

- contiguous borders with the eastern enclaves;
- defensible borders in the west;
- elimination of the HVO blockade at Vareš;
- access to the Sava River.¹

Second, their goals include stronger guarantees of NATO deployment, especially a larger and more rapid U.S. commitment to help prevent forced population transfers. (Pre-positioning of forces for rapid deployment is the key.)

The only other circumstance that would get the Bosnians back to the peace negotiations would be a change in the military situation on the ground -- for the better or the worse. Pressuring Alija Izetbegovic is unlikely to achieve any major results.

A different view:

UNPROFOR does not share the Bosnians' analysis. UNPROFOR's assessment is far more pessimistic. From their close contacts with the Serbs, UNPROFOR personnel believe that the Bosnians' ploy will not work. According to senior officers, the Bosnians' move has strengthened the Serb radicals and the Mladić faction. Rather than wait, they will now move to punish the Bosnians, grab more territory, and complete ethnic cleansing in several areas. While it is unclear whether they will initiate an all-out assault on Sarajevo, they will certainly go after more territory in the north and complete the expulsion of Muslims from Banja Luka and other areas now under their control.² This reduces the likelihood that those areas will ever be reoccupied by their original inhabitants and will further hamper any efforts to forge a unified nation.

What is likely to happen for the next few months:

In the near term, the situation is likely to remain fairly static. The Serbs will gradually tighten the blockade of Sarajevo, but are unlikely to resume prolonged, full-scale shelling, as they did last winter and in May-June. Sniping has resumed and will gradually become more intense. Additionally, the Serbs are not likely to honor many of the agreements they have made with UNPROFOR and UNHCR regarding coal and firewood, restoration of electricity, etcetera. They will undoubtedly try to consolidate some territory in the north, perhaps near Maglaj and the

¹ The Sava is navigable to the Danube for barge traffic.

² UNHCR recently reported new incidents of violence against the estimated 40,000 Muslims and Croats in Banja Luka. Additional mosques in the area have been destroyed and Muslim religious and political leaders arrested. Two sixty-five-year-old women were raped and two middle-aged women were kidnapped and severely beaten. An elderly man was shot to death in front of his young granddaughter, another old man was tortured and an 80-year-old woman was stripped naked.

perimeter of Tuzla and will try to cut off the Muslims' access to Sarajevo from the south. In the last week, the Serbs have stopped all but food and medicines from coming into Sarajevo -- all winter supplies, gas and water equipment, and even blankets have been stopped. At the same time, political divisions among the Bosnians are likely to grow, making it more difficult to supply aid or to reach a political accommodation with the Serbs or Croats. In short, the people of Bosnia and especially those in Sarajevo and the various enclaves are in for a tough winter.

In the meantime, the Bosnians will probably agree to return to the negotiations but only to prolong the existing situation. They are gambling that the Serbs will agree to give back more territory to get the sanctions lifted, so they will continue to maneuver, holding out for more land and a more workable form of government.

A looming problem for the Bosnians is the growing factionalism among the Muslims. There are disputes among regions -- Bihać versus Sarajevo³, Sarajevo versus Tuzla -- and between the urban Muslims and the Sandjaks (rural Muslims). All threaten to further weaken the Bosnians' ability to hold out and could negate any advantages they may have in the present circumstances.

What the U.S. response should be:

At this point, the best approach for the United States would be to help the Bosnians make their strategy work. It would be unwise for the United States to push a new peace plan based on the old one. The old plan was not, as some have argued, the best deal the Muslims could get; signing on to a bad plan could limit U.S. options in the future. Rather, we should help the Bosnians by focusing on measures that will keep the level of conflict low and allow time to work for them. Another, better opportunity, where U.S. power and leverage can be applied, should arise sooner or later.

Specifically, the United States should do the following:

1. Continue to threaten the Serbs with air strikes if they resume shelling Sarajevo or attacking other enclaves. (Since the plan was effectively rejected, the level of shelling has increased; frequently more than a hundred shells per day hit the city.)
2. Support the Bosnians' negotiating position by further tightening sanctions enforcement.
3. Pressure Croatia into curbing the HVO. This could be done by suspending economic assistance to Croatia if the HVO fails to end its attacks on the Bosnians. Croatia should also be pressured into giving Bosnian refugees better treatment.

³ When the peace accord was effectively rejected by the assembly in Sarajevo, Bihać declared itself an "autonomous republic."

4. Increase our diplomatic efforts to limit the growing political divisions among the Bosnians. This is the time they need unity.
5. Continue to support humanitarian assistance, especially supporting the UN on issues of access and freedom of movement and the supply of energy for winter heating.
6. Continue to press all parties on human rights. Special emphasis should be given to (a) publicizing the human rights abuses of the Serbs and Croats (pressuring them publicly should tend to encourage the Bosnian leadership to take stronger measures to curb similar abuses by their troops and allow the Bosnians to regain the moral high ground) and (b) giving more visible U.S. support to the war crimes tribunal.

Measures we can take now:

The most important immediate step the United States can take is to ensure that the supply of natural gas to Sarajevo is restored. The Serbs have cut off the gas since May. Gas is now in the lines up to Sarajevo but has been stopped in Serb-held territory from reaching both Sarajevo and Zenica. Under the terms of the sanctions, gas may be shared with Serbia only if the flow of gas to Bosnia is uninterrupted. Since gas is the principal source of fuel for Belgrade, both for heating and for running the city's industries, cutting it off would send a strong message to the Serbs -- as well as demonstrating that the West is still behind Bosnia despite the breakdown of the peace process.

Frederick C. Cuny
October 13, 1993

HIGH PRIORITY SITES FOR ASSISTANCE

Submitted for the Record by Frederick C. Cuny,
Intertect Relief and Reconstruction Corp.

1. Sarajevo
2. Vitez
3. Zenica
4. Tuzla
5. Maglaj
6. Gorni Vakuf
7. Banja Luka
8. Bihac
9. Mostar
10. Srebrenica
11. Zepa
12. Gorazde
13. Doboj
14. Cerska
15. Prijedor
16. Bijela



October 20, 1993

Senator Dennis DeConcini, Chairman
Commission on Security and Cooperation in Europe
237 Ford House Office Bldg.,
Washington, DC 20515

**re: Hearing on the Fate of the People of
Bosnia-Herzegovina**

Dear Chairman DeConcini,

Veterans For Peace, Inc. (VFP) has been trying to evacuate war-wounded Bosnian children since April of this year. On May 25, 1993, we notified Ms. Norma Tinio, UNICEF Emergency Programs Officer, in New York, that we had obtained written commitments for pro bono hospital space, services and medical treatment in the United States sufficient to treat more than 50 wounded Bosnian children. Ms. Tinio acknowledged our offer on June 2, 1993, in writing.

We notified Manual Fontaine, UNICEF-Sarajevo, of this offer by fax on May 26. Kai Schubert of UNHCR-Sarajevo acknowledged our offer on May 28, 1993, in writing.

On June 3, 1993, I received a fax from Ms. Norma Tinio urging me to contact Dr. Daniel Wiener, Chair of the International Rescue Committee's Medical Advisory Board in New York. I was on the phone with Dr. Wiener for about an hour and a half. During that time, Dr. Wiener tried to persuade me that VFP should stop requesting assistance from hospitals and physicians in the United States because: a) medical aid is getting through, b) all necessary surgery is being performed locally, and c) it isn't practical to evacuate the wounded to the United States. I told Dr. Wiener that what we were being told by physicians in Bosnian hospitals was in direct conflict with his assertions, and that we would continue our efforts.

On June 11, Congressman Tom Andrews (D-ME) notified Mr. Albert Peters, UNHCR-New York, that VFP had secured pro bono hospital space and service

for over 100 wounded Bosnian children. Mr. Peters acknowledged Congressman Andrews' letter on June 15, in writing, suggesting that Rene Van Rooyen, UNHCR-New York, was the proper individual to notify. Congressman Andrews sent a similar letter to Rene Van Yooyen on June 28, 1993.

On June 18, I visited the UNHCR office in Split, Croatia, and requested a UNHCR pass authorizing me to enter Sarajevo to assess the need for additional hospital space in the United States, and to help facilitate the evacuation of wounded children from Bosnia. UNHCR Chief of Mission Anne Shephard-Dawson denied my request for a pass. Appeals to UNHCR-Zagreb and UNHCR-Geneva were also denied even though, days earlier, two historians were allowed to enter Sarajevo to assess the damage to historical buildings.

On August 8, 1993, the picture of 5-year-old Irma Hadzimuratovic appeared on the front page of newspapers, and on the screens of televisions, around the world. She had been wounded eleven days earlier and was dying, but her physician, a Dr. Jarganjac of Kosevo Hospital in Sarajevo, was unable to get the UN Medical Evacuation Committee to approve her evacuation until he notified the media of her plight. She was then evacuated immediately to London. You will recall that Irma's case created a public outcry in the United States and UNHCR officials found it necessary to defend their past decisions and inaction. During the next three days, on CNN, ABC's Good Morning America, and other national news programs, Peter Kessler of UNHCR-Sarajevo, Sylvana Foa of UNHCR-Geneva, and Barbara Frances of UNHCR-Wash. DC, all insisted that they would have evacuated Irma and many others much sooner, but no hospitals in the United States or western Europe had offered to accept them.

To date, we have, in cooperation with the International Organization for Migration, successfully evacuated four wounded Bosnian children (see attached). Two of them were evacuated by a British nurse, Sally Becker, overland from Mostar to Croatia. Ms. Becker had asked for UN assistance, but was denied. We believe one was evacuated by British UN forces, also overland to Croatia. And one was evacuated by Dutch UN forces, and was approved by the UN Med. Evac. Committee. We suspect the committee approved this case only because national ABC-TV news cameras were documenting the plight of this wounded 14-year-old boy who is now being

treated at Brighton Medical Center, Portland, Maine. Immediately following his evacuation, UNHCR-Zagreb advised all UNHCR field personnel in Bosnia, in writing, that "this little project is not a formal UNHCR Medevac program".

According to a June 24 communique from Professor Dusko Tomic of the First Children's Embassy in Sarajevo, there were 13,204 wounded children in Bosnia. Professor Smikavic of the University of Sarajevo reported that there are 2,846 severely wounded children in Sarajevo alone who should be evacuated.

According to the Red Cross of Nova Bila, Bosnia and Herzegovina, "Since June (1993), approximately 3,000 displaced people have taken refuge in Travnik, in the territory of Nova Bila. Of those 3,000, 850 are children, and there are also as many children who are native population of this area. Since June, there have been 137 wounded babies in the Franciscan makeshift hospital in Nova Bila. Our children have, therefore, been living without electricity and water during this period of four months. All medical assistance has been taken away, as there is only one doctor in the Franciscan hospital, and no specialist for children's illnesses. Because of the use of well water, cases of enterocolitis and hepatitis have appeared and a large number have gotten skin rashes. Due to the unhygienic conditions of life, we fear other epidemiological problems as well. . . we ask that the evacuation of these children to a safe area be immediately effected".

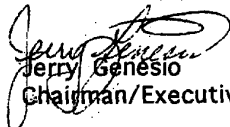
According to a Reuters news story dated October 6, 1993, "Since April, the United Nations has flown out 193 patients, 43 of them children, from Sarajevo."

Senator DeConcini, we still have more than 100 pro bono hospital beds waiting for wounded Bosnian children. Hospitals that have heard about our program through National Public Radio or the American Hospital Association publication are contacting us almost daily and we are confident that we could increase that number to 200 within ten days. We would be most grateful for any assistance you may be able to provide in persuading the United Nations and its agencies to provide the medical assistance that is necessary to save the lives and limbs of the wounded in Bosnia, or begin mass evacuations from Bosnia immediately.



Armored UNPROFOR personnel carriers can safely transport the wounded to Sarajevo where they can be airlifted out to points in western Europe and the United States. I have spoken with U.S. military pilots who have assured me that 20 to 30 cargo planes deliver humanitarian aid to Sarajevo daily and that each of these planes can be rigged to evacuate 2 or 3 wounded. They also assert that this would require each plane to be on the ground in Sarajevo not more than an additional ten minutes.

Respectfully,


Jerry Genesio
Chairman/Executive Director

pc: VFP President COL James Burkholder, USA (Ret), Tucson, AZ
VFP Exec Vice President Louis Sinclair, Waterville, ME
VFP Vice Pres for UN Affairs Ben Weintraub, Staten Island, NY
VFP Secretary Susan Rettig, R.N., Philadelphia, PA
VFP Treasurer LtCOL Robert Taft, USA (Ret), Ft Ashby, WV
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Edwin Hart, Esq., Huntsville, AL
Ted Heselton, W. Kennebunk, ME
Sanford Kelson, Esq., Pittsburgh, PA
Charles Nixon, Los Angeles, CA
Peggy Tuxen-Akers, R.N., Ann Arbor, MI
VADM Ralph Weymouth, USN (Ret), Wonalancet, NH

encl: (a) VFP Children of War Rescue Project (CWRP) Fact Sheet
(b) VFP-CWRP September 25, 1993 Update
(c) About Veterans For Peace
(d) About the International Organization for Migration (IOM)
(e) IOM letter dated June 29, 1993



VETERANS FOR PEACE

CHILDREN OF WAR RESCUE PROJECT (CWRP)

In September of 1992, Veterans For Peace, Inc. (VFP) UN-NGO Representative Ben Weintraub informed VFP's National Board of Directors that UNICEF officials had requested assistance in delivering humanitarian aid to remote villages in the mountains of Bosnia-Herzegovina (B-H). VFP quickly organized several teams of its members, including truck drivers and logistics experts, who volunteered to assist in that effort. However, due to the limited number of truck convoys that were allowed to enter B-H, UN Peacekeeping military commanders were able to provide a sufficient number of personnel for that portion of the mission that was eventually accomplished. In addition, VFP members nationally have been collecting medical and humanitarian aid for shipment to B-H in cooperation with the Brothers' Brother Foundation of Pittsburgh, PA.

In April of this year, the VFP National Board learned of the Medical Evacuation Program for Victims of Conflict in the Former Yugoslavia being conducted by the International Organization for Migration (IOM), and similar efforts organized by other international agencies. VFP National Executive Director Jerry Genesio of Portland, ME, contacted IOM officials in Washington, DC, and offered to organize a national VFP project designed to assist in their efforts. Sanford Kelson of Pittsburgh, PA, who is an attorney and a member of the VFP National Board, volunteered to go to Croatia and B-H and, from April 20-28, 1993, Kelson met with officials of the U.N. High Commissioner for Refugees, the French contingent of UN Peacekeeping forces, and U.S. Embassy personnel in the region to coordinate the IOM/VFP effort. During this period, Genesio began coordinating the efforts of VFP's 77 chapters around the country to identify medical institutions and physicians interested in participating in the project and, from June 16-20, Genesio also visited the region and met with U.N. officials in an attempt to expedite the evacuation of wounded Bosnian children.

All evacuees are first transported to Andrews AFB in Maryland. They are then flown by commercial carrier or, if necessary, by a US Air Force medevac plane, to cities where *pro bono* hospital space, services and medical treatment have been offered.

VETERANS FOR PEACE, INC., P.O. Box 3881, Portland, ME 04104
Ph (207) 773-1431 Fax (207) 773-0804

Each of the children evacuated will be accompanied by a parent or guardian. In addition to locating hospital space and services, VFP chapters and members are organizing local community efforts to provide appropriate accommodations, hospitality and local transportation. Individuals fluent in the Serbo-Croatian language are also being sought to serve as interpreters for local healthcare professionals and hosts. Volunteers who wish to participate in or provide funding for local efforts are urged to contact VFP Executive Director Jerry Genesio, or VFP Maine State Chairman Jack Bussell, at the VFP National Office, P.O. Box 3881, Portland, ME 04104, Ph: (207) 773-1431.

During the last week of May, 1993, the U.N. High Commissioner for Refugees and UNICEF were informed that more than 50 beds were available and, as of June 1, 1993, commitments to provide *pro bono* hospital space, services and medical treatment for 100 wounded children had been received from medical centers around the country. We anticipate that negotiations currently in progress with still other institutions will be successful and expect that the total number of wounded children VFP will be able to accommodate at any given point in time should approach 200. Pediatric specialty services offered include Plastic Reconstructive Surgery, Orthopedic Surgery, Eye Surgery, Neurosurgery, Urological Surgery, Gastroenterological treatment and treatment for severe malnutrition. It is anticipated that children selected for treatment will remain in the United States for an average of 12 weeks and, following medical release, they will be returned to refugee camps in Europe or to their homes in Croatia and Bosnia-Herzegovina if hostilities have ceased.

On September 8, 1993, three wounded children evacuated from the Bosnian city of Mostar to Croatia by a British nurse arrived at Andrews AFB. Two are being treated in Maine and one in Maryland. Six days later a fourth child, evacuated from Zenica arrived in the US and is also being treated in the state of Maine. We have been anticipating the evacuation of several wounded children from Belgrade since September 15 but, to date, we have received no assistance from the United Nations Medical Evacuation Committee in Sarajevo though reliable sources have reported that there are hundreds, perhaps even thousands of wounded Bosnian children who would benefit by evacuation, and many who might not otherwise survive.



**VETERANS FOR PEACE
CHILDREN OF WAR RESCUE PROJECT**

September 25, 1993

Nermina Omeragic, 13, was preparing medical supplies for distribution to the wounded in Mostar on August 14, 1993 when she was hit by mortar shell fragments. Her lower right leg was shattered and several inches of the tibia were destroyed. She was evacuated by a British nurse, Sally Becker, and was flown to Andrews AFB near Washington, DC by the US Air Force on September 8. Nermina was to be medevaced to Maine on September 12 but, following her arrival, a USAF flight surgeon determined that her wounds were badly infected and saving her leg became a race with time. An emergency flight was arranged and Nermina arrived in Maine on September 9 for immediate surgery at Maine Medical Center, Portland. A week later, muscle and blood vessels from her abdomen were transplanted to her lower, right leg. In about 8 weeks she will undergo a bone graft. Prognosis is very good. Nermina is accompanied by her brother, Nermin, 15.

Maja Kazazic, 16, of Mostar was hit by mortar shell fragments that severely wounded both of her legs and her left wrist. She underwent immediate surgery in a makeshift field hospital where her lower left leg was amputated without anesthesia. She was also evacuated by Sally Becker and flown to Andrews AFB by the USAF arriving on September 8. Her wounds were also badly infected. VFP members met the plane and took her to Memorial Medical Center, Cumberland, Maryland by ambulance for immediate surgery. Prognosis is very good. She is accompanied by her aunt, Mijda Paunovic.

Arnel Martinovic, 17, of Mostar was hit by artillery shell fragments causing major head wounds. We understand that he was evacuated by British forces without UN assistance. He was flown to Maine on September 12 by the USAF for possible neurosurgery at Central Maine Medical Center, Lewiston. Prognosis is guarded but optimistic. Arnel's father and 22-year-old brother were captured by Bosnian-Croat forces about six months ago. No word has been received from them since. They do not know that Arnel has been injured and is now in the United States with his mother, Zinetta.

Edin Mehinovic, 14, of Zenica was hit by mortar shell fragments on May 26, 1993. He suffered major damage to his left kidney, spinal cord and chest including laceration of the inferior vena cava. The vein was patched and his left kidney was surgically removed at Zenica. IOM and VFP have been trying to evacuate him since early June. On August 13, UNHCR-Zagreb reluctantly acquiesced to the evacuation but issued a statement emphasizing "that this little project is not a formal UNHCR Medevac program." Six other children also scheduled for evacuation from Zenica had, in the meantime, died. British troops finally evacuated Edin to Sarajevo on September 14 and he was medevaced to Italy the same day. On his arrival at Andrews AFB on

September 15 it was determined that he had received no pain killers for the past 6-8 weeks and was in a state of extreme mental anguish. He was transported by emergency medevac airlift to Brighton Medical Center, Portland, Maine on September 16. Prognosis is guarded but optimistic. He is accompanied by his mother, Hazemina, and brother, Esmir, 11.

Danijela Djokic, 14; Boban Stankovic, 13; and Svetlana Miljkovic, 12, all Serbian children suffering from gunshot wounds to the spinal column, are scheduled for evacuation from Belgrade to the US under the VFP Children of War Rescue Project within 2-3 weeks. Danijela and Svetlana have been accepted for treatment at Portsmouth Regional Hospital, Portsmouth, NH; Shriners Hospital for Crippled Children, Chicago, IL; and St. Mary's Regional Medical Center, Lewiston, ME, respectively.



ABOUT VETERANS FOR PEACE, INC. (VFP)

VFP is an organization of military veterans engaged in educational and humanitarian activities. It was founded and incorporated in the state of Maine on 8 July 1985, and was approved as a non-profit, tax-exempt organization under IRS Code 501(c)93 on 31 December 1986. VFP was granted official United Nations' Non-Governmental Organization (NGO) status on 20 November 1990. To date we have enrolled nearly 4,000 members in 50 states, the District of Columbia and Puerto Rico, and we have established 77 chapters nationally. In addition, we maintain a close working relationship with similar groups of military veterans in Canada, El Salvador, Great Britain, France; Israel, Japan, Hungary, Russia and Ghana.

Major VFP sponsored and organized projects include: a) A 17 member Fact-Finding Delegation to Guatemala, Honduras and Nicaragua in 1987; b) The Nicaragua Environmental Science Project which tested drinking water sources in rural villages to identify and correct or replace contaminated supplies in the interest of reducing the infant mortality rate; c) The Central America War Relief Project delivering medical and humanitarian aid to war torn communities in Nicaragua, Guatemala and El Salvador; d) A 50 member official Election Monitoring Team sent to monitor the 25 February 1990 Nicaraguan Presidential election; e) the Children of War Rescue Project (operated in cooperation with the International Organization for Migration of Washington, DC) identifying hospitals and physicians throughout the United States that will provide pro bono space and services for child war victims of the conflicts in the former Yugoslav republics; and f) educational activities and publications related to our prior military and ongoing humanitarian experiences. Other projects endorsed and supported by VFP include: a) Aktion Friedensdorf (Peace Village) at Oberhausen, Germany; b) The Alliance for Our Common Future; c) the Washington, DC VFP chapter's Stand For Peace Project; and d) the Albany, NY VFP chapter's SE Asia Medical Aid Project.

Full VFP membership is open to U.S. military veterans of all eras, military veterans of foreign nations who reside permanently in the U.S., and non-veterans who have served with the U.S. military in a professional capacity during a time and in an area of conflict. Immediate relatives of veterans are eligible for Associate membership.



ABOUT THE INTERNATIONAL ORGANIZATION FOR MIGRATION
(IOM)

The IOM is an independent, non-profit, humanitarian organization founded in Brussels, Belgium in 1951. It later established its international headquarters in Geneva, Switzerland. Its purpose is to assist in and coordinate the relocation of refugees to areas where essential life support systems exist. The IOM has 50 offices around the world, including one in Washington, DC, and is supported by 46 member nations. Its work is coordinated with the United Nations High Commissioner for Refugees, the International Committee of the Red Cross, and other international and national agencies.

The IOM has modeled its Medical Evacuation Program for Victims of Conflict in the Former Yugoslavia after its efforts, carried out over the last several years, in the rescue of victims of the Afghan war with the former Soviet Union, and the Kurdish people immediately following the recent Persian Gulf War. The IOM has already placed many victims of the conflicts in the former Yugoslav republics in Finland, Hungary, Norway and Switzerland where hospitals and healthcare professionals are providing critically needed care that is not available locally due to the ongoing war in that region. Germany and Italy are also preparing to receive patients under this program.

IOM funding for certain transportation and administrative costs is provided by a grant from the U.S. State Department Bureau for Refugee Programs. Additional transportation capacity is contributed by the U.S. Air Force Medical Airlift System through the Office of Global Affairs at the Pentagon. However, the largest source of support for the program in the United States comes from private hospitals and physicians around the country. All hospital space and medical treatment is offered on a *pro bono* (free-of-charge) basis.

For additional information concerning the IOM program, contact Nidia Foley, Alex Lupis or Clarissa Azkoul at IOM, 1750 K Street, NW, Suite 1110, Washington, DC 20006, Ph: (202) 862-1826.



INTERNATIONAL ORGANIZATION FOR MIGRATION
 ORGANISATION INTERNATIONALE POUR LES MIGRATIONS
 ORGANIZACION INTERNACIONAL PARA LAS MIGRACIONES

Telephone: (202) 862-1826
 Cable Address: Promigrant Washington
 Telex: 248388
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1750 K Street, N.W.
 Suite 1110
 Washington, D.C. 20006

June 29, 1993

Jerry Genesio
 CEO/Executive Director
 VETERANS FOR PEACE
 P.O. Box 3881
 Portland, ME 04104
 FAX: (207) 773-0804

Dear Mr. Genesio:

I wanted to take the time and write to you personally, on behalf of the International Organization for Migration (IOM), to thank you for the enormous efforts you have made in lining up hospital space for the wounded children of the former Yugoslavia. Your time and energy in this respect are crucial to the success of our Special Medical Program.

As we have discussed, the conditions in Sarajevo present a great many logistical and security challenges. Trying to carry out any program in a war zone situation is dangerous, but it becomes even more tenuous when trying to move people, injured people, out of harm's way to temporary medical care in another country. Due to these concerns, an evacuation from Sarajevo seems to be taking longer to organize than expected. We are experiencing the same situation in our attempted screening of nearly 200 identified medical cases in Tuzla, originally planned for June 13, but postponed to a later date, since the heavy fighting in the area precluded the IOM team from travelling to that city.

Although I know it has been difficult keeping the interest and commitment of hospitals in place through these many weeks of uncertainty about the projected evacuation of victims of war directly from Bosnia, I hope we can ask you and your hospitals to remain on board while IOM continues to pursue possibilities of evacuating some these victims out of the conflict areas of Bosnia-Herzegovina. In the end, the only way we can move them is if we can count on people like you to confirm that free hospital care and community support is ready and waiting.

Again, let me express our sincere appreciation for all your hard work to date, especially given the extremely difficult circumstances surrounding this program. I only hope you will be able to keep this wonderful effort going for a while, and that IOM will continue to be able to count on you and the members of your organization to help in this worthwhile humanitarian program. Thank you again.

With best regards

Frances E. Sullivan
 Frances E. Sullivan
 Chief of Mission

WASHINGTON MISSION

International Emergency Medical Response Agency

I E M R A

IEMRA is a non-profit, international humanitarian aid organization that is providing urgently needed medical support to the former Yugoslavia. In order to continue and expand its mission of aid IEMRA is seeking the support of individuals, organizations and governments.

CONCEPTION

The International Emergency Medical Response Agency (IEMRA) was conceived in direct response to the current conflict in the former Yugoslavia, with the sole purpose of providing effective and efficient support to the regional medical infrastructures serving populations devastated by the conflict.

IEMRA was formed to address an unfulfilled niche in the overall aid effort, namely the supply of specific, urgently needed medicines and medical equipment to the exact points of need. In this way the aid supplied has the maximum effect on life and health.

STRATEGY

In Europe and the United States, IEMRA has generated funds from the public, private and business sectors. Support is also available from government funding bodies and other philanthropic organizations.

Through a compact, non-bureaucratic structure these funds are used in the most efficient and effective way possible to provide medical relief to the former Yugoslavia. IEMRA takes a 'marketing' approach to the business of international aid - finding out exactly what is needed, obtaining it and delivering it exactly where it is needed. This targeted approach allows IEMRA to keep the percentage of funds spent directly on aid relatively high, (a minimum of 70% of donated funds is spent on medical aid) and allows the costs of delivering aid to be kept to a minimum.

Discussions with the seven national associations of the U.S. pharmaceutical industry have resulted in an agreement whereby short dated pharmaceuticals will be donated to IEMRA for humanitarian use. However, this agreement will not be brought to action until the State Department approves the transport of IEMRA's U.S. originated aid to Europe by the Department of Defense, Humanitarian Affairs section.

IEMRA has received encouragement for its activities in the former Yugoslavia from State Department humanitarian funding offices. This is in response to operations already carried out, and IEMRA's increasing ability to provide specific aid to specific points in the Yugoslavia. There is also interest in the potential for IEMRA to deliver aid to areas and towns in parts of former Yugoslavia that have been cut off from aid for long periods. This at a fraction of the current cost of the international air drops being conducted in these areas.

METHOD

Medical shortages are assessed in the hospitals, clinics and refugee centres. This information is relayed to Munich, Germany where information from other aid organizations is also taken into account in order to prevent delivery of redundant aid, and lists of priority medicines and medical equipment are drawn up. To date IEMRA has been supplying medical aid to the Sarajevo hospitals, but with expanding resources will target over 60 hospitals and clinics in Bosnia alone, as well as many others throughout the former Yugoslavia.

These medical supplies are obtained either from doctors and organizations collecting medicines for the former Yugoslavia, or are purchased at discount from pharmaceutical and medical supply companies. For example, IEMRA's relationship with Bayer AG (Germany) allows pharmaceuticals and other medical supplies to be bought at cost. In addition, Bayer provides a 30% of volume donation on top of the order. In one operation IEMRA flew in a consignment of post-operative antibiotics that had not been available in Sarajevo in over a year.

STRUCTURE

Once established as a Foundation IEMRA will be headquartered in Cologne, Germany, convenient to pharmaceutical corporations, government and military air bases. This will be the centre of management, finance and buying, co-ordinating and controlling all of IEMRA's activities.

The centre of operations will be in Zagreb, Croatia, where all activities from need identification to aid distribution operations will be coordinated. At full planned size in the former Yugoslavia there will also be three mobile field offices providing extended control and support for operational activities. These will be staffed and operated by international medical and logistics personnel.

The United States program (IEMRA U.S.A.) will be a financial and physical aid generation branch of IEMRA, registered under its own auspices and involved in its own autonomous aid generation programs. The potential impact on aid provision to the former Yugoslavia of IEMRA's current discussions and agreements in the United States is huge, and represents a new channel of humanitarian aid if tapped.

The current situation in the Balkans is characterised by extreme uncertainty. The international community, led by the United States, Britain, France and Russia is trying to establish a frame work for bringing

about peace and hopefully long term resolution of the tensions in the region.

No matter how quickly peace comes, the medical infrastructures in Croatia, Bosnia and Serbia have been almost destroyed and are *entirely* dependent on outside support.

Despite the uncertain political and social future of the region, there should be no question as to what the international communities' obligation is. Those suffering in this conflict have a strong moral claim to international generosity.

The potential that IEMRA has created for providing medical aid to these people in the manner planned can make a substantial difference to the lives of the victims of this crisis. To link the different elements, and realize the potential of this project, requires positive steps in Washington, DC from a few key people, and the support of those who want more done in the former Yugoslavia.

- IEMRA -

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SURVIVING SARAJEVO

Shocked at the situation in Bosnia and the world's inaction, a Munich-based photographer establishes an international foundation to provide medical relief.

by Ian McMaster and Anne Midgette

When John Ashton arrived in Sarajevo in July, 1992, he hadn't thought much about the war in the former Yugoslavia. He was there, in fact, as the result of a chance meeting at a reception in Vienna. Invited by an official from the United Nations High Commission for Refugees to come along and see what was happening, Ashton arranged to visit Sarajevo for two days and send photographs of the war back to American magazines. As a photographer, Ashton had seen wars before: six of them, in fact, from Beirut to Afghanistan. But nothing had prepared him for what was waiting in Sarajevo. On his way to the airport for his flight out on the second day, he stopped by one of the city's hospitals to take a few photographs.

"What I saw," he says, "was shocking. Forty-seven victims arrived in a 20-minute period, almost all of them women and children, brutally wounded by mortar rounds. The screaming, the moans, the dying, were almost unbearable." He put his cameras down and started cutting the clothes off the wounded with a pair of scissors. Once the situation was stable, a young doctor invited him into the operating theater to watch the surgeries. "I stayed for six hours, watching operation after operation with no oxygen or anesthesia. I asked Dr. Abdullah Nakash, the Chief of Surgery, why they were not using oxygen. He replied, 'We ran out of everything five days ago.'"

Some people would be paralyzed in such a situation. John Ashton was spurred to action. The 37-year-old American, once a chef in Washington, D.C., had received paramedical training when he was in the Coast Guard in the early 1970s, and saw a way to help. Abandoning his job as a celebrity photographer in New York, he opted to stay in Bosnia.

The hospital became his home for the next nine months. Working in the emergency room, he helped stabilize the con-



War Torn: the bewildered gaze of a Bosnian child, safe now in a refugee camp, reflects the horrors of war.

dition of incoming patients, probing the extent of their wounds, draining blood from wounded lungs and performing minor operations on arm and leg injuries. At night, he worked on the wards; by day, he took photos and helped with local medical logistics. One of his first actions was to collect all the empty oxygen bottles so that, with the help of the UN, they could be flown out and refilled. And he returned to Germany once a month to pick up essential medicines for hospitals and refugee camps, and to build up a network of supporters and suppliers in Europe and the United States.

But there's a limit to how much one person, working alone, can do. Even though he was driving medical supplies through dangerous territory, saving lives by performing emergency procedures at the hospital, and bringing in medicines from Germany, Ashton felt there had to be a better way to help. Plus, the constant risk imperils individual action. "If I'm killed," says Ashton, "I can't help these people any more."

The risk was brought home to him soon after his arrival, when, running across an intersection targeted by Sarajevo's omnipresent Serbian snipers, Ashton was shot through the leg. "They get a reward for killing journalists," he says. "Four friends of mine went in front of me, and I could see the snipers on the bridge, talking and not doing anything. Then I started across with my cameras, and there was a quick movement on the bridge of a man taking aim." One of the whizzing bullets went through his leg; as he raised himself on his arms, another bullet passed within inches of his stomach. On the same day, CNN journalist Margaret Moth was shot in the face near the airport. "If you're there," Ashton says, "it's only a matter of time."

Ashton was lucky: the surgeon in Sarajevo had specialized in ski-team injuries, and repaired the tendons in his ugly wound one by one. Doctors had said he'd never walk again; but, after a month of recuperation in Munich's Bogenhausen hospital, Ashton was back at work in Sarajevo. However, the experience opened his eyes to

the danger. After a close colleague was killed on Christmas Day trying to help John get out of a dangerous situation, the pleas of the doctors at the Sarajevo hospital that he could help more by mobilizing support from abroad than by being murdered on the front line began to sound convincing.

What was needed was an organization which could administer aid relief on the

"Death and violence are nothing more than television novelties to most people; but scratch their BMWs, walk up the steps too noisily after 10:00 p.m., and you've committed a horrendous crime."

—John Ashton, Sarajevo Journal

intimate scale Ashton was already providing: bringing desperately-needed supplies and equipment directly to the hospitals which had requested them. The problem with most existing organizations, says Ashton, is that they operate on too large a scale, providing hospitals with huge quantities of a single item, but not necessarily the item that hospital needs. "The main problem is the sheer scale of the disaster," he explains. Praising the efforts of the UNHCR, the International Red Cross (IRC), Medecins Sans Frontieres (MSF), and the World Health Organization (WHO), he adds that the tragedy is so large that "they simply can't cope."

Thus, on January 2, 1993, in Munich, the International Emergency Medical Response Agency (IEMRA) was born. To-

gether with New Zealander Tony Gardner, whom he had met during his recovery in Munich last August, Ashton co-founded the organization as a way officially to continue the work he had begun. Currently operating out of a Munich apartment, IEMRA has already flown in small loads of medical supplies, including antibiotics, which have been unavailable for a year in some hospitals. Firms such as Bayer Leverkusen soon agreed to contribute; and the Marburger Bund, a German medical association noted for its support of aid organizations, fully behind the effort.

"We're filling a specific niche," says Tony Gardner, who brings a background in business and market consulting to his post as business manager of IEMRA. "Our small size and unbureaucratic nature mean we can be much more flexible and supply hospitals directly with the most urgently-needed medicines at the time they need them. Our Zagreb office will receive requests directly from the hospitals and pass the information on to us." Ashton adds that there's no question of competition between the aid organizations. "The others are happy to have all the help they can get. And we're happy to take their supplies to hospitals, too, if we can help. All that matters is getting the stuff where it's needed, regardless of who does what."

Shellshock: most drivers are afraid to use this empty street, which often comes under heavy fire. Surrounded by wreckage, a boy on a bicycle takes the risk.



Survivors: one of the concerns of the aid organization IEMRA is the fate of the civilian population in war-torn Bosnia after the actual conflict is over.

Of late, activity at IEMRA has gained momentum, preparatory to the opening of its new headquarters in Cologne this August. Together with the Munich-based enterprise Famosa Consulting, a start-up and development adviser group for charities, Ashton and Gardner have drawn up a busi-

"One woman in Sarajevo said, 'I remember watching T.V. coverage of Lebanon 12 years ago, knowing nothing like that could ever happen here, to us.'"

—John Ashton, Sarajevo

ness plan showing how the foundation will be set up and expanded in coming years. Among other things, the plan calls for a U.S. office to organize fund-raising; in the meantime, IEMRA is being financed through donations and the personal savings of its two co-founders. Determined to keep their administrative costs at a minimum, Ashton and Gardner are exploring every possible source of financing in an effort to raise the



Continued on page 32

Surviving Sarajevo
Continued from page 23

money they need to become officially recognized as a foundation (*Stiftung*) and purchase the vehicles to start regular deliveries from Split and Zagreb. They hope to have the first trucks on the road by the end of August.

With the infrastructure they've drawn up, Ashton and Gardner hope to create an organization capable of providing help on a world-wide basis, wherever it's needed, even

At a Serbian checkpoint:

"It is extremely hard to face these men and smile at their jokes, because you know they have murdered unarmed people in cold blood."

—John Ashton, Sarajevo Journal

after the terrible Balkan war is finally over. And "even if the war ends tomorrow," says Ashton, "it will require a further three to five years to deal with the mountain of physical and psychological problems that will be left behind."

Performing an arterial bypass on a six-year-old boy without anaesthetic, just to keep him alive long enough to get him into the operating room for his other wounds; watching doctors amputate the leg of a young woman, one month pregnant, who rushed out of shelter to try to help the victim of a shelling, only to be hit herself by the next round; seeing people bleed to death in the emergency room from relatively minor injuries, because there aren't enough doctors to attend to them all; comforting a woman who pleads with the doctors to save her life as her intestines spill out on the hospital bed: John Ashton has seen enough of the horrors of war in the former Yugoslavia. And he's working to try to alleviate them, to prevent the deaths that can be avoided and convince Sarajevo's citizens that not everyone in the world has turned their backs.

For further information about IEMRA, and details of how you can help, contact IEMRA, c/o Marburger Bund, Riehler Straße 6, 50668 Köln (tel. 0221/73 31 73). Donations can be sent by check (payable to IEMRA) or transferred to the foundation's account at the Deutsche Apotheker- und Ärztebank Köln e.G., BLZ 370 606 15, account number 000 368 1629.

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Er stammt aus Virginia. Er war Matrose, Koch und Schickieria-Fotograf. Bis er vor einem Jahr aus der New Yorker Szene in das Grauen auf dem Balkan geriet und statt gelifteter Stars verstümmelte Leichen ablichtete. John Ashton resignierte nicht, sondern wurde aktiv.

SPOTLIGHT: John, what exactly is the
International Emergency Medical Re-
sponse Agency, IEMRA?

ASHTON: It's an organization that re-
sponds to the immediate needs of hospitals
in areas of war or extreme poverty. We
supply specialized medicines for victims
or other patients.

SPOTLIGHT: What is the background to
the organization? How and why did you
set it up?

ASHTON: I worked in former Yugoslavia
in Sarajevo and in central Bosnia, and I
made contact with the hospitals in
Croatian and Serbian territory. And I found
out that these hospitals were just not re-
ceiving even half of what they actually
needed from the other organizations.

SPOTLIGHT: How did you come to be
in former Yugoslavia in the first place?

ASHTON: I went down there as a photo-
journalist, and I only planned to go for two
days. But then I walked into a hospital and
saw the situation. I have a paramedical
background, so when I saw surgeries being
done without anaesthesia and without
oxygen, I was shocked. I realized that
these are simple things to get to former
Yugoslavia. So I went to the UN and I
helped them come up with a plan to get the
oxygen bottles out, and this is what started
my interest in the hospital system there.
Sometimes we had over 100 victims in a
one-hour period, and we could not cope
with the situation. We'd run out of simple
things. We would boil the gauze and re-use
it on another patient. And we'd do the same
with needles and plastic gloves. Every-
thing we'd boil and re-use if we could do
it. I was coming to Germany every three
weeks for maybe a week's rest, and I met
people here in the German community
who were willing to help, sending small

amounts of medicine, giving small
amounts of money for me to buy medicine.
That worked quite well. But it was only
supplying enough for a couple of days
each time I went back in. And the situation
became so dangerous, because I was still
trying to make a living as a photographer.
Come Christmas time, when my friends
were starting to get wounded and killed
around me, I decided to get out and do
something from the outside, bringing
medical supplies in to hospitals in former
Yugoslavia.

SPOTLIGHT: A large number of organ-
izations are already working in the Balkan
war area, as you mentioned, including the
United Nations, the International Red
Cross and the World Health Organization.
Is another organization really necessary?

ASHTON: Absolutely. The problem is,
many of these organizations are spread out
around the world. What we have decided
to do is to start with former Yugoslavia and
work with one problem at a time. And we
approached these organizations and talked
to them about the problems they were hav-
ing, and how we could fill a certain niche
in their programme. And they were very
happy to have someone else come in with
trucks, with medicines, because they can-
not handle it all themselves.

SPOTLIGHT: And how can you be sure
that the medicines you send to former
Yugoslavia reach the hospitals that they're
meant for?

ASHTON: We put everything into the sys-
tem immediately. It goes straight to our
warehouses in Zagreb and Split, and
straight on a truck as the hospital calls for
it. Within two to three days the hospital can
have their supplies — as opposed to the
other organizations that often take three to
four weeks. What we're planning to do is

ENCOUNTER

have each truck manifested and have the chief of each hospital sign for his manifest, and also to notify the donors who give large donations that he has received their goods.

SPOTLIGHT: A lot of readers will have read in recent weeks about the collapse or the near collapse of the United Nations' aid efforts. You're convinced that IEMRA can succeed despite these difficulties?

ASHTON: Absolutely. I've worked with the local commanders. I've travelled through their front lines many a time, and I've established a good relationship with them, so that we can travel without the UN. But at the same time we have to give their hospitals medication, and it has to be a very diplomatic operation. They're all very upset with the United Nations, because they expected the UN to come in and stop the war, which was not the United Nations' mandate. So they harass the convoys and make it very difficult for the UN to get through, whereas private donors get their supplies through. The Red Cross doesn't even use UN escorts. They talk to local commanders and deal with local doctors.

SPOTLIGHT: You've worked as a photographer in a number of war areas, including Lebanon and Afghanistan. How does the situation in former Yugoslavia compare?

ASHTON: This war is the most inhumane, immoral war I've ever seen in my life. Here everything is being completely burned, everyone is being slaughtered because of their ethnic background. Every woman who is captured basically is raped



John Ashton, executive director of the International Emergency Medical Response Agency (IEMRA), talks to Ian McMaster.

in some sectors of this war. 4.8 million people have had to leave their homes, more than 386,000 — almost 400,000 — people have died in one year in Bosnia alone. It's appalling what's happening there. And the international community just doesn't seem to be standing up to its promises to try to halt this conflict.

SPOTLIGHT: How long do you anticipate that IEMRA will be working in former Yugoslavia?

ASHTON: If the war stopped tomorrow, I imagine we would probably have to work there another five years just to get the infrastructure back up to a substandard level, where it can function without support. We're taking four per cent of our donations and putting them aside in a special ac-

count. After the war is over we will donate this money to the reconstruction or re-equipping of hospitals. These hospitals in former Yugoslavia were very much like the modern hospitals in America or Germany. All the hospitals had Siemens X-ray equipment and IBM technology. But they're deliberately targeted as military targets, and this has destroyed a lot of the equipment there. They're using car headlamps, with car batteries, over the operating table. That's the only light available for surgery. It's very easy to make a mistake under these conditions.

SPOTLIGHT: John, thank you very much for talking to SPOTLIGHT, and good luck with your project.

ASHTON: Thank you very much.

agency ['eidʒənsi] — Agentur
to respond — reagieren
poverty — Armut
victim — Opfer
background — Hintergrund
surgery — Chirurgie, hier: Operation
anaesthesia [ˌænasˈθi:ziə] — Narkose
oxygen ['ɒksɪdʒən] — Sauerstoff
to cope with — fertig werden mit
gaze — Gaze
community — Gemeinschaft, Gemeinde
wounded — verwundet
warehouse — (Waren-)Lager
as opposed to — im Gegensatz zu
to manifest — hier: verzeichnen, in einer Liste führen, registrieren
to notify — informieren, bestätigen

donor — Spenderrin
aid — Hilfe
despite — trotz
upset — ausgebracht, verärgert
to harass [ˈhærəs] — storen; hier: angreifen
to slaughter [ˈslɔ:tə] — abschlachten
niedermetzeln
to capture — gefangennehmen
to rape — vergewaltigen
appalling — erschreckend, empörend
to anticipate — erwarten
to equip — ausstatten, ausrüsten, einrichten
X-ray — Röntgenstrahlen
deliberately — vorsätzlich, bewußt
to target — zur Ziel Scheibe machen
headlamp — (Auto-)Scheinwerfer

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You can hear the original
version of this interview on
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International Emergency Medical
Response Agency

- *IEMRA* -

Business Plan

(Summary)

(Revised 3.09.93 - English)

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CHARTER

The International Emergency Medical Response Agency offers immediate medical assistance to populations in distress and institutions serving those populations.

The International Emergency Medical Response Agency is an independent, highly responsive, non-bureaucratic, non-profit humanitarian aid organization with the charter of providing specific, urgently needed medical aid to site specific locations.

The International Emergency Medical Response Agency follows a policy of strict neutrality and impartiality. We support the universal right to humanitarian aid and demand unhindered freedom of action in pursuit of the fulfillment of this charter.

MISSION STATEMENT

IEMRA's first and current mission is to respond to urgent requests for specific medical aid from hospitals, clinics, refugee centers and other medical aid organizations in the former Yugoslavia.

Distribution of aid is executed by IEMRA directly to those points of need according to prenegotiated agreements with all sides in the conflict. IEMRA recognizes the right of the victims of this conflict to humanitarian aid, to request assistance, and demand freedom of activity in pursuit of this mission.

IEMRA's increasing ability to quickly and consistently deliver specific medical supplies fulfills a role unable to be met by other aid organizations operating in the former Yugoslavia. In addition, IEMRA will take an active role in the rebuilding of the region's the medical infrastructure in the post-conflict period.

Background

Working in the front line hospital system in the former Yugoslavia for almost nine months, I witnessed the degeneration of the most advanced medical system in Eastern Europe. Many of the hospitals were comparable to those in western countries, but have been reduced to a level of care that would not be accepted in the west because of heavy shelling, lack of medical supplies, and often no water or electricity.

Delivery is part of the problem, but simply procuring specifically needed items seems to be a difficult task for even the most experienced of the international organizations. Through discussions with the medical communities in Germany and the United States, I have discovered that getting those supplies is possible.

I have established an excellent relationship with most of the Non-Government Organizations and parties involved in the conflict in the former Yugoslavia, in doing so recognizing a weakness in the aid effort and a niche that IEMRA has been designed to fill.

John Ashton
Executive Director.

Strategic Plan

IEMRA's underlying philosophy is to provide requested medical aid to site specific locations. Conceptually, this can be seen as 'aid marketing' - finding out exactly what is needed where, and ensuring it gets to those points of need. To achieve this goal consistently, IEMRA will limit its number of commitments, focusing on the former Yugoslavia in the foreseeable future.

Situation Analysis

The current situation in the former Yugoslavia region is characterised by uncertainty. The international community, led by the United States, Britain, France and Russia is trying to establish a framework for bringing about peace and hopefully long term resolution of the conflict and tensions in the former Yugoslavia.

Events in the region obviously effect IEMRA directly, hindering or helping aid efforts. However, the medical infrastructure in Croatia, Bosnia and Serbia has already been severely damaged and is entirely dependent on outside support. Further conflict only increases damage to the system, the amount of resources necessary to support and restore its capabilities, and the urgency of IEMRA's mission.

Regardless of immediate peace or continued conflict, it is imperative that health and medical support to the region increases. IEMRA is dedicated to support of the health system in the former Yugoslavia during and after this conflict, hence while each development potentially influences IEMRA's operational activities and short term goals, medium and long term goals of support remain unchanged.

IEMRA's role in the overall aid effort in the former Yugoslavia is filling a niche in the supply of specific, urgently needed medical supplies. The United Nations group of organizations and other Non-Government Organisations (NGO's) are doing much to address both medical and non-medical needs, however they are not able to fully meet general needs and there is a particular deficiency in the supply of requested and specific aid. IEMRA operates in a targeted manner, supplying specifically needed items to 'site specific' locations, and works closely with other organizations active in the region. There is a real and recognized need for further help and IEMRA's expansion will have a synergistic effect on the aid effort.

Aid Generation and Distribution

Traditionally humanitarian aid is generated largely through financial support for the aid organization, which then uses the funds to operate and purchase the necessary aid. This is supplemented by physical donations. Given the expense of aid, particularly medical aid, decreasing the reliance on financial procurement and opening up a direct link between the medical industry and the aid community would substantially benefit aid efforts.

IEMRA is negotiating with the American pharmaceutical industry to make available pharmaceuticals to IEMRA for humanitarian use. Motivated by humanitarian concern, this agreement will also provide public relations and financial benefits to the industry and frees financial resources for IEMRA to use in procuring other aid more difficult to obtain.

IEMRA's logistical strategy in the conflict zone is to use its own transport infrastructure to ensure that requested and specific aid is delivered to site specific locations in accordance with prenegotiated agreements with all parties involved, international and those in conflict. Operations will be conducted from three locations, specifically Zagreb, Split and Belgrade to provide different options for gaining access to specific locations.

Form and Growth

The charter IEMRA has defined is the effective and efficient support of medical structures serving populations devastated by disaster and conflict. The goals of IEMRA are not short term and it is planned to change focus from the former Yugoslavia with time. However, for current purposes the situation in the former Yugoslavia is IEMRA's 'raison d'être'. In order to best approach this and future missions it is necessary to examine; 1) the resources necessary to operate effectively

and efficiently; and 2) the form of organization most suited to the task and to organizational goals.

The resources necessary to effectively and efficiently carry out the stated charter and mission are organizational, physical, and financial. IEMRA is currently establishing the organizational structure to facilitate the coordination and control of the mission. (This is dealt with more fully under Structure). Physical resources are the means for carrying out the tasks required and will be obtained as they are needed. The most important single resource is financial, hence a considerable part of IEMRA's activities are directed at generating the necessary funds. As outlined in the Programs section, IEMRA is fund raising via a number of methods; the principle being application to private and government funding bodies, working with the medical manufacturing community, the running of mass fund raising campaigns, and approaching individuals and organizations. Given the difficulty of funding humanitarian aid efforts and the general cost of medicines, IEMRA is placing an emphasis on the relationship with the U.S. pharmaceutical industry to ease the reliance on financial support.

In order to attract essential resources outlined above, the organizational form must be substantial and secure, and operations effective and efficient. Through knowledge and experience IEMRA is establishing a structure that can provide support to the medical field in the former Yugoslavia, and other regions in the future. *The key task, then, is to establish an organization with these capabilities and to attract those essential resources.*

Based in Germany, the form taken must conform to German law. IEMRA is registering in Germany as a 'Stiftung' (literally a Foundation), which in Germany is a secure and respected type of institution. This security is largely based on the capital investment requirement which must remain intact while the Foundation operates. The benefits to IEMRA of this legal form are financial security which ensures stability, and the fact that the inherent qualities of a Foundation are well suited to attracting the necessary resources.

IEMRA is in the process of legalization and registration in Germany, Switzerland, and the U.S. Until full legal status is granted, IEMRA will continue to operate under the auspices of the German medical association Marburger Bund, itself a Foundation in Europe, and is negotiating the same arrangement with the American Medical Association in the U.S.

The urgent situation in the former Yugoslavia has persuaded IEMRA to pursue a dual path of growth; primarily establishing the Foundation in Germany and aid generation branch in the U.S., but also expanding operations to provide whatever relief possible. With establishment and growth IEMRA will expand according to a strategic plan of increasing resources and capabilities with the constant goal of planning and implementing an effective and efficient aid mechanism that will significantly and positively effect human health.

Structure

IEMRA will be headquartered in Cologne, Germany, convenient to pharmaceutical corporations, government, and logistics facilities that will be utilised. This will be the center of management, finance and procurement, co-ordination, and control of all IEMRA activities.

The Zagreb office will be the operations center in the former Yugoslavia, coordinating the aid distribution process. Field staff will include Medical Officers, Escort Officers, drivers and warehouse personnel. Three mobile field offices, staffed and operated by medical and logistics personnel, are also planned for the former Yugoslavia.

The United States program will be an aid generation branch of IEMRA, based in Washington D.C., registered under its own auspices, and involved in autonomous aid generation programs, though under the direction of Cologne. This office will have responsibility for all activity in North America.

IEMRA is being staffed by a compact core of professionals in a 'flat', team oriented structure in three locations: Cologne, Washington and the former Yugoslavia. With responsibility in the hands of those carrying out the tasks, IEMRA will operate as effectively and directly as possible, avoiding administrative and bureaucratic inefficiencies.

Growth

The expansion of IEMRA will follow a precise path that will establish the Head Office in Cologne and aid generation capabilities in the U.S., expand humanitarian aid operations in the former Yugoslavia, and then further increase aid generation activities in Europe and the U.S.

As a scale for expansion, amount of finance available for growth is the most appropriate as this is the greatest variable in the growth equation. After establishing the Cologne Office, funds will be allocated as laid out in the Finance section, between activity costs and actual aid.

Personnel

IEMRA is recruiting a small number of people, experienced in the areas in which they will work, to form a compact and effective team. The unusual circumstances in the former Yugoslavia have produced a specific job market where experience is extremely important. The region has skilled and knowledgeable logistics and medical personnel, and it is from this group that IEMRA will recruit international and local staff to fill the necessary roles.

Former Yugoslavia

The current crisis in the former Yugoslavia is IEMRA's first mission, with the goal of immediate and future support of the medical field in the former Yugoslavia. Realized in the first instance through the provision of medical aid to the hospitals, clinics, refugee centers and other aid agencies active in the region, and in the medium and long term support in rebuilding the regional infrastructure.

IEMRA's role is strictly neutral, with no partiality shown to any side in the conflict, and IEMRA calls on the universal right to humanitarian aid, to request assistance, and to demand freedom of action in this humanitarian mission.

Zagreb Office

The Zagreb operations office will be staffed by internationals and locals with specific experience in the relevant areas. This office will co-ordinate the activities of the Zagreb, Belgrade, and Split warehouses that will provide logistical capabilities from different geographical directions to the different areas in need.

Finance

IEMRA's finances will be centered in Cologne, Germany, where the Financial Manager will control the flow and accounting of funds. Funds generated outside of Germany will be transferred there, with the exception of operating and procurement funds required in the U.S., which will be retained by that office from funds generated there.

Budgeting

The budget per se has not been included in the Business Plan, however two budget summaries follow. The first refers to the initial capital IEMRA requires to establish the Cologne office and begin regular aid operations. The second summary refers to IEMRA at full planned size, *to achieve this will require a building process (dealt with under Growth) and budgets during that process will be considerably smaller, based on the growth steps planned.*

Budget Summaries - Europe (Conversion Rate DM > US .5917 as at 2.09.93)

I: Initial Capital Requirements

Equipment and Establishment.....	US	23,076
Operating (per month).....	US	18,936

NB/ These operating costs are as accurate as possible for this operating level, however this is still only a projection of costs.

II : IEMRA at Full Planned Size - Europe and the U.S.

Total Capital (Start-up) Requirements	US	4,000,526
Total (Monthly) Operating Requirements.....	US	465,668
Total (Monthly) Medical Aid	US	1,420,080
Total (Monthly) Funding Requirements	US	1,885,748
Annual aid per victim.....	US	5,56

Banking

Bank accounts in Germany will be the central mechanism for allocating funds to the different aspects of operating. This will include an account that will hold a percentage of donations to be allocated after the conflict for regeneration of the health care infrastructure in the former Yugoslavia. The Deutsche Apotheker- und Ärztebank e.G. will provide the required banking services in Germany.

Legal

IEMRA is being registered under German law as a non-profit Stiftung (Foundation), in the legal district of Cologne. This status entitles IEMRA to tax free benefits and allows the issue of tax deduction certificates to donors and sponsors. The U.S. branch will be registered in America under its own (IEMRA (U.S.A.)) auspices as a non-profit organization, under U.S. / IRS 501C3 registration. Legal establishment as a non-profit humanitarian organization will also be carried out in Switzerland to provide legal representation in that country where much of the world's peace and humanitarian community resides.

The required legal structure of IEMRA includes a Board of Trustees, Executive Board and nominated management. The two Boards are the ultimate sources of authority and legal representation of the organization. Authority necessary to manage the organization and represent it legally will be conferred by the Boards onto management staff.

Programs

Activities related to the generation of funds and aid are classified as Programs, while activities aimed at the distribution of aid are classified as Operations. IEMRA's primary focus in aid generation is funds, as this is the most flexible form of aid and can be used to buy the specific medical supplies that will be needed. To generate the necessary funds IEMRA uses a number of methods of fund raising.

1) Formal Funding Proposals

Various government and private organizations in Europe and the United States that provide funding for humanitarian organizations.

2) Advertising and Direct Marketing

Given the seriousness of the Yugoslav crisis and extensive and in-depth media coverage it is cost effective to fund raise through targeted appeals to different groups in the community using advertising and direct marketing.

3) Networking

Being in contact with a large number and wide variety of organizations and individuals has resulted in an ever growing network that provides support to IEMRA in a number of ways, including funding.

The U.S. Pharmaceutical Program is a primary aid generation program, with goals of physical and financial support. As outlined under Strategy, this program is based on benefits to both the industry and IEMRA and has the goal of providing a direct link between the producers of pharmaceuticals and those who need them urgently.

An important aspect of fund raising is the offering of the possibility of tax deductions to donors. Due to the nature of IEMRA, the Cologne legal district has granted IEMRA the right to a provisional tax number prior to having its full legal capital requirement in place. Related to this is the increase in tax deductions available when a donor enters into a sponsorship type relationship with IEMRA in Germany, an option that will be used in our relations with larger donors in this country. In the U.S., the IRS 501C3 status will allow tax deduction benefits to donors.

Operations - Former Yugoslavia

Operations are a process that begins with need identification, procuring the required medical aid, and distribution of that aid to the site specific points of need. The Cologne office will be active in each phase and will co-ordinate with both Zagreb and the U.S. with regard to their roles.

Cologne

The Cologne Office will be the center of all activities, carrying out central financial, fund raising, public relations and management functions. This office will guide and support the Zagreb operational office and the U.S. fund raising branch.

Zagreb

IEMRA's office in Zagreb will be the coordination and control center for the entire aid distribution logistics system in the former Yugoslavia region. It will support and advise the operations out of Split, Belgrade and the three mobile field offices currently planned for Sarajevo, Pale and Zenica. This office will control finances in the former Yugoslavia and work closely in coordination with Cologne.

Aid Distribution

Through this mission, IEMRA will provide aid to as many medical institutions in the former Yugoslavia as it can effectively and efficiently support while achieving its goal of targeted provision of aid. Over sixty medical institutions in Bosnia have been identified and the Croatian Ministry of Health is compiling a similar list of Croatian institutions for IEMRA. A policy of targeting specific aid where it is needed means IEMRA will not attempt to provide blanket coverage of all needs, but rather focused medical support where it is most needed.

Identification and Ordering of Medical Supplies

Medical Officers in the field will be the primary mechanism for identifying and assessing medical needs. This information will be combined with that collected by Escort Drivers on delivery of supplies, requests from the institutions themselves and information provided by the International Committee of Voluntary Agencies (ICVA), to prioritize medical needs. Ordering of medical supplies needed will then be referred to Cologne by Zagreb. At this stage the possible sources of particular supplies will be approached, in Europe and the U.S., and those supplies procured as quickly as possible.

Logistics

If procured in the U.S. the supplies will be transported via commercial or military aircraft to Germany or directly to the former Yugoslavia. If procured in Germany, the aid will be flown or trucked to the same warehouses in Zagreb or Split. From these locations IEMRA's own vehicles will transport the aid to the institutions that need it, ensuring site specific provision of the aid.

This logistical system will rely on a fleet of trucks and vans of different types to transport aid to the different destinations. In potentially dangerous areas international drivers will be used, and where safe, local drivers will be contracted. Warehouses will hold transit goods, and be the staging points for convoys.

To gain access to these areas IEMRA will prenegotiate agreements with all parties concerned. By observing strict impartiality, and travelling independently, IEMRA will avoid many of the access difficulties experienced by the United Nations because of their unavoidable political associations. In risk areas deliveries will be accompanied by Escort Drivers in order to provide support and representation for the delivery. However, it is a goal of IEMRA's to be accepted by the United Nations as eligible to travel inside UN protected convoys when conditions make this necessary or advisable.

Performance Evaluation

To fulfil its stated mission of effectively and efficiently meeting the immediate needs of the medical field in the former Yugoslavia, IEMRA must constantly evaluate its activities. This will be done at two levels: the organizational, and at the individual level. The organizational evaluation will be based on financial measures involving percentages of funds used for aid and for costs, and budget comparisons. The

individual evaluations will be based on assessment of quality of work in a relatively informal manner made possible by IEMRA 's compact size. As well, it will be a responsibility of key people to constantly assess whether operations and systems can be improved, and if so how. Overall responsibility for performance will rest with the Business Director.

Organization Culture and Values

IEMRA is an independent, compact, responsive, non-bureaucratic, non-profit humanitarian organisation with no interests other than the provision of medical aid to save and improve lives. We are a team in which each member, through their particular role, has the responsibility of supporting the effort of supplying aid as efficiently as possible to populations in distress. Given the nature of our mission, everyone must accept responsibility and decision making, with the formal structure of the organization supporting effectiveness, communication and initiative.

International Emergency Medical Response Agency

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