



**Meeting of the FEAMC Executive Board
with a Conference on**

PROFESSIONAL AND ETHICAL CHALLENGES IN MEDICINE DURING WARTIME

Đakovo – Vukovar, Croatia

May 30 – June 2, 2024

CONFERENCE PROCEEDINGS





European Federation of the Catholic Medical Associations
(FEAMC, *Fédération Européenne des Associations Médicales Catholiques*)

Croatian Catholic Medical Society
(HKLD, *Hrvatsko katoličko liječničko društvo*)

Meeting of the FEAMC Executive Board
with a Conference on
Professional and Ethical Challenges in Medicine During Wartime

Đakovo (*Bishop Antun Mandić Hall, the Catholic Faculty of Theology*)

Vukovar (*National Memorial War Hospital Vukovar*)

Croatia

CONFERENCE PROCEEDINGS

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ORGANIZERS

- European Federation of the Catholic Medical Associations
(FEAMC, *Fédération Européenne des Associations Médicales Catholiques*)
- Croatian Catholic Medical Society
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SCIENTIFIC PROGRAMME COMMITTEE

- Prof. Vincenzo Defilippis, MD, PhD (Bari, Italy) – *FEAMC President*
- Prof. Rok Čivljak, MD, PhD (Zagreb, Croatia) – *HKLD President*
- Prof. Rev. Ivan Bodrožić, PhD (Split, Croatia) – *HKLD Ecclesiastical Assistant*
- Prof. Frans van Ittersum, MD, PhD (Amsterdam, Netherlands) – *FEAMC Secretary General*
- Prof. Ivica Grković, MD, PhD (Split, Croatia) – *HKLD First Vice President*
- Petar Bilić, MD, PhD (Zagreb, Croatia) – *HKLD Vice President*
- Darko Richter, MD, PhD (Zagreb, Croatia) – *HKLD Executive Committee Member*

LOCAL ORGANIZING COMMITTEE (in alphabetical order)

- Jadranka Arambašić, MD, PhD (Osijek, Croatia)
- Ivan Ćelić, MD, PhD (Zagreb, Croatia)
- Andrea Koščec, M.Pharm. (Zagreb, Croatia)
- Andrija Miculinić, MD (Zagreb, Croatia)
- Rev. Pavao Mikulčić, PhD (Đakovo, Croatia)
- Mirko Petrošević, MD (Đakovo, Croatia)

INVITED FACULTY MEMBERS (in alphabetical order)

- Ivan Bodrožić (Split, Croatia)
- Jure Bogdan (Zagreb, Croatia)
- Ihor Boyko (Lviv, Ukraine)
- Vincenzo Defilippis (Bari, Italy)
- Rok Čivljak (Zagreb, Croatia)
- Anica Djamić (Croatia/Ukraine)
- Ivica Grković (Split, Croatia)
- Frans J. van Ittersum (Amsterdam, The Netherlands)
- Elena Jelavić (Zagreb, Croatia)
- Dubravka Kocijan Hercigonja (Zagreb, Croatia)
- Andrea Koščec (Zagreb, Croatia)
- Simon Kulli (Vau i Dejës, Albania)
- Matko Marušić (Split, Croatia)
- Ružica Pavić-Kevrić (Zagreb, Croatia)
- Renzo Pegoraro (Vatican/Italy)
- Nicola Petrosillo (Rome, Italy)
- Darko Richter (Zagreb, Croatia)
- Irena Zakarija Grković (Split, Croatia)

Welcome to Đakovo and Vukovar!

As part of the regular annual meeting of the European Federation of the Catholic Medical Associations (FEAMC, *Fédération Européenne des Associations Médicales Catholiques*) Executive Board, a conference will be organized on *Professional and Ethical Challenges in Medicine During Wartime*, in cooperation with the Croatian Catholic Medical Society (HKLD, Hrvatsko katoličko liječničko društvo).

The Conference will take place in Đakovo and Vukovar, Croatia, on May 30 – June 2, 2024.

One of the first victims of war is the healthcare system. Since many armed conflicts are currently raging all over the world (Russia-Ukraine, Israel-Palestine, Syria, Myanmar, Sudan, Burkina Faso, Haiti...), war medicine is an urgent global health problem. Unfortunately, health facilities are sometimes attacked and damaged, with many healthcare workers becoming victims themselves. Doctors and other medical professionals have to provide adequate healthcare under extreme conditions, while confronting a number of professional and ethical challenges.

The hosts from Croatia will present their experiences from the recent Croatian Homeland War (1991–1995), in which healthcare workers played a major role in preserving the health system under extreme pressure, through their heroic efforts to provide care to both soldiers and civilians, often those on opposing sides.

Distinguished international speakers will address various aspects of war medicine, including spiritual assistance to soldiers, civilians and healthcare workers during armed conflicts. The global healthcare community needs to become involved in advocating for the protection of healthcare workers living and working in war zones.



Prof. Rok Čivljak, MD, PhD
HKLD President



Prof. Vincenzo Defilippis, MD, PhD
FEAMC President

Thursday, May 30, 2024

8:00 – 14:00	Arrival of participants at the Zagreb Airport
14:00	Bus transfer to Đakovo (the Archdiocese of Đakovo–Osijek)
18:30	Mass and Procession on the Solemnity of Corpus Christi at the Đakovo Cathedral
20:00	Dinner, accommodation

Friday, May 31, 2024

7:30	Breakfast
8:00 – 9:30	FEAMC ExCo meeting (FEAMC Executive Committee and delegates only)
9:30 – 11:00	Session 1: <i>Spiritual and Pastoral Care During Wartime</i> Chairs: <i>Simon Kulli, Vincenzo Defilippis, Rok Čivljak</i>
9:30	<i>Welcome introduction</i> (Defilippis & Čivljak)
9:45	<i>The Nonsense of War in the War Against the Sense of God's Order and Peace</i> Ivan Bodrožić (Ecclesiastical Assistant of the HKLD) Catholic Faculty of Theology of the University of Split Split, Croatia
10:00	<i>Teaching of Pope Francis: The Search for Peace Beyond Conflicts</i> Renzo Pegoraro (Secretary General of the Pontifical Academy for Life) Rome, Italy
10:15	<i>The Role of Clergymen and Pastoral Care During War Conflicts</i> Jure Bogdan (The Military Ordinariate of the Republic of Croatia) Zagreb, Croatia
10:30	Panel Discussion and Q&A
11:00	Coffee break
11:30 – 13:00	Session 2: <i>Medical Challenges During Wartime</i> Chairs: <i>Jozef Glasa, Darko Richter, Šime Kevrić, Ana Magličić</i>
11:30	<i>Organization of Healthcare During the Croatian Homeland War</i> Rok Čivljak (President of the HKLD) University of Zagreb School of Medicine Zagreb, Croatia
11:45	<i>Medical Triage Principles in Wartime and Pandemic Scarcity: A Catholic Perspective</i> Frans J. van Ittersum (Secretary General of the FEAMC) Amsterdam University Medical Centers Amsterdam, The Netherlands
12:00	<i>Organization of the Surgical Service During the Homeland War</i> Ivica Grković, Mihovil Biočić, Vedran Radonić University Hospital of Split & University of Split School of Medicine Split, Croatia
12:15	<i>The Impact of Armed Conflict on the Development and Global Spread of Antibiotic Resistance</i> Nicola Petrosillo Campus Bio-Medico University Hospital Rome, Italy
12:30	Panel Discussion and Q&A

Friday, May 31, 2024

13:00 **Lunch**

14:30 – 15:45 **Session 3: Interdisciplinary and International Aspects of War**
Chairs: *Diogo Cunha e Sà, Lotte Voets, Marko Šimenc, Stefan De Smedt*

14:30 *Challenges of Pastoral Care During Wartime in Ukraine*
Ihor Boyko, Mykhaylo Plotsidem
Lviv Theological Seminary of the Holy Spirit
Lviv, Ukraine

14:45 *The Testimony of the Albanian People During the Kosovo War*
Msgr. Simon Kulli (Bishop of Diocese of Sapë)
Sapë, Albania

15:00 *Possible Impact of Diplomacy During Wartime: Experiences from the Embassy of the Republic of Croatia in Ukraine*
Anica Djamic (Ambassador of the Republic of Croatia in Ukraine)
Zagreb, Croatia / Kiev, Ukraine

15:15 *The Role of Catholic Pharmacists in Responding to the Croatian Homeland War*
Andrea Koščec, Mirjana Vrsalović, Ines Buhač (Pharmacists' and Medical Biochemists' Section of the Croatian Catholic Medical Society)
Zagreb, Croatia

15:30 Panel Discussion and Q&A

15:45 – 16:45 **Session 4: Children as Victims of War**
Chairs: *Andrea Koščec, Pavao Mikulčić, Ihor Boyko*

15:45 *Care for the Displaced and Refugee Children During the War in Croatia*
Darko Richter
University Hospital Center Zagreb
Zagreb, Croatia

16:00 *Psychological and Psychiatric Problems of Children in War: Experience from Croatia*
Dubravka Kocijan Hercigonja
University of Zagreb School of Medicine
Zagreb, Croatia

16:15 *Infant Feeding in Wartime: Professional and Ethical Challenges*
Irena Zakarija Grković
University of Split School of Medicine
Split, Croatia

16:30 Panel Discussion and Q&A

17:00 Tour of the Đakovo Cathedral

19:00 Holy Mass at the Chapel in the Seminary of the Archdiocese of Đakovo-Osijek

20:00 Gala Dinner

Saturday, June 1, 2024

7:30	Breakfast
9:00	Trip to Vukovar
9:30	Visit to the National Memorial War Hospital Vukovar
10:30 – 12:00	Session 5: Croatian Homeland War as a Challenge and Lesson for the Future Chairs: <i>Petar Bilić, Jan Čáp, Renzo Pegoraro, Frans van Ittersum, Ivan Bodrožić</i>
10:30	<i>The Suffering of a General County Hospital During the War: The Example of the Vukovar County Hospital in 1991</i> Anto Blažanović (Director of the National Memorial War Hospital Vukovar) Vukovar, Croatia
10:45	<i>Military Medical Service in Peace Keeping Missions and Multinational Military Operations During War Conflicts</i> Ružica Pavić-Kevrić, Šime Kevrić Ministry of Defense of the Republic of Croatia Zagreb, Croatia
11:00	<i>The Role of Schools of Medicine During the Croatian Homeland War</i> Elena Jelavić Ministry of Defense of the Republic of Croatia Zagreb, Croatia
11:15	<i>What Can Medical Journal Editors Do During the War?</i> Matko Marušić University of Split School of Medicine Split, Croatia
11:30	<i>Catholic Doctors in Wartime and Peacetime in the Service of the Gospel</i> Vincenzo Defilippis (President of the FEAMC) Bari, Italy
11:45	Panel Discussion and Q&A
12:00	Closing of the Symposium
12:30	Coffee break
13:00	Guided tour of the City Museum – the Palace of the Eltz Counts, National Memorial Cemetery of the Victims of the Homeland War in Vukovar, Ovčara Memorial Center
15:00	Guided tour of the City of Ilok (Odescalchi Castle, Ilok Cellars, Franciscan Monastery)
18:00	Holy Mass at the Church of St. John Capistrano in Ilok
19:00	Concert by the Oratorio Choir of the Church of St. Mark (Zagreb) <i>Cantores sancti Marci</i>
20:00	Dinner

Sunday, June 2, 2024

8:00	Breakfast
10:30	Holy Mass at the Đakovo Cathedral
12:00	Meeting with Msgr. Đuro Hranić, Archbishop of the Archdiocese of Đakovo–Osijek
14:00	A visit to the State Stud Farm Đakovo
16:00	Departure

The Nonsense of War in the War Against the Sense of God's Order and Peace

Prof. Ivan Bodrožić, PhD

Catholic Faculty of Theology of the University of Split
Ecclesiastical Assistant to the HKLD
Split, Croatia

We do not know the exact date when the first war in the history of mankind began, but we do know that there has never been a time in human history when there was no war. While people dreamed of a golden and ideal age of humanity and fantasized about how to achieve it, peace was always within their reach and power, but there was not always enough will to achieve it. Therefore, even if we do not know when the first war began, we will not be wrong in saying that war begins in the evil human heart, which brings us back to the very beginning of humanity, when the first fratricide occurred. Since God Himself taught us the unity of the human race, we understand more clearly that every war is a true fratricide, similar to Cain's murder of Abel, except that wars between different peoples, tribes and nations are fought on a larger scale and with increasingly sophisticated means. Just as fratricide is a consequence of man's original sin, so are wars, only on a larger scale.

The most common cause of war between nations is the desire to possess material goods and material security, without regard for the rights of other people and nations to have what they need to live on a land that has enough resources to feed all people. One of the causes of war is human vanity and arrogance, as well as the need to realize one's ambitions, earthly greatness and earthly appetites, prestige and political influence. Therefore, war reflects the senselessness of sin and the denial of the importance of God's order and peace as the Lord has planned for individuals, people, nations and the whole of humanity. That is why, even today, God's call, which the Church articulates through her teaching, is to wage a war for peace, that is, to fight to put an end to the senselessness of earthly wars.

Teaching of Pope Francis: The Search for Peace Beyond Conflicts

Prof. Renzo Pegoraro, PhD

Secretary General of the Pontifical Academy for Life
Rome, Italy

“War is the mother of all poverty, a vast predator of lives and souls” . This is what the Holy Father, Pope Francis, said on 1 January 2020

And again, before the Congress of the United States of America on 24 September 2015: “Why are deadly weapons being sold to those who plan to inflict untold suffering on individuals and society? Sadly, the answer, as we all know, is simply for money: money that is drenched in blood, often innocent blood.”

The pandemic had disrupting consequences, but “it also had its positive effects”. Among them: “a renewed sense of solidarity that has made us more sensitive to the suffering of others and more responsive to their needs” (1.1.2023)

The reconciliation of conflicts is rooted in the conversion of the hearts: compassion and care (inner transformation). It is important to recognize our shared humanity and treat each other as brothers and sisters.

So, solidarity with the poor, marginalized, and oppressed is needed. True peace can only be achieved through social justice and compassion.

“We must not be afraid of goodness, nor even of tenderness.” (Homily, March 19, 2013).

The Pope encourages efforts to build a culture of peace through education, community-building, promotion of human dignity, values such as tolerance, respect, and cooperation

Education: “A culture of peace calls for unremitting efforts in favor of education for peace.” (1.1.2014)

The Role of Clergymen and Pastoral Care During War Conflicts

Msgr. Jure Bogdan, PhD

The Military Ordinary of the Republic of Croatia
Zagreb, Croatia

The biblical and Church teachings on war and peace are presented. According to the Holy Scriptures, man longs for peace and well-being from the utmost depths of his being. True peace is based not only on harmony among peoples but also harmony between man and the created world and, most importantly, between man and God. Accordingly, the Social Doctrine of the Church emphasizes that war conflicts arise due to growing injustices among peoples, economic or some other inequality between groups or the blind desire for power and wealth by certain states or individuals. In the encyclical *Laudato si*, Pope Francis noted that lack of concern for the created world and the depletion of the natural resources of individual countries also represent a threat to peace and a cause for new war conflicts.

The history of military pastoral ministry is also discussed. The Church has always devoted due attention to the pastoral care of soldiers, from the early centuries of Christianity to the present. In the twentieth century, military chaplaincy acquired a larger institutional form, especially with Pope John Paul II's apostolic constitution, *Spirituali militum curae*, after which military ordinariates were established and military ordinaries were appointed.

With regard to the role of priests and chaplains in war conflicts, the Church is called to be present wherever people live in order to respond to their spiritual needs. In the Homeland War, Croatian soldiers expressed their deep faith and need for God, his closeness and pastoral care. Photographs of Croatian soldiers with rosaries around their necks confirm these needs. Priests were sent to be among soldiers as witnesses to God's closeness, to distribute the holy sacraments, particularly Confession and Communion, and to inspire the soldiers/believers with Christ's words to be "servants of the security and peace of the nation," because "as long as they fulfill this role properly, they are making a genuine contribution to the establishment of peace" (GS No. 79).

Organization of Healthcare During the Croatian Homeland War

Prof. Rok Čivljak, MD, PhD

President of the HKLD
University of Zagreb School of Medicine
Zagreb, Croatia

The Croatian Homeland War was a defensive war for the independence and integrity of the Croatian state against armed aggression by rebel Serbs supported by the so-called Yugoslav People's Army and Greater Serbian extremists from Serbia and Montenegro. The Homeland War was preceded by a rebellion of part of the ethnic Serbian population in Croatia, which broke out in August 1990. These events found Croatia unprepared in all segments of defense, including the area of healthcare. Already in 1990, during the so-called Log Revolution (rebel ethnic Serbs used logs to barricade sections of Croatian roads, thereby cutting off part of Croatian territory), unhindered transportation throughout Croatia, including the transport of patients, was rendered impossible. Therefore, the Government of the Republic of Croatia was required to reorganize healthcare in light of the newly arisen circumstances, which escalated into a real war during the second half of 1991. This reorganization was based on the Preparedness Plan of the Republic of Croatia, adopted by the Ministry of Health on August 8, 1991. On December 16, 1990, the Crisis Headquarters of the Ministry of Health was established, which became fully operational in May 1991. Taking into account the disproportionate military superiority of the aggressor, initial projections predicted that there would be approximately 10,000 dead and 30,000 wounded. However, the scale of the warfare was much greater than anticipated and the war lasted a full four years. By the end of the Homeland War in 1995, over 12,000 persons had perished on the Croatian side, while 1,030 are still considered missing. Over 33,000 persons were injured, of whom 30% were civilians. A total of 183,526 residential buildings were damaged or destroyed. Well-organized healthcare and great efforts by all healthcare personnel, some of whom spent four years at the battlefields, contributed to a reduction in the number of potential casualties. Throughout the war, Croatian healthcare personnel provided assistance not only to Croatian soldiers and civilians but also to the wounded and the population of the occupied parts of Croatia, as well as neighboring Bosnia and Herzegovina, not infrequently on the enemy side. Unfortunately, some of the healthcare personnel died during the Homeland War, and many of the survivors are still suffering its after effects. Their heroic sacrifices are permanently inscribed in the foundations of the creation of Croatian independence.

Medical Triage Principles in Wartime and Pandemic Scarcity: A Catholic perspective

Prof. Frans J. van Ittersum, MD, PhD, MSc

Amsterdam University Medical Centers
Amsterdam, The Netherlands

Healthcare scarcity can occur in several situations during wartime or a pandemic. Large numbers of soldier victims at the front or civilian casualties in cities after bombing might induce a scarcity of surgical facilities, whereas a pandemic, such as the COVID-19 pandemic, induces a scarcity of hospital beds, especially in intensive care units. A first line approach to healthcare scarcity is to utilize healthcare facilities away from the front or pandemic area and transport patients to these locations.

In the case of more widespread scarcity, selection of patients might be needed, based on ethical principles. Although in the end, practical secular and Catholic approaches in selecting patients overlap, they differ in their fundamentals. Secular principles are basically founded on the equality of all human beings. However, the elaboration of the fundamentals can be performed from either an egalitarian or a utilitarian perspective. An egalitarian approach corresponds to a lottery system, in which patient selection for treatment is performed randomly. In a utilitarian approach, those patients who will have the longest expected life spans after treatment or who will make the most significant contributions to society will be selected for treatment.

A Christian, especially a Catholic, approach can be derived from the Social Doctrine of the Catholic Church. It respects human life and human dignity, including respect for each person's free will, as a gift from God, but does not consider life as an absolute value. It reflects the stewardship of God's creation and, thereby, the responsibility of other humans (the common good). It takes care of all humans, especially the vulnerable and the poor, avoiding discrimination against certain groups, and requires that care is always provided to everyone, even if optimal treatment is not available for all. At a practical level, it might end in similar solutions as secular approaches. However, awareness of the Catholic foundations guards Christians from acting against God's intention.

Organization of the Surgical Service During the Homeland War

***Prof. Ivica Grković, MD, PhD; Prof. Mihovil Biočić, MD, PhD;
Prof. Vedran Radonić, MD, PhD***

University Hospital of Split & University of Split School of Medicine
Split, Croatia

A wartime situation requires a very different organization of every possible aspect of hospital activities and manner of functioning. The main aim is not only to provide the best treatment and care of the wounded and injured within the hospital, but also to make sure that the organization of treatment in the battle field and transport to the hospital enables patients to reach hospitals very quickly and in the most stable condition.

The Hospital Crisis Management Committee coordinated all the required activities to shift the University Hospital of Split (UHS) to the war mode, which included the organization of stable, backed-up shift schedules, medical equipment and consumables, all medications, blood reserves, principle and additional energy sources, mobile surgical teams with all the required equipment, and additional training for all medical and non-medical hospital staff. Atomic shelters and the substructure communication system of the hospital were modified to allow the care of patients and work in the sheltered environment. "Hospitals in reserve" were organized, instrument sets and teams were allocated to strategic areas, so that the care for up to 500 wounded could be offered simultaneously within the area of responsibility of the hospital. An additional eight "war hospitals" were organized, equipped and staffed in Bosnia and Herzegovina and an extensive emergency transport network (including helicopters) was put in operation. Rapid and medically supported transport allowed the arrival of the wounded in such condition that the most complicated operative reconstructive procedures could be performed with great outcomes. The results were published in several highly cited international journals. Examples of innovative and original vascular and reconstructive procedure will be presented. Particular professional efforts were focused on offering the best possible surgical treatments and care to wounded children, the collateral victims of the war.

Between 1991 and 1996, the University Hospital of Split had 261 436 hospitalizations of the wounded and sick, 31 086 (12%) from Bosnia and Herzegovina. Among all the medical institutions in Croatia, the UHS treated 12% of the war-related injured and wounded.

The UHS always offered the best possible treatment to all wounded, injured or sick civilians, refugees and soldiers regardless of their nationality, citizenship, or political or military affiliations.

The Impact of Armed Conflict on the Development and Global Spread of Antibiotic Resistance

Nicola Petrosillo, MD, FESCMID

Campus Bio-Medico University Hospital
Rome, Italy

Armed conflicts have been implicated in the development of antimicrobial resistance. Cases of antimicrobial-resistant microorganisms in people with war injuries were first documented during World War II and have been increasingly reported during more recent conflicts.

Currently, the high rate of carbapenemase-producing *P. aeruginosa*, *Acinetobacter baumannii* and *K. pneumoniae* from war wounds in Ukraine is of particular concern. The conflict in Ukraine has led to the displacement of people from Ukraine and the transfer of thousands of patients from Ukrainian hospitals to medical facilities in various countries.

The European Centres for Disease Control (ECDC) recommends pre-emptive isolation and screening for the carriage of multidrug-resistant (MDR) bacteria for patients who have been transferred from hospitals in Ukraine. However, scant data are available on the incidence, features, and causes determining the development and spread of antibiotic resistance during the most recent armed conflicts.

Combat-related injuries among soldiers often result in devitalized and contaminated tissue, favoring the development of antimicrobial resistance. Moreover, incomplete disinfection procedures and environmental transmission are probably significant factors in the spread of MDR bacteria in military medical facilities. These challenges are particularly pronounced in mass casualty situations, where practices such as cohorting, isolation, and proper handwashing are difficult to implement.

The disruption of the healthcare system and people gathering in shelters for protection may contribute to the spread of MDR pathogens from soldiers to civilians in war zones.

Challenges of Pastoral Care During Wartime in Ukraine

Rev. Dr. Ihor Boyko, Rev. Dr. Mykhaylo Plotsidem

Lviv Theological Seminary of the Holy Spirit
Lviv, Ukraine

In the seminary, we were not taught how to pastor in wartime. Nevertheless, we are called to help future pastors prepare for the new challenges that await them, particularly in the matter of ministering to people who have experienced the loss of a loved one. There are many people today who can be depressed. Does a clergy person have an obligation to help a depressed person? Maybe not. But the priest must also understand his competences: where is the limit to which he, as a pastor, can provide help to a person with fear, worries or, anxiety, and when should he say: "I recommend that you turn to someone else. Here is the telephone number of a consultant, psychologist, psychotherapist or the appropriate center for psychological support." We teach seminarians that they must be honest with themselves and cannot take on all responsibilities.

People's traumas during the war are different: someone are traumatized by information, someone do not know how to survive difficult economic times, some experience the pain of losing a loved one or simply the tragedy of the entire nation. Trauma creates panic, fear, aggression and hatred in a person's heart. The answer to these challenges should be increased pastoral zeal, priestly sacrificial service, constant and sincere dedicated communication through the Word of God, which heals and consoles the person affected by war.

Our seminarians learn to act and be useful in all the dimensions of extraordinary pastoral service. Namely, in war conditions, together with chaplains, they visit soldiers on training grounds, pray with them at religious services, talk to wounded soldiers in hospitals, conduct various kinds of camps, spiritual pilgrimages for military families and their children and sing at soldiers' funerals. In parishes, seminarians help displaced people come to terms with the loss of their homes, and on the other hand, from the funds collected in parishes, they help those who are currently living under inhumane conditions in the front-line zone. During the Easter holidays, they go to these eastern areas of Ukraine, where the war is going on, and help the priests bring the good news about the Risen Christ to the people who have suffered and were injured by the consequences of the war.

The war gave a new impetus to volunteerism in Ukraine: there have never been so many volunteers as during this war. War, on the one hand, is evil, but on the other hand, it reveals such traits of character as solidarity, helping others: everyone can give their time to someone.

The Testimony of the Albanian People During the Kosovo War

Msgr. Simon Kulli

Bishop of Diocese of Sapë
Sapë, Albania

Possible Impact of Diplomacy During Wartime: Experiences from the Embassy of the Republic of Croatia in Ukraine

H.E. Anica Djamic, PhD

Ambassador of the Republic of Croatia in Ukraine
Zagreb, Croatia / Kiev, Ukraine

This presentation highlights the main wartime challenges facing the people of Ukraine and the role of diplomacy before, during and after the war. The questions of whether war can have positive effects and what kind of assistance the population needs are addressed. Having experienced two wars thirty years apart, the author shares her attitude toward the Croatian Homeland War and the War in Ukraine as a Catholic believer.

The Role of Catholic Pharmacists in Responding to the Croatian Homeland War

***Andrea Koščec, M.Pharm., Mirjana Vrsalović, M.Pharm.,
Ines Buhač, M.Pharm.***

Pharmacists' and Medical Biochemists' Section of the Croatian Catholic Medical Society
Zagreb, Croatia

During wartime, the functioning of the healthcare system is one of the key elements of survival, as well as victory. A healthcare system can only be effective if each of its elements is functioning properly, although it is often forgotten that pharmacy is part of healthcare. Medicine is powerless without the availability of medicines, which must be properly understood and applied. Members of the pharmaceutical profession contributed to the Homeland War effort through their professional activities, which they devotedly and selflessly performed throughout the war at their workplaces in public pharmacies, hospital and clinical pharmacies and laboratories, and donation and Caritas pharmacies. They also participated in military and reserve units of the armed forces and medical warehouses in the operative zones, delivering medicines and medical supplies to the front lines and sorting donated medications. Pharmacists were quiet, self-effacing and self-sacrificing background workers and warriors, who served in all parts of Croatia throughout the war. Pharmacy is a profession with the primary task of serving others, as Croatian pharmacists worthily demonstrated during the Homeland War.

Numerous donations of medicines and sanitary supplies were sent to our war-torn homeland of Croatia, which were initially disorganized. Pharmacists had to invest great expertise and effort in order to separate out what was useable. Donations followed from war reserves of medications. A large number of medicines arrived that were past their expiration date, so pharmacists had the considerable task of supervising their destruction and proper disposal. It became necessary to request targeted donations according to specific lists. At the same time, essential regulations in the area of healthcare and pharmacy were created, a toxicology service was established, which served a very important role during the war, and the transport of medicines to the front lines was organized. It required great courage, determination and sacrifice to work in pharmacies under the rain of grenades and frequent alerts.

From the horrors and devastation of war emerged the exceptionally valuable and important Diakonia pharmacies, which practice pharmacy in the service of humanity, offering assistance in the form of free medicines, nutritional supplements and medical devices for the most socially vulnerable members of society, while respecting and following the social doctrine of the Church. This confirms the fundamental principle of pharmacy, which only has meaning and value to the extent that it serves the betterment of human health and life.

Care for Displaced and Refugee Children During the War in Croatia

Darko Richter, MD, PhD

Department of Paediatrics, University Hospital Center Zagreb (retired 2020);

Assistant Director, University Hospital Center Zagreb (1993-2000)

Zagreb, Croatia

The war in Croatia (1991–January 1992) and later in Bosnia Herzegovina (1992–1993), despite regressive population trends, caused a mechanical surplus of some 100,000 children to be cared for by the Croatian healthcare system. Despite fears, there were few, if any, catastrophic events such as epidemics or famine. Moreover, the demand for medical services was on the decline, compared to the prewar year of 1990. However, chronic and severe pediatric diseases continued to weigh heavily on the Croatian healthcare system and keep the top university hospitals busy at the prewar level. This was further compounded by the mechanical surplus of a large pediatric refugee population presenting the same needs with respect to chronic highly specialized care as the resident population.

Psychological and Psychiatric Problems of Children in War: Experiences from Croatia

Prof. Dubravka Kocijan Hercigonja, MD, PhD

University of Zagreb School of Medicine (retired)
Zagreb, Croatia

The reflection of trauma on mental functioning depends on the type of trauma and its meaning in relation to chronological age, family relationships, environmental attitudes and social relationships. War trauma is different from other traumas because it changes the environment. The children lack social support and security because they are separated from their families, friends and homes.

During the Homeland War in Croatia, rebel Serbs and the Yugoslav Army violated the Convention on the Rights of the Child, Article 38, Paragraph 4, and Article 6. Genocide was committed against both adults and children in the war. Children were subjected to various forms of suffering, leading to serious consequences for their physical and mental health. Research has shown high percentages of depression, somatic disorders, behavior problems and PTSP, especially in refugee children.

According to data from the Commission for the Violation of Children's Rights of the War Victims Office, in Croatia since 1995, 265 children were killed, 987 were wounded, 187 became 100% disabled, 320 children went missing, 5,497 children lost one parent, 74 lost both parents and 45,448 children were displaced/in exile. The war caught children in the process of development when they were still not able to engage various compensatory mechanisms.

During the Homeland War, healthcare professionals in Croatia organized many programs for the support of children, including psychosocial support for traumatized children and their families, especially wounded children, and assistance for children and families through the interdisciplinary mobile team, organized with the support of UNICEF into 15 mobile teams throughout the country. The focus was on integrating families and work on mental health functioning, especially PTSP.

Infant Feeding in Wartime: Professional and Ethical Challenges

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A healthy start to life begins with breastfeeding. Hence, the WHO recommends initiating breastfeeding within the first hour of life, feeding a baby only breast milk for the first six months and then continuing breastfeeding (along with appropriate solids) for two years or more. This ensures not only optimal nutrition and cognitive development but also protection from illnesses, both acute and chronic. Breastfeeding protects the health of both mothers and babies. In wartime, limited food and water, poor hygiene, and overcrowding increase the risk of infectious diseases, malnutrition and death. Children under five are especially at risk, given their less developed immune system, vulnerability to dehydration and dependence on adults. This risk is drastically increased if an infant is not breastfed. Breastfeeding is the safest way to feed infants and young children, especially in wartime. Despite this, breastfeeding is endangered during emergencies by unsolicited donations and uncontrolled distribution of infant formula. Often portrayed as essential humanitarian aid, breastfeeding mothers are offered free donations of formula but are not warned of the risks involved. At the same time, wet nursing is often frowned upon, even though it is potentially lifesaving. Support for optimal breastfeeding, re-lactation, wet nursing and the timely introduction of appropriate complementary foods should be key interventions in conflict situations. National policies and action plans on infant feeding in emergencies are lacking. The first Infant and Young Child Feeding Guidelines for Emergency Situations in Croatia were published in 2023.

The Suffering of a General County Hospital During the War: The Example of the Vukovar County Hospital in 1991

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The Battle of Vukovar, the biggest battle of the Homeland War, took place from August 24 to November 18, 1991. Vukovar was attacked by units of the Yugoslav People's Army (JNA) and paramilitary Serbian forces with approximately 20,000 soldiers. Another 30,000 or so soldiers were engaged in the broader area surrounding the city, while there were only 1,800 soldiers on the side of the Croatian defenders. In attacks the JNA used extensive heavy artillery and frontal assaults by large armored units, which resulted in numerous civilian casualties and the complete devastation of the city. In October 1991, the JNA succeeded in isolating Vukovar and it was no longer possible to deliver aid. Organized resistance by the Croatian defenders ended on November 18, 1992. Around 2,000 were killed on the Croatian side, of whom 1,100 were civilians and 900 were fighters. Most of the deaths occurred during the last twenty days of the battle and after the fall of Vukovar, when defenders and civilians were captured and killed en masse.

The hospital in the city of Vukovar was established in 1939 as the Hospital of the Sisters of the Holy Cross. In May 1991, it became involved in the care of the first wounded, and during July of that year, a department of war surgery was formed and atomic shelters were equipped. The first grenades began falling on the hospital on August 15, 1991, and on August 24, 1991, the hospital was targeted by aircraft attacks. As of November 20, 1991, the hospital had cared for approximately 4,000 wounded, of whom 2,250 underwent lengthy surgery. Every day an average of 700 shells fell on the hospital. Physicians and the rest of the staff worked day and night under very difficult conditions, without sufficient medicines, sanitary and other materials, electricity, food or water. After November 20, 1991, 200 wounded and sick patients, including 18 hospital employees, were taken and executed on a farm in Ovčara.

In the process of peaceful reintegration, the reintegration of the hospital into the healthcare system of the Republic of Croatia began on July 24, 1997. The story of the suffering of the Vukovar Hospital and the mass killing of its patients and staff became a symbol of the suffering of the Croatian people and healthcare workers during the Homeland War.

Military Medical Service in Peace Keeping Missions and Multinational Military Operations During War Conflicts

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The authors are medical doctors, officers in the Croatian Armed Forces (CAF), who were participants in the Croatian Homeland War and several other international military activities, peace missions and operations. They present their experiences and the scope of the work of a military doctor, which is not always of a solely curative nature. The focus is precisely on these non-curative activities and challenges a military doctor faces while performing his or her duties, which can occur under the international auspices of the UN or NATO.

The experiences come from the authors' UN missions and the operations of UNDOF (Syria), ISAF and RSM (Afghanistan) and KFOR (Kosovo), where they held the positions of unit doctors of contingents of national and allied forces, medical advisors to the local military medical branch and medical advisors to the mission/operations commander. These duties placed the military doctors in new environments, where knowledge of specific local circumstances is required, not only in terms of the established medical situation and practice, but also the ability to accept elements of different cultures. These elements can significantly affect trust, efficiency and safety in the performance of duties.

It is not uncommon for military doctors to find themselves with the opportunity to provide assistance to the local population, where options for medical care can often be sharply reduced, while needs and expectations remain high.

A specific example during the authors' time in Kosovo in the midst of the COVID-19 pandemic is considered, when the wide range of needs included important contacts and cooperation with allied forces. It is also important to consider different living and working conditions, which can provide insight into curative and organizational issues, and are especially important in the role of an advisor to the mission/operation leader/commander.

All this poses numerous ethical challenges to the participants in these activities, in addition to professional and safety issues.

On the other hand, the international experience of military doctors is invaluable, both in terms of providing healthcare to members of the mission and, even more so, in terms of gaining new knowledge and experience and developing interoperability with foreign armed forces.

Dedication to the medical and military vocation creates circumstances in which there is separation from family, immersion in multinational and multicultural environments, elements of danger and difficult living conditions. As in many difficult circumstances, trusting in one's faith makes everything significantly easier. The authors, who are also a married couple, bear vivid witness to this.

The Role of Schools of Medicine During the Croatian Homeland War

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Just before the War of Independence started, Croatia was experiencing shortages of drugs, medical supplies, weapons and ammunition, all of which were confiscated by the Territorial Defense. The first Crisis Headquarters to be established was the General Headquarters of the Medical Corps, later known as the General Staff of the Medical Corps of the Republic of Croatia, with the goal of ensuring the medical preparedness for what awaited it during the war of aggression: providing healthcare for wounded soldiers, civilians, refugees; informing the public, and reorganizing the healthcare system to respond optimally to these situations. For this reason, a unitary, integrated civilian-military healthcare system was established in which the schools of medicine played a major role in its organization, work, and strategic decision-making. The main objective of the staff and student body was to reduce potential damage. In accordance with their mission, the School of Medicine of the University of Zagreb was ready to heed the call of the Government of the Republic of Croatia and Health Crisis Staff and assumed a major role in addressing the humanitarian crises caused by the aggression against Croatia and the consequences of the Croatian War of Independence. Seeing as there were only two schools of medicine at the start of the war: the School of Medicine of the University of Zagreb, with branches in Split and Osijek, and the School of Medicine of the University of Rijeka, it would be fair to conclude that their staffs and those of the largest medical institutions greatly contributed to the defense of the country by treating the ill and wounded and by training the troops to administer first aid. This is the reason why the mortality rate of the wounded soldiers was below 1.5%, which shows how greatly the schools of medicine contributed to the establishment of the independent Republic of Croatia.

What Can Medical Journal Editors Do During the War?

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In 1991, Matko and Ana Marušić, at that time professors at the Zagreb University School of Medicine, established the Croatian Medical Journal (CMJ). That same year, Croatia was attacked by the Yugoslav Federal Army and Serbian paramilitaries in an attempt to prevent its independence from communist Yugoslavia. The editors approached physicians at battlefronts and in war-affected areas and talked them into writing about their war-related medical and public health experiences. The future authors were offered assistance to prepare their reports in English, in the form of research articles. The project yielded 172 articles published in international journals and 188 in Croatian ones (the majority in the CMJ), for a total of around 360. Those physicians who worked with the editors published more in the following years, were cited more often and advanced higher in their careers than the comparison group. On the basis of that experience, the editors developed an “author-helpful policy,” which earned international respect and recognition for the CMJ. This strategy of working with potential authors was extended to research planning and writing workshops, which proved to be associated with the participants’ significantly larger publication records. Also, an obligatory course on Principles of Research in Medicine was introduced in Croatian medical schools. It appears that a basically humanitarian initiative in the beginning of the war turned into an education strategy that positively affected the entire Croatian biomedical community. In 2019, the editors established and since then led ST-OPEN, a journal of the University of Split, which helps students construct, write and publish research articles on the basis of their graduation theses.

Catholic Doctors in Wartime and Peacetime in the Service of the Gospel

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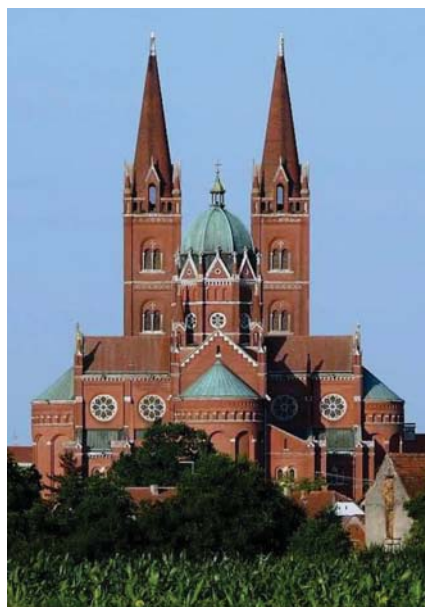
The wartime testimonies of Catholic doctors help us understand the logic of the gospel, the concept of fraternity and the value of care as a prerequisite for peacemaking. Christian peoples entered into conflicts in both World Wars I and II of the last century, but also continue to do so, as is the case today on the Russian-Ukrainian front. Therefore, calling oneself Christian is not enough. There is a need to adopt an evangelical posture, as Luke tells us in the parable of the Samaritan. Pope Francis constantly exhorts us to change our hearts and become builders of peace. We need to heal the grieving, the suffering and the violence. We need to fulfill Isaiah's prophecy with courage and determination. The role of Catholic doctors in Europe, therefore, is fundamental in order to bear witness to alternative approaches to divisions and oppression, as harbingers of a new time of peace for all.

Đakovo

The town of Đakovo is located in the heart of the historic region of Slavonia in the eastern part of Croatia. The town's pride, the cathedral towers, which rise above the town like sentinels, are visible from afar. The history of Đakovo begins in the eleventh century, but the surrounding area was inhabited in the Neolithic period, approximately 5500 BC. The first written accounts of Đakovo date from 1239 in a grant from the Croatian duke Coloman to the Bosnian bishop Ponsa, which made bishops the lords of Đakovo and the Đakovština area. That was the beginning of the history of the Diocese of Đakovo. The diocese was originally established in the fourth century as the Diocese of Sirmia and merged with the Diocese of Bosnia in July 1773, when it was named the Diocese of Bosnia or Đakovo and Srijem (*Bosniensis seu Diacovensis et Sirmiensis*). In 1963, the diocese was renamed the Diocese of Đakovo or Bosnia and Srijem (*Diacovensis seu Bosnensis et Sirmiensis*). It was elevated to an archdiocese on July 18, 2008, by Pope Benedict XVI, renamed the Archdiocese of Đakovo-Osijek and the new Diocese of Srijem was split off and made a suffragan.

The most famous Bishop of Đakovo was Josip Juraj Strossmayer (Osijek, 1815–Đakovo, 1905), some of whose ancestors came from Upper Austria. After completing the seminary in Đakovo, he studied theology in Pest, where he earned a doctorate in philosophy, and then in 1842 a doctorate in theology from the Augustineum in Vienna. Until 1847, he was a professor at the seminary in Đakovo, and after the autumn of 1847, the chaplain of the Habsburg palace and one of the three directors of the Augustineum. During the revolutionary events of 1848–49, he advocated the idea of a constitutional and federally organized Monarchy. In 1849, he was appointed the Bishop of Srijem-Bosnia. Owing to his affinity for the Slavic and South Slavic idea, during the era of neo-absolutism, he was under constant police scrutiny, and after 1860 became actively involved in politics and was a prominent champion of the People's Party. As a representative in the Croatian Parliament, in 1861 and 1865–67, he delivered a series of notable speeches. He represented the South Slavic idea with the goal of the establishment of a federal state of southern Slavs, with the support of other Slavic peoples, as counterbalances to the Germans, Hungarians and Italians.

After the Congress of Berlin in 1878, when Serbia came under Austrian tutorship and the Serbs in Croatia became connected with Hungarians, he revised his concept of Yugoslavism and henceforth promoted the idea of a federative or even a tripartite organization of the Austro-Hungarian Monarchy. He had a powerful influence on contemporary Church and religious life, with a particularly notable impact on the session of



the First Vatican Council (1869–1870), at which he delivered five speeches, among which one that opposed the dogma of papal infallibility had the greatest resonance among the public. He also supported unitaristic ideas as well mutual understanding and reconciliation among Catholics, Orthodox and Protestants.

Bishop Strossmayer also distinguished himself in cultural and educational areas, particularly as a patron. In 1859, he made a monetary donation to the Institute of St. Jerome in Rome, awarded scholarships to Bosnian Franciscans, established the Congregation of Holy Guardian Angels of Dominican Sisters and had a convent built for them in Korčula, as well as having several Croatian newspapers printed. He helped with the establishment of a printing office in Cetinje, donated 50,000 forints in 1866 for the establishment of a modern university in Zagreb, and the same year began the construction of the cathedral in Đakovo, which was completed in 1882. He was one of the founders of the Croatian Academy of Sciences and Arts, which at the initiative of Bishop Strossmayer was founded by the Croatian Sabor on April 29, 1861, and is the largest Croatian scientific institution. In addition to financially contributing to the construction of the HAZU palace, completed in 1880, he also established the HAZU Gallery, to which he donated his private collection of paintings in 1884.

In 1906, the poet Antun Matoš wrote the following text for a monument dedicated to Strossmayer: *“German child and the most beautiful example of our assimilative power, native of Osijek and Croatian patriot, a great figure in the Church and scientific pioneer, the most hated and most beloved son of his race, undoubtedly the most famous, our pride and joy. Like the sound of cathedral bells that resound over farms and in the depths of the forests of the beautiful Đakovo region, his strong voice taught us that we Croats are still here.”*

Today, the Archdiocese of Đakovo-Osijek is administered by Msgr. Dr. Đuro Hranić, whom the Holy Father John Paul II appointed Auxiliary Bishop of the Diocese of Đakovo and Srijem on July 5, 2001. On April 18, 2013, Pope Francis appointed him Archbishop and Metropolitan of Đakovo-Osijek, which office he assumed on July 6, 2013, at a solemn liturgical celebration in the Đakovo Cathedral-Basilica of St. Peter.



Vukovar

Vukovar is a city on the Danube and the seat of Vukovar-Srijem County, located at the confluence of the Vuka River and the Danube. In the older, baroque part of the city, there is a Franciscan monastery (1727–56) with the Parish Church of SS. Philip and James (1723–32), the Orthodox Parish Church of St. Nicholas (1733–37), and single-storey civil houses built in the second half of the eighteenth century, with characteristic massive arcades and open porches. In the newer part of the city, most of the buildings bear the hallmarks of late baroque classicism. The Eltz family built a monumental early classicist castle there (1749–51). Since 1964, it has housed the Municipal Museum. The Chapel of St. Roch, with elements of provincial baroque, was built in 1740. The most famous work of monumental historicist architecture is the Grand Hotel (1895–97) that was converted into a workers' home in 1919). The Croatian Home (1921) and Lavoslav Ružička Polytechnic (Jirkovsky Palace, nineteenth century) stand out in the Art Deco style.

The area of the city has been continuously inhabited for more than 8,000 years. In the city and its immediate surroundings, there are several multi-strata prehistoric sites, ranging from the Neolithic period. A small number of archaeological finds have been preserved from the Roman era.

In the Middle Ages, Vukovar was the seat of the extensive Vukovo County, which was first mentioned in 1220 as Comitatus de Wolcou. On the right bank of the Vuka, in the area of today's monastery of SS. Philip and James, was the royal fortress of Castrum Walkow. A settlement developed in its suburb (*suburbium*), which was granted the privileges of a free royal city in 1231 by Duke Coloman of Slavonia. Under the Ottoman authorities in 1526–1687, it developed into a fortress (*casbah*) and was the center of the judicial district (*Kadiluk*) in the administrative territorial entity (*Sanjak*) of Srijem. In 1526, the wooden Suleiman Bridge was built across the Vuka, which remained in use until 1787. The Catholic parish was mentioned in 1643, and after liberation from the Ottomans (1688), the Franciscans moved their residence to the town.

From the beginning of the eighteenth century, a dual city developed: on the right bank of the Vuka was Old Vukovar, inhabited by merchants and craftsmen, and starting in 1722, New Vukovar was built for German settlers on the left bank of the river, a linear-road-type settlement where the army was headquartered, and there were county administrative buildings and manors. Old and New Vukovar were merged into one municipality in 1873. In the eighteenth and nineteenth centuries, Vukovar, along with Osijek and Zemun, was one of the three most important urban centers in eastern Croatia, an important trade and craft center and a port on the Danube. With the opening of the Bata shoe and rubber factory (1931), an area of the town became more industrialized. In socialist Yugoslavia, the percentage of the Serbian population in the city increased, and the Borovo factory served as the foundation for the city's strong economic and demographic growth.

During the Homeland War, it was subjected to heavy attacks by the Yugoslav People's Army and Serbian forces, and was occupied in November 1991. A visit to the newly restored Water Tower, a symbol of the defiance and endurance of the Croatian people, which remained intact and still proud after thousands of shellings and open wounds, is a must. The names of all the defenders of Vukovar and the donors who contributed to the Water Tower's remaining a symbol of heroism and defiance are permanently inscribed on its concrete base. According to the Erdut Agreement, the city was reintegrated into Croatia on January 15, 1998.



Ilok

U Ilok is located in fertile Srijem, on the slopes of Mt. Fruška Gora overlooking the blue Danube, in the easternmost part of the Republic of Croatia. Today it has around 4,000 inhabitants, of whom approximately 3,000 are Catholics. The majority of the population is made up of Croats, followed by Slovaks, who are mostly Evangelicals. In addition, there are settlers from Bosnia and Herzegovina, as well as those from Žumberak, who are mostly Greek Catholics. Ilok is known for modern viticulture and good wines, as well as all branches of agriculture that meet the needs of the population.

Man first came to settle in the territory of Srijem in the New Stone Age. During the Copper Age, in the area of today's fortress, there was a significant settlement from the Vinkovci culture. During Roman times, there was the cavalry fort Cuccium. In the Middle Ages, the forts of Ujlaky, Vilak and Willak are mentioned, as well as their owners, who changed over time: Mohor, Čak, and Kont, later taking the name of "Iločki." Ilok experienced its greatest prosperity during the time of the nobleman Nicholas of Ilok, serving as the Ban of Croatia, Slavonia and Macsó; Duke of Transylvania and, after 1471, King of Bosnia. He died in 1477 and lies buried in the Franciscan church in Ilok. It is not known when Ilok received the first privileges of a city. The earliest we know of are from 1453, while the most famous of which is the Statute of the City of Ilok, confirmed by King Louis II on 1525.

Christianity appeared in Srijem during Roman times. There were dioceses in Mitrovica, Belgrade, Osijek and Vinkovci. Church councils were held in this region from 351 to 359. There have been approximately 200 martyrs and saints from this region since early Christian times (Anastasia, Basil, Demetrius, Irenaeus, Pollion and others). With the migration of the Slavs came the Croatian people, who received Christianity over time. According to some, SS. Cyril and Methodius were active here. In the Middle Ages, several churches were mentioned in Ilok: the parish churches of St. Peter, St. Helen, St. Ladislaus with a hospital, St. Anne with a convent of Augustinian nuns, St. Clare with a convent of Poor Clares. According to some sources, Ilok was also the seat of the bishop of Srijem. After 1700, Franciscans arrived, renovated the monastery and took over the parish, which still belongs to them up to the present and they continue to administer everything.

Today, the Ilok panorama is dominated by the beautiful church of the Franciscan monastery consecrated to St. John of Capistrano (1386–1456), a Italian Franciscan friar from the Italian town of Capestrano, Abruzzo. Famous as a preacher, theologian, and inquisitor, he earned himself the nickname "the Soldier Saint" when in 1456 at age 70 he led a Crusade against the invading Ottoman Empire at the siege of Belgrade.

During the Homeland War, a large part of the Catholic population was expelled from Ilok. The Franciscan Friar Marko Malović (1946–2018) was the only priest who stayed in Ilok to take care of the monastery and minister to the few Croats still there after rebel Serbs took the city, remaining until the liberation and peaceful reintegration of

the Croatian Danube River basin, despite death threats. In 1999, Pope John Paul II awarded Friar Marko Malović the Pro Ecclesia et Pontifice, the highest honor bestowed by the Holy See upon laity and clergy for fidelity and meritorious service to the Church, for his priestly and religious impact and evangelical witness during the harsh wartime and postwar years.



In the center of the city is a restored castle that once belonged to the Italian Odescalchi family and today houses the Museum of the Town of Ilok that presents prehistoric and historic events in the region. The outer appearance of the entire museum complex and its surroundings are worth a visit, and even more so the exhibitions. Moreover, as Ilok is famed for its viticulture and wine making, a visit must necessarily include a tour of Ilok vineyards, as well as the Principovac Country Estate and belvedere, together with the Ilok wine cellars, where you can learn a lot about the technology of wine from the Ilok region, which has maintained a superb reputation since Roman times.



