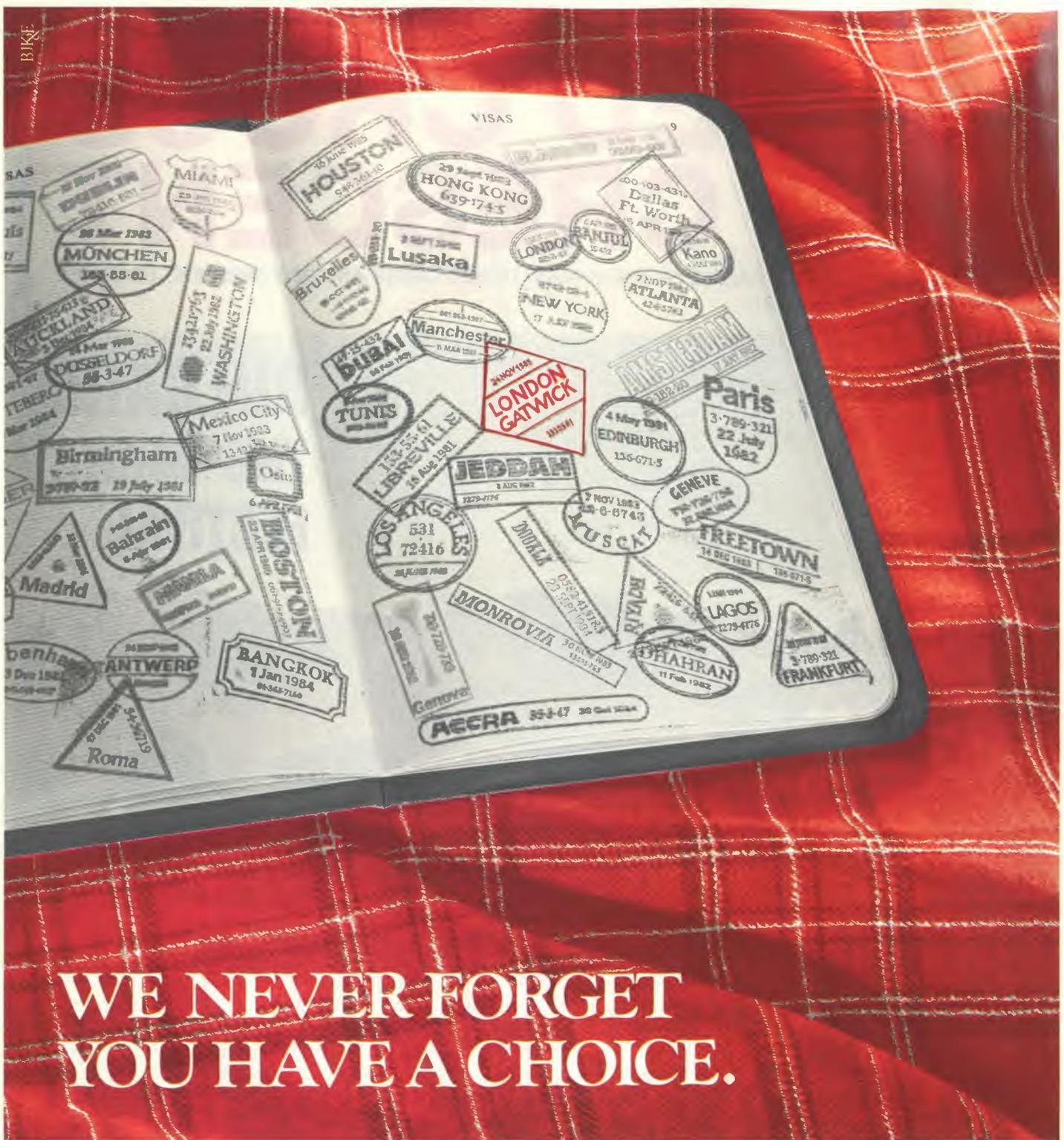


+C RED CROSS RED CRESCENT

THE INTERNATIONAL MAGAZINE OF THE LEAGUE OF RED CROSS AND RED CRESCENT SOCIETIES
AUGUST-SEPTEMBER 1987 3 Sfr.

BULGARIA THE VARNA FESTIVAL





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The League of Red Cross and Red Crescent Societies is the international federation of national Red Cross and Red Crescent Societies. It is one of the three components of the International Red Cross 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.



ECUADOREAN RED CROSS officials and League delegates recently handed over the first 20 new houses to homeless victims of the March earthquake, part of an international programme of reconstruction in this Andean country. **page 4**



PHILIPPINE NATIONAL RED CROSS nurses with two ICRC delegates were kidnapped by gunmen in the conflict-torn southern island of Mindanao last May. Three weeks of tension ensued before the last captive was freed. **page 6**

CONTENTS

ECUADOR: A SIMPLE CEREMONY IN THE ANDES	4
PHILIPPINES/ICRC: MISADVENTURE IN MINDANAO	6
OPINION: COME BACK, COMMON SENSE!	9
SPECIAL REPORT: RWANDA: THE POWER OF WORDS	10
PHOTO REPORT: NEW HORIZONS IN NEPAL	16
COVER STORY: BULGARIA: 12TH INTERNATIONAL FESTIVAL OF RED CROSS AND HEALTH FILMS AT VARNA	22
INTERVIEW: DR. KIRIL IGNATOV, PRESIDENT OF THE BULGARIAN RED CROSS	25
VARNA OPINION: CREDIBILITY, THE UNWRITTEN PRINCIPLE	26
FAMILY MATTERS	26
BETWEEN OURSELVES: IN MEMORIAM HENRIK BEER	27
DEVELOPMENT: SAVE ME TODAY, KILL ME TOMORROW	29
SOCIETY PAGES:	
ITALY: YES TO LIFE, NO TO DRUGS	31
FRANCE: A YEAR'S ADVENTURE WITH "MINITEL"	33
VANUATU/AUSTRALIA: PIPOL HELPEM PIPOL	34
BELGIUM: ASTERIX JOINS THE RED CROSS	35
50 YEARS OF BOOKS AND VISITS	36
USA: LETTER FROM DENVER	38

COVER PICTURE: VARNA FESTIVAL. Snow White's seven dwarfs join the Red Cross to promote blood donation in the Gold Medal-winning film from the **BULGARIAN RED CROSS** - a new cartoon version of the Brothers Grimm story directed by Velislav KAZAKOV of Spectrum Film, Sofia.

COVER STORY: the BULGARIAN RED CROSS again hosted the biennial International Festival of Red Cross and Health Films in the Black Sea coast resort of Varna. A report on the 12th Varna Festival and its prize-winning Red Cross films. **page 22**



SPECIAL REPORT: RWANDA. More and more National Societies in countries seriously touched by the AIDS pandemic are adding major AIDS education and prevention programmes to their traditional activities. **SWISS RED CROSS** writer Bertrand BAUMANN and **SWEDISH RED CROSS** photographer Bengt ERICSSON report from central Africa on the work of the **RWANDESE RED CROSS**. **page 10**



PHOTOREPORT: NEPAL. Several sister Societies are helping the **NEPAL RED CROSS** in its integrated rural development work in the small Himalayan Kingdom. Photographer Liliane de TOLEDO reports from South Asia. **page 16**

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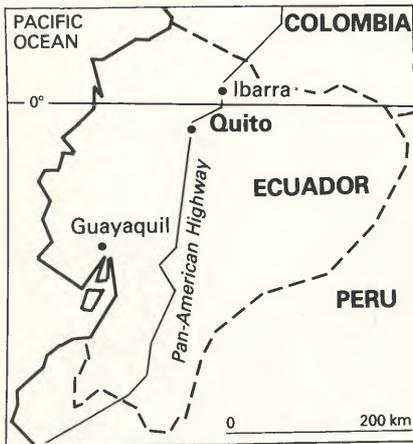
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RELIEF

ECUADOR



A Simple Ceremony in the Andes

After a serious earthquake last March, followed by heavy rainstorms which provoked a succession of smaller disasters, the Ecuadorean Red Cross, with League help, has begun to hand over newly-constructed homes to some of the victims in the Ibarra region north of the capital Quito.

Ricardo CAMACHO ZEAS of the National Society and League Delegate **Arthur FLYNN** of the American Red Cross in New York, report.

Under the brilliant sun in the high sierras of the Andes just a few kilometres from the Equator, the first twenty of eighty new houses were presented last June 6 to residents of El Empedrado, Ibarra, in Imbabura Province (right) exactly 93 days after the earthquake which so badly affected the north-eastern provinces of this small South American country.

Tears of gratitude and cries of "May God reward you!" marked the simple but emotional ceremony attended by ERC National President Dr. Hugo Merino Grijalva, General (Rtd) Solon Espinosa,

National Disaster Chairman and League Delegates Arthur Flynn and Jaime Ameliach, the architect.

Graciela Maya, a widow for the past six years and mother of six young children, was there. She works as a washerwoman to try to maintain her family and the day of the earthquake is something she doesn't like to remember. "I felt the kitchen wall falling on us, so I grabbed my children and ran out in terror. I saw my house, the home I had made so many sacrifices to build, fall down before my very eyes." Days went by without assistance, and Graciela began to lose hope. "I am a widow. I had to work, and I had no place to leave my children."

Neighbourhood ties eventually helped and the children were placed in various other homes. "And hope returned to our hearts when we learned the Red Cross was going to offer us a small house. I said that finally God had heard our cries." Now she has received her house, and she and her six children are together once again.

In colourful Indian dress, the beneficiaries performed traditional dances for their guests, forming Red Crosses and Red Crescents within the structure of their dance. "May God reward the Red Crossers of the world!" said Graciela Maya, returning to her cheap and simple, but solidly made and brand-new home.

Ecuadorean Red Cross



The Ecuadorean Red Cross dates its existence from 1910 when a medical brigade of Guayaquil doctors was formed to help the injured in a border war. The Society was officially founded and recognised internationally in 1922, and today is organised in all 20 provinces of the country.

The Society operates one of the best-equipped blood transfusion services in South America, supplying the country's internal needs through a network of 24 blood banks which also benefit from the invaluable co-operation of the German Red Cross in the Federal Republic of Germany.

Ecuadorean youth plays an important role, with 2,000 volunteers in the capital, Quito, trained in First Aid and emergency services.

The pilot housing construction project with the League, launched after the 5 March earthquake this year, and based on the use of economical but high-quality local materials under the supervision of a League architect, may be extended to other affected areas if resources permit. More than 20 sister Societies and 4 governments have contributed to the project through the League.

In July this year, the Society hosted the 13th Inter-American Conference of the Red Cross in Quito.

Choking for words, disabled tailor Jorge Caragoya, 57, found his voice for a moment: "My thanks to the Ecuadorean Red Cross and the International Red



Photomontage by Prof. Walter Sinn of an Ecuadorean Red Cross First Aid Post in the Andes, with the South Face of Mt. Illiniza, foreground, and Mt. Chimborazo, rear right.

Photograph courtesy of the Austrian Junior Red Cross, Vienna.

Cross on behalf of all the victims," he said from the depths of his distress. Unable to work and handicapped for life from burns he received while pouring gasoline, he was hit by tiles falling from the roof of his house when the earthquake struck. He thought it was the end of the world, little realizing that the human drama had only just begun.

With an elderly mother and granddaughter, he and other villagers had to sleep outdoors for

many nights until Red Cross technicians could arrive and examine what remained of his home. They immediately decided to raze the house. "When I saw it being completely torn down, I cried," said Mrs. Rosa Bastidas, Jorge's 75-year-old mother. "My house was old, but it was the only thing I had. And where was I to go?" Now, thanks to the Red Cross reconstruction project, they have a new home.

"This is the first time this work has been done in the country," said Jorge Caragoya. "Yes, we had heard of the Red Cross before, but now we see what it can do, here and from abroad. We shall never forget the help and the solidarity of our brothers in the world for the poor."

Ricardo CAMACHO ZEAS
and Arthur FLYNN in
El Empedrado, Ibarra, Ecuador

Misadventure in Mindanao

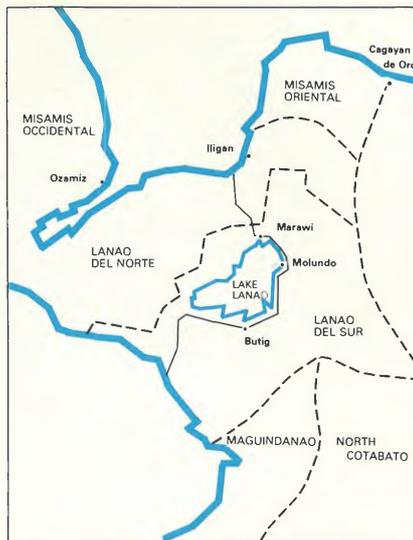
John ASH reports from the southern Philippines on some cool customers in three long, hot weeks of May.

It is difficult to keep cool in the Philippines in May. The temperature throbs around 38° while the humidity runs off the chart. Early last May it seemed hotter than ever as fever throughout the country mounted in anticipation of congressional elections.

For the joint ICRC-Philippine National Red Cross medical and relief operations on the southern island of Mindanao it was business as usual, planning surveys of people displaced by the local conflicts, distributing basic relief goods and providing free rural clinics.

PNRC nurses Lani Tagapulot, Exaltación Alonzo and Clarita Cabadonga from Cagayan de Oro were planning to take three days off from work with the ICRC to run First Aid courses in the city for volunteers who would help in the elections. They never gave their courses. For when the time came, with two other local nurses, Levi Clemeña and Pamikirun "Pinky" Batalo, and two delegates from Switzerland, they found they had been kidnapped in the lawless province of Lanao del Sur. And a lot of extra cool was needed all around.

Things happened very quickly. There was not even time for Mario "Boy" Igloria, the ICRC warehouseman, to get out his black spray, according to standing instructions, and cover the Red Crosses on the vehicles. Nearly twenty armed men, wearing a motley assortment of real Army and Ranger uniforms, swarmed over the team in seconds, and the first Red Cross kidnapping in the Philippines had begun.

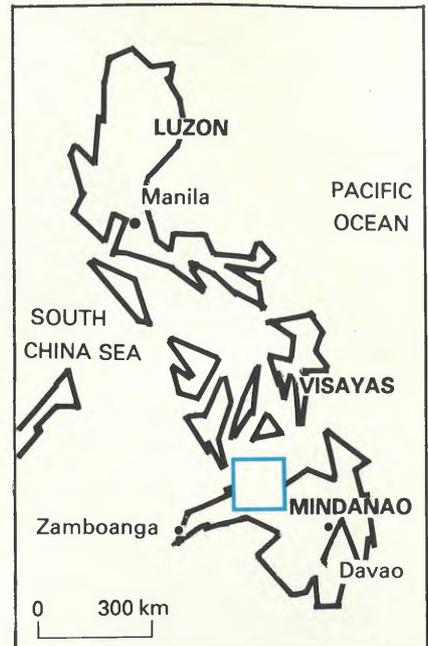


Christophe CONVERS

It was just after 3 in the afternoon of Tuesday May 5. ICRC field delegate Alex Braunwalder from St. Gallen, and nurse Jacky Sudan from Fribourg, were leading a medical and relief team that had visited a group of sixty displaced families at the village of Maguing near Lake Lanao. Insurgent fighting in neighbouring North Cotabato had driven them from their homes, according to information from the PNRC Chapter in Marawi City.

The team had distributed rice, cooking oil and soap sufficient for three weeks, and the nurses held a free clinic and check-up for about 60 small children. It was part of a programme of assistance that goes back more than ten years. This year in Mindanao alone, 235 tons of food have been distributed to people in difficulties because of the internal conflicts which affect the 14 million inhabitants of the Philippines' second biggest island. The team in Maguing, however, were anxious to leave. The area has a reputation for insecurity, and they wanted to regain their Cagayan de Oro base well before dark.

Half an hour into the journey back, at the tiny barrio of Dalama outside the village of Molundo, the Lanao reputation proved itself all too true. Boy Igloria, the two drivers, a staff member from Marawi Chapter and two volunteers were left on the roadside. The gunmen took control of the two Landcruisers and the truck, turned round, and headed back to their base in



Butig with the two delegates and five nurses on board.

"We just prayed," said Lani Tagapulot (*below*), who graduated as a nurse in 1980 and joined the



John ASH

PNRC in July 1986 to work with the joint operation. The gunmen tried to leave Pinky Batalo behind. She was the only one from the region, with local family connections that could have seriously embarrassed the kidnapers. But she bravely insisted she would not leave her colleagues. Not least, she was the only one who spoke the local Maranaw language.

Past Butig, the convoy stopped and they were marched over fields into the mountains for an hour, reaching the barrio of Pindalunan at 6 in heavy rain. They were held



Ferenc MAYER/ICRC

Nurse Pamikiran 'Pinky' Batalo at the Lanao del Sur/Marawi City Chapter.

altogether upstairs in a two-storey house, and given their first meal. "Why are you doing this to us?" the nurses asked their captors. Pinky tried to tell them about the Red Cross, but they were only interested in their "Americano" captives. "Americano" in the Philippines is a generic word for westerners. "But these are *not* Americanos," said Pinky, "they're Swiss!"

Pinky was released around midnight the first night, and the captives were again fed, but moved early the next morning to another house, then into the forest itself. "They said they were afraid of other factions," Lani related, "and we would be safer outside." In reality, there were indications that the army was already closing in.

Boy Igloria (*below*), the warehouseman left on the road, got a lift to Marawi in the car of a campaigning politician. Here the



John ASH

Chapter and the military were informed, but once back in Cagayan de Oro, the long-distance phones were not working. Boy could not get through to Manila until 7 a.m. on Wednesday morning. It was May 6, and the news reached Geneva on the first day of work for the ICRC's new President, Cornelio Sommaruga.

"It was the most direct contact with the delicate, sometimes dangerous realities of ICRC operations in the world," said the new President. "Those in the very act of bringing protection and relief to victims of a local conflict were transformed into victims themselves!"

In Mindanao, the captives were taken to yet another house to sleep. At 4.30 in the morning of the 7th, the four remaining nurses were told they would be released. "Write a letter saying you have reached Marawi okay," Alex told the girls.



Thierry GASSMANN/ICRC

Then they were separated and the nurses taken down to Butig, to be handed over to the son of Acting Governor Princess Tarhata Lucman, Datu Norodin Lucman, who would become the key negotiator for the next three difficult weeks.

In Geneva and Manila, nothing was known at this stage of the kidnapers' identities. The press speculated that Muslim separatist groups were involved, but this was quickly denied. The ICRC has its own contacts with major groups like the Moro National Liberation Front (MNLF) and the Moro Islamic Liberation Front (MILF) and both offered to help if they could. What no-one knew at the time was that the Red Cross had driven into a snake-pit of local political rivalries in an area where warlords and banditry are virtually a way of life.

"Kidnapping is a way of life to these people," explained Brig. Gen. Mariano Adalem at Army



Thierry GASSMANN/ICRC

Jacky Sudan at a PNRC/ICRC clinic in Mindanao. Below left: Alex Braunwalder.

headquarters in Cagayan de Oro. The General had advised the ICRC delegates of the dangers, and was clearly not very surprised at the outcome. He was regularly on the phone to his Philippine Military Academy classmate Col. Raul Aquino at Iligan, who had direct charge of security in the area. The military were preparing to go in, "Give them some 'sound effects' first," said the General over the phone.

But Geneva asked the Philippine Government not to use force and put the delegates' lives in further danger. "We can wait," said Henry Fournier, the very model of Swiss 'cool', who had come from his sub-delegation in Davao to lead the negotiations. "And Alex and Jacky will have to wait too."

Alex Braunwalder did not have too long to wait. "Kidnappers demand 500,000 Pesos for Two Red Cross Men!" screamed Manila headlines on the morning of 8 May, the birthday of the Movement's founder celebrated all over the world as Red Cross and Red Crescent Day. And throughout this country where the Red Cross is held in high esteem, there was a sense of almost national shame. But elections were scheduled for 11 May, and in the rising tension, one of the kidnapers managed to engineer the release of Alex on the 10th. Negotiations would continue for the freeing of Jacky Sudan, and, according to standard ICRC policy, no ransom would ever be paid. ▶



Mysterious, magical and sometimes menacing Mindanao. Below, Norodin Lucman and Henry Fournier in Lanao.

John ASH

Henry Fournier's problem was that there was nobody to negotiate with. He could just relay messages through Norodin Lucman, the only one in direct contact with the kidnapers. Some of them had once been his own men, and the Lucman family was being compromised by the whole affair. But after the first week, Norodin was beginning to lose hope of a quick solution.

The demands from Butig were becoming crazier. Macalinog Guro, one of the leaders, wanted to be appointed Town Mayor and there was talk of guns and large sums of money. "We can wait," repeated Henry Fournier as newspaper reports began to fill with stories of death threats and of Jacky falling ill with 'malaria' in his jungle hideout.

Later Jacky would say that the



John ASH

lack of information, the disinformation and misinformation given by his captors was one of the most stressful parts of the ordeal. "I tried to explain that my family and my colleagues would be worried," he said. But the kidnapers just laughed.

Henry was feeling the strain too. Driving up and down the road from Iligan to Marawi was bad enough. In this three-week period, no less than 29 people would be kidnaped on the same road, and the military were itching to act.

The kidnapers' nerves were starting to fray. Jacky Sudan was moved 26 times in 22 days, as the sounds of military activity got closer. Finally, on Monday May 25, the military pressure round Butig intensified. So did the danger to Jacky's life. "Up to that time they had been quite correct with me," he said. But now they threatened to kill him.

"You must believe you have friends out there. The risks go with the job, we all know that. But you need confidence in your colleagues," he explained later. The crisis centre set up in the first days at ICRC headquarters in Geneva, and

the tireless efforts of Henry Fournier and his colleagues in Mindanao and Manila, finally saw their patience and 'cool' pay off. With an extra nudge of army pressure, but still with their cooperative restraint, Jacky Sudan was safely delivered to Norodin Lucman the next day, exactly three weeks after he and his team had been taken.

For Cornelio Sommaruga it was "the happiest moment of my short experience with the ICRC". But, the President insisted, there are many lessons to be drawn, especially on the constant need for intensive dissemination of what the Red Cross is and stands for in all parts of the world.

This time, it was a group of bandits playing on local political sensibilities: an accident of time and place that could have befallen anyone. But if the Red Cross, ICRC or National Society, is going to be able to work wherever it is needed, it is not just the courage or willingness of nurses and delegates that counts, but the universal understanding of the symbol they all wear.

John ASH

Come Back Common Sense!

Relief supplies and their suitability for disaster victims, customs and climates around the world are a constant and vexing problem for relief agencies, and often, and not least, for the recipients.

Alan McLEAN, Assistant Secretary General of the Australian Red Cross, laments the frequent lack of forethought and "common sense" behind otherwise generous acts of charity, and asks, from recent observations in the Pacific Islands, whether we cannot learn something from our mistakes.

Time was when "common sense" was regarded as an essential component of all human endeavour. Bringing comfort and care to victims of natural and man-made disasters is the particular endeavour which our Red Cross and Red Crescent Movement upholds around the world. Can any reader tell me when the decision was taken to abandon "common sense", to discard it from our considerations as we proceed to deliver that care and comfort?

Our policy-making bodies over the years have produced a boatload of resolutions condemning the wasteful and ill-conceived practice of consigning unwanted, unnecessary relief supplies. "Common sense" indicates that relief assistance brings maximum benefits to victims if that assistance is the most appropriate, given the impact of the particular disaster.

"Common sense" saw the production of the League's Disaster Relief Handbook which includes a section entitled "Principles and rules governing the actions of donor Societies". Thereafter

"common sense" lost its way and is becoming a rare and endangered species.

Why would sophisticated radio transmission equipment, the equal of that found anywhere in the world, be given to a Pacific Island Red Cross Society, without any of its members, or any of that country's citizens, being trained in its use? "Common sense" went missing in 1985.

Why would a European donor Society provide a European ambulance devoid of replacement parts and with no local service or maintenance capacity to a Pacific Island Society which had to build a lean-to garage to protect it? "Common sense" disappeared in 1985. The vehicle rarely moves. It has never served as an ambulance.

Why would a European donor Society consign unsolicited gifts of inferior medical supplies, packed as First Aid kits, labelled in a language not read or spoken by any citizen of the country where the disaster occurred? "Common sense" was absent in 1987.

Why would a donor Society, through one of its territorial branches, send unsolicited gifts of pâté and Perrier water following a cyclone in a tropical Pacific Island? This loss of "common sense" in 1987 might have been amusing, were it not for the embarrassment caused to the Red Cross in the island country concerned. Subsequent meetings of the country's Disaster Council considered many offers of help, and sarcastic remarks compared those sensible offers with the "generous, spontaneous Red Cross gift of chicken liver pâté"!

Why would an Asian National Society (it's not only the Europeans!) consign an Asian utility vehicle to a Pacific Red Cross Society knowing in advance that the gift could not be serviced in the island nation where no dealership exists? Why would the action take place ignoring the advice of the recipient Society that another vehicle of comparable price was more appropriate? As "common sense" disappeared on this occasion in 1987, it was replaced by an unhealthy suspicion that motives other than "humanitarian assistance" might well have been at work.

Why would any donor Society (Europe again, in 1987) offer "unlimited quantities of tents and blankets" following a Pacific Island disaster when neither the League Secretariat nor the National Society concerned had indicated any such need? More suspicions are aroused and "common sense" made a brief reappearance as the items were, fortunately, not consigned.

What is to be thought of the same offer by the same donor Society to the authorities in a different Pacific Island country following a 1986 disaster, when that country does not have any Red Cross or Red Crescent presence at all?

We can all quote similar examples, many from experience far longer than mine. That indeed is my central point. Why don't we learn from mistakes? My few examples cover only 1985-87, in which time we ought to have acquired a little wisdom to accompany our "common sense", even if we are not good at reading General Assembly resolutions or the Disaster Relief Handbook?

No-one appreciates consideration of a problem which does not at least point to a possible solution. As donors often seem unable to regulate their action, couldn't we ask the recipient or the participating National Society to indicate at the conclusion of the relief operation which materials sent were inappropriate? This need not and should not be seen as an ungrateful reaction. It would be termed a "lesson learned by all".

Such information could be shared in this very "Red Cross, Red Crescent" magazine, in a "Lessons" column, if necessary. Let us do what I have avoided. Let us identify which National Societies lacked the common sense to gain maximum return from their valued humanitarian action. We need to have our obligations reinforced for our own benefit as well as for the primary benefit of disaster victims.

A minor and temporary embarrassment which may dent a donor Society's pride is a small price to pay for the benefits which must surely result.

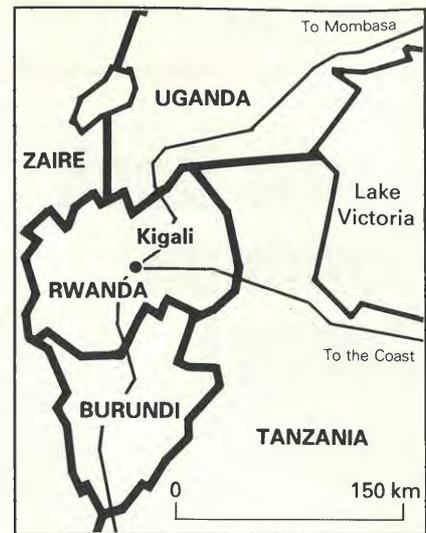
Alan McLEAN

SPECIAL REPORT

RWANDA

As the AIDS pandemic continues to grow, and more and more countries report cases, National Societies, from the biggest to the smallest, are being called on to help governments, and AIDS victims, as best they can. Sister Societies are helping each other, too. In the small Central African state of Rwanda, the National Society, with help from both the Belgian and the Norwegian Red Cross, is already involved in the front-line of the fight against AIDS.

*Swiss Red Cross writer **Bertrand BAUMANN** and photographer **Bengt ERICSSON** of the Swedish Red Cross recently visited Rwanda to see the Society in action, in a region of the world where, even as the disease continues to spread, it remains very difficult to gauge the real effects on public awareness and behaviour. For in Rwanda, the Red Cross, like everyone else, has only one weapon against AIDS today: it has only*



The Power of Words



Children at the Rwandese Red Cross orphanage at Kacyiru, 6 kms from Kigali, which is run in co-operation with the Belgian Red Cross. Created in 1972 in the wake of an influx of refugees from Burundi, it presently houses 305 children aged 4 to 18. Some are parentless refugees, others are Rwandese whose parents are either no longer alive or unable to look after them. Here the children receive a proper education, following primary and secondary school, or technical courses. Since 1984, Flemish branches of the Belgian Red Cross have run a "god-fathering" programme where, to increase income for the orphanage, the branches raise between 6,000 and 12,000 Belgian Francs per child, according to age. Almost all children now have a Flemish branch as a "god-father", and what started out as a tented camp has become more like a real home.

Sensation-seekers will be wasting their time: in Kigali, the capital of Rwanda, everyday life appears to be going on as usual. Life is measured, a monotony almost surprising for Africa. Like clockwork, the city comes to life four times a day, as the offices empty or fill up with their numerous staff. After seven in the evening, and all day Sunday, the streets are deserted, and the capital of the "Land of a Thousand Hills" resembles more a small provincial town than an African city.

Only one activity strikes an unusual note: preparations for the country's 25th Independence anniversary celebrations. Triumphant arches are springing up here and there in the squares and the main avenues, foreshadowing the parades, and the speeches and slogans on the theme of national development and the responsibilities of the elite that will mark the festivities. There is no hint that, over the past four years, the country has become a major victim of the intangible and devastating disease that is known as AIDS.

The first cases of AIDS appeared in Rwanda in 1983. Studies by epidemiologists soon revealed the very high number of women infected, leading to the conclusion that transmission was heterosexual. The discovery drastically changed what up till then had been known of the disease, especially in Europe and the United States. The consequences that specialists could begin to see were alarming: it was clear that the spread of the epidemic was likely to increase dramatically.

The Blood Problem. As in the West, blood transfusion was also one of the means of transmission. In the first few months of 1985, the staff at the Red Cross Blood Centre in Kigali were soon aware of the urgency of the problem as they made the first tests on blood donations. The tests showed that the majority of the seropositive donors (donors whose tests revealed the presence of AIDS antibodies in the blood) came from the urban centres of the country.

"We had to radically transform our donor base," explains Dr. Jean Nkurunziza, the new head of the Blood Centre in Kigali. "Before,

we used to recruit mainly from the urban centres. Now we are concentrating on the rural areas, the areas where the percentage of seropositive cases is very small or non-existent."

Bengt ERICSSON/Swedish Red Cross



The next logical step was the systematic application of the ELISA antibody test for all Red Cross blood donations, which was introduced at the end of 1985, putting Rwanda in the forefront of African countries introducing such a measure. But it meant that the Rwandese Red Cross had to completely reorganise its blood transfusion centres throughout the whole country.

The reorganisation, which will be completed this year, has involved a major investment in personnel and in finance. "A good deal of the necessary equipment, and especially everything we needed for confirmatory tests, has been supplied to us by the Belgian Red Cross," confirms Jean Nkurunziza.

Public Panic. Information to the general public, however, did not get off to such a smooth start. For a time the country seemed completely helpless. In Kigali and the other urban centres, none with very large populations, rumours spread rapidly. At first news of isolated individual deaths, then of whole families, swept through the urban population, creating an atmosphere close to panic.

Public Information. Finally the authorities understood there was an urgent need to give the public real facts about the disease. And they turned to the Red Cross to accomplish this delicate task.

"The Rwandese Red Cross has always coped efficiently with its public assistance duties," says Léon Stouffs, the 60-year-old Belgian in charge of National Society projects. And no other organisation had the advantage of such a presence already established among the population.

Help From Abroad. As the number of international meetings and experts' reports continued to mount, so the news of the epidemic's spread in Africa became more and more alarmist. At the Norwegian Red Cross in Oslo a national information campaign on AIDS had just been launched, and the extent of the task of bringing the subject alive for the public was at last beginning to be understood.

Calle Almedal, one of the pioneers of the Norwegian campaign, learned quite by chance that the Rwandese Red Cross had been given the task of mounting their country's campaign. He quickly proposed to Rwanda's then Minister of Health that the national Red Cross might benefit from their Norwegian sister Society's experience. To that experience was added a substantial cash gift from the Norwegian Government, to the tune of some 300,000 Swiss Francs.

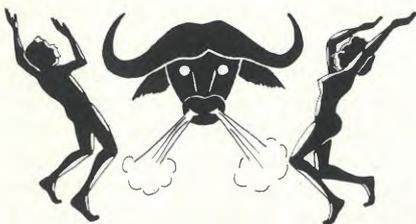
When Calle Almedal arrived in Rwanda, 65% of the population thought that AIDS could be contracted in public toilets or from mosquito bites. 45% believed that a badly-washed glass in a bar or simply polluted air were means of contamination.

"The first thing we had to do," says Almedal, "was to give out precise facts and demolish a certain number of prejudices." ►

"The global strategy for AIDS control is to stop the spread of AIDS worldwide by attacking every mode of transmission, in every country, using every scientific and educational tool available."

**Dr. Halfdan Mahler,
Director-General,
World Health Organization.**

The Campaign Takes Off. From then on, things accelerated. Six months after the Norwegian Red Cross delegate's arrival, a popular brochure on AIDS was released simultaneously in French and the national language, Kinyarwanda. Well-illustrated and simple in presentation – the text is mainly a series of questions and answers – it has been widely distributed throughout the country, in offices, schools and health centres.



The cover features an aggressive, stylised bull. "Every Rwandese knows what that means," observes Laurent Gahigi, who is in charge of Information in the Rwandese Red Cross. "When the mad bull chases you, he never lets you go. There is no better symbol to represent AIDS." The brochure also contains a Preface by the President of the

Republic, Major-General Juvénal Habyalimana, effectively launching an appeal for national mobilisation. AIDS had become an affair of state.

Almost at the same time the Society published a Manual for health professionals, with a Preface by the Minister of Public Health and Social Welfare. This also went out to all health centres, for it is here that patients with first symptoms tend to come, most of them totally ignorant of the seriousness of their condition.

The staff working on AIDS information do not rely only on the written word. Maximum use is also made of the broadcasting time traditionally reserved for the Rwandese Red Cross on national radio. In a country without television or daily newspapers, radio remains the most effective means of communication. And the message began to move.

But the Rwandese Red Cross was not going to leave things there. In June a second leaflet and a poster came off the presses. This time, the accent was on prevention, aimed especially at what are considered the 'risk categories'.

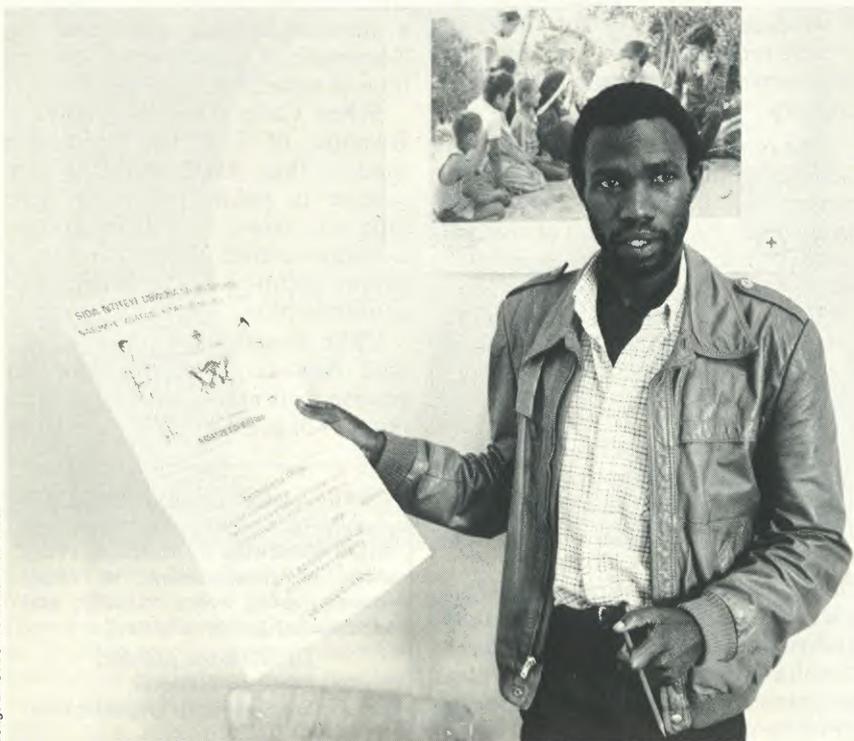
An AIDS Laboratory. By now, more had been learned about the disease and how it is transmitted. Indeed for the past months, Rwanda has become a sort of permanent laboratory. The hotels of Kigali are filled with doctors, sociologists, epidemiologists and researchers of every complexion, who, armed with their Personal Computers, are trying in the course of a mission to lift a corner of the veil that hangs over the disease of the century.

One is tracing the hesitant sexuality of 500 students, another is putting on file the most intimate behaviour of 1,500 women. A third is trying to pierce the secrets of the private lives of soldiers. Never in all their history have the Rwandese seen their sexuality so examined, analysed, dissected. Yet despite the unpleasantness this disruption might cause a people habitually reserved about such questions, the research has incontestably furnished to specialists much valuable information on the disease.

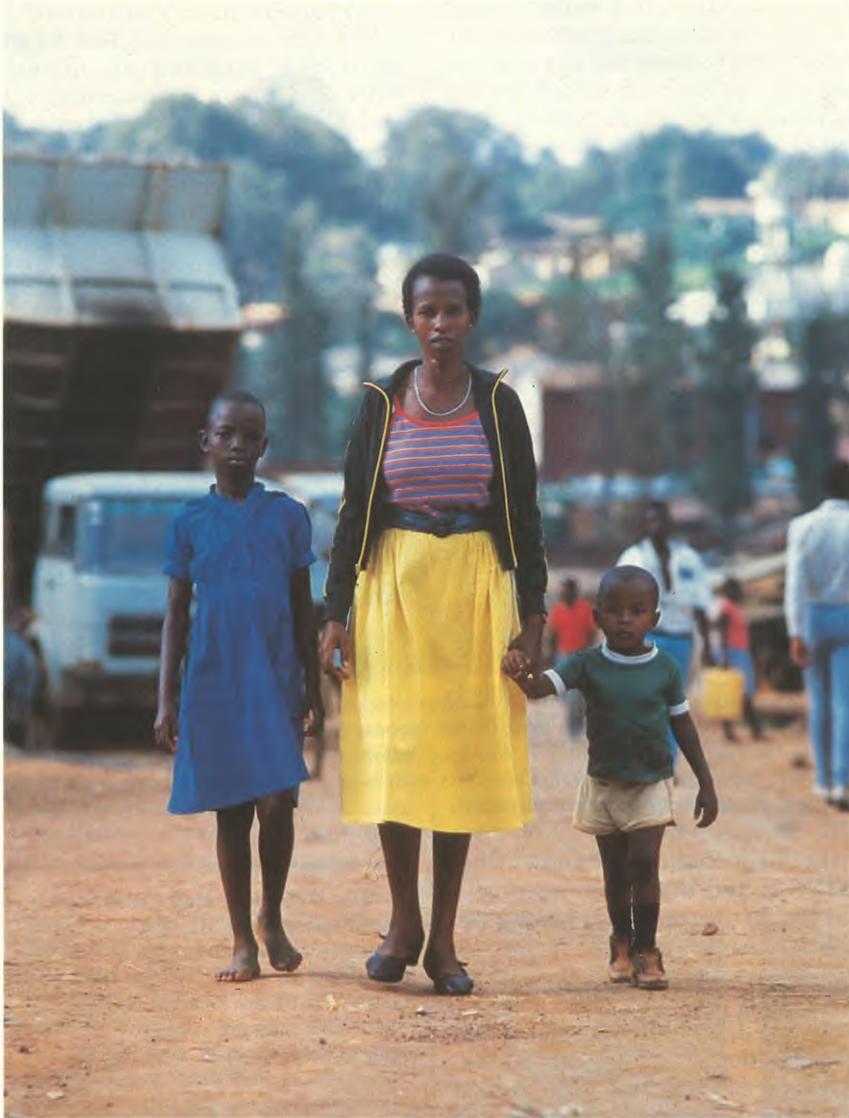
Now, at least, the much-talked-of 'risk categories' have been better defined. Among these, prostitutes are in the front-line. No-one denies that prostitution is a widespread phenomenon and that it is beyond practical control. In reality, rather than openly admitted, professional and therefore limited, prostitution is something unadmitted, often casual, and affecting a large number of women: "free women" as they are called in Rwanda – women alone, widows, unmarried mothers or orphans, often rejected by their families and obliged to move to the towns to survive.

So prostitution becomes a means of offsetting the lack of other income. There are no statistics, not even estimates, that reveal the real parameters of the problem. But it clearly seems to have got much more serious in the past decades with the development of urban centres. And it is also well-known that many of the women often suffer from poorly-treated venereal diseases which create an environment particularly suited to the aggressive nature of the AIDS virus, according to one hypothesis gaining more and more ground in the scientific world.

Laurent Gahigi, in charge of Information at the Rwandese Red Cross, with the 'raging bull' AIDS poster published by the Society in French and the national language Kinyarwanda. The text underlines the dangers of casual 'wandering' sex.



Bengt ERICSSON/Swedish Red Cross



A Widow's Story. At the Rwandese Red Cross we meet Felicity, a 31-year-old widow, and mother of three children. Felicity (it is not her real name) is part of a group of 16 women aged from 20 to about 30. All are widows or have been abandoned by their husbands. And all suffer from lack of income. They have been selected by the Rwandese Red Cross for an experimental programme called "Women's Advancement", at the end of which they will have been trained in dressmaking, and will be able to get work in a Kigali factory.

"When we began the course," says Bona Marie Mukantezimana who is in charge of the programme, "we selected 21 women. Today there are only 16. Five have died in mysterious circumstances, most probably from AIDS."

Felicity agrees to talk to us at her house. She lives in Nyamirambo, the most populous area of Kigali. By day or night Nyamirambo is the liveliest part of the town. The innumerable tiny bars, lit up with multi-coloured neon from early evening, never seem to close. "In Nyamirambo," says our guide, "there's always a deal to be made, a meeting to arrange, an adventure to be had."

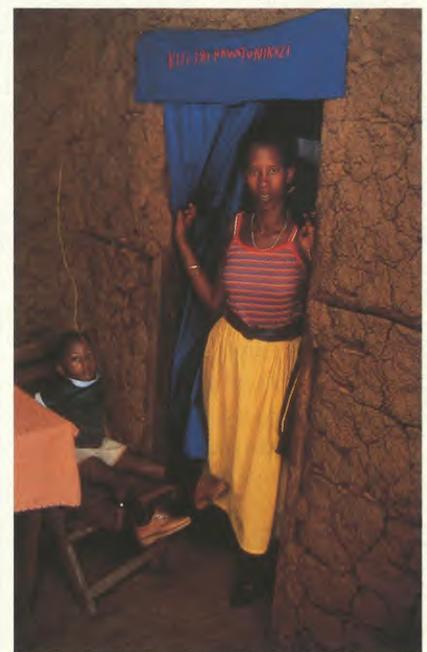
Felicity lives in a mud-walled house in an unhealthy back-yard where swarms of children run between the puddles, the chickens and the drying laundry. It is obvious that her neighbours too are women in much the same situation. Felicity comes from the south of the country, where she got married when already pregnant. Her husband died unexpectedly. According

to tradition, she should have been taken in by her late husband's brothers, and would have become the wife of one of them. But, with the lack of land facing this overpopulated country, family solidarity is becoming lax. So Felicity was turned out by her husband's brothers, and was left with no choice but to come here to the city with her children, without shelter, without any qualifications, to look for a job that was probably not there either.

In the beginning she was helped by a Dominican Father who found her the money for her lodgings. Now she tries to live off the income from the embroidery she can do from home. In a good month, she can count on a maximum income of 6,000 Rwandese Francs (100 RF = 2 Swiss Francs at the official exchange rate). Often it's much less, and sometimes nothing at all. 800 Francs go in rent for her lodging, and then she has three children to feed and school fees to pay, and expensive school uniforms to buy.

"Some months there is nothing I can do except show the owner what I am working on, then he gives me credit," she admits, quickly denying she has ever turned to prostitution. Today her hopes are riding on the Red Cross and the thought of

'Felicity' with two of her children in the Nyamirambo district of Kigali (left). The sign of the door of her room (below) reads: "Hell is other people".



getting a firm job in a Kigali factory, thanks to the professional training she now receives.

Leaving her house, our Rwandese guide remarks in a tone devoid of illusion: "How do you think she ever makes both ends meet? Do you really think she had her children with her husband?" The real question is to know how many women in Kigali and the other urban centres may enter the AIDS risk category just because they are trying to survive.

"The economic impact results not only from the expense of medical care for AIDS patients (which threatens national health budgets in developed and developing countries) but also from enormous indirect costs: lost years of productive life; lost mothers and fathers; lost members of educated and other groups who contribute importantly to social and economic development."

Dr. Jonathan Mann, Director, Special Programme on AIDS, World Health Organization.

More Risks On the Road. Prostitutes bring their clients within the risk categories, too. Long-distance truck drivers, whose frequent absences allow them to escape any domestic control, are specially exposed to the danger of contamination. With no direct access to the sea, the small nations of Central Africa depend for their supplies on the ports of the East Coast, in Kenya and Tanzania. So Kigali is at the head of a busy road traffic network that passes through Uganda or Tanzania on the way to Mombasa. It is a journey of four days, often in difficult conditions. Armed attacks and banditry are common, and the drivers run real risks in getting their cargoes through safe and sound. And all along the routes, grouped around the filling stations, are little hotels, the landmarks of prostitution.

We meet Zacchary, 29 years old. He has been driving for a big Kigali transport company for seven years. He too is willing to answer any questions, even the most indiscreet. He doesn't hide that he has often succumbed to temptation, to while away the loneliness of the night. "But," he adds, "I know the



The dress-making shop of the Rwandese Red Cross "Women's Advancement" programme. 16 women with insufficient income are currently being trained in the 18-month course. The women, most of whom come from the rural areas, are widows, orphans or unmarried mothers with no other family support. Five of the original participants have already died.

Bengt ERICSSON/Swedish Red Cross

risks!" He confirms he knows what AIDS is and that it has become a subject of conversation among the drivers. And he assures us that he has always used condoms since he started his present work.

A few days later, we related this conversation to a Kigali doctor. "We no longer even need to test the truck drivers," he confided. "In the great majority of cases they are all seropositive." Zacchary is going to be married soon. His fiancée is pregnant. He is looking to the future with visible calm and without the slightest qualms about contamination. It was an attitude, this apparent flight from reality, very common among most of those we spoke to.

In Kigali and throughout Rwanda, condoms are available fairly easily. But one AIDS researcher did not conceal his doubts as to their effective use. "We know now that before the disease appeared, only one or two per cent of the men used condoms. And no more than one or two per cent of women had recourse to any method of contraception. Can we really hope, in a few words, to eradicate an age-old aversion to any kind of protection?"

The Rwandese Red Cross Society was founded in 1962, the year of the country's Independence. It was recognised by the ICRC in 1982 and admitted to the League in 1983. Its activities among the 6.5 million population include running an orphanage at Kacyiru, out-of-school youth income-generating projects, First Aid, Health Education (with a weekly programme on national radio), Training and Development. The Society also runs a successful Blood Transfusion Service, which, in cooperation with the Belgian Red Cross, has been in constant expansion since the first transfusion centre was opened in October 1976. A sixth centre is now being developed and is expected to open late this year. The centres supply Rwandese medical personnel with the blood they need, collected in villages, schools and factories on a voluntary basis. Since late 1985, all blood collected by the Red Cross has been screened for AIDS-virus antibodies, and in the towns at least 9% of blood donors were found to be carriers of the virus. In rural areas the percentage was much lower, around 1%. Findings from these blood tests led directly to the vast AIDS information campaign at present underway in Rwanda.

Tomorrow's Generation. Today, faced with the uncertainties of the present, in particular concerning the real number of sexually active people infected, there remains only one thing to do in terms of information and prevention: get the message to the young, especially in the schools. Here the Rwandese Red Cross is determined not to miss out. "In the coming weeks, we are going to concentrate all our energies on secondary, even primary schools. We will involve the teachers closely in our information efforts," confirms Innocent Muyangaju, head of the AIDS information centre.

We have the opportunity to go with a mobile blood transfusion team to a blood donation at one of Kigali's technical colleges. The students, aged 18 to 23, are to some

Income-generating projects for out-of-school youth, like coffin-making for indigents who cannot afford expensive funerals, are regular Rwandese Red Cross activities. Bottom and right, children learn horticulture as well as classroom lessons at the Kacyiru orphanage.

Photographs by Bengt ERICSSON/Swedish Red Cross

extent rather privileged. They are the ones being called to strengthen the ranks of the country's elite: the educated elite in which the government places all its hopes for the development of the nation. These young people are promised a fine future. At a time when an unprecedented threat hangs over the generation between 25 and 50, the hopes which the authorities place in the younger generation take on a new significance these days.

The challenge is straightforward. It is a question of protecting the next generation from infection. We ask some of the students who have come to donate blood if they can explain what AIDS is. Everyone gives a satisfactory answer. They all know the disease is sexually transmissible, and that for now there is no means of curing it. Providence, 23, says confidently, "Now I think twice before jumping into some adventure and I know what precautions to take." Is Providence representative of a new generation? Does he really do what he says he will do? Again, there is no real answer.

Throughout its short existence, the Rwandese Red Cross has been closely involved in promoting the development of social and health conditions in the country. Its projects for disadvantaged, out-of-school youth, its efficient and well-run orphanages, its emergency rescue services in times of natural disaster, its promotion campaigns for public hygiene, have all made the Red Cross popular and have made this National Society a serious partner of the authorities in the development of the country.

"We will continue in the future our collaboration with the public authorities to fight against the ordeal our country is having to face," resolutely declares Claudien Kamilindi, the President of the Rwandese Red Cross who has recently also taken over the job of Secretary General. But while waiting for the miraculous arrival of a vaccine on the market, the only ammunition the Rwanda Red Cross has in the fight against AIDS, is simply the power of words.

Bertrand BAUMANN

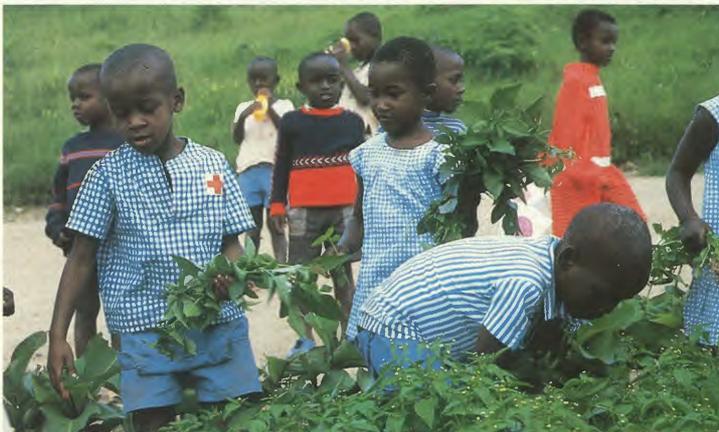


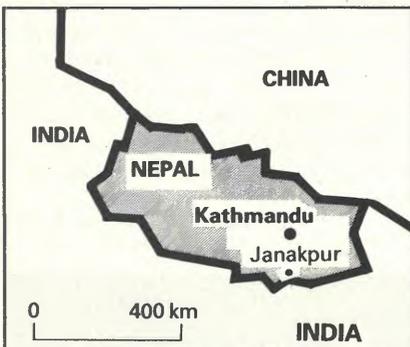
PHOTO-REPORT

New Horizons in Nepal

Red Cross sister Societies from a number of countries are today actively involved in helping the Nepal Red Cross with its national development work in the small Himalayan mountain Kingdom that lies between the giants of China and India.

Liliane de TOLEDO took her pen along with her camera to bring back a report from what, only a generation ago, was a land forbidden to outsiders.

Photographs by the author.



Christophe CONVERS

The Kingdom of Nepal

The Kingdom covers over 147,000 sq. kms. situated between China (Tibet), to the north, and India to the south and west and east. There are four geographical regions: the Mountains, which include more than 240 snow peaks over 6,000 m in altitude, including Mt. Everest, the world's highest mountain; then the Himalayan Region (the inhabitable mountain areas), the Middle Hills including the central valleys where most of the population live, and the Terai, low-lying semi-tropical plains along the southern border.

Nepal's population was over 15 million according to the 1981 census. With a high population growth rate of about 2.7% a year, it will have reached about 19 million this year. Population density is 102 per sq. km.

Life expectancy for females is 42 years, and for males 46. Infant mortality before 1 year is 14%. Nepal has about 600 doctors and 6,000 paramedics. Literacy is 24%. The official language is Nepali.

Over 90% of the population are peasant-farmers, and only 1% is employed in any industrial activity. Tourism is the main source of foreign income as well as the most flourishing economic activity.

Kathmandu – Nepal – magic names which for some still evoke the 'hippy paradise' of the 60's, but names which, in day-to-day life, disguise more earthly, less escapist realities. For some years now, tougher anti-drug legislation has turned the drifting westerners off to other lost horizons.

In their place has come a new wave of tourists – the trekkers – healthy and energetic sportsmen who walk the paths that link one village to another, and so with fascination discover a country that modern time, at least, seems almost to have passed by.

Little more than thirty years ago, the Kingdom of Nepal was still closed in on itself, locked in the confines of another time. Contact with the outside world was rare. Only in the 1950's were foreigners allowed to enter, and with them new ideas, techniques, external aid. Even today, Nepal maintains its 'neutral' status, wishing to remain an 'island of peace' in an otherwise troubled world, free to resolve its own problems in its own way.

The problems are not diminishing. Population explosion, shortage of cultivable land, reduction in agricultural productivity, progressive ecological destruction, lack of schools and medical services all combine to make Nepal one of the poorest and least-developed countries in the world.

And these are only some of the major causes. In addition, and

sometimes as a direct result of all this, natural disasters – landslides, floods, fire and drought – recur virtually every year.

Agrarian reform, nutrition, improving hygiene, health and habitat, education in schools and vocational training: these are among the top priorities. And within this vast programme the Nepal Red Cross has its role to play too, with the help of sister Societies and other national and international organisations.

For most of its 19 million people, Nepal remains an agricultural country. Over 90% of them live on the land, and it is here that the greatest needs are found. So to try to begin to cope, even in a modest way, the Nepal Red Cross, with help from other Societies, has taken the considerable leap into integrated rural development.

"The basic ingredients may vary according to place and local needs," explains Mr. Dev Ratna Dhakhwa, the Society's Secretary General, "but the main components will almost always be creation of drinking-water sources, health education and hygiene awareness, vaccination, nutrition, family planning, reforestation, and irrigation."

On the wall opposite his desk in Kathmandu, a large map of Nepal indicates that the Red Cross is present, with at least a local branch committee, in all 75 districts of the country.

"Different factors must be considered when selecting a site," he adds. "The greatest needs are often to be found in the most isolated regions, but how can the materials for channelling a spring or installing a village pump be delivered if the villages themselves can only be reached on foot after several days' walk? So with our limited resources, we have to concentrate on needy communities not too far from the road network. And there are plenty of them!"

Drinking water is one of the country's most acute problems. Less than 20% of the population have access to clean unpolluted water. Now under an integrated rural development project set up with help from the Japanese Red Cross, 1,500 new plants are providing clean water to 350,000 people.

The installation of a pump or fountain is the first and most spectacular stage. And it is always followed by a course in basic hygiene and on rural development. Health committees have been formed in each project village, and 1,500

health workers, trained by the Red Cross, have special responsibility for basic hygiene, First Aid, the introduction of oral rehydration for children affected by diarrhoea, and for encouraging the construction and use of latrines.

Near Kathmandu, the community of Panauti has had a similar project, assisted by the Swiss Red Cross, since 1983, with a special focus on reforestation. 20,000 trees have been planted and the people are encouraged to use protected hearths and stoves which save up to 30% of firewood.

Not far away in Nala, integration is again the key, with support this time from the Australian Red Cross.

In Nala the accent is on hygiene and basic health, with the women the targets of many information and training meetings. "You cannot imagine how difficult it was for us to reach these women, to motivate them and convince them to leave their homes to follow our sessions," says Dr. Roca, who is responsible for the Panauti and

Nala projects within the Nepal Red Cross. "It involved a real revolution in their traditional way of life."

In Jumla, a district near Pokhara, a project helped by USAID-Nepal has a more unusual goal: reducing infant deaths from infectious respiratory diseases. Now thanks to early detection, 50,000 children under the age of 5 are regularly followed up and medication can be administered as soon as the disease appears. ▶

Below left: basic hygiene training in Nala; below: planting trees in Panauti; below right: groundwork for new latrines.



In the south near Janakpur, the community of Khairmara receives rather special attention from the Nepal Red Cross. Khairmara, wretchedly poor and isolated, is the home of Sanjimaya Waiba and her family.

"Forty years ago we came south to find a better life, but poverty caught up with us again, and now we are just as badly off as when we lived in the hills...." says Sanjimaya with a broad grin, even as she relates her family's struggle to survive.

Wrinkled, but bright-eyed and alert, she is a 65-year-old Tamang, a group of Tibetan-Burman origin in the hills of central Nepal. At 65 she is already an old lady by local standards. "You should have taken my picture when I was young," she laughs. "I was much prettier then."

She is, though, no worse off than many thousands of others who sink deeper and deeper into endemic poverty as families and unpaid debts both grow. Sanjimaya and her husband Budheman are small farmers with about an acre of arable land on which they grow enough maize and lentils and mustard to feed their family for at most five months of the year.

Like many others from the Middle Hills where most of the population lives, they migrated to the Terai – the great plain 40 km wide that runs for 800 km along the border with India. They were among the first migrants when they arrived 40 years ago. It was underpopulated then, a malaria-ridden jungle. But Sanjimaya and Budheman were young, and cleared three acres of forest by hand.

It was three years of work "like slaves" before they could reap their first harvest. "The work was too hard," she says. "We couldn't clear any more of the jungle. We were afraid of the tigers. And then the children came along...."

They borrowed from the village money-lenders, fell into debt, and had to sell part of their newly acquired land. To feed their growing family they had to work as labourers and share-croppers for the big land-owners. And after all these years they are no better off today. Worse off, in fact. Now when they are short of food, they gather roots and leaves in the forest. When they cannot find roots or leaves, they go without their daily meal.

Sanjimaya, Budheman and part of their family in Khairmara, southern Nepal.



Nepal Red Cross In Brief

The Nepal Red Cross (NRCS) was founded in 1963, recognised by the ICRC and admitted to the League in 1964.

In less than 25 years, it has become the most important humanitarian organisation in Nepal, with local branches in each of the country's 75 districts. The Society has over 36,000 Adult members and more than 200,000 Juniors.

Principal activities include integrated rural development projects, family planning, primary health care, eye care, blood transfusion services, an ambulance service, disaster relief preparedness, youth, and a programme for Tibetan refugees.

The Blood Transfusion Service is one of the major focusses of the Society. The first blood bank was set up in Kathmandu in 1966. A new building constructed in 1980 allowed expanded scope and activities, with the Australian Red Cross helping to equip the Centre and provide training for its staff. NRCS handles the entire blood programme in the country.



Khairmara: helping with government vaccination campaigns (above) and nutritious breakfasts for schoolchildren (below).

In the 1950's malaria was eradicated from the Terai, leading to mass migration from the overpopulated Middle Hills. Land prices soared, and now the shortage of land is almost as bad as in central Nepal, and the government must protect the last remaining scraps of forest. Jungles and tigers are things of the past. The trees have all but disappeared.

In Khairmara most people have too little land to feed a family for a whole year. Illiteracy is widespread, ignorance profound, and

the nearest dispensary is 25 km. away. Most drinking water is polluted, severe iodine deficiency causes many cases of goitre and cretinism is not uncommon. One village in the district has more than 30 "village idiots", as they are known, a further and non-productive burden on already poverty-stricken families. To add to all their other problems, Sanjimaya and Budheman themselves have a daughter of 25, mentally handicapped and incapable of helping on the land or at home.



Into all this has come the Nepal Red Cross, listening and learning at first, and then, last year, starting work to tackle the worst dangers to health.

Now, with the government, it conducts mass vaccination campaigns for the 30,000 people the project covers, gives injections to counter the chronic local iodine deficiency, and has introduced a mobile clinic service that operates once or twice a year. Now tuberculosis can be detected and sufferers from this all-too-common disease can be treated under a programme run by the Red Cross branch at Janakpur.

Schoolchildren now receive protein-enriched food. So do families with children under 5, pregnant women and disabled children. At each monthly distribution Sanjimaya gets 4 kg of protein-enriched flour and 2 kg of milk powder. "I make it last. I only use a little at a time. I make porridge, and the family loves it," she says.

The aid is minimal, and many needs remain. They still need clean drinking water and knowledge of basic hygiene. And the poorest families need help to increase their income. But it is a beginning, with which the Nepal Red Cross hopes to persuade others to come to its aid in helping Sanjimaya, Budheman and all those in Khairmara who may not even dream that they might live in any other way....

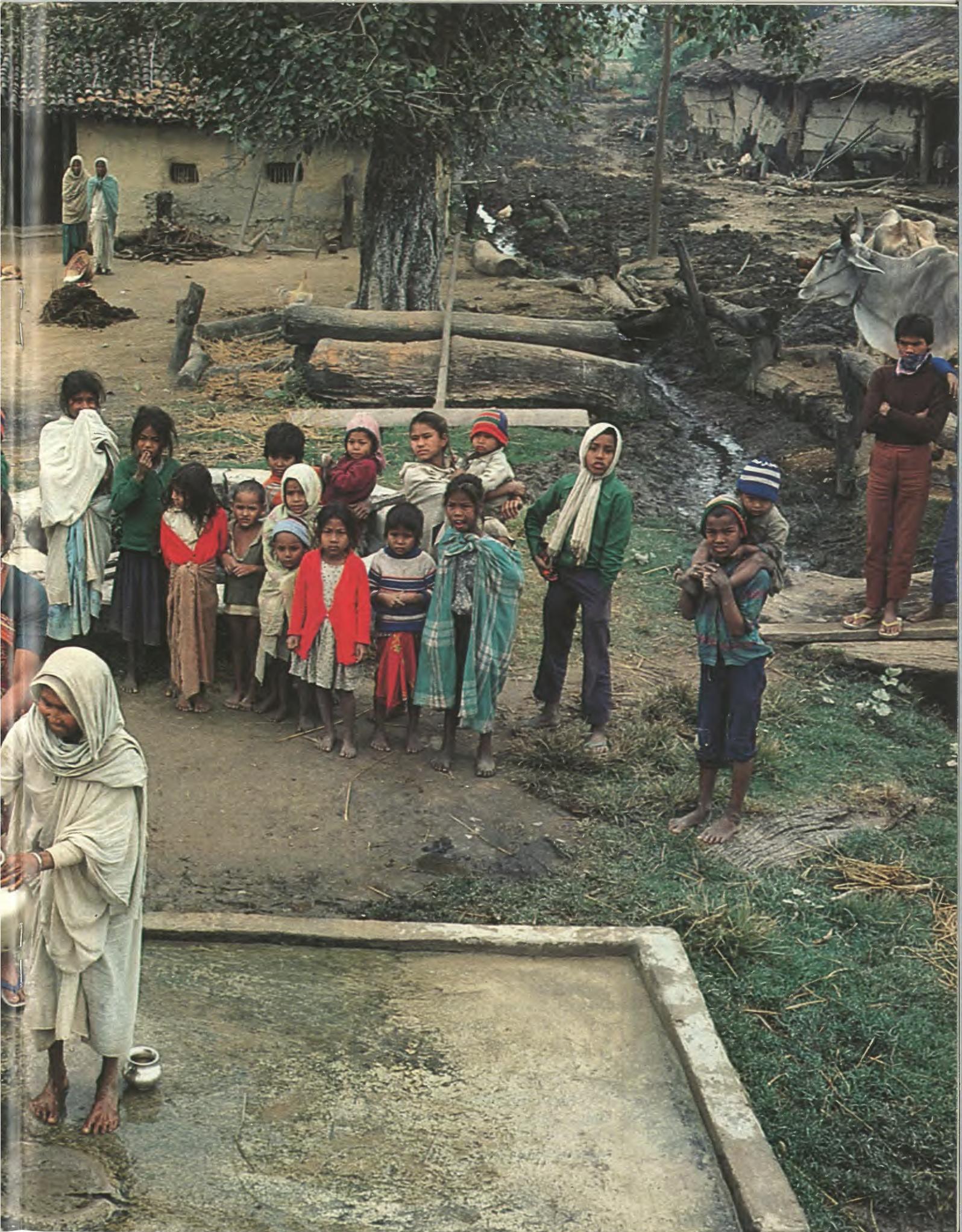
Once upon a time, not so long ago, a "Forbidden Kingdom" gave itself little chance to find the help it needed. Now the tourists flock in, bringing the main source of foreign earnings, and with relentless curiosity and interest have discovered that there are almost no lost horizons left.

Here the Red Cross, too, has discovered new routes, often across landscapes as daunting as the high Himalaya that rise beyond the Valley of Kathmandu. And here, as for the wise traveller, or trekker or mountaineer, the well-planned preparations are a key to the secret of success.

Liliane de TOLEDO

Next page: water pump recently installed in Baithanliya village, southern Nepal, under Japanese Red Cross assistance to rural development projects.







VARNA 12

International Festival of Red Cross and Health Films

BULGARIA



Exactly fifty years after Walt Disney amazed the world with the first full-length animated film, and gave new life to the Brothers Grimm's tale of a lost princess and the seven dwarfs who look after her, the Bulgarian Red Cross has brought Snow White to the screen again, this time to promote blood donation.

Now the seven dwarfs proudly wear Red Crosses, as they desperately try to find a remedy for the poisoned apple the princess has been tricked into eating. Only a blood transfusion will do, but no-one, not the animals of the forest, nor the self-sacrificing dwarfs themselves, has the right blood group. Until – you've guessed it – the prince arrives and saves Snow White, not with the kiss of the story-books, but with his freely donated blood.

Produced by Spectrum Film of Sofia, with all the notable animation skills for which Eastern Europe has now become famous, "Snow White" in eight minutes was the perfect opening film for the 12th Varna Festival, and went on to win the Gold Medal in the Red Cross Education and Training Films category.

From May 30 to June 7, the Black Sea resort transformed itself, as it does every two years, into the world centre of Red Cross and Red Crescent film and video endeavour, with 900 participants from 55 countries and with 57 films shown in the Red Cross category of the competition alone.

Varna is also a Festival of Health films – shorts, television films and cinema features, each category with its own awards. But, in the words of

the Festival Director, Alexander Marinov of the Bulgarian Red Cross (*below*), it is the "Red Cross family atmosphere which makes Varna really special."

John ASH



From Varna, John ASH and Encho GOSPODINOV report.

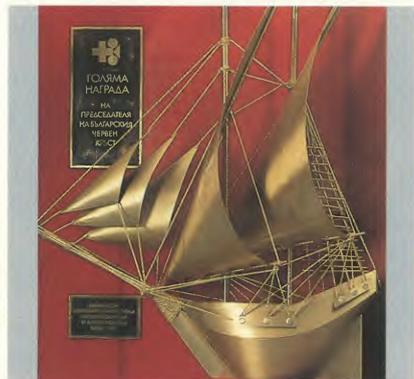
VARNA 12

It all started in 1965. No-one can remember exactly how the idea appeared, but in the ocean of so many film festivals and awards today, the Golden Ship of the Varna Festival (the Red Cross Grand Prix) sails ahead. And the Festival's motto "Through Humanity to Peace and Friendship" is a permanent reminder to the world that millions of human beings are still in need, of security, of bread, or simply a little hope.

This year's was the 12th Festival to be held in Varna, Bulgaria's third largest city, with a population of some 300,000. Why Varna? Says Lily Petrova, a 22-year-old student from Varna's Medical Institute: "The festival is not held in our city. It's in our hearts and it's part of our life."

It may sound like local "patriotism", but the truth is that the local people like it. And they are not best pleased when they can't find enough tickets, or when the doors are not opened wide enough. This year, with the venue transferred from the normal Palace of Sport and Culture which is being renovated, the greatly decreased space inside the new Lyudmila Zhivkova Centre caused some problems for the public and the organisers alike.

But the real prize competed for by nearly 300 films from 53 countries was the highest of all: humanity. And since the Festival should be a sort of mirror of the problems humanity faces, it was no accident that this year the Golden Ship award of the President of the Bulgarian Red Cross sailed away to the



American Red Cross for its AIDS film "Beyond Fear".

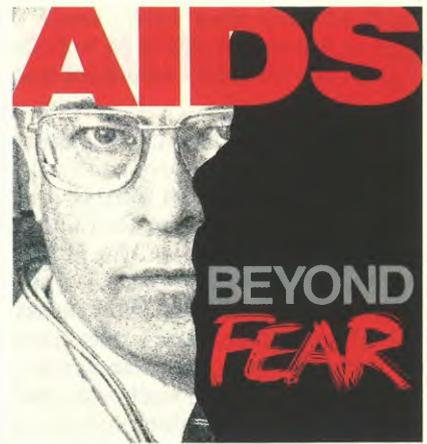
"Isn't it a bit sad that we are applauding a film which deals with AIDS?" asked an elderly lady at the award-giving ceremony. "It's ironic that the best film is about the worst disease we face today." But Varna is not the sort of festival that puts on its screens films that help us to escape or forget the problems we face. Rather it gives us ideas and the courage to solve them.

"Beyond Fear", says American Red Cross Vice-President Bud Good, "carries the message of our times: that education is our most powerful weapon today to avert what may become the most devastating disaster faced by every nation." The film communicates its sensitive and technically difficult subject in personal, human and cogent terms that speak to a universal issue. "It illustrates the capacity and commitment of the Red Cross to assume a leadership role in preventing or alleviating suffering," adds Good.

Winners of the Golden Ship Grand Prix of the President of the Bulgarian Red Cross

(The Golden Ship itself has been awarded since 1969)

- 1965 - "It Won't Hurt" (Hungary) First Prize
- 1967 - "The Princess" (Sweden) Grand Prix
- 1969 - "Pyelonephrite" (FRG) Golden Ship
- 1971 - "The Unknown Continent" (FRG)
- 1973 - "Blood Is Red All Over The World" (League, Hungary, Bulgaria)
- 1975 - "Parable of the Wheel" (USSR)
- 1977 - "Bitter Lessons" (USSR)
- 1979 - "Summer Has Come" (USSR)
- 1981 - "The Activists of the Red Cross" (Viet Nam)
- 1983 - "Equal To All" (Bulgaria)
- 1985 - "A Message from Åland" (League, with ICRC, Finland, Sweden)
- 1987 - "Beyond Fear" (USA)



"Beyond Fear" is a 60-minute documentary in three parts (see **Red Cross, Red Crescent**, January 1987) designed to educate a general audience about AIDS. Since its release in February 1986, at least three of the people with AIDS who appeared in the film have died from AIDS-related causes. But the film continues to convey their message and desire to prevent others from suffering.

"Beyond Fear" has already been viewed by more than six million people in the United States, on television, in community groups, schools, businesses and hospitals. The American Medical Association and the National Institutes of Health use it to inform the medical community about AIDS, and it is increasingly being viewed in other countries. Shortly before this year's Festival, it was shown on Bulgarian Television, provoking widespread interest and appreciation. ▶



VARNA 12

The American Red Cross almost scored a double victory at Varna this year. The Grand Prix of the League, awarded to the Red Cross films category, went to **"To Walk, Again"**, produced by the International Committee in collaboration with the American Red Cross. This documentary on the orthopaedic and rehabilitation work of the ICRC is a "specific demonstration of how the American Red Cross can contribute to the International Movement by sharing the expertise of its staff, in this case the talents of producer Loretta Fitzgerald (*below*) and her film crew," comments Bud Good.



For the three Americans who filmed **"To Walk, Again"** in ICRC rehabilitation centres in Zimbabwe, the experience was as memorable and enriching as the completed documentary. The crew worked with a general 'treatment', rather than a full script. "This gave us great creative freedom," says Fitzgerald, "but it also meant that we had to find and film many individuals whose personal stories would tell the wider story of the ICRC rehabilitation programs."

Several of the stories Fitzgerald captured on film will live forever in her memory. One man, too poor to pay for an artificial leg, walked 200 kms on his good leg to get help at the Red Cross centre. Another



Loretta FITZGERALD/ICRC

had been tortured and disfigured by dissident fighters; they tied him to a tree and forced his wife to cut off his hands and feet with an axe.

"Seeing the way these people dealt with death and disease as a regular part of life has given me an enriched perspective on my own life," said Loretta Fitzgerald, herself slightly physically disabled. "I hope the viewers of the film will also gain something from their extraordinary spirit."

For Alain Modoux, ICRC's Head of Information who received the Prize from League President Enrique de la Mata, the award for **"To Walk, Again"** was both satisfying and "a great encouragement.

"It honours a talented director, Loretta Fitzgerald, who in 1985 won the same prize for **"Light The Darkness"** and it honours a film which is a message of hope for those who, having lost their limbs in the murderous conditions of war, are often excluded from society, abandoned to their fate. For them Red Cross rehabilitation can open a door to a new and better life."

AIDS, artificial limbs, and blood donation treated both by **"Snow White"** and by the Australian Red Cross with **"This is Your Blood"**, a spoof television panel game which won a Silver Medal: the Red Cross awards spanned a number of different themes. A Silver Medal went to



Loretta FITZGERALD/ICRC



the Romanian film "Apples from the Family Garden" dealing with alcoholism, especially in pregnant women. This was a subject almost eclipsing AIDS in its concern to many Societies present.

The Gold Medal of the Information and Promotion Films category was awarded to "Chain of Life", a coproduction of the Finnish Red Cross and the Alliance of Soviet Red Cross and Red Crescent Societies. "Chain of Life" looked at primary health care in both producers' countries and at their recent work in Africa.

The Red Cross jury also singled out for special mention "Ben Tre - Land of Hope" by the Red Cross of Viet Nam, which treated the difficult subject of post-war social and rehabilitation problems with impressive impartiality and compassion, and, from the French Red Cross, "Small Ads For Peace", the video clip (below) which demonstrated better than many productions in the Festival the use of up-to-date media techniques to address young audiences.

French Red Cross



And then, before we know it, will be Varna 13, in 1989. All being well, the Festival will be back in its own "home" - the Palace of Sport and Culture which can seat 5,000 people in its main hall. So, dear public of Varna, be patient until next time. We do not know what the next Varna will bring, except yet again more people from more and different countries to this unique Red Cross, Red Crescent meeting place in the world.

John ASH &
Encho GOSPODINOV



John ASH

Dr. Kiril IGNATOV

*President of the
Bulgarian Red Cross*

How did the Festival come to be born in Bulgaria?

The attachment and devotion of the Bulgarian Red Cross to the fundamental Red Cross and Red Crescent Principles stimulated our National Society to find an interesting form to show that devotion. The Varna Festival is also a very successful example of how the League, the ICRC and one National Society can work together. In this case "cooperation" is something more than a cliché.

What is the "key" to such strong Bulgarian commitment?

One of the keys is that we wanted to show that a small country could do a big job. Our Society wanted to show that we support Red Cross ideals not with words, but with deeds! In the beginning the Festival was quite modest and some of the bigger National Societies didn't take it seriously. But year after year it grew stronger with better quality films, so there came a time when some of the best-developed Societies even wanted to 'steal it' from us. But our devotion and sincerity convinced the League, the ICRC and the International Federation of Film-Makers to give the city of Varna the privilege of hosting the Festival for ever.

The other key factor is the faithfulness and loyalty of the citizens of Varna. Without their support, without their love, we couldn't keep the Festival alive.

Some critics have said the standard of films this year is not as high as it should be. What do you think?

I agree, but what is the reason? I think it's right to start with us, the host country. It's high time to improve coordination among the Bulgarian institutions concerned - Bulgarian Cinematography, Television, the Red Cross, the Ministry of Health and the Ministry of Education. They have to sit down together and find a way of creating better quality films. And immediately after the Festival we will do it. Because the 13th Festival is knocking at our door.

Secondly, I think the League and the ICRC should keep a closer eye on the future of the Festival. They have to encourage more National Societies to produce better films, especially in the better-developed Societies. There is no development and success without criticism. So we need better, stronger and higher selection standards, which means improving the work of the Selection Commission.

Thirdly, the League and the ICRC both have to encourage the exchange of Red Cross films on videocassettes to better inform and 'educate' National Societies.

What is the real message of the Varna Festival for you?

I think the world is frightened. We live on a very small planet surrounded by many problems: fear of nuclear war, local military conflicts, drought, hunger, air and water pollution, AIDS. Of course the Red Cross and Red Crescent Movement must keep to its Principles and remain neutral. But neutrality doesn't mean lack of responsibility!

Even as Red Cross people, we can't escape the world we live in. We have to adapt to the changes, and the Festival must do so too. This Festival should be a kind of mirror, reflecting the sufferings and the victories of the human spirit.

The Festival should also reflect Red Cross efforts for more humanity in the world. We have to move people to be *human* beings. Both as a Movement and a Festival we have to stay close to ordinary people and their hopes for a better world. ●



VARNA 12

Varna Opinion

Dr. Roland SIEGRIST, *Secretary General of the Austrian Junior Red Cross*, attended the Varna 12 Festival and the International Workshop on Red Cross and Red Crescent Information held at the same time. Here he develops the widely-felt concern that National Societies and the international organisations need to devote more attention to

Credibility The Unwritten Principle



Bengt ERICSSON/Swedish Red Cross

Credibility, the unwritten eighth Red Cross and Red Crescent principle, is the main strength of our Movement, and not only in our public relations work for which it is indispensable.

It is simultaneously an established fact and a demand that must constantly be met. For our credibility stems from two inseparably linked and interdependent sources: compassion for people in distress, and unconditional, competent action to help them.

Those who are not genuinely moved by the suffering of others will therefore never be credible, nor will those who subsequently fail to respond to the need they see.

The public relations work of the Red Cross must make this duality

understood both outside the organisation, among the general public, and within it, so as to keep Red Cross and Red Crescent workers keenly aware of the fundamental basis of our credibility.

Today the assistance we give is increasingly assessed in terms of an almost automatic demand for, and expectation of, professionalism.

What does this mean for the Red Cross and Red Crescent world?

A departure from the preeminent role of voluntary service, so characteristic a feature of our Movement? No, certainly not.

But it does mean that specialised knowledge and experience are becoming more and more important. This is true in *all* areas of activity, including Red Cross Youth.

The well-written press release, the well-aimed letter of appeal, the instructive radio broadcast, the convincing TV report, the attractive exhibition – they, too, are all tokens of our ability. And this is where the media in particular expect professionalism from us.

The Red Cross must adapt to these expectations and, in public relations work as well, must meet the standards that are set for us from outside. For only then will *our* message get through to recipients amidst the wealth of other material that constantly assails them.

Yet nothing could be more dangerous than to regard public relations work in itself as any guarantee of credibility. Our public credibility is based on actual deeds, and the extent and degree of its success is thus very often determined by the achievements of the individual Red Cross or Red Crescent worker, and by the fact that he or she is on the spot when needed. Therein lies the challenge and the burden, but also the opportunity.

Our existing credibility will help us, but only if we succeed daily in gaining it anew, inspired by a particular motto: "Don't take the effect of the emblem for granted. It has to be updated every day."

In public relations work, too, it is the harmonising of concern with professionalism that will uphold the eighth, but unwritten, principle of the Movement – our credibility.

Roland SIEGRIST

Family Matters

If there have to be victims, those of a film festival must be its jury members. Since 1965, Varna's juries have seen nearly 3,000 films. This year in the Red Cross jury, seven of us watched 57. And quite an experience it was.

If I were a Martian, coming to Earth to try and learn what goes on here, I'd get a strange idea of the Red Cross from just watching the films it makes. If I wasn't bored to galactic tears first, I'd have a hard time even taking it seriously. If I then uncovered the terrestrial economics of film-making at the same time I discovered the nature of Red Cross fund-raising. I might have a spacial seizure.

Were I to understand the essential volunteer spirit, why would I equate it with such rank amateurism? Even amateurism, my inter-planetary dictionary would remind me, has connotations of love, of dedicated passion for the pursuit in hand. What manner of human, I might ask, could inflict such things on others?

Because the truth must be told, to Martians and anyone else: except for the prizewinners and a handful of others, most of those 57 films did not belong on a festival screen, or any screen at all.

If they are meant for real audiences, there is a new chapter to be written into First Aid manuals: how to survive a film show. And somewhere we need volumes on how better to spend the money.

We decided unofficially to encourage the Festival organisers to award a new prize next time: a prize for the shortest Red Cross or Red Crescent film. The idea was not wholly selfish. It might encourage people to think before committing so much of scarce resources; to think of what this medium is really meant to do; to think of audiences; to think of how others see us in this television age; to think.

If there could be a theme for the next Varna Festival, let it be quality for the Red Cross part. Let there be rigorous and impartial selection first. Let it be the best of what we can do. Just in case the Martians arrive.

John ASH

Between Ourselves

Henrik Beer, Secretary General of the League from 1960 until 1981, and Secretary General Emeritus since, died in Geneva on 23 May. Since that sad day, and during the Memorial Service held in Saint Peter's Cathedral on 2 June, messages of sympathy have poured in from all over the globe.

All pay tribute to his leadership, to his vision, to his total dedication to our Movement. But besides all this, there is another theme which constantly recurs: both individuals and National Societies are mourning the loss of a *friend*.

The first time I met Henrik Beer was in Oslo in 1963, the centenary of the Red Cross when the League and the ICRC received the Nobel Peace Prize. I was just another volunteer from the Norwegian Red Cross, but Henrik found time to talk to me.

He believed very firmly that the grass-roots workers were as important as the top officials. His ideas on what the Red Cross could do encouraged many to go on to build up and expand the work of their own National Societies.

Henrik was a natural diplomat. He was at ease everywhere and with everyone. He was helped, of course, by a phenomenal memory and great physical energy, but it was his genuine interest and curiosity for people and ideas that overcame many political and cultural barriers.

He put this remarkable talent at the service of the Red Cross. It is one of the factors that contributed to the decisive growth of the Federation during his years as Secretary General, and the whole Movement is indebted to him.

We cannot include here all the tributes we have received. Let a few words from close friends and colleagues speak as a token of his great network of friends and admirers all over the world.

Hans HØEGH
Secretary General of the League



In Memoriam HENRIK BEER 1915-1987

From the President of the League

The entire League of Red Cross and Red Crescent Societies is saddened by the death of its former Secretary General Henrik Beer. As President, I wish to express both my sympathy and my admiration for him as one of the most distinguished members of our International Movement.

Although we did not work closely together, since his retirement and my election coincided at Manila in 1981, I am well aware of his outstanding reputation, which the League recognised by appointing him Secretary General Emeritus.

In expressing our respect to his memory, let us also remember others who are no longer with us, like Dr. Fouad Tawfik of Kuwait and Onni Niskanen of Ethiopia, whose humanitarian example we should all continue to follow.

After a life spent totally in the service of the Movement, may Henrik Beer rest in peace.

Enrique DE LA MATA
President of the League

Hon. Justice J. A. ADEFARASIN,
President of the Nigerian Red Cross,
was President of the League from 1977
until 1981.

Henrik was a legend, even in his own lifetime. For over 22 years he was the live-wire of the Red Cross and Red Crescent. He was also the anchor that stabilised the Movement as it performed the traditional duties of the League of Red Cross and Red Crescent Societies. Henrik was virtually the Encyclopaedia of the Red Cross. His grasp of the Red Cross Principles and Red Cross history was commendable, and unequalled.

I have not known anyone with a greater commitment to the Red Cross and its principles. He lived and died for our Red Cross and Red Crescent.

I worked with this great man for period of over four years when I was President of the League of Red Cross Societies. I had the privilege of watching him at close quarters as he performed his humanitarian tasks, tirelessly, in the different areas of our troubled world in distress, despair and need. The humanitarian spirit within him kept him at work for long hours without even a meal.

I salute the memory of a great Red Crosser. I salute the memory of a man who very much understood the problems of suffering humanity and met its need. A great man has passed our way, leaving his wonderful influences with the world of Red Cross and Red Crescent. A man of great talent, vision, wisdom and charm. May his sweet soul rest in peace.

Jongheer G. 'Hugh' KRAIJENHOFF, former Chairman of the Netherlands Red Cross and a former Vice-President of the League, remembers "Mr. Universal".

If we would have to characterise Henrik on one word, it would be as the Harmoniser or the Unifier.

I have always been deeply impressed with his exceptional capacity of bringing people of sometimes very contrary views together.

He would go to almost any length to preserve the unity of our Red Cross Movement, without however yielding one inch when the Red Cross principles were at stake.

With his personal interest in everybody and his depth of knowledge of local circumstances all over the world, he was our "Mr. Universal" in the Red Cross. The proverb "A friend in need is a friend indeed" certainly applied to him.

That the League of the Red Cross and Red Crescent could grow to what it is today, we owe to a large extent to Henrik, who made us all feel at home. Many of us have experienced this personally when Barbro, his wife, and he received us with their warm hospitality.

The best tribute we can pay to Henrik is to continue to defend the Red Cross principles he always stood for, and thus preserve the unity of our Movement.

Olof STROH, former Secretary General of the Swedish Red Cross and former Head of Operations at the League, mourns a friend.

I first met Henrik Beer in the Spring of 1955, while I was addressing a National Board dealing with Civil Defence.

Henrik Beer was a member of that Board and I still remember the feeling of meeting someone who seemed to understand so well the importance of what I was doing. He had an almost insatiable appetite to meet new people and to learn new things. And it was his taste, not his sense of duty!

This gift meant that over the years Henrik Beer made thousands of people feel important and feel that what they were doing was also important and worthy of great efforts. Sometimes I felt that he let conceited or lazy people obtain his respect at too low a price, but in sum I believe that with this attitude he served the Red Cross and Red Crescent Movement in an immensely constructive way.

One extraordinary gift is normally plenty for any human being. Henrik Beer had at least two. I am thinking about his resistance to emotional corrosion and corruption. He worked for some 40 years in a morally very trying

environment. When you live to assist destitute and often helpless people, it is easy to become cynical, and even reckless, out of conceit, self-protection, exhaustion or just by cooling off with time. Henrik Beer remained warm-hearted.

Like a great number of people, I mourn a friend.

Irene FALKLAND, longtime volunteer at the League, came across a photograph taken in Germany in 1946. It brought back memories of a phenomenal memory.

In 1946 I was with the Foreign Relations Department of the British Red Cross at our headquarters in Vlotho, a small town not far from Hannover. Here we were visited by Count Folke Bernadotte, then Chairman of the Swedish Red Cross, accompanied by another Swedish official acting as his aide.

In 1961 I came to live in Geneva, and anxious to contact the League again, was introduced at a party to Henrik Beer, who had recently taken over as Secretary General. To my surprise he greeted me warmly, saying it was a long time since we last met. I'm afraid I thought he was joking. Only a



Count Folke Bernadotte and Henrik Beer in Germany in 1946.

few days later did I realise that he was in fact Count Bernadotte's aide whom I had met in Germany 15 years earlier. His memory was better than mine!

Count Folke Bernadotte, assassinated a year later in Palestine, invited Henrik Beer to become Secretary General of the Swedish Red Cross, a post he held for 13 years until his election to the League in 1960. For **Börje WALLBERG**, present Chairman of the Swedish Red Cross, it was "the very beginning of the fast development of our national Red Cross Society, followed by an equally rapid and important accretion in the international field. Nothing was pure official business; everything also had personal relations and dimensions."



Mrs. Sachiko HASHIMOTO of Japan sent this 1963 Red Cross Centenary Year picture of herself and young Red Cross leaders with Henrik Beer.

Annemarie ALM, now Ami WEYAND-ALM, was Henrik Beer's secretary until his retirement in 1981. She recalls a boss who sometimes seemed a "superman".

I always felt it was a privilege to work for Mr. Beer. He was an extraordinary man in many ways. If I chose to list some of the qualities which made him this extraordinary person, the impression would be of a superhuman being.

His sharp intellect and unflinching memory would have made him a scary 'human computer' had it not been for his warm personality and his pronounced sense of humour.

I admired his ability to see Red Cross matters in a wider context and how

they were related to world affairs of which he had a profound knowledge. I had great confidence in his judgement and could, therefore, work for him with loyalty and respect.

He lived and worked intensely. What kept him going at such a pace with such enthusiasm? Part of the answer may be his love for life, his love for people, his interest in everything around him, and his curiosity to learn. He simply seemed to draw energy doing things which exhaust others.

I will miss Mr. Beer's scribbled cards or letters giving me his news. But it is with joy and gratitude that I will think back on the years I worked with him. ●

8 MAY AT THE HENRY DUNANT INSTITUTE

Save Me Today... Kill Me Tomorrow

"Development" is the theme for May 8 1988, World Red Cross and Red Crescent Day, anniversary of the birth of the Movement's Founder.

This May 8, the Henry Dunant Institute invited a wide cross-section of experts to Geneva to do some "creative thinking" on how to build humanitarian organisations in the Third World.

George REID reports.



Jean ZBINDEN

"Yes, you stopped hundreds of thousands of people dying of hunger. But you tackled the symptoms, not the cause."

Among the forty or so experts gathered in the Henry Dunant Institute were representatives of trade unions, human rights organisations, research institutions and universities. They didn't mince their words. And initially, for the Red Cross accustomed to the high ground of impartiality and neutrality, it was perhaps a little intimidating.

Was it not legitimate, said a trade unionist, to oppose the State in some circumstances? How could priests and nuns who champion the poor conceivably be "subversive"? And how much freedom of action did the Red Cross, as an auxiliary to the public authorities, actually have anyway?

As the President of the Institute, Maurice Aubert, explained in his opening remarks, however, the seminar existed to stimulate free discussion, to take an "external perspective" and to learn from others' experiences. After which, a real degree of consensus began to emerge.

Patterns of Aid. There were, said Red Cross development consultant Gunnar Hagman, no "shortcuts to progress".

With the success of the Marshall Plan after World War II in pumping American aid into Europe, the same methods had since been applied to non-industrialised countries as well. "The idea was to get the gross national product up, and the benefits would trickle down to the poorest." But they hadn't.

In the Sixties, equity of distribution was all the rage: "In theory it was a top-down approach, taking Government to the field." In reality, the poor got poorer.

But what, said some of the more radical specialists, of the crippling burden of external debt?

Several speakers cited the **Bulletin of Peace Proposals*** published to coincide with the seminar, and its foreword written by Prince Sadruddin Aga Khan of the Independent Commission on International Humanitarian Issues:

"The dynamics of poverty are forgotten. The industrialised nations have to face up to the real forces which are perpetuating underdevelopment.

"Much of the land in poor countries which could be used to feed hungry people is controlled by companies with household names who use it to produce exotic fruits and interesting cereals for northern breakfast tables."

Hagman did not dispute the point, but simply argued that all these factors had led to a growing role for non-governmental organisations. Since the mid-seventies, "small" had become "beautiful", and not just for theoretical reasons: while governments could plan, they did not always have the resources to "deliver the goods" like

NGOs which were cost-effective, and close to the poor.

Donors First? The trouble, said Elizabeth Goodson of the Plantation and Agricultural Workers (*below*), was that donors showed little patience and wanted "instant gratification from big projects.



Jean ZBINDEN

"The money pours in, and drowns the very people it is meant to help."

Larry Cox of Amnesty International said donors' wishes for quick results could end in "empty structures, very impressive on paper, but filled by people whose only interest was in coming to international conferences".

From the ICRC Roland Hammer said there were occasions when colleagues had consciously to guard against what he called the "Swiss Steamroller", and not impose ideas on local people without proper consultation.

Hardest of all, however, was Jan Egeland of Norway, the Institute's Head of Development Studies (*below*): ▶



Jean ZBINDEN

"Aid agencies have often supported overblown, prestige-ridden projects initiated by expensive expatriate 'experts'. Their only real contacts have been with the 'elites' of capital cities. They take everything over, and leave little when they go."

In particular, said Egeland, external donors and local leaders kept repeating the same mistakes:

- * They adopted short-term projects instead of long-term programmes, with a temporary boom in activities but little of lasting value.

- * They wanted quantity rather than quality, causing bottlenecks and breakdowns.

- * The choice of project, area and personnel was too often decided by the donor and not by the people in need.

- * Local staff were not used in the formative period, yet they were expected to take over after the funds had dried up and the "northern experts" had gone home.

From Relief To Development?

"Donors like big emergencies, and quick results. The long-haul of development work doesn't grab the headlines. If you don't have both, however, it's a case of save-me-today-and-kill-me-tomorrow."



Béatrice PLANTIER/ICR

League Secretary General Hans Høegh (*above*) admitted he was still regularly advised to "stick with what the Red Cross knows and does best – straight, emergency relief only". And funding for National Society development in the past decade had only been about 5% of the sums available for disaster work.

"You cannot have an effective relief operation without a strong local organisation. And that can be built up only by regular, community-based activities."

Perceptions of disaster in donor countries, said Gunnar Hagman, were often hopelessly out of date.

"Disasters are still seen as sudden and short-lived events which take the victim by surprise. In reality, the majority of today's disasters are open-ended, occurring and reoccurring in the same areas with increasing frequency.

"It is simply no longer possible for relief agencies to get in and out quickly."

Slowly-emerging disasters could be countered only by long-term rehabilitation and development programmes, aimed at reversing the declining conditions in vulnerable communities.

NGOs, if firmly rooted in the community, could be an effective "first line of defence" against disaster. They could give early-warnings of the approach of famine, rehabilitate disaster victims, and engage in community-based development in health and other fields, thereby contributing to national development.

The "grassroots" approach was repeatedly stressed. Many African Red Cross Societies, said Tom Buruku of the League, had started as "colonial branches – run by the wives of governors, police and prison commissioners. As Independence came nearer, they took some of the local 'elite' on board. They left a tradition of 'prestige', not closeness to those in need".

And the trade unionists were remarkably tough about the transfer of funds for the salaries of local elites. "As long as the money goes in at this end, the paper will be churned out to satisfy the donor, but that's about all," said Elizabeth Goodson.

Horst Stasius, from the International Union of Food Workers, was also hard. "I've seen local bosses in their big offices, with their big cars outside. One said to me – 'if the members don't pay my salary, why should I kill myself serving them?'"

A True Partnership. Having thoroughly lambasted the syndrome of "northern aid arrogance", the seminar had finally to turn to the much more difficult job of trying to assess what should be done in future.

One speaker quoted the late Archbishop Dom Helder Camara: "Poverty is the name of war in the Third World". The general public in rich countries had to recognise this simple truth and force change on their governments. But in a world where over 75% of the international information networks are controlled by four news agencies, with only passing reference to development issues, this was admittedly difficult.

Regardless of the overall framework, however, speakers urged a fundamental realignment of attitudes in the NGO world. "The old paternalistic days with

the 'senior' external partner taking the decisions are outmoded," said Hagman.

"There is a need for a mature adult partnership based on equality, with most of the planning and decisions being shifted to the community in need."

And Elias Sawe of the Lutheran World Federation (*below*) took up the same theme: "Community participation has too often meant: 'You participate in what we decide for you....'"



Jean ZBINDEN

"Community-based programmes mean trusting local people to know their own problems, their resources, their weaknesses, what skills are available and what strategies to adopt. It means external delegates becoming facilitators rather than programme designers and implementers."

But are the big donors, caught in a competitive race with other agencies and constantly under pressure to show quick results to those who put up the money, ready to stand back and let local people get on with it?

"Bottom-up" community-based development may well be the Third World's "first line of defence".

But only if the so-called 'First World' can abandon some of its "top-down" attitudes and loosen the purse strings.... Otherwise those who are helped today will only need more help tomorrow, if they survive at all.

George REID

* *Bulletin of Peace Proposals*, Vol. 18, No. 2, 1987 – a Special Issue published by Norwegian University Press in cooperation with the Henry Dunant Institute, Geneva.

The Henry Dunant Institute carries out studies, research, training, and seminars in all areas of Red Cross and Red Crescent activity.

A new series of *HDI Studies on Development* will focus on the efforts of the Movement and of other organisations to assist humanitarian institution-building in Third World countries.

The first volume in this series, *Third World Organisational Development, A Comparison of NGO Strategies*, has been published this year.

ITALY

Yes to Life No to Drugs

"Yes to Life, No to Drugs" was the slogan of the International Conference on Drug Abuse and Illicit Trafficking held under United Nations' auspices in Vienna, Austria, last June. 3,000 delegates from more than 130 countries took part, including Dr. Massimo BARRA, (far right) of the Italian Red Cross, who represented the League.

Ann NAEF visited the Italian Red Cross in Rome to see how Dr. Barra and the Society help tackle one of the world's most serious and ever-growing social problems.

Half a dozen dogs amble around the unkempt grounds and run-down buildings of the Villa Maraini in eastern Rome, adding to its sleepy air. But the appearance is deceptive. The Villa is the centre of a city-wide network of services for drug addicts in the Italian capital. Run by the Municipality of Rome in conjunction with the Italian Red Cross, it acts as a daily lifeline for hundreds of drug dependents and former addicts, most of them young people.

Italy has almost a quarter of a million addicts, 20,000 of them in Rome. Though the rise in abuse is tapering off after the explosion of the heroin market in the early 70's, there is no sign the problem will go away.

Dr. Massimo Barra, a physician from Rome, bulldozed the Villa into existence as an open therapy centre in 1976, in the teeth of opposition from a variety of sources and a crippling shortage of funds. Dr. Barra, a jovial 'mover and shaker' who now heads the Italian Red Cross Volunteer Service, is under no illusion about the dimension of the drug problem. "There's a 33% rule of thumb," he explains. "After ten years on heroin, 33% of users are dead, another 33% are still on drugs and 33% have shaken their habit."

The Villa's shabbiness is part of its success. Its informal, relaxed style is a far cry from the officialdom of medical institutions that is so intimidating to people who are already strongly aware of their marginal status.



Photographs by Mirella PRINCIPE

The Villa is open from 9 a.m. to 9 p.m. Only three rules apply: no drugs, no theft, no violence. Its 'clients' are drug dependents, past and present, among them prisoners on parole, but also professional people and celebrities who appreciate its discretion. Tramps, alcoholics and borderline psychotics also drop in off the streets. No-one is turned away.

The ramshackle buildings, located in a large park belonging to the Rome Branch of the Italian Red Cross, hide a surprising variety of services: medical care, group psychotherapy, individual counselling, social assistance, a workers' co-operative and vocational training in an on-site printshop. Its staff of three physicians, three psychologists and a social worker guide users towards other services of the integrated system of aid - a hospital-based detoxification centre and two long-stay residential centres. They are backed up by a committed group of volunteers, some of whom have a special qualification for the job - they are former drug users themselves.

Dr. Gabriele Mori, head of the Social Services of the Municipality of Rome, says the Villa and associated services aim at giving "a diversified response... our goal is to provide the right type of assistance to the right person".

The right time for starting the help is also crucial. Barra explains: "Very little can be done before the addict's 'honeymoon' with his drug is over. It takes two or three years before disillusion sets in. We offer help only when the addict has decided to break free from his dependence."

Hotline. Many of the Villa's clients come through its 'hotline' telephone service.

Manned by volunteers twelve hours a day, it answers some 200 calls a week. Many are emergencies - a family crisis or an overdose - requiring the despatch of an ambulance with a doctor or an Italian Red Cross first aid volunteer.



Hilarion (above), a regular helper with the phone service, says his eight years as an addict 'make all the difference' in answering the appeals for advice and help. Now, with the transmission of AIDS established among needle-sharing intravenous drug users, the service has to cope with a new and devastating problem.

The hotline drew Andrea, a 25-year-old from Sardinia, to the Villa. He has been on heroin since he was 14. Now he is almost ready to start at a residential community, after the counselling period that tries to ensure applicants will benefit from this kind of treatment.



Suddenly disaster has struck – in the form of a weekend drinking bout that probably represents a flight of panic from this major decision.

“Why did I do it? I’ve never drunk before,” he appeals to Marco Pasantino (*above right*), one of the Italian Red Cross volunteers who work at the Villa. “My life was beautiful... now, no more!” His ‘fall from grace’ and the despair that goes with it are potent indicators of the effort of will that a residential centre represents for a fragile personality. With luck, the support system provided by the Villa will help him over the hurdle.

Most addicts will turn first to the ‘Servizio Assistenza Tossicodipendenti’ (aid service to drug dependents), an annex of San Camillo General Hospital. Here Dr. Vittorio Lelli heads a small staff unit, helping drug takers break their habit. “It can be done very quickly, in four or five days, or gradually, over a period of weeks or months. It’s up to the patient,” says Lelli. The unit sees some 300 addicts a month. Methadone therapy (the prescribed dose of a heroin substitute) is the usual choice, but whatever they opt for, all are given a complete medical examination and psychological counselling.

To this basic support Lelli has added a programme of social activities: showing new films, sports events and excursions to the country and seaside, with staff and volunteers joining in. “We try to offer alternatives, another vision of

life,” he explains. “Sometimes the only thing these people have in common is a heroin habit and a negative self-image. It helps them to see that they can mix with normal people.”

Making the Break. Young people who have managed to break with drugs and want to make the break a permanent one can turn to help from two residential centres – one on the outskirts of Rome, the other deep in the Umbrian countryside – that are part of the Roman network. They offer both a psychological retreat from outside pressures and a strongly structured existence.

The first month is a ‘blackout’ period, spent entirely in the centre, without phone calls or letters, to ensure the new arrival’s successful integration into the group. Later, short ‘home leaves’ are granted, and the resident takes on increasing responsibility in the practical running of the community. Training in vocational skills and work in the community gardens are coupled with individual and group therapy sessions.

Onofrio, director of the centre at Chiesa delle Pieve for the past four years, says the decision to join a community “has to be emotional as well as rational.” The community, he explains, works on the entire person. “When drug taking begins, emotional development stops. In many ways we are encouraging the emergence of a different person and changing their self-image.

“Accepting that you have become someone different can be a problem in itself.”

About 40% of those accepted for the community’s 30 places give up before the end, and 10% of those who complete the 12-18 month residency go back to drugs. Those who do stay the course retain a family-like attachment to the centre, returning for the festivities that are organised at Christmas and other holidays.

Towards the Future. One Chiesa delle Pieve resident with his sights quietly fixed on a drug-free future is Massimo, 26, a nurse from Milan who started on heroin at 14. As he shows off the centre’s vegetable patch and rounds up a wandering pig, he chats easily about the ten months he has spent here.

When talk turns to his imminent future ‘outside’, his thin face takes on a wistfulness and his voice a new gravity. Here is the problem that torments every drug dependent, and adds a touching, tentative note to the otherwise open and cheerful way the residents discuss their addiction and its treatment. If he returns to his home environment and his friends, will he be drawn back to drugs? Without them, will he make it?

Massimo thinks the solution will be to find work in a small town. “It will be very difficult. But I am very motivated,” he says firmly.



On a wall back at the Villa Maraini, someone has felt-penned “Viva Io!” – “Long Live Me!” Anywhere else it would be a shout of triumph. Here it sounds more like a plea.

Ann NAEF

FRANCE

Dial CRF! A Year's Adventure With 'Minitel'

Take an ordinary telephone, and the everyday voice and text network that goes with it, add a video text access point, a small terminal with screen and keyboard – and you have Minitel, a communications system that in the past year has become a French technological revolution.

Today in France there are over 2.2 million Minitel terminals in the hands of private individuals as well as companies, most of them distributed free of charge by the Post Office to begin to replace the paper telephone directory. A data bank of 24 million addresses provides details of all telephone subscribers in every corner of France.

And that's not all. Where in 1985 there were only a few hundred other services, today there are almost 3,000, and every day three or four more come on-line. There are systems available for every need and taste. From horoscopes, through small ads, to booking theatre tickets or shopping from home. There is more information direct from newspapers, Ministries, transport companies, and, of course, the weather bureau. And educational and recreational games, prize-winning competitions and the exchange of messages and letters all help to explain how and why French telephone users have become infatuated with their new system, to the tune of an astonishing 23 million calls a month.

The French Red Cross has not been slow to get on board this breakthrough in public communications. From April last year, an initial experiment was started by the Departmental Branch of the Hauts-de-Seine, in the suburbs of



Paris. After positive first results, the system went national in September, using the dial-in code CRF (the Society's initials in French). It was a first for humanitarian organisations in France, and an example now followed by other bodies like *Médecins sans Frontières* and *Caritas-France*.

What is in it for the Red Cross? Firstly, Minitel has the advantage of presenting renewable information promptly and accurately at all times and in a simplified form to a wide public. It combines the flexibility of the audio-visual with the consistency of the written word.

Always available and permanently adapting to topical events, it is the ideal instrument to present emergency news quickly. When an earthquake hit El Salvador, for example, information was updated virtually hour by hour. During the Paris bombings, updates were coming in every few minutes.

Secondly, Minitel does not only serve up public information, but can receive questions, and permit volunteers to "talk" to each other via a 'letter-box'. Once sent, a message is received immediately and stored, which can be very practical for Red Cross volunteers who are often difficult to reach.

Minitel is also a way for the public to get to know the Red Cross better, to find addresses and contact points locally, nationally and internationally, or even to study Red Cross history, Principles and the workings of the Movement.

Red Cross and Red Crescent news re-transcribed from League

and ICRC outputs in Geneva, health information and education (on AIDS or drug addiction, for example), prevention and treatment of accidents, First Aid instruction, addresses of dispensaries, day nurseries, retirement homes, and National Society activities for the elderly, the disabled, and other social welfare work as well as national and international relief and emergency activities – all are available by dialling CRF on Minitel.

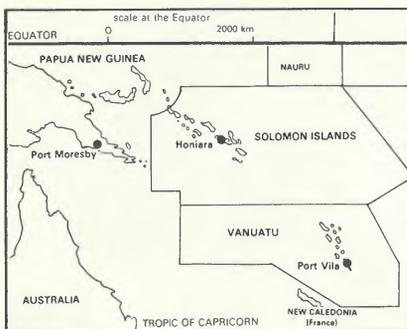
Donations from the French data processing companies SMT Goupil and Méta Vidéotex allowed the Society to get the equipment and the low-cost independent telephones lines the service requires. Conception, technical maintenance and updating of information are entirely the responsibility of Red Cross volunteers who in their professional lives are also data processing or telecommunications specialists, editors or journalists.

The future will see many new possibilities for Red Cross volunteers with everything from agendas of meetings to availability lists of First Aiders and relief workers. And now a study is under way with the French Post Office to see how sister Societies can communicate with Minitel CRF. Minitel addicts at the French Red Cross are hoping to celebrate the second birthday of their system in the company of many small sisters – and brothers.

Nicolas GROS,
French Red Cross
Hauts-de-Seine

SOCIETY PAGES

VANUATU/AUSTRALIA



Pipol Helpem Pipol

Mrs Lea SHAW, health educator and former staff member of Fiji Red Cross and the Australian Red Cross, was on her way to Vanuatu last February to prepare a health education course when Cyclone Uma struck the Pacific islands. During a stop-over in Noumea, New Caledonia, her mission instructions changed dramatically, and the League's Pacific Extension Desk asked her instead to assist the fledgling Society's relief effort. Fortunately the intrepid traveller (right) had also packed her sense of humour, and so could set to work at once on the special task of "Uma-vating".

The cyclone which devastated Vanuatu on Saturday 7 February 1987 was called 'Uma'. So in Vila, the capital, the term "Uma-vating" came to mean 'renovating' after Uma.

I had just arrived in Noumea (New Caledonia) for an overnight stop en route to Vila to organise a Red Cross Health Programme, when I was informed that there was a cyclone heading for Vanuatu. It was necessary to stay in Noumea for a few days (and this was a disaster in itself!) as no flights were running.

Red Cross Headquarters in Melbourne contacted me to ask if I

would continue the project as a disaster relief worker instead of in the proposed role as health educator. I agreed, being no stranger to 'disaster'.

I had just begun working for the Fiji Red Cross in 1983 when cyclone 'Oscar' struck, and during my most recent health project in Fiji and Tonga last April, cyclones again ravaged Fiji and I was there to lend a hand.

So here I was once again, now regarded as a 'disaster person'. It has even been suggested that if Red Cross were to keep me in Australia, there would be no more disasters in the Pacific!

The Air Calédonie plane provided my first view of Vila. From the air, roofs were gaping holes, galvanised iron was wrapped around poles and trees, and coconut palms lay like fiddlesticks on the ground. But the biggest shock was the colour of the place. This green tropical paradise had been transformed into a dry, brown bush, scorched by the force of the winds.



As planned, 'Tour Vanuatu' met my plane and told me what I already suspected. My hotel had been blown away. They had a reciprocal agreement with owners of some flats, so I consented to stay there. My accommodation had been prepaid, so I felt some obligation. It was extremely basic, but self contained - with no water or electricity, thanks to Uma. I felt far from secure in my new home. I had brought with me from Noumea food and drinks, so I found a shop nearby which sold me some mosquito coils, candles, disinfectant and matches - all the necessities of home.



I decided to make straight for the Red Cross office, so set out to walk the distance. Many directions later my worst fears were confirmed. The roof had gone and two of the four walls of one end room had been blown away (*above*). Inside the office, paddling in four centimetres of water, was Leisuak Kenneth, the Secretary and only full-time staff member, trying to go about her duties.

The main problem was that all the disaster stock, mainly clothes and blankets, had been soaked by the rain. As it was now Tuesday (the cyclone struck on Saturday night) they needed urgently to be hung out to dry - all 75 bags of them! This was our earnest task for the next two days, interspersed with many meetings where we represented the Red Cross. By Thursday we were ready to distribute our 'wares'.

Thursday was also the day I became a member of the Government's assessment team going to the southern islands by Puma helicopter. Red Cross's role was specifically to assess the locations where clothes and blankets were required, but the team included personnel from health, water supply, agriculture, local government, physical planning and the Government's video technician to record the damage pictorially.

The trips to the three islands of Tanna, Erromango and Aniwa were undoubtedly the highlight of my whole stay (*below*). Here was



the real Vanuatu. The cyclone damage was no less severe – the trees were brown, the people were suffering the same discomforts, but the effect was somehow different. Here where material possessions meant so little, people were busy rebuilding their grass houses, their crop gardens, and generally taking the cyclone in their stride (*right*).

Here I saw my first active volcano. We were setting down at certain pre-determined villages, but made an unplanned stop at a village below a crater lake. The lake had risen to maximum level and was lapping the bank directly above the village. There was an urgent need to warn the villagers. While the others talked with the chief, I marvelled at the volcano above us. Every few minutes its rumble sounded like loud thunder and brown smoke belched from its mouth.

The assessment visit to Erroman-go next day was just as eventful. During a planned set-down at a village with the delightful name of 'Happy Land', we were told of a pregnant woman in the next village whose baby's movements had stopped "as a result of the cyclone". She was now too ill to travel and had a fever. To the doctor and I, it didn't sound too good, so it was decided to evacuate her back to Vila. To reach her we made a most precarious landing, weaving our way up a riverbed and in and out of coconut trees to land in the only clearing available.

Then began a four-kilometre walk straight up a rough mountain track which was the only access to the village. The woman had aborted twin girls, both still-born, just a few hours before our arrival, so all we could do was strap her onto a stretcher for the long haul back down to the helicopter. I later heard that she would certainly have died from the infection had she not reached medical help when she did.

Despite the extraordinary, exciting, once-in-a-lifetime experience, there were times when I was really lonely. I was missing my family and the comforts of home which I vowed I would never take for granted again. Water, electricity, fresh vegetables, dry feet and hot showers will be revered from now on.



Yet there were some special people who did manage to brighten up my days. They were a group of tourists from Australia who, like me, were stranded in Noumea and who decided to go on to Vila instead of returning home. After all, they hadn't taken all those malaria tablets for nothing!

They made two mistakes, however: they offered their services to Red Cross as volunteers, and they told me where they were staying.

As soon as I saw the Red Cross building, I knew the roof would have to be prepared urgently or we had no chance of fulfilling any useful role with all our disaster supplies soaking wet. So I rounded up my tourists and suggested they do what they could to make us waterproof. What a marvellous job they did – costing, purchasing, delivering and finally constructing the

roof! Their wives kept them fed and watered. What ecstasy to have dry feet and hair again! I don't think they had a really relaxing holiday, but they surely earned our gratitude and admiration, and took back with them a letter of thanks from the President of Vanuatu.

It really exemplified the Vanuatu Red Cross slogan of "Pipol helpem pipol". I was proud of them. So after two exhilarating but exhausting weeks, I came home. The day I left marked the official end of the emergency relief phase and the reconstruction and rehabilitation stage was to follow. This will no doubt be long and tedious, but Vanuatu will recover.

As I dragged my tired body through Customs and Immigration at Sydney Airport, the cheerful officer enquired, "Did you have a good holiday?"

Lea SHAW

Australian tourists press-ganged by the author help to rebuild Vanuatu Red Cross Headquarters. (Photographs by Lea Shaw)



SOCIETY PAGES

BELGIUM

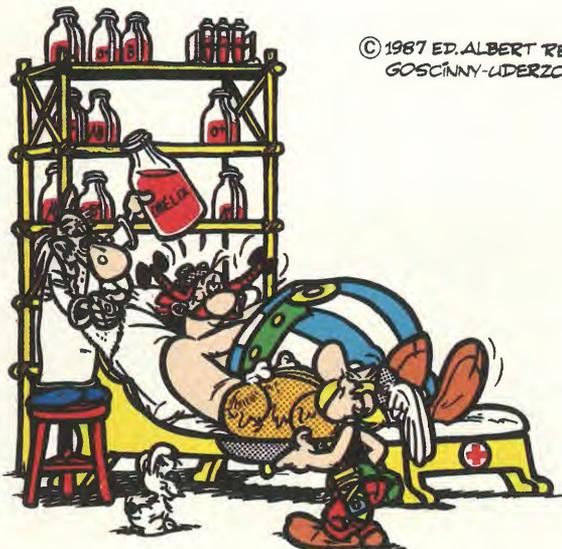


The Belgian Red Cross has done it again! Every year from the end of April to the beginning of May, the Society organises its biggest information and fund-raising campaign of the year, when simple goods and especially stickers are sold to the public. Since 1983 the stickers have featured well-known characters from comic books and strip cartoons – a Belgian speciality – and this year it was the turn of world-famous Gaul and scourge of the Roman Empire, Astérix, with inseparable friend Obélix, dog Idéfix and others.

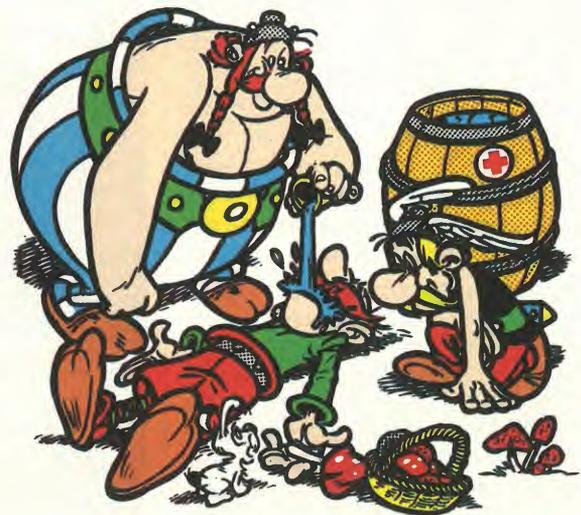


In an amusing but always sympathetic way, the characters depict a number of the activities of the Belgian Red Cross, like the library service delivering scrolls to patients in hospitals (see story on next page). The benefit to the Red Cross image is considerable, across the entire spectrum of the population. And there are more tangible benefits too. When comic characters started to appear on the stickers, sales immediately increased by 25%, with more than 2 million sold last year.

The series of all five stickers entitles the buyer to take part in a lottery with Sabena airline tickets and English Channel ferry crossings to be won. And this year, as a token of their support for the Belgian Red Cross, the publisher of Astérix, Albert René in Paris, and the artist Uderzo, waived any royalty payments. For the Red Cross in Belgium, says Edgard Eeckmann of the Flemish Section's Public Relations Services, the problem is going to be finding more characters for the coming years with such appeal to all age groups and communities.



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GOSCINNY-UDERZO.



BELGIUM

50 Years of Books and Visits

Luc de MUNCK of the Flemish Section of the Belgian Red Cross reports from Brussels on the Society's hospital library services.

"A Book, A Visit" was the slogan of this year's information and fund-raising fortnight of the Flemish Section of the Belgian Red Cross. (The Society has existed in two autonomous sections since 1972, covering Flemish-speaking and French-speaking Belgium respectively.) And the slogan was to draw attention to Red Cross work in the stillness and privacy of hospitals, where with a book and the accompanying visit, patients are offered some distraction and entertainment from their misfortunes.

The service also celebrates its Golden Jubilee this year, and in the 50 years the Red Cross book cart has wheeled its way among hospital beds, volunteer "librarians" have distributed more than 20 million books!

Following examples from some other countries, the first hospital library was opened in Brussels on March 13, 1937. The Queen Astrid Library, named after the Belgian Queen who had died two years earlier, at once achieved remarkable results, with almost 15,000 borrowings registered in its first year. A reading committee was organised to go through all the books in the library. Contents were analysed, since some subjects clearly could be unsuitable for hospital patients, and appreciations were indexed on cards to be used by the mainly female volunteer "librarians".



Belgian Red Cross

During World War II, the Belgian Red Cross organised regular collections of books for hospitals and prisoners of war, with Youth Members lending a hand.

Soon new libraries were being planned, and a National Committee of Hospital Libraries was formed. During mobilisation, the Committee was asked to set up provisional libraries in military hospitals. 21 were operating at the outbreak of World War II, and the Belgian Red Cross opened a new service in 1939 to send books to prisoners of war.



Care and contact with "a book and a visit".

Belgian Red Cross

One future "librarian" who answered an advertisement in a Brussels newspaper in 1942 recalls that the training was far from easy. "University professors and the librarians of great libraries were our honoured teachers and we had to learn the classification system by heart!" By the end of the war, she was working in two Brussels hospitals where conditions were "horrible and the wounded did not have even a minimum of space. The mood was very depressing, but even with a limited choice, the library service tried hard to get organised and make life a little better for our readers".

After the war came the breakthrough. Within five years the number of books lent rose to over 350,000, the number of libraries grew from 37 to 52 and the number of volunteers from 150 to 325. Slowly but surely the field was extended: in 1955 to the sanatoria, in 1959 to the mental hospitals and in 1960 to the old people's homes.

With the federalisation of the Belgian Red Cross in the 70's, the hospital libraries were also divided into two sections. Special appreciation of the service in Flanders came in 1985 with the award of the "Golden Book", the medal of the Society for the Promotion of the Flemish Book, awarded to individuals or institutions who have specially contributed to the promotion of reading. This time, it was awarded to the members of the Reading Committee who devote such time and interest to making positive selections of the books and to all the many "librarians" who by their actions convey a sense of the solidarity that can exist between the healthy and their neighbours who are sick.

And all of this is the work of volunteers, whatever some people may think. Misconceptions still abound, even after 50 years, like the story of a young woman in Ghent who received a visit from a Red Cross "librarian" the other day. The patient, lying in bed, said she didn't want any books at all. But her mother, also paying a visit, intervened. "Do take a book, darling," she said. "The poor woman has to earn her living too. ..."

Luc de MUNCK

SOCIETY PAGES

USA

Letter From Denver

The lights dim, a hush falls over the 3000 delegates, and the Emcee (American for "Master of Ceremonies") goes into his routine: "Yes, folks, here she is. She's glamorous. She's enticing. She's our very own CHAMPAGNE LADY...."

The dazzling, bronzed blonde – who just happens to be the Creative Director of the American Red Cross – gets to her feet and waves to the crowd. There is thunderous applause.

"HI!" she says. "Don't y'all jest luh mah buhbbles."

And there, sure enough, on the far side of the platform, a member of her creative staff is operating a contraption which sends vast soapy bubbles floating across the heads of the diners.

This is the Red Cross *en fête*: the Gala Champagne Ball, when delegates to the 1987 Annual Convention forget the daily business of the Society and dance the night away to the strains of the Gordon Dooley Orchestra.

It is a heady cocktail, the 62nd American Red Cross Convention, especially here in the 'Mile-High' City of Denver, Colorado, 1700 m above sea-level. It is part Hollywood showbiz spectacular, part Old Time Gospel Hour, part business wheeler-dealing, and the whole enlivened by amazing friendliness, professionalism, and hard sell.

The organisation which Clara Barton founded in 1881 has grown into a giant corporation which spans the country. Turnover last year: one billion dollars. Paid, professional staff: 22,000. Trained volunteers: 1,400,000 in 2900 chapters. In business terms, it is the eleventh biggest enterprise in the nation's capital, Washington D.C.



Ralph WRIGHT/American Red Cross

Away from the froth of the champagne evening, the Convention is at times more akin to a seminar at Harvard Business School. Senior staff are on the move all the time, trying to sharpen up the Society's key goal – to be identified by the American public as an emergency service organisation, operating specifically in the Disaster, Blood, Transplantation, Health and Safety, and Social Work fields.

A vast arena in the city's Curri-gan Hall is set aside for over 100 exhibitors with this expertise: companies who turn buses into blood-mobiles, firms which make disaster clean-up kits, and Red Cross stalls on AIDS, International Services, Emergency Communications, the League and the ICRC.

In "Cracker Barrel" sessions delegates debate instructional systems for the 90s, human resource planning, outreach programmes for the black and Hispanic communities, market research, Planned Giving and service contracts.

There are "mix and match" meetings, often over breakfast or lunch, on such subjects as international commitment (with increased involvement in Latin America and Southern Africa) and on giving radio and tv interviews ("Don't Eat the Microphone" is the cardinal principle, says the speaker).

There are "Grip and Grins" for those who have won awards, an amazingly fast way to get pictures into papers right across the country: Chairman and President take

position. Prizewinner advances. Photographer ready. GRIP! Outstretch hands. GRIN! Smile to camera. Next, please!

The Convention slogan was "Communicating So Much, So Well" and no Society knows so much about communication and marketing as the American Red Cross:

"You're sleeping with everyone your partner slept with for the last 10 years": a direct advertisement on the dangers of AIDS.

"Spread FACTS, not FEAR": AIDS television commercials from such stars as Meryl Streep, Johnny Carson and José Feliciano who had gifted their services to the Red Cross.

"Know how to JUMP START a Life": a campaign for cardio-pulmonary resuscitation (more than twice as many Americans can restart a car whose battery has died as can start a heart which has stopped beating).

To cram everything into four days – a constant round of meetings, a string of chapter parties, the superb theatre of 250 uniformed volunteers parading to the strains of Omaha's Strategic Air Command Band, the Governors gripping and grinning as they shook several thousand hands at a Picnic in the Park – took more than Hollywood.

Beneath all the bubbles it took real American know-how, can-do and efficiency. And the big warm heart of the American Red Cross.

George REID

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Our best ever



INTERMARCH-ESPINA

Table service on long haul flights

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Private check-in.
A special
baggage tag.



**30 Kg
of baggage...**
Priority at
departure
and arrival.



Special armchair*
A "snoozer" seat for
greater comfort.
*on TriStar 500

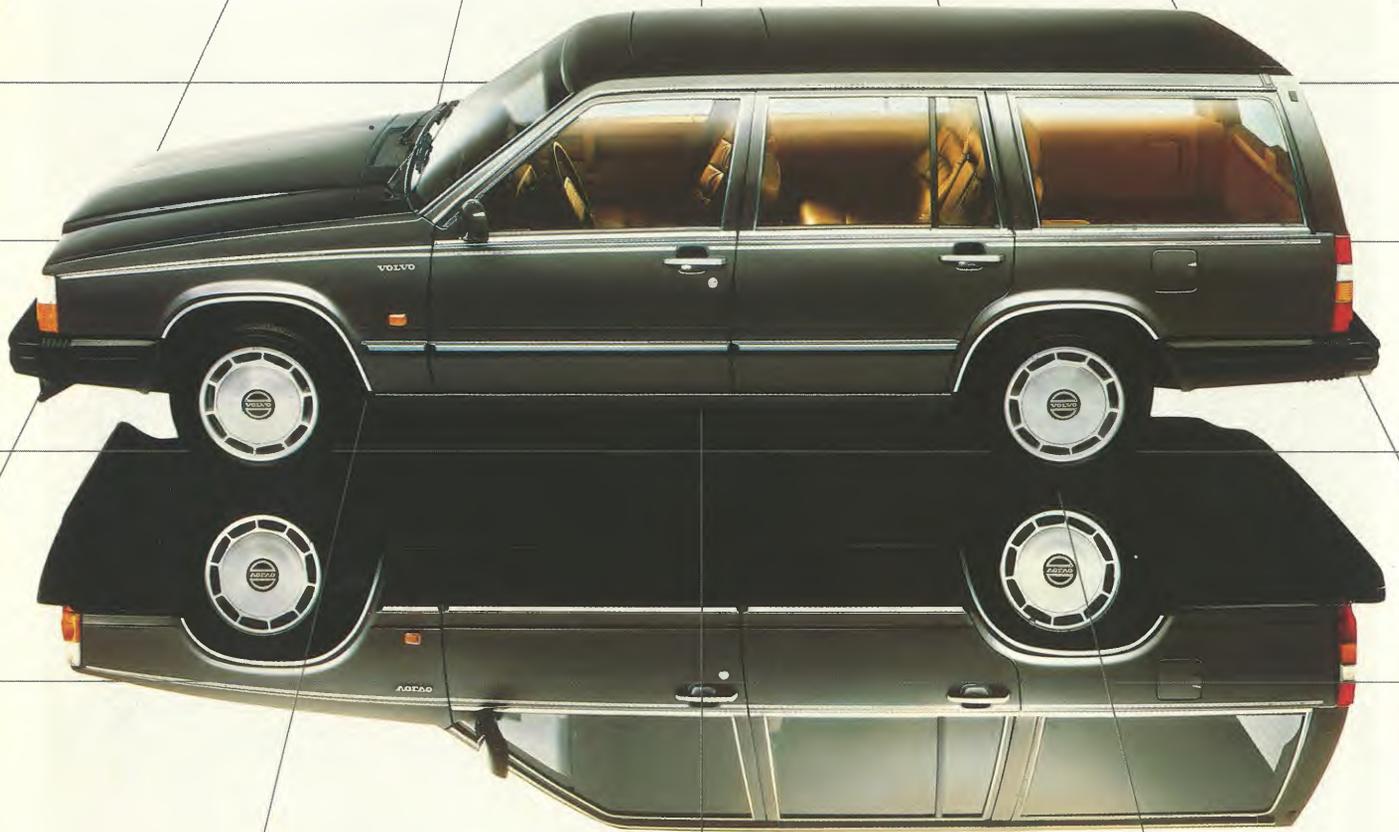


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