

INSTITUTE FOR RESOURCE AND SECURITY STUDIES
27 Ellsworth Avenue, Cambridge, Massachusetts 02139, USA
Phone: (617) 491-5177 Fax: (617) 491-6904
Email: info@irss-usa.org
Web: www.irss-usa.org

**A STRATEGY FOR
CONFLICT MANAGEMENT:
Integrated Action in Theory and Practice**
By Paula Gutlove and Gordon Thompson
March 1999

An IRSS Working Paper

Abstract

"Integrated action" is a strategy for spreading and strengthening conflict management, particularly within societies undergoing transition. Conflict management includes processes that promote dialogue, cooperation, problem-solving and reconciliation, with the objective of preventing the escalation of conflict and promoting its de-escalation. Integrated action seeks to integrate conflict management with existing societal functions (e.g., health care, education), providing an effective, sustainable way to incorporate conflict management practices into a society. Implementing the strategy will demand decades of work, building networks of social actors, training them in conflict management theory and practice, and developing liaisons between the networks and a wide range of non-government, government and inter-governmental organizations.

This paper discusses the theoretical basis for a strategic approach employing integrated action, a potential application of this strategic approach in the CIS, and two applications of the approach where the authors have direct experience, namely in the former Yugoslavia and the North Caucasus, in building "Health Bridges for Peace."

ISBN# 0-945369-10-7

© Institute for Resource and Security Studies

IRSS Working Papers

This working paper series published by the Institute for Resource and Security Studies (IRSS) seeks to provide readers with access to current research on resource and international security issues. Publication as a working paper does not preclude subsequent publication in scholarly journals or books; in fact it may facilitate publication by promoting helpful feedback from readers. Unless otherwise stated, publications of IRSS are presented without endorsement as contributions to the public record and debate. Authors are responsible for their own analysis and conclusions.

About IRSS

The Institute for Resource and Security Studies (IRSS) is an independent, non-profit corporation. It was founded in 1984 to conduct technical and policy analysis and public education, with the objective of promoting international security and sustainable use of natural resources. IRSS projects always reflect a concern for practical solutions to resource, environment and security problems, and can range from detailed technical studies to preparing educational materials accessible to the public. IRSS actively seeks collaborative relationships with other organizations as it pursues its goals.

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.

About the Authors

Paula Gutlove is the director of the International Conflict Management Program at IRSS. She was trained in social science and medicine, and has been working in social change, conflict management and program development since 1979. Dr Gutlove founded the international Health Bridges for Peace project, has been a program consultant to numerous non-profit organizations, and has facilitated dialogue and conflict resolution training in the USA, Canada, USSR, CIS, Europe, the Balkans, Japan and Australia.

Gordon Thompson is the executive director of IRSS. He was educated in Australia and the UK, in science and engineering. Over the past two decades he has acquired wide experience with natural resource and international security issues, including the strategic and organizational aspects of conflict management. Dr Thompson has coordinated multidisciplinary teams and has organized international conferences.

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; Winston Foundation for World Peace; US Institute of Peace; members of the Rockefeller family; 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.

Finally, we would like to thank our families, our colleagues and our friends, who have encouraged us, advised us, listened patiently, and supported our efforts in countless ways.

Introduction

At the turn of the millennium, the world is plagued with seemingly intractable conflicts, marked by violence and inhumanity. In response, a growing number and diversity of international and indigenous actors are engaged in a range of conflict management efforts. They promote dialogue, cooperation, problem solving and reconciliation, with the objective of preventing the escalation of conflict and promoting its de-escalation. The diversity of their efforts is essential in view of the wide range of needs that exist within conflict-torn societies.

Conflict management efforts have begun to affect the way some societies think about conflict. Yet, it is becoming increasingly obvious that there is a need for a longer-term strategy for spreading and strengthening conflict management. The need is particularly great within societies undergoing transition. A strategy of "**integrated action**" can help to meet this need. Such a strategy will integrate conflict management with existing societal functions (e.g., health care, education), providing an effective, sustainable way to incorporate conflict management practices into a society. Implementing the strategy will demand decades of work, building networks of social actors, training them in conflict management theory and practice, and developing liaisons between the networks and a wide range of non-government, government and inter-governmental organizations.

It is unreasonable and undesirable to strive for a society that has eliminated conflict. Conflict is basic to human existence. Yet, one can envision nonviolent societies that resolve differences with creative, culturally specific, collaborative approaches.

The remainder of this paper has four sections. The first section discusses the theoretical basis for a strategic approach that employs integrated action. By way of illustration, the second section outlines a potential application of this strategic approach in the Commonwealth of Independent States (CIS). The third section describes two applications of the strategic approach where the authors have direct experience --- in the former Yugoslavia and the North Caucasus. The paper ends with some broad conclusions about the role and potential of integrated action.

The Theoretical Basis for an Integrated-Action Strategy

Conflict occurs when individuals or groups perceive incompatible differences between them or see others as a threat to their resources, needs or values. In a stable community, a variety of processes prevent most conflicts from escalating to higher levels of violence. Nevertheless, situations arise where these processes do not function effectively, and conflicts begin to escalate. In a community undergoing transition, conflict escalation is more likely, because traditional social processes may be ineffective while new processes are not yet established.

Conflict escalation has occurred countless times throughout human history, and will continue to occur. Thus, seeking to prevent the escalation of conflicts to higher levels of violence, and promoting the de-escalation of conflicts, is a never-ending task for human communities. The task is easier in stable communities than in communities undergoing transition, but is essential in both.

Conflict Management

In the course of human history, a variety of measures have been developed for controlling conflicts. Societies have developed systems of government, which seek to control conflicts through laws and government programs. Governments have employed police forces and armies to control conflicts through the threat or use of force. Also, societies have developed non-violent processes that promote dialogue, cooperation, problem solving and reconciliation; these processes are defined here as "conflict management".

This is, of course, a simplified picture. Human societies are complex, and so are the processes that societies use to control conflicts. Our purpose in presenting a simplified picture is to show that conflict management is an essential, permanent component of a stable, peaceful society, at all levels from the village to the global. In a community that has been stable for a long period, conflict management processes will typically have become subsumed within the broader civil society. In a community undergoing transition, conflict management must be a deliberate, planned activity.

Conflicts typically have a life cycle, in which the level of violence rises and falls¹. In the absence of effective conflict management, other factors will govern the development of a conflict's life cycle. For example, an episode of violence might end because one party wins, because the parties become tired of fighting, or because a cease-fire is enforced by an outside entity. Often, a conflict that de-escalates in this manner will subsequently re-escalate, because underlying grievances are not addressed. Conflict management, when it functions effectively, provides a more sustainable solution because it addresses the underlying causes of conflict. It provides alternatives to violence in addressing differences and meeting basic human needs. Thus, it decreases the tendency toward violence, helps to prevent the escalation of conflicts, and promotes their de-escalation. Viewed in this manner, the concept of conflict management subsumes other concepts such as conflict prevention and resolution.

¹ Michael S Lund, *Preventing Violent Conflicts*, (Washington, DC: US Institute of Peace, 1996).

Early Warning

There is considerable interest in providing early warning of conflict escalation, in the hope that such warning will encourage the implementation of preventive actions. It is important, however, to discriminate between preventive actions that operate quickly and those that operate slowly. Actions such as high-level preventive diplomacy, or the deployment of peacekeeping forces, can sometimes have a significant effect very quickly. Other actions tend to produce effects more slowly, but may be essential to the creation of a sustainable peace. Both types of preventive action are important, and an early warning system should provide information that is useful to each type.

Conflict management usually does not produce results quickly, and should generally be thought of as an ongoing activity rather than a tool for emergency response. An effective conflict management system will employ early warning in the sense that it will look ahead, seeking to identify potential escalation of conflict. At the same time, however, the system will look behind, to assess the measures it previously used, and will look sideways, to assess the measures that are being used to manage conflicts elsewhere. The lessons learned from these various observations will be applied by the system in an ongoing manner².

Integrated Action

In stable, peaceful communities, conflict management processes will typically have become subsumed within civil society. By contrast, in communities undergoing transition, conflict management must be pursued deliberately, and must be explicitly supported with funds and other resources. From the earliest stages, however, the deliberate pursuit of conflict management should aim to integrate conflict management with other social functions. This objective is consistent with the long-term need to incorporate conflict management into civil society, and also has practical advantages in the short term.

Many conflict-management practitioners have sought to integrate conflict management with other functions, and this area of practice is often described as "integrated action". A prominent example of integrated action is the integration of conflict management with the delivery of health care³. The Institute for Resource and Security Studies (IRSS) works in this area through its Health Bridges for Peace project, which has field programs in the former Yugoslavia⁴ and the northern Caucasus⁵. Both programs involve collaboration between IRSS

² Paula Gutlove and Gordon Thompson, Exchanging Knowledge about Conflict Management: A Report on Seminars in Vienna in June 1995 (Cambridge, Massachusetts: Institute for Resource and Security Studies, September 1995).

³ Paula Gutlove, "Health Bridges for Peace: Integrating Health Care with Community Reconciliation", Medicine, Conflict and Survival, (Volume 14, 1998, pp. 6-23).

⁴ Medical Network for Social Reconstruction in the Former Yugoslavia, Reconciliation, Social Reconstruction and Conflict Prevention: The Role of Health Professionals: Report on an International Conference, 23-26 April 1998, Sarajevo, Bosnia (Cambridge, Massachusetts: Institute for Resource and Security Studies, November 1998).

⁵ Paula Gutlove, Health as a Bridge for Peace in the North Caucasus: Final Report on a Workshop for Health Professionals, Pyatigorsk, Russia, 29 October - 2 November 1998 (Cambridge, Massachusetts: Institute for Resource and Security Studies, 14 December 1998).

and the World Health Organization (WHO), which pursues integrated action through its "Peace through Health" strategy. These programs are discussed later in this paper.

Health care is only one of the social functions that is appropriate for integrated action. Other functions include education, humanitarian assistance, social services, news and entertainment media, peacekeeping, policing, sports, business, and public works. Indeed, most social functions offer prospects for the integration of conflict management. Some functions offer better short-term prospects than do others. Certain functions -- such as humanitarian assistance and peacekeeping -- are temporary but might nevertheless offer fruitful opportunities for integrated action.

The Role of Integrated Action

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. The following paragraphs elaborate these points.

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 has often been 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 a 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.⁶

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 applied to the group's interactions as well. The group might have training in communication skills, so that they will be able 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.

⁶ Paula Gutlove, *Conflict Resolution Dialogue and Training in FYR Macedonia*, (Cambridge, Massachusetts: The Balkans Peace Project, Institute for Resource and Security Studies, October 1994).

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 therefore 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.

Advantages of Integrated Action

In the short term, integrated action can have practical advantages of at least five kinds:

- Conflict management can enhance the effectiveness with which a social function is performed, and vice versa.
- The social function can provide an infrastructure for the delivery of conflict management.
- Certain functions -- such as the delivery of health care -- can create a climate of trust, which assists conflict management.
- The personnel who perform a social function can demonstrate conflict management principles through their actions, thus encouraging the propagation of those principles.
- Integrated action can be the most cost-effective and sustainable way to build indigenous conflict management capacity and create opportunities for its application.

Spreading and Strengthening Conflict Management

The full value of conflict management will only become apparent over a period of years, as the principles of conflict management become known and put into practice throughout a community. Thus, when conflict management is introduced into a region undergoing transition, there should be a long-term strategy for spreading and strengthening conflict management in the region. Here, "spreading" refers to the introduction of conflict management to progressively wider circles of people, while "strengthening" refers to the improvement of conflict management capabilities and the effectiveness of their application. Both spreading and strengthening should occur primarily through integrated-action channels. Indigenous conflict management expertise -- in the areas of practice, scholarship and strategy -- will be needed to support integrated action programs. The building of indigenous expertise will require specific attention and resources.

An effective strategy for spreading and strengthening conflict management in a region is likely to have several stages. As a simplified illustration, consider the following five-stage strategy:

- Stage 1: a region-wide group of conflict management organizations, practitioners and scholars is established, providing the base of expertise for subsequent stages of the strategy.
- Stage 2: the principles and practices of conflict management are introduced to small groups of professional people (e.g., health-care or education professionals) who are in a position to implement integrated action programs.
- Stage 3: these small groups of professionals demonstrate conflict management through their work, and spread its principles and practices to other members of their professions.
- Stage 4: most members of a profession become familiar with conflict management and introduce it to their clients (e.g., medical patients, and school students) via integrated action.
- Stage 5: conflict management becomes subsumed within a wide variety of social functions, and becomes familiar to most members of the general population. At each stage, after conflict management has been introduced to another group of people, ongoing effort is made to improve conflict management capabilities and enhance the effectiveness of their application in the context of that group.

When conflict management is first introduced into a community undergoing transition, there will be a need to import conflict-management expertise from other communities. Imported expertise must be adapted so that it is culturally appropriate and applicable. During the 1980s and 1990s, many countries undergoing transition received conflict-management expertise from North America and Western Europe. Yet, as conflict management spreads throughout a community, the need for expertise will increasingly be met from indigenous sources. Moreover, a community with newly acquired expertise in conflict management could become a supplier of expertise to other communities undergoing similar transitions and experiencing similar conflicts. Ultimately, the deepest understanding of conflicts will come from within cultures that have direct experience of those conflicts.

The Role of NGOs

Conflict management has at least four characteristics that provide a major role for nongovernmental organizations (NGOs):

- Conflict management is typically a decentralized activity, which matches the decentralized nature of the NGO sector.
- Effective implementation of conflict management calls for creativity and adaptability to changing circumstances, qualities that can often be found in NGOs.
- Conflict-management practitioners must be perceived as neutral parties, and NGOs can often meet this requirement more readily than other actors can.
- Conflict management often requires actions that transcend bureaucratic boundaries, and NGOs can take such actions more readily than government agencies.

If conflict-management NGOs are to perform the role required of them, they must exhibit high standards of professionalism. They must inspire trust, exhibit cultural sensitivity, remain neutral, and demonstrate the principles of conflict management through their own actions. At the same time, they must be disciplined, well organized and financially accountable, and must demonstrate through their actions that conflict management is a serious, professional activity. Continuity of conflict-management programs over time is important, as is the ability to learn from experience. NGOs and their funders have a shared responsibility to provide continuity and professional development.

As one aspect of professionalism, conflict-management NGOs must coordinate their work with each other and with other relevant actors. Although conflict management is a decentralized activity, it requires coordination to ensure that professional standards are upheld, resources are matched to needs, and client populations are not confused by being exposed to widely varying practices. Integrated action programs call for close cooperation between conflict management practitioners and professional personnel in other fields (e.g., health, education).

A Potential Application of an Integrated-Action Strategy in the CIS

The CIS region is experiencing a wrenching transition with political, economic, cultural and institutional components. Numerous conflicts have escalated, and conflict escalation will be a recurring problem for the foreseeable future. Conflicts could generate violence at scales from the local to the global. Effective management of conflicts is needed if violence is to be contained, and is a pre-condition for political and economic development.

While a catalogue of needs and opportunities for conflict management in the CIS would be a major, but highly useful, task, it is beyond the scope of this paper. We offer here some general observations on needs and opportunities as a basis for our conceptual program plan.

Needs for Conflict Management

Needs for conflict management exists throughout the CIS region. The region is culturally, politically and economically diverse, and there is a corresponding diversity of conflicts, but there are also many common factors because of the region's shared history. Some conflicts are geographically limited but others span large parts of the region; escalation of conflicts in the latter category could quickly spread across the region. These considerations argue for a comprehensive approach to conflict management, addressing the entire CIS region and a wide range of conflicts.

The nature of the transition in the CIS is such that conflict management is especially important in the current period. Under the USSR, a powerful, highly centralized State apparatus contained conflicts. Civil society was weak and few NGOs existed. Conflict management, as defined in this paper, was poorly developed. Now, power is dispersed and States are comparatively weak, while civil society is struggling to grow and develop. Conflicts that were previously frozen or suppressed have escalated. Social turbulence has

arisen as previously unsatisfied needs for identity, recognition and self-actualization are expressed. Tensions are exacerbated by economic decay and criminal behavior. Therefore, effective management of conflict will be an essential component of any strategy to provide security and economic development in the region.

Opportunities for Conflict Management

During the 1990s, conflict-management principles and practices have been introduced to the CIS region by indigenous and foreign NGOs, and by international bodies such as the United Nations High Commissioner for Refugees (UNHCR), the Organization for Security and Cooperation in Europe (OSCE) and the World Health Organization. These efforts have identified opportunities for conflict management, and many opportunities are being pursued. Many more opportunities for conflict management remain to be identified. Efforts to date have established a base for future work, but the conflict-management field is still at an early stage of development in the CIS. There is no effective, CIS-wide strategy or infrastructure for spreading and strengthening conflict management, or for coordinating the increasing number of conflict management initiatives.

Several characteristics of the CIS population encourage optimism about the future role of conflict management in the region. The population is well educated and has a proven capability for sustained, disciplined work when properly motivated. Despite great difficulties, people remain committed to democratic processes and self-determination. Historical experiences of war and suffering have produced a strong desire for peace. As scholars seek to articulate new national identities, many of them call for cosmopolitanism, tolerance and openness to other cultures⁷. Within the growing NGO sector there is great interest in developing civil society and conflict management.

The Role of a CIS-wide Network

The preceding discussion has demonstrated five major points about conflict management in the CIS:

- Conflict management is essential to regional security and economic development.
- A comprehensive approach to conflict management should be taken, addressing the entire CIS region and a wide range of conflicts.
- There should be a long-term strategy for spreading and strengthening conflict management throughout the CIS.
- NGOs will have a major role in this strategy and must achieve a high standard of professionalism.
- Delivery of conflict management should occur primarily through integrated action.

⁷ Sergei Kortunov, *Russia's National Identity in a New Era* (Cambridge, Massachusetts: Strengthening Democratic Institutions Project, Kennedy School of Government, Harvard University, September 1998).

It follows from these points that a CIS-wide network of conflict-management NGOs is needed. Such a network would allow NGOs to contribute their collective expertise in a coordinated manner, at a scale appropriate to the needs of the region. NGOs that participate in the CIS-wide network would also gain practical advantages, of which seven deserve mention:

- The network would provide economies of scale (e.g., for production of materials and training programs).
- NGOs would be able to learn from each other's experiences.
- NGOs would receive encouragement and psychological support from their peers.
- NGO efforts would be more effective (e.g., because capabilities would be better matched with needs).
- NGOs would be helped to establish contacts with other NGOs and other conflict-management actors, inside and outside the CIS.
- The community of conflict management NGOs would have increased political impact.
- An NGO network would have better access to funding than would individual NGOs.

A 10-Year Plan

In the context of conflict management in the CIS, the short term might be 1-10 years, and the long-term 10-50 years. A regional strategy for spreading and strengthening conflict management must be guided by a vision that extends at least 50 years into the future. However, given the various uncertainties associated with the CIS, we believe that a 10-year planning horizon is appropriate. Within the context of the overall strategy, there should be a plan for establishing and developing a CIS-wide network of conflict-management NGOs. A 10-year planning horizon is also appropriate for this network.

Ten years from now, the CIS-wide network could be an independent, autonomous organization with a central secretariat and some regional offices. Its organizational structure would reflect a democratic representation of conflict-management NGOs, practitioners and scholars throughout the CIS. Personnel would be mostly indigenous, although personnel would be exchanged with conflict management actors around the world. Funding for network operations, and for conflict management work in the CIS, would come from a variety of private and public sources. Assuming some economic recovery in the CIS by that time, a growing fraction of the funding would come from sources inside the CIS.

The network and its members would work closely with a wide variety of organizations whose main mission relates to other social functions (e.g., health care, education). Delivery of conflict management would occur primarily through these organizations, via integrated-action programs.

The network could publish a bulletin and would provide a variety of other mechanisms for knowledge exchange, with extensive use of electronic modes of communication. It would prepare and publish educational and training materials, and would conduct training programs. The network would sponsor research on conflict management, and would coordinate the evaluation of conflict management programs. It would conduct strategic planning, and would

seek to match conflict management capabilities with needs. It would coordinate collaborative programs of integrated action throughout the CIS. It would facilitate contacts among NGOs and other conflict management actors, within and outside the CIS, through conferences and other mechanisms. The network would represent the CIS conflict-management sector in interactions with governments and intergovernmental bodies, and would market the sector to major funders.

One of the network's major functions would be to work with other actors to develop and implement an overall strategy for spreading and strengthening conflict management throughout the CIS. That strategy would be implemented in stages and would operate through integrated-action channels. The stages would involve the introduction of conflict management to progressively wider circles of people, and the improvement of conflict-management capabilities and their application. Within the overall strategy, the network's activities would allow individual NGOs and practitioners to contribute their collective expertise in a coordinated manner, at a scale appropriate to the needs of the CIS region.

Continuity of network operations and conflict management programs would be important. The network, its members, and their funders would have a shared responsibility to provide this continuity. A diverse funding base should be sought, partly to ensure continuity of funding but also as a means of outreach to the broader international community.

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 her medical colleague, Dr. Paula Gutlove of the IRSS, for help. She wanted to introduce concepts of conflict management to people who were in a position to use them to make a difference in the region. Within weeks, similar requests came from individuals and groups in Serbia and Croatia who were concerned about the violent course they saw their countries taking. This began a long-term commitment by IRSS to the former Yugoslavia.

Development of the Health Bridges for Peace Concept

Working with people from Serbia, Croatia, Slovenia, Macedonia, Montenegro and Bosnia-Herzegovina, we have 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. In addition to working within the former Yugoslavia, the group 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. At this meeting the Medical Alliance for Peace through Health in the North Caucasus was born.

Health Care as an Opportunity for Integrated Action

Health care lends itself well to an integrated-action approach. Often, the health infrastructure of a post-conflict community is 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.

Medical professionals have a special role to play in healing violence-ravaged communities. Health care providers 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 care providers 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. The 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 Health Bridges for Peace project works to optimize the assets of 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 could be effectively addressed 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.

The Medical Network for Social Reconstruction in the former Yugoslavia

The Medical Network was initiated in 1997 to promote the reconciliation 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 Network aims to promote dialogue, cooperation, personal contacts, practical solutions and the renewal of relationships in its region. The Medical Network convenes annual conferences, runs periodic training workshops, and conducts a range of inter-communal health care programs.

Medical Network annual conferences typically bring together approximately 100 people from the former Yugoslavia and other parts of Europe. All efforts are made to secure representation from all parts of the region. In 1998 the annual conference was a four-day meeting in Sarajevo. The next annual conference is scheduled for Ohrid, Macedonia, in May 1999. Conferences generally consisted 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. To these ends, 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 seeks to address substantive issues facing health professionals in the post-war situation, in categories such as:

- health care and social reconstruction;
- refugees and resettlement;
- youth and the building of hope for the future;
- psycho-social support; and
- the development of civil society.

The annual conference provides an important opportunity for relationship building, across conflict divides, among the participants. This opportunity is built upon through training workshops designed to specifically promote the role of health professionals in conflict prevention and community reconciliation.

The annual conference is also an important time for the organizational development of the Medical Network. The group has a 12-member Contact Group that serves as its steering committee. Selection of the group is explicitly based on geographic and functional, not ethnic divisions. The Contact Group meets every six months and has email and fax communication on a regular basis.

Programs of the Medical Network

The Medical Network has established channels for cooperative assistance through which it engages in cooperative medical projects that cross conflict lines. Some examples of Network inter-communal health care programs are:

- A specialized pediatric medical facility in Montenegro has offered long-term care to child war-victims from the Muslim-Croat Federation and the Republika Srpska.
- Network members from Slovenia and Croatia collected hospital equipment from West European medical sources and, with IFOR military escort, brought it to two hospitals, one in the Bosniac Federation, and the other in the Republika Srpska.
- Psychiatrists and psychologists from Slovenia 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 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, Croatia and Macedonia.
- A specialized training of mixed-ethnic medical teams in specific surgical techniques has been funded by the Swedish government's MedEvac program. Muslim, Croat and Serb ophthalmologists have been trained in a specialized surgical technique, and now function as a mixed-ethnic team in all parts of Bosnia-Herzegovina. A similar initiative has trained ear, nose and throat specialists.
- The Network has established an electronic communications linkage that functions for long-range planning and as an emergency alert system. The emergency alert system operated in October 1998 when a Network Contact Group meeting was scheduled in Montenegro. The threat of NATO bombing in Serbia at that time made this venue dangerous and impossible for many participants. The Contact Group was able to discuss the situation, and reschedule the time and place of the meeting, polling 24 people for input in a 24-hour period.
- The Network is publishing a bi-monthly Network Newsletter. Initially it will be published through the WHO office in Sarajevo, later it will be published directly by one or more Network organizations. The newsletter will include: information about relevant training programs; mobile library materials (see below); medical and conflict management-related needs and offerings throughout the region; and Network conferences and meetings.
- The Network is establishing a Mobile Medical Library. This is a collection of books, journals and audio-video materials that are of value to Network members, including materials developed by Network members. The mobile library will travel around the

region through the assistance of the regional WHO field staff and a medical relief group from the Netherlands stationed in Slavonia.

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). Logistical support was provided by the OSCE Assistance Group in Chechnya. 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 including:
 - v psychosocial issues, including substance abuse and psychological rehabilitation;
 - v infectious diseases;
 - v maternal child health issues, including pre- and post-natal care and immunization;
 - v social reconstruction and community reconciliation, including anti-violence cultural issues, employment issues, community issues, and environmental issues;
 - v medical rehabilitation, in particular the treatment of war-related injuries (such as amputations and prostheses); and
 - v issues of refugees and IDPs.
- identify opportunities for cooperative actions within the health sector for promoting 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.

Programs of the Medical Alliance

In order to enhance communications within the region, the Medical Alliance will publish a monthly newsletter through the WHO/EURO office in Copenhagen. The Medical Alliance also plans to engage in 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 plans to hold its first annual meeting in late spring or summer 1999 in Kislovodsk. The theme of the meeting will be “The Role of Health Workers in Social and Psychological Rehabilitation.”

Lessons from HBP Field Programs

Experiences in the former Yugoslavia and the North Caucasus have demonstrated several essential principles for integrating health initiatives with community reconciliation in a systematic and sustainable manner:

- 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 in our workshops were involved in developing their own training programs. As practitioners prepared to use in their community what they had learned in the workshops, the group worked together to rewrite relevant aspects of the training so that it would be more useful to their local communities.
- 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 to 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 both the Medical Network and the Medical Alliance are both crucial to the success of these programs.
- 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 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 had 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, NGOs, and government and intergovernmental agencies.
- 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 the dramatic fluctuations in 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 is broadening its collaborative and supportive ties with sympathetic international organizations such as the World Health Organization, the European Commission, the European Union, Medecins sans Frontier, and the Catholic Relief Services.

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. For example, at a Medical Network meeting in Sarajevo, when ethnic divisions appeared poised to divide the group, one member got up to speak. She passionately stated that “we must not allow them to divide us this way. We will demonstrate to ourselves and to the world that we can and will work together. And together, we can do miracles.” The group went on to develop an innovative plan for cooperation between enemy factions in Bosnia-Herzegovina. Similarly, for WHO field staff, HBP has expanded their mission and has sparked great excitement, both in the field and at WHO headquarters. IRSS is discussing with WHO the further expansion of Health Bridges for Peace to the South Caucasus, Tajikistan, and other areas.

By working and training together, health professionals are building “health bridges for peace,” giving their communities a symbol for 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.

Conclusions

Conflict management is an essential feature of any peaceful society, and requires special attention when a society is in transition. In order to be effective, conflict management practices must be culturally adapted and integrated into the fabric of a society. As a practical matter, it is more effective and efficient to integrate conflict management practices into an existing infrastructure, instead of creating a new infrastructure. Thus, an "integrated-action" strategic approach can be the most cost-effective and sustainable way to build indigenous conflict-management capacity and create opportunities for its application.

While all social functions offer prospects for the integration of conflict management, some are particularly well suited to this role. As demonstrated in the Health Bridges for Peace project, careful integration of conflict management into the delivery of health care can create a climate of trust, promote the healing of inter-group relationships, and serve as an opportunity for modeling inter-ethnic cooperation.

Integration of conflict management into existing structures for the delivery of humanitarian actions can create a sustainable structure for the spreading and strengthening of conflict management and, ultimately for community reconciliation and ongoing cooperation. Through integrated action, conflict management can be a highly productive, long-term social investment that can lay the foundation for a stable world peace.