QUARTERLY MAGAZINE OF THE LEAGUE OF RED CROSS AND RED CRESCENT SOCIETIES

THE LEAGUE

OCTOBER 1986
VOL. 4

PRICE : 3 Sfr.

GIVE BLOOD SAVE LIFE

THE HUMAN FACTOR

A Message to Our Readers

THE LEAGUE +C

is one year old!

Your magazine has found many new friends in its first year, but we're only just starting.

Our purpose is to help bring our Movement together by letting each other know what we are doing, nationally and internationally, by discussing and, when necessary, criticising ourselves without fear or favour, and above all by giving a voice to everyone and anyone who has something worthwhile to say.

For this, we need your help. We need to know what is going on in every corner of the Red Cross and Red Crescent world, and we need to know what you, the members of this greatest humanitarian organisation on earth, think about it.

From Geneva we can help with various things: the next edition will report in detail on the XXVth International Conference and what it means for the world-wide membership it represents; in the New Year the 1987 World Red Cross and Red Crescent Day theme "CHILD ALIVE" will be a special feature; and we plan major coverage of the great issues the Movement has to deal with, in disaster relief, in health, in social service, in peace and in conflict.

We have started small, but we hope to be able to produce a Spanish edition and greatly to increase both the content of the magazine and its distribution through National Societies. We are at the moment looking carefully at the possibility of widening distribution through a subscription system for copies of the magazine over and above those received automatically by National Headquarters. We know there are many people in the Red Cross and Red Crescent world who do not yet see the magazine, and for 1987 we expect to have worked out a satisfactory system with National Societies.

We believe we have a gap to fill in the constant effort to improve communication between our members. But that gap cannot be filled from Geneva alone. So if you think your activities and the people behind them should be known to a wider world, let your Society know. We need articles and good pictures from the everyday Red Cross and Red Crescent world, not just from high-level committees and commissions and conferences. And we need them from you. We have the space, like OPINION on page 46, like REFLECTIONS on page 40, for you to let off steam. We think we may need to find a new title for the magazine, like "Red Cross, Red Crescent". What do you think? If you have an opinion to express about the Movement or this magazine, write to us directly, either an article or a letter, and with the words "For Publication", to:

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P.O. Box 372
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We look forward to hearing from you, wherever you are.

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The League of Red Cross and Red Crescent Societies is the international federation of national Red Cross and Red Crescent Societies. It is one of the three components of the International Red Cross, the others being the International Committee of the Red Cross and the national Red Cross and Crescent Societies.
The League's function is to contribute to the development of the humanitarian activities of National Societies, to co-ordinate their relief operations for victims of natural disasters, to care for refugees outside areas of conflict and, in so doing, to promote peace in the world.

CAMEROON: rushing in too quickly with disaster relief may cause more problems than it solves. **page 6**

UGANDA RED CROSS Information Officer Viola MUKASA (above) reports on her country's child soldiers in the aftermath of conflict. **page 8**

CONTENTS

COVER STORY **page 27**

"Give Blood – Save Life" was the theme of this year's World Red Cross and Red Crescent Day. Behind the slogan lies a complex world of medical and financial organisation strongly influenced by the ethic and principles of the Movement. We look at one group of people – hemophiliacs – who depend on the understanding and generosity of blood donors the world over; who illustrate the "Human Factor" that no blood service can do without: the free and willing sharing of the unique gift of blood.

COVER PICTURE: International award-winning blood poster, reproduced by courtesy of the Thai Red Cross Society.

PACIFIC ISLAND States and Red Cross Societies growing up in a little-known corner of the world: Australian Red Cross Assistant Secretary General Alan McLEAN visits the Solomon Islands. **page 13**

PHOTO REPORT **page 17**

Swiss photographer Liliane de TOLEDO and Red Cross writer Bertrand BAUMANN join forces to present a special feature on the many and varied activities of the **SWISS RED CROSS,** host to the XXVth International Conference in Geneva this October.

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Between Ourselves

League Secretary General HANS HØEGH looks at the fluctuations in the organisation's income and aid in the five years since the last International Conference in Manila in 1981.

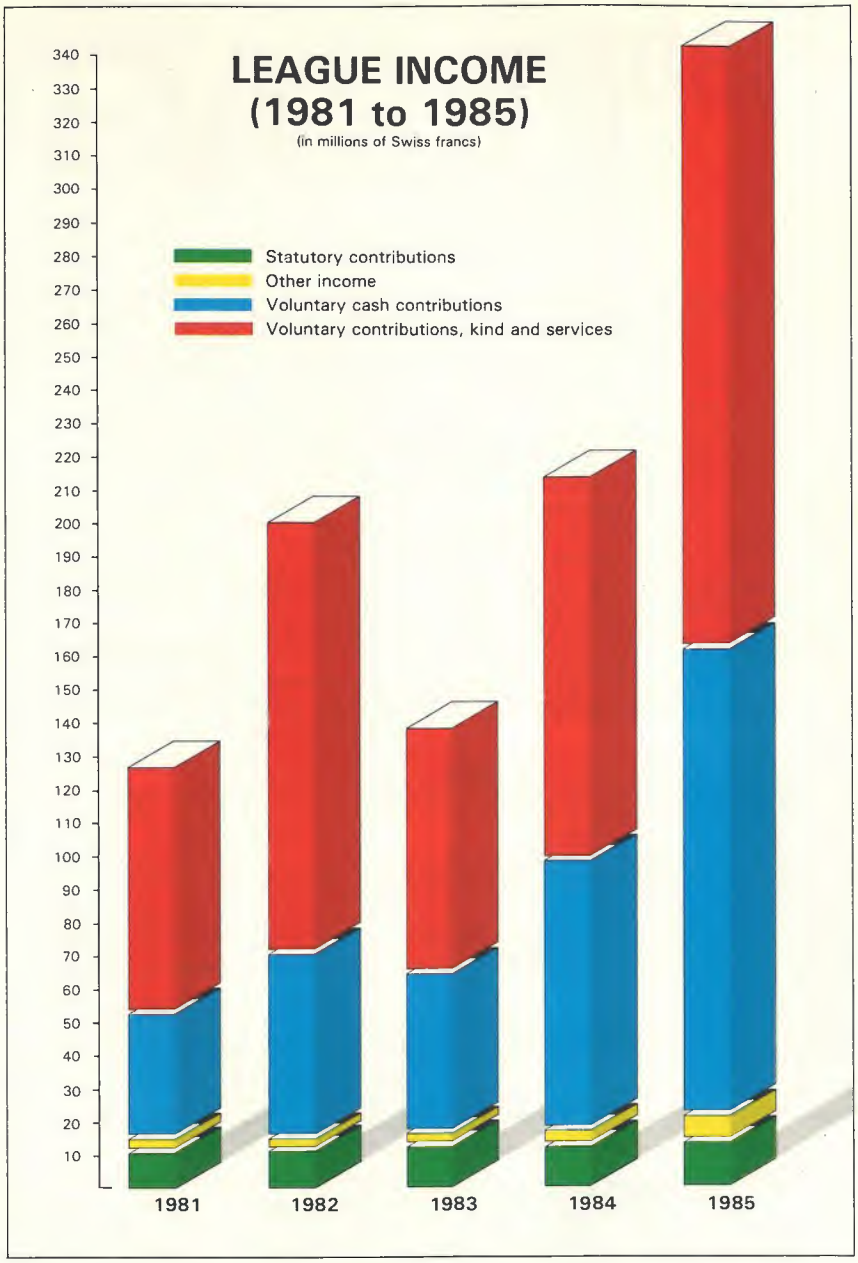
At a quick glance, the League's balance sheet over the past five years looks healthy enough: more operations than ever before, income trebled, and last year's turnover the biggest in the history of the Federation.

All of us can take justifiable pride in the millions more people cared for by the Red Cross and Red Crescent since our last International Conference.

Such growth, however, cannot be sustained without considerable strains.

Look again at the balance sheet. While the total turnover has zoomed upwards, the money available to *service* that growth – our statutory contributions – has shown only a modest increase. In 1981 the Secretariat had just over CHF 10 million to service activities costing CHF 120 million. In 1985 it had CHF 13.8 million to cover around CHF 340 million.

It is clearly impossible to increase League membership dues significantly, so we have had to cope with a policy of make-and-mend, shifting people around and hiring others on short-term contracts against the day when funding began to dry up. Why, we are often asked, is it not possible to plan for growth in a more sustained and orderly way?



The short answer is obvious: no-one really knows where or when the next disaster is going to strike.

Look at the other summary table at the bottom of the next page. After the total dominance of Africa over the years 1984-85, it comes as a jolt to remember that a mere four years ago more than 50% of the League's throughput was going to – Europe!

That was in the very special circumstances of the Polish crisis. But it just goes to show how Red Cross and Red Crescent aid swings from continent to continent – from South-East Asia to Africa, or Mexico or Columbia or Cameroon – as new horrors grab the headlines and send countless thousands down the road to misery yet again.

Looking back over the past five years, I am constantly struck by how haphazard the relief business is. Must be. And always will be. On current pro-

jections it is not impossible that 1986 will see the League's turnover back at something like the 1983 level – about half of what we received last year.

The reasons are many and complex: a widespread belief that the worst of the African crisis is over, a reluctance in some quarters to get involved in long-term projects, the fading of the face of famine from our television screens.

On the other hand, the unprecedented generosity of donors over the 1984-85 period has aroused quite legitimate aspirations in a number of National Societies to carry on with the work started then.

Was is the answer to this apparent paradox?

Realism, I believe. Matching properly defined needs to available resources. Analysing and costing every project before promoting it. And evaluating results.

It is quite clear that if major donors (and remember well over three-quarters of League funds have come from around a dozen Societies and their governments over the past five years) do not like large capital and infrastructural projects, then they will not happen.

It is also clear that where the League has invested time, people and money (usually quite small sums of money) in the *development* of National Societies, the cost benefit in terms of their managerial and operational capacity is enormous.

Over the years 1981-85 Relief income has soared. Development money has remained almost static, to the point where last year it was less than 5% of total income. And yet this is the very area in which donors can see *lasting* benefits from their contributions: a *permanent* improvement in services, and thereby in the health, security and living standards of all. An area, too, where gifts in kind and services can often be as effective as cash.

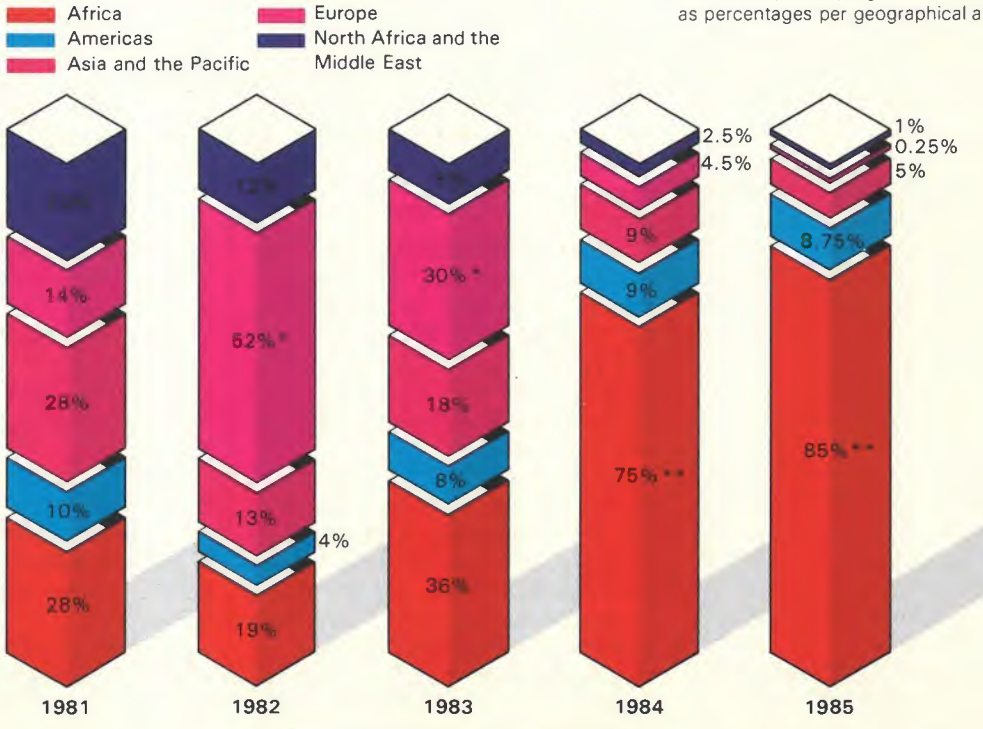
If we are to succeed in our mutual mission to improve the Red Cross and Red Crescent services we are here to offer the world, we need to think hard about ways and means of establishing a new partnership for development.

I hope that when the League comes to tot up its balance sheet in five years' time, we will find Development growing as fast in the second half of the decade as Relief did in the first.

Hans Høegh
Secretary General

LEAGUE AID (1981 to 1985)

National Societies receiving aid (cash, kind and services) for relief operations and development programmes expressed as percentages per geographical area.



* includes food and medical assistance to Poland

** drought relief operations in Africa

CAMEROON

Catastrophe and Coordination

Silently in the night of 20/21 August, carbon dioxide gasses from the Lake Nyos crater in this West African country killed more than 1200 sleeping people. The catastrophe also caused serious hiccups in international disaster relief response. ***George REID*** *reports.*

Günter SIEBERTZ – German Red Cross, FRG

Relief goods piling up at Bamenda Airport. "If the Red Cross had released all the blankets, each displaced person could have had five."

With all the wisdom of hindsight, the Cameroon disaster provides a classic example of how donors' spontaneous generosity – fuelled by sensational media reports – can end up as a vast heap of unwanted supplies on an African airport thousands of miles away. "There was simply no proper coordination," said Dr. Chris Daniell, the 36-year-old Health Relief Adviser who carried out an on-the-spot survey for the League.

"Those caught by the poison cloud died. Those who escaped got off with a few minor burns. Adequate care was available locally." But a week later, international donations were still pouring into the country. Gas masks. Rubber boots. Pallets of oxygen cylinders. Tins of beans and anchovies. Bottled drinks, consisting largely of water...

"If the Red Cross had released all the blankets, each displaced person could have had five. If all the tents that arrived had been distributed, everyone could just about have had his own, family-sized, plus two camp beds!"

Until the night of the disaster, Lake Nyos in northwest Cameroon had been known as the "good lake". The maize, plantain and sweet potatoes which flourished along its mountainous shores provided a comfortable living for the Bamileke farmers and Fulani herdsmen. Then on 21 August – totally unseen and without warning – came what the press were to call "The Killer Cloud".

A radio interview with a Dutch priest working at Wum was splashed across the front pages: "It's just like a neutron bomb. Nothing has been destroyed. But everyone has been killed."

General James Tataw of the Cameroon Army caught the bizarre horror of the disaster: "The goats, the pigs, the cows, the people – all dead," he said. "Only the chickens have survived. We don't know how."

At the Secretariat in Geneva, the phone glowed hot as would-be donors demanded to know what the League was doing. But the officer responsible, Mohamed Othman-Chande, had a problem: the phone at the Cameroon Red Cross was not working.

He eventually got through to the home of the President-General, Dr. S.P. Tchoungui, who expressed – rightly, as it turned out – "grave reservations" about the likelihood of thousands of people fleeing their homes. The National Society, he said, had sent its own 5-man survey team to the region, but Geneva must be aware of the distances to be covered "down difficult roads, or no roads at all".

The same day, the local United Nations representative reported 10,000 people in the stricken area – doubling this, 24 hours later, to 20,000.

In Geneva, however, the Secretariat still had no concrete information. A number of National Societies announced their intention of sending a plane, regardless.

Othman-Chande then issued a "cautious" initial appeal. It was primarily for CHF 500,000 in cash, but included tents and blankets (already on their way from the West German and Swiss Societies) and a modest amount of named drugs.

Daniell had now arrived in Yaoundé, straight into a round of meetings with the Cameroon Red Cross. "Their own survey team was still not back," he said, "but it was pretty clear nothing like 20,000 were affected." With the Society's Information Officer he then drove on to Bamenda and Wum to see for himself.

"In Bamenda, the local Red Cross had been splendid. Their coordinator, Francis Young, had organised shifts of uniformed members to unload and sort supplies at the airport.

"At Wum the people who had fled were being well looked after. Only 10 among the 300 or so still needed any hospital care, and only one was in a serious condition. The government had quickly supplied

gentian violet when stocks ran out. Along with simple antibiotics, it was just about the only medicament needed."

There had clearly been a major catastrophe, killing between 1200 and 1700 people. "I met one man at Su Bum who has lost two of his three wives, and 5 of his 8 children. About 1200 people had already been buried, but often without their identity being known."

Günter SIEBERTZ – German Red Cross, FRG

League Health Relief Adviser Dr. Chris Daniell with a father who lost 5 of his 8 children. "Donors should show a little patience until needs are established with local people."

It was clear that not more than a maximum 3000 people had been displaced. "And of these over 1000 were Fulani herdsmen who had simply gone with their cattle to traditional grazing grounds to the south."

Of the remainder, most were scattered over a wide area – living with relatives, camping in Wum and Nykambe hospital, or being looked after by the church. The army had set up a couple of small camps, but there was no need for the number of tents available, nor for major quantities of food. Nor for the vast assortment of drugs and goods piling up at the airport.

"Both tribes live largely outside the cash economy," said Daniell, "so they cannot buy food. But there is plenty available locally..."

At the Secretariat in Geneva, League staffers reflected gloomily on what one of them described as "not the most brilliant of operations". While conceding difficulties over communications and transport, and the enormous pressure on donors to move quickly given the sensational media coverage, there was a general feeling that "we've been here before".

Dr. Andrei Kisselev, Under-Secretary General (Health) commented: "As in Mexico, planeloads of supplies and drugs were sent in at considerable expense. In reality, they were not needed. Certainly there is no excuse for sending drugs outside the officially approved WHO List, and in emergency situations these should be restricted to the 27 in their 'A' and 'B' kits.

"The League's General Assembly should debate this issue in October," he added.

For Dr. Chris Daniell, with nearly 50 field missions behind him, the problem is one of coordination. "Evaluators should be dispatched immediately. Donors should show a little patience until needs are fully established with local people."

But Daniell does see some good coming out of the over-supply and the CHF 500,000 Appeal, almost four-fifths of which was pledged within a week.

"Donors should now be asked to allow the transfer of surplus goods to the Red Cross and central disaster preparedness warehouses, although drugs with a six-month expiry date should go to the Ministry of Health for countrywide use, *now*.

"No-one knows whether another gas cloud is likely, or whether disaster might strike elsewhere.

"But if emergency warehouses are established, and a proper disaster preparedness plan set up with the National Society, then some lasting good may yet come from the Cameroon operation." ●

SAHEL

The Sand and the Silence

The Tuareg are leaving their desert

Agadez, with its famous XVIth century mosque with a *banco* (mud) minaret (*below*), comes alive at the end of the afternoon. The hot siesta time is over. Tuareg craftsmen, Hausa merchants and Peul shepherds jostle each other in the small streets leading to the market, the heart of the town.

Liliane de TOLEDO

On the edge of the Sahara in the north of Niger, Agadez knows all about the terrible onslaught of drought. Animal skeletons bleached white by the sun are the only reminder that over 90% of the livestock of the region has been destroyed by this disaster. "Earlier on, it was the north which supplied the south with cattle. Now, it is the contrary. What a paradox!" explains the spokesman of the Mayor of Agadez, Mohamed Issoufou.

The nomads, companions of the sand and the silence, have nothing left. Many are obliged to become beggars. "Yet they want to work, but do not have the means," bemoans the President of the Regional Committee of the Red Cross Society of Niger, Sidi Lawin.

Now the region has leapt straight into the rainy season. "Ah! if only the rains could be generous, everything would start again. Restocking the herds, the wide open spaces, what a dream!" sighs an old Tuareg, former lord of the desert.

Habou Zaki, Secretary General of the Prefect of Agadez, believes that nomadism, as it has existed for generations with man following the

TUAREG:

The Blue Men of the Desert

In Niger the Tuareg live mainly in the north of the country. They are found all over the Sahara and especially in Mali, where mysterious Timbuktu, a nomad camp since the twelfth century, was once considered their 'capital'. The faces hidden behind the *litham* – the indigo veil whose colour comes off on the skin and gives them their famous blue "tan" – belong to shepherd nomads and caravan traders. Over several years many have settled down and are now cultivators.

The traditional noble family is composed of the head of the tent, the *Targui,* his wife, his children and his slaves *(Bellas)* who are now emancipated. It is a matriarchal society, where the *Targui* wife has played and still plays a privileged role in social and economic life. She is the repositary of the ancient language *Tamasheq,* a Berber dialect, and of the *Tifinar* script.

UGANDA

On the Road To Recovery

"... but don't you see? It was too much! We had no choice. They would come and take your mother and your sister and loot your property and make you carry it for them wherever they were going. They would even gather everyone together and force you to watch and clap as they raped your mother...."

Uganda Red Cross Information Officer VIOLA MUKASA reports on her country's emergence from years of civil war, in which more and more Ugandan children were involved, and on her Society's work in helping things get back to normal.

Uganda Red Cross

Liliane de TOLEDO

whim of the seasons in search of water for his herds, may all too easily disappear. The policy of the Niger authorities tends to fix the nomads at specific sites, so they are becoming not only semi-sedentary stock breeders, but farmers as well. The changes seem inevitable, both in mentality and the habits of a lifetime. The 73-74 and 84-85 periods of drought with their dreadful impact on the environment and animals have only helped speed this process up.

At Kourboubou, some 20 kilometres from Agadez, is a Tuareg camp like any other. Yet looking closer, you can see that a solid-structure school makes all the difference. Ouma Aboubakar Lalek, wearing a Tagelmus turban, gives

THEY were the government soldiers of the time. A different government, a different time, but not long ago for Bege, just one of some 3000 children, including about 500 girls, who took part directly or indirectly in Uganda's five-year bush war. Some were below the age of ten. Most were orphans, and Bege, when he joined the National Resistance Army (NRA), was barely 13.

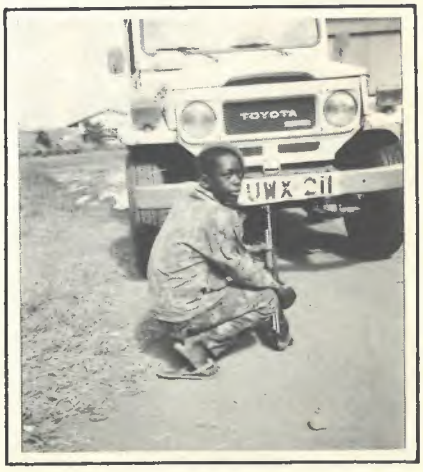
His voice is low and matter-of-fact. It's like he's recounted the whole story so often to himself and to others that it's lost its sting. And besides, it's all over. The war is won. Isn't that what counts?

"Sometimes you are forced to do things you normally wouldn't do. We saw there was no way out. They were hunting down young men like us. It was the same to join or not to join. If I stayed home, I would be killed. I decided to stay alive, and help my brothers to survive. I had to fight for peace and trusted in God to lead and protect me. I don't regret having fought. Even though I was hurt."

Bege has been in the army for four years now. He was wounded last year and moves around with a bullet lodged somewhere in the base of his eye. It is ulcerated at that point, visible even through his oversize plastic sunglasses.

There are five of these "child soldiers", one on either side of me, two sprawled in the grass, and one squatting directly in front. They know I'm from the Red Cross and their Commander told them I'm okay, so they're quite relaxed around me. I tell them I don't like sitting next to a Kalashnikov: "Ah, it's okay, it's no problem," one says. They all look at me with amusement and then one removes it with a grin. Four of them are escorts and one is the cook. A fascinating lot with boyish grins and occasional child-like expressions and strict adherence to discipline. All of them had sought the protection of the NRA to escape the terror in their villages... torture, rape and death.

Uganda Red Cross



lessons to some 40 children. Ouma has been teaching since 1966, and is delighted with his profession of bush school-master. The son of a Tuareg, he has resolutely turned towards the future, without giving up his culture and his traditions.

Ouma considers that education is the basis of the development of his people. "Not so long ago, Tuareg families were fiercely opposed to schooling for their children and sent the children of their Bella slaves to school. Now they have changed and more and more children go to school. The young who do not have this chance judge their parents very severely. They have been betrayed, they say."

Liliane de TOLEDO

FOOD FOR WORK: In Kourboubou, the Tuareg (660 in all) have settled down. The average age of the adults is between 30 and 40. Each family has some animals, goats, donkeys and camels. And they go in for out-of-season cultivation with the proceeds adding to the daily diet. Precarious means of subsistence, if they were not helped by the handicrafts of the women and, above all, by the "half-moon" reafforestation project.

Intended to combat desertification, the project allows the 113 heads of families to receive regular food in exchange for their work. Provided by the League in cooperation with the Red Cross Society of Niger, this food aid is distributed every two months: two bags of sorghum, two bags of CSM (Corn-Soya Milk) and six drums of oil per family, which represents 1900 kcal. per person per day, according to Carmen Garcia, a delegate from France in charge of

Uganda Red Cross

Had they ever gone home to their own people since they'd joined the army? Karoli, the eldest, says: "No, but some have. We'd love to see them, but not yet. There's still a lot to do." "When we were fighting it was impossible," Bege says. "Once when we were operating near my home village, all we had to eat apart from grass and leaves was 'kayinja' for the best part of a year." ('Kayinja' is a kind of plaintain used for brewing beer. Very sour, it is not meant to be eaten as food.) "But we couldn't even sneak home for a decent meal. Anyone could betray you. To protect themselves, the family, even the whole village. It wasn't safe to go home then, for young or old."

Did they see the Red Cross at work when they were fighting in the bush? "Yes, once they brought medicine, when we were heading for Kampala," says Babu, who

logistics under the League food programme in the Department of Agadez.

The "half-moon" project, originally the initiative of a missionary father, stretches over acres. Trenches are dug in the form of a crescent some 40 centimetres deep to retain most of the rain water. With this system the soil remains moist for a long time and the droppings deposited by the goats help the germination of bushes and trees.

The results are encouraging and everywhere small green shoots can be seen piercing the soil. In five or six years' time, if the rains fall as they should, they will become afageg or tamat (a type of thorny bush in the Tamasheq language). "With 'food for work', the Tuareg no longer feel assisted and this is very important," stresses Carmen.

At Kourboubou, the Tuareg have turned a page of their history. No more the wide open spaces and the herds whose contemplation was the pride of their ancestors. Tomorrow, in the desert without nomads, the sand and the silence will reign alone.

Marie-Jeanne MACHERET-NIKLEV

joined at 13. "I heard they brought food and help to the people kept in camps by the enemy," Karoli adds. Omara, 15, says "No, we were not in contact with them" and Bege interrupts: "But they helped our mothers and relatives in Bukomero, Kapeka, Busunju, Semuto... and in that way they helped us too."

Iga, who joined the army two years ago when he was 12, seems to know very well what the Red Cross does. "They help the sick... they take food to the hungry. They help people from any side. They have no side..." And would they like to join the Red Cross? "I would, but now I'm in the army," says Babu. "But I would because the Red Cross helps everyone. Now I would like to go to school. Most of us would. Perhaps maybe not the older soldiers, but then, they already know something. Maybe that's enough for them. But we are young and we know nothing! In the future we are going to despise ourselves for that!"

It's going to be a lot of work, helping these children of the war, but there's no doubt there's a new sense of optimism in the air. ▶

Child Soldiers, Child Victims

Children and International Humanitarian Law

"Children are among the most vulnerable of the victims of armed conflict..." **writes Sandra Singer, Director of International Tracing and Welfare at the British Red Cross.**

In a new paper in the International Review of the Red Cross (ICRC May-June 1986), she points to *"the evidence that children, as well as being victims of armed conflicts, are taking up arms and are active participants in conflicts in many areas of the world."*

According to international humanitarian law (which includes the Geneva Conventions and their Additional Protocols), children under 15 should not be enlisted in armed forces. Today, however, as Sandra Singer points out, *"it is often impossible to distinguish between the normal civilian population and those who are fighting".*

Despite some confusion in the debate on the issue, children under 15, even those who are recruited into the armed forces, should be considered as civilians, and protected as such, with special provisions because of their age.

Article 77,2 of Additional Protocol I of 1977 states that *"the Parties to the conflict shall take all feasible measures in order that children who have not attained the age of 15 years do not take a direct part in hostilities and, in particular, they shall refrain from recruiting them into their armed forces".* Protocol II has similar provisions for non-international conflicts.

Uganda, a Party to the Geneva Conventions since 1964, has not yet acceded to the Additional Protocols. The Ugandan Government, however, has made it clear that it seeks to reinsert its children of war into normal life through education: "child soldiers" will go back to school.

The widespread existence of children in armed forces is causing increasing international concern, with special clauses being proposed for a new International Convention on the Rights of the Child.

The ICRC, according to Sandra Singer, does not believe that protecting children in times of armed conflict needs the introduction of new laws, rather the dissemination, implementation and better understanding of existing humanitarian law.

Michel Veuthey, a leading lawyer with the ICRC, puts it in forthright terms: "In too many conflicts children are not only victims but also the protagonists in the conflicts, where they regard themselves, voluntarily or not, as committed fighters. This phenomenon of combatant children must be stopped before it is too late.

"This is not only a question which concerns the countries involved in these conflicts. It is even more a universal collective responsibility to ensure respect for the fundamental rights of children to peace. It is also a contribution to the survival of children and to peace in the world."

(*"The protection of children during armed conflict situations"*, by Sandra Singer, British Red Cross, appears in the **International Review of the Red Cross,** May-June 1986, ICRC, Geneva.)

Take this 8th of May. In Uganda like everywhere else it is World Red Cross Day. But this year it was no accident that Uganda Red Cross chose Luwero Town for its celebrations.

The Luwero Triangle is the most fertile part of Uganda, where all kinds of crops can be grown. But for many years of internal war between various groups and regimes it has been almost deserted, with few inhabitants except looting soldiers. Now the people are returning in large numbers and are starting to grow their crops again.

The Red Cross is a well-known sign to people of Luwero. In 83-84 in a joint action with the League and the ICRC, Uganda Red Cross distributed relief to over 100,000 displaced people. And today people are being helped with basic necessities to give them a good start to building up their new lives.

In many parts of the country this year, "self sufficiency" kits containing three blankets, a saucepan, maize and bean seeds, a panga (knife), a hoe and some cloth, are being distributed by the Red Cross to help a demoralised population left with nothing at all.

Uganda Red Cross

Old gentleman with "self-sufficiency" kit on the road to recovery near Mbarara.

"It is worth seeing," says Juliet Lubega, a volunteer in the Relief Department who helped with distribution in Mbarara, on the road to Rwanda. "The glittering face of each person as he receives a kit at the distribution point, the anxious faces in the queue, and the marvel at the contents of the kit when they get outside."

Ugandan President and Red Cross Patron Yoweri Museveni examines "self-sufficiency" kits at Luwero, 8th May.

Uganda Red Cross

For the 8th of May in Luwero, 75,000 people turned up to celebrate. There was entertainment from Red Cross Youth links, and small bands with their drums sang and danced in the middle of the crowds. The Red Cross shops were busy all day long, items sold, information given, blood donated. And, after a football match, the highlight of the day: the arrival of President Yoweri Museveni who is also Patron of the Uganda Red Cross Society.

By now there were 100,000 people to cheer the President as he arrived standing in the back of a cross-country vehicle. Visibly impressed by the Society's activities, he visited the Red Cross shops and presented wheelchairs to the disabled, and it was dark by the time he addressed the crowd.

Many people stayed for the all-night disco, and on the road back to Kampala we passed many villages where people were dancing and celebrating, stopping to cheer when our Red Cross vehicles passed by. It made me think that it may be a long road forward for the children of Uganda, after the years of horror, but as members of the Red Cross family, we have to endeavour at all cost to respect and protect those members of our communities who are the most vulnerable, and especially those who are the future of our world.

Viola MUKASA

SOLOMON ISLANDS

When Cyclone Namu ripped through the Solomon Islands on 18 and 19 May this year, news editors and not a few aid officials had to reach for their large-scale atlases once again. The different island archipelagos of the western, central and southern Pacific are confusing to anyone who doesn't live on top of them.

This was not a problem for Alan McLean, 31, Assistant Secretary General of the Australian Red Cross in Melbourne. Alan not only has a first class degree in Geography but is also the League's Extension Desk Officer for the Pacific. The Extension Desk was set up in 1983 to help with the development

Australian Red Cross

Australian Red Cross Secretary General Leon Stubbings congratulates Alan McLean after the 'Sport Aid' race in Melbourne.

of National Societies in Fiji, Kiribati, Papua New Guinea, Solomon Islands, Tonga, Tuvalu, Vanuatu and Western Samoa. (see page 14).

Namu was the most destructive cyclone to hit the Solomon Islands for 40 years, says the government. It left 90,000 people homeless and more than a hundred dead. Assistance came rapidly from the governments of Australia and New Zealand, and the Solomon Islands Red Cross, still in the process of formation, was directly helped by the Extension Desk in the persons of Delegate John Nimmo from Australia and Field Officer Cosmos Konia from Papua New Guinea. The Extension Desk coordinated relief assistance from 15 National Societies, including some of the smallest in the region. Kiribati and Tuvalu, whose combined population is less than 70,000, alone raised the equivalent of nearly 3,000 Swiss francs.

After supervising the successful emergency operation and finding time on the early morning of Sunday 25 May to run 10 km in 49 minutes in the Sport Aid – Race Against Time for African famine victims, Alan McLean took off his disaster relief helmet and put on his development hat, before going back to the Solomon Islands in June for a very special Red Cross day.

Pacific Partnerships

Saturday 21 June will be remembered as "one of the proudest days of my life" by Mrs. Grace Noa, Chairman of Gizo Red Cross Members Group in the Islands' Western Province. This was the day when Sir Baddeley Devesi, the Governor General and Patron of the Society, paid his first official visit to the Province – to open a new Red Cross Centre.

For Alan McLean, it was a good example of the new partnerships for Red Cross opening up in this region where communications and infrastructure within and between so many small islands states can be quite problematic.

Fund-raising for the Centre saw local contributions merge with international Red Cross support to allow purchase of building materials specified by local architect Charles Stevenson, and the manpower that put the building up came from 'Operation Raleigh', a British volunteer organisation doing different development tasks around the world between 1984 and 1989.

The volunteer specialists of 'Operation Raleigh', drawn from Britain, Japan, New Zealand, Australia and USA, were guests of Gizo residents during the construction period, and used their stay to do repair and maintenance work on other community facilities in the Western Province. And it was British Red Cross worker Margaret Eaton, sponsored by her Society to work with the Extension Desk for the Pacific, who forged the initial link between the Red Cross and the Raleigh "Venturers".

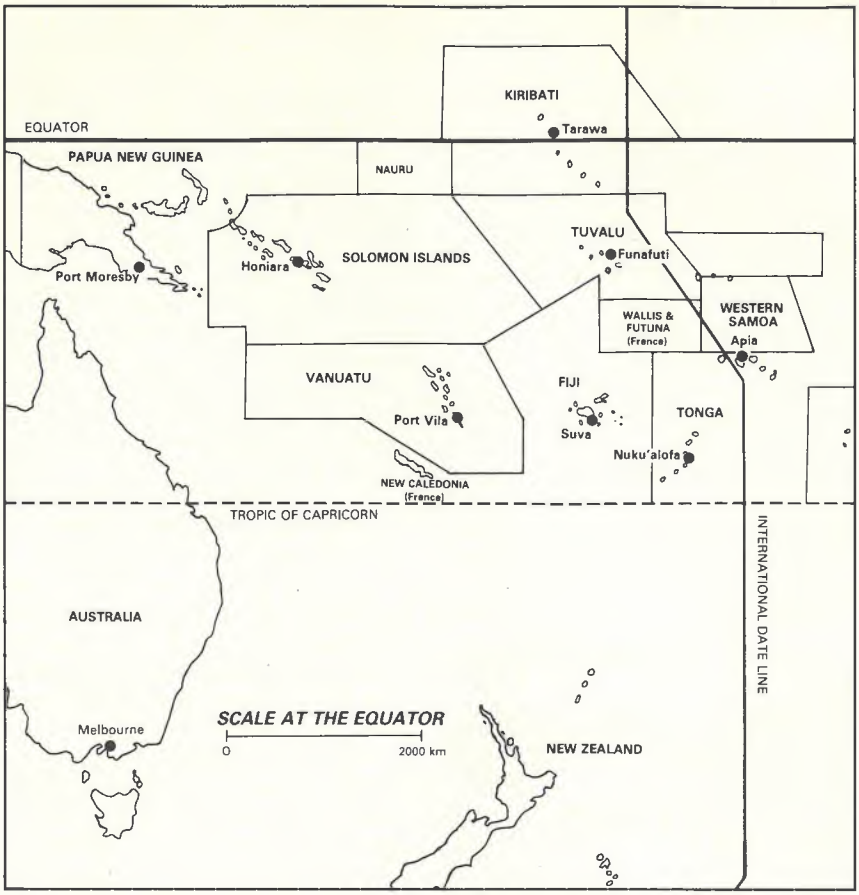
With efforts like these, says Alan McLean, island Societies like the Solomons are moving towards full membership of the Red Cross and Red Crescent movement. In the words of Charles Kelley, Secretary General of the Solomon Islands Red Cross, League membership "is not something we want to rush into. We want to help all people in need throughout the Solomons. Our new provincial Centre is a positive step, but we have to show that we can manage it and make it operate successfully. We have our goal, and we know that we have Red Cross friends available to help us."

Australian Red Cross

Alan McLean, Mrs. Grace Noa, H.E. Sir Baddeley Devesi, Operation Raleigh Director David Parker and Charles Kelley at the new Gizo Centre in June.

PACIFIC EXTRA

The League's Extension Desk for the Pacific was created in 1983 to help the development of Red Cross Societies, established and in formation, in eight island states: Fiji, Kiribati, Papua New Guinea, Solomon Islands, Tonga, Tuvalu, Vanuatu and Western Samoa. The Extension Desk operates from the Australian Red Cross in Melbourne.



The Pacific Extension Desk covers 8 island Societies. Only Nauru is without a Red Cross.

FIJI consists of more than 300 islands, of which about 100 are inhabited. Independent since 1970, many of the Fiji's 700,000 inhabitants are descendants of late 19th century indentured Indian labourers brought to work on the sugar plantations which still provide the main crop. The Fiji Red Cross Society, whose headquarters are in the capital Suva, was created in 1971, and recognised by the ICRC and admitted to the League in 1973.

KIRIBATI (pronounced Kiri-BAHS) is a central Pacific archipelago of a 33 atolls dotted over 5 million sq. km. of ocean. Formerly part of the Gilbert and Ellice Islands, Kiribati, with a population of some 59,000, has been independent since 1979. Kiribati Red Cross Society, based in the capital Tarawa, is in the process of formation.

PAPUA NEW GUINEA comprises the eastern half of the island of New Guinea and a number of smaller islands including Bougainville and the Bismarck Archipelago. The population of over 3 million is made up of more than 750 Melanesian tribes, each with its own language and separated by rough terrain and thick jungle. The capital, Port Moresby, is increasing in population by up to 10% a year. The Papua New Guinea Red Cross Society was created in 1977 and recognised by the ICRC and admitted to the League in the same year. Among other activities, the Papua New Guinea Red Cross is currently providing health and relief services for some of the 10,000 Melanesian refugees from Irian Jaya (Indonesia), the western part of the island of New Guinea.

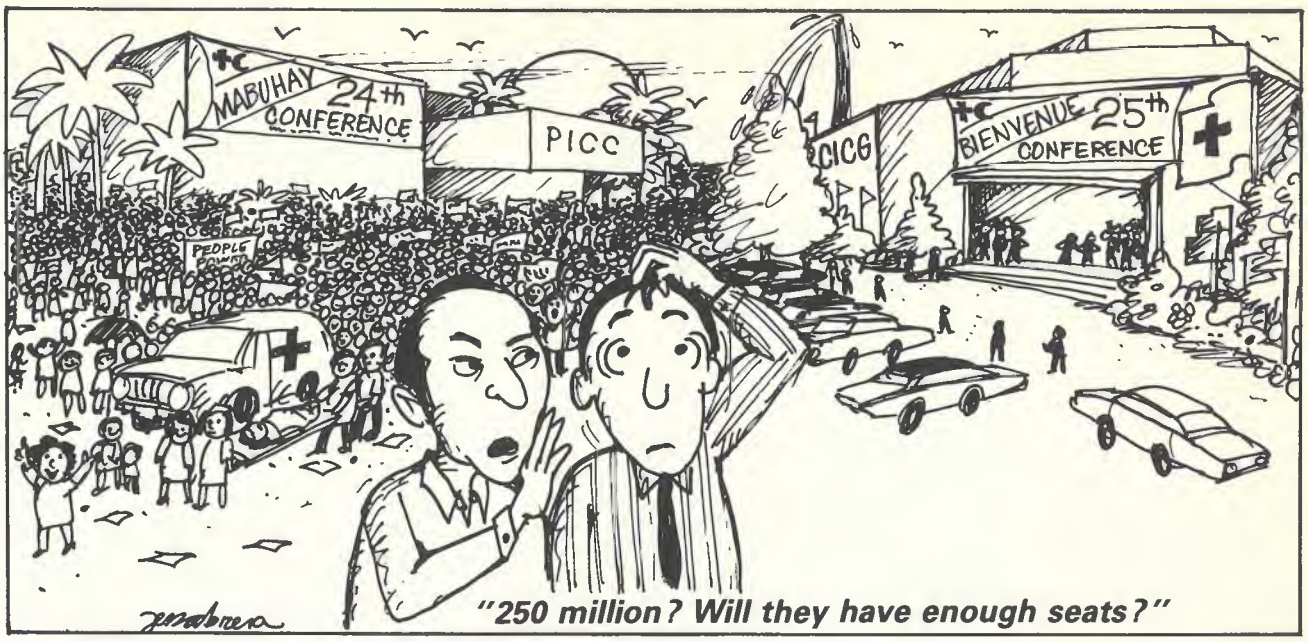
SOLOMON ISLANDS consist of six main islands and numerous smaller ones making up some 28,000 sq. km. A strategic battleground of World War II, with important bases at Guadalcanal and Henderson Field, the Solomon Islands have been independent since 1978. The population of over 230,000 is a varied mixture of Melanesian peoples and customs, with some 60 Pacific languages and dialects, including Pidgin, a local "dialect" of English. The Solomon Islands Red Cross, based in the capital Honiara, is in the process of formation. (See PACIFIC PARTNERSHIPS page 13)

TONGA is the only true monarchy among the Pacific islands. The Kingdom of Tonga traces its history back more than a thousand years. In the modern era, it has been independent of British colonial 'protection' since 1970. 170 islands and islets make up about 700 sq. km., with a population of some 100,000. Her Majesty Queen Halaevalu Mata'aho is President of the Tonga Red Cross Society which was created in 1961, and recognised by the ICRC and admitted to the League in 1981. The Headquarters of this south-western Pacific Society is in the capital Nuku'alofa.

TUVALU, formerly known as the Ellice Islands, has been independent since 1978. Its 8,000 inhabitants have just over 25 sq. km. of land in their mini-archipelago. The Tuvalu Red Cross Society, located in the capital Funafuti, is in the process of formation.

VANUATU is a group of some 70 islands formerly administered as the New Hebrides by U.K. and France for 74 years. Independent since 1980, Vanuatu has a land area of over 12,000 sq. km. and a population of over 120,000. Nearly 20% live in the capital Port Vila. The Vanuatu Red Cross Society, which is in the process of formation, was created in 1984.

WESTERN SAMOA was administered by New Zealand from World War I until independence in 1962. The eastern part of the archipelago is still held by the USA as American Samoa. Western Samoa comprises nine islands with a land area of over 2,800 sq. km. The population of 157,000 lives on five of the islands. Western Samoa Red Cross Society, based in the capital Apia, was created in 1952 and recognised by the ICRC and admitted to the League in 1984.



Jess ABRERA is a cartoonist on the Philippine Daily Inquirer, Manila.

Family Matters

From Manila to Geneva takes about 19 hours by the fastest Swissair flight. For the Red Cross and Red Crescent Movement, it has been a journey of five years.

Today, as anyone knows who reads newspapers or watches television, Manila is a slightly different place. But the sun still sets magnificently behind the XXIVth Conference complex. Typhoons still blow and volcanoes still erupt. And too many children are still hungry.

In the frequent traffic jams that build up on the boulevard outside that last Conference venue, there are many more children than there were five year ago, running in and out of cars and jeepneys and trucks and busses, tiny hands thrust through opened windows: "Give me money!" "Give me food!"

It is no more than in many of the world's great cities; far less than in some. But it's a little more disconcerting to think how many of these children are about five years old. They were born at the time of the last International Conference. Five short years ago. And with them countless millions more in other countries, other continents. What is disconcerting is to think of how much, in the five-year journey from one Conference to the next, this Movement has accomplished for these and other children on earth?

Is there less war? Less hunger? Less disease? Less poverty? For the great majority, the answer is a universal "NO!" There are more victims, there is more violence. There are more disasters – not because the weather has changed, or because the television cameras get there faster. But because more and more people are becoming vulnerable. Because more people are forced, by conflict or economics, into more and more precarious living conditions. Refugee camps grow bigger. And the slums of Manila, or Calcutta, or Nairobi or Rio or Mexico City are not getting smaller either.

We don't lack the slogans. "Health for All" is easy enough to say. Yet the year 2000 is barely 14 years away. The length of a single childhood away. And how can you be healthy if you don't have enough to eat?

We don't lack the desire. None of us wishes to deny children food and care, though regrettably there are still some who will play a sordid game with aid for momentary political advantage, impeding relief supplies, holding defenceless lives to ransom.

Maybe we are lacking in resolve, in confidently promoting the very goals we set ourselves, in ignoring political obstruction as ruthlessly as it ignores the real needs of most of humanity. Maybe we simply are not tough enough with ourselves and too easily distracted from our fundamental purpose.

From Geneva, in comfort and security unknown to most people, it is often too easy to view the world with detachment: the great "out there" – as from the window of that efficient 19-hour aeroplane. It can require an effort of will to remember those little outstretched hands, 19 hours away.

For the few of us who are privileged to travel easily throughout the world, every trip, every voyage leaves strong and memorable impressions. Yet if I am asked about the most beautiful sights I have seen, my reply is not the Taj Mahal at Agra, nor Ayutthaya nor Angkor Wat. It is not the stars over the Kalahari Desert, nor sunrise over the Amazon. It is not the once-in-a-lifetime view of both Atlantic and Pacific Oceans from the crater of Volcán Irazú, nor the high Himalaya on the road to Tibet. It is not the intoxicating sand-dunes of the Great Sahara, nor Niagara, nor the Mongolian Steppe. Nor even that seductive sunset over the South China Sea.

All these are beautiful, to be sure. But the most beautiful sight I know in the world is the sight of a child eating.

John ASH

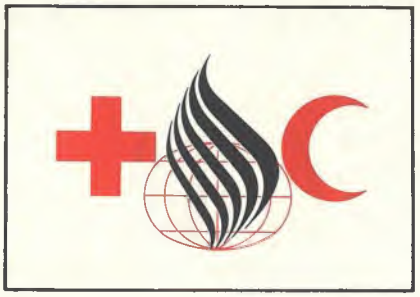
What's What at the International Conference

October in Geneva: setting for the **XXVth International Conference of the Red Cross and Red Crescent.** More than a thousand delegates from National Societies, advisers, diplomats and observers, plus technical staff, translators and interpreters. It is the most important of all Red Cross and Red Crescent meetings, held every four or five years (the last was in Manila in 1981), and each time in a different country whose National Society has offered to act as host. The Society must know what it is up against; the cost is heavy and inevitably there will be unexpected problems; but it also knows that its image will be enormously enhanced in the eyes of the public, within the Movement and without.

What IS the International Conference?

It could be called the "Parliament" of the Red Cross and Red Crescent Movement (also known as the International Red Cross). It debates major humanitarian problems in the presence of International Red Cross delegations from the ICRC, all the 137 National Red Cross or Red Crescent Societies and their federation the League, delegations representing governments signatories to the Geneva Conventions, and many observers.

Observers may come from Societies in the process of formation (but not recognised because they do not yet comply with all the conditions required by the Statutes of the International Red Cross) or from Societies without a country like the Palestinian Red Crescent.



They also come from the United Nations and non-governmental organizations, the Henry Dunant Institute and many other bodies and federations, including the International Organization of Journalists.

Two fundamental subjects will dominate the proceedings of the XXVth Conference, and two **Commissions** will be sitting simultaneously to deal with them: one on **Respect** for **International Humanitarian Law,** the other on the **Revision and Adoption of the Statutes** of the International Red Cross. The Statutes have not been revised since 1952.

The practical organization of the Conference is the responsibility of the host Society: this year the **Swiss Red Cross.** It is supported by the Swiss Government and assisted by a group of nine members of National Societies, the ICRC and the League who make up the **Standing Commission** of the International Red Cross, which also oversees the conduct of the Movement between Conferences.

The Conference is "orchestrated" by the **Council of Delegates** which makes proposals for the direction of discussions at plenary meetings and gives its opinion and where necessary decides on questions submitted to it by the Conference or the Standing Commission. All member Societies of the League are members of the Council of Delegates, as is the ICRC.

No respite for 19 days

A real marathon awaits the delegates. For some it all begins on 13 October at internal meetings like the **Joint ICRC/League Working Group** on the Revision of the Statutes of the International Red Cross, the **Commission on the Red Cross, the Red Crescent and Peace,** the **Commission for the Financing of the ICRC,** the League's **Permanent Scale of Contributions Commission** (which fixes the quota payable annually to the League by National Societies) and the League's **Finance Commission.** Then follow meetings of the four **Advisory Commissions** of the League – **Relief, Development, Health and Community Services,** and **Youth.**

From 17 October the marathon continues with the 18th **Executive Council** of the League, which implements the decisions of the League's supreme authority, the **General Assembly.**

The **General Assembly** is made up of all the National Societies and its Vth session will be held from 18 to 20 October.

The delegates then enter the pre-Conference period with further meetings of the Standing Commission (see above) and Council of Delegates, and finally comes the **International Conference** itself, from 23 to 31 October.

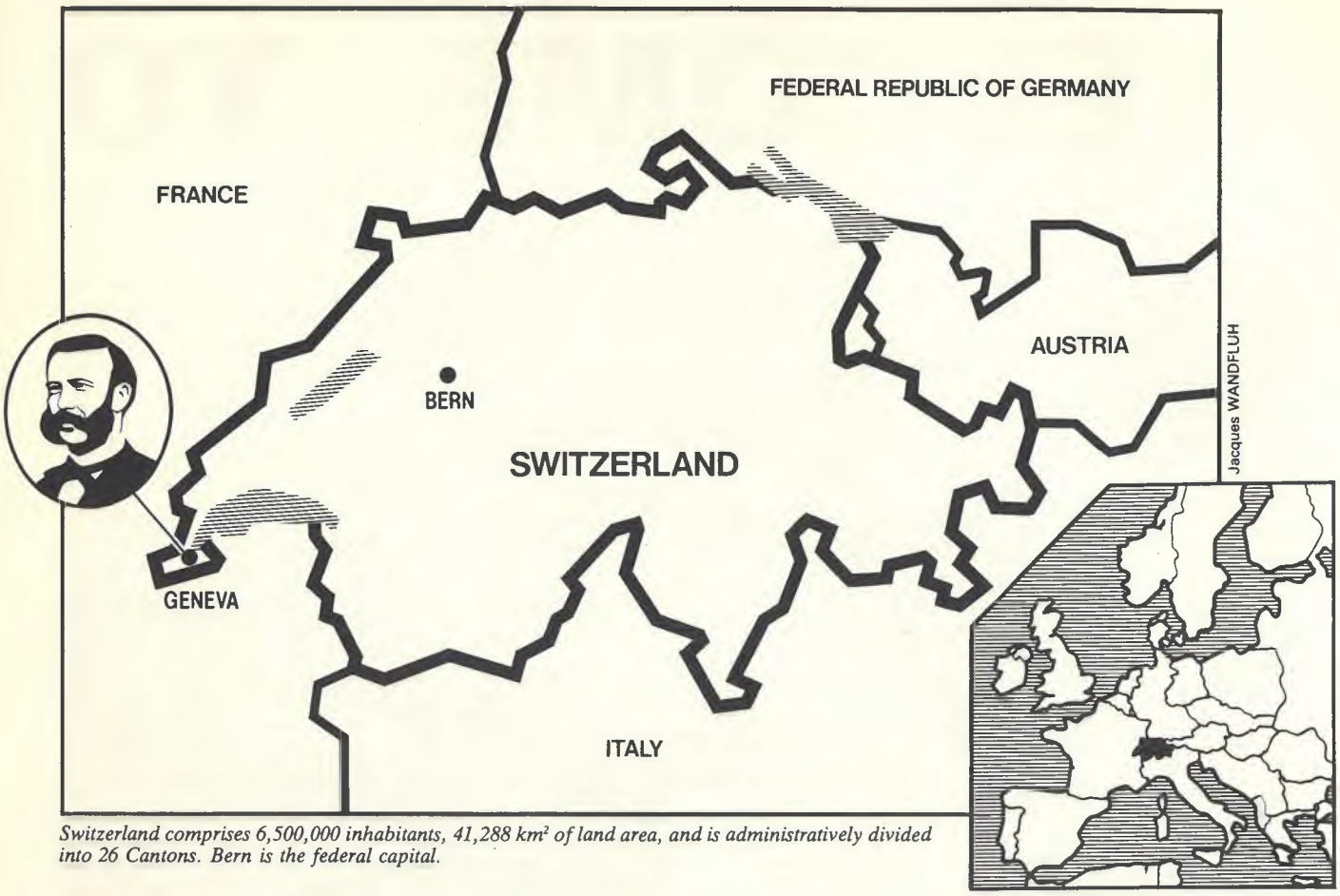
And if, dear Reader, you manage to find your way through this labyrinth, you will then know all there is to know about how our Movement's government works!

Marie-Jeanne MACHERET-NIKLEV

WELCOME TO

Swiss Red Cross – Geneve Section

SWITZERLAND



Switzerland comprises 6,500,000 inhabitants, 41,288 km² of land area, and is administratively divided into 26 Cantons. Bern is the federal capital.

In Henry Dunant's Own Country

Discovering the Swiss Red Cross with *Bertrand Baumann*

Ask a Swiss what he knows about the Red Cross and he is sure to say "the ICRC and the Geneva Conventions". It's quite likely he has never heard of the Swiss Red Cross. "What?" he'll say in bewilderment. "Is there a Red Cross in Bern?" (Bern is our capital city). It's rather like telling him that Nestlé's head office is in New York, when every Swiss knows very well that it's in Vevey on Lake Geneva.

But dig a little deeper and you'll get a few more words that betray a few Red Cross influences in his everyday life – "I give blood to the Red Cross", or "I buy a Red Cross flag on its annual flag day", or "We shall have to send off these old clothes to the Red Cross!" And so on. But deep down he finds it hard to believe that behind all this there is a single organisation most of whose work is done on Swiss territory.

It's only fair to say that in the last few decades the Swiss Red Cross has greatly expanded, that its social welfare and health work in particular has much increased and that it is now the biggest voluntary aid organisation in the country. The Red Cross is rather like a castle that has come through wars and revolutions with a wing added here and a tower or pinnacle there, so that in the end you almost need a guide to find your way through its history. That is the case of the Swiss Red Cross too, and I propose to be that guide, if you would like to follow.

How it all started

Switzerland is, of course, the cradle of the Red Cross. It is tempting to think, in Henry Dunant's native land, that the great man, among so many other of his activities, was also the founder of the Swiss Red Cross.

Much as we should like to claim him as its illustrious founder, Henry Dunant did not found the Swiss

Red Cross. The credit for this goes to a Federal Councillor (as we call our Ministers) called Jakob Dubs, and a certain General Guillaume-Henri Dufour, who in 1866 joined forces to found a National Red Cross Society to "support the Swiss Army medical services with all the means in its power and assist the families of soldiers called to the colours in time of war". This Society, the first Swiss Red Cross, soon went bankrupt, and another Red Cross Society with wider aims was founded in 1882 by Walter Kempin, a Protestant clergyman much influenced by the philanthropic ideas of the time. Co-operation with the Army medical services remains, however, one of the primary duties of the Swiss Red Cross, which has to recruit all the female nursing personnel the Army needs for its field hospitals.

The Swiss Red Cross in figures

82,000 members
650,000 donors
69 branches
7068 volunteers
119 schools for health care personnel

Expenditure at central headquarters: 48.8 million Swiss francs of which 23.8 million for operations abroad

Aid to foreign countries:
45 countries
80 delegates on mission

The most popular activity: Giving Blood

The Swiss are very keen on good health, which is probably why the gift of blood is so popular here. A provident Swiss in the habit of putting something aside for a rainy day looks on giving his blood as an insurance against future misfortune. "You never know," he says, "I may need it tomorrow myself." When a mobile team from the Transfusion Service comes along, nothing less than a ritual ensues – all the locals, the clergyman, the postman, the schoolmaster and the banker, come along without waiting to be asked and give some of their precious blood, getting a cup of coffee and a cake in return.

Liliane de TOLEDO

Conforming to the precision and meticulousness for which the Confederation is renowned, this portable Swiss Red Cross field office allows the delegate on mission (Bertrand Baumann in this example) to penetrate the farthest-flung regions, while maintaining the capacity to cope fully with every administrative requirement.

The most assiduous are rewarded by prizes and decorations and you quite often see a couple of "old" donors trying to outdo each other in the number of times they give blood. It is worth mentioning that Switzerland is one of few countries in the world self-sufficient in supplies of blood for transfusion.

The favourite work of the Swiss Red Cross: Health and Social Welfare

Like other Western industrialised countries, Switzerland has enormously developed its social security system over the last thirty years. New needs have appeared. The number of old and very old people has risen, and as a result extensive services for assistance to the elderly have been introduced. And the Swiss Red Cross has not been left behind. For years its branches all over Switzerland have been running motor transport services for private individuals, library services and home visits, all conducted by volunteers of all ages and all parts of society.

Health services at home, provided by professional public health nurses or health auxiliaries, are quite widespread in our country. They often enable an elderly person to continue living at home, thereby helping contain health costs, a subject which still provokes long discussion here.

Before leaving this field we should not fail to mention the numerous individual requests for assistance, for example a mountain family whose chalet has burnt down (fires are still quite common in our mountain villages) and for whom a branch of the Swiss Red Cross tries to collect funds and provide the basic necessities; or a Latin American national who turns to our tracing service for help in finding a missing relative.

Today's challenge: Refugees

Like many other European countries since the beginning of the 1980's, Switzerland has had a large influx of applicants for temporary or permanent asylum. All the aid organisations and in particular the Swiss Red Cross have offered their services, and the federal authorities have entrusted them with organising the reception of the newcomers.

When asylum seekers arrive they are housed in temporary reception centres – the Swiss Red Cross has 21 such centres at present – before being resettled in hotels or flats. During these first three months the Red Cross helps to familiarise them with their new environment. We also organise assistance for specific refugee groups such as Tibetans, Bah'ais from Iran and disabled Indochinese.

(continued on page 26)

PHOTOGRAPHS
by Liliane de TOLEDO

The Friendship Bus (opposite page, top). The Swiss Red Cross has 3 specially-equipped coaches to transport the handicapped. In 1985 they allowed more than 12,000 people to take day trips into the countryside from their hospitals or special homes.

Brightening up the afternoons of the old people who have no family living with them (opposite page, centre) is a regular activity of the Swiss Red Cross, which counts staff specially trained in the care of the elderly among its personnel.

Some branches of the Swiss Red Cross also provide a library service which is particularly useful to the elderly. Volunteers make regular visits to their 'readers', bringing not only books, but a little company as well.

All over Switzerland, trained nurses from the Red Cross Health Division conduct home visits to the elderly (opposite page, bottom left). This also helps relieve the work-load of the hospitals.

Nurses with additional Red Cross training also give courses on Infant Care, Baby-Sitting, "Growing Old Healthily" and "Looking After Yourself At Home", attended each year by over 18,000 men and women (opposite page, bottom).

For Elsi and Fritz Christen (above), both 75, the twice-weekly visit of Swiss Red Cross Health Worker Vreni Mori is always a big event.

Fritz was formerly a farmer in the region of Bern, but a fall put paid to such an active life and now, with the children grown up and gone away, he and Elsi find themselves very much alone.

Many elderly people in Switzerland benefit from local Red Cross Health and Social Workers' visits, from the company and the help in cleaning and mending things around the house.

It also means that the elderly have a better chance to continue living in their own familiar surroundings, which Elsi and Fritz clearly enjoy.

Otherwise there is only the television to keep them amused. Fritz, who used to sing in a choir, likes the traditional folk music of both Switzerland and Austria.

As for the soap operas, Elsi prefers Dallas to Dynasty, and Fritz the reverse. "He thinks all those oil stories in Dallas are too complicated," says Elsi, adding mischievously, "he prefers the pretty girls in Dynasty."


VOLVO
FIA
SCHWEIZERISCHES ROTES KREUZ
CROIX-ROUGE SUISSE


SIZE
13

(Above, left and right)

Through the voluntary, unremunerated donation of 700,000 units of blood each year, the Swiss Red Cross is able to supply all hospitals and doctors in the country with blood and blood products.

The Swiss Red Cross operates 27 Centres in which the handicapped or victims of injury can learn to become active again. In the Geneva Branch Centre (left) a patient learns to use an adapted saw by making his good arm help the injured one.

PHOTOGRAPHS
by Liliane de TOLEDO

The Red Cross Equipment Centre in Bern is the effective logistics base for all relief operations, in Switzerland and beyond.

If disaster strikes, tents, blankets, clothes and cooking utensils can be packed and shipped out in a matter of hours.

Volunteers from the Bern Branch are often called in to help prepare labels for the shipment of disaster relief goods.

Beyond its own borders, the Swiss Red Cross is involved in relief operations in 45 different countries – both emergency operations and long-term development projects. In 1985 international missions were carried out by 80 delegates (opposite page, bottom left).

Cooking pots and pans like the ones below are typically sent out to people displaced after a disaster. Bangladesh, Nicaragua and most recently Cameroon have all received shipments like these.

Asylum seekers like Suleiman and his parents (above) live three to a room while waiting to hear whether they have been accepted as refugees.

Here in the Canton of Freiburg (above left), the Red Cross Branch has been asked by the authorities to look after asylum seekers from their arrival in Switzerland for a minimum of three months.

The asylum seekers also receive regular French lessons in their temporary lodging centres.

Summer "Friendship Camps" allow young handicapped people a change of scene and a real holiday of their own! (Bottom right)

Below and over the page, we are near the Italian-Swiss Frontier on the Great Saint Bernard Pass.

Volunteer monitors supervise the two-week Friendship Camps, sometimes helped by volunteers from other countries too.

(continued from page 19)

Our country has always been a land of refuge for men and women fleeing despotism and oppression. Until recently refugees came mainly from Eastern European countries. The Swiss people were confronted for the first time with the hard facts of underdevelopment in other parts of the world when asylum-seekers began to arrive from third world countries.

Public opinion is uneasy about this, especially as the reasons given for wanting asylum have changed so much that they no longer always tally with the idea of a "refugee". Some people urge that it is up to Switzerland to remain an open country and adopt a more liberal policy towards refugees. Others maintain that on the contrary, restrictions should be imposed on the granting of asylum so as to protect us from a situation that is getting out of hand. Against this back-drop the Swiss Red Cross task of giving assistance to refugees and asylum seekers is not easy.

Public opinion has become polarised but the Swiss Red Cross observes strict neutrality. It refrains from taking any part in the procedure relating to asylum but makes sure that applicants are humanely treated. However neutrality does not mean remaining passive.

In Switzerland the authorities dealing with asylum applications have a tremendous backlog of work and this is no doubt the most disquieting problem. It is not uncommon for asylum to be refused to someone who has already been living in our country for five years. This situation led the Swiss Red Cross to open two information bureaux, one in Lausanne and one in Geneva, to help unsuccessful applicants for asylum organise their departure and leave our country in the most favourable conditions possible. We also try to help applicants for asylum and recognised refugees who want to leave Switzerland of their own accord, for despite the all-too-common belief to the contrary, many refugees plan only a temporary stay in our country and are not convinced that Switzerland is the Garden of Eden we Swiss tend to believe it is.

Journey's End

Now that our journey within the Swiss Red Cross has come to an end, I should like to remark on something I often hear from my colleagues here in Bern. Red Cross members often say that each National Society mirrors the country in which it is established and works. However, all societies in this world constantly evolve and change, and the Red Cross message and Red Cross work must keep up with the times. In Switzerland the Red Cross tries to adapt to changes and give a pragmatic active Red Cross reply to some current problems. Our national hero William Tell would perhaps turn in his grave if he saw Switzerland today. We dare to hope that Henry Dunant would not do likewise if he could see the Swiss Red Cross of the 1980's. ●

Bertrand BAUMANN *edits the Swiss Red Cross magazine ACTIO.*

Copyright PTT

Postmark for the International Conference

A New Swiss Stamp

From 9 September 1986 a new 90 centimes stamp has been issued by the Swiss Postal Service (PTT). The new stamp, one of a special series of four, appears in time to mark the XXVth International Conference of the Red Cross and Red Crescent in Geneva. It is a mark of particular favour for the Movement, since, in the words of one of the directors of the PTT, "Switzerland issues stamps only in accordance with its postal needs". In other words not, as in some countries, only to squeeze money out of philatelists with a constant stream of new issues.

But for a good cause, why not? Postage stamps are first-class publicity for the Red Cross and can be an appreciable source of income.

The new 90 centimes Swiss stamp was designed by Pierre Bataillard, an artist from Lausanne, and symbolizes the Red Cross and Red Crescent as representing hope in a world of violence.

The grey, red and black design comes in sheets of 50, and an illustrated First Day Cover with a special "Conference" postmark will be issued as a souvenir.

COVER STORY

"Give Blood Save Life"

Thai Red Cross

The theme of this year's World Red Cross and Red Crescent Day is a powerful plea for a basic human response. Despite the dramatic advances of science, we still have no substitute for human blood. Some of us may need blood transfusions in unforeseen emergencies – after a traffic accident, a fire or some other serious injury. We may need to replace blood lost in straightforward surgery, or childbirth, or from the injuries of war. These are the hazards of human life, unpredictable but inevitable. "Give Blood – Save Life" has an urgency about it we can all understand.

Some people, however, need more than an urgent response. Their lives – all of their life – depend on the gift of blood. This year's theme has encouraged us to look closer at one group of people who can **never** do without the gift of other people's blood: hemophiliacs, who from birth lack one or other of the factors which cause blood to clot, and whose lives are consequently in permanent danger without donated blood.

We look at the circumstances of young hemophiliacs in Brazil, and at the work of one extraordinary man, Augusto Luiz Gonzaga, a physician whose own professional life has coincided with the difficult development of blood services in Brazil. A man whose devotion to hemophilia sufferers has led him away from the "business" of blood to an altruistic approach to this basic human need – an approach which rests, above all, on the human factor of generosity and understanding that we have, along with blood, in our hearts.

Dr. Gonzaga's private institution – SANG – is supported by the Brazilian Red Cross, which holds more of its "shares" than any other single body among the 32 organisations and individuals, including hemophiliacs, who are now its "owners". SANG includes Rio de Janeiro's largest blood bank, facilities for producing blood products on a small industrial scale, and a therapeutic centre for hemophiliacs. All of this on an altruistic, not-for-profit basis, in a country that only very recently suffered many of the worst aspects of the trade in blood.

The "blood business" provokes, in Brazil as elsewhere, powerful emotions and interests. The commercialisation of this unique human resource, paying of donors, profits on vital products, safety and the transmission of disease (most recently AIDS), all create controversy and instability, and most seriously, disruption of the development of blood services to meet human needs.

The Red Cross and Red Crescent Movement is committed to the promotion of non-profit blood services, to altruistic and voluntary donation, and to the highest ethical and safety standards. National policies, though, depend on governments which, as in Brazil with its 130 million inhabitants, have many and sometimes conflicting health priorities. In only a handful of countries does the Red Cross fully control national blood services.

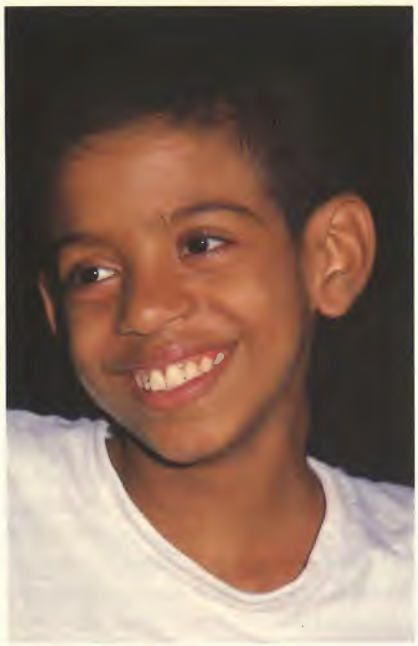
The Movement can, however, offer vital support everywhere. It can encourage the spirit of altruism on which it is itself founded. It can field volunteers and recruit more. It can reinforce the work of professionals like Dr. Gonzaga who share its ideals. It can put the "human factor" to work.

Blood is a complex subject, not yet fully understood even by hematologists – those who study its science. And Brazil is only one country, albeit a very large one. Yet many of the problems facing blood services in Brazil are those of other countries too. At root, they are problems of understanding and organisation.

While this feature looks closely at Brazil, we will look elsewhere too, including Zimbabwe, where another private not-for-profit blood service is enjoying considerable success with local Red Cross support. We offer a "User's Guide" to some of the intricacies of the blood we all use, in language that we all use too. And we talk to the new Head of the League's Blood Programme Department, Dr. Anthony Britten, about his hopes for the future.

We cannot, in a few pages, hope to deal thoroughly with so vast and so technical a subject. We can only hope, in this year of "Give Blood – Save Life", that in the end we may know a little more about something which so directly concerns us all: that of the different elements, components and factors in the gift of blood, it is the human factor which counts most of all.

Text and Photographs by
John ASH



The Human Factor

In a small house on a tree-lined street just outside the centre of Rio, some boys are playing football. Boys in Brazil *play* football. Passionately. Almost fanatically. "Futebol" is close to being a national religion. Failing to win the World Cup in Mexico this year was certainly a national tragedy.

Yet these boys are not playing football with their feet. They are playing on a board, flicking a tiny ball with their fingers through the "players" like a shove-halfpenny game.

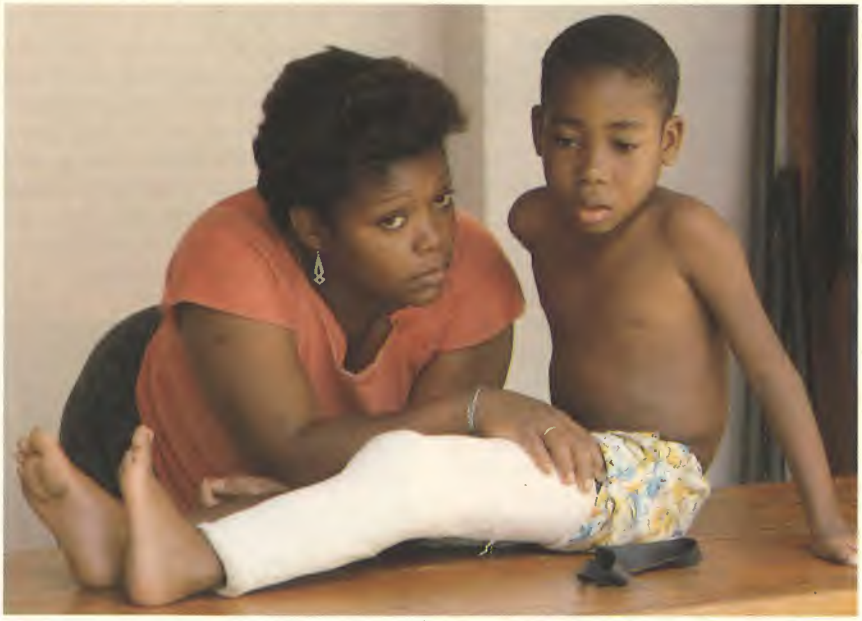
These boys can't play real football. Not because they don't want to. Not because they don't like the game. They *all* love it. These boys can't play football because they suffer from a terrible disease called ***hemophilia*** *(see box page 31)*.

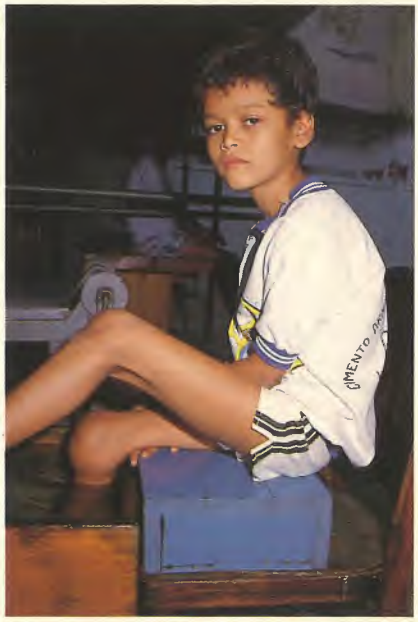
Luciano, Marcelo and Guilherme *(above)* are just three of the boys and young men to be found at any moment in the small house in Rio: the Casa do Hemofílico (the Hemophiliac's House). Here they stay, a week, a month or more at a time when they need treatment for the bleeding their disease provokes.

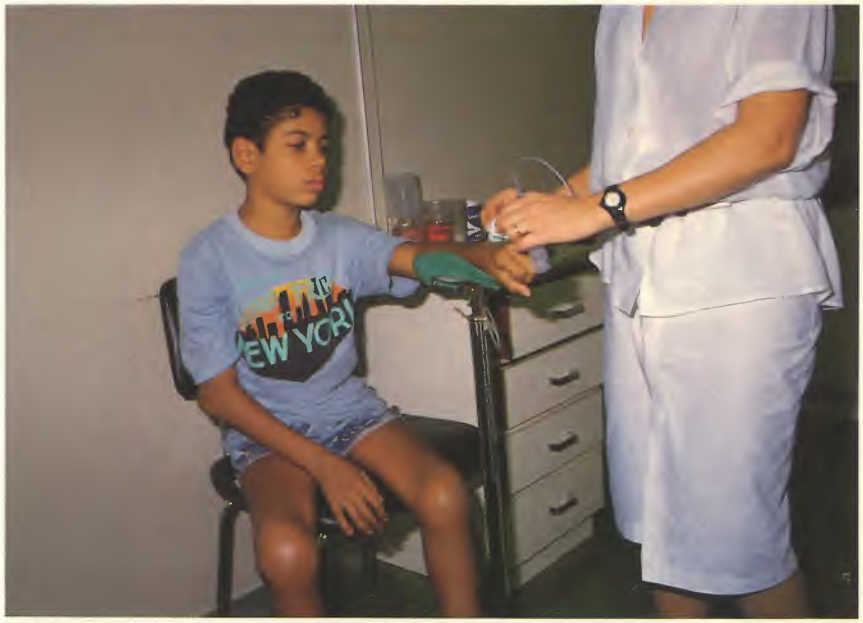
Guilherme, 11, from Rio, is playing "football" with Daniel, 6, who comes from Bahia more than 1200 km. away. Watching is Anderson, 13, whose disease in all his young years has never allowed his joints and muscles to gain sufficient strength to safely support his body weight. He must walk with crutches, and can only move freely in the water of the Casa's tiny swimming pool.

Jeferson's small head pushes through to get a view of the game. He is wearing a heavy plaster to help straighten his contracted knee after surgery. The cast is so big it seems to swathe him *(opposite top)*.

Outside, Júlio César, 9, is finishing his day's physiotherapy. Without it, his leg dangling in the water will seize up at the knee. Even if transfusions can control most of the bleeding, he risks being crippled for life.







José Maria, after another daily dose of Factor VIII, is too tired to play football. Like many of the others, he looks younger than his 14 years. But his eyes betray an age of suffering and exhaustion. He first came to the house in Rio in 1981, with a 40 degree contraction of the knee. Now, after more than 20 visits, José Maria has a serious hemarthrosis (bleeding and swelling in the knee) again. His home is in the north of Rio State, more than four painful hours away by bus, and there his father has no job and even at the best of times life is very hard.

Yet these boys are the lucky ones. They can get expert treatment – transfusion of the missing coagulation factors, physiotherapy – and they have a place to stay. Most of them come from families who are unable to cope with their disease at home – they are too poor or they live in the unsanitary morass of the *favelas,* the slums. And their condition – the painful swelling of joints, the contraction of muscles, the severity of bleeding – is too dangerous to be treated at home.

They are the lucky ones because, among Brazil's more than 6000 hemophiliacs, their disease has been diagnosed (and diagnosed early enough) and they have access to the limited means to help them stay alive: the medical attention, and, most of all, the missing factors that can only be found in the blood that others donate. ▶

Carlos Roberto *(below),* from Bahia, is older than most of the rest. There was no blood bank in his home town, three and a half hours from Salvador, the state capital. Carlos came to Rio four years ago, crawling on all fours. Years of painful neglect had left him with almost no use of his limbs. The doctors were convinced he would never walk again. At most, they thought, a wheelchair would keep him mobile. Carlos said no. It would mean always finding people to help, to push and pull.

It was bad enough in Salvador when he tried to get treatment for his bleeding episodes. The local blood centre there had no Factor VIII, even "cryo" – the basic component almost all blood banks can extract from frozen plasma. *(See* ***User's Guide,*** *pages 32 and 33.)* "Bring your own donors," they said. But how to find 50 blood donors when you can't even sit or stand upright? And these days it's even more difficult because people are afraid... of AIDS.

Carlos, however, is a very determined young man. No wheelchair. He was going to walk. And after three years of treatment and physiotherapy, against all the odds and the medical prognostications, with a little help from braces and a pair of crutches, Carlos Roberto *is* walking, with favours from no-one at all.

"We should do more to publicise ourselves," he says, from bitter experience. "If more people know about hemophilia, they will give more." His conviction is inspiring, especially to the younger ones.

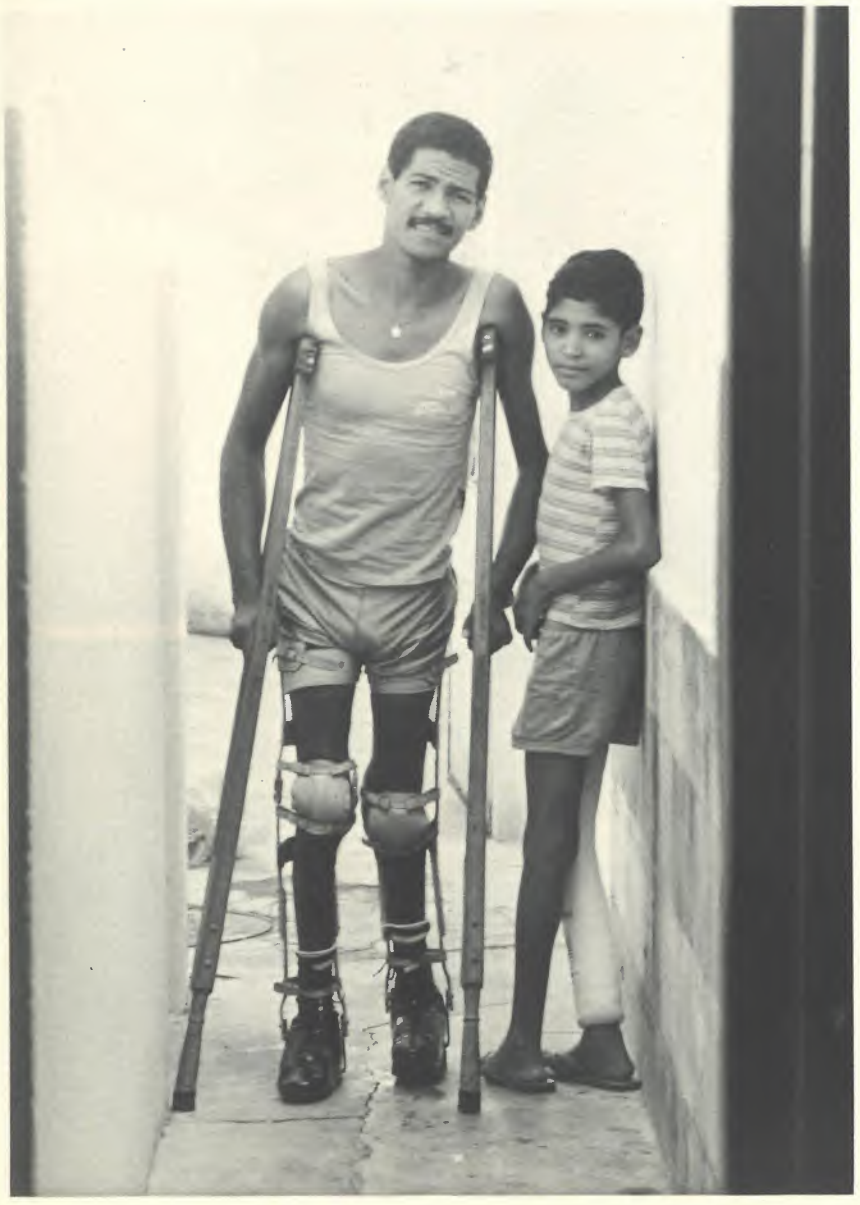
Courage, next to coagulation factors and the blood they come from, is what hemophiliacs need most. Nothing, it seems, is going to make it easy for them. Now they have to contend with AIDS. Marcelo, though only 14, has missed five

years schooling from the constant treatment he needs. But he can talk fluently about his disease and the "domino theory" of coagulation factors which, in most people, all fall into place to create the clotting network that prevents severe bleeding. He talks freely, too, about AIDS.

"We read the papers, and watch TV, so of course we know about AIDS and how it destroys the immune system. But we're not afraid, since we know Factor VIII is now heat-treated to destroy the virus."

The brutal truth is that, in Brazil as elsewhere, treatment of coagulation factors only started last year, and until then the incidence of infection of blood products was very high. Since AIDS first appeared in 1978, hemophiliacs have died from infected transfusions, and in Brazil, before the screening and heat-treatment which even now is not mandatory, most will have received infected transfusions and thus a small but real risk of contracting the disease.

Yet in all the months he must spend at the Casa do Hemofílico, the days and days on end of treatment and physiotherapy, the pain and the uncertainty, Marcelo has only one complaint. "If only we could get out more, go sightseeing, see something more..." But without the volunteers to go with them, the boys of the small house in Rio must make do with their temporary home, and the daily trips across the road to the treatment centre.



They are still lucky, for many hemophiliacs (and they are one in ten thousand of all males at birth) do not even live this long. They are born in parts of the world where no treatment exists, or too little, too late. And from the moment they become active, they will hurt themselves, and may eventually, and very painfully, simply bleed to death.

In Brazil, as in all countries except those with the most sophisticated network of medical and blood-banking services, if you suffer from hemophilia your chances of survival to adulthood are slim. Unless you live in a big city with facilities you may need to use every month of your life.

These facilities cost a lot of money, too. But even before the expensive business of separating and supplying coagulation factors, the blood that contains them has to be found.

The boys at the Casa do Hemofílico are lucky again, because the small house in which they stay is part of a larger organisation that includes Rio's (and Brazil's) largest blood bank and the facilities for processing and manufacturing essential blood products.

It is a private, non-profit organisation called SANG – the Sociedade Antonio Gonzaga – named after the late brother of its director and co-founder, Dr. Augusto Luiz Gonzaga, a kind of godfather to Brazil's hemophiliacs.

Hemophilia

(*Haemo*philia in 'traditional' English)

Hemophilia is a disease of the blood. Most people have factors in their blood which cause clotting (coagulation) when they bleed. Hemophiliacs lack one or other of these factors. When they bleed, internally or externally, they do not have sufficient built-in means to stop the bleeding.

Hemophiliacs risk uncontrollable bleeding from even the slightest injury, from the bumps and thumps of everyday physical exertion most people take completely for granted. Surgery or a simple dental operation like tooth extraction exposes them to very real danger, which if not carefully controlled, may easily be fatal.

Hemophiliacs are always vulnerable, their lives in constant danger, from the earliest age. Hemophilia is hereditary, carried by mothers, but almost always affecting only males. About one in 10,000 males is born with the disease, and most are what is called "severely-affected". This means that throughout their lives they will need transfusions of their missing factor to stop them bleeding. It may be Factor VIII (for the majority of Hemophilia A sufferers) or Factor IX (for the 20% or so with Hemophilia B). Whichever the type of the disease, the only source for now of these missing factors is other people's blood.

Hemophiliacs typically suffer internal bleeding that affects joints like the elbows and knees, causing severe and painful swelling, and contraction and chronic weakness of the muscles of movement. Without rapid treatment, which is still not available widely in the world, young hemophiliacs will soon be crippled, and their life expectancy rarely runs to adulthood. Only in the best-equipped and organised medical centres of the world can the hemophiliac expect to get the treatment necessary to lead an almost normal life of normal length.

Hemophiliacs may need 50 blood donations or more per month to provide enough Factor VIII or IX to keep their disease under the minimum control in cases of acute bleeding. (Longer-term control – prophylactically preventing or reducing severe bleeding – requires many times this amount of donated blood.) The necessary factors are contained in less than 2% of each unit of blood donated, yet in most parts of the world there is never sufficient even for basic needs. Genetic engineering is working on synthetic substitutes for natural coagulation factors. Until they appear, hemophiliacs remain totally dependent on their fellow human beings.

In the city of Copacabana and Ipanema, famous for its cult of the beach and the body beautiful, where there are more, and more expensive, cosmetic plastic surgeons than anywhere on earth, Dr. Gonzaga *(left)* is something of an anomaly.

Augusto Gonzaga came to hematology and hemotherapy (the treatment of blood disease) by accident. Yet his years as a physician have closely parallelled the development of blood science – a sometimes tortuous development that has brought him closer and closer to the needs of hemophiliacs above all others.

Dr. Gonzaga was the Brazilian pioneer in making cryoprecipitate (the basic coagulation protein retrieved from frozen plasma) in 1967, barely two years after the technique was discovered and established in the USA.

In those days blood-banking in Brazil, as in many countries, was a commercial business only. Donors were paid, and as the need for "cryo", coagulation concentrates and other plasma protein fractions like albumin grew in the medical markets of the world, so did the need to find ever greater amounts of plasma from donors.

(continued on page 34)

BLOOD:

The science of blood is Ancient Greek to most people. Hematology, for that is what it is, involves an abundance of polysyllabic, complex words, where even spelling is open to question. Since most of us are neither advanced medical specialists nor classical scholars, yet all of us use blood, make it, may need more of parts of it, and can for the most part safely give it away, here in the broadest outline is a simple-language guide to what blood is, what it is needed for, the most common diseases associated with it, plus a word on the processing of blood products, on blood collection, and on the history of blood science.

The blood that runs in our veins and arteries comprises about 8% of body weight, so if you weigh 60 kg, you will have nearly 5 litres of blood in your body. Blood collected from the body is known as **WHOLE BLOOD.** It is collected from donors in **UNITS** of up to 450 millilitres. Most healthy adults can safely donate several **UNITS** a year. **WHOLE BLOOD** is used less and less in efficient modern treatment methods, because it can be better separated and processed into its different parts, which have different properties and uses.

Blood is made up for four basic parts:

RED CELLS:

transport oxygen from the lungs throughout the body, and return with carbon dioxide. This is achieved by the pigment **hemoglobin,** which contains iron and is the reason blood is red. **Red cells** are created in the bone marrow, and in medicine are typically used to treat severe **anemia** (deficiency of **red cells)** and **hemorrhage** (profuse bleeding).

WHITE CELLS:

are part of the body's internal defence system, fighting foreign matter and removing waste.

PLATELETS:

help to stop bleeding. When small blood vessels are damaged, **platelets** (so-called because of their disc-like shape) stick together to plug the defect. Lack of **platelets** may cause severe bleeding.

Red cells, white cells and **platelets** are suspended in:

PLASMA:

55% of **whole blood** is made up of **plasma,** a straw-coloured fluid which is 92% water, 7% **protein** and 1% other matter.

Whole Plasma

is typically transfused in cases of severe bleeding, shock and burns. **Plasma proteins** include **albumin, immunoglobulins** (for fighting infections), and **coagulation factors** (for blood clotting).

Albumin: is the major constituent, widely used in modern medicine, and represents the major source of revenue from industrially-prepared blood products. **Albumin** is often used to treat emergencies when blood compatible with the patient's is not immediately available.

Immunoglobulins: are antibodies in **plasma** which can provide

John ASH

A User's Guide

protection against infections like **Hepatitis,** tetanus, and measles.

Factor VIII (Eight): is one of the factors required in blood clotting **(coagulation).** Deficiency of **Factor VIII** causes the disease **Hemophilia A.** Deficiency of **Factor IX** (nine) causes the rarer disease **Hemophilia B.**

Processing blood products

Separating these different elements of blood is typically undertaken at two different levels: the blood bank, and the industrial plant. First **plasma** is separated from **red cells** in a **centrifuge,** which speeds up the processes of gravity, drawing the **plasma** to the top of the bag of donated blood. The fresh **plasma** is then separated and usually frozen for storage. The most basic way of separating **Factor VIII** from **plasma** is by **cryoprecipitation:**

Frozen **plasma** is slowly thawed until the **cryoprecipitate** containing **Factor VIII** remains. This can be done **unit** by **unit** in the blood bank, or in bulk on the industrial scale, where up to 10,000 donations can go into one pool.

Cryoprecipitation is usually the first step in **fractionation** – the industrial separation of **plasma** proteins into different concentrated products.

Whole blood collected for **plasma fractionation** produces large quantities of **red cells** which may not be needed for transfusion. For industrial purposes, where large amounts of fresh **plasma** are required, a different collection process can be used, called **plasmapheresis.** This process involves returning **red cells** to the donor once they have been separated from the **plasma**. Since the donor does not lose **red cells,** the process can be immediately repeated, producing a **plasma** donation of twice the volume possible from **whole blood. Plasmapheresis** involves the donor in a longer session, but has dramatically affected the volume of **plasma** available for **fractionation.**

White cells and **platelets** can be collected by a similar process called **cytapheresis.**

Blood types or blood groups:

Donated **WHOLE BLOOD** is subjected to a series of tests to determine **BLOOD TYPE** and the presence of disease or infection (contamination).

Different people have different inherited characteristics in their blood, commonly referred to as **blood types** or **groups. ABO** and **Rh** (positive and negative) are the most important. If **blood types** are not properly matched before transfusion, **red cells** from an incompatible donor may be fatally destroyed by antibodies in the recipient.

Some important diseases of the blood:

Anemia: lack of sufficient **red cells.**

Leukemia: an umbrella term for a variety of malignant diseases (cancers) of the **white cells.**

Thrombocytopenia: lack of sufficient **platelets.**

Hemophilia A: deficiency of the blood-clotting **Factor VIII**; a hereditary disease affecting 1 in 10,000 of the male population.

Hemophilia B: deficiency of the blood clotting **Factor IX,** affecting about 1 in 50,000 males.

Hemolytic Disease of the Newborn: a disease in which a mother's antibodies can destroy the **red cells** of her unborn or newborn child.

Diseases transmitted by blood

include:

Hepatitis: literally, 'inflammation of the liver', exists in different forms. Least significant for blood transfusion, **Hepatitis A** (or infectious **Hepatitis**) is a different virus from **Hepatitis B** (or serum **Hepatitis).** Other viruses, as yet undefined, are called "Non-A, Non-B" or NANB. **Hepatitis** is still the most common infection risk in blood tranfusion, however modern screening methods substantially reduce the risk of **Hepatitis B** infection.

Acquired Immune Deficiency Syndrome (AIDS): is a newly-discovered blood-borne virus disease, at present without known cure. Blood donations are now routinely screened for **AIDS** virus antibodies. Blood tests for the virus itself are not yet routinely available. Some **plasma** products can be heat-treated to eliminate viral contamination.

Parasitic diseases: Malaria, and, in parts of Latin America, Chagas Disease are among the most common in which parasites may be transmitted through the blood supply.

The story of blood science is still in its infancy. In the early 19th century it was first demonstrated that transfusing blood from one person to another could be life-saving. The risks became increasingly known during the 19th century, but not until 1900 did Dr. Karl Landsteiner establish the major **blood types ABO,** which opened the way to matching blood characteristics. He would win the Nobel Prize for Medicine. In 1915 blood banking became feasible through the discovery that blood could be stored outside the body by neutralising its calcium with sodium citrate.

In 1940 the same Dr. Landsteiner added to his achievements by discovering the **Rh** (Rhesus) system. In the early 1940's **plasma fractionation** was introduced, as so often in modern science, through the demands of war. From the late 1940's techniques of separating components were being considerably refined. But not until 1964 was **Factor VIII cryoprecipitate** discovered by Dr. Judith Pool.

Only at the end of the 1960's was the **Hepatitis B** virus recognised, one of the most frequent infections associated with blood transfusion. Since 1985, tests have been introduced for the antibodies of **AIDS,** but large areas of knowledge still remain to be uncovered, and artifical substitutes for vital blood products remain an important goal for the future. Until then, whatever the extraordinary advances of science, in most countries there is still not enough donated blood to go round.

(continued from page 31)

This was the era when huge international companies like Hoechst Behringwerke of West Germany came into the plasma business in Brazil, stimulating blood banks whose only interest was to sell plasma for industrial fractionation.

At a time when payments to "professional" donors were less than 50 US cents per unit of blood, this meant that collection was centered on the poorest city areas.

Since the big companies paid for plasma only according to its protein levels, a vicious circle was soon established. The very poor, almost by definition, lack proteins, and are vulnerable to many diseases, and the more blood they sold, the more anemic (lacking in red cells) they became as well.

It was a developing scandal that eventually sealed the fate of paying blood banks in Brazil. But only in July 1985 did the State Government of Rio finally force the closure of the last commercial blood bank, after six donors and patients had contracted ***malaria*** from having their anemia treated with replacement red cells from an infected source.

The pressures of industrial-scale competition for plasma donors in the 60's and early 70's, the increasing anemia of professional donors and the impossibility of finding more donors would also directly affect Augusto Gonzaga, who at the time was in the same blood market.

As he became more involved with hemophilia patients and their needs, Gonzaga also began an association with the World Federation of Hemophilia and with the New York Blood Center.

The result was a decision to transform his commercial blood-banking business into a private, non-profit organisation, based on voluntary, unpaid collection of blood through the community and, reflecting the increasing dedication in his own medical career, based on the primary needs of his hemophilia patients.

"If you can get enough coagulation factor for a country's hemophiliacs, there will be enough elements left over for ALL OTHER BLOOD NEEDS," he demonstrates with conviction.

For Augusto Gonzaga, hemophiliacs need what he describes as the "first slice" of the blood donation "cake". Their very lives, after all, not just their well-being, permanently depend on transfusion of the missing factors that are found only in other people's blood.

The problem is always the same: never enough blood donations, never enough plasma from which to extract the vital factors. Of the 941 hemophiliacs registered in Rio this year, even the 250 who manage to get to Dr. Gonzaga for treatment sometimes have to do without, or with only the very minimum number of units needed to treat severe bleeding.

Even *basic* treatment for each hemophiliac means finding 500 donors for each patient every year, or three million units of donated blood if every sufferer from the disease could be found and treated. 2½% of the population would have to give blood. Compared with nearly 7% of the United States population who are blood donors, it does not sound a dramatic goal, especially if achieving it would both allow hemophiliacs a constant supply of coagulation factors, *and* supply the whole country with the other blood products it needs.

Finding the donors is one part of the problem; financing the processing of blood products is another. Heavy costs are involved in the business of blood, even in the non-profit sector, and blood can be very big business. ***Money*** Magazine in the United States estimates that if the American Red Cross Blood Services were a *for*-profit corporation, it would rank 473 in the Fortune 500 list of biggest companies in terms of revenue. And the American Red Cross operates only just over 50% of the blood services in the United States.

Enormous resources and organisation are required to run national blood services. But they *are* run successfully in many countries. Japan is a major success story of a country changing from highly commercial business to a non-profit base, now wholly run by the Japanese Red Cross on altruistic principles, yet still the biggest blood service in the world in financial terms. The Belgian Red Cross operates one of the most advanced ***plasmapheresis*** services (see ***User's Guide***) and the Swiss, Australian and Canadian Societies are all nat-

ionally responsible for effective blood programmes.

The Red Cross, however, only runs national programmes in some twenty countries. In Brazil, although its name is attached to Augusto Gonzaga's private institution as a principal supporter, with three 'votes' on the board, the Brazilian Red Cross is not as actively involved as it would like to be.

Brazilian Red Cross President Mavy Harmon has asked the government to give her Society total responsibility for blood services in Brazil. As yet there is no reply. But the Gonzaga employees who go out every day with his blood collection units, to the factories and military camps and downtown offices of Rio de Janeiro, take their Red Crosses with them everywhere, even if, like Nurse Lucimar *(above)*, they are sometimes not quite sure why they are wearing them.

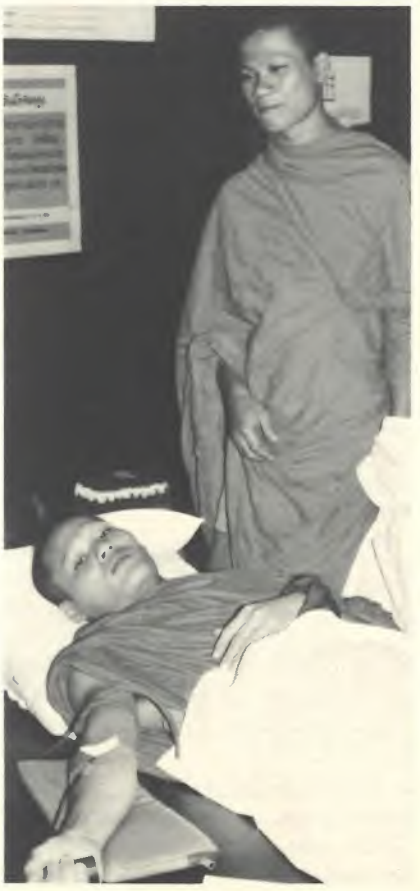
Both Dr. Gonzaga and one of the regional directors of the national blood programme Pró-Sangue, Dr. Saraiva of Belém, agree that the power of the Red Cross symbol, and the association with voluntary service, create an important image in the public mind that can only be beneficial in the constant struggle to find sufficient donors. But to date, the main activity of the Brazilian Red Cross is to deliver, in Rio, the surplus red blood cells from Dr. Gonzaga's plant to hospitals that may be in need.

Brazil has a large and well-developed social security system, which among other things pays the costs of treating hemophilia. But Brazil does not, according to Augusto Gonzaga, have a real and sustained blood policy that can begin to satisfy the country's needs, and above all create a real community base for blood donation. Without solid political commitment, he feels, Brazil will not be successfull in overcoming the ignorance, prejudice and lack of education that inhibits widespread altruistic blood donation. It will not be successful in harnessing the human factor that blood services cannot do without.

Harnessing that human factor is one job the Red Cross seems specially well qualified to do in the complex and costly world of blood services.

Encouraging the volunteer spirit is a natural Red Cross and Red Crescent endeavour all over the world. Often it means adapting local customs and tradition to its purpose, as in Thailand, where, says Dr. Chaivej Nuchprayoon, Director of the Thai Red Cross National Blood Centre, the Buddhist concept of *tambon* (alms-giving) has significant effect on people's willingness to give blood. The success

Thai Red Cross



Hemophiliacs need so little, but they need it so very much.

of the Thai Red Cross blood programme does not only rely on ingrained social values. The Society is not slow to recruit stars of the film and pop music world to help spread the message, with the realisation that blood donor recruitment can never be taken for granted.

For Augusto Gonzaga, it is a constant battle with what he calls 'elitism' as well. By which he means a failure to realise that blood concerns everyone, not just medical specialists and emergency patients who rely on their own relatives when their number is up.

His emphasis on hemophilia is an emphasis on human need far wider than that of the victims of one particular disease. In Brazil today, it is the only clear focus that blood services have. And in Rio de Janeiro, he has proved that when people begin to understand such clearly defined needs, they *do* begin to give more blood, willingly, and for a purpose they can see.

The proof is called Marcelo, or Luciano, or Daniel or Carlos Roberto. Without Dr. Gonzaga of Rio, they would probably not be here today. But there are many more, without names, without treatment, in Brazil and far beyond, who need the human factor to work for them as well. "Give Blood – Save Life", in the end, is not about high finance or policies or even hematology. Although good blood services need all of these in some measure, first, like hemophiliacs, they need other people's blood.

J.A.

The League's Blood Programme:

Interview with Dr. Anthony Britten

Liliane de TOLEDO

Dr. Anthony Britten took over as Head of the League's Blood Programme Department in June this year, after 14 years in charge of the Northeastern New York Region of the American Red Cross Blood Services. Dr. Britten, 51, replaces Dr. Juhani Leikola, who has returned to the Red Cross Blood Transfusion Service in his native Finland. Tony Britten talked to The League soon after taking up his new position.

LEAGUE: After 14 years on the supply and demand side of blood services, what do you think *IS* the best role for the Red Cross?

Dr. BRITTEN: I don't think there is one simple answer. Part of the reason why the Red Cross has the responsibility for blood services in only a minority of countries is that it was not, or even still is not, strong enough as an organisation in every country to take on that huge responsibility. In general, those countries in which the Red Cross has assumed this responsibility are those in which there is a strong Society, or at least a Society that became effectively organised before there was a real demand for effective blood services.

In my opinion the countries with the best-organised blood transfusion services are those which have managed to establish effective national coordination. This includes some in which the Red Cross is involved and some in which it is not involved. I would like to see the Red Cross active in every country, but I think it is not necessarily realistic to propose that it ought to control blood transfusion in every country.

It might in some circumstances be advisable to work closely with the government with a view to becoming involved in the total administration of the programme. It might, on the other hand, be appropriate to become involved, in part or in total, with donor recruitment.

How important is the Red Cross role in donor recruitment?

I think it is very important; in any situation where the Red Cross becomes involved in the donor recruitment process, the blood transfusion system and the Red Cross benefit mutually. The Red Cross benefits because it creates a community-wide organisational network for donor recruitment that can be drawn on for other functions as well. This serves the development of the Red Cross Society. The blood transfusion system benefits because there is no organisation better structured that the Red Cross to form such a universal community network as is needed for effective donor recruitment. This is a situation where each needs the other.

The Red Cross **voluntary service** principle is useful because the blood donation process reaches out to a very large number of people; to be effective, we need volunteer participation in recruitment. The Red Cross 'style' is naturally suited for that.

I think another of the basic principles is also important: **neutrality.** There are many situations where organisations involved in the blood "system" are regarded with suspicion because they seem to have a vested interest in some aspect of the programme. Such non-acceptance may result in organisations involved in blood transfusion failing to collaborate. The Red Cross is in a very strong position to avoid that kind of fragmentation.

Blood services cost a lot of money. Do you think the well-publicised Red Cross insistence on altruistic donation of blood may have contributed to a false impression of the economics of blood banking?

I think it **has** contributed to a false impression. It needn't have. What we have is a commitment to the fact that blood donation should be voluntary – that the donor should not be paid. Now some people logically relate that to a requirement that there be no payment by the patient for services received. In fact, free donation or not, there are very many costs which cannot be avoided in a blood service.

It's labour-intensive, and some expensive essential supplies are unavoidable. A blood collection bag, if one is going to make the three standard components of red cells, plasma and platelets, is going to cost approximately 6 US Dollars. Before you can plan to collect blood, you have to have paid US$ 6 for each blood donation.

These costs, combined with other irreducible costs, mean that however and wherever you're operating, it's going to cost in round numbers US$ 50 per blood donor

to run the programme. Now if you reckon that in a developed country you're going to need at least 5 blood donations per year for every hundred people in the country, it will cost about US$ 2.50 per head per year.

There is no national Red Cross Society that can summon up that kind of money from its normal fundraising resources. It is foolhardy to try to approach it that way. There are only two ways that this kind of operation can be financed. Either the government contributes up front the funds which are necessary to operate, in which case a free service can be provided to the people, or there must be a system in which the service generates an income in return, and that may be derived direct from the patient, or from the hospital, or from insurance, or again from the government.

One or other of these two options, or a combination of the two, has to be arranged before a new programme can have any chance of succeeding. I think we may need to discuss this more freely, and try to do so in a positive way. There's nothing shameful about the fact that something costs money. The Red Cross is in no way bashful about fund-raising. I see no reason why we should be bashful about cost-recovery systems.

Could National Societies who *ARE* Involved in successful blood programmes do more to help sister Societies who are less involved?

I think they could do more. It's not so much that I want to chivvy them into being more active. I want to help by clarifying what it is that's needed. There is a tendency to look for quick solutions. I personally have the feeling that there is great long-term value in establishing a durable brotherly relationship between an active programme, in a country where they are already reasonably satisfied with what they have, and an active programme in a country that really needs resources and guidance. I think that a long-term relationship of this sort will be valuable in achieving stable programme growth and in building mutual understanding.

What are your hopes for the small Blood Programme Department you have now taken over at the League?

I would like to see what has already happened continue to grow and flourish. What I'm referring to primarily is the development of effective blood transfusion services in countries where these are not yet adequate, but where they could become adequate. 'Adequate' as a goal may sound uninspiring, but we need to be realistic, and there is no point in establishing a luxurious blood transfusion empire in a country which has not yet developed its health services to the point that it needs this.

We do have to be realistic in relating our activities to the real-life situation in each country. Our effect is modest, but it builds on itself. We have a publication ***(Transfusion International)*** that more and more people read. We have friends in many countries who keep in touch with us, who use our modest support when available, who help us find those people who most need encouragement. Our resources are not such that we can set up blood centres in other countries. That's unrealistic. That must be done by local people. But we can help to locate the leaders who are necessary to make that happen and help to orientate and train the potential leaders in those countries. These are quite modest activities that can have far-reaching effects.

CODE OF ETHICS

The League actively promotes the "Code of Ethics for Blood Donation and Transfusion" formulated in 1980 by the International Society of Blood Transfusion (ISBT). ISBT is the international professional body of blood bankers, working closely with the International Red Cross and the World Health Organization. The Code was approved by the XXIVth International Conference of the Red Cross in Manila in 1981. The Code defines the principles and rules which should form the basis of national regulations in the field of blood transfusion. These are some of the 25 principles:

1. *Blood donation shall, in all circumstances, be voluntary; no pressure of any kind must be brought to bear upon the donor.*
2. *The donor should be advised of the risks connected with the procedure; the donor's health and safety must be a constant concern.*
3. *Financial profit must never be a motive either for the donor or for those responsible for collecting the donation. Voluntary non-remunerated donors should always be encouraged.*
4. *Anonymity between the donor and recipient must be respected except in special cases.*
5. *Blood donation must not entail discrimination of any kind, either of race, nationality or religion.*
6. *Blood must be collected under the responsibility of a physician.*
13. *The object of transfusion is to ensure for the recipient the most efficient therapy compatible with maximum safety.*
19. *Blood and blood products must not be given unless there is a genuine therapeutic need. There must be no financial motivation on the part of either the prescriber or of the establishment where the patient is treated.*
20. *Whatever their financial resources, all patients must be able to benefit from administration of human blood or blood products, subject only to their availability.*
22. *Owing to the human origin of blood and to the limited quantities available, it is important to safeguard the interests of both recipient and donor by avoiding abuse or waste.*

ZIMBABWE

Africa's Blood Centre?

Zimbabwe could provide a focal point for training in Blood Transfusion Services for English-speaking Africa or at least for the Southern Africa region. This is the opinion of Dr. Jean Emmanuel, Medical Director of the Blood Transfusion Services of Harare and Bulawayo. And it is not just an idle dream, *writes* ***Helena Korhonen.***

Zimbabwe is one of the very few nations on the continent entirely self-sufficient in blood. And there are other facts to back-up Dr. Emmanuel's idea.

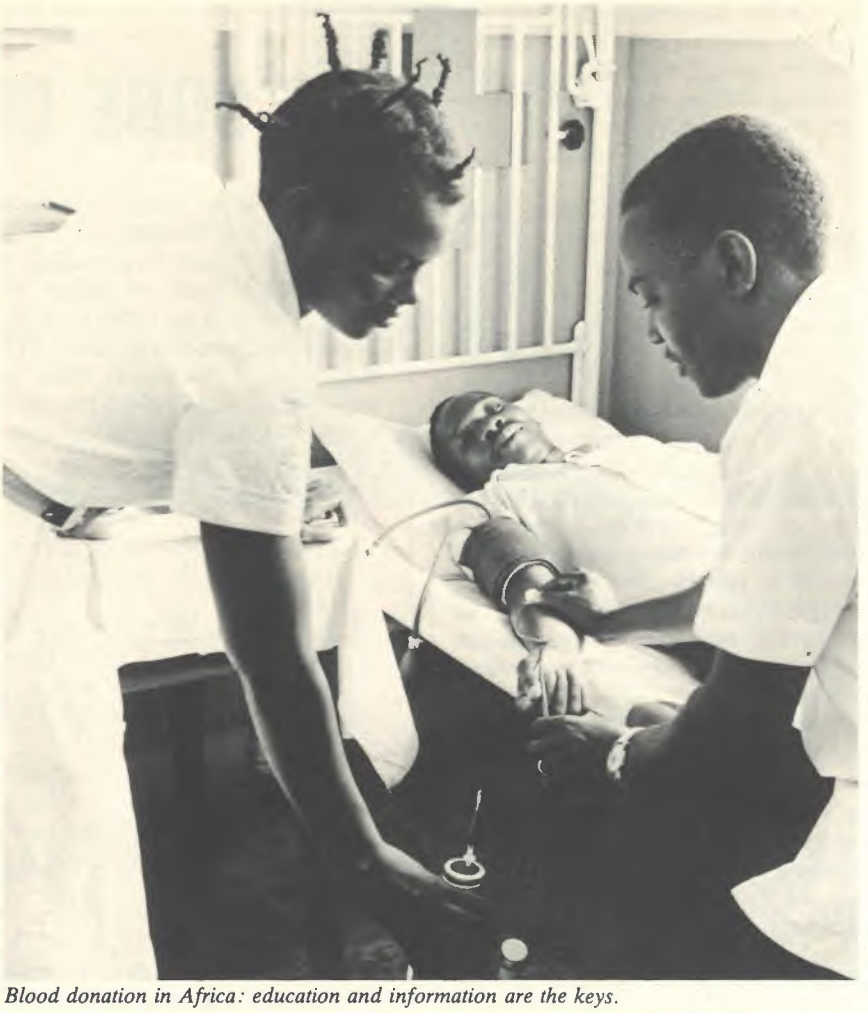
The country has a well-developed medical infrastructure along with the best developed Blood Transfusion Service in Africa. Component therapy is everyday practice, and extensive testing to ensure patient safety is carried out. No blood products are imported, apart from certain plasma products produced from Zimbabwean plasma in South Africa, since the necessary equipment for plasma-fractionation is lacking.

"Thinking of preparedness, we have just acquired a year's surplus of plasma products, all produced from our own plasma," says Dr. Emmanuel.

The Blood Transfusion Services in Harare and Bulawayo, although private non-profit institutions, provide the basis of the activity in Zimbabwe. This gives the BTS flexibility to develop which, according to Dr. Emmanuel, is an advantage as many governments in developing countries have other and higher priorities in the medical field.

However, the Zimbabwe Red Cross Society (ZRCS) and its donor service provide valuable support.

"In the greater Harare area, we supply 52 per cent of the blood needed by collecting over 2000 units a month," says Sister Lorraine Mangwiro, Head of the ZRCS Blood Donor Service. Manned by only two nurses and a clerk, donor attendants and drivers, these figures may make Sister Mangwiro's unit the most effective in the whole of Africa.



Blood donation in Africa: education and information are the keys.

"This structure, where Red Cross concentrates on donor recruitment and on collecting blood for the BTS, is the only realistic basis for Zimbabwe," states the Secretary General of the ZRCS, Mr. Oliver Kuwana. His view is shared by Dr. Emmanuel and both see the need for future better understanding and coordinated development in expanding the activity outside the main city centres of the country.

Plans for expansion and decentralisation of collecting blood are there. But implementation requires personnel and equipment in the regions along with more emphasis on donor motivation.

"Most of our blood donors come from closed institutions, the prisons being the main suppliers," says Sister Mangwiro. "Other big donor groups are the army, the police and the schools. We would like to see more people from the general public in our regular donor panels. But this requires more information, education and efforts to overcome some superstitions which are still prevailing." Among these, she mentions traditional beliefs of losing strength and becoming sexually unproductive.

Patient safety is a high priority for the BTS in Zimbabwe. Regular testing for HTLV-III(AIDS) antibodies had already started well before many European countries. There is only one clear case of AIDS being transmitted through blood transfusion and it dates back to 1983, prior to testing being carried out on all blood donations.

Hepatitis and malaria are other concerns for the BTS. However, malarial areas are well known and

defined and no blood is collected in them.

The percentage of hepatitis in donated blood units has decreased from 9% to 5% in three years and greater safety has resulted from growing numbers of regular donors and more effective donor registration.

Zimbabwe is already training nurses and technicians in BTS from neighbouring countries like Tanzania, Malawi and Botswana Red Cross, as well as non-Red Cross personnel. Botswana, for example, will soon be able to start the HTLV-III testing on all donated blood. For training purposes, a small laboratory is being finalised at the Harare BTS.

Research was recently boosted by a donation from IBM of US$ 6.000, which will enable the BTS to gain more information on hepatitis (a major problem for most developing countries), on HTLV-III (AIDS) among African donors, and on viralmarkers in liver diseases.

With many neighbouring countries facing difficulties in their blood services, Zimbabwe could well develop its training capacity to benefit them, concludes Dr. Emmanuel. It could provide this training in an African setting with full knowledge both of the medical and practical problems the countries are encountering. A good future project for the League in promoting Blood Transfusion services in Africa?

Helena KORHONEN

CHILD ALIVE

A 'Simple Solution' in Sierra Leone

Freetown, Sierra Leone – **CHILD ALIVE** has taken another step forward with the opening in July of a new Ministry of Health and Red Cross National Rehydration and Training Centre in this West African capital.

Located in the compound of the Children's Hospital in the overcrowded and poorly serviced East End of Freetown, the Centre is the culmination of months of effort by many people. But none has put in more time and energy than Mrs. Hannah Samba, Coordinator of the Project for the Sierra Leone Red Cross. Hannah Samba retired from the Ministry of Health as Chief Nursing Officer two years ago at 55, the official retirement age in Sierra Leone, after a career of more than thirty years. In the understatement of the year, she confesses she is not one "to sit back and relax all day".

Sierra Leone Red Cross

For Hannah Samba, the primary reward is seeing children get well.

"I have been involved with the Red Cross for eight years," she told Inger Ahlenius and Jan Erik Beling, two volunteer doctors sent by Swedish Red Cross Youth to work at the Centre. "When the idea of the Centre was born in 1985, I was in at the word 'go'. I am involved in the planning of the programme, the day-to-day running of the Centre, and in helping to plan training with the Director of the hospital. We provide training opportunities for doctors and nurses and health workers from all parts of the country."

"I like this. I enjoy planning and administration. But the primary reward is seeing the children get well, seeing what an ingenious and miraculous technique oral rehydration is. Sierra Leone has one of the highest infant mortality rates in the world, and diarrhoea is a major cause. Children are brought in here daily on the brink of death, and within a few hours they are sitting up and playing, just because we give them a simple solution to drink."

Through the League, the Swedish Red Cross has financed most of the necessary renovation of the Centre's building. And it pays for the administration costs, as well as providing the support of the volunteer doctors. Staff salaries come from the Ministry of Health, and further contributions from WHO and UNICEF. The UN Development Programme finances training courses for health personnel.

Mothers who bring their children to the Centre are on the receiving end of the teaching process too. They give their children the oral rehydration solution themselves, so they learn how to mix it and use it, and they see how well it works.

"Then we teach them how to prevent diarrhoea through personal and environmental hygiene," Hannah Samba explains. "And how to treat it at home with lots of fluids and the sugar-salt solution, and by continuing with breast-feeding and with other foods. We tell them about the signs of dehydration and other signs that mean they should come to the Centre right away. Some mothers need other advice, too, on nutrition and immunisation. There is a song in Krio about the sugar-salt solution and how it fights 'run-bellay'. Once they learn that, mothers never forget."

"Over the next five years I think business will first go up and then go down. As people find out we are here they will come in great numbers. But then, as they learn how to treat and prevent diarrhoea, the numbers should go down. We also expect children will be brought in earlier, before they are so sick. With the help of our 'simple solution', I'm sure the number of deaths and the amount of sickness will really begin to decrease."

Pat SMYKE

REFLECTIONS

Desert Thoughts

by Sergei NOVIKOV

The drought in Africa caused immense misery and incalculable hardship. Forests, arable land and pastures perished. Every second the Sahara gained an area as large as a football field. Every minute, 24 children died from the famine in Africa.

One of the first to respond to the international appeal for help was the Alliance of Red Cross and Red Crescent Societies in the USSR, and in July 1985, I was dispatched from Moscow to north-east Mali on the edge of the Sahara Desert, in the region of Gao. Here the League had set up an urgent food aid operation for children and large families. Throughout Gao, 150 centres were opened for the distribution of warm food, more than a third organized by our Soviet field delegate, Gafur A. Kurmayev.

At times the work went on for 12 to 14 hours a day with no rest-days, in daytime temperatues of 50 degrees in the shade and 40 degrees at night.

Nearly 80,000 children received high-calory rations every day: rice gruel with milk, vegetable oil and sugar. Once a month, large families received "dry rations", nearly 20 kg of grain: rice, wheat or maize.

It seemed there was no sickness or disease not encountered in Mali's Sahara: cholera, meningitis, poliomyelitis, typhus fever, malaria. Epidemics of dysentery carried off hundreds of children and cases of leprosy were frequent. Not only hospital beds were lacking; medicaments were not to be found. And every day world expenditure on armaments was twice as much as would be needed for the total eradication of, say, malaria.

Every day brought heat, adversity, isolation from habitual standards, and the people's despair. It was very difficult for each one of us, especially at the beginning, suddenly leaping from our civilized world at the end of the twentieth century into a society of another era, with its own system of laws and realities. Many delegates often said that it was not possible to work alone. We understood that each one of us, taken separately, was weak and helpless, but all together we formed a collective body, capable of working well and helping thousands of unfortunate beings.

Our major reward was to see that the children, so emaciated at the time of the League's intervention, were getting healthier, stronger and more cheerful day by day. We could even joke that the gain in the children's weight was inversely proportional to the loss of our own.

Liliane de TOLEDO

There were eighteen of us drawn from different countries – USSR, Switzerland, France, USA, Belgium, Italy, Benin, Fed. Rep. of Germany and England. Of all ages and of varied opinions, we worked together in friendly fashion and quickly overcame any problems. Sometimes we ate from the same dish and drank from the same flask. Together, we pushed vehicles stuck in the sand, or tried to protect ourselves from sandstorms – alas, almost impossible to achieve.

When necessary, we did our utmost to help each other. When "our" Norwegian delegate injured his spine in a motor-car accident in the desert, he was driven back to camp by Villeneuve the French doctor, who, hearing the Soviet delegate's radio appeal, arrived after crossing 400 km. of trackless waste at night. The next morning, the Swiss and Soviet delegates stood on an airstrip which had not been used for seven years and waved their shirts, there being nothing else to hand, to signal the wind direction to the ambulance plane's American pilot. And so we jointly saved our colleague's life.

Of course, our relations were not all that perfect. There were wrangles, and sometimes people were offended by others, but we learned to live and work together. Once, we lost our way in the Sahara and for more than 24 hours tried to find the track in an area where, as they say in the guide books, "man cannot subsist without water for more than 19 hours".

A scorching wind blew through the open windows. The glare made us screw up our eyes even when protected by sunglasses, without which it was impossible to work. All around there was only sand and bluish-black rocks; no trees, no dwellings, no sign of human tracks. Occasionally, a few bushes of camel-thorn tree and the bones of animals dead from lack of food and water.

Involuntarily, other thoughts entered the mind: would our own planet become like this if the threat of thermonuclear war were not eliminated? It might not be a bad idea to send those planning such a war to spend a week in the Sahara, so they might better imagine the doom into which they are plunging human civilization, and so they might at last ponder the consequences of continuing such a course.

We persevered and found the way home, as we would like to think that the peoples of every land will find the path that will enable them to preserve their still imperfect but fantastically beautiful home – our planet Earth.

Sergei NOVIKOV was a League disaster relief delegate in Mali at the height of the drought in 1985.

Remember Aaland!

or "Last summer in Mariehamn"

1986 is the United Nations' International Year of Peace, so what better time to return to the "Islands of Peace", the Aaland Islands, scene of the 1984 Red Cross and Red Crescent Conference on Peace?

That's exactly what the Finnish Red Cross planned with a "Peace Year Cruise" that took four boats and eighty Red Cross Youth members from Nordic countries through the ports of south and west Finland to rendezvous in Aaland's capital, Mariehamn.

At each port of call, the Youth members took over the local market-place, setting up stalls and exhibitions and entertaining local people with music from around the world. Special "Red Cross Games" were devised for small children, all in colours of red and white, and everywhere the emphasis was on understanding the widely diverse world the Red Cross works in.

"PEACE OF CAKE": Learning about Peace means learning first of all about other people and how they live. So in every harbour the Youth groups presented and sold crafts and products from the developing world, like coffee from Kenya and tea from Tanzania, and, the "Peace de resistance", a slice of the "Red Cross Cake".

Photographs by
Joanna MacLEAN

Take a country on a slip of paper out of a hat, and your slice of cake was proportionate to that country's share of the world's cake. So the poorest and most desperate would hardly glean a mouthful. A novel way to set people thinking about just how lucky some of them are.

"We wanted to give RCY members from the Nordic countries something useful to do during our long summer holidays," said Seppo Rantanen, Director of Youth for the Finnish Red Cross. "It's another way to keep the public informed about Red Cross work at home and internationally."

And a good way to return to Mariehamn, where, after five busy days of port-hopping, the four boats converged in time for the annual Red Cross fair. A reminder, too, that the work of Aaland's Peace Confernce will go through the generations with the Red Cross for everyone, everywhere.

IRELAND

A Soldier's Life:

SEAN HAMILL, Irish Red Cross General Secretary, talks to George REID

It was only when they spotted his badge and his socks that Sean Hamill knew he was in deep trouble. "What's that bl**dy thing in your buttonhole?" demanded the ringleader. And then: "Good grief, boys, look what he's got on his legs...."

The "thing" was a Catholic Pioneer badge, proclaiming Hamill's determination never to let strong drink pass his lips. Worse still, his socks had bands of Catholic green around the top rather than Protestant blue.

It was the first morning he had worn his school uniform on the little train that took pupils up from the country to their classes in Belfast. Recently evacuated from the Catholic Falls Road area of the city because of Luftwaffe bombing, he had quickly struck up a friendship with all the other boys on the train.

"The trouble was in that part of Ulster, they all assumed I was a Protestant like them," Hamill recalls. "Until that day, we'd had a great time together. But from the moment they saw my socks, they never spoke to me again. Not a single word, ever."

His first brush with tribalism, that morning in 1942, has left the General Secretary of the Irish Red Cross with a deep conviction that people are essentially decent until slogans and shibboleths and symbols get in the way. It was an experience which stood him in good stead though, when years later as an army officer with the United Nations, he struggled with similar tribal animosities in the Congo, or in Cyprus.

"If you are Irish, you have plenty of experience of people who are more interested in living in the past than the future – always dredging up old conflicts, forcing you to choose one side or the other."

It was a choice that Belfast-born Hamill had to make himself. That

Irish Red Cross

same year, 1942, the family moved south from the British Six Counties to County Wicklow in the independent Republic. As a Gaelic speaker, the British John Hamill became the Irish Sean O hAdmaill.

1949 found Hamill at Curragh Barracks as a newly signed-up private in the army of the Irish state. A year later he was promoted to officer, and started a career which was to last 35 years.

Coming from a country which was non-aligned, and which had fought for its independence against imperial rule, Irish soldiers were much in demand for United Nations operations. Captain Hamill was posted as UN Transport Commander at Stanleyville in the Congo, handling all sea, river, and rail transportation and even acting as Airport Manager. Was being Irish a help?

"When you come from a small country like Ireland, people know you have no axe to grind. With African, European, and North American troops reporting to you – with the Indians handling supply, and the Pakistanis running transport – being Irish was no bad thing.

"I think we're able to relate to all sides. We've a real appreciation of English humour, for example. But when it comes to hunger in Africa we can also understand. The *Gorta Mor* (Big Famine) in Ireland in the last century killed 2 million people.

"Another 2 million were compelled to emigrate in what we call the 'coffin ships'. So when people are forced to leave home, we can understand what that costs too."

After a brief spell in Dar es Salaam, Hamill was posted back to Ireland and "immediately began banging on doors to get away again. Apart from my commitment to international cooperation, it was about the only way to get a medal in the Irish Army".

In 1976 Commandant Hamill, shortly to be promoted to Lieutenant Colonel, got his way. He was appointed Economic and Humanitarian Affairs Officer with the UN forces in Cyprus, taking on Red Cross responsibilities as well the following year when the ICRC terminated its operations on the island.

"It was probably the most rewarding time of my life," he says now. "Despite the bitterness, you really could help people." After Cyprus, there was a danger that

everything else would be rather dull. Then the job of General Secretary of the Irish Red Cross, *Cumann Croise Deirge Na hEireann,* became vacant.

Hamill was a natural choice. He had taken a degree in commerce while in the army, and was a qualified chartered secretary. Besides, the headquarter and other costs of the Society are grant-aided by the Ministry of Defence, and its main statutory duty is to aid the Army in time of conflict.

The Irish Red Cross Society has about 2500 members, providing mainly First Aid, voluntary ambulance and other community services. There is also a home for refugees, Naomh Aindrias (St Andrews) which over the years has cared for White Russians from Shanghai, Hungarians, Cubans, Ethiopians, Iranians, Vietnamese, a South African and others who have decamped from international flights at Shannon Airport.

Later this year the Society will return from temporary accommodation to its superb Georgian townhouse in Dublin's Merrion Square, which has been lovingly rebuilt brick by brick by the Office of Public Works.

This is the heart of establishment Dublin. Just round the corner is Aras an Uachtarain, the Presidential Palace over which once a year the Red Cross flies its flag – the only organisation allowed to do so.

For the Head of State is also the President of the National Society. This year on Red Cross Day, the present incumbent Dr Hillery spoke of members "continuing their traditional roles, whilst moving and adapting themselves to the times". What does this mean for Sean Hamill?

"Our primary role is still support for the armed forces. And a Red Crosser in every home remains a major objective. But we must also give more attention to contemporary problems – loneliness among old people, unemployment among the young, drugs.

"And we should have a higher profile internationally. Already we have had delegates in Ethiopia, Angola, Turkey and Sudan – including an Irish camel train operator. We should be doing more with our EEC partners, and soon hope to recruit a member of headquarters staff for this area."

Irish Red Cross/Lensman, Dublin

Dr. Patrick J. Hillery, the President of Ireland and President of the Irish Red Cross (2nd from left) at the Red Cross Day awards presentation, with Brigadier General P. D. Hogan, Chairman of the Society (centre) and Mrs. Maureen O'Sullivan (left), Commandant of the Cork Area, winners of this year's Presidential Trophy.

But what about the "national" situation just up the road, in Ulster? There is a long, reflective pause.

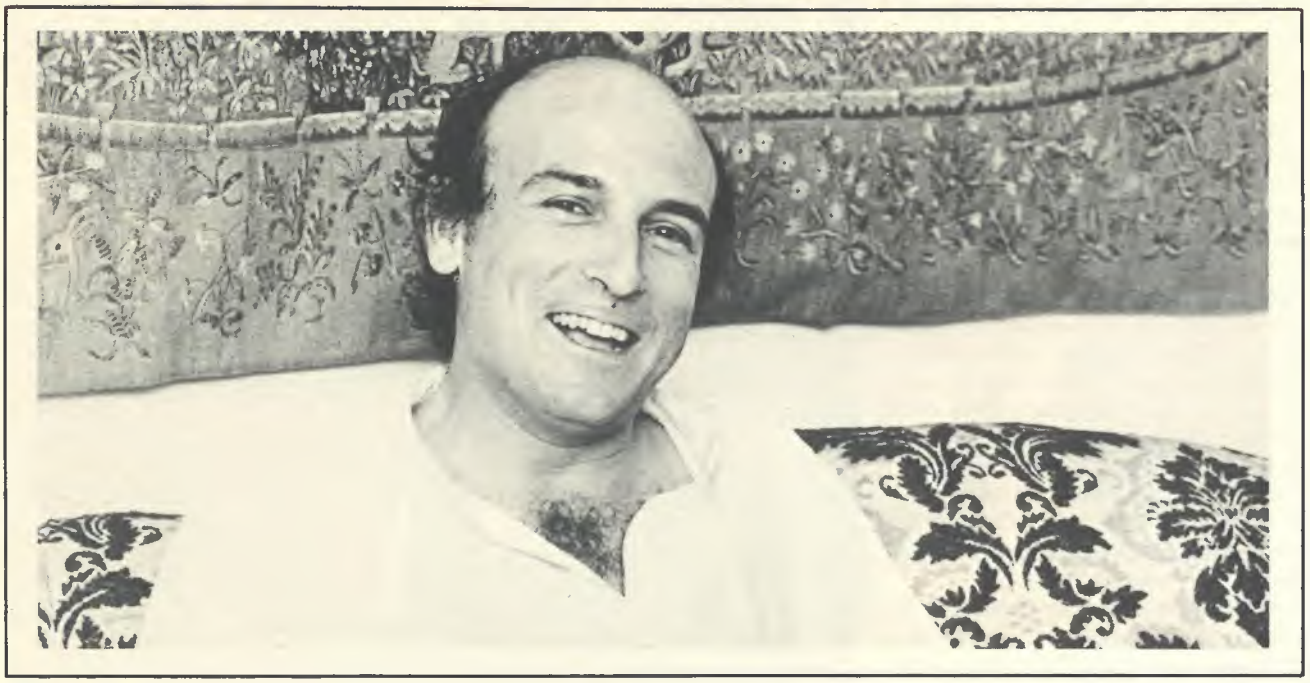
"In 1969, when the violence was at its worst, almost 20,000 people fled into the Republic. Since Ulster is sovereign British territory, the only help we could give there was through the Church. We were also involved with the trains bringing people out. And, once over the border, the Irish Red Cross helped look after them at Gormanston Camp."

Hamill was supply officer of the Irish Army's Eastern Command at the time, responsible for feeding those who had fled. "I keep thinking back to that day in 1942 when all my mates abandoned me because I had green tops on my socks. Decent boys they were too.

"The one lesson I've learned is that people have got to come before politics and tribalism. That's what I fought for in the Army. And that's what I'll fight for in the Red Cross." Sean Hamill, soldier, has not changed all that much from the boy on the Ulster train. What is more, he will soon get a gold Pioneer badge, signifying 50 years of abstinence....

SPAIN

ELDORADO!



Spanish Red Cross

The Conquistadors took centuries to search for elusive fortunes in gold. Joaquín Carazo Marugán took an hour and a half to find his. He nearly did not, for the winner of this year's Red Cross "Golden Lottery" in Spain had hidden his priceless ticket in a tobacco jar. When the draw was announced in the headquarters of the Banco de España on 28 July, ninety minutes of nerve-wracking searching stood between Carazo and his 50 kilos of gold.

The "Golden Lottery" of the Spanish Red Cross has now run for seven years. This year 12 million tickets were sold at 200 pesetas (US$ 1.48) each in Red Cross centres, banks and state tobacco monopolies. Special permission to purchase and import the gold from the international metals market is given by the Spanish authorities. The prizes total 242 kilos of pure 24-carat gold worth some 484 million pesetas (US$ 3.5 million) and Joaquín Carazo's first prize was worth about 100 million ($740,000).

For the 32-year-old veterinary surgeon from Castilblanco in Badajoz, and his wife Isabel Rodríguez Macías, a midwife, their 50 kilos of gold was the second windfall in less than a month. 25 days before winning the prize, the couple had a baby son. We do not know how much the baby weighed at birth, but putting on two kilos of gold a day in your first twenty-five days must be a record that would turn even the Conquistadors' silver suits of armour green with envy!

Spanish Red Cross

HUNGARY

Red Cross of China Wins League Grand Prix

A film by the Red Cross Society of China has won the League's Grand Prix at the Ninth International Amateur Red Cross, Health and Environment Film Festival held in May in the 14th century Hungarian city of Nagykörös.

"Mama, Where Are You?" is the true and touching story of Li Xiulin, a young girl who is brought up by her grandmother in difficult circumstances, unaware that her mother had died when she was very small.

Her classmates, members of the Junior Red Cross, discover Li Xiulin's hardships, and with the help of teachers in charge of the school's Red Cross programmes, they soon make it their business to put some joy back into Li Xiulin's young life.

"Mama, Where Are You?" was one of the thirty-nine films and videos projected during the three-day Festival, held every two years under the auspices of the Hungarian Red Cross, the Nagykörös Town Council, the Hungarian Amateur Film Association and the League.

The Canadian Red Cross won the host Society's Grand Prix with a first aid and safety training film called "Do You Know What To Do?" from the Ontario Division, based on the slogan: "Watching Never Saved Anything!"

The next Festival will be held from 22-25 May 1988, announced Hungarian Red Cross Deputy Secretary General Dr. Julia Kaposvari, which gives ample time for amateur film-makers from around the world to make new films to promote the Red Cross and Red Crescent Movement!

Clarissa STAREY

Red Cross of China

OPINION

PRINCIPLE AND PARADOX: It is impossible to read Red Cross publications regularly without being struck by the omnipresent references to principles. Indeed, so marked is the insistence that the casual reader might be forgiven for inferring that having principles is peculiar to the Red Cross.

Yet, as most of us find in our personal lives, principles pose no problem until the question of applying them arises – particularly when the principles in question suggest a form of action which is not of itself agreable to us.

In short we have no difficulty with the primary dictionary definition, "fundamental source, primary element". Rather more with the secondary meaning, "fundamental truth as basis of reasoning". And the third, "general law as guide to action", leads frequently and inexorably to paralysis or to paradox.

The international, **universal** nature of the Red Cross movement is insisted on, as is the equal worth of individual human beings. (I am not going to raise here the question of Swiss nationality as a requirement for membership of the International Committee, frequently confused with the similar requirement for delegates which appears to be customary rather than statutory!).

What I am thinking of is the vastly different scale of remuneration for Red Cross personnel of equal qualification depending on whether they are in the service of the Committee and the League or of their National Society, where, by principle, most are **volunteers** anyway.

I am not suggesting for one moment that the answer to such problems is absolute equality of pay conditions and treatment for all members of the Red Cross family because quite clearly the world is not like that. But that is only to say that in an imperfect world it is hardly practicable to apply a principle fully.

The attentive observer will no doubt also view slight differences in the vigour with which delegations at the forthcoming International Conference will discharge their duty of ensuring **unity** in the work in the National Societies, the International Committee and the League, in refraining from dealing with political matters or serving as a forum for political debate and indeed in upholding the principles of **impartiality** and **neutrality.**

Of course humanitarianism, like politics, is "the art of the possible" – in precisely the same way that we can cheerfully accept the notion that it is possible to "save lives" when we actually mean merely to postpone death.

"I'm told that I am here to help the others. And that is very nice. Sometimes I wonder what *the others* are here for." G.K. Chesterton.

COMPROMISE AND COMPASSION: Few would disagree that compassion is **the** guiding force of the Red Cross idea, and fewer still that, in the incessant task of all members of the Red Cross family negotiating with whatever government or authority, intelligent and constructive compromise is the only basis which makes action possible and sustainable. Even in cases where the Geneva Conventions, for example, are precisely clear on a point – and they are not numerous – compromises must often be accepted.

This imposes an enormous moral responsibility on the institutions that are charged to be the guardians of principles. Errors of judgment are of course inevitable and are naturally most serious in their consequences where a dangerous precedent is set and an immediate practical advantage compromises the position of thousands in the future.

But precisely because compassion is the foundation, compromise should be resolutely and absolutely refused in those areas where it is possible to do so, and the most obvious starting point is within the movement itself.

Again, pay and conditions offered in Geneva make it quite possible to refuse to accept second-class working standards from anybody, even oneself! For obvious reasons of leadership by example, Headquarters staff standards, quality of work and so forth should be at least as high as that expected from field staff. A less than perfect handing-over of operations between the different institutions composing the International Red Cross, which results directly in loss of life, is intolerable precisely because it is not inevitable. In this sense there is the greatest need for all members of the Red Cross family to remain on guard in the application of everyday standards. In particular on account of another paradox:

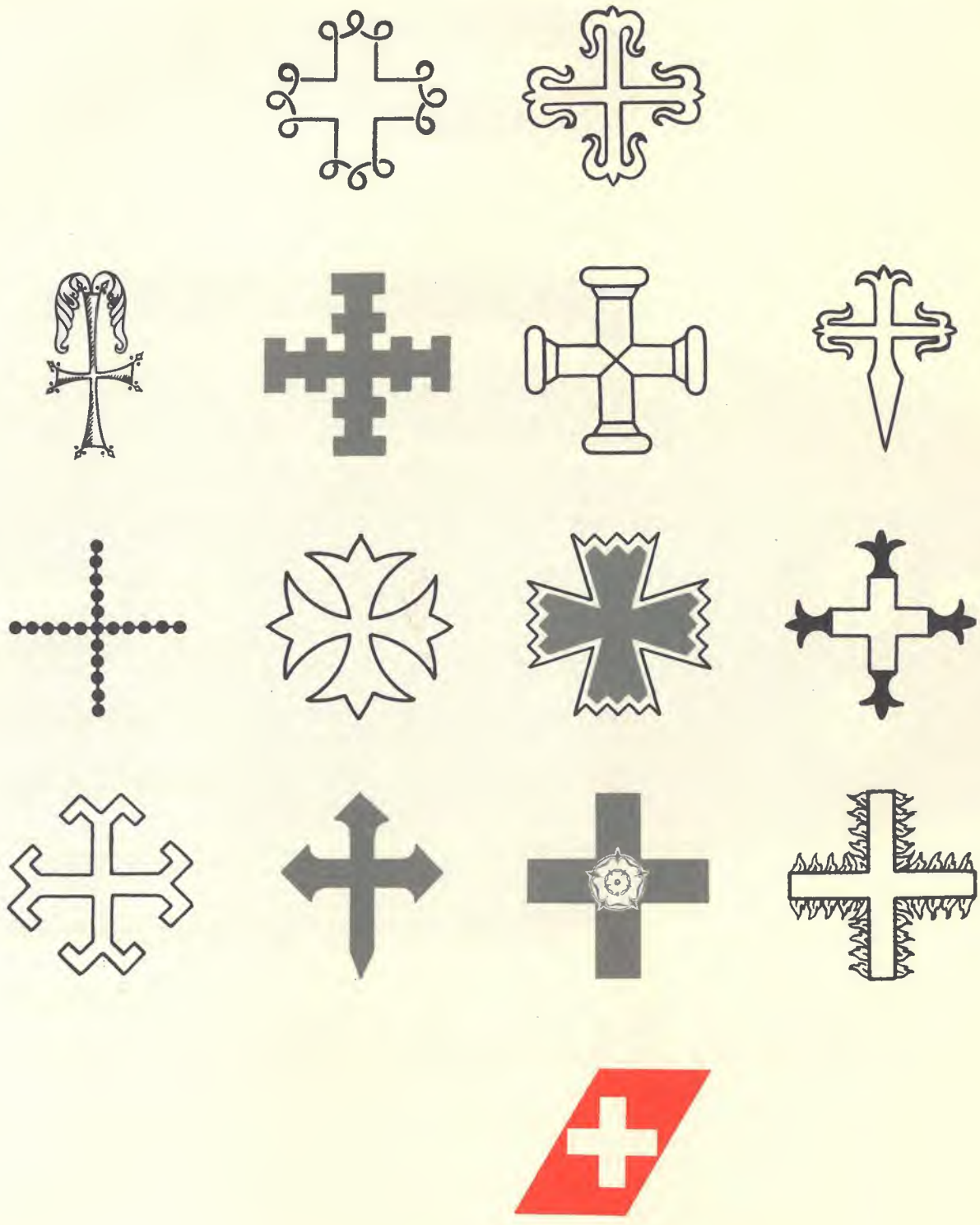
There are traditional fields in which Red Cross institutions still retain a near monopoly, but where, in fashionable marketing terms, the "consumer" frequently has little or no voice. While we struggle to maintain relations and negotiate with governments either as donors or interlocutors, our consumers (those we generally refer to with the blanket term "victims" or less accurately "beneficiaries") very rarely have an opportunity to express their view on whether they are getting "good service" or "value for money".

We should listen most attentively and with absolute humility to such expressions of that view as we can glean. Not least because the money that we so generously and constantly describe ourselves as having given away is almost never our own! This has nothing to do with the dangers of bending directly or indirectly to political pressure from donors as a simple consequence of the fact that "he who pays the piper calls the tune." There the task is to remind those who fund us that it is in their own long-term interest to maintain the **independence** and credibility of the Red Cross.

But the voice and judgment of those in need should at least figure in any survey or analysis, perhaps even in this very publication!

It maybe salutary to remind ourselves that in the birth of our movement on the battlefield 127 years ago, it was the need that gave rise to the principles, and to the institutions which represent them, and not vice-versa.

John de SALIS, *who contributed this* OPINION, *is a sometime Army Officer, Ambassador Extraordinary and Plenipotentiary. He has worked with Red Cross intermittantly since 1973. Between 1980 and 1984 he headed ICRC Delegations in Iraq, Thailand and Lebanon.*



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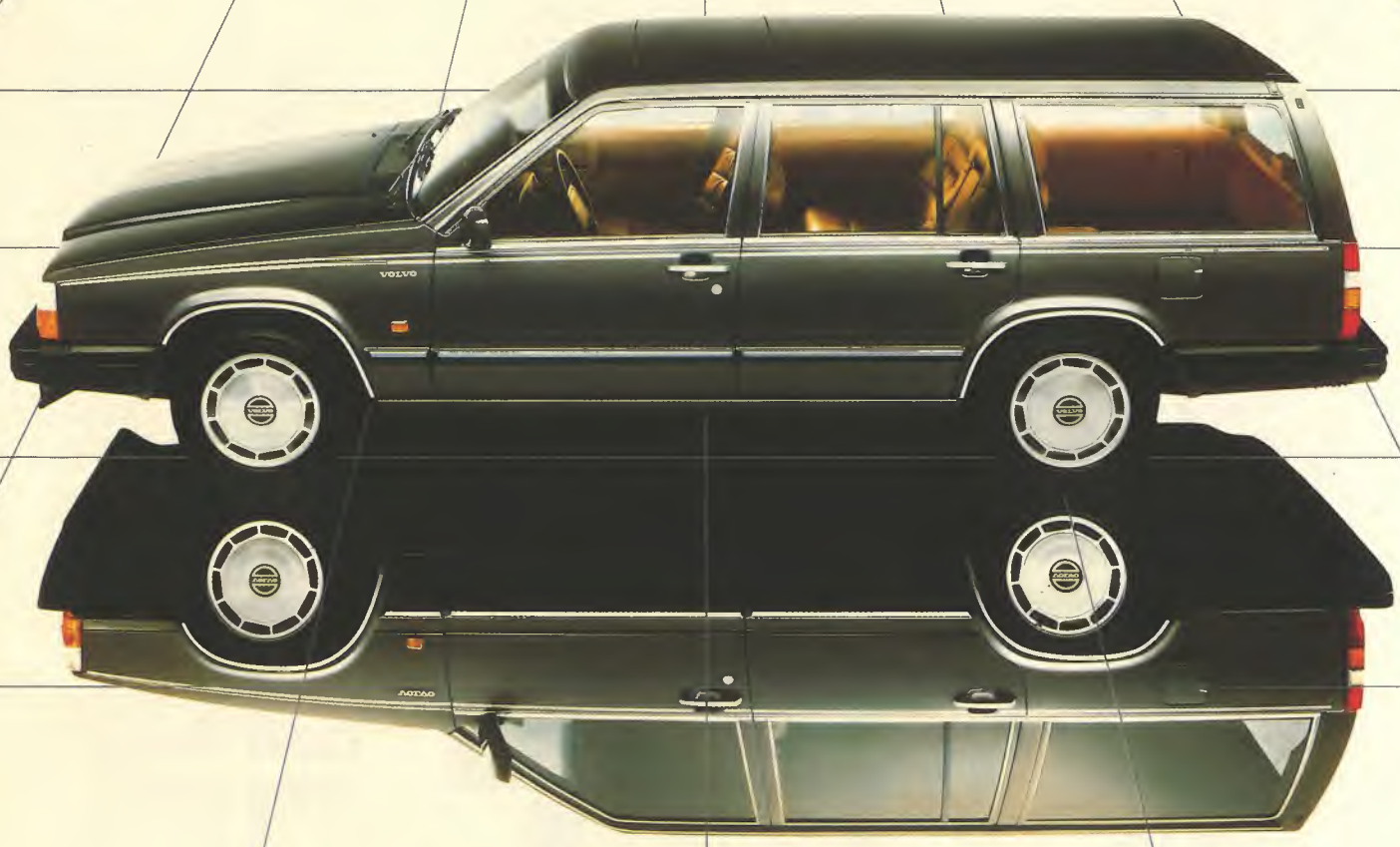

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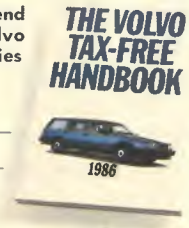

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