THE MEDICAL NETWORK FOR
SOCIAL RECONSTRUCTION IN THE FORMER
YUGOSLAVIA

The Medical Network as a Bridge to Health and Peace

Report on an International Seminar and Training Workshops
27-30 May 1999, Ohrid, Macedonia

Program hosted by the Macedonia Center for Mental Health

Prepared by Paula Gutlove
September 1999

ACKNOWLEDGMENTS

The Medical Network for Social Reconstruction in the Former Yugoslavia is pleased to acknowledge support from a wide range of sources. This support has made it possible for the Network to be established, to continue its programs and to hold meetings, training workshops and seminars. Support for the international seminar and training workshops in Ohrid came from: CARE Austria; European Commission, Directorate-General IA; Know-How-Center, Osterreichische Stadtebund, Bundeskanzleramt; Medical Foundation, London; International Physicians for the Prevention of Nuclear War - Austria; MEDACT, London; US Institute of Peace; members of the Rockefeller family; Winston Foundation for World Peace; and individual donors.

Moreover, we wish to acknowledge the hard work of five organizations: **Macedonian Center for Mental Health** (Skopje, Macedonia), host of the Macedonia meeting which was chaired by its director, Dr. Gjorgji Nikoloski; **OMEGA Health Care Center** (Graz, Austria); **Slovene Philanthropy** (Ljubljana, Slovenia); the **Center for Psychological Assistance** (Zagreb, Croatia) and the **Institute for Resource and Security Studies** (Cambridge, Massachusetts).

Without the support of our sponsors and the hard work of our members, the Network would be unable to continue its important mission, which is to promote dialogue, cooperation, personal contacts, practical solutions, and the renewal of relationships in the area.

The cover photograph was taken in Cegrane Refugee Camp, near Tetovo, Macedonia by Gart Wagner on May 26, 1999. In May 1999 this camp was home to more than 40,000 Albanian refugees from Kosovo.

REPORT INFORMATION

This report was prepared in September 1999 by the Institute for Resource and Security Studies in cooperation with OMEGA Health Care Center. For more information about this report or to obtain copies, please contact:

Dr. Paula Gutlove
IRSS
27 Ellsworth Avenue
Cambridge, MA 02139, USA
Phone: 617 491-5177; Fax: 617 491-6904
Electronic mail: info@irss-usa.org
Web: www.irss-usa.org

or

Dr. Anne Marie Miorner Wagner
OMEGA Health Care Center
Granateng. 2
A-8020 Graz, Austria
Phone & Fax: 43-316-773554
Electronic mail: omega@austro.net

REPORT CONTENTS

I. Introduction

II. History and purpose of the Medical Network

III. Overview of the Ohrid program

IV. Summary of the training workshops

V. Summary of the Contact Group meeting

Appendices

Appendix A: List of seminar and workshop participants

Appendix B: List of Medical Network Contact Group members

Appendix C: Medical Network Press Release, 31 May 1999

Appendix D: ***Conflict, Conflict Management and Trauma Recovery***:
A briefing manual for workshop participants, by Paula Gutlove
(bound separately and available upon request)

I. INTRODUCTION

This report describes linked events -- an international seminar and training workshops -- that were held in Ohrid, Macedonia, in May 1999. The seminar and training workshops were organized by the Medical Network for Social Reconstruction in the Former Yugoslavia, whose history and purpose are described in Section II, below. Section III provides an overview of the Ohrid program, which served a dual purpose. The international seminar was the annual meeting of the Medical Network. The training workshops were staffed by members of the Medical Network. Workshop participants were health care professionals from Macedonia and Kosovo. Section IV gives a summary of the training workshops. Section V gives a summary of the international seminar.

This report has four appendices (A through D), beginning with a list of seminar and workshop participants. Appendices A through C are bound with this report, and Appendix D is bound separately. (See the contents page for a list of appendices.)

II. HISTORY AND PURPOSE OF THE MEDICAL NETWORK

The Medical Network for Social Reconstruction in the Former Yugoslavia is a network of health care professionals from all parts of the Former Yugoslavia. It is dedicated to the reconciliation of existing conflicts and the prevention of further conflicts in its region. It is founded upon two major beliefs. First, violent conflict and war are the ultimate threat to public health. Second, the medical community has a unique and crucial role to play in promoting a healthy society, not only by mending the physical and psychological wounds of individuals but also by rebuilding structures for public health care and creating bridges for community reconstruction and social reconciliation. To these ends, the Network aims to promote dialogue, cooperation, personal contacts, practical solutions, and renewal of relationships in its region.

The Network has evolved from its origins in 1991, as a small group which met sporadically in conjunction with meetings of the International Physicians for the Prevention of Nuclear War (IPPNW). Now it is a network of over one hundred health professionals, including physicians, psychologists, university professors, teachers, and local and national government health-related ministers. Since 1993, it has convened annual meetings and has organized projects and training programs for medical professionals and medical students. Even during periods of extreme violence in the region, the Network has orchestrated broad-based participation and has brought together polarized parties. The Network was officially established in its present form in April 1997, at a conference in Graz, Austria. In April 1998, health professionals from more than 10 countries convened in Sarajevo to exchange knowledge and to plan collaborative programs.

The Medical Network functions through a "Contact Group" composed of representatives -- a medical professional and a medical student -- from 12 different geopolitical points throughout the former Yugoslavia. Through the Contact Group, communications throughout the former Yugoslavia are facilitated, to promote a multi-pronged strategy for action based on the following principles:

Communication and collaboration in joint activities.
Open information and knowledge exchange.
Support for non-violent conflict management activities, including conflict prevention and post-conflict reconciliation.
Pro-active development of programs to help spread ideas of peace and health.
Spreading the basic ideas of the Network throughout the whole of society.

The Medical Network's collaborative programs cover a range of content areas, including:

refugees and resettlement;
health care and social reconstruction;
programs for youth and adolescents;
professional training in trauma, psychosocial treatment and related program development;
development of civil society through voluntary programs; and
professional training in conflict management and reconciliation.

The Network enjoys cooperative relationships with international medical organizations, including the World Health Organization, the International Society for Health and Human Rights, and the International Physicians for the Prevention of Nuclear War.

III. OVERVIEW OF THE OHRID PROGRAM

Background

At the Medical Network annual conference in Sarajevo in April 1998, the Medical Network decided to hold its 1999 annual conference in Macedonia. The annual Network conference is designed to bring together the wider Network membership for plenary sessions and workshops. Its goal is to allow members to work together to examine and advance the role of health professionals in reconciliation, reconstruction and conflict prevention in former Yugoslavia. There are opportunities for exchange of knowledge on substantive issues and for development of cooperative programs. The annual conference is also an important time for the organizational development of the Medical Network. The Network's Contact Group holds open organizational meetings at these conferences and makes decisions about the Network's actions and future directions.

As the time for the 1999 annual meeting of the Medical Network drew near, it became clear to all parties that the political situation was too unstable to carry on the usual Network annual conference. NATO forces were bombing Yugoslavia, and roughly half a million Kosovar Albanians were refugees in Macedonia, Albania and other parts of former Yugoslavia and Europe. Visa restrictions made it impossible for Serbian members of the Medical Network to travel into Macedonia. Travel for others, from Montenegro and Republika Srpska especially, was difficult. Furthermore, the Network was aware of the urgent need for medical intervention to help the Kosovar refugees and the host communities, especially those in Macedonia, to cope with the traumas of the war situation.

In early April 1999, it was decided to revise the original plans for the annual conference and to hold instead, in Macedonia, a dual-purpose program. One part of the program would be a meeting of the Network Contact Group, bringing together as many members as could come in the strained circumstances and including the international support members of the Network Contact Group from the USA, UK, Sweden and Austria. The other part of the program was a set of training workshops for Macedonian and Kosovar health care providers. Network members from Slovenia, Croatia and Bosnia came to Macedonia to teach their colleagues from Kosova and Macedonia the lessons they had learned about health care delivery and trauma recovery in circumstances of war. They also came to listen, to hear from their Macedonian and Kosovar colleagues about their needs and concerns.

The Ohrid Program

The meeting that convened in Macedonia, 27-30 May, brought together 82 participants. Of these, 56 participants were medical professionals from Macedonia and Kosova. Fifteen participants were members of the Medical Network from parts of former Yugoslavia and from other parts of the world. Eleven participants were from three international aid agencies in the region, Care International, UNICEF and WHO. Training workshops were led by Medical network members and attended by Macedonian and Kosovar participants, representatives from international aid agencies, and other Network members.

The training portion of the program consisted of several plenary addresses and small-group interactive workshops. Three separate training workshops were offered in this program on the following topics:

stress and trauma;
the use of volunteers in social reconstruction; and
conflict, conflict management and trauma recovery.

Each workshop was offered three times, so that all participants who wanted to could attend all three workshops. Each workshop had approximately 25 participants and ran about 3 and a half-hours long with a break. Summaries of the workshops are provided in Section IV.

Two plenary sessions were offered for all attendees. These sessions were an important opportunity for the larger group to explore together the role of the medical profession in conflict and post-conflict situations. They also provided an

opportunity for participants to discuss potential future responses of the Medical Network to the current crisis. The plenary sessions were moderated by Dr. Gjorgji Nikoloski, director of the Macedonia Center for Mental Health. Addresses during the plenary sessions were as follows:

Dr. Anica Miku Kos (consultant child psychiatrist, Slovene Philanthropy, Ljubljana, addressed: "The role of physicians and of volunteers in post-conflict situations"
Dr. Emir Kuljuh, psychiatrist, OMEGA Health Care Center, Graz, Austria, addressed: "Perspectives on the refugee situation in the former Yugoslavia"
Dr. Ake Bjorn, neurosurgeon, Refugee Medical Center, Linkoping, Sweden, addressed: "Medivac: Medical Evacuations in war and post-war situations"
Dr. John Barcroft, psychiatrist, MedAct, London, UK, addressed: "MedAct experiences of trauma recovery training in former Yugoslavia"
Dr. Alija Suko, Minister of Health, Canton of Neverta, Bosnia-Herzegovina, addressed: "Perspectives from inside Bosnia"
Prof. Dean Ajdukovic, psychologist, University of Zagreb and Society for Psychological Assistance, Zagreb, Croatia, addressed: "Challenges to the host community in trauma recovery situations"
Prof. Lina Unkovska, psychologist, Cyril and Methodius University, Skopje, Macedonia, addressed: "Trauma in Communities"
Dr. Anne Marie Miorner Wagner, OMEGA Health Care Center, Graz, Austria, addressed: "History of the Medical Network for Social Reconstruction in the former Yugoslavia"

IV. SUMMARY OF THE TRAINING WORKSHOPS

A. Workshop on stress and trauma

The trainers for the workshop on stress and trauma were: Professor Dean Ajdukovic, Ph.D., psychologist, University of Zagreb and Society for Psychological Assistance, Zagreb, Croatia; Dragan Jusupovic, MA, psychologist, Society for Psychological Assistance, Zagreb, Croatia; and Professor Paramjit T. Joshi, M.D., child psychitrist and pediatrician, Johns Hopkins University Hospital, Baltimore, MD, USA.

1. Challenges of training for trauma recovery [1]

Since the beginning of the war in former Yugoslavia, many lessons about trauma recovery have been learned at the Society for Psychological Assistance in Zagreb, and are still being learned. Summarizing the lessons learned, one could

---

[1] Excerpted and edited by P. Gutlove from Dean Ajdukovic, "Challenges of training for trauma recovery" in Dean Ajdukovic (editor), **Trauma Recovery Training**: **Lessons Learned**, Society for Psychological Assistance, Zagreb, 1997.

identify two parallel processes. One process was providing direct, helping services and the other was meeting the emerging training needs of service providers. These processes went through mirroring phases of change and adjustment.

The first phase was characterized by the initial, almost spontaneous involvement of care providers in 1991 and early 1992. These professionals suddenly faced the specifics of trauma and refugee issues, and dealt with them using the more traditional skills that were readily available. Some care providers underwent a short period of training.

The second phase, in 1992, saw the growth of a more professional approach and the refinement of programs. Professionals (psychologists, psychiatrists, social workers) recognized the importance of a supportive environment in addressing the psychological functioning of clients who have undergone traumatic experiences. Assessment of mental health needs became more clearly linked to assessment of the clients' resources. Concepts were clarified and there was an increasing exchange of experience among the local care providers. A growing number of training opportunities became available, in which the emphasis was more on specific knowledge and less on acquiring general skills.

In the third phase, in 1993, several professional issues emerged as dominant ones. One was the importance of the grief process and its management. Another was the need to integrate the efforts of regular social services and the many new non-governmental initiatives into the trauma recovery process. This period also witnessed a major growth in training opportunities for care givers. An awareness emerged that training of mental health care providers was a process in which new professional needs surfaced. However, only a few training programs were built around this new understanding.

The fourth phase, starting in 1994, saw already well-established centers and teams for trauma treatment. Refined, comprehensive programs of psychological assistance to refugees were operating in Croatia. At that time the need for supervision of care providers became better recognized as a legitimate request. Also recognized by care providers were their own mental health needs. They became particularly aware of the consequences of prolonged exposure to high levels of professional stress, vicarious traumatization, and burnout. This spurred the development of training programs focussed on the mental health needs of care providers. At the same time, a growing number of non-professionals and para-professionals demanded training to meet their needs. In response to these needs, the international community provided support for a major training effort in the field of trauma recovery, to train the whole spectrum of care providers in a wide range of approaches.

The fifth phase is the current period, which focusses on the rebuilding of destroyed communities. In this phase, the need for community and social reconstruction requires designing of community-based, outreach assistance programs. These programs involve trauma healing, community social network building, reconciliation, and individual and group empowerment.

One of the major lessons learned since 1991 is that trauma does not happen in a social vacuum. Nor does it heal apart from ongoing social processes. This notion has sometimes sharply contrasted with the dominant medical model that focuses on treating trauma-related consequences as an individual disorder or problem. By contrast with this model, a genuinely-embedded psycho-social approach was discovered. This opened unthought-of opportunities for the creative development of a diversity of training assistance programs that sought to strengthen the remaining, healthy resources in individuals, families and communities. As local professionals learned more about the essence of trauma healing, the more they appreciated the need for a psycho-social component in the overall treatment. In response, the concept of psychosocial assistance was formally defined for the first time. The importance of its recognition extends much beyond war-related trauma. It could well become the future dominant approach to healing trauma and reconstructing the social fabric, as well as improving the quality of life, in communities and nations.

2. *Review of workshop activities*

The Stress and Trauma workshop addressed the following topics:

Stress, traumatic stress and trauma – outline of concepts, reactions to traumatic exposure and helping framework.

Losses and grief – reactions, phases of the grief process and helping principles.

Depression disorders in children – framework, recognition and distinction between depressive disorders and acute grief reaction.

B. Workshop on the use of volunteers to help traumatized children and children with psychosocial difficulties

This workshop was run by Dr. Anica Miku Kos (consultant child psychiatrist, Slovene Philanthropy, Ljubljana) and Dr. Emir Kujuh (psychiatrist, OMEGA Health Care Center, Graz).

1. *Information about the use of volunteers to assist social reconstruction*[2]

Voluntary work is currently an important resource for improving the well-being of communities. It can cover many social needs that are no longer, or not yet, covered by governments. It is of special value in post-war areas where many people are physically and psychologically affected. In a post-war situation, social deprivation increases in severity and in the percent of the population affected, while the protective role of families decreases due to death and migration. Moreover, in post-socialist countries not affected by war, social needs

[2] This section prepared by Dr. Anica Miku Kos, a child psychiatrist at the Center for Psychosocial Help to Refugees, Slovene Philanthropy, Levstikova 22, 1000 Ljubljana.

are less often covered by government than previously, and people depend more and more upon the resources of the civil society.

Volunteers can make an important contribution in the field of health protection, mental health, social welfare, education, care of elderly and handicapped people, and the protection of children. The presence of volunteers in institutions can significantly improve the quality of institutional care.

By developing a network of volunteers, a community can provide a sustainable resource of human energy directed to the improvement of life for those people who are the most deprived. Furthermore, voluntary work develops and spreads the values of solidarity. It contributes to trust building, hope and mutuality. Being a volunteer is of special value for young persons, who can develop the sense and practice of being socially responsible citizens. Volunteers can bridge ethnic, social, religious differences and therefore help to develop intercultural understanding, tolerance and respect. Voluntary work can provide a link between generations.

Volunteers generate many new ideas and can form into voluntary organizations. Such organizations can become advocacy groups or pressure groups for changes in social and health policy. They can be an effective instrument of expression of civil society, and can contribute to the development of democracy.

Any person willing to donate her/his time and energy can be a volunteer. By proper recruiting and motivation, a huge number of school children, youth, unemployed persons, retired persons and other elderly persons can be involved in pro-social, community-based activities. Volunteering gives opportunities for many unemployed and retired persons to use their time, energy, experience and skills for the well-being of people in their communities. Volunteers enrich their own life by being active, by learning and by creating new social links.

The development of voluntary work in a community demands a good organizational framework. Volunteers must be trained for their work, and their work must be well supervised. The organizer must guarantee permanent mentoring and support to volunteers, together with continuous learning opportunities and social rewards.

Models of voluntarism should be culturally appropriate and adapted to the social context. Various incentives for different activities and projects should be supported. Good links with local service agencies (social, health, educational), and with governmental bodies at the local and regional level, and with the business sector (which can provide financial support), together with collaboration with existing local NGOs, are of vital importance for the survival of volunteers' projects and activities and for the further development of the field.

A volunteers' network can be of special help to medical workers who meet numerous people in need. The volunteers can provide practical services in people's everyday life, such as befriending, etc. Voluntary work proves as well to be an important vehicle for health education and health promotion. Medical

workers can be initiators, professional advisers, facilitators or partners in volunteers' activities.

2. *Review of workshop activities*

After introductory lectures, participants were divided into small groups. Their task was to simulate the preparation of projects that involve volunteers in activities whose purpose is to improve mental health in children. Special attention was paid to projects in which young people (secondary and primary school pupils) could volunteer.

Participants then took part in a role-play exercise, which they particularly appreciated. The exercise was based on a role-play about negotiating with administrative authorities to allow volunteers to assist in activities for children and adolescents.

The main themes of the introductory lectures were as follows:

a. Introduction

> Voluntary work and volunteers in social welfare, education, health protection and mental health protection.
> The social function of voluntary work.
> The connection and relation of the volunteer network with other supportive networks and professional services

b. Theoretical premises

> The environmental and social paradigm
> The importance of the social network
> Protective factors

c. Potential mental health assistance activities of volunteers

> Volunteers in the field of child mental health protection
> The helping activities of volunteers - overview
> What helps?
> The diversity of volunteer programs with a mental health content (examples from Slovenia and Bosnia).

d. How to recruit volunteers and organize their activities

> The organizational framework of volunteer activities
> Who can be a volunteer
> Training volunteers
> Support and supervision of volunteers as a continuous process
> Motivation and recognition

Monitoring and evaluating the process

e. Volunteers in services

Services and volunteers
Relations between volunteers and the staff
How to prevent conflicts

f. Developing voluntary work in the social field

Preparing the project
Lobbying
Fund-raising
Advertising

C. Workshop on conflict, conflict management and trauma recovery[3]

This workshop was facilitated by Dr. Paula Gutlove, director of the International Conflict Management Program, Institute for Resource and Security Studies, Cambridge, MA, USA.

*1. **Introduction to conflict, conflict management and trauma recovery***

Good health includes the physical, psychological and social well-being of individuals and their community. While physical and psychological health is the recognized province of health care providers, social health is often considered outside their province. Yet, healing physical and psychological ills can provide an important basis for social healing, particularly in communities traumatized by violence. By expanding the concept of healing to include restoring trust and confidence within a community, and by working cooperatively to help prevent future violence, healers can make a unique and essential contribution to their community.

The medical community is particularly well placed to forge cooperation between communities in conflict. Health care professionals have skills and social stature that can be a particular asset in building bridges between conflict-divided communities. They have an intimate association with the people who have suffered mentally and physically from armed conflicts. They are often well educated, and have stature and access to a wide range of community groups. The delivery of health care can be the basis for cooperation between parties that have been divided by violence, particularly when common medical goals are clearly articulated. This has been demonstrated repeatedly, when parties engaged in violent conflict have been persuaded to engage in a humanitarian cease-fire while health care workers provide

[3] A briefing manual for participants was prepared for this workshop (see Appendix D).

a short-term, basic health care need, often aimed at children from all sides of the conflict.[4]

The potential for the medical community to promote communal reconciliation, to heal inter-communal[5] relationships, and to transform violence-habituated systems can be significantly enhanced with training and assistance in concepts and skills of conflict management. The practice of conflict management includes efforts to prevent violent conflict, to mediate existing conflict, and to reconcile communities in the aftermath of violent conflict. Conflict management processes that address the underlying causes of conflict and provide sustainable structures for adaptive social change can transform the ways in which groups and societies deal with differences. Integrating concepts of conflict management into trauma recovery therapy can pave the way for reconciliation between conflict-divided individuals and groups.

Dr. Judith Herman, a psychiatrist who specializes in trauma recovery, describes three stages -- safety, acknowledgement, and reconnection -- through which patients must move as they recover from a traumatic experience.[6] While it is not necessary or even expected that patients will move from one stage to another in a linear fashion, recovery from trauma is predicated upon the patient's moving from a feeling of unpredictable danger to one of reliable safety and security, from a sense of dissociated trauma to acknowledged memory, and from feeling isolated and stigmatized to restoring meaningful social connections.

Violent conflict damages the relationships between people and groups. In so doing, it damages the sense of wholeness which is essential to a healthy community. Protracted violent conflict can destroy the common values and experiences upon which communal life is based. Reconciliation aims to heal the damaged sense of wholeness. It includes a process of transforming social relationships, from relationships that have become characterized by conflict, injustice and violence, to mutual relationships that are trusting and hopeful. This transformation is essential to physical, political and social reconstruction, as these actions are only successful and sustainable when built on the foundation of a healthy, whole community.

In the context of rebuilding a community after violent conflict, reconciliation refers to the restoration of human relationships and the building of trust, hope

---

[4] Mary Anne Peters, "Shots of Vaccine Instead of Shots of Artillery", in A Health to Peace Handbook, War and Health Program of McMaster University, Hamilton, Ontario, Canada, 1996.

[5] The term "inter-communal" is used to encompass the class of racial, ethnic, religious, and ideological conflicts that involve differences between communities of people, rather than between individuals or governments, regardless of whether those communities exist within or across international borders.

[6] Judith Herman, MD, Trauma and Recovery, (New York, BasicBooks, 1992).

and interdependence. The restoration of trust can encompass both trusting other individuals to behave compassionately, and trusting that the political system will be fair and equitable. The restoration of hope means that people can begin to believe that the future life of their community can be better than its recent violent past. Interdependence comes from the knowledge that values and experiences, and the desire for trust and hope, are shared throughout the community.

Facilitating community reconciliation through trauma recovery can be difficult, demanding great sensitivity, patience and courage. The process must be sensitive to the cultural and experiential nuances of the particular community, allowing people to explore together their past, their present and their future.

The traumas of the past need to be acknowledged if individuals are to experience recovery from trauma and communities are to experience community reconciliation. There is within individuals and groups a tremendous need to grieve and to mourn losses -- both the losses that poeple have suffered themselves and those they have inflicted upon others. Acknowledgement of the past could include acknowledging the roles of bystanders, both active and passive, and of individuals and nations, as well as the roles of victims and perpetrators. The grieving must be facilitated in a safe and carefully structured environment, so that it does not rekindle conflict but unifies divided communities with a collective acknowledgement of the past. This is sometimes done through a process of constructive communication facilitated by a third party. The facilitated communication may begin by teaching people how to actively listen to each other, a process which allows the listener to understand and empathize with the speaker, and the speaker to achieve a clearer idea of what he or she is thinking and feeling.

Community reconstruction and reconciliation depend upon the ability of parties to work together in the present, cooperatively, on issues of mutual interest. When people work together, trade with each other, or seek medical care from the same sources, these acts will contribute to the development of trust between groups. In order for a community to nourish hope that its members might be able to have a future together that will be better than their recent past, they need to be able to envision their common future. Sharing positive visions of the future can mark an important turning point, away from the trauma of the past towards a shared optimism for the future.

2. *Review of workshop activities*

The workshop was a mixture of lecturing, discussion and small-group interactive exercises. Its elements were:

1. Overview of conflict management and trauma recovery
2. Reconstruction and reconciliation: the role of health care providers
3. Active listening
4. Active listening exercise: the impact of traumatic events
5. Group reflection on acknowledgement

6. Problem solving
7. Positions, interests and needs
8. Consensus-building exercise
9. Closure

D. Evaluation of the workshops

Participants filled out evaluation questionnaires after the training program was completed. Based on these questionnaires and other forms of participant feedback, the evaluation of the program was very positive. Participants felt that the program addressed key issues that they need to deal with on a daily basis. Many participants requested further training, or more in-depth training in particular topics. In future training programs, participants requested more workshop time and less plenary time and the opportunity to mix with more of the participants in other workshop sections. Many participants suggested that this set of workshops be viewed as the beginning of an ongoing process. As one participant wrote : "we have only just begun…"

A summary of participants' evaluations of the specific workshops follows:

Workshops on stress and trauma

The participants' informal feedback clearly indicated that the topic was well-chosen and efficiently presented in the limited time. They became aware of the psychological implications of uprooting and the complexity of skills that are required in the helping processs. Many of the participants expressed a strong need for systematic training in the above-mentioned areas.

Workshop on the use of volunteers to help traumatized children and children with psychosocial difficulties

At the end of the workshop, participants felt that they had learned many new concepts about the organization of voluntary work and the feasibility of involving volunteers in their particular environment. They felt motivated and empowered, particularly with the notion that the work they could do would help not only their patients but the larger society as well. They had a deepened sense of the importance of teamwork, and the potential for involving young people in their work.

Workshop on conflict, conflict management and trauma recovery

Participants in this workshop were most interested in learning about their potential role in assisting their community to recover from the trauma of violent conflict. They were impressed by the importance in this process of patience, listening and empathy. They were also interested in the need for acknowledgement by people on all sides of a conflict. Some participants sought to understand the roots of conflict, and how to use this understanding in trauma recovery in their community. Many participants wanted to go into more depth in some of the areas discussed, and therefore requested further training.

V. SUMMARY OF THE CONTACT GROUP MEETING

The Contact Group of the Medical Network held its biannual meeting during the Ohrid program. The agenda for this meeting was as follows:

Review current and future Network programs
Planning the next meeting of the Medical Network
Network Press Statement

A. Review current and future Network programs

Sixteen members of the Network met in Graz on 16-18 April 1999, to develop cooperative strategies and initiate training programs for caregivers in Macedonia and/or Albania. The group formulated a short paper, including a financial plan for a "Psycho-social Training Seminar for Care-Givers". This paper was developed for use in fund-raising as well as to provide information about the need for increased psycho-social training in many parts of former Yugoslavia.

A Network training program, in cooperation with Care-Austria, was initiated in Macedonia in May 1999. This program is funded by Care-Austria and is planned to continue for one year. The program will train teachers in Macedonian schools and teachers in Kosovar refugee camps in Macedonia to assist in the delivery of psychosocial assistance to school-children. Para-professionals (in the psycho-social field) will also receive training. In the first phase of this program, Dr. Anica Kos (of Slovenia) will be working with Dr. Gjorgji Nikolski (of Macedonia). They plan to hold a series of 3-day seminars for approximately 85 teachers per seminar.

Another training program is under consideration for funding by the Medical Foundation in London. The status of this program will become clear in the second half of 1999.

B. Planning the next meeting of the Medical Network

The next biannual meeting of the Network Contact group was scheduled for the week-end of 24 - 26 September 1999 in Trojane, Slovenia, close to Ljubljana. Hotel rooms will be reserved from Thursday the 23rd. Transport will be organized from Ljubljana to the hotel. There is also a possibility that a small bus can meet participants at the Hungarian border, to make the trip as comfortable as possible. In view of the extremely unstable political situation in the region at the time of the Ohrid meeting, it was decided to postpone decisions about the next Network International Conference until the Trojane meeting.

C. Network Press Statement

In view of the crisis situation and level of violent conflict in the region at the time of the Ohrid meeting, the Medical Network discussed and agreed upon a statement to distribute to the press. The statement is reproduced in its entirety, including the names of the signatories, in Appendix C. Some excerpts are:

"The ultimate threat to public health is violence and war. This has been demonstrated by both the violent expulsion of one ethnic group in Kosovo and NATO's bombing campaign, which have together created a humanitarian health crisis of nightmare proportions in Yugoslavia, Macedonia, Albania, Montenegro and elsewhere. We deplore the current violent actions on all sides in Yugoslavia, recognizing the long years of political repression in Kosovo. Moreover, for many long years there has been a lack of interest by the international community in constructive intervention in former Yugoslavia. "

and

"We call on the entire international community to ensure that humanitarian concerns are the primary determinant of policy and that every effort is made to meet the basic human needs of all parties, with emphasis on the safe return of refugees at the earliest possible date. "

APPENDIX A: LIST OF SEMINAR AND WORKSHOP PARTICIPANTS

APPENDIX B

List of Medical Network Contact Group members

1. Bosnia and Herzegovina:

Sarajevo:
Dr. Jadranka Ruvic
HealthNet Int.
Clinicki Centar
Bolnika bb
71000 Sarajevo, B i H
tel#: 387-71-663-350,
fax#: 387-71-444-158,
email: hni-sa@bih.net.ba

Mostar:
Marko Romic,
Ul. Hrvatske Mladezi
Masici 2 a
88 000 Mostar
Tel.: 088 / 314 569 ,
Fax: 387-88 318 738
email: srcem@usa.net

Banja Luka:
Dr. Desanka Tesanovic
Psychiatric Clinic, Banja Luka
(Contact information available upon request)

Students:
Dervisevic Emina,
Hamdije Cemerlica 25,
Sarajevo, phone: + 387 71 618 091
email: edervise@utic.net.ba or eminaZI@hotmail.com

2. Croatia:

Dr. Tanja Franciskovic
Klinika za psihijatriju
Cambierieva 17 / 7
51 000 Rijeka, Croatia
Fax: 385 51 333 323

Prof. Mirijana Mitrovic
Center for Peaceì Osijek
Krsovanija 4
Tel./Fax: 00385-31-123 218
e-mail: marijana.mitrovic@os.tel.hr

Student: to be decided

Liljana Vrdoljak
Drustvo Za Psiholosku Pomoc
Draskovicava 29
Odsjek Za Psihologiju, Filozofisca Fakultet, I Lucica, 10000 Zagreb, Croatia
Tel.: 01 / 46 50 76, 01 / 46 50 77
Fax: 01 / 46 50 78
email: spa@dpp.hr

Student: to be decided

3. Macedonia:

Giorgi Nikoloski
Open Society Foundation, Skopje
Dico Petrov 7, 91 000 Skoplje
tel/ fax 00389 91 134 568
email: gjnik@FREEMAIL.ORG.MK

Student - to be decided

4. Montenegro:

Dr. Sonja Kosac
V crnogorske brigade 8
81347 Igalo, Montenegro
tel#: 381-82-59-084 or 59-236, fax#: 381-82-58-963 email: pronordic@cg.yu

Student: Milo Antic

5. Serbia

Belgrade:

Ksenija Kontic: care of Vuk Stambolovic

Ksenija Kondic
tel#: 381-11-659-823, fax#: 381-791-659-823

Vuk Stambolovic
c/o Fund for an Open Society
fax: 381-11-32-83-602
email:vstambolovic@sfj.opennet.org

Student: Maja Bijelic
SUMC (Union of Medical Students)
Dr. Subotica 8
11000 Belgrade, Yugoslavia
tel/fax: 381-3614-323
email: tami@afrodita.rcub.bg.ac.yu

Kosovo:

Dr. Shpend Rizvanolli
Dardanija sv 4/4 F5/3, 38000 Prishtina
Mother Theresa
Kosovo Humanitarian and Charitable Society Tel/Fax 00381 38 33909
email: visarn@EUnet.yu

Student: .Argientina Grazhdani
Voja Jankovic 11
Fax/tel: 00381 38 33909

Vojvodina:

Prof. Slobodanka Stankovic
Dorda Radujkova 10
21000 Novi Sad
Tel and fax#: 381-21 32 35 49
email: cica@uns.ns.ac.yu

Student: Sasa Zivic
Dorda Radujkova 10
21000 Novi Sad
Tel and fax#: 381-21 32 35 49
email: cica@uns.ns.ac.yu

6. Slovenia:

Dr. Anica Kos
Slovene Philanthropy
Levstikova 22
1000 Ljubljana, Slovenia
Tel.: 00386 61 21 0 228
Fax: 00386 61 121 65 05
email: anica.kos@guest.arnes.si

Student: to be decided

7. International support:

Austria Contact:
Dr. Anne Marie Miorner Wagner
OMEGA Health Care Center
Granateng.2, A-8020 Graz,
Phone & Fax: 43-316-773554,
Email: omega.graz@netway.at

USA contact:
Dr. Paula Gutlove
Institute for Resource and Security Studies, 27 Ellsworth Avenue, Cambridge, Massachusetts 02139, USA Phone: 617- 491-5177, Fax: 617-491-6904, Electronic mail: irss@igc.org

APPENDIX C:
MEDICAL NETWORK PRESS RELEASE, 31 May 1999

From: The Medical Network for Social Reconstruction in the Former Yugoslavia
To: The International Community

The Medical Network for Social Reconstruction in the Former Yugoslavia, representing physicians and health care professionals from all parts of the former Yugoslavia, met in Ohrid, Macedonia, 27-30 May 1999.

As healers from all parts of the Former Yugoslavia, we are bound by the common goal of protecting and preserving health. The ultimate threat to public health is violence and war. This has been demonstrated by both the violent expulsion of one ethnic group in Kosovo and NATO's bombing campaign, which have together created a humanitarian health crisis of nightmare proportions in Yugoslavia, Macedonia, Albania, Montenegro and elsewhere. We deplore the current violent actions on all sides in Yugoslavia, recognizing the long years of political repression in Kosovo. Moreover, for many long years there has been a lack of interest by the international community in constructive intervention in former Yugoslavia.

We call on the entire international community to ensure that humanitarian concerns are the primary determinant of policy and that every effort is made to meet the basic human needs of all parties, with emphasis on the safe return of refugees at the earliest possible date. In the meantime, we will continue our efforts to work together, in mixed-ethnic teams wherever possible, to do what we can to heal the physical, psychological and social wounds of all of our people.

List of signatories on next page

APPENDIX C
page 2

Signatories to Network Press Release

Name	*Organization and geographic affiliation (for identification only)*
Prof. Dean Adjukovic	Society for Preventive Action, Zagreb, Croatia
Dr. Paula Gutlove	Institute for Resource and Security Studies, Cambridge, MA, USA
Dr. Gjorgji Nickoloski	Macedonian Center for Mental Health, Skopje, Macedonia
Dr. Drgan Jusupovic	Society for Preventive Action, Zagreb, Croatia
Prof. Anica Mikus Kos	Slovene Philanthropy, Ljubljana, Slovenia
Dr. Emir Kuljuh	OMEGA Health Care Center, Gorazde, Bosnia, and Graz, Austria
Dr. Alija Suko	Jablanica, Bosnia Hezegovina
Dr. Charles Tauber	Coalition for Work with Psychotrauma and Peace, Vukovar, Croatia
Nancy Cohn	London, MedAct
Dr. Anne Marie Wagner	OMEGA Health Care Center, Graz, Austria
Dr. Ake Bjorn	Medical Center for Refugees, Univ. Hospital, Linkoping, Sweden
Dr. Paramjit Joshi	Johns Hopkins University, Baltimore, MD, USA
Dr. Genc Qilerxhiy	University of Prishtina, Prishtina Kosova
Prof. Slobodanka Stankovic	Medical School, Novi Sad, Serbia

For information contact: Dr. Paula Gutlove, Institute for Resource and Security Studies, Cambridge, Massachusetts, USA; tel: 617-491-5177; fax: 617-491-6904; email: irss@igc.org