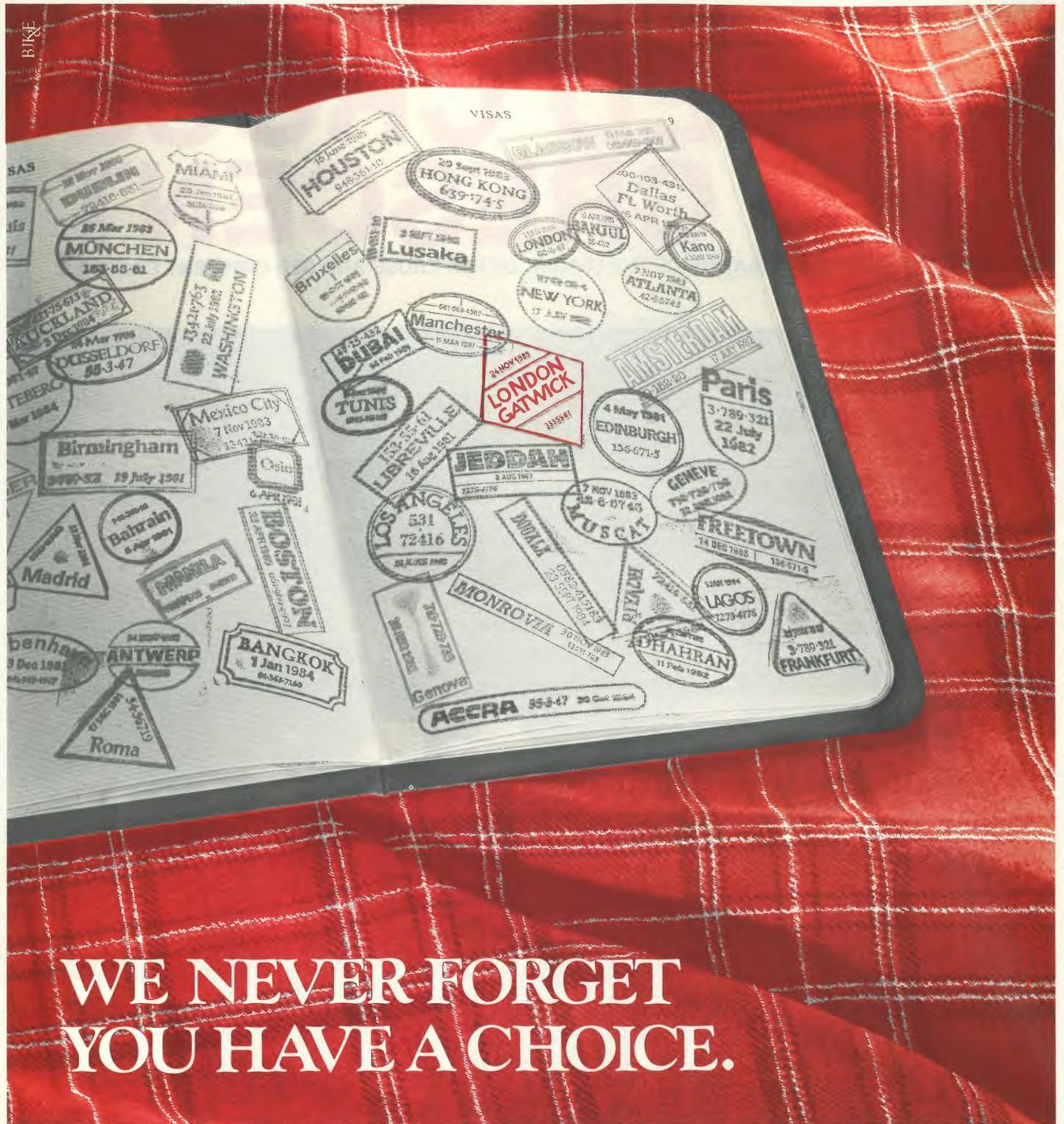


RED CROSS RED CRESCENT

THE INTERNATIONAL MAGAZINE OF THE LEAGUE OF RED CROSS AND RED CRESCENT SOCIETIES
APRIL/MAY 1987 3 Sfr.



Inside South Africa



WE NEVER FORGET YOU HAVE A CHOICE.

British Caledonian Airways spreads its wings to some 33 destinations worldwide. We fly you to the major business cities in Europe, the States, Africa, the Middle East, the Far East. And our flights will soon link Tokyo nonstop. At Gatwick Airport, the Gatwick Express leaves every 15 minutes. Half an hour later, you are in central London.

With British Caledonian, you are a privileged guest. Whether you fly First Class, Super Executive or Executive, you will find the same friendly and dedicated service. On the ground, we offer you a range of outstanding facilities adapted to your requirements.

We never forget you have a choice!

Contact your travel agency or:
 British Caledonian Airways,
 18-20, Place de Cornavin
 1201 Genève - Tel. (022) 32 08 03

British Caledonian Airways

RED CROSS RED CRESCENT

THE INTERNATIONAL MAGAZINE OF THE LEAGUE OF RED CROSS AND RED CRESCENT SOCIETIES
APRIL/MAY 1987 3 Sfr.

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 and Red Crescent Movement, the others being the International Committee of the Red Cross and the national Red Cross and Red 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.



BELGIAN RED CROSS disaster planning and discipline were at work within minutes of the March 6 car ferry accident where the 'Herald of Free Enterprise' capsized outside the Channel port of Zeebrugge. **page 4**



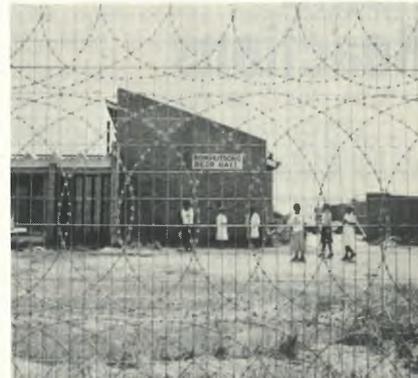
LEAGUE PRESIDENT Enrique de la MATA attended the inauguration of a series of new cyclone shelters for the coastal villagers of Bangladesh, an initiative of the League, Societies of the Federal Republic of Germany, Great Britain, Japan, Switzerland and the Bangladesh Red Cross. **page 6**

CONTENTS

| | |
|---|----|
| BELGIUM: RAPID REACTIONS | 4 |
| BANGLADESH: | |
| SHELTER FROM THE STORMS | 6 |
| JAPAN: HAND-IN-HAND | |
| WITH THE TELEVISION AGE | 7 |
| SPECIAL REPORT: | |
| INSIDE SOUTH AFRICA | 9 |
| INTERVIEW: GURTH WALTON | 10 |
| THE ICRC IN THE REPUBLIC | |
| OF SOUTH AFRICA | 11 |
| HIGHWAY TO NOWHERE | 15 |
| RETIREMENT - | |
| THE RED CROSS WAY/ DUSTY DUMPING GROUND | 16 |
| CHILD ALIVE: FEATURE FOR | |
| WORLD RED CROSS & RED CRESCENT DAY, 1987 | 17 |
| OPINION: DR. BRUCE DICK: | |
| WE CAN'T AFFORD TO FAIL | 18 |
| BANGLADESH: ADAPTING | |
| TO CIRCUMSTANCES | 19 |
| SIERRA LEONE: HOW DI BODI? | 23 |
| COLOMBIA: CHILD ALIVE | |
| AFLOAT | 25 |
| SUDAN: THE SIX DISEASES | |
| PLAY | 26 |
| UNITED ARAB EMIRATES: | |
| SAVING 1 MILLION LIVES | |
| A MESSAGE FROM WHO | 27 |
| A MESSAGE FROM | |
| JAMES P. GRANT OF UNICEF | 28 |
| BETWEEN OURSELVES: | |
| HANS HØEGH | 29 |
| USSR: TRAINING DOCTORS FOR | |
| THE WORLD | 30 |
| HEALTH: AIDS/KENYA: | |
| SPREAD FACTS... NOT FEAR | 32 |
| FAMILY MATTERS | 33 |
| SOCIETY PAGES | 34 |

COVER PICTURE: by Willie de KLERK. South African Red Cross staff and Community Organisers in front of Crossroads, Cape Town, scene of violent disturbances last year.

Page 17 CHILD ALIVE design adapted by Jacques WANDFLUH of Geneva from his 1987 poster and greetings card picture.



INSIDE SOUTH AFRICA: A SPECIAL REPORT by George REID on the work of the South African Red Cross, a Society increasingly drawn into the front-line of its country's internal troubles, with neutrality, impartiality, independence and the courage of its volunteers as its only weapons. **page 9**



CHILD ALIVE: a Feature on the theme of this year's World Red Cross and Red Crescent Day highlighting the effects of the spreading programme on diarrhoea control and the vaccine-preventable diseases - measles, whooping cough, diphtheria, tetanus, tuberculosis and polio - the "hidden disasters" which, with dehydration caused by diarrhoeal disease, needlessly kill or disable millions of children every year. **page 17**

DIRECTOR: George REID

EDITOR: John ASH

EDITORIAL SECRETARY: Shamim ADAM

FRENCH EDITION: Christophe CONVERS
Charlyne VALENSIN

PRINTED BY ROTO-SADAG, Graphic Arts
Division of the Tribune de Genève S.A.

CORRESPONDENTS: ADDIS ABABA: Elizabeth KAS-SAYE. BERN: Bertrand BAUMANN. HARARE: Helena KORHONEN. KAMPALA: Viola MUKASA. KHARTOUM: El-Fadil Amir EL-TAHIR. LONDON: Pam MOUNTER, Ann KNIGHT. LOS ANGELES: Ralph WRIGHT. MADRID: Juan LOZANO, Francisco POLO. MOSCOW: Alexander VOROPAI, Igor A. MARTYNOV. NAIROBI: Henry WAHINYA. RIO: Mario CASTELO BRANCO. SOFIA: Encho GOSPODINOV. STOCKHOLM: Britt WIKBERG. WASHINGTON: Sally STEWART. GENEVA/INTERNATIONAL COMMIT-

TEE OF THE RED CROSS: Michèle BARTA-JAQUIERY, Jette SOERENSEN.

PHOTOGRAPHY: Liliane de TOLEDO

PHOTO LIBRARY: Sue PAVAN, Abdulla ZIAI

LEAGUE PUBLIC AFFAIRS DEPARTMENT: Ann NAEF (WEEKLY NEWS EDITOR) Isabel GARCIA-GILL, Lena HELLKVIST-BENNETT, E. Daniel KINNEAR, Marie-Jeanne MACHERET-NIKLEV, Clarissa STAREY, Toril UTHEIM.

PUBLIC AFFAIRS ADMINISTRATION: Angela HIGNEY.

P.O. BOX 372, CH-1211 GENEVA 19, Switzerland. TELEPHONE: (022) 34 55 80. TELEX 22555 LRCS CH TELEFAX (022) 33 03 95. POST CHEQUE A/C: GENEVA 12-8020

RELIEF

BELGIUM

Rapid Reactions

7.50 p.m. on Friday 6 March. As the British car ferry "Herald of Free Enterprise" was leaving the Belgian port of Zeebrugge, there was a massive rush of seawater into the vehicle deck.

The vessel keeled over almost immediately, plunging 463 passengers and 80 crew into a nightmare where two-thirds of the ship was below the surface of the sea.

By 8 p.m. the Rescue and Social Intervention Services of the Belgian Red Cross were in action.

George REID reports from Zeebrugge, Flanders.

The passengers were still clawing their way out of the icy darkness, trapped in a ship where walls had suddenly turned into ceilings and portholes into skylights, when the phone rang in the Ostend home of Bernard Morsa.

It was a relay message from the emergency service, as laid down in the West Flanders disaster plan: "Urgent. A passenger ship has sunk off Zeebrugge breakwater."

29-year-old Morsa, a traffic controller at Ostend airport, had been appointed local Red Cross rescue coordinator only a month before. But the procedures were clear, and well-rehearsed.

He phoned the 900 emergency number, was told: "It's serious. Send all the help you can!" and promptly dispatched four ambulances and a medical car by radio.

Simultaneously, the Red Cross 'alarm chain' was in action across the rest of the country, with each person contacted phoning others on a prepared list. Rescue services throughout Flanders quickly assembled, awaiting instructions.

At 8.05 p.m. the Head of Social Intervention, Dany de Beukalaer, got her call at Kortrijk, where she



DEVILLE-PHOTO NEWSGAMMALIAISON

was in the middle of running a training course for social workers in post-disaster work. After phoning the next members on the 'chain', they all set off for Zeebrugge and arrived in under an hour.

The Head of Flemish Relief, Mark Gillebeert, was at home in Leuven. The 'chain' reached him at 8.10 p.m., and through him could stretch out, if needed, to the entire 20,000 trained volunteers in the Belgian Red Cross. He decided to stay where he was.

"Of course it was tempting to speed off to Zeebrugge," he said, "but we needed a fixed national contact point.

"Everything hangs on communication and coordination. You know it looks fine on paper. But will it work in practice?"

Bernard Morsa was already facing his first practical difficulty: crowds of sightseers on the road between Ostend and Zeebrugge. It

Bernard Morsa indicates his communications network from Zeebrugge. Belgian Red Cross



was almost 9 p.m. before he fought his way into the Port Building where the Coordinating Committee – Governor, police, civil defence, medical services and Red Cross – had established its headquarters.

Passengers – dead, injured, and unhurt but terribly shaken – were already being landed by a flotilla of little boats. Under flashing police, and ambulance lights, Red Cross stretcher-bearers were carrying off victims suffering from broken limbs and hypothermia.

"Mothers were screaming for missing children. And children were screaming for their parents," said Morsa.

But Coordinators do not get involved in individual tragedies. "My priorities were clear," he stated. "First, to man the four reception areas where people were being landed by boat and helicopter. Second, to get the injured to hospital fast, to help care for survivors, and to transport the dead to a temporary morgue."

Dany de Beukalaer and her Social Intervention team had now arrived as well. Their objectives were also pre-planned: "to help set up a lodging service, to counsel survivors and those who had lost relatives, and to set up an information office – with lists of who was safe where, who was missing, and who was dead – as quickly as possible."

But both Red Cross leaders now faced a major problem. The telephones, jammed by incoming calls from the media and anxious families, were simply not usable.



© BELGA

"It was a very difficult situation," said de Beukalaer, "not helped by the fact that cross-Channel ferries do not have lists of passengers."

Bernard Morsa's radio training at Ostend airport was now quickly put to use. With Red Cross cars from Ghent and Antwerp, he was able to establish his own link to Ostend and, from there, to communicate through Gillebeert in Leuven to the rest of the country.

By 10 p.m. there were 124 Red Cross members in action, backed by 29 Red Cross ambulances and 3 back-up vehicles. Other volunteers (by midnight there were 230 in all) were heading for rendez-vous points outside the town, as was a field kitchen and truck containing body-bags and special equipment for those working in the morgue.

Dany de Beukalaer also had her own communications network in

the hospitals and hotels to which victims were taken. "There were reception staff in each location, and information specialists constantly doing the rounds - checking, checking, checking names."

A computer was installed to cross-reference the data being fed back to the Information Office. And in another pre-planned move, amateur radio operators set up a direct link to all reception points.

With 20 professional social workers now in Zeebrugge, children were rapidly reunited with parents, husbands with wives.

As dawn came up, the relief operation was virtually over. More than 400 people had been shipped to safety.

In the morgue, however, the grim business of washing the corpses, stacking their clothing, and preparing them for identification by the civil authorities, was still going on.

"Some of our volunteers working there were only 18 or 19," said Mark Gillebeert. "They were remarkably self-controlled on duty. When they got home, it was probably rather different..."

In the Information Office, with 8 professional staff on duty, the phone was still ringing incessantly. The bulk of the calls were from England, but there were many from elsewhere in Europe and some from as far away as South Africa, Japan, and the United States:

"My daughter is hitch-hiking to London..."

"It was an Irish lorry, a big green one..."

"He's safe? Oh, bless you, darling. I never knew the Red Cross did work like this..."

But there was the other side of the coin too - especially when it was obvious to those on the phone, though not yet publicly released, that those still missing were still in the ship and could not possibly have survived: "I am very sorry, we have no firm information at the moment. Can you please call us later?"

Five days after the disaster, a dozen victims still had not been identified. 86 people were officially listed as missing, though the Red Cross had received enquiries about a substantially larger number.

In the Duinse Polders holiday home, the reception service was still helping look after almost 100 relatives. They sat, distraught and withdrawn, in little groups throughout the dining room.

"It will be another two weeks before they get the ship upright and the bodies out," said one social worker. "Can you imagine another two weeks of anguish, cooped up here?"

Somehow, the Belgian Red Cross will manage to make the waiting a little more bearable.

A representative of the ferry company beckons me across: "Let me say officially that their relief and welfare workers have been quite outstanding. The speed, professionalism and compassion of their people has been fantastic.

"Thank God for the Belgian Red Cross in this terrible tragedy." ●

Dany de Beukalaer (right) - "checking, checking, checking names..."

Belgian Red Cross



BANGLADESH

Shelter from the Storms

One by one, cyclone shelters financed by the League and the National Societies of the Federal Republic of Germany, Great Britain and Japan are rising on dry land in the disaster-prone coastal areas of Bangladesh. League President **Enrique de la MATA** attended the February 25 opening in Noakhali District of the first of this year's twenty-nine shelters.

Bertrand BAUMANN reports.

Our media-saturated memories have doubtless long erased the memory of a certain 24 May 1985, the day when a cyclone of exceptional violence hit a vast area of the Ganges Delta in the south of Bangladesh. That cyclone caused more than 11,000 deaths and left over 100,000 homeless.

The heavily populated coastal areas of Bangladesh have long been notorious for their exposure to cyclones and the periodic flooding of the Ganges River (known as Padma in Bangladesh). Huge numbers of the country's 104 million people flock to the precious, fertile land when floodwaters recede.

Every few years, depressions in the Bay of Bengal form cyclones (tropical storms which are called hurricanes in the Caribbean, typhoons in South-East Asia) of immense power which, accompanied by strong tidal bores, wash away the lives, land, shelter, cattle and harvests of the poorest of the poor.

This century has already seen 47 major cyclones, six or seven of them as devastating as that of 1970 when some three million lives were lost.

Compared with previous disasters, the new element in May 1985 was the promptness with which national Red Cross Societies responded to the appeal launched



The new shelters are low-maintenance structures designed to save lives during disasters and serve as community service centres in normal times.

by the Bangladesh Red Cross through the League.

No less than 20,000 Red Cross volunteers have been trained under the Cyclone Preparedness Programme – a considerable effort of planning and organisation on the part of the Society, even if the running costs are covered by the government.

A national centre in Dhaka, the capital, can send warnings by radio to some 2,000 local group leaders spread out over the Delta. With teams of 10 volunteers, the group leaders crisscross their designated areas with loudhailers, on bicycle or on foot, calling on people to take refuge in the new shelters or on the artificial hillocks called *killas* which have been built.

However, the 1985 disaster revealed the limits of the system, and the cruel lack of sufficient shelters. Transport and communications are still serious difficulties, though radio contact should be improved following a study by an ICRC telecommunications expert. The volunteers who, after an introductory training course, are more or less left at a loose end waiting for the next disaster to happen, are to be better motivated too.

"We have to reinforce the frequency of our training courses for volunteers and team leaders if we want the warning system to be fully efficient," admits Maj. Ali Hassan Quoreshi (Rtd), Secretary-General

of the Bangladesh Red Cross.

And, while the Swiss Red Cross has concentrated on rehousing projects for the homeless, other Societies and the League have been helping to complete the first stage of 29 new cyclone shelters in the affected areas.



League President Enrique de la Mata, who toured the disaster area after the 1985 cyclone, returned to Bangladesh on February 25 for the opening of the first shelter constructed under the new programme. "The idea, which was more a dream at that time, has today taken concrete shape," he said.

The shelters are designed to protect lives during cyclones and floods, and to be used as community centres at other times. Durability and effectiveness were the priorities of the construction plans, rather than pure cheapness or aesthetics.

JAPAN

Hand-in-Hand with the Television Age

Funding relief and development programmes for sister Societies is a constant challenge for the Movement's members. Like the other Societies involved in the Bangladesh Red Cross Cyclone Shelter Project, the Japanese Red Cross Society has a long tradition of helping in both emergency relief and longer-term development.

Today, as Tadao INOUE of the Japanese Red Cross Information Department reports from Tokyo, raising funds goes hand-in-hand with the close involvement of the national media in maintaining public awareness.

When we talk about international assistance today, we cannot overlook the important role played by mass media. Without their participation, relief for drought and famine victims in Africa in 1984/85 would not have had world-wide impact and appeal.

Africa is in the headlines no longer: sensational media coverage has ceased and nobody speaks much of it any more. But was it enough that our fund-raising campaigns created a one-time fever? Surely they succeeded in raising billions of Yen, but their real motive was to keep the public informed and interested in the continuing plight of the people of Africa, and of their real needs.

This longer-term view was the shared approach of the Japanese Red Cross and NHK, the Japanese Broadcasting Corporation, who have joined together in the International Helping Hand Campaign every year since 1983.

1983 was a commemorative year for both the Japanese Red Cross and NHK, a public broadcasting system run by subscriptions from 32 million registered viewers and



Liliane de TOLEDO

Cyclone Shelter in the coastal area of Bangladesh, built with funds from the NHK/Japanese Red Cross International Helping Hand Campaign. (See next story).

"A round plan would minimise the effect of the wind and yield a cheaper design," explained Dr. M. H. Rashid, Engineer-in-charge, "but circular shapes are not accepted by the people of this part of the world, as is evident from the pattern of housing. Similarly, a sloped roof is cheaper than a flat roof. But during an emergency, people can take refuge on a flat roof, not on a sloping one."

The result is a rectangular arrow-headed shelter supported by round columns with the arrow-head pointing towards the sea. Plaster work has been avoided to minimise the cost of maintenance, and the exteriors are not whitewashed for the same reason.

"The people of this place have something of their own now in the form of this building," said Enrique de la Mata. "It is a practical expression of man's concern for his fellow men."

Welcoming guests and National Society delegates to the February 25 inauguration at Companyganj, Noakhali District, the Chairman of the Bangladesh Red Cross and Vice-President of the League Major General Abdul Jabbar (Rtd) hoped that the cooperation and assistance shown by the League and sister Societies would continue

Volunteer teams are equipped with simple radios and siren/loudhailers (below).



Liliane de TOLEDO

until the 5-year plan for building 500 shelters in different coastal areas was accomplished.

With Red Cross help, support from the Government of Bangladesh and active cooperation from the community, said the League's President, "Insh'Allah, in future cyclones we may not lose so many precious lives."

listeners. It marked 30 years of NHK TV programmes and it was the 120th anniversary of the International Red Cross. Both events were celebrated by the launching of the first International Helping Hand Campaign.

"As a non-profit-making public media organisation," explains Masaharu Kobayashi of NHK's Promotion Division, "we felt we should celebrate the year by doing something meaningful for the promotion of welfare of people at large."



NHK had been organising year-end mutual assistance campaigns since 1951, helping to develop aid for people in Japan who were in exhausted conditions after the war. "Now that Japan has grown into one of the richest countries in the world," says Mr. Kobayashi, "it is expected to extend a helping hand to those in need in other countries. It is the mission of our public media to support such a move.

"We opted for the Japanese Red Cross as our partner because we knew of their excellent history of international assistance and their credibility in the administration and use of public funds."

Each year during the campaign NHK mobilises all its radio and TV networks, its newscasters, reporters and entertainers, to appeal for cooperation from the public. Documentary films are made and shown on special programmes. Popular reporter Junichi Hayashi travels to Africa and other Asian countries bringing Red Cross projects into daily news shows. NHK News reaches nearly 14 million people at midday, and 10 million each with two evening programmes.



NHK Broadcasting Centre in Tokyo, reaching millions of viewers and listeners every day.

Special windows are opened at Post Offices, banks, Red Cross branches, local NHK stations, farming and fishing cooperatives – everywhere that contributions can be received. In the first 25-day campaign in 1983, over one billion Yen was raised, and the precedent was set.

1984 saw the world-wide fever of the African famine, and the first year's result was improved by 29%. By 1985, interest in Africa had faded fast, and the campaign managed only 70% of 1984, less than half of the very first one. It was a shock to the organisers and cast gloom over future prospects.

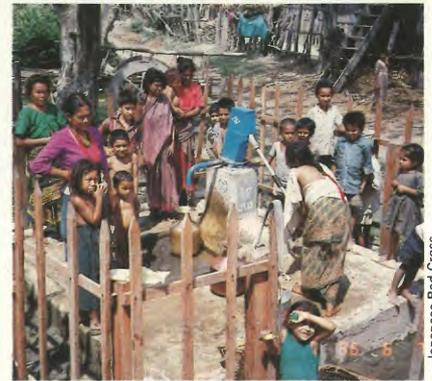
1986 became a source of real worry. Immediately there was a bad omen: the eruption of Mt. Mihara volcano just before the campaign started. The evacuation of 10,000 islanders without a single casualty became a big show that caught nation-wide public attention and sympathy. People naturally feel more sympathy with close neighbours than with distant ones in foreign countries, and everyone was afraid of the negative effects on the International Helping Hand Campaign.

Our pessimism was betrayed by the outcome: nearly 10% higher than the previous year. It was a good indication that even with a simultaneous national drama, after four successive years the campaign had come to stay.

"What we expect from the campaign is not just money," says Hiroshi Higashiura, a Director of the Japanese Red Cross International Relations Bureau, "but growing understanding and concern about the realities of the silent emergencies." Not an entertainment festival, but a long-lasting endeavour is what both the Society and NHK now consider to be really worthwhile in this campaign.

It has allowed the international relief and development activities of the Japanese Red Cross to nearly triple since 1983. Over 5 billion Yen (50 million Swiss Francs) has been spent in ten countries in the period up to 1985.

In Nepal over 1,000 wells and 20 gravity-flow water supply systems have now been completed under the Drinking Water Project and a Japanese nurse has been helping under the Primary Health Care Project to train village health volunteers in locations where the wells have been sunk (below).



Japanese Red Cross

Disaster Prevention in Ethiopia, cyclone shelter construction in Bangladesh, Primary Health Care in Bangladesh and the Philippines are other projects which have benefitted from the International Helping Hand Campaign.

The major source of income of the Japanese Red Cross is its membership fee, and this cannot be replaced by income from other sources, especially from a campaign which, in principle, is organised only on a *ad hoc* basis. Despite some uncertainties, it will be launched for the fifth time towards the end of this year, gathering wider understanding and support from the millions of people that only television can so directly reach.

"There may be criticism," says Masaharu Kobayashi of NHK, "for lending the public media to assist a campaign with a specific organisation. But with its encouraging results and its contributions to well-intentioned purposes, what would be the point of terminating it?" ●

Editor's Note: Japanese Red Cross and other Societies' development projects in the Kingdom of Nepal will be featured in the next edition of *Red Cross, Red Crescent*.



Christophe CONVERS

Inside South Africa

George REID reports on Red Cross work in a troubled land



INTERVIEW

Red Cross, Red Crescent talks to **Gurth WALTON**, Port Elizabeth businessman and volunteer President of the South African Red Cross, about some of the challenges facing his Society.

How concerned are you about the Society's image, internally and externally?

Vitally concerned. The relief work which our members have carried out in the townships during the period of unrest and violence has clearly gained us new respect there. Externally, we have to do more to promote our image as a genuinely neutral force in this land.

Do all groups accept you as genuinely neutral?

I think trust has been earned the hard way. Our workers have exposed themselves to very real danger in defence of the Principles. Certainly we can talk to all groups, from the Far Right to the Young Radicals.

We are the only organisation which has the recognition of both sides. If you are clearly identified as being from the Red Cross, you can clearly enter strife-torn areas – Crossroads, Soweto, Langa, Kwazhale – protected only by the emblem. The police and army go there only in armoured vehicles.

People also use our ambulances and First Aid posts when they are reluctant to use those provided by the authorities. They do so because they recognise us as genuinely independent.

What about relations with the Government?

We have obviously worked hard to maintain reasonable relationships with the Government and administration at all levels. We have consistently stressed the neutral and non-political nature of our activities.

Through the ICRC there is now an improved Dissemination programme for the police and the Defence Forces. Our Community Organisers constantly emphasise the Principles to law enforcement officers.



Evert SMITH

How important are your national, as distinct from regional, activities?

For historical reasons SARCS activities were traditionally based in the regions. The Community Organiser scheme is our first fully national programme.

We have now embarked on an ambitious fund-raising programme with sister Societies. In the present depressed condition of the South African economy, it is simply not possible to raise all the money locally. Though naturally we must do more here too.

How does your membership break down between the races?

Obviously we don't ask whether people are black, white or coloured on our membership cards. So I can't give exact figures. But from my own observations the great bulk of our members—and activities—are concentrated in the black areas. Overall membership is probably pretty close to the population break-down in the country.

But in general, the blacks are at the bottom and the whites at the top?

There is a spread of black, white, coloured and Indian members across our Regional Executives, but here I have to admit that whites are in the majority. This does cause me considerable concern, and it is a situation which will have to change.

How do you see it changing?

One obvious way is through the Community Organisers scheme. In the 15 months since it started, they have been busy organising groups and committees in all their areas. In time, these will become

branches, sending more blacks to the Regional Executives. This process will lead to change in the National Executive.

How long will the process take?

It is difficult to put an actual time limit on it. But clearly it cannot take the dozen or so years of service which has traditionally led to the election of national office-bearers.

Why not simply appoint some black leaders now?

Most of us are uneasy about 'window-dressing' and 'tokenism' – simply appointing someone because of the colour of his skin, regardless of his ability.

I have to admit, of course, that there are many blacks of very real managerial and executive ability. We have to try and attract more of them into the Society. If we succeed in recruiting blacks of real ability and dedication to Red Cross ideals, then I see no reason why in the not too distant future we could not have a black President and other officials. ●

SARCS in brief

The South African Red Cross Society (SARCS) was formed in 1913, growing out of earlier Red Cross organisations that served on opposing sides during the Anglo-Boer War of 1899-1902.

The Society is organised into nine regions: Northern Transvaal, Southern Transvaal, Orange Free State, Natal, Border, Eastern Cape, Cape and South-West Africa/Namibia.

The main policy body is the National Council, with control exercised by the National Executive Committee. There is a small national office in Johannesburg.

Assets amount to 25,000,000 Rand (1 US\$ = 2 Rand) and annual turnover is R 12,000,000.

Main areas of activity are:

- * 56 Community Organisers working in black townships, increasing to 100 by the end of 1987;
- * 4,500 uniformed Voluntary Aid Corps;
- * 70 ambulances;
- * 4 air ambulances in the Cape and Natal;
- * 17 Homes for the Aged and 750 retirement cottages;
- * 13 creches;
- * Relief and feeding programmes in Natal, Namibia and other areas;
- * First Aid training, including a programme for mine rescue;
- * Youth and Dissemination activities.

The Society has about 12,000 members and 1,150 employees.

The ICRC in the Republic of South Africa

The International Committee of the Red Cross is a neutral institution acting in countries or regions affected by armed conflict or internal strife. One of its essential tasks throughout the world is to protect and assist those interned as prisoners of war or detained for reasons of security.

ICRC delegates have been visiting people formally convicted of breaching security laws in the Republic of South Africa for more than twenty years. A regional delegation was opened in Pretoria in 1978 to provide logistical support to delegations in other parts of Southern Africa. Since late 1984, however, the delegation has tried to protect and assist people detained following the increasingly violent internal disturbances in South Africa itself.

Help is given to detainees' families, and to ex-detainees left without resources. A 'ration card' system set up in 1980 enables an average of 200 families a month to exchange coupons for food and basic necessities at local stores. Travel costs are paid to allow families living far from places of detention to visit their relatives once a month.

The ICRC's tracing office in Pretoria handled 318 new tracing requests in 1986, keeps files on detainees, forwards Red Cross messages and, in close collaboration with the South African Red Cross, handles requests from other countries for repatriation, attestations of detention and other documents.

The ICRC has negotiated continuously with the South African authorities to try to gain access to prisoners held in interrogation under Section 29 of the Internal Security Act, to those awaiting trial, and to those sentenced to death. Particular concern has been voiced about detainees held *incommunicado* and often kept under interrogation for long periods. Since 1985, the ICRC has also asked to visit people arrested under the Emergency Regulations and sentenced for acts of "public violence" (demonstrations), as well as detainees and prisoners held in the 'homelands'.

On 13 June 1986 the ICRC made another offer to the South African Government to visit *all* those arrested under the Emergency Regulations. In September this offer was rejected by the authorities, but the annual series of visits to sentenced prisoners went ahead as planned. ICRC delegates spoke to and assisted 320 people held in South Africa and the 'homelands' of Venda and Ciskei last year.

Contacts have been made with various groups and action taken to protect people victimised by the security forces. Reliable accounts from witnesses have been regularly reported to the Ministry of Foreign

Affairs and to the Justice Minister, who investigates the allegations. In May the authorities appointed a liaison officer to discuss these matters with the ICRC and speed up the process of inquiry.



Then an event occurred that endangered all ICRC operations in the country. On 25 October last year, the XXVth International Conference of the Red Cross voted to suspend the South African Government delegation from participating in its work. As a result, the Government ordered the ICRC delegation to leave the country by the end of November.

Even as delegates began to leave, the ICRC urged the authorities to relent in view of the humanitarian consequences of their order. On 25 November, the South African Government announced that it had reconsidered its decision and authorised the delegation in Pretoria to remain. Receiving the news with great satisfaction, the ICRC began immediate arrangements to restaff. But difficulties still ensued. In September last year the team had included 20 delegates. In January this year, at the request of the South African authorities, it was still limited to nine, of whom four are technical and administrative staff.

Trouble Spots: For several years the ICRC has cooperated with national and regional officials of the South African Red Cross Society to encourage and develop Red Cross activities in the townships through the recruitment and training of Community Organisers. 56 completed training in 1986 and were soon faced with a veritable baptism of fire.

In mid-February 1986 riots broke out in the township of Alexandra near Johannesburg. For the first time the National Society was able to help victims in a densely-populated black urban area, as Community Organisers coordinated rescue operations and evacuated the injured. Then in May violent riots broke out in the Crossroads settlement near Cape Town. Community Organisers with backing from the ICRC were able to feed and clothe thousands of homeless people, and treat or evacuate the injured.

The ICRC brought in 380 tents to support the South African Red Cross effort to shelter the most vulnerable. In September a plan was approved to install radios in Red Cross vehicles taking part in relief operations in the Eastern Cape and Southern Transvaal. Stocks of emergency supplies have been established in four local Red Cross branches, so that they can cope with any renewed disturbances without delay.

Spreading the Message: Combined efforts between the Society and the ICRC to keep people informed have ensured that the Red Cross emblem is respected by all parties and that Red Cross vehicles are able to move into the townships without restriction.

Everywhere the ICRC works, its delegates try to find the best ways of helping to spread knowledge of international humanitarian law and the Principles of the Red Cross and Red Crescent Movement.

Representatives of the ICRC, the South African Red Cross and the armed forces agreed last year to draft a joint programme to teach these laws and Principles to officers and enlisted men. A similar programme is being prepared for those responsible for security. 1,200 Army Medical Service doctors have attended ICRC courses and a seminar for 360 teachers, nurses and local workers was held in the 'homeland' of Transkei.

"Despite our currently limited staff," says Jean-David Chappuis, ICRC's Delegate-General for Africa, "we hope to continue and develop all of our activities in 1987. With protection and tracing, dissemination, medical assistance and relief - including relief to thousands of Mozambican refugees in the Eastern Transvaal - and continued support for the South African Red Cross, those activities involve a budget projection of nearly 16 million Swiss Francs, or nearly 12% of the ICRC's whole Africa Appeal." ●

SPECIAL REPORT

It had been a truly dreadful week in the townships around Cape Town. Thousands had been burned out of their shacks by rampaging gangs. In the Red Cross refuge outside Crossroads, a group of First-Aiders – black, white and coloured – doled out soup, bathed eyes streaming from tear-gas, and treated buckshot wounds.

In one corner a child was screaming. Her mother had been forced to eat a carton of soap-powder she had bought from a boycotted shop.

A mile away in the Red Cross post at Guguletu, Community Organiser Lulu Jamda was on duty by herself. Suddenly the door burst open, and a man with stab wounds in his groin and neck staggered in, hotly pursued by a gang of 50 vigilantes armed with knives and axes.

"They said they were going to cut his head off," Mrs. Jamda recalls. "I'd no doubt they were going to do it either."

She showed them the Red Cross flag on the roof. "You can't cut people's heads off in Red Cross premises!" Then, wedged in the doorway, she started what she now calls 'front-line dissemination' – patiently explaining just what neutrality means in practice.

It took her most of the night. But eventually the victim was got away to safety in a Red Cross car.

A few days later Evelyn Mkona, Community Organiser for Crossroads, received a call at home: "Come quickly, something is happening at the church hall!"

Straightaway she slipped on her Red Cross vest, got into her car and radioed her position to headquarters. She found the hall jam-packed with young comrades intent on holding a trial. A woman screamed incessantly.

"They were going to 'necklace' her," said Evelyn. "Burn her to death. They had a car tyre ready to go round her neck, and a big jerrycan of petrol."

"I didn't know what to do. I just kept talking – telling them over and over again that they couldn't kill someone in front of the Red Cross emblem."



Evelyn Mkona at work in Crossroads
The Argus, Cape Town

Her advocacy worked, and the 'court' released its prisoner into Red Cross care.

Just two instances, among many, of the extraordinary bravery shown by Red Cross men and women in the violence which has caused some 2,000 deaths since 1984, and led to some 20,000 people being detained under the Emergency Regulations.

Today there is an uneasy lull. The Defence Forces sit in their armoured Casspirs and Buffels at the entrance to the townships, occasionally patrolling inside. Many government schools and property have been destroyed. The graffiti read: "Pay Rent and Die" (one way to enforce the rent boycott), and "Resign or be Burned" (an effective means of getting black councillors to quit the neighbourhood).

In the Community: Almost the only organisation moving freely everywhere is the Red Cross. "Our Community Organisers have won trust the hard way," says South African Red Cross Chairman Ms. Inka Mars, "by sticking with the people through the troubles."

The Community Organisers scheme – intended to have a trained Red Cross worker in all the townships – was started with ICRC funding in January last year. Today there are 56 of them, recruited largely from teachers, nurses and social workers. By the end of this year there should be 100.

"Because we live in the community ourselves," says Soweto resident Cynthia Moshesh, "we are already known. That makes it easier to get First Aid, community projects and counselling started. But we have had to work hard to promote the idea of 'independence'."

"When I began, people kept asking why the police let me through if I wasn't on their side..."

At New Brighton in the Eastern Cape, Community Organiser Patience Sineke is waved down at a makeshift roadblock. The men spread across the street are young radicals, and they are in a nasty mood.

"If one of us is hurt, and a policeman is hurt, who would you help first?" asks their leader.

"I'd help whoever was most badly hurt," says Patience.

"And if they both needed to go to hospital, who would you take first?"

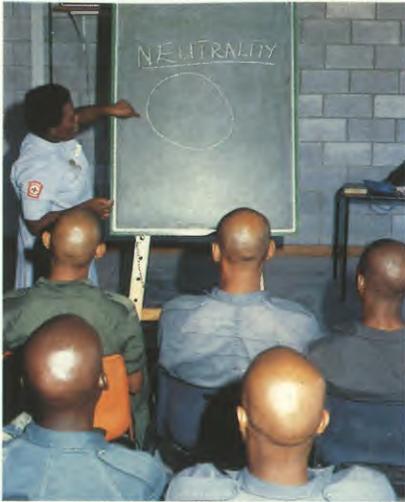
Patience smiles. "It's a big vehicle. I'd put them both in the back together."

The young comrades discuss this idea, with Patience chipping in "a little bit of instant dissemination". The car is waved on its way. Further down the road it comes to a Defence Forces' armoured truck. The troops don't even bother to stop it.

"There's no doubt that we are accepted by both sides," says Inka Mars. "In the past year the Society has gained a much higher profile all round."

Cynthia Moshesh in Soweto Afrapix © Sandy SMIT





Everett SMITH

Temperance Kuboni lecturing police in the Eastern Cape

Levels of Change: Has the Society itself changed? To what extent does its membership reflect the different populations in a country officially divided into 23,500,000 blacks (themselves with nine main language groups), 4,800,000 whites (2,600,000 Afrikaners and the rest mainly English-speaking), 2,800,000 'coloureds', 880,000 Asians and 710,000 Indians?

There are thirteen people round the table of an executive lounge at Johannesburg's Jan Smuts Airport. It is booked for the day by the South African Red Cross Society (SARCS) National Executive, whose members fly in from the Society's nine regions. Only one is black, Dr. Ben Ngubane from Natal, and he says little during the seven-hour session.

Business is dispatched efficiently. There are reports on community schemes – self-help, income-generating projects, and aid to the disabled, the elderly, the unemployed. They discuss feeding, relief and development projects in Natal, Namaqualand, Namibia. The mood is liberal, compassionate, concerned.

One awkward area provokes a little nervousness—the fact that SARCS does not cover all the national territory, since in the 'independent homeland' of Transkei (and to a lesser extent in Ciskei) the local Red Cross regards itself as a sovereign body. And here there is no mention of Namibia where, despite UN resolutions on the independence of the territory, the

branch is fully integrated into the South African Red Cross.

"We have to live with the realities of South Africa as determined by the Government," says Inka Mars. "In the same way, so long as housing is segregated, it is difficult to increase the number of multiracial branches. What we have to do is increase the number of black representatives, so that leadership is increasingly multiracial."

In his Johannesburg office, the senior black employee of the Red Cross reflects on the pace of change. He is Bongani Khumalo, Deputy Director of the Southern Transvaal Region.

"We've been on the defensive for too long," he says. "We've gone to Geneva meetings trying to avoid getting the sack. There's been a false euphoria when we succeeded. Some people have thought the problem was over."

"The reality is that when you're late, you have to hurry up more than other people."

"Yes, the Society is changing. But is it changing fast enough? A lot of blacks, especially among the intellectuals and managers, still think it's in a probation period..."

Tradition and Expansion: The problem – and the opportunity – for the South African Red Cross is to maintain its wide range of largely region-based traditional services, while expanding its national Community Organisers scheme fast.

In February Vice-Chairman Norman Patterson took off on a fund-raising drive through Northern Europe. "The economy is so depressed," he said, "that we simply cannot hope to raise the necessary finance ourselves. There are urgent needs everywhere. We are going to have to look to sister Societies for help."

The range of current activities is impressive. Four air ambulances flying thousands of patients annually from the remotest corners of the country. 70 ambulances out on the streets every day. A massive relief and development programme in Natal.

Uniformed Voluntary Aid Corps members on duty in the country's 'hot spots', treating stabbings, burnings and a host of household ailments. And at the same time



Afrapix © Sandy SMIT

Bongani Khumalo, Deputy Director, Southern Transvaal Region, SARCS

giving instruction on how to deal with tear-gas, and wounds caused by plastic bullets, birdshot, buckshot.

On the beaches of Cape Town, young First Aiders are on call day and night. In the hospitals they care for abandoned babies, and play games with the mentally handicapped. There is an impressive anti-drug programme, and some of the most inventive youth programmes to be found anywhere in the Red Cross world.

Contrasts: But over all this activity looms the shadow of violence. In the white ghettos the talk round the poolside *braais* (barbeques) is of sanctions and disinvestment, of colleagues joining the 'chicken-run' to Europe and the States. "South Africa versus the World" proclaims a newspaper billboard.

White liberals in their villas live not even a few miles from the teeming black townships on the other side of the hill, with the army in-between. Neat schoolboys in their blazers seem a lifetime away from their barefoot black peers on the farm. Yet on Saturdays they go to market in the same truck, one group in the cab, the others bouncing around in the back, quite relaxed in each other's company.

An old, old woman staggers down a dusty road with a huge bundle of firewood on her head. Above her are the pylon lines which carry more than 60% of the electricity generated in the entire African continent. ▶

SPECIAL REPORT

In this country of contrasts, of such wealth and poverty, it is the essential decency of Red Cross workers which sticks in the mind: Lucia in Soweto organising Good Neighbour clubs to help old folk and ensure they are not mugged when they collect their pensions.

Junior Bezuidenhout in Bloemfontein setting up a training school in his own auctioneer's premises, where 30 girls are being taught to make garments. Tutu in Nyanga, patiently counselling women caught in the web of poverty and prostitution.

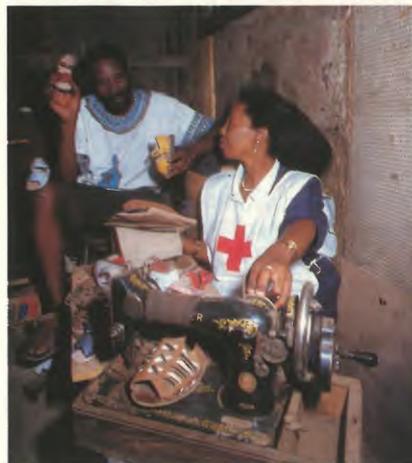
Sheer laughter from Evelyn in Crossroads as she describes her first self-help feeding scheme. "I was promised some rabbits from a farmer. He arrived in his truck - with two-and-a-half thousand. I've only got a four-roomed house. I told the dogs 'you've got some cousins coming to stay'. At one point there were 400 rabbits in the bedroom. . . .

"They all got eaten pretty quickly though."

And sadness too. Community Organiser Albert Botha was called out to a Soweto riot and shot in the head. Though still partially paralysed he is making a recovery, and devoting himself to dissemination work. A girl community worker in the Cape Town area simply couldn't take the strain and had a nervous breakdown. Another colleague, picked up by the security forces last September is languishing - with Nelson Mandela - in Pollsmoor Prison, facing treason charges.

"No one knows how things are going to turn out," says Albert Botha. "But it is certain our people need an organisation trusted by all sides." The birdshot still lodged in his head is testimony to his readiness to make that happen.

So is an incident on the Cape Town-Nyanga road last year. With bullets flying and tear-gas everywhere, Lulu Jamda and Tutu Sikele were loading two desperately wounded men from opposing factions into their ambulance. The fighting was everywhere around them.

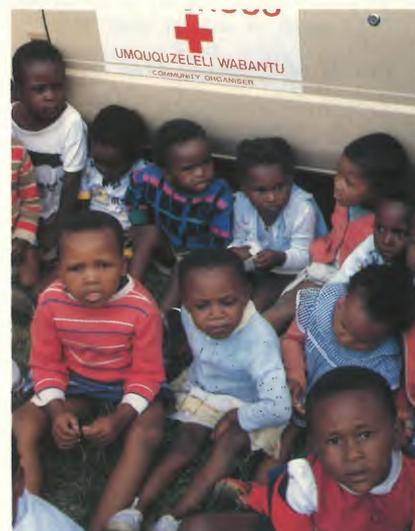


Down the road they were stopped by a mob who started tearing at the vehicle, saying they would execute one of the patients there and then.

A group of women ran up. "Stop it! Stop it! These are Red Cross ladies. They are here to help us. They are neutral. Stop it!"

And, amazingly, the mob did.

George REID



Top left: Junior Bezuidenhout, Chairman of the Orange Free State Region (Hennie van den Berg). Centre left: Evelyn Mkona in Crossroads shoemaker's shop (Willie de Klerk). Below left: Albert Botha, Community Organiser, was shot in the head during a riot last year (Afrapix, Sandy Smit). Top right: Jeremiah Mabija, CO in Ciskei (Rob Pollock). Centre right: children in a Ciskei creche (Rob Pollock). Below right: Beauty Dingiswaya, Volunteer Aid Corps member, with displaced children (Rob Pollock). Opposite above: Ciskei to the left, South Africa to the right (Rob Pollock). Opposite below: Beauty helps with food distribution to the "Potsdam People" (Rob Pollock).

SPECIAL REPORT

Displaced people, juggled across arbitrary internal 'borders', are both a long-term and increasing feature of life in South Africa, as *George REID* found in February on a

Highway To Nowhere

In the morning it was simply a muddy grass strip beside the highway which forms the border between South Africa and the 'independent homeland' of Ciskei. By nightfall it was home to 2,500 people.

"We have voted with our feet," said their spokesman Nelesi Melamani. "Here we are, and here we stay - 100 metres inside South Africa."

The "Potsdam People", as they are called after the shantytown to which they were relocated, are typical of the three and a half million blacks who have had to move since 1960. "We wanted to work in East London," explained Melamani, "but we were just rounded up and dumped in Ciskei."

On February 4 they decided they had had enough. "The police said we each had to pay a 10 Rand (US\$ 5) poll tax, and if we didn't we'd be fined 50 Rand. We don't have that sort of money." So they simply walked out.

Their arrival posed a major problem for Algy Johnson, Director of the Border Region of the South African Red Cross. The squatters had no shelter, no bedding, almost no food, virtually no money.

Distribution of soup and some plastic sheeting was hurriedly organised, but as one of the smallest SARC regions, money was tight.

By February 8 the encampment was beginning to look permanent. Plastic, cardboard and tarpaulin were stretched over branches to make rough-and-ready shacks, crammed side by side.



"This is a nightmare," said Johnson, eyeing cooking fires set up everywhere. "They'll burn to death or," he said, searching desperately for somewhere to dig latrines, "they'll all die of cholera."

With other welfare organisations - the churches, Black Sash, Operation Hunger, World Vision - a makeshift system of food and medicine distribution was organised. But despite increasingly frantic phone calls to the police and the Ciskeian authorities, Johnson could not find out what was happening.

The Potsdam People had become a matter of high policy referred all the way up to Pretoria.

A clue came from the South African 'Ambassador' to Ciskei, Christiann van Aardt: "They need a good damn thunderstorm to wash them back over the border."

The heavens opened, but the squatters stayed where they were.

First-Aider Beauty Dingiswaya wandered through the camp, tut-

tutting at the squalor, handing out packets of mealie-meal as her shoes were sucked off in the mud. A mongrel dog snapped viciously at her ankles. A child urinated down the side of the food tent.

"Why are you here?" she asked a man. "Lady, when people are hitting you, you must run away," he said (an allegation hotly denied by Ciskei spokesman Headman Somtunzi - "their plight rests on them").

February 27 and Johnson was on the phone again. "I just don't know what is happening," he said. "I can't get any answer."

He got it the next day.

At dawn on February 28 South African police and troops surrounded the camp and declared it a no-go area under the Emergency Regulations. The Potsdam People were loaded onto trucks and hauled back to Ciskei.

Red Cross workers were not allowed to accompany them. ●

SPECIAL REPORT



Evert SMITH



Hennie van den BERG

Retirement— The Red Cross Way

Some of the nicest residential areas of Port Elizabeth look increasingly like a vast Red Cross construction enterprise.

In one leafy avenue after another, the emblem graces the entrance to Red Cross retirement homes and housing complexes.

Across immaculate lawns, blue-rinsed ladies are dead-heading roses. A lively group of septuagenarians is romping beside the swimming pool. From the community centre come the sounds of a *boeremusiek* sing-song, with piano, drum and accordion.

Outside a new site the sign reads: "For real Security-Retirement with the Red Cross!"

Today the Eastern Cape Region of SARCS runs eleven homes for the aged with a total of 700 beds, including a luxury hotel. There are also 600 retirement cottages, and a further ten complexes costing R17 million (US\$ 8.5 million) under way.

The authorities have tried to provide a basic infrastructure. But, away from the circular access road, it is a mudbath in winter and a dusty dumping ground in summer.

Only 20% of the people are employed — many in Taiwanese factories. 70% are aged under 20, and prey to drugs and delinquency.

There is a universal fear that Botshabelo may be incorporated into the South Sotho 'homeland' of Qwaqwa, run by Chief Mopeli and his Dinkwankwetla party.

"No to Qwaqwa!" read the graffiti. "Don't postpone the future."

Across the road some women are digging toilet holes at 3 Rand (one dollar fifty) a day. The authorities have built so many dry-closets that Botshabelo is known locally as "Toilet Town".

I ask Jackie Moroka, one of the community's five social workers, about the women.

"Their husbands are in the mines," she said, "and will have

Its home for 35 elderly Indians is the first outside Natal. And while all other current units are for whites, approval has now been obtained for a R3 million development for 150 blacks, which will later double in size.

"These projects are aimed at putting us on a firm financial basis, longterm," says Red Cross Regional Director Paul Kruger. "Over 90% of our annual expenditure is for blacks and coloureds, and we could never hope to raise the money just through collections."

The developments are funded through state-guaranteed mortgages, at 1% interest over 40 years. A two-bedroomed cottage costs around R60,000 for life-occupancy only. When the occupants die, it becomes the property of the Red Cross. Which then lets it to the less well-off.

"When pensioners retire 'the Red Cross way'," says Kruger, "they know they will be looked after for life. If they become frail and cannot live by themselves, they are simply transferred to one of our homes. "It is real security. In a loving environment." G.R.

Dusty Dumping Ground

Botshabelo, population 500,000 and still growing, is South Africa's largest relocation camp.

It is human testament to a system which reserves two-thirds of the land for less than one-sixth of the population, forcing three and a half million blacks to move home since 1960.

The camp was set up, 50 kms east of Bloemfontein in the Orange Free State, in 1979. Originally it was intended for South Sotho people who had to leave Bophuthatswana when that 'homeland' became 'independent'. But it was rapidly expanded to take in other 'surplus' inhabitants from the towns and drought-stricken farms.

another woman there. Sometimes they get money, sometimes they don't. But they always get another child when he comes back."

So how do they live? "Oh, a bit of prostitution. A bit of beer-making for the shebeens. A bit of toilet-digging..."

We stop outside a shack with a large sign in English and Afrikaans. It reads: "Beware of the dog!" The owner comes out.

"Never mind the dog, man. Beware of the owner!"

He expresses himself in no uncertain terms about his rage, frustration and hatred of his present lot. He is told that a Red Cross community worker, Elizabeth Tau, will start in Botshabelo in May.

"Only one? For 500,000 inhabitants, man?"

"Well, I suppose it's a start.

"Provided she regards us as people, and not just a problem that's going to disappear. This is an accident about to happen, man!"

G.R.

CHILD ALIVE



**A Special Feature on the Theme for
World Red Cross and Red Crescent Day, 8 May 1987**

We Can't Afford To Fail

by **Dr. Bruce DICK**,
Head of Community Health
and CHILD ALIVE at the League.



Liliane de TOLEDO

Sometimes I wonder when I write or speak about the many millions of children who die each year from diarrhoea and the vaccine-preventable diseases, whether such statistics actually *mean* anything to the people who hear or read them. How can people imagine such huge numbers of unnecessary and avoidable childhood deaths and disabilities? Can they ever have a feeling for the tragedy of what is happening day after day?

The message came home to me forcefully a short time ago. One of my own sons, at two-and-a-half, came down with a nasty viral infection between two bouts of diarrhoea. For the first time in nearly 15 years of working with the health problems of children in developing countries, I saw something in a new light. I began to ask myself the question thousands of other parents must ask: is a simple salt and sugar solution really the only treatment needed for attacks of diarrhoea?

As Benjamin got thinner and thinner I realised that were he living under the conditions of so many of his brothers and sisters in Africa, Asia and Latin America, he would be entering the vicious cycle of infectious disease and

malnutrition which for so many of them ends in death.

Benjamin got better (helped by the salt and sugar solution) but he made me *feel* something which until then I had only known, and the picture that remains in my mind I shall not easily forget.

Messages seem to touch people's emotions, and encourage hands to touch the money in their pockets, so much more effectively in the form of pictures. We react powerfully and quickly to the victims we see of earthquakes in Latin America, floods in Asia, famine in Africa. But we tend to overlook the fact that far fewer adults and children are killed by them than the numbers of children who die or are disabled, every day, by the "hidden disasters" like dehydration and measles that can so easily be prevented if only parents know what to do, and when.

We do not see the faces of these children on our television screens. Yet, in the terrible two years of the recent African famine and drought, *far* more children died unnecessary deaths from the "hidden disasters" than from the starvation conditions that made the headlines.

Though we divide our activities into "relief" and "development", it does not really make sense. In general the same groups suffer from the same diseases. For a moment an already awful situation simply gets worse. Unfortunately it is much easier to raise funds for one child dying of malnutrition during a famine than a thousand and one children who are *likely* to die as a consequence of diarrhoea. It is much easier to react to the sight of a child disabled by polio than to a thousand and one healthy children who *risk* being disabled because they have not been immunised against this disease.

Money, of course, must be channelled in the right directions. While most preventable deaths and diseases occur in rural or peri-urban areas where the poor of the world live, most of the money is spent on curative services and technology in the capital cities. Yet the great improvements in public health in Europe or North America in this century have mainly resulted from improvements in living and working conditions. Not just from antibiotics, but by effective prevention.

The great success of smallpox eradication depended largely on the development of a special needle which made it easy to administer the vaccine correctly. More children are being immunised today because of the development of simple and effective cold boxes for storing vaccines in distant places. A simple solution of sugar, salt and water allows parents to save their own children's lives in the home by preventing fatal dehydration.

We have simple and straightforward means, if we can direct them properly. The world is littered with monuments to well-intentioned health activities which failed because they were devised from the outside without ever consulting the people they were destined for. How can we expect people to accept new messages in their homes, to adapt their own knowledge and traditions, if they are not first consulted and involved?

It has also become clear that governments cannot do everything themselves. And while they have the support and involvement of the World Health Organisation and UNICEF, the United Nations Children's Fund, they need national organisations as well. Organisations like Red Cross and Red Crescent Societies whose members are part of the very communities that need to be reached.

This is where CHILD ALIVE comes in, helping the first essential task of carrying the messages to where they are needed most, of mobilising people to save their own children's lives and so to *stop* the everyday disasters the television cameras never see.

CHILD ALIVE is disaster prevention. CHILD ALIVE is First Aid, in its purest sense. CHILD ALIVE is social welfare and community health. It is not a new "flavour of the month". It is a stimulus to every Red Cross and Red Crescent activity, young and old, traditional or innovative.

For more than a century we have rushed to save lives in war and disaster. We might ask "What's the point?" if we fail to help save the millions of tiny lives daily at risk from the "hidden disasters". We *cannot afford* to fail the children, families and communities who have come to expect so much from this Movement we represent. ●

BANGLADESH

Adjusting to Circumstances

In July 1986 a CHILD ALIVE pilot project was started in Char Chandia, in the Upazila (sub-district) of Sonagazi on the coastal belt of Bangladesh.

Dr. Mohiuddin Chowdhury, the dynamic Medical Coordinator of the CHILD ALIVE Programme in Bangladesh, talked to League photographer Liliane de Toledo about the origins of the project in this disaster-prone area, and his dealings with the traditions and the people of the local community.

In 1985 I was fortunate to work in an unfortunate situation: in a field hospital in the cyclone-affected area of Sonagazi. That is how I discovered this Char Chandia site which I later proposed for the first CHILD ALIVE project in Bangladesh.

Different reasons led me to this decision. In this area during the rainy season, the tide comes in very far several times a month, and communication between the villages is cut off because the land is submerged by water. Only after the tide withdraws can the people travel.

And unless mothers know of the simple diarrhoea treatment, they would have to wait till the tide passes, 8-10 hours, to take their children to a physician. Therefore I thought these mothers should be trained to use local home-made LGS - *lobon-gur-shabat*, as we call the oral rehydration salt-and-sugar solution in Bengali. This would at least enable mothers to begin rehydration in the meantime.

Another reason is that here we are far from the cities and the population is therefore less familiar with current information. I found



The CHILD ALIVE team in Char Chandia, with Dr. Mohiuddin Chowdhury at the right.

many mothers unaware of the necessity to continue giving children liquids and food during diarrhoea. The common practice to stop diarrhoea was to stop liquid intake.

The first difficulty we had to face was changing the image of the Red Cross in people's minds. In the coastal area most of the inhabitants know the Red Cross for its relief distributions in the event of a disaster. So they are accustomed to receive goods and medicines.

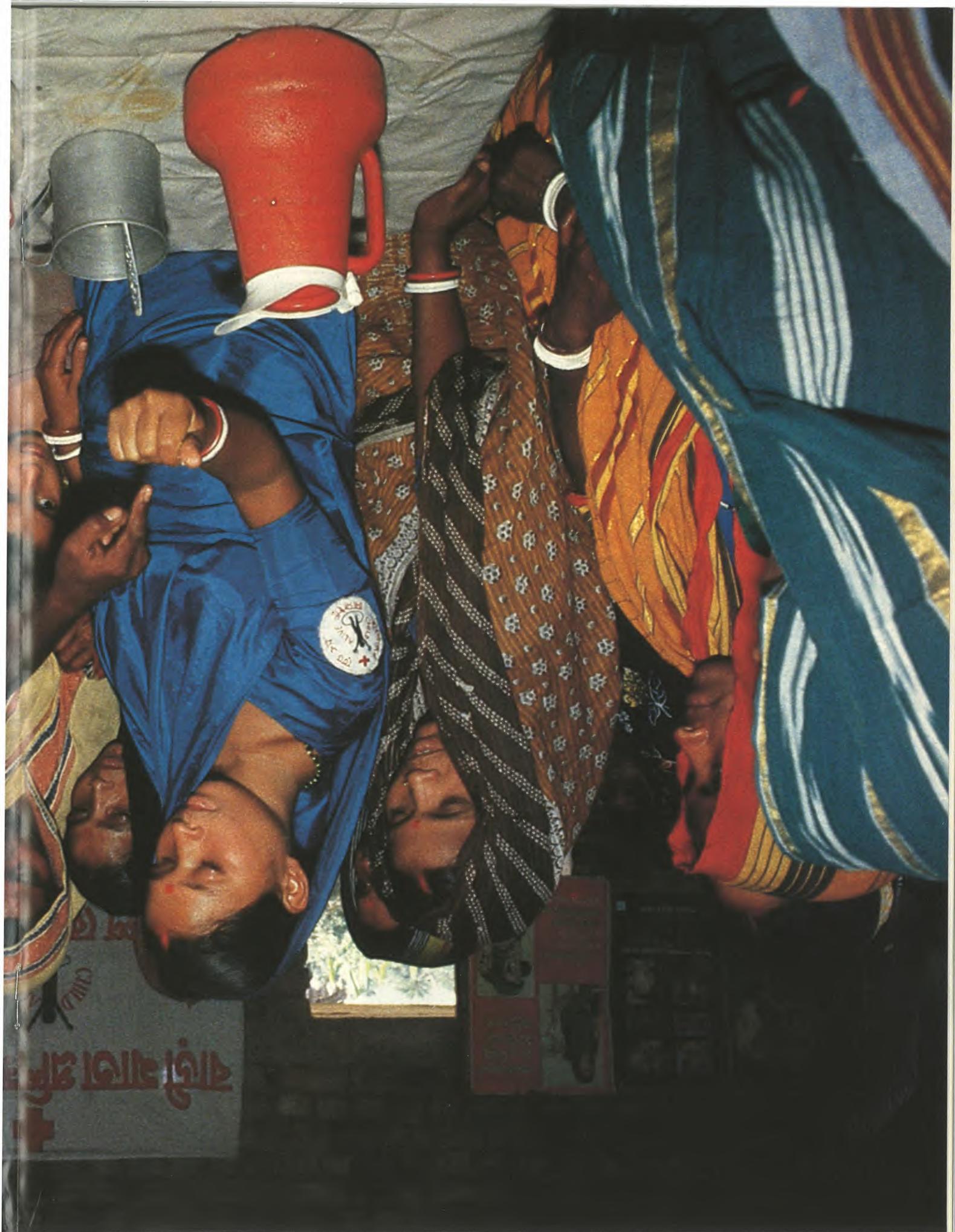
Suddenly they were receiving only teaching, and naturally in the beginning they were not very happy with this change. But gradually they have understood the meaning and usefulness of the programme. They are satisfied now, and 73% of the ladies can now prepare LGS.

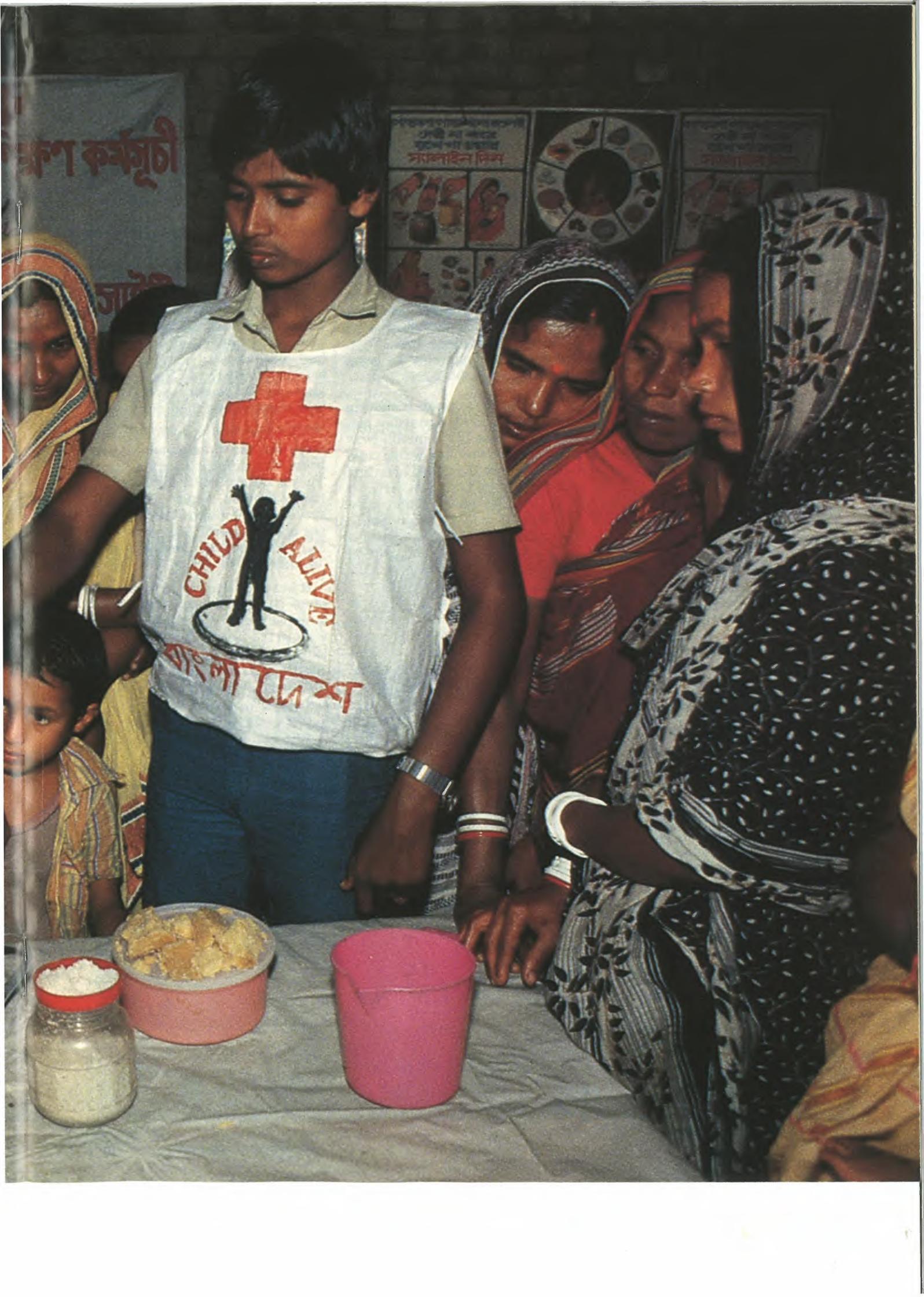
Information is essential. In our country there is an important network of hospitals which is under-utilised. The ladies from the villages do not use them. You'll find vaccinators, and vaccines, and children who need to be vaccinated, but the rate of vaccination is very low. This illustrates a need to motivate and educate the population. But the question is who will motivate and who will train?

We've decided to take upon ourselves this little responsibility. We do not vaccinate the child population but teach and help the mothers understand what they require. They then invite the local government team: only the EPI (Expanded Programme on Immunisation of the Ministry of Health and WHO) personnel vaccinate.

(Continued on page 22.)

Centre page photograph by Liliane de TOLEDO. Devirani Das, volunteer, and Red Cross colleague Mohammed Mustapha explain how sugar and salt are used in oral rehydration. ▶





CHILD ALIVE



Hard beginnings: When the project started, the people were not really interested. It was difficult to get the ladies out of their homes. Two or three times I failed to convince a single lady to come to my information sessions. When I talked to the vaccinator about the immunisation programme he explained he was threatened by the local people if he entered their premises.

The reason, he explained, was that a child he had vaccinated had developed a fever. But the population did not know that this is a common symptom. The people were not mentally prepared to understand the benefit of these programmes for the children, because they believed that the vaccine-preventable diseases were sent by God. Now the percentage of immunised children has increased from 0.3% before the programme to 30% today!

For the success of this programme, other factors have to be considered. There are two religious communities in this area, Muslims and Hindus. The Imams and Purohits (religious leaders) have a lot of influence over the population. I had long talks with them on different occasions, trying to convince them: "If you don't help me, at least don't speak ill of my project!" They have agreed and so

one of the big obstacles has been overcome. Since then it has been easier to recruit volunteers.

'Quacks': I also went to see the village traditional 'doctor' because I needed his support too. The 'quack' in this area has been around for almost 30 years as a 'physician'. He has no training but he has a lot of influence. He prefers to prescribe drugs for diarrhoea treatment. Drugs which he sells. So on the one hand we were teaching the use of LGS, and on the other he was promoting all types of tablets. As he is living in the village, the ladies kept consulting him. So it was absolutely necessary to bring some changes in the 'quack's' practices.

I developed a good friendship with him, and tried to convince him gradually to use LGS himself. Now when mothers visit him with a child suffering from diarrhoea, his first question is: "Did you give it LGS?" He is now a little taken aback by the programme's popularity and is trying to compromise it because it has become competition for his practice. Now he is promoting child immunisation too!

Volunteers: Recruiting volunteers is a difficult problem. With the boys there is no problem, but as our main target is women we need female volunteers. The first volunteer was Muslim, but she married

and her husband did not allow her to carry on.

In the area where we first started the programme the population is mainly Hindu. But the ladies did not volunteer, although they are more free than their Muslim counterparts.

After much discussion with the religious leaders, the local authorities and the families, I found three young Hindu girls, Kazlirani Das, 15, Devirani Das, 22 and married with two children, and Unimarani Das, aged 12. Their families - fathers, brothers and husbands - decided that they would become CHILD ALIVE volunteers. In our country girls do not have much say on their destiny.

The first step was to motivate them for the programme. It has been very difficult to train them. They were not used to leaving the family home and delivering speeches. They were very shy and not at all engaged. It took me half an hour to get them to say the word "diarrhoea".

It was not only necessary to teach them about diarrhoea, immunisation and nutrition, but also how to walk in the streets and avoid problems with boys who could discourage them for not behaving in the traditional way. They also had to

Kazlirani Das explains the importance of continuing rehydration in diarrhoea cases.



Liliane de TOLEDO

learn how to politely answer stubborn mothers, show good manners, and understand the psychology of their clients.

Now they are able to deliver fantastic speeches and convince the community.

Holding on: Our programme relies on community volunteers because we realise that this is a community problem. Let the community understand their problems, and let the community solve their problems. We only act as a buffer. But holding on to these volunteers is sometimes difficult.

Finding and training them takes a lot of time. I am very apprehensive that Kazlirani Das, who is at marriage age, will quit the programme very soon. So I went to see her father and reminded him of the

time and trouble I took to train his daughter. "So, for God's sake, if you arrange a marriage for her, please find a boy inside my project area in order not to ruin all my efforts!" Her father agreed to do his best.

For Devirani Das, I brought her husband to my office in Sonagazi for a special family planning session. "Please do not try to be a father again for at least three years, because this would put me in big trouble!" He has also accepted, and I am providing them with contraceptives. Our third volunteer is still very young, and for the time being we are training her slowly.

Work in the community is not difficult if you adjust to it. You have to be very patient and understanding of people's mentality. ●

Dr. Mohiuddin's CHILD ALIVE project in Char Chandia village had an initial target of 2,000 people. In 1987 it will be extended to an additional 4,000 people, with environmental sanitation added to the teaching on treatment of diarrhoea through rehydration, prevention of diarrhoea and immunisation for children and mothers. Parallel to this, and using the experience gained, a vast training campaign will begin for 150,000 Red Cross Youth volunteers across the country, and for 20,000 volunteers of the Cyclone Preparedness Programme in the coastal areas. Well-trained, this enormous network of people will be able to inform many more families about basic health, and help prevent the unnecessary deaths of many thousands of children.

SIERRA LEONE

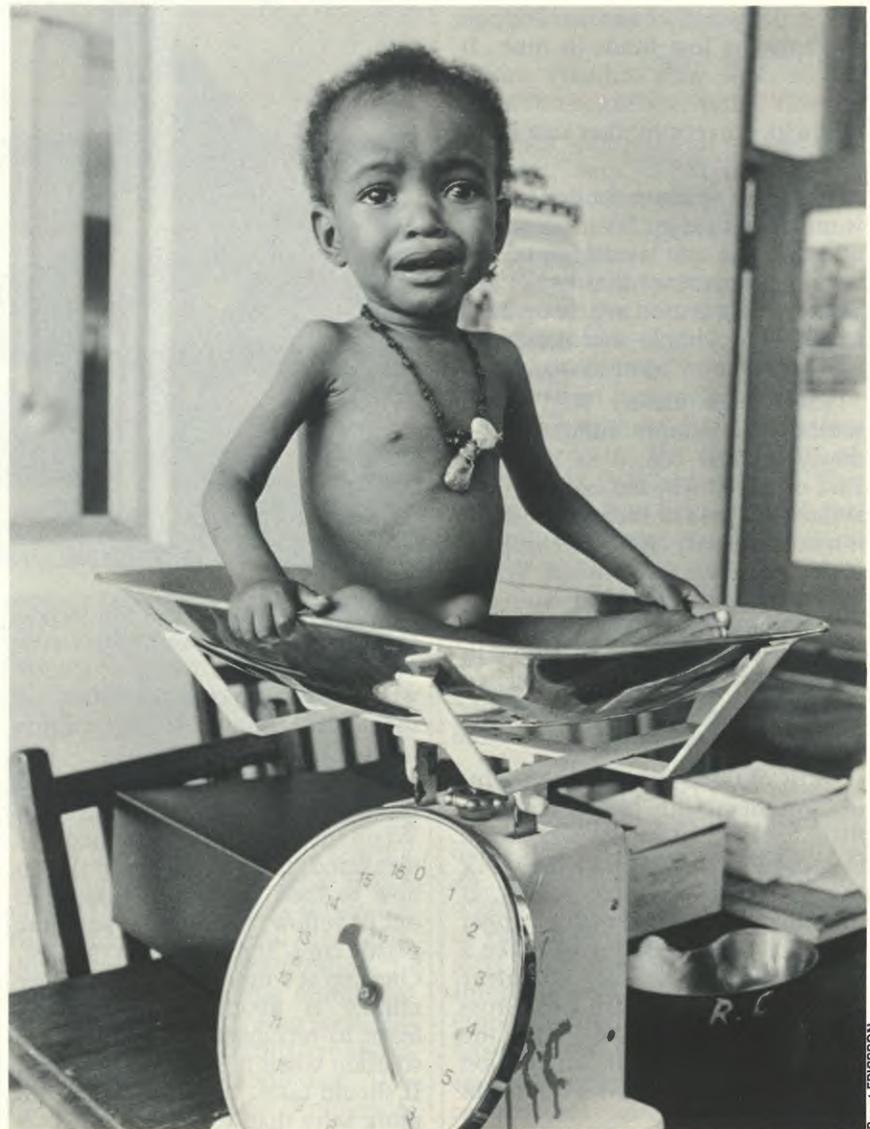
How Di Bodi?

Swedish Red Cross and the League have been helping Sierra Leone's CHILD ALIVE programme get off the ground. Britt WIKBERG of the Swedish Red Cross reports from the capital Freetown, where a new Rehydration and Training Centre has recently opened.

"How di bodi?" is how you say "How do you do?" in Krio, the Creole language in Sierra Leone. If you are well, you say "Di bodi well". If things are not so good, you answer "Small, small". The health situation in Sierra Leone these days, after a dramatic economic decline, is "small, small"....

Here 35 children out of 100 die before they reach the age of five. Measles and whooping cough kill many children, since they have not been vaccinated. And diarrhoeal disease is one of the most common causes of child deaths too.

Diarrhoea causes dehydration. And dehydration - loss of body fluids - causes children to die.



Bengt ERICSSON

CHILD ALIVE



Bengt ERICSSON

Yet dehydration can be stopped by replacing lost fluids in time. It can be done with ordinary water, but still better is a sugar-salt solution which every mother can learn to prepare at home.

One litre of clean (boiled) water is mixed with eight level teaspoons of sugar and one level teaspoon of salt. It is important that hands and whatever jug is used are clean. It all sounds very simple—and it is, provided you know what to do....

The Sierra Leone Red Cross teaches this simple solution in a newly opened centre in the East End of Freetown, the capital. This is the slum area of the city, and this is where the only children's hospital in the country is to be found. Walking through the hospital, you can see at once that all the little patients are malnourished. The Red Cross Centre is next to the hospital, and it is here that parents bring their children with diarrhoea.

Most of them come in the morning, mothers with babies snug on their backs. The nurses who work in groups of three round the clock receive them in simple rooms. If the children are very sick, Inger Ahlenius or Erik Beling will take a look at them. They are volunteer doctors sent by Swedish Red Cross Youth. If needed, they refer the child to the hospital. If dehydration is not too bad, the child is treated at the Centre.



Bengt ERICSSON

Under the big fans in the largest room are benches and tables covered with soft cushions. Everywhere there are children asleep on the tables, women sitting waiting on the benches.

The children are exhausted and in a pitiful state on admission. When they have been weighed and measured, their mothers are shown how to feed them with teaspoons out of yellow, green, pink and blue plastic cups. It must not go too fast. One cup at a time, one spoonful per minute is about right. Mothers learn to recognise the taste of the solution when it is properly mixed. It should taste, they are taught, no more salty than tears.

After the first cup the children fall asleep as if by order, their bodies finally at peace. Twenty minutes later they are woken for the next cup. After the third, they set out on a discovery tour, talking, laughing, playing. The change is spectacular, and the magic has only taken four hours.

No wonder the Centre is becoming famous among the parents of East End. At the beginning 30-40 patients a day showed up. Now fewer children are badly dehydrated when they arrive. Parents have learned there is somewhere to go, and that they shouldn't wait too long to get there. And now many children don't need to come at all.

Their parents have learned from a neighbour how to take three Star Beer bottles (to make one litre) and mix:

*"3 pint Stah Beah clean Watah
8 level tea-spoon Sugah
1 level tea-spoon Salts"!*

That's the message! Anyone who has seen the method do the trick on a dehydrated child and learned how to do it themselves, will teach it to somebody else. From the East End of Freetown and beyond, with health workers and Red Cross volunteers all over the country.

The Centre provides another unique teaching opportunity. Inger and Erik from Sweden have regular courses for health personnel from the districts, teaching how to recognise symptoms of dehydration and how to cure it. And doctors and health workers can practice with real patients, which had never been possible before.

To reduce infant mortality from diarrhoeal disease is of course a

national concern in Sierra Leone. The Red Cross Centre receives support from the Ministry of Health, WHO and several UN agencies. But the Red Cross carries the heaviest burden, and this is not by chance.

The aim is to spread knowledge across the country. Mass media campaigns have tried and failed. Ordinary people in Sierra Leone do not own radios or TVs. So person-to-person methods must be used, and here the Red Cross is the best channel.

As a national organisation – and a strong and well-organised one at that, led by Chairman Lloyd During and Secretary General Emanuel Campbell – the Sierra Leone Red Cross reaches people through their own friends and neighbours, out in the villages and provinces, far away from the capital. This the people in the UN skyscraper have realised – the

people who have difficulty putting their good intentions into practice.

The contrast between the fashionable UN skyscraper close to Freetown's old Cotton Tree and the Red Cross headquarters is striking. Emanuel Campbell shares a room with the treasurer and a secretary in a dark one-floor building full of myriads of people, volunteer health workers, people selling clothes, the unemployed sewing them. Now with Swedish Red Cross help, the Society will be able to add a couple of floors to the building.

Cooperation between Societies is about making resources available and about trust. Trusting and respecting the way the resources are used. Like the financial support that allowed the renovation of the Rehydration Centre building, trust in the Sierra Leone Red Cross is a safe and solid foundation: we can say "Di bodi well!"

Britt WIKBERG

COLOMBIA

Child Alive Afloat

The *barrio* called El Porvenir ("The Future") is not on the beaten track. Like many places in the Colombian forest department of El Chocó, it is easier to get to by river. On the outskirts of Quibdo the capital (pop. 20,000), many of its people have moved in from even smaller villages along the great Atrato River that runs through the department.

They pan for gold in the river, and fish, and farm a little, and in their hot and humid climate sit around a lot on their verandahs, listening to salsa, and wondering what their "future" will bring.

One thing *has* been brought – by the Colombian Red Cross with help from their sister Society in the Netherlands. It is a boat called "Humanidad" ("Humanity"), a floating Primary Health Care post which can travel from *barrio* to *barrio* in a way no other means of transport can.



"Humanidad" has been in service since January 1986, with a doctor and nurse from the local government health services. Now it has taken additional crew on board: volunteers from the Chocó Red Cross branch.



Led by Rafael Burgos, a teacher and professional nurse from Bogotá, the Chocó volunteers survey the river communities and their children, teach oral rehydration to mothers, and encourage immunisation and give health education lessons. Already the results are showing, and around Quibdo over 70% of the children are now immunised.

"It's a vital job that no one else is doing," says Rafael, praising the groundwork his young volunteers are doing, and praising also the young people in the Netherlands who were largely responsible for raising the money for "Humanidad" and for a sister boat, "Juventud" ("Youth"), which will go into service this year.

The Colombian Red Cross has long been in the forefront of CHILD ALIVE activities, as The Netherlands has been one of the earliest and most consistent supporters of the Programme. Here in Chocó, CHILD ALIVE has become the floating partner of an existing project, and the future, for the children of El Porvenir and the once inaccessible rivers and forests, looks brighter than ever before.

"The cooperation between the League's CHILD ALIVE bureau, the Colombian and the Netherlands Red Cross Societies could be an example to be followed by others," says Hans Selder, officer in charge of Latin American projects in the Netherlands Red Cross International Department. "Cooperation is not difficult, providing we have the will."

Marianne ENGE, CHILD ALIVE, Geneva.

CHILD ALIVE

SUDAN

The Six Diseases Play

In only four months, Sudanese Red Crescent volunteers have helped raise the immunisation rate among children from 4% to 40% in three slum areas of Port Sudan on the Red Sea Coast.

As El-Fadil Amir EL-TAHIR reports, this has been achieved in no small measure by the Port Sudan Red Crescent branch's successful use of local folk theatre.

In Sudan, immunisation coverage rates are among the lowest in Africa. As in many African countries, the government has established an Expanded Programme on Immunisation (EPI) within the Ministry of Health. But like many African countries, getting facilities and vaccines is not the problem. Getting people to use the immunisation service is the real problem.

Last year Red Crescent volunteers in Port Sudan attended a workshop on immunisation, and decided to take responsibility for "social mobilisation" – getting people to understand and use the services provided. The *daims* (slum districts) of Arab, Ongab and Tagadam were chosen as the first target. Most people there are Beja nomads, driven into the town by the drought of the past few years. A survey showed that out of 444 children, only a handful were immunised.

The Port Sudan branch started its campaign with house-to-house visits and open discussions and lectures in public areas. but the most important success has been the "Six Diseases" play. Written by Mohmed Hasay, a local Red Crescent member, it is simple, amusing and expressive, and easily understood by the people in the slums.

First we are shown a father who will *not* take his child to the immunisation centre in the village. We see the child playing and singing happily. Then the six diseases are presented: measles, whooping cough, tetanus, diphtheria, tuberculosis and polio, in the shape of strange, gigantic creatures with ugly faces and fearful behaviour.

Each one tells the audience about itself and the damage it does to the bodies and lives of children who are not immunised. They immediately prove this by attacking the innocent child together, and kill him mercilessly.

Then we see another child. Clean and healthy, this one has been taken to the immunisation post and has his vaccines. The diseases attack him too, but the surprise is that these six gigantic creatures cannot kill the little boy. On the contrary, *they* all fall dead when they touch the child and he continues to dance and play and sing.

Local Arabic is mixed with the Beja tribal language, and local songs and dances make the "Six Diseases" play an attractive piece of art. "We are very proud of it", says Mohmed O'Hussein, Red Crescent Provincial Director of the Red Sea Province which includes Port Sudan. "The audience is increasing continuously, particularly among children."



NGO representatives attend the shows too. Some have given support for the theatre group and others have promised to do so. UNICEF has provided portable generators, a microphone set and some funds, while the British Red Cross is covering the steering costs of the whole campaign.

The "Six Diseases" play of the Sudanese Red Crescent's Port Sudan Branch is featured in a new League video production called **MESSAGES**, a CHILD ALIVE Special Report for World Red Cross and Red Crescent Day 1987.

The 28-minute video covers CHILD ALIVE activities around the world. As well as Sudan, scenes are from Sierra Leone, where the Red Cross has opened a new Rehydration and Training Centre, from Bangladesh, with film sequences supplied courtesy of the Japanese Red Cross and NHK Television's "International Helping Hand Campaign", from Colombia, Honduras, Southern Africa and Great Britain.

The production is narrated by Dr. Bruce Dick, Head of Community Health and the CHILD ALIVE Programme at the League, and has been produced by Bengt Ericsson of the Swedish Red Cross and John Ash of the League.

MESSAGES will be available in different language versions according to demand.

The encouraging factor in Port Sudan is that key people within EPI are also members of the Red Crescent branch. Among these the leading light is Gaffer Bamkar, EPI Operations Officer for the Red Sea Province, who makes regular appearances as a "Health Worker" in the play, and who has donated a room in the community centre he controls for use as the CHILD ALIVE programme office.

Now the Port Sudan branch is planning to take their campaign into all 28 districts of the town, then to the rural areas of the province. But Mohmed O'Hussein is worried by the lack of a permanent programme officer. "All those we had recruited left us because the salaries we gave them are very little. They could get more in many other places in the town or the port."

Now that Port Sudan has a theatrical hit on its hands, which not only entertains but helps keep children alive, perhaps recruitment and support will come easier from now on.

El-Fadil Amir EL-TAHIR
*is the Information Officer of the
Sudanese Red Crescent Society*



UNITED ARAB EMIRATES

The Red Crescent Society of the United Arab Emirates has taken CHILD ALIVE not just as the theme for World Red Cross and Red Crescent Day 1987, but as the basis for a whole year's action plan. The goal: to protect and improve the living conditions of no less than one million children in the poorest regions of the developing world.

The year-long fund-raising campaign, run in collaboration with UNICEF and the UAE's Women's Union, has been planned in great detail, involving many of the Gulf States' local volunteer organisations, as well as national, regional and international festivals connected with the welfare of mothers and children.

1987 is also "Year of the Infant in the Gulf", and in October the Red Crescent of the United Arab Emirates will organise a special International Mother and Child Festival with the title "Children 87".

برنامج انقاذ حياة طفل

CHILD ALIVE



منظمة الأمم المتحدة للطفولة
unicef
مجموعة الهلال الأحمر
RED CRESCENT SOCIETY
الإتحاد النسائي
WOMEN UNION
الإمارات العربية المتحدة
United Arab Emirates

A Message from the World Health Organization

Diarrhoeal diseases and vaccine-preventable diseases are major causes of avoidable childhood deaths and disabilities, particularly in developing countries. So it is not surprising that these diseases are priority health problems for the World Health Organization (WHO), through the Programme for the Control of Diarrhoeal Diseases (CDD) and the Expanded Programme on Immunization (EPI). "Immunization" is itself the theme for World Health Day this year.

WHO has particular strengths in supporting programmes from the technical standpoint: helping to develop training and evaluation methods and materials, helping to recommend immunization and treatment schedules, and helping to provide quality control of oral rehydration salts and vaccines.

But WHO is *not* in the best position to help with the grass-roots community mobilization efforts which so often make the critical difference between programme success or failure.

Here is the special domain of the non-governmental organizations, and here is a special role for Red Cross and Red Crescent Societies to make important contributions towards *national* CDD and EPI programmes.

Through the CHILD ALIVE Programme, Red Cross and Red Crescent Societies are demonstrating both their commitment and the invaluable role they can play in the 'team' that is helping to keep children alive and healthy.

We wish you every success with this year's World Red Cross and Red Crescent Day theme of CHILD ALIVE, and look forward to a continuation of the excellent coordination we have had with this programme.

Dr. M.H. MERSON,
Director,
Diarrhoeal Diseases
Control Programme



Dr. R.H. HENDERSON,
Director, Expanded
Programme
on Immunization

A Message from JAMES P. GRANT

Executive Director



United Nations Children's Fund

James P. Grant is a member of the CHILD ALIVE Advisory Committee. In 1986 UNICEF honoured the CHILD ALIVE Programme with the prestigious **Maurice Pate Award**, presented for its "*outstanding contribution to the survival and development of children*".

UNICEF/Milton Grant



One of the things that has most encouraged me since I joined UNICEF is the growing sense of the need for cooperation between different humanitarian and development agencies.

Of course every organization is obliged to try to gain a high profile and visibility for its own activities in order to attract the voluntary contributions that allow it to remain operational. And we are all occasionally guilty of promoting a spirit of competition between our respective organizations. But this should not let us lose sight of the common cause we are serving. Our common goals cannot be achieved in isolation.

UNICEF's strategy for a Child Survival and Development Revolution recognizes how modest our own resources are relative to the scale of the problems facing children. We also know our own limitations in being able to give substance to one of the strategy's key elements: social mobilization at the national level.

Helping to transform people from being passive recipients of social benefits into active participants in the improvement of their own welfare is an inherent part of preventing the many child deaths and disabilities that occur needlessly every year through lack of knowledge and lack of access to simple preventive health measures.

UNICEF is well placed to seek the commitment of national leaders and, by extension, the financial and organizational resources of their governments. But it cannot substitute for one of the strengths of the International Red Cross and Red Crescent Movement: millions of members world-wide who are willing to give a smaller or greater part of their time to contribute to serving their communities; members who themselves are respected by their communities, so contributing to the climate that encourages governments to act positively on these concerns.

CHILD ALIVE is the response of Red Cross and Red Crescent Societies to the challenge and opportunity to reduce preventable child deaths and disabilities. UNICEF welcomes this initiative and has on many occasions witnessed the invaluable contributions you are making to help communities come to terms with the problems facing children.

In Nicaragua or Colombia, in Kenya or Sierra Leone, in India or Bangladesh, the role of National Societies in taking simple messages into peoples' homes, and in promoting permanent solutions to health needs at the community level, remains unique.

On the occasion of World Red Cross and Red Crescent Day, I would like to pay tribute to the League and the National Societies for their irreplaceable role in bringing relief to children, and in developing the capacity of communities to cope with the longer-term aspects of child survival and development.

James P. GRANT

Between Ourselves



Gad BOREL-BOISSONNAS, Geneva

The man who was born in the city of Geneva on 8 May 1828, and whose birthday we celebrate every year throughout the world, taught us many things.

From his vision has grown a voluntary Movement that is unique in the world: a Movement dedicated to the highest ideals of care and compassion, help and hope for all who are suffering – without qualification or discrimination.

As we, and especially those of us in positions of leadership in this Movement, think a moment this 8 May about that extraordinary man from Geneva, let us never forget that the Movement his idea gave birth to is a Movement not of committees and councils and conferences, but of people.

People who are willing freely to help other people; people of the greatest diversity of origin, of language, of creed; people of the cities and the countryside; children and students and farmers and bankers; lawyers and carpenters and mothers and doctors; the technician and the unemployed; priests and soldiers, politicians and civil servants; labourers and the occasional lord.

There is no qualification for joining the Red Cross and Red Crescent Movement, only the willingness to respect its Principles, which themselves define the help we have to offer. That help can only be limited by our own resources; and the people of this Movement are

those resources, and the vast majority of them, let us never forget, are volunteers.

Only if we in positions of leadership respect these resources shall we be doing full honour to the idea that Henry Dunant, the Swiss from Geneva, created and developed in the great struggle that was his long life.

Leaders of our Movement do, of course, change, and this month of May 1987 is also the moment to say farewell to another notable citizen of Geneva, Alexandre Hay, who is retiring as President of the International Committee of the Red Cross.

After a distinguished career with the National Bank of Switzerland, Alexandre Hay became a member of the all-Swiss Committee in 1975, and has been its President since 1976. In these years he has presided over a spectacular expansion of the unique role of this institution in bringing protection and assistance to victims of armed conflict and civil strife.



ICRC

A spectacular expansion, but one that at the same time we surely all regret, because during President Hay's tenure of this difficult and delicate job, victims of conflict and the blatant flouting of international agreements have become greater in number, not less.

The lessons of President Hay's era, and they are not so different from those of Dunant's own life, are that the Red Cross and Red Crescent Movement, including the ICRC with its very special tasks, will only succeed if it never gives up. Whatever the setbacks, the often real physical dangers, the prejudices and enmities the world

sadly continues to throw in the way of simple humanity, we all have a stake, and a duty, in upholding what our double emblem stands for, and in supporting those who work under its protection.



ICRC

With a fond farewell to Alexandre Hay, we also warmly welcome another eminent Swiss to the Presidency of the ICRC.

Cornelio Sommaruga is not from Geneva, but from the Italian-speaking Canton of Ticino. He has served the Swiss Confederation since 1960, in Foreign and External Economic Affairs. An experienced professional diplomat, he has been State Secretary of External Economic Affairs since 1984. President Sommaruga, I am sure, will confront his great challenges in that same impressive tradition of his predecessors who never gave up.

This spirit of resilience in the face of adversity, which is so much a hallmark of Red Cross people, reminds me that there is one other person who should be part of our thoughts this 8 May. This time he is not Swiss, though many years of his dedicated life have been spent in Geneva. Now, through misfortune, he has been in a Geneva hospital undergoing a serious operation. He is my own predecessor, Henrik Beer.

Henrik is a wonderful example to us all of the virtue of not giving up, even in the most difficult of circumstances. His cheerfulness and courage are an inspiration, as I believe the thoughts and good wishes of the thousands of Red Cross and Red Crescent people he knows around the world will be to him.

Hans HØEGH
Secretary General of the League

DEVELOPMENT

USSR

Training Doctors For the World

The atmosphere is cosy in the reception room of the Soviet Red Cross Executive Committee. Outside the thermometer reads minus thirty, and the windows are covered with an embroidery of hoarfrost.

Inside, a kaleidoscope of young, smiling faces exudes all the warmth of Africa: Guineans, Ethiopians, Cameroonians. Faces from Arab countries, too, and languages switch from English to Russian, to French and Arabic.

All are students at Soviet medical institutions, Red Cross scholarship holders – 75 young men and women – who gathered in Moscow this February for their annual meeting, the fourth in succession.

Their homes are in Syria, the Congo, Togo, the People's Democratic Republic of Yemen, Afghanistan, Nepal, Sierra Leone, Tanzania, Guinea-Bissau, Sri Lanka, Angola, Ethiopia, Rwanda, Jordan and Cameroon.

The students are brought to the Soviet Union from their own National Societies under a special scheme of the Soviet Red Cross Alliance. In their first year, they learn Russian, and study the subjects they will have to master at medical school. Then they are sent to different Institutes, in Moscow, Leningrad, Minsk, Kiev, Simpheropol, Kharkov, Donetsk, Odessa, Vitebisk and Tashkent among others.

Here they attend classes with Soviet students, live in the same dormitories, and take part in the same activities like swimming and



Joseph Aine Umugwaneza and other medical scholarship holders in training at the First Medical Institute in Moscow

athletics, and in winter even skiing, for most of them have never seen snow before.

Joseph Aine Umugwaneza, 24, is from Rwanda in Central Africa. "I had worked for 20 months as a male nurse in Butara where I was born, but I wanted to become a physician. That called for extra knowledge. I had joined the Red Cross as a volunteer, giving emergency help during car rallies, for example. Then I heard that the Soviet Red Cross was offering scholarships to young people from developing countries to be educated at Soviet medical schools. So here I am."

For his first year, Joseph studied Russian in Rostov-on-Don. "At first it was rather hard. Both the country and the language were unfamiliar. But there are a lot of foreign students in Rostov, especially Africans. So I soon felt at ease and got to grips with the language." Joseph is speaking fluently in Russian now.

"Now I am a first-year student at the Medical Institute in Donetsk,

and I am eager to become a real physician. My country badly needs its own experts, and this opportunity is tangible assistance to the developing countries."

Khoula Wali Sabah is tall and handsome and dressed in a white sports suit. He could be taken for a Russian in a crowd. But Khoula Wali is Syrian. In his twenties, he is a student at the Institute in Simpheropol. At home he was a Red Crescent volunteer, and a member of the Young League of Syria. A blood donor himself, he helped to collect blood for the wounded brought back from Lebanon. In the Soviet Union he donates blood freely with other Soviet students. His ambition is to be a surgeon. Is he satisfied with the level of training he is getting?

"Yes, I am. If I were not I would not be here. We came here of our own accord. When I arrived, I realised that the level of higher education in the Soviet Union is high, even though the contrary opinion is popular in the West."

V.F. SUKHODOLSKI/Soviet Red Cross

Khoula Wali started his medical training in Great Britain, but chose to get his diploma in the USSR. Was it difficult to get accustomed to the new conditions and the climate?

"Here I was lucky. I am studying at the Crimean Medical Institute. The Crimea is a wonderful place. The climate is sub-tropical. The Black Sea is warm. I feel fine.

"But the most important thing is the Russian people. They are so kind and eager to help you in everything. Such an attitude is very rare anywhere else."

Ibrahim Asuad is also Syrian, a second-year student at the N.I. Pirogov Medical Institute in Moscow. He lives on Volgin Street, not far from the Institute, and shares a room with his countryman Aiman. There are soft sofas and a TV, books on medicine and art on the shelves. In one corner stands an aquarium, with red, white and mottled fish swimming among whimsical algae. "This is our hobby," Ibrahim smiles. There is a tape-recorder too, for music is his favourite pastime. "I am particularly fond of Tchaikovsky's ballets, 'Swan Lake', 'Sleeping Beauty' and others."

"We have a lot of friends from different countries. We go to the theatres and the Circus on Lenin Hills, and on excursions to the



Khoula Wali Sabah from Syria (right) and fellow students in Red Square, Moscow

V.F. SUKHODOLSKI/Soviet Red Cross

country. During my vacations I go home as my parents are missing me. I am here thanks to them. My father is a lawyer working for the Syrian Red Crescent. Once when he was here on business he saw how students live and study here, so that is how I am here. I like my studies, particularly the histology lectures by Professor G. K. Yeletsky. We have practice at the First Moscow Infirmary in Leninsky Prospect and at other large hospitals. I want to become a cardiologist, and I hope to continue as a post-graduate student."

Nabil Kassem Mohamed Al-Hag is from the Yemen Arab Republic, where he joined the Red Crescent at an early age. One brother has graduated from the Medical Institute in Leningrad.

"I have eleven brothers. That is why I am so grateful for this opportunity. The education is free of charge, and there are no differences between the students. No matter what your family, a doctor's, a lawyer's or an ordinary farmer's. If the teacher feels you are interested, he will always try to give you a little extra help."

The annual meeting is Nabil's first visit to Moscow, but in a week he has been everywhere, with Moscow students as his guides. "We have been to Red Square and the Lenin Mausoleum. We've heard 'Cherevichki' at the Opera, and we've met with Red Cross volunteers at Patrice Lumumba University, the First Medical Institute and the hospital of the automobile plant which manufactures trucks and refrigerators. Everywhere we have felt the same good-neighbourliness, and the same sincere wish to help developing countries."

Did Nabil know that in his own country, in the city of Ibb, a new hospital had opened staffed with doctors from the Soviet Red Cross and Red Crescent Alliance?

"Yes, I heard about it from my friends while studying here. There is another such hospital in Lakh-daria in Algeria, too, which has been operating for nearly 30 years. I wish the new hospital in my country a long life. Perhaps soon I will be treating my own compatriots there. But one thing I know for sure. From now on my life will be always connected with the Red Cross and Red Crescent Movement."

Galina SCHAKHOVA
The Executive Committee
of the Soviet Red Cross

Seventy-five students from developing countries are benefiting from Soviet Red Cross medical training scholarships this year.

V.F. SUKHODOLSKI/Soviet Red Cross



HEALTH

KENYA/AIDS

Spread Facts ... Not Fear!

Nairobi on the late afternoon of January 21 was still bright with cloudless skies beyond the skyscrapers. As the minutes ticked away, the city's workers emerged from the towering office blocks, jamming the streets. By 5.15 the rush hour was on.

Peter Kamanjara, Nairobi Field Officer with the Kenyan Red Cross, was stationed at one of the busiest bus stops, ready to distribute the first AIDS education and information leaflets. With four other Red Cross volunteers, he had 4,000 copies.

Nairobi's rush hour under normal circumstances resembles a rugby match, with people outdoing each other for a space on a *matatu*, a small commuter bus, to get home.

"Instead," recalls Kamanjara, "we were mobbed by the commuters as they struggled for the leaflets." After 15 minutes his batch was gone. He rushed for the nearest telephone and called the office to try to replenish his stock. It was the same story at two other bus stops. 2,000 extra copies were hurriedly sent out to him and the other volunteers.

Each week for three weeks from January 21 to February 6, a different AIDS leaflet was given out at the bus stops and railway stations in Nairobi and the coastal town of Mombasa.

This way commuters themselves took the materials to residential areas and up-country, and a very large number of people could be reached in a short time. 96,500 leaflets were distributed in those first nine days, and hardly one was left littering the streets.



AIDS: Simple, sober messages, one after the other.

Kenya Red Cross

A giant red hand crushing letters of yellow is the eye-catching logo of the Kenya Red Cross information campaign on AIDS, acquired immune deficiency syndrome. The first instalment of the campaign was carried in five local newspapers last December. Three advertisements with the message: "Spread Facts... Not Fear!" And then in English and KiSwahili, came the powerful red fist.

"The response was tremendous," says Susan Deverell, coordinator of the campaign at the Kenya Red Cross. "People from everywhere called us or walked in from the street to congratulate us and ask for additional information. Embassies, companies who wanted to distribute our material among their employees, travel agencies. Even people in Europe noticed the campaign and got interested."

Although there is no estimate available of the present spread of

the virus among Kenya's 22 million people, there is no doubt AIDS is a growing and serious problem. A recent survey of Nairobi prostitutes showed that today more than 65% carry the virus, compared with 8% in 1983, the year the disease appeared in Kenya. Since then, 38 people have died and 286 cases had been registered by January 31, says Dr. Wilfred Koinange, Kenya's Director of Medical Services.

Against this background, the Health Ministry asked the Red Cross to take on the responsibility of informing the public about AIDS.

"We have been doing publicity for the blood transfusion service," explained Sue Deverell. "Since our work in that field was appreciated and since there is a connection between blood transfusion services and AIDS, we were asked to take it on."

Nairobi commuters rush for Kenya Red Cross AIDS information.

Kenya Red Cross





Producing three leaflets (Kiswahili on one side, English on the other) rather than a brochure was a calculated move. "People don't want to read too much at one

time," said Mrs. Deverell. "This way, they would get interested in reading one, and then look for numbers two and three, while they took in what they had read in the previous one."

Leaflets were sent to all health institutions, to the Ministry of Education for distribution to colleges and secondary schools, to companies, factories, doctors' surgeries, embassies and travel agents.

The Red Cross has donated ELISA screening equipment to screen blood at Nairobi's Kenyatta National Hospital, Mombasa's Coast General, and at Kisumu General Hospital on Lake Victoria.

"We need to reassure donors, too," says Sue Deverell, "telling them that you *don't* get AIDS from giving blood. High-risk groups also need tailor-made information, and we are planning lectures for schools and for companies who have asked us to come and inform their staff."

Funds for the entire campaign have come through the Norwegian Red Cross, and now the Kenyan Society is discussing the need for a short film to be shown during cinema programmes and on TV.

And the Society is reprinting its "Red Hand" leaflets as public demand for knowledge, supported by Red Cross credibility, grows. For while the hand is quite violent as it crushes the fearful four-letter word, its palm carries messages of a more caring kind: "Remember, you do not get sick by caring for a person with AIDS" and "Persons suffering from AIDS need your sympathy, love and compassion like any other person." Knowledge and care in place of fear are Red Cross messages that count.

Henry WAHINYA

Information Officer of the Kenya Red Cross in Nairobi, with additional reporting by Lena HELLKVIST-BENNETT in Geneva.

Family Matters

The other day in Georgia, USA, as the professional Financial Development and Communications managers of the American Red Cross gathered in their hundreds for a week's intensive courses and seminars in Atlanta's magnificent Peachtree Plaza Hotel, a small group of Atlanta Chapter volunteers were spending their Saturday morning initiating a new generation into the Red Cross.

They were adding to the Red Cross network a few dozen nine- and ten-year-olds, starting a process that, it is hoped, will continue all those children's lives.

It was called the "Elementary Leadership Development Center" - a few hours spent voluntarily in borrowed schoolrooms, inculcating into junior Red Cross members ideas and a little knowledge that may make them the volunteers, and managers, of tomorrow.

There was not much First Aid. No one had heard of Henry Dunant. And the Red Crescent was an object of wonderment. But it was about people, even quite small people, getting together in groups, to think and talk and react in groups. There was not much ego around.

The children were guided by young volunteers who themselves had been through similar courses not that long ago. Sure, there are practical things to learn, technical subjects to be mastered by the next generation of disaster managers, nurses or blood specialists. Yet here is the implicit understanding that the Red Cross only really works when its people all work together.

In downtown Atlanta, the older generation were doing it too. Sure, there were the hours of meetings and lectures and expert-led sessions. But what counted most of all for the 850-odd participants from this continental country was the "networking".

Networking is a buzz word in the USA today. Everybody does it. It used to be known by other names: "winning friends and influencing people", "interacting", "exchanging ideas", "getting to know you..."

"Networking" starts here. An American Red Cross Elementary Leadership Development Course, Metropolitan Atlanta Chapter.



The economising genius of the American language has turned all these time-consuming things we used to do into a single concept. It works.

Networking is done between meetings, before, after and sometimes during meals, in bars and lounges, waiting for elevators (lifts) or while admiring the 73rd floor Plaza view of America's fastest-growing city.

It is all about energy, and the use of time and place. It has classical values. It is not socialising beyond using social opportunities that are there. But it is a part of the secret of how diverse people, living far from each other, relate around the common binding of the Red Cross.

Meanwhile, with all the activity and passazz, imagination is encouraged too. One exercise in the Elementary Leadership Development course produces a response that, with all its growing professionalism and traditional "hands on" approach, the Red Cross hopefully will never do without.

Five small girls from Atlanta are asked what one thing they would take with them if they were stranded on a desert island. Three said without too much hesitation: their microwave ovens. The fourth, with great charm, said: her best friend. But the fifth carried the hopes of the world. She would take, she said simply, her dreams.

John ASH

SOCIETY PAGES

USA

A Red Cross Transformed

Ralph B. WRIGHT, Jr., Public Relations Director of the Los Angeles Chapter of the American Red Cross, was in Mexico City last year where he bought a toy for his seven-year-old son John. Father and son were in for a rude surprise.

“Daddy, there’s a toy store! Buy me a toy, please!” I looked down at John, and thinking of the twelve-hour car ride we would be taking the next day from Mexico City to the Pacific Coast, said, like any good father: “Sure, let’s see what we can find.”

John went up and down the aisles looking at hundreds of toys on the shelves. Then his eye fell on the toy he wanted. A Red Cross ambulance. Ten dollars later, and we happily left the store.

In the car the next day, out came the much-prized toy with the Red Cross on it. But then, with a separation here, the twist of a part there, an extraordinary transformation took place. With only minimal dexterity, the Red Cross ambulance was transformed into an instrument of war. “Daddy,” said my small son. “The Red Cross ambulance has become a tank!” And to prove his point, with the flick of a button, a toy rocket now flew out of twin rocket launchers, and hit our driver on the back of his head.

I sat there shocked to think that an innocent child’s toy could become a monster that so blatantly denied the emblem painted on it. Through my mind flashed the horror stories of the past when the

John Wright with his “unConventional” toy.

With a few simple twists, a Red Cross vehicle becomes a missile-firing weapon.

emblem was wantonly placed on vehicles in concentration camps, when vehicles and their passengers have been attacked and burned by those who do not understand the neutral protective nature of the symbol, when lives have been lost because of misuse of that same symbol.

Now, here in Mexico, a toy manufactured by a company headquartered in the United States of America was, by example, teaching a small boy that weapons of war and the Red Cross go hand in hand.

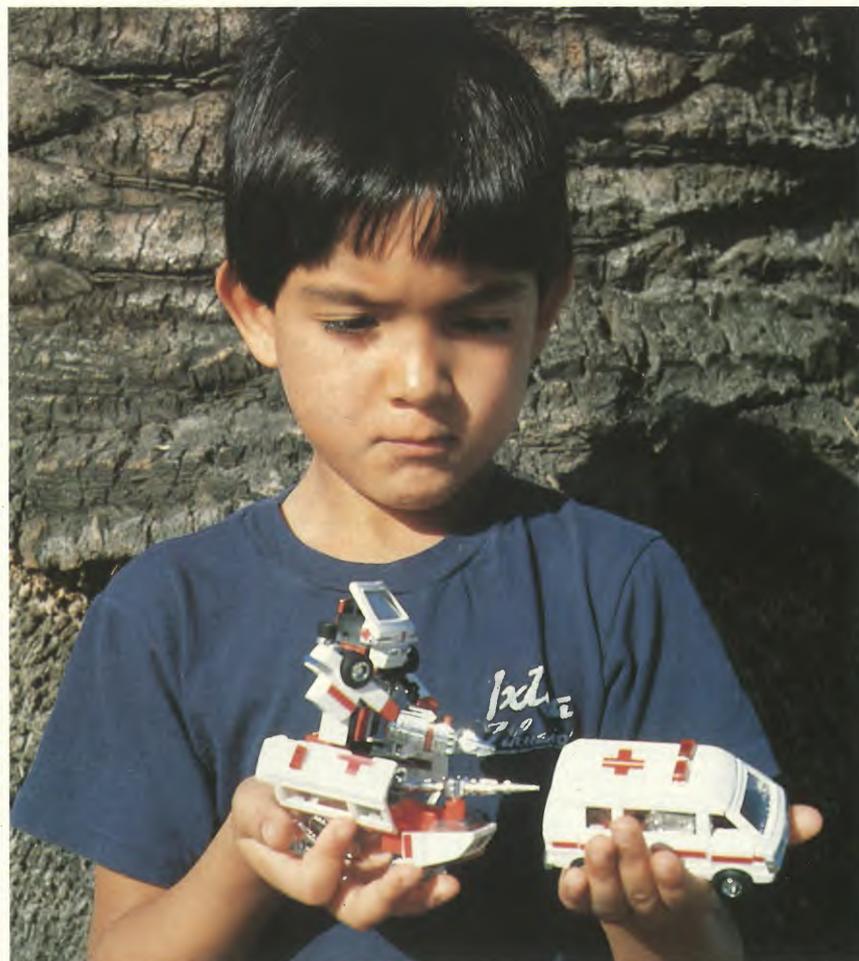
Working with the legal counsel of the American Red Cross, a letter was sent to Hasbro, Inc., registering a strong protest. We pointed out that the Geneva Conventions do not allow any ambulance or vehicle marked by the symbol of the Red Cross to be a carrier of, or to act as a shield for, any type of

weapon. The company was asked to pull the toy from distribution and voluntarily to support an educational program on the neutrality and humanitarian assistance provided under the aegis of the Red Cross symbol.

This is what they said: “Kindly be advised that Hasbro, Inc. does not manufacture nor distribute the Transformer toy in question in the United States. We are checking with our Mexican licensee to determine how many pieces they have distributed, and also to alert them to the fact that they should not be distributing such a toy utilizing the Red Cross symbol.”

Yet three months after the company was first notified, Transformer Red Cross ambulances are still being sold in stores in Mexico City.

Ralph B. WRIGHT, Jr.



Ralph B. Wright, Jr.

FRANCE

Small Ads For Peace



A break in filming "Small Ads for Peace" – a Video Clip from French Red Cross Youth.

*Teddy from Houston, disappointed with Space,
Seeks friend from Russia to leave the rat race,
And build together a world of peace,
A world of peace that will never cease.*

*Eleven years hooked on a Babel of Rock,
Girl seeks friends who can cope with the cultural shock
Of a universal language we can all get to speak:
Only one condition: you must be a music freak.*

*Big Man's daughter, growing up on planes,
Sees her neighbour only through window panes.
Wants to make another planet when we meet face to face,
A planet where love has its rightful place.*

*Fed up with these soldiers: I'm giving them for free
To anyone who wants to take this load off me.
If you want to help, then give me a call....
But don't phone during school hours, I'm not home, that's all.*

*I'm drawing a heart for a plane passing by,
I'm drawing a message with my feet in the sand,
A message of peace for everyone in every land.
Please....
Answer the Small Ads for Peace!*

Some of the lyrics from a French Red Cross Youth song and video clip called: "Small Ads for Peace". Made in 1986, International Year of Peace, by high-school students from Saint-Etienne, the 3½ minute video clip is the high-point of a year-long series of youth projects on Peace, and a novel way for Red Cross Youth members to send a modern media message far beyond their own home town in Southern France.

The original French lyrics were created by 30 students with the help of professional lyricist Jean Luc Morel and the music is by popular composer Marco Attali.

Such is the success of the original version that the French Red Cross is now looking at the possibility of repeating it in other languages. Any answers to the "Small Ads for Peace"?

Clarissa STAREY

USA/CHINA

A Tale of Two Chapters

When Blanche NARODICK knocked on a Red Cross door on a private visit to Shanghai, China in 1979, she could scarcely have imagined where her initiative would lead. Today, as volunteer Chairman of the International Services Committee of the American Red Cross Seattle-King County Chapter in her home in Washington State, she recounts the building of a bridge across the Pacific Ocean.

The very first time I met Mr. Zeng Dajun in Shanghai, China, in October 1979, I proposed to him that Shanghai and Seattle-King County should work toward becoming sister chapters.

That was after a three-and-one-half hour dialogue, and Zeng accepted with enthusiasm. We had found our chapters shared the same goals and had experienced many of the same needs. And we agreed

Blanche Narodick and Zeng Dajun whose friendship prompted an exchange programme.



Photographs from American Red Cross, Seattle-King County Chapter

SOCIETY PAGES

that both would benefit from exchanging ideas and information on the help we provided to people in need, in both countries.

It was a stroke of good fortune that it was Zeng, then Deputy Secretary-General of the Shanghai chapter, whom I met. Poised and articulate, he had spent six years in the USA studying toward an advanced degree in political science. He returned to China in 1946, and has the longest tenure of any Red Cross staff member in China.

So not only is he extremely knowledgeable about the Red Cross Society of China, its scope, its breadth and its programs, but he also possesses a strong understanding of human service needs and programs that he saw in the USA in the 1940's.

Shanghai was where the Red Cross of China was founded in 1904, so it seemed prophetic that the Red Cross in Shanghai should be a partner in the first pairing of chapters between China and the United States.

After two years of diligent effort and communication, our sister chapter relationship received official approval from both National Societies in April 1981. If either Zeng, a staffer, or I, a volunteer, had possessed less dedication to the work of the Red Cross, we might have given up. But we were both determined to establish a model.

"It is my personal hope and belief," Zeng wrote, "that this small 'good beginning' spurred by us will have something to contribute to the eventual closer links in friendship and cooperation not only between the Red Cross chapters and headquarters, but also between the great and friendly countries which you and I represent...."

In one of my letters to Zeng, I said I was chairing a local Seattle committee for the celebrations of the Centennial of the American National Red Cross. I mentioned we were creating an exhibit to be shown at Seattle's Museum of History and Industry in 1981.

Whereupon we received from our Shanghai friends numerous materials of magnificent quality, including a beautiful red velvet

banner with gold fringe and Chinese characters expressing friendship for our chapter and congratulations to the national organisation for 100 years of progress. We have displayed that banner at many important Red Cross meetings since.



The "Centennial" Banner from Shanghai.

With our shared idea of the importance of Youth in the Red Cross, Junior Red Cross members from Shanghai and Seattle-area high school youth began exchanges

of music tapes, letters, pictures, emblems and pins. We shared information on CPR (cardio-pulmonary resuscitation) and First Aid instruction, and sent copies of handbooks we found useful.

In 1984 we were asked to help obtain manikins for CPR training, and through the efforts of Norm Bottenberg, our Safety Services director, two manikins were donated and shipped to the Red Cross in Shanghai. Imagine how thrilled we were, on our first "sister-pairing" visit in November 1985, to see those manikins being used by a physician in Shanghai for training Red Cross nurses.

Seven of us travelled from Seattle to China on that first delegation, including two outstanding Youth volunteers, Ginette Berosik, 19, a sophomore at Seattle University, and Joe Cropley, a 17-year-old high school senior, both highly proficient in First Aid and CPR. "We will find many adults who will represent us well in Seattle," said T.C. Tseng, a Red Cross leader contemplating an exchange visit, "but we will have to look a long time to find Red Cross Youths the equal of Ginette and Joe."

Stan Fuqua, former volunteer Chairman, and Dr. Philip H. Narodick, husband of the author, are warmly welcomed in Shanghai by members of the Red Cross chapter.



BRAZIL

The Show Must Go On

In the land of Samba, disaster preparedness took on a new meaning last December as Brazilian Red Cross volunteers, staff and President Mavy HARMON braved summer storms, irate theatre managers and the volatility of world-class orchestra players to make sure the show – the second concert ever played by the World Philharmonic Orchestra – went on.

The Belgian player was coming from a French orchestra ... or was it the French violinist from Luxemburg? Of course the South Korean musician were coming from Hamburg, but was the Chinese from Singapore?

The large chart at Brazilian Red Cross Headquarters in Rio read like a UN roll call. 109 of the finest musicians in the world, representing 57 orchestras and ninety nationalities were about to arrive in Rio to play "Music and Peace" under the baton of Maestro Lorin Maazel. For one night last December 16, they would form the "World Philharmonic Orchestra", then they would disperse.

The orchestra had been the vision of a French couple, and had played together once before with different musicians and conductor Carlo Maria Guilini. In Stockholm the previous year the beneficiary was UNICEF: this time it was to be the ICRC and the Brazilian Red Cross.

Luckily, we are in the Red Cross world, ready to handle calamities and emergencies under our meticulous rules and regulations. For as the occasion approached, we found that the gaping holes in the check-lists meant that the organisers' work had all been transferred to our shoulders.

We were plunged into a world of exact travel arrangements – each musician had to travel with his



Ginette Berosik with 95-year-old friend who is assisted by Shanghai Red Cross volunteers.

Throughout we were welcomed with warmth and graciousness, and on all our travels were accompanied by Zeng, Mme Wang, the Vice-President of the Shanghai Red Cross, and by our interpreter Lin Jianhua, Red Cross volunteer and Coordinator of the Chinese Medical Association in Shanghai, who had studied for a year at New York's Mount Sinai Hospital.

"It was a whirlwind of Red Cross visits and exchange of ideas," said Stanley D. Fuqua, at the time the volunteer Chairman of our Board.

"We found that our goals and aspirations are basically very similar and that differences are very minor. We are one Red Cross family."

Han Yamei and Huang Shushan from International Liaison at Beijing Headquarters wrote us on our return: "Your visit has undoubtedly contributed to the furtherance of

the long-standing friendship between our two Societies as well as our two peoples. To our knowledge, your coming over to visit China is the first of its kind from an American Red Cross chapter. A Chinese proverb says: even near relations, if not getting together frequently, will become strangers. We do want to see that more Red Cross visitors from our two countries will be exchanged in the years to come."

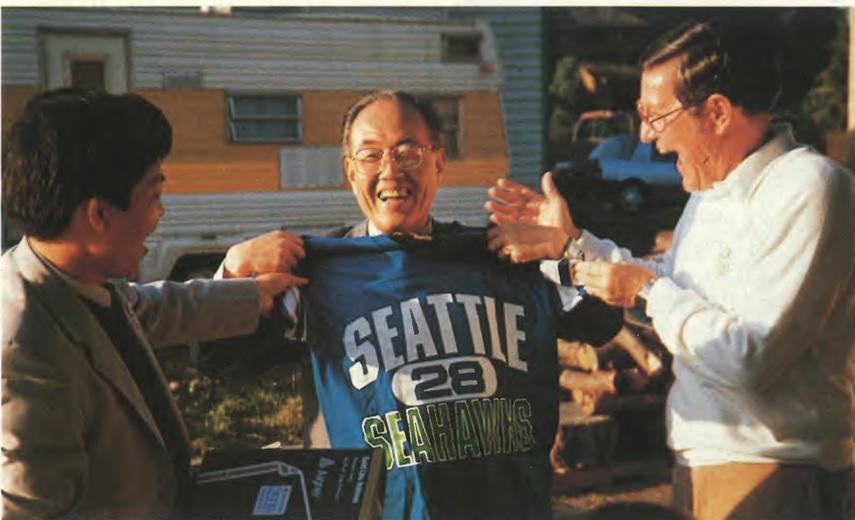
In June 1986 we welcomed Dr. Wang Ximeng, President of the Shanghai chapter, together with Zeng, now part-time member of the Executive Directorate, and Lin Jianhua to Seattle.

Now we are working on a "joint-venture" the Shanghai delegation proposed during their visit: a mutual exchange project involving youth and senior citizens' services, both of which are strongly developed in Seattle.

This year we hope to make another visit to Shanghai, with staff and volunteers who can contribute their knowledge to such a mutual exchange. We hope to continue reciprocal visits in alternate years, for we believe that the paired relationship of Shanghai, China and Seattle-King County, Washington State, USA Red Cross chapters is a model for the future, and holds the potential for better Red Cross Societies, and so better services available to people in need.

Blanche G. NARODICK

Stan Fuqua (right) presents Dr. Wang Ximeng a jersey worn by the Seattle Seahawks professional football team. Lin Jianhua is at left.





Gilles MERMET, Paris

priceless instrument sitting on the next seat – special visas issued in Moscow, or Beijing or Toronto – customs formalities, musicians' unions, copyrights, even finding and transporting the local *celeste* instrument needed for the music of Brazil's own Villa-Lobos, whose centenary the concert would also celebrate.

In the midst of chaos, Lorin Maazel was a blessing. With great charm, very creditable Portuguese and a lovely wife, he did not live up to the image of the temperamental maestro at all. A "feijoada" (black bean) lunch and a boat ride to soak up some sun were his only moments of relaxation. In four days the orchestra played as one, with even our own Brazilian music, the National Anthem, Carlos Gomes' "Guarany Overture" and Villa-Lobos' "Choros No. 6" taking only two rehearsals. In the middle of all

our emergencies, a few moments listening in the theatre were enough to revive us.

Of course we had help, too. From Varig, our airline, from the Ministry of Culture, the Brazilian coordinator, TV Globo and TV Educativa (whose technicians wore Red Cross T-shirts as they prepared a video of the concert), from our volunteers and staff, and from the ICRC. Everyone helped, but our troubles were not ended.

The bills piled up. A general strike was threatened. Tempers frayed as the heat wave touched 37° (98 F). We had planned for the orchestra to give a popular concert in Maracana Stadium two days before the real event at the Teatro Municipal. With 200,000 seats, the stadium was packed following an earlier rally.

Then, with everything ready, a summer storm arrived, pouring its

thunder and violent rain on us all. The public concert had to be cancelled.

By the day of the theatre concert we were all exhausted. Two drivers were in hospital from heat prostration. Two volunteers had fainted from overwork. And two hours before the curtain rose (always that fateful 'two') an irate theatre manager threatened not to raise it at all if bills overlooked by others were not paid.

Then, after all the stress which made us ask if it had really been worth it, the strains of our National Anthem began. From 109 of the best instruments played by 109 of the best musicians in the world, under the baton of a conductor of enormous gifts, came the purest sound of another world: the world of excellence in music.

Berlioz, Beethoven, Stravinsky, Villa-Lobos and the surprise encore of Carlos Gomes brought the house down. The audience of the Teatro Municipal, which can be as blasé and cold as that of La Scala, Milan, would not let go. It was a rare moment for me and the President of the ICRC at my side: people of so many nations playing freely together for the benefit of our impartial and neutral work.

It was a moment in time that would never be repeated, since those 109 musicians and Lorin Maazel would not meet altogether again. I wished everyone could have been there. But when you hear the marvellous record of that wonderful night, or see the video, forget all our troubles and difficulties. We did, and it *was* worth it.

Mavy A.A. HARMON

109 members of the World Philharmonic Orchestra, from ninety countries, pose with conductor Lorin Maazel above Copacabana Beach, Rio de Janeiro.

Gilles MERMET, Paris





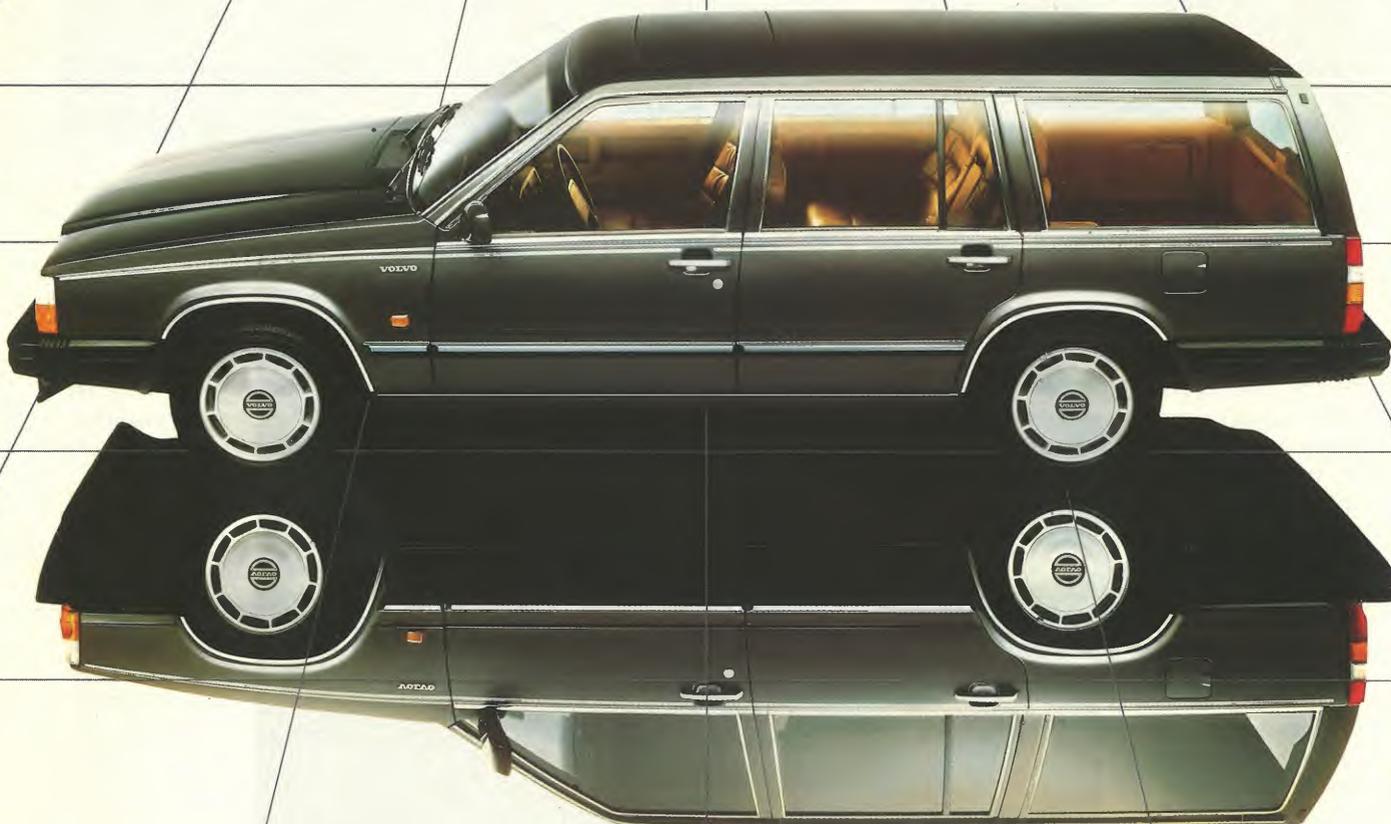
Head Office
Union Bank of Switzerland
Bahnhofstrasse 45
CH-8021 Zurich

Finding the right bank should not be left to chance.



Union Bank
of Switzerland

NOW



Volvo 760 Estate. Tax-free.

When going abroad, whether for work or leisure, you may qualify to buy a new car tax-free. Buying it through Volvo Tourist & Diplomat Sales will save you a lot of bother.

You can safely leave all the paperwork to us. We take care of all the routine work such as insurance and temporary registration plates.

It saves you time, trouble and sometimes money.

The Volvo Tax-Free Handbook contains everything you need to know about buying a new Volvo through Volvo Tourist & Diplomat Sales. It also contains a full colour presentation of the cars and accessories. Get it free by sending in the coupon. We are, of course, pleased to assist you with cars for your field project needs as well.

To Volvo Tourist & Diplomat Sales, S-405 08 Göteborg, Sweden. Please send me the Volvo Tax-Free Handbook and more information about The Volvo 240 series incl. Estates The Volvo 340/360 series The Volvo 740 series The Volvo 760 series The Volvo 740/760 Estates.

Name _____ Country _____
Address _____ Phone _____
Zip Code _____ Nationality _____
City _____

**THE VOLVO
TAX-FREE
HANDBOOK**



RC League

VOLVO
Tourist & Diplomat Sales

S-40508 Göteborg, Sweden.