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**HEALTH BRIDGES FOR PEACE:**  
*Integrating Health Care with Community Reconciliation*

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**1. 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<sup>2</sup>

Health Bridges for Peace is a new project that links health care with the prevention and management of inter-communal conflict. The project will work with local health care providers (doctors, nurses, mental health workers and social workers) in conflict-torn areas to develop tailored programs that integrate the delivery of health care with conflict management and sustainable community reconciliation. It will document these programs as models for conflict management, community reconciliation and peace building in other conflict-torn areas. Finally, the project will promote the Health Bridges concept before governments and international organizations.

The Health Bridges concept is an example of a growing field of practice that is commonly known as conflict management. More specifically, Health Bridges initiatives represent an approach to conflict management that is described here as the integrated action approach. This paper begins with a brief review of conflict management and integrated action. It then describes some examples of integrated action programs, including programs that have involved health care providers. Then, the paper reviews the evolution of the conflict management field, and places the Health Bridges concept in the context of that evolution. Finally, some ongoing and planned Health Bridges initiatives are described.

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<sup>2</sup> "Health in Social Development," WHO Position Paper, prepared for the World Summit for Social Development (Copenhagen, March 1995), page 19.

## 2. Conflict Management and "Integrated Action"

Conflict management by non-government specialists has emerged as a significant field of endeavor in many conflict-prone regions. 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. 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 a new and encouraging development, the integration of humanitarian activities with conflict management expertise. This approach can be described as "integrated action". 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.

In a community that has been traumatized by violence, humanitarian and development activities will center around reconstruction of the physical, political and social aspects of the community.<sup>3</sup> However, integrated action is also applicable in situations where there is a risk of violence but violence has not yet broken out. Indeed, the use of integrated action in this preventive mode can be highly cost-effective, because it can avoid the heavy human and material costs of violence. Whether used to prevent violent conflict or after violence has occurred, the integrated action approach can be used with a variety of humanitarian and development functions, such as:

- health
- agricultural extension
- education
- public works
- justice
- removal of land mines
- environmental remediation
- political reform
- military reform

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<sup>3</sup> Resource Pack for Conflict Transformation, International Alert, London, U.K., November 1996.

Health care providers have been involved in integrated action, as described below, and the Health Bridges for Peace project will promote greater, more systematic involvement. In communities that have sustained violent conflict, Health Bridges for Peace will work with indigenous medical providers to identify common health concerns that focus primarily on social reconstruction, such as: medical assistance for physical and psychological traumas of the war; reintegration of war-affected people; resettlement of refugees and displaced peoples; reconstruction of health care delivery systems; civic education to develop understanding and respect for human rights; and the development of sustainable processes for managing community conflict. Health Bridges for Peace can also be useful in the prevention of intra-communal violence by assisting parties in polarized, tense pre-violent conflict situations to identify common health care needs which can be effectively addressed through a cooperative approach. Indeed, violence has been recognized as a public health issue in pre- and post-conflict communities by both public health experts and conflict management specialists.

In either case, whether violence has occurred or not, the intention of Health Bridges for Peace is to integrate conflict management and community reconciliation into a program of cooperative health care delivery. Community reconciliation is a process of healing the relationships between peoples who have become estranged or who have been in conflict. Some of this healing can be accomplished through mutual acknowledgment of past wrongs, shared visions of desirable futures, and cooperative engagement in tasks demanded by the present reality, including the development of sustainable institutions for managing communal conflict.

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.

Incentive: Broad-based interest in a humanitarian action provides an incentive for parties to come together in the first place. For instance, aspects of community reconstruction (e.g., rebuilding schools, hospitals, and water supplies, or restoring mental and physical health to a post-war, traumatized population) can be shared goals that cross conflict lines. Such goals can provide an incentive for lay people or selected professionals, people who may have lost contact with colleagues or who may be polarized by anger or mistrust, to come together and to work together.

Continued Engagement: A common goal achievable through ongoing cooperative actions can provide a basis for continued engagement by disparate parties. Often, resources are available for humanitarian activities such as community reconstruction that are not available for conflict management activities per se. In this way, cooperative participation in humanitarian activities can provide a viable, funded context for continued engagement of parties, encouraging parties to persist in their cooperation even though intergroup interactions may at times be difficult.

Training: Bringing disparate parties together creates both a forum and a need for training in a wide range of conflict management skills. This training can serve an important educational function and also be an intervention that transforms the group's interactions.

Conflict management training is often executed through role plays or simulations of fictional or irrelevant situations. Trainers often argue that parties have too much at stake, practically and emotionally, to be trained in the direct context of their own relationship. However, even in extreme situations, training in conflict resolution skills can be provided in a practical context if that context does not pit parties against each other, but emphasizes what they have in common.

In an integrated action approach, once parties have identified a common goal, they can use conflict management skills in the practical execution of that shared goal. Skills are introduced in the context of the shared goal, but are also used within the group to promote the communication and understanding that are necessary to that group's cooperation. The use of training as intervention in this way has been demonstrated by the Balkans Peace Project (BPP). One example took place in FYR Macedonia in 1994, where ethnic Albanian and Macedonian teachers were trained in skills to be applied in their respective classrooms. Another example was a series of conflict management skills training workshops which brought together professionals working with refugee communities from many parts of the former Yugoslavia. The training workshops were experiential in nature, and were based on simulations drawn from the actual experiences of the participants. The training brought together disparate groups to learn skills for application in situations that they had in common, namely conflicts within refugee populations and between host and refugee communities.<sup>4</sup>

Application: It was demonstrated in the BPP training of refugee personnel that the use of participants' actual experiences of conflict made the training more relevant and more directly applicable for the participants. Similarly, in integrated action programs, the opportunity to apply newly learned conflict management skills to real life situations can make the learning process more dynamic, and the skills learned more sustainable.

For instance, a group seeking to work together in a cooperative humanitarian activity would be taught a range of concepts and skills that would be directly applicable to promoting their common interests, but at the same time could be

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<sup>4</sup> Paula Gutlove, "Conflict Resolution Dialogue and Training in FYR Macedonia," The Balkans Peace Project, Cambridge, MA (October 1994).

applied to the group's interactions as well. The group might have training in communication skills, so that they will be able to learn how to listen to each other, to speak clearly, to reframe issues, to engage in collaborative problem solving, and to build consensus.

The concepts and skills that are taught would be applied initially within the group of humanitarian providers who are cooperatively engaged in the integrated action, so that they can work together effectively. Later, these providers can integrate these concepts and skills into their work as they engage in their chosen humanitarian activities. Some providers may choose to train others in conflict management skills, during the process of promoting community reconciliation.

Sustainable Structure: The integration of conflict management into existing structures for the delivery of humanitarian actions can create a sustainable structure for long term cooperation and community reconciliation. Humanitarian actions such as health care will be needed for many years, and will thus need stable structures for administration and financing. Conflict management, if employed in an integrated manner, can operate within those structures, instead of requiring the creation of its own institutions. In this paradigm, organizations that specialize in conflict management will focus primarily on research and training. Much of the application of conflict management will occur through humanitarian organizations.

### **3. Examples of Integrated Action Programs**

Integrated action is a relatively new approach to conflict management, and has a relatively limited body of experience behind it. Nevertheless, the experience that does exist, and the above-mentioned considerations, suggest there are grounds for optimism. Two programs with which the author has had direct experience are in the Former Yugoslav Republic of Macedonia (hereafter referred to as FYR Macedonia) and in Slovakia.

An integrated action program was initiated in 1994 in FYR Macedonia by the Catholic Relief Services (CRS), with support from the United States Agency for International Development (USAID). The program sought to provide a context for Macedonian/ Albanian cooperation, relying on the common concern for education and school improvement in both populations. Funds were obtained from USAID for the reconstruction of selected schools which service both populations. The program provided these funds on the condition that each group form a mixed-ethnic Parents and Teachers Organization (PTO) which was broadly representative of the community and which would supervise the reconstruction within their own school. Thus, the reconstruction funds were an incentive to promote cooperation through shared responsibility for the reconstruction of schools in conflict-torn communities. The process of rebuilding the schools has provided a context for ongoing engagement of the parties. Prior to forming the PTOs, CRS sent key staff members to BPP (and other) conflict management training programs, to expose them to them a range of conflict management concepts and skills which could assist them in assembling and facilitating the PTOs. Parents and teachers in the PTOs also received training in conflict management skills. Furthermore, through a separate but related program in some of the schools, peer mediation programs were

instituted for children. Ultimately, therefore, training was provided to children, parents and teachers in conflict management processes, for application within the PTOs and within the school itself. Thus, in addition to rebuilding the schools and developing a process and a context for community reconciliation, this integrated action program is creating a large indigenous capacity for transforming conflict into cooperative, creative energy for change.

Another example of a multi-faceted program of integrated action is one being developed in Slovakia by the Center for Strategic and International Studies (CSIS). The CSIS Program on Public Participation and Democracy Building in Slovakia is designed to be a catalyst for citizen leaders to mobilize their talent, intelligence and experience to build a sense of shared community, a sense of shared responsibility, and an empowered civil society. The program is being executed in three Slovak cities: Banska Stiavnica, Lucenec, and Dunajska Streda. These cities were selected because they present a range of diverse ethnic compositions, political affiliations and geographic and socioeconomic issues.

In each city, a Leadership Council of approximately 18 citizens has been selected through an intensive process of interviews and evaluations. The Leadership Councils are designed to broadly represent the different ethnic, religious, economic, and social groups within each city. A unique aspect of the program is that each Leadership Council has been given a budget of US \$50,000 over a two-year period to spend on community reconstruction projects that benefit all aspects of the community. It is unique also that the Leadership Councils have broad control over the directions their projects will take, within the broad framework of community pluralism. With guidance and training from the CSIS team, each Leadership Council will work together to develop a positive, shared vision for the medium-term future - the next 5 to 15 years - of their community. Then, the members of each council will cooperatively design and execute projects to turn their vision into reality.

The Leadership Councils are intended to reflect the ideals of a pluralistic community. Despite their ethnic, social and economic differences, members will be trained and facilitated to enable them to work together for the good of their shared community. For the last several hundred years the State (the central government) has had complete control over the mapping of directions for Slovak communities. In this program, by contrast, citizens outside of government will work together to chart their own course.

#### **4. Previous Involvement of Health Care Providers in Integrated Action Programs**

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 health infrastructure of a post-conflict community is often bolstered by international and NGO assistance, which may provide options for communication, transport, technology transfer and

educational support that are otherwise unavailable due to destroyed infrastructure.<sup>5</sup> Furthermore, international medical organizations have experience in building bridges between medical communities in developing and developed countries, North and South, East and West. The potential for the medical community to promote communal reconciliation, to heal inter-communal relationships, and to transform conflict-habituated systems can be significantly enhanced with training and assistance in concepts and skills of conflict management. 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.

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 a short-term, basic health care need, often aimed at children from all sides of the conflict.<sup>6</sup> UNICEF has been a pioneer in the promotion of humanitarian cease-fires, beginning with the "days of tranquillity" that they helped to institute in El Salvador in 1985. UNICEF and the Roman Catholic Church mediated an agreement between the government and the FMLN in El Salvador to stop fighting three times a year to allow health workers to immunize children throughout the country. In 1985 UNICEF brokered a similar "corridor of peace" between the government and the insurgent NRA in Uganda, to allow the transport of medical supplies and vaccines which were used to treat children from both sides of the conflict. Similarly, in 1987 UNICEF mediated a series of three-day cease-fires in Lebanon, in order to vaccinate children. 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.

UNICEF is not the only organization to broker cease-fires for health initiatives. A common interest in children's health motivated peasant women in the Philippines to develop a program called: Immunization for Peace (IfP) which operated through the National Peace Coalition in 1988. IfP sought to provide for the health of all children throughout the Philippines, and felt that it, in order to do this, it was necessary to "achieve peaceful cooperation and co-existence among various groups affecting child welfare in conflict areas."<sup>7</sup> IfP coordinated cooperation among government and nongovernment sectors on the local level and the national level, to provide special immunization programs for children, but expanded its focus in

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<sup>5</sup> A Health to Peace Handbook, War and Health Program of McMaster University, Hamilton, Ontario, Canada, 1996, page 5.

<sup>6</sup> 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.

<sup>7</sup> Risa Hontiveros-Baraquel (Secretary General of the Coalition for Peace), "Immunizations for Peace in the Philippines: Problems and Promise", in A Health to Peace Handbook, War and Health Program of McMaster University, Hamilton, Ontario, Canada, 1996.

many provinces to include other pediatric health needs, general health care concerns, other social services, and the discussion of potential peace initiatives. In 1993 the government sponsored its own pediatric immunization campaign, possibly inspired by the ambitions and ideals of the IFP.

The World Health Organization (WHO) has demonstrated the potential for health to be a unifying cause, through research/ action programs, inoculation campaigns and health education programs in conflict-torn areas. Inspired by the success of cease-fire programs arranged by UNICEF in El Salvador and elsewhere, 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.<sup>8</sup> 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 nongovernment 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 feel that the program raised the level of respect that the health sector commands throughout Afghanistan, and enhanced this sector's status as an impartial and neutral actor. Most importantly, the campaign had pivotal effects on the way people thought about peace. The campaign was able to "encourage thinking about working together to obtain permanent peace and to encourage peace initiatives. Afghans began talking about cooperation in a small way rather than confrontation."<sup>9</sup>

In addition to running inoculation campaigns, the WHO organized a research/ action program that sought to integrate peacebuilding with health-related initiatives. The program, "Health and Development for Displaced Populations" (Hedip) ran from 1991 to 1995, conducting three pilot programs in Croatia, Mozambique and Sri Lanka.<sup>10</sup> 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 the many sectors, including

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<sup>8</sup> "Health in Social Development", WHO Position Paper, Copenhagen, 1995.

<sup>9</sup> Mary Anne Peters, "The Afghanistan Mass Immunization Campaign", in A Health to Peace Handbook, War and Health Program of McMaster University, Hamilton, Ontario, Canada, 1996.

<sup>10</sup> 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.

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 was dependent upon the development of a participatory, problem-solving process within these local committees.

In Croatia, the Hedip program operated in the municipality of Split, where it worked through public health and social welfare institutions to promote social and economic reconstruction. The socially and economically war-ravaged community of Split was faced with hosting a large population of displaced people from Bosnia, of both Croat and Muslim origin. The challenge was to develop solutions for the displaced and refugee communities that would also provide short and long-term benefit to the host community. Hedip organized a health education campaign for teachers, health workers and social workers, which addressed a range of health and social issues (e.g., drugs, smoking, AIDS, sexually transmitted diseases, and psycho-social counseling to war-affected families). Hedip also organized a range of cultural and recreational activities for young people, both local and displaced youth, including a Municipal Youth Information Centre. The activities created opportunities for professional exchange, dialogue and debate and, in the words of a health provider from Split, it created "a new sense of purpose, energy and optimism in our work, even under these difficult conditions, and interrupted the sense of isolation we suffer from."<sup>11</sup>

In Mozambique, the Hedip program used basic public health issues to bring together conflicting parties. Working in the Milange district of the Zambezia Province, Hedip supported the reconstruction of local health centers, and organized primary health care services for unserved areas controlled by the armed opposition party, Renamo. Through a long slow process that included careful study of the local situation and identification of traditional leaders and social forces, Hedip developed a formal inter-institutional committee to coordinate health outreach activities. The committee had representatives from Renamo, district government, religious organizations, local NGOs, and the traditional leadership system. By focusing on a common interest in primary health care, the Hedip program was able to use the perceived neutrality of the WHO and its stature and moral authority to bring together conflicting parties into a local process of dialogue and community programs.

In Sri Lanka, in the Colombo Municipality and the Anuradhapura District, the Hedip project focused on the psycho-social needs of marginalized communities, particularly those that had been displaced by the civil conflict. Social and recreational programs for widows and the elderly were instituted to alleviate isolation. A community center was reconstructed as a focal point for social and educational programs carried out by local NGOs and by public institutions.

In all three programs, health initiatives were used to promote local processes of mutual cooperation and community reconciliation. In many cases, programs began by the Hedip program continued after the project had officially terminated, demonstrating that the program served an important local need and that the local community took ownership of it. By working together on the programs of mutual

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<sup>11</sup> *A Health to Peace Handbook*, page 40.

interest and need, and through the development of broadly participatory processes, people were able to engage in a collaborative problem-solving process.

In a smaller-scale but nonetheless interesting project, the War and Health Program (WHP) of McMaster University used health-related research as a tool for community reconciliation in Sri Lanka. WHP formed a partnership with two regional counseling centers in Sri Lanka, and with them formed a multi-ethnic, multi-disciplinary research team. The research goal was to examine the relationship between conflict-related violence and the occurrence of psychological problems such as post-traumatic stress disorder, grief, anxiety, and depression in children aged 10-13, from the Sinhalese, Tamil and Muslim communities. Subsidiary goals were to strengthen counseling outreach programs, and to encourage community reconciliation by building bridges across ethnic differences.

The members of the research team and the interviewers created a working group that was broadly representational of the three ethnic groups in the region, with a mix of disciplines including mental health, community development, and the arts. The project included training of indigenous female community workers to serve as interviewers, as it was thought that these "older sister" figures would be better able to communicate across barriers of class, gender and language than university-educated medical professionals. The interviewers were trained in conducting survey questionnaires, interview techniques, basic counseling and group facilitation processes. Basic counseling is a relatively new concept in much of Sri Lanka, and it was necessary to develop a "feeling dictionary" of terms because many words (for example, "trauma") had no equivalent in Tamil or in Sinhala. Through the shared commitment of the working group to the health and well-being of children, trust and understanding were developed across disciplines and across ethnic groups. For many, it was the first opportunity to work with someone from another district and another ethnic group. While the duration of the project was cut short due to limited funding and a resumption of violence in the region, WHP feels that this project has catalyzed concern for children's mental health in Sri Lanka, and has supported community reconciliation processes.<sup>12</sup>

## 5. The Evolution of Conflict Management

From the preceding examples, it is clear that health initiatives can be a crucial tool in forging community reconciliation, both on the intra-communal level and at the international level. Such efforts have the potential to be more effective and have a longer-lasting impact if the integration of community reconciliation and conflict management could be done in a systematic and sustainable way. Fortunately, the conflict management field is slowly evolving to become more sustainable and more systematic. Development of an integrated action approach is a part of this evolution.

During its evolution, the conflict management field has engaged a wide variety of disciplines and there is no generally accepted way of describing the field from a strategic or managerial perspective. Recent attempts have been made to understand

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<sup>12</sup> Mary Anne Peters, "The War and Health Program's Study in Sri Lanka," in *A Health to Peace Handbook*, War and Health Program of McMaster University, Hamilton, Ontario, Canada, 1996.

the range of methods used and their applicability.<sup>13</sup> The IRSS has identified four phases of development of the conflict management field. Most activity to date has occurred in phases I and II. <sup>14</sup> The phases begin consecutively, but one phase is not necessarily concluded before the next begins. The four phases are described below.

Phase I. Initial Intervention: (1) assessment or diagnosis of the conflict situation, during which the intervenor will map the conflict, identify appropriate parties for future activities, and engage them in the planning of the intervention; (2) convening meetings or workshops for the pursuit of facilitated dialogue, mediation, consensus building, and/or collaborative problem solving.

Phase II: Building Indigenous Capacity: (1) conducting training in conflict management theory and practice; (2) integrating conflict management into humanitarian and development activities; (3) encouraging indigenous conflict management operations by raising of funds from external sources to support local operations, and (4) providing advice or assistance in organizational development.

Phase III: Improving Effectiveness: (1) systematic documentation of conflict management interventions and early warning of conflicts; (2) improved information exchange among conflict management practitioners and with parties outside the conflict management field; (3) assessment and evaluation of conflict management interventions; and (4) improved coordination of conflict management activities.

Phase IV: Establishing Sustainable Institutions: Most NGO efforts rely upon private philanthropy and project-specific governmental support, usually with little or no guarantee of long-term funding. Thus, the sustainability of the conflict management field depends upon its securing long-term support through the development of financially sustainable, non-governmental conflict management institutions. While it is essential that these institutions not be forced to compromise their independence, it is nonetheless inevitable that government support will form an important part of their funding base. The provision of such support will be an appropriate expense for governments, because of the security benefits provided by conflict management activities.

Integrated action demands that an incremental cost be added to the delivery of humanitarian actions for the integration of conflict management. Overall, this incremental cost can be seen as an economic saving, as integrated action is a very cost-effective way to deliver conflict management, and a humanitarian activity will be more effective and sustainable when it is delivered in the context of community reconciliation.

## **6. Health Bridges for Peace: A Systematic Approach**

The Health Bridges for Peace project seeks to integrate health initiatives with community reconciliation in a systematic and sustainable way. There are several

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<sup>13</sup> Creative Associates International, Preventing and Mitigating Violent Conflict: A Guide for Practitioners, Washington DC, 1996.

<sup>14</sup>Paula Gutlove, and Gordon Thompson, "The Potential for Cooperation by the OSCE and Non-Governmental Actors on Conflict Management.", Helsinki Monitor, Vol. 6 No. 3 ,(1995).

key lessons from the experiences of the WHO, UNICEF and others, and from the evolution of the conflict management field, that Health Bridges for Peace will integrate into its programs. Major lessons will be incorporated as follows:

(i) All Health Bridge programs will be guided by a broadly representative group of indigenous operators. It is only the local people who know what the key health needs are in their community. Furthermore, the more ownership local groups have of the program, the greater is the likelihood that they will find ways to sustain it. The primary resources for understanding and transforming conflict will be found within the culture from which the conflict has emerged. As noted by Adam Curle, a leader in peace studies and mediation:

".....the most potent resource for the public mental health of a community is its people. If the latent capacities for courage, wisdom, and compassion of the multitude of public spirited and good-hearted citizens is evoked, they can do more than the best of "imported experts". .....outsiders can be most useful in providing specific know-how..... economic and material support and, above all, friendship and encouragement."<sup>15</sup>

(ii) Health Bridges for Peace will seek to develop programs that have the potential for long-term sustainability. This means identifying personnel and resources that can be committed to the program for a long period. It is crucial to be aware of the impact of aborted programs, that begin with broad promises but command only meager resources that dry up just as parties are beginning to consider the possibility of community reconciliation. Sometimes, such aborted programs can do more harm than good.

(iii) Health Bridges programs will work to provide adequate information exchange among: parties involved in a Health Bridge program; different Health Bridge programs; conflict management organizations; humanitarian and development agencies; relevant NGOs; and government and intergovernmental agencies.

(iv) Health Bridges programs will aspire to efficiency and sustainability through integrating an ongoing process of structured learning, program assessment, and evaluation into all programs.

## **7. Health Bridges for Peace Initiatives**

The Health Bridges for Peace project concept has been presented in international medical and conflict management meetings and conferences since May 1996. Initial response to the project has been quite positive. The Health Policy in Development Office of the WHO has endorsed Health Bridges for Peace, and has pledged to promote it. The Health Bridges for Peace concept was presented at the OSCE 1996 Biannual Review Conference where it was recognized as a significant non-government initiative.<sup>16</sup>

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<sup>15</sup> "Violence and Alienation: An issue of Public Mental Health" by Adam Curle, in Medicine, Conflict and Survival, Vol.12, 14-22 (1996).

<sup>16</sup> Paula Gutlove, "Conflict Management and the OSCE," Institute for Resource and Security Studies, Cambridge, Massachusetts (November 1996).

In response to presentations about the scope of the project, a range of health care providers have asked for assistance in the conceptualization and development of Health Bridge programs. Currently, IRSS is engaged with several programs, at different stages of development, for communities with different social, political and health care needs.

The different IRSS Health bridge programs demonstrate a range of approaches that medical practitioners can use as they work together to re-establish the human and professional connections that violence has severed. It has been the experience of the IRSS that the best way to create a Health Bridges for Peace program is to bring together indigenous factions of the medical community, present the concept, review potential Health Bridge actions, and assist local practitioners to develop a program that is suited to their community's abilities and needs.

One potential action is the creation of a regional network of medical practitioners. Such a network has been established in the Balkans among medical practitioners from the former Yugoslavia. They are calling themselves the Medical Network for Social Reconstruction for ex-Yugoslavia (hereafter referred to as the Ex-Y Medical Network). Through carefully facilitated meetings, training sessions and the creation of a collaborative infrastructure, such a network can evolve as a forum for the exchange and collaborative use of medical resources and skills. Practitioners can learn from each other how to cope with specific post-war medical situations, to support each other as they deal with similar problems, and to cooperatively develop creative solutions to the complex problems of restoring individual health, public health and community harmony. Such a network will develop connections across national boundaries throughout its region, and, in so doing, will promote trans-national cooperation between individuals and organizations.

A goal of the Ex-Y Medical Network is the integration of community reconciliation and inter-cultural communication and education into all aspects of post-conflict medical care delivery. In so doing, the medical professionals involved can promote a climate of mutual understanding, tolerance and respect for different cultures while being a model of inter-cultural cooperation.

The kinds of activities the Ex-Y Medical Network plans to engage in include:

- i. serve as a communications channel among participants;
- ii. develop a resource library for medical support and information exchange;
- iii. publish (on paper and electronically) a bulletin for practical exchange of medical supplies and equipment among practitioners;
- iv. create training programs in dialogue, mutual learning and community reconciliation; and
- v. develop Health and Reconciliation Teams.

While the first three activities on the above list are self-explanatory, the last two activities listed merit brief explanation.

Consider the question of training. An Ex-Y Medical Network community reconciliation training program is under development in parts of the Balkans. While details of the training program and the dissemination plan will emerge as the

program develops, five points can be made to explain the development of the program and how it will operate.

First, much of the work will be done by indigenous organizations and personnel. Design of the training program and the dissemination plan will involve cooperation by indigenous and foreign personnel, guided always by local needs and capabilities. Implementation of the plan will be done primarily by indigenous organizations.

Second, many of the organizations participating in the network already provide training in psychological skills and health care delivery. These training programs often have a limited conflict management component. The Health Bridges orientation will enhance the conflict management and community reconciliation component of existing programs, while the network is developing its own community reconciliation training program

Third, the training program will build on community reconciliation programs that have been or are being developed within other professional sectors, such as education, religion and social services, and can make use of existing training programs and materials.<sup>17</sup>

Fourth, training can, over time, reach professions other than health care. For example, police, firefighters, teachers and refugee workers can make good use of the type of community reconciliation training program that is being developed for an by health care professionals. Medical professionals routinely work closely with these professions, and in time, may be able to implement these training programs in partnership with other professional groups.

Fifth, the network has among its membership officials in national, regional or municipal governments, in health or related areas (e.g., vice minister of health for a canton). These officials can create opportunities whereby community reconciliation can be promoted through their respective ministries, and can therefore help the network to integrate community reconciliation into health care delivery. For instance, in refugee counseling centers, community reconciliation could be introduced as an aspect of essential health care for war-traumatized refugees.

Now, consider the role of Health and Reconciliation Teams. Such teams could be an outgrowth of an organized medical network effort. Alternatively, they could be the centerpiece of an independent Health Bridge program. The teams would work on the community level to deliver primary health care, develop inter-communal communication, promote trust, and create avenues for the peaceful resolution of differences. Health and Reconciliation Teams could consist of two to three medical professionals (representative of the diverse communities in a region) working with one or two local people and a foreigner. The foreigner would serve as an anchor of neutrality, a reassurance against ethnic or racial prejudice. If a Medical Network exists, it can be a good source of medical team members, and a venue for training and preparing the Health and Reconciliation Teams.

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<sup>17</sup> Eileen Babbitt, Gutlove, P. and Jones, L., Handbook of Basic Conflict Resolution Skills, Balkans Peace Project, Cambridge, Massachusetts (December 1994).

Health and Reconciliation Teams would travel to selected rural communities and villages where concerns about civil unrest are highest and where people are in need of primary health care education and delivery. Teams will need to work closely with local organizers to gain entry to the villages. The Health and Reconciliation Teams can provide basic health care and public health education, and provide a model, as they do this, of inter-cultural cooperation and mutual trust. They can also serve as a healing presence by listening to local concerns, providing information about human rights, and teaching skills in communication and community reconciliation.

The Ex-Y Medical Network has been established and its capabilities are growing. Training in conflict management concepts and skills may be the starting point for other Health Bridge programs in parts of Central and Eastern Europe. As societies transition from a communist system to a market economy, they often experience inter-communal tensions. Across the society, as economic tensions increase, there are increasing ethnic tensions and problems between majority and minority populations. The restructuring of the health care sector and the move to a market economy has adversely effected relationships among some of the practitioners in this sector.

Physicians in selected Central European countries have requested training programs in conflict resolution for health care workers. They seek training in communication, consensus building and cooperative problem solving. In some cases, they also seek assistance in developing a Health Bridge for Peace program, integrating health care with community reconciliation.

Through programs like these, the Health Bridges for Peace project seeks to demonstrate the applicability and potential for local sustainability of the Health Bridges concept in a wide variety of areas and circumstances. Health care providers from communities divided by conflict will be assisted and encouraged to develop inter-communal cooperation. Working together to deliver health care, they will also be creating a bridge of trust and reciprocity across a conflict divide, a bridge of sustainable cooperation based on two important common objectives, community reconciliation and health.

**POSTSCRIPT:****About the Institute for Resource and Security Studies**

The Institute for Resource and Security Studies (IRSS) is an independent, non-profit, tax-exempt corporation. It was founded in 1984 to conduct technical and policy analysis and public education, with the objective of promoting peace and international security, efficient use of natural resources, and protection of the environment. To complement its research and educational work, IRSS engages in public participation, dialogue facilitation, and collaborative problem-solving, through its Program on Promoting Understanding and Cooperation.

The Program on Promoting Understanding and Cooperation works with people of diverse perspectives and interests, to improve communication, build understanding, resolve conflicts, and promote cooperation. The program uses a variety of approaches, including those grounded in negotiation theory, social psychological research, and family systems therapy. It designs and convenes workshops and training sessions to facilitate dialogue, promote collaborative problem-solving, encourage cooperative actions, and develop collaborative, multi-faceted, integrated strategies for conflict management programs.

Dr. Paula Gutlove, director of the Program on Promoting Understanding and Cooperation, is the founder and director of the Health Bridges for Peace Project. Dr. Gutlove has been working in social change, conflict management and peace-related activities since 1979. She was founding executive director of the Greater Boston Physicians for Social Responsibility (1981-1983), the Center for Psychology and Social Change (1985-1989), and the Balkans Peace Project (1991-1997). Dr. Gutlove has been a program consultant to numerous non-profit organizations and has facilitated dialogue and conflict resolution training with international groups in the United States, Soviet Union, Japan, Australia, Europe, and the Balkans. She graduated from Boston University School of Dental Medicine in 1978, and has practiced dentistry in New York, New Jersey and Massachusetts. Health Bridges for Peace is a unique blend of Dr. Gutlove's background and skills in the areas of medicine, conflict management, program development and community organization. Dr. Gutlove will work with local health care providers to assist them in developing sustainable Health Bridges for Peace programs tailored to their resources and needs.