July 2008

Empowering Iraqis: Rehabilitation Training in Bosnia

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Recommended Citation

Available at: [http://commons.lib.jmu.edu/cisr-journal/vol12/iss1/17](http://commons.lib.jmu.edu/cisr-journal/vol12/iss1/17)

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Bosnia is no stranger to the havoc war wreaks on a nation’s health. During the course of the Bosnian War (1992–1995), health-care professionals worked tirelessly to address the needs of the wounded filling the region’s hospitals.

From 1992 to 1995, the University Clinical Center (UKC) in Tuzla, Bosnia, rehabilitated patients with amputations, spinal cord injuries and head/brain injuries, gaining enormous experience in treating war-wounded. During the past year, the UKC—along with a Chicago-based nonprofit Center for International Rehabilitation—used these experiences to transform the Tuzla campus into a training center for Iraqi health-care professionals, refining these physicians’ skills to better treat the war-wounded in their home country.

Using Experience to Help Iraq

In 2006, CIR, which had previously worked with the UKC to rehabilitate victims of the Bosnian War, launched an ambitious plan addressing the needs of the Iraqi war-wounded. Through an alliance with the Iraqi Ministry of Health, funded by the World Bank, the group drew up a plan to train 110 Iraqi physical therapists, rehabilitation center managers and hospital-based physicians to better serve the war-wounded civilian population in Iraq.

“The Iraq War has taken a horrible toll on the country’s people and left many of them with significant disabilities,” says Dr. William Kennedy Smith, President and Founder of CIR. “As an organization founded to help people and countries rebuild after conflict, we are dedicated to working with Iraqi health-care professionals and the Ministry of Health to deliver the best possible care to wounded civilians in Iraq.”

About CIR

Originally started as Physicians Against Landmines in 1996, CIR has expanded its activities in the area of landmine-victim assistance to include rehabilitation services and advocacy for people with disabilities.

To date, CIR’s programs have served 82 students from 35 rehabilitation centers in Latin America and the Balkans, and it has conducted more than 40 workshops in Afghanistan, El Salvador, Guatemala, Honduras, India, Mexico, Nicaragua, Tanzania, Thailand and Vietnam. Through these experiences of educating student populations from developing countries, CIR has been able to work with its partners to effectively create a curriculum relevant to the current situation in Iraq.

CIR’s Program in Iraq

While data on the war-wounded in Iraq is scarce and often contradictory, one of the most comprehensive reports estimating the conditions of disabled persons in Iraq was compiled by the World Bank Human Development Department for Middle East and North Africa Region in a June 2005 report entitled A Note on Disability Issues in the Middle East and North Africa:

“In Iraq the breakdown of community support systems and limited access to health and rehabilitation services has had a devastating effect on the disabled,” the report states. “The capacity of the government to provide treatment to the victims of war and other violent acts is limited. Prior to May 2003, there were 11 centers providing rehabilitation services in Iraq, most of which have suffered extensive damage. Existing centers dedicated to rehabilitation and the manufacture of prosthetic limbs have been looted and most of the facilities have suffered heavy physical damage recently.”

These factors played heavily into the goals the Iraqi Ministry of Health set for the project. These stated goals included improving services at 14 Iraqi rehabilitation centers, fostering legal protections and creating an inclusive social framework for people with disabilities. CIR’s and UKC’s programmatic approach was twofold, in that it addressed the needs of patients in Iraq by training those on the ground and by training rehabilitation managers in how to more effectively manage the health-care infrastructure.
"The government of Iraq is faced with the double burden of maintaining an already fragile health-care system while at the same time trying to expand services to new victims from recent violence," Dr. Smith says. "It’s for these reasons NGOs must step in and assist in any way possible in preventing the further erosion of the health-care system and alleviating civilian suffering."

Advancing hands-on care, the training consisted of three four-week sessions for 70 physical therapists and focused on amputee, neurological, pediatric and general rehabilitation. It also included two, two-week sessions for 20 hospital-based physicians and focused on spinal-cord injury, traumatic brain injury and rehabilitation of amputees.

In addition to training physiotherapists and hospital-based physicians, CIR and UKC staff provided Iraqi rehabilitation center managers with the knowledge and skills to conduct successful work at rehabilitation centers in Iraq. This training consisted of two, two-week sessions for 20 rehabilitation-center managers in community-based rehabilitation, human-resource management, integrative leadership and standard operating procedures. Through these sessions, center managers throughout Iraq had the opportunity to work together for the first time, allowing them to meet, exchange ideas and learn new concepts together. In addition, the trainees visited community-based rehabilitation centers in Tuzla and Sarajevo where they met with directors and staff and toured the various facilities.

"Iraqi health professionals face overwhelming challenges, and I think it is helpful for them to be able to see that other countries and other providers have been through this kind of thing before," Dr. Smith says. "Bosnia has come a long way but the war there was not that long ago. The Bosnians were eager to share not only techniques and strategies for rehabilitating the war-wounded but also the big message, that it can be done. Countries can recover from devastating wars and life can get better."

Success and the Future

The training, which concluded in February 2008, successfully trained 110 Iraqi health-care specialists. At the time of writing, CIR and UKC were discussing future training possibilities and conducting follow-up sessions. See Endnotes, page 111

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http://commons.lib.jmu.edu/cisr-journal/vol12/iss1/17

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