

INSTITUTE FOR RESOURCE AND SECURITY STUDIES

27 Ellsworth Ave., Cambridge, MA 02139, USA

Tel: 617-491-5177, Fax: 617-491-6904,

Email: info@irss-usa.org Web: www.irss-usa.org

HEALTH AS A BRIDGE TO PEACE:

The role of health professionals in conflict management and community reconciliation*

by Dr. Paula GUTLOVE

Director, International Conflict Management Program, IRSS

Abstract

At the turn of the millennium, the world is plagued by seemingly intractable conflicts, marked by violence and inhumanity. Medical professionals have a special role to play in healing communities that have been ravaged by violence, not only in mending the physical and psychological wounds of individuals but also in rebuilding structures for public health care and in creating bridges for community reconciliation. Involvement of medical professionals from different sides of a conflict in the delivery of health care can be a model for collaborative action, and can create the long-term community involvement that is essential for sustainable peace.

The Institute for Resource and Security Studies (IRSS) launched the Health Bridges for Peace project (HBP) in 1996 to help health care professionals realize their potential to heal violence-ravaged individuals and communities. The project utilizes a shared concern, namely the restoration of public health, as a vehicle to convene, engage, and train health care professionals in conflict management and community reconciliation techniques. In 1997, IRSS initiated the first HBP field program in the former Yugoslavia. The second HBP field program was initiated in the North Caucasus in November 1998. Both field programs have enjoyed the support of WHO and other international agencies.

Health Bridges for Peace has provided new hope and possibilities to many indigenous health professionals, providing them with new opportunities, a new vision, and a new role in their community and in the world. By working and training together, health professionals are giving their communities a symbol of hope and a reason to believe that the promise of their shared future can shine brightly enough to start healing the painful memories of their shared past. Growing global interest in the use of health as a bridge to peace poses an exciting challenge which WHO is uniquely placed to meet.

About the Institute for Resource and Security Studies

The Institute for Resource and Security Studies is an independent, non-profit corporation, founded in 1984 to promote international security and sustainable use of natural resources through technical and policy analysis and public education. To complement its analytic and educational work, IRSS engages in public participation, dialogue facilitation and conflict management through its International Conflict Management Program. This program works with people of diverse perspectives and interests, to improve communication, build understanding, promote cooperation, and develop new models for sustainable community reconstruction and reconciliation. IRSS designs and convenes workshops and training sessions to facilitate dialogue, promote collaborative problem-solving, encourage cooperative actions, and develop inter-communal networks.

* Published in Violence and Health, Proceedings of a WHO Global Symposium, October 1999, WHO Centre for Health Development, Kobe, Japan.

Introduction

"Health is valued by everyone. It provides a basis for bringing people together to analyse, to discuss and to arrive at a consensus acceptable to all. The potential for using health as a mechanism for dialogue, and even peace, has been demonstrated in situations of conflict."

World Health Organization, 1995 ¹

At the turn of the millennium, the world is plagued by violence. Seemingly intractable conflicts devastate communities all over the globe. Yet, while physical and psychological health is the recognized province of health care providers, social health is often considered outside of our territory. For this reason the WHO Global Symposium on Health and Violence is a landmark event. Our traditional focus, healing physical and psychological ills, can provide an important basis for societal healing, particularly in communities traumatized by violence. By expanding the concept of healing to include the restoration of trust and confidence within a community, and by working cooperatively to help prevent future violence, the health profession can make a unique and essential contribution.

The Role of Health Professionals in Societal Healing

Health professionals have a special role to play in healing violence-ravaged communities.² 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. Health professionals can create a bridge of peace between conflicting communities, whereby delivery of health care can become a common objective and a binding commitment for continued cooperation. Reconciliation after the trauma of war requires a healing process to restore relationships, for both the individual and the community.

Involvement of health professionals from different sides of a conflict in the delivery of health care can be a model for collaborative action, and can create the long-term community involvement that is essential for sustainable peace. In a post-conflict community, the health infrastructure is often one of the few to be aided by international and NGO assistance. This can provide options for communication, transport, technology transfer and educational support that are otherwise unavailable.³ Furthermore, international medical organizations have experience in building bridges between medical communities in developing and developed countries, North and South, East and West.

Delivery of health care has been the basis for significant cooperation between parties that have been divided by violence, as has been well documented by the War and Health Program of McMaster University in Canada.⁴ UNICEF has pioneered the promotion of humanitarian cease-fires for pediatric immunizations, beginning in El Salvador in 1985, and again in Lebanon in 1987. UNICEF also brokered a "corridor of peace" in 1985 between the government and the insurgent NRA in Uganda, to allow the transport of medical supplies and vaccines. In the Sudan in 1989, a corridor of peace was negotiated between the government and the SPLA to allow delivery of relief supplies to people in southern Sudan.

WHO has demonstrated the potential for health to be a unifying influence on a longer-term basis, through research/action programs, sustained inoculation campaigns and health education programs in conflict-torn areas. For example, WHO-Afghanistan and the Afghan Ministry of Public Health brokered a cease-fire in 1994 during which children throughout the country could be immunized.

The two weeks of tranquillity became a two-month cease-fire during which an intensive "Mass Immunization Campaign" was carried out.⁵ An important aspect of the campaign's success was the broad consensus that the organizers achieved among leaders of the warring factions and representatives of government and non-government agencies, including Afghan health officials from all parts of the country. Also cooperating in the initiative were international NGOs and UN agencies. The neighboring governments of Iran and Pakistan assisted through the donation, transport and storage of medicines. In addition to immunizing children, the campaign educated people about pediatric health needs and worked to build the health care delivery infrastructure of the country. Campaign organizers provided training to over 14,000 health workers and regional directors, and provided needed health equipment to rural centers throughout the country. Many observers felt that, until the Taliban took over in 1996, this program raised the level of respect that the health sector commanded throughout Afghanistan, and enhanced this sector's status as an impartial and neutral actor. Unfortunately, it is doubtful that the initial achievements of this program were sustained after the Taliban took over.

WHO has also organized research/action programs to integrate peacebuilding with health-related initiatives. The program, "Health and Development for Displaced Populations" (Hedip) ran from 1991 to 1995, conducting three pilot projects in Croatia, Mozambique and Sri Lanka.⁶ In the three projects, Hedip addressed health problems whose solutions required actions that integrated the health sector with other sectors, and sought to use health-related actions to promote community reconciliation. The projects aimed to provide emergency humanitarian aid in such a way that it could contribute to long-term sustainable development. Participation of many sectors, including government, social services, private entrepreneurs and citizen groups, was promoted through the development of local committees, which directed the project on the local level. The success of the projects depended upon the development of a participatory, problem-solving process within these local committees.

The WHO office in Bosnia and Herzegovina (WHO-BiH), through the Peace through Health (PTH) strategy, has worked to integrate health and conflict resolution across a wide range of programs.⁷ This integration has been based on two principles. The first principle is that common health issues can provide neutral fora for discussion and collaboration. The second principle is that health issues can provide a valuable medium for addressing fundamental obstacles to peace such as discrimination, polarization, and manipulation of information.

WHO-BiH has implemented the PTH strategy in programs such as health system reform and reconstruction, public health, primary health care, and mental health. Some specific areas that they have worked on include: joint immunization campaigns; efforts to harmonize health data collection across BiH; joint training workshops in all parts of the country; and the initiation of an inter-faculty medical students' journal. Implementing the PTH strategy has presented crucial challenges to the health profession. A particular challenge has been the need for reform and reconstruction of the health system in BiH, requiring a fundamental and widespread recognition that responsibility for health extends far beyond the health sector.

Integrated Action

The potential for the medical community to promote communal reconciliation, to heal inter-communal⁸ relationships, and to transform violence-habituated systems can be significantly enhanced with training and assistance in concepts and skills of conflict management. The field of conflict management encompasses 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. This transformation, away from dealing with differences through violence and destruction, and toward an approach based on constructive, cooperative interaction, is essential to long-term, sustainable peace.

In recent years, efforts to transform inter-communal conflict have benefited from the systematic integration of humanitarian activities with conflict management expertise. This approach can be described as "integrated action".⁹ Peacekeeping, famine relief, public health and other humanitarian programs have always involved some degree of conflict management work. However, this work has often been done on an ad hoc basis, without specific planning or the training of personnel in conflict management. Deliberate integration of conflict management with other humanitarian efforts, through integrated action programs, is a recent development.

Through integrated action, conflicting parties are brought together to work on a humanitarian or development program that involves super-ordinate goals, and are provided with significant, concrete incentives for cooperation. At the same time, the humanitarian program receives the benefit of conflict management expertise. Such initiatives will be more effective and sustainable if they learn from previous successes and failures. Also, each initiative must respond to its unique cultural and historical context, and be developed by indigenous talent.

Integrated action weaves together conflict management with other humanitarian activities for several purposes. The humanitarian action is an incentive for parties to come together, and provides a basis for continued engagement of indigenous parties. As parties work together, they create a context for training in conflict management skills, which can be applied on many levels, promoting community reconciliation among ever-larger circles. The first circle encompasses the providers of a humanitarian action, the second circle encompasses people directly reached by the humanitarian action, and the third circle encompasses the surrounding community. Other, wider circles will be reached by replication of this process in other locations. Finally, the conscious integration of conflict management with humanitarian actions can provide a sustainable structure for long-term cooperation and community reconciliation.

Integrated Action in Practice: The Health Bridges for Peace Project

On the eve of the nine-day war that began when Slovenia declared independence from the Yugoslav Federation in July 1991, a Slovene physician asked IRSS for help. She was aware of dialogue work that IRSS has facilitated with international groups of physicians, and she hoped IRSS could promote similar dialogue in Yugoslavia among people who were in a position to make a difference in the region. Within weeks, similar requests came from physicians and other prominent individuals and groups in Serbia and Croatia who were concerned about the violent

course they saw their countries taking. Thus began a long-term commitment by IRSS to the former Yugoslavia.

Working with people from Serbia, Croatia, Slovenia, Macedonia, Montenegro and Bosnia-Herzegovina, IRSS convened numerous dialogue and training workshops for a range of professional groups, including politicians, educators, religious leaders, refugee workers and health care providers. Gradually our work came to focus on the unique and crucial role that health care professionals, primarily physicians, can play, not only in mending the physical and psychological wounds of individuals but also in rebuilding structures for public health care and in creating bridges for community reconciliation.

Drawing from our experience in the former Yugoslavia, IRSS launched the Health Bridges for Peace (HBP) project in 1996. The purpose of the project is to utilize a shared concern, namely the restoration of public health, as a vehicle to convene, engage, and train health care professionals in conflict management and community reconciliation techniques. Also, once these professionals are trained, they are assisted in designing and implementing inter-communal activities that integrate community reconciliation and conflict prevention strategies into health care delivery.

The first field program in the Health Bridges for Peace project, initiated in response to requests from medical professionals in the region, has operated in the former Yugoslavia since 1996. In April 1997, local physicians formed the Medical Network for Social Reconstruction in the former Yugoslavia. (Hereafter, this body is referred to as the Medical Network.) In addition to working within the former Yugoslavia, the Medical Network has engaged in active outreach to other war-torn areas to spread the Health Bridges concept. IRSS initiated its second Health Bridges for Peace field program in the North Caucasus in November 1998, when we brought together Chechen, Ingush, Ossetian and Russian health professionals in South Russia.¹⁰ At this meeting the Medical Alliance for Peace through Health in the North Caucasus was born.

Health Care: a Special Opportunity for Integrated Action

The Health Bridges for Peace project works with the medical profession to promote a systematic integration of public health with social reconstruction and community reconciliation. The project convenes meetings with health professionals who share a common concern for public health issues. Participants are introduced to a variety of conflict management and community reconciliation processes. They engage in facilitated dialogue about their past, their present and their potential shared future, seeking to identify common health care needs that can be addressed effectively through a cooperative approach. The HBP project then assists them in designing and implementing inter-communal programs that integrate community reconciliation and conflict management techniques into health care delivery. Some areas of common ground include re-integration of war-affected people, resettlement of refugees and displaced peoples, reconstruction of health care delivery systems, civic education for human rights protection, and the development of sustainable processes for managing community conflict.

Facilitating community reconciliation can be difficult, demanding great sensitivity, patience and courage. Many of the health practitioners involved in local Health Bridges programs have special knowledge and unique skills that have contributed to the development of a culture-specific process of acknowledgment, mourning and grieving about the past. Engaging in this process has made it possible for the HBP project to help people who are locked in polarized, painful, antagonistic relationships to engage in a collaborative problem-solving approach.

Documenting this process and training others in its application has been a key factor in promoting the transformation of a community characterized by violence, mistrust, injustice and anger to one characterized by hope, trust and wholeness.

An internationally known specialist in trauma recovery, Dr. Judith Herman, describes three stages -- safety, acknowledgement, and reconnection -- through which patients must move as they recover from a traumatic experience.¹¹ 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. These stages have proven to be very relevant to the recovery of communities from the trauma of war. Through a process of dialogue and shared actions, the HBP project has helped to train medical professionals to address these stages as individuals, as healers and as leaders of conflict-divided groups.

Reconnection is crucial to reconciliation within a violence-ravaged community. Here, the ultimate goal is the restoration of healthy human relationships and the building of trust, hope and interdependence. The concept of trust can encompass trust in other individuals to behave with compassion, and trust that the political system will be fair and equitable. The building 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 a community.

By identifying issues of mutual interest, in which they can work together cooperatively, the HBP project allows participants an opportunity to rebuild their relationships in a sustainable, meaningful way.

The Medical Network for Social Reconstruction in the former Yugoslavia

The Medical Network was initiated in 1997 to promote the resolution of existing conflicts and the prevention of future conflicts in the former Yugoslavia. 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 Medical Network aims to promote dialogue, cooperation, personal contacts, practical solutions and the renewal of relationships in its region. Acting on these beliefs, the Medical Network runs periodic training workshops, conducts a range of inter-communal health care projects, and convenes annual conferences.

Medical Network conferences serve to promote professional and organizational development while promoting the social reconstruction of the region. Each conference generally consists of plenary sessions and workshops, through which participants 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, development of training programs for use by medical professionals to prevent conflict and encourage reconciliation, and organizational development of the Medical Network. The exchange of knowledge on substantive issues covers practical issues facing health professionals in a post-

war situation, in categories such as: health care, social reconstruction and community reconciliation; refugees and resettlement; youth and the building of hope for the future; psychosocial support; and the development of civil society.

Annual conferences provide important opportunities for relationship building, across conflict divides, among the participants. These opportunities are built upon through training workshops designed specifically to promote the role of health professionals in conflict prevention and community reconciliation. In April 1998, with assistance from the WHO office in Bosnia, the Medical Network held its annual conference in Sarajevo. More than 100 health professionals, from the former Yugoslavia and internationally, convened to explore the role of health professionals in reconciliation, social reconstruction and conflict prevention. In April 1999 the annual conference was held in Ohrid, Macedonia.¹² In view of the violence in the region at that time, the conference focussed on training Kosovar and Macedonian health care providers in three areas: treatment of traumatic stress; the use of volunteers in social reconstruction; and the integration of conflict management and community reconciliation with trauma recovery.

In May 2000 the Network plans its most ambitious conference to date in Gracanica, Bosnia. Gracanica, in northeast Bosnia, includes both the Federation of Bosnia and Herzegovina but also the Serbian Republic. It is also part of a wider Bosnia-Croatia-Serbia triangle. Since 1998, Network members from Slovenia, Bosnia, Serbia and Croatia have cooperated on a training program in Gracanica, integrating trauma recovery with community reconciliation and developing a network of volunteers to assist in social reconstruction. The conference will provide training in: medical assistance to handicapped children; psychosocial treatment for war-affected people, including refugees and veterans; and the integration of trauma recovery with community reconciliation.

The Network has a 12-member Contact Group that serves as its steering committee. The Contact Group meets every six months, has email and fax communication on a regular basis, and leads the Network as it engages in cooperative medical projects that cross conflict lines. Examples of Network inter-communal health care programs include:

- Psychiatrists and psychologists from Slovenia, Bosnia and Croatia have helped to set up inter-ethnic counseling and reconciliation programs in their own republics and have worked together with colleagues in Bosnia, Kosovo, Montenegro and Macedonia to set up similar programs there.
- Training, in psychosocial support for traumatic stress and the use of volunteers in psychosocial programs, is being carried out throughout the region by a core of Network members from Slovenia and Croatia.
- The Network has established an electronic communications linkage that functions for long-range planning and as an emergency alert system.
- Network members from Slovenia and Croatia collected hospital equipment from West European sources and, with IFOR military escort, brought it to two hospitals, one in the Bosniac Federation and the other in the Republika Srpska.
- The Network plans to publish a bi-monthly Network Newsletter and establish a Mobile Medical Library.

Medical Alliance for Peace through Health in the North Caucasus

In April 1998, physicians from Chechnya were guests at a Medical Network conference in Sarajevo. This stirred an interest in the North Caucasus for a Health Bridges for Peace field program, and a request to IRSS for assistance. In October 1998, IRSS convened and facilitated a workshop at which the Medical Alliance for Peace through Health in the North Caucasus (Medical Alliance) was born. The five-day workshop took place in Pyatigorsk, Russia, from 29 October to 2 November 1998. The workshop brought together 21 health professionals from Chechnya, North Ossetia and the Stavropol and Krasnodar regions of Southern Russia. Health professionals from Ingushetia were scheduled to attend but were unable to travel into Southern Russia for political reasons at the last minute. Workshop participants included ministers of health, heads of hospitals, directors of community health facilities, and a range of clinicians and administrators with significant public health responsibilities.

The workshop was organized through local and international networking and cooperation. The primary organizers on the local level were the Netherlands Relief Committee for Chechnya (RCC) and the Association for the Protection of the Rights of Refugees and Forced Migrants (ADEPT). The OSCE Assistance Group in Chechnya provided logistical support. WHO provided information about potential participants, as well as invaluable program assistance, before and during the workshop. The workshop was a carefully facilitated mixture of lectures and small group experiential work, which sought to:

- sensitize participants to the potential, inherent in their role as healers, for promotion of public health, social reconstruction and peace;
- provide training in communication and problem-solving skills;
- address specific war-related public health issues;
- identify opportunities for cooperative actions within the health sector to promote public health and peace building; and
- explore the potential for the development of an ongoing network of health professionals who can use health as a bridge to peace in the North Caucasus.

Workshop participants unanimously agreed to continue their work together and to expand their network to include all 10 republics of the North Caucasus. To do this they decided to form the Medical Alliance for Peace through Health in the North Caucasus. The mission of the Medical Alliance is to work collaboratively in the North Caucasus to promote peace through health, engaging in collaborative initiatives that improve physical, mental and social health in the region.

In order to enhance communications within the region, the Medical Alliance made plans to publish a monthly newsletter through the WHO/EURO office in Copenhagen. The Medical Alliance also started planning on a range of cooperative public health programs, including: a regional network on tuberculosis control; cooperative centers for psycho-social rehabilitation; a North Caucasus inter-regional training center for the prevention of drug addiction; and a cooperative program for prosthetic assistance to amputees in the North Caucasus.

The Medical Alliance had plans to hold its second regional meeting in November 1999, and received support to do this through a generous gift of the Japanese government to the WHO/EURO office. Unfortunately, the escalating violence and instability in the region have caused a temporary suspension of regional program plans. Until the region is safe for a region-wide meeting, IRSS will work with WHO/EURO to define and implement cooperative programs in response to the current crisis situation.

Lessons from HBP Field Programs

Experiences in the former Yugoslavia and the North Caucasus have confirmed the enormous potential for HBP programs in post-conflict areas. They have also demonstrated important principles for integrating health initiatives with community reconciliation in a systematic and sustainable manner, as follows:

- A Health Bridges program should be guided by a broadly representative group of indigenous personnel. Only the local people can identify the crucial health needs of their communities. Moreover, important resources for understanding and transforming conflict can be found within a culture from which the conflict has emerged. Wherever possible, participants should be involved in developing their own training programs.
- The greater the ownership local groups have of a training program, the greater is the likelihood that they will find ways to use it and sustain it.
- In order for training to have a long-term impact, it must be embedded in a structure that has the potential for long-term sustainability. Thus, the organizational development of the Medical Network and the Medical Alliance is in each case crucial to the success of the program.
- Setting up channels for ongoing communication and information exchange among a range of parties is essential for preserving the gains made at meetings and training sessions. For example, at times when direct communications were impossible, members of the Medical Network have creatively sent messages and medical aid through “third” parties. These symbolic and substantive acts were crucial to maintaining the gains in trust and human connection that each meeting of the Network has achieved, and were ultimately essential to the survival of the Network.
- A Health Bridge program is not sustainable or maximally effective unless it relates to other organizations and actors. Thus, the local medical networks are able to grow and gain stability by maintaining communication links with a range of relevant humanitarian and development agencies and NGOs, and with government and intergovernmental agencies. The most important link can be the WHO.
- Ongoing program evaluation and the ability to change in response to critical evaluation are essential to the efficiency and sustainability of any training program. Also, the program must be able to adapt to a changing political landscape.

Outlook for the Health Bridges for Peace Project

Despite continuing violence in both the former Yugoslavia and the North Caucasus, the outlooks for the Medical Network and Medical Alliance are bright. These networks are growing in size and in organizational integrity. They have developed modes of communication, through email and fax, that span their regions and function notwithstanding dramatic fluctuations in the political climate. Concrete health care delivery programs have been organized across “enemy lines.”

In addition to expanding and developing medical networks, the Health Bridges for Peace project seeks to broaden its collaborative and supportive ties with sympathetic international organizations. The WHO is ideally suited to be a HBP collaborative partner, and could provide opportunities for the careful expansion of HBP field programs.

Conclusions

With the support of international organizations, including WHO, and non-governmental organizations, the Health Bridges for Peace project has demonstrated that medical professionals have a special role to play in healing communities that have been devastated by violence. Their special role lies not only in mending the physical and psychological wounds of individuals but in rebuilding structures for public health care and in creating bridges for community reconciliation. Involvement of medical professionals from different sides of a conflict in the delivery of health care can be a model for collaborative action, and can create the long-term community involvement that is essential for sustainable peace.

Furthermore, the HBP project has done more than create opportunities for integrating health care delivery with conflict management. HBP field programs have provided new hopes and possibilities to many indigenous health professionals. Many of them were in despair, and had all but given up their medical practice in the face of the human and physical destruction of their post-war situation. HBP has given them new opportunities, a new vision, and a new role in their community and in the world. It has demonstrated the potential of healing and collaborative action, and has built bridges between colleagues who thought they could never again work together. Similarly, for international collaborators such as WHO field staff, HBP has expanded their mission and has sparked great excitement.

Medical professionals in the Balkans and in the Caucasus have expressed a strong desire to strengthen the existing field programs. Interest is growing elsewhere in the establishment of new field programs. Responding to these expressions of need poses an exciting challenge, which WHO is uniquely placed to meet. Through the Global Symposium on Violence and Health, sponsored by the WHO Centre for Health Development in Kobe, Japan, WHO has taken a significant step forward in meeting this challenge. There are two important next steps that WHO could take. One is for WHO to increase its support for new and existing Health Bridges for Peace programs internationally. The second is for WHO to develop a task force to examine the needs and opportunities for WHO to lead the international community in the use of Health as a Bridge to Peace in the next millennium.

Acknowledgements

IRSS is indebted to the many individuals and organizations who have supported its work on international conflict management, especially on the development of the Health Bridges for Peace project. These supporters include: World Health Organization; William and Flora Hewlett Foundation; US Institute of Peace; members of the Rockefeller family; Winston Foundation for World Peace; the Know How Transfer Center; Open Society foundations throughout former Yugoslavia; International Physicians for the Prevention of Nuclear War - Austria; and individual donors.

Moreover, we wish to acknowledge the hard work of numerous individuals and organizations that are collaborating with IRSS to apply integrated-action strategies and to promote dialogue, cooperation, personal contacts, practical solutions and the renewal of relationships in conflict-torn areas. These collaborators include: OMEGA Health Care Center (Graz, Austria); the Slovene Foundation (Ljubljana); HealthNet International and Moj Prijatelj (Sarajevo); Netherlands Relief Committee for Chechnya; the Association for the Protection of the Rights of Refugees and Forced Migrants in the CIS; and the Organization for Security and Cooperation in Europe.

Endnotes

-
- ¹ "Health in Social Development," WHO Position Paper, prepared for the World Summit for Social Development (Copenhagen, March 1995), page 19.
 - ² Paula Gutlove, "Health Bridges for Peace: Integrating Health Care and Community Reconciliation," in *Medicine, Conflict and Survival*, Frank Cass & Co. Ltd., London, England, Volume 14, January 1998.
 - ³ A Health to Peace Handbook, War and Health Program of McMaster University, Hamilton, Ontario, Canada, 1996, page 5.
 - 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 "Health in Social Development", WHO Position Paper, Copenhagen, 1995.
 - ⁶ Sara Swartz (Division of Emergency and Humanitarian Action of the World Health Organization), "Local Support for Peace Through Health: The Hedip Program of the World Health Organization", in A Health to Peace Handbook, War and Health Program of McMaster University, Hamilton, Ontario, Canada, 1996.
 - ⁷ Gregory Hess, director of the Peace through Health Program, WHO, Sarajevo: "The WHO Peace through Health Program in Bosnia and Herzegovina", in Reconciliation, Social Reconstruction and Conflict Prevention: The Role of Health Professionals, Report on an International Conference by Paula Gutlove, 23-26 April 1998, Sarajevo, Bosnia, November 1998.
 - ⁸ 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.
 - ⁹ Paula Gutlove and Gordon Thompson, A Strategy For Conflict Management: Integrated Action in Theory and Practice, Cambridge, Massachusetts, USA, Institute for Resource and Security Studies, March 1999.
 - ¹⁰ Paula Gutlove, Health as a Bridge for Peace in the North Caucasus: a Workshop for Health Professionals in Pyatigorsk, Russia, 29 October - 2 November, 1998, World Health Organization, Copenhagen and Institute for Resource and Security Studies, Cambridge, Massachusetts, December 1998.

¹¹ Judith Herman, MD, Trauma and Recovery, New York, BasicBooks, 1992.

¹² Paula Gutlove, Reconciliation, Social Reconstruction and Conflict Prevention: The Role of Health Professionals, report on an International Conference, 23-26 April, 1998, Sarajevo, Bosnia, Medical Network for Social Reconstruction, Sarajevo, November 1998.