

## What Yugoslavia means: progress, nationalism, and health\*



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### Abstract

Theories of modernization have assumed that the creation of nation-states involved the breakdown of parochial ethnic boundaries and increasing secularism, all of which resulted in a demographic transition from high to low fertility and mortality. Recent experiences suggests, however, that in some circumstances nation-states may be highly unstable as ethnic minorities assert their rights to self-determination. Under such conditions, converging patterns of mortality may begin to diverge as growing inequalities appear between newly independent region of once unified states. The recent history of Yugoslavia is described to provide an example of how this process might occur and what the results might be.

Turning and turning in the widening gyre  
The falcon cannot hear the falconer;  
Things fall apart; the centre cannot hold;  
Mere anarchy is loosed upon the world,  
The blood-dimmed tide is loosed, and everywhere  
The ceremony of innocence is drowned;  
The best lack all conviction, while the worst  
Are full of passionate intensity.

W.B. Yeats, *The Second Coming*

Theories of the demographic, epidemiologic, and health transitions are based upon assumptions about the nature of both modernization and nation-states inherited from the nineteenth century. Contemporary events, however, are calling into question the timelessness of those assumptions. In 1992 there were active self-determination movements to achieve full sovereignty or some lesser degree of minority rights in more than sixty countries — one third of the total roster of nations (Cutler 1992:xi). I use the recent history of Yugoslavia to suggest some of the reasons why this state of affairs has come about and what some of the implications are for morbidity and mortality patterns in particular and for the way we should think about epidemiologic and health transitions more generally.

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### Modernization and transitions

The two dominant post-war theories of development and modernization have been Marxism and functionalism. While there are important differences between them, they are agreed that the process of development leads to the blurring of ethnic and national boundaries (Jalali and Lipset 1992-93). According to the functionalists, the process of modernization resulted in the convergence of many diverse traditional societies towards modern industrial society that was broadly similar every place it was found. Modernization was said to be observable at both the institutional and individual levels. Inkeles and Smith (1974:16) summarized the institutional characteristics of modern societies as described by several scholars as follows:

Economic modernization included intense application of scientific technology and inanimate sources of energy, high specialization of labor and interdependence of impersonal markets, large-scale financing and concentration of economic decision making, and rising levels of material well-being.

They summarize the characteristics of political modernization as: the replacement of a large number of traditional, religious, familial, and ethnic political authorities by a single, secular, national political authority; the emergence of new political functions — legal, military, administrative, and scientific — which must be managed by new administrative hierarchies chosen on the basis of achievement rather than ascription; and increased participation in politics by social groups throughout the society, along with the development of new institutions such as political parties and interest groups to organize this participation. And accompanying economic and political modernization are characteristic changes in demographic and epidemiologic patterns: a decline in mortality followed at varying intervals by declining fertility; a change from infectious diseases afflicting mainly children to non-infectious diseases afflicting mainly adults; characteristic changes in the age structure, and so on (Moore 1963:100; Omran 1971).

At the individual level, too, common features were found by Inkeles and Smith to be significant in differentiating modern from traditional men. They wrote of the modern man, for instance:

As an informed participant citizen, the modern man identifies with the newer, larger entities of region and state, and takes an interest in public affairs, national and international as well as local, keeps himself informed about major events in the news, and votes or otherwise takes some part in the political process.... His independence of traditional sources of authority is manifested in public issues by his following the advice of public officials or trade-union leaders rather than priests and village elders (Inkeles and Smith 1974:290-291).

Indeed, Moore wrote that a 'High degree of national integration or, in short, *nationalism*' is crucial to modernization. He continued: 'Nationalism provides a kind of non-rational focus of identification and rationale for extensive disruption of the traditional order' (Moore 1963:94).

These ideas bear an uncanny resemblance to their nineteenth century ancestors (Nisbet 1969), as well they should, for it was in the nineteenth century that nation-states emerged along with the legitimating ideology of nationalism (loyalty to a secular state) in their present form. Writing of the nineteenth century, Hobsbawm has observed that a nation-state must be

capable of developing a viable economy, technology, state organization and military force.... It was to be, in fact, the 'natural' unit of the development of the modern, liberal, progressive and de facto bourgeois society. 'Unification' as much as 'independence' was its principle... [There is] a fundamental difference between the movement to found nation-states and 'nationalism.' The one was a programme to construct a political artifact claiming to be based on the other (Hobsbawm 1975:86, 88).

That is to say, the nation-state and nationalism were thought to be progressive precisely because they freed men from the parochial bonds of extended kin groups, from small communities and narrow ethnic loyalties, and from ignorance and prejudice. Such paired concepts as *Gemeinschaft* and *Gesellschaft*, status and contract, and traditional and legal-rational authority were our intellectual forebears' attempts to generalize the transition from traditional to modern that the nation state and its overseas extension, imperialism, represented (Anderson 1991).

In the name of progress nation-states absorbed small populations of 'backward' peoples, often denying their legitimacy as distinct peoples, relegating them to the status of 'provincial idiosyncrasy', or simply denying their existence (Hobsbawm 1975:86-87). The paradox of nationalism was thus 'that in forming its own nation it automatically created the counter-nationalism of those whom it now forced into the choice between assimilation and inferiority' (Hobsbawm 1975:97). That counter-nationalism was to emerge not only in the colonies overseas but among the 'backward' peoples of Europe itself: among the Basques, the Corsicans, the Irish, and among various groups of South Slavs who were to be joined together in what was to become Yugoslavia, and separated from each other in what has now become the former Yugoslavia.

It is in the context of the growth and integration of nation-states that much Western social science has grown, and with it thinking about modernization and the convergence of diverse societies towards similar economic, political, demographic and epidemiologic regimes. In recent years, however, as conflicts over ethnic self-determination have become increasingly obvious, various attempts have been made to account for them by modifying modernization theory (e.g. Newman 1991). In the population sciences, too, authors writing about the health transition have been careful to say that linear improvement is not inevitable. Indeed, in a recent volume several contributors write that 'counter-transitions' may occur and that inequalities in health may increase rather than decrease (Murray and Chen 1994; Frenk et al. 1994).

It is this change in our shared assumptions about the inevitability of progress, particularly progress in health, that I should like to consider in this paper. It is the counter-nationalisms that were provoked both in Europe and overseas which seem to be leading in our time not to convergence but to divergence in the health and well-being of peoples. It is the very emergence of global society that is provoking counter-national movements, in part by weakening nation-states. And these developments should encourage us to continue to re-think many of the assumptions upon which the social and population sciences are based.

Nation-states have been increasingly integrated into supra-national federations such as NAFTA and NATO, as well as linked by non-governmental and quasi-governmental ties: through the integration of national markets within regional and world trade networks; through television broadcasts visible round the world; by the Internet; by the movement of money across international boundaries with the speed of light; and by countless global organizations, the Red Cross, the World Bank, the United Nations, Amnesty International, and multinational corporations. Barber (1992:59) has written:

The Enlightenment dream of a universal rational society has to a remarkable degree been realized — but in a form that is... radically incomplete, for the movement toward McWorld is in competition with forces of global breakdown, national dissolution, and centrifugal corruption.

The centrifugal forces are not nations:

They are cultures, not countries; parts, not wholes; sects, not religions; rebellious factions and dissenting minorities at war not just with globalism but with the traditional nation-state... peoples without countries, inhabiting nations not their own, seeking smaller worlds

within borders that will seal them off from modernity... The mood is that of Jihad: war not as an instrument of policy but as an emblem of identity, an expression of community, an end in itself (Barber 1992:59-60).

It is this counter-nationalism, itself a reaction to the legacy of nineteenth and twentieth century imperialism and nation-state creation within Europe as well as overseas, which we are seeing explode in various parts of the world.

The consequences of this explosion ramify widely, affecting international relations, legal and political systems, national economies, education, language, and intimate relationships such as those between spouses of different ethnic or national origins. I shall take Yugoslavia as a case study and consider the health-related consequences of the explosion, not simply because health is what I am trained to talk about, not simply because the audience for this paper is made up of demographers and public health workers, and not because changing health status is necessarily the most significant consequence of these developments, but because the health of a population is a measure of well being every bit as important as the gross national product per capita. It is the expression of a broad array of forces and thus offers a unique vantage point from which to view both large and small social changes.

I have provided a good deal of detail on Yugoslavia's recent history, more than some readers may think useful. I have done so because I want to illustrate how modernization theory has failed to account for what has occurred there, and to suggest that in the future as we seek to explain the morbidity and mortality of populations we may need to look elsewhere for theoretical insights. Both the functionalist and the Marxist variants of modernization theory would have predicted continuing improvement in Yugoslavia, reflected not simply in generally increasing income and literacy but also in the improvement and convergence of mortality rates and other measures of health. I wish to argue that the collapse of Yugoslavia is likely to see the divergence of many of these measures, and that Yugoslavia is not unique in this regard. To the contrary, the break-up of federations and devolution within intact nations may have similar effects elsewhere. Just as the assumptions on which the social sciences of the twentieth century have rested derive largely from the nineteenth century experience of nationalism, progress, and Westernization, so might the social sciences of the twenty first century come to rest on assumptions derived from the late twentieth century experience, exemplified by Yugoslavia, of counter-nationalism and devolution.

## **The former Yugoslavia**

### *A brief history*

The country known as Yugoslavia was created by the Treaty of Versailles, the product, as Denitch (1994:22) has written, of 'long, although inconsistent, nationalist struggles against two multinational empires', the Ottoman and the Austro-Hungarian. Throughout the nineteenth century Croatia and Slovenia had been part of the Austro-Hungarian Empire. Serbia had gradually achieved independence from the Ottomans over the course of the nineteenth century. Bosnia, which had also been an Ottoman possession, was turned over to the Austro-Hungarian Empire as a result of the Treaty of Berlin in 1878.

The Ottoman Empire, widely known as the 'sick man of Europe', had by the end of the century largely withdrawn from the Balkan Peninsula and remained in control of only Thrace and Macedonia. In 1912 the Serbs, Bulgarians, Montenegrins, and Greeks joined to drive the Turks from those remaining lands; this was achieved in the First Balkan War in 1912. Shortly thereafter the victors fell to quarrelling among themselves, and in 1913 the Second Balkan War erupted, with the major fighting occurring between the Serbs and the Bulgarians, from

which the Serbs emerged as the victors. Observers at the time were appalled by the cruelty of the war, not simply at the neglect of civilians and prisoners but at the barbarity of the torture and destruction that was inflicted (Carnegie Endowment 1993).

The nationalist enthusiasms of which these two wars were a manifestation were rife throughout the Balkans, and a year later, in June 1914, led to the assassination of the Hapsburg Archduke Franz Ferdinand and his wife in Sarajevo by nationalist Bosnian Serbs seeking union of Bosnia with Serbia. The Austro-Hungarians held Serbia responsible and war erupted, which for the Serbs became a war to liberate all their South Slav brethren: Croats, Slovenes, and Serbs still under the domination of the Austro-Hungarian Empire (Tomasevich 1955:216-217). The result, after horrific bloodshed, was the creation by the victorious allies of the Kingdom of the Serbs, Croats, and Slovenes.

All the regions that made up the new nation were for the most part agricultural. What industrial and commercial development had occurred was mainly in Croatia and Slovenia, which had been part of the Austro-Hungarian Empire. When the new country was created by the Treaty of Versailles in 1918, the Croats and Slovenes went from being among the least developed parts of the empire to the most developed part of an undeveloped country. Rather than being able to trade in a large area without customs restrictions, they were now the commercial centres of a small, poor country whose political centre was located in Belgrade and dominated by Serbs (Trouton 1952; Bicanic 1973; Kunitz 1979; Denitch 1994). It is to the restriction of Croatian and Slovenian trading and commercial possibilities and to autarchic Serbian policies that much of the hostility between these republics right up to 1991 may be attributed.

The country remained largely undeveloped throughout the inter-war years. Seventy-seven per cent of the population were peasants. Illiteracy rates of those over ten ranged between 83.8 per cent in Macedonia and 8.8 in Slovenia, with the national figure being 51.5 per cent in 1921 (Tomasevich 1955:198). Mortality and fertility were both high, epidemics were common, and the government was ineffective in providing preventive and curative health services as well as needed infrastructure. High taxes and declining agricultural prices during the depression years of the 1930s may have contributed to the peasants' hostility to the government and to their support for the Partisans during World War II, which was as much a civil war as a war against the German invaders.

That the Yugoslavs had fought their own war of liberation and had had their own Communist revolution gave them a certain degree of independence in dealing with the Soviet Union and other Communist nations. In particular, the Yugoslav leadership wished to develop Yugoslav industry rather than be dependent entirely upon the Soviet Union for manufactured goods. Conflict with the Soviet Union over this and other issues resulted in expulsion from the Comintern in 1947 and increasing economic and political isolation (Johnson 1972).

As a result, Yugoslavs became increasingly critical first of Soviet foreign policy and then of domestic policy, what they called *etatism*; that is, centralized, bureaucratized government planning and control. In response to the threat of invasion by the Soviet Union, and in order to maintain the allegiance of the people, most of whom were non-Communists, a new form of socialism, called *self-management*, was developed, which involved increasing decentralization and greater integration of workers in decision-making in the enterprises in which they worked (Denitch 1976; Supek 1970). There was growing openness toward, and dependence upon, the West as trade with the Eastern bloc declined. This took several forms including foreign aid, foreign investment in Yugoslav enterprises, an increasingly market-oriented economy, and, increasingly through the 1970s, loans from commercial lenders.

For reasons suggested previously, the conflict between Serbia and Croatia was the most persistent and severe throughout the post-war years. Croatians were thus among those most in

favour of the greater liberalization and decentralization pursued through the 1960s and early 1970s. But they were not alone:

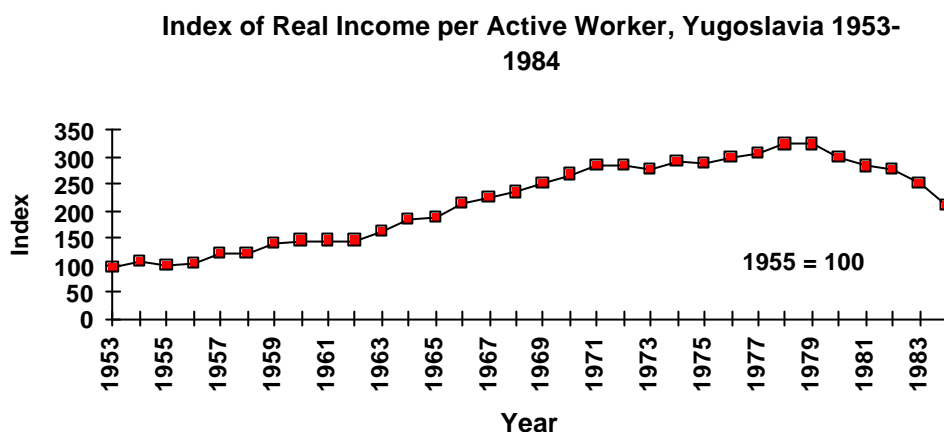
There were those managers, 'technocrats' and local political magnates with reasons to dislike central redistribution and those spokesmen for ethnic groups with anxieties about Serbian domination... There were... the Economic Chambers [of the federal and republican assemblies] as the chartered voices of socialist enterprises with an accumulation of grudges against the existing system. There was the Trade Union Federation defending what it claimed were the interests of all workers but were primarily the interests of workers (and managers) in profitable and potentially profitable enterprises. There were also republican political bureaucracies, exploiting paralytic dissensions at the Party to build their own empires....And there were the ideological liberals of Yugoslav communism (Rusinow 1977:159).

On the other side were the so-called party conservatives who believed in central planning, and representatives of underdeveloped republics and provinces who were afraid they would lose the benefits of the central redistribution of resources. They began to regain the ascendancy when, as a result of student strikes in Zagreb in November, 1971 and a coup by Tito against the Croatian leadership, a new constitution was passed in 1974. It signalled a return to more central control and an increasingly important role for the League of Communists of Yugoslavia, which had lost its place as a unifying and controlling force following the reforms of the early 1960s.

Despite attempts by the central government in Belgrade to redistribute wealth from the developed to the less developed regions of the country, disparities persisted right through the 1970s and into the 1980s. For example, school attendance and literacy increased all across the country, but by 1987 there were still major differences, from 0.8 per cent illiteracy in Slovenia to 17.6 per cent in Kosovo (Mastilica 1990). Similarly, there continued to be significant regional differences in income, in per capita expenditures on health and welfare, and in the distribution of physicians and hospital beds (Kunitz 1980).

On the other hand, unwise borrowing, growing international indebtedness, and increasing inflation during the same period led to a growing perception in the developed republics, notably Croatia and Slovenia, that at the very time the economy was worsening they were being taxed at unfairly high rates by Belgrade to pay for services and to support inefficient industrial development in the poorer republics and in the Autonomous Province of Kosovo. Figure 1 displays the index of real income per worker from 1953 to 1984. It shows that income did indeed begin to stagnate in the early 1970s (*Statistical Yearbook* 1980, 1984). There was a slight increase in the late 1970s and then a severe decline beginning in 1979 which persists to the present, although a continuous series of data was only accessible to me to 1984.

Figure 1



The economic decline which began in the late 1970s occurred elsewhere in Eastern Europe and the Balkans at the same time (Milanovic 1991) and was due to severe deficits in the balance of payments, the result of increases in the price of oil and other imported goods beginning in the early 1970s; declining competitiveness of Yugoslav exports in the world market; and increasing resort to short-term commercial loans at high interest rates. Owing to the massive current account deficit:

A stabilization program was instituted toward the end of 1979 consisting of tight monetary policy and direct controls on investment expenditures, particularly in the non-economic sector. This program was supported by a standby arrangement with the IMF, concluded in May 1980. In June 1980 the dinar was devalued by 30% against the U.S. dollar in gross terms. In addition imports were restricted to essential items.

These measures had a substantial effect on both growth and the balance of payments. Growth of material product in 1980 declined to 2.2%, a level lower than that of 1976. Imports were sharply cut while exports grew substantially. As a result the deficit on merchandise trade was reduced by \$1.2 billion. This, coupled with a modest increase in the surplus on services led to a substantial improvement in the current account deficit, to \$2.3 billion or 3.3% of GDP. The shift of resources to the external sector was made possible by a cut in fixed capital formation. In addition growth in consumption was sharply curbed primarily through a fall in real wages in the social sector. Despite this drastic slowdown inflation accelerated (World Bank 1983).

This assessment by the World Bank was made in the early 1980s. From 1970 to 1980 inflation had averaged 18.4 per cent per year. It accelerated through the 1980s, ranging between 85 and 105 per cent annually in the early 1980s, reaching 800-900 per cent by the end of the 1980s, and averaging 123 per cent annually from 1979 to 1989 (Kunitz, Simic, and Odoroff 1987; World Bank 1993; Ramet 1992:239).

It would have taken a nation built on exceedingly strong and deep foundations to withstand such rapid economic erosion. Yugoslavia was not such a nation. In addition to the legacy of inter-republic tension, it was a single party state. There was no organized opposition

party that crossed republic lines and that could unite people once the dominant party had been discredited. Moreover, in both Serbia and Croatia there were demagogic leaders whose appeal to their constituents was based on ethnic loyalties which, once unleashed, could not be controlled, even if anyone had wanted to (Denitch 1990, 1994; Glenny 1992). It is no accident that Croatia and Slovenia, the two wealthiest republics, each with a history of resentment of the central government, were the first to secede from the Yugoslav federation in 1991, thus precipitating the third Balkan war.

### *Mortality in the Post-World War II era*

People at the extremes of the life cycle, the very young and the very old, are most vulnerable to deteriorating social and economic conditions. Evidence from Yugoslavia suggests this was true in the 1970s and 1980s before the present warfare began. Some evidence suggests that elderly non-combatants continue to be especially vulnerable outside the combat zone since the outbreak of fighting. Where fighting occurs, non-combatants of all ages seem to have been the victims.

#### *Infant mortality*

Figure 2 displays infant mortality rates from 1955 to 1984 for the entire Yugoslav population. There was a substantial drop over most of the period. Just as striking as the decline, however, is the stagnation which began some time in the early 1970s and became worse in the early 1980s.<sup>1</sup> The slowing rate of decline occurred at the same time as inflation was increasing and rates of improvement of real income were slowing and then reversing.

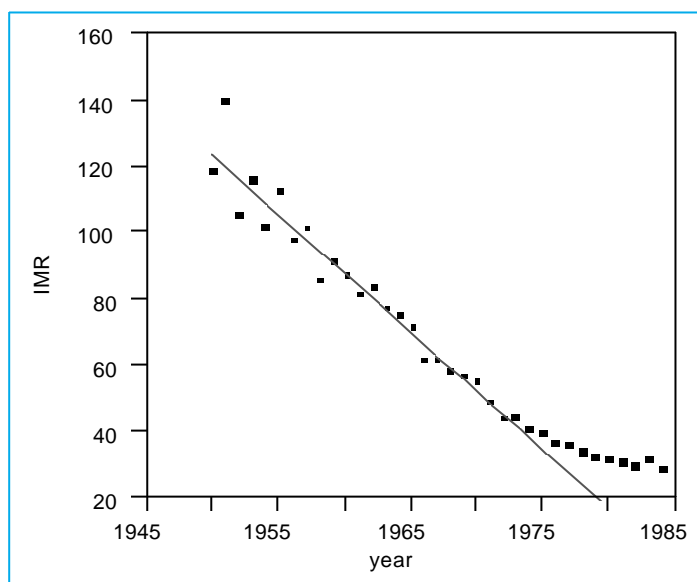
Figure 3 displays infant mortality rates for all the republics and both autonomous provinces (Kosovo and Vojvodina) between 1950 and 1984. Two points are noteworthy. First, regressions for each region (figures not shown) indicate that there was a generally similar pattern of slowing decline of infant mortality rate in each of them beginning in the 1970s, although both the decline and the slowing were earliest in Slovenia.

Second, there was a convergence of rates over the period, although the differences between the highest and lowest remained enormous. The ratios of the rates in Kosovo and Slovenia were 1.75 in 1950 and 4.0 in 1984. The absolute differences were 60.7 per 1,000 in 1950 and 47.4 in 1984. Thus, the rate of decline was greater in Slovenia than in Kosovo though the absolute difference between them did diminish. That Kosovo was increasingly Muslim and had very high fertility did nothing to diminish the resentment of people in the richer republics, who saw their money used to support a rapidly growing population that they thought would never be able to be self-supporting.

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<sup>1</sup>I do not have yearly infant mortality rates for subsequent years. There is some evidence that the rate did decline in subsequent years, from 28.9 in 1984 to 27.1 in 1986 and 21 in 1989. The 1986 figure is from Masticilica (1990:Table 2). The 1989 figure is from World Bank (1993:Table 28). I am sceptical of the validity of these later figures because after our article on infant mortality was published in 1987, cynical Yugoslav colleagues predicted that subsequent official reports would show dramatic declines. That seems to have been what happened (Kunitz et al. 1987).

**Figure 2**  
**Infant mortality rate by year, Yugoslavia 1950-82**



**Regression line is drawn for the years 1955-72**

These observations suggest that while inequalities were persistent and severe, the Yugoslav principles of solidarity and reciprocity which required significant redistribution of wealth from rich to poor republics and provinces, and from rich to poor communes within republics, worked to buffer the impact of the economic crisis in the poorer populations, at least insofar as the impact of the economic crisis on infant mortality was concerned.<sup>2</sup> Redistribution of this sort, what has been called ‘horizontal equalization’, is an issue with which all federations must deal (Hunter 1977). In the case of Yugoslavia it caused problems that could not be overcome.

*Mortality among the aged*

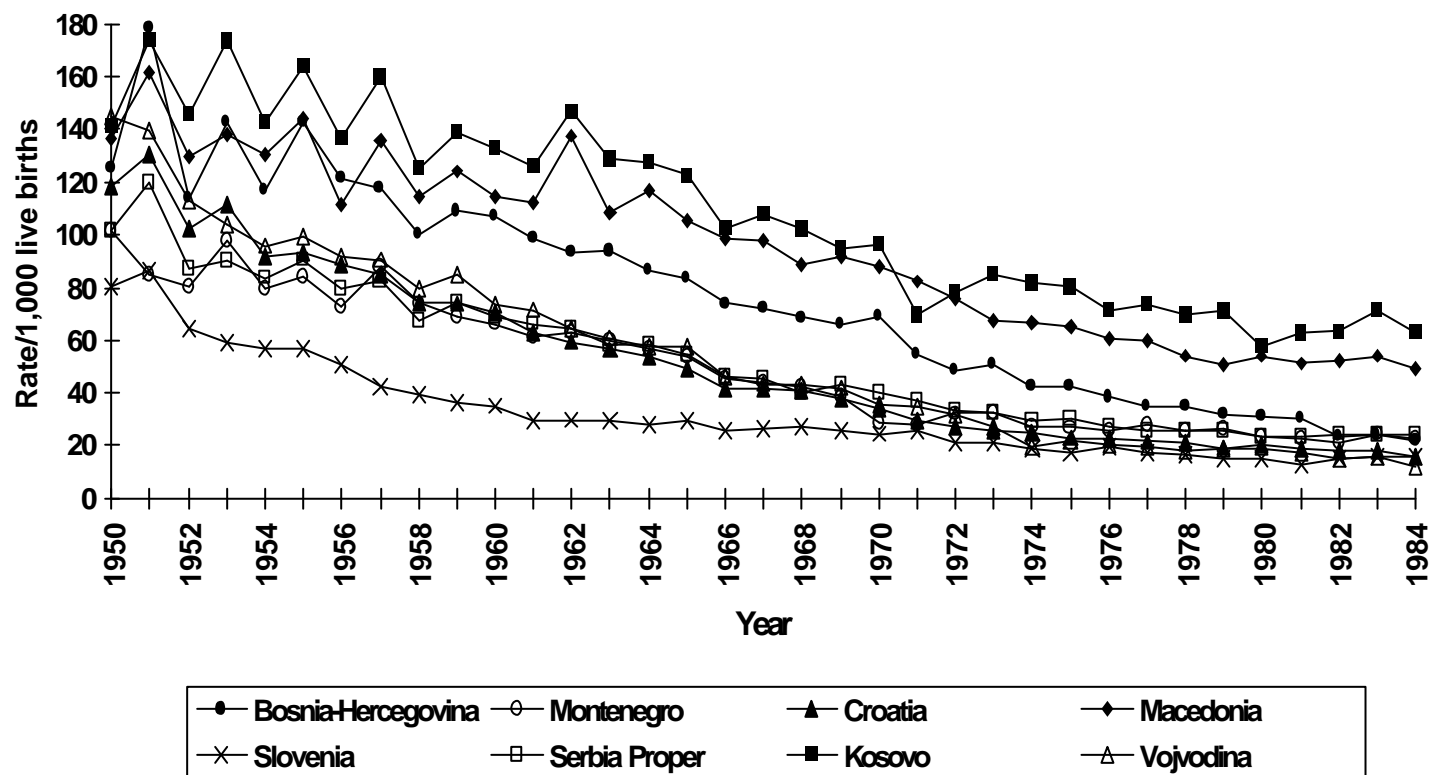
The aged are the other age group that seems to be most susceptible to the ill effects of economic decline and environmental hazards. Mortality rates of women 80-84 increased from 129.1 per 1,000 in 1977 to 132.5 in 1981, and of men from 153.1 to 162.9. For women and men 85 and above the increases were from 191.8 to 229.1 and from 210.8 to 242.7 respectively (*Statistical Yearbook* 1984:120).

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<sup>2</sup>The historic data concerning infant mortality in each republic and autonomous province are in Kunitz et al. (1987:Table 1). The same source contains data on inter- and intra-republic transfers of funds in the 1980s.

Figure 3

### Infant Mortality Rates in Yugoslav Republics and Autonomous Provinces, 1950-84



We may consider mortality among the aged more closely by examining data from a study of the health of the aged in several European countries which included a sample of the aged in Zagreb in 1979 (Heikkinen, Waters and Brzezinski 1983). Although the overall study was concerned with people aged 65 and above, the Zagreb investigators drew a random sample of people 45 years of age and above. In 1989, a little more than nine years later, a random sample of that original sample was drawn. Limited resources meant that a thorough search could not be made for each person in the sample. Nonetheless, the investigators achieved a success rate of 70 per cent; which is to say, they were able to either interview or ascertain the vital status of 70 per cent of the new sample they had drawn. Unfortunately, there seems to have been a selection bias at work inasmuch as the completed survey had an under-representation of men who had been 75 years and older in 1979.<sup>3</sup>

A good deal of sociological and health-related data were collected, but I am concerned with only the mortality experience of the sample. Details of the methods of analysis are presented in the Appendix. It suffices to say here that the observed mortality experience of the sample was compared with what would have been expected based upon age- and sex-specific mortality rates for the entire Yugoslav population in 1979. Unfortunately, comparable data for the city of Zagreb or for the republic of Croatia were not available. The results are shown in Figures 4 and 5. The plots show separately for each sex, and as a function of age, the actual survival proportion (+) of the survey and the corresponding probabilities (x) of surviving the 9.125 years according to the 1979 death rates (see Appendix).

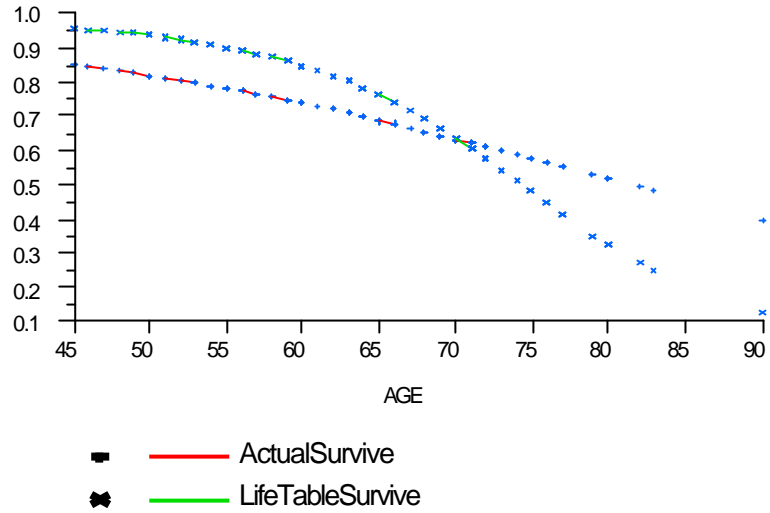
Females of all ages survived the survey period slightly less frequently than expected from the 1979 death rates. The difference was largest at about age 70 when 65 per cent survived as compared with the 75 per cent expected. For males the situation was more complex. Men below the age of 65 survived considerably less frequently than expected, whereas older males (75 and above) survived more frequently. Thus, at age 60, 74 per cent of males survived as against 85 per cent expected. On the other hand, at age 80, 52 per cent survived as against 32 per cent expected. As noted previously, this observation is almost certainly the result of bias in the sampling, for the interviewers were less successful locating older male informants or their next of kin than they were locating any other age-sex group. Taking this potential bias into account, I believe these observations support the hypothesis that the economic crisis beginning in 1979 had a significantly deleterious effect on the health of adults, largely because pensioners living on fixed incomes suffer especially severely during inflationary periods.<sup>4</sup>

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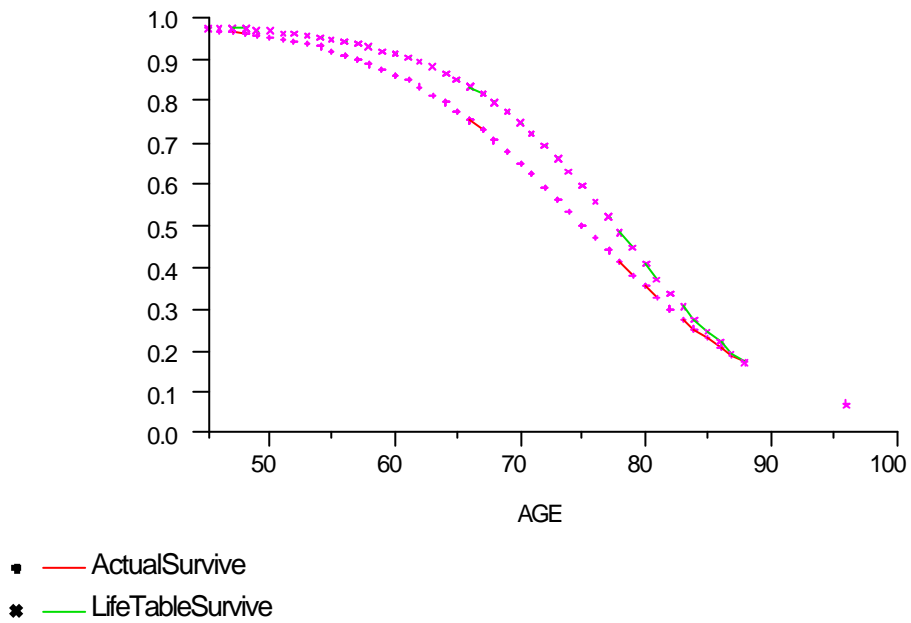
<sup>3</sup>In 1989 22.8 per cent of men who had been 75 and older in 1979 were located compared with 47.2 per cent of women.

<sup>4</sup>The expected survival curves are based upon age-specific mortality rates for all of Yugoslavia in 1979, not for Croatia or for the city of Zagreb. Because Croatia had lower mortality than most of the other republics, it is possible that the age specific rates at the oldest ages would have been lower had we been able to use figures from Croatia alone. If that were the case, the difference between the observed and expected survivals would have been greater than we have reported. That is to say, a higher proportion would have been expected to survive in Croatia than what we calculated from the rates of the entire Yugoslav population.

**Figure 4**  
Male survival of survey period, by age



**Figure 5**  
Female survival of survey period, by age



### *Mortality among the middle aged*

I have so far described stagnating or worsening mortality at the extremes of the life span, but there is evidence that the situation worsened for those in the middle years as well. A study of mortality in Belgrade from 1975 to 1989 documented an increase in all cause mortality of 27 per cent among men 30-69, and of 19 per cent among women (Vlajinac et al. 1994). Inspection of the graphs of age standardized mortality rates show, however, that the increase occurred in the second half of the 1980s, having been constant during the previous decade.

Mortality increased in several categories of causes, endocrine, nutritional and metabolic, and cardiovascular most prominent among them. Vlajinac et al. write that the increase in cardiovascular diseases was due to 'rich' diet and heavy smoking, as had been observed in other countries of Eastern Europe during the same period of economic crisis.

The result of these analyses is to suggest that the period before 1991, when Croatia and Slovenia seceded from the Yugoslav federation, was one of deteriorating health. Unfortunately, the temporal associations between economic decline and increasing mortality are at the aggregate level. While declines in real incomes and pensions, increases in the proportion living in poverty (Milanovic 1991), and diminishing support for health and social services have been documented, I have been unable to find any data illuminating the precise mechanisms by which the economic crisis caused mortality to worsen. It does not appear to be coincidental, however, that the economic crisis in Yugoslavia was accompanied by worsening mortality, as it was elsewhere in Eastern Europe and the Balkans. Unhappily, no economic or political intervention was able to dampen the secessionist nationalist passions aroused by the crisis, which by the end of the 1980s had become so inflamed that war was inevitable.

### *The health consequences of the Third Balkan War*

So far I have discussed the small but real health consequences of the political and economic changes that resulted in the secession of Croatia, Slovenia and shortly after Bosnia-Herzegovina from the Yugoslav federation. Those secessions resulted in a war which matches in brutality the two previous Balkan wars. What makes this and the previous Balkan wars so brutal is what made World War II so brutal as well: to a very large degree they have all been wars waged against civilians. The goal was not simply territory, natural resources, or access to markets, but obliteration of the enemy.

Clearly even civilians in the non-combat zones have suffered. In a series of studies, Serbian investigators in Belgrade have attempted to describe the health consequences of United Nations sanctions on the health of the population of Serbia, and particularly of Belgrade. Their data also measure the continuing collapse of the Yugoslav dinar, which has made imports of all sorts prohibitively expensive, as indeed they were even before the war. The hardships imposed by further economic collapse as well perhaps as sanctions has had an increased effect since the late 1980s, as the data in Table 1 illustrate (Vojvodic et al. 1993:39).

Panel A of the table shows that hospitalization rates have declined significantly, particularly for people 60 years of age and above. At the same time, mortality rates of hospitalized patients have increased, suggesting either that only the very sick are now being admitted, that health care has worsened as a result of the inability to import needed medications, or both. Panel B of the table shows that for the total population, and particularly for the elderly, mortality rates have increased substantially from the late 1980s to 1992. Again it is not obvious from the data what the precise reasons are: whether they are sanctions, the collapse of the dinar and the inability to purchase needed medications and vaccines, or a combination of both plus a variety of other factors (see also Legetic et al. 1996).

But the economic collapse of the rump state of Yugoslavia has had other health related effects, for as the economy has deteriorated criminal activity has increased. The result has been in the city of Belgrade a 100 per cent increase in homicides from the pre-war period (Chazan 1994:3) Thus even far from the combat zone the mortality of non-combatants has increased. But of course it is in the combat zone that the dangers are greatest, particularly when civilians have been specially targeted by the warring parties. The data are necessarily incomplete, but some are available.

**Table 1**  
**Hospital utilization and mortality, 1985-92**

<b>Panel A: Hospital utilization and hospitalized mortality in Belgrade</b>					
	1985	1989	1990	1991	1992
Hospitalization rate per 1,000	111.9	104.0	103.5	107.3	96.9
Hospitalization rate per 1,000 $\geq 60$	246.5	192.4	189.5	186.1	166.8
Mortality rate per 1,000 hospitalized patients	28.3	25.8	29.9	31.7	36.4
Mortality rate per 1,000 patients $\geq 60$	74.0	71.5	78.9	86.3	96.6

<b>Panel B.: Mortality from all causes, per 100,000 population</b>					
	1988	1989	1990	1991	1992
<b>Belgrade</b>					
All ages	816.3	826.8	889.7	925.2	1026.9
$\geq 65$	5329.7	5349.3	5665.1	5828.3	6571.7
<b>FR Yugoslavia</b>					
All ages	953.8	963.2	942.9	975.8	1012.2
$\geq 65$	6162.8	6289.7	6187.2	6336.9	6621.6
<b>Serbia</b>					
All ages	972.9	984.2	961.9	996.7	1031.3
$\geq 65$	6247.2	6367.0	6264.2	6415.6	6695.7
<b>Montenegro</b>					
All ages	603.3	628.4	641.9	644.8	709.0
$\geq 65$	4558.5	4810.7	4706.7	4815.2	5180.2

Unlike contemporary civil wars in poorly developed nations, in which infectious diseases have been the leading cause of civilian death, in Bosnia war-related trauma has been the leading cause. Between April 1992 and March 1993 57 per cent of all mortality in Sarajevo was caused by war injuries, compared with 4-11 per cent in Somalia between April 1992 and January 1993 (CDC 1993). In Sarajevo in April 1993 the crude mortality rate was 2.9 per 1,000 compared with 0.8 per 1,000 per month in 1991. The incidence of infectious diseases has of course increased in Bosnia through inability to maintain water supply and sewerage systems. Perinatal mortality and spontaneous abortions have increased and average birthweight has decreased as a result of the inability to maintain prenatal services. Immunization levels have been declining among children, but as yet no epidemics or evidence of mass starvation has been observed. Despite the deterioration of public health, trauma rather than infectious diseases remains the major cause of death.

The massive increase in civilian deaths due to war related trauma has been the result of a clearly stated policy of ethnic cleansing, which refers to the killing of non-combatants and not simply to their forced transfer from one area to another. While all the warring parties have engaged in such behaviour, UN observers are agreed that Bosnian Serbs have caused the vast

majority of deaths, as well as most of the forced movement of populations, rapes, and destruction of homes and cultural monuments which characterize the policy (UN 1994).

What evidence exists from previous European wars indicates that as a proportion of all war-related deaths, civilian deaths (defined as caused by wounds resulting from military equipment) have increased dramatically since the beginning of the century. It is believed that such deaths were few in eighteenth and nineteenth century European wars. In World War I civilians accounted for 19 per cent of all deaths; in the Spanish Civil War 50 per cent; in World War II 48 per cent; in the Korean War 34 per cent; and in the Vietnam War 48 per cent (Garfield and Neugut 1991). It appears that in the Third Balkan War the contribution of civilian deaths to the total may be substantially more than 50 per cent, as the data from Sarajevo suggest. Indeed, in Croatia in 1991 and 1992 the proportion was 64 per cent (Kuzman et al. 1993). These high and increasing rates are associated both with the increasing lethality of weapons, and also with a change in the morality of warfare, which became especially obvious during World War II. Since the Spanish Civil War, often said to have been a dress rehearsal for World War II, civilians have increasingly been the targets of warfare in which Europeans and Americans have been engaged. The purpose was both to create terror and thus demoralization, as well as to obliterate the enemy, whether combatant or non-combatant, from the face of the earth.

Thus the available evidence indicates that the health of certain segments of the Yugoslav population had begun to deteriorate in the decade-and-a-half before the war as the economy deteriorated, and that deterioration of health has continued since the outbreak of war. These patterns are a manifestation of some of the untoward consequences of the only partly successful integration of Yugoslavia into the international economy, of the political and economic weakness of the federation itself, and of the explosions of ethnic hostility that were the result.

### **War and its Aftermath**

... somewhere in sands of the desert  
A shape with lion body and the head of a man,  
A gaze blank and pitiless as the sun,  
Is moving its slow thighs, while all about it  
Reel shadows of the indignant desert birds.  
The darkness drops again; but now I know  
That twenty centuries of stony sleep  
Were vexed to nightmare by a rocking cradle,  
And what rough beast, its hour come round at last,  
Slouches towards Bethlehem to be born?

W.B. Yeats, *The Second Coming*

Yeats's poem was written in the 1920s in Ireland during another bloody nationalist uprising of a 'backward' people whose status was at best one of 'provincial idiosyncrasy'. That it should strike a resonant chord in our own time is attested to by the fact that many authors before me have used it to invoke a sense of foreboding as they view the future, even if this represents, as Said (1993:235) has written, a misreading of Yeats. This foreboding is at odds with the optimistic assumptions that are the legacy of the nineteenth century ideas of nationalism, convergent modernization, and demographic and epidemiologic progress of which we are the inheritors.

In respect of mortality, since the late eighteenth century there clearly has been convergence between the less developed and more developed regions of the world, even

though in the 1970s and 1980s the rate of convergence diminished (Gwatkin 1980; Sell and Kunitz 1986-87; Kunitz and Engerman 1992). But is convergence to be the expected pattern in the future as it has been in the past? Is the association between economic and political modernization on the one hand and demographic and epidemiologic transitions on the other as close as we have generally assumed? Is it nothing more than *fin de siècle* foreboding, or is an alternative possibility likely? That not convergence but increasing divergence will characterize the morbidity and mortality experience of peoples around the world, even as they continue to manifest many of the attributes of modern men and women such as educational attainment, literacy, access to CNN and the Internet? That in some parts of the world integrative, centripetal forces will be overwhelmed by disintegrative, centrifugal forces?

I think such divergence is a real possibility and that the story of the former Yugoslavia illustrates some of the reasons. They have to do with the deteriorating situation that led up to secession and war and with some of the consequences of the kind of warfare that has erupted.

At the outset I said that we see in our own time both centripetal and centrifugal forces at work. The centripetal forces of political, economic and military integration are counterbalanced by the centrifugal forces of devolution, nationalism, ethnic self-determination, and  *jihad* , even in the presence of both institutional and individual 'modernization'. I have argued further that the Yugoslav case exemplifies both sets of forces. As a federation Yugoslavia worked remarkably well for more than four decades. It worked largely because it was increasingly well integrated into the Western economy, so much so that shortly before the collapse of the country, membership in the European Community was under serious consideration. But that integration was also one of the sources of the collapse, for it was rising oil prices, unwise borrowing from commercial banks, and the failure of Yugoslav products to compete in the world markets that led to the balance of payments crisis. And it was the internal weaknesses of the federation, notably a single party system of government incapable of uniting republics with a legacy of ethnic and economic conflict, which made it unable to withstand and survive the crisis. Indeed, it was the crisis which made those weaknesses both obvious and fatal.

Moreover, although Yugoslavia was increasingly well integrated into the West, it was of interest to the West primarily because of its strategic location with regard to the Soviet Union and its allies. When the Soviet Union ceased to exist, Yugoslavia became less crucially significant as well. Thus there was no compelling reason to intervene to maintain Yugoslavia's integrity as a nation, or to stop the fighting once it had ceased to exist as a nation.

Broadly conceived, there are two consequences of the collapse of the country, one short, the other long-term. In the short term, it is war and its immediate aftermath that are of overwhelming concern. In the longer term, assuming that peace breaks out, there is the issue of how moderately large republics of the former Yugoslav federation will sustain themselves as rather small independent nations, and specifically for present purposes what the health implications are.

As to the character of the war, as well as to some of its consequences, it is important to note that warfare in Europe has changed significantly over the past several centuries. By the end of the nineteenth century international organizations and conventions had had some effect controlling the most barbaric acts against the enemy and civilians (Howard 1976:116-117).<sup>5</sup>

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<sup>5</sup>Kennan has observed that at the very time of the First and Second Balkan Wars a significant peace movement had already emerged in Europe and the United States, which stimulated the two Hague Peace Conferences, in 1899 and 1907, 'resulting in a modernization and renewed codification of international law and in a significant elaboration, in particular, of the laws of war' (Kennan 1993:3).

But not for long. The contribution of civilian deaths to the total of all war-caused deaths more than doubled from World War I to World War II. This was not simply the result of more lethal weapons but of what has been called a 'redefinition of the morality' of war. The older morality was to avoid intentionally killing civilians. That is why General Marshall and several other high ranking American officers resisted the use of the atomic bomb. The Spanish Civil War and then World War II went a long way to destroying that code.

That redefinition of morality was a product of World War II, which included such barbarities as Germany's systematic murder of six million Jews and Japan's rape of Nanking. While the worst atrocities were perpetrated by the Axis, all the major nation-states sliced away at the moral code — often to the applause of their leaders and citizens alike. By 1945 there were few moral restraints left in what had become virtually a total war (Bernstein 1995:143).

One can only speculate why this change occurred. I believe the reasons were somewhat different for Germany and Japan. Both regarded their opponents as racially inferior, but Japan, long isolated from the European conventions of war, did not really share them (Anderson 1991:97). The Germans, however, were a model of what was to come later, for theirs was a policy which led them to disregard generally accepted European conventions of warfare.<sup>6</sup> Whatever the causes, the result was to destroy the old morality of war and to make it permissible — even though a violation of international law — to terrorize and kill civilians.

The old morality of war was fragile at best and scarcely universal, as is suggested by the evidence from the first two Balkan Wars, the Turkish genocide of Armenians and Greeks, and numerous tribal wars (e.g. Krech 1994). It seems to have been most vulnerable to destruction during wars in which the goal was not simply new markets or access to resources, but in which identity — ethnic, religious, or national — was also at issue. Such wars appear to be most common in frontier situations and when different peoples share or are in conflict over the same territory. They are the kinds of wars we are likely to see more of in future as numerous peoples once thought to have been comfortably and permanently integrated into nation-states struggle for self determination and independence, that is to say, in wars of ethnic identity.

The long term health-related consequences of the break-up of Yugoslavia are of course difficult to predict. The fact that the newly independent nations will be relatively small is not by itself significant, as the low mortality rates of the Scandinavian countries and the Netherlands demonstrates. The more significant issue has to do with the great economic and health inequalities that characterized the republics when Yugoslavia was a federation, and that will characterize the four independent nations into which the federation has fragmented.

Federations are in part a response to the problems encountered by small, weak countries with common borders across which trade and populations move only with great difficulty, and to the problems of defence which can be more effectively provided in common than separately. Almost inevitably there is not perfect equality among the constituent members of any federation, and just as inevitably there will be some redistribution of resources among them, what has been termed horizontal equalization. Along with the problem of vertical equalization (the imbalance between expenditures and revenues at the state and federal levels), this is a major issue for all federations, and the rock upon which the Yugoslav

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<sup>6</sup>'Ethnic cleansing' refers not simply to genocide but to the forced removal of people from one area to another. Thus the United States government engaged in ethnic cleansing when it removed the Cherokees from the southeastern United States to Indian Territory. The destruction of an entire people is also not something the Germans created *de novo*. 'It was only in the nineteenth century that the complete destruction of an ethnic group manifested itself as a goal of a state, when Turkey began directing cleansing efforts against Greeks and Armenians' (Bell-Fialkoff 1993:113).

federation foundered. Horizontal equalization poses enormous challenges. On the one hand federations generally are based on some sort of agreement about the minimum standards beneath which no province or state should fall, implying that some will be taxed more than is returned to them by the federal government, and that those in need will receive more than they pay in taxes. On the other hand, if the relatively well-to-do provinces or states believe they are being unfairly taxed, they will attempt to redress the balance, in the most extreme case by secession. These tensions are exacerbated if the states have very different ethnic compositions. This may solve the problem for the well-to-do, although there is no assurance of that. It is likely to prove catastrophic for the poor states or provinces which are now poor countries without a reasonably assured source of foreign aid equivalent to the domestic aid they received when they were part of a federation (Etzioni 1993:29). The result in respect of health and welfare may very well be worsening conditions for the poor new nations and increasing differences from the well-to-do where once there was increasing similarity.

And this brings me back to my starting point, for in this context what Yugoslavia means is that the forces of integration can sometimes promote disintegration. And disintegration, devolution, and divergence are at odds with the theories of modernization which have dominated thinking in the post-World War II period, and which underlie many of our explanations of social and economic development and transitions in the health of populations. It has generally been assumed that backward societies will be able to follow successfully in the steps of economically more advanced societies; that fundamentalism and tribal and ethnic feuding are the result only of backwardness; and that as backwardness is overcome, societies will experience economic, cultural, and demographic convergence (Enzenberger 1993:36-37). Indeed, the collapse of Yugoslavia and of the Soviet Union, along with the continuing deterioration of their peoples' health, not to mention the many other ethnic conflicts occurring round the world, would not have been predicted by either the functionalist or Marxist variants of modernization theory. These events suggest, first, that while much of the received wisdom having to do with convergent modernization may well have been valid in some places and at some periods, it does not comprise a body of universal truths on which a timeless science of society can safely rest; and secondly, that we will need to develop new ways to understand the growing differences in health conditions that are likely to emerge in the future as self-determination and secessionist movements undermine many nation-states.

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