frontières had thus helped the Bosnian Serbs select prisoners of war. Within the reality of Bosnia the question about this, which was mainly posed in the Netherlands, was largely an academic one. Without names or passenger lists it was simply impossible to cross the front line, in this case the border with Serbia.

A request for guarantees addressed by Dutchbat to the Bosnian Serbs at a time when the International Red Cross appeared on the scene, would also have amounted to an overestimation of Dutchbat’s role. The evacuation of the wounded was an issue which was dealt with at the highest level and Dutchbat had hardly any idea what transpired there. Beyond the boundaries of the former enclave only the International Red Cross was able to monitor in some way or another the manner in which the evacuation was proceeding and the subsequent fate of the wounded men. Moreover, the International Red Cross recognized that prisoners of war were involved and registered them, so as to be able to visit them at a later stage. The fact that prisoners of war were involved, was not raised in any of the subsequent discussions in the Netherlands. It was also remarkable that these discussions focussed entirely on the seven men and did not cover the sixteen who were present in Bratunac and who had previously left the compound in Potocari with the convoy of wounded that had failed to make it to Kladanj.

What is also striking, is the extent to which the departure of the wounded became a question of improvising in the midst of ongoing chaos, in which an array of organizations with powers that were not clearly defined, intervened in the situation, and in which the Bosnian Serbs constantly made demands in an arrogant fashion, thereby complicating matters even further.
Chapter 15
Dutchbat’s internal problems

Introduction

The following sections have been written in the light of penetrating medical, ethical and military issues pertaining to the fall of Srebrenica. Dutchbat plays a central role in this respect. In particular, the Dutchbat medical service is put under the microscope and is considered from within. This is important because many questions were subsequently raised about the performance of this medical service, and it can explain a number of matters referred to in the broader review above.

This section seeks to deal with a number of questions systematically, returning in parts to Dutchbat’s organizational structure and medical service, which were raised at the beginning of this appendix. These issues relate to the internal tensions that existed and the situation in which the medical service found itself. The sources cited date from a subsequent period.

The media also devoted a great deal of attention to this. In this connection, it concerns the manner in which the battalion leadership and the surgical teams assigned to Dutchbat, KHO-5 and KHO-6, viewed their duties and the personal conflicts that played a role. The relations between the people involved were not clarified and this rendered their performance additionally vulnerable in the prevailing circumstances.

Relatively soon after the fall of Srebrenica and even before the debriefing report appeared, information was received about the serious breakdown of relations between the Dutchbat leadership and one of the surgical teams (KHO-5) and between both surgical teams (KHO-5 and KHO-6), and the internal relations within the Field Dressing Station.

During the attack on the enclave Dutchbat had two of these surgical support teams, which had been deployed by the Krijgsmacht Hospitaal Organisatie (Armed Forces Hospital Service - KHO) and which, unlike other medical personnel, normally remained in the enclave for three months. Regular relief had fallen considerably behind schedule due to the refusal of the Bosnian Serbs to grant permission for this to occur. When KHO-6 was finally able to travel to Srebrenica after a long wait, the onset of fighting made it impossible for KHO-5 to leave. In normal circumstances, KHO-5 would have left the enclave immediately once they had been relieved and had handed over their duties. However, they did not receive permission to do so and were forced to remain in Potocari. In addition, the day after the arrival of KHO-6 the shelling of the enclave began and the VRS commenced its attack, with the result that tensions rose dramatically.

This led to the exceptional situation where Dutchbat had two surgical teams. The presence of these two KHO teams muddied the already complex waters of the medical service’s performance in addition to a lack of clarity as to what was referred to as the ‘emergency stock’. It was an unpleasant fact that this situation was largely the result of the policy pursued by the Bosnian Serbs with a view to isolating the enclave. In addition, due to its forced wait in Zagreb for permission to enter the enclave relations within KHO-6 and with the commander of the Field Dressing Station had been disrupted somewhat even before the team arrived in the enclave.

However, the Bosnian Serb policy of isolating the enclave also had an effect on relations between KHO-5 and the Dutchbat leadership. Tensions arose partly because the KHO teams and the staff at the Field Dressing Station had different duty rosters. What was more important, was that, owing to their background and approach to work, the KHO teams had a culture which differed from that of the airmobile battalion. Amongst other things, this was expressed in a more flexible approach to dress regulations.\(^{730}\) The dress code applicable in the Field Dressing Station was more informal than the

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\(^{730}\) SMG, Debrief. Feitenrelaas, § 3.1.1.
battalion was accustomed to, and this caused friction between the battalion leadership and the KHO team.\textsuperscript{731}

Discord and differences in character played an even greater role in this respect. Forced inactivity owing to a reduction of the humanitarian help provided to the population as a result of supply problems exacerbated by conflict between Médecins Sans Frontières and the Opstina led to a proverbial situation where the devil finds work for idle hands. The Dutchbat leadership was irked by the forced inactivity of KHO-5.

Apart from this, there was also friction between the battalion staff and the medical personnel in relation to medical ethics and patients’ rights. The lengthy intensive treatment (lasting seven weeks) of a woman with an infected uterus, who later died, contributed to the friction, because nursing her made drew on scarce supplies of medicine and energy, thereby consuming fuel.

As if that was not enough, the presence of two surgical teams of varying nature boosted tensions further. The failure to treat a wounded woman on 10 July affected the relationship between the two surgical teams at a time when the Bosnian Serbs had commenced their attack on the town of Srebrenica. This matter was to receive a great deal of attention after Srebrenica fell. If the KHO teams had managed to confine themselves to their actual operating room duties, relations may have deteriorated to a lesser extent but after the fall of Srebrenica, these members of staff also had to be deployed for duties outside their actual field of operation. This led to difficulties, because some of them had problems performing such duties. All these circumstances had a profound impact on personal and working relations.

**Chain of command**

The debriefing process in Assen revealed that there were tensions between the Dutchbat leadership and the personnel of the Krijgsmacht Hospitaal Organisatie. The facts presented in the debriefing report related mainly to KHO-5. With regard to KHO-6 the debriefing report only stated that during the fall of the enclave the commands given by the commander of the Field Dressing Station were not carried out.\textsuperscript{732}

It had already been stated in the course of the debriefing that the preparation of the surgical teams should have been based on a different approach. The KHO teams should have been more closely matched before they were deployed. The fact that the surgical teams were sent on tour of duty lasting only three months compared to six months in the case of other Field Dressing Station staff, also meant that it would always be impossible to establish a closely-knit team. The Ministry of Defence should have also decided whether to deploy military personnel only or a combination of military and civilian staff but in this case it would have needed to be structured properly.\textsuperscript{733} The surgical team also included civilian staff who had been seconded to the military for this purpose. The people involved did not know each other before they were sent on their tour of duty and only met their commander for the first time in Zagreb. This was hardly an encouraging start. Preparations for deployment were rather brief in some cases. In one instance a warrant officer was appointed in the weekend, required to attend a course at the Centrum voor Vredesoperaties (Centre for Peacekeeping Operations) the very next Monday, and was immediately sent on a tour of duty after this.\textsuperscript{734} The training received by the bulk of the Field Dressing Station staff, those that did not constitute part of the KHO teams, also left much to be desired. Schouten, the anaesthetist, referred to the lack of practical experience as annoying at times.\textsuperscript{735}

Military relations between the battalion and the Field Dressing Station, and also within the latter, were charged. The battalion commander and medical specialists had little contact with each other. Formal contact was routed through the Commander of the Field Dressing Station, a non-

\textsuperscript{731} Confidential debriefing statement (21).
\textsuperscript{732} Debriefing Report, § 6.4, p. 69.
\textsuperscript{733} Confidential debriefing statement (23).
\textsuperscript{734} Confidential debriefing statement (16).
\textsuperscript{735} Debriefing statement A.A. Schouten, 14/09/95.
medical officer of a much lower rank. Mainly the medical specialists from the Navy had difficulties with this structure. The medical specialist from the Air Force had problems with the battalion leadership for other reasons, which are dealt with below.

In practice, the logistics staff officer and acting deputy battalion commander, Major Franken, managed the Field Dressing Station. The battalion commander was not involved in this. However, communication was strained between the Field Dressing Station and the battalion staff. There was also friction because the latter assumed command of the Field Dressing Station and the Medical Platoon, and because commands were not given by their own commanding officers. This was partly due to the organizational structure of the Field Dressing Station. A captain commanded it. His deputy and the head of the internal service was a warrant officer. Final medical responsibility was borne by the surgeon who, along with the anaesthetist, were both colonels, the highest ranking military personnel in the enclave. Because they normally worked in a hospital, they were used to a different culture. The Dutchbat Medical Platoon that was part of the Airmobile Battalion, was partly unaffected by these problems.

KHO-6 was accompanied by a coordinating staff nurse with the rank of major to mediate between the surgical teams and the commanders. In the opinion of Naval Captain S.J. Zwarts, the KHO-6 anaesthetist, this was an inferior structure from a military point of view. It carried the risk of further undermining what was already a difficult command structure owing to the differences in rank.

Communication between the battalion staff and the Field Dressing Station was sometimes inadequate. The commander of the Field Dressing Station attended the battalion staff’s daily briefing. This commander than informed the members of the Field Dressing Station but the latter were not under the impression that they were always fully informed about the current situation prevailing in the enclave. In particular, questions about supplies of fuel and food were not satisfactorily answered.

Communication between the Dutchbat Medical Platoon and the battalion staff was also poor. Information, even if it was relevant, was not always communicated. Nevertheless, because the Medical Platoon had access to various communication networks, it still managed to obtain the information it required. However, they felt that they needed to do everything themselves and that little attention was devoted to those points which were raised by medical personnel. While it was true that the battalion staff devoted a great deal of attention to the conduct of tactical issues, it was less attentive to the performance of medical duties. The staff, and this mainly concerned Major Franken, had their own view of the manner in which these medical duties were performed. He interfered in everything. Views expressed in the field received little attention. Orders simply had to be obeyed. However, the mood prevailing in the Field Dressing Station was good. Internal communication was fine and a staff meeting was held once a week.

Communication from the battalion to the Field Dressing Station was routed through Major Franken. The latter acted in a rather dominant fashion in this respect, which sometimes led to a situation in which one could barely work as the medical personnel saw it. In this connection, Franken commented a great deal about the Field Dressing Station, which gave rise to irritation and had a negative impact on the atmosphere. The cultural differences between the airmobile and medical troops were not divorced from this. Franken simply issued a command and it was a question of ‘Forward march’.

In particular, the strict approach he adopted in his actions to conserve fuel sometimes had a negative impact on their work. From the middle of May 1995 fuel rationing increasingly affected the

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736 Interview S.J. Zwarts, 23/02/00.
737 Confidential debriefing statement (25).
738 Confidential debriefing statement (14).
739 Debriefing statement J.P.M. Tops, 18/09/95.
740 Debriefing statement J.P.M. Tops, 18/09/95.
741 Confidential debriefing statement (10).
742 Debriefing statement E. van ‘t Zand, 6/09/95.
operations of the Field Dressing Station. For example, there were difficulties running the emergency power supply for the operating room during operations. If any member of staff, and this applied to all the services in the compound, switched on a unit to do essential work for a short period of time without requesting permission from Franken beforehand, the person in question was reprimanded. The duty of having to request permission to use power every time, made it impossible for the Field Dressing Station to operate independently. This was also one of the causes of the conflict between the battalion and the Field Dressing Station. During the ‘minimize’ period, for example, it happened that a soldier switched off a unit on the orders of Major Franken. At that point in time it was providing power to an autoclave (sterilizer) running computer-operated software. As a result, the sterilization process was not completed. The instruments therefore needed to be packed in again and the process started anew. Fuel rationing is said to have gone so far that Major Franken also said that fuel should be used sparingly when the units were switched on for the operation on Private Van Renssen, and after the latter’s death Franken found it difficult to use fuel to keep his corpse cold.

If no wounded were brought in or little of the Field Dressing Station’s capacity was utilized, it happened that the KHO team was forced to be inactive while the battalion worked hard. This was an unsatisfactory situation which also led to false positions with the other personnel on the compound and instilled in KHO staff a feeling that they were useless and an undesirable add-on to the battalion. Because the Field Dressing Station did not have any work in the last few weeks of May 1995, staff were regularly found sunbathing en masse. This greatly displeased Major Franken who had to contend with a battalion that had now fallen well below strength because those on leave were unable to return to the enclave. At a certain point KHO-5 personnel were also assigned to guard duty in order to make up the shortfall in staff. Discussion ensued the first time this occurred, because, according to the Geneva Conventions, medical personnel were only permitted to carry weapons to defend themselves or the sick and wounded in their care. Ancillary duties for medical personnel remained a subject of discussion between the battalion leadership and the staff of the Field Dressing Station.

During this period Major Franken indicated that he would ensure that the Field Dressing Station could get back to work, even if this merely involved cleaning the local hospital. However, this did not lead to an order being issued to do so. However, some people have indicated that in June Franken did indeed order the KHO-5 staff to go and work in the hospital in Srebrenica. No clear reason was given for this order and Colonel Kremer did not obey it.

People were angered by the fact that without consulting them Franken announced his decision and is reported to have said, ‘I shall personally see to it that you go and help Muslims in the hospital, even if you all have to sweep the floor together. I don’t give a damn about that’. In this respect Kremer said that Franken was ‘tired’ of people doing nothing. He wanted KHO-5 to work. However, Kremer held the view that what he did was none of Franken’s business and, if necessary, he would approach Karremans: ‘It was war between us from that moment on’.

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743 Debriefing statement R. de Groot, 18/09/95.
744 Debriefing statement J.P.M. Tops, 18/09/95.
745 Confidential debriefing statement (25).
746 Confidential debriefing statement (16).
747 Interview G.D. Kremer, 17/01/02.
748 Debriefing statement by A.A. Schouten, 14/09/95.
749 First Geneva Convention, Art. 22.
750 Information based on confidential debriefing statement (5).
751 SMG, Debrief. Feitenrelaas, pp. 64-65.
752 Confidential debriefing statement (31).
753 Interview Schouten in Utrechts Nieuwsblad, 31/08/95.
754 Interview G. Kremer, 13/07/98.
The order to help out in the hospital led to further actions undermining authority in that contact was established with the Royal Netherlands Army Crisis Staff without the knowledge of the battalion staff.755

Another reason for the division between the battalion and medical leaders was that some medical officers did not wish to comply with the orders and regulations that applied in the compound. This was expressed in an array of provocative behaviour including the consumption of beer contrary to the regulations governing medical personnel. Applicable military regulations were sometimes dismissed with comments such as ‘They [the staff] mustn’t go on moaning like that’. This type of provocation in turn had a disruptive effect on lower ranking medical staff.756 What also played a role was the fact that, due to the actions of Bosnian Serbs, Captain Sweens, the Commander of the Field Dressing Station, was unable to return after being on leave. Prior to this, he had managed matters capably.757

The conflict about the enforcement of military regulations culminated in what came to be known as the ‘footpath affair’. It was customary for KHO-5 staff to walk round the compound after their evening meal. Part of their route took them past the gate and provided them with a view of life around a small creek. The alternative route went past a two-metre high dam with no view. No one had ever worried about it until a duty officer gave notice that the route past the gate was no longer to be used because otherwise the sentries would no longer be able to perform their duties properly. After a tussle that went on for five weeks, Major J. Otter, the compound commander, issued an order specifying ‘alternative routes of varying distances’. This would make it possible to avoid ‘undesirable contact at the gate’ (that is to say, with the local populace) and sentries and patrols would no longer be hindered.758

This order was issued on Karremans’ instructions. It was a rather strained response in which differences in culture, rank and also personality played a role. One person was a colonel and the other a lieutenant colonel or major. The compound commander, Major Otter, felt that it should have been possible for people to resolve this together. This incident undermined not only the position of the battalion’s Commanding Officer but also that of the medical specialist with the rank of colonel.759 The prohibition led to further incomprehension and to conflict which expressed itself in the form of a radio programme in which ‘Radio Dutchbat’ read out short poems, several of which were offensive to the battalion commander, Karremans, and his deputy, Franken. They were limericks about ‘Franco’ and ‘Karrespoor’ and occasioned hilarity in the compound and aroused anger amongst the battalion’s leaders. Major Franken announced that if it were to occur one more time, he would personally pull the plug on the radio. As it happens, Franken was not the only person who felt that such radio broadcasts were inappropriate.760 Captain Schouten also acknowledged that the limericks were of an offensive nature. Even though Kremer and Schouten received the limericks from the battalion, the latter later said, ‘If you have a quarrel with your commanding officer, you should not take the piss out of him on the radio’.

The members of KHO-5 also felt that they were being ‘victimized’ in that their departure from the enclave had been delayed. The battalion leaders were said to have been guided in this matter by personal feelings of ill will. ‘In such a case one is not really capable of leading a battalion,’ Schouten said.761 Kremer defended himself by saying that he only read out poems which others had written and that he was not responsible for their content.762

755 Confidential debriefing statement (25).
756 Debriefing statement by F.H. Elbers, 14/09/95.
758 Dutchbat in Vredesnaam, pp. 80-81.
759 Interview J. Otter, 26/05/99.
760 SMG, Debrief. Feitenrelaas, p. 64-65.
761 NRC Handelsblad, 1/0995.
762 SMG, Debrief. Feitenrelaas, pp. 64-65.
KHO-5’s tour of duty was unintentionally extended by two and a half months. This constituted important grounds for its conflict with the battalion leadership. After this both sides ‘moaned and groaned’ with the KHO team displaying provocative behaviour. Relations broke down due to cultural differences and responses about trivial issues. This was the reason why, despite being appreciated, criticism of Kremer was also forthcoming from the Field Dressing Station, where it was asserted that he had no understanding of military matters and that he should have abided by the maxim, ‘stick to what you know’.  

The mood prevailing within KHO-5 in the first three months was good. Hardly any distinction was drawn between rank and social standing. The announcement that they could not return home after three months brought about a rapid change in mood. Irritation increased because planned holidays had to be abandoned. Kremer accused Karremans of ‘abusing his powers’ by halting his team’s roster: ‘Everyone was allowed to leave except the first-aid team’. The battalion leaders said that this had occurred on the orders of the Royal Netherlands Army Crisis Staff. Kremer then phoned the latter himself, after which it appeared that this was not true and that it had indeed been a battalion decision. ‘Perhaps it was a bet that the colonel would not leave before they did,’ said Kremer. This is dealt with in the next section. According to Kremer, Karremans even later tried to intimidate him in the Netherlands after he had filed a complaint about abuse of power: ‘You will pay for that!’. When Kremer also lodged a complaint about this, Karremans backed down and said that he had only been bluffing.  

Relations between the battalion staff and the Field Dressing Station were strongly influenced by cultural differences between the doctors sourced from other services and some nurses on the one hand, and on the other, the structure and mentality of the airmobile battalion. Naval Captain Schouten, who had been around for some time, said that he did not care much for squabbling between ‘the tough guys and the softies’ and that he got on well with Karremans and Franken, although he added, ‘They are excellent soldiers but they have hardly been blessed with communicative skills’. Another source of irritation lay in the intimidating tone with which Franken issued orders to staff in the Field Dressing Station and the fact that he was a poor listener.  

It was primarily the relationship between Karremans and Kremer that caused difficulties. Initially, they got on reasonably well with each other in view of the fact that they both had similar situations at home and spoke about this. Later on, however, Karremans was annoyed with Kremer for publicly trumpeting around his private problems in the Field Dressing Station. This situation deteriorated when it became impossible for KHO-5 to be relieved and for its members to proceed with their holiday arrangements. Estrangement also occurred due to the fact that in the eyes of Karremans Kremer did not conduct himself appropriately as a military officer. Holding the rank of colonel, he should conduct himself accordingly. It must have also annoyed the younger officers in the battalion staff when Kremer turned against them and gave them the impression that he thought his superiors were just a ‘bunch of stubborn arseholes’. Karremans felt that it was unacceptable to personalize issues and sneer on the radio. On the other hand, he said that he valued Kremer as a person and a medical practitioner.  

Nor was there an optimum relationship between Schouten, the anaesthetist, and Kremer, the surgeon. Schouten did not fully agree with the schedule of operations performed by Kremer for the population. It was argued that it was good to keep staff busy. Doctors who had nothing to do, became grumpy and it was good for people to gain experience in case anything should actually happen. Adopting this approach, it was not difficult to find work. However, Schouten had difficulties with the types of operations that were performed. He felt that operations on hernias and gall-bladders

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763 Confidential debriefing statement (19).  
764 Confidential debriefing statement (10).  
765 Interview G.D. Kremer, 13/07/98.  
766 Utrechts Nieuwsblad, 31/09/95.  
767 Interview Th.J.P. Karremans, 23/09/98.
constituted senseless work. This was nothing more than a means of keeping staff busy. Moreover, it imposed a considerable burden on one, because these patients required post-operative care. After lunch the surgeon did something else, while the rest of the first-aid staff spent the entire day providing this care.

In addition, it also drew on stock at a time when there were no incoming supplies. On top of this there was the need to nurse the woman with the infected uterus for seven weeks. Relations between Kremer and Schouten also deteriorated then. The little that was left of the resources was then set aside as ‘essential stock’. Schouten imposed restraint by refusing to provide any more anaesthetic. Although there were still large quantities of dressings and certain types of drips, this did not help one at all that much in the case of operations. Schouten believed that available stock did not include resources to care for more than three seriously wounded individuals. The KHO-6 anaesthetist, Zwarts, was somewhat more optimistic, because it would also be possible to improvise. He felt that manpower would be the main limiting factor in the event of a ‘multiple casualty’.

However, such matters were seldom discussed with the battalion leaders and one got the impression that it was an issue with which they were preoccupied. If such matters were raised in the course of consultations, it was considered to be the duty of the commander of the Field Dressing Station to raise it. There was a strict hierarchy but the commander of the Field Dressing Station was not the type of person to spend much time discussing such matters. Schouten was used to a shorter chain of command in the Navy. However, the difficulties between Colonels Kremer and Schouten were subordinate to the problems between KHO-5 and the battalion leadership.

Typical of their relations was a fax which Captain H.A. Folmer sent to the Royal Netherlands Army Crisis Staff in the first week of June with Major Franken’s approval asking that more fresh food be sent to Dutchbat. In this connection, Folmer pointed to the medical effects which a shortage of fresh food could have in the course of time. A day later this fax was published in Brabants Dagblad and the following day in the national daily newspapers citing Folmer’s name. The TV programme, Nova, then called Folmer in the compound. The press seemed to interpret the fax as though medical problems had arisen due to a lack of food. How the fax had been made public was a mystery to Folmer and the staff in the Field Dressing Station. The information had only been provided to the Royal Netherlands Army Crisis Staff.

Colonel Kremer presented a different version of these events. According to him, the newspaper article was based on a fax which was only allowed to leave the enclave after a week. Kremer was the actual person who had drawn up the communication. He was unduly troubled by the prevailing health situation and wished to raise the alarm. Karremans was opposed to this. Kremer believed that it was medically irresponsible that troops were on their last legs. They had lost a great deal of weight and were suffering from diarrhoea. Karremans is reported to have then said, ‘As long as they do not have scurvy and their teeth are not falling out of their mouths, we can still manage to do with a little less.’ Dutchbat’s Lieutenant Koster felt that the fax should nevertheless be sent and he faxed it to his father who worked in the communications centre in The Hague. The latter in turn passed it on to Brabants Dagblad. According to Kremer, it was only after it had been published, that Karremans felt a need to send an urgent letter to The Hague and UNPROFOR about the deplorable situation in which Dutchbat found itself. This is dealt with in Part III, Chapter 4 of the report proper.

768 Interview A.A. Schouten, 21/02/00.
769 Interview S.J. Zwarts, 23/02/00.
770 Interview A.A. Schouten, 21/02/00.
771 SMG, 1004/24. Acting C vbpl (AOOI TOPS) and Folmer to deputy SSOGD, Crisis Staff, Lankhorst [07/06/95]; debriefing statement H.A. Folmer, 7/09/95. See also ANP, 071234 June 95, ‘salmonella-infectie bedreigt Nederlandse VN’ers in Srebrenica’ (Salmonella infection threatens Dutch UN troops in Srebrenica).
772 NIOD, Coll. Schouten. Schouten Diary, 7/06/95.
773 Interview G. Kremer, 13/07/98.
As it happens, the Royal Netherlands Army Crisis Staff was already alarmed by reports that amoeba dysentery was threatening to become endemic and requested a list of current sicknesses, hygiene and bodily complaints due to the lack of fresh food and inquired whether the unit’s deployment potential had been reduced as a result. It appeared that amoeba dysentery had only been detected on three occasions but there had been a remarkably large number of diarrhoea complaints, although it was impossible to point to a specific cause. While the lack of fresh food was a source of concern, no symptoms had yet been observed which could be traced back to poor hygiene. However, such complaints could be expected in the long term. However, it was concluded that the battalion’s deployment potential had not been reduced. The fax sent to the Royal Netherlands Army Crisis Staff only refers to an expected situation which could occur if the existing situation were to persist.774

Hegge, the Naval Captain who arrived later on, said that he did not have many problems with Major Franken’s leadership. Whatever decision he took, Franken was someone who dared to make decisions and was capable of doing so. However, he gave everyone short shrift and had little patience. Hegge was never involved in any conflict with either Karremans or Franken. Karremans was inaccessible and withdrawn, although this was sometimes true for Franken as well if he did not know how to deal with certain issues.776

For his part, Franken said that he experienced few difficulties with Hegge. This had been different with the latter’s predecessor. The naval captain was straightforward.777 Hegge only saw Karremans at the morning briefing. In addition to the commander of the Field Dressing Station, Hegge also decided to attend these briefings because, as the person responsible for the medical side of things, he wished to obtain information himself.778 As it happens, the quality of the information which was received every day from the new Field Dressing Station commander who had arrived at the same time as KHO-6, Captain Van Hoogwaarden, is reported to have been good. Van Hoogwaarden did his best to avoid rumours.779

On 8 July, at a time when shooting and fighting had already started, Van Hoogwaarden wrote that the prevailing mood was good, even though the Bosnian Serbs’ refusal to permit the rotation of KHO-5 was a pain in the neck to everyone.780 Within KHO-6 morale was reasonably high and he was working closely with Major Ros. His working relationship with Hegge is said to have been poor. They did not consult each other properly and Hegge acted rather impulsively. Internal communication was good but that between them and the battalion leadership left much to be desired. Due to its lack of consultation with the battalion leaders, the Field Dressing Station felt that it did not receive enough support. Additional information was available because Captain De Bruijn of Dutchbat’s Medical Platoon provided information about the tactical situation in the enclave on a daily basis.781

One ship, two captains

The two surgical teams (KHO-5 and KHO-6) did not get on well together. When KHO-6 arrived in the enclave on 4 July, the KHO-5 and Field Dressing Station staff focussed all their attention on the newcomers. Their arrival in Srebrenica occurred in less than fortunate circumstances and highlighted the cultural differences between the veterans and newcomers in the enclave. While the team was at the VRS checkpoint at Yellow Bridge for the customary check, the VRS and ABiH fired on each other from opposite hills at the very moment that the KHO-6 team alighted from the vehicle. Just when they

774 SCGD. Deputy SSOGD Crisis Staff (Lankhorst) to C-Vbpl, C-13 lnfbat, 7/06/95.
775 SMG, 1004/24. Deputy C vbpl (AOOI TOPS) and Folmer to deputy SSOGD, Crisis Staff, (7/06/95).
776 Interview H.G.J. Hegge, 02/02/00.
777 Interview R.A. Franken, 18/05/01.
778 Debriefing statement H.G.J. Hegge, 21/09/95.
779 Confidential debriefing statement (16).
780 Letter to relatives appended to confidential debriefing statement (18).
781 Debriefing statement J.C. Voets, 14/09/95.
arrived in the compound in Potocari, the warring factions again fired on each other, with the result that two people sought cover under the bus, while all the first-aid staff stood waiting for the newcomers. This led to hilarity and comments such as, ‘Nothing to worry about. You’ll get used to it’.

Shortly after this a bus stop opposite the compound was hit by a shell. Some of the KHO-6 members saw this happen while they were sitting on a small bench close to the Field Dressing Station. They hesitantly asked whether this was normal but now they were told that it was time to move to the shelter.782

On 4 July it was agreed that the new team would adopt a leading role and the old one a supportive one as long as the latter could not leave the enclave. However, according to Schouten, Kremer instinctively found it difficult to accept the fact that he was no longer running the Field Dressing Station and had passed on this duty to his successor.783 Hegge’s arrival led to some friction. It concerned Hegge that various resources were not available. This produced the following response amongst the staff in the Field Dressing Station: ‘Do you realize under what circumstances we are required to work here?’

As it happens, the staff of the Medical Platoon, which had been in the enclave longer than the first-aid personnel, had observed the same attitude when Kremer had taken over the work of his predecessors.784

The two surgeons already had a quarrel about instruments during the changeover. Hegge found it disagreeable to hear Kremer comment that, if there was a need to amputate, one would need to fetch the cook’s knife.785 He responded by saying, ‘Do you think that I have never performed an amputation? I will be the judge of that myself.’ However, Hegge stated that he was not aware of any personal argument or competition with Kremer. Others must have started rumours about this. However, they had had a serious disagreement about the treatment of a Muslim woman on 10 July (see the next section). After the fall of Srebrenica they again had a disagreement about the treatment of a small boy with fever and a swollen leg. Kremer wanted to treat the boy with antibiotics. Hegge thought this was incorrect and removed an abscess in an operation.786

In the eyes of the incumbent personnel the new team was rather obstinate, with the result that there were constant problems. They are said to have failed to comply with all sorts of existing regulations, yet this team was not given much time to find its feet. For instance, KHO-6 was reproached because, while an operation was being performed during an alert on 6 July someone had to leave the operating room in the bunker five times because an incomplete set of medical equipment was available in the bunker.787 The question is whether the former team could also not have been accused of such lapses. When it was noticed that the new team had a different way of working, the incumbent team interpreted this as though there was something wrong with the new team because they did not operate in the same manner as in the past. On the other hand, the new team was not overly charmed at having to hear about the problems the old team was experiencing with the battalion leadership, immediately after their arrival. Yet, like the old team, the new one also had difficulties with the culture prevailing in the Airmobile Brigade. The elitist attitude adopted by the Airmobile Brigade and, in particular, the manner in which the battalion leadership imposed matters without any form of consultation, was also a source of irritation to the new team.788

The mood prevailing in the Field Dressing Station is said to have changed significantly following the arrival of KHO-6.789 The situation only improved when the old team was able to leave

782 Interview M.J.L. de Bruijn, 09/01/02.
783 Debriefing statement A.A. Schouten, 14/09/95.
784 Interview M.J.L. de Bruijn, 09/01/02.
785 Interview A.A. Schouten, 21/02/00.
786 IMG. ‘situatieverslag Potocari’ prepared by H.G.J. Hegge, 27/12/95; interview H.G.J. Hegge, 02/02/00.
787 Debriefing statement J.P.M. Tops, 18/09/95.
788 Debriefing statement H.G.J. Hegge, 21/09/95.
789 SMG, Debrief. Feitenrelaas, § 3.1.1.
the enclave on 15 July. Hegge, the surgeon, and Zwarts, the anaesthetist, are said to have had a different perception of their duties than their predecessors, Kremer and Schouten. Hegge had assumed final responsibility for medical matters, and whereas Kremer tried to help people as much as possible while sweating and clothed in a T-shirt, Hegge prepared to perform any operations attired in a neat uniform and polished shoes. Still, comments were also forthcoming from the new team. After the fall of the enclave the KHO-6 team was deployed to provide on-site aid without any consultation. Consequently, medical specialists were taken from the team to lend a helping hand. Hegge wished to be informed about this but was reproached for not wanting to provide humanitarian assistance. Hegge felt that this was wrong, because he was still making allowances for the eventuality that there could still be casualties amongst Dutchbat personnel in the observation posts that were still held. Once the danger subsided, KHO-6 staff also worked inside and outside the compound, and conducted social patrols outside the compound at night.

Within KHO-6 army staff felt that their naval counterparts did not approach their work ‘with the appropriate mentality’ and had thereby left their stamp on the Field Dressing Station. One needed to explain to naval personnel that the commander of the Field Dressing Station, the staff nurse and the head of the internal service, all of whom were not medical officers, represented the captain of the ship. In the Royal Netherlands Navy, field hospitals are headed by a medical officer.

Later the commander of the Field Dressing Station also conceded that in circumstances such as those prevailing in Srebrenica, it would have been wiser to have the surgeon or anaesthetist assume this position. A captain from the medical corps could then have acted as his deputy.

It was reported that naval personnel did not always promptly obey operational orders given by Captain Van Hoogwaarden. Incidentally, there were also examples involving army personnel. An order to serve at a casualty post near the bus station was initially disregarded but later obeyed. The naval anaesthetist is said to have once failed to perform service at a casualty post from 6 am to 10 am. Afterwards it appeared that he had been there but had returned of his own accord. The army personnel considered it strange that Hegge himself had contact with The Hague and continued to insist on obtaining medication, even if it was available in Zagreb, and that he passed on information to the home front telephone network that had been set up for KHO-6.

Afterwards many people cited the cultural differences between the army and navy personnel as an explanation for the differences in their approach which were noticed. Naval Captain Zwarts could not really imagine this. Every person had his own character and this was not overly related to differences between the various armed services. What did make a difference, was that naval personnel were sent on tours of duty together more frequently. The three medical specialists from the navy had worked together both in Cambodia and in the Gulf, and naval staff had learned to operate within a military structure in military conditions. In such cases the commanding officer decided which wounded individuals the medical officers would have contact with. According to Zwarts, the issues at stake were inexperience and the absence of proper leadership. Due to lack of experience, Dutchbat did not know how to deal with the situation. This bothered many people. People had not been trained for this situation. They had been led to believe that nothing serious would happen and that, if anything did, the RNLA organization would be ready to help. In Srebrenica people did not have any certainty and not everyone was able to cope with this equally well. Zwarts felt that this had little to do with cultural differences. Hegge too pointed out that several nurses had never been on active service before. The
difference lay in the fact that naval personnel frequently spent long periods of time away from home and managed to cope with this better.\textsuperscript{796}

### Problems in Zagreb

After the return to Zagreb, the chain of command again led to difficulties. Command of the Field Dressing Station then shifted from Van Hoogwaarden to the warrant officer, following which a Naval Captain refused to accept any further orders from him.\textsuperscript{797} In the Netherlands Navy officers did not muster and colonels were not marched around. There was said to be absolutely no idea within Dutchbat of how to treat officers of superior rank. While the commander and the head of the internal service of the Field Dressing Station were billeted in single rooms, the Naval Captains had to share a five-person dormitory.\textsuperscript{798} Franken referred to this matter, which occurred upon the falling in of the battalion to hear Force Commander Janvier’s address a ‘non-incident’.\textsuperscript{799} One and a half years later Captain Zwarts, who had not been involved in the above-mentioned ‘incident’, spoke to the Director of Personnel in the Royal Netherlands Army and the latter conceded that a number of matters presented in connection with these internal relations had been justified. To Zwarts this was another indication that such matters had little to do with cultural differences but with a lack of experience.\textsuperscript{800}

Codes of conduct had led to problems earlier on. On 23 May 1995 Captain Van Hoogwaarden, the Commander of the Field Dressing Station, was sent to Bosnia. He was first introduced to KHO-6 in Zagreb. At the time this team had already spent three weeks in Camp Pleso waiting for permission from the Bosnian Serbs to travel on to Srebrenica. This transit camp near the Zagreb airport was only suitable for brief stays. The behaviour of the officers, some of whom came from the Netherlands Navy, had an effect on other staff, according to Van Hoogwaarden. He was concerned about complaints about their accommodation and resistance to the Royal Netherlands Army’s code of conduct.

In the course of time the Royal Netherlands Army Crisis Staff ordered its waiting personnel back to the Netherlands. It was acknowledged that the state of hygiene in Camp Pleso left much to be desired. Respiratory infections which resulted, were said to have been presented in a form more exaggerated than was actually the case in order to force a return to the Netherlands. Four soldiers were sent to an internist in the American UN hospital and the Royal Netherlands Army Crisis Staff was informed that there were 11 similar cases. The diagnosis could not be confirmed following examinations in the Netherlands.\textsuperscript{801}

It subsequently appeared that there had been an abuse of medical authority. No action was taken because it would have been difficult to prove it and it would have happened at an inconvenient time as the KHO team was on the point of being redeployed.\textsuperscript{802} Naval Captain Hegge, against whom this reproach was directed, felt that this accusation was unfounded. He had not made the diagnosis, the Americans had. In this connection, they had noted that it was a pulmonary disease, possibly of epidemic proportions. The return was ordered by the Royal Netherlands Army Crisis Staff. Everyone was treated as a precaution and the rules quite simply stipulated that anyone who was receiving medical treatment through the Centraal Militair Hogeraal (Central Military Hospital), was to be repatriated and examined again after the initial treatment.\textsuperscript{803}

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\textsuperscript{796} Interview H.G.J. Hegge, 02/02/00.
\textsuperscript{797} Confidential debriefing statement (18).
\textsuperscript{798} Debriefing statement H.G.J. Hegge, 21/09/95.
\textsuperscript{799} Interview R.A. Franken, 18/05/01.
\textsuperscript{800} Interview S.J. Zwarts, 23/02/00.
\textsuperscript{801} DJZ. IMG (Groenhout) to the minister and junior minister, 15/12/95, No. IMG 95/27/515, p. 5 and 10, Highly Confidential.
\textsuperscript{802} Stasdef. Memorandum from DAB to the minister, 19/12/95, No. D101/677.
\textsuperscript{803} Interview H.G.J. Hegge, 02/02/00. On another occasion involving the rotation of 42 LBJ who was awaiting their departure for Srebrenica in Pleso, Hegge was asked by the commander of the Zagreb Logbase to state his opinion of long-term stays in Pleso. The camp was only suitable for no more than two overnight stays and 20 people shared a room in the
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After spending several days in the Netherlands, the KHO team returned to Zagreb. Again, poor accommodation caused problems. Following consultations between the Camp Pleso staff and the Royal Netherlands Army Crisis Staff, it was decided to accommodate KHO-6 in a hotel in the city. Van Hoogwaarden and other personnel from the Field Dressing Station remained behind in Pleso. The fact that the members of the surgical team were able to enjoy themselves in the city while the others remained in the less-than-ideal accommodation of Camp Pleso, where a curfew applied, did not help promote good relations. As a result, relations between the KHO team in Zagreb and the staff of the Field Dressing Station deteriorated to rock bottom.804

Criticism and action

In a memorandum written after the fall of Srebrenica, Van Hoogwaarden indicated that there had been a resurgence of difficulties in the days before and after the fall. A member of the KHO-6 staff refused to obey an order given by Van Hoogwaarden to go to Srebrenica in order to see if anything could be done for the refugees. He felt it was too dangerous. Staff are said to have categorically refused to provide medical aid to refugees during shellings and had created difficulties in respect of patrols amongst the refugees. There was even a nurse who found it difficult to be assigned duties in the part of the compound where the wounded refugees lay. Partly in view of the fact that other personnel and KHO-5 performed their duties properly, Van Hoogwaarden felt that this amounted to reprehensible conduct which was hardly professional. Within KHO-6 ‘the sloppiness and negative attitude’ stood in sharp contrast to the efforts of others. An example of this contrast was Naval Captain A.A. Schouten, the only name referred to in the relevant memorandum, who had volunteered to assume responsibility for the treatment of wounded Muslims in Bratunac, thereby missing out on his relief scheduled for 15 July. The members of KHO-6 had not been properly prepared for their duties. According to the memorandum, team building had been required outside the hospital where they worked.805

The remarks which Van Hoogwaarden had made in his memorandum, led to further action on the part of the Royal Netherlands Army Crisis Staff but the Ministry of Defence was not aware of any of these matters. Minister Voorhoeve only saw Van Hoogwaarden’s memorandum on 4 December 1995. He described its contents as very serious and wondered what had been done in this respect. He wanted to know how criticism was dealt with, what steps had been taken to improve motivation, training and discipline, and what additional measures were required.806

In mid-December Voorhoeve received replies from the chief of Defence Staff to his question as to what had been done with the memorandum of the Field Dressing Station commander. The possible refusal to obey orders was being investigated by the Royal Netherlands Marechaussee. The Inspecteur Militaire Gezondheidszorg (Military Health Care Inspector) was considering the medical and ethical issues. Other problems concerned the unclear position of and lack of appreciation for a number of medical specialists, inadequate evaluation, excessively protracted absence from specialist practice, and unfamiliarity with some aspects of surgery. The Commander-in-Chief of the Royal Netherlands Army had assured the chief of Defence Staff that the conclusions and recommendations contained in the report of the commander of the Field Dressing Station had been taken to heart. Training and exercises had been improved. At the request of the chief of Defence Staff, the Commander-in-Chief of case of larger groups. The few sanitary facilities available were in a deplorable condition. Clean bedding was barely provided. According to Hegge, this created all the conditions for minor epidemics. (IMG, notes KTZAR H.G.J. Hegge). 804 SMG, 1007/8. Internal memorandum, ‘Functioneren KHO-6 in voormalig Joegoslavië’, R. van Hoogwaarden (C-Vbpl Potocari) to W. Wertheim, 29/07/95.

805 SMG, 1007/8. Internal memorandum ‘Functioneren KHO-6 in voormalig Joegoslavië’, R. van Hoogwaarden (C-Vbpl Potocari) to W. Wertheim, 29/07/95.

806 DCBC, 2339. Handwritten memorandum from the minister to the SG and CDS copy to DAB, 4/12/95, No. 1772.
the Royal Netherlands Army personally went to inspect the personnel of the Field Dressing Station of the Dutch battalion (formerly Dutchbat IV) that was scheduled to participate in IFOR.807

A number of issues were definitely tackled. In order to ensure that surgical teams were better prepared, the Royal Netherlands Army Crisis Staff had immediately launched the idea of setting up the equipment used in the Field Dressing Station in Srebrenica in the Central Military Hospital in Utrecht. This would make it possible to practice and to evaluate the equipment that was available. Following deployment in Srebrenica, it had taken six months before the Field Dressing Station was operating optimally due to the fact that insufficient instruments and equipment had been sent to it.808

Later this plan had a proposal added to it entailing that the materials actually be used for three days in the course of preparation to ensure that people were properly prepared when they started a tour of duty.809 Although not all surgical teams had experienced difficulties when deployed, in the case of KHO-5 and KHO-6 it appeared that they could partly be traced back to the unclear position of specialist members of staff and insufficient appreciation of them. In the future it would be important to ensure that the battalion leadership and the medical specialists understood each other better. In addition, there were other matters that played a role, such as lack of familiarity with surgical equipment, excessively long tours of duty and inadequate evaluation following deployment.810

Even before the Minister had posed his questions, the Royal Netherlands Army Crisis Staff had investigated what had been done with Van Hoogwaarden's memorandum. Its Speciale Stafofficier Geneeskundige Dienst (Special Medical Service Staff Officer), Lieutenant Colonel Wertheim, had received Van Hoogwaarden's memorandum on 9 August. He had realized its 'combustible nature' and had immediately forwarded it to the Chief of Staff of the Royal Netherlands Army Crisis Staff. In addition to the latter, Wertheim also provided a copy of the memorandum to the inspector of the RNLA Medical Service, Brigadier General B.C. Mels. Wertheim had also told the latter, 'This is trouble'. Apart from the ethical and military aspects of the memorandum, something had to be done with it. Mels is said to have passed on the contents of the memorandum to Deputy Commander of the Royal Netherlands Army and the director of Operations Van Baal but this information is said to have got 'stuck' there. Brigadier General Pollé, the commanding officer of the Netherlands Army Crisis Staff, is also said to have passed this matter on to his superiors.

Van Baal decided to first await the outcome of the debriefing process in Assen. Wertheim then invited Van Hoogwaarden to provide additional information but this could only occur once the latter had returned to the Netherlands. Van Hoogwaarden provided his explanation on 25 August and this painted a clearer picture of events. Again, Wertheim passed on his findings to Mels. After this, events caught up with everyone in that the matter was publicly disclosed.811

Already in Srebrenica, on 16 June, KHO-5 had approached the professional organizations for military personnel with complaints about the Dutchbat leadership. This team had been scheduled to return to the Netherlands on about 12 May. The team linked the grudge which Major Franken was said to have towards one of its members with his attempts to force people to perform work in the hospital in Srebrenica. However, Médecins Sans Frontières and the team had agreed not to choose sides in the conflict between this organization and the Opstina.

In response, the acting commander of the Field Dressing Station consulted the Royal Netherlands Army Crisis Staff. The situation was saved when a message was received stating that no support was to be provided to the hospital until the conflict had been resolved. At the recommendation of a spokesperson for the KHO team, Karremans received appropriate directions from the Royal

807 DS, S/95/061/4922. Memorandum from CDS to the minister and junior minister, 15/12/95.
808 CRST. SSOGD (Wertheim) to CS KL CRST/ B. Dedden, 22/08/95, No. SCGD/15099/5784.
810 DCBC, 2340. SSOGD (Wertheim to DCBC/ R. van Dam, 6/12/95, No. SCGD/718/153/Conf.
811 CRST. SSOGD (Wertheim) to CS KL CRST/ Smeets, 30/08/95, no SCGD/15168/1210; interview W. Wertheim on 14/02/00 and A.P.P.M. van Baal on 01/11/01.
Netherlands Army Crisis Staff: orders for the provision of humanitarian aid could not be issued by Dutchbat's Commanding Officer but only by the commanding officer of the Field Dressing Station.812

The first evaluation involving the Dutch navy specialists of both KHO-5 and KHO-6 took place on 16 August.813 These naval personnel had already filed a complaint with the Director of Personnel in the Royal Netherlands Navy, Rear Admiral J.L.A. van Aalst, about the treatment they had received at the hands of army personnel. This complaint was kept out of the public eye. The three naval captains and one sergeant major said that they had been faced with 'gross discourtesy and improper treatment' but did not enter into detail. However, their most serious grievance appeared to involve their reception in Zagreb, which they experienced as humiliating and insulting. They had not been afforded any opportunity to settle down. These four people had previously been deployed under the auspices of the UN within a naval context and were concerned about the manner in which the army had dealt with them and the fact that it was impossible to arrange a speedy trip home for them.814

Van Hoogwaarden’s memorandum had also already been discussed in the course of a debriefing interview at the Central Military Hospital in Utrecht in the presence of the Commander of the Armed Forces Hospital Service, Naval Captain C. van der Pompe. There was some concern about this document owing to the potentially negative impact it could have. It had been prepared without any consultation and Naval Captain Hegge was of the opinion that it contained several allegations that could not be proved, even though he confined his response largely to what had occurred in Camp Pleso. In his response he referred to the memorandum as ‘an emotional kick while the man is down’. KHO-6 had been in Camp Pleso since 9 May when Van Hoogwaarden arrived there on 23 May. After his arrival he is reported to have said that he wished to travel to Srebrenica as soon as possible otherwise he wanted to go home. In this period Van Hoogwaarden is said to have done little to ensure the closer integration of KHO-6 and the Field Dressing Station. He spent most of his time at the UN headquarters in Zagreb which he knew from a period tour of duty as a UN observer. A further source of concern was his failure to conceal his dislike of Croats, Serbs and Bosnian Muslims.815

The emergence of disquiet in medical circles

Already prior to the debriefing process in Assen on 30 August some indication of the disquiet prevailing in medical circles was publicly revealed. The GPD/Utrechts Nieuwsblad journalist, Henk van Ess, had heard that 12 soldiers of the Armed Forces Hospital Service, amongst them Colonel Kremer, had filed a complaint with the Algemene Christelijke Organisatie voor Militairen (ACOM, General Christian Organization for Military Personnel) about the leadership provided by Commanding Officer Karremans and his Deputy, Franken. They said that they were treated like ‘dogs’, that the mood was tense and that incidents had occurred. The jokes about the battalion leaders on the Dutchbat radio station run by KHO staff were also mentioned. Major Franken was said to have postponed their relief in response. Colonel Brantz appeared to have confirmed this story commenting only that ‘those softies in the medical service should not moan like that’.

Van Ess asked the Ministry of Defence’s Directorate of General Information if it was true that Colonel Kremer had spoken to General Couzy in Zagreb. He wanted to know what had been discussed and what had been agreed. The chairperson of ACOM, W.J.G. Gooijers, confirmed that a complaint

812 CRST. SSOGD (Wertheim) to CS KL CRST/, 30/08/95, No. SCGD/15168/1210.
813 CRST. SSOGD (Wertheim) to CS KL CRST/, 30/08/95, No. SCGD/15168/1210.
814 NIOD, Coll. Kreemers. KTZAR H.G.J. Hegge, KTZAR A.A. Schouten, KTZAR S.J. Zwarts and SMJRBA, L.W. van Hazel to DPKM, cc. T. Karremans, 10/08/95. The Naval Director of Personnel (Van Aalst) faxed the letter on 1/09/95 to the Directorate of General Information (Kreemers).
815 NIOD, Coll. Hegge. Response of the KHO-6 commanding officer to the internal memorandum of Van Hoogwaarden dated 29/07/95, 18/08/95.
had been lodged. He had discussed the matter with the Royal Netherlands Army’s Director of Personnel and his deputy for personnel matters, Brigadier General E.M.L.H. Termont.816

General Couzy was indeed aware of the situation. It was already clear at an early stage that there were problems involving the Armed Forces Hospital Service. This matter was raised during discussions involving Couzy and the medical specialists in Zagreb: first of all with Colonel Kremer on 17 July about the approach and attitude of the battalion staff, and then on 22 July with the medical specialists from the navy. It was anticipated that the doctors’ experience would be raised in the course of the debriefing process that began in Assen on 4 September. Because Couzy had agreed with Minister Voorhoeve ‘in general terms’ that no information would be released until the report of the debriefing process had been released, the Royal Netherlands Army and the Ministry of Defence did not respond.817

Even Gooijers preferred to await the debriefing findings before he was prepared to respond. However, an internal examination conducted by the army revealed that Van Baal, the Deputy Commander-in-Chief, was aware of the contents of Van Hoogwaarden’s memorandum. In so far as it was possible to establish, the Ministry had nevertheless not been informed about this affair.818 The Royal Netherlands Army Crisis Staff promptly brought this memorandum to the attention of the debriefing centre in Assen.819

The Utrechts Nieuwsblad published the article on 31 August. It stated that Minister Voorhoeve and General Couzy had given the impression that all was well within the Dutchbat unit. Now this did not appear to be the case. There were differences in opinion about the manner in which humanitarian aid was to be provided. There were conflicts relating to the way in which Franken was providing leadership. These problems were escalating. Limericks were read aloud on the radio in which Franken was compared with Franco. The Dutchbat leadership was said to have rescheduled relief in response to this by order of the Royal Netherlands Army Crisis Staff in The Hague. According to the newspaper, none of this incidentally appeared to be true following further inquiry. It was said to be a deliberate campaign of revenge, with the result that, partly due to these circumstances, KHO-5 would only be returning to the Netherlands on 17 July.820

A day after the Utrechts Nieuwsblad had done so, NRC Handelsblad also devoted attention to the matter. Again, it was the KHO-5 anaesthetist, Naval Captain Schouten, who raised his voice. According to him, medical officers and soldiers did not get along together by their very nature. There were cultural differences. Skill counted amongst the medical officers and not the number of stripes. In addition, military specialists received a higher rank without having had a military career. This was due to remuneration and recruitment. Schouten pointed to the navy’s different culture. While it was true that the commanding officer was sacred in this service, the moment he stepped into the sick bay, the medical officers were in charge. It was precisely the unique world of the medical officers and the coming and going of patients to and from the Field Dressing Station which fell outside the ambit of military affairs, and this irked the Dutchbat leadership.

According to Schouten, Franken’s actions and strong personality had the reverse effect. Franken wanted to bait the medical officers now and then and was delighted when they responded. The result was the emergence of two camps and people ensconced themselves in their own camp. Aid to the populace had been suspended in view of the scheduled relief, with the result that no friction would arise in relation to the transfer of patients. Consequently, KHO personnel were loafing about. Neither

816 NIOD, Coll. Kreemers, No. 259. Afdeling Legervoorlichting (Army Information Department) (J. van de Laarschot) to DV, 30/08/95.
818 SMG, 1007/34. Memorandum from the deputy chief of Planning in the RNLA Staff (Brigadier General P.J.E.J. Striek), 30/08/95.
819 CRST. SSOGD (Lieutenant Colonel Wertheim) to CS KL CRST/Colonel Smeets, 30/08/95, No. SCGD/15168/1210.
820 The Haagsche Courant also published this report in virtually identical words on 31/08/95.
was living on rations good for morale. However, the conflict really got underway when limericks about ‘Franco’ and ‘Karrespoor’ were read out on the radio.\textsuperscript{821}

In November 1995 the Royal Netherlands Army’s Directorate of Personnel devoted closer attention to the relationship between the battalion leadership and KHO-5. The ACOM chairperson, Gooijers, had requested that attention be devoted to it. According to Brigadier General Termont, the person dealing with it, the fact that the matter was only pursued in November was not due to an official delay but because he wished to have further consultations with Gooijers prior to this.\textsuperscript{822}

Termont spoke to the people involved on 11 December 1995 and 9 February 1996. The aim of these consultations was to provide a sounding board. Termont felt it was undesirable to have further discussion occur in the media. According to the minutes contained in the report of the meeting, those who were present, agreed with him in this respect. The chief subject of discussion was the irritation felt by the battalion leadership and KHO-5, and the unanswered request to review the decision pertaining to KHO-5’s unfavourable rotation. Following discussions with Karremans, Franken and those involved under the auspices of the Royal Netherlands Army Crisis Staff, Termont concluded that ‘the incompatibility of character exacerbated by the pressure of the circumstances and events’ had led to a situation in which communication had virtually broken down. People were irritated by each other. On the one hand, this produced an uncompromising approach to the question of rotation and the improper handling of a complaint,\textsuperscript{823} while on the other hand it led to discussions of matters of a non-medical nature with the Royal Netherlands Army Crisis Staff behind the battalion leaders’ backs.\textsuperscript{824}

\textsuperscript{821} NRC Handelsblad, 1/09/95.
\textsuperscript{822} NIOD, Coll. (14). Draft letter from the deputy director of Personnel (Brigadier General Termont), 3/11/95.
\textsuperscript{823} This complaint was lodged with Lieutenant Colonel Karremans on 16/06/95 and essentially stated that auxiliary staff who had been waiting to be relieved for two weeks, were given preference over the team of specialists who had been waiting for five weeks. The auxiliary personnel had no families at home and the absence of a specialist team amounted to a serious disruption of operations in the Netherlands.
\textsuperscript{824} NIOD, Coll. (14). Report of the meetings of the members of the KHO-5 team and the deputy head of personnel. undated, unnumbered. Sent to the members of the KHO-5 team, copy to other persons involved, the director of Personnel in the RNLA, the BLS chief of Operating Staff, the chairperson of the ACOM. This document was not found in the RNLA files.
Chapter 16
Criticism of Dutchbat’s medical actions

Introduction

In relation to criticism of Dutchbat, this section focuses on what was partly a public debate about the medical aid which Dutchbat did or did not provide to the populace. In this connection one can notice interaction between the internal, within the Ministry of Defence, search for explanations and solutions for the problems that had been detected, and the publicity received by the Ministry of Defence in the period from October to December 1995, some of it highly critical. Here we are therefore mainly concerned with matters which have been dealt with in the form of a reconstruction of events in the preceding sections of this appendix. It also shows that the 1995 parliamentary debate which was to serve as a conclusion, did not mark the end of the criticism levelled at Dutchbat, and that other vital questions arose, which had remained unanswered.

Incidents, the debriefing report and further investigation

On 18 October 1995 the Algemeen Dagblad referred to a report of the Bosnian Government about Srebrenica, which cited an unnamed witness who had been hit by shrapnel on 11 July and had sought medical assistance at about 3 pm. He had been refused assistance on the pretext that Dutchbat was required to hand over its weapons within six minutes. This announcement came from Mevlida Salkic who had previously served as a laundry worker for Dutchbat. As it happens, her name does not appear on the list of wounded admitted to the compound in Potocari.825

Another witness, a patient in the ‘hospital of Potocari’, stated that the Bosnian Serbs, one of whom was said to be called Goran Erkic, had killed two young men with knives in the presence of two UN doctors on 12 July. Although the doctors protested, they did nothing to stop the murder. Médecins Sans Frontières knew nothing of this witness’s story even in the form of a rumour.826 The question is what was meant by the ‘hospital of Potocari’: the improvised first-aid post operated by Médecins Sans Frontières outside the compound or the plant holding wounded people inside the compound.

Admittedly, three VRS soldiers were permitted to inspect the compound briefly in the morning of 12 July but this was done under the supervision of Major Franken and others who were present. There are no indications that anything out of the ordinary happened on this occasion. In response to this newspaper article the issue of medical aid was again raised within the Ministry of Defence and this led to a further examination of this aid.

The debriefing report itself contains a cursory treatment of medical affairs and, in particular, the problem of ‘essential stock’. It only states the following: ‘It is still unclear if maintaining such “essential stock” led to the death of refugees who needed medical assistance’.827 A member of the debriefing team was not quite as pleased with this state of affairs, because the analytical team had omitted important aspects and background information, amongst other things, about the question of ‘essential stock’ when it described these operational matters.828 The organization of the debriefing process is dealt with in greater detail in Part IV, Chapter 7 of the report proper.

825 Algemeen Dagblad, 18/10/95; ABiH Sarajevo. ‘Archief Arnautovic’, 11/07/95. For a list of the wounded see DCBC, 1165.
826 Algemeen Dagblad, 18/10/95.
827 Debriefing Report, § 5.41, p. 67.
To Minister Voorhoeve this sentence was reason enough to pose the question as to whether the maintenance of ‘essential stock’ had or had not resulted in the death of refugees.829 The replies to Voorhoeve’s questions had to be assigned a place in the letter he wrote to Parliament covering the presentation of the debriefing report. The latter also raised other questions. For instance, no answer had been given to the question pertaining to the different views as to who was required to remove the wounded from the hospital in Srebrenica. The tension described between the battalion leadership and the KHO also required further elaboration. Similarly, the question as to who was primarily responsible for the wounded, had also not been dealt with. The officials of the Ministry of Defence were given less than three days to produce answers.830

The fact that this was not a simple task, was evident alone in the fact that no answers to these questions were to be found in the covering letter to Parliament. However, the debriefing report had pointed out that the Bosnian Serbs had denied convoys carrying medicine and dressings access to the enclave on several occasions and that, as a result, supplies had diminished to minimum levels and were not enough to allow medicine to be administered to every wounded person in the enclave.831 However, the fact that supplies were at minimum levels, needs to be approached with some qualification. As dealt with in detail earlier on in this appendix, in itself it was not Dutchbat’s duty to supply medicine to all the wounded in the enclave but the battalion had nevertheless started to provide the local population with medical aid.

At the Minister’s request, the Commander of the Geneeskundig Commando Krijgsmacht (Armed Forces Medical Command), Brigadier General Vader, who was responsible for the Armed Forces Hospital Service, spoke to six of the medical practitioners involved. The answer that Vader presented, was that one could not say with certainty that the decision not to release any of the ‘essential stock’ for aid to the local population, had resulted in the death of anyone who needed assistance. However, one could similarly not exclude the possibility. In one case it was even probable. Vader also asked if anyone was aware of the incidents referred to in the Algemeen Dagblad. No one had ever heard of them.832

The Ministry of Defence did not delve any further into the relationship between the ‘essential stock’ and the aid provided to the local population. This only occurred after the current affairs programme, Brandpunt, raised the matter for public scrutiny on 26 November. Four members of the Dutchbat medical service presented their story anonymously in the Brandpunt broadcast. Even though it was not entirely clear about the matter, the broadcast covered two separate sets of facts: a request made by Médecins Sans Frontières for assistance in the hospital in Srebrenica on 6 July and a refusal to help a wounded woman in the Field Dressing Station on 10 July. One of the reasons given for refusing to provide assistance as requested by Médecins Sans Frontières was said to be prompted by ‘essential stock’. According to those who were interviewed, this request should have been honoured, more so because Médecins Sans Frontières had offered them medical supplies. The programme mentioned horse and rider: the person bearing ultimate medical responsibility, Naval Captain Hegge, and the battalion leaders, Franken and/or Karremans, were said to be responsible for the decision to refuse assistance. It was not clear to the Brandpunt informants, which of them was to blame.

It was also not entirely clear what the nature of the wounds were that the woman had suffered. She was said to have had three bullet wounds. Colonel Hegge is reported to have forbidden anyone to treat the woman following some discussion amongst the doctors.

Brandpunt wondered what the debriefing report contained in connection with the refusal to provide aid. It stated the following: ‘The statement made by a Dutchbat soldier to the effect that doctors had not performed an operation on a wounded resident of the enclave, has thus been denied.’

829 DCBC, 1214. Fax from the Defence Staff head of Operations (R.S. van Dam) to W. Vader, 18/10/95, No. OPNB/HE 1018.
830 NIOD, Coll. Princen. Memo from the Directorate for General Policy Affairs, undated and unnumbered.
831 Debriefing Report, § 5.40, p. 66.
832 DCBC, 1223. Fax from the Defence Staff head of Operations (R.S. van Dam) to W.F. Vader, 18/10/95, No. OPNB/HE 1018. For his reply see DCBC, 1214. Cdt GCK to HOPN Defence Staff, 20/10/95, unnumbered.
However, *Brandpunt* failed to quote this in full. A comparison of the transcription of the broadcast and the debriefing report reveals that an essential element was omitted, namely, that it was decided not to operate ‘because they did not wish to use “essential stock”’. Similarly, it was stated that the text of the report had not been cited but rather an italicized quotation taken from an individual debriefing statement. Another quotation on the same page stated that the decision not to treat the wounded woman was based on medical grounds and not on the fact that they did not wish to use ‘essential stock’. The programme thus exposed a fundamentally weak point in the debriefing process in the sense that contradictory statements were not highlighted in juxtaposition to each other.

As it happens, General Vader was not the first to speak to several of the medical practitioners involved. Following the return of the surgical teams, the KHO commanding officer, Naval Captain C. van der Pompe, had already pointed to the fact that the two surgeons were at odds with each other. Apart from the Royal Netherlands Army Crisis Staff, its director of Personnel, Major General E.E. Warlicht, had already highlighted some of the problems affecting KHO-5, the battalion leadership and KHO-6 by Van der Pompe on 22 September. A meeting had been held at the Armed Forced Hospital Service on 20 September to evaluate KHO-5. The publicity and indications obtained from discussions that had been held, constituted the reasons for this meeting.

In his letter to Warlicht, Van der Pompe also drew attention to an article published in the *Gelders Dagblad*. This article quoted an officer in the debriefing organization who, contrary to an agreement not to disclose matters in public, revealed that one of the colonels had refused to obey an order to treat wounded Muslims. According to a telephone announcement on 29 September, the Inspector of the Royal Netherlands Army Medical Service, Brigadier General Mels, had also received information about slip-ups in Srebrenica: ‘It would be a good idea for the Military Health Care Inspectorate to investigate this as well’. Incidentally, this is followed by the word ‘cesspool’ on the record of this telephone call at the *Inspectie Militair Geneeskundigedienst* (Military Health Care Inspectorate). On 3 October the Central Military Hospital announced that Colonel Kremer wished to have a talk with Major General Warlicht. If that took too long or proceeded unsatisfactorily, he wanted to speak to the IMG.

The Royal Netherlands Army was thus aware of these explosive issues even before the Assen debriefing findings were published and well before the *Brandpunt* broadcast of 26 November 1995. The Royal Netherlands Army Crisis Staff and leadership were also aware of the above-mentioned memorandum written by Van Hoogwaarden, which reported the existence of conflict.

KHO-6 was debriefed about medical and other matters on 3 November. Both medical specialists from the Royal Netherlands Navy objected to the evaluation. In their view it was meaningless in the absence of the commander of the Field Dressing Station, who was indispensable for this purpose.

The outcome of the evaluation has not been recorded. Only a memorandum presented by one of the people involved as a contribution to the discussion has been found. This person said that due to the publicity, which was often negative, discussions and the debriefing process in Assen, he had come to feel sorrow, anger and shame. A certain amount of friction had developed between the two KHO teams in Potocari. Partly as a result of this it had become almost impossible for them to consult and collaborate with each other. Individual actions had dominated the situation. This had exacerbated
feelings of disquiet and as a result it had become virtually impossible to provide leadership to this group.  

As Van der Pompe, the KHO Commander, subsequently informed the members of KHO-5 and KHO-6, despite the evaluation, dissatisfaction and frustration had overwhelmed fraternal relations and internal discipline, and they had sought publicity. People’s names had been disclosed in public. However, issues and dilemmas needed to be discussed with him in his capacity as commanding officer.  

Van der Pompe had asked General Vader if he would see Colonel Kremer to offer him the opportunity to express the frustrations he felt. On this occasion Kremer related his story of the death of the Muslim woman, which he believed had not been properly investigated. At the time Vader found the accusation so serious, partly because Kremer had announced that he intended to file a complaint about the matter, that he believed he should also consult others. He made notes of these consultations. However, these notes have not been kept. In 1998 they again played a role in relation to the Van Kemenade Commission as well as in the media. Vader had asked Kremer to join him for a second discussion. According to Vader, this discussion was solely designed to ascertain whether the facts were correct and that the appropriate medical terminology had been used. This was because, contrary to what Kremer stated to the Van Kemenade Commission, Vader was not a doctor. At the time Kremer was critical of the debriefing session because the official from the Royal Netherlands Marechaussee who had drawn up the relevant report, had failed to understand difficult terminology, which had implications for its quality.  

According to Vader, Kremer agreed with the description of events but not the conclusions. This concerned the question as to whether it could be established with certainty that the woman had ultimately died. Kremer was certain that the woman had died, because no further action was said to have been taken in the hospital in Srebrenica, even though Ilijaz Pilav is reported to have still done what he could. Vader felt that one could not draw this conclusion, because no one in Dutchbat had seen the woman die or had been able to determine the cause of her death. Kremer was angered by this line of reasoning. The wording of the report was therefore modified somewhat by adding that it was ‘reasonable to assume’ that the woman had died. To Vader this did not amount to an unwillingness to modify conclusions but to record the truth as accurately as possible. Kremer found this modification to be half-hearted: concede a little but not entirely, an answer that was more diplomatic. As it happens, the Military Health Care Inspector felt that this conclusion went too far, because no one had been able to determine the cause of death.  

Vader said that it was not correct that he had put pressure on Kremer to sign the report. That had not been requested but Kremer continued to maintain that Vader had required him to sign a statement. As it happens, Kremer did not mention this in his statement to Van Kemenade and, according to Vader, this was a conclusion drawn by the television programme, Netwerk, which later

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838 IMG. Memorandum from AOOV F.H. Elbers to M. van Ormondt, ‘Evaluatie d.d. 03-11-1995’.  
839 KHO. C-KHO to all involved in the relief of KHO-5 and KHO-6, 28/11/95, No. 12.980/3541.  
840 These consultations are said to have occurred in August 1995 already. The nature of these discussions are said to have been reported in person to the Deputy Commander of the Armed Forces. Because some personnel had been relieved, General Vader was no longer able to say with certainty which person had received a report or whether anything had been done with this information. The request for a further investigation which was made on 18/10/95, was routed through channels other than the Army Staff.  
841 Interview W.F. Vader, 27/01/00.  
842 Interview G.D. Kremer, 13/07/98.  
844 Interview Emira Selimovic, 17/11/98.  
845 Interview W.F. Vader, 27/01/00.  
847 Interview W.F. Vader, 27/01/00.  
848 Correspondence between W.F. Vader and the NIOD (copy to G.D. Kremer), 12/04/00.
devoted attention to this issue. Vader had no means of forcing him to sign a report. The Van Kemenade Commission did not hear both sides and Vader was not summoned to appear before it. When he learned that his name had been mentioned, the commission had already been disbanded.

The information supplementing the debriefing report, which Minister Voorhoeve sent to Parliament on 30 October, did not contain any further statements on ‘essential stock’. The Ministry of Defence’s investigation had only revealed that during the fall of Srebrenica the workload was hastily divided between the various organizations such as Dutchbat, the International Red Cross, Médecins Sans Frontières and the UNHCR, and that this was done on an ad hoc basis. there was little substance to this generalization because the UNHCR did not play a role during the fall and the International Red Cross was not present.

Partly in response to questions posed in Parliament, Air Commodore H.J.M. Groenhout, the Military Health Care Inspector, drew the Minister’s attention to the fact that his inspectorate was conducting an investigation into the deployment of medical officers in Srebrenica. He had received unspecified indications in this respect following the release of the debriefing report. It would be possible to have a report ready on the subject by December 1995. Groenhout recommended that reference be made to his investigation when answering the relevant parliamentary questions and that Parliament be given the undertaking that it would be informed accordingly at a later stage. In view of the sensitive nature of his investigation, he assumed that this would occur while maintaining a ‘low profile’.

It soon became impossible to maintain a low profile. The fat was in the fire after Brandpunt, as is stated above, devoted a broadcast to the fall of Srebrenica entitled Dutchbat zou medische hulp hebben geweigerd aan zwaar gewonde Moslimburgers (Dutchbat is reported to have refused aid to seriously wounded Muslim civilians) broadcast on 26 November 1995. The debriefing report did not refer to this.

The Brandpunt broadcast and the debriefing report

The Ministry of Defence was aware that a Brandpunt instalment about Dutchbat was due to be aired. However, the content of this broadcast still appeared to be uncertain. In the event that Brandpunt might request a comment, the Deputy Director of General Information, Kreemers, had been updated by Major Franken. It was suspected that the programme would be devoted to the request of the Opstina of Srebrenica to Dutchbat in April to provide staff and supplies following the emergence of a conflict between Opstina and Médecins Sans Frontières about local personnel. At the time the Belgian coordinator, Catharina Vandeneede, had decided not to deploy any more Médecins Sans Frontières staff, after which Franken had notified the council that he would be unable to satisfy its request. Franken had also said that he resented Médecins Sans Frontières engaging in a conflict at the expense of the local population. Another issue which could be raised, was the time when ‘essential stock’ were drawn on.853

In response to questions which the Standing Committee for Defence had raised in connection with the debriefing report, the Royal Netherlands Army had already reported on 17 November 1995 that guidelines did indeed exist for maintaining ‘essential stock’ to cover approximately 30 of the unit’s ‘own’ wounded personnel. However, Dutchbat had disregarded these guidelines when more medicine was required for local residents who had been wounded. Inroads had thus been made into these

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849 See also NRC Handelsblad of 28/07/99.
850 Interview W.F. Vader, 27/01/00.
852 Stasdef. Memorandum from the Military Health Care Inspector, 12/06/96 (H.J.M. Groenhout) to the minister and junior minister, 24/11/95, No. IMG 95/27/AAA.
853 DV. Memorandum from the acting director of General Information (Kreemers) to the chief of Defence Staff, copy to O. van der Wind, 16/11/95, No. V95021602. The Ministry of Defence was aware of a possible broadcast on 10 November.
‘essential stock’. This rather general reply was not presented to Parliament along with the other answers on 30 November, because the Minister required further investigation first.

The four affidavits which Brandpunt held, and which constituted the essence of the programme, also provide an insight into the reasons why these Dutchbat members had sought publicity. What played a role, was that decisions not to provide medical aid were not really discussed, albeit that it was acknowledged that there had not been a great deal of opportunity for discussion owing to the prevailing tension. The staff in the Field Dressing Station only heard the outcome of any decision-making from the mouth of Naval Captain Hegge. They knew that he had consulted the Dutchbat leadership about the matter and that he supported the relevant decisions, but they did not know exactly who took these decisions. It had taken a long time for any decision to be made. Someone suspected that Hegge had disclosed the decision. No one knew whether The Hague had been consulted about this. At any rate, some people had difficulty with the decision not to provide the local population with any further assistance.

What also played a role, was the fact that during the debriefing process in Assen no attempt was really made to elicit the truth. Questions were only asked as to whether any civilians may have died due to the failure to provide medical treatment. One could not answer such a question in the prevailing circumstances. It was impossible to determine this.

Two people who were interviewed by different debriefing teams, found it strange that the latter did not inquire further about their statement that Dutchbat had not provided medical aid to civilians for a number of days at the most critical points in time. No further questions were asked about this. According to the affidavits, someone else was not asked a single question about the events of 10 and 11 July. They therefore felt that the debriefing report was incomplete and inaccurate. Someone had indeed died because they did not draw on the ‘essential stock’. There had been a war going on and, however bad it may be, people died in such circumstances. Someone had indeed died because they did not draw on the ‘essential stock’. There had been a war going on and, however bad it may be, people died in such circumstances but due to ‘moaning about Srebrenica’ in the media and the ‘carry-on’ about the debriefing report which was incorrect in respect of this matter, attention was again focussed on the image of the woman not receiving treatment, according to the affidavits.

Nevertheless, these matters were most certainly dealt with in Assen. One member of staff in the Field Dressing Station, Warrant Officer F.H. Elbers, stated in the course of his debriefing session that the wounded Muslim woman was not treated owing to the agreement between the medical officers and the battalion leadership to ensure that Dutch soldiers could be treated at all times. On the one hand, this was based on the feelings raised by the death of Private Van Renssen and, on the other hand, by poor communication between KHO-5 and the battalion leadership, and between the two KHO teams about the alternatives still available to the medical officers. Because the shelling of the enclave had already commenced the day after the arrival of KHO-6, the latter was unable to obtain a comprehensive insight into the quantity of medical supplies available. Moreover, due to the lack of communication, the nursing staff and doctors of KHO-6 did not know what and where supplies were available.

Again according to the affidavits, many people knew that a fax had been received from Médecins Sans Frontières requesting assistance for two patients, although they did not know the precise nature of this request. The request became a hot potato in the Field Dressing Station. Later they heard from the

854 DCBC, 1314. Document entitled Kamervragen Srebrenica met aantekening (Parliamentary Questions about Srebrenica with Notes) RNLA contribution 17/11/95, 4 pm.
856 These affidavits reveal that the junior notary public, M. Bos, had established the identity of the four individuals in question in the office of the notary public, Donker, in Utrecht on 24 November 1995, and that the statements constituted a true record of what had previously been told to the KRO Brandpunt reporter, Bart Nijpels. The questions posed by Nijpels were not included in the affidavits. No names are mentioned. KRO Brandpunt has placed these affidavits at the NIOD’s disposal.
857 This is related to the following clause in the debriefing report: ‘that none of the local population died because ‘essential stock’ could not be drawn on’.
858 Debriefing statement F.H. Elbers, 14/09/95.
MSF aid worker, Christina Schmitz, that the organization had offered to send along medication, which had not been mentioned in the fax. However, Hegge is said to have announced that aid would be suspended in view of the division of labour and the shortage of supplies. One of the witnesses felt that this line of reasoning was not nonsensical at that point in time. Some of their own number could have been wounded by the artillery shelling of Srebrenica, which had resulted in the death of 11 and the injury of about 30 members of the local population.

Another member of staff felt that supplies should also be set aside for themselves, because they bore initial responsibility but that this should be a minimum quantity. One could not evade one’s duty to provide humanitarian aid.

Later on the decision not to help the local population in difficult cases began to gnaw at those involved when they accounted for the supplies that remained. There was indeed a shortage of some types of medicine and as long as Dutchbat personnel were still stationed at observation posts, they had to be used sparingly. While it is true that X-ray equipment, antibiotics and intensive care facilities were in short supply, on 11 July one would have sooner been able to say that it was possible to provide humanitarian aid with limited resources. There was still some leeway because the minimum level of ‘essential stock’ had not yet been reached in the case of most types of medication. More than enough was available for first aid. Something should have been done, even if only with minimum resources. Yet, when those Dutchbat personnel in the observation posts were no longer at risk, the refugees in the compound were helped where possible.

Conflicts and disagreement between the old and new KHO teams also played a role. Four or five members of the new team were said to be opposed to going to the hospital in Srebrenica and to have felt that it was too dangerous to do so. The others and the old team were reported to be in favour of going. However, another person asserted that the opposite was true: 70% of first-aid staff were said to be opposed to providing aid during the attack while 30% were in favour of doing so.

All these mixed feelings were exacerbated when a wounded woman was not treated on 10 July, particularly by the puzzling manner in which she was dealt with and the fact that she was nevertheless taken to the hospital in Srebrenica without any dressing, where she had to do with treatment by an unqualified surgeon. Hegge is reported to have said that there were not enough supplies available to help the woman. The intensive care treatment she required, would have drawn too heavily on supplies and it was feared that the woman would die anyway. Kremer was however in favour of treating her but the other people who were present, could not assess whether this would be sensible to do or not. At the time none of those present objected and they apparently resigned themselves to the decision not to treat the woman. However, it only appeared to be true that it was worthwhile treating the woman, precisely because little was done for her subsequently and she died.

Chaos reigned amongst the many people in the plant and virtually nothing could be done for the refugees. It was bedlam, an enormous quagmire, and the smell was terrible. There was a great deal of sorrow and misery, and a mild form of panic. With Dutchbat’s assistance, Médecins Sans Frontières rearranged part of the hall, setting up a Field Dressing Station and installing lights. Initially, the prohibition against the provision of humanitarian aid was maintained and Dutchbat personnel found it difficult that a single Médecins Sans Frontières doctor had to treat all those wounded people, not understanding why no assistance was forthcoming while Dutchbat had sufficient personnel. It was anticipated that the prohibition against the adapted provision of humanitarian aid was more likely to be relaxed. Something had been done, although this could hardly be described as medical treatment. The odd person ignored the prohibition and fetched dressings to bandage people. Many refugees were dehydrated and required a drip.

Discussions led to tension which discharged itself mainly in the direction of Hegge. Not only was there tension between the old and new KHO teams, and between the surgeons, complaints were also made about a medical officer who refused to follow orders and relieve Kremer, who was caring for wounded people at the Potocari bus terminus. He had refused to do this because shots were being fired and it was too dangerous. A sergeant major refused to join a patrol designed to determine the medical problems encountered by refugees outside the compound, because he felt that it was not his duty to do
so. While Srebrenica was being fired on, Major Franken had ordered that a survey be conducted to ascertain what aid could be given to the refugees in Srebrenica. A nurse had then refused to do this, because it was too dangerous and shots were being fired. When others wanted to go some time later, they were refused permission to do so, because it had become too dangerous by then. Because there was not much left in the way of blood supplies, a medical officer was asked to prepare a list of donors. The doctor refused to do this. He did not wish to do so, because he felt it was absurd. To this point, the discussion of the affidavits.

On 28 November De Volkskrant published a report about the Brandpunt programme and several quotations taken from the DutchBat staff affidavits with a splashy layout. The article also mentioned that a sergeant major had refused to go in search of refugees with medical problems outside the compound and that a medical officer had found it too dangerous to treat the wounded at the Potocari bus terminus. Incidentally, the words uttered by this doctor (‘I shall not do that. Bugger off. They are shooting. It is far too dangerous.’) were not new and can be found almost literally in the debriefing report.859

The fact that a sergeant major had refused to join a social patrol for the purpose of determining the refugees’ medical problems because he did not believe that it was his duty to do so, had already been dealt with in the course of the debriefing process. While Srebrenica was being bombarded, Major Franken had ordered the commanding officer of the Field Dressing Station, Captain Van Hoogwaarden, to ascertain what assistance could be given to the refugees in Srebrenica. Van Hoogwaarden had asked a nurse to do this. The latter had refused to do so, arguing that it was too dangerous because shots were being fired. Van Hoogwaarden had then decided to go to Srebrenica himself along with Sergeant Major Rave. Ultimately, this did not happen due to the enclave’s rapid fall.860

Reactions, investigation and regulations

Responding to De Volkskrant, Minister Voorhoeve felt that, if what the newspaper had written, was true, this was a case of insubordination and cowardice. He wanted this investigated. If it was true, action needed to be taken.861 The debriefing report had already referred to the possibility that insubordination had occurred. Nevertheless, Secretary-General Barth requested the managers of the debriefing team, Van der Wind and Roos, to ascertain as soon as possible what was known about this matter and to advise him as to what else could be done. The Military Health Care Inspector was ordered to expedite his investigation and to report to the Minister immediately if he came across any new facts.862

Four Members of Parliament, Valk (PvdA-Labour), Hoekema (D66-Democrats), Blaauw (VVD-Liberals) and De Hoop Scheffer (CDA-Christian Democrats) responded during the KRO broadcast. All of them pointed out that one was entitled to expect a debriefing process to deal with such serious matters and noted that it contained gaps. De Hoop Scheffer understood that it was difficult to cover ethical and moral questions in depth during a war but he failed to understand why orders were issued to refrain from providing assistance when medicine and personnel were available. In this respect, Hoekema seemed to be better informed than the higher echelons of the Ministry and the Royal Netherlands Army, when he said that he was aware that discussions had also ensued within Dutchbat about the maintenance of ‘essential stock’.

859 Debriefing Report, p. 69.
860 Confidential debriefing statement (18).
861 NIOD, Coll. Kremers. Handwritten memorandum from the minister to the SG, copy to the junior minister and CDS, 28/11/95, No. 1734.
862 NIOD, Coll. Kremers. Handwritten memorandum from SG to the minister and junior minister, copy to CDS, DAB, DV, 28/11/00, unnumbered. See also Stasdef, notes with the reference, Office of the secretary-general 27/11/95, No. 22192 on the IMG memorandum of 24/11/95, No. IMG 95/27/AAA.
Throughout Dutchbat’s stay in Srebrenica the question of ‘essential stock’ was never discussed at senior levels in The Hague. General Couzy only heard later of the existence of ‘essential stock’. He was only informed of this following Dutchbat’s arrival in Zagreb, when the affair of the Muslim woman who had not been treated, was raised for discussion. One can find an explanation for this in the fact that much of the communication about medical matters was routed through medical channels and consequently did not go through ‘the line’ and reach the responsible commanders or the minister. Senior officials in the Ministry of Department first spoke about the problems pertaining to ‘essential stock’ after replies were given to parliamentary questions about medical treatment in Srebrenica.

The Deputy Chief of Defence Staff, Lieutenant General M. Schouten, noted that while one medical officer endeavoured to limit the suffering of civilian patients as much as possible, another was doing the same for the potential military casualties that were anticipated, and that the latter had occurred at the expense of a Bosnian woman. As it happens, the Commanders-in-Chief of the various branches of the Armed Forces remained convinced that the medical facilities of Dutch units should first and foremost be available to treat one’s own troops. In the course of these discussions the Director General of Personnel, W. Bunnink, pointed out that it had been agreed that, when troops were sent on tours of duty, they were entitled to a quality of care which corresponded with that available in the Netherlands as far as possible. The Director of General Policy Affairs, J. de Winter, added that UN instructions were based on the assumption that the extent of any care is determined on the basis of military requirements. The provision of care to civilians was the responsibility of non-military organizations. On the other hand, these instructions also referred to the Geneva Conventions, which covered the treatment of seriously wounded civilians if the relevant military facilities were adequate.

The Ministry of Defence had not provided any further written instructions or directions. No one in The Hague consulted Dutchbat’s Standing Orders. The latter stated that a policy of restraint was to be pursued in relation to the treatment of civilian casualties in military medical institutions and that ‘in principle no medical aid will be provided’. There were exceptions in the provision of first aid in serious accidents and incidents, following which civilian doctors were nevertheless required to assume responsibility as soon as possible. In this connection one can only state that Dutchbat apparently did not comply with its own instructions.

The Ministry of Defence’s Directorate of Legal Affairs tried to establish whether any regulations provided for the provision of medical aid to the local population. The initial problem was that humanitarian provisions of the law of war did not apply to troops participating in a UN peacekeeping operation, because they were not party to an armed conflict. However, the UN adopted the position that UN troops were bound to comply with the ‘principles and spirit of the general conventions applicable to the conduct of military personnel’. This referred to the Geneva Conventions of 1949 and the Additional Protocols of 1977. However, it was not clear in The Hague what was exactly meant by ‘principles and spirit’. It was impossible to provide soldiers with clearly defined orders based on such a general approach.

Neither were UNPROFOR’s orders clearly defined. The guidelines for urgent medical treatment stipulated that UN personnel bore primary responsibility and that UNPROFOR needed to be cautious about becoming involved in emergencies, as well as that it was self-evident that UNPROFOR would treat wounded individuals until it could transfer responsibility to the local medical

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863 Interview H.A. Couzy, 7, 14 and 17/09/98.
865 Report of the Inspectie voor de Gezondheidszorg (Health Care Inspectorate], 12/06/96, p. 12.
866 Standing Orders (NL) VN INF BAT, Annex 10, SOP GNK, point 5.1.
867 DS No. S95/139/4712. DJZ, Afd. Internationale en Juridische Beleidsaangelegenheden [Department of International and Legal Affairs] (B. van Lent) to DMGB/MJZ, through DJZ, copy to DAB and CDS, 30/11/95, No. 95001244.
authorities. In addition, there was also a Force Commander’s Policy Directive, which stipulated that emergency cases which could not be dealt with locally, could be treated following consultations at a senior level.

Nevertheless, the ‘principles and spirit of the general conventions’ did not seem to permit one simply to refuse medical aid to civilians, because ‘essential stock’ needed to be maintained. The Additional Protocol of 1977 stipulated that one was not permitted to distinguish between the wounded other than on medical grounds, and that medical staff were not allowed to be forced to refrain from acting.

On the other hand, UN orders allowed military doctors and commanders considerable scope to exercise their discretion when deciding whether or not to provide assistance to civilians. The relatively broadly formulated UN orders could have been contrary to the ‘principles and spirit of the general conventions applicable to the conduct of military personnel’. Nevertheless, The Hague held that an order prohibiting the provision of medical aid did not contravene the applicable regulations. The Additional Protocols did not formally apply to UN personnel. However, assessed in accordance with the moral standards embodied in these ‘principles and spirit of the general conventions’, at the end of 1995 The Hague held that one was not allowed to refuse medical aid.871

The Inspectie voor de Militaire Gezondheidszorg (Military Health Care Inspectorate) came to a similar conclusion. Pursuant to the Fourth Convention of Geneva on the protection of civilians in times of war, Dutchbat did not have a legal duty to provide medical aid. Neither was this prohibited, of course. However, based on the ‘Martens clause’, which is confirmed in the First Additional Protocol, it did have a moral and legal duty to provide medical aid to both civilians and combatants.872

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868 This refers to Article 19 of the chapter entitled ‘Guidance on Emergency Medical Treatment to Locals’ to the ‘sOP 506 Medical Operations’ of 1 September 1993: ‘Primary responsibility of medical staff in this Command, is to UN personnel and we must be careful not to become officially involved with local medical emergencies which could take doctors away and jeopardize the lives of our own medical personnel. However, Commanders should be prepared to judge individual cases on their own merits and act accordingly in the circumstances prevailing at the time.’ Article 20 provides as follows: ‘Naturally BH Command Medical personnel are ready to attend any accident involving UN personnel in their area of operation. If local civilian or military personnel are involved or injured, they will of course attend to these casualties as well until they can be transferred to the local medical authorities.’

869 UNPROFOR, Force Commander’s Policy Directive, Number (22), Medical (SOP), Part 4 – Personnel, Chapter 8 – Medical, Article 24: ‘On occasion, an emergency medical need in the civilian population, which cannot be met by civilian resources, may be identified and treated on an emergency basis by UNPROFOR medical staff after consultation with the Sector/Comd Medical Liaison Officer and the Commander of the Sector/Comd. Due to the operational and diplomatic situation, military assistance may also be required.’

870 Additional Protocol of 8/06/97 to the Geneva Conventions, Article 7: ‘All the wounded, sick and shipwrecked, whether or not they have taken part in the armed conflict, shall be respected and protected. In all circumstances they shall be treated humanely and shall receive, to the fullest extent practicable and with the least possible delay, the medical care and attention required by their condition. There shall be no distinction among them founded on any grounds other than medical ones.’ Article 10(2): ‘Persons engaged in medical activities shall neither be compelled to perform acts or to carry out contrary to, nor be compelled to refrain from acts required by, the rules of medical ethics or other rules designed for the benefit of the wounded and sick, or this Protocol.’

871 DS, S95/139/4712. DJZ, Afd. Internationale en Juridische Beleidsaangelegenheden [Department of International and Legal Affairs of Policy] (B. van Lent) to DMGB/MJZ, through DJZ, copy to DAB and CDS, 30/11/95, No. 95001244; UNPROFOR Force Commander’s Policy Directive Number (20) – Revised – Medical Support stated that ‘the principles embodied in the Geneva Conventions, and Protocols, are to be strictly adhered to at all times’. See the report of the Health Care Inspectorate dated 12/06/96, p. 11. This report also refers to Section 450 of the Criminal Code, which makes it a criminal offence to fail to provide assistance to someone in a life-threatening situation. However, Dutch criminal law did not apply to offences committed by Dutch citizens abroad.

872 IMG. IMG question of 27/11/02 as interpreted by mjA/van Diest and a memorandum by J. de Vreese (MJ) and C. Lelkens (military medical care), undated. The Martens clause provides as follows: ‘In cases not covered by this Protocol or by other international agreements, civilians and combatants remain under the protection and authority of the principles of international law derived from established custom, from the principles of humanity and from the dictates of public conscience.’ (Art. 1(2) AP I, see also Clause 4 of the Preamble AP II).
The Dutch legal adviser to Bosnia-Hercegovina Command, Lieutenant Colonel H.A. van Gameren, also considered the question as to whether a UN unit was entitled to reserve medicine for its own use and whether it was required to provide medical aid to the local population. He concluded that neither the UN mandate, the Force Commander’s Policy Directives, nor the Standing Operating Procedures made it a duty for one to provide medical aid to the local population. Van Gameren referred to Force Commander’s Policy Directive No. 20, which stipulated that medical facilities were only allowed to be used for UNPROFOR personnel. With regard to UN units, it literally provided as follows: ‘They are not manned or equipped to provide humanitarian aid’. The directive only stipulates that people other than UNPROFOR personnel were allowed to be treated in the case of life-threatening situations until such time as they can be transferred to a local medical facility. There was only a duty to treat one’s own military personnel. Standing Operating Procedure No. 506, Article 52 stressed that medical supplies were intended for UN personnel. The primary responsibility of medical staff was to treat UN personnel.873

There were however some negotiable aspects to the legal adviser’s dogmatic assertions. According to the Dutch staff officers at the UN headquarters in Zagreb, who subsequently studied the relevant documentation, the UN regulations could not be interpreted so unambiguously. Apparently, the Force Commander’s Policy Directive No. 20 left something to be desired when it came to clarity. Medical supplies were intended for the treatment of UN personnel except in very serious cases and/or if authorized by the medical officer of the force in question. However, these concepts were open to interpretation. 874 Similarly, the explanation provided by the Force Medical Officer in Zagreb provided little in the way of certainty. Based on this Policy Directive, Dutchbat was authorized to use all its supplies for 30 days, if the relevant doctor assessed the on-site problem to be ‘emergency care’. However, what was to be deemed to constitute ‘emergency care’, was not defined. On the other hand, a decision to keep some of these medical supplies separate for one’s own use was one to be made at the discretion of the commanding officer or doctor on the spot. They were also ‘naturally’ responsible for their own troops. There were no further guidelines covering this nor historical data.875

However, one could find more ambiguity in the UN regulations. The same Policy Directive also stipulated that the provision of humanitarian aid was one of UNPROFOR’s primary objectives. While medical units were admittedly intended to support UNPROFOR, they were also required to be ‘actively involved’ in the provision of humanitarian aid to the extent that this did not prevent UNPROFOR from caring for casualties and patients. This aid depended on the requirements of the local population and the resources at the disposal of the units in question. The medical supplies distributed within UNPROFOR may therefore have been primarily intended for the care of UN personnel but it was permissible to use these resources for patients who would otherwise not be eligible for them, in the event that emergency aid was provided. However, alternative sources of supplies needed to be found for this purpose if units did not regularly provide emergency medical aid, or support mobile services or local hospitals. In such a case the units were entitled to collaborate with the UNHCR, the World Health Organization (WHO), non-governmental organizations in the area covered by their mission, and national organizations.876

Elsewhere it was stipulated that medical supplies for humanitarian aid had to be applied for from the World Health Organization, the UNHCR or non-governmental organizations.877 The Aide Memoire for Troop-Contributing Nations stipulated that medical supplies and equipment for the treatment of civilians and refugees was to be sourced from the WHO, the International Red Cross and the UNHCR.

873 CRST. Legal Adviser to COS, undated, forwarded at 7.45 pm on 27/11/95 by COS UNPROFOR to SC-O/C-RNLA Crisis Staff.
874 UNGE, UNPROFOR, Box 54, File 4.2.1.1. Annex D to FCPD 20 Medical, Revised 23/10/94, Amendment No. 1.
875 DCBC, 1248. Fax AMA COS UNPF-HQ (Sondag) to Van Dam, DCBC, 281000A November 1995.
877 UNGE, UNPROFOR, Box 54, File 4.2.1.1. Annex D to FCPD 20 Medical, Revised 23/10/94, Amendment No. 1.
Another observation contained in this Aide Memoire was that units needed to maintain medical supplies covering 30 days’ consumption in the area in which they were deployed.878

When difficult medical questions needed to be answered in November 1995, relations between ‘The Hague’ and the battalion were at rock bottom. Discussions were strained and there was a mutual distrust and little candour. It was therefore difficult for ‘The Hague’ to ascertain precisely what the situation was like. This was already the case on the eve of the Brandpunt broadcast. One Sunday Steven de Vogel of Brandpunt called the Deputy Director of General Information, Kreemers, asking whether the minister wished to participate in the broadcast in the evening to comment on the programme about the ‘essential stock’. De Vogel mentioned that Brandpunt had a fax from Franken addressed to Médecins Sans Frontières, in which the former stated that no medical aid could be provided to the residents of Srebrenica at that point in time. The Ministry did not accept the invitation but the latter did provide an incentive to determine the precise situation. Kreemers called Franken but the latter said that there was no fax. After the broadcast Franken called Kreemers and again said, ‘If you are asked any questions, you can safely say that there was no fax’. This did not make it easy to provide an explanation and led to caution.

However, Franken had apparently made a mistake. This emerged several days later when the Directorate for General Policy Affairs, which was involved in drafting a letter to Parliament, saw the relevant fax from Arsen zonder Grenzen in Brussels.879

The day after the Brandpunt broadcast Minister Voorhoeve explained to Parliament that he was conducting a further investigation into a number of questions. The Ministry was already conducting an investigation to supplement the debriefing report. ‘All relevant information should be contained in it,’ said Voorhoeve. In the meantime contact was made with the humanitarian organizations that had had representatives on the spot during and after the fall of the enclave. In addition, the Minister reported that one of the Dutchbat doctors had presented information about the issues relating to the refugees and the ‘essential stock’ to the Health Care Inspector, and that he had instructed several Ministry of Defence officials to conduct a more wide-ranging investigation of Dutchbat’s provision of medical aid during the fall of the enclave. Voorhoeve also wrote that Médecins Sans Frontières and UNHCR staff had not previously reported that medical aid had been withheld.880

Judicial inquiry?

At the request of Secretary-General Barth, the Royal Netherlands Marechaussee analysed the article published in De Volkskrant on 28 November, based on which the Minister could decide to launch a judicial inquiry if necessary. However, it appeared that no legal basis for such an inquiry could be found in respect of the problems that had been raised, and the differences of opinion as to whether medical aid should not have been provided. At best, an inquiry could be ordered based on an assessment by the Military Health Care Inspector (IMG) in accordance with Section 255 of the Criminal Code.881

The debriefing report, the TV broadcast and the newspaper articles did not provide the Ministry of Public Prosecutions with firm enough grounds to initiate a judicial inquiry into a possible refusal to obey orders. Brigadier General K.C. Roos, who had been one of the heads of the debriefing operation, raised the question as to whether that was an opportune moment to launch a judicial inquiry.

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878 DCBC, 1248. Aide Memoire for Troop Contributing Nations, Article 239, appended to the fax from AMA COS UNPF-HQ (Major Sondag) to Van Dam, DCBC, 271330 November 1995.
879 Interview Bert Kreemers, 19/05/99.
881 Section 255 of the Criminal Code provides as follows: ‘Any person who wilfully places or leaves another person, whom he has a duty to maintain, nurse or care for pursuant to the law or an agreement, in a helpless situation, shall be sentenced to imprisonment’.
It seemed to him that one could not preclude the possibility that such an inquiry would reveal 'a cesspool'. Publications as well as confidential information obtained in the debriefing statements pointed in that direction. Comparisons would be drawn with the conviction of two non-commissioned officers for insubordination in Sarajevo in 1994, where the personal safety of those involved had also played a role. There was also a danger that those medical personnel who had incited this controversy about the provision of aid, might hide behind the Dutchbat leadership or take out more of their frustrations with the latter in public. Minister Voorhoeve was advised to accord priority to the IMG’s investigation into the medical problems. A decision could be taken about issuing instructions to the Ministry of Public Prosecutions after this.

Secretary-General Barth shared General Roos’s view that it would be wise to first wait for the IMG to conduct its investigation before making a decision about a judicial inquiry. The analysis produced by the Royal Netherlands Marechaussee confirmed Voorhoeve’s suspicions. He wanted to know there and then whether insubordination or cowardice had been involved, irrespective of whether or not the issue should be investigated further through judicial channels following receipt of the IMG report. Could insubordination not be dealt with under military disciplinary regulations? Negative publicity should certainly be avoided as this would again tarnish the army’s image but Voorhoeve also did not wish to turn a blind eye to it. This would be bad for the army’s image in the future.

The Commanding Officer of the Royal Netherlands Marechaussee, Major General D.G.J. Fabius, investigated whether insubordination had occurred. He answered this question in the affirmative. A limited number of cases had been revealed in the course of the debriefing process. Fabius had found at least three instances. One of the cases referred to in the press was not known to the debriefing team. KHO personnel were involved in all cases. The debriefing report did not mention cowardice but in view of the wording that was used, one could conclude that the insubordination was due to cowardice. No conclusions could be drawn about the extent of the insubordination. A more focussed investigation would be required in order to obtain a better understanding of the nature and extent of it. The debriefing report did not offer any firm grounds in this respect and the debriefing statements were not available because of the undertaking not to disclose them. Given Voorhoeve’s view that one could not turn a blind eye to insubordination, only one alternative was available: have the Ministry of Public Prosecutions launch a judicial inquiry. The conduct in question was no longer punishable under military disciplinary procedures because the deadlines for the applicable legal limitations had long since elapsed. It was possible to set one’s own time for the start of an inquiry, if necessary in relation to the completion of the other reports pertaining to Srebrenica. Fabius decided that one could not preclude the possibility that a judicial inquiry would receive publicity.

Official investigation

On the same day as the Brandpunt broadcast a team of officials started investigating precisely what had happened in order to be able to inform Parliament. This investigation was separate from the one which the IMG was already conducting. Initially, a decision was made with the Minister’s approval in favour of an investigation to be conducted by this inspectorate. At the time the inspector presented a preliminary report (see the section on the IMG below in respect of the various reports). The issues

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882 BSG. Memorandum from the Royal Netherlands Marechaussee Director of Operations to the minister of Defence, 29/11/95, unnumbered, attached to Cabinet Minister No. 1747.

883 BSG, File on the former Yugoslavia. Memorandum from SG to the minister, 29/11/95, unnumbered.

884 Memorandum from the minister to the SG, undated, No. 1747, Confi. Accompanying the memorandum from the Royal Netherlands Marechaussee Director of Operations to the minister of Defence, 29/11/95, unnumbered. Cabinet Minister No. 1747.

885 DJZ. Memorandum from the Commanding Officer of the Royal Netherlands Marechaussee to the minister of Defence through the secretary-general, 5/12/95, No. Litt PC95/29, Confi.

886 DJZ 9513/660. Memorandum from SG to the commander of the Navy, 27/12/95, No. 24006 1995.
were related to ‘essential stock’ and the treatment of local wounded individuals. On 28 and 29 November Van Hoogwaarden, De Bruin and Elbers, the Commanders of the Field Dressing Station, Medical Platoon and Arrivals Team respectively, the Surgeons, Hegge and Kremer, and Karremans and Franken were interviewed. The interim report still stated that the information that the officials had collected could only be disclosed publicly by the Minister. The meetings of the official working party and interviews with the people involved really had to remain confidential.887

At the beginning of October staff from the Ministry of Defence also approached representatives of Médecins Sans Frontières who had been in the enclave. Some time elapsed before the organization agreed to such contact. In the former Yugoslavia a committee consisting of Lieutenant Colonel H.A. van Gameren, the legal adviser to the UNPROFOR staff in Sarajevo, and Captain D.E.C. Scheffrahn of the Royal Netherlands Marechaussee, the commanding officer of the UNPROFOR Royal Netherlands Marechaussee Brigade in Busovaca, travelled through the country from 27 November to 4 December with a list of questions that had been drawn up, collecting answers from former Médecins Sans Frontières staff.888

In view of the speed at which the Ministry of Defence wished to act, this was not an easy task. Despite an undertaking given by the chief witness, the doctor Ilijaz Pilav, to hand in his answers the following day, it took a further five days and a good deal of insistence before they were available to be translated. Moreover, the response was poor: 15 respondents yielded three statements. The others had not experienced the fall of the enclave, could not be traced, or did not wish to collaborate. Apart from questions about negotiations with the Bosnian Serbs, signing documents, violations of human rights and the separation of men and women, most of them dealt with the treatment of the wounded in Potocari and Bratunac. What was also remarkable, was the inclusion of a question as to whether anyone was familiar with the fate of the family of the UNMO interpreter, Hasan Nuhanovic. No one was.

The answers provided by Emira Selimovic, the interpreter and manager of the Médecins Sans Frontières pharmacy, were the most precise and businesslike. The technician, Purkovic, provided emotional answers. The doctor, Ilijaz Pilav, had not witnessed the care of refugees in Potocari but pointed out that they had always collaborated well with Dutchbat by transferring equipment and providing help in those cases where the hospital could not do so. The most valuable form of assistance had taken the form of diagnosing conditions with the aid of ultrasound and X-ray equipment, and a laboratory. However, absolutely no assistance was received from Dutchbat during the fall of the enclave. Of the 21 people to be wounded in the town on 10 July, 11 required surgical assistance. Six of them died while awaiting an operation. According to Pilav, he had addressed a request to Dutchbat by fax through the Médecins Sans Frontières coordinator to take over five or six (the fax referred to two) of the most serious cases.

In the compound in Potocari Médecins Sans Frontières had been responsible for caring for the wounded. In this respect Selimovic said that she had objected to the place in the plant where they had been placed, but that they had received proper medical care from Dutchbat and Médecins Sans Frontières. This organization had also been responsible for the selection of those wounded individuals who had been transported making up the first convoy of wounded.889

The Ministry of Defence completed its initial series of internal interviews on 29 November. The next step was to use them as the basis for drawing up an internal report, presenting it to the Minister and then transforming it into a letter to Parliament. When the report was drawn up, the question was raised as to exactly what the duties of the Field Dressing Station had been. These duties were briefly

887 DCBC, 1326. ‘Programma interviews betreffende “ijzeren voorraad”, undated, unnumbered. The team of officials consisted of the director of General Policy and two of his assistants, the Defence Staff head of Operations and the deputy chief of Operations in the Royal Netherlands Army.

888 DJZ. H.A. van Gameren and D.E.C. Scheffrahn to S. Reyn (DAB), 4/12/95. The file was sent to the ICTY on 29/01/96 (No. C 95/277. DJZ).

889 DJZ, File Tribunal. Answers to the questionnaire for local MSF staff, Ilijaz Pilav, Tuzla. DJZ to ICTY, 29/01/96, No. C 95/277.
described as follows: to care for the wounded or dead members of Dutchbat staff in the Srebrenica enclave. While it is true that the centre fell under the command of the Dutchbat Commanding Officer after 1 April, this only meant that the latter and the head of the military logistics division were entitled to issue instructions and even then this was confined to orders for transfers and raising the alarm. Neither the commanding officer nor the logistics officer was entitled to issue orders for the performance of medical tasks.890

On 5 December, additional investigative findings arrived at Parliament by way of a supplement to the results of the debriefing process and as a reply to several parliamentary questions that had not yet been answered. The letter stated that the medical care provided during the fall of the enclave had been dealt with ‘as comprehensively as possible’. The report of the official working party and the letter to Parliament were identical, albeit that the phrase, ‘as comprehensively as possible’, was not included in the official report. The officials had pointed out that the supplementary investigation had been performed in a brief period of time and that it may therefore have been incomplete in a number of respects.891

A week later on 11 December while additional questions were being answered about the debriefing process, Parliament again received some information about medical matters. Headed by the Deputy Chief of Defence Staff, Lieutenant General M. Schouten, discussions were also held on the provision of medical aid with a number of the people involved, such as Colonel Kremer, Lieutenant Colonel Karremans, Major Franken and Major Otter in his capacity as the commander of the compound in Potocari.892

Although one could understand the haste with which Parliament was informed, it did not help to clarify the issue of medical aid. The IMG had not yet completed its investigation at the time, even though the official working party had had close contact with it. The IMG presented its report on 15 December. Parliament was not provided with any further information about this ‘highly confidential’ investigation.

The official investigations revealed that the term, ‘essential stock’ had only gained currency outside Dutchbat following the latter’s departure from the enclave. Stock had been maintained at the instigation of Dutchbat’s medical leadership.893 It was also clear that because of shortages these supplies had been incomplete from the very beginning. The day after KHO-6 arrived in the enclave on 4 July, the battalion leadership informed the person responsible for medical affairs, Naval Captain Hegge, of the existence of these ‘essential stock’.

However, stocktaking revealed that only a limited amount of essential resources were available, after which Hegge came to the conclusion that it would only be possible to treat a limited number of seriously wounded Dutch troops. This was followed by a decision taken in consultation with the battalion leadership that it would be necessary to limit the provision of medical aid to the local population. No order was issued to this effect. Hegge was of the opinion that in each new case one would need to weigh up whether it was prudent to draw on supplies, so as to safeguard their primary task of providing medical care for Dutchbat. The gravity of the situation in both military and medical terms was underscored by the shelling of the enclave on 6 July and the death of Private Van Renssen on 8 July. The deployment of 50 soldiers for a ‘blocking position’ on 10 July was also not without its dangers. In addition, it was also found that the two surgical teams had different views of their duties, which was also partly due to the prevailing circumstances. KHO-5 had shown itself to be highly concerned about the fate of the local population and had learned to improvise. They imposed few limitations on themselves in relation to the provision of aid. This had partly resulted in inroads being

890 DCBC, 2360. Fax from the Department of Operations (Van Dam), Defence Staff to Nicolai, 29/11/95, unnumbered.
891 DS, S95/061/4841. Memorandum from DAB to the minister, 8/12/95, No. D95/658.
892 DS, S95/061/4841. Acting DAB (Casteleijn) to the minister, copy to the junior minister, CDS and the IMG, 8/12/95, No. D95/558, Confi.
made into supplies. KHO-6 was not familiar with the prevailing circumstances and took over these
duties at a time when the security situation was changing drastically.\footnote{TK session 1995-1996, 22 181, No. 136, p. 8.}

Naval Captain Hegge felt that his good reputation was being eroded by all the publicity
accompanying the replies to the parliamentary questions. He sought a debate with his colleague,
Kremer, about the medical and ethical dilemmas during the fall of Srebrenica. He had already contacted
the KRO current affairs programme, \textit{Brandpunt} for this purpose. In addition, Hegge felt that there were
no grounds for any accusations directed against the medical officer and sergeant major in relation to
their performance. The Deputy Director of General Information Kreemers advised against proceeding
with such a discussion. It would simply stir up debate and would undermine the validity of the
minister’s replies to parliamentary questions. Such a broadcast could serve as a springboard for new
questions or even a hearing.\footnote{BSG. Acting DV to the minister and junior minister, copy to PCDS, DAB, CKMar, 7/12/95, No. V95022956. Hegge
had approved the answers to the parliamentary questions. In addition, it had been agreed that Hegge would no longer
accede to media requests without consulting Kreemers. The latter did not exclude the possibility that any publicity would
spread ‘a new fatal spark’.
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Not long after this the alarm bells again started ringing at the Directorate of General
Information. By coincidence it heard that Colonel Kremer was to give a talk to the \textit{Vereniging Officieren
van de Geneeskundige Dienst} (Association of Officers of the Medical Service) entitled ‘Potocari versus
Hippocrates’. It was agreed with the Commander-in-Chief of the Royal Netherlands Army that the
Directorate of General Information would be informed about the content of this speech. The
Secretary-General was also to be subsequently notified about the publicity risks involved in allowing the
talk to proceed. All the ingredients for unfavourable publicity seemed to be present. \textit{Médecins Sans
Frontières} was on the point of publishing a book about medical care in Srebrenica. Ilijaz Pilav the doctor
from Srebrenica, who was a friend of Kremer’s, was visiting the Netherlands, and \textit{Brandpunt} was
producing a report about this visit. An assistant to the Member of Parliament, Hoekema (D66), and a
reporter had already sought information about further investigations which the Health Care
Inspectorate was to conduct. Kremer’s scheduled talk had caused a commotion in navy circles, with the
result that some of Hegge’s supporters planned to attend the talk.\footnote{BSG No. 2958. Note by the acting director of General Information (Kreemers) to the SG, 22/02/96, No. 96002913. The
SG asked Kreemers to exercise the ‘greatest possible caution’ while supervising this task.
}

The talk went ahead but no incidents occurred. However, there was a discussion, without any
clear outcome, about the question as to whether it was or was not permissible to deny medical supplies
to civilians, and who was or could be responsible for such a decision.\footnote{Statement by A.J. Noordhoek, 05/12/01.}

This was the key question to medical officers in military organizations. That it would continue
to demand attention, was self-evident and was a logical follow-on from the investigations that the
Ministry of Defence initiated. For the subsequent discussion of ethical questions in relation to
medicine, one is referred to the section on ‘subsequent opinions about the medical and ethical issues of
“essential stock”’ further on in this appendix.
Chapter 17
Investigation conducted by the Military Health Care Inspectorate

Introduction

The handling of the questions which had been raised in response to medical performance within Dutchbat was followed by the investigation which the Military Health Care Inspectorate (IMG) conducted into it. This investigation brought new information to light but also led to the question as to what should be done next and whether its findings justified the adoption of further measures. There was one key issue in this connection: the failure to provide medical aid to the wounded Muslim woman on 10 July 1995 as mentioned above. This investigation also revealed several other matters that had nothing to do with Srebrenica, but which pointed to incidents that had occurred prior to arrival in the enclave. On the one hand, they clarified the nature of personal relations at the time and, on the other, they further complicated an already complex situation.

This led to a further investigation conducted by the Public Health Care Inspectorate. This represented a partial repetition of events. It again revealed information about the situation in which Dutchbat was required to operate, and the inadequate preparation for the deployment of medical personnel when faced with the choice between assuming medical and military responsibilities. Again there was the question as to what should be done with the findings of the investigation performed by the Public Health Care Inspectorate and what action should follow.

Both of these investigations are dealt with one after the other. Their conclusions and implications are then summarized in a single section.

The Military Health Care Inspectorate's report

At the end of November 1995 when Brandpunt publicly disclosed a number of issues pertaining to the medical actions of Dutchbat, little headway had been made in the investigation being conducted by the Military Health Care Inspectorate. The term, ‘interim report’, which was used to describe the document presented to the minister at that time, was somewhat exaggerated. Only one interview had been conducted, namely, with Colonel Kremer. This interim report consequently contained Kremer’s views in the main.

Kremer had expressed serious objections to the failure to treat the wounded woman who was brought into the Potocari compound on 10 July. He said that he did not initially intend to express any complaint. However, he had met several Dutchbat members who still had huge difficulties coming to terms with the image of the dying woman and who spoke to him about this. The Military Health Care Inspector, Air Commodore H.J.M. Groenhout, had then invited Kremer to present his story. This was the catalyst for a complaint. Ultimately, it was Kremer who filed a formal complaint with the Military Health Care Inspector once he had been invited to do so. In this connection, Kremer did not himself record his complaint in writing. It was only put into words in the IMG report.

What was striking, was that, as in the case of the Brandpunt affidavits, Kremer’s complaint was prompted by problems relating to the debriefing situation in Assen. A Military Intelligence Service officer had been present along with someone from the Royal Netherlands Marechaussee and a third person who actually produced the report. It has been noted above that Kremer had been struck by the

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898 Interview G.D. Kremer, 17/01/02.
900 IMG. IMG to government attorney, 22/12/95, No. IMG 95/27/537.
fact that the latter person had not been taught how to deal with medical terms and that this had had an impact on the quality of the report. According to Kremer, his words were incorrectly recorded in the debriefing report. This related primarily to his conclusion that it had been decided not to treat the woman without a thorough examination. Kremer had wanted to start treating the woman but was forbidden to do so by the newly arrived Hegge who was now responsible for medical operations. The latter felt that there were insufficient supplies and that the few that were left, should be reserved for any Dutch casualties. This occurred on the orders of the battalion staff.

In the meantime the IMG learned from Kremer what difficulties he had encountered with the Dutchbat leadership. He also pointed to the absence of clearly defined guidelines for the treatment of the local population. Because little work was required for the treatment of Dutch soldiers, Kremer had begun to treat casualties amongst them in emergencies and other cases.

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After interviewing 21 people involved, the IMG completed its report on 15 December. Although the complaint that had been submitted, only referred to negligence in relation to the treatment of the wounded woman who had been brought in on 10 July, the report could not avoid dealing with an array of other issues as well. The ‘bus incident’ was also raised in the course of the interviews. Initially, it was only a report of an event which Kremer transformed into an additional complaint against Hegge (even though he was not a witness). The IMG ignored a third fact which was cited in evidence against Hegge, namely, that he had failed to conduct himself in accordance with military standards in Zagreb in that he failed to comply with a warrant officer’s order. Investigating such conduct where it involves ignoring the chain of command, is not one of the tasks of the IMG.

The ‘bus incident’ occurred near Zagreb on 14 May 1995. While on an excursion in the city where it was awaiting permission for departure to Srebrenica, KHO-6 witnessed a traffic accident. A general practitioner who was with Dutchbat, but not part of KHO-6, who was sitting in the front of the bus, provided first aid together with a local neighbourhood nurse. It appeared to involve facial injuries, massive internal bleeding and a collapsed lung. As an experienced surgeon, Hegge should have taken the initiative and should have taken over from this general practitioner. A nurse who was a sergeant major should have provided assistance or first aid to the other injured people. As it happens, an ambulance had already been called and it arrived within ten minutes. Hegge is reported to have said that there would have been little point in providing help on the spot and that it was not very wise to get involved in the case in a strange country. The inspectorate held the view that this argument, founded or unfounded fear, was not enough to justify a failure to help. A captain who was also a doctor, and who had remained seated in the bus, made scornful remarks about the situation but no complaint had been filed in this respect. The IMG deemed this failure to take action and the ‘diagnosis at a distance’ to be the most reprehensible.

According to Hegge, the ‘bus incident’ only became relevant after it had been discussed with the IMG in December 1995. It did not have any impact on the KHO-6 team’s performance in Srebrenica. For the rest, Hegge viewed the three complaints against him mainly as an attempt to find a scapegoat for what had happened in Srebrenica.

The inspector did not rule on the question as to how one should deal with minimum stock of medical supplies for military units. The minister had been informed by his officials that this was precisely the question the IMG would deal with. However, upon closer examination the IMG felt

901 Interview G. Kremer, 13/07/98.
902 Stasdef. IMG (Van Ormondt) to the minister and junior minister, 28/11/95, No. IMG 95/27/475.
903 DGP. Military Health Care Inspector, 12/06/96 (H.J.M. Groenhout) to the minister and junior minister, 15/12/95, No. IMG 95/27/515. Highly confidential.
904 Interview E. Kloos, 16/02/00.
905 DS, S95/061/4841. Acting DAB (Casteleijn) to the minister, copy to the junior minister, CDS and the IMG, 8/12/95, No. D95/558, Confi.
that it was not its duty to do so even though, in view of its instructions, it would nevertheless have been in a position to note, for example, that the relevant regulations were incomplete or unclear. What these regulations should stipulate, was an issue for the Directeur Militair-Geneeskundig Beleid (Military Medical Policy Director) and the head of the Ministry of Defence. The establishment and maintenance of ‘essential stock’ represented a decision of policy which ostensibly had nothing to do with the quality of military health care. The IMG’s duty was to assess the quality of medical actions.908

The IMG investigation only indicated that Dutchbat had initially assumed it would have a casualty rate of 5%. Because it was impossible to guarantee the removal of patients within 48 hours after their condition had stabilized, a higher casualty rate of 8% was assumed to apply. Due to faltering supplies, the provisions earmarked as ‘essential stock’ were not enough for lengthy intensive care. At the time KHO-5 based its actions on the assumption that any supplies over and above these ‘essential stock’ could be freely used for the provision of humanitarian aid to the population. A large proportion of the operational supplies were consumed as a result of the admission of a woman from the hospital in Srebrenica who had an infected uterus, her intensive care, and the refusal on the part of the Bosnian Serbs to allow a Norwegian medical unit into the enclave to transport her to Tuzla.

The IMG wondered to what extent this had been acceptable in view of the halt to the woman’s treatment, although it did acknowledge, on the other hand, that one could not stop treatment once it had commenced, as this could result in the patient’s death. Responsibility for her treatment lay with the doctor treating her and could not be transferred to the Royal Netherlands Army Crisis Staff. The exhaustion of supplies had had a negative impact on the mood prevailing in the Field Dressing Station. As it happens, Hegge did not comment negatively about this. According to the IMG, the friction between the two surgeons could partly be traced back to their incompatible characters.

The decision taken by the battalion leadership and the surgeon responsible not to provide humanitarian aid any longer, was one which the IMG considered to be understandable. It appeared that this decision had been implemented with the necessary degree of flexibility. The IMG also deemed it acceptable to have refused to accept patients from the hospital on 6 July. This decision was justified by the shortages, the danger of casualties amongst the battalion’s own personnel and the fact that the patients concerned were already being treated by Médecins Sans Frontières. The IMG did not consider the question as to who was entitled to make decisions in this connection, because this had been done by the battalion leadership without consulting the surgeon responsible. The decisions not to tolerate the lengthy use of operating room capacity in the bunker and to permit the further use of essential stock were also held to be acceptable by the IMG.

The IMG was also quite explicit about the failure to treat the woman: it was reprehensible. The situation prevailing at the time could not constitute grounds for not performing a proper medical examination to ascertain the nature of her injuries. There were no other patients at the time and there was ample capacity for an examination. In primitive conditions, even outside the operating room, an experienced surgeon would have been able to install a thorax drain and to determine the extent of the injuries to her abdominal organs within approximately an hour. After this, it would have been possible to make a decision about her further treatment, using makeshift facilities if necessary, or to refrain from this. Owing to the absence of medical data, it was impossible to establish whether such treatment would have saved her life. However, the fact that the woman was still alive many hours later, could have led one to consider performing an operation anyway.

In the absence of corroborating statements by the staff of the Field Dressing Station, it was impossible for the IMG to determine whether Dutchbat personnel had withheld care from patients. This statement pertained in part to the refusal of a medical officer, this referred to Hegge, to provide assistance in and around the compound. The IMG branded this approach ‘unprofessional’, an attitude that did not reveal any significant involvement in the situation in his capacity as a medical officer. This

908 Interview E. Kloos, 16/02/00.
assessment thus focussed mainly on the attitude of the doctor concerned. An investigation into a refusal to obey an order was not a matter for the IMG.

Without drawing any conclusion from it, the IMG did not have anything good to say about the preparations of the surgical teams. In the course of preparations for deployment at the former Centre for Peacekeeping Operations, the specific duties of a KHO team had barely been referred to. Only a syllabus containing insufficient information for the Field Dressing Station had been handed out. What the precise duties were in relation to the provision of care to UN soldiers and emergency and other humanitarian aid to the local population was not stated or recorded in a medical plan. As a result, there was insufficient clarity about the medical policy to be pursued on the spot and the facilities required for this purpose. Consecutive surgical teams had acted in accordance with the situation as they had found it, with all the attendant consequences.

Nowhere in this syllabus which was drawn up by the Centre for Peacekeeping Operations in July 1994, was there any reference to UN regulations, and where the subject of humanitarian aid was covered, the relevant documentation was contradictory. For instance, it was stated that the Field Dressing Station had a duty to provide humanitarian aid to the local population in consultation with Médecins Sans Frontières. The commander of the Field Dressing Station was responsible for drawing up the programme for the provision of humanitarian aid in consultation with this organization. However, the description of the internal operations of the Field Dressing Station states that the latter could only be used to provide medical care to the residents of the enclave in incidental cases. The Field Dressing Station was only intended for first and second-rank medical care in Dutchbat. The syllabus stated that the prerequisite for this was that the quality of the care provided to the troops was to be identical to what is customary in the Netherlands. This reflected the views held by the Royal Netherlands Army but was barely feasible to achieve in other countries and had not been included in Defence Department policy for this reason.

Similarly, the syllabus failed to cover relations between the captain commander of the Field Dressing Station and the colonel surgeon. The only special duty cited for the surgeon was that he was to act as a mentor for other doctors within Dutchbat. The commander of the Field Dressing Station who was not a medical officer, was responsible for coordinating the performance of medical duties and maintaining contact with the senior commanding officer. Maintaining medical and first aid supplies was both a task for the operating room team, which included a surgeon, and for the distribution team, which included a pharmacist. The UN regulations governing the supply of medical service goods and humanitarian aid to the local population were thus not covered in the syllabus or the lessons.

In their free time the trainees at the Centre for Peacekeeping Operations could have inspected a field hospital at a far away training ground near Zoutkamp. The members of the KHO-6 team had been recruited from different places and did not know each other. Introductory meetings, discussions about the policy that was to be pursued, and getting used to know each other in training conditions could have had a favourable impact in relation to differences in culture and practice. Although there was contact between the team waiting in Zagreb and the enclave, the situation prevailing on the ground was not explicitly dealt with. The problems associated with delayed convoys were familiar, as was the exhaustion of supplies for the lengthy care of one female patient.

After reaching Potocari in the evening of 4 July following a long bus trip, KHO-6 took over responsibility the following day. The investigations are silent on the question as to why this had to occur so soon in view of the fact that KHO-5 was unable to leave the enclave immediately. On the other hand, everyone was used to a rapid transfer. Hegge did not make an issue of this. Friction arose between the two surgeons immediately in respect of the manner in which leadership was provided and the instruments that were to be used. The people representing the various disciplines within KHO-6 took stock of the potential for the provision of care. They noted that, after setting aside emergency

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stock, there were hardly any supplies left. This led to the recommendation presented to the battalion leadership to halt humanitarian aid. Major Franken acted on this recommendation. The IMG report is silent about the extent of the shortfall of ‘essential stock’.

**Follow-up to the IMG investigation**

To Secretary-General Barth the IMG’s report largely confirmed the familiar ‘hardly inspiring impression’.

Minister Voorhoeve’s response to the IMG’s findings was one of fury. In particular, Voorhoeve was upset by the ‘bus incident’, which he described as ‘scandalous negligence’ on the part of several people. Because the incident occurred as early as 14 May, it must already have been known to a large number of people. Voorhoeve wanted to know to whom it had been reported and who was responsible for covering it up. It appeared that the Royal Netherlands Army Crisis Staff only became aware of the incident following the commotion surrounding the *Brandpunt* broadcast. It was assumed that the doctor who had provided help, apparently wished to prevent his colleagues from being discredited. He had also failed to mention it to the IMG and was only willing to confirm it once he was confronted with statements made by other people.

In response to Voorhoeve’s question as to who was responsible for the poor preparations, an answer was received from Brigadier General Nicolai, by then the commanding officer of the Royal Netherlands Army Crisis Staff following his position as the chief of staff of the Bosnia-Hercegovina Command, to the effect that it was Lieutenant Colonel Wertheim, the special staff officer of the medical service at the Royal Netherlands Army Crisis Staff. However, this was questioned because it bypassed the responsibilities of the commanding officer of the Armed Forces Hospital Service and the next senior commander, the commander of the Medical Command of the Netherlands Armed Forces, as well as the School for Peacekeeping Operations, which was supposed to have received guidelines from the Commander-in-Chief of the Royal Netherlands Army for this purpose.

The fact that the order issued by the commander of the Field Dressing Station to a captain of KHO-6 to provide first aid at a bus terminus in Potocari, had been disobeyed, also aroused the Minister’s wrath. It finally happened after the order was repeated. However, the matter was subsequently reported to the Royal Netherlands Army Crisis Staff and medical bodies without mentioning any names but it remains unclear as to whether any action was then taken within the Royal Netherlands Army.

The final answer that the Minister received to his question about the provision of aid at the bus terminus in Potocari, was that the Royal Netherlands Army Crisis Staff and the relevant medical organizations were of the opinion that the issue would be taken up by the debriefing team in Assen. As stated, the debriefing process had ended by then and the debriefing team had certainly not taken it up. This exposed one of the weaknesses of the debriefing process. The debriefing officials did not confront people with each other’s statements. The doctor involved in the bus terminus incident had been debriefed before the person who reported it, and the doctor was not summoned for a second interview. No one reported this criminal offence in the course of the debriefing process. What also played a role was the order to conduct the debriefing sessions in as relaxed an atmosphere as possible and to have everyone present their story as candidly as possible. In addition, the debriefing team felt that there were insufficient reasons to initiate a criminal investigation.

However, in response to the public disclosures made in *De Volkskrant* and *Brandpunt*, on 18 December the commander of the Field Dressing Station reported that there might have been a failure

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910 Stasdef. Memorandum from SG to the minister and junior minister, copy to CDS, DGP, DJZ, DAB, DV, 18/12/95, unnumbered.
911 Memorandum from the DAB to the minister, 19/12/95, No. D101/677. This memorandum was a response to that of MINDEF to the SG, 18/12/95, No. 41/95.
912 Stasdef. Memorandum from the DAB to the minister, copy to the junior minister, the CDS, the DGP, the IMG and the DV, 19/12/95, No. D101/677.
to obey an order. The Royal Netherlands Marechaussee investigated all these cases. In various instances it appeared that no order had been given. The findings of the judicial inquiry were released shortly after the IMG’s report was completed.

Naval Captain Hegge had never issued any order which amounted to a prohibition against the provision of aid to civilians. There were two views of another order given by the commander of the Field Dressing Station to prepare a list of blood donors, which was never executed. One view had it that no one insisted on it because the relevant doctor did not believe that it was necessary and two officers, one of whom was not a doctor, had resigned themselves to this view. The other had it that the list had indeed been drawn up after it had been made clear that this had to be done, even though the doctor felt that he did not actually have a duty to do so.

The order issued on 10 July to proceed to the hospital in Srebrenica in order to ascertain what possible aid could be provided to the refugees, which the person concerned had felt was too dangerous, was revoked by Major Franken because shellings were indeed making it too dangerous. A trip to Srebrenica was also not interpreted as an order but as a type of consultation in which the person concerned had indicated that he preferred not to go to Srebrenica because he was not familiar with conditions outside the compound in Potocari. Perhaps it had also been said that it was dangerous at that point in time because shots were being fired.

The doctor who is said to have relieved the person at the first-aid post at the bus terminus, had indeed gone after some hesitation. As a doctor, he believed that he could do more in the compound. He was not aware that he had refused to obey an order and only later understood that the commander of the Field Dressing Station was also his military commanding officer. The concept of an order was alien to this doctor thanks to his lack of military training, which was deficient and had only lasted four weeks. The Navy anaesthetist was definitely at the first-aid post near the bus terminus at 6 o’clock in the morning of 12 or 13 July but had returned to the compound because there was nothing to do. When he was told that no doctor was available at this post, he returned ‘spontaneously and immediately’.

The sergeant major carried out a patrol as prescribed for the night. He himself was not aware that he had refused to obey an order after being requested to go on patrol. He had only said that care should be taken when rostering personnel in view of their actual duties in the event that it might be necessary to operate. A soldier of higher rank recalled that the sergeant major initially did not really feel up to it but that the latter had accompanied him on patrol once the object of it had been explained to him. No order had been given. Everything had occurred through proper consultation.

The head of the public prosecutor’s office in the district of Arnhem came to the conclusion that there had been no refusal to obey an order. While it was true that hesitation had been displayed when the order had been given to prepare a list of blood donors, but this order had been carried out. The same conclusion applied to the sergeant major who is said to have refused to go looking for refugees with medical problems outside the compound. In this case too there had been no refusal to obey an order.

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913 Stasdef. No. 2513. Memorandum from the DAB to the minister, 19/12/95, No. D101/677.
914 OM Arnhem. PV KMar District Gelderland/Overijssel/Flevoland, No. 01 1996, 08/01/96.
915 DV. Head of the Public Prosecutor’s Office in the District of Arnhem (Van Gend) to the minister of Defence, 03/01/96, No. AH/9000/1001/96/BvdK/AdV.
Chapter 18
Investigation conducted by the Public Health Care Inspectorate

How one should formulate a complaint

After the IMG’s report had been completed, Minister Voorhoeve wanted to lodge a complaint with the Medical Disciplinary Tribunal. This did not happen. In the course of discussions held with the Military Health Care Inspectorate and the Deputy Secretary-General H.H. Hulshof, the question was raised as to whether it might not be better to pass on this matter to Staatstoezicht (Government Supervisory Authority). Voorhoeve’s advisers wondered if it would be politically expedient for the Minister to drag his own staff before a disciplinary tribunal, because this could result in negative publicity for the Ministry of Defence. Indeed, apart from the Minister of Defence, the Government Supervisory Authority was also entitled to initiate proceedings before a disciplinary tribunal.916

Formulating a complaint was inevitably fraught with difficulties. Because the Wet Beroepen Individuele Gezondheidszorg (Wet BIG, Individual Health Care Professions Act) had not yet come into force, any case against the sergeant major would not have been covered by the medical disciplinary regulations. It would not be possible to use the IMG report as evidence in support of a decision to institute criminal proceedings. The persons concerned had not been informed beforehand that the statements they were to make, could be used in criminal proceedings. A criminal investigation could only be made contingent to the findings of a disciplinary assessment of the medical actions in question. An additional problem in relation to medical disciplinary regulations lay in the fact that a military order was at issue. Moreover, the territorial operation of medical disciplinary regulations raised the question as to whether a complaint pertaining to Bosnia would be admissible. That would first need to be investigated.917

On 18 December the IMG, Air Commodore H.J.M. Groenhout, consulted the Hoofdinspecteur voor de Preventieve en Curatieve zorg (Chief Inspector for Preventative and Curative Care) at the Staatstoezicht op de Volksgezondheid (State Supervisory Authority for Public Health), G.H.A. Siemons, about the report he had published. The purpose of this discussion was to establish whether a medical disciplinary tribunal was competent to hand down a ruling. Following internal deliberations in the Public Health Department and consultations with the government attorney, it was concluded that this was certainly the case in relation to the ‘bus incident’.918

On 19 December Minister Voorhoeve then phoned his colleague, E. Borst, the Minister of Public Health, in order to find out whether the Inspectie voor de Volksgezondheid (Public Health Care Inspectorate) wished to pursue the complaint. Siemons had already informed Minister Borst accordingly.919

Siemons concluded that the IMG report provided grounds for further investigation and assessment by disciplinary tribunal. According to the government attorney, an evaluation was not impossible in itself, because the operation of the Medische Tuchtwet (Medical Discipline Act) was not territorially limited. Moreover, under criminal law a court of law was entitled to judge the actions of any Dutch citizen irrespective of the context or geographical area within which they occurred. There were no grounds to assume that this was different in the case of disciplinary procedure. However, if a court

916 Interview E. Kloos, 16/02/00.
917 DEF Stasdef aftermath, medical affairs, genocide. Memorandum from the IMG to the minister through the DGP and SG, 18/12/95, unnumbered.
918 IMG. Memorandum from the IMG on behalf of the minister of Defence through the DGP and SG, 19/12/95, unnumbered.
919 Interview E. Kloos, 16/02/00.
case were to ensue, the jurisdiction of a disciplinary tribunal would be challenged by way of a defence. The relevant disciplinary tribunal would only be able to rule on this in the case itself. The government attorney saw no reason in itself to refrain from filing a complaint because there was a chance that jurisdiction would be denied. The competence of the Chief Inspector to lodge a complaint was beyond dispute. The Minister of Defence could also file a complaint himself but this could give rise to debate.920

By transferring the investigation to the State Supervisory Authority for Public Health, one was indeed subsequently left with some impression that Minister Voorhoeve wished to rid himself of the case but this did not coincide with the view held within the department. It was Voorhoeve's precise intention to tackle this matter with gusto, according to an IMG investigating officer.921

Chief Inspector Siemons requested a number of documents in order to draw up a disciplinary complaint, and he asked whether certain issues had been committed to paper. Amongst other things, this pertained to the recommendation made to the battalion leadership to halt humanitarian aid in July, and possible records of the examination of the Muslim woman. This was not the case. Records of interviews previously conducted by the IMG were not handed over, because they were handwritten notes which the IMG held were not to be used by other parties. The available documents were forwarded to the office of the government attorney.922

In mid-January 1996 Siemons reported that he had studied the IMG's report and other information. He deemed it necessary to conduct a further examination of the facts before he would be able to draw a conclusion as to whether it was advisable to file a complaint against one or more individuals with the medical disciplinary tribunal. Siemons therefore intended to interview a number of people. Before doing so, he preferred to let them familiarize themselves with the IMG's report.923

Minister Voorhoeve did not wish to consent to this. He did not want to go further than allow them to peruse the relevant passages. He wanted restraint to be exercised when making the report or any part of it available with a mind to possible leaks, so as to prevent unnecessary harm to people. However, should Siemons file a disciplinary complaint, Voorhoeve had no objections to submitting the report to the medical tribunal.924

A complaint of this nature would be unprecedented. After Siemons consulted the chairperson of the Centraal Medisch Tuchtcollege (Central Medical Disciplinary Tribunal), it was agreed that the regional disciplinary tribunal in Amsterdam could consider the matter at a later stage.925

Using the findings of the previous investigation and the names and addresses provided by the IMG, the State Advisory Authority commenced its work. All was quiet in relation to the investigation for some time after this. In February 1996 the specialists in the Armed Forces Hospital Service were somewhat dissatisfied with the fact that the matter had been handed over to the Health Care Inspector, its new commander, Air Force Colonel A.J. van Leusden, revealed. The medical specialists wondered why the IMG had done this, and inquired about the differences in the jurisdiction of the two inspectorates. They also asked what the current status of the matter was.926

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920 IMG files. The chief inspector for Preventative and Curative Care to the minister of Health, Welfare and Sport, 19/12/95, reference: PCG/H.
921 Interview E. Kloos, 16/02/00.
922 IMG. Fax from G.H.A. Siemons to Groenhout, 21/12/95 and from IMG to G.R.J. de Groot Bureau Landsadvocaat (Office of the Government Attorney), 22/12/95, No. IMG 95/27/537. The Health Care Inspector had also wanted to know the name of the general civilian surgeon who had acted as a consultant for the IMG in relation to general surgical principles for the examination of a patient. The IMG denied this request.
923 IMG. The chief inspector for Preventative and Curative Care, 12/06/96 to the minister of Defence, 11/01/96, No. PCG/H 9627, Highly Confidential.
924 IMG. Minister of Defence to the Chief Inspector for Preventative and Curative Health Care, 12/06/96, 16/01/96, No. IMG 96/27/015, Confidential.
925 Interview E. Kloos, 16/02/00.
926 IMG. Telephone record produced by an IMG staff assistant of a conversation with Van Leusden (CMH), 23/02/00.
asking the same question. By this time it was already May 1996. Voorhoeve wanted to know what
development could be expected on the part of the Public Health Care Inspectorate.927

The inspectorate was busy drawing up a report, which was to be discussed with the government
attorney on 22 May. As it happens, its preliminary conclusions were not quite as incisive as those of the
IMG. However, it was clear that its assessment would be that medical performance had been below
par. The question whether it must be deemed to be in the general interest to file a disciplinary
complaint, would only be considered once the conclusions had been finalized and after a discussion
with the people concerned.928 The IMG inspector was under the impression that the State Supervisory
Authority was involved in considerable debate about the nature of the conclusions, and that in this
connection the question was being weighed up as to whether they constituted grounds for a disciplinary
procedure.929

The State Supervisory Authority completed the report of its investigation on 12 June 1996. This
report stated that the purpose of the investigation was to determine whether members of the Armed
Forces Hospital Service had failed to provide medical care to civilian casualties and whether action
needed to be taken against any individuals. The inspectorate had interviewed 13 people who had been
involved. The question of ‘essential stock’ and medical performance during the fall of Srebrenica had
been reconsidered in the process. Of all the investigations that were conducted, this one produced the
most far-ranging but also the most fragmented report. It should be noted that, like the military
inspector, the chief Inspector of the State Supervisory Authority deemed the behaviour of the relevant
individuals involved in the bus incident near Zagreb to be more reprehensible than the actions of those
in relation to the seriously wounded Muslim woman.930

What follows is a reconstruction of events based on the report of the investigation drawn up by
the Public Health Care Inspector.

The day after its arrival in the enclave, the KHO-6 team started to take stock of available
medical supplies. The former team, KHO-5, was not involved in this. Impeded by VRS shellings, it
took two to three days to complete the stocktaking. Minimal supplies were still available, enough to
care for 20 patients who would need to be moved out within 24 hours. Intensive care treatment was no
longer possible due to a lack of drip kits, plasma-replacement facilities and antibiotics. Problems caused
the supply of blood to stall and artificial respiration was no longer possible. However there was enough
drip fluid available and Dutchbat possessed extensive supplies of dressings. It was still possible to make
about another 12 X-rays. Hegge knew that there had been a halt in supplies and had himself asked what
items he should smuggle into Potocari.

However, the surgeon who had been relieved, Kremer, had the idea that there was still
sufficient potential to provide humanitarian aid. It was said that the stocktaking had not been accurate
enough due to the considerable pressure of time under which stocktaking occurred. Actual supplies
were said to exceed this, although one had to concede that there were shortages and that a great deal of
scarce diesel was required to sterilize the instruments.931

The investigation of the failure to treat the Muslim woman

Under the impression that the wounded Muslim woman was at the gate of the compound on 10July
1995, two orderlies were ordered to fetch her.932 However, they did not find any woman there. On their
own initiative these orderlies left the compound and, directed by a lieutenant, made their way along the safe route at the back which had been opened for the refugees. They found the wounded woman on a homemade stretcher of branches and a blanket about one and a half to two kilometres from the compound. Elsewhere it is mentioned that she was found at the third bus shed at the bus terminus about 500 metres from the compound.\footnote{Report of the IMG, p. 8.}

A Dutchbat soldier was with the woman, as was her husband. The orderlies got the impression that the woman had suffered injuries to her abdomen and legs caused by shrapnel. They returned within 15 to 30 minutes for the most part at double-quick pace with the woman on the stretcher. Her husband remained behind. One of the orderlies subsequently felt that he had risked his life, because he sensed that he had been a target. On the way out two mortars were fired at them and bullets hit close by on their return. There was no discussion about admitting the woman to the compound. The situation prevailing in the Field Dressing Station was confusing, because the bunker alert had been sounded. It was not exactly clear who took care of the woman.\footnote{Report of the Health Care Inspector, 12/06/96, pp. 29-30.}

Apparently, no one was concerned about the orderlies' prolonged absence. The inspectorate attempted to ascertain who had given the order to collect the wounded woman and concluded that it was the acting commander of the Field Dressing Station. According to the Dutchbat logbook, the battalion staff were aware of this and radio reports even refer to the provision of guidance.\footnote{The Inspectorate’s report is not clear about the precise time. Some people stated that it was somewhere between 4 pm and 5 pm, the orderlies that it was about 8 pm. The Dutchbat logbook contains the following report at 8.01 pm: ‘seriously wounded woman, guide for route, stretcher being arranged’. It noted at 8.12 pm that the stretcher team was on its way. (SMG, 1004/61. Dutchbat Operations Room Monthly Records).}

The woman was bleeding on all sides, ‘The stretcher was “full”,’ and she was not bandaged. She was placed in a quiet corner of the plant and not in the bunker, because it had been reserved for wounded soldiers.\footnote{Report of the Health Care Inspectorate, 12/06/96, p. 30.}

Because Hegge declined to treat the woman, the State Supervisory Authority focussed its investigation on her condition, the manner in which she was examined and the reasons for refusing her treatment. Witnesses were not unanimous in describing what the examination entailed and what the precise reason was for declining to treat the woman. Hegge is said to have failed to examine her thoroughly. Little could be done, because she was going to die anyway, some people felt.\footnote{Report of the Health Care Inspectorate, 12/06/96, p. 32.} Kremer, who also examined the woman, was of the opinion that she was not close to death. One could not conclude from her wounds, bullet holes in her thorax, abdomen and upper thigh, that she was going to die immediately. However, she would if she had to wait too long. Kremer felt that the woman should receive assistance. A thorax drain and a minor laparotomy (opening of the abdominal cavity) would in themselves be of help. One would not be able to determine the gravity of her wounds without examining the inside of her abdominal cavity. Kremer offered to operate on the woman himself, because he was of the opinion that the woman could be saved with a minimum of resources. According to him, Hegge would not permit this and felt that any supplies that were then available, should be kept for those Dutchbat personnel still manning the observation posts. Kremer maintains that Karremans supported Hegge: the supplies that were still available needed to be reserved for Dutchbat. Kremer submitted to Hegge as the person who bore ultimate medical responsibility. However, the precise nature of the communication between the two surgeons in relation to the examination and treatment of the woman was not clarified during the investigation.

In December 1995 the commander of the Field Dressing Station had already stated there that Hegge had seen the woman immediately after her arrival but believed that there would not be any point in treating her. Kremer had a different view of the matter, after which a discussion between the two surgeons is said to have ensued as to whether or not to operate on the woman. In his capacity as the
person ultimately responsible, Hegge decided against an operation, because subsequent treatment would have required excessive medication drawing on medical supplies that were already limited.938

According to Hegge, his discussion with Kremer had been confined to several comments he had made after Kremer had expressed the view that an operation should be performed on the patient. Kremer had not replied to Hegge’s countering questions as to the chance of the time-consuming operation achieving subsequent results and what demands this would make on the availability of the operating room and intensive care facilities.939 Hegge maintains that he had then said the following to Kremer: ‘so you want to operate? Go ahead. Those are the rules.’ After this, Kremer is said to have walked away without replying. Based on the approach that Kremer had adopted, Hegge believed that he did not wish to accept the consequences yet he had sought publicity.940 The IMG inspector, Kloos, also held the view that Kremer’s attitude was not entirely clear. He too had asked Kremer why he had not done anything then. It was precisely because Kremer was so involved and felt that something had to be done, that he could have intervened himself and did not need to submit to Hegge’s authority, the inspector felt.941 Captain De Bruijn, another person who was involved, also asked himself years later why Kremer had not acted himself.942

When asked about this, Kremer said that things simply did not work that way once you had handed over responsibility. Hegge simply did not want the operation to be done. Kremer was also unable to operate on his own without an anaesthetist. As it happens, he had not discussed the matter with the anaesthetist, Zwarts, nor had he asked the latter to help him. He had assumed that he would side with Hegge. Kremer also said that at the time he was not aware of any agreement made between Hegge and Franken to limit the provision of humanitarian aid. Nevertheless, in his view a thorax drain should have been inserted in the woman at the least in order to remove the fluid that had accumulated in her chest cavity, and there was no shortage of thorax drains. There were still 12 in stock.943

Hegge told the Health Care Inspectorate that he had examined the woman in the normal manner. He had already been informed as to what her condition was and he merely had to verify the diagnosis. She could not be operated on due to a combination of shock and the nature of her wounds. In the prevailing circumstances her injuries were of such a nature that she would make such demands on the operating room and surgery time – with a probable unfavourable prognosis – that she fell in the category, not treatable. In addition, the shortage of supplies and the impossibility of providing intensive care treatment also played a role. These considerations were of a medical nature. A youth with a mortar wound and another small boy with a large abscess on his lower leg had been helped earlier. Firing had also been going on then. The difference was that their prognosis was favourable and their treatment did not draw on supplies.944

A discussion also arose in relation to the administration of morphine. The woman had been kept apart and Hegge had instructed a nurse to tend to her and to fight the pain with morphine as required. A nurse experienced in terminal care was ordered to sit next to the woman in the plant.945 Because there was no light, candles were placed next to her. Other individuals stated that the administration of morphine was initially denied and was only permitted after an express request to this effect by a nurse in the knowledge that she could suffer a respiratory collapse as a result. Morphine was administered to her for two hours. She was expected to die within two hours. After two hours she received more morphine. The woman’s condition did not deteriorate after the morphine was

938 Public Prosecutor's Department, Arnhem, Royal Netherlands Marechaussee, District GOF, Judicial Service, 18/12/95, No. P. 77/95.
939 IMG. ‘situatierapport Potocari 10-07-1995’ [Drawn up by KTZAR Hegge].
940 Interview H.G.J. Hegge, 02/02/00.
941 Interview E. Kloos, 16/02/00.
942 Interview M.J.L. de Bruijn, 09/01/02.
943 Interview G.D. Kremer, 17/01/02.
945 IMG. The nurses who remained with the woman were F.A. Elbers and R.E. Ros. The IMG to the chief inspector for Preventative and Curative Health Care, 12/06/96, 11/01/96, No. IMG 96/95/27/010.
administered, and remained reasonably stable. The morphine calmed her down and made it possible to speak to her. Hegge saw her once again during this period. He remained of the opinion that the woman did not have a chance. She was in a stable but poor condition. Approximately two hours later, once the bunker alert had passed, an armoured vehicle took her to Srebrenica.946

Kremer became angry when he heard that the woman had been transferred to Srebrenica, because he was familiar with the abilities of the caregivers there: ‘Her removal would definitely mean her death’.947

There were different opinions about who had given the order to have the woman taken to Srebrenica. What is known, is that the Commander of the Dutchbat Medical Platoon, Captain De Bruijn, issued the order after Franken had consented to this. De Bruijn had consulted Hegge about the question as to whether anything could be done for the woman and if it was not possible to operate on her. When Hegge said that no operation was to be performed, De Bruijn wanted to take her to Srebrenica to give her another chance. He asked Hegge if she would survive being transported. Hegge had no objections to this. According to him, this was entirely a humanitarian consideration designed to allow the woman to die in her own surroundings. The woman was taken away contrary to the rules, because shots were being fired.948 An ambulance APC left in the night of 10 to 11 July and returned to the compound at 1.23 am.949

The orderly who was charged with the transfer of the woman to Médecins Sans Frontières, and who was not interviewed by the inspectorate, made the following statement about this:

A stretcher mounted on an undercarriage was pushed in my direction. On it lay a young woman of about 21 years of age. She was bleeding heavily and the stretcher was covered with blood. Several KHO nurses were with her and Major Ros also stood there. People were speaking and they were a bit giggly, and no one was allowed to do anything for this wounded person: ‘she may not be treated here. She has to go to Médecins Sans Frontières’. I felt her pulse. She was suffering severe shock and was semi-conscious. She had had heavy painkillers. I asked again, ‘Where is she bleeding?’ And the reply was, ‘Where isn’t she?’ I also asked, ‘shouldn’t you have at least put her on a drip?’ However, the KHO-6 surgeon was mentioned as the man who had decided that that should not be done. I saw from the others’ response that they did not agree with this. I loaded her into the APC, closed the door and drove a little way outside. There I made a number of attempts to insert a drip in her, in both her left and right arm, and in her right ankle. However, she had lost so much blood that I could no longer find a vein. I looked under her clothes to see what was wrong. Her abdomen and legs were covered with dozens of shrapnel wounds. She had bled a great deal and was lying in a pool of blood from her head to her toes. I thought: ‘Do not try to do any more smart things and proceed as quickly as possible to Médecins Sans Frontières’.950

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950 Interview H.M.W. Geurts, 10/05/99.
Chapter 19
Conclusions and consequences of the investigations

Conclusions

The two investigations that were performed, did not differ all that much from each other, albeit that the report of the one conducted by the Public Health Care Inspectorate was more detailed than that of the IMG. For the first investigation the people involved were interviewed more extensively and more thorough research was conducted by exercising greater control over the coherence of the investigation.\textsuperscript{951} It also took considerably more time to do.

Nevertheless, the conclusions drawn by the Military Medical Inspectors were substantially tougher than those of the Health Care Inspectorate. Whereas the State Supervisory Authority concluded that there had been a failure to provide a prudent level of care, the military inspector ruled that the medical performance of the KHO-6 surgeon should be deemed to be ‘grossly negligent’, and while the State Supervisory Authority came to the conclusion that three members of the KHO-6 team ‘had felt that they did not need to provide assistance on flawed grounds’ when the road accident occurred in the vicinity of Zagreb, the IMG held that they ‘had acted in a manner that was highly reprehensible and undermined confidence contrary to disciplinary procedure’. The Public Health Care Inspectorate did not draw a separate conclusion in relation to Naval Captain Hegge. The IMG deemed his attitude to be ‘unprofessional’ in several respects. For the rest, it did not appear to the IMG that civilian patients had been denied medical care and/or nursing.

Ruling on the policy in respect of ‘essential stock’, the Public Health Care Inspectorate held that it had been pursued in accordance with UN guidelines. However, in view of the fact that it was impossible to remove patients from the enclave promptly, ‘substantial stock’ of medical supplies needed to be maintained. It remained possible to provide assistance to civilian casualties in dire emergencies and such aid was also provided in a number of cases. The fact that the Bosnian Serbs were able to isolate the Srebrenica enclave at will and could also suspend the supply of medical provisions and diesel, played a significant role in the development of the problems noted by the Health Care Inspectorate. Owing to the growing risk of casualties amongst the unit’s own troops, it was understandable that priority had been accorded to ensuring the availability of medical care for its own personnel.\textsuperscript{952}

The two KHO teams did not have different opinions about this policy and the battalion leadership supported it. However, in practice they did have different interpretations as was manifested in the case of the wounded woman. This was also evident when the woman was fetched so far outside the compound. To the State Supervisory Authority the question was whether this could be accommodated by applicable policy. However, once the wounded woman arrived at the compound, there was a duty to help her based on the rules governing medical ethics.\textsuperscript{953}

Another matter in respect of which the State Supervisory Authority felt that less than appropriate action had been taken even though it seemed that this had occurred pursuant to agreed medical policy, was Major Franken’s refusal to accept patients referred to him by fax by the hospital in Srebrenica without consulting the medical staff responsible.\textsuperscript{954} As it happens, the State Supervisory Authority did not question Karremans and Franken about this.

\textsuperscript{951} Interview E. Kloos, 16/02/00.
\textsuperscript{952} Report of the Health Care Inspectorate, 12/06/96, p. 52.
\textsuperscript{953} Report of the Health Care Inspectorate, 12/06/96, p. 48.
\textsuperscript{954} Report of the Health Care Inspectorate, 12/06/96, p. 48.
With regard to Hegge’s examination, the inspectorate concluded that it had been too cursory. At the time there was no need to conduct examinations based on the rules of triage\(^{955}\) because there were no other wounded individuals. There was adequate time and manpower available to obtain a more reliable prognosis for the woman using simple means. Her blood pressure could have been measured and her pulse taken. A simple laboratory examination would have yielded an overall view of the amount of blood that she had lost. The other surgeon or the anaesthetist could have been consulted. The decision to deny her medical care had been premature. As it happens, Hegge did briefly consult the anaesthetist, Zwarts. In his view, drawing on ‘essential stock’ did not play a role. He agreed that there would be no point in providing treatment. It would have been impossible to provide the woman with the best possible treatment. According to Zwarts, poor communication played a dominant role.\(^{956}\)

The State Supervisory Authority deemed it reasonable to assume that the stressful circumstances of the time had an impact on the haste with which this decision had been made. The inspectorate found that there were insufficient grounds to sustain a complaint before a medical disciplinary tribunal. The team’s internal division was reflected in its contradictory reasons for transferring her to Srebrenica in dangerous conditions in the middle of the night.\(^{957}\) Apart from the nature of her wounds and the shock the woman was suffering, the situation which Hegge experienced as dangerous and threatening, also played a role. Hegge’s perception of the prevailing situation is said to have had a dominant impact, which saw him take into account that he might be required to provide aid to Dutch troops at any time.\(^{958}\) What was not mentioned in this respect was that Private Van Renssen had died while being treated by KHO-6 on 8 July. Now the team was again facing the prospect that casualties might fall amongst its own troops.

The State Supervisory Authority also concluded that preparations for the deployment of KHO-6 had not been optimum. Its members had been recruited from the three branches of the Armed Forces. Military personnel of varying backgrounds were brought together in a single team. There were also differences in their professional and operational experience in relation to deployment. Several nurses had held an administrative position for years and had insufficient practical experience. The team was poorly prepared for its actual duties in the enclave. It was remarkable that little or no time had been devoted to team development. Nothing had been said about the provision of humanitarian aid to the local population and most members were not familiar with UN guidelines. Due to the major differences in their background, experience and the information they had at their disposal, the members of the team had varying expectations of their duties in the Field Dressing Station. Not everyone had realized that medical and military responsibilities could produce conflicting interests. No attention had been devoted to this problem during the preparations for their deployment. A military doctor could see himself placed in a situation with conflicting interests: the interests of a civilian in a dire emergency and those relating to his duty of care within his own military organization in the sense of providing care to soldiers where necessary, and his responsibility in so far as it related to the creation and maintenance of the medical prerequisites for the performance of Dutchbat’s mission. The UN guidelines did not offer a solution for this dilemma. In practice, one was required to make one’s own choices, for which one could subsequently be held accountable.\(^{959}\)

**The consequences of the investigations**

Informing Parliament about the findings of the investigation conducted by the Public Health Care Inspectorate was a task for the Minister of Defence. A nameless version of the inspectorate’s report

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\(^{955}\) The inspectorate’s report defines triage as ‘selection and ordering, for example of casualties in a disaster or a war based on the nature and gravity of their wounds’ (p.49).

\(^{956}\) Interview S.J. Zwarts, 22/02/00.


\(^{958}\) Report of the Health Care Inspectorate, 12/06/96, p. 35.

\(^{959}\) Report of the Health Care Inspectorate, 12/06/96, p. 43.
was released for public consumption. Chief Inspector Siemons provided an explanation in Brandpunt. This was expected to generate a positive tenor, as explained to Voorhoeve by his officials. To be sure a number of less fortunate matters were covered but the medical teams had done much for the civilian population.\footnote{BSG. Memorandum from the DGP (Bunnik) to the minister, 13/06/95, unnumbered. BSG.} However, the outcome was different. In particular, the harsh comments that Siemons uttered about the military doctors, were broadcast. However, his remark that ‘Humanitarian aid was provided on a large scale, also during the shellings’, which had been recorded on tape twice, was not broadcast contrary to what Siemons had agreed with Brandpunt.\footnote{IMG. Record of telephone conversation between Siemons and Kloos, 16/06/96.}

On 14 June Minister Voorhoeve presented the findings of the investigation to Parliament. Voorhoeve shared Siemons’ conclusion that there were insufficient grounds to file a complaint with the Medical Disciplinary Tribunal. In addition, Voorhoeve pointed out that preparations for medical units had since been radically changed. Special attention was devoted to dealing with medical aid in situations of war and its ethical aspects in a medical context. Attention was also devoted to the hierarchical position of medical teams in the military command structure, albeit without specifying what this was. Duties of medical officers were primarily within their military unit. Nevertheless, they had a duty to act in accordance with their professional oath. The UN guidelines offered no means of resolving this dilemma. ‘They only reflect it,’ Voorhoeve stated.\footnote{TK session 1995-1996, 22 181, No. 161 (14/06/96).}

Virtually all attention was directed towards the assessment of the individual actions of two doctors. The underlying question as to whether one was justified to maintain medical supplies solely for the use of one’s own unit, was not referred to in the letter addressed to Parliament. Incidentally, the Public Health Care Inspectorate had stated in its report that, owing to the increasing chance that the unit’s own troops would suffer casualties, priority had been given to ensuring the availability of medical care for its own personnel for understandable reasons.\footnote{Report of the Health Care Inspectorate, 12/06/96, p. 52.} Unlike the Brandpunt programme covering the Public Health Care Inspector’s report, the press hardly devoted any attention to the inspectorate’s report and Voorhoeve’s letter to Parliament following the upheaval six months earlier.\footnote{See Algemeen Nederlands Persbureau ANP, 14/06/96, 4.28 pm, De Stem published the ANP report on 15/06/96.}

Accountability remained a thorny issue in many respects, even after Parliament had been informed. The Commander-in-Chief of the Royal Netherlands Navy, Vice Admiral L. Kroon, pointed out that those involved should have understood from the relevant newspaper reports that an investigation had been launched and those around them could have deduced who was its subject. In view of the uncompromising conclusions drawn by the IMG, Vice Admiral Kroon also expressed his concern about the manner in which the IMG had conducted its investigation. Any investigation that had implications for one’s legal position in relation to criminal law and medical disciplinary regulations, needed to be conducted with the necessary procedural guarantees in place and, according to him, this had not occurred adequately in this case. The purpose and status of the committee which performed the investigation for the IMG, had not been fully clarified. The right to hear and be heard had not been respected and the relevant documents had not been presented for inspection. Statements had not been committed to paper and had not been open for perusal. Initially, those involved had not been given the opportunity to seek legal assistance. Similarly, they had not been presented with the opportunity to have the conclusions of the inspectorate’s surgical consultant submitted for a counter-appraisal in the surgical field. The navy personnel who found themselves in the dock, perceived the investigation to be exceptionally unfair. When they were first interviewed by the inspector himself, Air Commodore Groenhout,\footnote{Groenhout was already dead at the time the NIOD conducted its research.} only those passages relating to them, which had been taken from a report that had apparently already been completed, were read to them. The surgeon and the assistant doctor who were at the centre of attention, were interviewed on 18 and 19 December, while the draft report had already been presented to the minister on 15 December, albeit on the understanding that some amendments
might be required once those involved had been informed of its contents, even though it was not anticipated that this would have any effect on its conclusions. However, according to Admiral Kroon, new facts were raised in that interview, which were ‘therefore not’ included in the report.966

It was also remarkable that in addition to the IMG Groenhout, Siemons, the Public Health Care Inspector, was present at the final discussion of the report with Hegge. One could conclude from this that neither the IMG investigation nor the later one performed by the State Supervisory Authority were conducted independently of each other and that the Public Health Care Inspector was not impartial when he commenced his investigation, a conclusion which the Commander-in-Chief of the Royal Netherlands Navy and Hegge did not come to, as it happens. Siemons had asked the IMG whether the latter had any objections to his presence, so that he could hear both sides of the case before investigating the facts himself. Any barrier separating the two investigations was also breached in that the IMG’s full report was sent to Siemons at his request.967

Air Commodore Groenhout, the IMG, who felt rather under attack by the Navy,968 defended himself by saying that whatever had been published in the press, was not covered by his investigation. In response to the assertion that the investigation was not based on applicable regulations, one of those involved had maintained this, Groenhout argued that it was his duty to assess the quality of medical performance on the part of Defence Department personnel. The IMG had the power to decide to report on this to the minister and the chief inspector for Public Health Care. This had been done in view of the gravity of the matter. Ultimately, the decision to investigate the matter in relation to disciplinary procedures or criminal law would only be taken after this. It was not customary to receive support from advisers at this stage. During interviews held before the completion of the report, those concerned were questioned and presented with facts and circumstances drawn from previous witnesses’ testimony.969

In his explanation to the Commander-in-Chief of the Royal Netherlands Navy, Secretary-General Barth stated that, together with S. Ybema, the Director of Legal Affairs, W. Bunnik, the Director General of Personnel, and the Military Health Care Inspector, he had pondered how to ensure that the alleged perpetration of reprehensible acts were investigated as carefully as possible. A decision had been taken precisely against an approach involving aspects of disciplinary procedure and criminal law. With the minister’s approval it was initially decided that the IMG would conduct an investigation adopting the same approach as that of the State Supervisory Authority. This meant that those involved were presented with statements or documents which they could respond to during an interview with the IMG. Statements did not have to be committed to paper but were incorporated into the report. Formal requirements such as those stipulated in procedural law, only applied in the case of medical disciplinary regulations. It was permissible to use the IMG report in a case heard by a disciplinary tribunal but not in criminal proceedings.970 The navy had presented objections against the fact that the IMG report, which had been classified as highly confidential, had been publicly disclosed.971

Following in the footsteps of the Commander-in-Chief of the Royal Netherlands Navy, Hegge’s legal adviser was also critical of the manner in which the IMG’s report had been produced. It had only been stated beforehand that this investigation was being conducted by order of the Minister of Defence and that it would cover the performance of the KHO teams. It subsequently appeared that the investigation had focussed on the medical and ethical aspects of the actions of two medical officers. Inspector Groenhout had objected to a written response and the legal adviser was of the opinion that

966 DJZ. BDZ to SG, 20/12/95, No. BDZ/287/95. The relevant newspaper articles were published in NRC Handelsblad and Gelderse Courant on 7/12/95.
967 Interview E. Kloos, 16/02/00.
968 Interview E. Kloos, 16/02/00.
969 DJZ. Memorandum from the IMG to the SG through DGP, 21/12/95, unnumbered.
970 DJZ No. 9512/660. Memorandum from the secretary-general to the Commander-in-Chief RNLN, copy to the DGP, IMG and DJZ, 27/12/95, No. 24006/95. This memorandum was based on notes made by the DGP on 21/12/95.
971 Interview E. Kloos, 16/02/00.
this was due to the fact that the minister had presented the findings of the investigation to Parliament on the same day (19 December 1995). According to Groenhout, Hegge’s view of the investigation was also presented to the Secretary-General on 19 December.

Although the minister had been informed when the IMG report was released on 15 December, that it was possible that it might be amended, this did not happen. According to the legal adviser, the report did not do justice to the situation and the difficult circumstances, more so because no clear instructions were provided: ‘An apparent lack of understanding and experience on the part of the Ministry of Defence in these types of situations was to blame for the fact that the military personnel who were deployed, were sent into war or dangerous situations without adequate preparation’. This was exacerbated by the fact that Hegge, who had experienced such deployment before, had requested clear guidelines. Hegge had held Dutchbat’s interests paramount and had sought to ensure their medical care before anything else.

The report that massive air strikes would be launched and that there was a chance that the VRS would fire on Dutch positions as a reprisal for these air strikes, was not stated as a consideration in the IMG’s report. Similarly, Hegge could not agree with the IMG’s medical assessment. According to him, an incision in the abdominal wall would not shed any light on the nature of any internal injuries and it would have been impossible to conduct another examination on the compound for the purpose of making a diagnosis.

On the other hand, Minister Voorhoeve described the Public Health Care Inspectorate’s report as ‘thorough and extensive’. He agreed with the report’s conclusions and concurred with the conclusion that the medical performance of the surgeon and the doctor assisting him had been deficient.

Bunnink, the Director-General of Personnel also felt that that the report was beyond reproach. The inspectorate had made due allowance for the circumstances in which these actions had occurred. However, the Ministry of Defence had expressed internal criticism in this respect. The conclusions were cursory precisely in respect of an essential matter such as that of conditions of war. However, the report was there. At the Public Health Care Inspectorate’s request, the draft had been discussed with Groenhout, Bunnink, the director general of Personnel, and the Inspector of the Navy Medical Service, Naval Captain E.H.D. Romswinckel.

Again the question was raised as to what needed to be done now. The State Supervisory Authority recommended that no complaint be filed with the Medical Disciplinary Tribunal. In order to do so, the interests of the public health needed to be at stake with the chance of a recurrence. While it was true that the Minister of Defence was entitled to lodge a complaint, its feasibility was a different question. The inspector, the legal adviser to the inspectorate and the state attorney consulted each other about this. The hurdle to be taken remained the question whether medical disciplinary regulations applied in another country. In the meantime those concerned believed that it did but the defence would contest this. In addition, the experts were of the opinion that, based on the inspectorate’s findings, it was doubtful whether anyone would be held to be liable, if this was the intention. Bunnik, the Director-General of Personnel, also advised against proceedings before a disciplinary tribunal, more importantly because such a case would make it impossible to close the ‘srebrenica file’ for a long period of time.

When action had already been considered following the release of the IMG report, the Minister of Defence had contemplated suspension but had decided against this. Given the findings of a report which he felt was more lenient, one could not again opt for a suspension, more so because the State

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972 IMG 96/95/27/059. Letter from Caron & Stevens (M.H.F. van Buuren) to H.J.M. Groenhout, 2/12/96.
973 IMG. The IMG to M.H.F. van Buuren 9/02/96, No. IMG 96/95/27/066.
974 IMG 96/95/27/059. Letter from Caron & Stevens (M.H.F. van Buuren) to H.J.M. Groenhout, 2/02/96.
975 IMG. Notes by Hegge appended to IMG 96/95/17/059.
977 BSG. Memorandum from the DGP (Bunnik) to the minister, 13/06/95, unnumbered.
978 Interview E. Kloos, 16/02/00.
979 BSG. Memorandum from the DGP (Bunnik) to the minister, 13/06/95, unnumbered.
Supervisory Authority was not overly keen to defend the matter in the courts. Without a disciplinary tribunal holding someone accountable, it would not be opportune to take legal action.

That was not yet the end of the matter to the Ministry of Defence. Allusions were still being made to taking action against others who were the subject of negative conclusions in the report of the State Supervisory Authority. However, no criminal offences were detected. The actions in question had occurred far too long ago for the application of military or other disciplinary regulations and misconduct was required before administrative action could be taken. No evidence had been presented of any. The State Supervisory Authority saw no reason to file a complaint with a disciplinary tribunal. No negative action or conduct on the part of the persons involved had previously been established. After weighing up everything, it seemed best to Voorhoeve that the relevant Commanders-in-Chief speak to the people involved, express disapproval of their actions and inform them that a more humane approach was expected of Defence Department doctors. This was even more relevant in the case of the bus incident, when there had been no threat. Naval Captain Hegge was informed by the Royal Navy director of personnel that his principles did not accord with those of the Ministry of Defence.

Hegge’s legal adviser informed the Public Health Care Inspectorate that he contested the accuracy of the conclusions. Although it had been concluded that culpable actions had been committed, owing to the threat of the prevailing conditions of war this was not enough to bring a case before the Medical Disciplinary Tribunal. These conditions of war should have been considered when dealing with the question as to whether there had been culpable behaviour. Conditions of war did not constitute a defence but were an element to be considered in any decision-making as to whether culpable actions had been performed. However, in any case where the inspectorate had decided not to file a complaint, Hegge did not have an interest in pursuing any action of his own.

However, Hegge did contemplate the possibility of having Siemons’ statement considered by a disciplinary tribunal but refrained from proceeding. The conclusions that had been drawn, did not have any legal implications for him. He wanted the matter closed. According to Hegge, there was a feeling within the navy that there had to be a scapegoat. He felt overwhelmed by the inquiries and had landed up in a situation for which no one was prepared. They had not been briefed on UN guidelines and only after their return to the Netherlands did it become apparent that the chain of command for medical matters did not run from Potocari to The Hague, but that there was also a UN chain of command which ran to Sarajevo and Zagreb via Tuzla. This had not been clarified either at the School for Peacekeeping Operations or in the course of exploratory visits to the Royal Netherlands Army Crisis Staff and the UNPF unit in Zagreb. KHO-6 and Major Franken had consulted and agreed with each other on priorities. Hegge had made a choice and had opted in favour of helping potential Dutchbat casualties. This was the essence of the matter to him. He felt that in this respect he had the support of Major Franken and his two naval colleagues. He had made that choice. It was quite permissible to assess this but in the light of the prevailing circumstances.

It was the opinion of the IMG inspector, Kloos, that Hegge and Kremer had adopted a different approach. Something could be said for either. Hegge’s approach was better from a military

980 Interview E. Kloos, 16/02/00.
981 BSG. Memorandum from the DGP (Bunnik) to the minister, 13/06/95, unnumbered.
982 Reference was made to Section 39(2)(1) of the AMAR, which stipulates as follows: 'misconduct within the service or in any other capacity in so far as this conduct is or may be detrimental to the performance of one's duties, or which does not accord with the standing of the office in question'.
983 BSG. Memorandum from the DGP to the minister, 14/06/96, unnumbered. Personnel – highly confidential.
984 BSG, map of the former Yugoslavia. Memorandum from the minister to the DGP, copy to the junior minister, SG and CDS. Undated, 14/06/96, No. 785.
985 IMG. Memorandum from the DMGB to Kloos, undated.
986 IMG. Letter from Caron & Stevens (M.H.F. van Buuren) to G.H.A. Siemons at the Health Care Inspectorate, 12/06/96, 2/07/96, No. 032381717/FVB/bt.
987 Interview H.G.J. Hegge, 2/02/00.
point of view, Kremer’s from a human perspective. ‘Imagine being in such a situation yourself. It is easy to talk from the comfort of your armchair.’ In connection with this assessment one should not lose sight of the fact that the IMG did not so much hold it against Hegge that he had not treated the woman but that he had failed to examine her properly. His suspicion that the woman was bleeding internally and that this would result in her death within several hours, later appeared to have been unfounded.988

Further judicial inquiry

The matter still did not end for those involved following the publication of the Public Health Care Inspector’s report. In 1998, after debriefing Statement of Facts (Feitenrelaas) became known the Public Prosecutor’s Office in Arnhem decided to conduct a preparatory judicial inquiry with a view to determining whether the denial of care to the wounded in Srebrenica and Potocari on about 11 July 1995 constituted a criminal act or situation. This was to be carried out by the Royal Netherlands Marechaussee. The inquiry commenced on 31 May 1999. The following six matters were considered:

1. The death of a Muslim child following the premature removal of a drip due to negligence or incompetence;
2. The refusal to treat or operate on a wounded woman in Srebrenica in connection with keeping ‘essential stock’ intact;
3. The refusal to accept two seriously wounded people from Médecins Sans Frontières in Srebrenica;
4. The failure to treat a bullet wound in the leg of a Muslim fighter or to provide aid to a large number of seriously wounded individuals in connection with a lack of medical supplies;
5. The failure to amputate a man’s leg after it had turned blue due to inadequate blood circulation;
6. The failure of two doctors to provide medical treatment to two road accident victims near Zagreb in May 1995.

With the exception of the last point, all these matters had been taken from the Statement of Facts. In addition, the inquiry also sought to gather information about deaths due to the denial of medical care to injured individuals.989

Although the so-called ‘sebra [sic] Care Team’ of the Royal Netherlands Marechaussee interviewed a large number of people in the relevant medical field of operations in the matter of ‘withholding care’, this yielded little in the way of results. Most of them were not aware of these matters, had heard about them through hearsay, had only heard about them on their return to the Netherlands in some cases, or believed that they had occurred during the fall of the enclave, while this was not the case. Although it was conducted more than four years after the debriefing process and the compilation of the Statement of Facts, this judicial inquiry also confirms that many incidents were derived from secondary sources. There were only two cases where clear-cut answers were given to questions, because people who had been directly involved, were able to present the ins and outs of the matter.

The death of the Muslim child occurred in January 1995 during Dutchbat II’s tour of duty. In fact, there were two cases. A nine-year-old boy was accidentally knocked down by a four-tonne vehicle. He was taken to the Field Dressing Station with serious head injuries. Artificial respiration was applied and he received multiple drips but his injuries were inoperable. The boy died the next day and the drips that had been attached to him, were removed.

The second death was that of a baby several months old. KHO-4 took over responsibility from this baby at the request of the hospital in Srebrenica. The baby was unable to eat or drink. A drip was attached to the child but it accidentally fell out at one stage, possibly when its mother took it in her

988 Interview Kloos, 16/02/00.
arms. A new drip was then attached to it, which was not an easy matter in view of the child’s small blood vessels. After being treated in the compound for two weeks, it appeared that any further treatment was impossible. The child was returned to the Srebrenica hospital in consultation with Médecins Sans Frontières. Its condition was reasonably stable at the time. The drip remained attached during the transfer. However, the child died several days later.990

The inquiry made little headway in respect of the failure to treat the ABiH soldier’s bullet wound. The problem was that it was often not known whether someone was a member of the ABiH or not. One witness stated that, following consultation between Colonels Kremer and Schouten, it was decided to put the individual’s leg in plaster. Someone else believed that there had been an argument about the treatment. Again, another person said he knew that someone with a bullet wound had been brought in but had heard that he had not been treated. The Royal Netherlands Marechaussee did not investigate a statement made by one witness who had heard that several ABiH soldiers had been standing at the gate to the compound in Potocar, one of whom was wounded, and that who had been sent back.

However, the Marechaussee did manage to find out what orders had been issued to the sentries at the gate to the compound in Potocari. They stated that wounded civilians and patients had to remain outside. The Field Dressing Station was then to be notified and a doctor would be sent. The latter would assess the patient’s condition. If admission was required, the doctor accompanied the injured individual in question.991 It was not stated why these orders were appended to the official report. Perhaps this was related to the case of the wounded Muslim woman who was collected and brought to the compound on 10 July contrary to the relevant regulations. However, the Department of Justice did not investigate the failure to treat this woman and were content with a reference to the investigations conducted by the Military Health Care Inspector and the Public Health Care Inspectorate.

Clarification was also forthcoming in the matter of the failure to amputate a leg that had turned blue. This happened in the hospital in Bratunac. The man in question had a bullet wound and had been treated with antibiotics for four days. Due to the lack of surgical facilities in Bratunac, the people there were faced with the problem as to what they should do next. Although anaesthetics were available, there was no equipment. However, the medical staff in Bratunac was saved from having to decide to perform an amputation themselves using improvised equipment, when an International Red Cross convoy arrived and took the patient to Tuzla.992 Apart from several relevant remarks based on UN regulations, the judicial inquiries did not devote special attention to the issue of ‘essential stock’. It is also remarkable to note that the battalion leadership was not interviewed. This would have been appropriate in the case of the refusal to accept patients from Médecins Sans Frontières without notifying the medical service. The battalion leaders were also not interviewed as part of the investigations conducted by the Military Health Care Inspectorate and the Public Health Care Inspectorate.

991 Standing orders for compound guard duties 1 (NL) VN INFBAT, Chapter 3, Section 1(c), quoted by the Public Prosecutor’s Office in Arnhem. PV KMar District Noord-Holland/Utrecht, No. 412/1999, 16/08/99.
Chapter 20
Subsequent opinions about the medical and ethical issues of ‘essential stock’

When Minister Voorhoeve presented the Public Health Care Inspectorate’s report to Parliament on 14 June 1996, he pointed out that the ‘interests of civilians in a dire emergency and those pertaining to the duty of care within our own organization’ represented a dilemma that was as yet unresolved. Military doctors had a primary duty within their military unit. Nevertheless, they had an obligation to act in accordance with their Hippocratic oath. UN guidelines did not provide a solution for this dilemma, with the result that the Dutchbat medical personnel were faced with it.993

In stating this, the Minister was presenting more of a moral than a legal argument. Only the applicable legislation and regulations applied in the case of a legal assessment. At any rate, the aftermath of Srebrenica generated intense discussion of medical and ethical issues, partly because the regulations and professional codes of conduct for individual care givers did not present clear-cut answers. Medical and military duties clashed. Vague chains of command, conflicting interests, chaotic circumstances and panic responses could cause confusion. Different situations could produce different solutions, because the line of reasoning adopted by individual caregivers can play a role, as can different views of ethical matters and a consideration of the risks run by a person or his unit.994

Hence, in addition to formal and legal arguments, ethical questions played the primary role in respect of matters such as the maintenance of ‘essential stock’ of medical supplies for Dutchbat. In 1997, during a symposium held under the auspices of the Stichting Maatschappij en Krijgsmacht (Society and Armed Forces Foundation) Lieutenant Colonel Vermeulen, the Commanding Officer of Dutchbat I, raised a number of such ethical questions based on the reality of Bosnia, namely:

– Should it become the rule that Dutch military hospitals provide medical aid to the local population in order to supplement that given by the hospital of Médecins Sans Frontières, for example?
– How far should a military unit go along with this bearing in mind its limited medical facilities and supplies, which are intended for its own wounded soldiers in principle?
– In view of the impartiality required, how will people view the provision of medical care to wounded soldiers (every healthy man is a soldier) from one of the warring factions?995

Vermeulen also pointed to attendant problems which manifested themselves on the spot, such as variations in the views held by military units and NGOs, as well as differences in insight between the leadership of a military unit and the latter’s medical staff. The battalion commander was responsible for the welfare of his own personnel and was ultimately held to account for his decisions and policy in this respect.996 The problem involved in medical officers being bound by laws of military discipline in addition to their professional oath, was not discussed.

The theologian, A.H.M. van Iersel, and the international lawyer, T.A. van Baarda, pointed out that Hippocratic oath, which is also taken by military doctors, requires that medical assistance be

provided irrespective of the person concerned. Based on applicable medical ethics, a military doctor was not entitled to distinguish between military and civilian patients.\textsuperscript{997} However, the question is whether the oath constitutes the norm or is not the law in so far as it may be applicable. Other commentators do not believe it is self-evident that medical ethics did not permit a distinction between military and civilian patients. In a response to the \textit{Brandpunt} broadcast, Leo van Bergen, an associate of the \textit{Studiecentrum voor Vredesvraagstukken} (Research Centre for Questions of Peace) in Nijmegen, made it clear that moral indignation at the refusal of aid is an empty gesture. A military medical service is an inseparable part of an army. This was also the reason why a military unit is actually unsuitable for the provision of humanitarian aid. An order not to provide aid to wounded civilians can be explained and be morally unacceptable at the same time. In conflicts military necessity and the oath of allegiance are accorded priority over the pangs of medical conscience. From a military point of view an order not to provide aid could be justified. According to Van Bergen, any doctor who wanted his medical conscience to prevail above all else, was better off pursuing his profession in civilian society.\textsuperscript{998}

Jacques de Milliano, who was asked for a response as part of the \textit{Brandpunt} programme in his capacity as the director of the Dutch branch of \textit{Médecins Sans Frontières}, felt that as a doctor it was shocking to see aid refused but he simultaneously acknowledged that the safety of the troops was paramount when viewed in a broader context. As long as the troops found themselves in an unsafe situation, it was realistic for them not to use medical supplies for patients but to save them to treat any Dutch casualties. Nevertheless, an area of tension remained.\textsuperscript{999}

Looking back, the Dutchbat surgeon, Colonel Kremer, did not appear to agree with such views. While he acknowledged that certain types of medicine had been used up in their entirety or almost so, he felt that reserving medical supplies exclusively for the troops should not have been allowed. UN guidelines provided scope for the treatment of the local population in urgent cases. However, the reality of the situation was completely different as a result of extensive aid provided to the local population. Owing to the utterly conflicting views of various doctors and a confusing chain of command, the provision of medical aid was not a self-evident matter in the chaotic and dangerous situation prevailing in Srebrenica. Nowhere was it stated or assumed that ‘essential stock’ were only intended for wounded Dutch and UN soldiers. Greater attention should have been devoted to the clash of military and humanitarian interests, according to Kremer. Both military doctors and commanding officers needed to provide input when drawing up policy, so as to prevent any misunderstanding from occurring.\textsuperscript{1000}

Unlike Kremer, his colleague, Hegge, did not get involved in the public debate about medical and ethical issues. However, he did notice that discussions about medical neutrality in the professional publications called for all sorts of measures but that nowhere was any advice provided as to how to act in situations in which one needed to make a choice. There was little understanding for the dual role of doctor and soldier.\textsuperscript{1001} The Defence Department placed medical officers in situations in which they were confronted with dilemmas. In addition to its usual assessments, the Defence Department should therefore also bear responsibility for the choices that were made and not distance itself from them.\textsuperscript{1002}

\textsuperscript{997} A.H.M. van Iersel and Van Baarda, ‘Balanceren op de rand van een scheermes’ (‘Balancing on a razor’s edge’), in Baarda and Schoeman, \textit{Werelden apart?}, p. 105. The authors refer to Article 16(2) of the First Additional Protocol (1977).
\textsuperscript{998} \textit{De Volkskrant}, 30/11/95.
\textsuperscript{999} Radio news, 28/11/95, in response to the \textit{Brandpunt} broadcast. In the same programme the former Member of Parliament and Junior Minister of Defence, Ton Frinking, said that it was ‘evident’ that troops needed to maintain their own supplies in order remain available for deployment.
\textsuperscript{1001} NIOD, Coll. Hegge. (draft letter) H.G.J. Hegge, October 1996.
\textsuperscript{1002} KHO, No. 15.805/12.712. KTZAR H.G.J. Hegge to CDRAR W.F. van Marion, Inspector of the Navy Medical Service, copy to the Director of Navy Personnel, SBN W.J. E. van Rijn and C-KHO, A.J. van Leusden, 11/12/96.
Viewed with hindsight, one can conclude that the discussions of the time mainly occurred on a small scale within the Dutchbat medical service in the enclave and that there was relatively little coordination with the battalion leadership. Much of the debate therefore occurred at a later stage. It should have been extended to the political level in The Hague earlier in 1995, precisely because the Ministry of Defence had devoted insufficient attention to the relevant regulations and the provision of information to the medical practitioners about the provision of humanitarian aid to the local population and its implications in the extraordinary circumstances in which Dutchbat had to operate during the last few months of its stay in Srebrenica. This would have made it possible to establish political guidelines or to work through the UN in New York in an attempt to have the guidelines for UNPROFOR stated more precisely or to seek additional ones when the provision of supplies for the medical service ceased. Dutchbat’s Standing Orders provided for internal instructions but as such were never raised for discussion in the form in which they were known. These orders do not appear to have played a role once a different practice had evolved in the enclave.

The question therefore arose within the Armed Forces as to whether medical units actually met the stiff requirements stipulated for crisis management operations. While preparations for a scenario such as that of Srebrenica may have been impossible, it was feared that the training of medical officers for crisis situations and teamwork could have been poor. While medical officers did receive military training, it was minimal and this was also a source of concern. As it happens, preparations for the deployment of medical units were indeed changed. Attention was devoted to team formation as well as work within a hierarchical structure. Supplementary training was provided prior to deployment and attention was also devoted to its medical and ethical aspects.

On the other hand, the debate revealed that it was impossible to draw up any protocol that accommodated the requirements of both the commander in the field and the medical officers. In particular, those personnel who were to be deployed, had a need of further discussion which could produce a better understanding of the manner in which military doctors act. Lieutenant Colonel W.J. Wertheim, who worked for the Royal Netherlands Army Crisis Staff at the time, lamented the fact that the media and politicians had come to dominate the issue, taking certain aspects out of context. In Srebrenica the problems had partly been caused by difficulties with supplies which had originated beyond the control of the Dutch military organization. Guidelines issued by The Hague were not much more than a support and could only have an effect if commanders and doctors were familiar with all their provisions relating to the provision of medical care on the spot, and if the logistical operations were able to ensure adequate medical supplies under all circumstances. A military medical unit had to pursue a well-considered policy which accorded with the requirements of both its commanding officer and its doctors. Precise arrangements needed to be made with the local authorities and NGOs for the manner in which action was to be taken in emergencies and, which patients if any would be eligible for treatment in a field hospital. Collaboration with Médecins Sans Frontières in Bosnia and the hospital in Srebrenica represented a contravention of UN regulations.

Already prior to Dutchbat’s deployment there had been confusion about the extent of the humanitarian aid to be provided, the relevant UN instructions, and the division of professional medical and military operational responsibilities. Medical neutrality, the right of aid workers to perform their duties without any form of duress or obstruction, could be described properly in abstract terms but could barely be operationalized in concrete situations. It was not permissible for health care to be held

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1003 This debate occurred in the Royal Netherlands Air Force in January 1996. See BDL. Exh B95092612/252.
1005 W.J. Wertheim, ‘Medische neutraliteit bij Out-of-Area operaties’ (Medical neutrality in Out-of-Area operations) in Nederlands Militair Geneeskundig Tijdschrift, 49 (October 1996):148-151. In a different article in the same issue A.J. van Leusden came to similar conclusions in relation to the implementation of regulations.
1006 G.H.A. Siemons, ‘Medische hulp aan burgerslachtoffers: Srebrenica onder de loep’ (Medical assistance for civilian casualties: Srebrenica in focus) in Medisch Contact 51 (November 1996):1465. This article contained no more than a brief summary of the investigation Siemons had conducted in his capacity as the Public Health Inspector.
ransom to political, ideological or military arguments. Yet this is precisely what the Bosnian Serbs did. The VRS used all the means at its disposal to weaken the enclave and deliberately cut Dutchbat’s medical supplies, because the bulk of them found their way to the local population. The Bosnian Serbs assumed that the ABiH was also benefiting from this. Since as early as the end of 1992 the VRS had been complaining about the fact that the ABiH had been conducting attacks from Srebrenica since the convoys started and that this pattern of events was repeatedly resulting in the prohibition of UNHCR and UNPROFOR convoys.

The clearly defined terminology framework of the Geneva Conventions and Protocols did not simply apply to peacekeeping forces and the collaboration with humanitarian organizations. After all, the UN was not a party to a regional conflict or to the Geneva Conventions. Lars van Troost of Amnesty International was of the opinion that the international norms were not so much a source of confusion as the question of what standards applied to peacekeeping operations. Until then the UN and NATO member states had shown little interest in clarifying the situation. As a result of the confusion an international legal problem became a dilemma for individual medical officers or commanders. Before providing troops for peacekeeping operations, the countries supplying them had to state as precisely as possible which standards they deemed their military personnel would be governed by. This was to be disclosed to the intergovernmental organization that was to make use of the troops, and to the troops themselves. Only in this way was it possible for everyone to know beforehand which standards he was subject to, and for this to be taken into account in training and planning.

H.D.C. Roscam Abbing, a professor of health-related law, held the view that the Geneva Conventions and accompanying protocols did not draw a distinction between a country’s own military personnel and casualties amongst the local population. The provision of aid was to be determined on the basis of medical emergency criteria. Although it was doubtful whether the Geneva Conventions applied to peacekeeping operations, military medical units needed to rely on the framework of standards which constituted the basis of the conventions. Roscam Abbing called for ‘clear, unambiguous and appropriate legal and other prerequisites for the protection and optimum enforcement of human rights with a view to medical care’ in the case of deployment for peacekeeping operations. Questions which were important, were those such as the legal significance of the provision of humanitarian aid, UN instructions and how they related to national obligations. Another related question pertained to the breakdown of medical and professional military responsibilities. It was also important to have a clear view of the Dutch Government’s responsibilities because it had a duty of care towards the troops it deployed in its capacity as their employer.

In Roscam Abbing’s view the government also had a duty of care towards the population on humanitarian grounds. The restraint of the relevant UN instructions did not detract from the fact that the Dutch Government had a duty as an organization providing aid. Apart from its duty to provide the troops it deployed with a responsible level of care, the government was simultaneously required to take into account the fact that it could be necessary to provide medical aid to the local population, unquestionably in emergencies and, where necessary, to supplement any existing facilities and NGOs that may be active on the spot. If any shortage were to occur, one could not resolve this by means of a military order. Professional responsibility was to prevail. According to her, the UN guidelines could not

1007 Roel Otten, ‘Medische neutraliteit in gewapende conflicten’ (‘Medical neutrality in armed conflicts’) in Medisch Contact, 51 (February 1996) 247-248.
1008 Confidential coll. (15). HQ BH Kiseljak to UNPROFOR HQ, 27/01/93.
1009 T. A. van Baarda, ‘Zo helder als koffiedik: de toepassing van het internationaal humanitair recht’ (‘As clear as mud: the application of international humanitarian law’) in Baarda and Schoeman, Werelden apart?, p. 131.
1010 Lars van Troost, ‘Medische neutraliteit en vredesoperaties: Vage regels en valse dilemma’s’ (‘Medical neutrality and peace operations: vague rules and false dilemmas’) in Medisch Contact, 51 (November 1996) 1466-1476.
stand up to critical scrutiny in view of the fact that human rights were at stake. The provision of medical aid to the local population could not occur in minimalist fashion and could not be confined to first aid in emergencies. It was not permissible for an armed conflict which occurred in the course of peacekeeping operations, to lead to the adoption of principles other than those that applied in times of peace. To Roscam Abbing the lesson of Srebrenica was that the government had a duty to ensure that sufficient facilities were available in order to ‘be able to provide the troops and the civilian population with medical aid in a qualitatively responsible manner under varying circumstances’.

Several comments are in order in relation to Roscam Abbing’s argument. For instance, it ignores the transfer of authority for the Dutch units to the UN. The Dutch Government transfers its power to deploy these troops to the UN Secretary-General, who in turn delegates command to the local UN commander. The UN is responsible for supplying medical provisions which, in principle, are determined in relation to the size of the medical unit in question. The fact that the Netherlands provided Dutchbat with some of its medical supplies does not in any way negate UN regulations. Roscam Abbing’s argument also ignores the division of duties between the UNHCR and UNPROFOR. The latter was not the organization intended to alleviate need amongst the local population.

If Roscam Abbing’s argument is upheld and the Dutch Government was responsible for ensuring that there were sufficient facilities to provide the local population with a responsible level of medical aid, how could this government have succeeded where the UN failed? As described in the appendix, ‘Resupply by Air’, it was impossible to force through supplies against the will of the Bosnian Serbs. The UN and the relevant national governments were not prepared to risk human lives for this purpose or to endanger the provision of humanitarian aid held elsewhere in Bosnia as a result.

The actions of the Bosnian doctors in the enclave were not covered by the debate on medical and ethical issues. Based on the example of Vukovar where patients and hospital staff had been murdered, they did not dare to rely on the protective operation of the Geneva Conventions and Protocols. They left their patients on 11 July and joined the column fleeing to Tuzla.

It was only a number of years later that the Nederlands Militair Geneeskundig Tijdschrift (Military Medical Journal of the Netherlands) devoted attention to medical and ethical questions by publishing an article written by the working party, ‘Handreiking voor militair geneeskundige zorgverleners’ (Guidelines for Military Providers of Medical Care) of the Joh. Wiers Foundation. This article covered a number of scenarios in which military caregivers could be faced with a dilemma. It elicited responses within the profession, which only revealed that there was little in the way of a common view held by military providers of care, and that the suggestions that had been proposed, failed to provide an adequate guarantee to avoid conflicts such as the question as to which oath should prevail, the Hippocratic or officers’ oath. For instance, medical officers with experience of deployment in crisis areas had their doubts about ethicists who took a ‘holier than thou’ attitude and who threatened to get the Medical Disciplinary Tribunal involved. The name of Roscam Abbing was also cited in this respect. Were the same standards required in relation to the medical performance of Dutch doctors working for NGOs? It should be possible for the interests of the relevant military unit to prevail in a military situation. For example, how should one act if a commanding officer who is not Dutch, were to issue an order which would impose a risk on a medical officer of being disciplined by a Dutch disciplinary tribunal? However, in the case of the ethicists referred to above this appeared to be a cut-and-dried case.

In the case of medical officers the assertion that the principle should apply whereby troops serving a tour of duty should be able to count on receiving adequate medical care under all circumstances, was offset by the view that it needed to be made clear to the troops that this was not all that absolute. ‘Cast iron rules’ were unacceptable and each case would need to be assessed in order to

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1012 In Vukovar local Serb paramilitary groups were said to have been responsible for the murder of 200 people. This statement was made by Cherif Bassiouni, the chairperson of the UN’s Exoerst Committee on war crimes in the former Yugoslavia. (ABZ, DIO/ARA/00043. Code Celer 289, 30/11/93).
establish the extent of the aid that could be provided to civilians without drawing on ‘essential stock’.  

The solution to the problem of ‘essential stock’ which Van Iersel, a theologian, and Van Baarda, a lawyer, proposed by way of a compromise, appeared somewhat too simple. They called for a change to the ‘essential stock’ norm to accord with the practical requirements of humanitarian peacekeeping: a more liberal interpretation of ‘essential stock’ along with a heightened presence of military personnel to ease the dilemma.

It would be difficult to define such a standard for supplies. There would have been less of a need to maintain ‘essential stock’, if UNPROFOR’s freedom of movement had not been limited and convoys had been granted unimpeded access to Srebrenica.

At the end of 1995 following the Dayton Accord, attention was again devoted to the term, ‘essential stock’, within the Ministry of Defence in the course of preparations for Dutch participation in the NATO implementation force. Maintaining ‘essential stock’ for one’s own troops was not expedient under the terms of the Geneva Convention, the Royal Netherlands Army Crisis Staff stated at the time. However, what also played a role was that, contrary to the previous situation in Srebrenica, proper logistics were now guaranteed. In December 1995 the Ministry presented guidelines. The director of Military Medical Policy issued preliminary guidelines for the provision of medical aid to the civilian population: all civilian patients who were wounded, had to be helped. In this connection, it did not matter if a NATO soldier caused the medical problem in question.

The final instructions, which were still geared towards the NATO operation in Bosnia, were issued in January 1996. These instructions, which were also drawn up by the Director of Military Medical Policy, were ratified by the chief of Defence Staff. Now the most senior rank was involved, which had not been the case in Srebrenica. Medical officers had a duty to act in accordance with the Hippocratic oath they had taken. This was an unfortunate statement as the relevant legislation is decisive when assessing medical performance and not the Hippocratic oath.

These instructions drew a distinction between ‘humanitarian medical aid’ and ‘emergency medical aid’. Humanitarian medical aid could be provided to the civilian population if one’s orders, the circumstances and one’s resources permitted this. Only primary essential aid was allowed to be provided to civilians who directly requested access to military medical facilities. One was entitled to select those to be admitted. In the case of emergency medical aid, one needed to alleviate any critical threat to life as quickly and appropriately as possible. The extent of emergency aid that was to be provided, had to be detailed in plans along with the question as to how to ensure continuity. This appeared to set a limit to the unbridled provision of humanitarian medical aid. However, no solution was forthcoming at the highest political level to the question which had greatly preoccupied the surgical

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1015 KHO, No. 13.205/12.712. SSOGD/ W.J. Wertheim to the chief of Staff, OPS ST BLS/ B. Dedden, copy to IGDKL/ B. Mels, DMGB/ E. van Ankum and KHO/ F. van der Hulst, 28/12/95, No. SCGD/16531.
1016 This may refer to Article 55 of the Geneva Convention relating to the Protection of Civilian Persons in Time of War, 75 U.N.T.S. 287, which entered into force on 21 October 1950: ‘To the fullest extent of the means available to it the Occupying Power has the duty of ensuring the food and medical supplies of the population; it should, in particular, bring in the necessary foodstuffs, medical stores and other articles if the resources of the occupied terrain are inadequate. The Occupying Power may not requisition foodstuffs, articles or medical supplies available in the occupied terrain, except for use by the occupation forces and administration personnel, and then only if the requirements of the civilian population have been taken into account. .’
1017 KHO No. 13.134/12.712. Memorandum from the IMG (Groenhout) to the deputy chief of Operations Defence Staff, 13/12/95. No. PMG7303/95023278.
teams, namely, how far can one go when drawing on one’s own medical supplies to provide humanitarian aid to the local population.  

1019 Stasdef. DAB to the minister, 19/12/95, No. D101/677.
Chapter 21
Conclusions relating to Dutchbat III and medical matters

The special circumstances which were inherent to the problems besetting the enclave, and the Bosnian Serbs’ refusal to permit regular supplies, had a major impact on the performance of both Dutchbat and the medical service. The latter’s orders did not unquestionably accord with the principle that the commander of a unit is required to ensure that his mission is not endangered. This means that he is required to ensure that his personnel are capable of deployment for as long as possible or that they can be deployed again. Reasoning in line with this concern, his mission cannot be rendered subordinate to the individual interests of any third party without the express consent of his commanding officer. However, these commanding officers, from the UN commander to the members of the Dutch Government, were not involved in the discussion that ensued within Dutchbat about maintaining ‘essential stock’ for one’s own use. Although these commanding officers were aware of the benefits of providing medical aid to the local population to alleviate need or to win their hearts and minds, UN regulations actually went no further than to permit the provision of aid in dire emergencies. As the authority in command, the UN had thus ensured that there were regulations but scant regard was paid to them within Dutchbat, assuming they were aware of their existence.

When supplies stalled, the limitations on the provision of further aid to the people became painfully obvious. The use of medical supplies for purposes other than one’s own unit then appeared to depend greatly on the prevailing situation and the question as to whether there were adequate supplies and alternatives. The primary purpose of Dutchbat medical personnel was not to care for civilians. While it is true that the Dutchbat medical service had acknowledged this problem and that in the course of time it had endeavoured to set aside ‘essential stock’ for emergencies, the circumstances did not permit them to do so and to maintain them.

Abstract rules and ethical principles presented no solution for situations where critical supplies were exhausted. Military and medical ethics clashed. With hindsight, the Public Health Care Inspectorate therefore held that it would have been desirable if the Ministry of Defence had devoted express attention to the dilemma posed by potentially conflicting interests of a professionally medical nature on the one hand and military and operational on the other. As far as possible, medical units needed to be provided with as much guidance as possible in the form of written instructions and decision-making models which could be used in practical situations. The existing regulations and training provided in the Netherlands did not provide sufficient guidance, nor did the UN guidelines. They needed to be translated and converted into protocols which were geared towards practical situations.\(^\text{1020}\)

In the event that military rules and ethical principles clashed, it was up to the person bearing final medical responsibility to make a decision for which he had to be held accountable at a later stage. In the case of Srebrenica the decision not to draw on ‘essential stock’ was a joint one taken by the medical officers and the battalion leadership, although this was not equally clear to everyone in the Field Dressing Station. This decision was not made on the basis of a sound knowledge of UN regulations but was born of necessity when there was a threat to the possibility of providing intensive care to any casualties at a later stage.

The establishment of ‘essential stock’ was already an issue before the arrival of Dutchbat III and appears to have had its origins in the medical field of operations. Paradoxically enough, it was precisely from the quarters of medical personnel that criticism was eventually expressed of the concept of ‘essential stock’ once its implications had become painfully obvious and a dying woman had been

\(^\text{1020}\) Report of the Health Care Inspectorate, 12/06/96, p. 52.
abandoned. There were no further casualties amongst Dutch troops following the death of Private Van Renssen, with the result that there was no need to draw on critical supplies. This later compounded the remorse felt about the fact that so little had been done to treat the wounded woman.

In this connection, it is remarkable that those involved both in the Netherlands and in Bosnia gave so little thought to the problems involving the clash of military and UN regulations on the one hand, and ethical principles on the other, and that the medical officers and commanders had received so little information about this in the course of preparations for their despatch to Bosnia. Potential supply problems had already been acknowledged prior to Dutchbat’s move to Srebrenica and they had already made themselves felt prior to the arrival of Dutchbat III. A greater awareness of UN regulations and an exchange of views between Srebrenica and The Hague, and between The Hague and Zagreb could have created more clarity in relation to the question as to how to act if any problems were to occur.

It does not appear that the battalion leadership and the medical officers made any precise arrangements. Even though the Field Dressing Station later fell under the command of Dutchbat’s Commanding Officer, no clear answer was forthcoming to the question as to who had the power to make decisions about medical supplies: Dutchbat’s Commanding Officer or the responsible medical officer. While it is true that the battalion leadership and the responsible medical officer had made arrangements by the time the Bosnian Serbs commenced their attack on Srebrenica, they were not properly communicated or presented within the Field Dressing Station.

The Royal Netherlands Army and the Minister of Defence in The Hague were not aware of problems pertaining to ‘essential stock’ and of conflicts relating to priorities. This only occurred once it was too late. Later on only the responsible medical officer was called to account and not the battalion leaders, who were also party to this policy.

Poor personal relations, problems relating to relief, differing assessments of the gravity of the situation, varying views within the medical service, the breakdown of relations between the Dutchbat command and the medical service, and the coincidental presence of two surgical teams muddied the waters even further. In addition, there was also a lack of familiarity with UN regulations. All these matters played their own independent role.

A further complication occurred when the Bosnian Serbs commenced their attack, in the form of a new surgical team which assumed responsibility for the provision of medical care to Dutchbat without having had much preparation and with little knowledge of the amount of supplies still available, while the old team was unable to leave the enclave. The speed with which duties were transferred is barely comprehensible in the light of the fact that the old team could not leave the enclave, although those involved naturally hoped they would be able to and had already waited a long time to be relieved.

Relations were further strained when a wounded woman was brought to the compound in Potocari on 10 July contrary to the relevant regulations. This led to a clash of views between the two surgeons who were present, at a time when it was not overly clear what had been agreed in relation to the provision of medical aid to people other than Dutchbat personnel. The medical specialists who came from the Dutch navy were more inclined to accord priority to operational interests than the specialist from the Royal Netherlands Air Force, who did not wish to distinguish between military and humanitarian actions.

Following the deportation of the local population, the medical service was still involved in caring for those wounded individuals who had remained behind, until 17 July. The time remaining until Dutchbat’s departure from the enclave was spent ‘licking their wounds’ and preparing for their move. During this period Dutchbat made no move to produce preliminary reports for itself as a whole or its various units. The timely collection of information about the various events and its provision to senior officers could have provided a clearer insight into the relevant issues at an earlier stage. While it is true there was a fear that information which was incriminating or displeasing to the VRS, could fall into the hands of the Bosnian Serbs when the unit left the enclave, it could have been transmitted through the normal communication channels, secure or insecure.
The debriefing process which occurred upon Dutchbat’s arrival in Zagreb, was of a highly limited nature, certainly in so far as it pertained to medical performance. The relevant reports were cursory. Nevertheless, various issues relating to the medical field of operations soon became known more or less. General Couzy also conducted interviews with the people concerned while they were still in Zagreb. At a later stage information about the operations of the Field Dressing Station and the surgical teams also reached the Royal Netherlands Army via different routes. Many of these matters, which later became issues, were thus known in general terms but nothing was recorded nor was news about them disseminated to those who bore political responsibility in the Ministry of Defence. The Royal Netherlands Army does not appear to have played a fortunate role in determining the political impact that a number of issues had or could have had. Only in December did the Minister become aware of issues that in some cases were already known prior to the debriefing process. There was hardly any coordination or joint effort on the part of the army and the department to ascertain as much information as possible.

In particular, what also played a role in the medical field of operations was the idea, which was common to both the Army and the Ministry, that it would be wise to await the outcome of the debriefing process in Assen before conducting any inquiry. It was anticipated that virtually everything would be covered in the course of the debriefing process. However, the latter only began in Assen at a relatively late stage, because it was decided to allow staff to go on leave first. In this sense the wait for the outcome of the debriefing process was counterproductive. One could not insist that the media remain silent. Issues continued to be aired and this increased public disquiet.

In addition, the debriefing process failed to provide adequate answers to the questions that were raised. Although the debriefing report devoted attention to the phenomenon of ‘essential stock’ and the performance of the surgical teams that joined Dutchbat from the Armed Forces Hospital Service, the information it provided in this respect was rather cursory. The disquiet mounted further when it emerged that the debriefing process was unable to meet the high expectations held for it in respect of a number of points. When information was disclosed at the end of 1995 about the refusal to treat the seriously wounded woman on 10 July 1995, the media raised a veritable storm of indignation, more so because this incident was not referred to in the debriefing report.

Because of dissatisfaction with the course of events, their feeling that they had not been properly heard during their debriefing sessions and their irritation about the treatment which Dutchbat had received in the press, several of the unit’s medical personnel publicly disclosed a number of matters. These were issues that had not been referred to in the debriefing report or which had been dealt with in an unsatisfactory manner. At the end of 1995 this led the Ministry of Defence to conduct a number of subsequent investigations under considerable pressure of time into numerous aspects of medical aid, so as to be able to inform Parliament accordingly on different occasions. It was mainly the Ministry and Minister Voorhoeve himself who took the initiative in this respect. Unlike the debriefing process in Assen, the central organization assumed direct control. The result was a hasty and fragmented communication of information to Parliament. It produced an impression that smacked of an overestimate of Dutchbat’s potential and role.

Once the storm had brewed and refused to subside, more inquiries followed. The social and ministerial indignation that greeted the investigation conducted by the Inspector of the Military Health Care Service, led to another investigation performed by the Public Health Care Inspectorate. These investigations focussed primarily on the medical performance of several individuals. Neither investigation doubted the decision not to provide further humanitarian aid and to accord priority to ensuring the availability of medical care for the unit’s own personnel but less attention was devoted to this.

The investigations concentrated on incidents and at a later stage the judicial authorities focussed on the alleged failure of individuals to perform. Although this did reveal many facts, it took little into account of the overall situation pertaining to the provisions of humanitarian and medical aid during the fall of the enclave. Neither did these investigations start out from the problems experienced by
Dutchbat in that it became a plaything of the Bosnian Serbs as a result of the circumstances prevailing in Srebrenica.