

Alfred Bader

Queen's University

Queen's Rehab

1905 - 1947

QUEEN'S UNIVERSITY ARCHIVES	
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# update

WORLD JEWISH RELIEF - DRAYTON HILL  
TEL: 0171 387 3333

**WORLD  
JEWISH  
RELIEF**

## INTERNATIONAL SARAJEVO CONFERENCE HOSTED BY WORLD JEWISH RELIEF

London was the venue for the second conference of organisations supporting the humanitarian efforts of La Benevolencia, the Jewish humanitarian organisation which transports aid into Sarajevo and distributes it on a non-sectarian basis.

The Jewish community has been in a unique position during this Balkan war, no one was targeting the Jews so they were able to move goods around unimpeded. La Benevolencia also transports aid on behalf of the UN, the International Red Cross and other sectarian charitable organisations.

Jewish communities in other European countries have expressed a desire to assist World Jewish Relief and the American Joint Distribution Committee in their humanitarian efforts in supporting La Benevolencia. Five other countries have now joined forces to form The Friends of La Benevolencia. Holland, Germany, Belgium,

with the UK and USA met for the first time in Paris and were together again in London last autumn.

Mr Ya'akov Finci the President of La Benevolencia - Sarajevo, attended the meeting and updated those present on the current situation. He described the problems they had been experiencing with the aid convoys, no food or medicine had been delivered to Sarajevo from May to mid-August 95. On the 21st August, World Jewish Relief recalls receiving a fax, it read "At 5 a.m. this morning, the La Benevolencia truck filled with food and medicines rode into Sarajevo. This was the first humanitarian aid to reach the city since the end of May. The truck made the journey in the middle of a moonless night, without headlights, over Mount Igman, taking three and a half hours to cover the 20 km distance."

Ya'akov Finci went on to tell the conference that in the days that followed, La



Andy Rubin - Group Marketing Director of Pentland Group PLC, handing Ya'akov Finci the award.

**The Pentland Young Jewish Care  
Award 1995**  
*has been awarded to*  
**Yaacov Finci**  
*In recognition of his outstanding achievements,  
making him an example to others.*

*Michael Levy*  
Michael Levy  
Chairman of Jewish Care

**JEWISH  
CARE**

*R. Stephen Rubin*  
R. Stephen Rubin  
Chairman of Pentland Group PLC

Judging Panel

Patsy Bloom ♦ Rabbi S. Boteach ♦ John Jay ♦ R. Stephen Rubin ♦ Sir Neil

Benevolencia brought twelve 10 ton trucks of supplies into Sarajevo across the same hazardous route. Three of the trucks contained medicines for the La Benevolencia pharmacy. This pharmacy has distributed more than 40% of the prescription drugs to the city since the beginning

of the war. The others were filled with food - canned meat and fish, baby food, ravioli, canned vegetables, dried fruit and hygiene materials. An uneasy peace is now in place in this part of the world, in some ways work has only just begun. Rebuilding and replenishing



**WORLD  
JEWISH  
RELIEF**

# upda

WORLD JEWISH RELIEF DRAYTON HOE  
TEL: 0171 387 392

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**WORLD  
JEWISH  
RELIEF**

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TEL: 0171 387 3000

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**WORLD  
JEWISH  
RELIEF**

# update

WORLD JEWISH RELIEF DRAYTON HOUSE 30 GORDON STREET LONDON WC1H 0AN  
TEL: 0171 387 3925 FAX: 0171 383 4810 Email: WJR@ORT.ORG  
REG. CHARITY NO. 290767

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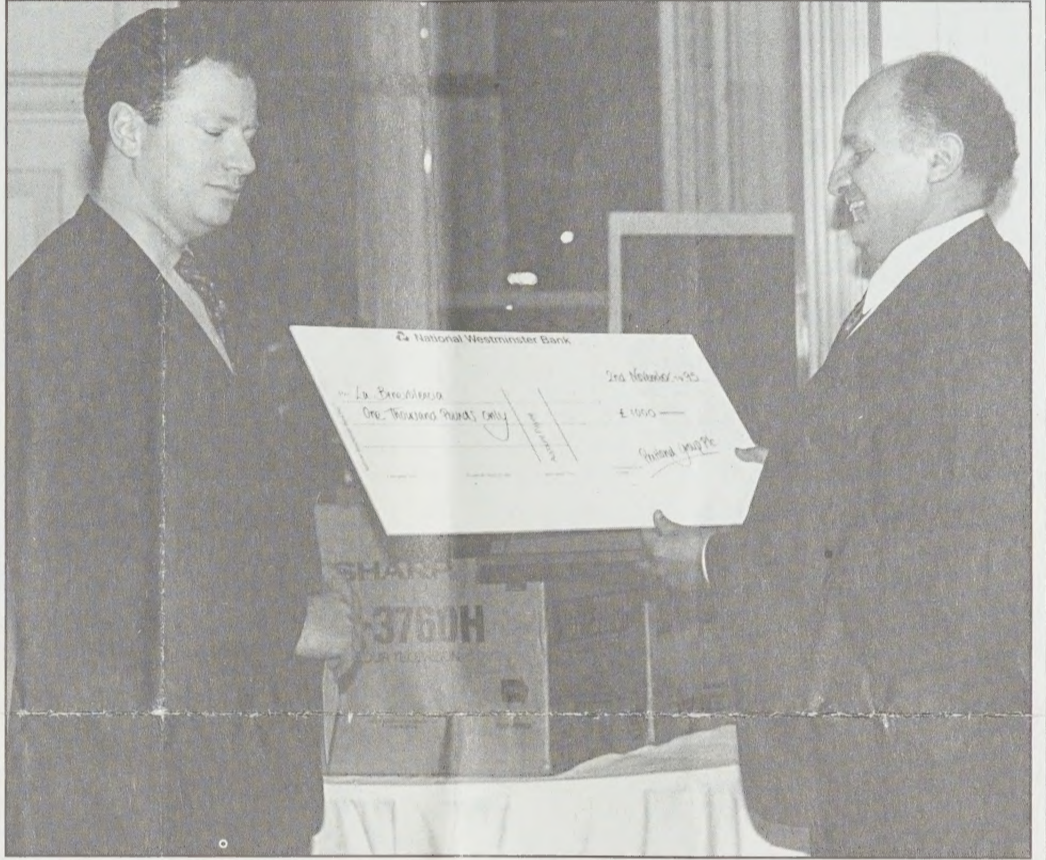
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Andy Rubin - Group Marketing Director of Pentland Group PLC, handing Ya'akov Finci his award and a cheque for £1000.00.

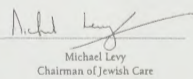
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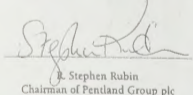
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Stephen Rubin  
Chairman of Pentland Group plc

Ya'akov Finci returned to London, not long after the La Benevolencia conference, to receive the Pentland Young Jewish Care Award 1995, at the annual Pentland Business Luncheon held at the Grosvenor House Hotel. The award was in recognition of his outstanding achievements as President of La Benevolencia, making him an example to others.

Benevolencia brought twelve 10 ton trucks of supplies into Sarajevo across the same hazardous route. Three of the trucks contained medicines for the La Benevolencia pharmacy. This pharmacy has distributed more than 40% of the prescription drugs to the city since the beginning of the war. The other nine were filled with food - canned meat and fish, baby food, ravioli, canned vegetables, dried fruit and hygienic materials. An uneasy peace is now in place in this part of the world, in some ways our work has only just begun. Rebuilding, replenishing, retraining and supplying of resources are only some of the ways we can support this devastated corner of central Europe. The Friends of La Benevolencia have pledged to carry on.

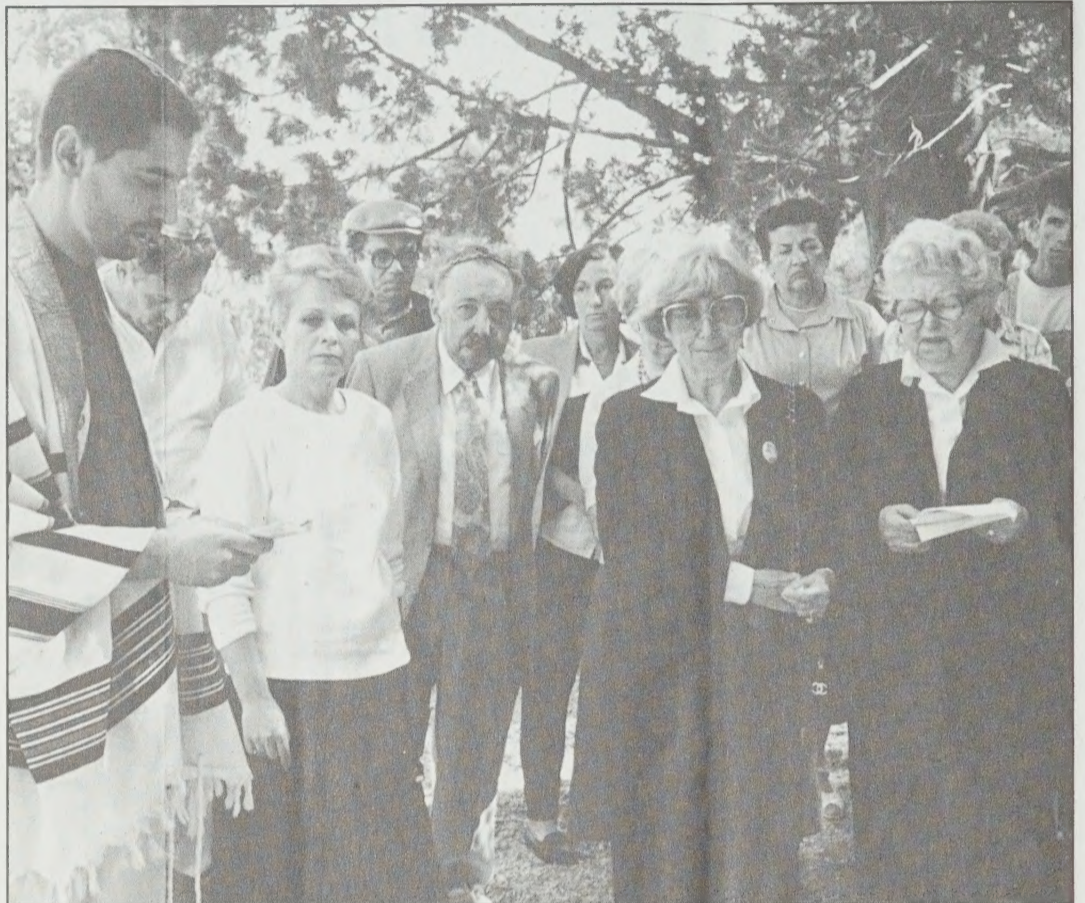
**Former Soviet Union Campaign for 1996 see page 4**

# Respect shown by London Jewry for Sarajevian refugees

The war in the former Yugoslavia caused the displacement of tens of thousands of people. Many fled in fear from advancing forces, others have been forcibly evicted from their homes. Amongst the tens of thousands are 200 elderly Jews from Sarajevo, all survivors of the Holocaust. For the second time in their lives, they are again learning to live with the loss of homes and possessions as well as families, the more able of whom resettled in other parts of the world. World Jewish Relief moved these Jews to the Croatian coast, where they are provided with accommodation, food and clothing to restore dignity and security.

Seven of these elderly refugees have died over the

past three years and have therefore been buried far from home, far from their community, in a country where they are unknown and have no roots. This is one of the tiny tragedies in a war that is a major catastrophe. Through the generosity and sensitivity of a few communities in London, headstones have now been provided for these graves. On the Sunday preceding Succoth, a Croatian speaking Rabbi dedicated the stones, while frail refugees, family and friends were brought by bus to the cemetery. It was a very moving and emotional occasion and one that comforted the other elderly refugees, who know that upon their own deaths they too will receive our respect and consideration.



The local community Rabbi officiates at the dedication ceremony as friends and family pay their respects.

## BELGRADE YOUTH PLAN FOR A FUTURE

The Jewish Community in Belgrade is pursuing an active programme for its 200+ youngsters and sought assistance from World Jewish Relief in identifying and training members as youth leaders. Skilled workers and trainers from the UK have visited Belgrade on two occasions, establishing contacts with the youngsters and providing seminars on youth leadership skills as well as reinforcing Jewish identity and knowledge. The final part of this programme was a visit to the UK by six Belgrade youngsters and the visit exceeded expectations.

For 24 days, six young Belgrade Jews were immersed in Jewish youth work. They spent time in community centres, helped on summer camp programmes, learnt skills necessary in working

with problem youngsters and experienced the rewards of working with disabled children. They also visited many different communities from Southend to Liverpool.

### *... reinforcing Jewish identity and knowledge*

World Jewish Relief funded the project but once the enthusiastic youngsters arrived their programme was run by the professionals from Oxford and St George's Jewish Community Centre and the Association of Jewish Youth. All parties hope that the seeds that were planted will grow and nourish and the five young Belgrade leaders will take root and be the basis of the youth provision for the community in years to come.

The leader of the group from Belgrade (only because she was less shy of using her excellent English than the others) wrote "we would like to thank John, Allison, Ian, Miranda, Neville, Beverley, Darren, Ben, Martin for everything they've done for us and also to all Madrichim who helped us in our work with children. Especially we would like to thank Mrs Cheryl Mariner and World Jewish Relief who are responsible for everything useful and beautiful that happened to us in the past 24 days. We hope they enjoyed working with us as we enjoyed working with them".

Many friendships were made during this short 24 day visit which we are sure will continue for many years to come.

## HOLOCAUST SURVIVOR CENTRE OPENS IN POLAND

In Poland, the unbelievable is happening. The Jewish community is growing - young people are identifying themselves as Jews or as having Jewish roots and there is even a Jewish kindergarten and full time Jewish primary school. Ten years ago this would have been unthinkable, yet now we are witnessing a Jewish

revival in Poland which commenced after the fall of communism in 1989.

In September 1995 World Jewish Relief opened a Holocaust Survivor Centre in Warsaw. Based in a building rented by the Ronald Lauder Foundation, World Jewish Relief funded the renovations and gave

advice on programming. The opening of the Centre was attended by the American ambassador to Poland, a representative of the British government in Poland, World Jewish Relief's executive director, Cheryl Mariner, and dignitaries from the Polish Jewish community. In addition over 100 people crowded into the

available space and made the opening a significant and joyous event. The centre will be used by various survivor and veteran groups to provide social and educational activities for all participants. The premises is called "Bejtejnu" or "Our Home"

*cont'd on next page*

# DUTY FREE

If you are in the business of import you will be aware that there is duty to be paid on all goods that are brought into this country from anywhere outside of the European Union. As an importer if you find that part or all of a consignment is defective there are two ways that you can reclaim the duty paid.

1) Destroy the goods so that in H M Customs terms "...they can not pass into illegal circulation."

2) Be donated to a registered charity

Very often some of the goods declared defective have only minor faults, a fault that the customer would not accept but a charity would be delighted to receive.

World Jewish Relief are always happy to receive goods to send to the needy in the former Yugoslavia, Ukraine, Russia and other parts of the world. Pharmaceuticals, cosmetics, hygiene materials, clothing, linen, footwear and food are just some examples of the tons of aid we send out every year, some donated, some we have to pay for.

If you think you can help and have goods sitting in your warehouse taking up space, please do not leave them to decay or destroy them - contact World Jewish Relief, we will be very very grateful to receive your unwanted stock and so will the recipients.

Should you wish to help please contact Eli Benson on 0171 387 3925

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## Points of View

We would like to start up a letter page in the next issue of update. We want to hear your opinion on our projects, work and events or you may just wish to comment on a subject that you feel should be shared with our readers.

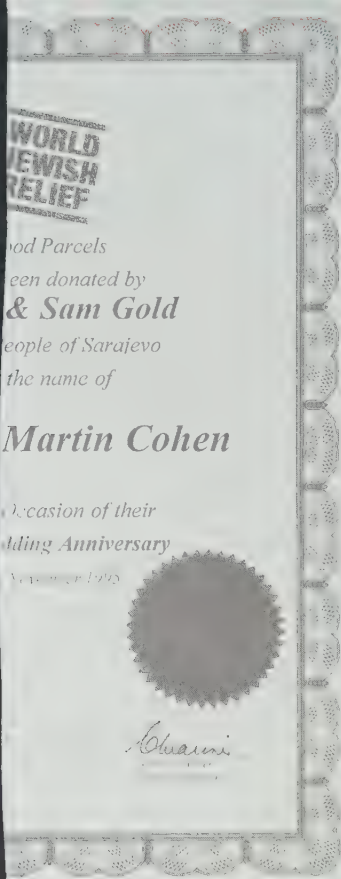
We would also like to hear from you even if you do not wish your letter to be published - your views matter.

Please send them to:

The Editor  
World Jewish Relief  
Drayton House  
30 Gordon Street  
London  
WC1H 0AN

Letters will be published at the discretion of the Editor

# IF YOU DONATE TO US WE WILL GIVE YOU A GIFT CERTIFICATE



By making a minimum donation of £25.00, World Jewish Relief can present a beautiful Gift Certificate for any occasion, to anyone you want and send it anywhere in the world from Stanmore to Sydney.

Please send your donation with the following details:  
Your full name/s - address - telephone number  
The recipients full name/s - address - the type of occasion - occasion date

Please specify if you wish the certificate to be returned to you or sent direct to the recipients.

resettle and study Engineering at Kings College. Today he is a business consultant promoting trade between Israel and the UK.

Mr Khavari is very aware of the support that World Jewish Relief has given to the Iranian Jewish community, assisting them to resettle in the UK or by supporting them to survive

in their own country.

A major sports enthusiast, Mr Khavari has decided to tackle the Marathon and at the same time show his support by raising money for World Jewish Relief.

Please call Tracy Cohen on 0171 387 3925 for information on how to sponsor Mr Shahram Khavari.

PLEASE HELP US SAVE JEWISH LIVES AROUND THE WORLD

# COMMUNITY BASED REHABILITATION



BY FAX - page 1 of 2

June 13, 1998

MR. JERRY HERRING

Dr. Jerry Herring  
57 Wilkeson Avenue  
Burlington, Ontario  
L7R 4K1

FAX: 416-733-2223

Dear Dr. Herring:

Thank you for your FAX message of 10 June 1998 regarding the possibility of a Community Based Rehabilitation project in Sarajevo. We are currently reviewing this and will be contacting you again in the near future.

In relation to your questions:

1. We can guarantee absolutely that any additional resources would expand in its current scope. The document which I forwarded to you via Dr. W. J. Cooper outlines priority areas of activity.
2. Any additional funds would be of critical value to the present project. The major populations that we will work with are:
  - (i) those disabled by hostilities
  - (ii) the disabled population within the refugee community
  - (iii) the general population of disabled persons
3. Additional funds would permit the continuation of our project in Sarajevo as the government will finance the next phase of the project.

In Canada: Queen's University, Kingston, Ontario, Canada K7L 3N6  
In Zagreb: c/o CARE, Zvezdana 1, 10000 Zagreb, Croatia  
In Sarajevo: c/o CARE, Lašva, 71000 M. AKOVAŠIĆ, OT. ANE, Sarajevo

Tel: 613-545-2812 • Fax: 613-545-6  
Tel: 31-41-428-896 • Fax: 31-41-427-2  
Tel: 31-654-1945

June 1940

Dear Mr. [Name]

[Faded line of text]

There is a [faded text]

My sincerest [faded text]

Angelo [Name]

Secretary

CR [Name]



FAX FROM

DR. ALFRED R. BADER  
52 Wickham Avenue  
Bexhill-on-Sea  
East Sussex TN39 3ER  
Telephone/Fax: 0424-22-22-23

Date: June 18 1995

Page 1 of 12

To: Dr. Malcolm Peat  
Fax: CBR Centre, Queen's 001 613 545 688

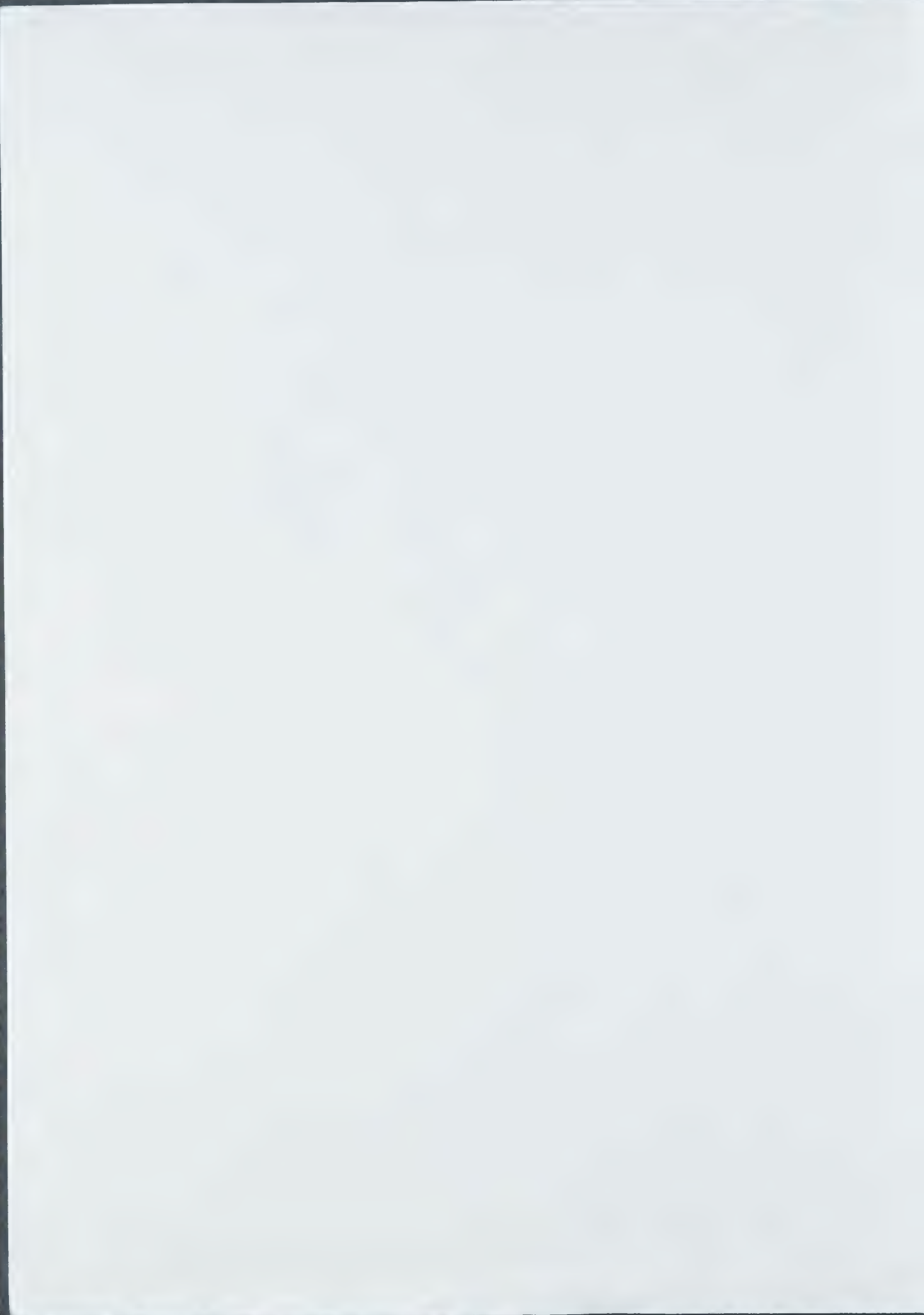
Dear Dr. Peat

Thank you for your fax of June 13 assuring  
me that a contribution from us would in no way  
diminish contributions from Queen's or the Canadian  
government to your efforts to the CBR Centre  
in Bosnia Herzegovina (B.H.)

With that assurance, Spahel & I would like  
to give US \$ 500,000.- to Queen's to be used as  
follows:

Using your two-page seven point options,  
we would like these funds to be spent only  
in B.H. - including of course para-ortho options  
one through five and also - if needed and as  
you see fit - on antibiotics, painkillers and other

Check received with Foreman's  
from Alfred Bader 195/66/17  
Mick C. Eggett





5-

medicinals. Allocation between these five options and medicinals is at your and Queen's discretion.

When we meet (perhaps at my 50. reunion in October?) Spabel & I would like to discuss the excluded options 6 & 7 with you.

To bring BH clinical personnel to Queen's seems - at least on first sight - problematic. Is it cost-effective? Could you not train many more Bosnians at the same cost in, say, Altonia or even in England? Does not bringing Bosnians to Queen's create enormous frustration - even jealousy - among the Bosnians who cannot possibly hope for our state-of-the-art equipment?

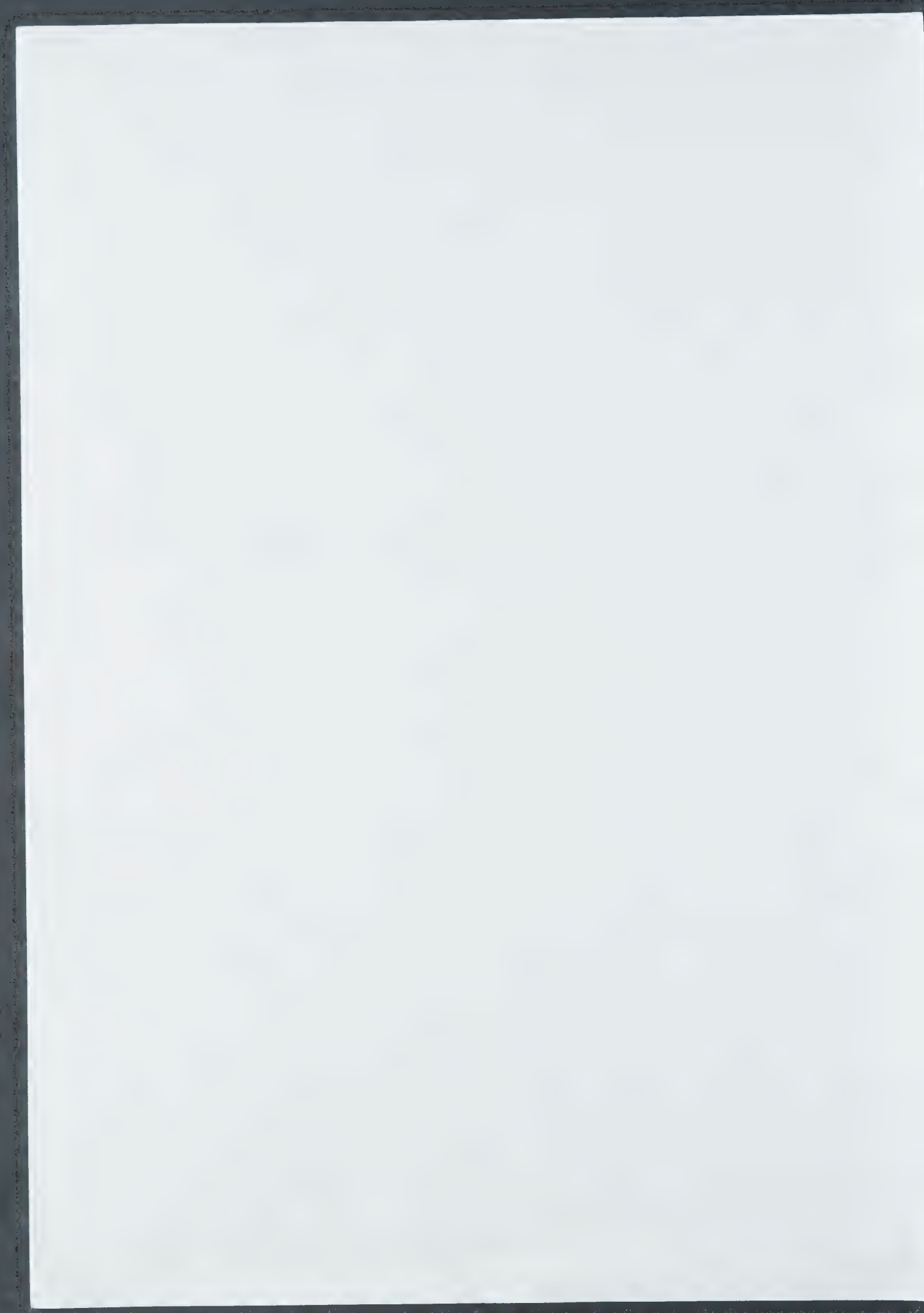
We would also like to ask you to allocate the funds of our gift among options 1-5 as much as you can to help

- (i) Children and
- (ii) to create as many jobs as you can for Bosnians to help themselves

Please forgive us if we are "running into an open door" and want to share with you your wisdom and comments

Keep up your great work  
With all good wishes

David & Susan



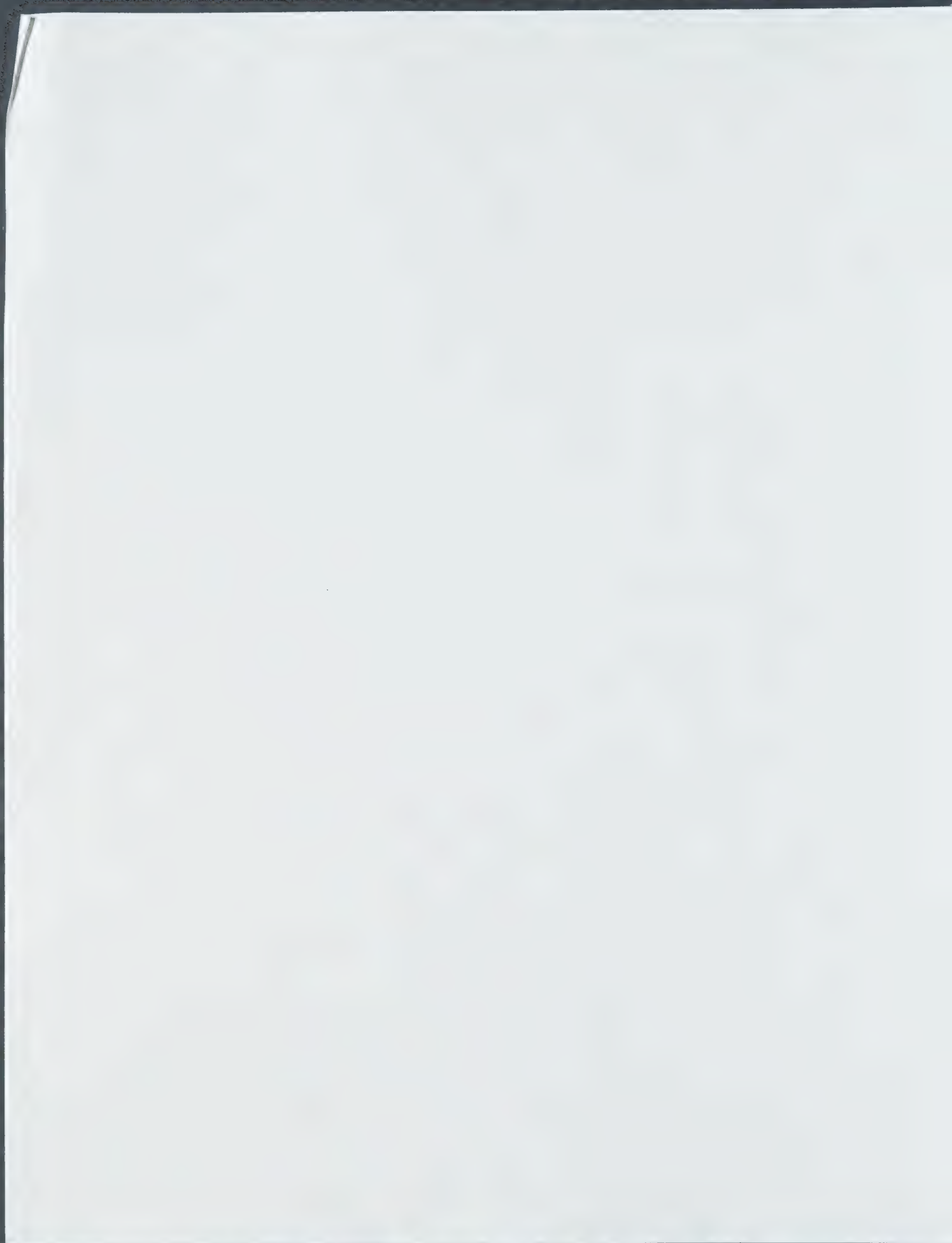
Paul Low. Ber

FROM A LETTER TO WALTER KELLER

It's Munich all over again. We, the Europeans, are floating in the vomit of our own past, refusing to confront our responsibility for non-intervention. We are caught in a time warp, back in the 1930s, with the ghosts of Spain, Poland, Czechoslovakia, the Warsaw ghetto, swirling around in a whisper: "Remember us? You fools?" Our politicians are coming back from Munich saying, "There's going to be peace," and we pretend to believe them, ducking our heads into the sand, soggy with blood and guts, ignoring the evil on our horizon - Slavic nationalism looking behind Serbian nationalism.

We are worse criminals than the Serbs. We are the ones who do nothing. Buying back our good conscience by feeding the condemned Bosnians in the hour before their death. Failing to understand that 200,000 deaths later, their battle to maintain the integrity of a multicultural nation was ours. Now, no matter what, even if we use air strikes, it is too late! Bosnia will be dismembered. Rapes and mutilations will go unpunished. Aggression will be rewarded. Meanwhile, we, too, will have lost some essential parts of ourselves. Along with them, we, too, will have been "occupied", "ethnically cleansed". There is a diabolical beast at work out there, re-emerging from the marshes of our history, looming over our landscape. We have blood on our souls. I feel sick, alone, scared.

From: *FAREWELL TO BOSNIA* by Gilles Peress, Scalo Publishers [1994]

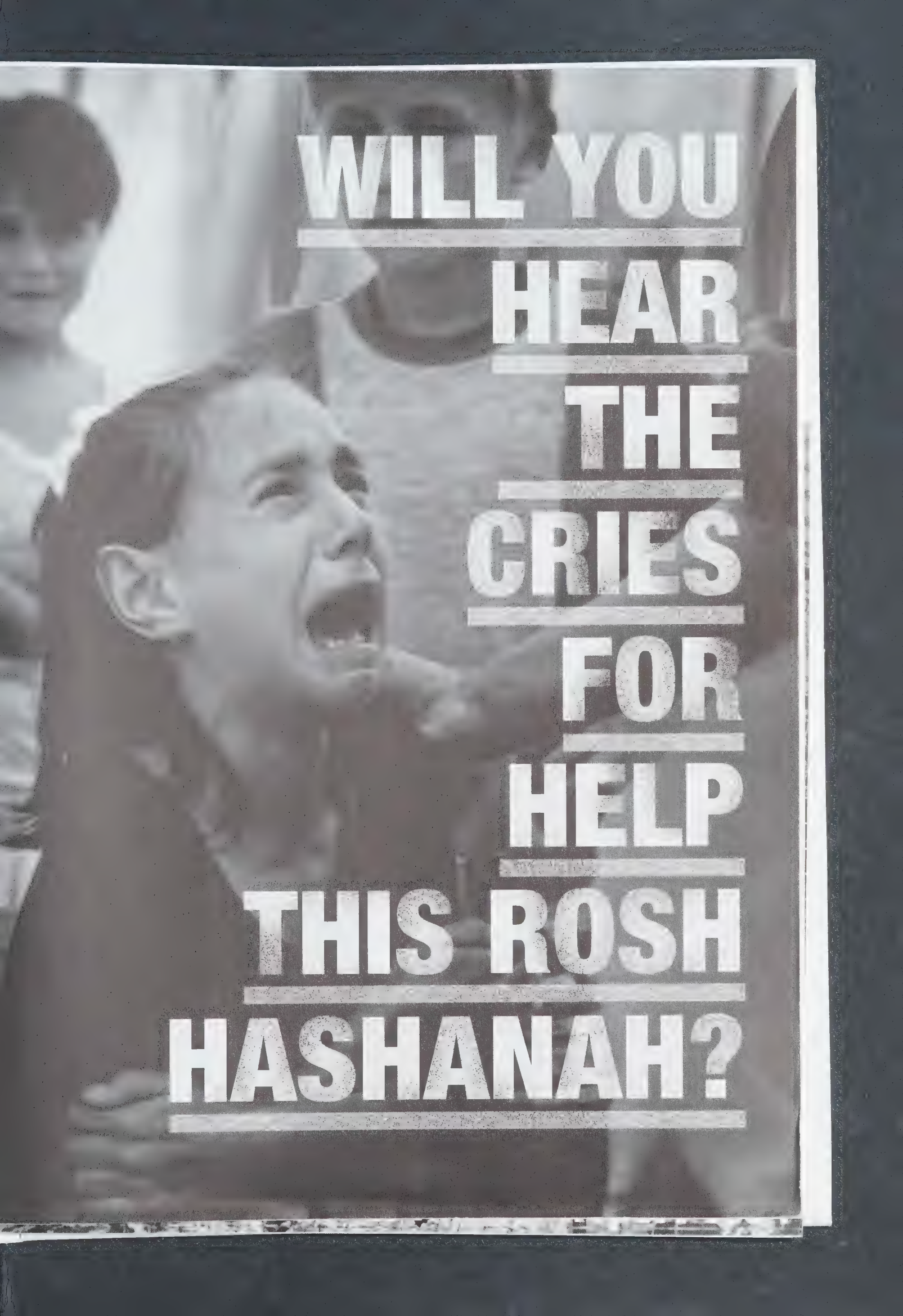




**WORLD  
JEWISH  
RELIEF**







**WILL YOU**  
**HEAR**  
**THE**  
**CRIES**  
**FOR**  
**HELP**  
**THIS ROSH**  
**HASHANAH?**

**“Mummy, I’ve lost my hand, I’ve**



*Dr Srdjan Gornjakovich tends a patient in the Sarajevo Jewish community's medical centre, which has seen 2,500 patients*





lost my hand."

A little girl screams in pain as a mortar bomb crashes into Sarajevo's main shopping street.

Life in Sarajevo is unimaginable to us. Sometimes we see the pain and suffering when a bomb lands in the centre of the city, but we don't see the everyday attrition of life and spirit. Here's how one Sarajevan, Ferida Durakovic, puts it:

*"Now the siege has gone on for much more than a thousand days. Which means for all those days the snipers have missed me. But they can't go on missing me forever. When the war started, I didn't know what war was. Now I know what to expect.*

*It's not possible to ask people year after year to queue for water, brave the snipers, attend the funerals. I am much more frightened now than I was when the shelling was much worse. It's natural. We have spent our money, but we've also spent our psychological resources."*

Or hear from Kasema Telalagic:

*"This is a description of our life: a bag of food is always ready and a bag of clothes too, a suitcase standing by the door in case the house burns. Often we sleep fully clothed in case we need to run for the cellar. What sort of life is that?"*

The Jews of the former Yugoslavia have no part of this war, but are still its victims. In Sarajevo, the Jewish community organisation, La Benevolencia, which is funded by World Jewish Relief, has been a lifeline not only for the Jews of Sarajevo, but for the whole city. It has cooked 100,000 hot meals, set up its own post office and two-way radio station, and given away over a million medical prescriptions - that's 40% of the city's entire medical needs.

We get these vital supplies into the city by transporting them in our own armoured vehicle over the dangerous Mount Igman. Here's how reporter David Rieff described it:

*"People speak of the Igman 'road,' but it is actually an old logging trail, unsuitable for the trucks and armoured vehicles that ply it. Much of the way is switchback and sheer drop. Worse, for most of the last four kilometres there is no cover between the road and the city below. The drivers who make the run like to say, 'When you can see Sarajevo, you can be seen by the militias' - and be fired at by them, as the hulks of vehicles that have fallen into the ravines remind you."*

But the troubles of the former Yugoslavia are not limited to Sarajevo, or even to Bosnia. There are Jewish communities scattered all over the country, many of them small and very isolated, mostly comprising elderly Holocaust survivors.

Like 84 year-old Berta Baruh-Kamhi. She survived the concentration camp of Ravensbruck, and went to live in Sarajevo after the War. She fled on one of our convoys out of the city at the start of this war in 1992, and now is housed by us in Makarska. For the second time in her life she has lost everything.

Like 85 year-old Hyam Romano, living in Mostar, where the homes are pock-marked with bullet holes and windowless from the fighting. All his family were murdered in the Holocaust. He escaped and joined the partisans. His leg was wounded two years ago by shelling and it still hasn't healed. He only gets by because of the support from World Jewish Relief.

And so our work continues, from Makarska to Mostar, from Zagreb to Belgrade, from Zenitsar to Tuzla, in all these ways and more:

- Bringing to safety members of Jewish communities threatened by the war.
- Caring for them while they sort out their future.
- Sending money, food, medicine, and other vital supplies to Jewish communities remaining in the war-zone.
- Providing for the sick and elderly who are in need.
- Bolstering the ability of local Jewish communities to function effectively in the current crisis.
- Promoting Jewish educational, cultural and social activities.
- Helping hospitals, old-age homes, schools for the handicapped and other non-sectarian institutions caring for the poor.

While ceasefires start and stop, while fighting moves from front to front, two things remain constant: the needs of the Jewish population; and the support of World Jewish Relief.

If the war were to stop tomorrow, that would not mean an end to the enormous needs of these communities. And it costs a fortune. In the last year alone we have spent over £1 million in the former Yugoslavia. We are dependent completely on your donations. Show these Jewish communities that they are not forgotten this Rosh Hashanah. Please give as generously as you can using the enclosed coupon.



*13 year-old Denis Karolic being treated for wounds after a mortar attack*



*Ijerka Danon and her 'War Recipe Cook Book.'*



*Miki, a nurse working for the Sarajevo Jewish community, gives an injection to Donka Nikolic*

WORLD JEWISH RELIEF, DRAYTON HOUSE, 30 GORDON STREET, LONDON WC1H 0AN. TELEPHONE : 0171 387 3925 FAX: 0171 383 4810

**WORLD  
JEWISH  
RELIEF**

## **WORLD JEWISH RELIEF IDENTIFYING NEED - TARGETING AID**

World Jewish Relief is the UK's only international Jewish relief, aid and rescue organisation. Founded in 1933 to help those fleeing the Nazis it cared for refugee children who came to the UK on the Kindertransporte. It has evolved into the UK's only agency specialising in rescuing Jews from places of danger and for providing life-saving aid.

Planning is now underway for a major campaign to help rebuild Jewish communities in Eastern Europe. After the terrible ravages of the Holocaust and communism, Jewish communities throughout Eastern Europe are suffering severe financial hardships.

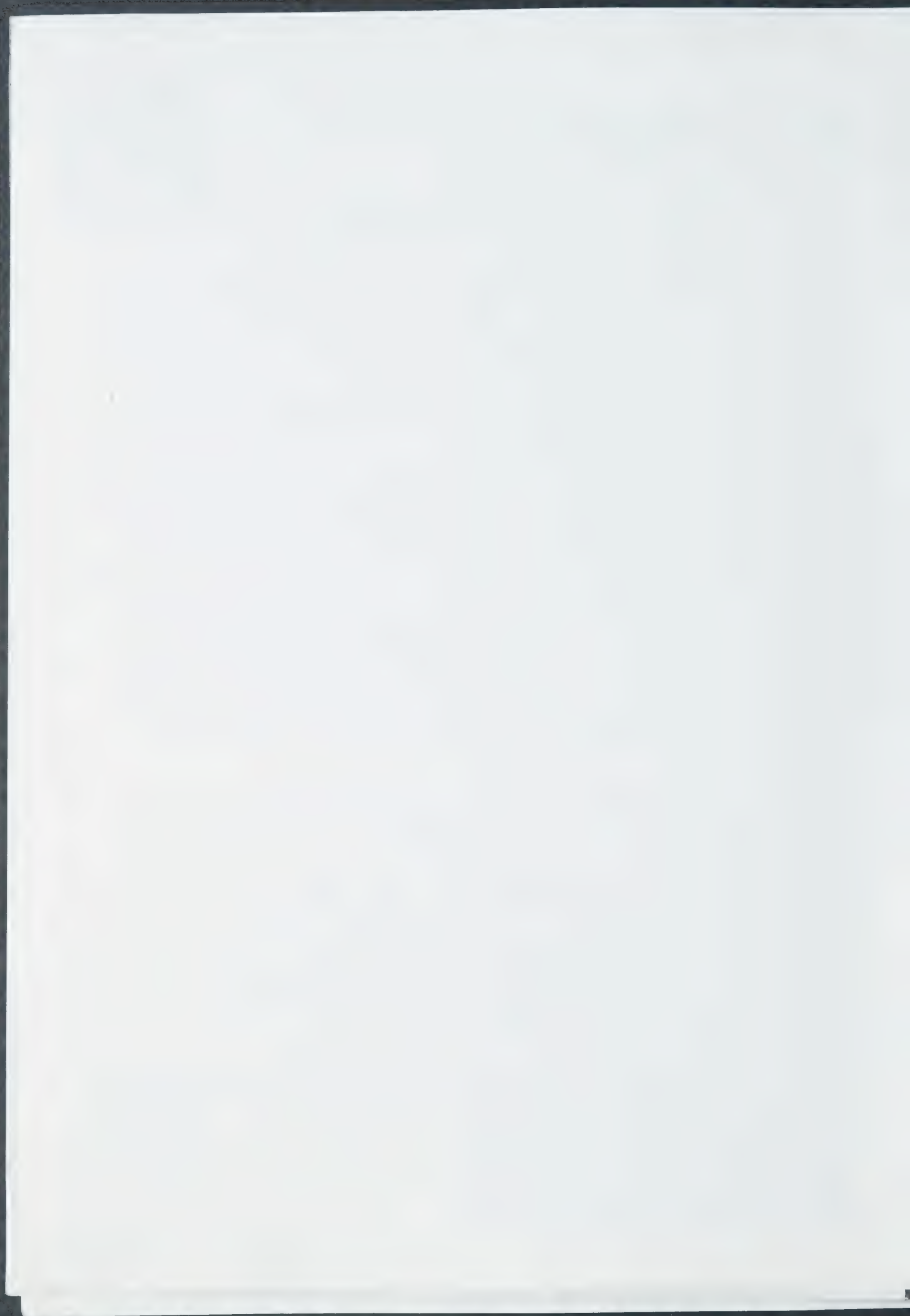
Democracy may have brought them the freedom to practice their religion, but crumbling economies mean that vulnerable people, especially the elderly, can barely afford to eat. World Jewish Relief has major projects to fund pension supplements for the elderly, hot meal programmes and day centres. These are projects for the most vulnerable in the community to ensure that day to day life can continue. World Jewish Relief also helps fund extensive medical and welfare programmes.

World Jewish Relief has been particularly active in the former Yugoslavia. Since 1992 it has organised and funded the evacuation of more than 2,000 people from Sarajevo. These refugees continue to rely on funds and aid provided by World Jewish Relief for their day-to-day survival. For those Jews that remain in Sarejevo, living conditions remain harsh. World Jewish Relief helps fund La Benevelencia, the Sarejevo Jewish community organisation that has opened free pharmacies to distribute drugs; has a radio transceiver to get messages to and from the outside world; has established its own post-office and delivery service and distributes food and other life-saving aid to all inhabitants of the city, regardless of their religious or ethnic origin.

In Belgrade World Jewish Relief fund a Mobile Lifeline - a van which transports social workers, medical staff and even newspapers, to elderly, isolated and housebound people. More than 10,000 food parcels have been sent to Belgrade as well as large quantities of drugs.

In other parts of the world, World Jewish Relief is always ready to respond to crises, usually working in partnership with the American Jewish Joint Distribution Committee (JDC). For many years the organisation worked discreetly with the Syrian Jewish community providing funds for essential community services such as education and welfare. World Jewish Relief also helped in efforts to secure exit visas for a number of Jews who needed medical help in Europe and America as well as securing exit visas for those young people who wanted to leave the country to get married. Funding for the recent emigration of the bulk of the Syrian Jewish community along with their Chief Rabbi was also supplied by World Jewish Relief.

World Jewish Relief funded essential aid to the Ethiopian Jewish community. Food, medical aid and housing were provided for many thousands, especially when they were waiting in temporary camps prior to leaving for Israel.



**WORLD  
JEWISH  
RELIEF**

**LA BENEVOLENCIA**  
**A JEWISH COMMUNITY SERVES ITS CITY**

La Benevolencia, with major financial support from World Jewish Relief, is one of the major aid distribution agencies in the besieged city of Sarajevo. When war broke out in the former Yugoslavia, La Benevolencia was merely the cultural organisation of the Jewish community of Sarajevo and the rest of Bosnia.

It soon became apparent that the Jews were in a unique position. For perhaps the first time in their history, Jews were not victims in the war simply because they were Jews. Their fate was the fate of the their fellow citizens. But more than that. Each side in the complicated dispute saw the Jews as non-partisan and as honest brokers.

The Sarajevo Jewish community has a long and distinguished history. Although many were murdered by the Nazis, the community re-established itself after the Second World War and played an active role in the cultural and political life of the city and of Yugoslavia. A member of the Sarajevo Jewish community was one of the authors of the constitution of the former Yugoslavia.

So when war devastated the city they loved and realising their unique position in the dispute, the community, through La Benevolencia, resolved to do what it could to maintain a vestige of civilised life in war-torn Sarajevo.

While many humanitarian aid organisations rushed to help, the various sides in the war mistrusted many of the established agencies because of a perceived political or ethnic bias. This often meant that vitally needed aid was prevented, by one side or another, from getting into the city. The Jews did not have this problem. They were trusted by everyone.

Realising their privileged position, La Benevolencia transformed themselves from a Jewish cultural organisation, to a Jewish humanitarian aid agency, distributing its aid on a strictly and transparently non-sectarian basis.

With the financial help and backing of World Jewish Relief and the American Joint Distribution Committee, La Benevolencia began by distributing food parcels to the sick and elderly. It soon became apparent that these people had other welfare and medical needs. Very often they were living alone and in apartment buildings without lifts and were thus housebound. La Benevolencia began to recruit social workers and doctors and scheduled regular visits to ensure that these vulnerable people were cared for. Very often, a visit from the La Benevolencia social worker is the only human contact some of these people have.



At the same time, they continued to negotiate with the various factions to ensure that aid convoys sent by World Jewish Relief and the JDC continued to get into the now besieged city. They capitalised on the good reputation of the Jewish community to get aid supplies in when other organisations failed.

As drug supplies in the city began to run low, La Benevolencia opened free pharmacies in the city. With the help of volunteer pharmacists and with drugs supplied by World Jewish Relief, they now supply 40 per cent of the city's drug needs, dispensing 7,800 prescriptions in the past year of which 1,000 were home calls.

With communication with the outside world difficult, they established a two-way radio station so that people could send and receive messages. La Benevolencia began a Post Office. Collecting mail for outside Sarajevo, sending it with a volunteer on a UN flight who would then collect mail bound for Sarajevo which was then distributed from the Jewish Community Centre.

Food supplies have become a major problem in the city. La Benevolencia has opened the kitchen in the Jewish Community Centre and provides a hot meal for 300 people each day. This is in addition to their home food delivery programme which is depended upon by many hundreds of people. (This programme has been temporarily suspended due to the food shortage. Instead, money is being given to the most needy so that food can be bought locally - a much more expensive option but one thought vital to save lives.)

One of the most dramatic examples of La Benevolencia's commitment to the people of Sarajevo has been its programme of evacuations from the city in the early days of the siege. More than 2,500 people - Jews and non Jews - left the city on 11 convoys organised by La Benevolencia. The success of the delicate negotiations necessary to operate these evacuations is testimony to the high regard in which the Jewish community and La Benevolencia is held. Each of the warring parties had to give their agreement to the evacuation and each had to be sure that no particular ethnic group was being given preference. La Benevolencia is one of the few organisations that could that kind of assurance.

La Benevolencia extends its programmes throughout Bosnia and Croatia. Through its offices in Split and Zagreb, they co-ordinate the aid programmes to Jewish refugees throughout the region ensuring that food, clothing, financial and medical help are available.

With the war continuing and the siege of Sarajevo showing no signs of being lifted, La Benevolencia sees its role continuing and expanding. As "honest brokers" they are able to bring some succour to the city and have brought and added lustre to the reputation of the Jewish communities of the region.





**WILL YOU SEND JEWS  
IN THE FORMER  
YUGOSLAVIA THE MOST  
BASIC NECESSITIES?**



**OR WILL YOU WASH  
YOUR HANDS?**

**A**ll adults here have lost, on average, 20 lbs. Teeth are going because of the diet. People lose or crack their finger nails, toe nails. Their hair falls out. Some people just break down.

*As for the old, they are afraid to go outside. They cannot lift the heavy water jugs up to their apartments and they become so weak from hunger and fear and loneliness, they just wither away."*

It is hard to imagine how difficult life has become in the former Yugoslavia. Who of us has ever had to wonder where the next meal is coming from?

As the sniping and shelling made Sarajevo a living hell, we at World Jewish Relief got out those who could and would travel - over 2,000 people altogether. And for those left in the city, it was the Jewish community organisation, La Benevolencia, which provided a lifeline. The words above are those of one of their doctors, Srdjan Gornjakovic.

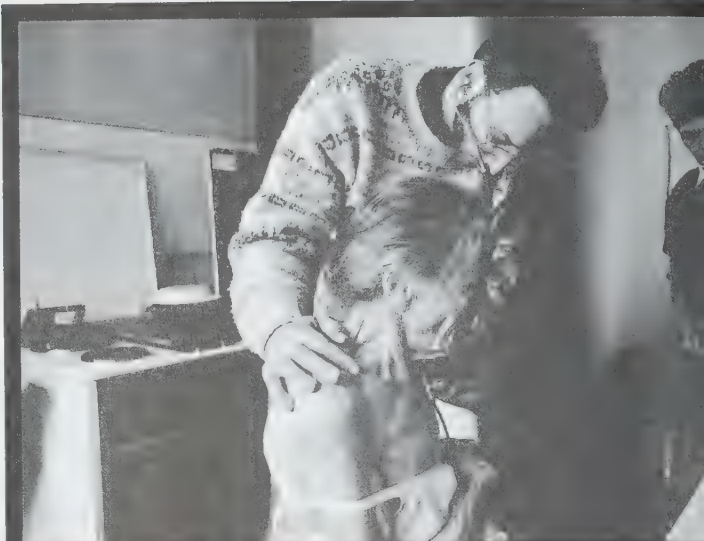
We provided money and supplies for La Benevolencia to keep going. It has cooked 110,000 hot meals, set up its own post office and two-way radio station, and given away over a million medical prescriptions - that's 40% of the city's entire medical needs.

The journalist and photographer Edward Serotta, describes a visit by La Benevolencia to 84 year-old Donka Nikolich, pictured right:

*"She was thin and frail and bundled in several sweaters, leggings and woollen knitted house shoes. She let us in with a sigh as we followed her into the kitchen. She called over her shoulder in a raspy voice, 'So sorry Im alive to meet you. I feel horrible.'*

*Mrs Nikolich was about to get an injection, one that would allow more air into her clogged lungs. The problem was finding a vein. After searching a minute or two, the nurse slid the needle into a spot on her bony arm between the red splotches and bruises. The old woman gasped, her face contorting with pain. It would take ten minutes and three attempts to complete the task."*

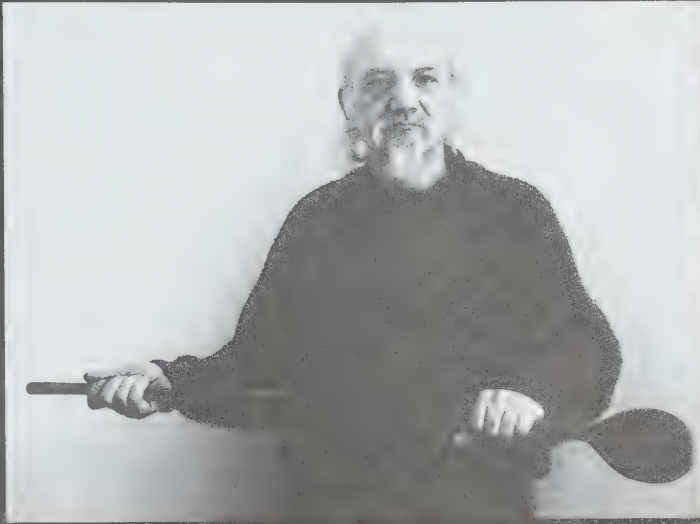
But the desperate hardships have affected the whole of the former Yugoslavia, not just the war zones. In Belgrade, for example, thirteen elderly people have



Dr Srdjan Gornjakovic treating Donka Nikolich in her Sarajevo apartment.



Elvish Kamelija, 11 years old, about to leave Sarajevo as a World Jewish Relief rescuee.



*The Jewish community in Sarajevo, supported by World Jewish Relief, has provided a lifeline for the City. It has cooked 110,000 hot meals, set up its own post office and two-way radio station, and provided a million medical prescriptions - 40% of the city's needs.*

*Abdijau, the Sarajevo Jewish community leader.*



committed suicide. The only thing to prevent the Jewish community reaching that level of desperation has been the vital supplies we have sent.

And yet in all this, in the midst of danger and illness and hunger, why is a bar of soap so significant? One man, an 82 year-old widower in Belgrade, was living in one room to save on electricity, living off a pension which barely covered potatoes, milk and lentils. He had been using the same little bar of soap for three months - it was down to nothing. When he was told that a World Jewish Relief food package was on its way with soap and detergent, tears welled up in his eyes.

For an 85 year-old widow, a Bergen-Belsen survivor, human contact is all important. She is a very educated woman, a former judge on the Yugoslav Supreme Court. She had a stroke in 1992 and is going blind. All she could offer when we visited her was water with an old piece of lemon rind, and she was desperately upset by her lack of 'hospitality'. Our food packages have since enabled her to offer her rare, but ever-so-awaited guests, fruit juice and biscuits.

This Pesach, we will also be sending Matzot and wine to Jewish communities across the former Yugoslavia, and organising Seders in Sarajevo and other major centres. Pesach is a festival celebrating deliverance - the least we can do is bring some comfort to fellow Jews who need our help.

But it takes money. We have sent hundreds of tonnes of food, medicine, blankets, and other necessities. The cost? Over £1 million. Each food parcel costs £25. Will you stand up and be counted? Will you show, this Pesach, you not only remember the Jews of the past, but also the Jews of the present? Dig deep - fill in the coupon and give as much as you can.

An elderly woman from Sarajevo, a Holocaust survivor, who had received a food parcel from World Jewish Relief, wrote:

*"To be able to cook something for ourselves, to have some of our own detergent and soap, to be in a position*

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JEWISH  
RELIEF**

Formerly  
known as CBF  
World Jewish Relief

*to keep ourselves clean and wash our clothes ourselves - this has made a difference that I cannot even describe. But the biggest difference of all and the one that counted most, was the sense of Jewish solidarity - all we can say, everlastingly, is thank you."*



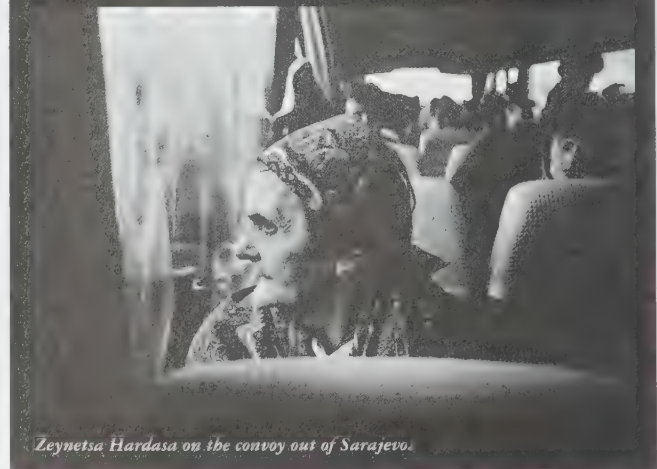
*A mother and child at a Jewish refugee centre.*



*Elias Danon in his Sarajevo apartment.*



*Dr Garsjalaric attempts to help Elias Danon, who's prostate has collapsed.*

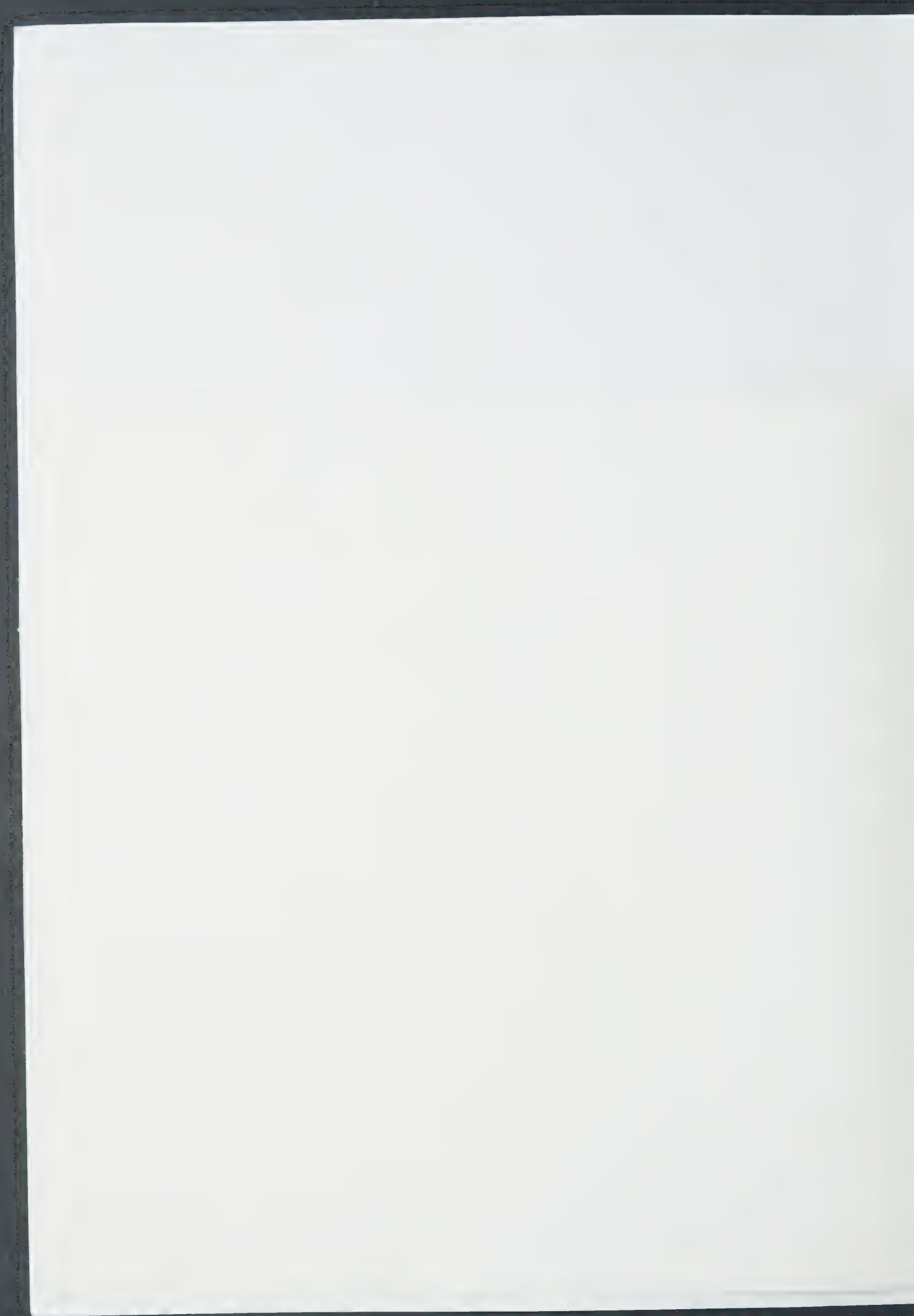


*Zeyneta Hardasa on the convoy out of Sarajevo.*



**50 years on from  
the Holocaust,  
World Jewish Relief  
is still rescuing Jews.  
In 1994, we saved  
over 1000  
in the former  
Yugoslavia.**

**World Jewish Relief Annual Report 1994**



# **World Jewish Relief Annual Report 1994**

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### Introduction

1994 was the last year in which this organisation was known as the Central British Fund. 1995 has seen our re-launch as World Jewish Relief- a name that tells the world exactly what we do. The reasons for the change of name are simple. Fund-raising has become more competitive, communications have become more sophisticated and our donors – and our potential donors – are being bombarded with a huge number of messages from other charities and commercial organisations. In order to find the money to continue saving Jewish lives, we must have a distinctive voice which communicates our unique role in Anglo-Jewry.

That is why we have changed our name and have launched an effective advertising campaign which will dramatically inform the Jewish public about what we do. Our Direct Mail fundraising will also be radically altered with the aim of a serious increase in income.

Together with these changes to our image, come changes to the way we will be working. Although we remain, above all else, an emergency rescue and aid organisation, our attention will be increasingly turning to the need to rebuild Jewish communities in the former Iron Curtain countries.

Jews in the former Soviet Union have now won their long fight for religious freedom. But along with this freedom has come a multitude of problems. No-one knows for sure how many Jews there are in the former Soviet Union. Estimates range from 1.5 million to 10 million. But however many Jews there are in this vast region, their problems, both spiritual and physical, are serious and urgent.

**WHERE**  
**A JEW**  
**TROU**  
**WE'LL**  
**TE**  
**WHAT**  
**OBSTA**



NEVER  
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NEVER  
THE  
LES.

Imagine if your gas, electricity and water were suddenly cut off. If your home started to shudder as bombs landed nearby. If you couldn't leave your home because of sniper fire. Not just today or tomorrow, but for weeks, months, years.

Now imagine there's a knock at the door, and it is someone bringing food, fuel and water, and drugs for your sick child.

For Jews in Sarajevo, this is the reality. As the shelling and sniper fire made entry to the city impossible, we at World Jewish Relief, working with our American partners, the Joint Distribution Committee, negotiated with all the armies and militias to let our convoys of supplies through. And then we negotiated again, to get people out - over 2,000 people have been rescued.

Even during the sporadic and all too temporary cease-fires things don't get much better: the warring factions siphon off the water, electricity and firewood.

And meanwhile the Jews left in Sarajevo still need our help. Like Greta Fericic, a 70 year-old woman who survived Auschwitz and never imagined she would have to fight to survive again.

So our work turns full circle. In 1933, Hitler came to power and suddenly Jews were in grave peril. They had to escape - if they could find somewhere to take them.

In Britain, the Jewish community kept pushing, trying to persuade the government to let more Jews in. Not the least of the obstacles was the need for money to support these refugees. And so we were born: the Central British Fund for Jewish Relief and Rehabilitation.

The finances required were immense. Between 1933 and 1939, £3 million was raised and spent, worth in today's money perhaps £100 million. British Jews reached into their pockets again and again, deeper and deeper, in a desperate attempt to save anyone they could. And as the doors were finally closing CBF saved over 10,000 children on the Kindertransporte.

Victory over Hitler didn't mean an end to the task. Now it was the survivors who needed care and compassion, and a new life.

In the 1950s, our job finally seemed to be over. But then came the Soviet invasion of Hungary and the Suez crisis, placing new groups of Jews in danger. We moved into action, and in subsequent years also helped to rescue

Jews from Aden, Yemen and Ethiopia. And with these new tasks came a new name: CBF World Jewish Relief.

Today our name is still shorter, and our work still broader. Whether it's supporting a soup kitchen for elderly Jews in Moscow, or visiting the blind in Riga, or giving someone coal for the winter in Kikinda, or providing dental help in Pancevo, World Jewish Relief is there.

In countless communities in Eastern Europe, where Jewish life was all but extinguished - first by the Nazis, then by the communists - where help is needed to fan the embers as Jewish identity and awareness arises from the ashes, World Jewish Relief is there.

In all those places and beyond - in some places too sensitive to mention here - we are reviving communities, relieving hardship, saving lives. For whenever and wherever a Jew is in trouble, World Jewish Relief is there.

- Please send me information about World Jewish Relief
- I would like to help World Jewish Relief's vital work by making a donation of £

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Postcode \_\_\_\_\_

Tel: \_\_\_\_\_  
Please make your cheque payable to World Jewish Relief (Regd Charity 290 767).  
Send this coupon to World Jewish Relief, Drayton House,  
30 Gordon Street, London WC1H 0AN

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Perhaps the most pressing problem is poverty. In most countries of the region the economic and social reality is one of disaster: hyper-inflation and mass unemployment. Food is in short supply or very expensive, basic medicines are often not available, except on the black market. For the elderly, many of whom are Holocaust survivors, life is made even more difficult because they are unable to fight for what little is available – their meagre pensions are not enough to buy even the basics of life.

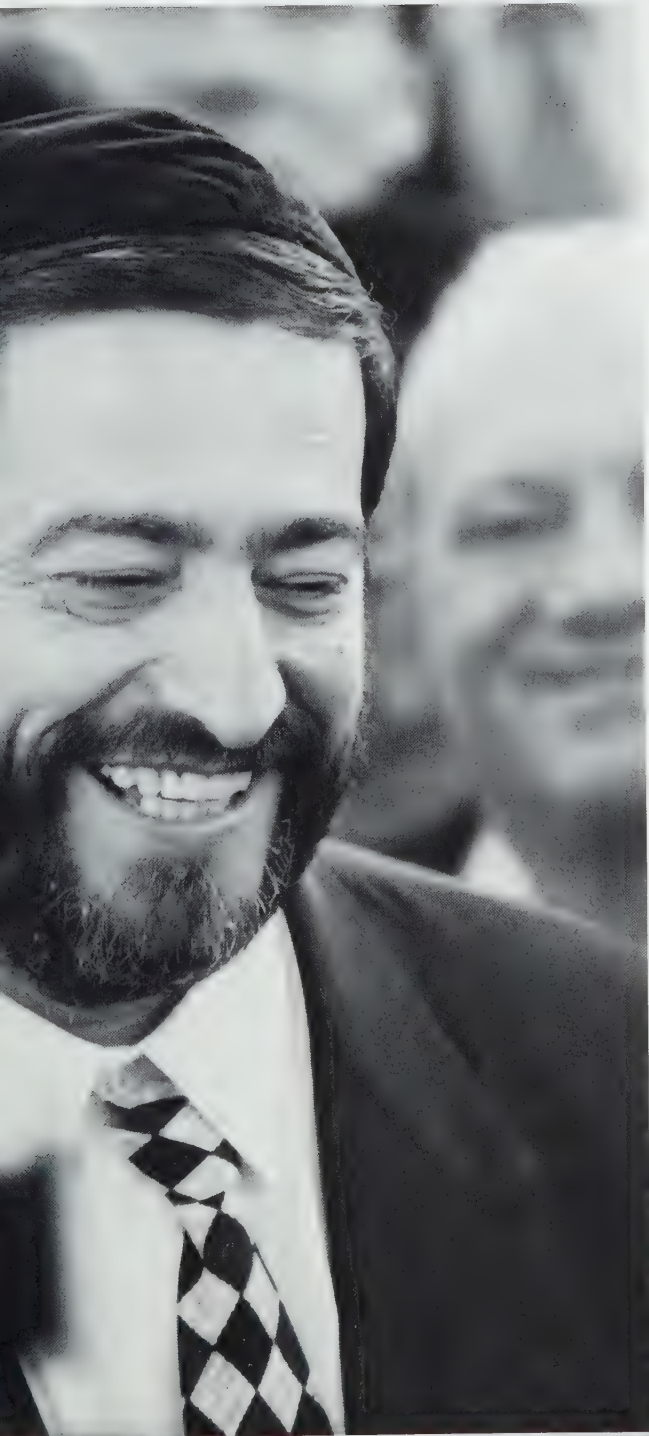
Life is hard for almost everyone. But for the Jews it is even harder. Antisemitism makes them feel insecure and at risk. Prejudice in the work-place means they find it harder to find work.

Encouragingly, there is a Jewish spiritual renewal in all these countries. After so many years of official religious repression, Jews once again want to live as Jews. With young people at the forefront, there is a real demand for Jewish activities and for the rebuilding of Jewish community life. It is almost miraculous how so many Jews have retained their Jewish identity.

The challenges facing Western Jewry on both these issues are enormous. If we do not react now, the opportunity may be lost forever. Equally, we have an obligation to provide basic humanitarian aid – food, clothing and medicine.

Because of its experience in working with Jewish communities in danger around the world, World Jewish Relief has the responsibility to undertake this work. Our campaigns will provide social welfare programmes; hot meal projects; medical care; youth and leadership training; and the resources to build viable, vibrant communities. This is a new chapter in our history, but a natural development in our role.





### **Chairman's Report**

Each year of World Jewish Relief's 61 year history has had its highlights in the form of great achievements, challenges, unusual demands and creative responses, and 1994 has been no exception.

#### **Rescue**

At the end of 1994, we witnessed the arrival in Israel of Rabbi Abraham Hamra which heralded the last exodus of Jews from Syria, home to Jews for centuries. A few hundred Jews would not leave, for a variety of reasons, but the community has now made its home in Israel and the United States of America. World Jewish Relief has been involved in rescue operations before (Ethiopia and Yugoslavia in the last decade) but the departure of the Jews from Syria has been a quiet, painstaking procedure where discretion meant the difference between success and failure. World Jewish Relief was proud to have contributed to the Syrian effort and to the rescue of the Jews from Yemen, another quiet campaign successfully concluded in 1994.

#### **Relief**

Care and concern for our fellow Jews prompts all our activities and we aim to improve the quality of people's lives whilst at the same time enabling them to become self-sufficient and self-determining. Helping people to help themselves remains the cornerstone of our many and varied projects. Last year I reported on aid for the former Yugoslavia which has continued throughout 1994. To date, we have evacuated over 2,000 people from Sarajevo, over one thousand were Jews. Innumerable convoys of food, medicine, clothing, plastic sheeting and other goods have safely arrived in Sarajevo and the Jewish community has worked



closely with the United Nations, the Red Cross, Mehemet, Caritas and other ethnic charitable groups to also transport their goods safely into Sarajevo. Thousands of people have remained alive due to the heroic efforts of the Sarajevo Jewish community and again, World Jewish Relief, together with our American partners, the Joint Distribution Committee (JDC), are proud and privileged to have been part of this life-saving operation. Whilst peace negotiations continue, I fear our help will be needed for some time to come.

Sarajevo has not been the only city in distress in the former Yugoslavia. Crippled by UN sanctions, Belgrade has coped with hyper-inflation of 2% per hour, chronic food and medicine shortages, lack of heating fuels and lighting. World Jewish Relief's aid has principally been for the Jewish community which has received food parcels through an extensive distribution programme. The parcels are targeted at those in most need – the elderly, handicapped, housebound and families with small children. We recently learned that in one month alone, seventeen old-age pensioners committed suicide by hanging themselves rather than face death by starvation. We were determined that no Jew would suffer such a fate.

Where it has been necessary for the safety and well-being of the Jews, we have made non-sectarian distributions. A donation of one million anti-biotics was distributed on a non-sectarian basis to many hospitals in Belgrade and in outlying smaller towns. A short video of the situation was made and shown on various occasions including a lunch at The Savoy organised by Neville Conrad which helped immensely with fund-raising efforts. The President of the Belgrade Jewish community visited London

with his wife, and they undertook an extensive speaking programme in London and the provinces which raised both awareness of the deprivations in Belgrade and much needed funds.

#### **Budapest Community Centre**

Generous funding from the Balint Family Trust with additional contributions from Mr Peter Held and the estate of the late Norbert Magnus have resulted in the creation of the first new Jewish community centre in Eastern Europe since the end of the Second World War. JDC initiated and supervised this project and were present at the opening last October and I was proud to address the many guests at the formal ceremony.

#### **Briefings**

In an endeavour to keep Council members informed we have arranged a number of special briefings. In addition to Mr and Mrs Brane Popovic from Belgrade, we also met with Jacob Finci, the President of La Benevolencia from Sarajevo. Before the civil war, La Benevolencia was a cultural organisation in the Jewish community but the war forced other responsibilities on to it and La Benevolencia became the agency through which all aid entered Sarajevo and was distributed equitably. It also runs a daily soup kitchen for over 300 people as well as two pharmacies which have dispensed medication to fulfil over one million prescriptions. Mr Finci's reports have helped us understand the situation in his city and to appreciate the need for continuing support.

Another interesting briefing was given by Mrs Bacca Lazarova, the Vice-President of the Bulgarian Jewish community, who brought greetings and thanks for our support, in particular for the establishment of a dental clinic in a local school

which provides special classes for Jewish children. The clinic will be used by all the school children and after school hours, the local population. A first hand account of the situation of the Jews in Moldova was presented by Kenneth Rubens, one of our Presidents, who visited as part of a JDC delegation.

#### **Co-operation**

On World Jewish Relief's behalf I have attended Executive meetings of the European Council of Jewish Communities, together with Cheryl Mariner, and we received many compliments on the work of World Jewish Relief. In fact, the European Council is keen to establish World Jewish Relief type organisations throughout Western Europe and we are happy to be used as a role model and give our advice and support. I have also been appointed to the Council of the Jews Temporary Shelter. A much closer relationship has been established which is mutually beneficial.

Cheryl Mariner has also been instrumental in establishing links between the various organisations working with refugees and survivors to foster an improved service to this group of people. Similarly, she has been involved in the creation of a Forum for Foundations which are involved in spending money in Europe and through co-ordination and co-operation their finite resources can be used to maximum effect.

#### **Appreciation**

Demands on our funding and expertise have increased and every effort has been made to meet all requests but it is increasingly difficult to do so. Therefore, the efforts of all our aid committees are much appreciated, for without them, World Jewish Relief would have difficulty meeting its targets.

Tracy Cohen has developed a number of groups for our younger supporters and Aviva Ozin, a recent recruit, will be emulating her example with a slightly older age group.

#### **Restructuring**

Development of a new group of supporters amongst the post-war generation is a priority for us and their presence will enable World Jewish Relief to meet the challenges of the next 60 years. Planning for the future and changing our methodology to access new resources, both financial and human, has been undertaken through the deliberations of a Working Party, established by Council and efficiently chaired by Paul Marber. One of the recommendations of the Working Party was the establishment of a number of Council Committees to be responsible for various aspects of World Jewish Relief business.

These recommendations have now been implemented and I am chairing a Campaign Committee which will discuss fundraising and development policy, an annual fundraising programme, liaise with all the aid committees, organise briefings and visits, and maximise the organisation's fundraising potential. Paul Marber chairs the Finance Committee which discusses all issues relating to management of World Jewish Relief's assets; the Marketing Committee chaired by Andy Rubin determines our marketing strategy and corporate image and will liaise closely with Campaign on special appeals and campaigns; the Projects Committee with Kenneth Rubens as Chair will assess requests for funds and evaluate projects; and the Refugees Committee under Janet Cohen will continue its traditional role of all aspects of care and assistance to asylum seekers in the United Kingdom, both new and old.

The Chairman of each group, together with the Honorary Officers and Executive Officer, form the Executive Committee which will receive their recommendations and make final decisions. We feel this structure will involve more people in the work of World Jewish Relief, help us to create new leadership potential and share the responsibility of our tasks.

#### **Personnel**

Roles and personnel have changed during this year. Heather Salmon who had been with us for over four years has left to continue her legal career and we have been fortunate to find Luisa Biasiolo who brings to her task with the refugees a wealth of experience through her work with HIAS and with the Refugee Legal Centre. David Isaacson emigrated to Israel and Warren Alexander has assumed his duties as Marketing Manager. He brought his considerable commercial experience to World Jewish Relief.

We believe our "team" is first-class and over the next two years, with the help of Council and our supporters, we aim to double our donor base and increase our fundraising efforts.

Support for the revival of communities in Eastern Europe continues to be a priority. Lack of leadership is even more critical than their lack of material goods and World Jewish Relief are part of a consortium, with JDC, the Doron Foundation, World ORT and the European Council which has established a Leadership Training Centre expressly to assist in the creation of lay leadership in Eastern Europe. As part of this programme we arranged a training programme in the UK for the new Executive Director of the Prague Jewish Community, Dr Jirana Novakova.

We continue to liaise with a number of organisations and one of our most successful partnerships is with Jewish Care, particularly in the creation of the Holocaust Survivors Centre in Hendon. This Centre is open six days a week, offering a variety of programmes, entertainment and activities. For many of the regulars it is a "home from home".

Another successful partnership has been with the British-Israel Forum who through their extensive network, collected food parcels for our Belgrade consignments. Their efforts contributed considerably to the number of parcels we were able to despatch. Our principal partners in this programme were JDC and a Paris-based charitable consortium who wish to remain anonymous.

At our main annual event this year, we were privileged to hear the pianist Nikolai Demidenko play a short programme before a dinner and those present, were overwhelmed by his virtuosity. Kenneth Brown headed a small but hard working committee consisting of Linda Rosenblatt, Jean Marks and Charles Teacher.

I conclude with a sincere thanks to all members of Council, committee workers, our dedicated staff and most importantly, our donors.

Harry Kleeman, CBE.

### Projects Committee

Three meetings were held during 1994 and it was recommended that grant making policy should be as follows:

- a) priority given to elderly;
- b) training should be provided for lay leaders in Eastern Europe to assist their communities to become self sufficient;
- c) our involvement in projects should be recognised; and
- d) emphasis should be placed on larger projects.

Programme grants for 1994 including on-going commitments and projects brought forward from 1993 are as follows:

#### 1. Former Soviet Union

- a) Renovation of community centre in Kiev: £50,000;
- b) £1,500 for preparation of material by World Union for Progressive Judaism, in Hebrew and Russian with Russian transliteration for use at the Institute for Jewish Studies, Moscow;
- c) £16,660 for Israel Folk Dance Institute for seminars in FSU and provision of material and equipment;
- d) £1,500 towards preparation by deaf participants to a World Congress Meeting in London, July 1995; and
- e) £5,000 for the Minsk Jewish community for educational work.







## 2. Israel

- a) £40,000 to AMCHA, being the second of our 4 year commitment;
- b) £20,000 for shelters for battered women;
- c) £13,646 for a "restaurant" for new immigrants; and
- d) £9,000 for kindergarten in name of Marcelle Javid.

## 3. European Council of Jewish Communities

Membership fees of £12,000.

## 4. Eastern Europe

- a) Leadership Programme: £15,000 being the first payment of a five year commitment;
- b) Leadership training for Eastern European and FSU participants through European Forum: 30 people at £360 each, totalling £10,800;
- c) £5,858 for European Union of Jewish Students. Leadership Training Programme;
- d) £2,000 for Pesach programme undertaken by the Jewish Eastern European project; and
- e) Pesach supplies to the East Berlin community.

## 5. Belgrade

- a) £25,000 for the provision of a truck, driver and petrol;
- b) Up to £50,000 for medicines;
- c) \$10,000 towards renovation of the community centre in Novi Sad; and
- d) Provision of food and medicine as required.

## 6. Hungary

- a) Completion of the renovation of community centre (sufficient funds are held in earmarked monies); and
- b) £20,000 for renovation of a kitchen at the Pava Day Centre.

**7. Poland**

- a) £650 for provision of a video camera for the Association of Children of the Holocaust; and
- b) \$25,000 for food supplies and medicines for the elderly.

**8. Bulgaria**

- a) £85,525 for the renovation of the community centre;
- b) \$8,000 for renovation of a flat for the Rabbi; and
- c) \$29,000 for dental and medical equipment.

**9. Czech Republic**

£750 for publication of materials.

**10. United Kingdom**

£65,000 to the Otto Schiff Housing Association.

**11. General**

- a) £5,000 as the second of our four year commitment to the Anne Frank Medical Fund for Righteous Gentiles;
- b) \$1,500 for educational material in Kosice, Slovakia; and
- c) £1,700 for a training programme for four FSU communal leaders.

**12. Sarajevo**

Provision of food and medicine as required by La Benevolencia.

Kenneth Rubens.



## **Jewish Refugees Committee**

The Jewish Refugees Committee was as vital in 1994 as in 1933, in assisting victims of persecution to overcome the difficulties of rebuilding their lives in a new country and coping with the trauma of their past experiences.

For the first time in the history of World Jewish Relief we were faced with the prospect of having to fight appeals against refusal of asylum. In 1994 a number of our clients from the former Yugoslavia were granted leave to remain in the United Kingdom but with the proviso that this would not be for permanent settlement. While it was a relief for them to have an answer, this decision means that they continue to feel the tremendous stress of an undecided future. We have appealed on their behalf and continue to advocate for their security.

This year we also noted an increase in the number of our refugees from the former Soviet Union who have been interviewed by the Home Office to explain their fears of persecution in detail. We have also seen our advice work increase as legislation and policy has changed. Help in an advisory capacity can be quite time consuming but provides an essential and valuable service.

The nature of our work and the fact that our clients are often distressed and traumatised, finding it difficult to trust even those who help them, means that establishing the conditions for that trust to develop are important, so ensuring client confidentiality remained a priority.

On a more positive note, we continued to provide refugees with much needed financial assistance,

responding to specific needs and requests. This help compliments a significant part of our work, that of creating stability and the encouragement for people to begin again. This was done by assisting with welfare issues, accommodation, education and re-training. An increasing number of our clients took advantage of Mrs. Avril Kleeman's expertise and advice and enrolled in programmes and courses to retrain for the United Kingdom job market.

We are very glad to report that all of the students who have been able to continue their education are making good progress. This has been possible due to the help of the Doron Foundation and other generous anonymous donors.

We would like to thank Jewish Care, Norwood Child Care, the B'nai B'rith, the Jews' Temporary Shelter and Shalvata for all their support. As ever, we accepted many referrals from individuals, Rabbis and the Jewish Community as a whole.

We now have in place a larger advisory committee, the first of its kind at World Jewish Relief in recent years. It is as a much valued member of this committee that we say a special "thank you" to Dame Simone Prendergast, World Jewish Relief Honorary Treasurer, who is such a source of wisdom to us.

The best symbols of hope and possible future happiness were that four of our refugee families gave birth to children. Our Iraqi and Iranian case-load continues to approach us with naturalisation and family re-unification requests. The latter also applies to asylum seekers from the former Yugoslavia.

While we had some success last year, we still have a few unresolved cases. We continue to rely on international liaison with AJDC, HIAS and Jewish communities worldwide.

1994 also saw the needs of our established clients increase, as some of them are ageing, becoming more vulnerable, and requiring particular input. Many now prefer to remain in their own environment rather than go into retirement homes. So in addition to other specific needs, we supplemented pensions, gave Passover and New Year grants, allowances for high fuel bills, respite care, home helps and if desired, retirement homes. Thus we provided important physical and psychological comfort.

In this the 50th anniversary year of the liberation of the concentration camps from Nazi oppression, it is essential that we remember the survivors and refugees who suffered so much. We have developed a closer working relationship with the Association of Jewish Refugees to ensure that these particular groups receive all the care they need.

Our Archive continues to be invaluable in tracing clients' personal and family histories. Following the discovery of archival material including a number of travel permits for the children who entered the U.K. on the Kindertransporte, we began a project to return the cards to their owners. For many, these documents are their only proof of origins and so are closely bound up with their own identities.

We would not be able to function as well as we do without the excellence of the Jewish Refugees Committee team. I would like to take this opportunity to thank them individually for their commitment, skill and efficiency. My gratitude to

Lieselotte Montague, Rosemond Nissan, Lillian Levy, Dr Amy Zahl Gottlieb and Luisa Biasiolo who carry out their tasks with a maximum of care, good humour and team spirit.

Janet Cohen, JP.

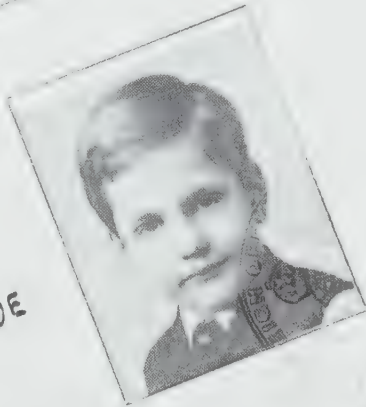
insured with the approval of His Majesty's Government to  
persons to be admitted to the United Kingdom for  
the care of the Inter-Aid Committee for children.

**THIS DOCUMENT REQUIRES NO VISA.**

**PERSONAL PARTICULARS.**

KURT

Date of Birth 18.11.31.



Address of Parents

RICHARD & GERTRUDE  
88 WEIMARERSTR.  
WIEN 19

VISA.

PARTICULARS.

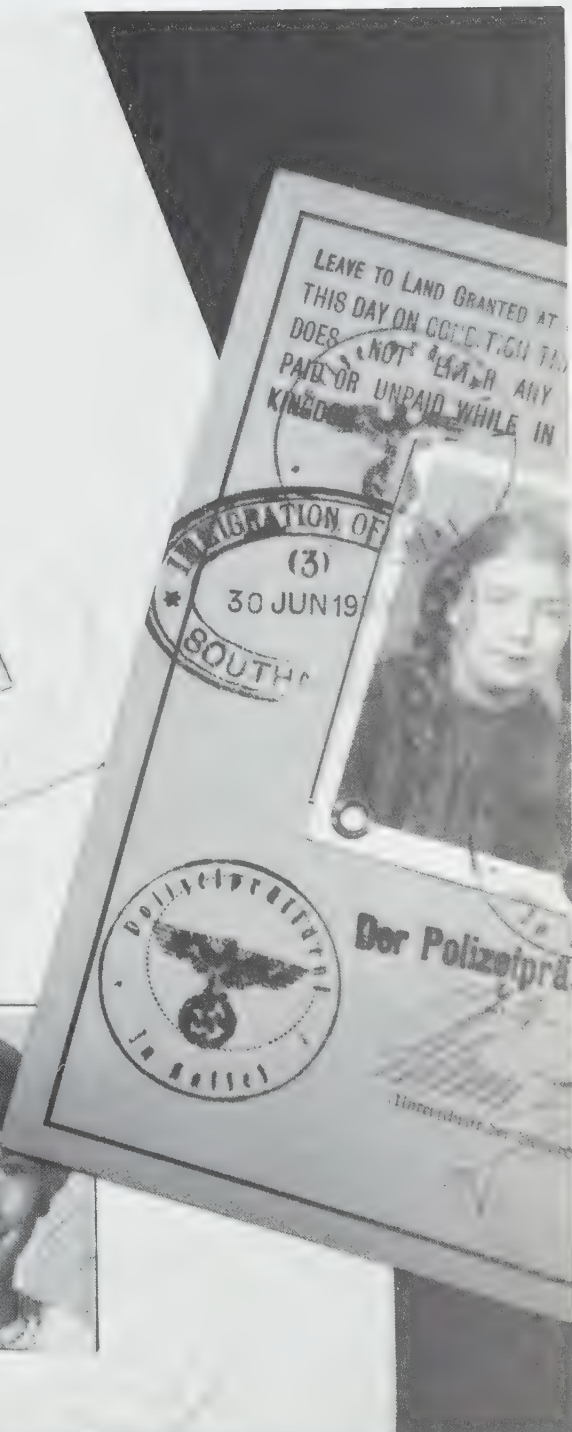
ELSE

Date of Birth 16.8.31



Names and Address of Parents

EL SIEGMUND & MARIE  
1014 SALZGRIES  
WIEN 1



**WORLD  
JEWISH  
RELIEF**



## **Marketing Committee**

Re-launching CBF World Jewish Relief as World Jewish Relief has been the single most important task undertaken by the Marketing Committee and much of our work during 1994 was involved in its planning.

This re-launch has involved putting together a complete communications package that has included a new logo, redesigned office stationery and the complete range of printed materials that are necessary in an effective fundraising organisation. Perhaps the most important component in this package will be an advertising campaign which will begin in the Jewish Chronicle, New Moon and provincial Jewish newspapers on March 24th 1995 and will continue, in various executions throughout the year.

The official announcement of these changes will take place on March 16th at Drayton House when the "new look" for World Jewish Relief will be unveiled. We are fortunate to have as guest speaker at that event the broadcaster Hugh Prysor-Jones, who will speak about the political situation in the former Yugoslavia.

The function of the Marketing Committee has not been simply to institute changes for change's sake. Rather, the committee looked at the way the organisation was perceived by Anglo-Jewry and asked if changes were felt to be necessary and beneficial. The answer to both these questions was: Yes. World Jewish Relief has to take a more realistic view of its fundraising needs and the marketing back-up to achieve that. As other worthy charitable organisations become ever more sophisticated in

their marketing, World Jewish Relief must ensure that its message is heard.

Changes we have initiated will help achieve that aim by raising our profile, communicating the message that we are Anglo-Jewry's only international Jewish refugee aid, relief and rescue agency working outside Israel and that we are always ready to act in any emergency.

Thanks are due to the hard-working members of the Marketing Committee, whose creativity and dedication have been essential elements in enabling us to carry through all these changes.

Andy Rubin.

### Treasurer's Report

Our year began with a completely unscheduled event: the European Premier of "Schindler's List", organised in conjunction with Jewish Care, the Council for Christians and Jews and the Holocaust Survivors Centre. A souvenir brochure was produced which broke all records and our thanks to the Survival Committee for all the arrangements. The event raised £150,000. The Survival Committee was also involved in another film premiere: "Liberation". It was a Royal Premiere attended by the Duke of Kent, ambassadors, politicians and many guests from the film and theatrical world. Our partners on this occasion were the Simon Wiesenthal Centre and the Imperial War Museum.

During the past five years, fundraising has become more difficult whilst demands on our resources have increased. Considerable efforts are being made to encourage support for World Jewish Relief from younger members of our community and we have made an investment in the future by creating a Development Department to ensure future resources for this organisation. Young committees have been formed, young representatives sit on our committees and a new potential leadership is emerging.

Our administrative expenses are closely monitored and I am pleased that they amount to only 1.2% of total income. It is unfortunately necessary to spend money to make money and fundraising expenditure was kept within budget as was the public relations and marketing expenditure. They represented 3.5% and 1.8% of income respectively.

Increasing income without increasing administration is always a challenge and we are actively pursuing

three methods: grants from the European Union, covenanted contributions and Wills and Legacies. In addition we ask all donors to look at their level of gift and seriously consider increasing their donation.

On many occasions during the year we had cause to thank Victor Morley Lawson for leaving World Jewish Relief money for rescue purposes. Some of this fund has been used for Syria, Yemen and Yugoslavia. This year we also received the Stern Trust which we administer and the income from which can be used to aid elderly Jews.

World Jewish Relief will move its offices in June 1995, to the first floor of Drayton House. We are fortunate to have obtained this space which minimises the disruption in our activities and saves the cost of printing and distributing new address details. However, there will be some expense incurred in the move.

I am always most appreciative of the support provided by the Chairman and the staff and am particularly appreciative of the efforts of all our aid committees. May we all go from strength to strength.

Dame Simone Prendergast, DBE JP DL.



## FINANCIAL SUMMARY 1994

	1994	1993	
<b>INCOME</b>			
Donations and covenants	563,212	704,923	
Legacies	695,136	951,024	
Events	327,552	362,859	
Restricted	1,316,319	31,566	
Goods-In-Kind received	495,000	512,195	
Funds not available for distribution	138,738		
Investments	<u>67,077</u>	<u>68,394</u>	
	3,603,034		2,630,961
<b>EXPENDITURE</b>			
<b>GRANTS</b>			
United Kingdom	387,805	536,822	
Israel	147,768	341,973	
Arab Lands	328,478	229,926	
Former Soviet Union <sup>1</sup>	312,015	25,168	
Turkey	1,542		
Former Yugoslavia <sup>1</sup>	783,255	512,195	
Germany	668		
Czech Republic	750		
Hungary	328,897	668,762	
Poland	16,180		
Bulgaria	<u>7,021</u>		
	2,314,379	<u>2,314,846</u>	
	1,288,655		316,115
<b>OVERHEADS <sup>2</sup></b>			
	% allocation		
Fundraising	23	114,073	
Development	12	59,516	
Publicity	12	59,516	
Administration	8	39,678	
		<u>(272,783)</u>	
		1,015,872	(5,972)
Funds not available for distribution	(138,738)		
Restricted funds not distributed	(461,062)	(270,074)	
Legacy Equalisation Fund	(400,000)		
Designated Funds		7,160	
<b>General Funds Surplus/(Deficit) for the Year</b>	<b>16,072</b>	<b>(268,886)</b>	

<sup>1</sup> Including Goods in Kind

<sup>2</sup> 24% of our overheads are allocated to our refugee activities and 21% to project management. The 1993 costs were subject to a different percentage of allocation.

### Finance Committee

Two meetings of this committee were held during 1994 and it was recommended that the functions of the committee should be as follows:

- a) Administration;
  - b) Investments;
  - c) Accounts;
  - d) Financial controls;
  - e) Premises; and
  - f) Relationship with Otto Schiff Housing Association.
- A meeting was arranged with the Auditor with a view to producing accounts which were easier to read and presented the charity's finances more clearly.

The situation of the World Jewish Relief lease was reviewed in light of the move to the first floor of Drayton House, in 1995. Costs were negotiated by Charles Teacher and the landlord undertook renovations to suit our requirements. The costs of a new telephone and computer system together with all other moving expenses were included in the budget.

It was noted that the new computer system will enable greater financial management.

The committee reviewed investments with a view to increasing income, and it was decided that sufficient expertise existed on the committee obviating the need for an external consultant. Stock has been received as part of a legacy and this will be reviewed together with The Stern Trust where World Jewish Relief can use only income generated.

Negotiations will be commenced with National Westminster Bank to review our charges.

Paul Marber

### Legacies in 1994

Dr E Elinger	£160,000
Dr J Halpern	12,158
Mrs I H I Joseph	50,000
Dr C I Kapralik	121,690
Miss A Lazarus	7,500
Mr N N Magnus	50,000
Mrs S Schlagman	1,000
Miss R Schlesinger	44,000
Miss O V Schwartz	215
Mr J Tramer	462
Mrs M Waddington	2,800
Mr A Golodetz	11,140
Mr A Weiss	10,000
The Alfred Stern Trust	1,278
Ms F Sachs	500
Mr W Schapira	1,000
Francis Coventry Trust	2,518
Miss M Kirschner	2,000
Mrs S G Rabinowitch	2,477
Mr S D Newman	500
Mr S R Norton	4,907
Mr D Jacobs	200
Mr B M Davis	400
Ms M Koppelman	40,000
W H Morris	2,000
A Frank	1,500
Ms F Pinkus	500
Miss J E Hertz	200

## Campaign Committee

The role of the committee is as follows:

- a) to discuss fundraising and development policy, and make recommendations to the Executive Board;
- b) to discuss the annual fundraising strategy;
- c) to liaise with all aid committees to ensure co-ordination, and avoid duplication;
- d) to enable the organisation to maximise its fundraising efforts;
- e) to organise information briefings and seminars; and
- f) to organise trips for major donors to World Jewish Relief projects

In January 1995, a Council Seminar, entitled "Towards the Millennium" will be organised. At this major gathering of our committee members and lay leadership, a five year campaign will be discussed to increase our income by £500,000 a year to bring our annual total to £5,000,000 by the year 2000.

Harry Kleeman, CBE

## Young World Jewish Relief

1994 was a year of change for Young World Jewish Relief with the handing over the leadership role from Andy Rubin to Sasha Leigh and Simon Cope-Thompson. It was also a year for continued growth, for the on-going development of the young organisation and one in which we raised a record £50,000.

Our mailing database – the lifeblood of any organisation - has increased to 1,300. We organised more events across all of the committees than in any previous year, and our media publicity ensured that our name was regularly in the press.

Our first young trip to Poland was a huge success and was followed more recently by a trip to Morocco. These trips enable our leadership and our supporters (both current and future) to see at first hand the work that World Jewish Relief performs.

As we look towards the millenium, we face challenges on a number of fronts: the *young* marketplace within which we operate is already well covered by the other major organisations; young people are increasingly finding the demands on their time and their funds to be too great; and fundraising and the events required for this purpose are becoming increasingly competitive and sophisticated.

However, with the enthusiasm, loyalty and support of our young leadership and our highly energetic committees, Young World Jewish Relief is making huge in-roads into the young community. In 1995, with a new, more focussed image, we will be able to build on our established base.

Simon Cope-Thompson

### **COUNCIL MEMBERS AND AFFILIATIONS**

#### COUNCIL CHAIRMAN

Harry Kleeman CBE

#### VICE CHAIRMAN

Sir Claus Moser KCB CBE FBA

#### HONORARY TREASURER

Dame Simone Prendergast DBE JP DL

#### EXECUTIVE DIRECTOR

Mrs Cheryl Mariner

#### APPEALS DIRECTOR & COMPANY

#### SECRETARY

Eli Benson

#### PRESIDENTS

The Chief Rabbi

Communal Rabbi of the Spanish  
& Portuguese Jews' Congregation

The Chairman Council of  
Reform & Liberal Rabbis

R N Carvalho

David Cope-Thompson

Rabbi Hugo Gryn CBE DHL DD

Lady Jakobovits

Greville Janner QC MP

David Kessler

David Lewis

Lord Nathan

Rosalind Preston OBE

Edmund L de Rothschild TD

Kenneth D Rubens

#### COUNCIL

Sir David Alliance

Michael Bennett

Kenneth Brown

Mrs Janet Cohen JP

Michael Cohen

Mrs Madeleine Cope-Thompson

John Curtis

Alan M Dean

Mrs Avril Kleeman

Mrs Letitia Leigh

Paul Marber

Mrs Jean Marks

Stanley Mason

Ashley Mitchell

Mrs Lieselotte Montague

Leslie Morgan

Derek Rose

Andrew K Rubin

R Stephen Rubin

Basil Saunders

S Bernard Spencer

Peter Straus

Charles Teacher

Geoffrey Wilson

CBF World Jewish Relief is represented on:

#### CENTRAL COUNCIL FOR JEWISH COMMUNITY SERVICES

Harry Kleeman CBE

Mrs Cheryl Mariner

#### OTTO SCHIFF HOUSING ASSOCIATION

Michael Cohen

David Cope-Thompson

Mrs Madeleine Cope-Thompson

Harry Kleeman CBE

Paul Marber

Mrs Cheryl Mariner

INTERNATIONAL COUNCIL ON JEWISH  
SOCIAL & WELFARE SERVICES

Eli Benson  
Ms L Biasiolo  
David Cope-Thompson  
Harry Kleeman CBE  
Mrs Cheryl Mariner  
Dame Simone Prendergast DBE JP DL  
Kenneth D Rubens

CONFERENCE ON JEWISH MATERIAL  
CLAIMS AGAINST GERMANY

Harry Kleeman CBE  
Mrs Cheryl Mariner  
MEMORIAL FOUNDATION FOR JEWISH  
CULTURE

Harry Kleeman CBE  
Mrs Cheryl Mariner  
EUROPEAN COUNCIL OF JEWISH  
COMMUNITIES  
Harry Kleeman CBE  
Mrs Cheryl Mariner

World Jewish Relief is also a member of and  
represented on:  
THE REFUGEE COUNCIL  
NATIONAL COUNCIL FOR VOLUNTARY  
ORGANISATIONS

REFUGEE COMMITTEE

Janet Cohen JP (Chairman)  
David Cope-Thompson  
Madeleine Cope-Thompson  
Avril Kleeman  
Harry Kleeman  
Andrew Lavy  
Cheryl Mariner  
Elizabeth Mitchell  
Lieselotte Montague  
Rosemond Nissan  
Dame Simone Prendergast DBE JP DL  
Basil Saunders  
Bernard Spencer

MARKETING  
COMMITTEE

Andy Rubin  
(Chairman)  
Richard Adler  
Anthony Buck  
Madeleine  
Cope-Thompson  
Rebecca Galambos  
Vivienne Jawett  
Letitia Leigh  
Sasha Leigh  
Melodie Schuster  
Geoffrey Wilson

CAMPAIGN  
COMMITTEE

Harry Kleeman CBE  
(Chairman)  
Neville Conrad  
Stacey Green  
Philip Greenwold  
Derek Rose  
Arye Rosenfeld  
Basil Saunders  
Charles Teacher

FINANCE  
COMMITTEE

Paul Marber  
(Chairman)  
John Alexander  
Michael Bennett  
Kenneth Brown  
Michael Cohen  
Hayley Lehmann  
Ashley Mitchell  
Elizabeth Nisbet  
Dame Simone  
Prendergast DBE JP DL  
Peter Straus  
Jimmy Strauss

PROJECTS  
COMMITTEE

Kenneth D Rubens  
(Chairman)  
Barry Abrahamson  
David Cope-Thompson  
Jonathan Gross  
Avril Kleeman  
Jean Marks  
Geoffrey Wilson



### **Lord Joseph**

The death of Lord Joseph has deprived World Jewish Relief of one of its most consistent friends and supporters. The sadness of his family and close friends is shared by all who knew him in World Jewish Relief.

Always compassionate, his deep concern for all who were poverty stricken, homeless or otherwise disadvantaged extended to the Jewish refugees who sought shelter in this country and were cared for by the Jewish Refugees Committee. His interest in this work and that which World Jewish Relief undertook for the European Jewish communities decimated by the war and those in Eastern Europe and North Africa who needed help, was always present.

Lord Joseph joined the World Jewish Relief Appeal Committee after the war and was a regular attendee at meetings, involved in its planning and activities. Later his business, civic and political commitments prevented his being part of the day-to-day work of World Jewish Relief but he still continued to advise and help whenever he was asked to do so. This was particularly useful in efforts to raise funds from industrial and commercial sources and he spent a considerable amount of time with committee and staff members who consulted him. He was also particularly helpful in approaching prominent people when it was felt they could be useful as speakers at fundraising meetings and functions.

In its 61 years of existence, World Jewish Relief has had many wonderful friends and workers and Lord Joseph certainly ranks highly in their list.

Joan Stiebel

### **Dr Solomon Gaon**

Dr Solomon Gaon who served as Honorary President of World Jewish Relief, died on 21 December 1994 at the age of 82. He was awarded the title of Haham of the Spanish and Portuguese Jews Congregation in Britain in 1949 and as such was the leader of the country's Sephardi community. In 1968 he was also elected president of the American Society of Sephardi Studies and ten years later he became Chief Rabbi of the congregations affiliated with the World Sephardi Federation.

Haham is not an automatic title and has to be conferred by the congregation's council. In the congregation's 350 year history, only six men have held the title. Like every holder of the office of Haham, he was born outside Britain. He came here in 1931 after training at the Jewish theological seminary in Sarajevo and graduated as a Rabbi from Jews' College.

In 1944, he was appointed senior minister of the congregation's two synagogues, the Bevis Marks and Lauderdale Road in Maida Vale. Although his personal piety, tolerance, scholarship and devotion to duty made him extremely popular with the community, some of the elders worried that his increasing travels took him away from their local concerns. He visited Rhodesia, Zimbabwe and Australia where new Sephardi communities were being formed.

He was particularly involved in Spain and the United States. Invited as visiting professor to Yeshiva University, he started an active programme of Sephardi courses and in 1976 he was appointed to Yeshiva University's chair in Sephardic studies. His

interest in Spain lay in the "golden age" of Spanish Jewry before the Edict of Expulsion of 1492. He was honoured by General Franco and King Juan Carlos and he declared an act of reconciliation between Spain and the Jewish people at the historic ceremony in 1992.

After his retirement, Dr Gaon remained in New York, preferring to concentrate on his long-term interests, the education of future religious leaders and the preservation of Sephardi tradition and identity.





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# Why we American Muslims are feeling so much pain

**Civilized people seem to worry more about animals**

By MAHER HATHOUT  
Special to the Los Angeles Times

In a pluralistic society, a major guarantee of harmony is the understanding of the different components of the pluralism -- the understanding of one another. The sharing and appreciation of one another's pain, frustrations and aspirations will contribute to breaking the walls of psychological ghettos. It is morally right and pragmatically important that all the groups in our society reveal their collective suffering.

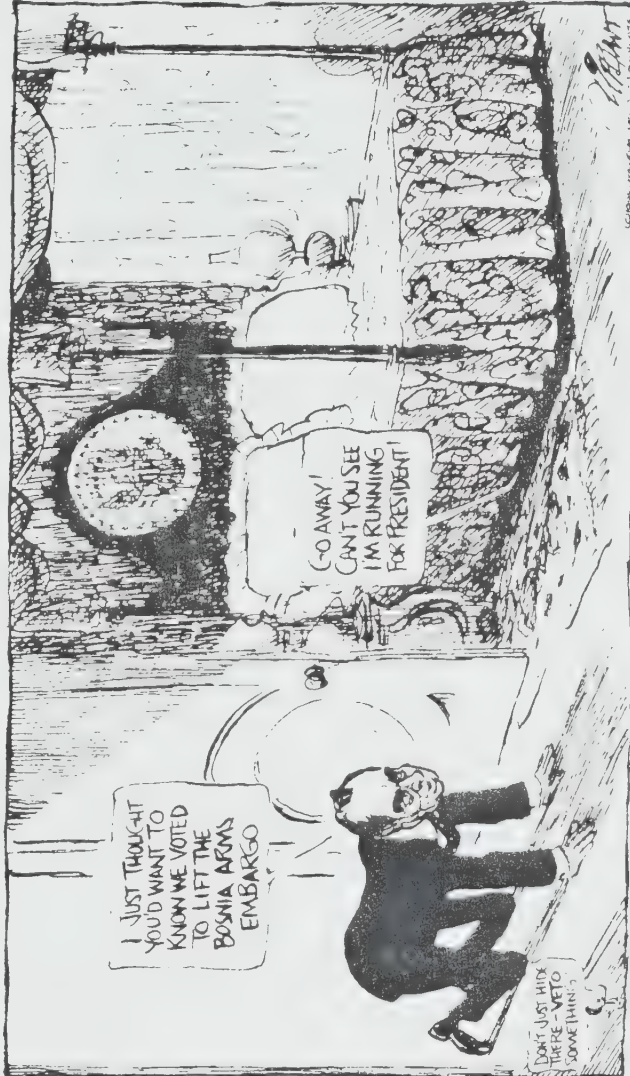
And so we American Muslims want everyone to know how we feel today -- the extent of our agony, the darkness of our anger, the depth of our sadness. We feel what is happening in Bosnia as if it were happening to us.

I will not mince the words and claim that we are upset because of the failure of law and order in the world, or the crushing of a promising

democratic pluralism in Bosnia or the disintegration of the United Nations. Neither are we solemnly heartbroken because of the disillusion in American ideals or the loss of the leadership of our country to the free world.

We hurt because we see Muslims being killed because they are Muslims, women raped because they are Muslim women, children maimed because their parents carry Muslim names. We hurt because we see the genocide widely publicized, almost celebrated for the scope of its savagery, and yet nobody cares. In our perception, whether it's right or wrong, if the victims were other than Muslim, the situation would be different.

We hurt because the major powers in the world have not only refrained from helping the victims, but have also imposed an arms embargo that is preventing the victims from helping themselves. We hurt because, with unbelievable insensitivity, our country's leaders say that all this suffering is not worthy of the sacrifice of a single American life because the lives of Muslims are not worthy and their blood is



cheaper.

We hurt because we see civilized people pricking consciences over the fate of animals while Bosnian Muslims are not exotic enough to be preserved. We hurt because we saw our country lining up the U.N. solid and straight to secure the flow of oil from the Persian Gulf, but not to stop the flowing

blood of Bosnian Muslims.

We are hurt to hear the obscenity of claims that lifting the arms embargo will increase the bloodshed, which does not mean the quantity of blood, but rather sharing the pool of blood lost with the aggressors. We are angered to see people barbeduc in the "safe haven" zones and then to hear the

suffering in Bosnia transformed into a debate on how to save the peacekeeping forces. Yes, we are agonizing for our brothers and sisters for whom there is no one left to mourn.

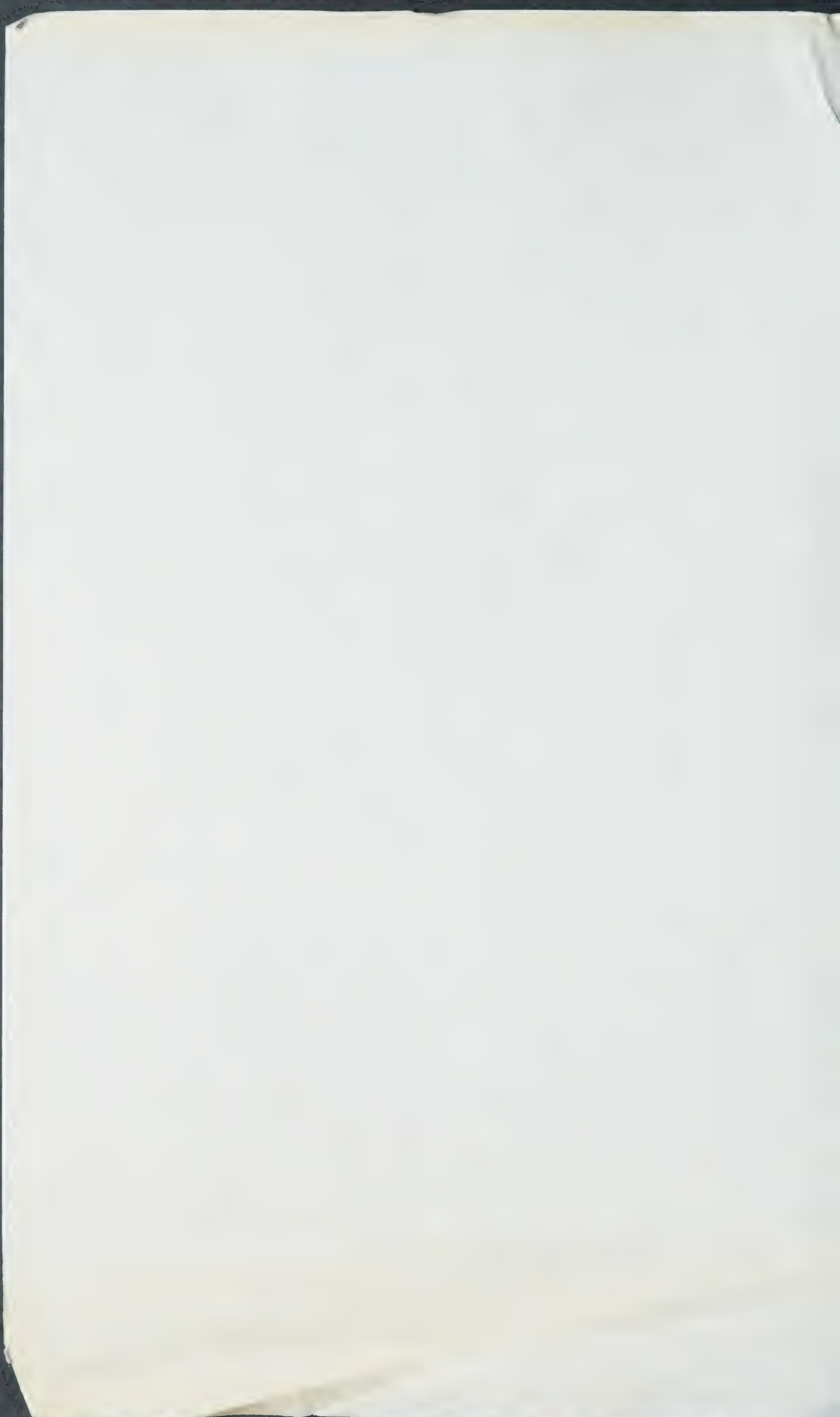
We harbor the kind of anger that is not amenable to erasure by time, an anger shared by one-fifth of the inhabitants of

the globe; only fools can ignore its impact.

It is maddening to American Jews to have someone deny the Holocaust, because they know how the world denied the pain when it was inflicted. To American Muslims, it is even worse because the atrocity in Bosnia is not denied; it is shown. Nobody will be able to claim, as most did after the Holocaust, that we did not know, or that we only discovered the horror after the fall of Hitler and the liberation of Auschwitz. Here we all know, we see the genocide in our family rooms, then push the button to see who is testifying in the Simpson trial.

Yes, we Muslims are angry, madly so. It would be dishonest to keep it to ourselves or to create an emotional ghetto. We owe it to our fellow citizens, that they should hear it in its crude truth. We will be stuck together with this anger for a long time. I know that I will never forget and I wonder if I can ever forgive.

*Maher Hathout is a frequent spokesman on Muslim affairs and president of the Inter-Religious Council of Los Angeles*





## BOSNIA

### The Case for Military Intervention

**Why military intervention by land and air always was and still is the correct moral and political course of action**

#### Introduction: the historical perspective of World War II

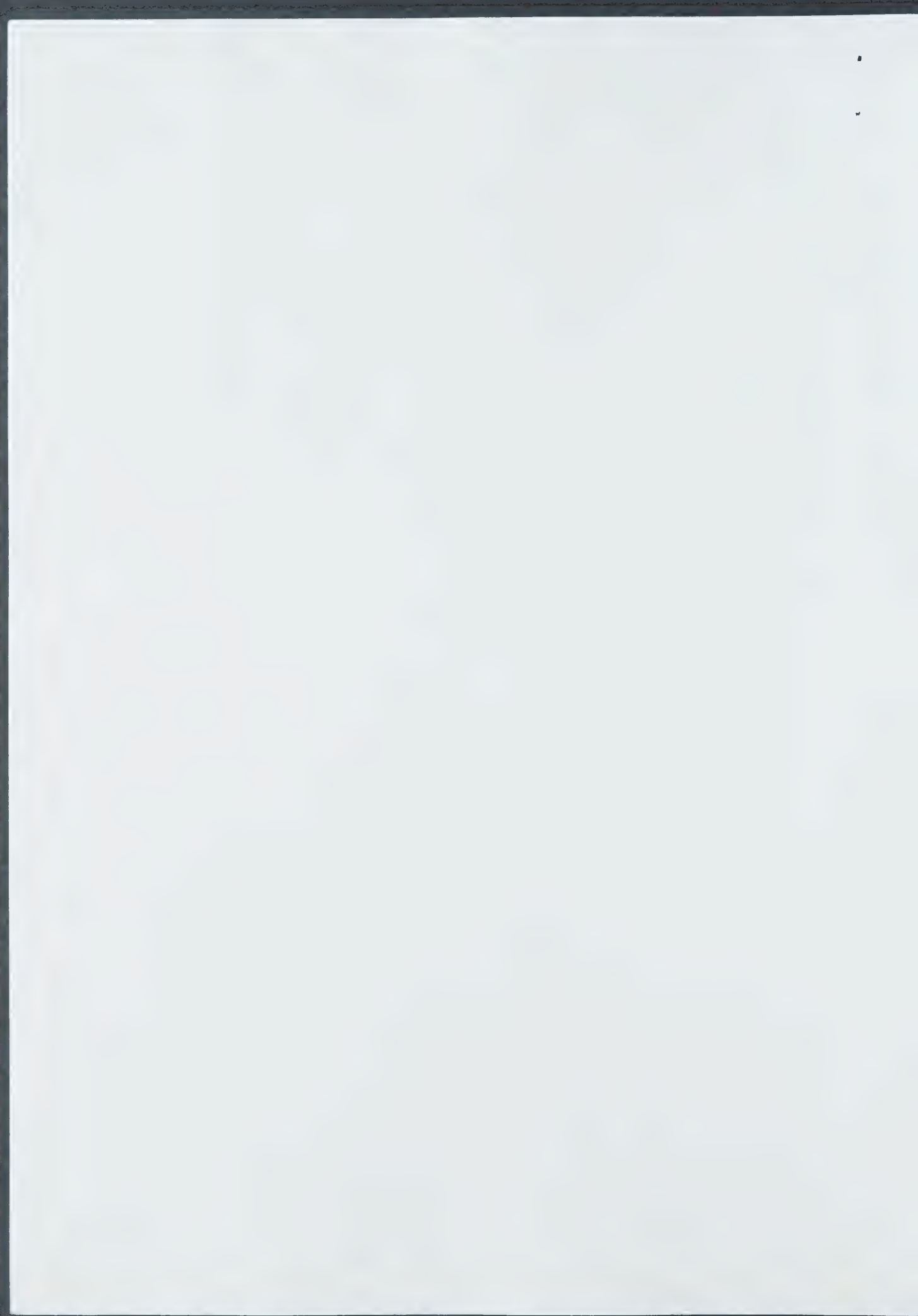
I cannot be alone in feeling a deep sense of shame at the Western World's failure to halt the slaughter in former Yugoslavia. Since World War II most of us have accepted the lesson of the Holocaust - that we must never let it happen again. The resolve "Never Again" has been widely taken to apply not only to the persecution of the Jewish community but to any ethnic or religious group. To our immense shame, the West, though attempting to provide food and clothing, is letting it happen again, and in Europe too. Once more the 'mark of the beast' is being imprinted on defenceless humans. In an ideal world ethnic cleansing would not be permitted anywhere, but in practice it is impossible for the West to intervene everywhere in the world. Yugoslavia, however, is not some far off place but directly adjoins both Greece and Italy, the twin cradles of Western civilization and now member countries of the EEC. Twixt the Glory that was Greece and the Grandeur that was Rome now lies the Shame that was Yugoslavia.

Excuses have been made for the actions of the Serbs on the grounds that they fought with the Allies against the Germans in WWII, whereas the Croats sided with the Nazis and committed numerous atrocities against the Serbs. This explanation of their current behaviour does not appear convincing for two reasons: first, the Serbs have selected as their main target the Moslems, not the Croats; secondly, similar enmities existed after WWII between other population groups in Western Europe, but with goodwill and the passage of time the scars have now largely healed. To take a different kind of example, the French-speaking and Flemish-speaking Belgians have linguistic and religious differences, but we do not see one group ethnically cleansing the other by attacking towns and villages. If the Walloons attempted to drive the Flemish people northwards into Holland, would we stand by and let them shell the medieval city of Bruges in the way we allowed the Serbs to shell Dubrovnik, on the basis that it was a civil war? It seems unthinkable.

To take another example, let us suppose that Scotland and Wales declare independence from the UK in 1994. In London a wave of nationalism arises and a policy of ethnically cleansing Wales is pursued. The English living in South Wales aim to drive the Welsh into North Wales and with the support of the English army they raze Welsh villages and towns, commit terrible atrocities to men and women alike and surround Cardiff with artillery. They then lay seige to this city and other towns, killing tens of thousands of civilians. Do we seriously think that our European neighbours or NATO partners should not intervene militarily to force a halt to this bloodshed? The argument that it is only a civil war does not hold once independent states have been declared and one state is actively supporting the slaughter in another. In Bosnia there is clear evidence that regular Yugoslav troops are being deployed to support the Bosnian Serb forces.

#### The nature of the war: is it ethnic, religious, tribal or territorial?

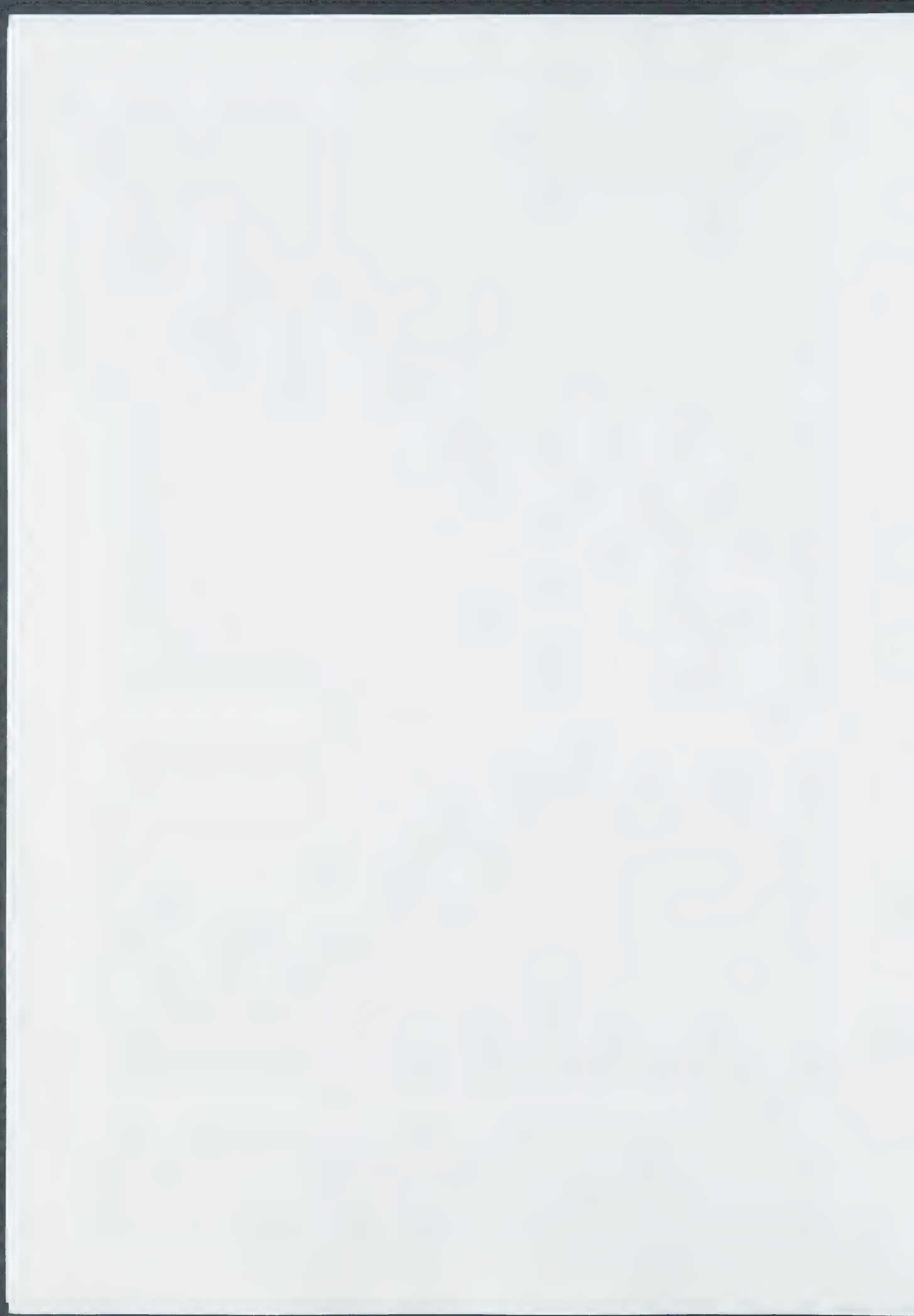
The irony of the term 'ethnic cleansing' is that in the case of the Bosnian Moslems they are nearly all the same 'ethnos' (race) as the Serbs since they are Slavs who were converted to or adopted Islam as their religion when Bosnia came under Turkish rule in the days of the Ottoman Empire. The Serbs are therefore fighting their own kind.



If this war is not truly ethnic, except in a loose sense of the word, is it religious? Religion is certainly the main distinction between the Serbs (who are Orthodox Christians) and the Moslems, but the war is not a religious war as such. This can be seen from the terminology used: the Bosnian Serbs are not described as the Bosnian Christians, nor the Serbs as a whole as the Christians v. the Moslems. The actions of the Serbs are not like those of the medieval Crusaders trying to take Christianity to the infidel. Moreover, the horrific treatment of the Moslems by the Serbs runs completely counter to Christianity. Mr Radovan Karadzic, the Bosnian Serb leader, has invoked the name of God in his speeches: he should be asked "What in God's name have the Moslems done to deserve this treatment?". It is a human failing to feel antagonism towards those whose beliefs and customs are different from our own: the muezzin wailing prayers from a minaret may be irritating to Christians, but equally the tolling of a church bell, especially at unsocial hours, may be annoying to Moslems. Moreover, the observances of both may be alien to those of other religions or those who hold secular views. However, it has been one of the greatest achievements of modern civilization that in most Western countries citizens are free to follow the religion of their choice without persecution or discrimination. Let us hope that when the war in Bosnia is finally settled, there will be freedom to hold any religious belief or secular view. Sarajevo and many other parts of Bosnia were a model in this respect with people of all communities living peacefully alongside one another. It will be a retrograde step if Bosnia has to be divided along 'ethnic' or religious lines; the West is right to resist this proposal and should still press for a multi-ethnic state of Bosnia. If in the end Bosnia is divided into three parts, any settlement must include provisions for the rights of ethnic/religious minorities within each part. In cases of inter-marriage, there will be Moslems married to Serbs who will have to live in one or the other of the parts and will need to have their rights protected. Perhaps more worrying would be the creation of a Moslem state: the rights of Christians to build churches and preach the gospel should be established in law as part of a settlement; equally the rights of agnostics and atheists to ignore Islam.

Thirdly, is this war tribal? The answer would seem to be 'yes' since it is not truly ethnic and not specifically a religious campaign. Nationalism is the ugly word which has sprung up again in Europe: the Serbian tribe now sees itself as superior to other tribes and wishes to push them aside in the interest of a greater Serbia. One of the saddest aspects is that relations between the different tribes in Bosnia, as in the city of Sarajevo, were generally quite good before the rise of Serbian nationalism. Moslem children grew up as playmates of Serbian and Croatian children and many remained friends after their school days. In many towns there was a high level of tolerance and intermarriage was not uncommon. A TV news report a year ago showed negotiations across a road barrier during a brief ceasefire: a Serbian and a Moslem soldier recognized each other across the barrier and ran forward smiling to shake hands - they were old school friends. This moving scene was reminiscent of the famous football match during World War I when the Germans and the English played a game during the ceasefire on Christmas Day. A few hours later they were slaughtering each other again. The age-old question must again be asked - why are humans who have no special wish to kill each other put into a situation where they are expected to do so? The answer lies in the poor state of human relations and the dreadful quality of our leaders.

Fourthly, is this war territorial? It most certainly is. One of the aims of the Serbs' nationalist policies is the creation of a greater Serbia. Croatia too is trying hard to enlarge its dominion. The Serbs have tried to justify their actions by claiming that some Bosnian territory should be theirs because it belonged to Serbia in the 14th century. Imagine the situation in Europe as a whole if countries tried to restore their borders to those of the 14th century. So far the Serbs have attempted a huge movement



of population and have succeeded in forcing around two million Moslems from their homes. They have cynically referred to this as 'a normal population exchange'. Such enforced movements may have been 'normal' or common throughout history, but a point in history has been reached when the West must take the high moral ground and make clear that such movements are no longer normal but are now totally unacceptable unless made by consent.

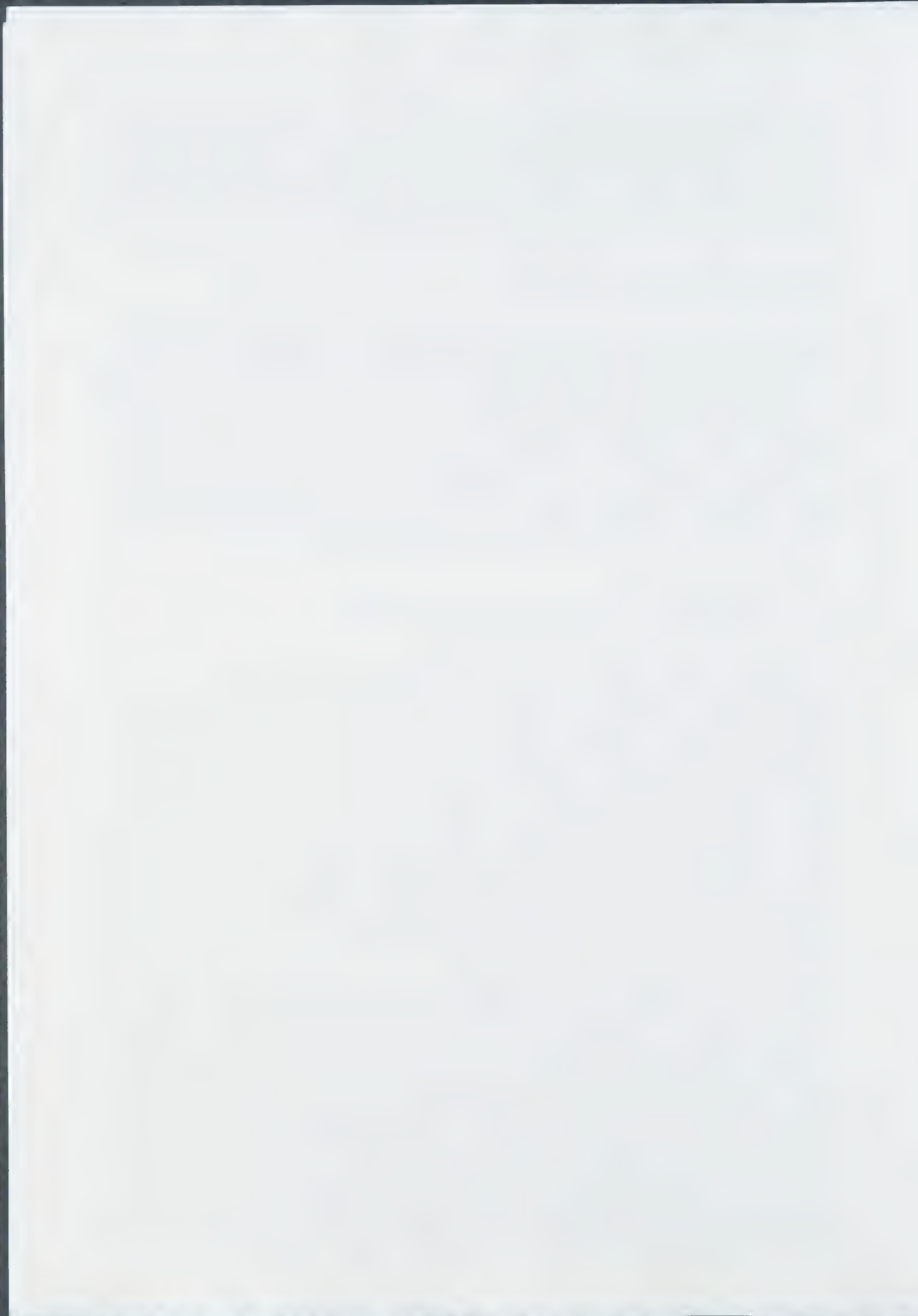
#### The atrocities of the war in Bosnia

Many details have been given in the press and on TV of the physical atrocities of the war: murder, rape, torture, humiliation, intimidation, persecution, starvation and deprivation of shelter and all civilized amenities, in addition to death by shelling, bombs and sniper fire. The list is long and appalling; we do not intend to give a detailed account of them here. Can all the reports of atrocities be believed? A year ago we heard the confessions of Borislav Herak, a local Serbian commander, who had organised brothel camps and the systematic use of rape and murder on instructions from his area commander. The truth of these stories was established by Dame Anne Warburton who was sent to make an official enquiry. Among a multitude of horror stories is the testimony of Father Stipe Susic who has given an account of terrible atrocities at the notorious Omarska Camp. One day the full story may be known.

#### The personalities and strategy of the Serbian leaders

The main characteristic which the Serbian protagonists share is a cold ruthlessness. The respect for human life which is present in most of us has been noticeably absent from many of the dictators of this century such as Stalin and Hitler who both thought nothing of causing the deaths of millions. President Slobodan Milosevic should have been identified much sooner as a source of trouble. His calm exterior hides a fervent nationalism and disregard for human life. Both his parents committed suicide while he was still a young man, putting a low value on life. Radovan Karadzic, the Bosnian Serb leader, is a cynical manipulator with a training in psychology. When his arguments lack conviction, he invokes God in support of the Serbian cause. He is clever with words and can twist arguments in his favour. He returns time and again with a plausible smile to the conference table, knowing that while he can play for time, the Serb commanders are gradually gaining ground. Why this man is not arrested in Geneva for war crimes is a puzzle: the UN Secretary General Boutros Boutros Ghali has promised action to set up a War Crimes Tribunal based on Chapter 7 of the UN Charter. Let us see some action.

Ratko Mladic, the Bosnia Serb commander, has been described by a Western reporter as a deeply violent personality. He is an intelligent and ruthless strategist who is prepared to sit it out on Mount Igman and use a process of slow attrition, dealing death by a thousand cuts to Sarajevo. He could probably take the city quickly by force, but such action would provoke international outrage; instead he is content to see it slowly die. He has no interest in peace until he has gained the maximum amount of territory that he can. His complete disregard of the Christmas 1993 ceasefire in Sarajevo shows the kind of person he is. His name must be high on the list of war criminals. Perhaps the nastiest characters are the local Serbian war lords such as Zeljko Raznjajevic, known as Arkan, who is reputed to be a former bank robber and Yugoslav secret service assassin. Many of the worst atrocities have been carried out by his band of 'Tigers' and similar groups. These small armies are almost uncontrollable and have no interest in peace talks in Geneva or elsewhere. Unfortunately armies can attract the worst



kind of person: those who are the most cynical and ruthless often rise to the top. In Nazi Germany concentration camp guards and commandants were selected for their hardness and their ability to punish, torture and execute without remorse. Those who showed emotion or restraint were rejected as too soft and moved to other duties. The British army prides itself on the quality of its officers and men who have a reputation for fairness and humanity; with an irregular force like Arkan's 'Tigers', who knows what misfits, fanatics, sadists and psychopaths lurk among its members?

Lord Owen has shown the patience of a saint, but too much patience, in attempting to achieve a peace settlement and a fair division of the map. However, there is every reason to believe that all the talking in Geneva is just a delaying tactic by the Serbs and Croats: day by day they seize more land or slowly throttle towns by seige until they die. Radovan Karadzic and Ratko Mladic are laughing behind Lord Owen's back. Only military force will restrain them.

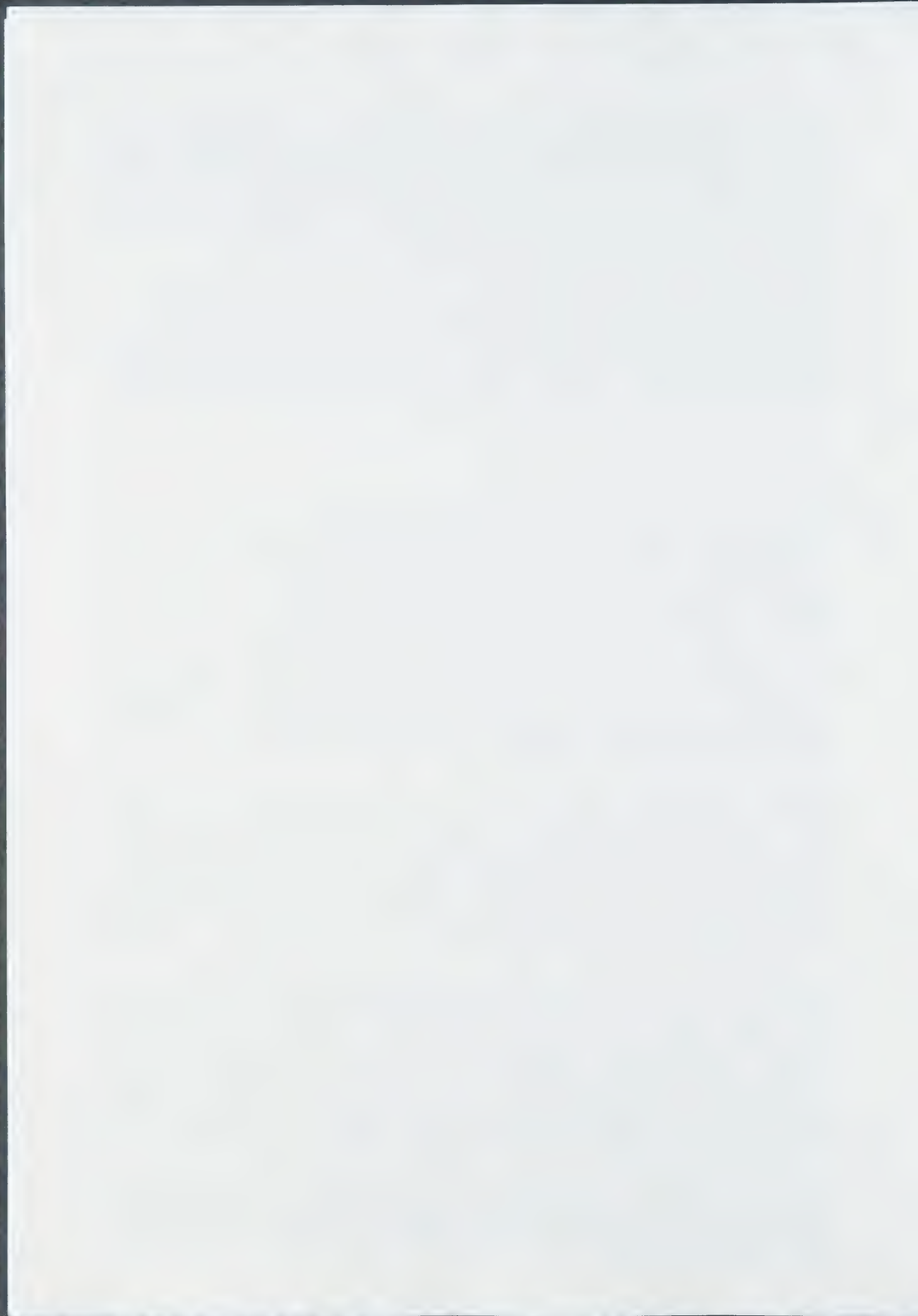
### The Dubrovnik Opportunity

After a long period of fruitless talks led patiently by Lord Carrington, events took a much more sinister turn in 1991/92 with the shelling by the Serbs of the lovely old town of Dubrovnik, well known to many British holiday-makers. Designated by UNESCO as a World Heritage site, this beautiful medieval walled town and port has justly been called 'The Jewel of the Adriatic'. All 360 of UNESCO's World Heritage sites are described in "Masterworks of Man & Nature - Preserving Our World Heritage"; the article in this book on Dubrovnik ends with the words "The town is permanently protected from any modern redevelopments." The kind of redevelopment which the Serbs had in mind was rather different. So here we have the puzzling situation of a town which is "permanently protected", which is recognised by UNESCO, which is part of the UN, and yet the UN did not take action to protect it. The UN must be prepared to back its protection with force when World Heritage sites are attacked.

Curiously, Dubrovnik is not in Bosnia but in a narrow strip of coastal Croatia. The assault would seem to have been part of a plan to link Serbia to the sea. Is this acceptable, or even necessary behaviour in modern times? Has it, for example, been necessary for the Swiss to seize northwest Italy to have access to Genoa, or, in present times, for the Austrians to capture north east Italy to gain Trieste? In former centuries such actions might have been commonplace, but surely not today in Europe. The civilized solution is to be friendly with your neighbours, or do a deal with them, and they will allow you passage to the sea.

The shelling of a cultural gem such as Dubrovnik aroused incredulity in most people: such things had happened in the battles of World War II, but that they should happen in Europe in 1991/92 was barbaric. This was the big opportunity which the West should have seized - to attack the artillery positions in the hills above Dubrovnik from warships at sea and with air strikes from carriers or bases in Italy. This action should have been accompanied by a clear warning to the Serbs that such actions against civilians here or elsewhere would not be tolerated by the West. It would have been a clear demonstration of military force and may have proved to be a deterrent to the Serbs from shelling other towns and cities.

A common objection to air strikes is that they may miss their target and hit innocent citizens: this seems a weak argument if the citizens are being slaughtered anyway or driven from their homes. In such an attack there may be a tragic waste of some lives, but the catastrophic loss of a much larger number may be prevented.





### The destruction of the built environment

We all know that buildings are destroyed in wars, so I am at risk of overstating the obvious. Although the destruction of lives is far more important, the devastation of the built environment is also tragic. The destruction is both cultural and economic: priceless architectural treasures and works of art have been obliterated and literally billions of pounds worth of damage has been caused to buildings. Hundreds of thousands of homes have been shelled or set on fire making them uninhabitable by either side. The conquerors have control of a wasteland of ruined villages and towns. There is clearly a strong political and moral case for intervention both to prevent the loss of £ billions worth of residential and commercial property and to protect the cultural heritage. The cost of reconstruction will be colossal and the West will almost certainly be called upon in due course to finance much of the rebuilding programme, diverting resources which could be used elsewhere. This destruction might have been avoided if the West had taken firm action to show that it was prepared to stop the Serbs.

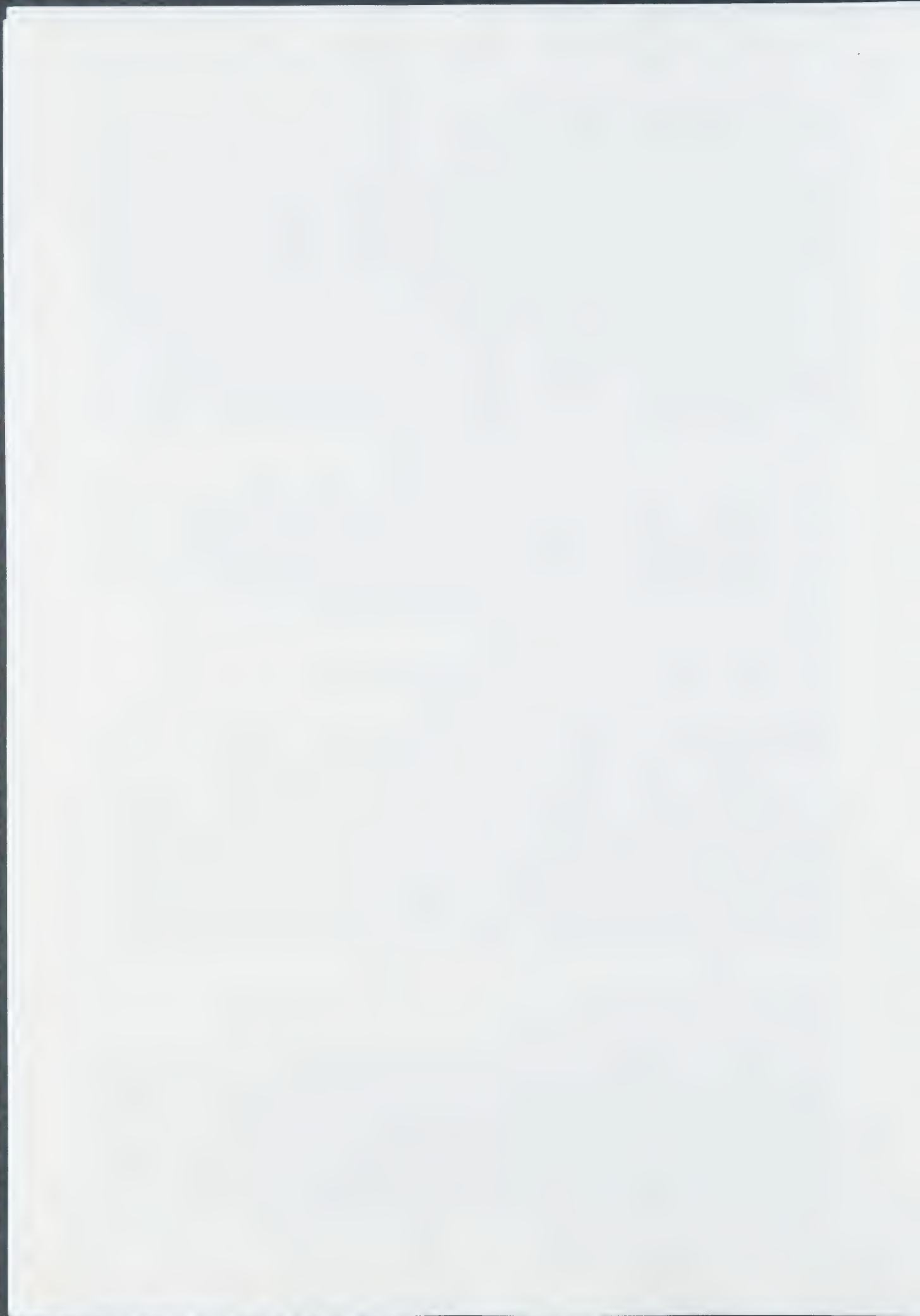
Little has been said of the property rights of the refugees. If they held the freehold of their land and homes, what is to be done about compensation? This is one of those questions which begs to be asked but which interviewers never seem to put to Mr Milosevic or Mr Karadzic. Full reparations should be a condition of any settlement in order to make it clear to the aggressors that there is a financial price to pay for the devastation which they have caused. If they are unwilling to pay that price, then the amount of land which they are allocated in a settlement should be further reduced.

### The Cost of Western Government Aid and Charitable Funds

The huge cost to the West of humanitarian aid might have been avoided or reduced if military action had taken place and this action had successfully deterred the Serbs in their advances. There is no guarantee that this would have been the result, but a demonstration that the West 'meant business' could have caused a change of policy. The war is also a tragic diversion of charitable funds which are urgently needed elsewhere to relieve unavoidable disasters such as earthquakes, floods and famines. It must be heartbreaking for charity workers to see their precious resources allocated to relieve suffering which might have been prevented if decisive action had been taken by Western governments. Similarly it is heartbreaking to realise that, for every small group of injured children evacuated periodically to hospitals in the UK, a similar number is being killed or wounded in Sarajevo almost every day.

### The problem with sanctions

The theory of sanctions is that a deprived nation will complain to its government and press for change and will eventually rise up and overthrow its leaders. The weakness of this argument, as in the case of Iraq and Sadaam Hussein, is that in a police state and military dictatorship it is almost impossible for people to protest without being identified by the army or secret police and eliminated. Moreover, among many sections of the population sanctions stimulate a sense of identity in the struggle against foreign oppressors and increase rather than weaken their feelings of nationalism.



Another weakness of sanctions is that they hit the population indiscriminately and harm those who are opposed to, as well as those who support the policies of their leaders. Innocent children also suffer and deprivation is further increased by the diversion of scarce resources into the military effort, in this case the support of the Bosnian Serb army.

The economic ruin facing Serbia may prevent the country, when the war eventually ends, from making reparations or financing the reconstruction of buildings and may set back by many years its chance of taking its place in Europe as a modern, viable economy. Though sanctions may work over the very long term, because of the length of time taken for them to achieve their objective, they fail to address quickly the urgent need to halt the slaughter.

These arguments against sanctions are not to say that they should not be used, but that they are not sufficient on their own without the addition of military intervention.

#### The weakness of observers; would they have prevented the Holocaust?

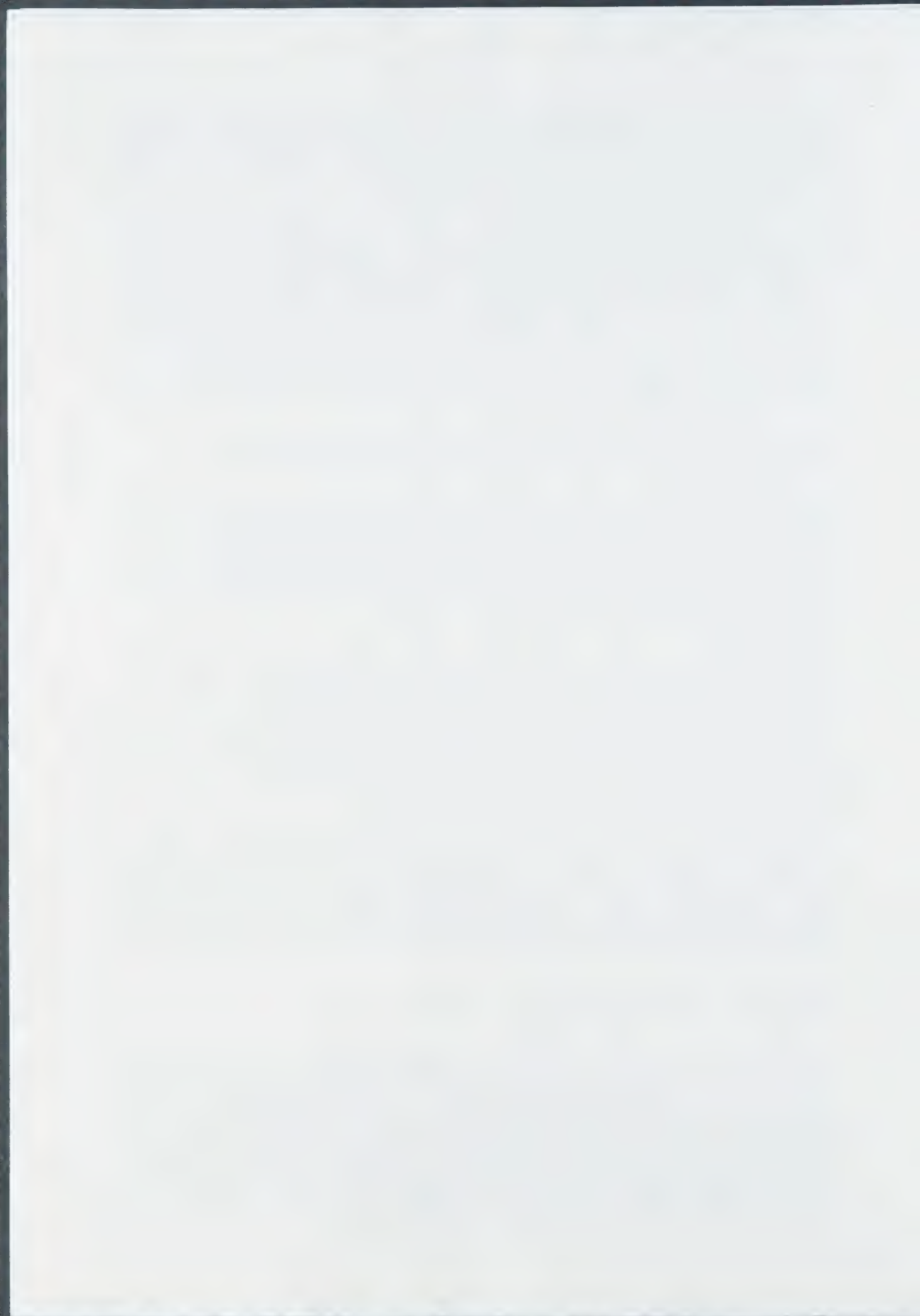
The function of observers is to record and report back their observations. However, without appropriate follow-up action, their observations are of little use except as possible evidence for war crimes trials. Admittedly the presence of UN observers may have deterred the opponents from even greater excesses, but equally the lack of any resulting intervention has confirmed that they can proceed with impunity. A hypothetical analogy with World War II may be instructive:

Let us suppose that there had been no treaty with Poland and that Britain had not been drawn into the war. Let us also suppose that Germany had allowed British observers into its country. They might have reported back on the moving of the Jewish population and their relocation in concentration camps. We might have threatened war crimes trials; we might have sent food and clothing for the camps but then found that the Germans had blocked the roads on the grounds that it was too dangerous for the lorries to enter a war zone. Peace talks might have continued for years, by which time all the Jews who had not fled would have been exterminated.

In this scenario would we have intervened with force? The instinctive response is 'yes, of course we would if we had known what was happening.' If so why do we not intervene now? If we do nothing now, would we really have intervened then? In pondering this question a dreadful realisation now dawns upon us, that in the West today we have governments who would have allowed the Holocaust to continue, even if they had known fully what was happening. What greater condemnation could there be?

#### The farce of 'safe havens' and 'no-fly' zones

The 'safe haven' concept, originally introduced by John Major in North East Iraq to protect the retreating Kurds, has proved a farce in Bosnia. In the event, no protection is being given to the suffering populations of those havens, not even if UN forces are present, but only if UN forces themselves are attacked. Apart from a few incidents, the aggressors have avoided directly attacking the UN troops and have therefore been free to continue to terrorise and slowly annihilate by starvation those trapped in so-called safe havens. The safe haven concept is totally discredited and must be rethought by the UN in a realistic way, which means active protection.



No-fly zones have equally turned out to be a farce, principally because the Serbs and Croats have attacked by land, not air. Secondly, the scores of violations of the no-fly zones by supply helicopters etc have met with no response. The lack of intervention has served only to encourage the aggressors.

#### The political case for intervention

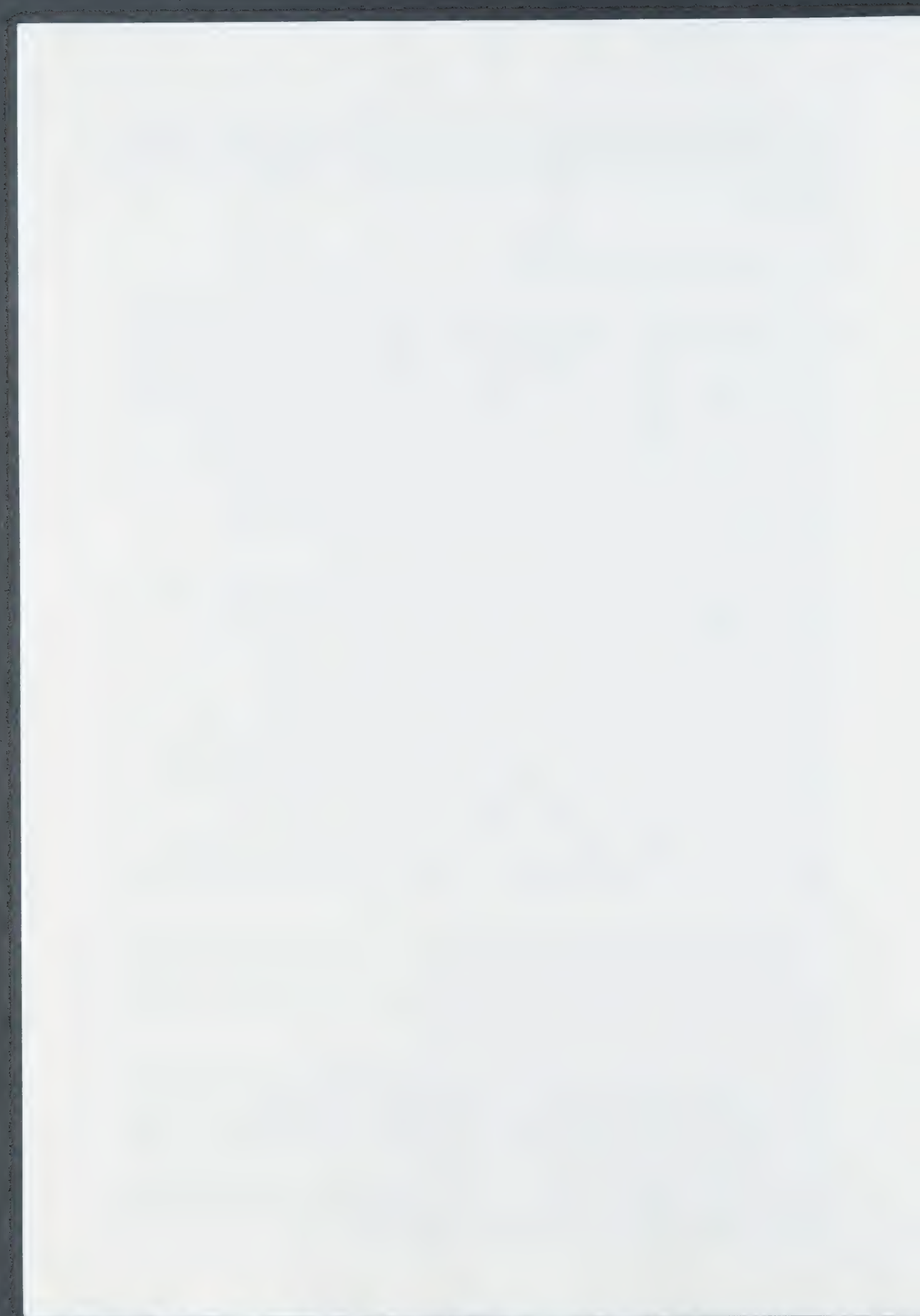
A common objection to intervention is that the Balkans are said to be a powder keg and any military action could ignite a Third World War in the same way as the assassination of Archduke Franz Ferdinand in Sarajevo in 1914 was a flashpoint at the start of World War I. This argument, however, is not at all convincing in the context of the peaceful relations which exist today among the EEC partners. There is no European country building up its military might in a threatening way; quite the reverse with most countries cutting back on their spending. The attitude of Russia, traditionally seen as an ally of the Serbs, is important, but with the ending of the Cold War it should be possible to link an offer of further aid to Russia with support for the West in its attempt to end the suffering in Bosnia. Furthermore, the clear humanitarian objective of any intervention should make it plain to Russia that no Western country is seeking to acquire territory for itself.

The political case for intervention is based on the precedent which the present situation will create: non-intervention 'permits' ethnic cleansing and gives the green light to nationalists to carry out ethnic cleansing with impunity (apart from sanctions). Bosnia has become a depressing political and moral precedent for the future. At a time when a 'New World Order' was being talked of, and indeed had started to emerge in Europe, the West has failed to intervene to halt an old-fashioned aggressive style of conflict whose barbarism and atrocity was believed by many of us to be a thing of the past. Why has not the West intervened here in the way it did in the Falklands and Kuwait wars? The usual answer is that these countries were sovereign territory which was invaded by another nation, whereas Bosnia is a civil war. Yet the paradox remains that when the Argentinians invaded the Falkland Islands, they did not commit atrocities and ethnically cleanse the British population; they merely landed and raised a flag. Because of the invasion by a foreign power, Britain's response was swift and crushing. Although the response might in some ways have been seen as overkill, it resulted later in a huge benefit - the overthrow of the oppressive Galtieri regime which had been responsible for the deaths of thousands of 'the disappeared'.

In Bosnia the Serbs have seen that they can get away with it and be rewarded territorially for naked aggression. Tragically they are now pursuing a similar, if more subtle policy in the province of Kosovo where they are harassing the ethnic Albanian population and employing torture and summary killings. It is probably only a matter of time before more violent measures are taken. Firm intervention now in Bosnia would be a deterrent.

Outside Serbia, nationalism is growing in other countries, with a neo-Nazi surge in Germany and the ravings of Vladimir Zhirinovskiy in Russia. The nationalists may well have been encouraged by the extent to which Mr Milosevic has succeeded in his attempts to build a greater Serbia. The lesson is that land is still up for grabs by force, purges can still be carried out, nobody will intervene - they will just send observers.

If the Bosnian experience is not to be repeated elsewhere, the West should set an example not only by saying 'stop' but by forcing a halt to the aggression and the suffering which has followed in its wake.



It has been argued that before one can intervene the political objectives must be clear in the sense that a clear plan of new boundaries and zones must first be agreed by those who are intervening. The weakness of this argument, however, is that the slaughter continues while maps are argued over, boundaries redrawn and plans then thrown overboard. In the meantime ceasefires are often ignored. The immediate political objective should be to halt the slaughter and enforce a ceasefire while the main new representatives are brought together for peace talks and to sign a binding agreement on the division of territory. I use the words 'new representatives' since some of the former representatives will have been arrested for their war crimes.

#### How much land should the Serbs and Croats have?

If Bosnia is to be divided into three parts, as now looks inevitable, the allocation of land could be made in the same ratio as the relative sizes of the Serb, Moslem and Croat populations of the pre-war Bosnia. Discussions have been focussed also on the quality of land and indeed this is a relevant factor. In America, for example, the Native Americans (Red Indians) were forced back into reservations on some of the poorest agricultural land.

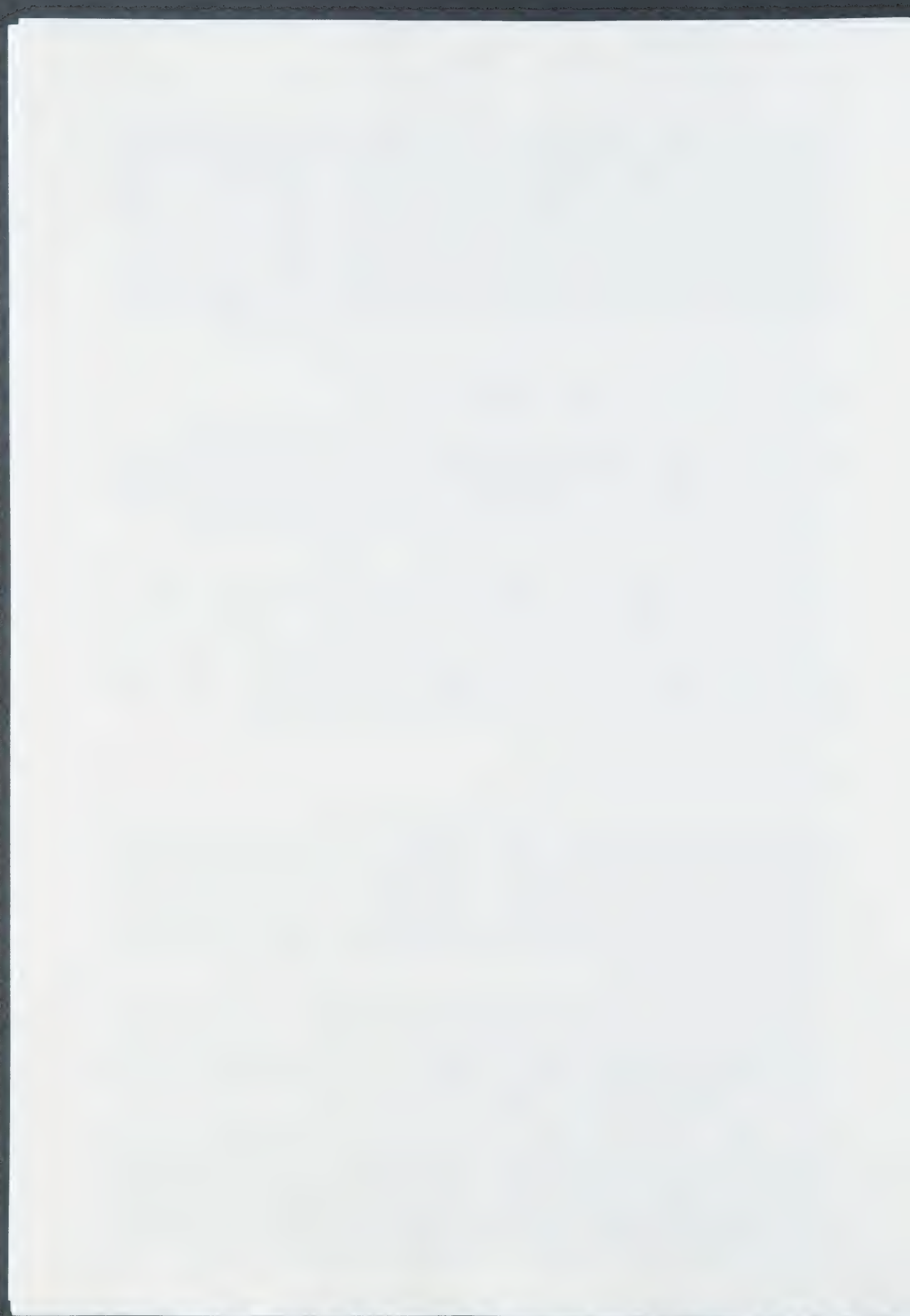
Another factor which should be brought into consideration is whether the Serbs, and the Croats too, should be forced to pay a price for their aggression by receiving less land than they would have done under a proportionate system. If the Serbs are not to be rewarded for their aggression, they should be made to cede land and accept a smaller part. This would seem to be natural justice. Furthermore, as mentioned before, the question of reparations should be brought into the picture: if the Serbs and Croats cannot make full reparations for property destroyed and land seized, their portions of Bosnia should be reduced even further.

#### The deployment of military force

The military aim should not be against Serbia or Croatia as a whole. We should make clear that the West is not at war with the Serbian or Croatian people as a nation. It is probable that the majority of the citizens of those countries, if they knew in full the awful truth of what is happening, would be against the military aggression of their leaders and the local warlords. For this reason, the dissemination of information by leaflet drops, radio and TV will be an important part of any campaign. The days of Dresden-style blanket bombing of cities are past: the killing of civilians in this war is no longer acceptable.

The first and most pressing targets are the Serbian Military HQ in Pale and the artillery positions and encampments established by the Serbs around Sarajevo and by the Croats around Mostar. Air strikes by the US Air Force, as originally offered by President Clinton, should be accepted, but they will not be effective unless backed up by substantial land forces to counter tank and infantry advances and sniper and mortar attacks.

It is often argued that artillery can be moved to a different site or hidden among trees, but modern technology is able to locate weapons when they have been fired. Sarajevo might suffer an initial burst of intensified Serbian shelling, but the guns would give away their positions and be vulnerable to attack. Another argument against air strikes is that they may accidentally hit civilians in schools, hospitals etc. This argument does not really hold water: among the artillery sites on Mount Igman any Moslems who lived there





are long since dead or have fled, and there are hardly likely to be schools or hospitals on these mountains. With the Croatian artillery round Mostar, the position is similar. A problem for the USAF, however, is that artillery is threatening other towns in Bosnia; to prevent a barrage of shells elsewhere, strikes would need to be made in other towns too. An early attack would have to be made on the Serbian military HQ in Pale, in the hope of destroying Ratko Mladic's communications, and also on camps, supply routes, depots, munitions factories etc. With a war which has lasted as long as this one, satellite reconnaissance and other surveillance methods will have had ample time to map out the support systems.

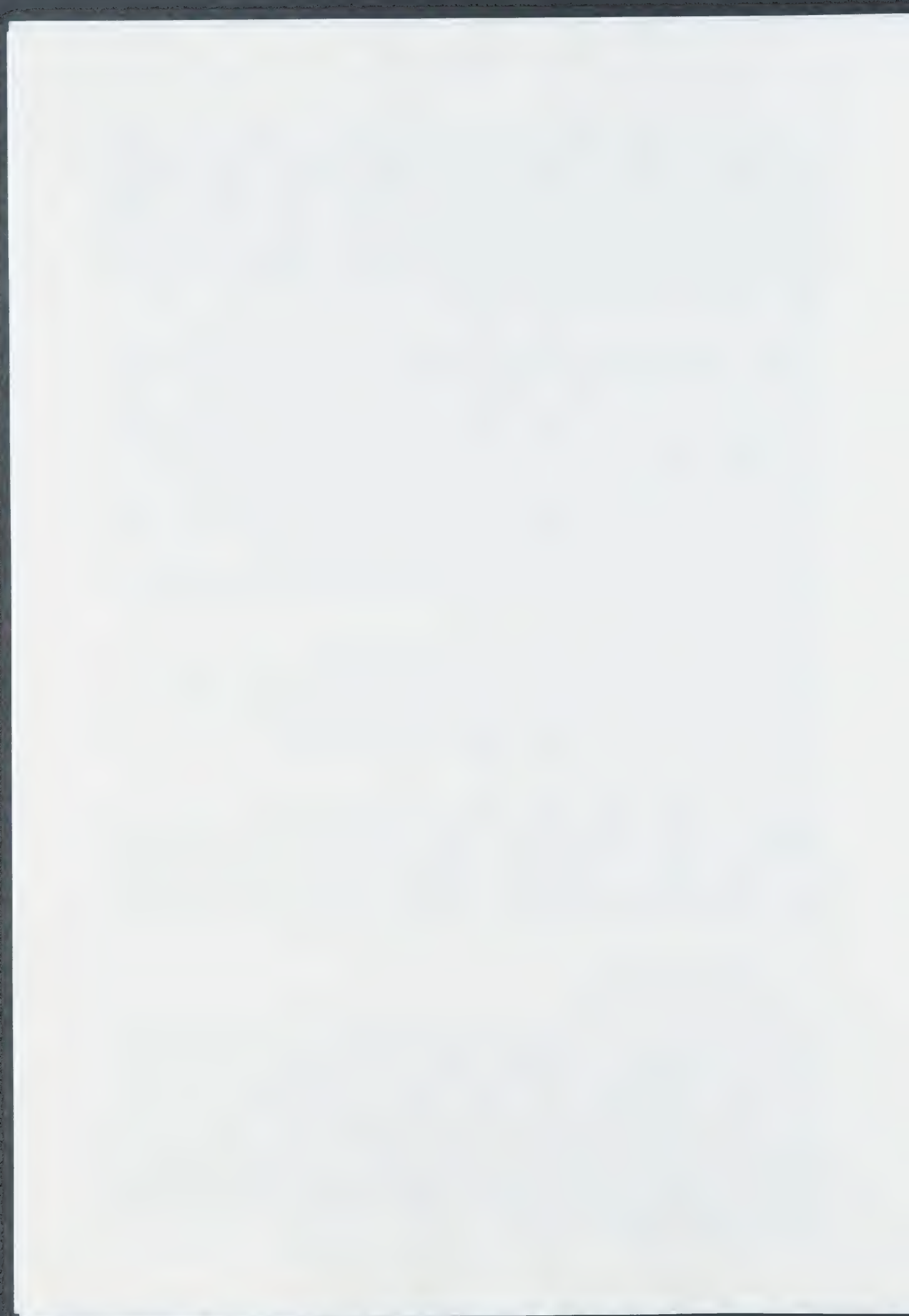
The second and equally pressing objective will be to open by force supply routes to besieged towns and villages which are in effect concentration camps in which the populations are being butchered, starved or frozen to death. Aid convoys will all need to be armed. The term 'humanitarian aid' has so far been confined to food, clothing, medicines etc, but the concept of coming to somebody's aid is not usually confined to this alone. If a pit-bull terrier is savaging a child, do you come to the child's aid merely by offering it sweets and plasters? - no, you try to drag the dog off the child or hit it with a stick to knock it out and release the child. The force used may justly be described as 'humanitarian force'. Thus we see that there is the need for the formation of an official Humanitarian Force, an army whose purpose is to use force to halt the unacceptable slaughter of human beings. The presentation of this policy to other nations, especially to the Russians, will not be easy, but there is hope that it will be accepted provided that the philosophy of a new type of military activity - Humanitarian Force - is clearly explained.

Douglas Hurd and Malcolm Rifkind have argued against air strikes on the grounds that they will halt the humanitarian aid effort. The thinking is that, if the Serbs or the Croats are attacked, they will forbid the passage of any aid convoys. However, this argument presupposes that there is no military intervention by ground troops to create a clear passage for aid. If air strikes are backed up by ground forces, the aggressors can be forced back far enough to leave a clear passage for aid convoys.

On the political front, much greater pressure should be put on other governments, particularly those of Russia, Austria, Hungary, Romania and Bulgaria, to halt the passage of arms into Serbia and Croatia. For example, substantial economic aid could be offered to Mr Yeltsin's government, but it could be linked to a ban on arms exports to Serbia. If the West had given more economic aid to the Russians, they would not have been so reliant on sales of surplus army equipment. What aid we give from now on should be linked to such bans.

#### Should the Moslems be armed?

The present situation is rather like a boxing match in which one combatant has one or both hands tied behind his/her back. The other is punching hard and blood is flowing. At the end of the round the wounded boxer retires to his corner and his second, a UN relief worker, provides water and plasters. The referee, a UN observer, says "yes, he is being beaten badly because his hands are tied behind his back; if this one-sided fight continues he may be killed." A person from the crowd shouts: "Untie his hands, he can't defend himself", but another cries, "If he can hit back he will increase the bloodshed." Another protests: "Stop the fight and forcibly restrain the boxer with his hands free." The UK government says, "No, let us continue to watch and provide water and plasters."



Even if we do not agree with some of the past policies of the former Prime Minister, Lady Thatcher, it cannot be denied that she is a person of strong moral conviction. She has spoken internationally about her belief that it is wrong to leave the Moslems to their fate. Her former minister, Sir John Nott, has also written of his dismay at the attitude of the present government. Even our own troops stationed at Vitez have spoken repeatedly of the "frustration" which they feel, which implies that they would like to have permission to intervene to halt the killing.

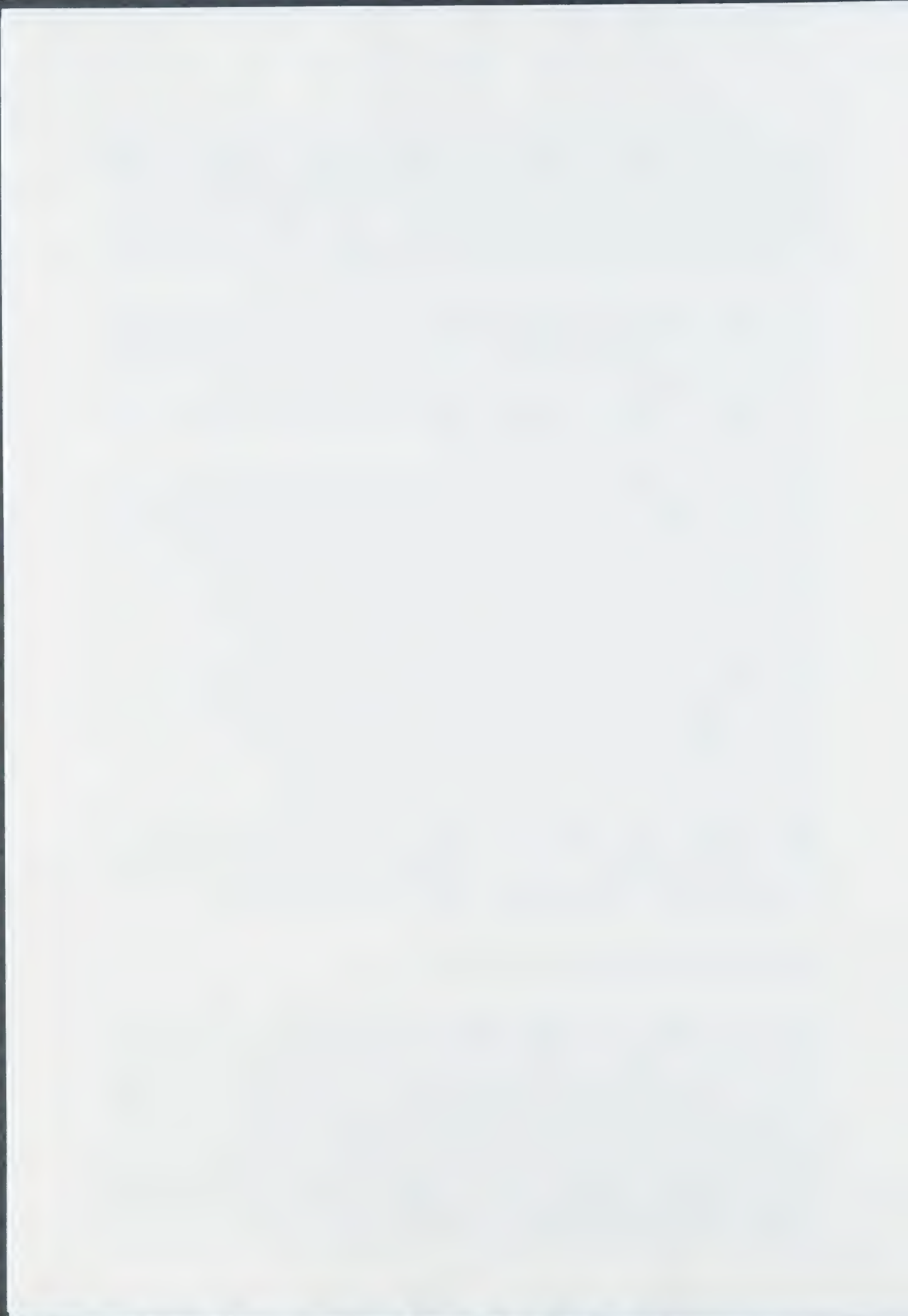
But is arming the Moslems the best course? It would certainly help redress the military imbalance, but it would have the disadvantage of increasing the bloodshed, including probably the death of innocent Serbian and Croatian civilians. If the West's ultimate intention is to lower the climate of violence, the arming of the Moslems will not initially produce this result. A better solution is to disarm the Serbian and Croatian aggressors by attacking their artillery, supply routes, depots, factories etc.

And what do we make of our British Foreign Secretary's role in all this? Although he would deny it, he is in effect in favour of leaving matters in this hellish limbo, for sending only observers, food and medicines. Admittedly he has backed sanctions against Serbia and has supported the tireless efforts of Lord Owen to reach peace in Geneva, but now he is threatening the withdrawal of Britain's 2000 troops as a gesture of impatience with the warring parties. As Britain still commands great respect in international affairs, his vehement opposition to President Clinton's proposal to launch air strikes, to the desire of some EEC governments to intervene on the ground and to the arming of the Moslems, has been a major factor in swinging international opinion away from the use of military force. Because of his authoritarian manner and hard-headed approach, he may well have been the crucial influence in these matters. But he stands accused of moral turpitude as the daily dose of shells rains down on a defenceless Sarajevo and other towns. How will history judge this man? It is no wonder that the standing of this government is so low in the eyes of the British people. This good Samaritan did not pass by on the other side - he stopped and watched.

"Back to basics" is the new keynote of the UK government, but how do we define "basics"? Basic human justice must be a fundamental component and clearly Mr Major and Mr Hurd, by failing to support military intervention, are in effect permitting one of the greatest injustices of this century. How far Mr Major's hand is to be detected in all this is hard to discern. Is this an example of the feebleness of which he has been accused?

#### The role of modern armies: a Force for Peace

Within the EC and other West European countries, military conflict is now almost unthinkable, though not impossible. In this scenario, if armies have no foreseeable role as a defence force for their own country, what is their role in each of Europe's 17 countries? If they are to have any practical function, it must be as peace keepers (to deter conflict) and as peace makers (to halt conflict by force) in trouble spots in other parts of the world. To some extent UNPROFOR (United Nations Protection Force) has the role of the former, but there is clearly a need for the latter, a Force for Peace which will impose a cessation of hostilities by force. To use the analogy of local policemen, their presence will usually deter criminals; in active disputes or demonstrations the presence of police will often deter violence; but when there is an actual riot or violent attack, do our police stand by and watch? No, they go in and make arrests.



In the same way, an inventionist UN Peace Force could try to make the arrests of war criminals for which Dr Boutros Boutros Ghali, Secretary General of the UN, has called. Those arrested would then be judged by an international tribunal under the International Court of Justice in The Hague.

The greatest challenge facing the UN in the remainder of this decade is the formation of a Peace Force or Force for Peace, not merely a peace-keeping force which tries to hold the peace after hundreds of thousands or even millions have already been slaughtered or displaced, but an active force to step in to halt genocide, persecution or mass expulsion.

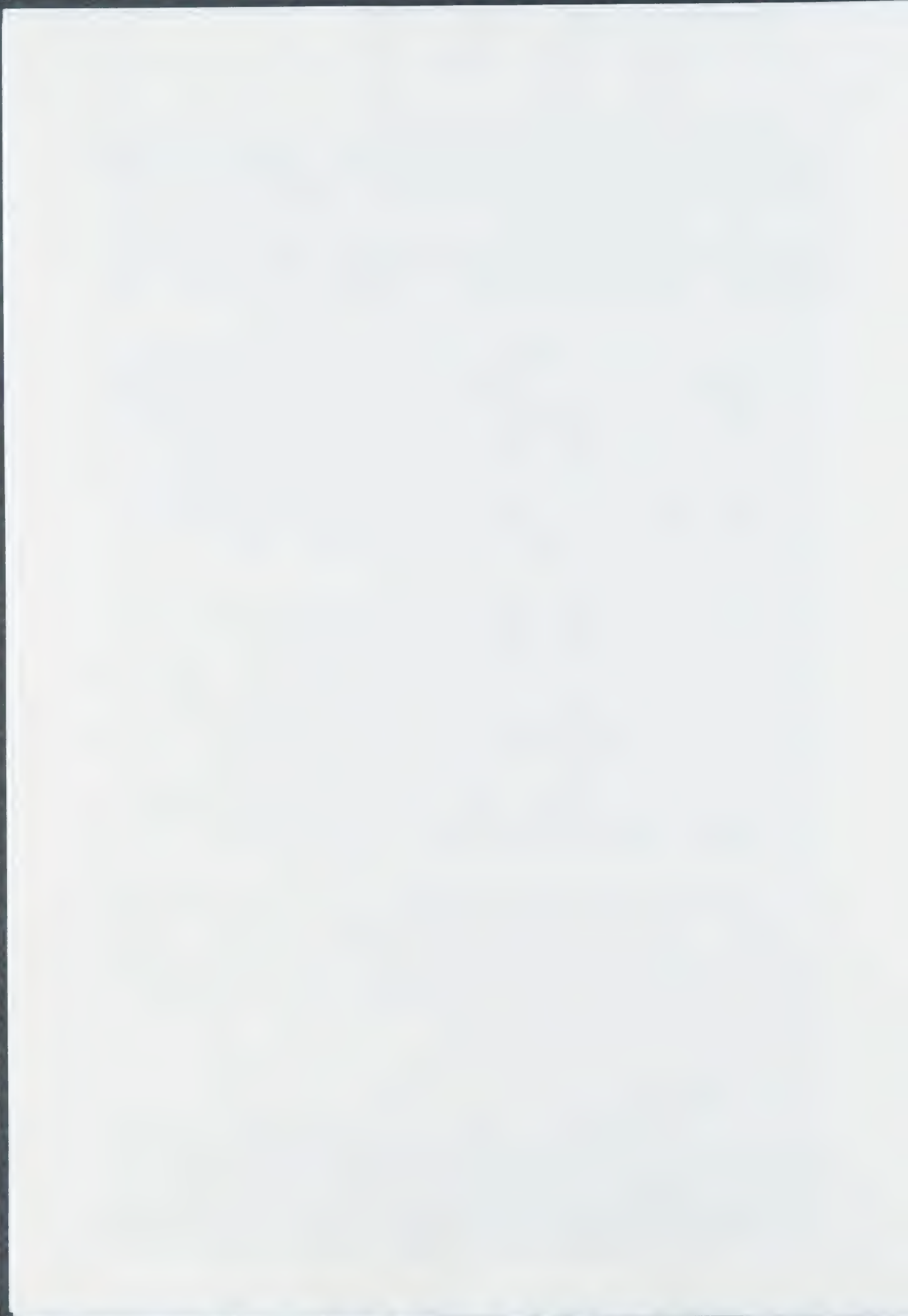
The extra cost of such proposals is likely to be an area of concern, but if the members of a Force for Peace are drawn from the regular armies of the participating countries, then there is little additional cost until they are deployed on active service. Even then the cost is the net extra expense since there is an underlying fixed cost of maintaining those troops at home when they are inactive. There could also be a huge cost savings at a later stage in the amount of international government aid needed to help with the reconstruction of the war-torn country: if a Force for Peace is successful in halting a conflict earlier, the amount of destruction of the environment may be much reduced and the need for international aid correspondingly less. Also the cost of food aid may be reduced at an earlier stage and the drain on charities' resources lessened.

Another problem facing those in charge of such a Force is which side to take? How can they guard against siding always with those who support Western ideology? How would they distinguish those who had taken up arms as victims of persecution rather than as aggressors themselves? A basic test is the nature and the scale of the suffering which is being inflicted. There is already a broad consensus on what is 'acceptable' and 'unacceptable' behaviour. There are already in existence the guidelines and rules of the Geneva Convention and the Helsinki Convention on Human Rights. Unfortunately, there are so many contraventions of these agreements around the world at any one time that it will be not be possible in practical terms for a Force for Peace to be in dozens of different locations at the same time. Nevertheless, intervention can be agreed on a case by case basis depending on the degree of human suffering. You have to make a start somewhere and work forward from that. Surely the degree of suffering in Bosnia is of such magnitude that immediate military intervention is called for?

Would a Peace Army need to be conscripted? Not necessarily. An army with no revenge motive, with no ambition to acquire territory, with the clear aim of halting conflict and alleviating human suffering is likely to attract a substantial number of volunteers both from the regular army and new recruits who will see such a cause as worth fighting for. Would such an army require a major British presence? If all 17 or so European countries agree to provide troops, a sizeable force could be established even before the addition of troops from countries outside Europe.

#### Will the losses be worth it?

This is the hardest question to answer. It is the factor which is probably the main one which holds back our leaders from intervening. Described bluntly as the 'body bag count', the sacrifices of lives are a grave burden on those politicians who have to make such decisions. Also, the risk of political unpopularity resulting from the loss of our soldiers' lives is a deterrent. On the other hand, there is reason to believe that one of the main reasons for the British government's present unpopularity with the electorate is



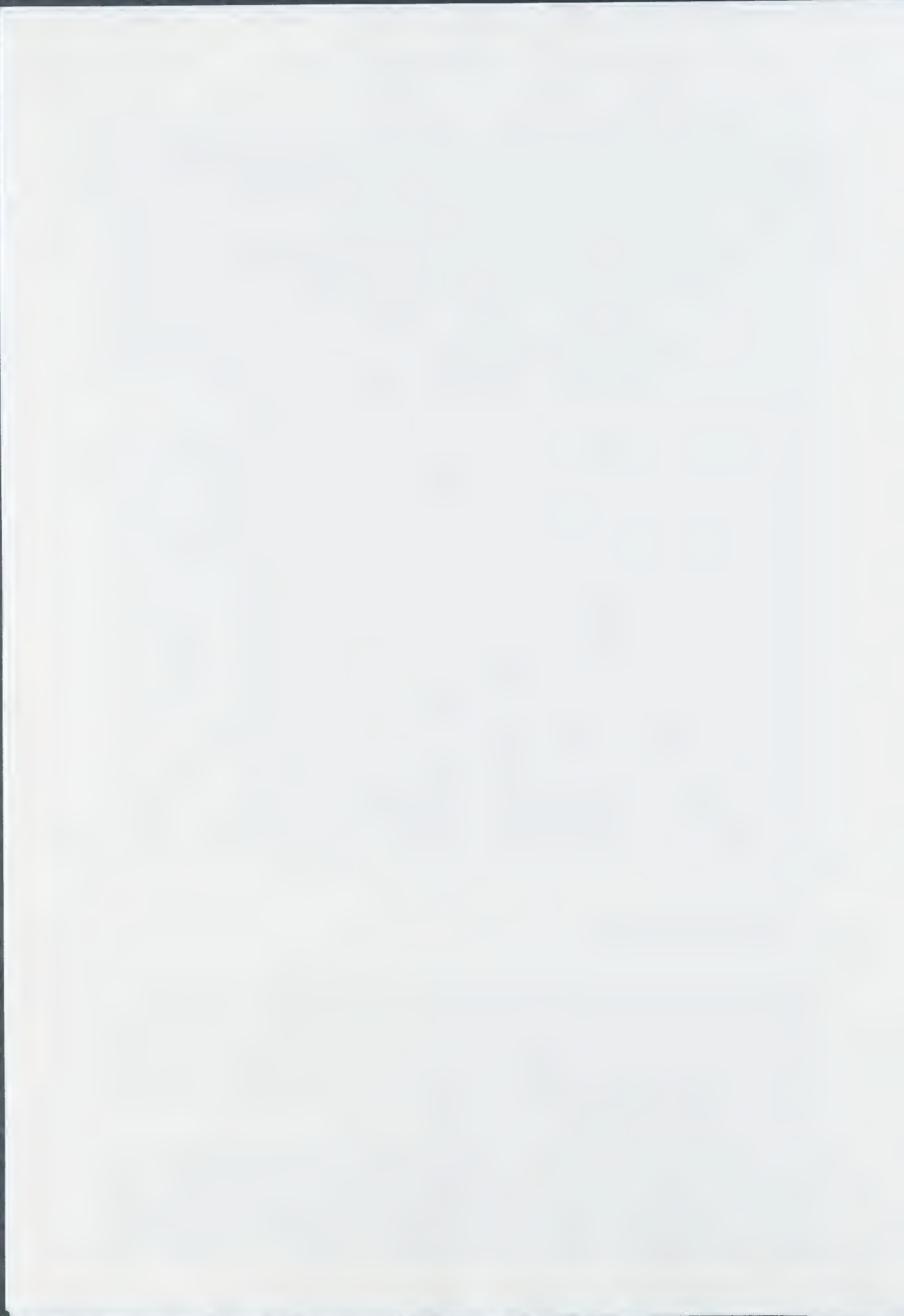
its failure to intervene in Bosnia. This failure extends in the public's mind the image of an uncaring party, a party which leaves action to individuals, to the charity workers who risk their lives unprotected in Bosnia. Admittedly there is a substantial collective presence through the government's contribution to UN forces in Bosnia and the provision of food and other supplies, but there is no collective decision to say to the Serbian and Croatian artillery commanders, "Stop now, or we will force you to stop." For Mrs Thatcher there was no hesitation over the Falklands, but many have questioned the loss of the lives of British and Argentinian soldiers. However, as mentioned previously, there was a sizeable benefit to Argentina in the toppling of the cruel regime of General Galtieri and an end to his policy of eliminating his political opponents who were made quietly to disappear. There was no immediate gain to the British, apart from the Falkland Islanders, but there was an extension in international terms of human rights. The yoke of the tyrant was thrown off in yet another country of the world.

In the case of Bosnia, the loss of the lives of soldiers from Britain and other countries may appear to be of no immediate gain to these countries, and yet there may indeed be an invaluable longer term gain in the way in which it is made clear to the whole world that certain types of behaviour are now regarded as unacceptable and will be countered by force. All around the world there is a surge of nationalism, much of which grew stronger after 1989 and the breakup of the USSR. The successful territorial conquests and ethnic cleansing by the Serbs have shown to the rest of the world that force can succeed. The neo-Nazi movement has recently gained strength in Germany and other parts of Europe, anti-Semitism is springing up again around the world, minorities anywhere are now more at risk than they were two years ago. It may prove worth paying the price of lives now to establish a multi-ethnic state in Bosnia which is a role model for the world. Many Serbs, Croats and Moslems lived peaceably side by side before: let those remain in a multi-ethnic Bosnia who are willing to continue to live peaceably side by side as before. Those who are unwilling to do so can live in Serbia or Croatia. In Britain we have a growing Islamic community which at present lives in relative harmony with the rest of the population. Active demonstration of support for a persecuted Islamic community in Bosnia would be an indication to any potential trouble-makers here in the UK that any attempt at ethnic cleansing, 'population exchange' etc will not be tolerated. It is impossible to know what the next millenium holds for society in Britain, but a clear show of active military support now for a persecuted minority may prove to be of real use in establishing at home as well as abroad the values which hold.

#### The use of leaflet drops

Before and during military intervention, as much information as possible must be given to those who are about to be attacked and to the general civilian population. We should explain that the UN is not waging war against a whole country and its people, but is opposed to those armies, war lords and guerrillas who are causing unnecessary death and suffering. A leaflet should include some details of the atrocities perpetrated in the earlier stages of the war before the Moslems began to fight back as best they could. A wording might be something of this kind:

'We are dropping this leaflet to explain why your army is being attacked by the international forces of the United Nations. It is being attacked because it is carrying out a process known as "ethnic cleansing" by bringing death and destruction to towns and villages inhabited by the Moslem community. We have to let you know that this process is completely unacceptable behaviour today in the civilized world. We would remind you that most of the Bosnian





Moslems have Slav blood like yourselves, but were converted to Islam under the Ottoman Empire. You are therefore killing your own race.

You will probably be unaware of full details of the atrocities committed by the Serbian and Croatian armed forces against innocent civilians. The facts have been hidden from you: your newspapers and TV stations have presented a distorted picture of events. Although it may be difficult for you to accept these facts, the Bosnian Serb army has for the past two years been pursuing a reign of terror against other human beings. They have inflicted on the Bosnian Moslems organised murder, rape, torture, starvation, persecution, humiliation and intimidation, forcing them from their homes and destroying their cities, towns and villages by fire and by shelling them with artillery and mortars. The list of atrocities is long and horrific: we enclose some examples with this leaflet. You may not believe what we are saying, but in due course the full truth will be known and you will know that what we are saying is correct.

There is nothing wrong with patriotism (which encourages your local customs, culture, business, exports etc), but nationalism which tries to subjugate other nations or communities by force is an evil ideology which is wrong and should be opposed by force. The Western nations have nothing against the ordinary Serbian or Croatian citizen who will probably be as appalled as we are to know the facts. We are opposed to those of your leaders and your military forces who are responsible for this inhuman campaign of ethnic cleansing which amounts in effect to genocide. The ideology of genocide is like a cancer which must be removed.

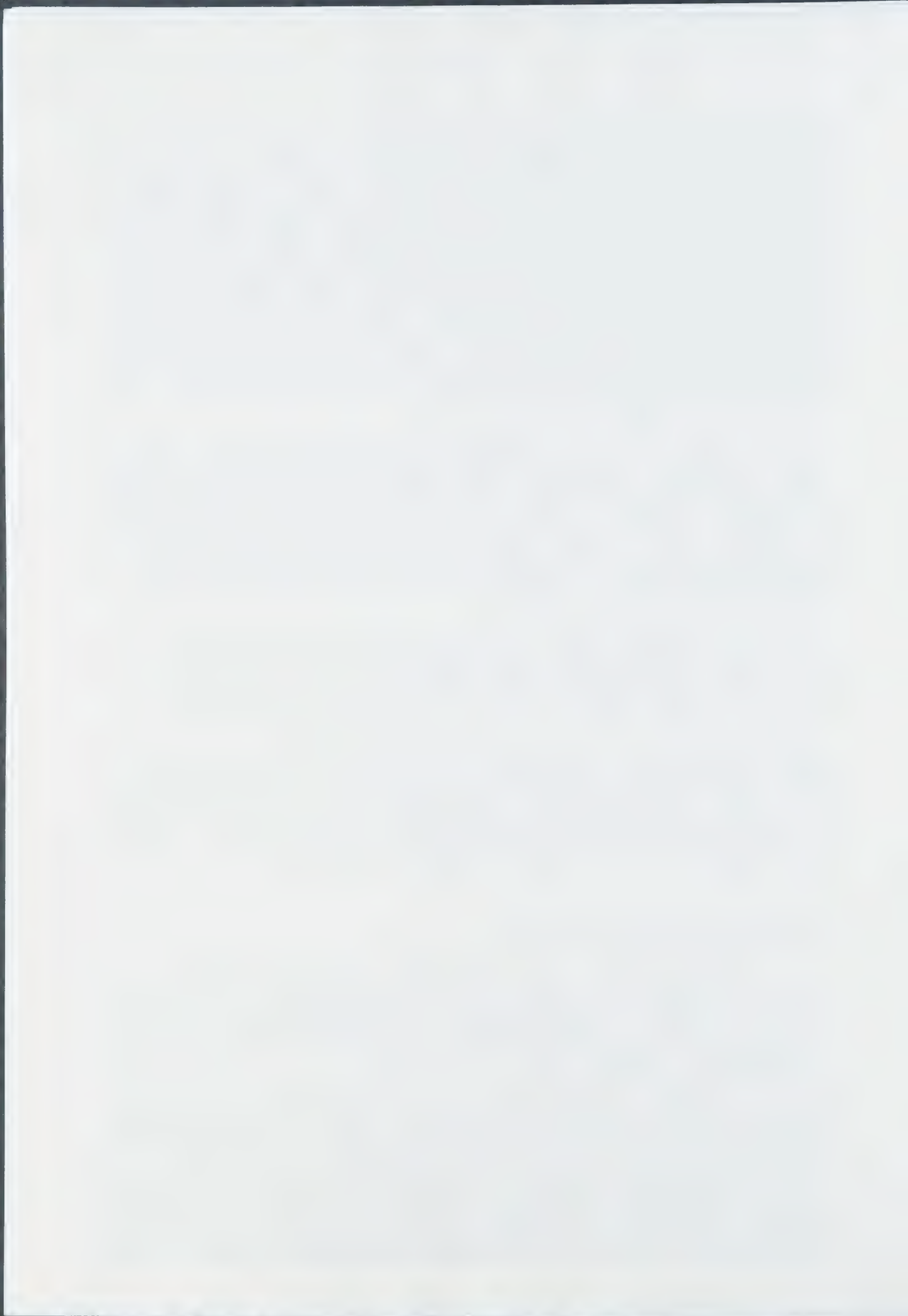
With great reluctance, therefore, and after long international efforts to achieve peace by negotiation, we have decided that we must use military force to stop the deliberate killing and starvation of the Bosnian Moslems. So far around 200,000 people have died in this war and over 2,000,000 have been displaced. The rest of the world cannot allow this process to continue.

When military force has ended the killing and starvation, we will do our best to bring about a settlement and to help with the reconstruction of Bosnia. We will try to help Serbia, Croatia and Bosnia find their places in a modern and peaceful Europe where human rights are recognised. Please do not fight against us and resist our efforts to bring peace to your country. We in the West are sincerely trying to do our best to halt this conflict and to bring peace and then economic prosperity to your lands.'

#### The education of the next generation

It is acknowledged that wars cause terrible psychological damage to all involved, particularly the young. A time bomb of hate and fear has been set which we will need to defuse with love and care. The tragedy of Yugoslavia is that old World War II hatreds (mainly between Serbs and Croats) had started to disappear as the active participants of that war die and the younger generations have no memory of it.

It is now accepted that those who do harm to others are often the victims of hurt themselves in their own childhood or adolescence. In Western Europe there is now a real hope that those aged 49 or under, who have no experience of World War II and have known only peace, will now be living in a 'Post-Conflict Society' in which peace will be the accepted norm and war will be perceived more and more as a primitive and outmoded way of settling disputes. In any event, this should certainly be the goal towards which we are moving. But we cannot be completely confident in this process since each generation has to learn for itself afresh. Regrettably, the wisdom of the



old dies with them and is not passed on in the way that technological and other material advances are inherited by the next generation. Each generation has to form anew its own personal values. For this reason, moral education in these areas should be given great importance. Technological advances have not been matched by moral and social advances: a joy-rider in an expensive car, for example, may have sophisticated electronic gadgetry and a superb CD system at his disposal before he crashes and kills several children.

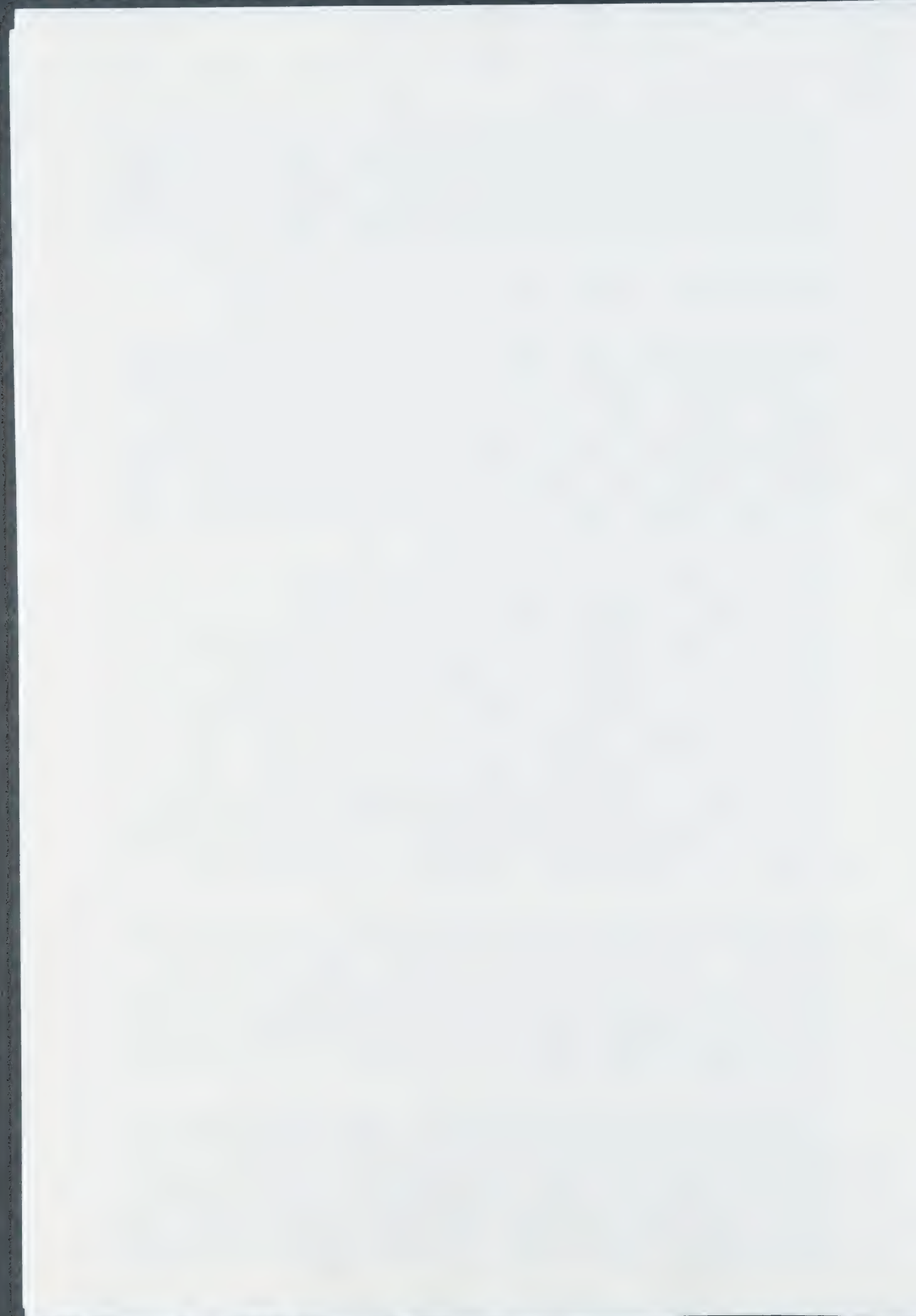
"Human Relations" - the priority subject for the classroom worldwide

We hear much from the government and from educationalists about the importance of the three basic subjects - reading, writing and arithmetic. Mathematics in particular is put forward as if it is the solution to the nation's problems. Without wishing to deny their importance in the curriculum, we should ask what use are these subjects if people are killing one another? The cynical might argue that the numerate Serb is better able to calculate the trajectory of his shells or the real value of his colossally inflated currency. But what use is reading to a child blinded by shrapnel, writing to the bomb victim who has lost both arms or arithmetic to a brain damaged by a sniper's bullet? A classroom subject which might prevent these injuries in the first place is surely more important.

In the UK religious education (of the Christian variety) is still part of the curriculum. In our multi-faith society, this subject is to be extended to cover other major religions and to develop an understanding and tolerance of those who have different beliefs from ourselves. This broadening of the scope of religious education is greatly to be welcomed and is literally of vital importance to the future of a peaceful society. Of particular relevance will be a close study of what different religions teach on the relations we have with other humans, as opposed to relations with god(s) which are a matter of personal faith. The details of religious ritual, theology etc are of less importance than what religions teach about how we should relate to and treat our fellow humans. Among the world's religions, a study and appreciation of the values of Islam looks an urgent matter. At the centre of the troubles in Bosnia is the relationship between Orthodox Christians, Roman Catholics (or at any rate nominal ones) and Moslems. Islam has hundreds of millions of adherents around the world and is one of the major monotheistic religions with a great book of wisdom, the Koran. Buddhism too will have an important contribution to make with the value it places on tolerance.

At a secular level, in the USA subjects such as civics or social responsibility have been taught in schools. In the UK the Education Secretary, John Patten, has recently been talking about introducing classes in citizenship. With the UK government's "Back to Basics" policy, there is renewed talk of teaching morals. A more controversial subject in previous years was Peace Studies which were frowned upon when they became associated with political propaganda, in the USA with the anti-Vietnam movement and in Europe with Communist sympathisers. But peace studies in the widest sense - how we can best live at peace with one another - are vitally important to the future of the world.

So, what title can be used to encompass all these subjects? What includes the relationships between those of different faiths, social responsibility, family values, tolerance and how to cope with anger and conflict? In this last area we need to know ways of tackling difficult situations: at a local level, for example, how to deal with an aggressive motorist who raises his fists; at a domestic level, how a young father can learn to cope with his anger at a baby's incessant crying without smashing its head against a wall; on an international level, how best to persuade one group not to initiate an armed attack on another. These topics are too important to leave young



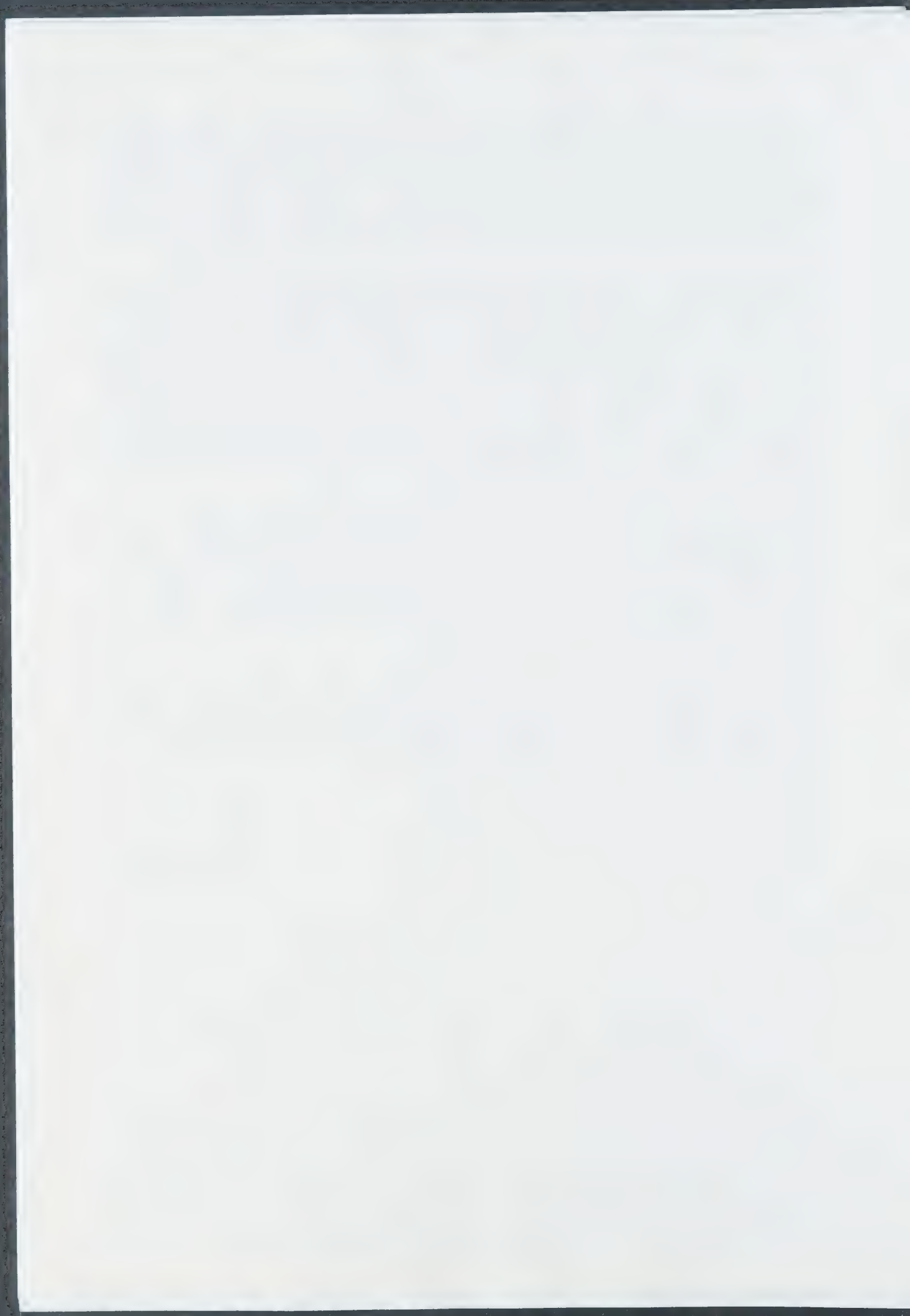
people to discover, or perhaps never to discover, from their own experiences. As each generation has to learn afresh, it is important that children should not be left to learn only from their home environment. Whilst it is true that morals and good behaviour should first be learned at home, what if a child comes from a home where there is a legacy of abuse, hate and intolerance? In an ideal world it may be right that morals should be taught at home, but, in case they are not, they should be taught at school too.

The title which I would suggest to cover all these and many other areas is "HUMAN RELATIONS". Some of the many relationships and attitudes to be studied are those between you and your parents, your grandparents, your older brothers and sisters, your younger brothers and sisters, your teachers and headmaster, your partner (including sex education), your spouse, your parents-in-law, your own children and grandchildren, your friends, your neighbours in the street, your colleagues at work, your employer, your staff, those who serve you in shops, offices and the public services including the police; relationships with those who are different from you in race, colour, religious belief, customs dress or language; relationships with those who are sick, disabled, elderly or need help; those who are difficult, aggressive, bullying; those who are shy, lonely and submissive.

Such a subject would encompass all human life and could be taught at all stages of education, starting with simple steps at the nursery/primary stages and progressing through GCSE to 'A' level studies which could include elements of comparative religion, anthropology, psychology, sociology, criminology, sex education, marriage/partnership, childcare, citizenship etc, but with a practical emphasis on real life situations, on developing inter-personal skills through course work including pupils' own experiences, role play, drama etc.

If HUMAN RELATIONS could be introduced as a subject into all schools' curricula worldwide, if it can be introduced by the UN or UNESCO into schools in Serbia, Bosnia and Croatia after the conflict is ended, as part of a peace settlement, there will be hope for mankind and the real prospect of a Post-Conflict Society where wars are regarded as a primitive aberration.

Alan Paul  
Aug - Oct - 1993



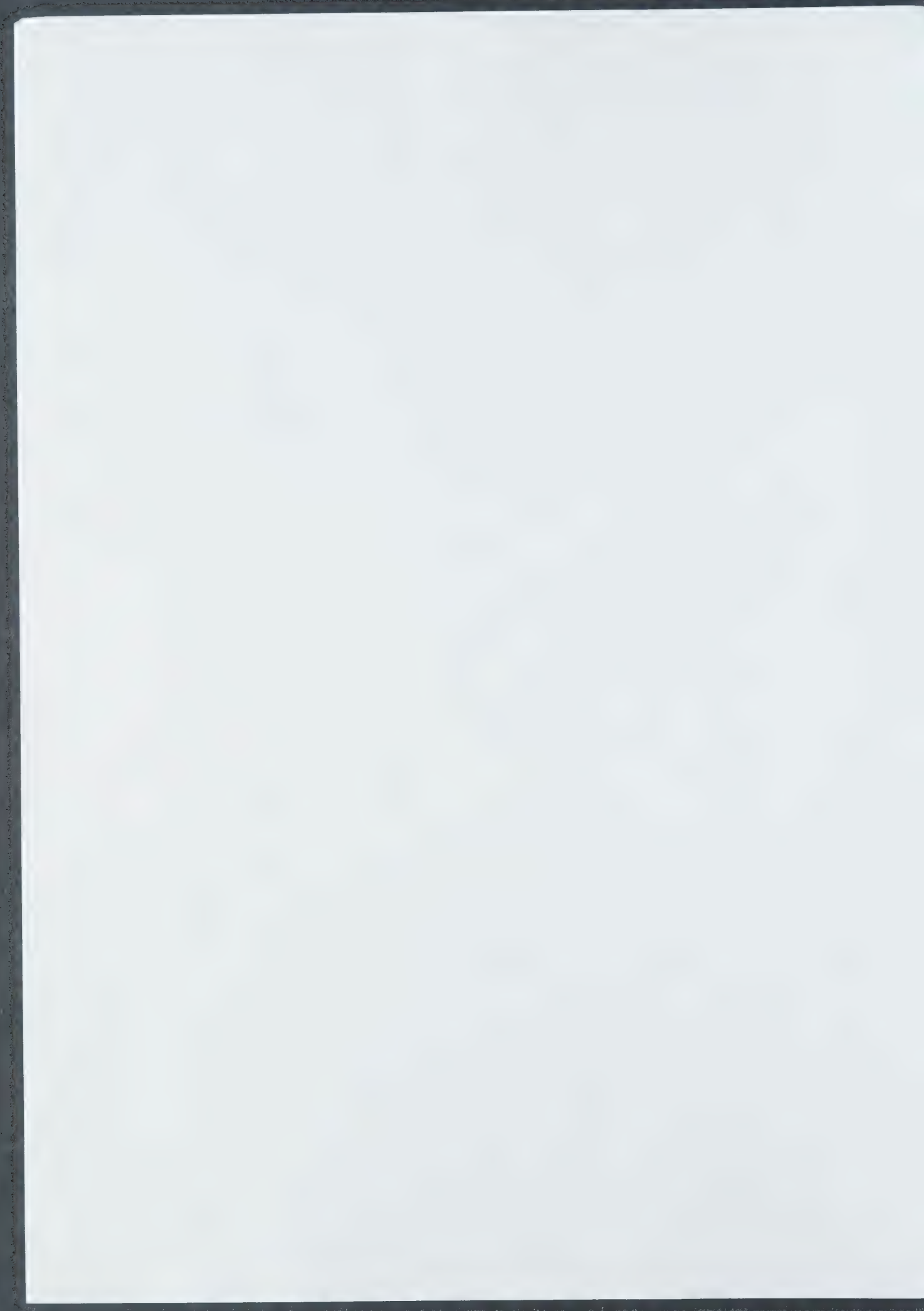
PERSONAL THOUGHTS ON THE COMMUNITY BASED PHYSICAL REHABILITATION PROJECT IN BOSNIA-HERCEGOVINA - What I would be looking at and asking, if I was targeting money to this project. I have read all the papers and there is so much to consider, but I will try to limit this to a few areas that seem very important to me.

First, I have no doubt that Malcolm Peat is committed to community based rehabilitation and has initiated and fostered its spread to other places, and to development channels. The fact that he was previously involved in development work means that he will be aware how easily things can go wrong, and how money can be misdirected in inappropriate ways, in spite of goodwill.

All aspects - research, evaluation, trying to develop and model to be used in different places - are very important to the rehabilitation development at Queens. Giving staff and students opportunities to see rehabilitation in war-torn countries is also very important. Developing this programme from the university is a great tribute to Malcolm Peat I feel sure.

CIDA, like ODA here, will be primarily trying to see that the aid they give also benefits their own nationals and will use equipment and people from the donor country to give aid to others, and the amount of actual money going to the recipients is usually less than that going to their own nationals.

The importance of seeing that this is an add-on contribution needs to be stressed, and as it is a free gift with no government or business constraints. The fact that most of the money can be directed to the Bosnians themselves seems a very important area to



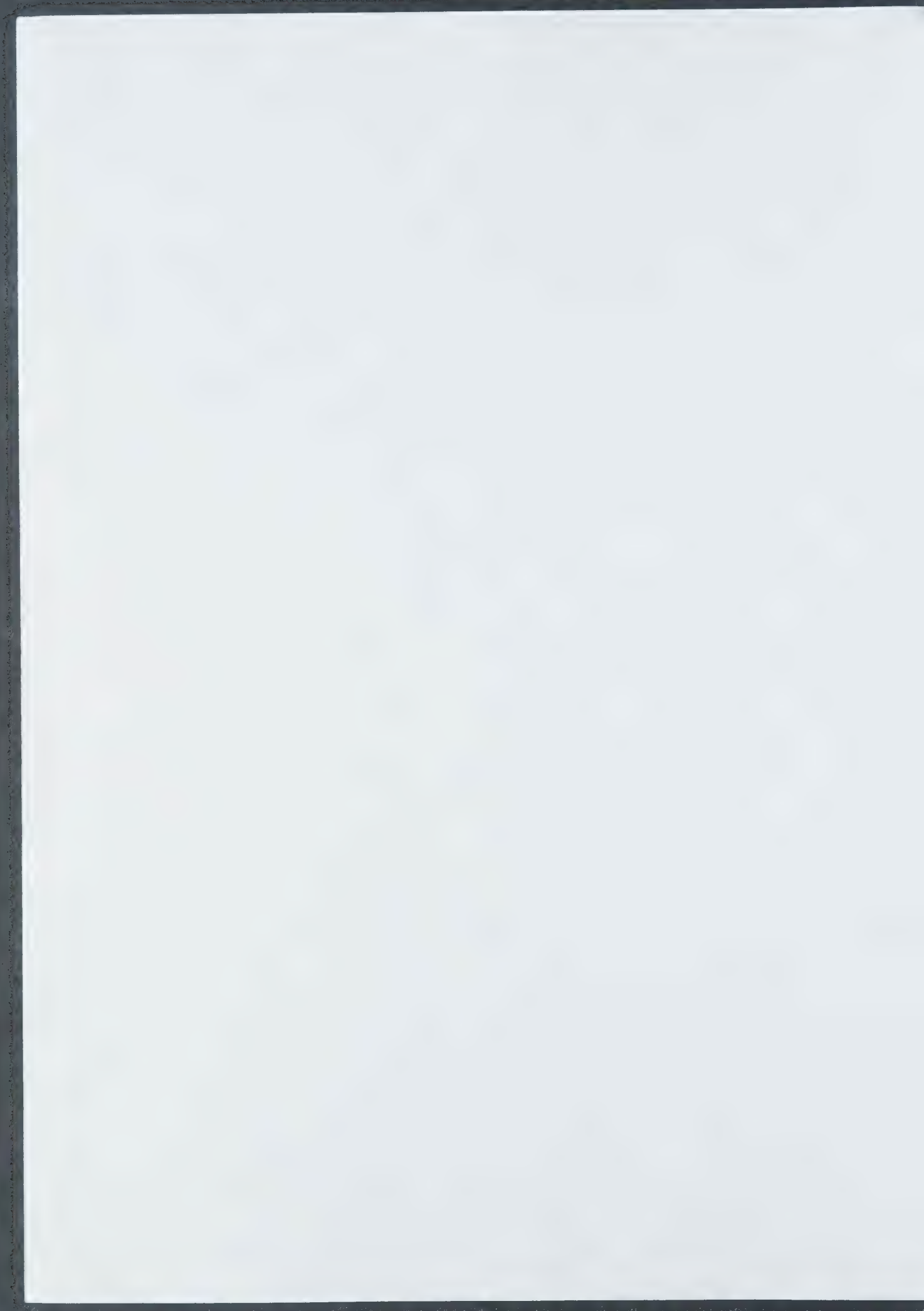


target.

I thought Peat's summary of the current situation in Bosnia was accurate; the fact that most people are unpaid, but working extremely hard, whether professionals or just general workers, for the benefit of all, was accurate from all I have read - and the commitment to an open multicultural society is extremely strong too.

When he speaks of reintegration of war victims, I have to question reintegration into what, seeing the community is so torn by war that, without a commercial community using money or a market economy, except for the few, most people are scrambling around trying to keep a survival economy going - through growing vegetables on tiny scraps of land, helping each other through such things as repairing the trams and running them for free transport where possible, or pirating gas and electricity for heat when appropriate and safe.

So, in my opinion, rehabilitation, or revival of reconstruction, needs to approach social, psychological, emotional and traumatic issues, as well as the physical situation - and needs to be participatory. It seems to me more important to get people in the community doing the work to as great an extent as possible, even if quality is sacrificed, because the benefits of using the locals outweighs any outsider doing things for them, as then the whole community is reconstructed and empowered.

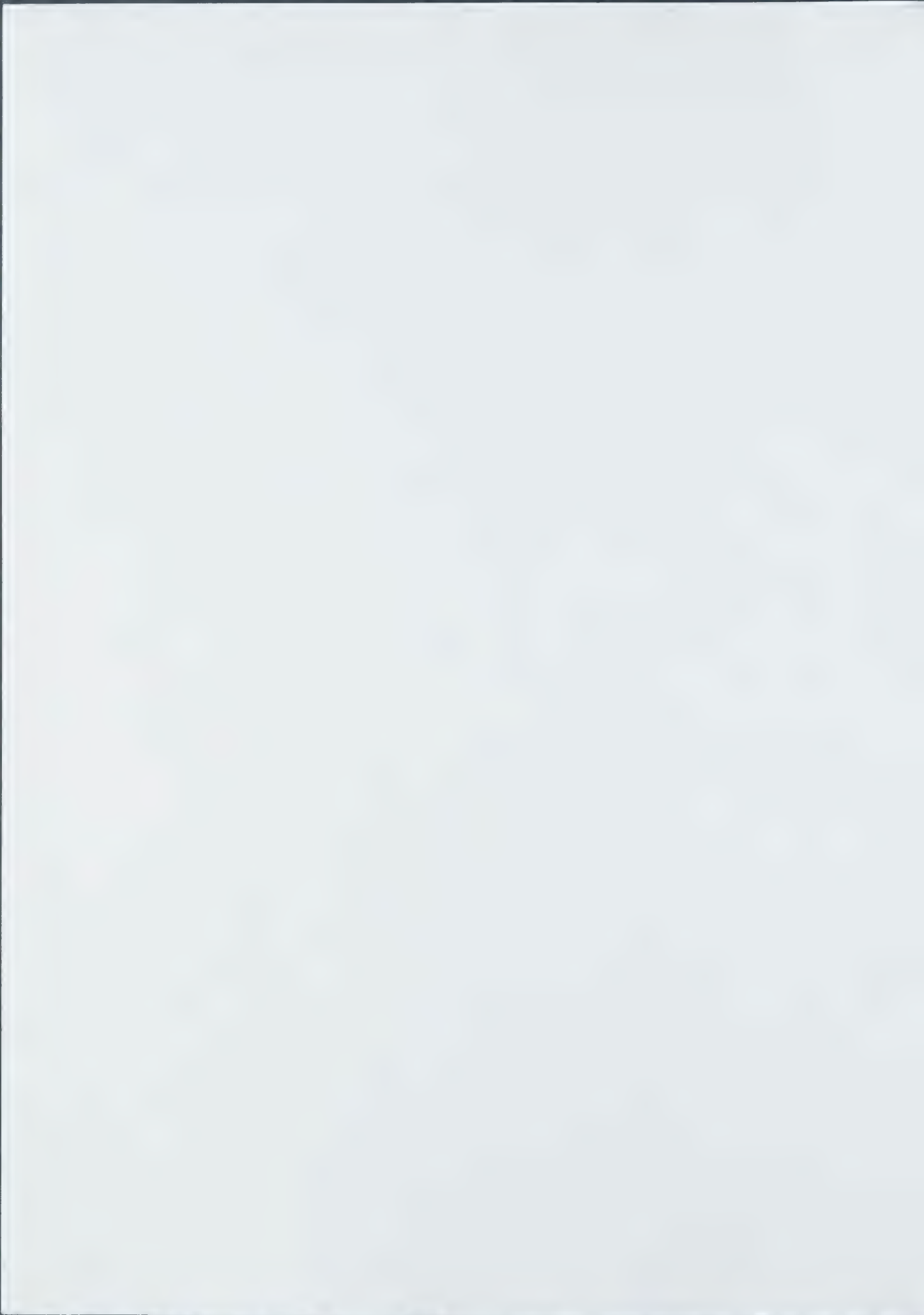


Peat talks about participation, and I would want to ask to what extent this is going on, and to what extent they are asking the people what they need rather than telling them how to do it in the community based way that is being developed by Queens, which is more offering them a product. If the local people are participating and, in part, paid for their work, they will be empowered to get things off the ground and the whole community will benefit as well as the victims of disability. Anything, too, that can give young men an opportunity to do something creative and useful, rather than joining the warring forces, also avoids more disability in the future.

I thought, on page 8 of Phase 1, where the Dobringa community hospital was described, this shows how important it is to have the people present in the situation initiating the work, and I was glad to see they used this as a model for further development.

To me, it would be really important to see that as many Bosnians as possible got paid, even if they were less expert at the work, than bringing in and giving good rehabilitation services from a Canadian perspective. Ultimately, I think the whole community, including the disabled, would benefit more from doing that.

It is worth looking at Afghanistan which had a lot of money poured in after the Russian withdrawal. But the people didn't return to the land and the reconstruction was done by others, so that the people stayed fighting in the rebel or national forces and no stability has returned, in spite of the massive input of money.



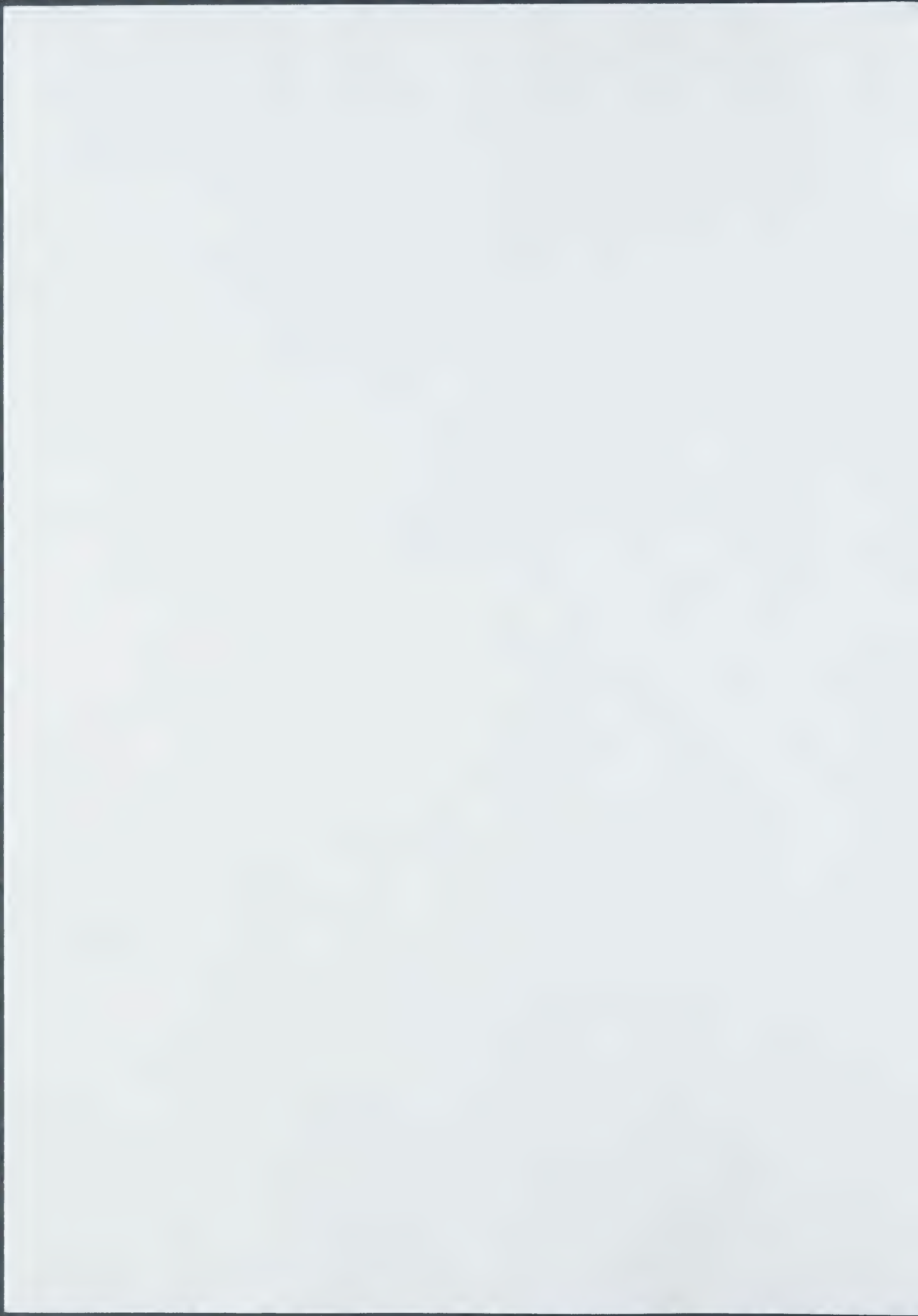
Every time I would sacrifice quality for using locals and improving the whole society.

Because the Canadians seem to have gone in in flack jackets and armoured cars, I do wonder how close they got to the people and how closely the people felt they shared in the traumatic situation in which they were called to live.

Although many professionals and much expertise are being used in the project, I didn't see a strong commitment to the caring side, and, although the psychology department was involved, the pastoral care and counselling of the theology department or the social work area was not clearly covered.

This is a traumatic, not post-traumatic situation, and the greatest need of the people may be to see each other and to be able to have some sort of meeting ground where they will feel cared for and held. Locals can be trained to do this job, and have been doing it very well; the Women of Bosnia and Hercegovina movement, which has been supported by others, has been spreading this work with the minimum of training. I may be wrong and this may be very well covered, but I didn't see clear reference to it in the papers I read.

I did notice that one centre had been criticised for not taking up the Canadian suggestion that more people were encouraged to do their exercises and things at home, but that these people were still coming to the clinic. It struck me that their major need



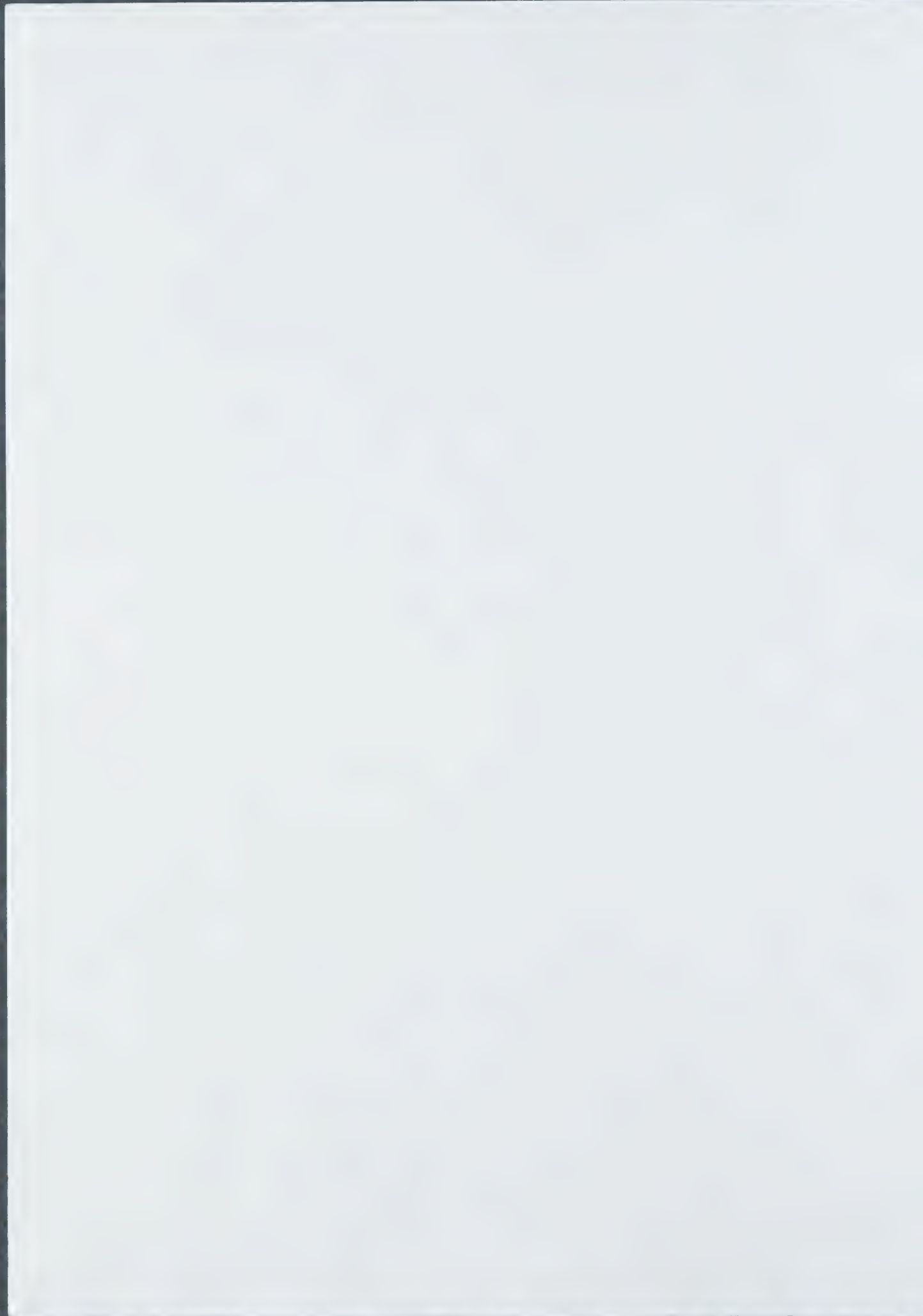
may be to have the contact and not to feel so isolated - even more than to have the technical improvement.

I am also aware that the Yugoslav healthcare system prior to the war was criticised for being too hospital based, and certainly in Canada now community care for all disabled people and reintegrating into schools is so much in vogue, and so many resources have been directed towards it, that it is clearly seen as the best way forward. It is possible we can improve and develop the outlook of care in other countries where we bring aid, but it is also important to see that they feel their needs and expectations are met and that the situation is normalised from their perspective as well as from ours.

Finally, turning to the area where additional funds could be extremely beneficial to the Bosnians:

Number 1 - low technology rehabilitation equipment. Of course it is important to provide this as much as possible, but it might be beneficial to see if simple tools, such as walking frames, canes and even wheelchairs, could be made by the local people - through recycling the endless broken cars, trains, trams, materials that are now just lying waste. There is, of course, very little wood as most trees have been cut for firewood. Some money injection into people doing it for themselves would always be my first priority.

Number 2 mentions training and staff honoraria for community





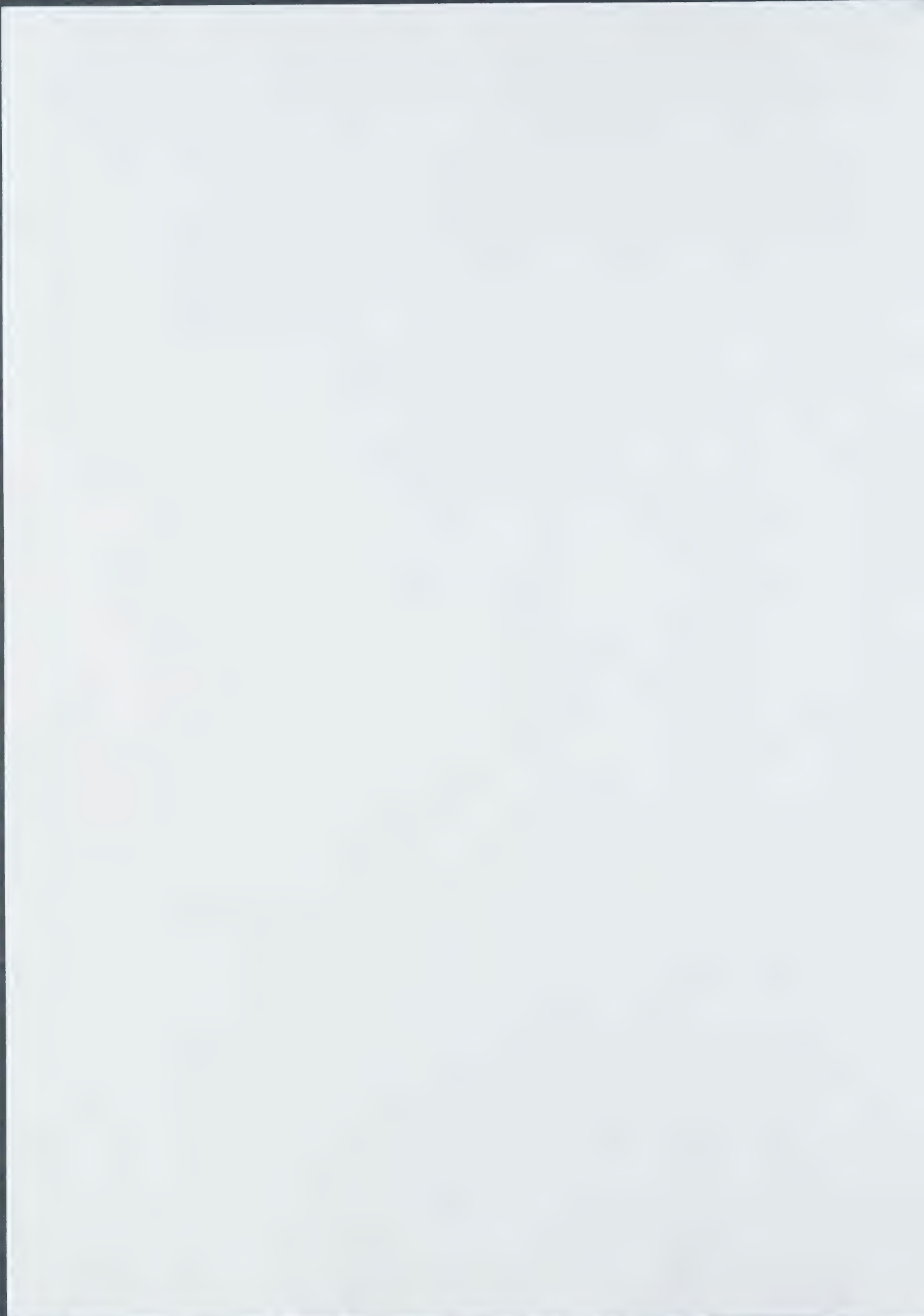
people. It seems to me this is a place where a lot of money could be focused, most of which could go to training and some to paying locals, not at Canadian salaries, but at wages appropriate to stimulate their own self-help.

Number 3 is affected by this too.

Looking at Number 4, \$5,000 per kit seems very high when it benefits one person only, but then one can never make judgements based on numbers.

Number 5, I think, has tremendous potential. The refugee camps are usually extremely depressed places, with a sense of hopelessness and despair. The more the people within them are creating their own welfare, through whatever means, the better. Again, because the refugee camps are usually slightly further from the firing line, they may be able to provide labour for some of the equipment to be made - again helping the despair in the camp.

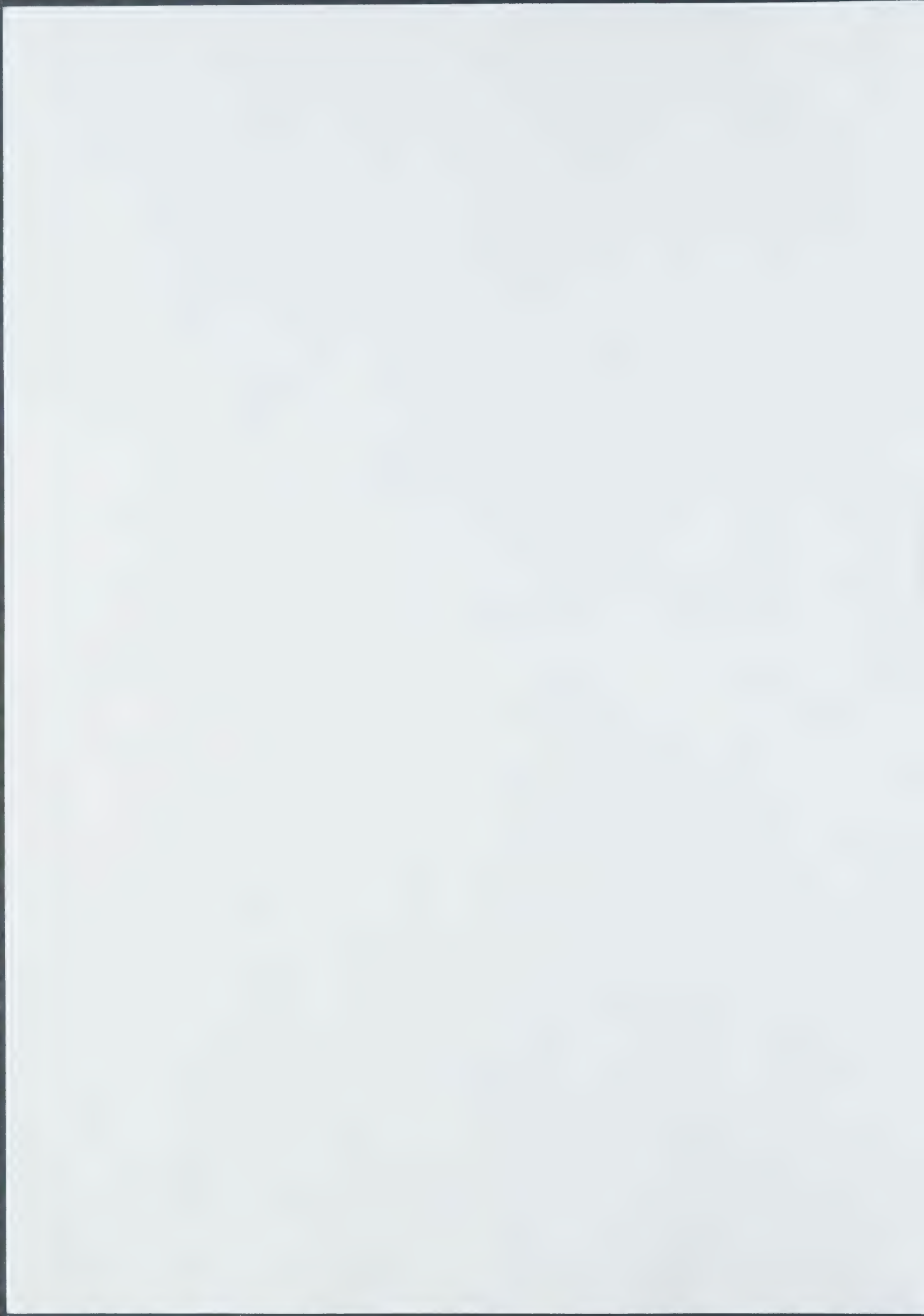
Number 6 - Of course it would be wonderful for some of the people caught in the devastation to have four to six weeks away from it all. But so few could come because the cost is so great. If a couple of Canadians came to a place, like Ljubljana or Dubrovnik, to train the people, getting them to those centres would be extremely cheap and housing and feeding them there would also be very cost-effective, so that many, many people could come out, both for a break from the war and for training, and so that they could feel useful and creative on their return.



I mention Dubrovnik because it is an important historic city state which the world was very agonised over when it was being bombarded by the Serbs. The reconstruction brought quite large donations from countries interested in the historic fabric. The people of Dubrovnik lost their livelihood, seeing they were largely involved in servicing tourism, but the French offered to make tiles to repair the roofs because they had tile factories inactive and could do it immediately. They did this - but they didn't offer transport of the tiles to Dubrovnik. The tiles then sat in France for 18 months before getting to the place where they were to be used for repair. The tiles don't match the roofs of Dubrovnik, and of course the clay that the roofs were made of was right on the spot. If the local workforce, who had no jobs, had been helped to develop tile factories through aid from France for only training, the whole situation would have been a far better rehabilitation and reconstruction undertaking.

Ljubljana hasn't been affected too much by the conflict in former Yugoslavia. Dubrovnik obviously has. But either place could provide cheap and good places for training nationals, provided the training was not on high tech and state-of-the-art equipment, which, in any case, is probably not very appropriate in Bosnia at this time.

Number 7 - Looking at learning resources, I think it might be helpful when the retraining is done for the people locally to make appropriate posters and short diagrams of how to use simple equipment and do exercises, that are in the language of the people

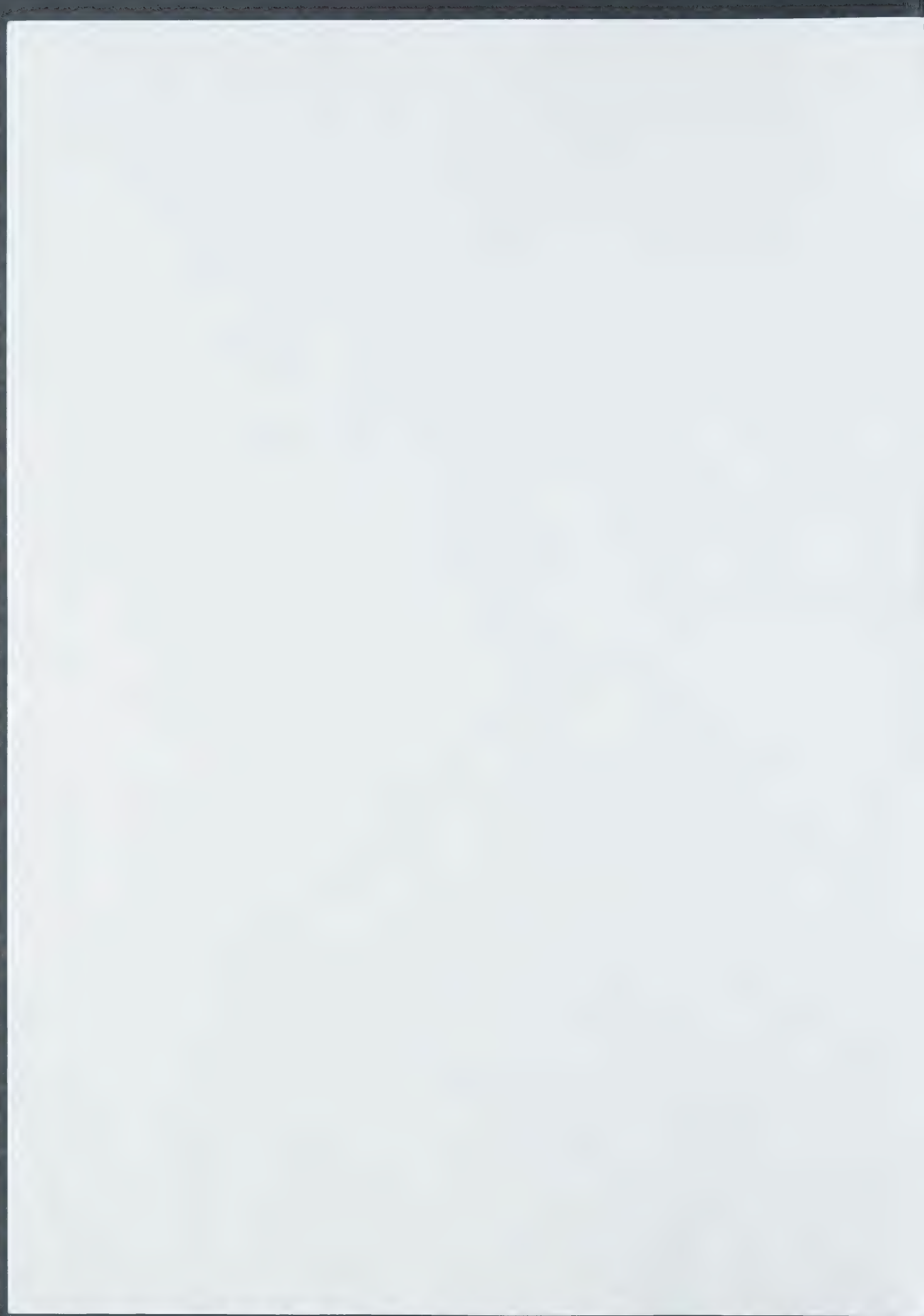


who will be using them. I would see this as being done on word processors and desktop printing in relation to the training.

I think the paper on what is going to take place in Phase 2 is extremely clear and focused on the care of the disabled. If this is to be over and above what has been committed for two years by the Canadian Government and Queens University, then I personally would want to be sure that there is a strong caring dimension that deals with both the workers and the disabled in the areas of trauma and self-help, and a commitment to training locals to do as much of the work as possible, and locals to provide equipment where possible - even if it is rough and ready.

I am not sure if you know that I worked in the disabled area in the production and sale of a small low tech implement called 'a helping hand' - it was developed by a retired General for his sister, and is now sold worldwide.

I suspect that Malcolm Peat believes in all the participatory things I feel strongly about, and in the need for the locals to be involved in their own rehabilitation and to be empowered by doing it, rather than being given it from outside, but, being asked by you to do this meant I could look at the sort of things I would be asking about if I was giving such a large sum of money to add on to the work already being done by Queens, and to focus specifically on the people of Bosnia receiving the majority of the benefit from the gift.



In case this is passed on and anybody reads it, I am going to finish by quoting the letter by Gilles Peress to Walter Keller in his book *Farewell to Bosnia*. I wish I had written it, it so exactly describes what I feel about the situation there.

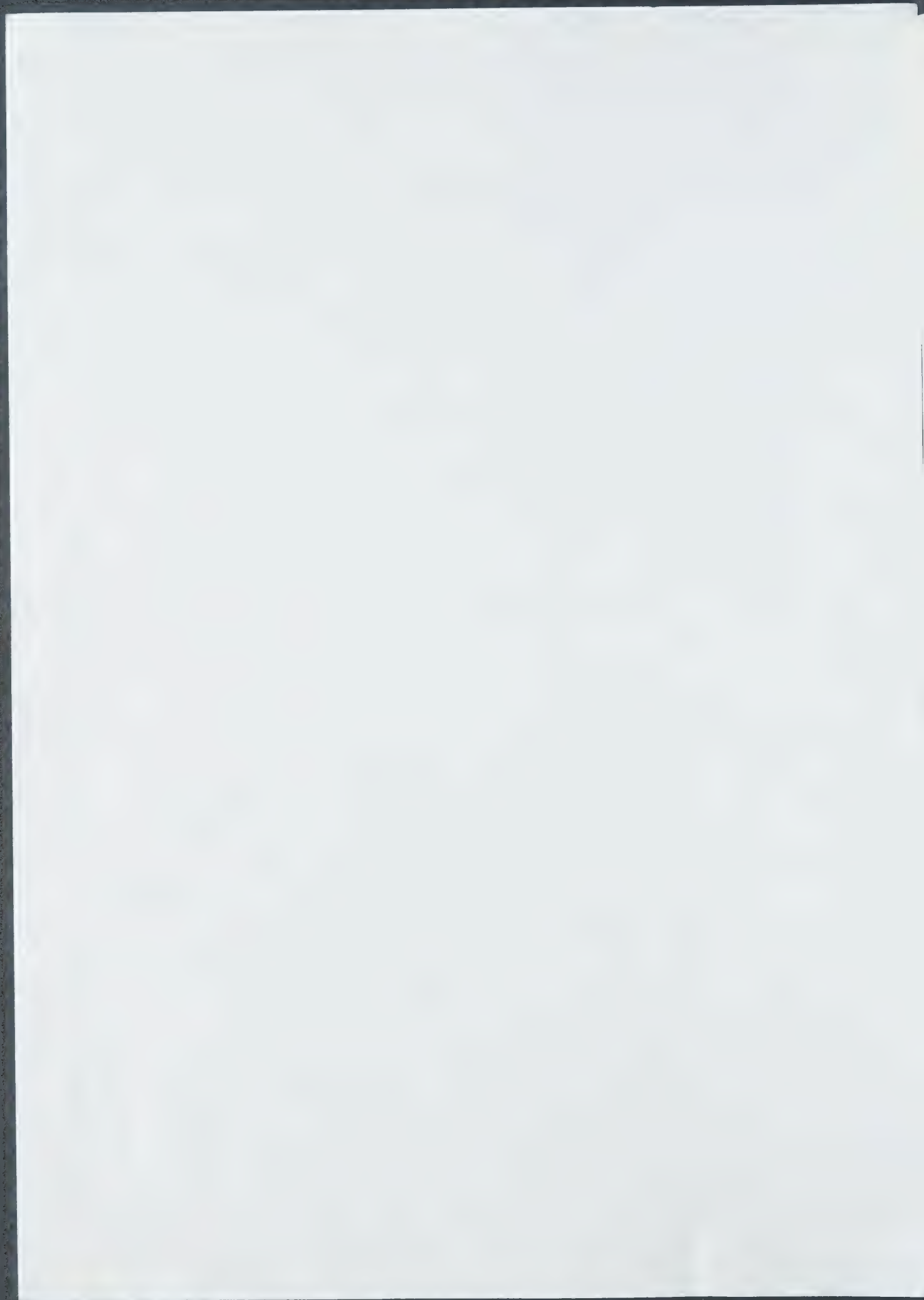
PS

On re-reading the information that you gave me, I noticed that they are planning to keep in touch with what is going on in Sarajevo, but no longer to be closely involved with the centres that have been set up. I suspect that is because they have been unable to visit them. It does mean that they are going to be operating as best they can without outside aid. The whole situation is so volatile, right now it may have changed before your gift comes into being and, of course, there needs to be flexibility in what is done because of this and, obviously, Malcolm Peat is going to be the best person to make those decisions.

My comments are made in the light of what feels important to me, and because it is such a major contribution it is important that it is used to the best possible advantage for the people who are suffering so much.

JANE WHISTLER

JUNE, 1995





**FAX FROM**

**DR. ALFRED R. BADER**

Suite 622

924 East Juneau Avenue  
Milwaukee, Wisconsin 53202

Telephone: 414/277-0730

Fax: 414/277-0709

August 4, 1995

To: Dr. William C. Leggett  
Principal  
Queen's University

*Handwritten note:*  
1. Leggett

Dear Bill:

I have just received Dr. Malcolm Peat's fax of July 31st, sent to our English home.

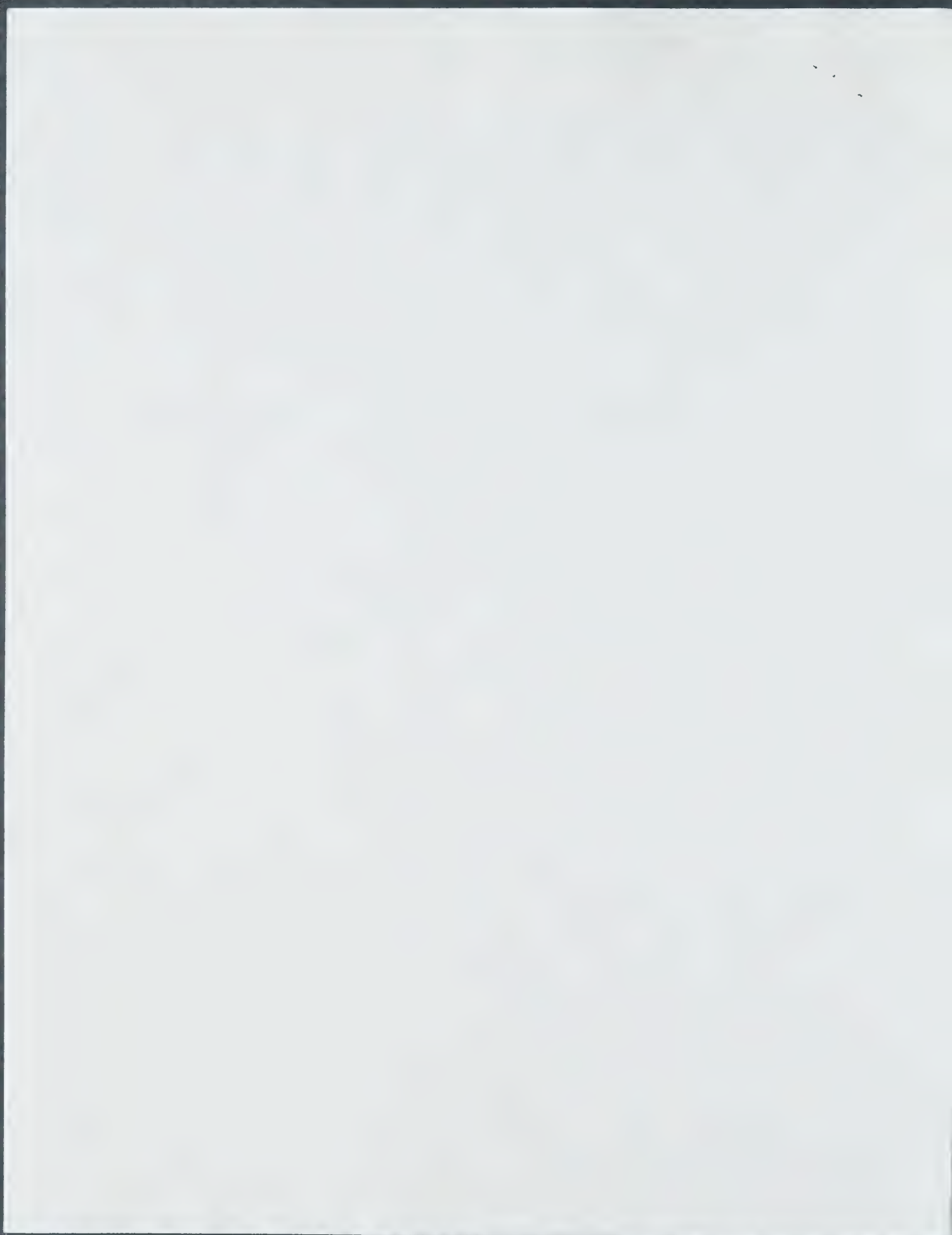
I am sure that you will understand my concern, and at your convenience, I would very much like to discuss this with you.

Best personal regards, as always,

*Handwritten signature:*  
Alfred R. Bader

AB/cw

*Handwritten note:*  
Home phone  
414 902 5109





**International Centre for the Advancement of Community Based Rehabilitation**

A Canadian International Development Agency funded Centre of Excellence

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Queen's University

Kingston, Ontario, Canada K7L 3N8

Telephone (613) 545-6881

Fax (613) 545-6882

July 31, 1995

Dr. Alfred Bader  
52 Wickham

Dear Dr. Bader:

I would like to bring you up to date on the status of our rehabilitation program in Bosnia, particularly in relation to your generous donation.

- ◆ **Sarajevo** - We have been in contact with our colleagues in Sarajevo and have their full support and appreciation for the continuation of the CBR program in the four community clinics. We have agreed that your donation will provide the resources for the continuation of the clinics for an initial period of three months (June/July-August/September). As you know, the Government of Canada's support for our initiative in Sarajevo, had ended in June with the development of our program in Central Bosnia. The continuation of the clinics in Sarajevo at this time is vital as we know they are under increasing stress.

I hope to be able to visit Sarajevo within the next few days during the period of my visit to Central Bosnia. This will give me an opportunity to discuss directly with our Sarajevo colleagues the longer term continuation of the Sarajevo program made possible by your support.

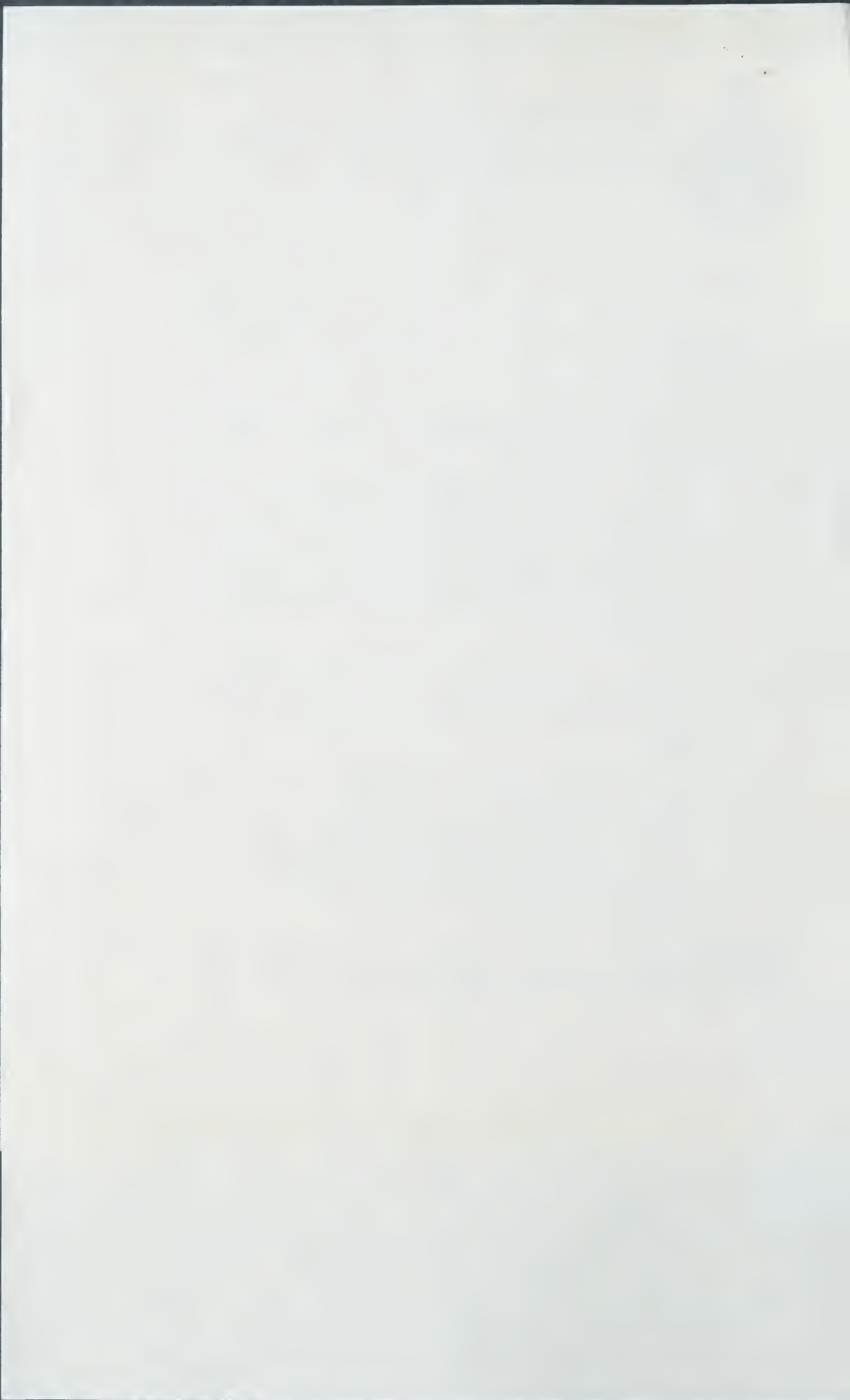
- ◆ **Central Bosnia** - David Packer, our Program Manager, and I, will be in Central Bosnia this month initiating the CBR program in Zenica. In addition, we will be exploring the possibility of rehabilitation programs in other locations including Tuzla and Mostar. The recent events have significantly increased the refugee population and we intend to give priority to their rehabilitation needs. Following this planning and management initiative, our rehabilitation programs, with the involvement of our Canadian faculty will start in Central Bosnia in September.

**PARTICIPATING ORGANIZATIONS**

Canadian Rehabilitation Council for the Disabled (Canada); Council of Organisms with Disabilities (Canada); Disabled Peoples' International; The Hugh MacMillan Rehabilitation Centre (Canada); Queen's University (Canada); Rehabilitation International; Université de Montréal (Canada); University of Allahabad (India); University of Bombay (India); Voluntary Health Services Society (Bangladesh); Yayasan Pembinaan Anak Cacat (Indonesia)

I understand you will be visiting Queen's in October, and would welcome the opportunity of reviewing with you in detail the Bosnia project.

I am forwarding by mail, a copy of the recent Evaluation Report of the Sarajevo project. This was prepared for the Canadian government and submitted in July. It reflects the activities specifically in Sarajevo and will provide you with a detailed review of the activities which will now be continued. Thank you for your support.



THE UNIVERSITY OF CHICAGO

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UNIVERSITY OF CHICAGO



DR. ALFRED BADER  
2961 N. SHEPARD AVE.  
MILWAUKEE, WI 53211

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AL]

PAY TO THE  
ORDER OF

Queen's University \$40000.00

Forby Thompson and 100 DOLLARS

BANK ONE

Classic One<sup>SM</sup>

Bank One, Milwaukee, NA  
Downtown Milwaukee Office  
Milwaukee, Wisconsin 53201

MEMO

Temple Coll.

Alfred Bader

⑆075000019⑆ 0578⑆0535⑆ 4229

DR. ALFRED BADER

Professor David McT  
Director, Agnes Etherington Art Centre  
University Avenue at Queen's Crescent  
Queen's University  
Kingston, Ontario K7L 3N6  
Canada

Dear David:

In our lengthy negotiations, spanning hours, Ben Weinreb finally came down from the original £50,000.00 to £25,000.00, with Queen's paying up to £100.00 for the shipping charges. I do believe that Ben Weinreb is honest, and yet, the collection should be checked very carefully to ascertain that all the pieces are there.

You will recall that originally I thought we should just take the funds from our fellowship account, which we would always like to keep <sup>about</sup> ~~above~~ CAD 1 million.

However, Volker has picked a couple of very good paintings he would like to have at Queen's, and so I think it would be much better for my just sending you a check for £25,100.00 in its US dollar equivalent and simply make this a gift from me at the occasion of my 50th reunion. The check is enclosed.

I'm sure that you will share the details of this collection with all the professors involved and also with the Department of Jewish Studies.

With all good wishes, I remain,

Yours sincerely,

Alfred Bader

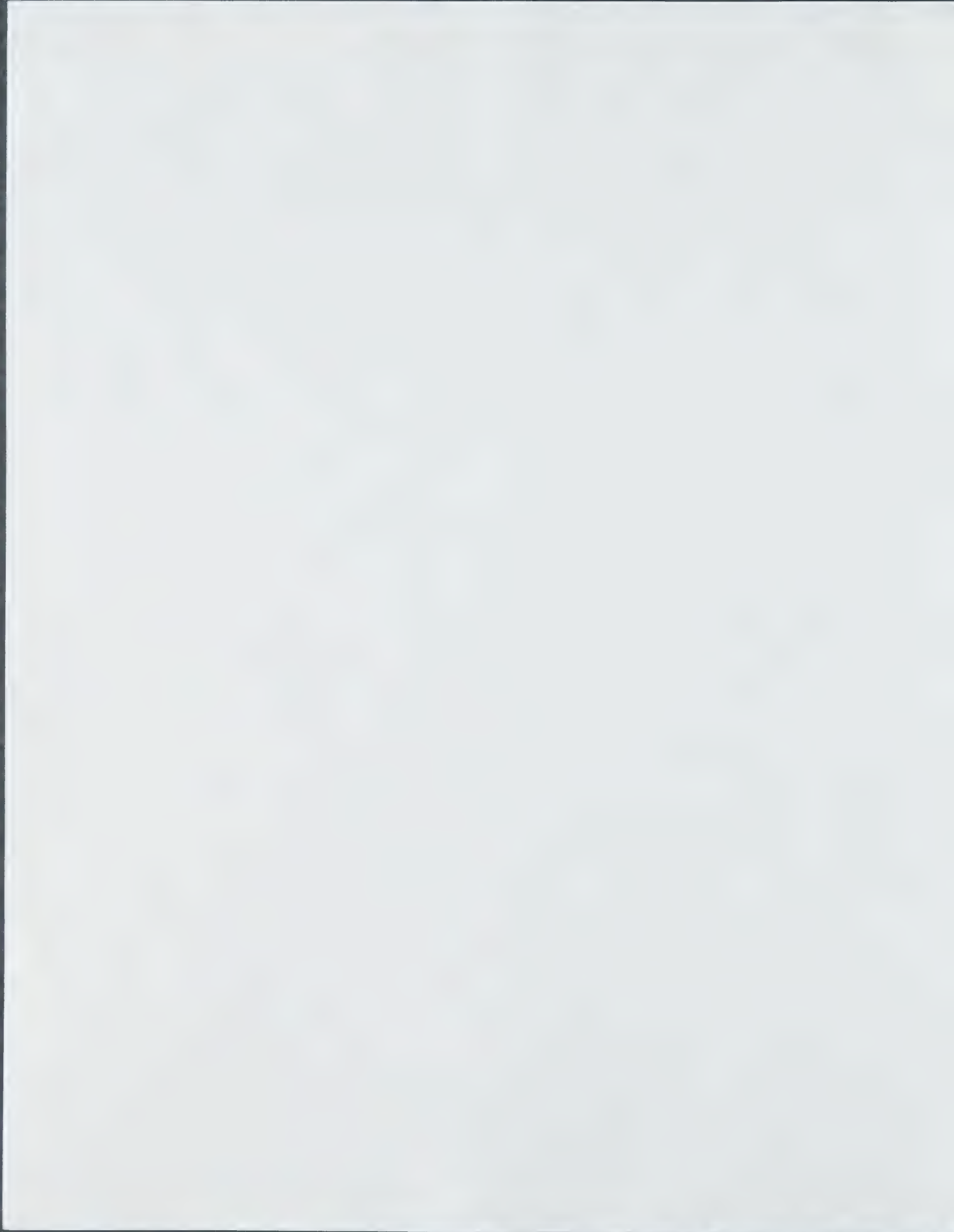
AB/cw

Enclosure

cc: Principal William Leggett

By Appointment Only  
ASTOR HOTEL SUITE 622  
924 EAST JUNEAU AVENUE  
MILWAUKEE WISCONSIN USA 53202  
TEL 414 277-0730 FAX 414 277-0709

changing daily  
 $£25100 \times 1.60 / 1.59$   
 $\approx$  us \$ 40000  
I'll make up  
difference if  
any when I  
see you.







ALFRED BADER FINE ARTS

DR. ALFRED BADER

ESTABLISHED 1961

August 4, 1995

Mr. Ben Weinreb  
50 Twisden Road  
London NW5 1DE  
England

Dear Ben:

Isabel and I certainly enjoyed meeting you, and I am glad that we were able to finalize on the sale of your entire collection of prints and drawings relating to the Temple in Jerusalem.

We agreed that you would mail the entire collection, carefully packed, to Professor David McTavish at Queen's, who will collate the shipments received with your list. I am sure that you will not forget that one book that you purchased in Switzerland.

As soon as the collection has been checked and found complete, Queen's will send you a check for £25,000.00 plus the cost of shipping and insurance. You thought that that might be £50.00, but we agreed that Queen's will pay for your actual expenses, provided that they do not exceed £100.00.

Well before the receipt of your collection, Queen's will have the funds.

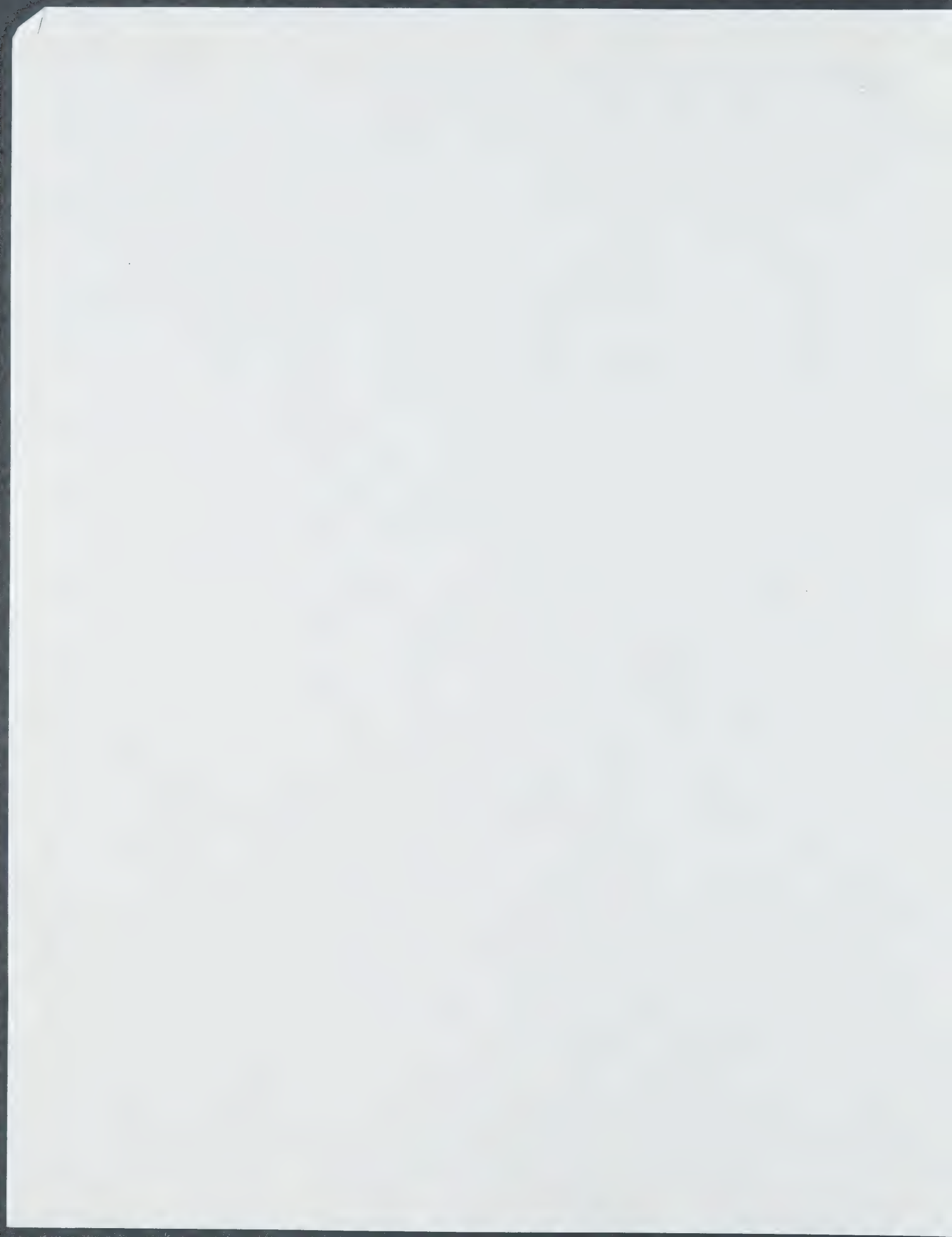
With all good wishes to you and your grandson, I remain,

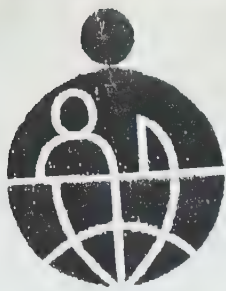
Yours sincerely,

AB/cw

cc: Professor David McTavish

*By Appointment Only*  
ASTOR HOTEL SUITE 622  
924 EAST JUNEAU AVENUE  
MILWAUKEE WISCONSIN USA 53202  
TEL 414 277-0730 FAX 414 277-0709





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**PARTICIPATING ORGANIZATIONS**

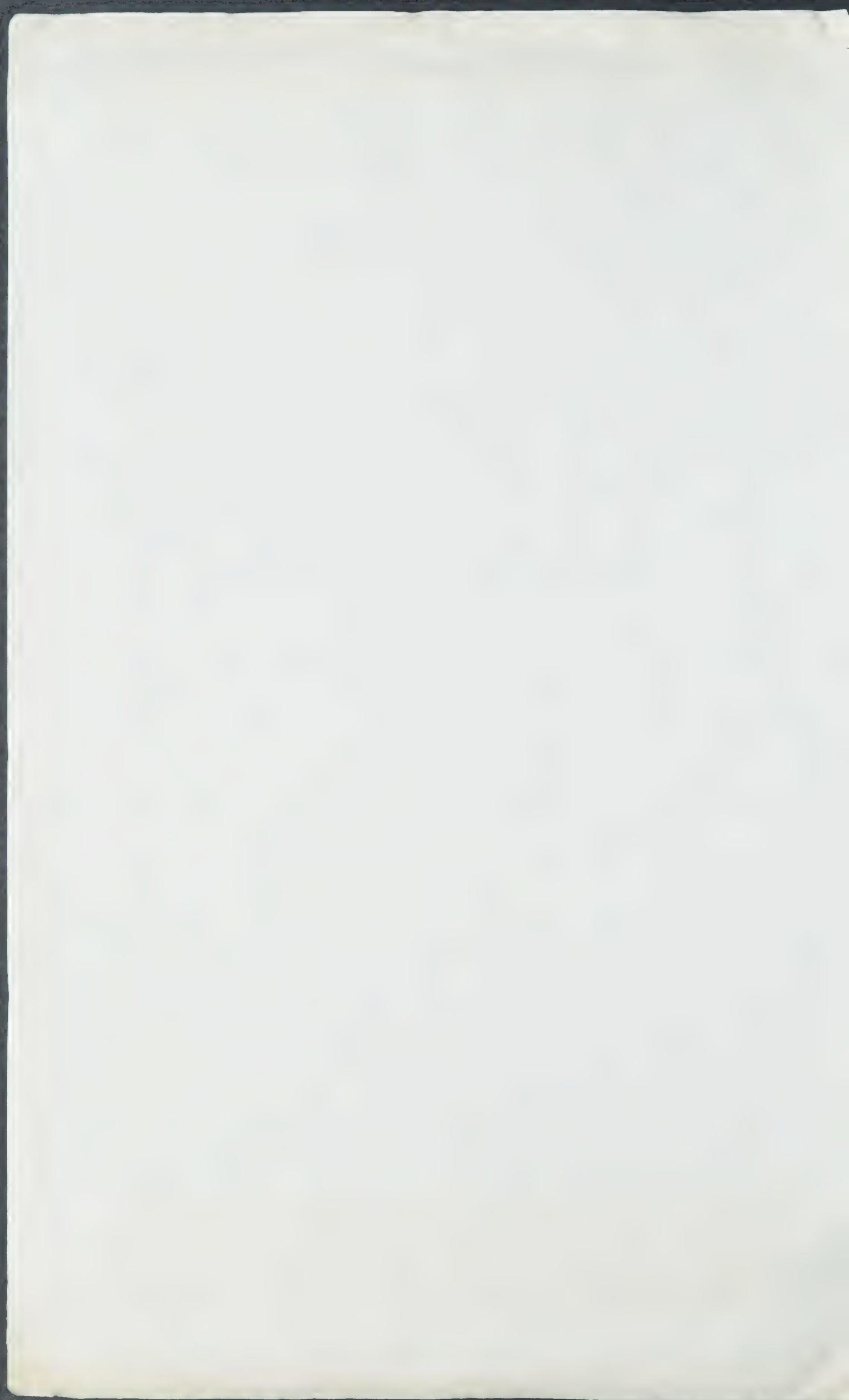
Canadian Rehabilitation Council for the Disabled (Canada); Council of Canadians with Disabilities (Canada); Disabled Peoples' International; The Hugh MacMillan Rehabilitation Centre (Canada); Queen's University (Canada); Rehabilitation International; Université de Montréal (Canada); University of Allahabad (India); University of Bombay (India); Voluntary Health Services Society (Bangladesh); Yayasan Pembinaan Anak Cacat (Indonesia)

2

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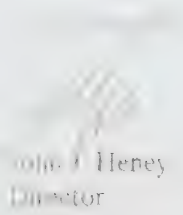
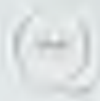
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Yours very truly,



FAX FROM 545 6599

14/07/95 15:59 PG:



John J. Heney  
Director

Below  
Enclosure  
c. Frances Campbell



## Transcript of CP Wire Story

July 12, 1995 17:16 EST

National general news

Bosnia-Donation

Philanthropist gives almost \$700,000 to Bosnian relief program

By Wendy Cox

A wealthy Queen's alumnus who found refuge in the university after escaping the Nazis has given the school almost \$700,000 to help disabled veterans of the Second World War.

Alfred Bader, who now lives in Michigan, is one of the world's largest manufacturers and Wednesday the Bosnian situation has become a focus.

It's shades of the past. We haven't learned anything about the consequences of accepting Bosnia as a country and here we see this same war-torn country. It's ghastly. We won't just stand by.

Bader said in an interview from his home in Southfield, Michigan, that he wanted to help but didn't know how and he heard of the Queen's program for disabled veterans of the war.

After a long association with the university, Bader, a self-made businessman, had almost spent

"I'm convinced that anything Queen's does is done with total integrity."

Bader, who is Jewish, was sent by his family to a concentration camp in Austria during the Second World War.

But the British government deported him to Canada. Bader ended up in Canada.

When he was released from the camp, he came to Queen's where he worked for the first time.

He earned his undergraduate degree at Queen's and then went to Harvard for his doctorate, but his loyalty to Queen's was never wavered.

Two years ago, Bader founded a \$100-million company, Sigma-Aldrich, which could establish an international studies center.

Bader, who now lives in Michigan, has also received a number of awards from Queen's.

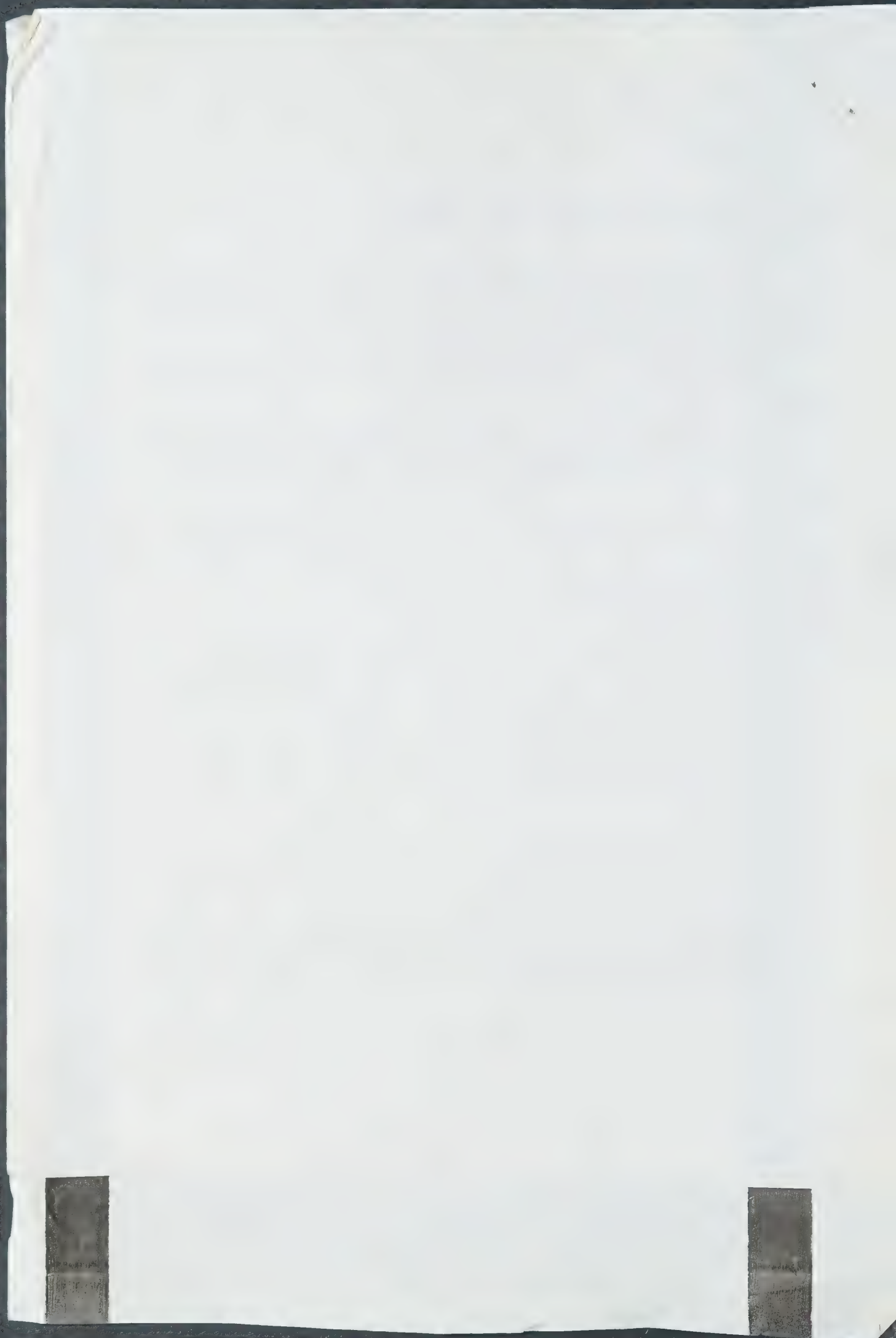
Dr. Malcolm Peck, who is running the program, said the program will have a major impact on the health of disabled people.

Under the program, local people are given education and support of disability community-based rehabilitation projects in Sarajevo and other areas in the area.

The program is funded by the Foreign Affairs Department. Bader said it was a great pleasure to assure him that contributions would not be put back to a relief of the situation.

Bader founded Aldrich Chemical Co. with a friend in 1941, merged with Sigma of St. Louis, Mo. By 1980, Sigma-Aldrich had \$1.6 billion in revenues.

- End of Story -





# STON WHIG-STANDARD

ON COMMUNITY



QUEEN'S SCHOOL OF REHABILITATION THERAPY

## The other Mr. Tom Barry

### Non-profit housing units

ing their own needs, all

However, a local council

ing a poor deal.

"The worst part is that

BY FOUNDED THE ACTION PROJECT.

vation claims councilors



BENNETT

21,000 tonnes a year

By contrast, London's... the company has... can garbage... never required a mini-

maybe an open process is more... "I believe that we ha

## Bader donates again, this time for war victims

of the Queen's... Wagon Standard that Week

generous benefactor has donated \$685,000 to a Queen's-run rehabilitation project for disabled victims of the war in Bosnia.

Alfred Bader was a refugee from Nazi-occupied Austria during the Second World War and later enrolled at Queen's in engineering chemistry.

- The money will be used for:
- assessment, treatment and social reintegration programs in refugee camps
  - supplying "low-tech" equipment

and add to... that would...

- development...
- preparation of...

The project is run by Community Based Rehabilitation (Europe) and the Queen's School of Rehabilitation Therapy, both of which are headed by Dr. Malcolm Peat.

Peat said the additional money "will make a major impact on the health of disabled people through the develop-



BADER

ment of community-based rehabilitation programs in Bosnia Herzegovina.

The Queen's project involves working with families in the field to develop a rehabilitation community rehabilitation program to take pressure off some of the hospitals.

About 10 per cent of war wounded need lengthy rehabilitation, which the country can hardly afford.

Bader has already contributed Hermonceux Castle in the south of England to Queen's, as well as some Old Masters paintings.

ampson, near... he girls were... out 15 or 16

Page 18  
Page 19  
Page 31  
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Page 6  
Page 16

QUEEN'S DEVELOPMENT

details on page 2



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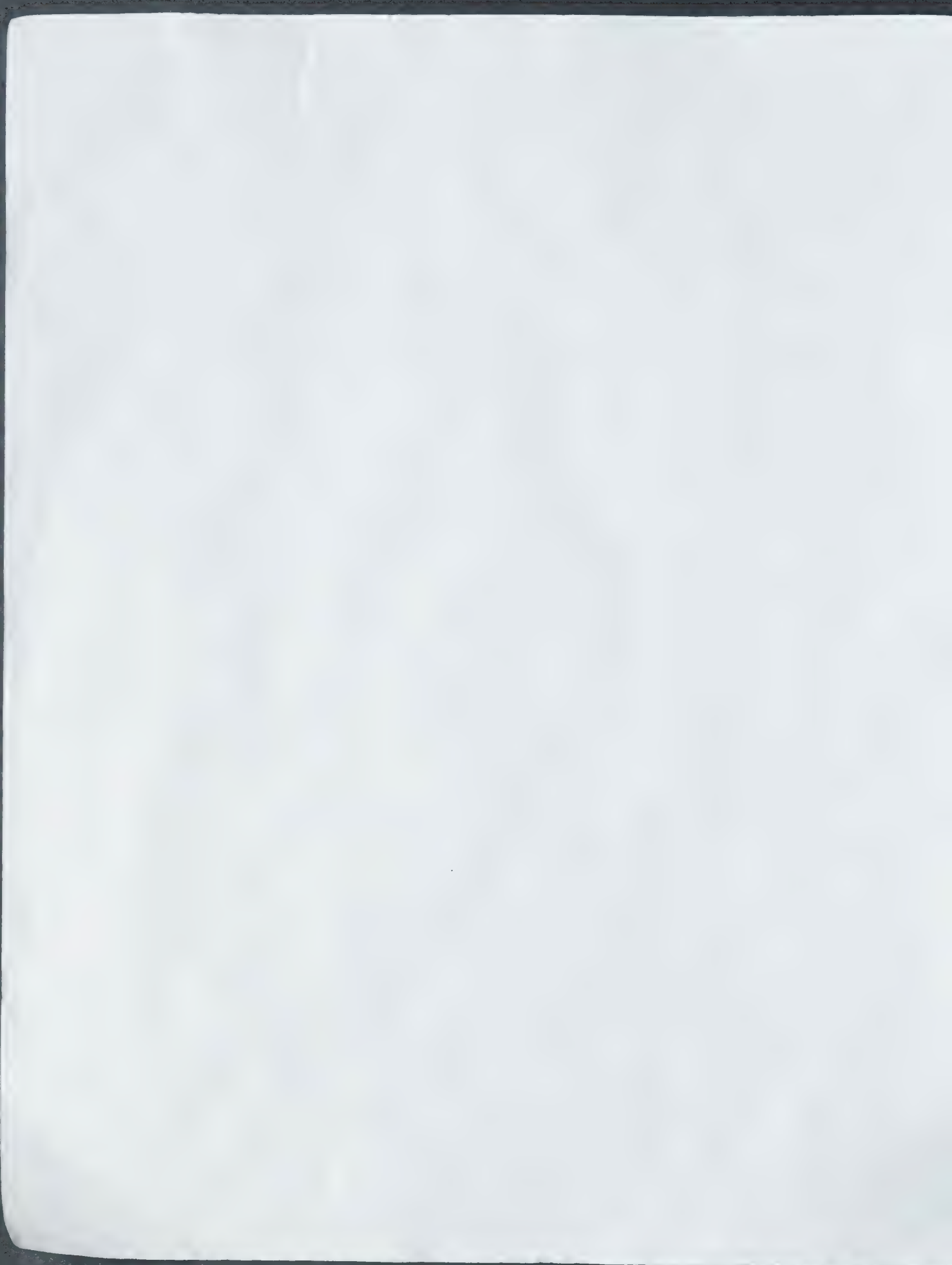
*John Whistler*  
*Director with Dan*



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### PARTICIPATING ORGANIZATIONS

Canadian Rehabilitation Council for the Disabled (Canada); Council of Canadians with Disabilities (Canada); Disabled Peoples' International; The Hugh MacMillan Rehabilitation Centre (Canada); Queen's University (Canada); Rehabilitation International; Université de Montréal (Canada); University of Allahabad (India); University of Bombay (India); Voluntary Health Services Society (Bangladesh); Yayasan Pembinaan Anak Cacat (Indonesia)





Queens University at Kingston

Fax 613 545-6776

Tel 613 545-6104

George Street

Louise D. Acton Building

Faculty of Medicine

Rehabilitation Therapy

School of

Associate Dean and Director

DR MALCOLM PEAT

with the compliments of

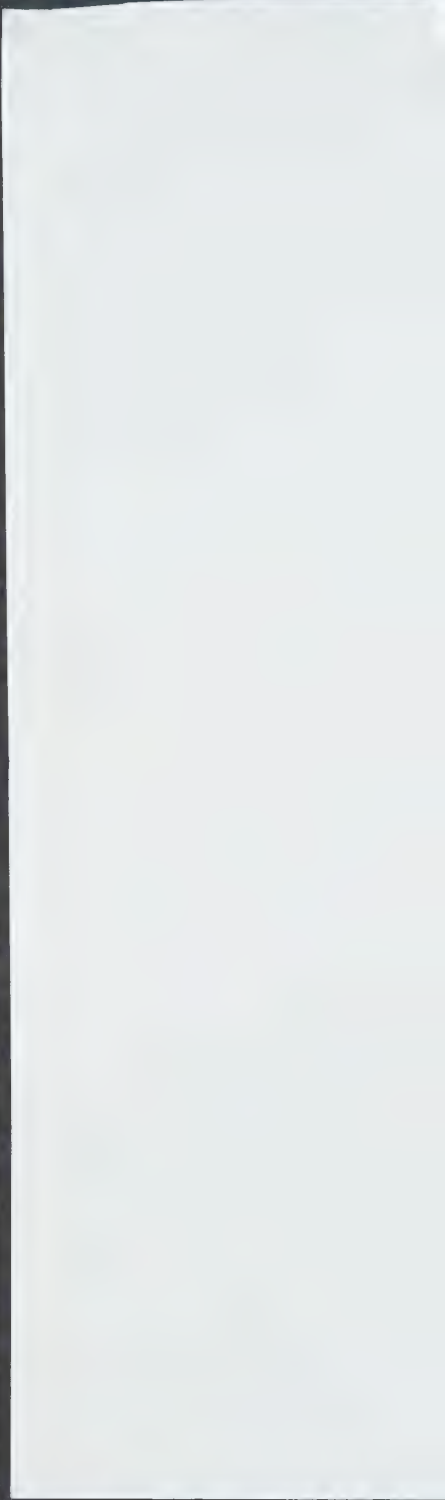


Phase I.

Oct. 1993

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Oct. 1994.





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OCTOBER 1993

### CANADIAN SUPPORT FOR REHABILITATION SERVICES SARAJEVO, BOSNIA-HERZEGOVINA

#### INTRODUCTION:

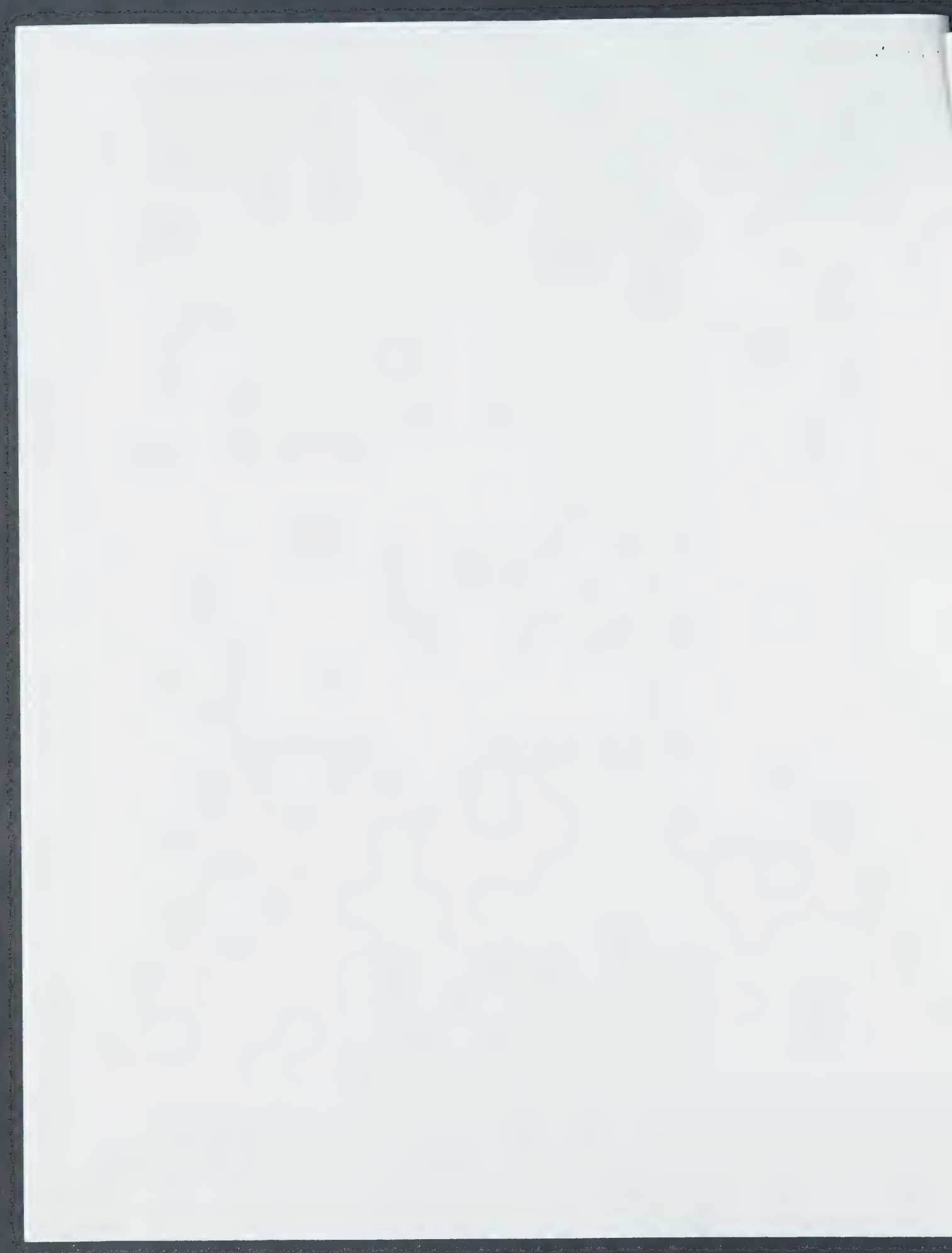
Canada has been asked to provide basic rehabilitation equipment in the city of Sarajevo, as well as technical assistance to help install equipment and collaborate with local rehabilitation personnel. Months of conflict have resulted in a considerable number of people requiring rehabilitation services in the Sarajevo area. The lack of public transportation and the concentration of hospital facilities near the eastern end of the city have reduced access by the public to established rehabilitation services. While some institutional rehabilitation programs are functioning, a community based, low technology rehabilitation service is not generally available. It has been suggested that Canada assist in the development of the rehabilitation services based in the community.

The International Centre for the Advancement of Community Based Rehabilitation, Queen's University Canada has been requested by the Government of Canada to collaborate with World Health Organization (WHO) and other appropriate agencies in Sarajevo in the development of a program proposal for a Canadian contribution to the enhancement of community based rehabilitation services.

Two representatives from ICACBR, Dr. Malcolm Peat, Executive Director and Professor Elizabeth Tata, visited Zagreb from Tuesday, October 12 to Thursday, October 14th, and Sarajevo from Thursday, October 14th to Sunday, October 17th. This visit was made possible through the support of the Zagreb and Sarajevo offices of WHO.

#### PARTICIPATING ORGANIZATIONS

Canadian Rehabilitation Council for the Disabled (Canada); Coalition of Provincial Organizations of the Handicapped (Canada); Disabled Peoples' International; Hugh MacMillan Rehabilitation Centre (Canada); Queen's University (Canada); Rehabilitation International; University of Allahabad (India); University of Bombay (India); Université de Montréal (Canada); Voluntary Health Services Society (Bangladesh); Yayasan Pembinaan Anak Cacat (Indonesia)





## VISIT TO ZAGREB:

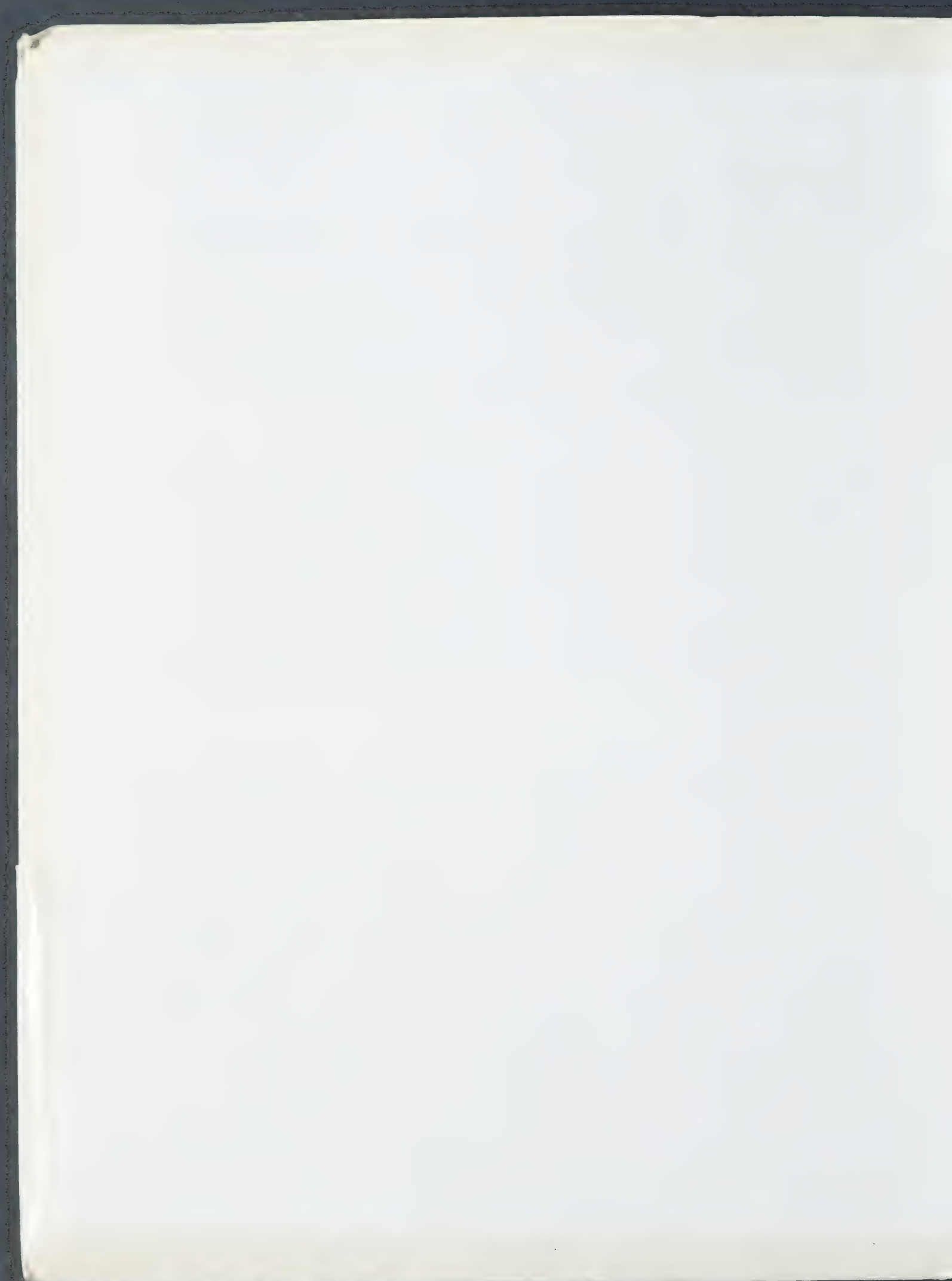
October 12th to 14th, 1993

Discussions were held with WHO representatives, Dr. Nils Rosdahl, Senior Representative of WHO Zagreb, and Dr. Bengt Lagerkvist, Acting Director, Rehabilitation of War Victims Project. The discussions provided an opportunity for an overview of the WHO strategy related to rehabilitation in the war affected region including Sarajevo. In addition, it was possible to review the particular circumstances within Sarajevo including the current state of health care and rehabilitation services.

The visit to Zagreb provided the opportunity to meet with Dr. Hana Hermanova, Regional Advisor, Elderly, Disability and Rehabilitation, from the Regional Office for Europe, World Health Organization. Dr. Hermanova was visiting the Zagreb office to hold discussions with officials within the region on the development of a broad range of rehabilitation programs. The discussions between WHO and the Canadian representatives also provided an opportunity to review strategies for Community Based Rehabilitation which could be appropriate to disadvantaged regions including those affected by the war situation.

### Krapinske Toplice Hospital

The Canadian delegation accompanied Drs. Hermanova and Lagerkvist on a visit (12th October) to this large health care facility with a major rehabilitation function. The facility had provided a broad range of clinical services for over 2000 war wounded over a period of approximately two years. Discussions with the medical personnel in the institution provided an extensive overview of the clinical experience of the staff and types of disabilities created by the hostilities. The major types of disability treated in the institution included head injuries, peripheral nerve injuries and orthopaedic trauma. The centre did not deal with spinal cord injuries or amputations. The latter are dealt with by similar institutions in the Zagreb region. The institution expressed an



interest in the design and implementation of an evaluation program which would review the impact of their medical and social rehabilitation programs, including the degree of reintegration of the disabled into the community environment.

The visit to Krapinski Toplice Hospital was conducted with the assistance of Dr. Anna Bobinac, a liaison between WHO and the local rehabilitation community. Dr. Bobinac was very helpful in providing an extensive review of how the war situation was impacting on health and social services. Prior to the departure to Sarajevo the Canadian delegation had the opportunity of discussing with Ms. Vesna Brozinic, WHO Office, Zagreb, issues related to psycho-social aspects of disability as observed by an administrative officer in a war situation. This was also very helpful and provided another perspective on a very complex situation.

#### VISIT TO SARAJEVO:

The Sarajevo component of the program was organized as follows:

Thursday October 14

Kosevo Hospital, Spinal Injuries Unit

Friday, October 15

Ministry of Health

Alipasino Polje Clinic, (Ambulanta)

Kosevo Hospital, Traumatological Unit,

and Orthopaedic Centre

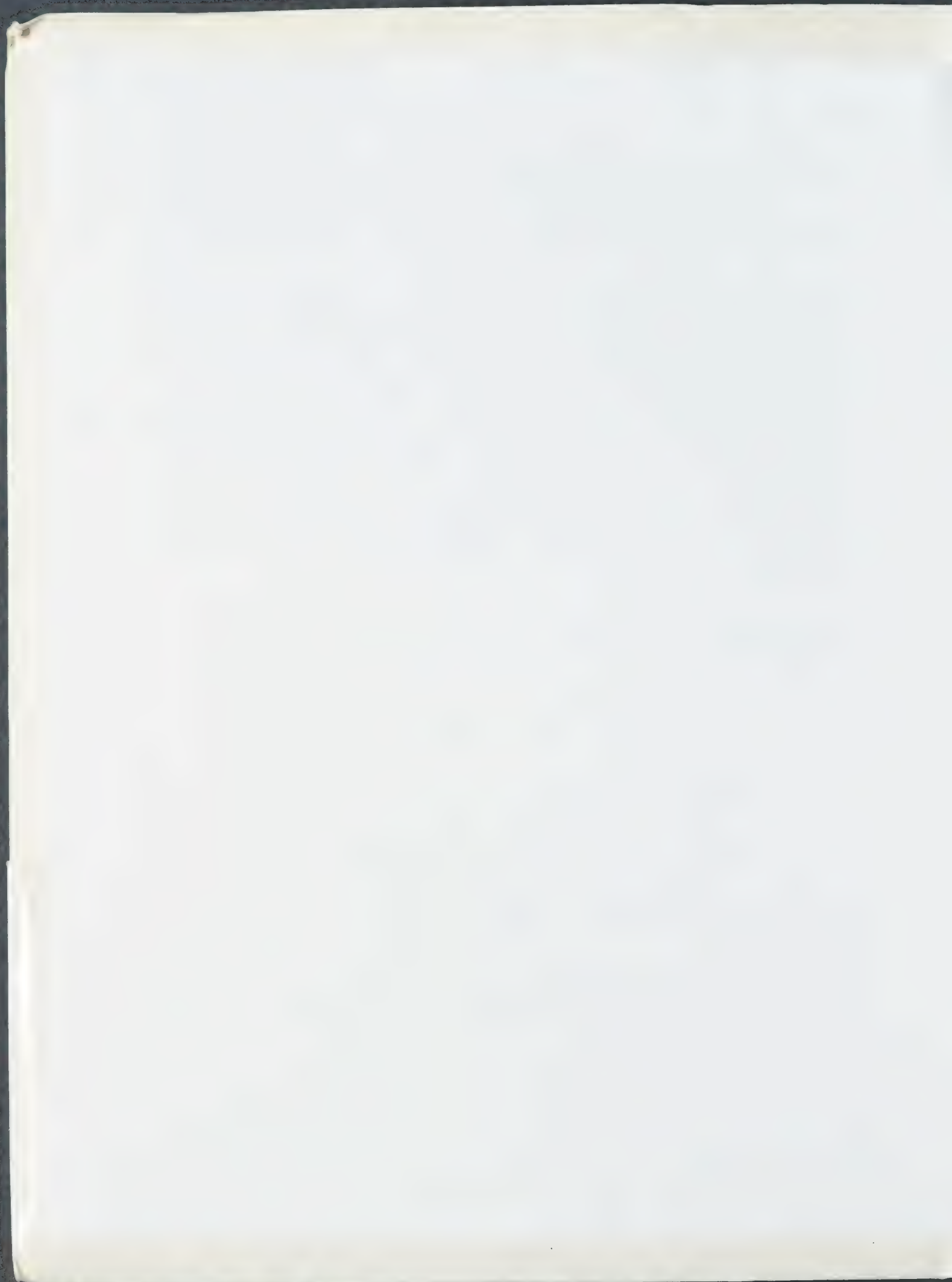
Novi Grad Health Centre

Saturday, October 16

Dobrinja Hospital and Rehabilitation Centre

State Hospital

Ministry of Health



Thursday, October 14th

The Canadian visitors were met at Sarajevo airport by Mr. Jukka Pukkila, WHO Zagreb. Mr. Pukkila remained with the visitors throughout the entire series of visits. Dr. Pukkila provided exceptional support for the visit in terms of knowledge and awareness of the Sarajevo situation, the provision of protected transportation and moral and professional support for the visitors which in itself was a major contribution. The WHO involvement and support demonstrated the fact that any future visits by Canadians could only be accomplished effectively through the collaboration and support of WHO. Dr. Pukkila also acted as liaison for the visit, organized the program and contacted the individuals who would be critical in the future development of rehabilitation services.

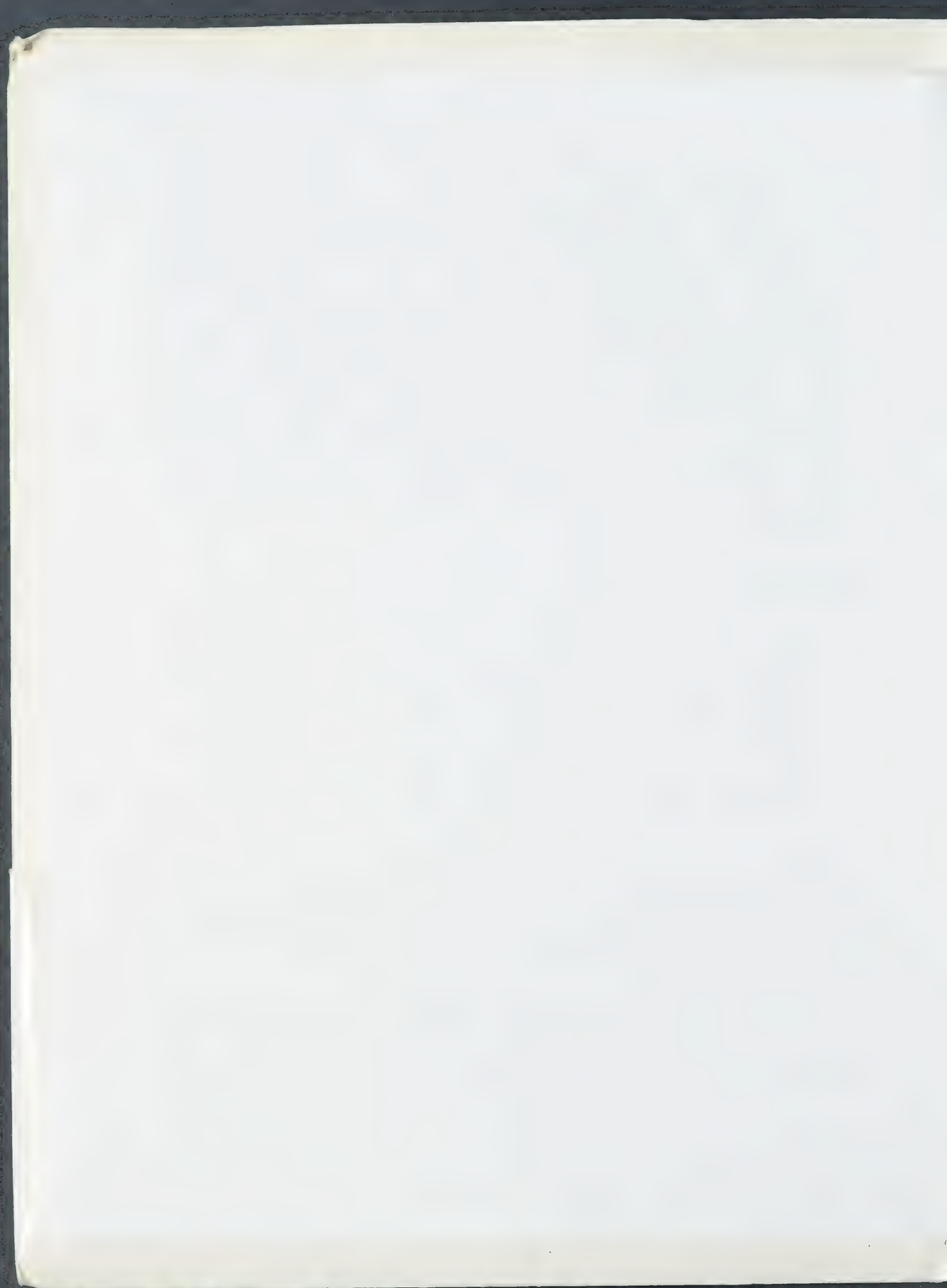
#### Kosevo Hospital

The visit to Kosevo Hospital provided an opportunity for discussion on:

- \* General organization of physical medicine and rehabilitation in Sarajevo prior to the current war situation.
- \* Rehabilitation services currently available
- \* Rehabilitation personnel currently active
- \* Physical restrictions to the provision of services  
eg. water, power, transportation, risk to personnel
- \* Disability profile created by war conditions

This meeting included Dr. Ragnar Stein, Rehabilitation Consultant, International Committee of the Red Cross; Dr. Nada Zuzin, Professor and Head of the Institute of Physical Medicine and Rehabilitation; Dr. Ruzdic, WHO Liaison Officer, and J. Pukkila, WHO.

Dr. Stein, a Norwegian physician is project director of a spinal cord injury unit being developed within Kosevo Hospital and supported by the Norwegian Red Cross. This institution is the largest health care facility in Sarajevo and had traditionally been



the location of a wide variety of units providing specialist services. It also acts as the major teaching hospital. Dr. Stein's program has supported the adaptation of a building in K Hospital, for spinal cord injured. The project however has been affected by the difficulty in transporting the necessary equipment into Sarajevo.

The meeting was particularly useful in providing a comprehensive analysis of the difficulties currently encountered in the provision of services for physically disabled. The concept of community based programs was reviewed together with an overview of the community programs which have already been established. These attempt to meet the needs of the large population of persons with disabilities who have no access to institutional based services due to the total lack of transportation and the dangers of moving through the hostile environment.

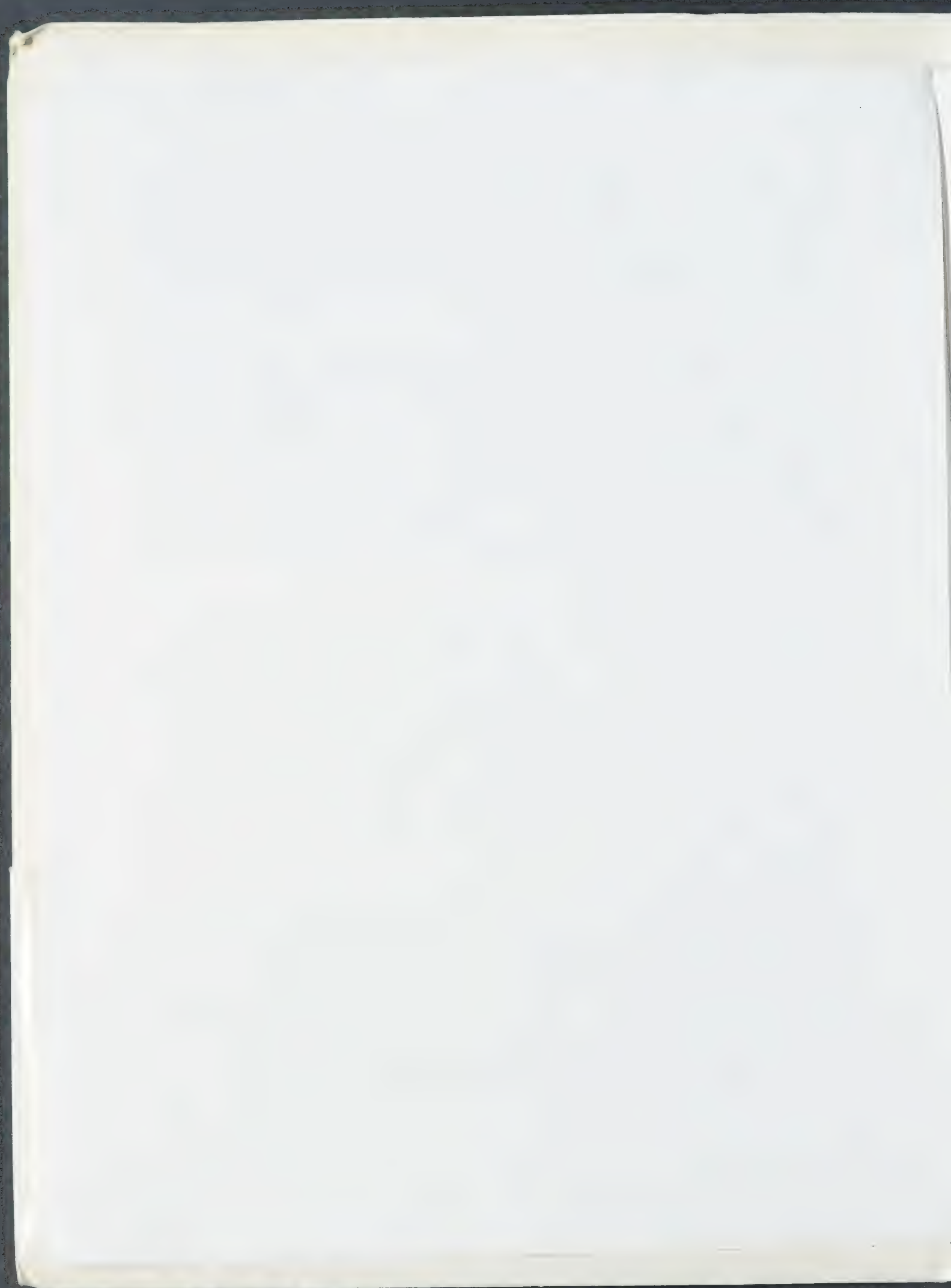
Kosevo Hospital is typical of the major health care facilities in Sarajevo in that its services have been severely affected by the lack of power and water. Some power is being provided through mobile generators, but is primarily reserved for emergency services. The rehabilitation departments were significantly affected by the lack of power and although a large range of rehabilitation equipment was available, it was for the most part nonfunctional due to lack of power and water.

Friday October 15

**Ministry of Health**

The Canadian group met with:

- \* Prof. Mustafa Beganovic, Minister of Health Republic of Bosnia
  - \* Dr. Nada Kurtagic, Principal Foreign Liaison Coordinator
  - \* Prof. Muzafer Mujic, Liaison Officer of the Government
  - \* Dr. Nada Zuzin, Professor and Head Institute of Physical Medicine and Rehabilitation
  - \* Dr. Ruzdic, WHO Liaison Officer, with Ministry of Health
- Dr. Jukka Pukkila, WHO Officer, Sarajevo



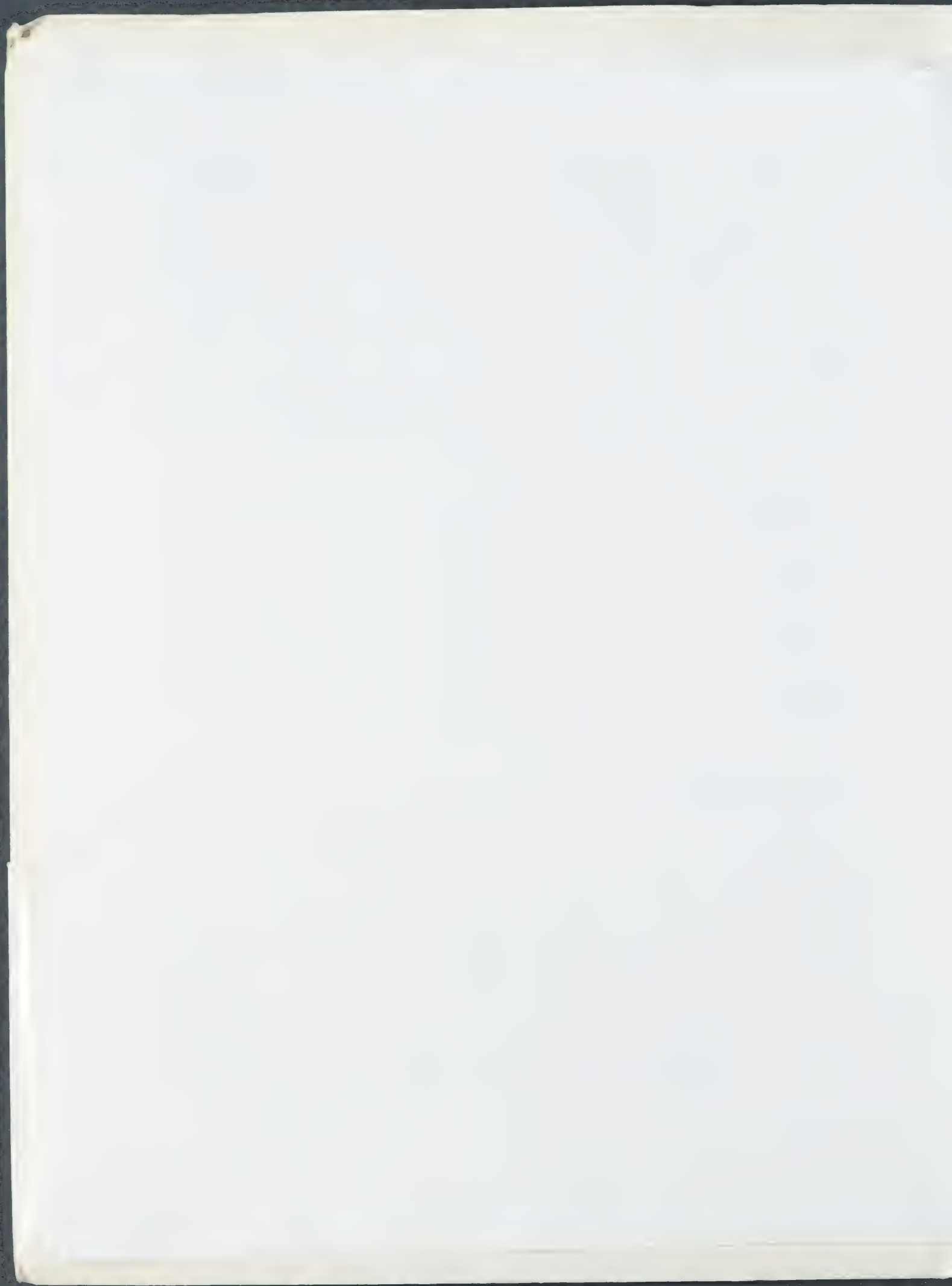


The Minister expressed his heartfelt appreciation of Canada's interest in community programs for the physically disabled and also the vital support and concern of WHO. The Minister reviewed the current status of rehabilitation services and health care facilities. The war situation, with a total disruption of utility services and transportation, has created a major need for decentralization of selected services and the location within communities throughout Sarajevo of both acute care and rehabilitation programs. Those at the meeting also reviewed the personnel available for rehabilitation programs and the possible locations for the enhancement of community rehabilitation services.

At the conclusion of the meeting it was agreed that the participants in this discussion should meet again following the Canadian visits to selected community centers which had already initiated programs for physically disabled. It was agreed that the Canadian initiative should focus on these community activities as they are likely to meet the increasing needs of the population of disabled until the cessation of hostilities and the development of a plan for restoration of rehabilitation services as part of a national plan for reconstruction. The final meeting was scheduled for the afternoon of Saturday the 16th of October.

#### **Alipasino Polje (Ambulanta) Community Clinic**

This facility is located in the Novi Grad municipality. The clinic provides a limited range of basic ambulatory out-patient services. In addition, it is the location of a community rehabilitation facility which serves the disabled population of the area who can access the clinic. The personnel with whom discussions were held indicated that rehabilitation services could be significantly enhanced by the provision of portable rehabilitation equipment which did not require utility services, and the development of educational programs related to the enhancement of existing services. There was also discussion related to the development of outreach programs into the community either through home visits by



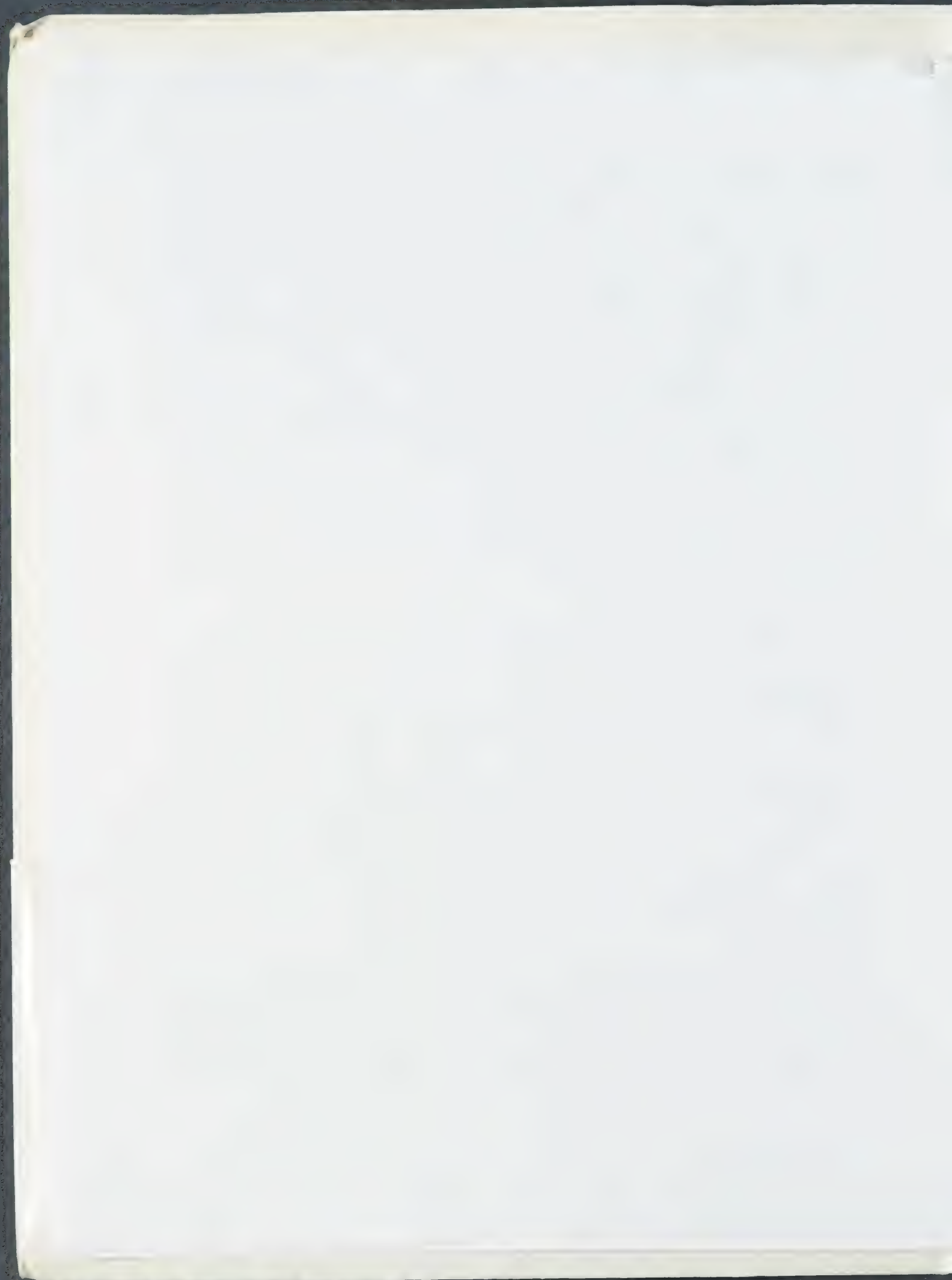
rehabilitation personnel or by the involvement of local lay volunteers in specific aspects of disability care.

The clinic currently provides daily services for approximately 150 disabled persons. The major disability categories include: stroke; peripheral nerve lesions and musculoskeletal injuries. Severely disabled persons including those with spinal cord injury have no access to the clinic. The clinic is staffed by four physiotherapists and a physician and is also visited by physical medicine consultants from the Institute of Physical and Medical Rehabilitation. The community clinic is an excellent model of a program which was attempting to overcome some of the severe difficulties of the absence of transportation and accessibility to the traditional health care system. The personnel are providing services of the highest professional quality and there appears to be an excellent degree of community acceptance of their initiatives.

#### **Kosevo Hospital, Traumatological Unit and Orthopaedic Centre**

There was some interest in the development of a comprehensive institutionally based rehabilitation centre in Kosevo Hospital (the major health care facility). It was agreed however, that although some space could be located within the Kosevo complex, specifically in the area previously used by an oncology service, it would be inappropriate at this time to consider developing a central rehabilitation initiative due to the extreme difficulties of access and support. It was however clearly the intent that following the end of hostilities the government would attempt to re-establish a central rehabilitation centre to work in collaboration with the community based programs.

This visit to Kosevo Hospital provided an opportunity for discussion with rehabilitation personnel and physicians in both the traumatological and orthopaedic units. The rehabilitation departments in both units are providing services for in-patients and ambulatory patients in the immediate hospital area.



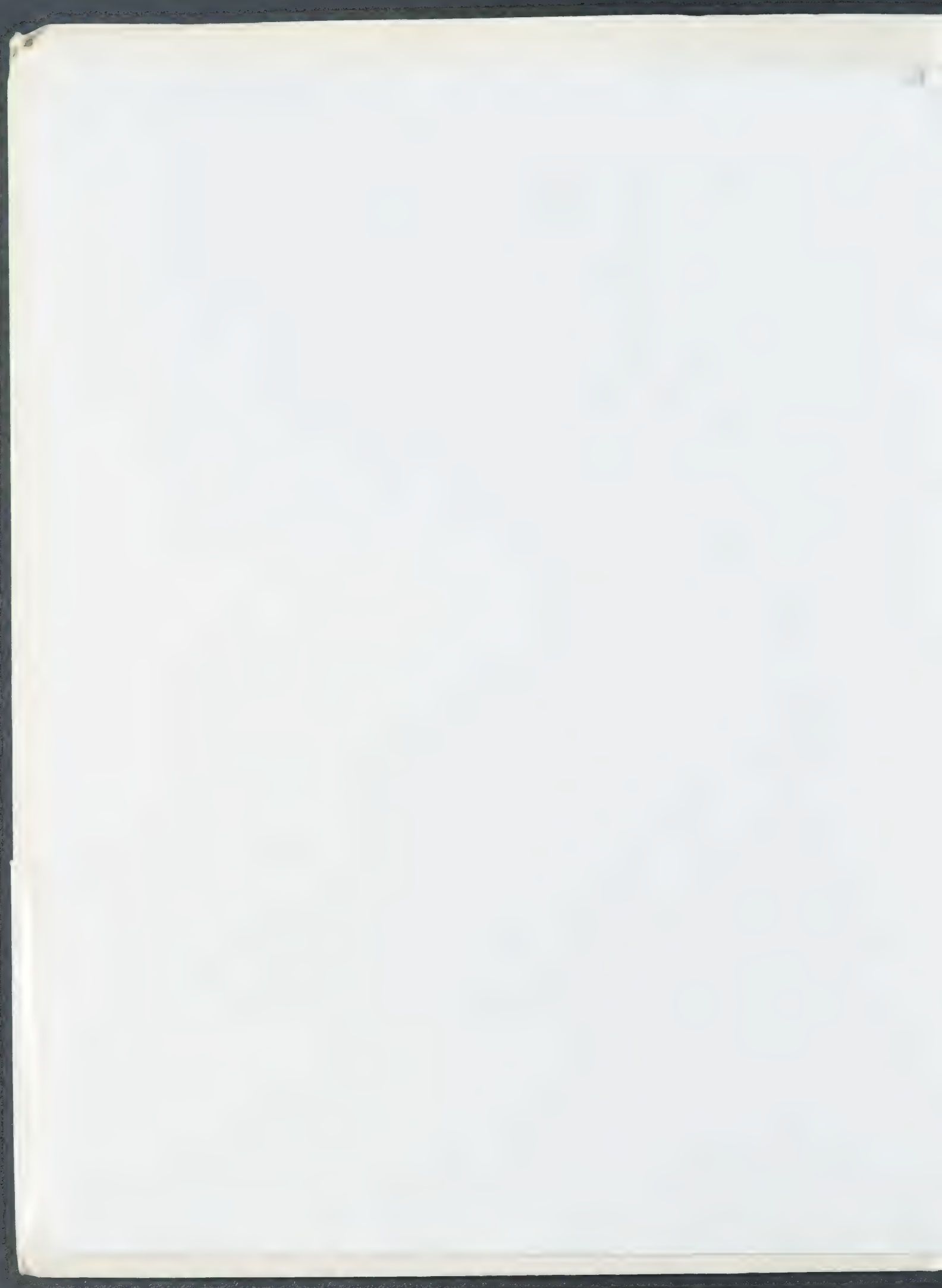
### **Novi Grad Primary Health Centre**

The final visit on Friday October 15th, provided the opportunity to meet with the Director of one of the four Sarajevo municipal primary health care centres. This Centre has no rehabilitation program but does support the activity of the Novi Grad Alipasino Ambulatory Clinic visited earlier in the day. Dr. Galib Pleho, the Director of the facility, shared with the visitors the written proposal to the Ministry of Health regarding the design and development of rehabilitation services at a community level. This was a strategy which had been developed by the primary health care centres some time ago and not a current initiative. Dr. Pleho was fully supportive of the concept of community programs for physically disabled and provided the Canadian visitors with the written proposal previously developed on this topic, including a list of apparatus and equipment.

**Saturday, October 16th, 1993**

### **Dobrinja Community Hospital**

This facility has been established in the Dobrinja community, a densely populated, high-rise community very close to the line between the opposing forces. The establishment of this facility is entirely the result of the current hostilities, and did not exist prior to the war situation. The facility provides a range of acute care and surgical facilities in a "front-line" situation. The services are located in what were previously warehouses or storage areas, and with considerable ingenuity, have been converted into a relatively secure and functional inpatient and ambulatory centre serving a region of Sarajevo at some distance from any other health care facility. This community centre is under the direction of Dr. Hadzir, a general surgeon with considerable experience in traumatology. This surgeon is himself a refugee from another region in Bosnia and was the prime motivator in the development of this service.

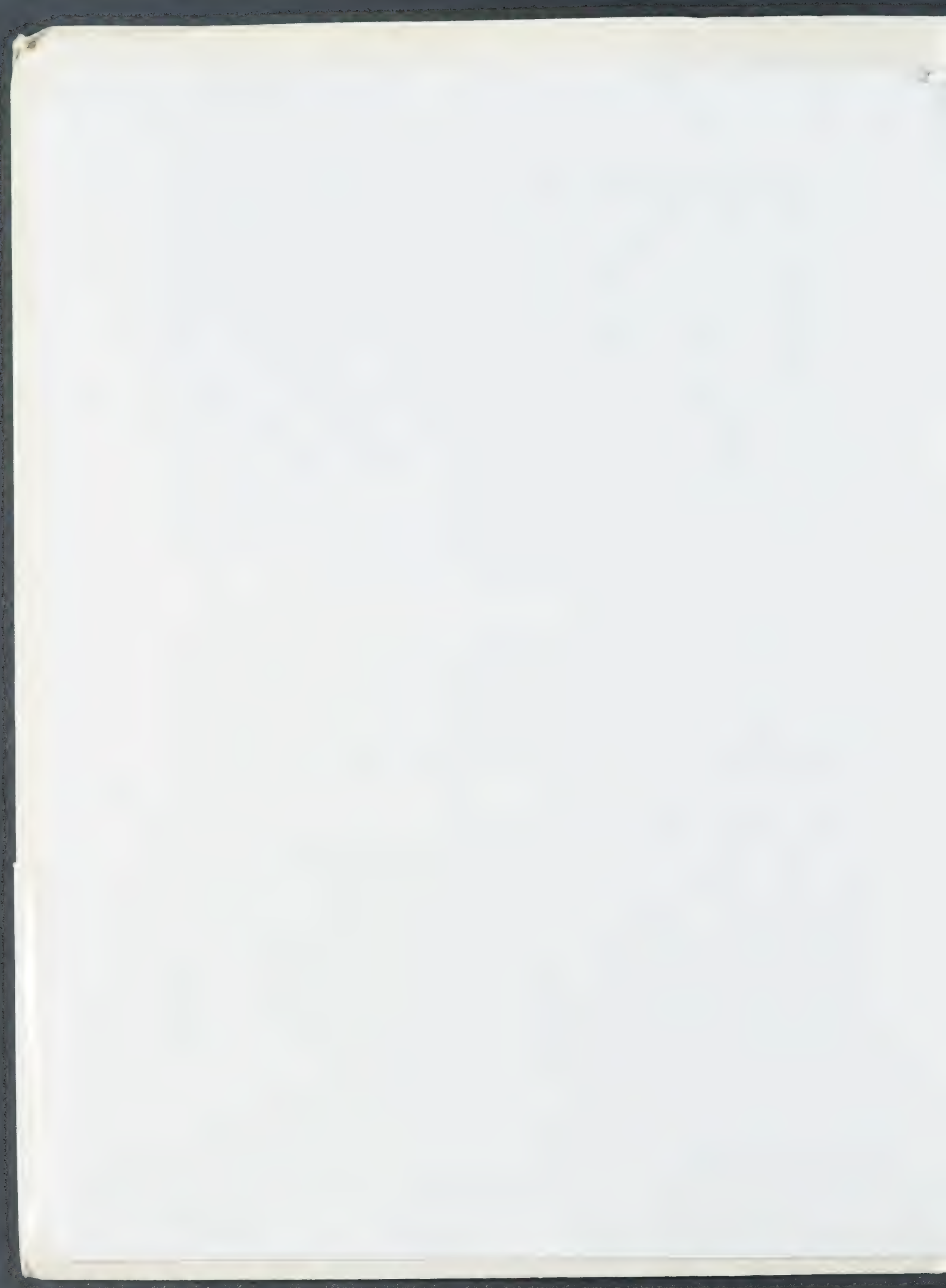


The Dobrinja Hospital provides an exceptional quality of care under the most difficult of circumstances, and has seen over 7,000 patients over the period of approximately two years.. Discussions were held regarding the types of disabilities seen and their clinical management. The personnel within the hospital have also established a rehabilitation unit in a building adjacent to the hospital in what would appear to have been commercial and residential space. This rehabilitation unit is staffed by local personnel trained in basic rehabilitation techniques by a physical therapist previously retired. The unit is also visited on a regular basis by a consultant in physical medicine and rehabilitation, Dr. Nermina Corovic. This physician was previously the Head of the Institute of Physical Medicine and Rehabilitation. The personnel in this facility also indicated their intention to develop an outreach facility for those disabled who were unable to visit the rehabilitation service.

The discussions during this visit also included a review of the personnel available and the low technology rehabilitation equipment that would enhance both their rehabilitation service and proposed outreach program. This was very similar to the discussions and needs expressed in the previous visits to the primary health care centre and the other community rehabilitation service at Alipasino.

#### **State Hospital, Mari Grad Municipality**

A visit was made to this institution and discussions were held with Dr. Bakir Nakas, Director of the facility, and rehabilitation personnel. Prior to the war, this had been a military hospital but is currently a civilian hospital with an extensive variety of rehabilitation equipment. It is primarily providing in-patient services for war wounded. Major disability categories include amputations, spinal cord injury and orthopaedic trauma. This facility is located in the centre of Sarajevo in an area targeted for heavy bombardment and sniper activity.





### Ministry of Health (Final Meeting)

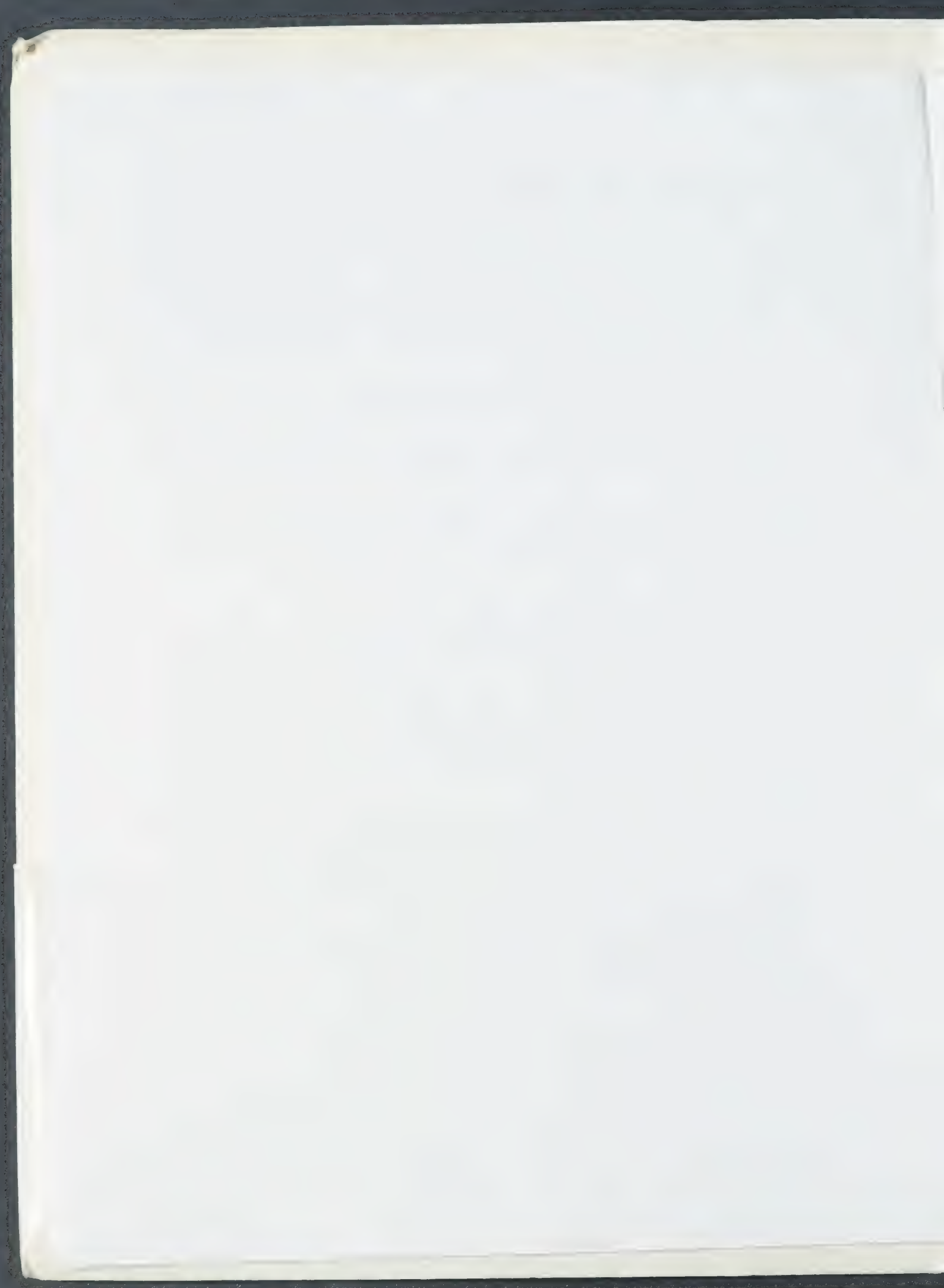
A final review was held with the Minister of Health, Dr. Beganovic and those who had participated in the previous meeting. The discussions focused on the possible areas of Canadian participation in the enhancement for the physically disabled population. It was agreed that this participation should focus on the further development of existing community based program at

Alipasino Polja - Ambulatory and Outreach

Dobrinja Hospital - Community Hospital and Rehabilitation Service

It was suggested that Canadian support for these two initiatives would meet a number of objectives:

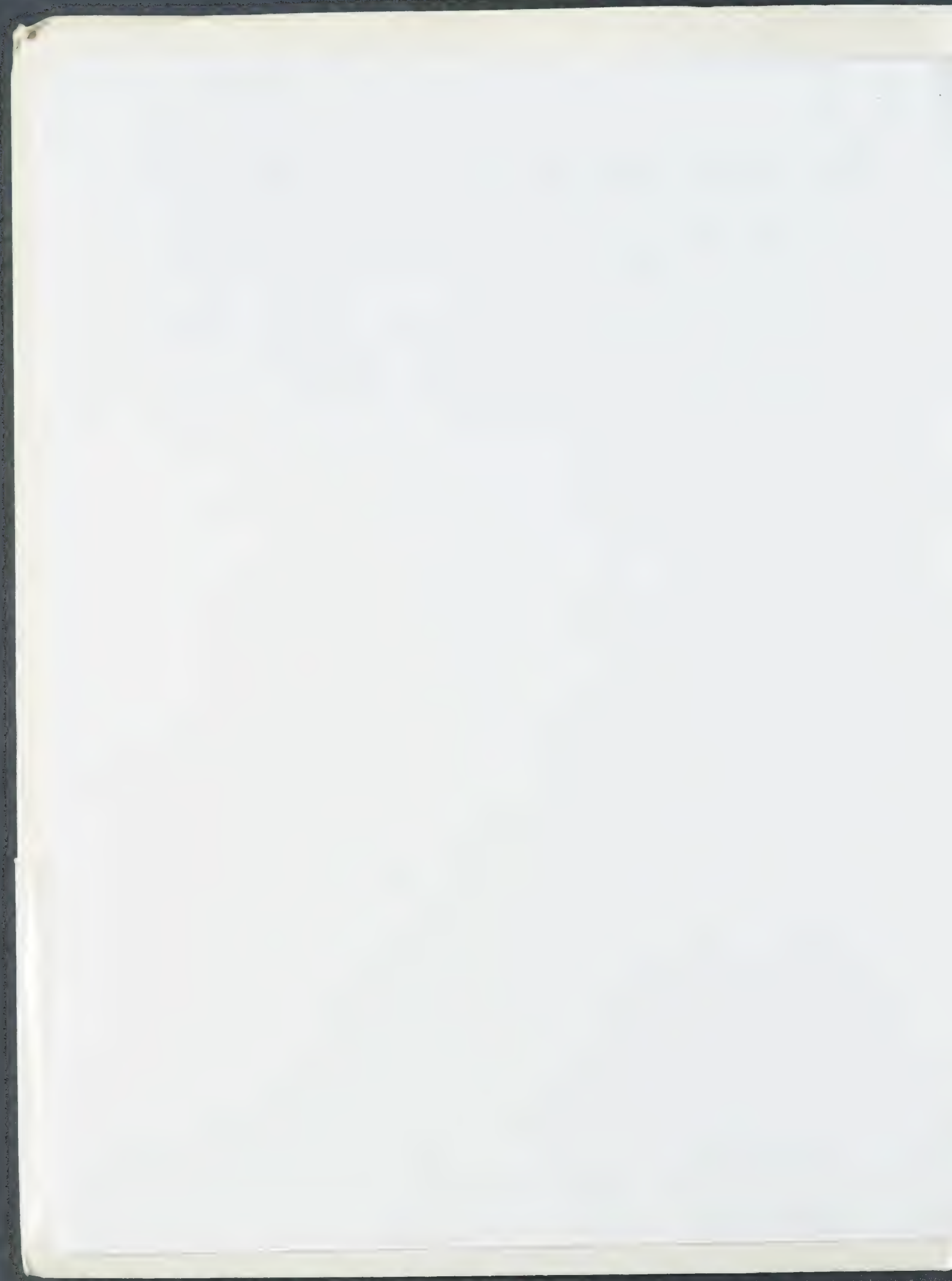
- \* support existing community services
- \* provide a range of rehabilitation equipment appropriate to the environment, sustainable without utility services and specialized maintenance.
- \* provide opportunities for the development of educational initiatives for both professionals and lay volunteers in community and outreach services focusing on selected disability categories.
- \* enhance community involvement and participation in the provision and development of programs for physically disabled.
- \* demonstrate the extent to which community based, low technology rehabilitation systems can provide essential, effective and sustainable programs.
- \* design and implement an appropriate evaluation strategy for the above activities



While the initial activity would focus on the above listed centers, two others locations would be identified within Sarajevo where similar community programs could be initiated. Thus Canadian involvement would be through a

- \* Phase I - immediate participation in two existing Community Based programs
- \* Phase II - involvement of two additional community centres incorporating the experiences of Phase I activities.

In effect, the programs in Phase I would act as "demonstration models" for future development of similar initiatives.

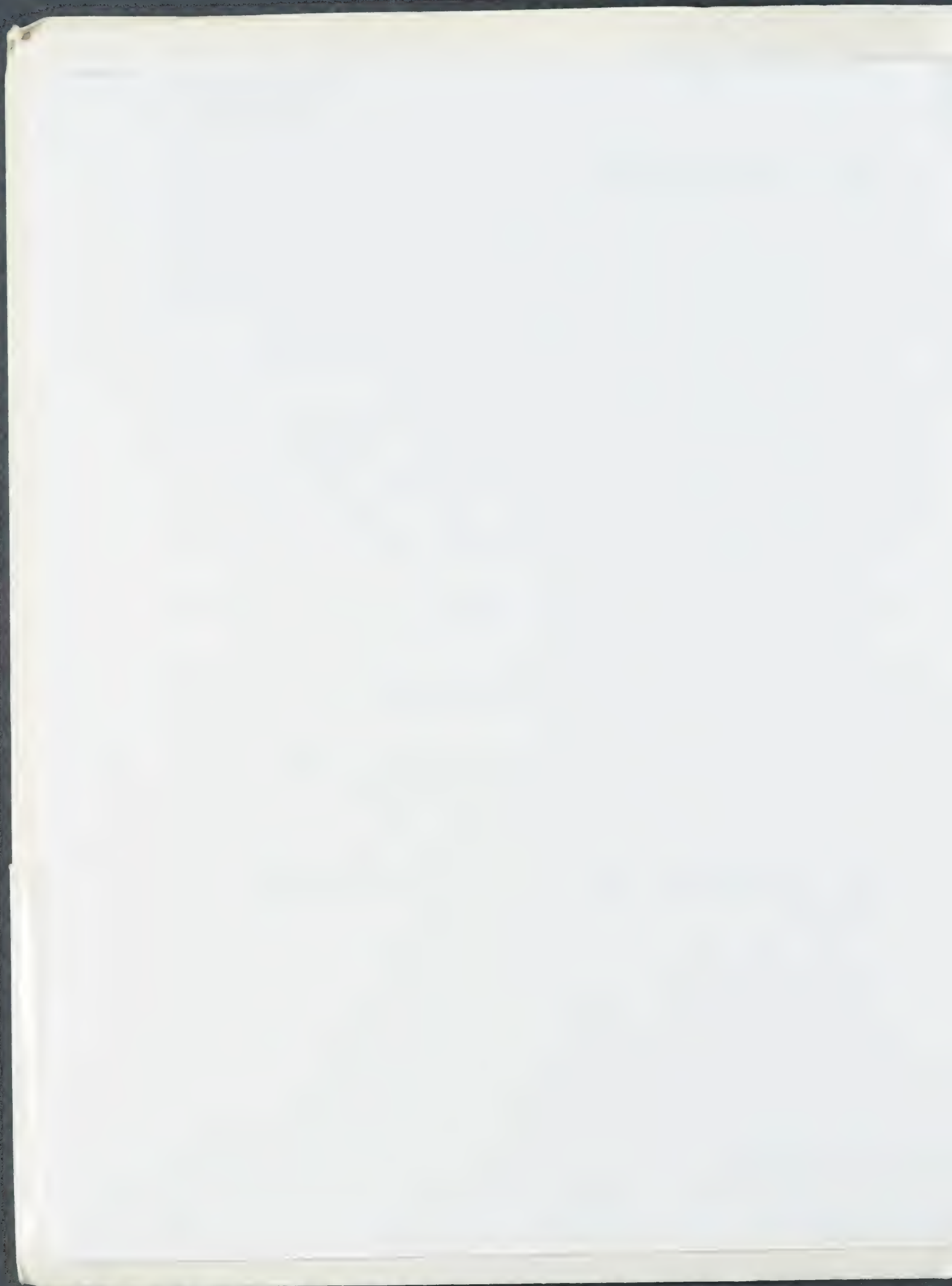


### Implementation Strategies:

It is proposed that the Canadian program proceed as follows:

- \* all contacts with the Sarajevo facilities would be made through the WHO offices in Zagreb and Sarajevo.
- \* the program would be consistent with the overall objectives of the WHO strategies for rehabilitation in the region
- \* entry of Canadians to Sarajevo would be through Zagreb and with the support and collaboration of WHO
- \* a series of up to four visits would be made by Canadian personnel to the facilities identified in this report, to provide equipment and develop appropriate educational programs related to the use and clinical application of apparatus.
- \* visits by Canadians would in each instance be made by two clinicians focusing on specific aspects of physical rehabilitation.
- \* the visits would each last seven to ten days and would be organized at appropriate intervals over a period of approximately one year
- \* the Canadian participation would also focus on collaboration with both WHO and the Sarajevo participants in the appropriate evaluation of the program
- \* the program would commence following the agreement of this proposal by the World Health Organization, the Sarajevo authorities and the Department of External Affairs, Ottawa.

It is recognized that the uncertainty of the Sarajevo environment will be significantly influence implementation and progress of the project



APPENDIX ONE  
CANADIAN SUPPORT FOR  
REHABILITATION SERVICES  
BENEFICIARIES

PERSONS WITH DISABILITIES

The population of disabled persons in Sarajevo is estimated at 35,000 to 40,000, or approximately 12-15% of the total population. The disabled include war wounded, for example:

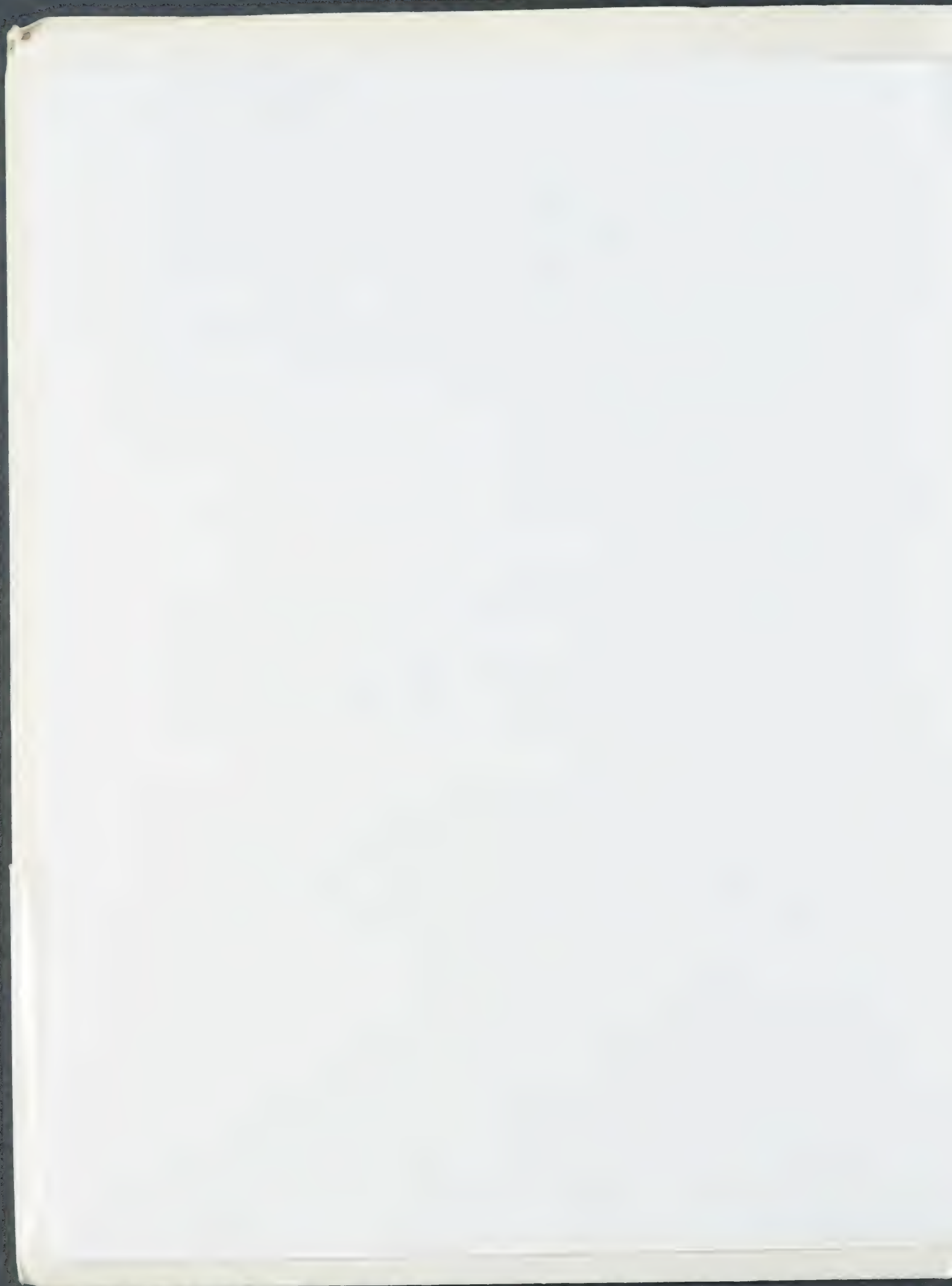
- \* traumatic head injury
- \* amputation
- \* musculoskeletal trauma
- \* soft tissue injuries
- \* spinal cord injuries

CHILDREN AND ELDERLY

In addition to those disabled by direct war conditions, there is a population of disabled civilians which includes a number of children and elderly. Although priority will be given to these groups and to the war-wounded population, programs will be developed in collaboration with the community focusing on specific disability areas identified by the community as their priority.

FAMILIES OF THE PERSONS WITH DISABILITIES

Persons with disabilities rely significantly on the resources of the family unit in terms of social, financial and medical management and support. The program will assist families to cope with persons with disabilities in the home environment.





PROFESSIONALS AND OTHER PERSONNEL

The program will develop educational / clinical strategies in community based rehabilitation.

Rehabilitation Personnel (Therapists) 30 - 35

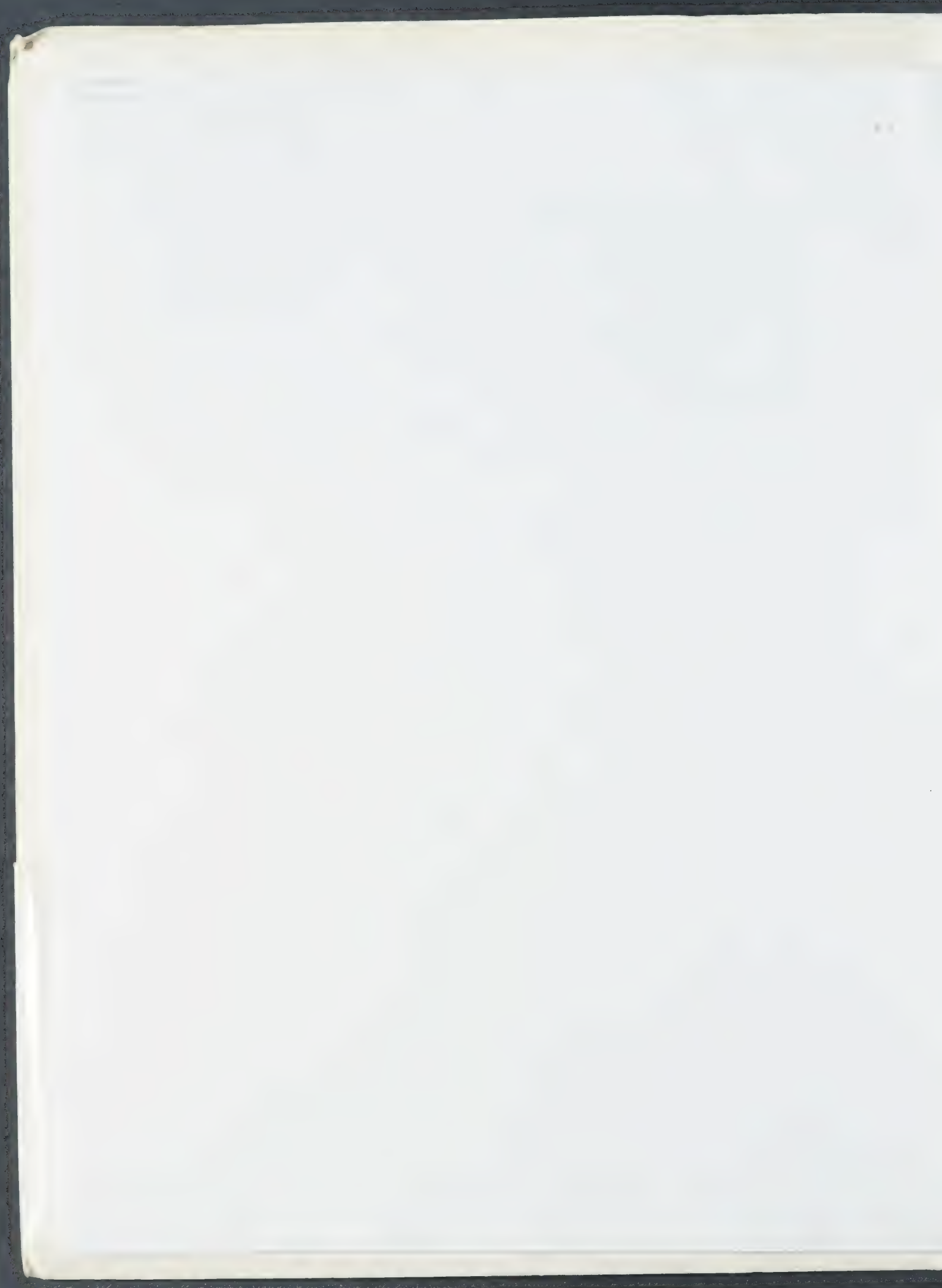
Physicians (Physical Medicine,  
Orthopaedic, Traumatological) 15 - 20

Nursing Personnel 30+

Volunteer Groups (Emerging NGO's)  
focusing on specific disability issues  
on four sites x 20-50 per group 200+

Government Personnel

Administrators of programs,  
three or more per site 12+





**International Centre for the Advancement of Community Based Rehabilitation**  
A Canadian International Development Agency funded Centre of Excellence

**Centre international pour l'avancement de la réadaptation communautaire**  
Un centre d'excellence subventionné par l'Agence canadienne de développement international

Queen's University    Kingston, Ontario, Canada K7L 3N6    Telephone (613) 545-6881    Fax (613) 545-6882

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## **CANADIAN SUPPORT FOR REHABILITATION SERVICES**

### **SARAJEVO, BOSNIA-HERZEGOVINA**

**FROM:**

**Dr. Elsie Culham and  
Professor Elizabeth Tata**

**School of Rehabilitation Therapy  
Faculty of Medicine, Queen's University**

**Associate Members, ICACBR**

**Dr. Malcolm Peat**

**Director, School of Rehabilitation Therapy  
Faculty of Medicine, Queen's University**

**Executive Director, ICACBR**

**TO:**

**Government of Bosnia-Herzegovina, Minister of Health, Sarajevo**

**Government of Canada, Department of Foreign Affairs**

**International Centre for the Advancement of Community Based Rehabilitation**

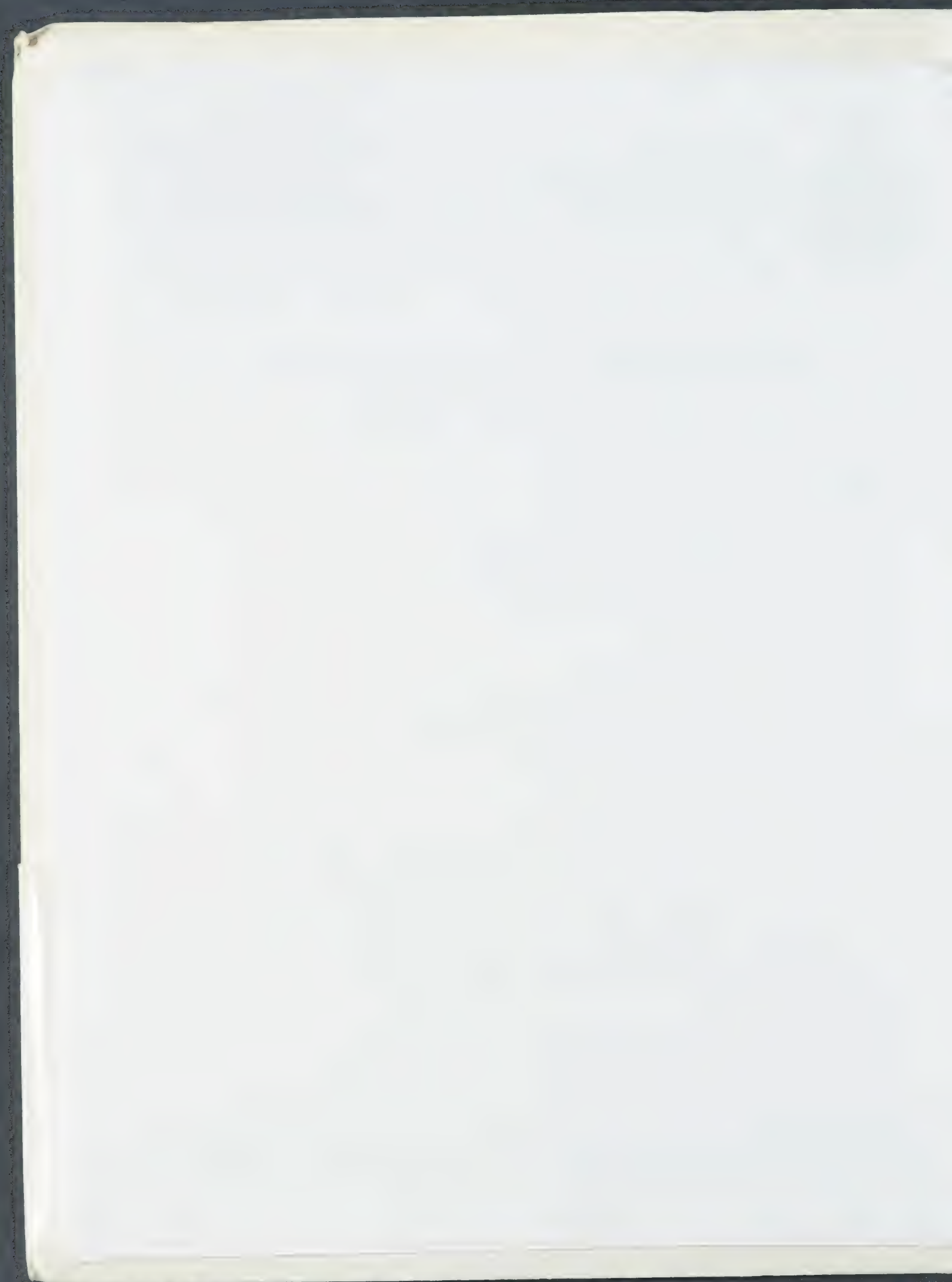
**World Health Organization, Regional Office, Zagreb**

**DATE OF VISIT:    12th June - 26th June, 1994**

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**PARTICIPATING ORGANIZATIONS**

Canadian Rehabilitation Council for the Disabled (Canada); Coalition of Provincial Organizations of the Handicapped (Canada); Disabled Peoples' International;  
Hugh MacMillan Rehabilitation Centre (Canada); Queen's University (Canada); Rehabilitation International; University of Allahabad (India); University of Bombay (India);  
Université de Montréal (Canada); Voluntary Health Services Society (Bangladesh); Yayasan Pembinaan Anak Cacat (Indonesia)



## INTRODUCTION

This report details the activities of the third visit to Sarajevo by Dr. Elsie Culham, Prof. Elizabeth Tata, and Dr. Malcolm Peat for the development of Community Based Rehabilitation Services. The original objective of the project was to facilitate the expansion of CBR in four separate locations in Sarajevo:

- Dobrinja Ambulanta
- Alipasino Polje Ambulanta
- New Town Ambulanta
- Old Town Ambulanta

These ambulanta are community health facilities located within specific districts of Sarajevo and subserving the needs of the disabled population in that area.

The present visit focused on the development of the New Town and Old Town facilities together with the enhancement of the two clinics which were the focus of the previous Canadian visits.

The program concentrates on the education of clinical staff, the provision of portable rehabilitation apparatus, and the development of strategies appropriate for community rehabilitation services.

In this present visit, in addition to the above, the Canadian program included participation in a conference, *'Rehabilitation of War Victims'*. This event was organized by WHO Zagreb and the City of Sarajevo.

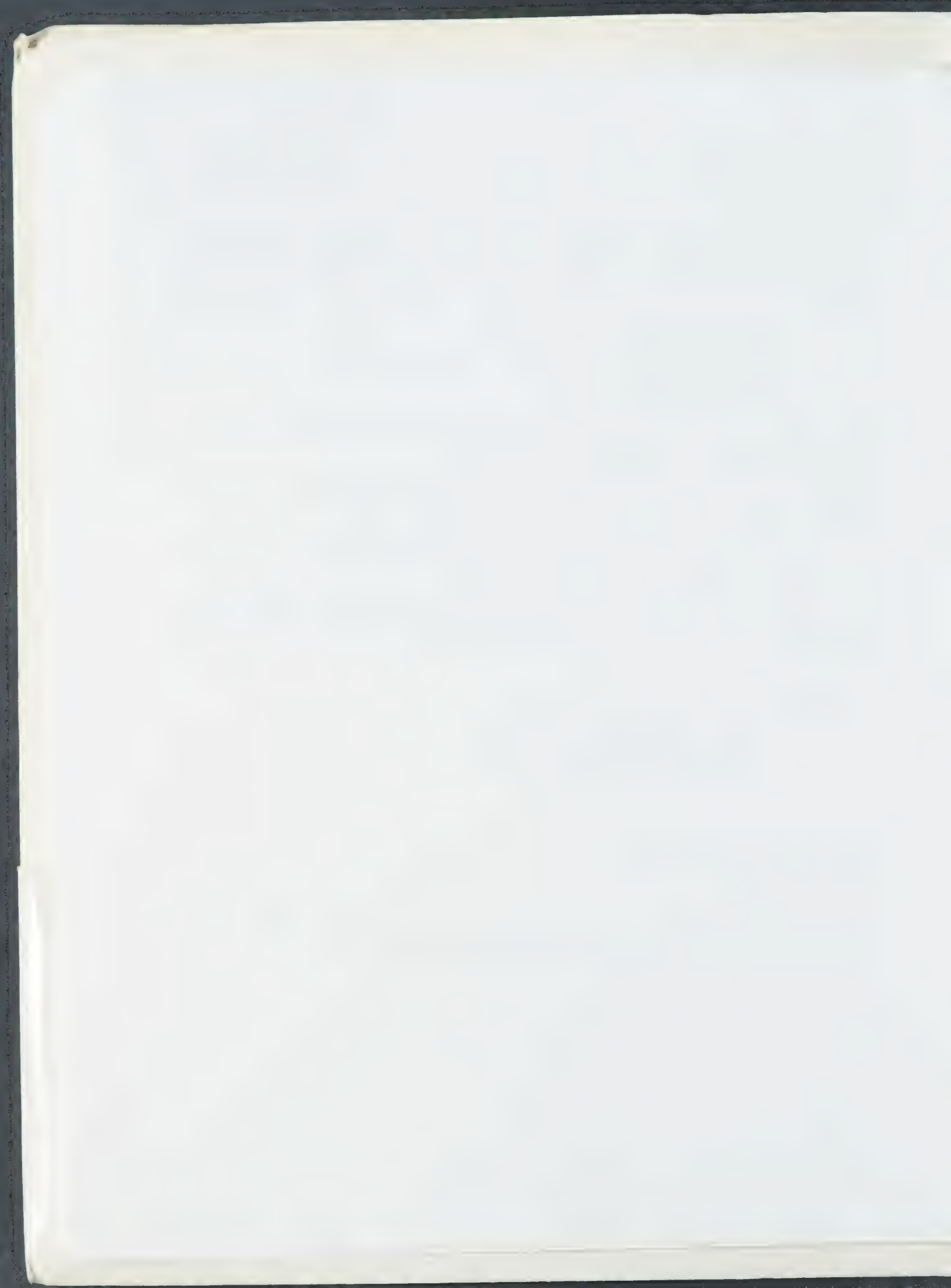
The following report includes:

- Specific activities of the current visit
- Planning of the fourth visit (October 1994)
- Recommendations and conclusions

## SUMMARY OF ACTIVITIES

### **Monday, 13th June**

Following arrival in Zagreb, the Canadian group reviewed the objectives of the visit and the content of their participation in the conference, *'Rehabilitation of War Victims.'*



Tuesday, 14th June

Morning

A meeting was held with Ms. Brenda Cupper, Regional Representative, Eastern Central Europe (CARE Canada). This office is located in Zagreb and is responsible for the implementation and management of the CARE Canada programs in Ex-Yugoslavia. Discussions were held related to the possibility of CARE collaborating with the Queen's University/ICACBR group in the extension of the current program, which focuses on the development of CBR. Ms. Cupper expressed interest in the possibility of collaboration, both at a program and logistical level. CARE are involved in a number of community development initiatives and would welcome appropriate clinical contribution to the future development of their community initiatives, including a program focusing on the elderly and disabled in the home situation. The Queen's/ICACBR representatives supported the possibility of collaboration as it had the potential to enhance the objectives of both groups.

Afternoon

A planning meeting was held in the Zagreb office of the WHO. The participants included:

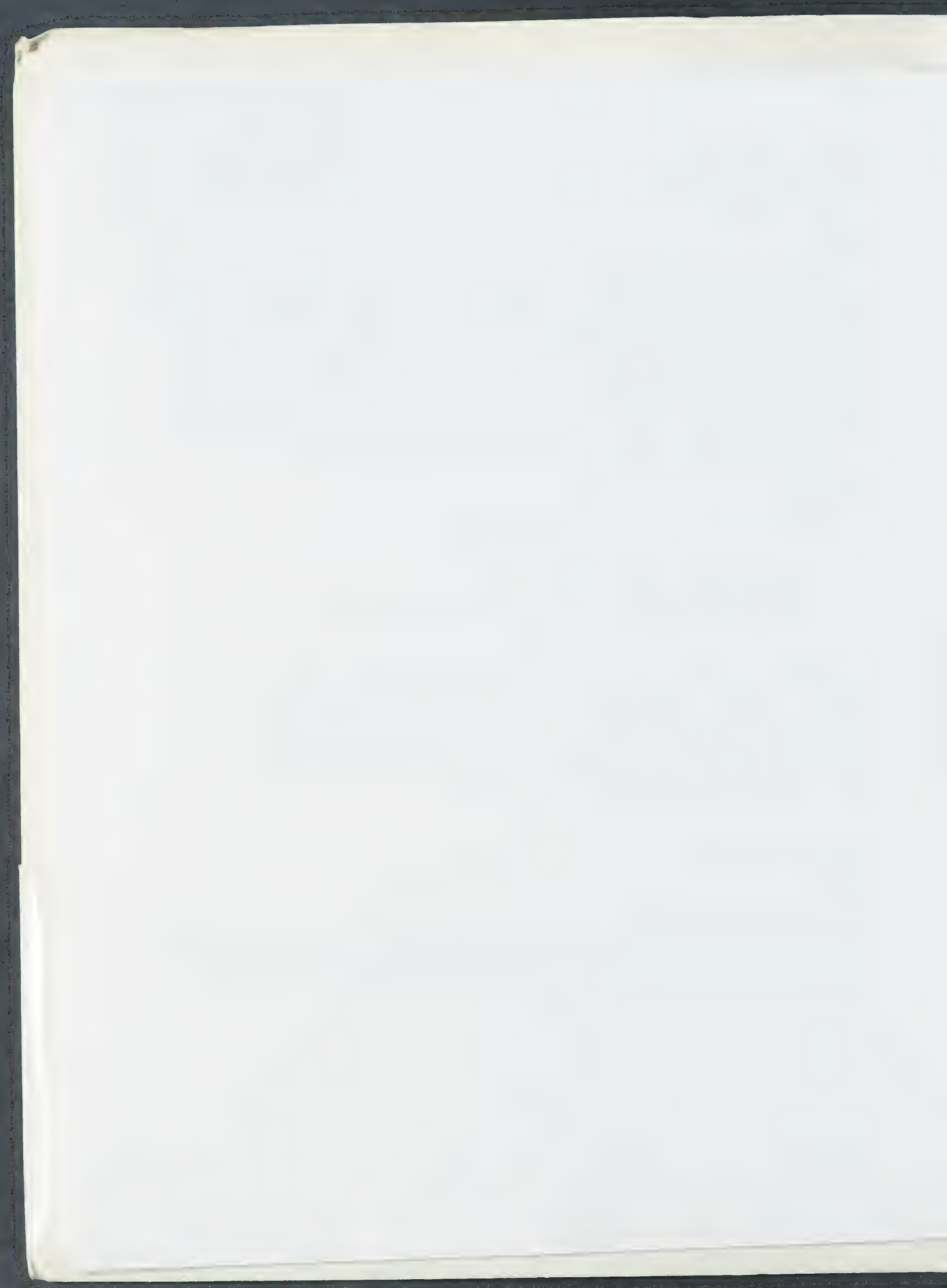
- Dr. Bengt Lagerkvist, WHO Consultant
- Dr. Leif Stjernberg, Acting WHO Consultant  
(Dr. Stjernberg is currently Head, Department of Rehabilitation Medicine and Spinal Unit, Neurocenter, University Hospital, Uppsala).

This meeting reviewed the program for the collaborative conference in Sarajevo, scheduled for Thursday and Friday, 16th and 17th of June, to be held in the Medical Faculty, Kosevo Hospital, Sarajevo. In addition, discussions permitted a review of the current Canadian initiative, the focus of the present visit on the New and Old Town Ambulanta, and the possible extension of the program beyond the current period of funding. Discussions focused on the possibility of the Queen's/ICACBR Government of Canada funded program continuing to work in the region through WHO or through another agency such as CARE Canada.

Wednesday, 15th June

Morning

The Canadian team, together with their WHO colleagues, travelled from Zagreb to Sarajevo on the morning UN flight. Upon arrival the team was taken to the WHO office in Sarajevo where preliminary arrangements for the visit were discussed. At this time the team met briefly with Ms. Stephanie Simmons, Regional WHO Representative for Bosnia-Herzegovina.





### Afternoon

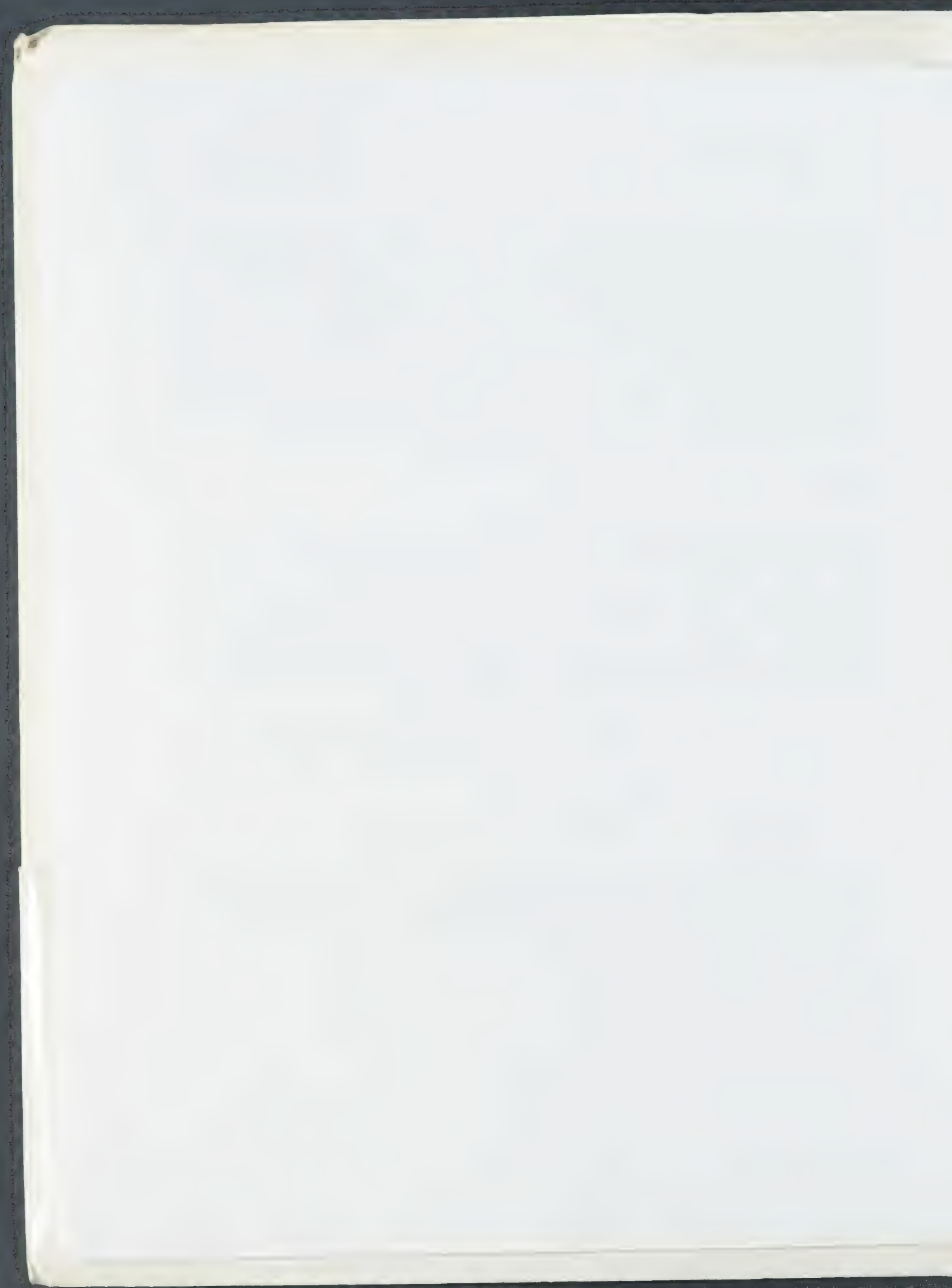
The Canadian team and WHO representatives attended a press conference at the Health Information Centre. The conference was held by the Ministry of Health and WHO with the purpose of informing the press of WHO activities in Bosnia-Herzegovina. The Ministry of Health emphasized the need for coordination of Non-Government Organization activities in accordance with Ministry of Health objectives. The Minister acknowledged the Canadian team and thanked the Government of Canada for their support in the development of CBR. Following the press conference a meeting of the NGOs involved in rehabilitation was held, chaired by Dr. Lagerkvist of WHO. This was one of the regular monthly meetings at which NGOs report on their activities to the Health Information Centre and to Dr. Muzafer Mujic, Advisor on Rehabilitation to the Ministry of Health. Those present included HOPE '87, Cap Anamur, and Mercy International. The Canadian team was given the opportunity to describe their program to date and activities planned for the present visit.

### **Thursday, 16th June and Friday, 17th June**

The team attended and participated in the conference, *'Rehabilitation of War Victims'*. The conference program (Appendix 1) was organized by Dr. Lagerkvist of WHO and Prof. Dr. Mujic, Advisor on Rehabilitation, Ministry of Health. Opening remarks were made by the Minister of Health, Prof. Dr. Mustafa Beganovic, who emphasised the role of CBR in the provision of programs for war-disabled. In addition he thanked WHO and the Government of Canada for their support in this initiative. Participants in the conference were Dr. Lagerkvist, Dr. Mujic, and local physicians, who presented statistics on disability groups including types of injuries, methods of management, and numbers of treatment interventions. The seminar was attended by approximately 100 local physicians and physiotherapists. Presentations made by the Canadian team were:

- Dr. Peat                    *'Management of Community Based Rehabilitation Programs'*
- Prof. Tata                *'Management of Peripheral Nerve Injuries and Kinesiotherapy at Home'*
- Dr. Culham               *'Management of Patients with Amputations'*

The conference was very successful in bringing together the many personnel working in the provision of physical rehabilitation to the large number of war-disabled. It also permitted the representatives from the community clinics, supported by the Canadian initiative, to review their progress and to demonstrate the potential for community development programs.



Saturday, 18th June

Morning

The Canadian team verified the arrival of the equipment to be distributed to the community clinics; the equipment had been shipped from Zagreb to Sarajevo by the WHO Regional Office.

Following the visit to the equipment storage site, visits were made to:

- New Town Primary Health Centre

This visit permitted discussion with the Health Centre officers and a review of the physical facilities for the development of the CBR program. The designated area was excellent and available for immediate program implementation.

- A visit was made to the site of the Old Town Ambulanta, the location of the fourth CBR Clinic. This facility is currently under reconstruction and should be ready for operation in one month at which time personnel and equipment for Dr. Pecar's clinic will move to this larger location.

- Old Town Clinic (Dr. Pecar)

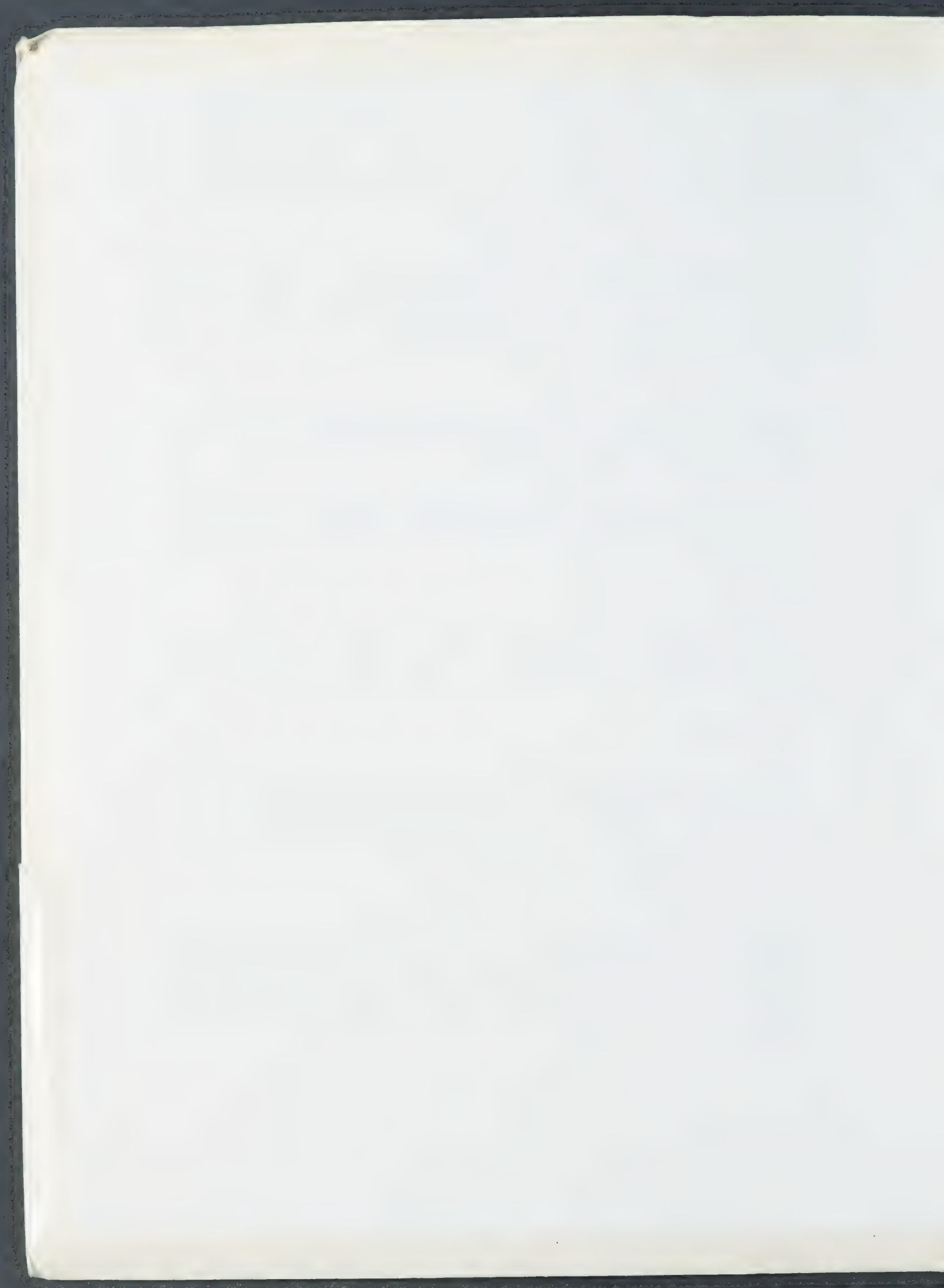
This clinic is a private initiative of a number of physicians, under the direction of Dr. Pecar, a rehabilitation consultant. The clinic provides essential rehabilitation services in the central city area. Discussions were held regarding Canadian participation in the development of this resource.

- City Hall, Sarajevo

Meetings were held with the President (Mayor) of the City of Sarajevo Executive Board, Prof. Sevkija Okeric. This discussion reviewed the contribution of the Canadian Government in the CBR program. Prof. Okeric expressed the appreciation of the City of Sarajevo for the Canadian support. There was strong support from the City for the continuation and expansion of the program.

- Directorate of Public Health, Sarajevo

A meeting was held with the director of the Public Health Program and physicians representing the public health clinics. The discussion focused on the inclusion of rehabilitation services in all primary health care programs. This concept would be a critical component in the long term provision of rehabilitation services. The experience of the current Canadian funded program has been vital in demonstrating the success of this approach.



This meeting also included a detailed review of the Canadian program activities for the following week.

#### Afternoon

The Canadian team met with Dr. Mujic to review the program to date and to finalise the details of the clinical teaching program for the remainder of the visit.

Dr. Peat left Sarajevo with Dr. Lagerkvist and Dr. Stjernberg for Zagreb.

#### **Sunday, 19th June**

##### Morning, Sarajevo

The day was spent with WHO personnel in the social environment of Sarajevo. It was encouraging to see the increased activity in the city with pedestrians, traffic, and opening of cafes, small shops, and markets.

##### Morning, Zagreb

Dr. Peat met with Dr. Lagerkvist and Dr. Stjernberg at the WHO office to review the possibilities of Canadian/WHO collaboration in future development of CBR in Ex-Yugoslavia. The discussions included the possibility of joint collaboration in the provision of regional educational programs in CBR.

#### **Monday, 20th June**

##### Morning, Sarajevo

Dr. Culham and Prof. Tata visited Alipasino Polje Ambulanta and met with Dr. Mujic, Dr. Aksentic, and physiotherapists. Discussions were held regarding the usefulness of the equipment provided to the clinic at the April visit by the Canadian team. The clinic staff reported that the equipment was well used and that they were obtaining good results particularly with the TENS units for pain control and the Laser for treatment of scarring and ulcer healing. Dr. Mujic and Dr. Aksentic offered suggestions for future help, if available, to the enhancement of rehabilitation services including: visiting therapists to work in the ambulantas for more extended periods of time; physicians from Sarajevo to visit Canada; rehabilitation literature; patient education brochures; splinting materials and training; additional equipment (ultrasound, other heating modalities, exercise equipment, supplies, and electrodes).



At the visit in April, Dr. Culham and Prof. Tata suggested that the clinic caseload might be better managed by reducing the number of daily treatments and increasing client responsibility for home exercise programs. It was not evident at this visit that this approach was being utilized and this point should be followed up in the next visit to the clinic in autumn/94.

In addition to the discussions above, Dr. Culham and Prof. Tata were asked to see a number of patients undergoing treatment in the clinic and offer advice on their management.

#### Morning, Zagreb

Dr. Peat met with Dr. Richard Alderslade, Regional Representative WHO, Dr. Lagerkvist, and Dr. Stjernberg. The purpose of the discussion was to review the position of WHO in relation to continuing collaboration with the Canadian CBR program. Dr. Alderslade indicated the support of his office for continuing collaboration and would work with the Canadian program in providing the WHO Copenhagen office with information which would facilitate the joint WHO/Canadian initiative. The major concern was the financial component of the Canadian program budget which could be allocated to WHO for their own agency requirements. Negotiations are continuing on this topic.

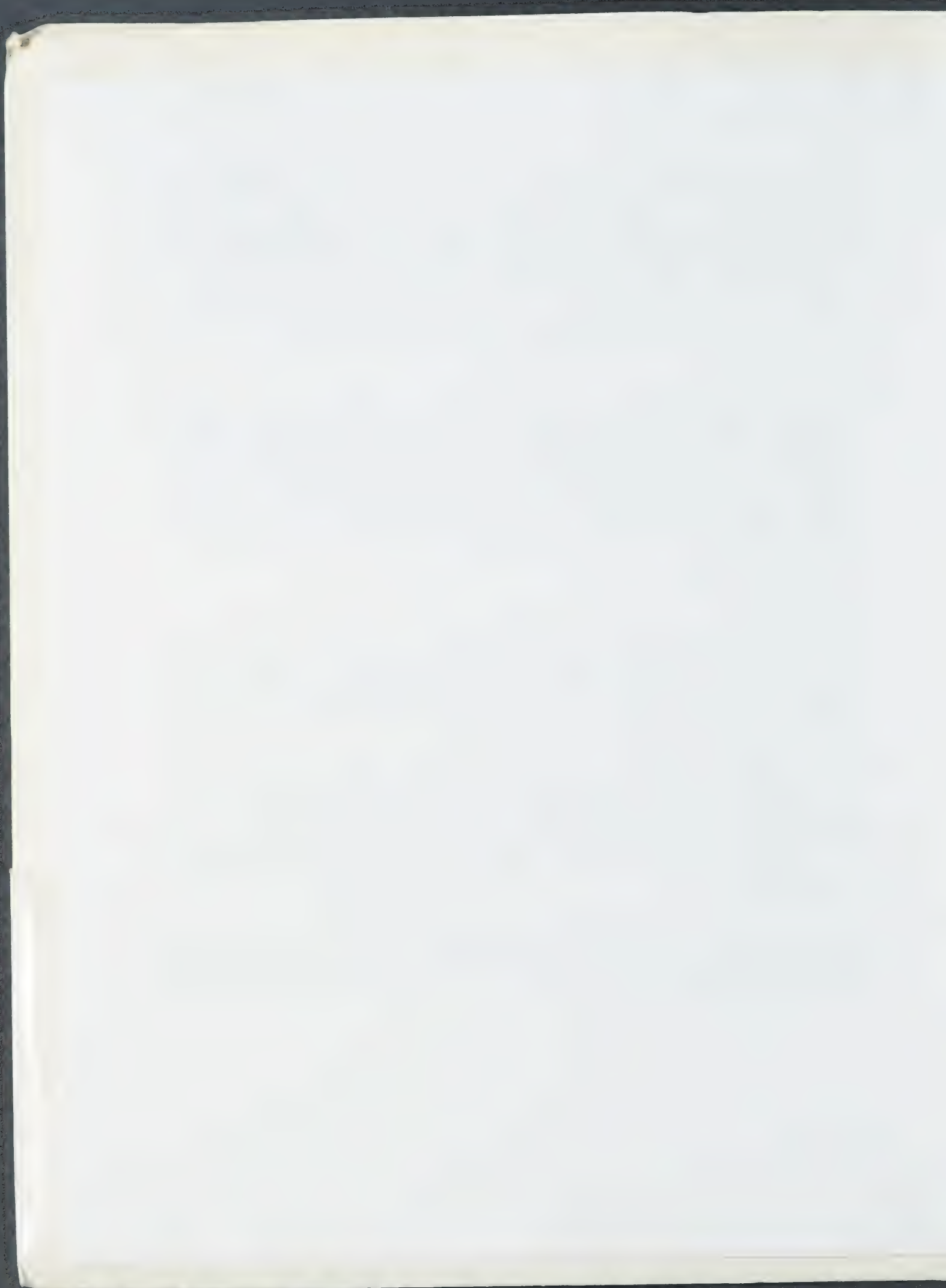
Dr. Peat left for Canada on Monday PM.

#### Afternoon

Dr. Culham and Prof. Tata, with Dr. Mujic, visited a rehabilitation program for children which was being run in a very well equipped, former community fitness centre, now used for recreational purposes by the U.N. This program was run by two physiotherapists for children identified in a screening program as having postural problems, and did not provide services for children with traumatic injuries or more severe developmental disability.

A visit was made with Dr. Mujic and Dr. Nermina Corovic, WHO/Rehabilitation Liaison in Sarajevo, to the rehabilitation department of the State Hospital. This department is staffed by three physiatrists (Head, Dr. Jasminka Mujkanovic) and eight physiotherapists. Dr. Mujkanovic reported the need for renewal of equipment which has been heavily used over the last two years. She expressed the view that this hospital department should be seen as an outpatient facility serving the needs of the local community in the same way as the community ambulantas and thus requires the same kind of support.

Dr. Culham and Prof. E. Tata were assisted by the WHO driver in transporting the new equipment from the WHO warehouse to the New Town ambulanta, where it was unpacked and allocated to the clinics at New Town and Old Town, plus additional supplies for Dobrinja and Alipasino Polje which had not been possible to bring on the April visit.





## Tuesday, 21st June

### Morning

Additional equipment supplies were delivered to Alipasino Polje ambulanta.

Dr. Culham and Prof. Tata, accompanied by Dr. Corovic, visited Dobrinja Hospital and new location of the CBR ambulanta. The group was welcomed by Dr. Hadjir, the hospital director and surgeon. The opening of the new CBR ambulanta was planned for Sunday, 26th June, 1994, but was already being used for treatment of outpatients. The facilities have been renovated by members of the hospital and local community who are deservedly proud of the new facility. The space is a large area, kept open and undivided, well equipped with beds (made locally) and rehabilitation equipment (including that provided by the Canadian program in April), and attractively decorated. The morning was spent seeing patients in consultation with Dr. Corovic and the physiotherapy staff.

### Afternoon

A visit was made to the Paediatric Department at Kosevo Hospital where discussion was held with Dr. Buljina regarding the need for a larger rehabilitation facility for children (one small room is presently being used in this department), for equipment applicable to children and for physiotherapists to work with war injured and developmentally disabled children as well as for training courses in paediatric rehabilitation.

An evening meeting was held with Ms. Brenda Cupper of CARE Canada to exchange information on the respective programs and the possibilities of collaboration as previously mentioned (14 June). A meeting was planned for the next day to discuss this further with Ms. Kendra Gregson of the CARE office in Sarajevo.

## Wednesday, 22nd June

### Morning

The first of 2 teaching sessions was held at the New Town Ambulanta in the New Town Primary Health Centre (Director, Dr. Alija Mulaomerovic). The teaching session was facilitated by Dr. Corovic and Dr. Mujic with participants including Prim. Dr. Mirha Begic, who will be appointed as the visiting physiatrist to this clinic, and approximately 15 other physical medicine specialists and physiotherapists. The session included a review of the purpose of the program, equipment provided, and instruction and practice in the operation and applications of the electrotherapy equipment: neuromuscular stimulation and electrical stimulation for pain relief.



Afternoon

Discussions were held with Dr. Corovic regarding space planning of the New Town ambulanta.

An evening meeting was held with Ms. Kendra Gregson of CARE Canada to discuss in more detail the CARE REACH program and how this and the CBR ambulantas may be of mutual benefit in identification of disabled adults and children in need of rehabilitation services and in the provision of services in the ambulantas and/or at home. Training of volunteers working in the CARE program may be facilitated by collaboration.

**Thursday, 23rd June**Morning

A second teaching session was held at the New Town Clinic to review material of the previous day and to give instruction on the operation and practical application of EMG Biofeedback and ultrasound.

Afternoon

Equipment was taken to Dr. Pecar's clinic where the larger items will be stored and the smaller items, including electrotherapy equipment, will be used until the new space is available in the Old Town. The management of patients with spinal cord injury and peripheral nerve injury was discussed and a number of patients were seen. Electroacupuncture and Galvanism are widely used in Sarajevo for treatment of nerve and spinal cord lesions and it was noted that this was not a method of treatment used in North America or Western Europe. Dr. Pecar reports a significant success rate for recovery of spinal cord and peripheral nerve injuries treated at this clinic.

Dr. Corovic and Dr. Pecar expressed their appreciation of the equipment received and that the discussions on disability management were helpful. A need for splinting materials and instruction to therapists or orthotists at the Neretva Prosthetic Factory was noted. Very few of the large population of people with peripheral lesions have splints for prevention of contracture or enhancement of function.

**Friday, 24th June**Morning

A second visit was made to Dr. Pecar's clinic for consultation with therapists, doctors and patients regarding management of individual problems.



Afternoon

Prior to departure from Sarajevo, Dr. Culham and Prof. Tata met with Dr. Mujic to review the week's program and discuss plans for the next visit. This will be the fourth and final visit of the present program, and will include follow-up visits to all four ambulantas and an evaluation of the program.

CONCLUSIONS AND RECOMMENDATIONS

- Alipasino Polje and Dobrinja Clinics continue to function well, but it was not ascertained whether patients are attending less frequently and being given more education regarding their disability with home exercise programs as suggested at the April/94 visit. This should be followed up at the next visit.
- It is proposed that the opening of the New Town Clinic will reduce the work-load at the Alipasino Polje Clinic as patients in the New Town district will be able to go to this clinic rather than Alipasino Polje.
- The new facility at Dobrinja is a vast improvement on the previous cramped space and the collaborative efforts of Dr. Hadjir, Dr. Corovic, physiotherapists, and members of the community are to be highly commended.
- The equipment provided to Alipasino Polje and Dobrinja is being used and appreciation for this was expressed as well as for the teaching seminars conducted in April.

The equipment for the New Town and Old Town clinics was well received. Larger items were shipped to Sarajevo for these clinics as well as mains-supplied ultrasound units. This was not possible at the previous visit.

All clinics and the State Hospital express the need for more equipment.

- Regarding training, the seminars on the application of equipment were very well received. The consultations and discussions on management of disability were successful. One area in which it was agreed that training was needed was on the fabrication and application of splints and splinting supplies. As recommended in April, future visits should consider practical seminars on assessment and management of musculoskeletal and neurological disorders.

There is also a need for a focus on children's rehabilitation.



- Consideration should be given to collaboration with the CARE Canada REACH program. This would facilitate extension of the CBR clinic services into the community and enhance the CARE program by providing more resources for its development, such as in the training of volunteers.

### ACKNOWLEDGEMENTS

Dr. Elsie Culham, Prof. Elizabeth Tata, and Dr. Malcolm Peat thank the following for their assistance and collaboration:

#### WHO, Sarajevo

Dr. Risto Tervahauta

Elma (translator for second week)  
Suad and Damir (WHO drivers)  
and the office staff at WHO, Sarajevo

#### Sarajevo Authorities

Dr. Muzafer Mujic and Dr. Nermina Corovic

#### WHO, Zagreb

Dr. Richard Aldeslade, Dr. Bengt Lagerkvist, and Dr. Leif Stjernberg,  
and the office staff at WHO, Zagreb





## APPENDIX 1

MINISTRY OF HEALTH R B&H  
WHO REGIONAL OFFICE FOR EUROPE  
ZAGREB AREA OFFICE  
Institute for Physical Medicine and Rehabilitation  
at Clinical Centre Sarajevo  
Rehabilitation Centre at State Hospital

### SEMINAR REHABILITATION OF WAR VICTIMS Sarajevo 16 - 17 June 1994

Purpose of seminar: Informing of personnel-participants in rehabilitation treatment (doctors, physiotherapists, psychologists, social workers, etc.) about PROGRAMME OF REHABILITATION OF WAR VICTIMS in order to develop a discussion on needs and problematic in this important area. Seminar will inform participants on CBR - rehabilitation ambulant in primary health care and rehabilitation techniques used at CBR for treating of patients with spinal cord injuries and brain injuries.

#### First Day: THURSDAY 16 JUNE 1994

1. Opening of the seminar
2. Introductory word: Prof. M. Mujic  
(Ministry of Health RB&H Committee for Rehabilitation)  
and Dr. Lagerkvist (World Health Organization) 9:15 - 9:30
3. Rehabilitation of War Victims in RB&H  
- Concept of Ministry of Health, Prof. dr. M. Mujic 9:30 - 10:00
4. Project Rehabilitation of War Victims, Dr. Lagerkvist 10:00 - 10:30  
coffee break 10:30 - 11:30
5. Participation of NGOs in rehabilitation 11:30 - 12:30  
lunch for participants 12:30 - 13:30
6. Dr. Lagerkvist: THE CONCEPT OF CBR IN  
PRIMARY HEALTH CARE 13:30 - 14:00
7. Prof. Dr. Malcolm Peat: MANAGEMENT OF CBR  
PROGRAMME 14:00 - 14:30
8. Prof. Dr. N. Zjuzin and Zeljko Misanovic: ORGANIZATION  
OF REHABILITATION IN WAR CONDITIONS 14:40 - 14:45
9. Prim. Dr. Nermina Corovic: REHABILITATION AT  
WAR HOSPITAL DOBRINJA 14:45 - 15:00
10. Prim. Dr. Djemo Pecar: AMBULANT REHABILITATION  
IN WAR CONDITION 15:00 - 15:15
11. Ass. dr. V. Aksentic and M. Muftic:  
REHABILITATION IN CBR ALIPASINO POLJE 15:15 - 15:30



coffee break	15:30 - 15:45
12. Prof. Dr. Elizabeth Tata: REQUIREMENTS FOR KINEZOTHERAPY EXERCISES AT HOME	15:45 - 16:15
13. Discussions, questions, comments	16:15 - 17:00
14. MAKING CONCLUSIONS OF THE FIRST DAY OF THE SEMINAR: M. Mujic and B. Lagerkvist	17:00 - 17:15
15. B. Lagerkvist: Plans for the second day of seminar	17:15 - 17:25

**Second Day: FRIDAY 17 JUNE 1994**

1. Dr. Lagerkvist: INTRODUCTORY WORD	9:00 - 9:15
2. Prof. Dr. N. Zjuzin, Ass. Mr. Dr. S. Trebinjac and Dr. Stjernberg: REHABILITATION OF PATIENTS WITH TRAUMATIC BRAIN INJURIES	9:15 - 9:45
3. Prof. dr. Elsie Culham: KINEZOTHERAPY FOR PATIENTS WITH A BRAIN INJURY	9:45 - 10:15
coffee break	10:15 - 11:00
4. Conversation with patients (patients with paraplegia, amputations, and peripheral nerve lesion)	11:00 - 11:30
5. Discussion, questions, comments	11:30 - 12:30
lunch for participants	12:30 - 13:30
6. Prof. Dr. N. Zjuzin, Dr. S. Sakota and Dr. Stjernberg: REHABILITATION OF PATIENTS WITH SPINAL CORD INJURIES	13:30 - 14:00
7. Prim. dr. Mihamed Mataradija and Dr. Davor Tomic: URINARY COMPLICATIONS AT PARAPLEGICS	14:00 - 14:30
8. Ass. Mr. dr. S. Buljina: REHABILITATION OF PATIENTS WITH PERIPHERAL NERVE LESION	14:30 - 15:00
coffee break	15:00 - 15:30
9. Discussions, questions, comments	15:30 - 16:30
10. Prof. Dr. N. Zjuzin: Concluding thematic comment	16:30 - 16:45
11. M. Mujic and B. Lagerkvist: Conclusion of Seminar	16:45 - 17:15

SEMINAR WILL TAKE PLACE AT THE AMPHITHEATER OF CLINICAL CENTRE

Beginning on 16 June at 9 o'clock

THANK YOU FOR PARTICIPATION



DRAFT

## REPORT

### COMMUNITY REHABILITATION PROGRAM IN BOSNIA-HERZEGOVINA

October 8 to 14, 1994

To: Department of Foreign Affairs, Government of Canada  
Ministry of Health, Government of Bosnia-Herzegovina  
World Health Organization  
CARE Canada

By: • Dr. Malcolm Peat, Executive Director, ,  
Director, School of Rehabilitation Therapy  
• Prof. Will Boyce, School of Rehabilitation Therapy, and  
• Ms. Lorna Jean Edmonds, Administrative Officer

---

The objectives of the visit were to:

1. conduct the evaluation of the currently funded program (1993/94);
2. participate in the WHO Rehabilitation meeting with NGOs working in the region of Bosnia-Herzegovina, Sarajevo; and
3. identify and develop with the collaborating agencies, logistical support in the region for the Bosnia-Herzegovina relating to the implementation of the expansion of the community rehabilitation program made possible by the recent award from the Department of Foreign Affairs, Government of Canada.

This visit was intended to coincide with the final visit by Professor Elizabeth Tata, Division of Physical Therapy, School of Rehabilitation Therapy, for the consolidation of the fourth community rehabilitation clinic in Sarajevo. Her visit to Sarajevo was postponed, however, as a result of cancellations of the flights to Sarajevo due to security and local shelling. It was decided that W. Boyce and M. Peat would travel to Zagreb with the expectation that they would be able to accomplish part of their objectives in Zagreb with the full expectation that the opportunity to travel to Sarajevo would occur and that the WHO and other meetings and visits to the clinics for the purpose of the evaluation would take place. L.J. Edmonds was responsible for coordinating the development of the letter of agreement between the collaborating agencies with Malcolm Peat and Will Boyce.

The following is a summary of the series of meeting and activities held during the week.



**1. Mercy International, Sunday October 9, 1994.**

The purpose of the meeting with Mr. Reno Schalm Country Manager, Country Manager, Croatia and Bosnia-Herzegovina, Mercy International was to review opportunities for collaboration. It was apparent from our discussions that there was considerable interest to develop a strategy for community rehabilitation in the region which incorporated their ability and interest to provide support in the area of equipment, renovations and transportation. They require the professional and technical support that the ICACBR/Queen's University initiative offers. R. Schalm was leaving the next day for an Executive meeting in Pakistan to discuss and confirm their interest in supporting this partnership in Bosnia-Herzegovina.

On Wednesday October 26, R. Schalm contacted us to confirm their commitment in principle to collaborate with us in the development of community rehabilitation programs in the region. We will provide the technical/professional resources to the development of community rehabilitation programs as described in our proposal. Mercy will aim to provide support in the area of renovations, rehabilitation equipment and transportation in the order of \$350,000 CDN for each of the clinics in which we are working. We have agreed to meet to discuss the nature of this agreement for the development of the first clinical module.

**2. CARE Canada, October 10 to 14, 1994**

CARE Canada committed the week of October 10 to work with , Queens' to develop a strategy to provide the logistical support required to implement the expanded community rehabilitation program.

All members of the project team attended the first day of the series of meetings and were available throughout the week for further discussions as required.

The program staff included:

- Ms. Brenda Cupper, Regional Officer, Central and Eastern Europe, CARE Canada, Zagreb
- Ms. Kendra Gregson, Project Manager, REACH
- Mr. Goran Todoravich, Program Manager, Sarajevo Office
- Mr. Ray Uriarte, Financial and Administrative Assistant
- Dr. Vera Mehta, Technical Expert, Project Design and Implementation

The first day was devoted to introductions, discussion of the nature of both and CARE programs, and an exchange of ideas and opportunities for collaboration. Both ICACBR/Queen's University and CARE identified a number of mutual interests and areas for collaboration. This





relationship will provide an "in kind" contribution by both agencies. This is a reflection of the commitment of the Canadian agencies to collaborate in the development and delivery of effective community programs in the region.

It was clear that there exists excellent opportunities for sharing ideas and experiences on professional, management and logistical levels to enhance the quality and calibre of programs both organizations will offer. CARE is currently operating "REACH" a community based psycho-social program located in Sarajevo and Bihac. They have had identified the need for rehabilitation support for many of its clients .

One option discussed in some detail was the opportunity for ICACBR/Queen's University to contribute to the Sarajevo program by offering training programs for the staff and volunteers working in the REACH project. In so doing ICACBR/Queen's University and CARE could use this opportunity to link the local counterparts working in this program with the staff of the four community rehabilitation clinics which have been the focus of the currently funded program. It was noted that there is the need to facilitate the development of local networks for professionals and volunteers and local NGOs to establish linkages in order to share information and experiences and to establish referral systems to the clinics and back to the community. This again focuses on the development of practical and potentially sustainable community based strategies.

The remainder of the week explored the issues and needs of ICACBR/Queen's University to implement the expanded community rehabilitation program over the next two years. Participants were very impressed and pleased with the discussions and the support that CARE has agreed to provide for the logistical support of the ICACBR/Queen's project. They have a team of experienced and committed Canadian and local staff who are in a position to provide extensive support to the project in the area of administration, security, and other critical elements for ensuring comprehensive logistical support is available for staff while in working in the region. In the agreement CARE will be providing its management support "in kind" for the implementation of this initiative.

The agreement established reflects the intent to work in the region of Sarajevo for the first 7 months of the newly funded phase of the project to consolidate the program in Sarajevo. As well, this time will be devoted to developing the strategy for implementing the first module and training seminar outside seminar by working with the government officials and others involved in the implementation of rehabilitation programs in the region. Logistics such as office and accommodation in Zagreb have been agreed to for a minimum of one year. Transportation and equipment are the property of ICACBR/Queen's University. A formal letter of agreement has been prepared and provides the necessary details regarding the commitment to work together.

Participants are very pleased with the partnership established with CARE Canada and look forward to working with them on this important initiative.



**3. World Health Organization, Zagreb, October 10 to 14, 1994**

A series of meetings were held throughout the week with:

- Dr. Bengt Lagerkvist, Project Manager, Rehabilitation of War Victims,
- Dr. Nozahet Ruzdic, WHO Liaison to the Ministry of Health, Bosnia-Herzegovina, and
- Mr. Mikval Stampke, Administrative Officer.

L.J. Edmonds met with many of the WHO field officers. N. Ruzdic and other members of the WHO provided an update on the events of the war emphasizing their serious concern that this will be another very difficult year for the region with increased tensions between the warring factions coupled with the severity of war and the ability to cut off energy, medical and food supplies to the region, particularly Sarajevo. The need for community rehabilitation programs is of very high priority and she and her colleagues are anxious for this program to be expanded. N. Ruzdic agreed to contact the Minister of Health to request a letter of support from the Ministry.

ICACBR/Queen's University has agreed to collaborate with WHO in the areas of both professional and logistical support. WHO has offered to support our initiative by providing the WHO identification/accreditation cards, transportation and travel arrangements with the UNHCR/UNPROFOR flights and access to current information on security of the region. They are also interested in discussing opportunities for working with us and CARE in the development of logistical support for programs in some of the regions outside of Sarajevo such as Zenica, Mostar and Tuzla.

WHO and ICACBR/Queen's University have agreed to exchange information and experiences of both professional and logistical nature to ensure optimum program delivery in the field of rehabilitation. They have agreed to provide policy direction on our initiative by becoming a member of both the Management Committee and Steering Committee.

B. Lagerkvist will be a guest of Queen's University to take part in a two day conference on "Rehabilitation in a War Environment" we are planning to co-sponsor with McMaster University. It is tentatively planned that he will visit Canada the week of March 4, 1995. B. Lagerkvist has been instrumental in facilitating and supporting the current Canadian initiative as have M. Stampke of the Zagreb Office and M. Black in Copenhagen.

**4. Visit to Sarajevo, October 12 to 14, 1994**

The visit by M. Peat and W. Boyce to Sarajevo was planned for Wednesday October 12 returning Friday October 14. The purpose of the visit was to (1) conduct the evaluation of the Canadian contribution to the development of community rehabilitation program in Sarajevo and



(2) participate in the WHO Rehabilitation Meeting for non-government organizations in Sarajevo. Due to an increase in hostilities Sarajevo airport was closed making it impossible for the visit to occur at this time.

**5. Meeting with Dr. Borisa Hrabac, Advisor to the Minister of Health, Bosnia-Herzegovina, October 12, 1994**

The participants met with B. Hrabac thanks to the initiative of B. Lagerkvist. A very productive discussion was held relating to health reform in Bosnia-Herzegovina and the opportunity to incorporate community based rehabilitation in the restructuring of rehabilitation programs in the region. The proposal for the expansion of the Canadian initiative was reviewed.

B. Hrabac stated he would apprise the new Minister of Health of Bosnia-Herzegovina of the discussions. He also expressed his support for the expansion of the Canadian community rehabilitation program in the region.

**6. Visit to UNHCR Office, Bihac, October 14**

On Friday October 14, L.J. Edmonds travelled with B. Cupper and K. Gregson to the UNHCR office in Bihac. The purpose of the visit was to discuss the feasibility and opportunity for ICACBR/Queen's University to work with CARE in the development of rehabilitation training programs for local staff working with CARE in this community outreach program. The possibility of ICACBR/Queen's University working in the Bihac area as a component of the development of community rehabilitation is being considered.

**7. World Health Organization, Copenhagen, October 14, 1994**

M. Peat met with Dr. Mary Black and Dr. Hana Hermanova of the WHO EURO Regional Office to review the results of the discussions with CARE and WHO in Zagreb. The WHO Officers reaffirmed the support of their agency for the Canadian program in Bosnia-Herzegovina. The discussions also included a review of the past years activities and development. The WHO personnel also expressed appreciation for the support and interest of the Canadian Government in meeting the health care needs of the war damaged region.

B. Pickles, ICACBR/Queen's University and M. Peat reviewed with H. Hermanova the ongoing collaboration between the ICACBR and WHO EURO Region and their joint contribution to the development of a European conference in the Fall 1995.



**Summary:**

The series of meetings held during the week provided an opportunity to review the 1994/95 Canadian funded CBR initiative and discuss with local government representatives, WHO, CARE Canada and Mercy International the opportunities for the further development of the Canadian contribution.

Thanks to the collaboration and commitment of both CARE Canada and WHO, the participants were successful in developing a comprehensive agreement on the provision of logistical support to the expansion of community rehabilitation programs in the region of Bosnia-Herzegovina. In addition, we have identified a number of opportunities for offering professional support to the enhancement of our collective programs and working together to facilitate the development of networking opportunities among local NGOs.

The opportunity to work with Mercy International furthers Canada's ability to contribute to the development of comprehensive community rehabilitation programs by augmenting the programs with equipment and renovations to facilities which will be appropriate to local priorities and environment.

The opportunities to contribute to the development and implementation of community strategies for rehabilitation in Bosnia-Herzegovina are enormous. The participants were pleased to be working with other Canadian NGOs, the WHO and colleagues in the Ministry of health and in the rehabilitation field of Bosnia-Herzegovina.

Note: A follow-up letter from WHO/Sarajevo authorities is attached.





INSTITUTE  
OF  
ADVANCED  
ARCHITECTURAL  
STUDIES  
POST-WAR  
RECONSTRUCTION &  
DEVELOPMENT  
UNIT (PRDU)

THE UNIVERSITY of York

## Post-graduate study in

# Planning and Management of Recovery after War

Draft proposal & questionnaire prepared for feedback from *revival* readers

### 1 Background

More than 25 countries are currently engaged in different stages of the complex and difficult process of post-conflict reconstruction. More and more UN agencies, international NGOs and bi-lateral agencies are finding themselves involved in the process of reconstruction in those countries. There is a great need for qualified professionals to plan and manage the recovery process at the national, regional and international levels. The Cartigny Working Seminar on 'The Challenge of Rebuilding War-torn Societies', organised by the United Nations Research Institute for Social Development, between 29 November to 1 December 1994, has emphasised the need for qualified professionals who could not only research, but also work in post-war contexts.

At the PRDU we believe the time is right to start thinking of establishing a one-year MA course that would address those needs. Research in reconstruction has reached the level at which we can identify the different skills needed, and the different subjects that can be covered. Some suggestions are made here, and we would be most grateful if you could take a few minutes to read these and share your views with us by filling in and returning the attached questionnaire.

### 2 Aims and Objectives

To train a body of professionals in the planning and management skills required to propose, design and execute social recovery programmes and projects which would enable sensitive intervention in the rebuilding of societies torn by war and natural disasters. Training will include the ability to:

- understand the nature of conflict and its demand on the local, national and international actors, so that appropriate solutions can be developed with special attention to local cultures and traditional skills and materials.
- explore the dynamics of rebuilding war-torn societies – social, economic, psychological – political and physical, and understand how reconstruction differs from normal building and planning.
- impart the principles and ethics of conflict resolution and peace-building in relation to reconstruction and development so that professionals have standards by which to evaluate proposed actions.
- examine the role of the professional and provide technical, organisational and managerial training in assessing needs, designing programmes of intervention, working with communities and monitoring and evaluation.
- manage and administer a working team or organisation, and train the trainers.

### 3 Course Scope and Approach

The course is structured to address four major inter-related components:

- 1) understanding conflict and the international response;
- 2) the technical and practical skills of working in conflict and reconstruction;
- 3) strategic planning of reconstruction; and
- 4) organisational and personal managerial skills.

Students will participate in a programme of lectures, visits, seminars & workshops, and undertake individual research. Course requirements include a short period of

*I met Sultan & have  
been influenced by  
his work & writings  
I spoke to him about the  
Queen's project. He  
didn't know  
of it personally*

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professional placement at a British NGO involved in reconstruction and/or practical study assignments at the place of work.

*Component 1: Understanding conflict and international response*

Areas of study will include:

Global understanding of conflict, its process and impact on society. Different types of conflict. Different national and international charters and conventions. International non-governmental and bilateral organisations and the mechanism of their response. The media and its impact. The international response to conflict, international charters, organisations and mechanisms of peace-keeping, peace-making and peace-building. International law and geopolitics.

*Component 2: Practical skills of working in conflict and settlement reconstruction*

Areas of study will include:

Understanding the recovery process. Needs assessment. Managing in the field. The reconstructionist: personal skills and abilities. Working with communities in conflict. Conflict prevention and resolution. Survival, first aid and logistics. Water supply and epidemiology.

*Component 3: Strategic Planning Training*

Areas of study will include:

Development planning. Issues and problems of urban and rural reconstruction; the economics of reconstruction; disaster preparedness and handling emergencies; action planning; programme preparation and evaluation; cultural studies and people participation (enabling communities); principles of economic development and community reconstruction.

*Component 4: Managerial, Organisational and Training Skills*

Areas of study will include:

Principles of managing people, finance and time: general management skills; team-work; procurement; accounting; financing and budgeting; brief writing and preparation of feasibility studies; project preparation; evaluation and monitoring techniques; training and running workshops; appointing and managing consultants and other specialists; contract administration & communication skills.

#### **4 Course time schedule**

The MA will run over one calendar year (October to September) with the first intake planned for October 1996.

The first term (October to December) will be spent in York (lectures, simulation exercises/ projects and study visits covering components 1, 2 & 3), followed by placement and practical work during second term (January to March). On their return to York, students will be expected to prepare and present a detailed report on their placement/practical work period, and continue attending some lectures/seminars on component 4 (April to June). Finally, the period between June and August will be dedicated to writing up their dissertations.

The second intake of students will be introduced in October 1997 for a repeat of the programme above, and so on.

#### **5 Assessment and Feedback**

Participants course work will be assessed on the basis of their performance in two individual seminar presentations, a placement report and the final dissertation.

Feedback from the participants will be gathered at the end of each training session using structured evaluation forms. In addition, at the end of each term assessment meetings and interviews will be held between the participants and their supervisors, to review progress, identify problems and opportunities and draw up options for future action. The gathered feedback from the training sessions and the assessment meetings will assist with the preparation of an annual progress report to be submitted to the PRDU Forum.

#### **6 Course fees**

The average fee is expected to be about £3,000 for a UK (European Union) student and £6,500 for an overseas student.

## Questionnaire

Name .....

**a) AIMS AND OBJECTIVES**

*What do you think of the aims and objectives of the proposed MA in recovery, as outlined here?*

Organisation .....

Address .....

**b) EXTERNAL RELATIONSHIPS**

*What organisations and institutions – both academic and other – do you think could be of benefit to the course, and what is the best format for such collaborations?*

*For example, as well as the need for visiting specialist lecturers, we believe the course may require a steering committee. Who should be represented on this?*

Tel: .....

Fax: .....

**c) INNOVATIVE TECHNIQUES**

*Are there any non-standard or innovative teaching techniques which you feel could enhance the course? If so, please include a description.*

*For example, we believe the following might be appropriate:*

*Information Technology: Role playing: Deriving much of the taught material from practical experience, carefully selected and presented.*

Please post or fax  
completed questionnaires to  
Dr Sultan Barakat

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**d) ETHICAL ISSUES**

*What ethical issues, if any, may arise from the course and thus warrant wider consideration within the University?*

*For example, we believe the following questions might arise:*

*Who gains and who loses in reconstruction? Who is the client? Who decides the basis of power?*

**e) LIKELY STUDENT DEMAND**

*Would you or your organisation be interested in attending the course?*

*Do you know of others who might be interested?*

**f) FINANCIAL ARRANGEMENTS FOR STUDENTS**

*Would your organisation be interested in sponsoring an employee, or an outside individual, onto the course? What other funding sources could be approached?*

*For example, what retraining grants are available in this field?*

**g) PRACTICAL EXPERIENCE**

*Would your organisation be interested in giving practical experience to students in the shape of placements during the second term?*

**h) EMPLOYMENT OBJECTIVES**

*Do you see this course improving employment opportunities for successful participants wishing to join your organisation? What are the particular skills you would expect students to acquire or develop which would be beneficial to your field of work?*

---

*For your interest*

# revival

THE NEWSLETTER OF THE POST-WAR RECONSTRUCTION  
AND DEVELOPMENT UNIT, AT THE UNIVERSITY OF YORK

**F**rom the outset we have promoted *revival* as a means of fostering professional & personal relationships, and of pooling knowledge and experience, in the field of post-disaster reconstruction and development.

We are very glad therefore, to announce the start of a partnership between the PRDU, the Oxford Centre for Disaster Studies (OCDS) and the Disaster Preparedness Centre at Cranfield University (CDPC), with a page of news from these renowned centres of natural disaster studies.

An immediate consequence of this collaboration is that *revival* will reach a larger audience, with a wider cross-section of disaster-related disciplines. We also welcome **Dr Ian Davis**, OCDS Director, to the PRDU Advisory Panel:

**Eric Alley OBE** President, Institute of Civil Defence and Disaster Studies.

**Lord Cunliffe** International Architectural & Planning Consultant.

**Malcolm Harper** Director of the United Nations Association of Great Britain and Northern Ireland.

**David Shepherd** Director of the Centre for Continuing Education at The University of York.

**John Warren** Lecturer/author on UK conservation, Islamic & Asiatic topics. Inspector of World Heritage Sites.

*Gavin M Ward*

Gavin Ward BSc (UWIST)

Editor *revival*

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## Forum focuses on MA in Recovery Studies ...



## ... and strong European Partnerships

**T**he fifth annual PRDU Forum was held at the King's Manor on 28 February when members and advisors of the Unit came together to review our progress over the last year, and help develop our future plans. Dr Sultan Barakat & Charles Cockburn, PRDU Coordinators, were congratulated on what all agreed had been a very successful past twelve months for the Unit, including the launch of *revival*.

Plans were unveiled for a structured one-year MA course at York starting in 1996, covering the many disciplines which are essential to initiate and sustain a balanced recovery in war-torn areas. The MA will complement academic learning with practical work in the field. Sultan presented his initial ideas on the course structure and these are outlined in the 4-page leaflet accompanying *revival*, together with a short questionnaire. Please complete and return to us as soon as possible if you are interested in this development. By sharing your ideas and experiences with us we can ensure that the course content is focused and relevant.

The Forum stressed the need for the PRDU to **forge stronger links with European Universities and Research Institutes**. This could develop multi-national, multi-disciplinary partnerships for joint research and consultancy projects. It was also suggested that we set up a **Consultancy Support Group** of like-minded practices, professionals and academics covering the wide-range of expertise our subject demands. (Interested parties should contact Sultan Barakat). *continued on page 6*

### IN THIS ISSUE

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**Cultural Heritage at Risk** – Five Regional Workshops  
**Working with Conflict** – PRDU hosts training Workshop  
**City Twinning Update** – Amsterdam says Yes  
**Living as a Refugee in Croatia** – First hand experience  
**Recycling and Post-disaster Reconstruction** – July Workshop in York  
**Natural Disaster Specialists** – News from our new partners  
**Publications / Research & Degree Topics**

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## Training Bosnian professionals exiled in Norway

**A** three year project involving exiled professionals from Bosnia-Herzegovina looks set to be inaugurated in Norway, following a proposal by a group of Norwegian architects from the University of Trondheim, Faculty of Architecture, to the Norwegian Ministry of Labour and Interior Affairs. Initially, a £65,000 feasibility study will be carried out. The project will be implemented jointly by the University of Trondheim and the Post-war Reconstruction & Development Unit (PRDU) at the University of York, UK.

The aim is to train exiled Bosnian architects, civil engineers, planners, surveyors and others experienced in strategic planning to:

- further develop their skills to suit a new post-war situation in Bosnia-Herzegovina
- contribute to the post-war reconstruction by participating in construction and development planning related to the rebuilding of their country, as part of the professional development programme
- gather and process information from the project at hand and from existing research so that experience gained and knowledge developed may later be utilised in other areas of post-conflict reconstruction.

About 13,500 Bosnians currently live as refugees in Norway. A large number of these are highly trained and experienced professionals who are idling at various refugee centres, with little internal contact and no professional challenge whatsoever.

At the same time, reconstruction and long-term planning is urgently needed as a necessary precondition for the rebuilding of Bosnia-Herzegovina. The proposal for this Professional Development Programme has emerged from these two basic facts, and aims at contributing to and affecting both.

The project plans to train exiled Bosnian professionals by arranging professional development courses at the University of Trondheim in association with the PRDU at the University of York, and to link these courses to real life construction and/or development projects in Bosnia. These will be identified either by Bosnian authorities and/or by Norwegian NGOs currently engaged in that country. The project's success will call for a close cooperation with Bosnian Reconstruction Authorities.

A precondition for this venture to take place is financial support from the Department of Immigration (Utlendingsdirektoratet), a department within the Royal Norwegian Ministry of Labour and Interior Affairs.

## Cultural Heritage at Risk

**T**he PRDU has recently completed a feasibility study on integrating measures for protection of, and mitigation of damage to, cultural heritage sites, monuments and objects, within national and local disaster preparedness plans. The study was undertaken on behalf of the inter-Agency Task Force which represents UNESCO; ICOMOS (International Council on Monuments and Sites); ICOM (the International Council of Museums); and ICCROM (the International Centre for the Study of the Preservation and the Restoration of Cultural Property).

In accordance with this feasibility study five regional workshops will be organised, over the next two years, on disaster management for cultural property, to promote cooperation between cultural resource managers and disaster planners at all levels. The workshops will be facilitated by two members of PRDU-ICOMOS on behalf of the inter-agency Task Force.

These workshops will be held between June 1995 and April 1996 in regions that have suffered, over the last

two decades, from concentrated damage to cultural heritage due to man-made and/or natural disasters. The 5 regions (and host countries) are: South East Asia & the Pacific (Sri Lanka); Europe (Macedonia); Africa (South Africa); Central & South America (Mexico); Middle East & Central Asia (Lebanon).

Feedback from the workshops, and the resulting national preparedness plans, will inform a progress report and recommendations for action, to be presented to the ICOMOS General Assembly in October 1996.

The response to a survey of 140 countries, carried out as part of the feasibility study, showed that whilst 93% think it is possible to integrate the protection of cultural heritage into their national disaster preparedness plans, at present only 15% have such integration.

We would like to thank all those who took part in the survey. Anyone else who is interested in this project can obtain further information by contacting Dr Sultan Barakat at The King's Manor, or Mr Leo van Nispen at ICOMOS Headquarters, Hotel Saint Aignan, 75 rue du Temple, 75003 Paris, France.

## New Study Centre opens in Baghdad

**A** specialised Study Centre dealing with post-war reconstruction has been established at the University of Baghdad, Iraq.

We have been informed of this development by Saad Al-Zubaidi, Director General of the IDRISI Centre for Engineering Consultancy, who undertook the majority of the infrastructure reconstruction projects in Baghdad following the Allied bombardment of the City in 1991.

Mr Al-Zubaidi was a contributor to our 'Third International York Workshop on Settlement Reconstruction Post-war' held in July 1991, which recommended the creation of a network of such study centres to intensify the collection and dissemination of information on the management and planning of post-war reconstruction, and help make governmental reconstruction policies more responsive to the needs of people.

The PRDU welcomes this initiative and looks forward to future collaborations with the Baghdad centre.

## Monograph for Reconstruction in Palestine

**U**rban development of Palestine during the next few years will establish patterns that will be difficult to alter. Consensus and the pursuit of policy by design can save Palestinians considerable pain and resources.

To this end, Sultan Barakat (PRDU) has helped prepare the outline of a Monograph entitled *Urban and Rural Reconstruction in Palestine – Issues, Options, Policies and Strategies* by PECDAR Planning Unit (PPU). A grant has been awarded by the International Development Research Centre, Ottawa, Canada. Specialists have been contacted as authors to specific chapters, and PPU will seek to publish the Monograph soon, in both Arabic and English.

The document will be organised around the following themes:

- Urban Development Crisis in Palestine
- Strategic Challenges, Options and Objectives
- Regional Planning for Urban and Rural Development
- Urban Design and Conservation
- Housing
- Financial Institutions for Urban and Rural Reconstruction
- The Construction Industry
- Institutional Development
- Disaster Preparedness
- Environmental Issues and Considerations

Recommendations will be generated for relevant and effective policies, strategies, procedures, standards and codes, to promote a healthy and cost-effective construction industry and sound town planning practices. These recommendations will then be presented at an International Conference in Amman, the date of which is yet to be finalised.

PPU expects to receive around 50-60 contributions to the Monograph. Professionals and experts in urban planning & policy, who are interested or involved in Palestine, can contact:

**Dr A.B. Zahlan** (Project Manager) or  
**Joumana Lababidi** (Project Coordinator)  
Planning Unit, Palestine Economic Council  
for Development and Reconstruction,  
58-60 Kensington Church St,  
London W8 4DB, United Kingdom.  
Tel: +(44) 171 937 4600

## Working with Conflict

YORK 27 FEBRUARY 1995

**N**on-governmental organisations (NGOs) increasingly see conflict as a major threat to their reconstruction and development projects. **Responding to Conflict (RTC)** – a not-for-profit organisation based within the Selly Oak Colleges Federation, Birmingham, UK – is a programme which provides opportunities for individuals and organisations to share experiences and develop new ways of working in conflict, through courses such as **Working with Conflict**. The PRDU recently organised a one-day Workshop for this course, attended by RTC Director Simon Fisher, 24 course members, and some of the King's Manor students.

Sultan Barakat began with an overall view of disasters and disaster planning in order to show; how political and economic instability can lead to conflict; the importance of intervention as a means of disaster mitigation; how post-war reconstruction can be used to accelerate the peace process, and alternatives to the dominant theories/myths related to disaster intervention and conflict. He illustrated these themes by focusing on the case study of post-disaster reconstruction in Yemen after the 1982 Dhamar earthquake.

Marija Kojakovic, Director of the Study Centre for Reconstruction and Development in Dubrovnik, then presented the case study of post-war reconstruction in Konavle, an area to the south-east of Dubrovnik populated by over 9,000 people before the recent war. Now the area is bereft of life and sound, and mistakes in reconstructing properties have already been made in the attempt to encourage people to return. In post-disaster situations planners are faced with the dilemma of having to produce immediate results within long-term plans. If training in reconstruction began **before** the end of a disaster, recovery programmes could be fully analysed and evaluated, avoiding costly, time-consuming mistakes.

The Workshop participants split into three groups to prepare action points which could help repopulate the region of Konavle. Most expressed the need for a bottom-up approach to complement the governmental role. They felt community involvement was imperative to give the displaced population a say in the reconstruction and development planning of their own region, and pointed to the Church as a possible focal point, mediator and mouthpiece for the community.

We regret that a typographical error in the synopsis entitled *NGOs & Peace-Building in Afghanistan*, circulated with the last issue of *revival*, left RTC without the full credit they deserve for their significant contribution to what was a jointly facilitated workshop.

## New Peacekeeping Partnership



**T**he Lester B Pearson Canadian International Peacekeeping Training Centre was officially opened on 24 April 1995 at a former military recruitment base in Nova Scotia. The Centre, a division of the Canadian Institute of Strategic Studies, offers training courses in support of the New Peacekeeping Partnership which brings together military, government and non-government agencies dealing with humanitarian assistance, refugees and election monitoring. The aim is to improve the effectiveness of peacekeeping operations. The photograph above shows the participants on the Centre's 'peacekeeping negotiation and mediation' course, held from 18-28 April. The course was designed and delivered by a team led by Ben Hoffman, Director of the Canadian International Institute of Applied Negotiation, who will be joining the PRDU in September 1995 to undertake doctoral research. Sultan Barakat acknowledges a scholarship from the Centre which enabled him to participate in the course and attend the opening ceremony.

# Focus on Bosnia & Herzegovina

## City Twinning Update

Two major European city networks, 'Eurocities' and 'Metropolis', are helping to prepare reconstruction programmes at community level throughout Bosnia and Herzegovina. In Issue 2 of *revival* we reported on the initiative being taken by the International Management Group (IMG) to develop Community Based Projects in Sarajevo by twinning European cities with Sarajevo communities. Three such areas – two suburban and one rural – were chosen as pilot projects, and already Amsterdam has linked to one of them; links for the others are under negotiation.

The Projects are already generating new contacts and networks in Europe. During February and March the three project teams (made up of Bosnian architects, engineers and economists), together with an IMG representative, travelled through Europe to promote the Community Project concept and receive additional training. A Workshop in Amsterdam on 9 March, hosted by Niko Koers from the Amsterdam Urban Housing Department, gave the teams the opportunity to present their work to date and to discuss, with fellow professionals, problems they had encountered. The PRDU was represented by Gavin Ward.

The initial Survey Phase, based around a specific management brief, has been completed in all three areas. Each Project Team, with the help of local Steering Groups, has produced a publication on its findings which includes: *analysis and graphic representation of the present situation* regarding land, housing, industry, resources and public facilities; *opportunities for reconstruction and development* including available resources, space organisation and limits to expansion, and a critical look at the situation before the war; *action plans* including goals, how choices were made, implementation period (up to 3 years) and expected costs.

Although the three areas have different needs and requirements due to their relative positions within Sarajevo and its hinterland, one problem was common to them all. The inhabitants of the communities want to see action now. It was felt that defined short-term (within one year) projects like restoration and repair work should begin as soon as possible through funding from the Twinning City. This would generate some immediate employment and achieve some immediate results, and would also help to promote the Community Projects to the International Community. At the same time further feasibility studies could be funded to take forward the larger scale long-term projects and ensure continuity.

It was stressed that any action taken under the umbrella of the Community Based Projects should be done with the consent of the local Government. Martin Kentie, who together with Niko Koers produced the initial IMG report on these Projects, is at present on a six-month sabbatical to Sarajevo in order to help iron-out any differences between the Project plans and those of the local Authorities. He is also hoping to set up further Community Projects (city-based) and Country Contracts (rural-based) throughout Bosnia-Herzegovina.

The day after the Workshop Gavin Ward joined the nine members of the Project Teams for a training day at the Project Management Bureau, Amsterdam, which was led by two of the Bureau's Project Managers. Initial discussions centred on the content and depth of the surveys produced by the three Project Teams, with the view to show how the Teams could adapt methods of Project Planning used in The Netherlands today to help them develop their plans.

The problem of misunderstandings between different cultures manifested itself early in the day, and although the session was always good-humoured it was often frustrating for all involved. However it was uplifting to see the training slowly develop, after much discussion and argument, to a form that the Bosnians felt was valuable to their next task i.e. putting their project plans into practice.



Hrasno, the Sarajevo Community which has linked to Amsterdam, is dominated by high-rise blocks of flats, badly damaged by shelling. A question now confronting the Community is whether to restore this housing or demolish it and start afresh.

## Reconstructing social services in Sarajevo

Following an appeal by the Mayor of Sarajevo at the 1993 Eurocities Annual General Meeting in Lisbon, a programme of assistance entitled 'Reinsertion of Youth into the Workplace' was launched. Its focus was on 'personal social services', a low priority for planners to date.

A co-ordinator from the City of Bradford Metropolitan Council, UK, was seconded to help run and assess the mission for a period of ten weeks.

Bradford Council now feel that there are sufficient reasons to justify a continuation of this work. They have put together a funding proposal to design and deliver a package of assistance to 'maintain and reconstruct personal social services in the City of Sarajevo and reduce the flow of refugees with the provision of better services'.

The PRDU has acted as consultants to the project, which is to be implemented into the existing International Management Group structure for Community Projects if the necessary funding can be found.

## A model for urban planning, post-disaster

Vladimir Stefanovich, from the Urban Planning Institute of the Republic of Slovenia – a participant at our 'Rebuilding Sarajevo' Workshop last year – heads a project designed to give planning solutions for the reconstruction and normalisation of living conditions in his native city of Sarajevo.

By visiting cities that have suffered similarly in the past (e.g. Nicosia, Cologne, Birmingham) and by exchanging information & experiences, the project team hope to produce a model which can be adopted and adapted to other disaster situations. They would also like to analyse their findings in accordance with the set of 11 Principles for Reconstruction which were developed at the PRDU.



# Living as a Refugee in Croatia

**S**ue Ellis – from The Research Centre at the University of Luton, UK – has experienced, at first hand, the everyday lives of refugees and displaced people in Croatia. As part of her doctorate thesis, to which Sultan Barakat is acting as an external advisor, Sue has spent three months living as a refugee.

More than 80,000 refugees and displaced are living in 500 settlements, camps and collective centres throughout the free territory of Croatia. Almost 300,000 others are sheltering in Private Accommodation.\*

With the co-operation of the Croatian Government Office for Displaced Persons & Refugees (CGODPR) and the Study Centre for Reconstruction and Development, Dubrovnik, Sue was able to visit and live in 42 of these habitations, collecting data by direct observation, archival records and unstructured interviews with the inhabitants.

The 500 "organised" communities are mainly housed in existing buildings such as schools, hotels and army barracks. For some there are the specially-built camps of prefabricated units supplied by International Donors and bilateral aid. Those in Private Accommodation live with relatives or friends, or rent rooms.

Data for this study was collected during two field visits, two months in August and September 1994 and one month in January and February 1995. This enabled the researcher to gauge the difference between Summer conditions when individuals can live beyond the confines of the housing unit, and Winter conditions when they are house-bound.

Interviews were evaluated on three levels – Contextual, Establishment and Individual – within the following categories:

- Physical (tangible characteristics of the house/settlement)
- Access to physical, cultural & social infrastructure of the host society
- Autonomy within the built, social and economic environments
- Economic (wealth and income)
- Psychological (confidence & security)

## First Impressions...

Four years living in unplanned, swiftly organised emergency accommodation has resulted in many problems for the refugees and displaced. They arrived in Croatia traumatised by the experiences of war and persecution; stressed by the enforced expulsion from their homes and rapid adaptation to a new life.

This, together with the way aid is provided, has resulted in refugees and displaced becoming more and more dependant on humanitarian and government support. Attempts by donors to organise an "efficient" distribution of aid have meant that some recipients are treated without dignity, and ensured that all lose control over their own lives.

Many of the centres that are adapted existing buildings possess no facilities other than the bare essentials; and so, with no jobs, no houses or gardens to maintain, refugees and displaced find themselves trapped in poor accommodation with no money and little to do to occupy the time. The result is that they are suffering desocialisation and a lack of self-confidence that is resulting in numbness and apathy.

Obviously the blame for the presence of these problems does not lie solely at the door of poorly planned shelter projects. However, there are conditions that can aggravate the feelings of dislocation, frustration and lack of autonomy among these people.

*"it has been recognised for many years that the term 'housing' is not a noun but a verb"*

*(right) the Ahmetovic family shelter in the Gasinci Barracks*

- Plan for future growth, allow room for physical expansion.
- Allow residents to maintain dignity.

Planners of refugee and displaced person camps and settlements can maybe learn lessons from other fields such as the examination of squatter settlements in the Third World. Here it has been recognised for many years that the term "housing" is not a noun but a verb, it is not an object but a process which should allow for adaptation and customisation by the resident.

If host governments and aid agencies were bold enough to acknowledge the fact that the situations which create refugees and displaced are seldom temporary, allowances for longer term development could be made accordingly.

Planners of emergency accommodation must allow the residents to maintain control over their lives and environments. Without this, aid agencies and governments are creating dependent populations from once productive members of society.



## In an Ideal World...

Ideally, accommodation for refugees and displaced should offer more than just enclosure. The shelter provided should emulate the close knit social structure that existed in people's lives before they fled their homes. To achieve this in a manner that would be both acceptable and affordable for governments and aid agencies, further investigation is required. However there are some basic guidelines that could improve the shelter provided for refugees and displaced:

- Allow for personal control.
- Allow occupants to adapt their own living environments to fulfil their needs and requirements.
- Encourage integration with the host community and avoid segregation between refugees and displaced.

## From Small Seeds...

The ideas and sentiments expressed here represent only the very beginning of this project. To produce truly useful results the issues identified through direct observation and the interviews must be measured against the policies of those supplying the accommodation. Only then can recommendations be made to improve shelter for refugees and displaced persons. This is the next step in this research project.

\* Croatian Government Office for Displaced Persons and Refugees, Census figures, August 1994.

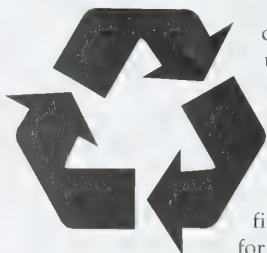
*See page 6 for details of a joint University of Luton/PRDU Workshop devoted to the subject of shelter for refugees and displaced persons, which will take place in October 1995.*

# Coming Events

## Recycling Workshop

**R**ecycling and Sustainable Post-Disaster Reconstruction is the title of a one-day Workshop to be hosted by the PRDU at the King's Manor York on Monday 3 July 1995. The event is being organised in conjunction with Martin Petersen and Erik Lauritzen of DEMEX, Denmark (a firm of Consulting Engineers specialising in recycling) who have participated at previous PRDU events.

Recycling concrete and masonry for re-use in new constructions, especially road-building projects, is a concept which has become common in most industrialised countries. In large-scale urban development projects recycling makes economical and environmental sense.



Such large-scale projects often occur in post-disaster situations, but hardly any have utilised the recycling know-how that is available. This seems strange because many areas hit by natural and man-made disasters suffer financial hardship as a result. By recycling building waste for the reconstruction process they can save both

transportation costs and valuable resources, at the same time generating immediate local employment and solving some of the clean-up problems.

In 1989 UNESCO and RILEM (Réunion Internationale des Laboratoires d'Essai et de recherches sur Matériaux et les Construction) formed a technical committee to deal with demolition and recycling in the post-disaster phase. It produced a report on the assessment, classification and demolition of damaged and collapsed structures, and the reuse or disposal of the resulting materials and waste.

So is there a place for recycling of building waste in the post-disaster phase? What could its impact be on the economic, environmental and social factors affecting post-disaster areas? Why have there been so few examples to date, and what can we learn from them?

This Workshop will try to answer these questions through expert presentations and discussion. It is hoped to get contributions from RILEM members, recycling contractors, architectural practices, representatives of existing projects, researchers, engineers, and other interested parties.

Contact us at the PRDU, King's Manor for further details.

## Improving shelter for refugees & displaced persons

**A** two-day International Workshop entitled 'Towards improved shelter and environment for refugees and displaced persons within the post-Yugoslav countries' is being organised by Sue Ellis at the University of Luton, UK, in collaboration with the PRDU. This Workshop has grown out of her doctorate thesis which is outlined in the article on page 5 of *revival*. The event will take place on Tuesday 10 and Wednesday 11 October 1995, with an opening banquet on the evening of Monday 9 October.

Main themes for discussion will be:

- 1) Level of shelter provision for refugees and displaced persons in a developed, cold-climate country.
- 2) The continuum of relief to reconstruction.
- 3) Autonomy versus dependency.

Abstracts (approximately 200 words) of papers on these issues are required **before 26 June** and should be sent to:

Sue Ellis, The Research Centre,  
University of Luton, 24 Crawley Green Road, Luton, Bedfordshire LU1 3LF, United Kingdom  
Telephone: +(44) 1582 456843 Fax: +(44) 1582 459787 E-mail: SELLIS@UK.AC.LUTON.VAX2



## "Dresden: Looking Forward"

**D**resden was destroyed by allied bombs in February 1945, and attempts to rebuild it as a modern 'socialist city' led to wide-spread criticism, even in the former GDR (an example of post-war reconstruction from which present-day lessons can be learnt). After German reunification the Dresden Trust was set up to strengthen Anglo-German efforts towards restoring the historical centre of one of Europe's most beautiful cities.

The Institute of Advanced Architectural Studies and the Goethe-Institut (York) are hosting a lecture by the founder and Chairman of the Dresden Trust, Dr Alan Russell, on Wednesday 24 May 1995 at 7.00pm in the King's Manor, York.

## PRDU Forum

*continued from front page*

The other main item on the agenda was a progress report on the Study Centre for Reconstruction and Development (SCRD) in Dubrovnik, given by its Director Marija Kojakovic.

The main activity of the SCRD during 1994 was the organisation and realisation of the Settlement Reconstruction in Croatia Workshop, held in Dubrovnik last September. This has initiated a network of contacts throughout the country, and already new projects are growing. One of the participants, Dr Siegfried Lange from the Fraunhofer Institute for Systems and Innovation Research (ISI), has since helped develop the programme of future activities of the SCRD, together with his colleague Mr Joachim Hemer.

This programme is based on the continuing development of the network of cooperators and consultants. The Forum felt that through holding regular meetings in Croatia this network could 'grow' ideas for reconstruction and development plans. These could then be turned into funding proposals which the Forum, and other advisors, could help study and evaluate.

Although the SCRD has no regular financial support – it relies on contract work, donations and good-will – the impression Marija left was of a vibrant and expanding organisation.

# Natural Disaster Specialists

**T**he Oxford Centre for Disaster Studies (OCDS) – Director Ian Davis – is a training, research and consultancy organisation working primarily in the fields of disaster preparedness and risk reduction for both natural and man-made hazards. Current initiatives include projects in Asia, Africa and the Former Soviet Union, as well as the UK.

Since 1993 OCDS has been in a partnership with the **Disaster Preparedness Centre at Cranfield University (CDPC)** – Director Ken Westgate – who are based at the Royal Military College of Science near Swindon, UK. CDPC aims to promote disaster management as a development-based activity, and has been carrying out research, training and consultancies in this field since 1985. Its focus continues to be Africa, although links with Asia have been strengthened through recent projects.

CDPCs annual disaster management training course is one of many activities to benefit from this partnership.

## Annual Course

The 8th annual disaster management course (directed by Mike Evans) runs from 31 July to 25 August 1995. It is fully residential and held at Cranfield's Conference Centre. Modules include:

- rapid onset disasters;
- slow onset disasters;
- industrial/technological disasters; &
- NGOs in disaster management in conjunction with Ian Davis, OCDS

Immediately following this course is a further two weeks devoted to **training for trainers** and run by the OCDS in Oxford. The majority of applicants will complete the full six weeks, although they are able to select either or both parts. Applicants come from Asia, the Caribbean, Africa, the Pacific region and the Mediterranean. **The closing date for course applications is 30 June.**

CDPC enquiries and correspondence (including the Annual Course) to be addressed to: Ken Westgate, Director, Cranfield Disaster Preparedness Centre, RMCS, Shrivenham, Swindon SN6 8LA, UK Tel:+(44) 1793 785287 Fax:+(44) 1793 782179

OCDS enquiries and correspondence to be addressed to: Ian Davis, Managing Director, The Oxford Centre for Disaster Studies, PO Box 137, Oxford OX4 1BB, UK Tel:+(44) 1865 202772 Fax:+(44) 1865 202848

## Training in Africa with the UN

**I**n 1992 the CDPC was chosen as the implementing partner for the UN Disaster Management Training Programme in Africa. Over the last two years Ken Westgate (CDPC Director) and Mary Myers (CDPC Programme Officer) have organised and delivered training workshops for government officials. These vary from relatively small events to large regional gatherings, such as a 9-country workshop in Ouagadougou which brought together all the countries of the Sahel.

The smaller one-country workshops have been found to be more rewarding – not to mention easier to organise. A recent event in Eritrea, for instance, coincided with the 'dawn' of a new nation, and the country workshop's recommendations were immediately taken up by a newly established disaster prevention unit of the Eritrea Relief and Rehabilitation Agency (ERRA).

## Radio, Radio

**M**ary Myers (CDPC) has been looking at the possible role of local radio in the fight against drought and desertification in the Sahel.

Working with local journalists and rural radio 'animators' in Mali, Burkina Faso and Eritrea, she has been able to measure the impact of programmes that broadcast advice and information on environmental themes such as reforestation & natural regeneration.

There is no doubt that for non-literate people in isolated areas the influence of local radio is enormous.

## Tackling famine

**S**udan has been the focus of recent CDPC work with NGOs. Research Associate, Mohammed Omer Mukhier, has just completed the first phase of a project, with Ford Foundation funding, developing training modules for use in slow-onset disasters – enabling NGO & government staff to train together, many for the first time.

Comprehensive needs assessment surveys, conducted with a sample of NGOs (indigenous & international) in Sudan, were followed with detailed training modules in Arabic.

## Cyclones in India & the Philippines

**T**his OCDS research project aims to identify and compare low-cost mitigation approaches and coping strategies to protect the built environment from cyclone hazards in two differing contexts: the Philippines and India. It is funded by ECHO 3, and implemented in association with Intermediate Technology Development Group (ITDG).

The project aims are: to identify, examine and test methods of strengthening and adapting cyclone coping mechanisms that operate at grassroots level; and, through the creation of a framework, to widely disseminate the necessary methodologies for the transfer of both technical and behavioural mechanisms

## Community Level Disaster Mitigation

**A**n OCDS project in Africa is training trainers in order to increase the ability of ANGOs to develop, manage and sustain disaster mitigation/preparedness programmes at community level. Following a recent training needs assessment mission, regional workshops have been planned for Harare, Zimbabwe (June 95); Maputo, Mozambique (September 95;) and probably Kigali, Rwanda (May 96), to be followed by community level workshops and demonstration initiatives.

The key topic for the Harare workshop will be drought mitigation techniques, including grain storage and water harvesting, coping mechanisms and early warning systems. The underlying themes for Maputo will be post-war rehabilitation: rebuilding communities and redeveloping self reliance, especially in the wake of current aid withdrawal.

The project is being supported by ECHO 3, ODA and Tear Fund, to whom OCDS is providing training consultancy.

# Research & Degree Topics

## AT THE INSTITUTE OF ADVANCED ARCHITECTURAL STUDIES

**Planning & Management of Reconstruction & Development: case-study Rwanda 1990-1995.** Pascal Mugiraneza; economist, Rwanda.

**The role of NGOs in reorienting government institutions affecting shelter & settlement in African Capitalist States.** Carl O'Coill; architect, Ireland.

**Investigating the effects of short- and long-term reconstruction projects (infrastructure, water) on Bosnia-Herzegovina and its people.** Alpaslan Ozerdem; Turkey.

**Reconstruction of Belfast, Northern Ireland, in the light of the recent ceasefire.** Anna Kokoliadi; architect, Greece.

**Conservation under Occupation in the West Bank.** Mohammad Yousof; lecturer, Palestine.

**The Old City of Jerusalem; a World Heritage Site in danger.** David Myres; architect, UK.

## AT OTHER ACADEMIC INSTITUTIONS (with Dr Barakat as an external advisor)

**The Design and Construction of Shelter for Disaster Relief.** Sue Ellis; architect, UK; research at University of Luton.

**Success of Preservation and Revitalisation Strategies in Dubrovnik, Croatia.** Jon Calame; research at Columbia school of architecture, New York, USA.

**The use of past reconstruction precedents to generate future post-war reconstruction strategies.** Esther Charlesworth; Harvard University, USA.

# Publications

## Dictionary of Project Management Terminology (Serbo-Croatian - English - Danish)

Written by four Bosnian refugees resident in Denmark, this three-language dictionary is a manual of expressions and conceptions which could be useful to local people, NGOs and others who are working on reconstruction and development projects in former Yugoslavia. It is one of the projects in Dansk Flygtningehjælp's activating programme, and is sponsored by Copenhagen City Rotary Club and Rotary International amongst others.

Further details are available from the publishers: Dansk Uddannelses Service, Langkærvej 5b, DK-2720 Vanløse, Denmark. Tel: 38 71 55 00. Fax: 38 71 55 19.

## Experience, Competence and Sustainability:

a follow-up of Swedish humanitarian aid to Croatia and Bosnia-Herzegovina.

This study by Lund Centre for Habitat Studies takes a detailed and critical look at the large Swedish aid contribution in former Yugoslavia, concentrating on distribution of humanitarian aid & transport, and refugee housing. Data gathered during a 4-week field study in Croatia and Bosnia is analysed and recommendations made. The study was commissioned and financed by the Swedish International Development Authority.

Order from: Lund Centre for Habitat Studies, Lund University, Box 118, S-221 00 LUND, Sweden. Tel: +46-46 10 97 61. Fax: +46-46 10 45 45.

## Disaster Prevention and Management (Volume 4 Number 1 1995):

**War & its aftermath; rebuilding war-torn societies**  
Guest Editor; Dr Sultan Barakat

Includes eight articles covering key points such as: conflict & war, communications, disaster recovery and relief, development, community relations, infrastructure, population, economy, social reconstruction, nursing, fire services; taking countries like Afghanistan, Iran, Bosnia, United Kingdom and Romania as case-studies.

This International Journal now incorporates Disaster Management and is published by:

MCB University Press Limited, 60/62 Toller Lane,  
Bradford, West Yorkshire, England BD8 9BY.  
Tel (44) 1274 499821. Fax (44) 1274 547143.

**A full list of PRDU literature is available on request.**

# Our Aims

The PRDU is part of the University of York's Institute of Advanced Architectural Studies, which is a leading research and Continuing Professional Development institution. The PRDU is a unique academic unit that specialises in the research, consultancy and training of professionals on issues of planning and management of reconstruction after war, with experience in countries, such as Afghanistan, Bosnia-Herzegovina, Croatia, Iran, Iraq, Jordan, Lebanon, Liberia, Northern Ireland, Palestine & Yemen.



The PRDU aims to provide:

1. An accessible and professionally relevant multi-disciplinary training and post-graduate educational programme, on issues of disaster intervention and post-war reconstruction planning and management. The PRDU is particularly keen on developing a 'country-centred' approach for training.
2. A research resource, based on field work in countries devastated by war, to add to the existing knowledge and to support local organisations through the transfer of experiences.
3. An international forum for the exchange of information and experience between practising disaster interventionists and reconstruction professionals.
4. A focus for the dissemination of knowledge on the subject of reconstruction through publishing bibliographies and a series of Research Working Papers and Workshop Reports.
5. Help, to create and co-ordinate a network of Study Centres in countries devastated by war, which can intensify research, training of professionals and the dissemination of knowledge.



THE PRINCIPAL  
AND VICE-CHANCELLOR

Queen's University  
Kingston, Canada  
K7L 3N6  
Tel 613 545-2200  
Fax 613 545-6838

April 24, 1995

Dr. Alfred Bader  
Alfred Bader Fine Arts  
Astor Hotel Suite 622  
924 East Juneau Avenue  
Milwaukee, WI 53202  
U.S.A.

Dear Alfred:

Following our discussion regarding your interest in the possibility of contributing to the support of those disadvantaged by the war in Bosnia, I contacted Malcolm Peat, Director of our School of Rehabilitation Therapy. As I indicated to you, the School has been very active in providing assistance to the Bosnians for some time now.


Malcolm has provided a brief overstatement of their Community-Based Physical Rehabilitation Project and has provided some indications of ways in which funding could be of direct assistance to the Bosnians.

It should be noted that in each of the suggestions given, no overhead would be charged by Queen's, nor would any Queen's professor benefit directly or indirectly from the aid provided. The monies would go directly to assist the Bosnian people.

I hope that this information will be useful to you, and would be pleased to provide you with any additional information that you might require on these matters.

With best wishes,

Yours truly,

  
William C. Leggett  
Principal and  
Vice-Chancellor

WCL:dsh  
Encls. (2)





SCHOOL OF REHABILITATION THERAPY  
FACULTY OF MEDICINE  
OFFICE OF THE DIRECTOR

Queen's University  
Kingston, Canada  
K7L 3N6  
Tel 613 545-6103/4/5  
Fax 613 545-6192

April 18, 1995

Dr. William C. Leggett  
Principal and Vice-Chancellor  
Queen's University  
Kingston, Ontario  
K7L 3N6

Dear Principal Leggett:

Please find attached a two page summary of the Queen's University Bosnia project in community rehabilitation. I would be happy to provide any additional if required. We at present we have three Queen's personnel in Sarajevo and I will be visiting the region from May 6 to May 20, 1995.

Sincerely yours,

A handwritten signature in cursive script, appearing to read 'Malcolm Peat'.

Malcolm Peat, Ph.D.  
Professor and Director  
Associate Dean (Rehabilitation)

MP:lje  
Encl.

*[Faint handwritten scribble]*





**COMMUNITY BASED PHYSICAL REHABILITATION  
PROJECT in BOSNIA-HERCEGOVINA  
Queen's University**

The goal of the project is to participate in the development of sustainable community based programs for the rehabilitation, relief and reintegration of war victims in the Former Yugoslavia. The beneficiaries of the program are persons with disabilities within the population of refugees, displaced persons, homeless and vulnerable citizens such as elderly persons and children.

The CBR Project has established four (4) community physical rehabilitation clinics in partnership with clinicians, the government, the World Health Organization, and the community of Sarajevo. In addition, we have developed outreach rehabilitation programs in cooperation with other non-governmental organizations which involved visiting citizens in their home location wherever that may be. An important element of this project is program sustainability and the development of community linkages to integrate the delivery of rehabilitation services to the community of Sarajevo. There has been tremendous interest and enthusiasm in the project and still a great deal more could be offered.

The war has effectively destroyed the economy of Bosnia-Herzegovina (B-H) to the extent that there are no salaries for health, social and education personnel. "Work" is done on a voluntary basis with exceptional commitment on the part of all. The community rehabilitation programs in Sarajevo, therefore, receive no financial support except for the occasional honoraria from humanitarian assistance programs. The skilled clinicians donate their time and energy to operate the clinics throughout the community. The commitment is impressive.

The Queen's project will be relocating its program in Sarajevo to another region of Bosnia-Herzegovina at the end of June following a final symposium and seminar on clinical education, policy and research issues in community rehabilitation. Queen's will, however, continue to maintain linkages in Sarajevo with colleagues in the community and with the Governments. The Government of Bosnia-Herzegovina and Sarajevo are committed to including community strategies (clinic and outreach programs) in the re-development of their health and rehabilitation services system and Queen's will continue to participate over the long term to assist with this objective.

Opportunities to contribute to the rehabilitation programs directed at alleviating some of the burden on the citizens of Sarajevo and other regions of B-H who have become disabled are many and varied. We would like to propose that consideration be given to supporting the following options:

(Please note: Calculations are based on our current experience)

1. low technology rehabilitation equipment and aids suitable for use in the home and/or in the community clinics.

Funding recommended: \$15,000 per clinic/outreach program

2 75000



75000  
2. support the further development of the community outreach programs with funding for training and staff honoraria and in-home aids for one year.

17 60000  
Funding recommended: \$5,000 per month per program

3. support the operation of community rehabilitation clinics in Sarajevo by providing honoraria for staff (clinicians, housecleaning and other support staff) for one year

17 120000  
Funding recommended: \$5,000 per month per clinic

4. support the preparation of rehabilitation kits to be adapted for use in community clinics and in-home settings to enhance the ability of the beneficiary to live independently.

10 50000  
Funding recommended: \$5,000 per kit

5. support a rehabilitation assessment, treatment and social reintegration program directed for refugee camps. (training of staff and members of the refugee population to detect, assess and provide services, supply equipment/aids) for one year

12 120000  
Funding recommended: \$10,000 per month

6. Clinical education at Queen's University for short periods of time for B-H clinical personnel (approximately 4 to 6 weeks)

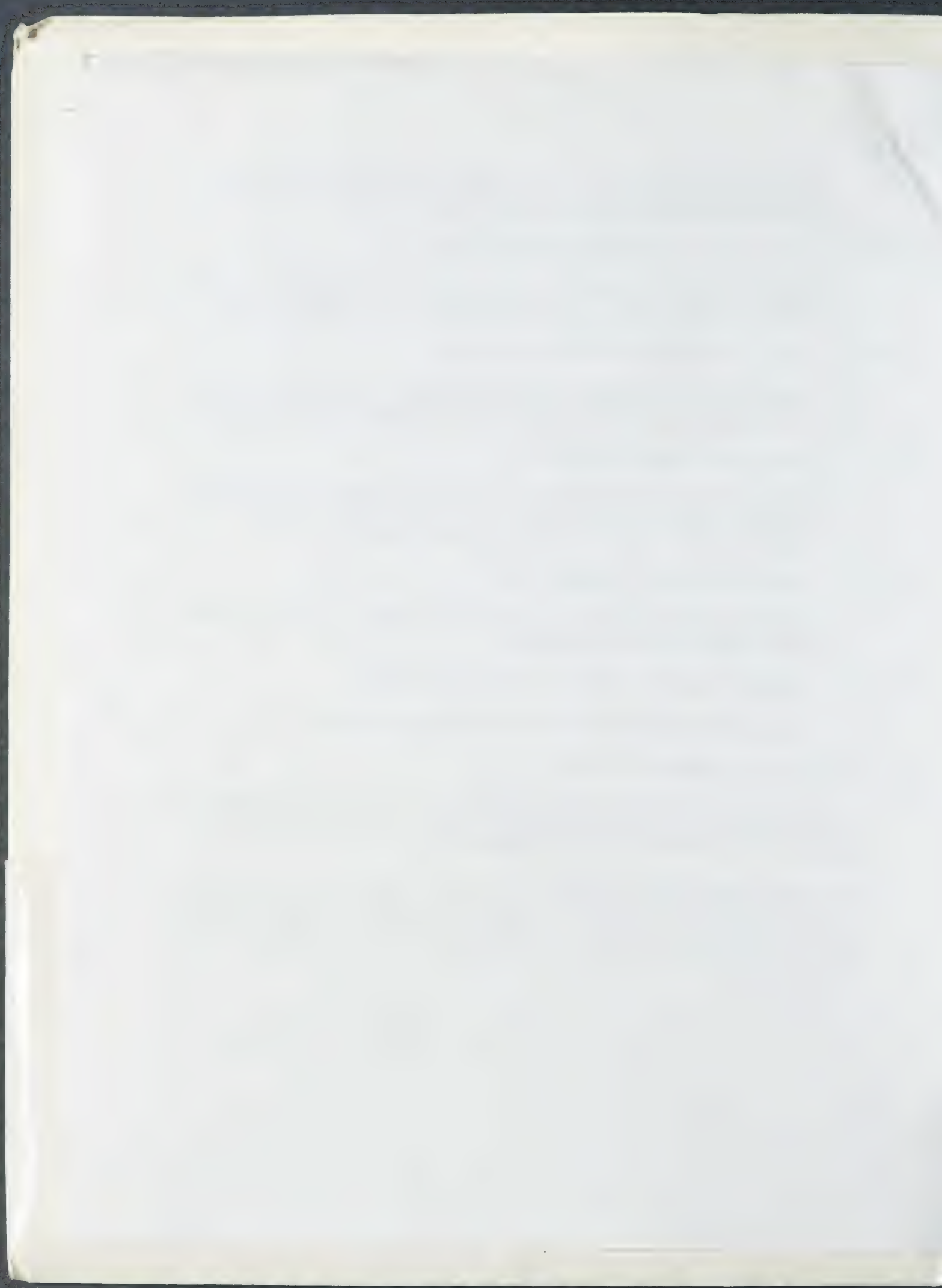
5 200000  
Funding recommended: \$8,000 to \$10,000 per person/visit

7. Learning resources, textbooks and training materials in rehabilitation

400500  
Funding recommended: any amount

In any of the above Queen's will provide ongoing support through clinical and management personnel as required for project coordination, identification of equipment requirements, and the development and implementation of training programs.

In the current Queen's University project, the Canadian Department of Foreign Affairs and International Trade supports the following program activities: clinical education by Canadian personnel, honoraria for local clinicians, equipment, and seminars. The grant is for a period of two years and Queen's will carry out these program activities in a minimum of three communities in B-H.



Queens University at Kingston

Fax 613 545-6776

Tel 613 545-6104

George Street

Louise D. Acton Building

Faculty of Medicine

Rehabilitation Therapy

School of

Associate Dean and Director

DR MALCOLM PEAT

with the compliments of



Background,  
material

Queens University at Kingston

Fax 613 545-6776

Tel 613 545-6104

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Rehabilitation Therapy

School of

Associate Dean and Director

DR MALCOLM PEAT

with the compliments of



Background,  
material



*Republic of Bosnia and Herzegovina*  
*Ministry of Health*

Geneva, 5 May 1994

To the Department of Foreign Affairs  
Government of Canada  
Ottawa, Canada

**Re: The further development of community based rehabilitation in Bosnia and Herzegovina**

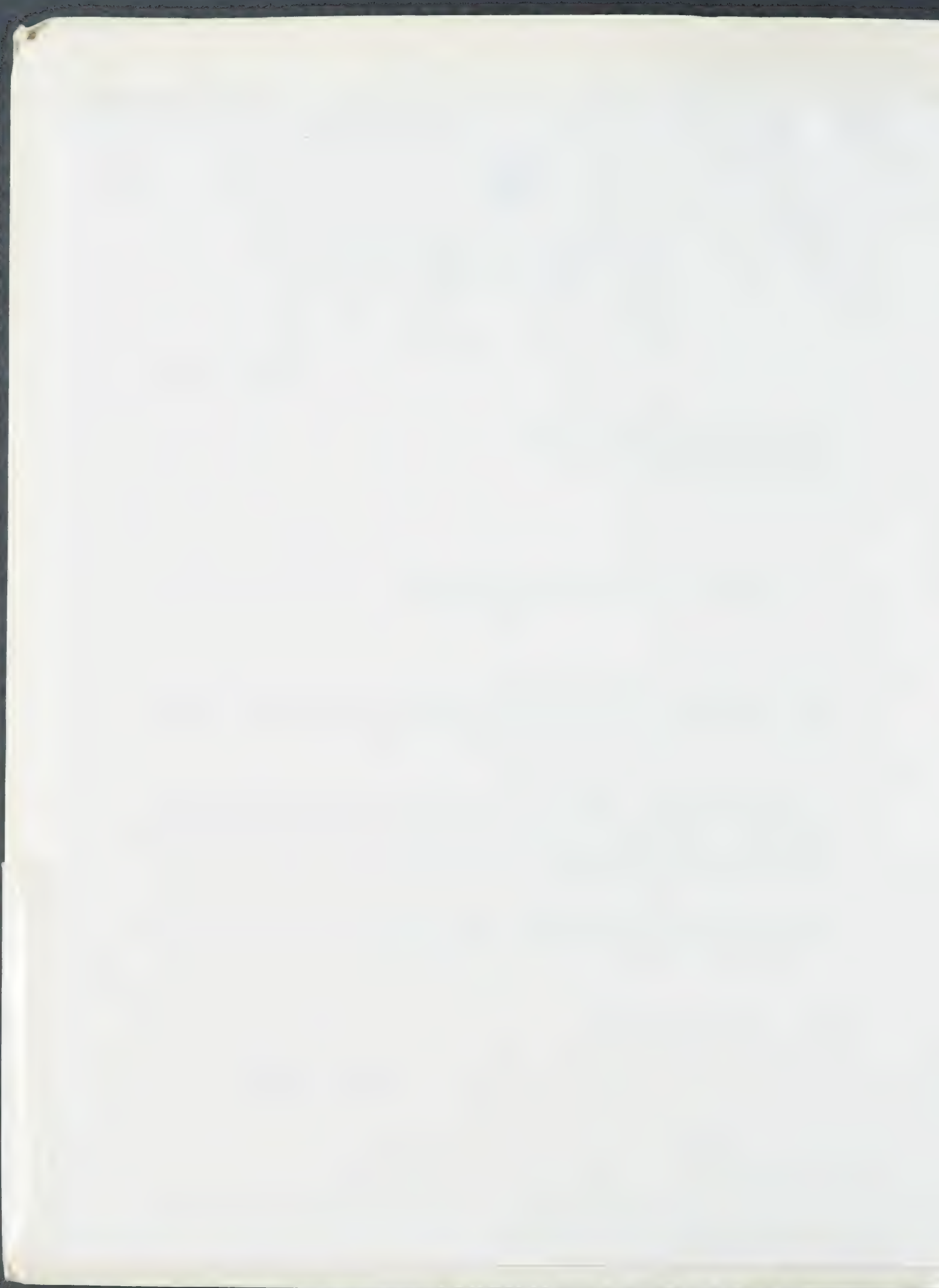
There is a great need to develop rehabilitation programs in Bosnia and Herzegovina to meet the needs of the large population of disabled and handicapped persons. The war conditions have created a critical situation in increasing the numbers of disabled persons.

The present program in collaboration with the Government of Canada, through the International Centre for the Advancement of Community Based Rehabilitation (ICACBR), is establishing community based rehabilitation (CBR) in Sarajevo. An extension of the present program to meet the needs of disabled persons in other locations would be of great assistance.

The Government of Bosnia and Herzegovina supports the continued collaboration with ICACBR in the further development of rehabilitation within the national plan.

A handwritten signature in black ink, appearing to read 'Mustafa Beganovic'.

Dr. Mustafa Beganovic,  
Minister of Health





22 10 70 58

Fax.

881-612-5411 18x2

To: Prof. Dr Malcolm Peat  
From: M. Mujic and N. Corovic, WHO Sarajevo

Dear Colleague,

Waiting for your coming with colleagues from Canada we have prepared the Program to visit CBR you have equiped and educated the people to work with.

Also we have prepared the talk about the farther dissemination of the CBR net in F/RRH.

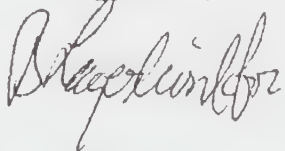
The Liaison officer with WHO, Dr. Nezahet Ruzdijic, has trasmitted your message to us saying that you have intention of participation of dissemination of CBR out of Sarajevo in other region in F/RRH.

We appreciate you help very much. It has help us lot for the equipmetn and education as well as for the literature you have brought. We are traying to translate that in order to better in able the staff supposed to work on the realisation of the dissemination of CBR.

Would you also ve so kind to say to the friendly Canadian Government we are very thankful for the material support. To you Institution, to you colleague and to you we are greatfull for ever for everything you have done and still doing for us.

Hoping to see you soon and you colleague in our country

Sincerely yours

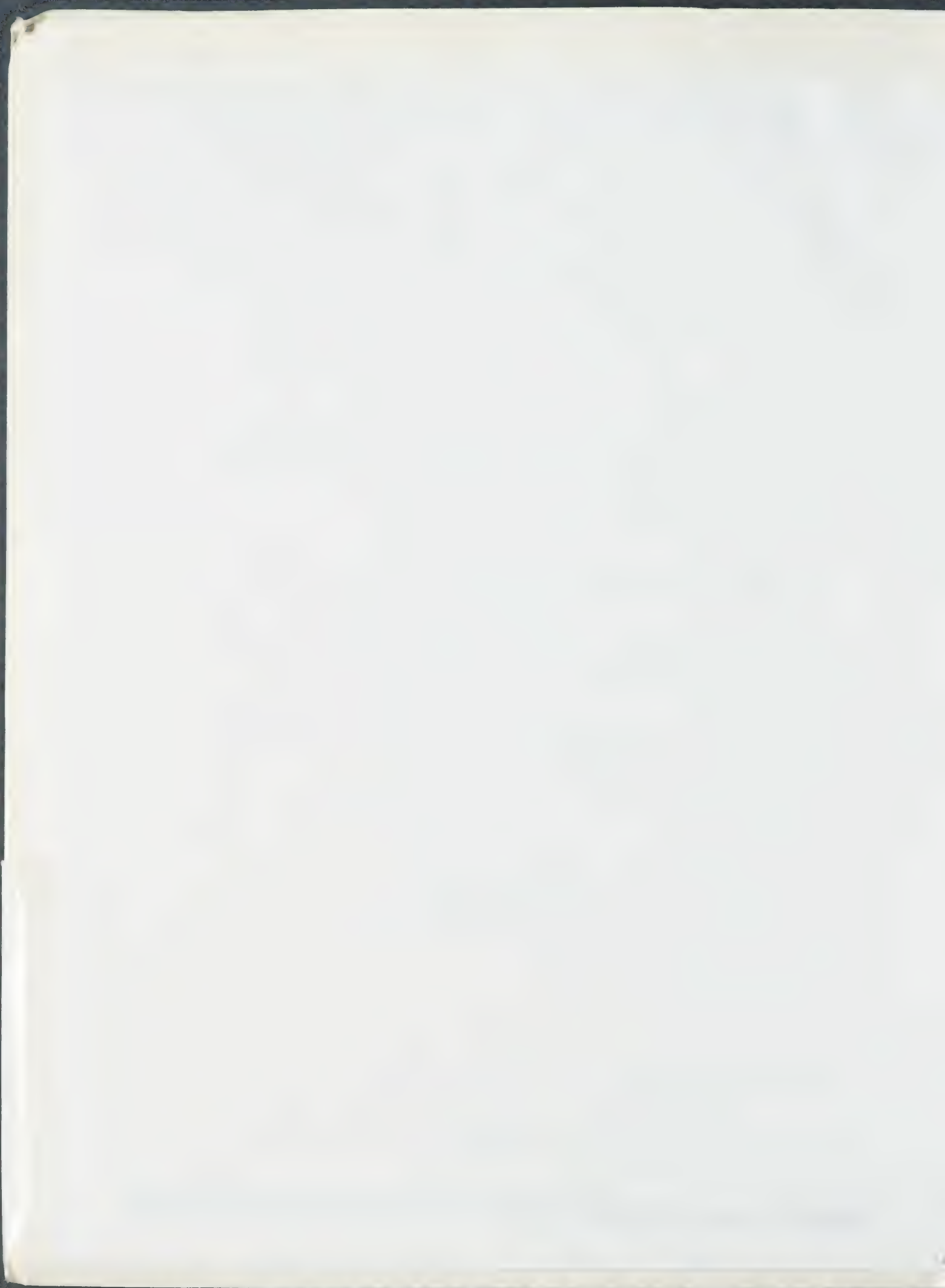


M. Mujic

N. Corovic

Sarajevo, 13.10.1994

Please Note: M. Mujic is the Advisor to the Government of Bosnia in Rehabilitation  
N. Corovic is the physician responsible for rehabilitation development.



# QUEEN'S Gazette

Volume XXV Number 24 Kingston, Ontario October 3, 1994

## Queen's-based ICACBR part of international effort to aid war victims in Bosnia-Herzegovina

### \$1 million grant to allow humanitarian aid program expansion

by Nancy Dorrance

Queen's will be able to continue and expand its participation in the development of community programs for disabled war victims in the former Yugoslavia, thanks to a \$1 million grant from Canada's department of foreign affairs.

The only non-international participant in the recently announced \$10-million humanitarian aid package, the university will collaborate with the World Health Organization (WHO), Care Canada, and other agencies currently working

in war-ravaged Bosnia-Herzegovina.

The project goal is to establish sustainable community-based rehabilitation programs throughout the region based on the experience of Queen's faculty who worked in Sarajevo during the past year, a project also funded by the federal government.

This initiative emphasizes the self-sustaining aspect of the community programs, says Dr Malcolim Peat, executive director of the Queen's-based International Centre for the Advancement of Community

Based Rehabilitation (ICACBR) and director of the School of Rehabilitation Therapy.

"Working with local counterparts to develop practical, realistic programs for working with the disabled at the community level under such extreme conditions, and without a lot of technology, has helped to alleviate some of the pressure on institutional services," Peat says.

"Victims of war are reached who would not have been able to access rehabilitation services otherwise. The strain on the system and the pressures are

enormous."

The number of disabled persons in Sarajevo and major urban centres including Tuzla, Mostar, and Zenica is estimated at approximately 12 to 15 percent of the population, or a total of about 60,000 people. The experience of the Queen's program has shown that more than 70 percent of clients seen in the community clinics are there as a result of war injuries, which include traumatic head injury, amputation, musculoskeletal trauma, soft tissue and spinal cord injuries.

The community-based rehabilitation project will involve at least four clinical teaching programs and regional conferences to share information with other, smaller groups and communities. "It's a continuous program over a two-year period," says Peat. "We anticipate having three or four Canadians in one of these locations at please turn to page 2

## THE WEEK AHEAD

### Japan: The impact of recent events

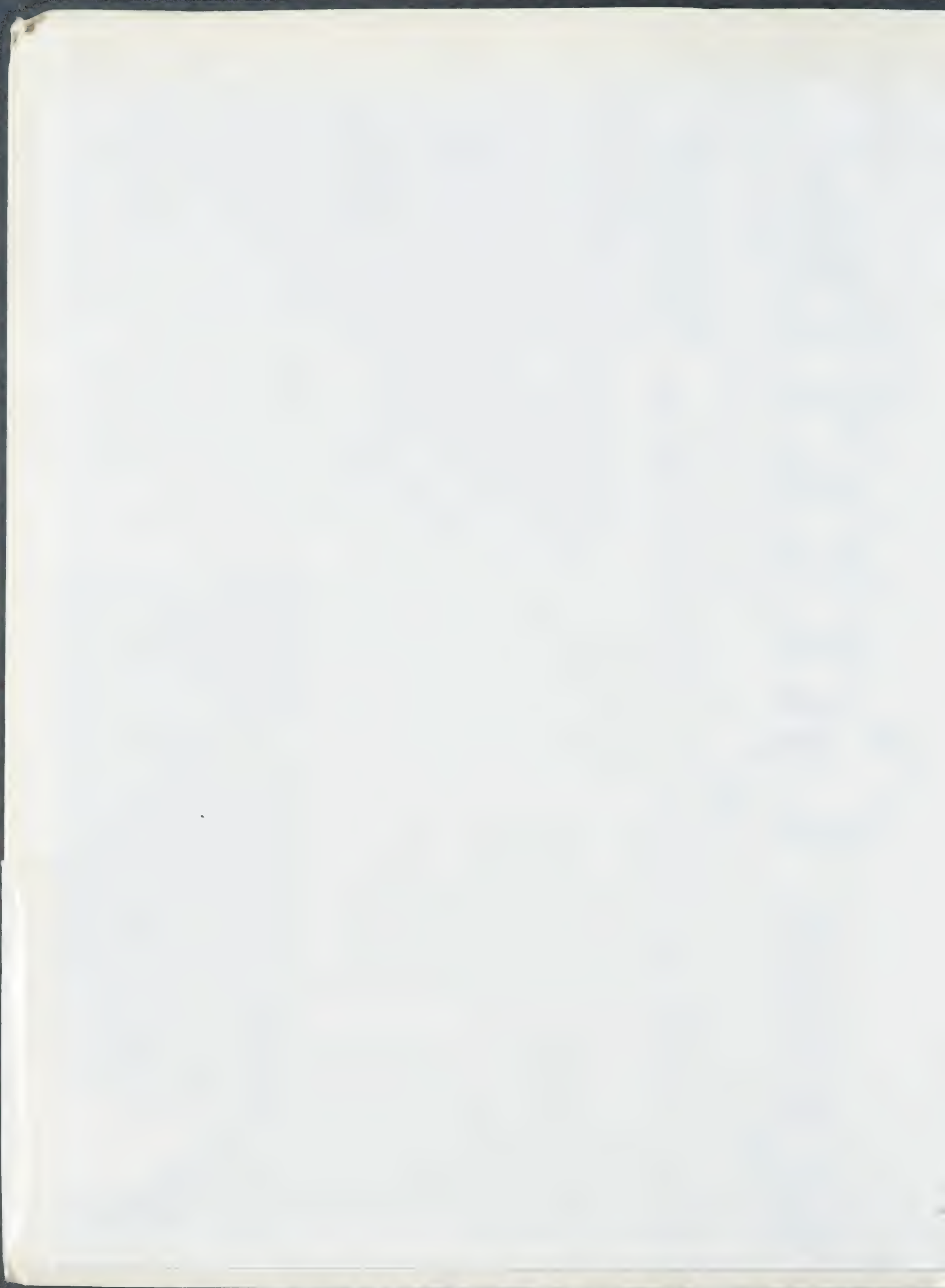
Klaus Pringsheim, director of the Canada-Japan Trade Council, will be on campus Tuesday, October 11 to present a seminar as part of Japan: The impact of recent political and economic events, presented by the trade council and the Centre for Canada-Asia Business Relations. Pringsheim will speak at 2:30pm in the conference room of the Policy Studies Building, and will be followed by Professor Richard Wright of McGill University at 3:30pm. For more information, please call Katherine Phillips (6438).

### 'Tour de Queen's' set for Alumni Weekend

The 'Tour de Queen's', a five-kilometre run organized to raise donations for the Chaplain's Trust Fund for needy students, is set for Saturday, October 15. Registration at Tindall Field begins at 8am, and the run starts at 9am. For more information, please call Ivanka Franjkovic (5119).



Prime Minister's award honours teaching excellence



**\$1 MILLION GRANT TO AID WAR VICTIMS** from page 1

any one time. It's unlikely that the same people would participate in each module, so there's a potential for a large number of Queen's faculty, clinicians, and consumers affiliated with ICACBR both to contribute and gain valuable experience from working in an area where hostilities are occurring."

The threat of continued warfare in Bosnia-Herzegovina is a real one, Peat acknowledges. "The political situation was relatively stable this past spring and summer, but it's beginning to destabilize now," he says. "Entry into any of these areas is dependent on the level of hostilities at that particular time."

ICACBR, which was created in 1991 and is funded by the Canadian International Development Agency (CIDA), has an annual budget of \$1 million. It is a partnership — between persons with disabilities,

health, rehabilitation, behavioural and social sciences, and members of non-governmental organizations — committed to promoting community-based rehabilitation internationally.

**University Reunion Service**

**Sunday, October 16  
11am, Grant Hall**

**University Chaplain, Rev. Brian Yealland**

**Searching for God**

Everyone welcome.

Contact the Chaplain's office 545-2186 for details.

**REPORT A BLUEPRINT FOR THE NEXT CENTURY** from page 1

**Responding to social change:**

- ◆ interdisciplinary and inter-departmental cooperation;
- ◆ internationalization; and
- ◆ continuing education.

**Creating flexibility:**

- ◆ advancement.

"We view these themes as key elements in the long-term direction of the Faculty," says Turpin. The first three are themes central to every unit's mission, he suggests, while the next three may assume different shapes in various disciplines. The seventh theme will be increasingly important, "as

ment of Sociology, enjoyed the wide-ranging discussion and frank exchange of views. "It was an important process, conducted well by committed people," she says. "Now it will be interesting to see how the departments react, and adapt the ideas to their units."

Fellow committee member Dr John Harrison, a professor in the Department of Physics, notes a number of key issues were addressed in the report: ongoing reviews of all academic programs; the introduction of a "breadth" requirement in degree programs; the fact that

sion, when the committee hammered out responses to the more than 100 written submissions we'd received," he recalls. "That's where the general structure of the report took shape."

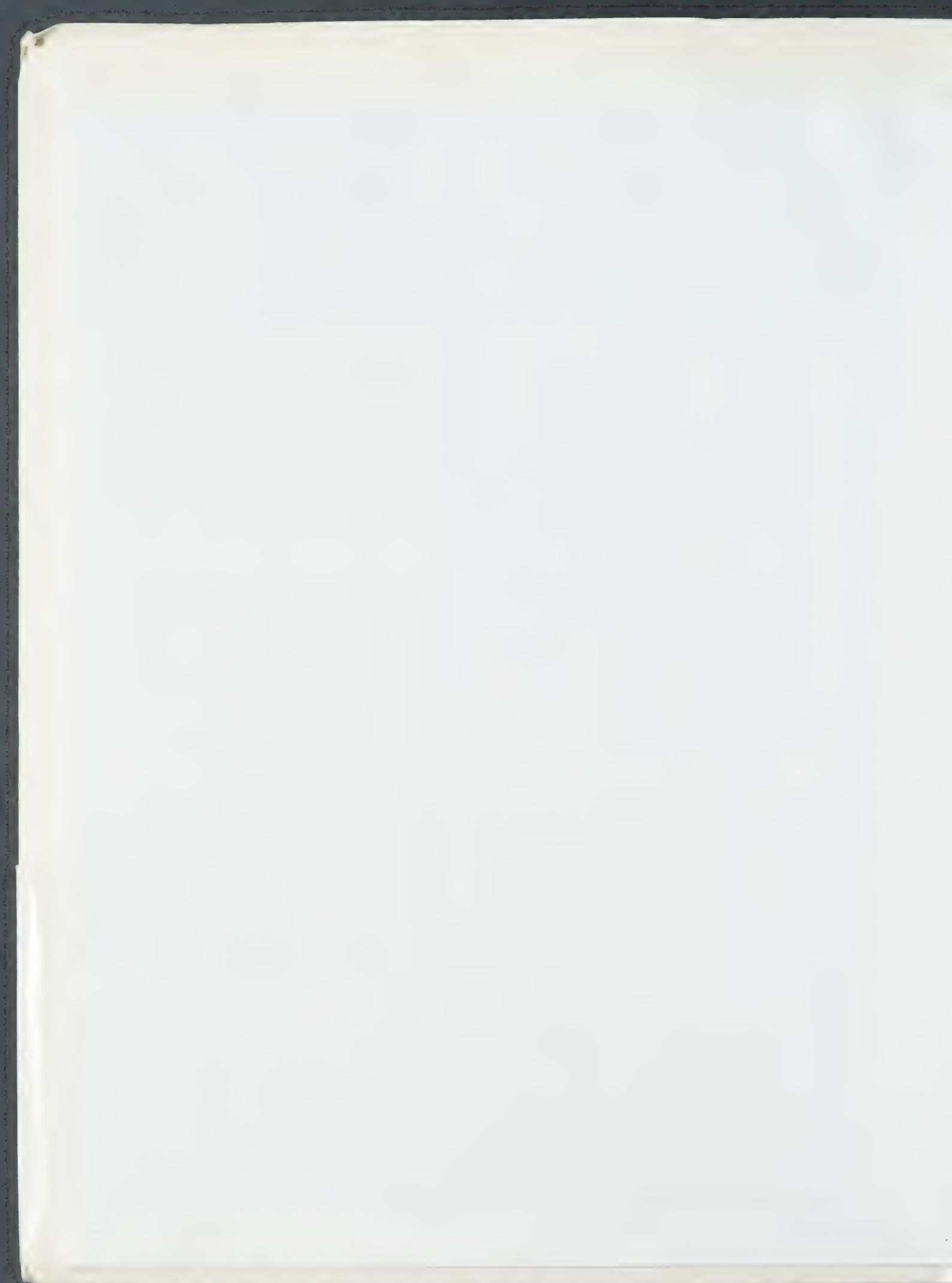
Committee member and Department of German head Dr Patrick O'Neill considers the report "very balanced," and one which respects the diversity of different academic units. "I was very pleased to see the emphasis placed on internationalization, as well," he adds. A recurring message in the submissions was that members of the faculty did not want a

**HELP LINES**

University Emergency Number  
**545-6111**

- Coordinator of University Grievance Procedures 545-6495  
Paul Arney
- University Grievance Advisors 545-6722  
Magda Lewis  
Faculty of Education
- Sandra McBride 545-6664  
Department of Geological Sciences
- Conrad Reifel 545-2851  
Department of Anatomy
- Anti Racism Advisory 545-6886  
Donna Wallen  
Anti-racism Coordinator,  
Human Rights Office
- Anti-Heterosexism Advisory 545-6886  
Chris Yeldhoven  
Anti-Heterosexism Coordinator
- Sexual Harassment Advisors (Complainants Advisors) 545-6886  
Margot Coulter  
Sexual Harassment Coordinator
- Barbara Moore 545-6570  
Douglas Library \*(6551)
- Millard Schumaker 545-2106 \*(4323)  
Dept. of Religious Studies
- Wendy Wilson 544-7754  
(Residences Advisory)  
Brockington House

Church, Victoria 545-7893





OFFICE OF NEWS AND PUBLIC RELATIONS

Queen's University  
Kingston, Canada  
K7L 3N6  
Tel 613 545-2035  
Fax 613 545-6652

*Tuesday, Sept. 27, 1994*

### **Queen's receives \$1 million to aid disabled war victims in former Yugoslavia**

(KINGSTON, Ont.) — Queen's University will be able to continue and expand its participation in the development of community programs for disabled war victims in the former Yugoslavia, thanks to a \$1 million grant from Canada's department of foreign affairs.

The only non-international participant in the recently-announced \$10-million humanitarian aid package, Queen's will collaborate with the World Health Organization (WHO), Care Canada and other agencies currently working in war-ravaged Bosnia-Herzegovina. The project goal is to establish sustainable community-based rehabilitation programs throughout the region based on the experience of Queen's faculty who worked in Sarajevo during the past year, also funded by the federal government.

This initiative emphasizes the self-sustaining aspect of the community programs, says Dr. Malcolm Peat, executive director of the Queen's-based International Centre for the Advancement of Community Based Rehabilitation (ICACBR) and director of the School of Rehabilitation Therapy. "Working with local counterparts to develop practical, realistic programs for working with the disabled at the community level under such extreme conditions, and without a lot of technology, has helped to alleviate some of the pressure on institutional services," he notes. "Victims of war are reached who would not have been able to access rehabilitation services otherwise. The strain on the system and the pressures are enormous."

The number of disabled persons in Sarajevo and major urban centres including Tuzla, Mostar and Zenica is estimated at approximately 12 to 15 percent of the population, or a total of about 60,000 people. The experience of the Queen's program has shown that more than 70 percent of clients seen in the community clinics are there as a result of war injuries, which include traumatic head injury, amputation, musculoskeletal trauma, soft tissue and spinal cord injuries.





The community-based rehabilitation project will involve at least four clinical teaching programs and regional conferences to share information with other, smaller groups and communities. "It's a continuous program over a two-year period," says Peat. "We anticipate having three or four Canadians in one of these locations at any one time. It's unlikely that the same people would participate in each module, so there's a potential for a large number of Queen's faculty, clinicians and consumers affiliated with ICACBR both to contribute and gain valuable experience from working in an area where hostilities are occurring."

The threat of continued warfare in Bosnia-Herzegovina is a real one, Peat acknowledges. "The political situation was relatively stable this past spring and summer, but it's beginning to destabilize now," he says. "Entry into any of these areas is dependent on the level of hostilities at that particular time."

He and ICACBR administrative officer Lorna Jean Edmonds will meet with representatives from Who, Care Canada, and local personnel in Zagreb, Croatia from October 6 to 12, to develop plans for the next phase of the project. (Care Canada is setting up water purification plants in the same area, and has extensive experience in the logistics of operating in this region.)

"Excellent Canada/Queen's/Sarajevo linkages have already been established in the first part of the program," says Peat. "We hope to continue building on our partnerships during this next stage."

ICACBR, which was created in 1991 and is funded by the Canadian International Development Agency (CIDA), has an annual budget of \$1 million. It is a partnership — between persons with disabilities, health, rehabilitation, behavioural and social sciences, and members of non-governmental organizations — committed to promoting community-based rehabilitation internationally.

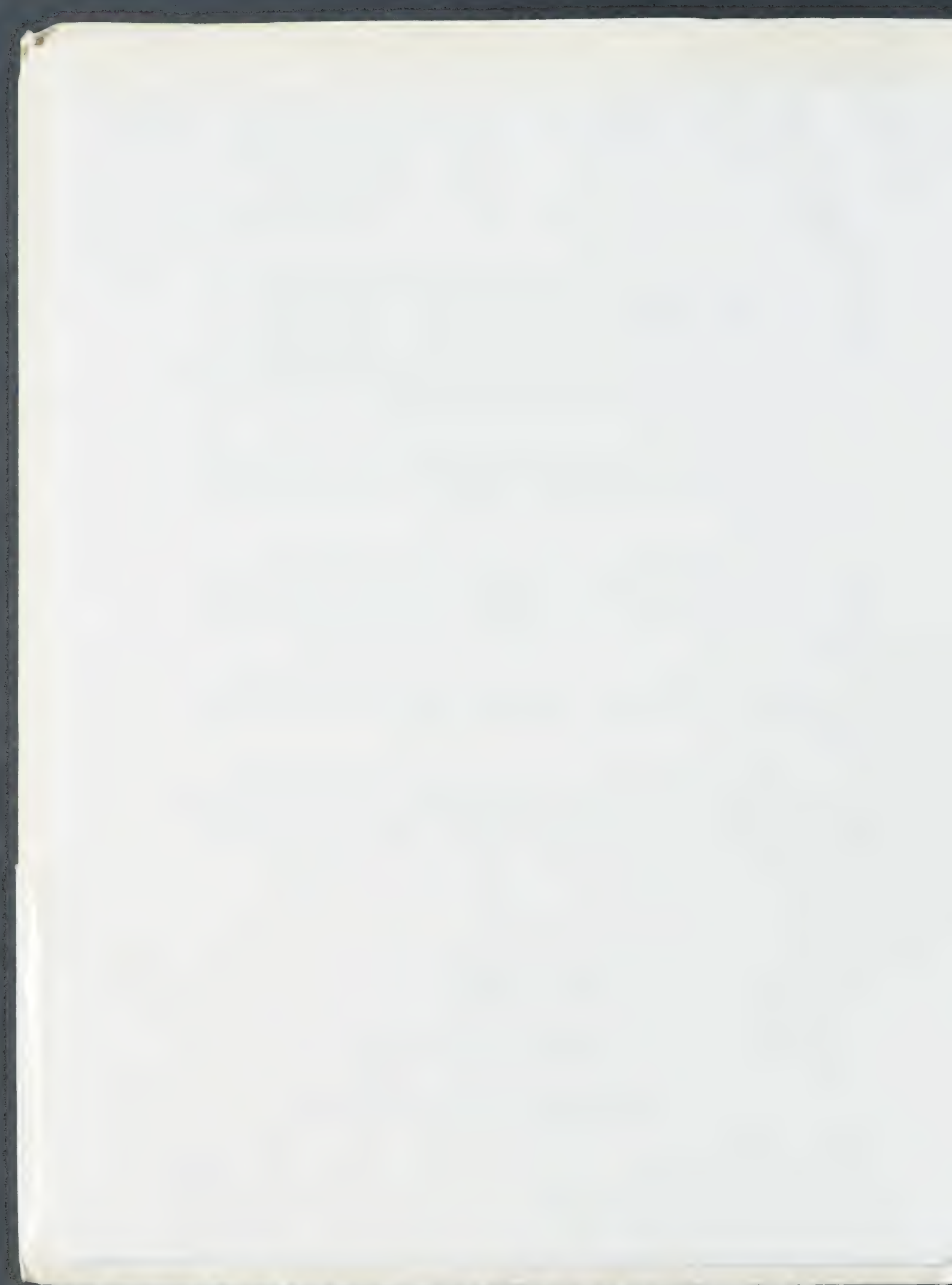
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**Media Contacts:**

Malcolm Peat, executive director, ICACBR  
Tel: (613) 545-6881

Lorna Jean Edmonds, administrative officer, ICACBR  
Tel: (613) 545-6881

Nancy Dorrance, staff writer, Queen's News & PR  
Tel: (613) 545-2035



## The International Centre for the Advancement of Community Based Rehabilitation Asian success leads ICACBR to Bosnia-Herzegovina

Queen's expertise is touching the lives of war-wounded in Bosnia-Herzegovina.

Officials from the International Centre for the Advancement of Community Based Rehabilitation (ICACBR) travelled to Sarajevo in October 1993 and April 1994, two of four visits which are part of a \$275,000 contract awarded by the federal department of foreign affairs.

The centre is working with health organizations, aid agencies, and communities to develop community based rehabilitation strategies in Sarajevo, including basic rehabilitation and technical assistance to four health centres, says ICACBR executive director, Dr Malcolm Peat, who made the first visit with Elizabeth Tata, a professor in the School of Rehabilitation Therapy and an ICACBR associate member. Faculty member Dr

Elsie Culham joined Peat and Tata on the April visit.

"The challenge is to collaborate in the development of community based approaches to rehabilitation for those in great need - in a war zone, where there has been almost total breakdown in the delivery of traditional health and rehabilitation services," Peat says.

"This is where ICACBR can make a real contribution. As a new approach in this area, community based rehabilitation can be developed in collaboration with the community and by using existing resources."

In two years of hostility, vast numbers of people have become disabled. The war wounded, plus other people with disabilities, accounts for 35,000 to 40,000 people in Sarajevo, about 12 to 15

percent of the total population, according to ICACBR information. Along with the sheer numbers requiring treatment, a lack of public transit and the concentration of hospitals in the city's east end has reduced access to rehabilitation.

The contract came about because of the work the multidisciplinary group has done so far in Bangladesh, Indonesia, and India, says Dr Tony Eastham, direc-

tor of Queen's Office of International Programs.

"The old model was to hospitalize everyone," he says. "The centre promotes the idea of community based clinics helping people with physical and/or mental disabilities to reintegrate them into the local area so that they can contribute to society."

Children's health issues in Russia is next on the agenda for centre officials when they meet with health educators, members of disabled people's interest groups, federal foreign affairs officials, and others June 6 in Ottawa.

The group will discuss priorities within Russia's changing political environment, says ICACBR administrative officer Lorna Jean Edmonds. They also hope to identify a network of Canadians who have worked there and share interests in child survival and development in Russia. Funding sources will also be examined.

ICACBR was created in 1991 and is funded by the Canadian International Development Agency (CIDA). It has an annual budget of \$6 million. Currently 14 Queen's faculty members specializing in rehabilitation therapy, psychology, nursing, sociology, political studies, medicine, mechanical engineering, and community health and epidemiology are affiliated with the centre.

The Queen's-led partnership also involves several government and non-government funded rehabilitation organizations, including the Hugh MacMillan Rehabilitation Centre in Toronto, the University of Montreal, the universities of Bombay and Allahabad, India, and health organizations in Indonesia and Bangladesh.



Professor Elizabeth Tata (left) and Dr Elsie Cullen of the School of Rehabilitation Therapy don flak jackets in Sarajevo.

May 30/94  
Queen's Gazette



## ICACBR works with WHO in Bosnia-Herzegovina

ICACBR was awarded a \$275,000 contract from the Department of Foreign Affairs, Government of Canada, to collaborate in the development of four CBR programs in Sarajevo/Bosnia-Herzegovina.

"ICACBR's role will be to work locally with health, aid agencies and communities to develop CBR strategies in Sarajevo, including basic rehabilitation training, equipment and technical assistance to four health centres," says Malcolm Peat, who made the initial visit to Sarajevo in October together with Elizabeth Tata, a professor at the Queen's University School of Rehabilitation Therapy and an ICACBR associate member.

The two years of hostility in Bosnia-Herzegovina has resulted in a significant number of people in the Sarajevo area becoming disabled. It is estimated that the war-wounded, plus other persons with disabilities, represents between 35,000 and 40,000 people in Sarajevo -- approximately 12 to 15 per cent of the total population.

The lack of public transportation and the concentration of hospitals in the eastern end of the city has reduced access to rehabilitation, as has the sheer number of patients requiring treatment.

"The initiative is in response to the need for low technology CBR which can operate with limited technical, energy and human resources," says Peat.

"During the first visit, we met with representatives from WHO and established contact with local authorities in Sarajevo through the Ministry of Health," says Peat. The goal of the first visit was to assess the situation and develop a project plan. As part of the contract, Canadian clinicians will make a total of four visits to Sarajevo.

"The challenge is to collaborate in the development of community based approaches to rehabilitation for those in great need -- in a war zone, where there has been



Malcolm Peat with officials and staff of the World Health Organization (WHO) travelling to various health clinics in Sarajevo.

almost total breakdown in the delivery of traditional health and rehabilitation services," says Peat. "This is where ICACBR can make a real contribution. As a new approach in this area, CBR can be developed in collaboration with the community and by using existing resources." A second visit to Sarajevo will be made in April, 1994 by Elizabeth Tata, Malcolm Peat and Elsie Culham. E. Culham is also a faculty member of the School of Rehabilitation Therapy.

ICACBR's contract is part of a larger Canadian initiative to provide a range of humanitarian services to the war-torn region. Other services to be provided by Canada include energy, especially power generation and heating; water, including domestic water supply; pharmaceuticals, particularly for the treatment of children, including antibiotics and multivitamins; and medical facilities improvement teams, including technical and institutional co-operation.

*Mission: The International Centre for the Advancement of Community Based Rehabilitation (ICACBR) is an organization committed to advancing the concept and practice of community based rehabilitation (CBR) in partnership with persons with disabilities and their communities around the world.*



# ADVANCING THE CONCEPT AND PRACTICE OF COMMUNITY BASED REHABILITATION



*The International Centre for the Advancement of CBR*

Judith O'Leary

If you ask someone in the field of rehabilitation what the acronym CBR stands for, most will know. This isn't surprising, since what it stands for is a topical issue for this group. More unusual is to come across someone outside of the field who knows what it means. However, more and more often nowadays, these three letters — CBR — are appearing in newspapers and being spoken on radio and television.

CBR, which stands for Community Based Rehabilitation, is entering the Canadian lexicon as our society grapples with an aging population, decreasing health budgets, and a sincere desire to provide people who have disabilities with choices that are part of a holistic, interdependent system. Such a system comprises home care, institutional care and outreach programs, and involves disabled people, academia, businesses, health care workers, the medical profession, family, friends and community groups.

Since the World Health Organization (WHO) introduced a model of CBR in the early 1980s, Member States have worked with representatives of WHO to enhance it in order to best meet the needs of persons with disabilities as well as their families. Canada is very enthusiastic about this initiative and has formalized its interest through the Canadian International Development Agency's Centres of Excellence program, which encourages and supports imaginative teaching, training, research and public awareness related to international development.

The Centre of Excellence which deals with CBR is called The International Centre for the Advancement of Community Based Rehabilitation (ICACBR) and was established at Queen's University, Kingston, in May 1991. The Centre's members include more than 25 individuals representing 11 partner organizations and agencies in Bangladesh, Canada, India and Indonesia. "ICACBR is a practical example of how partnership works," says Dr. Malcolm Peat, Executive Director of the Centre. "Our aim is to promote CBR worldwide as a realistic, effective

and efficient model for disability prevention, detection, and intervention."

This partnership — between persons with disabilities, health, behavioural and social scientists, and members of non-government organizations — allows the Centre's members to share knowledge, skills and experience. Currently, programs focus on six major areas of activity: Demonstration Projects, Learning Fora, Research, Evaluation, Technology Advancement and Graduate Education. "The open exchange of ideas and experiences that ICACBR encourages between our partners in Asia and Canada has resulted in a fertile and receptive partnership," says Manik Shahani, ICACBR Board representative from the University of Bombay, who notes that "it is as a result of our differences that we learn the most — about each other and about ourselves."

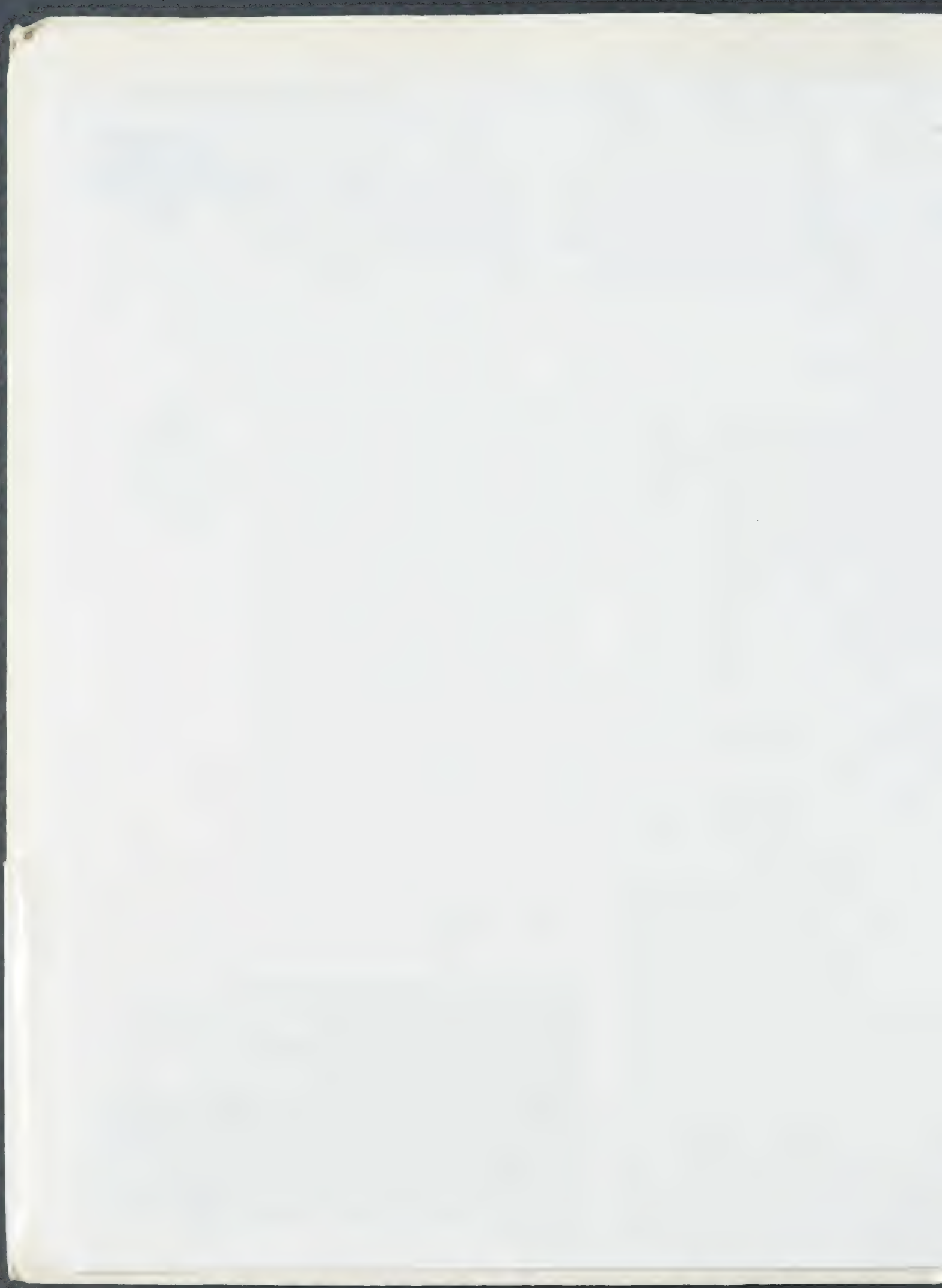
Although a cursory description of ICACBR may evoke images of people listening attentively in meeting rooms or working diligently in quiet villages or research environments, in fact some of the Centre's projects are located in the heat of action. Such a project was initiated this year, when ICACBR was awarded a contract by the Department of External Affairs and International Trade to collaborate in the development of four CBR programs in Bosnia-Herzegovina.

As a result, Dr. Peat, along with two Queen's University colleagues, Dr. Elizabeth Tata and



DR. MALCOLM PEAT  
WITH OFFICIALS AND  
STAFF OF THE WORLD  
HEALTH ORGANIZATION  
(WHO), RECENTLY  
TRAVELLED TO VARIOUS  
HEALTH CLINICS IN  
SARAJEVO. ICACBR  
HAS BEEN AWARDED A  
\$275,000 FEDERAL  
GOVERNMENT  
CONTRACT FOR FOUR  
CBR PROGRAMS IN  
BOSNIA-HERZEGOVINA







ects, a similar expectation of dynamic, results-oriented participation is definitely on the agenda. Currently, eight selected CBR sites in India, Bangladesh, Indonesia and Canada are helping identify core characteristics of CBR which can be applied in other locations. In addition, in each location, 60 residents — persons with disabilities, their families and other members of the community — are being asked to discuss their attitudes, beliefs and behaviours with respect to persons with disabilities. "The core idea of this study is that most health problems in most areas of the world are not just biological. There are strong ecological, social and cultural causes," says Nancy Berry, Convener of ICACBR's Research Committee. The research is expected to be completed by this summer, and will then be analyzed and interpreted. Each community has agreed to use this information to develop a program for changing attitudes, beliefs and behaviours which negatively affect the self-images and opportunities of persons with disabilities in their communities.

Nancy Christie, Chair of ICACBR, points out that unexpected, positive spinoffs often result from ICACBR projects. For example, in the development of CBR for rural disabled persons in Manka, Bangladesh — a village previously untouched by district and public health improvements — village people learned how illness can derive from dirty water. As a result, village elders were motivated to get money for

wells, which now provide clean water. "Although the initial interest had been disability issues, a spinoff was clean water for the village," says Mrs. Christie.

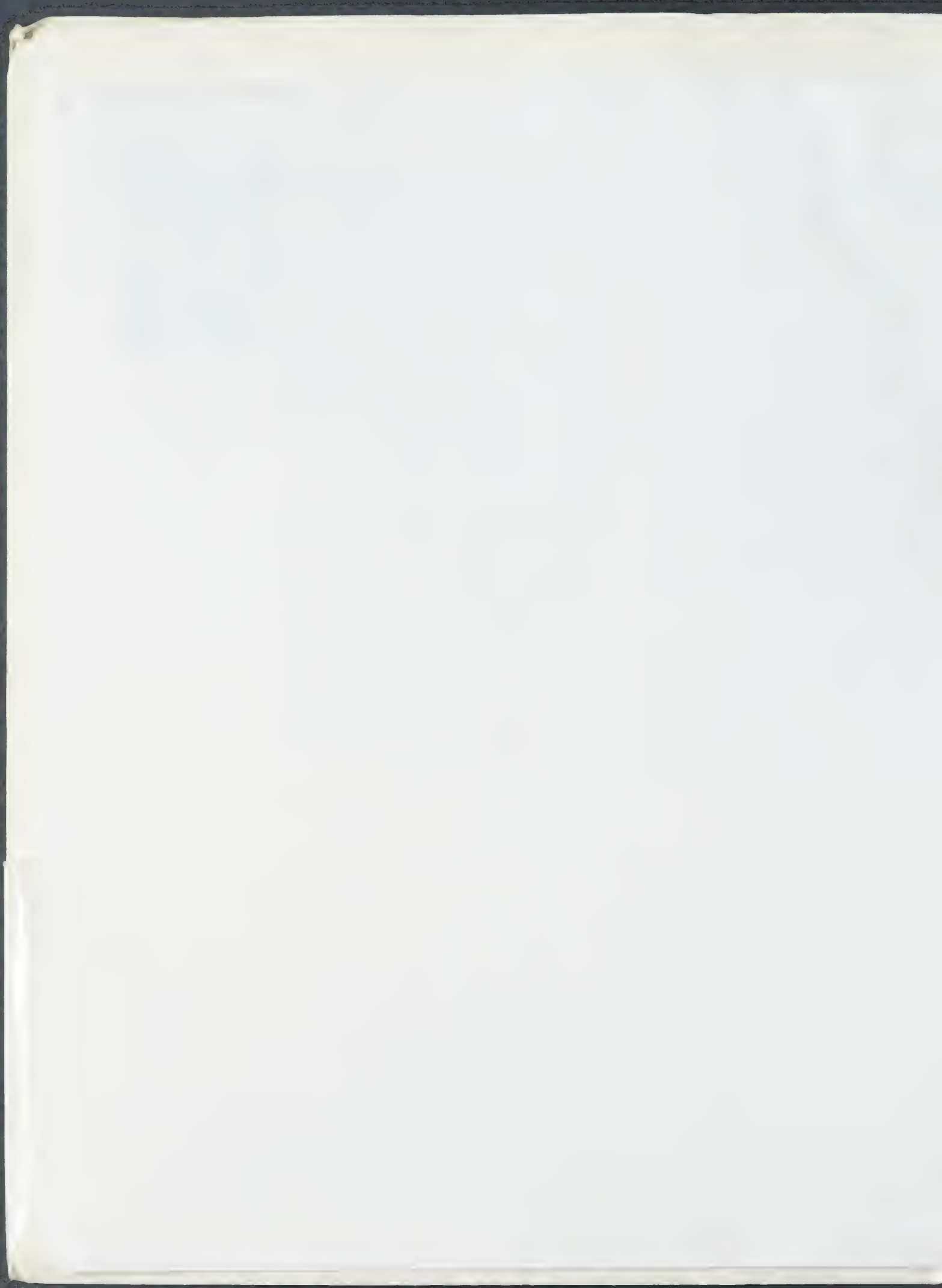
Experiences such as this, as well as numerous others, are discussed and considered by ICACBR members when they meet. At these information sessions, Canada receives as much valuable information on CBR as it dispenses. As Dr. Peat puts it: "It's not a one-way street. We learn things from people in other countries which can be applied here in Canada. This is of fundamental importance to Canadians, who are building a responsive health care system for our aging population, a system which requires input from countries that have traditionally provided community based rehabilitation for their elderly. "In addition," points out Dr. Peat, "many people in Canada are from other countries, and we need to have a better understanding of how to meet their health care needs."

ICACBR's interactive model of participation is more often being seen not only as a win-win solution, but as the only feasible infrastructure for our society's rehabilitation needs. It ensures that people who have disabilities get the best of what is available in knowledge, education and resources.

*For more information, contact ICACBR, Queen's University, Kingston, Ontario, Canada K7L 3N6:  
( 6 1 3 ) 5 4 5 - 6 8 8 1 .*



DR MALCOLM PEAT  
ICACBR EXECUTIVE  
DIRECTOR IN BOSNIA  
HERZEGOVINA



# QUEEN'S Gazette

Volume XXIV Number 28 Kingston, Ontario November 1, 1993

## Queen's Library for the 21st Century reaches milestone



Chief librarian Paul Wiens, left, and Joseph Stauffer, nephew of the late Joseph S. Stauffer, unveil the cornerstone of Queen's Library for the 21st Century during a ceremony held Alumni Weekend. The milestone was witnessed by university faculty, staff, trustees, alumni, and members of the Kingston community and included the sealing of two time capsules within the cornerstone itself.

Photos by Bob Weiszagel

## Environmental Monitoring and Assessment Program

### Biologists part of million-dollar EMAP study

by Dan Hogan

Two leading biologists from Queen's will play a crucial role in the largest program ever to monitor the health of our environment.

Drs Sushil Dixit and John Smol, both of the Department of Biology, as well as Dr Don Charles of the Academy of Natural Sciences of Philadelphia are receiving a grant worth roughly \$1 million Cdn over five years from the US Environmental Protection Agency.

Their project is one of several focusing on the health of the nation's surface waters - including lakes, reservoirs, rivers and streams - and is part of the EPA's multi-million-dollar Environmental Monitoring and Assessment Program (EMAP).

Surface waters fall under one of EMAP's seven major ecological resource groups, which also include agroecosystems, and ecosystems, estuaries, forests, the Great Lakes and wetlands. With hundreds of scientists involved in the program, EMAP is the largest study of its kind in the world.

For their part, researchers at Queen's and Philadelphia will study more than 250 lakes in the northeastern United States for signs of impact from human activities, such as acid rain and eutrophication, in which excess nutrients from agricultural runoff and other sources cause an over-abundance of weeds and algae.

"This program provides a monitoring framework to identify problems before they become widespread or irreversible," says Dixit. "It will provide quantitative, unbiased results on which management and research priorities can be based."

In the past, politicians, industry lobbyists, and environmentalists have debated whether the deteriorating conditions of some lakes are the result of natural processes or artificially induced through human activities. Now with the advent of new monitoring tools, scientists can offer accurate ways of identifying the causes of environmental change.

Both Dixit and Smol are part of the Palaeoecological Environmental Assessment and Research Lab (PEARL) at

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## Queen's teams up with external affairs, World Health Organization

### Rehab therapists dodge gunfire to help Sarajevo's war disabled

by Dan Hogan

Queen's will be sending rehabilitation therapists to the war-torn city of Sarajevo to help besieged Bosnians develop community-based programs for the disabled, many of whom are victims of the bitter strife.

The therapists will be part of a \$200,000 program, funded by Canada's Department of External Affairs, to help set up rehabilitation services throughout the city, where more than a year of fighting has left hospitals badly damaged and inaccessible to the majority of people.

Earlier this month, two representa-

tives from Queen's travelled to the former Yugoslavia for a one-week visit to prepare a proposal that would identify the areas of Canadian contribution and the people who would be involved. Queen's will be collaborating with the World Health Organization, which made the visit possible through its support, and other agencies working in the Sarajevo area.

Dr Malcolm Peat, executive director of the Queen's-based International Centre for the Advancement of Community Based Rehabilitation and director of the School of Rehabilitation Therapy, went with the school's professor Elizabeth

Tata. Under the protection of United Nations personnel, the two visited the former Yugoslav city of Zagreb in Croatia and Sarajevo, the Bosnian capital.

"What's happened," says Peat of Sarajevo, "is that the city has been under bombardment for such a long time that there is no transportation, there's no power, there's no water. And the life of the city has effectively come to a halt. The people are really, as they say, prisoners in Sarajevo - the city is completely surrounded."

Many have been injured after more than a year of bombardment by the surrounding Serbian forces, yet access to medical care has been severely restricted because of damage to hospitals and the lack of transportation. What's needed are services based in the community that are readily accessible to people in various locations throughout the city.

"Often these services are in the basements of warehouses or of high-rises that have been shelled," Peat explains. "There's really a grassroots movement to provide at the community level services which are no longer accessible anywhere else."

The program will involve the entire "continuum" of people involved in caring for the disabled, says Tata. "From the physician to the therapist to the family to the disabled themselves, volunteer groups, non-government agencies - re-

Please turn to page 2

## Don't abandon the townhouse - design a better one

### Planning study reveals discontent with affordable housing compromise

by Allison Dawe

A new study by a professor in the School of Urban and Regional Planning has produced some surprising findings about so-called "medium-density" housing - townhouses, rowhouses, and low-rise apartment buildings.

The conventional wisdom among planners is that medium-density housing always offers higher quality of life than high-rises - although less than single-family dwellings. As a result, plan-

ning as the best compromise for ensuring affordability and reducing urban sprawl.

But a new survey of Ottawa homeowners and tenants by Dr Hok-Lin Leung suggests that people who live in medium-density housing are actually the least satisfied with their homes.

Leung surveyed about 200 homeowners and tenants in 11 varied Ottawa neighbourhoods. The study was sponsored by the Canadian Mortgage and

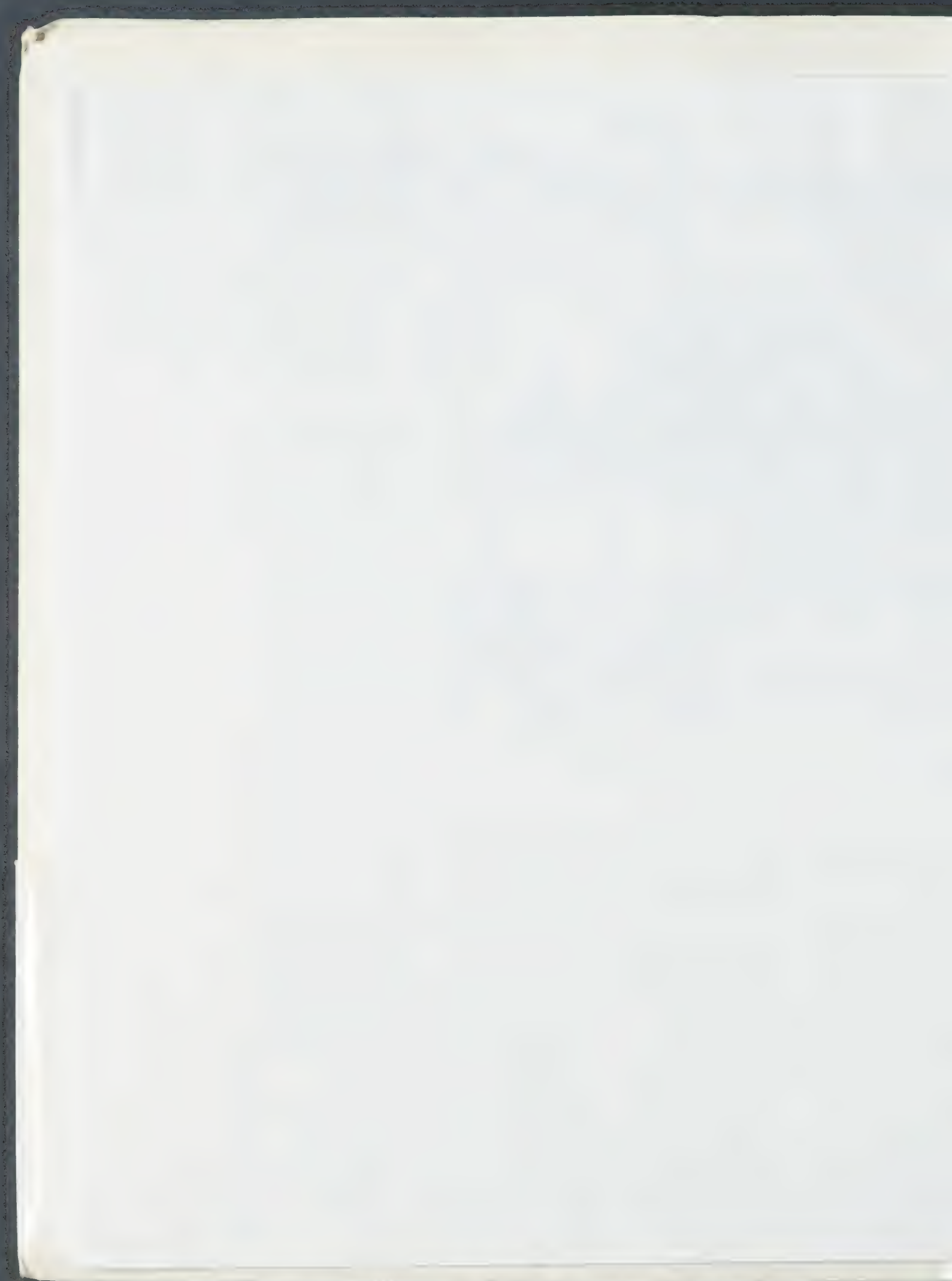
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The meaning of college in the lives of women 4

Alumni Weekend revisited 5



**BOSNIA** from page 1  
ally bringing together any resource that you can find that would help develop programs for the disabled."

The types of patients the therapists will be helping range from children who have been injured by sniper fire to adults and the elderly with more traditional types of disability such as stroke, Peat adds.

Rehabilitation therapists from Queen's, who have had first-hand experience in working in community-based programs in both the developed and developing worlds, will initially be making four trips to Sarajevo, travelling in pairs. More than two at any one time would place a burden on the limited resources available in the city, and it would pose security problems, since there is room for only two passengers in an armoured vehicle besides the driver and interpreter.

Personal safety is a constant concern in Sarajevo, as the recent Queen's visitors can testify. Wearing UN blue flack jackets and metal helmets, the pair avoided walking anywhere in the city because of the hazard posed by snipers. When they did travel, it was inside a white UN armoured vehicle.

"We were very close on one occasion," recalls Peat. "There was machine-gun fire right by our armoured vehicle." On another occasion, Peat and Tata were



**Helping Bosnia's war wounded** Dr Malcolm Peat (centre), executive director of the Queen's-based International Centre for the Advancement of Community-Based Rehabilitation and director of the School of Rehabilitation Therapy, and the school's professor Elizabeth Tata (left) meet with Bosnian Minister of Health Professor Mustafa Beganovic (right).

sitting in the bombed-out carcass of what used to be a Holiday Inn at dusk when, without warning, a stream of red anti-aircraft tracer bullets, fired from a nearby Bosnian gun at the Serb forces in the hills, went straight past their window.

But despite the troubles that have turned the one-time tourist city and site of the 1984 Winter Olympic Games into a war zone, Tata and Peat believe that the Canadian-sponsored community-based

rehabilitation program can make a positive difference.

"If the community-based program works well, and I'm sure it will, I think that will continue to develop," Peat says. "And assuming there is peace in the region, the community focus, as the [Bosnian] minister of health suggested, will probably be the basic element of the restructuring and redevelopment of the programs for the disabled."

**STUDY REVEALS SURPRISING HOUSING DISCONTENT** from page 1

Housing Corporation.

Those who lived in medium-density housing gave their homes the lowest marks in almost every area - for privacy, room and home size, layout, number of rooms, parking, exterior appearance, sunshine, and view.

They were also the least satisfied with the crowding, noise, appearance and safety of their neighbourhoods - although they were the most happy with the quality and accessibility of nearby shopping and community services.

In a paper describing the study, Leung concludes: "The most important message of this study [for those who want to build medium-density housing] is: Don't copy the existing stock."

"The strong and consistent indication of problems with the existing medium-density housing stock in urban areas cannot be ignored."

As expected, "low-density" housing - detached single-family homes and duplexes - fared much better. But the big surprise was the highrise category, Leung says. These buildings have a bad reputation with many planners, but highrise dwellers were more satisfied with their homes than medium-density residents in almost every category.

And the highrises even rivalled the low-density housing in some areas of resident satisfaction - especially dwelling and room size, layout, storage space, sunshine, and view.

Leung cautions, however, that the solution is to build better medium-density housing, not replace it with highrises. Highrise living isn't for everyone, and the high satisfaction levels may reflect the fact that many residents are living there by choice, he says.

In medium-density housing, on the other hand, many residents would prefer low-density but have had to settle for medium-density for economic reasons, Leung says.

And their dissatisfaction is compounded, he says, by the fact that English-speaking Canada lacks a well-entrenched, positive tradition of medium-density urban living, like that in Mon-

treau or European cities.

"People in English-speaking Canada really do not have a very good or clear image of what medium-density living is. So they bring with them ideals which are unlikely to be fulfilled and therefore get a significantly higher level of frustration." Or they bring negative prejudices and these are sadly confirmed by the way that our medium-density housing is built."

Leung says the study points to several ways of improving medium-density housing. Current planning principles put heavy emphasis on giving every unit a ground-level entrance, he says. That means that many medium-density developments are limited to two storeys - which restricts the amount of space they can provide.

But while the survey showed that a ground-level entrance was important to residents, it wasn't as important as space, layout, sunlight, air, and even external appearance, Leung says.

He suggests that ground-level entrances for everyone be traded off for

more indoor space in three or four-storey structures, and more private outdoor space using terraces or balconies. Such structures would still have "human scale" because you can still talk to someone four storeys up and see their facial expressions.

An interesting model is the French, Italian, and Chinese courtyard plan, he says. From the outside, these four or five-storey structures look like ordinary city buildings, but they conceal a private internal courtyard. "Instead of our designs, where all the units look out to the street even though there is not much to see and you draw the blinds, why not have houses looking in, to a controlled domestic environment, the courtyard?"

Developers could also improve privacy by better demarcating private and public outdoor space through the use of higher fences, and by adding concrete floors and walls to reduce noise. Highrises tend to have both for structural reasons, which may partly account for their residents' greater satisfaction and sense of privacy, Leung says.

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Advice on academic appeals should be sought from the appropriate faculty office

\* Internal number, may be accessed with a touch-tone phone from off campus by dialing 545-600+1+(extension).

QUEEN'S Gazette

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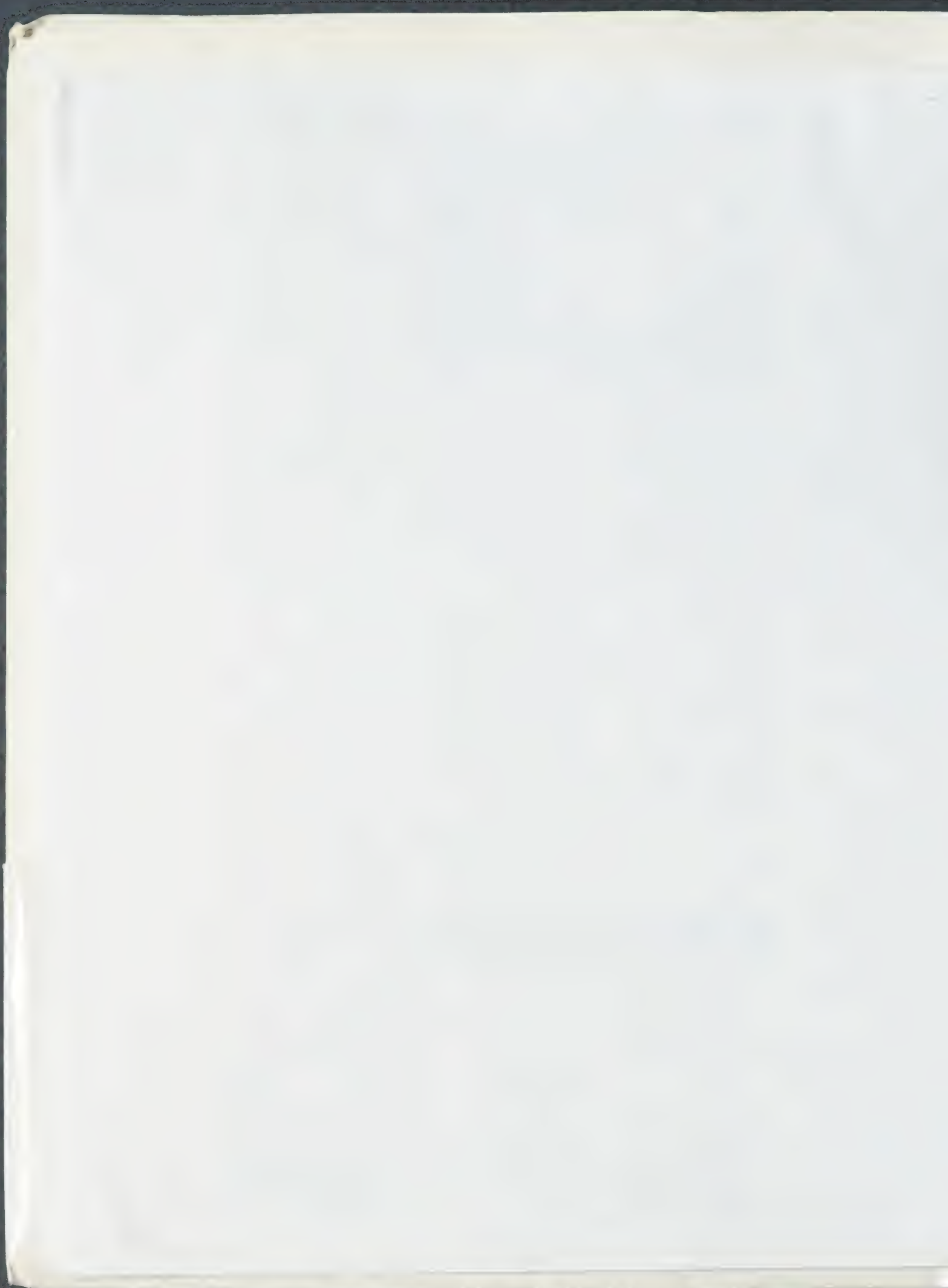
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WAR IN BOSNIA by Murray Hogben



Rehab therapists from Queen's University taught their Bosnian counterparts how to treat wounded war survivors, like the Sarajevo girl above, in their homes.

THERE'S A NEW LINK BEING FORGED between the comfortable professionals Queen's University and their hard-severed colleagues far off in Sarajevo to surmount community-based rehabilitation of the war-disabled in the Bosnian capital.

Last October, rehabilitation therapists Malcolm Peat, executive director, and Elizabeth Tata, both of the International Centre for the Advancement of Community Based Rehabilitation at Queen's, visited Zagreb and Sarajevo.

Their aim was to see what could be done to develop low-cost and low-tech community-based - as opposed to hospital-based - rehabilitation for the disabled survivors of two years of constant shelling and sniping attacks from the surrounding mountains.

Peat, who has also been director of the School of Rehabilitation Therapy at Queen's for the past nine years, says "in one of the clinics we saw a number of young amputees. We're talking about teenagers and people in their early 20s who were injured as a result of the bombardment."

"We also saw a lot of spinal-cord injuries - people paralyzed from the waist down - and the problem with the young adults like this, where there's no hospital program for them to go to, is that we hope to be able to help them develop 'rehab' programs in their own homes and in their own community, rather than let them be isolated there [in their homes] and their disabilities get worse."

The aim of the community programs will be to work with local personnel in order to deal with these people often isolated in their high-rise apartments, where they are often in bed, with no electricity, elevators or water, literally "imprisoned" there, he says.

"What happens, and you see it even in the military hospitals in Croatia," he added, "is that when the people are disabled, where we think of being very proactive with disabled persons here they just lie in bed there."

"Here they would be out of hospital as soon as they could and back home, and there would be things like wheelchairs and mobility aids, and they have none of those features there, so what we have to do is work with them in the home and the community and develop programs or strategies that will make them more mobile, more active and participatory in everyday life. Rehabilitation professionals are ideally suited to be able to do that."

"We want to change them from being passive war-wounded in isolation to active participants in life, really, and you can do that without a lot of equipment."

"You can do it with imagination, with motivating them, getting their families to treat them as real live individuals and not people to be pitied, not people to be isolated, not people to be marginalized. And although they live in a society with enormous deprivation and lack of facilities the disabled can still have as high quality of life."

Peat says a big part of the Queen's and

International Centre's effort is to work with other rehabilitation professionals on the spot and to learn from working with the disadvantaged because Queen's people can learn from them.

It's "not a one-way street" with Canadian expertise going to Sarajevo. The Canadians will learn things from the Bosnians, which can be brought back and applied here and elsewhere.

He says a lot of Canadians still believe in the post-war philosophy of "development," which is that of Canadian resources in a one-way flow overseas. So in times of fiscal restraint Canadians might wrongly question this.

"What can you learn in a war zone?" he asks rhetorically. "You can learn a lot about working with disadvantaged people. We have disadvantaged people in our own society, but for different reasons."

Peat says he's very interested in "development" from being fortunate enough to work earlier in his career for the United Nations' World Health Organization (WHO) in India and Burma.

The recent trip to Zagreb and Sarajevo was to meet health care professionals and visit clinics and hospitals in order to prepare a program proposal which would identify for WHO the areas where Canadians could contribute. The Canadian government had asked the International Centre to provide basic rehabilitation equipment - portable and non-electrical - to four community centres in the city, as well as technical assistance to help install it and to collaborate with local

rehabilitation personnel there in a series of short-term visits.

In 1991, Canadian International Development Agency (CIDA) selected Queen's to establish the International Centre for the Advancement of Community Based Rehabilitation as one of six "centres of excellence" in various fields across Canada. The centre will receive \$5.5 million over six years. It has other connections in Asia and is now about to start rehabilitation work in Volgograd, Russia.

In Sarajevo, Peat and Tata stayed in the shell of the Holiday Inn, which has no electricity or heat and is only safe on one side because the international media stay there. No one wants to hurt the press because of the bad publicity they might receive, he said.

Signs in their rooms warned them to "stay away from the windows."

The hotel management said if the hotel was shelled they wouldn't have to pay for that day. They often had to move between their hotel and the clinics and hospitals by WHO armored personnel carriers, wearing helmets and flak jackets.

Peat was most impressed by the willingness of the Sarajevo professionals to take personal risks to meet them at the hospitals or clinics, and by the professionalism of the UN peacekeepers.

Peat, Tata and Dr. Elsie Culhan will return to the rehabilitation faculty in April.

Murray Hogben is a staff writer for *The Kingston Whig-Standard*.





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ERE'S A NEW LINK BEING FORGED between the comfortable professionals at Queen's University and their hard-edged colleagues far off in Sarajevo to create a community-based rehabilitation centre for the war-disabled in the Bosnian capital.

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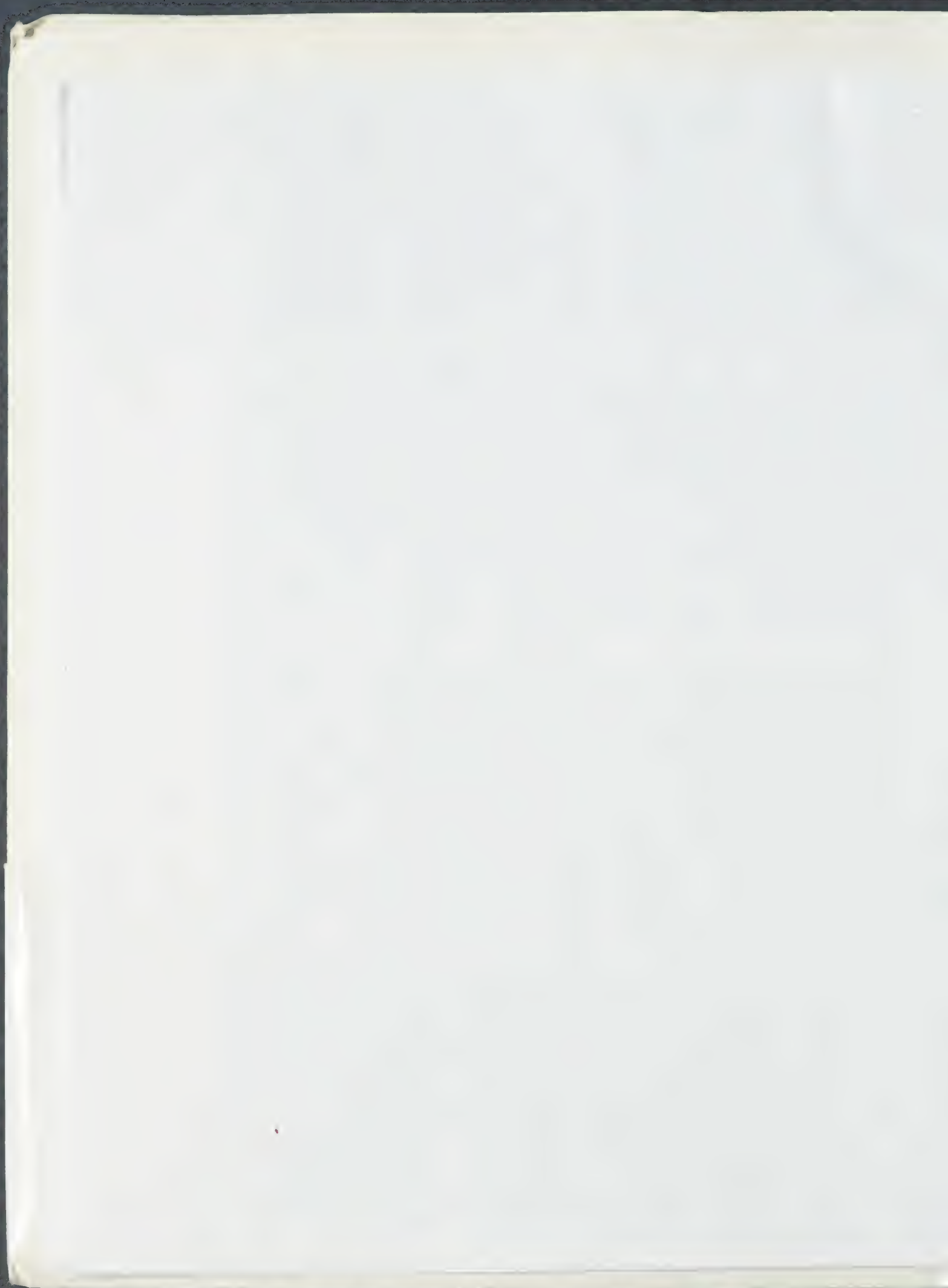
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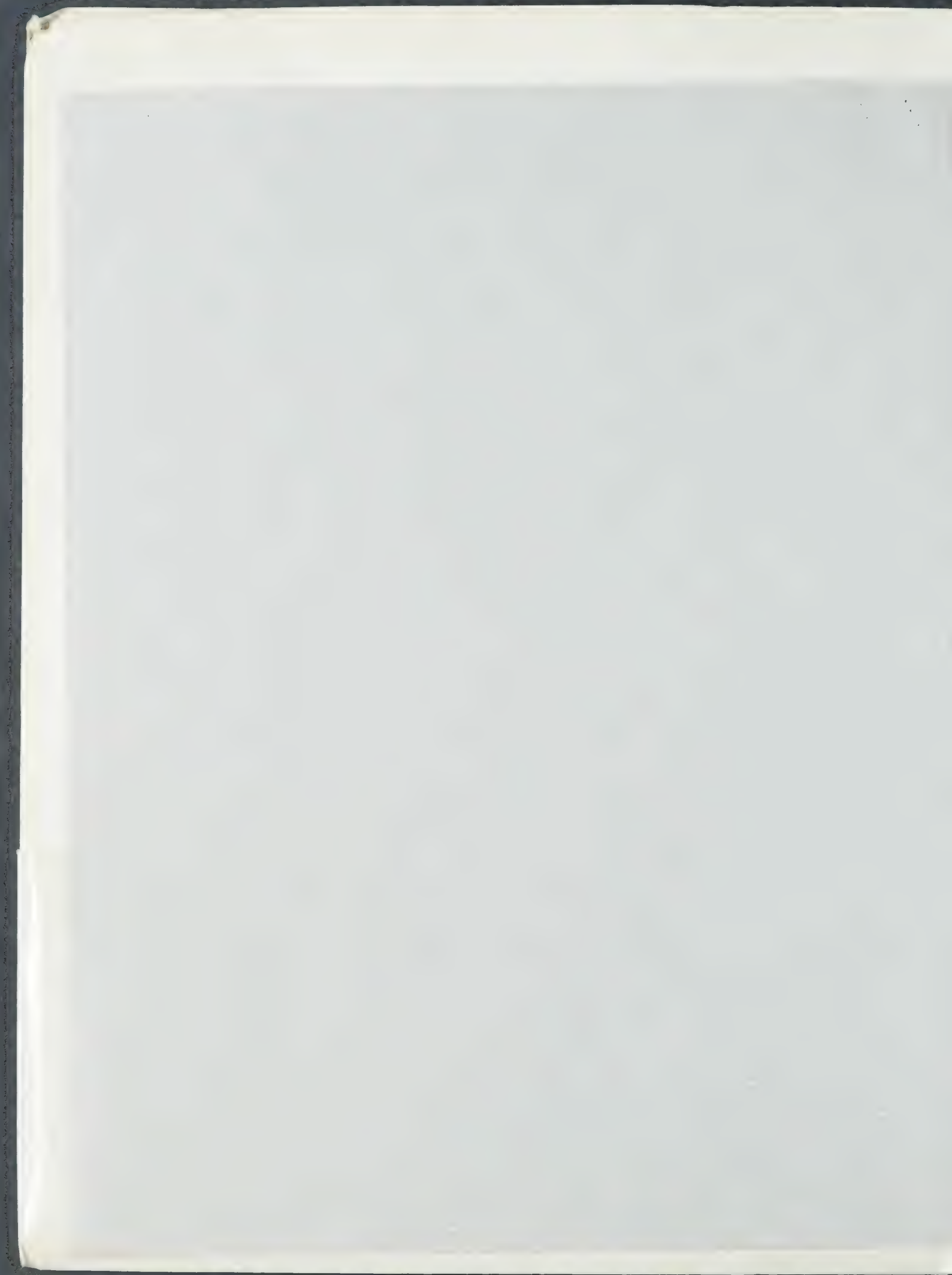
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**International Centre for the  
Advancement of  
Community Based Rehabilitation**



**Queen's University  
Kingston, Ontario, Canada  
K7L 3N6**



## What is ICACBR?

**MISSION:** *ICACBR is an organization committed to advancing the concept and practice of community based rehabilitation in partnership with persons with disabilities and their communities around the world. All of ICACBR's activities are directed towards achieving excellence in education, research and service delivery in community based rehabilitation internationally.*

### **A CIDA CENTRE OF EXCELLENCE PROGRAM**

ICACBR was established at Queen's University, Kingston in May, 1991, as one of six Canadian International Development Agency (CIDA) funded Centres of Excellence. The Centres of Excellence program aims to "encourage and support bold and imaginative teaching, training, research and public awareness related to international development".

### **ICACBR'S MANDATE**

ICACBR contributes to the body of knowledge of community development with a particular focus on rehabilitation and disability by specializing in CBR in the following areas: conducting research and program evaluation; creating the opportunity for undergraduate and graduate study and research; sponsoring and organizing workshops and seminars; and, identifying characteristics of CBR service delivery models. Together these programs will refine skills, enhance knowledge of issues concerning disability and CBR, and promote the development of effective and realistic CBR programs in collaboration with persons with disabilities internationally.

### **ICACBR PARTNERS AND MEMBERS**

ICACBR members include over 60 individuals representing 11 university and non-governmental organizations and agencies in Bangladesh, Canada, India, Indonesia and internationally. Through the collaborative efforts of its centre and associate members, ICACBR is committed to promoting CBR as a realistic, effective and efficient model for disability prevention, detection and intervention.

- from Asia* - Voluntary Health Services Society (VHSS), Dhaka, Bangladesh
- Centre for Social Change and National Development, University of Allahabad, Allahabad, India
- School of Physiotherapy and School of Occupational Therapy, Seth G.S. Medical College, University of Bombay, Bombay, India
- Yayasan Pembinaan Anak Cacat (YPAC), Solo, Indonesia
- from Canada* - Canadian Rehabilitation Council for the Disabled (CRCDD), Toronto, Canada
- Coalition of Provincial Organizations of the Handicapped (COPOH), Winnipeg, Canada
- Hugh MacMillan Rehabilitation Centre (HMRC), Toronto, Canada
- Queen's University, Kingston, Canada
- Université de Montréal, Ecole de réadaptation, Faculté de médecine, Montréal, Canada
- International* - Rehabilitation International, New York, U.S.A.
- Disabled Peoples' International (DPI), Winnipeg, Canada

## ICACBR - A Model of Partnership

A focus of this Centre of Excellence is to promote inter-agency collaboration at the international level and inter-sectoral cooperation at the national level. In working towards CBR development internationally and nationally, it is important to acknowledge the separate, yet related agendas of partner organizations and ensure they are appropriately integrated in the governance and management of Centre activities. While universities direct their efforts at broadening the body of knowledge about CBR, community development practitioners are anxious to apply the research to promote change. As ICACBR's experience in CBR grows, the need to "make things happen" is linked with an ability to influence CBR development using information based on objective data. It is the combination of these diverse agendas, expertise and interest in CBR which has been the foundation of ICACBR and the catalyst to achieving our goals.

The overall goal of the Centre is to advance the acceptance of, and knowledge about CBR as a an appropriate and realistic method for improving the quality of life of persons with disabilities and their families. In order to achieve this goal the Centre, will:

- 1) *enhance* the role of Canadian universities in the international development of CBR;
- 2) *facilitate* the transfer of knowledge and skills of CBR internationally;
- 3) *identify* core characteristics of CBR which can be adapted to suit the circumstances of most communities;
- 4) *demonstrate* the impact and increase the effectiveness of CBR for persons with disabilities, their families and their communities;
- 5) *facilitate* the development and application of rehabilitation technology; and,
- 6) *develop* strategies for the sustainability of CBR.

The activities of ICACBR are guided by the following principles:

- \* to promote integration of the experience of persons with disabilities in activities;
- \* to give special consideration to the role of women as professionals, care givers and consumers;
- \* to recognize the unique cultural, traditional, and economic circumstances and priorities of each partner community;
- \* to take an interdisciplinary approach to the problems associated with disability and community development;
- \* to operate both nationally and internationally;
- \* to work with existing institutions to ensure program continuity and sustainability;
- \* to develop projects that can easily be adapted and replicated elsewhere;
- \* to address the issue of positive attitudes towards disability;
- \* to recognize the effectiveness of early detection and prevention activities; and,
- \* to share knowledge and information.

## ICACBR - A Model of Partnership

The ability of ICACBR to achieve its goals is dependent on exemplifying a partnership approach, in all of its activities, to the development of rehabilitation programs for persons with disabilities. This involves developing effective relationships between stakeholders: the universities, non-government organizations, and members of the development community. It also means establishing an organizational model which can effectively support these relationships.

The model chosen by Queen's for ICACBR is an interdisciplinary partnership approach, consisting of dynamic, integrated and organized policy development and implementation involving key stakeholders in all aspects and stages of its decision making and program delivery. The entire organization from the Board of Directors to community workers, reflects the Centre's focus on collaboration, cooperation and teamwork.

The partnership - between persons with disabilities, health, behavioural and social scientists, and members of non-governmental organizations - enhances the individual roles and collective contributions of members towards the development of CBR programs which promote the full integration of persons with physical disabilities.

### **GOVERNANCE AND MANAGEMENT**

ICACBR is governed by a Board of Directors which includes representatives from each of the 11 partner organizations, a Convenor from each of the Standing Committees and ICACBR's Executive Director. Management of ICACBR's programs and activities is handled by the various committees and the Secretariat. The Administrative Committee develops and maintains the Centre's administrative, personnel and financial policies and activities. The Planning Committee plans, coordinates and monitors the progress of the Centre's projects and programs. Four standing Committees are currently established to identify, develop, coordinate and implement ICACBR projects. These are the Demonstration Projects, Evaluation, Learning Fora, and Research Committees, each headed by a Convenor. The Secretariat provides the important "linkage" to enhance communication and coordination of activities among and between partners. It is also the central contact point for other organizations seeking information about ICACBR and CBR in general.

Partnership in the governance and management of ICACBR has enabled members to share knowledge, skills and experiences with each other, thereby learning more about themselves, about each other, and about CBR. This enables ICACBR to enrich its own CBR experiences, while adding to the body of knowledge about the theory and practice of CBR. The strength of ICACBR is the commitment of its members to partnership and to the advancement of the mission and goals of the Centre. It is also the Centre's biggest challenge. Marrying the interests of researchers with the needs of grass roots organizations is not an easy task. This is made more challenging by the constraints of geography, language and culture. Nevertheless, it is fundamental to the effectiveness and sustainability of CBR.

## ***ICACBR - A Model of Partnership***

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### ***ASIA/CANADA LINKAGES***

With the assistance of partner organizations, significant progress has been made to explore CBR opportunities in Asia and Canada. Because partners have different foci and operate in different environments, their contributions to the advancement of CBR are diverse and valuable. One partner may contribute knowledge based on practical experience with CBR, while another may demonstrate how persons with disabilities can successfully lobby governments to produce change. Together, members work to promote CBR internationally.

The open exchange of ideas and experiences between partners in Asia and Canada has resulted in a fertile and receptive partnership. While shared interests and concerns draw the partners together within the Centre framework, it is as a result of these differences that members learn the most -- about each other and about themselves.

Currently, the focus of ICACBR collaborative efforts is CBR in Asia and Canada, largely because this is where ICACBR partners are located. However, interests and activities will not be restricted to these areas. Now that ICACBR has gained experience and momentum on its own turf, it is broadening the scope of activities to other areas of the world.

### ***ICACBR PROGRAMS AND ACTIVITIES***

A number of programs and activities are being collectively implemented by partner organizations, both in the field and at partner universities. ICACBR programs focus on six inter-linked areas of activity, including demonstration projects; learning fora; research; evaluation; technology advancement; and graduate education. As ICACBR progresses, it is likely that programs will evolve to reflect changes in direction or changes in focus required to accomplish its universal goals. It is primarily through these programs that the interface occurs between ICACBR university, professional and community members both in Canada and Asia.

#### ***Learning Fora***

CBR training was the first visible, tangible program offered by ICACBR and remains an important element today. The Learning Fora program promotes CBR internationally by providing training in the philosophy and strategies of CBR. Its activities emphasize the following elements: disability prevention and management; assessment of the basic needs in the community; methods for establishing CBR in a community; and preparation of health professionals for working in the community.

Seminars and workshops were held in 1991 and 1992 to train people from each partner location, thereby ensuring that knowledgeable people are available to effectively pursue the development and expansion of CBR programs. ICACBR has jointly sponsored two CBR Initiators Workshops in Solo, Indonesia. The workshops were intended for people from Southeast Asian countries planning to establish CBR. The purpose of each workshop was to give participants some idea of the scope of



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CBR, the kinds of problems that could be encountered and approaches to problem solving relevant to their own specific cultural, social, and economic environment. The Centre co-hosted the "National Seminar on CBR and Disability" with VHSS, in Dhaka, Bangladesh in February, 1992. Together with VHSS, ICACBR also held the "Workshop to Develop an Action Plan for CBR Approaches to Disability", in Dhaka, Bangladesh.

The Learning Fora Committee is actively pursuing the planning of a number of international conferences on CBR in collaboration with other groups committed to the advancement of CBR at the international level. In addition, it is developing a database on CBR, and is involved in developing the human resource potential of university personnel, persons with disabilities, and professionals committed to CBR.

### *Demonstration Projects*

Demonstration projects provide the grass roots practical environment where the theories and practice of CBR can be tested and developed. Currently there are eight Asian and Canadian demonstration projects. A goal of this working group is to identify core characteristics of CBR which are central to successful CBR practice and which can be applied in various settings.

The primary role of ICACBR is to provide evaluation and monitoring skills and personal, technical and some financial resources to support these projects. The Centre also provides opportunities for information sharing among project members, thereby improving the quality and scope of their programs. The diversity of the demonstration projects provides a unique opportunity to share expertise with colleagues, to learn from others and to expand participants' knowledge and expertise. Demonstration projects are conducted and partially funded by ICACBR in each of the partner countries. Current participants include:

- In Asia*
- \* CBR Development in Rural and Urban Communities, *Bombay, India*
- \* Development and Implementation of Community Based Disability Prevention and Rehabilitation, *Solo, Indonesia*
- \* Development of Community Based Support Services for Rural Disabled Persons, *Dhaka, Bangladesh*
- \* Health Care of Women, Children and People with Disabilities, *Allahabad, India*
- \* CBR Demonstration Project on Socio-psychological Aspects of Physical Disability, *Allahabad, India*
- In Canada*
- \* Physically Challenged Farmers of Alberta, *Edmonton, Canada*
- \* Yee Hong Community Wellness Foundation, *Scarborough, Canada*
- \* Mobile Adult Augmentative Communication Service, *Toronto, Canada*

The Demonstration Projects Workshop, held in Bombay, July 6 to 10, 1992, marked the first time representatives from Asian and Canadian demonstration projects have come together. The goal of the workshop was to collaborate, exchange information, and learn from each other's experiences. In this way, it is possible to understand why some models of CBR work and others don't. The workshop was attended by 24 project participants and Centre staff.

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The next meeting held in Solo, Indonesia, February 22 to 26, 1993 allowed participants to share further information on their progress, and address the issue of CBR evaluation. Participants discussed methods of evaluating the success of their own projects, as well as identifying evaluation approaches and criteria common to all.

In April, ICACBR organized a workshop for Canadian groups involved in CBR to come together for the first time to talk about CBR, the importance of evaluation and areas for CBR research. The main purpose of this gathering was to stimulate the advancement of CBR in Canada by first identifying the groups currently involved and working with them to develop a national strategy for advancing CBR. Another meeting is planned for March, 1994.

The Demonstration Projects Committee is in the process of identifying several additional CBR projects in order to broaden the scope of its study on core characteristics. ICACBR members will be visiting each selected site to determine the successful elements of CBR. This information will become a major part of the Evaluation Handbook as well as other publications.

### *Research*

The Centre's research program draws on the experience of researchers at Queen's University, University of Allahabad, and the University of Bombay as well as other participating agencies, and provides a concrete way for Canadian universities to become more involved in the international development of CBR.

There are two phases to ICACBR's research program. The first phase of research, currently under way, is a study of Disability Attitudes, Beliefs and Behaviours (DABB). The core idea of this study is that health problems in most areas of the world are not just biological but have strong psychological, social and cultural causes. Eight research sites, two in each partner country, have been chosen for the DABB study. In each location, 60 residents -- persons with disabilities, their families, and other members of the community -- will be asked to discuss their attitudes, beliefs and behaviour with respect to persons with disabilities. The research is expected to be completed by next summer. Once the study results have been interpreted, they will be presented to the communities surveyed. Each community has agreed to use this information to develop a program for changing attitudes, beliefs or behaviour which negatively affect persons with disabilities in their communities.

The DABB study is a good example of how researchers and community development workers can work together to achieve results. The purpose of the research is not just merely to produce information, but to bring about change.

A second phase of the research began this year. The focus of the areas of CBR research in this phase are on the following topics: the role of women; knowledge and skill transfer, disability concepts, policy analysis, functional assessment and NGO relationships.

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### *Evaluation*

Because CBR is itself a relatively new area of study, little work has been done in establishing criteria and methods for evaluating CBR experiences and projects. Through the Evaluation Committee, ICACBR is exploring ways to constructively evaluate CBR experiences in Asia and Canada. To accomplish this, ICACBR will test several evaluation methods and techniques to determine the impact of CBR on persons with disabilities, their families and their communities. ICACBR will be evaluating CBR demonstration projects, as well as its own programs and activities.

But developing a model for evaluating CBR can be difficult because CBR means different things to different people. What works in one community may not work in another. The experience to date has been that when evaluating CBR projects, one of the most fruitful approaches is self-evaluation. To encourage self-evaluation, ICACBR is developing a handbook that will teach CBR initiators in different communities how to develop evaluation criteria, and how to measure the success of their own CBR projects. The handbook, to be completed in the next two to three years, will use existing CBR evaluation material as well as information gained from ICACBR's demonstration projects.

At the Evaluation Workshop in Solo, Indonesia in February, 1993, participants discussed various approaches and criteria for evaluation, as well as their own self-evaluation methods. Once self-evaluation of the demonstration projects has been completed, the Centre will also complete an independent evaluation of these projects. This evaluation will match the goals of each of the demonstration projects with the Centre's goals, and that of the Centres' with the goals of its funding agency, CIDA.

Evaluation of the effectiveness of the training programs and activities of the Centre is also under way. To date, evaluations of training programs and seminars have been completed, including initiators workshops, seminars and conferences.

In tandem with the Demonstration Projects Committee, the Evaluation Committee will identify and analyze CBR organizations to determine their characteristics and to use this information as the basis for an Evaluation Handbook.

### *Technology Advancement*

A goal of ICACBR is to facilitate the development and application of appropriate rehabilitative technology. The technology needed to produce, support and repair these devices must be culturally, socially and economically acceptable to the people in the communities in which they are used.

ICACBR partners will work together to explore and develop technical solutions to the needs of persons with disabilities in developing countries. Although the challenges to finding appropriate rehabilitative technology in the developing world are different than in North America, the criteria are the same: devices must be made with materials that are easily available; there must be a support system available for maintaining and repairing the devices; devices and services must be affordable; and devices must perform in the surrounding physical environment.

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While Canada has much to offer developing countries in the form of information and technological experience the lessons learned from them are equally valuable. Many communities have innovative services and devices as well as a community-based support systems which ICACBR wants to consider and adapt to the Canadian environment.

### *Graduate Education*

To further enhance the role of Canadian universities in the international development of CBR, ICACBR has jointly promoted a graduate education program with the School of Rehabilitation Therapy at Queen's University, Kingston. The efforts of Centre members at Queen's University have resulted in the development of enriched graduate curriculum in rehabilitation therapy with a concentration in CBR. Curriculum development has been undertaken in the areas of policy implications of community health programs; socio-cultural perspectives; and the role of women in community development.

In addition to curriculum development, ICACBR has recruited William Boyce to the Faculty of Rehabilitation Therapy to complete research on CBR and international health issues. Professor Boyce brings diverse experience to the Faculty, including paediatric rehabilitation, research and evaluation, and community approaches to health care.

The Centre also funds graduate students in the School of Rehabilitation Therapy at Queen's University to conduct research on CBR. The purpose of the awards is to encourage research and academic excellence in CBR, and to recognize the potential of Canadian graduate students to contribute in the international development of CBR. Catherine Lysack and Cheryl Beach were the first graduate students funded by the fellowship awards program. Ms. Lysack is joining the University of Winnipeg to undertake her Ph.D.. Ms. Beach has joined the faculty of the Nanyang Polytechnic in Singapore this past Spring. Angela Haines-Wangda and Jurme Wangda are recipients of the fellowship awards for 1992/93 and 1993/94. They are commencing their research in Asia beginning this September. The fourth and fifth recipients of the award, Diane Kadonaga, and Sandra Ballantyne, joined the Graduate Program in September.

Canadian universities, like Queen's University, possess a great deal of specialized knowledge, and have acquired considerable experience in the third world over the past four decades by cooperating in a variety of development projects.

### *PARTNERSHIP WORKS*

ICACBR is a practical example of a model of partnership that ICACBR believes is fundamental to the quality and calibre of its operations and ability to meet its mandate and goals. By cooperating with each other, members have been able to develop an understanding of the challenges of coordination, resource allocation, and priority setting across sectors. The most recent example of the effectiveness of this model was in the development of ICACBR's Strategic Plan. This model has ensured that, at the policy stage, the process and decisions for program development are consistent with the mandate of the Centre of Excellence Program, the scope of work ICACBR intends to achieve and that activities planned are relevant to what the community needs.

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The access to and exchange of valuable information that has taken place thus far has been impressive. The interest and enthusiasm of external groups and individuals wanting to be linked with ICACBR to exchange experiences and information and for networking has demonstrated that this model is a fertile ground for advancing CBR internationally. What makes the ICACBR model of partnership work is that:

- members are sensitized to the various needs of others and the partner organizations;
- members appreciate the importance of mutual trust and respect for each other's perspective and position on matters concerning the Centre and its member organizations;
- members work together to use collective knowledge and experience to promote CBR development internationally;
- open and regular communication among members in the form of meetings, telephone contact and correspondence are encouraged;
- reasonable time frames are established for implementing projects which require input from many members and other groups;
- appropriate resources are dedicated to the Secretariat to support the coordination of these efforts and activities; and,
- the newsletter, "ICACBR UPDATE", has served as an important link to the plethora of other organizations active in CBR and is an excellent forum to exchange ideas and information.

These are all necessary mechanisms for internationalizing CBR and promoting the model of partnership in which ICACBR believes so strongly. It is this kind of environment, the partnership model, that offers a foundation for the sustainability of CBR.

The experience of ICACBR has strengthened Queen's commitment to the partnership model as a realistic and effective model for linking with other members of the community, such as the NGOs and collectively working through strategies for program development. Universities are integral members of the broader community and must ensure that their programs are consistent with needs of their community. The partnership approach is a model to replicate.

## Who are ICACBR's Partners?

### 1. *Canadian Rehabilitation Council for the Disabled (CRCDD), Canada*

CRCDD is Canada's leading NGO in the area of providing services to people with disabilities. They represent a broad consortium of professions, rehabilitation organizations, consumers, and interest groups. They are used as a resource and consulting agency by a wide variety of government and non-government organizations. CRCDD is Canada's representative to Rehabilitation International and will act as the link between the Centre and Rehabilitation International and its membership. Rehabilitation International is an international NGO which works closely with the United Nations and other multilateral agencies in relation to disability in developing countries. While Rehabilitation International does not provide project financial support, it acts as an information clearing house and provides an international forum for issues affecting persons with a disability.

### 2. *Centre for Social Change and National Development, University of Allahabad, India*

This group have been designated by the government of India as a Centre of Advanced Study, and as such receive significant funding for research and development in the social sciences. They have established a series of nationally and internationally renowned programs. Through the Social Action and Project Outreach Programs, the Centre has established links with community, educational institutions, NGO's, industry, and rural development organizations. Their programs emphasize health projects in the context of community development.

### 3. *Coalition of Provincial Organizations of the Handicapped (COPOH), Canada*

COPOH is a voluntary umbrella organization which coordinates the views of provincial citizenship/self-help groups at the national level to improve the status of disabled persons in Canada. COPOH's is very active working to improve the status of persons with disabilities, promote self-help for persons with disabilities, provide a democratic structure for disabled citizens to voice concerns, monitor federal legislation, promote policies determined by disabled citizens, share information and cooperate with disabled person's organizations in Canada and other countries and to establish a positive image of disabled Canadians.

### 4. *Disabled Peoples' International (DPI)*

Disabled Peoples' International is a development organization. Its main function is to foster and encourage the development and liberation of its members. It is not an operational agency nor a funding agency. It is an organization established by members to foster the development of the membership worldwide, and animate disabled people to take charge of their lives. DPI has active membership in 90 countries around the world, over half of which are developing nations.

## Who are ICACBR's Partners?

### 5. *Hugh MacMillan Rehabilitation Centre (HMRC), Canada*

HMRC is a major Canadian clinical, research and education resource in rehabilitation. In addition they have an international reputation in the provision of multi-disciplinary clinical programs for disabled children and in the development and application of technology which enables disabled children and young adults to maintain the highest quality of life in the community. This technology includes communication systems, mobility aids, and orthotic and prosthetic devices. HMRC provides the Centre with a research and clinical base which focuses on the development and application of appropriate technology intervention for the disabled.

### 6. *Queen's University, Canada*

Queen's has identified education and research in community health care as being a major priority and area of development. These priorities have resulted in an increasing emphasis on the international aspects of community health care. In addition they have a commitment to pursuing education and research with an inter-disciplinary team. This team includes faculty from the Departments of Rehabilitation Therapy, Psychology, Political Studies and Medicine who also have significant international development experience in a variety of areas. Provision of health care in multicultural societies, cross cultural psychology in relation to health and disability, and rural development are areas of major activity.

### 7. *Rehabilitation International*

Rehabilitation International is a federation of 137 national and international organizations in 82 countries working to improve the lives of people with physical, mental or sensory disabilities. It is an open forum for the exchange of experience and information on research and practice around the world; an active network of disability specialists; an advocate for policies and legislation to address the rights and needs of people with disabilities; and a deliberative body which maintains professional commissions on the major aspects of the disability prevention and rehabilitation fields.

### 8. *School of Physiotherapy and School of Occupational Therapy, Seth G.S. Medical College, University of Bombay, India*

This group, in conjunction with the King Edward Memorial Hospital, is a major academic institution in the development of undergraduate and graduate education in rehabilitation therapy in India. They have also trained students from a wide variety of other countries in South and South East Asia and the Middle East. One of their areas of research and development is CBR. Their activities in this area include: curriculum development at graduate and undergraduate levels; staff development programs; and, the design and implementation of alternative models of CBR programs.

## Who are ICACBR's Partners?

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9. *Université de Montréal, Ecole de réadaptation, Faculté de médecine, Canada*

The Université de Montréal has an inter-disciplinary commitment to the development of educational programs in rehabilitation and community health. They bring to the Centre skills in both academic training and research. These skills have been reinforced through past and present involvement in education and program development in various countries in Asia, North and West Africa, Central and South America, and the Caribbean.

10. *Voluntary Health Services Society (VHSS), Bangladesh*

This Bangladesh non-government organization (NGO) represents over 150 NGO's working in the broad areas of health and development. This agency recently appointed an officer to co-ordinate and enhance the role of NGO's in development of programs for the physically disabled.

11. *Yayasan Pembinaan Anak Cacat (YPAC), Indonesia*

YPAC is Indonesia's largest NGO that provide assistance to people with disabilities and have 15 centres and an extensive CBR program in Java. Personnel responsible for developing their CBR programs have served as consultants to the Indonesian government and various international agencies including ESCAP, UNDP, and UNICEF. YPAC is associated with all of the major government and non-government rehabilitation services in Indonesia.







## **DOCUMENTS ENCLOSED**

### **1. PHASE 1: COMMUNITY BASED REHABILITATION BOSNIA-HERZEGOVINA OCTOBER 1993 TO OCTOBER 1994**

- 1.1 VISIT REPORT, OCTOBER 1993
- 1.2 VISIT REPORT, JUNE 1994
- 1.3 VISIT REPORT, OCTOBER 1994

THIS WILL PROVIDE SOME BACKGROUND ON THE ACTIVITIES COMPLETED TO DATE IN ADDITION TO PRELIMINARY ACTIVITIES TO INITIATE THE IMPLEMENTATION OF PHASE 2: THE EXPANSION OF COMMUNITY REHABILITATION PROGRAMS TO OTHER REGIONS OF BOSNIA-HERZEGOVINA

### **2. PHASE 2: THE DEVELOPMENT OF REGIONAL COMMUNITY REHABILITATION PROGRAMS IN THE FORMER YUGOSLAVIA PROJECT PROPOSAL APPROVED SEPTEMBER 1994**

### **3. OTHER BACKGROUND MATERIAL**



PHASE II.

1994 - 1996.

PROPOSAL FOR  
THE DEVELOPMENT OF REGIONAL  
COMMUNITY BASED REHABILITATION PROGRAMS  
IN THE FORMER YUGOSLAVIA

*Prepared by*

*The International Centre for the Advancement of  
Community Based Rehabilitation  
Queen's University  
Kingston, Ontario*

*Approved by Government of Canada  
September 1994.*

September 9, 1994



## **THE DEVELOPMENT OF REGIONAL COMMUNITY BASED REHABILITATION PROGRAMS IN THE FORMER YUGOSLAVIA**

### **1. GOAL:**

It is the goal of this project to participate in the development of sustainable community based programs for the rehabilitation, relief, and reintegration of disabled war victims in Ex-Yugoslavia, building on the success of the current International Centre for the Advancement of Community Based Rehabilitation, Department of Foreign Affairs, Government of Canada funded program in Sarajevo.

The period of hostilities has resulted in a large number of persons with disabilities in all age groups. The application of community development strategies through community based programs for the physically disabled population is an economically feasible, socially acceptable, and culturally appropriate strategy in the relief and rehabilitation of the war damaged social and health care systems.

### **2. OBJECTIVES:**

- 2.1 To develop regional/community centres for community based rehabilitation programs throughout Bosnia-Herzegovina, based on the Sarajevo community based rehabilitation model (current Canadian funded project). Priority will be given to the consolidation of the Sarajevo program and the development of regional/community centres from which further outreach CBR will be developed. Suggested locations to be considered include Zenica and Tuzla.
- 2.2 To develop a core of government, non-government, and professional and community personnel prepared to participate in the implementation of community based rehabilitation services.
- 2.3 To document, record, and analyze the application of community based rehabilitation strategies in a region currently redeveloping programs for the physically disabled population, in particular, dealing with the critical issues of the war wounded and their families.
- 2.4 To develop learning resources appropriate for the preparation of personnel for participation in community programs.
- 2.5 To develop educational strategies for varying levels of personnel in the continuing expansion of CBR in Ex-Yugoslavia.

- 2.6 To facilitate the reintegration of disabled persons into the community, linking CBR strategies to economic, vocational and social rehabilitation programs.
- 2.7 To participate in the development of a regional framework for CBR development which will facilitate the coordination and exchange of information between national and international agencies.

### **3. BACKGROUND:**

Dr. M. Mujic, the Advisor on Rehabilitation to the Minister of Health, Government of Bosnia-Herzegovina, together with members of the health care professions and community participants, has developed a proposal which identifies the need for community rehabilitation clinics throughout Bosnia-Herzegovina (Appendix 1). It has been suggested that this proposal be further developed with Canadian collaboration.

In addition, Dr. M. Beganovich, Minister of Health, Bosnia-Herzegovina has requested that the Government of Canada continue to support the expansion and redevelopment of rehabilitation services. The future program is to be based on the experiences of the current Canadian CBR project in Sarajevo (Appendix 2).

The development of community based rehabilitation strategies in Bosnia-Herzegovina will provide a set of clinical, social, and community experiences appropriate to the redevelopment of similar services in other regions of Ex-Yugoslavia.

During the two years of hostilities the health care system has been severely damaged, with loss of personnel and destruction of physical facilities. The population of disabled has increased significantly, with a large proportion of war wounded being added to the existent population of disabled persons. The current strategy to address the problem of meeting the needs of the disabled population and their families is to develop rehabilitation services at the community level and integrate these into the primary health care sector. The current Canadian project in Sarajevo has effectively demonstrated the success of this approach. Although accurate data is unavailable on the exact numbers and categories of disabled, the experience of the Sarajevo program has shown that the major disability categories produced are caused by shrapnel wounds (55%) and gun shot wounds (25%), with the remaining 25% the result of miscellaneous causes. These have resulted in a large number of musculo-skeletal injuries, resulting in peripheral nerve damage, spinal cord injuries, and head injuries. In addition to the war injured, there exists a population of elderly disabled persons and those disabled by other causes.

ICACBR/Queen's University has a project currently funded by the Department of Foreign Affairs to design and develop four community based clinics in Sarajevo. This program includes the development of educational and clinical based activities which focus on the preparation of health professionals and community members for collaborative roles in the development and implementation of community based rehabilitation



### 3.1 COMMUNITY BASED REHABILITATION

Community based rehabilitation is the approach to rehabilitation thought to hold the most promise in terms of reaching the maximum number of persons with disabilities. It has been particularly effective in areas where traditional institutional services are unable to meet the demands of the disabled communities. In addition, the strategy is increasingly applied in the international restructuring of health and social programs. The latter being driven by the escalating costs of institutional care for the disabled.

The term CBR is now in international use with several different meanings. As societies differ in terms of culture, environment, education, health and social programs, there is no single approach applicable to all communities. However, there is consensus on the general principles to be followed in the development of CBR. CBR attempts to:

- be goal directed and accountable to the community;
- be community and client centred;
- collaborate with institutional facilities;
- coordinate referral systems;
- facilitate interdisciplinary collaboration;
- promote participation of persons with disabilities;
- transfer appropriate knowledge to the community;
- increase level of knowledge of contact people; and
- select technology appropriate to community resources.

Within the last decade, CBR has become a major priority of the World Health Organization. It has been a feature of the redesign of disability programs in Canada and Sweden who are regarded as leaders and international resources in the design, implementation and evaluation of CBR. The community approach to disability prevention and intervention services has been shown to be a cost-effective and culturally appropriate strategy for reaching the largest number of disabled persons. The interest in CBR has extended to the restructuring of health and social programs in Europe, including the Central and Eastern European sectors, North America and to the continuing evolution of programs in developing societies.

A critical feature of CBR is the involvement of persons with disabilities, their families and their communities. A major strength is the ability to design and develop a program which reflects the environment and needs, unique to the community which it serves. For example, CBR can be applied using a number of different strategies, community clinics, outreach services, home care services, disability organizations or self-help groups and independent living programs. Our experience has shown that the first two of these CBR strategies, community clinics and outreach services, are approaches particularly relevant and appropriate in Ex-Yugoslavia, at this time, as it builds on the health infrastructure currently available. It has already been demonstrated that institutional based services would work in collaboration with community based programs in order to facilitate rapid reintegration of disabled persons.

The CBR strategy in Ex-Yugoslavia would:

- ease the burden on institutionally based services;
- improve access to rehabilitation services at a community level;
- promote earlier discharge of rehabilitation inpatients;
- increase the services to more patients;
- limit the development of chronic disabilities in untreated populations;
- provide functionally based low technology services;
- empower the disabled individual and family to function with greater independence from professional services; and
- provide a framework for the development of a national rehabilitation program.

Appendix A provides a more in depth discussion on alternative strategies in community based rehabilitation. This paper was presented by Dr. Peat in Sarajevo in June 1994.

### **3.2 CURRENT REHABILITATION RESOURCES IN EX-YUGOSLAVIA**

Health care including rehabilitation services were not prepared for war conditions or other disasters. In some instances, including Sarajevo, major rehabilitation centres and hospital were total destroyed in both equipment and premises within days. The general level of public health in Ex- Yugoslavia is extremely low with the country ranking in the lower half of countries in all key WHO indicators. The system was highly centralized and inefficient with overemphasis on hospitalization. The war has seriously burdened an already weak system.

There is a lack of health professionals with experience in physical therapy and occupational therapy. This seriously compromises the quality and scope of rehabilitation programs available in this region. A significant number of professionals have left the country. Exact numbers of rehabilitation professional throughout the region is not known. This was confirmed by a survey completed by the International Rescue Committee in Sarajevo, East Mostar, Zenica, and Tuzla. For example, only two physiotherapists work in Zenica hospital dealing with a large population of patients with spinal cord injuries. In addition, they also see in excess of 50 out-patients a day.

The financial compensation for the remaining health professionals is a major source of concern. For a significant period of time, hospital and clinic personnel provided their services on a voluntary basis, unpaid. The period of hostilities resulted in a complete breakdown of the financial support to health and social agencies. In recent months, some external agencies have been employing local personnel in order to facilitate the redevelopment of programs and to maintain personnel. There is a great variation in the salaries provided, however, the WHO remuneration in Sarajevo for local physicians is approximately \$800 US a month. At the present time, many programs are dependent on community volunteer support. The intention is that when the situation permits the government will resume its financial responsibilities. In the interim, however, donor agencies will have to employ key local personnel to facilitate the implementation and development of their programs.

Currently the facilities for rehabilitation in Ex-Yugoslavia are extremely limited in what they can offer to victims of war. The following is a brief description of the rehabilitation services available in the cities where the clinics are being proposed. In East Mostar there exists a 12 bed War Hospital, 12 bed Paediatric Centre, and a very small one room Outpatient Facility. There is one rehabilitation physician and 5 therapists. It is estimated that it is serving a regional population of 100,000.

In Zenica, the conditions are very difficult. Zenica is estimated to have a regional population of up to 400,000, the city though has an official size of about 70,000. In an 1,800 bed acute care hospital, there are 2 rehabilitation physicians and 2 therapists. Patients are nearly always in bed with no active rehabilitation program in place. There also exists another 90 bed hospital for rehabilitation and one rehabilitation outpatient clinic which is involved only with diagnosis. It is estimated that there are about 17 physical therapists/technicians in the city.

The regional population of Tuzla is now estimated at 800,000. It too, however, a city with an official size of 70,000. Historically, most rehabilitation patients were referred to Centres outside of Tuzla. It currently has a 2000 bed acute care hospital, a 43 bed rehabilitation centre a 102 bed emergency overflow rehabilitation centre, 8 bed prosthetics hospital and one outpatient rehabilitation clinic.

According to data published in July 1993, the war in Bosnia has resulted in:

- 139,000 dead and missing;
- 250,000 wounded, 68,000 seriously wounded;
- 3,000,000 refugees;
- 38 towns substantially destroyed; and
- 3,000,000 people without power.

Since that time, these figures can only have increased.

The Bosnian Minister of Health stated that there is not a single family in Bosnia which has not been affected by physical, mental or material disintegration.

The hostilities have resulted in a major increase in the disabled population. Bullet and shrapnel injuries have resulted in:

- peripheral nerve injuries;
- upper and lower extremity amputation;
- spinal cord injuries;
- fractures;
- orthopaedic trauma;
- head injuries; and
- contracture (complication with external fixtures).

In addition to the disabilities identified above, other physical problems would include stroke, spasticity, cerebral palsy, cardiac dysfunction, respiratory dysfunction, arthritis and chronic pain. The age distribution of war injuries has been mainly in the 20 to 40 age group.

It is estimated that the war-wounded plus other persons with disabilities represent 12 to 15 % of the total population. This is probably a conservative estimate given the impossibility of accurate disability identification. However, within Sarajevo alone there are estimated to be in the order of 35,000 to 40,000 people with a disability.

In Yugoslavia today, large populations of disabled persons have no access to public transportation to the limited hospital based services. Patients who may only require outpatient rehabilitation are staying within the confines of the hospital and unnecessarily utilizing limited hospital resources. This has resulted in numerous hospitalized patients diluting already limited hospital and rehabilitation services as well as straining the limited technical, financial and human resources.

The Bosnian government has identified the following as major problems as dealing with the disabled community

- lack of professional staff at all levels;
- absence of information systems;
- absence of an identified department for coordination of activities;
- insufficiently regulated rights of the injured;
- lack of physical and occupational therapy;
- lack of adequate equipment; and
- lack of understanding of the importance and relevance of rehabilitation not only in the community but also among the managers of the health care system especially in the primary health care sector.

The operating plan of action identified by the Bosnian authorities, in collaboration with WHO, identify the following:

- the establishment of an information system identifying the magnitude of the problem;
- with the help of donor countries (Canada), develop community based rehabilitation programs including the training of community and health personnel in CBR strategies; and
- with the help of donor government, develop a national plan for rehabilitation services including the continuation of CBR initiatives.

#### **4. PROJECT DESIGN:**

The project focuses on the development of community based services for the physically disabled population in Ex-Yugoslavia. The project design is based on the provision of a series of CBR modules and educational seminars.

The first phase of the project will consist of a consolidation phase of the current CBR clinics in Sarajevo. This will also allow for the development of the implementation plan for the extension of CBR services to up to three regional centres and provide for the integration of the local counterpart staff into the project personnel base. Each clinic will be developed in a location which will provide appropriate access to a disabled population group. The aim is to develop these clinics in relationship to the existing primary health care and rehabilitation programs.

Throughout the twenty-four months of the project, it is intended that three modules be completed. Linked with the development of the modules, regional training programs of one month duration will be provided in centres throughout Ex-Yugoslavia which will permit maximum attendance by government, non-government, and professional personnel, and including representatives of the disabled population.

#### **4.1 Implementation Schedule**

Month 1-4	Consolidation/Training in Sarajevo
Month 5-8	CBR Module 1 and initial work to develop Module 2
Month 9	Regional Training Program 1
Month 10	Consolidation/Preparation of Learning Resources with Program Evaluation
Month 11-14	CBR Modules 2 and possibly 3
Month 15	Regional Training Program 2
Month 16-17	Canadian Based CBR Training for Program Managers
Month 18-21	Consolidation of CBR Module 3 and Regional Training Program 3
Month 22-24	On site Clinical Update (All Clinics) Program Evaluation and Review

##### **4.1.1 Consolidation Phase of the Four CBR Clinics in Sarajevo**

The initial phase of the project will focus on the experience of the presently funded project in Sarajevo. This experience has provided a rich resource base of professional, clinical and cross-cultural learning resources and information. This will be invaluable in the development of the strategies for the CBR modules and the regional training programs. It will also provide an opportunity for a review of the sites for the implementation for the CBR module program, the identification of key participants and the coordination with WHO and NGOs working in the region.

#### **4.1.2 CBR Modules**

Each module will focus on the development of a regional CBR centre. The activities will include the identification and training of personnel, including professional staff and volunteers. Equipment will be provided on the basis that it is portable, easily maintained, and independent of a continuous power supply.

The educational emphasis will be on the enhancement of clinical skills of key personnel, who will ultimately be responsible for the ongoing management and operation of the CBR programs. The clinical skills program will focus on the major disability categories resulting from the period of hostilities.

The clinical program in each module will be conducted by two Canadian clinicians recruited for the specific purpose of the individual modules. They will be supported by the full-time project clinical coordinator, a Canadian hired for the two-year period as the clinical and educational coordinator, working under the direction of the project management committee. In addition, two local counterpart clinical staff will work with the Canadian personnel.

The content of each module will be continually monitored and adapted, incorporating the experiences of the project as it evolves. The experience of the current Sarajevo program is invaluable core information and will provide the educational and clinical experience on which the first module will be designed.

The number of modules established will depend on many variables, particularly the circumstances of the war. However, the impact of the transfer of knowledge to local counterpart personnel, the experience of the first module and the resource materials developed will influence our decision regarding future models. At this time the option to offer a second module alone or to coordinate the implementation of module 2 and 3 will be examined. This will depend to a large extent on the growing skill base within the region, the ability of the Canadian professionals to split their time in the Region between two centres, and geographic accessibility to the proposed sites.

The precise locations of the modules are yet to be identified, however, the experience of the current program and the recommendations of the Bosnian personnel have demonstrated a need for regional CBR programs located in Zenica, Tuzla and Mostar.

#### **4.1.3 Regional Training Programs**

These programs will be offered throughout Ex-Yugoslavia in locations that are appropriate to the disability needs of the region, accessibility to local personnel, and the security and political situation at the time. The intention is to make available to as wide a regional audience as possible the strategies, value, and application of community based approaches to the

rehabilitation of disabled persons and their participation and integration in family and community life. These training programs will draw on the experience of the modules, and the educational and clinical content of the training program will be based on the regional experiences, professional and non-professional roles, and the clinical needs of community based personnel.

The regional training programs will also contribute significantly to the development of the human resource pool of professionals and community personnel. This strategy will strongly enhance the expansion and sustainability of community based rehabilitation services. At this time, it is likely that the training programs will be located in major centres such as Tuzla, Zenica and possibly Mostar. In order to promote CBR the seminars must utilize the cross cultural and multi ethnic features of the region. Every effort will be made to include community participants representative of the ethnic characteristics of the region. This has already been a feature of the current Canadian project. The success of this approach was demonstrated in the seminars and clinical programs currently part of the Canadian initiative in Sarajevo.

In addition to the consideration of the locations identified above, the program will evaluate the possibility of participating with WHO, CARE and other agencies in educational programs in other parts of Ex-Yugoslavia such as Split and Zagreb. This will be determined by the political realities of the time and accessibility of these location by participants. This project has the unique opportunity of bringing together cultural and ethnic groups in a common purpose and on an issue identified by communities as a major priority.

The personnel involved in each regional training program will be the two Canadian clinicians, the full-time clinical coordinator, and counterpart personnel. The Canadian clinicians will be those that have participated in the CBR module immediately preceding the regional training program. In addition, professional educators from Queen's University and ICACBR will participate in the seminars to enhance the scope of educational curriculum and programs offered. In this design, the Canadian and counterpart personnel will be able to transmit directly the experiences and developing knowledge base to those attending the training program. This will be an effective approach to dissemination of knowledge to key clinical, government, and community personnel.

#### **4.1.4 Canadian Based CBR Training For Program Managers**

One training program will be held in Canada at the International Centre for the Advancement of Community Based Rehabilitation for key regional personnel. The program will provide an opportunity to review in detail alternative approaches to CBR and the relevance of these to the present and future redevelopment of services in ex-Yugoslavia. In addition, it will provide an opportunity for the participants to interact with personnel from other countries involved in the development and restructuring of rehabilitation services. This will also provide an important forum for the review of the role of disabled persons in the design and development of rehabilitation systems.

#### **4.1.5 Consolidation/Preparation of Learning Resources With Program Evaluation**

During the first year (Month 10), the project personnel will concentrate on the development of key learning resources, including the translation of existing core material on CBR implementation. In addition, educational and clinical learning resources, utilizing the experiences of the current project, will be developed. This material will be augmented and revised throughout the duration of the program.

#### **4.2 Program Management Strategy**

The critical elements of the program management will incorporate:

- logistical program support personnel
- clinical and educational personnel

working under the direction of a program management committee.

The management committee will consist of:

- project manager (ICACBR Canada)
- full-time clinical coordinator (Canadian)
- counterpart personnel (Ex-Yugoslavia)
- representative of the agency providing logistical support

The steering committee will consist of:

- Government and program representatives of Ex-Yugoslavia
- Department of Foreign Affairs and International Trade, Government of Canada
- ICACBR/Queen's University
- World Health Organization

##### **4.2.1 Project Manager**

The project manager will be the Executive Director of ICACBR whose services will be provided as a counterpart contribution by Queen's University, Kingston.

##### **4.2.2 Full-time Clinical Coordinator**

This individual will be a key component of the project and will be a Canadian clinician with significant experience in rehabilitation clinical services and education. In addition, the individual appointed will be experienced in the strategies of community development in relation to



disability. This person will be largely resident in the region of Zagreb/Sarajevo and will participate in each module and regional educational program. This position will be critical in providing continuity throughout the project.

#### **4.2.3 Counterpart Personnel**

One full-time local clinician will be employed for the duration of the project. This position will require an understanding of the region, clinical and educational programs in rehabilitation, and community health and development strategies. The individual will participate in the identification of key personnel in the locations in which the CBR modules will be developed. In addition, this position will also provide support for the development of the learning resources for the regional training programs.

#### **4.2.4 Provision of Logistical Support**

ICACBR has developed professional relations with a number of NGOs currently working in the region in addition to established relations with the WHO. Given the dynamics and uncertainty of working in the Region, ICACBR will identify the logistical support required at this time, and will determine the most appropriate approach for securing the necessary support as the project proceeds.

The logistical support is specifically relates to:

- entry and exit from specific locations in Ex-Yugoslavia;
- local secretarial and administrative support;
- provision of UNHCR identity cards for project personnel;
- project support by field personnel, primarily in terms of travel and accommodation;
- provision of security equipment; and
- translation.

#### **4.2.5 Representatives of Local Government/Professional Agencies (Advisory to the Program Management Committee)**

Individuals, experienced in the disability needs of the region and familiar with the structure of health and social programs, will be continually involved and consulted in the design and implementation of the project. In the first year, these individuals will be identified from the population of professionals, government, and non-government agencies. In the initial phase of the program, Professor Mujic (Advisor in Rehabilitation, Ministry of Health, Sarajevo) and Dr. Zuzin (Head of the Institute of Physical Medicine and Rehabilitation, Sarajevo) will play a major role.

#### **4.2.6 Coordination with WHO and Other Community Development Initiatives**

The ICACBR program in Sarajevo has worked closely with the WHO "Rehabilitation of War Victims Project" in project design, implementation and evaluation. Excellent professional relationships have been developed with the WHO European Region Rehabilitation Office, Dr. Hana Hermanova and the WHO Regional Rehabilitation Program, Zagreb, Dr. Bengt Lagerkvist, and other members of the WHO program personnel. This has resulted in visits to Canada by Dr. Hermanova and an ongoing dialogue and collaboration with the WHO personnel in Copenhagen and Ex-Yugoslavia.

The relationship between the Canadian initiative and WHO is productive at the professional level and is not limited to the Yugoslavia CBR initiative. ICACBR is collaborating with WHO in a number of initiatives related to the development of CBR in Central and Eastern Europe and in the development of research, evaluation and technology strategies in ICACBR developing country partners. Queen's University and ICACBR have similar professional linkages with UNDP, ILO, ACTIONAID, International Rescue Committee and other agencies active internationally in CBR.

The Canadian (Queen's University/ICACBR) CBR program in Ex-Yugoslavia will continue to collaborate at the clinical, educational and management level with WHO. This is not contingent upon WHO providing the logistical support for Canadian personnel. WHO already collaborates on a similar professional basis with other donor countries and NGOs active in health and social programs. In this regard, WHO and the Government of Bosnia have formed a "coordinating group" of interested agencies who meet on a regular basis to share information and coordinate program policies. The Canadian initiative has participated in these discussions and is regarded as part of the regional initiative focusing on the disability prevention and intervention strategies. As an example of this collaboration, WHO is participating with Queen's University/ICACBR in the development of a conference on rehabilitation of war injured to be held in Canada in January 1995.

#### **4.2.6 Security and Program Continuation**

The continuing political uncertainty in the region is a feature recognized and accepted by ICACBR/Queen's University participants. The overall project design is sufficiently flexible to allow the concentration of activity in different locations according to the level of hostilities. However, if the conditions are such that program continuation becomes impossible, the program management strategy will contain an appropriate separation period for full time program employees. The decision on termination of the program will be based on advice from the Government of Canada and the appropriate international agencies.

As the majority of participants are those involved in specific short term components, such as the CBR modules and regional training programs, the personnel impacted by program termination

would be the project coordinator and support staff in Canada and Ex-Yugoslavia. This represents a small proportion of the total human resource of the project. The separation costs would be consistent with the policy of the employing agency (Queen's). However, the separation period would also take into account the need for project personnel to receive a reasonable notice and separation payment given the uncertainty of the positions and the need to recruit individuals of the highest professional calibre. It is estimated that a 3 month period would be appropriate.

## **5. BENEFICIARIES**

### **5.1 Persons with Disabilities**

The population of disabled persons in Sarajevo, Tuzla, Mostar and Zenica is estimated at approximately 12-15% of the total population which is therefore estimated at 35 to 40,000 for Sarajevo and 8 to 10,000 for each of the other three communities. This estimation is based on the official size of each the cities which is a population of 70,000. The disabled include war wounded and displaced persons. Disability categories include:

- traumatic head injury
- amputation
- musculoskeletal trauma
- soft tissue injuries
- spinal cord injuries

The experience of the current Canadian ICACBR program has demonstrated that over 70% of the clients seen in the community clinics are the result of war injuries. The majority are in the 31 to 40 age group followed by the 21 to 30 age group, which represent 80% of the total client population.

### **5.2 Children and Elderly**

In addition to those disabled by direct war conditions, there is a population of disabled civilians which includes a number of children and elderly. Although priority will be given to these groups, and to the war-wounded population, programs will be developed in collaboration with the community focusing on specific disability areas identified by the community as their priority.

### **5.3 Families of the Persons with Disabilities**

Persons with disabilities rely significantly on the resources of the family unit in terms of social, financial, and medical management and support. The program will assist families to cope with persons with disabilities in the home environment.

#### **5.4 Health and Rehabilitation Professionals**

The program will develop educational/clinical strategies in community based rehabilitation for:

- rehabilitation personnel (therapists)
- physicians (physical medicine, orthopaedic, traumatological)
- nursing personnel

#### **5.5 Non-Governmental Organizations and Volunteers**

Community development strategies facilitate the involvement and utilization of community and volunteer groups in the economic and social integration of disabled persons.

### **6. SUSTAINABILITY**

CBR is sustainable when it becomes the property of the communities involved and is the result of a partnership approach to disability prevention and management. The role of the Canadian initiative is to facilitate and cultivate the interest and commitment to community approaches to disability prevention and intervention. Our experience has demonstrated that for CBR to be sustainable, it is necessary to create an appropriate learning environment reflective of the current priorities and realities of the region. In Ex-Yugoslavia it is the need to offer a model which combines practical front line service delivery in combination with educational programs. This approach offers relief to the immediate needs for rehabilitation while illustrating the benefits of CBR. Essential clinical and management skills and knowledge are transferred to local professionals and community members.

Experiencing the benefits of CBR is core to communities taking ownership of this approach. They will then be able to take the experiences learned from the Canadian project and be in a position to adapt the model to suit their needs and community orientation. The success of this approach is due to the fact that there is not a dependency on ex-patriate personnel and technical support.

ICACBR/Queen's will also ensure that the local personnel working on this project are appropriately and effectively integrated into the development of community rehabilitation programs in Ex-Yugoslavia.

#### **7. PROJECT DURATION: Twenty-four months**

<b>8. BUDGET ESTIMATE:</b>		<b>ICACBR</b>
<b>EX-YUGOSLAVIA WITH CARE PROVIDING LOGISTICAL SUPPORT</b>		<b>SUPPORT</b>
8.1	CONSOLIDATION OF CBR CLINICS IN SARAJEVO AND EXPANSION TO OTHER REGIONS	\$325,200
8.2	REGIONAL SEMINARS IN EX-YUGOSLAVIA	150,000
8.3	EDUCATIONAL SEMINAR IN CANADA	52,500
8.4	PROJECT IMPLEMENTATION AND COORDINATION IN EX-YUGOSLAVIA AND CANADA	410,600
8.5	ADMINISTRATIVE RECOVERY	<u>60,000</u>
<b>TOTAL</b>		<b>\$998,300</b>
8.6.1	ICACBR/QUEEN'S UNIVERSITY	\$186,000
8.6.2	EX-YUGOSLAVIA	\$464,000
<b>GRAND TOTAL FOR IN KIND:</b>		<b>\$ 650,000</b>

Following is the detailed breakdown of the financial resources required for the implementation of the series of initiatives proposed.

		ICACBR
<b>8.1</b>	<b>CONSOLIDATION OF CBR CLINICS IN SARAJEVO AND IMPLEMENTATION OF REGIONAL CBR CLINICS IN SELECTED SITES</b>	
	Salaries	42,900
	Canadian	\$ 35,400
	(2x .25 FTE x \$60,000 @ 18% benefits)	
	Local Personnel	7,500
	(2 x .25 FTE x \$15,000)	
	Equipment	15,000
	Travel	13,000
	Insurance	10,000
	Accommodation*	20,500
	Translation	3,000
	Supplies & Learning Resources	4,000
	<b>Total per module</b>	<b>\$108,400</b>
	<b>Total for Sarajevo and 2 (and possibly 3) sites</b>	<b>\$325,200</b>

\* The cost of accommodation is based on hotel accommodation. Alternative accommodation will be investigated.

**8.2 REGIONAL SEMINARS IN EX-YUGOSLAVIA**

Travel		\$ 18,000
2 from Canada	\$ 7,000	
3 CDNs in Ex-Y	1,000	
20 Participants	10,000	
Accommodation		25,000
(\$1,000 for 10 days x 25)		
Insurance		2,000
Translation & Learning Resources		5,000
<b>Total per seminar</b>		<b>\$ 50,000</b>
<b>Total for three seminars</b>		<b>\$150,000</b>

**8.3 EDUCATIONAL SEMINAR IN CANADA**

Travel		\$ 20,000
5 participants from Ex-Yug.	\$15,000	
10 other participants	5,000	
Accommodation		22,500
(30 days x \$150 day x 5)		
Translation & Learning Resources		<u>10,000</u>
<b>Total</b>		<b>\$ 52,500</b>

**8.4 PROJECT MANAGEMENT: Implementation and coordination in Ex-Yugoslavia and Canada**

**Operating Expenses:**

Canadian:

Salaries and benefits		\$ 90,700
Cdn Clinical Coordinator & Consultants	\$ 76,700	
Secretary/Bookkeeper	14,000	
Supplies		4,000
Office Equipment		3,000
Travel		9,000
Coordinator (2 visits)		
Proj. Dir. (1 visit)		5,000
Accommodation		
Coordinator (\$100/day x 30)	3,000	
Proj. Dir. (\$100/day x 20)	2,000	
<b>Total for Canadian component:</b>		<u>\$111,700</u>

Ex-Yugoslavia Logistical Support:

In-Country Counterpart		25,000
In-Country logistical support:		68,600
Secretary/Bookkeeper	14,000	
Fuel/Vehicle Maintenance	6,000	
Communications	3,600	
Supplies	4,000	
Translation	5,000	
UN Passes, Military Jackets/hats	2,000	
Insurance	2,000	
Vehicle - Armoured	25,000	
Computers/Fax/Printer	7,000	
<b>Total for Logistical Support:</b>		<u>\$ 93,600</u>

**Total for One Year** **205,300**

**Total for Two** **\$410,600**

**8.6 ADMINISTRATIVE RECOVERY \$60,000**

Represents such things as Queen's and ICACBR:

- Recruitment/HR Resources
- Financial Services
- Computer and Technical Services/Support
- Library Services
- Queen's Administration
- Public Relations/Communications

The administrative recovery reflects a rate of 7.5% on all other items.

**8.6 IN-KIND CONTRIBUTION: ICACBR/QUEEN'S AND EX-YUGOSLAVIA**

**8.6.1 ICACBR/QUEEN'S UNIVERSITY**

Project Director (.25 FTE)	\$ 35,000
ICACBR Administrative Officer (.1 FTE)	5,000
Clinical Faculty (2 x .3 FTE)	36,000
- Development of Learning Resources participation in Learning Resources	
Secretarial (.15 FTE)	5,000
Office Space	<u>12,000</u>

**Total 1 Year: \$ 93,000**

**Two Years: \$186,000**

**8.6.2 EX-YUGOSLAVIA**

Community Volunteers (6/site x 4 x \$5,000/yr)	\$120,000
Clinics; (4 x \$25,000) (space and systems support)	\$100,000
Bosnian Government personnel (1 FTE)	\$ 12,000

**Total 1 Year: \$232,000**

**Two Years: \$464,000**

**TOTAL FOR IN KIND: \$ 650,000**



9. BUDGET SUMMARY

Salaries and Benefits		
Canadians	\$287,600	
Ex-Yugoslavia	<u>100,500</u>	\$387,600
Equipment		
Physical Therapy	\$ 45,000	
Office/Vehicle	<u>70,000</u>	\$115,000
Travel & Accommodation		\$300,000
Insurance		\$ 40,000
Translation		\$ 26,000
Management		<u>\$129,000</u>
<b>TOTAL:</b>		<b>\$998,300</b>

10. ALLOCATION OF RESOURCES OVER TWO YEAR PERIOD

1 to 6 Months	\$297,100
7 to 18 Months	472,100
19 to 24 Months	<u>229,100</u>
<b>TOTAL</b>	<b>\$998,300</b>



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