

The ravages of war

Pauline Alakija

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From September to November 1999 I took a leave of absence from my job as Assistant Chief Medical Examiner for southern Alberta to participate as a forensic pathologist on a Canadian team that investigated war crimes in Kosovo on behalf of the United Nations. Organized by the Royal Canadian Mounted Police and funded by the Canadian International Development Agency, our team worked under the direction of the International Criminal Tribunal for the former Yugoslavia. Professionally, I wanted to gain new experience and to perhaps testify in (or at least make a written contribution to) international court. My personal reason for agreeing to work in Kosovo was simply to see the truth through my own eyes.

The Canadian Forensic Investigation Team consisted of 2 forensic pathologists, a forensic anthropologist with extensive experience in archeology, 2 pathology autopsy technicians, 2 homicide investigators, 3 homicide "ident" officers and a homicide police officer with special training in computers and data collection. We lived in a tent on a Canadian Engineering Regiment Base on the outskirts of Pristina, and our daily work took place in 3 small villages selected by the tribunal in the area of Lipljan (each a short drive from Pristina). We examined the bodies and investigated the circumstances and manner of death of Albanian civilians from those villages who were allegedly killed as a result of war crimes committed by Serbians in 1999. After

talking to numerous witnesses, studying multiple crime scenes and performing many forensic examinations on exhumed bodies, we were able to identify 68 victims and to determine the cause and manner of death of 67 of them. The ages of the victims ranged from 7 to 97 years; many were children, teenagers and elderly people; a large proportion were female. The vast majority of the victims died of (usually multiple) gunshot wounds. The local people (all Albanian) were friendly, respectful and eager to cooperate with our investigations. Witnesses of the deaths were often women or children. We rarely had an opportunity to speak with Serbians, because people of Serbian heritage had left Kosovo or were living in villages or buildings guarded by NATO for fear of revenge attacks by Albanians. Attending the funerals of some of the victims, I was touched by the grief displayed by the community but also disturbed by threats of revenge. Our completed reports were submitted to the tribunal in December 1999. At this time, I do not know when or if my personal testimony will be required. It is my hope that our documentation will lead to the prosecution of those who committed these crimes. Accurate documentation may also protect those who did not commit war crimes and who are the target of rumours and false accusations.

Although our team interviewed witnesses and family members extensively, the exact number of deceased people

(or survivors) who endured rape is unknown. A teenaged girl witnessed her sister being raped before being killed; this was the only incident reported to us. As Drs. Leslie Shanks and Michael Schull describe in this issue (page 1152), there are many barriers to identifying living victims of rape. Similarly, there are many barriers to identifying the dead victims of rape. In Kosovo the decomposing condition of the bodies made examination for evidence of rape impossible in many cases. Earlier examination of some of these bodies may have made recovery of rape evidence possible, but the circumstances of such investigation would probably have been too dangerous to the investigation team. Some deaths were not witnessed. The combination of an unwitnessed death and extensive decomposition of the body makes it impossible to determine whether rape occurred. Police officers and forensic medical personnel trained in homicide investigation are keenly aware of the problem of rape in war, and we know that there are potentially many cases that are unreported, unwitnessed or lack physical evidence. Unfortunately, the fact that rape cannot always be detected or proven makes it an extremely effective means of creating terror in war.

One of the most important observations that Shanks and Schull make is that it is essential for a large proportion of field workers in conflict zones to be female. When the 9 male members of our forensic team visited a village, only men appeared to talk to them. However, when the 2 female members accompanied the group, the women in the villages left their houses and spoke first with the female members and then, as they became more comfortable, with the male team members. Female translators provided to our investigators by the tribunal were also instrumental in helping to develop rapport and trust with the women in these villages. An interesting observation made by one of our homicide investigators was that, on initial interview with some families, women and girls would not be allowed to speak. He would have to ask for separate interviews with female family members to get essential witness information. After seeing that our homicide investigators worked closely with the women in our team, the female witnesses usually appeared comfortable talking with him (especially since a translator was always present). Asking to talk with women and girls separately may be essential in questioning possible rape victims.

Because I worked in small villages near Pristina, I had ample opportunity to observe the day-to-day environmental conditions in both urban and rural areas. Although I am not an expert at evaluating environmental conditions, many problems were obvious. Some were directly related to the war; others were not. However, when all money and resources are channelled toward war efforts and postwar survival, little time or effort can be invested in improving pre-existing poor environmental conditions. Dr. Jennifer Leaning's article on the environmental impact of war (page 1157 of this issue) is timely, and I would predict that more studies on this topic are not far behind, especially as more

civilian groups become aware of the permanent scars left on the environment by war. Thankfully, I saw no evidence of biological or chemical warfare in Kosovo. But all members of our forensic team constantly commented on the poor air quality, the risks posed by land mines, the garbage filling streams and wells, the hectares of land leveled for the use of military camps and the ruined state of bombed and abandoned buildings. Soft coal burned in a plant downwind of the city generated intermittent power in Pristina. We would awaken every morning to a thick coat of black soot on our white UN vehicles. As we drove through many small villages, it was obvious that many houses were missing roofs or walls. Some of these buildings were abandoned; in others, families were living in the basement. We were constantly reminded of the threat of unmarked anti-personnel land mines by craters in the ground where mines had exploded, stories of local children wounded by mines and hectares of unused crops.

I am a forensic pathologist, and so examining horrible wounds on a body or observing the gruesome effects of decomposition are part of my daily work, whether in Kosovo or in Calgary. What I found shocking in Kosovo was witnessing the intense hatred that can occur between groups of people during and after war. The strong emotions and desperation caused by war foster a social environment in which women and children are vulnerable to sex crimes and abuse. The degradation of the physical environment by the devices of war is also tragic. Both sexual abuse and environmental damage are integral parts of war, and physicians working in postwar areas in any capacity cannot avoid confronting their aftermath.

Dr. Alakija is Assistant Chief Medical Examiner, Southern Region, Alberta, and Clinical Assistant Professor, Department of Pathology and Laboratory Medicine, Faculty of Medicine, University of Calgary, Calgary, Alta.

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Correspondence to: Dr. Pauline Alakija, 4070 Bowness Rd. NW, Calgary AB T3B 3R7; fax 403 297-3429

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