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+C RED CROSS RED CRESCENT

THE INTERNATIONAL MAGAZINE OF THE LEAGUE OF RED CROSS AND RED CRESCENT SOCIETIES
JANUARY 1987 3 Sfr.



**INTO
A
NEW
ERA**

**A NEW
TITLE FOR**

THE LEAGUE

**1987 HAPPY
NEW YEAR**

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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.



INTERNATIONAL CONFERENCE: Ambassador Jeremy Shearar and colleagues leave the hall after the XXVth International Conference voted to suspend the South African governmental delegation. Reports on this and other Conference events **page 6**



KALAMATA earthquake victims face a bleak, cold winter under canvas. Since last September's disaster, the Hellenic Red Cross, with League help, has been mounting a major operation to keep them fed, warm and sheltered. **page 13**

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COVER PICTURE: INTO A NEW ERA

Photograph: Liliane de TOLEDO

Henry Dunant, founder of the Red Cross, looks down from a spectacular depiction of the Battle of Solferino at two volunteers in the Provincial Headquarters of the Pakistan Red Crescent in Lahore.

In November 1986, following the revision of the Statutes, the official name of his creation became the International Red Cross and Red Crescent Movement.



SALVADOREAN RED CROSS volunteers, the League and computer technology are all involved in the reconstruction programme following the October 10 earthquake. Swiss TV reporter Béatrice BARTON was one of the first on the scene. **page 16**



PAKISTAN is host to the world's largest refugee population: 3 million Afghans who have fled across the neighbouring border to escape the conflicts that have embroiled their country for more than seven years.



In a **SPECIAL REPORT**, League Public Affairs Director George REID (above, with young Afghans) and photographer Liliane de TOLEDO meet some of the people, from Pakistan and abroad, who work with the refugees. **page 23**

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Between Ourselves

Henry Dunant, the Geneva-born founder of the Red Cross, looks down on the new cover of this magazine at two Red Crescent volunteers, in Lahore, Pakistan.

We have come a long way from the Battle of Solferino so magnificently depicted on this far-away mural, the battle that gave rise to the simple idea of "private societies" formed to care for the wounded in war.

We are now a huge family of 144 National Societies, since the Red Cross Societies of Angola, Guinea, Guinea-Bissau, St. Lucia and Surinam, together with the Red Crescent Society of Djibouti, joined us last October.

To them, we bid the warmest welcome, as we will surely soon do to the other Societies which are now in the process of formation.

It is especially fitting that it was in Geneva, last October, that the International Conference passed by acclamation the revised Statutes of the International Red Cross which now allow us to be called "The International Red Cross and Red Crescent Movement."

I would like to think that Henry Dunant would be proud of how far his work has come, and that in his home town, the full validity of the two symbols of the Movement he created have been formally recognised in a new name.

We therefore feel it to be the right moment to reinforce that recognition with a new name for this magazine. "The League" will henceforth be published as "Red Cross, Red Crescent", for that is what it is: an international news magazine that reflects the activities, and the views, of all our 144 Societies and all *their* members. This is a magazine not for one element alone, but for *all* the members of our Movement's family.

The family that met last year in Geneva was, as you know, involved



"Portrait" of Hans Høegh and League President Enrique de la Mata discussing the CHILD ALIVE Programme with African colleagues: one of the drawings by Geneva artist Kira Weber for the CHILD ALIVE exhibit at the October meetings.

in the occasional squabble. Families often are. But as in all good families, there was also mutual support, especially for members in difficulty.

Headlines from the International Conference were dominated by South Africa, and the suspension of its governmental delegation. Speaker after speaker condemned the apartheid system, and the League's General Assembly a few days earlier recommended National Societies to set aside a day in early May to be dedicated to the elimination of racial discrimination.

That same Assembly, representing only the Red Cross and Red Crescent family, was forthright in its support of one of its own. In our debate, the representative of the South African Red Cross Society told how they were "the *only* organisation which has the recognition of *all* the many communities in our troubled land."

Their humanitarian work is effective, he said, "because we have demonstrated to the people that we are independent, that we are neutral, that we are impartial..."

This Society is better aware than many of the critical nature of the times, and is actively seeking to broaden its activities and increase its efforts. But, as Chairman Gurth

Walton said, "we can only do this *because* we are independent of our government, and we can only do so if we continue to receive the support and encouragement of this inspiring Red Cross and Red Crescent Movement".

Without exception, delegations to the Assembly recognised and supported the work being done by the Society. Brazilian Red Cross President Mavy Harmon spoke for many when she said "it was one of the most moving moments in my Red Cross life".

The General Assembly also had to face up to some of the difficulties resulting from the enormous expansion of League activities in Africa during 1984 and 1985, which was followed by a sudden downturn in funding in 1986.

Here we looked outside the family for advice, from the independent evaluators Price Waterhouse Consultants and from the Institute of Development Studies.

These two studies reported that the League had probably done no worse, and possibly better, than a number of other agencies at the time. Thousands of people are alive today thanks to the Red Cross and the Red Crescent.

But the evaluations noted the need for greater professionalism in

what we do, and for a strengthened Secretariat here in Geneva.

Within days, the Executive Council had taken a number of decisive steps: to find a new Deputy Secretary General with particular responsibilities for administration, and to look for a Director of Operations, to be appointed solely on professional merit.

We are also moving to improve our support services, and by April a special committee under the Chairmanship of Dr. Dmitri Venedictov of the Soviet Red Cross will have reported on the broader policy issues and recommendations raised in the evaluations.

Here too, it is the start of a new era. As the League's President Enrique de la Mata put it: "This Assembly will be written in indelible letters in the history of the Movement, because we have shown the will to move forward and to adapt to new conditions..."

This we will do without ever losing sight of our primary objective: to bring help to the victims of disaster and conflict, and to our own members.

In 1987 we have a special opportunity to help the most helpless of all: the millions of children who will otherwise needlessly die from, or be disabled by, sickness and disease which are quite easily preventable.

More than 10 million unnecessary deaths and disabilities are simply not excusable in the world today. That is why the theme for this year's World Red Cross and Red Crescent Day on 8th May is "CHILD ALIVE".

"CHILD ALIVE" is the League's programme dedicated to preventing deaths and disabilities from diarrhoea and from diseases which can be prevented by immunization - measles, whooping cough, tetanus, diphtheria, polio and tuberculosis.

The methods are simple, and in our ranks we have thousands of first-aiders and young volunteers who are ready and willing to help. We have dozens of Societies whose greatest asset is their volunteers who are ready and waiting to do something useful in their own communities. What better way to start?

What better way, too, of saying "Happy Birthday" to Henry Dunant this year? 124 years ago in Geneva, he can scarcely have imagined what he had started. With a united and universal Red Cross and Red Crescent family, and the slogan of "CHILD ALIVE", let's make 1987 a real "Happy New Year" for all who need our help.

Hans HØEGH
Secretary General



Jacques Wandfluh's CHILD ALIVE poster and greetings card design for 1987.

LETTERS

Touched by the Tuareg

I want to congratulate you for the article "The Sand and the Silence" in the October edition of The League magazine.

Having myself worked for three months as a field delegate in Gao, Mali, and with the Tuareg and their tragedies, I appreciate every word you dedicate in this article to them.

The sad end has touched me deeply: "Tomorrow, in the desert without nomads, the sand and the silence will reign alone..."

It is an article I will refer to in my presentations here in the USA when the Sahel is the topic.

I enjoy the magazine very much, and so do our staff.

Yolanda L. JACOT
Coordinator, International Services
American Red Cross, Eastern
Operations HQ, Alexandria, VA.

Pioneer's Perspective

The Editor invites readers to write to him; I am pleased to do so... to express my admiration for the fine work you all are doing in connection with your publication.

*I know what it means to be pioneers in this endeavour. Tony Murdoch set the record straight (and I am pleased that you ran his remarks) to the effect that once upon a time there was a magazine put out by the League, called **The Red Cross World**. Annette Le Meitour and I sweated over that one, and it surely had certain merits.*

But it could not compare with your opus. Professionals are at work and the results prove it. The wide range of material, interestingly presented, and magnificently illustrated makes me feel envious. Such fine photography! The center spread is nothing short of sensational.

I can hear you say: There have been many technical improvements

since the forties. True, but you people know to make the best possible use of them.

In other words: Bravo and Congratulations!

Fred G. SIGERIST
Washington, D.C.

Happy New Year

While it is one year since the magazine was born, I do thank you for producing this quarterly magazine which is very educative, and which has kept me aware of what is going on in every corner of the Red Cross and Red Crescent world.

Please keep it up. I was really encouraged by the "Family Matters" published in October 1986.

May I take this opportunity to wish a HAPPY NEW YEAR 1987 to all League magazine staff and to the whole world.

A. SHISYA
First Aid Instructor
Eldoret, Kenya

Lest We Forget...



Photograph: Liliane de TOLEDO

Professor Jean PICTET, eminent jurist of Geneva University and former Vice-President of the International Committee of the Red Cross, gives the solemn reading of the Fundamental Principles before the opening of the XXVth International Conference of the Red Cross in Geneva last October.

Standing on the platform during the reading of the Principles are (*from left to right*) Professor Pictet, Kurt Bolliger, Chairman of the Conference and President of the Swiss Red Cross (the host Society), Christian Grobet, President of the Council of the State of the Republic and Canton of Geneva, Alexandre Hay, President of the ICRC, Alphons Egli, President of the Swiss Confederation, (*at rear*, Bénédict de Tscharnier, Secretary-General of the Conference), Dr. Ahmad Abu-Goura, Chairman of the Standing Commission, Enrique de la Mata, President of the League, and Eric Suy, Representative of the Secretary-General of the United Nations.

The Fundamental Principles of the International Red Cross and Red Crescent Movement

HUMANITY

The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, co-operation and lasting peace amongst all peoples.

IMPARTIALITY

It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

NEUTRALITY

In order to continue to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

INDEPENDENCE

The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

VOLUNTARY SERVICE

It is a voluntary relief movement not prompted in any manner by desire for gain.

UNITY

There can be only one Red Cross or one Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

UNIVERSALITY

The International Red Cross and Red Crescent Movement, in which all Societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.

The Fundamental Principles were proclaimed by the XXth International Conference of the Red Cross, Vienna, 1965. This is the revised text contained in the Statutes of the International Red Cross and Red Crescent Movement, adopted by the XXVth International Conference of the Red Cross, Geneva, 1986.

SUPERB SENEGAL



An Oasis of Elegance in a Desert of Business Grey

Conferences are rarely exciting affairs. An occasional contentious issue, a controversial speech or a temporary tantrum may for a minute or two enliven otherwise long, and for outsiders, sometimes rather dull debates and discussions. Conference-goers, too, tend to be sober in habit and costume, to the point of near invisibility in regulation 'business suits' that make little concession to fashion or style.

More happily, then, that one delegation produced a ray of sunshine with its every appearance. Day after day, ever more resplendent, came the Delegation from Senegal, led by Mme Siga Seye née Coulibaly (*second from right*), President of the Senegalese Red Cross and a Vice-President of the League.

Also in the picture (*from left to right*) are Mr. Babacar Youm, Inspector of Youth and Sports and a member of the Senegalese Red Cross, Mrs. Ramatoulaye Gueye née Seck, Member of Parliament, Mr. Rito Alcantara, Honorary Member of the Society, and (*on the far right*) Mr. Mamadou Assane Diop, Training Secretary of the Senegalese Red Cross. Congratulations to Senegal for brightening up the daily round of meetings with a magnificent example of national confidence displayed in a manner than can only delight.

Adam on Eve

Where Have All The Women Gone?

Shamim ADAM, Editorial Secretary of "Red Cross, Red Crescent", escaped from her office where she holds the magazine together, and for several days during the Conference left the Editor, a mere male, to get on with it.



Where are they all? The nurses, first aiders, teachers, midwives, baby-care specialists, paramedics, nutritionists, mothers, all the hundreds of thousands (millions, perhaps) of women without whom this Red Cross and Red Crescent Movement would be but a windmill with no wind?

Here they are not. It is scarcely believable, but out of some 1200 participants at all these high-level meetings, there are only about thirty women! Is there something about the governing of the Movement that makes it the preserve of men?

Mariapia Fanfani, President of the Italian Red Cross Women's Committee and a Vice-President of the League, is practical: "I believe we should not think of careers in humanitarian organisations, but of activities. There is no difference between men and women. It is a question of availability."



Om Elezz Elfarsi, head of International Affairs in the Libyan Red Crescent is forthright: "Women can do something in our Movement. I think it's a woman's problem to make men understand *how* she can work with them. Women and men must work together."

Lone Horup, a Vice-President of the Danish Red Cross is realistic: "You have to work your way and try to express your opinion. You've got to be prepared to work, because their attention will be focussed on you!"

We know who *they* are. Can't we do more to get on the same footing?



For some it is a question of having the right rules. Mme Dinh Thi Can, President of the Red Cross of Vietnam, has 27 years of Red Cross work behind her: "According to our Constitution, and the law on Women's Rights, there is absolute equality between men and women. Women can attain the very highest posts. We enjoy *all* the rights accorded to men."

For others, there are cultural complexities to be considered. "For us, the primary role of woman in society is to be responsible for the family," says Véronique Ahounamenou, President

of the Red Cross of Benin. "On the contrary, I struggle to efface myself. Yes it's true that there are more men in politics. But to each sex its vocation. Anyway, women are much better communicators."

"There is resistance from men," says Begum Razia Azizuddin of Pakistan. "But they have to understand that even if women have children, they have the time to do other things. Islam has given us a lot of rights, but the mullahs are resistant. Women have to know about their rights. I've asked that during literacy classes, five minutes be taken to teach women about their rights."



Husbands and children can be the reverse of the problem. Faith Mwila, Secretary General of the Zambia Red Cross: "You may not have many women in key decision-making positions. But fundraising volunteers are more often women. The higher you go, the more obligations you have. If the husband is enlightened and encouraging, then you can do it. In my country it's well accepted. My husband *and* my children are supportive."

"If there are to be more women," says Mme Dinh Thi Can, "first they must be liberated. We have 42,000 creches looking after 1,150,000 children. Once you are liberated from the children, you can lead a professional life."

Encouragement at last. Maybe in future, more women will break out of the prejudices of the past, and better represent the Movement of which they are such a vital part. Maybe we all have to make a greater effort. "Whatever level she works on, a woman has her message to contribute to humanitarian work," says Mme Siga Seye née Coulibaly, President of the Senegalese Red Cross and one of the two female Vice-Presidents of the League. "But women need to make a greater effort to show what they can do. Feminism is not a myth, it's a reality. It does not impede us being efficient. Quite the reverse!"

(To be continued) Shamim ADAM



Five members of different National Societies are elected in a personal capacity at each International Conference, to act, together with the President and one other representative of the ICRC, and the President and one other representative of the League, as the nine-member **Standing Commission of the Red Cross and Red Crescent**.

The Standing Commission is the trustee of the International Conference, overseeing the conduct of the Movement between two Conferences. (The next Conference is to be held in Cartagena, Colombia, probably in 1990.)

The XXVth International Conference re-elected H.E. Dr. Ahmad Abu-Goura, who is President of the Jordanian Red Crescent. He has been a member of the Standing Commission since 1977, and its Chairman since 1981. (above left)

The Conference also elected:

Botho, Prince of Sayn-Wittgenstein-Hohenstein, President of the German Red Cross in the Federal Republic of Germany since 1982, who becomes Vice-Chairman of the Standing Commission; Dr. János Hantos, Chairman of the Executive Committee and Secretary-General of the Hungarian Red Cross since 1977. Dr. Hantos had been Vice-Chairman of the Standing Commission since 1981; Dona Mavy Harmon, President of the Brazilian Red Cross since 1977; and Byron Hove, Chairman of the Zimbabwe Red Cross since 1983.

Family Matters

My brother Mathokoza lives in a small country with a king and a magic mountain. He is lucky – his name means ‘the one who is always happy’. One reason he is happy is that he doesn’t go to international conferences.

In his country they have gatherings when they need them. The king calls a meeting, and *everyone* comes. They sit on the ground (the king too), which probably helps keep the proceedings short. They listen, maybe have a few discussions, agree amongst themselves, then get up and go away, back to their business.

They’ve been doing it like that for very many years, in the shadow of the magic mountain, which surely also helps keep emotions in check, even in awe. For the mountain has primeval power over those who sit beneath it. Like the power of principles, and two red symbols on plain white flags. The power of peace over war, of natural order over chaos.

There was something Mathokoza could not understand about the International Conference. Why did they have governments there? Well, the governments took part in the debates and no less than 32 resolutions on matters that mostly concerned them: torture, humanitarian law, protection of civilians, children, refugees, medical transport, health...

Then they go home and carry on as if nothing had happened? he asked. Or do they? Does meeting beneath the magic of these two symbols have some effect on the way governments and their armies and servants behave? On the way they see these symbols which are not theirs?

National Societies are by principle and law *auxiliaries* (helpers) in the humanitarian services of those same governments, but their work is on behalf of victims, all or any victims, regardless of nationality and origin. The International Red Cross and Red Crescent Movement is the servant of those victims, not of governments.

Mathokoza was bemused. How, he wanted to know, can a movement which obliges itself to eschew politics invite into its midst the very creatures of politics? Wasn’t it asking for trouble of a political kind?

The power of the magic mountain, like all magic, only works on those who believe it, after all.

Governments may need to be reminded of the laws they sometimes transgress, but that doesn’t need a quadrennial gathering. The ICRC can do that whenever required. Governments need to know that cross-border activities, like tracing and reuniting dispersed families, often require their active cooperation. But that can be sought at the national level.

Governments surely need constant education as to the nature of this Movement, yet that again is a national duty, and one that needs performing more than once in four years.

Why not, asked Mathokoza, have meetings when you really *need* them? There is no magic in a four-year formula, no obligation of hospitality that requires you to invite strangers into your house to cause dissension. Colombia, he thought, must be a beautiful country, and Cartagena on the Caribbean a wonderful place to hold another conference, if it was needed? He looked towards the western hills of his small, well-ordered country. If it really was, he said wistfully, the way the world is today, why not in Cape Town instead?

John ASH



Covering the Geneva Conference for Tanzania's "Daily News", **James MWAKISYALA** talked to members of African Red Cross and Red Crescent delegations about the vote to suspend the South African governmental delegation. Mr. Mwakisyala has worked previously as an Information Delegate in the League's Southern Africa Programme.

"It was an historical and successful Conference for humanity and the Red Cross" - this was the impression of many African delegations to the XXVth International Conference in Geneva, home of the Movement's founder Henry Dunant.

"The Conference decision made us leap into the 20th century. It was the most progressive outcome," said Byron Hove, Chairman of the Zimbabwe Red Cross. He was referring to the decision on the suspension of the South African government delegation, initiated by Kenyan Ambassador Denis Afande on behalf of the African group.

Mr. Hove, who earlier during the League's General Assembly impressed many when he spearheaded the move to support the South African Red Cross Society, said "it appeared there were efforts to get African delegations to be seen as unreasonable in making this Conference a political forum".

"The issue," he said, "was suspension of a member who had committed serious breaches of humanitarian law through its practice of apartheid. African countries were asking for suspension, not expulsion."

Regarding arguments that the introduction of the Kenya motion was a breach of Conference rules, Mr. Hove's opinion was that "we were not seeking to amend the rules, but to pass a resolution to suspend an errant member".

That the Conference passed the resolution to suspend South Africa was evident sign that the Red Cross had passed its test of time, the Zimbabwe Chairman concluded.

The Head of the Tanzania Red Cross delegation, Henry Limihagati, thought the Conference was a success because it put aside South Africa and proceeded more or less smoothly thereafter. Mr. Limihagati had threatened to walk out of the Conference had the Kenya motion failed.

Madame Ida Victorine Nze, National President of the Congolese Red Cross, said that being auxiliaries to government, it was natural for African Red Cross delegations to vote according to their governments' wish in much the same way as the Societies which voted against.

However, she was pleased there was consensus in all Red Cross matters, indicating that the Fundamental Principle of Universality prevailed positively.



Dr. Nesh Nash of the Moroccan Red Crescent viewed it as "an historical Conference for the Movement" because "our governments have taken a political decision on the suspension of South Africa and we are concerned. We the National Red Crescent and Red Cross Societies had to follow suit, although it was not our initiative."

In the future however, Dr. Nesh Nash said, the Conference should avoid political considerations. "We need more help, more development, and must withdraw all political issues."



The Secretary General of Baphalali Swaziland Red Cross, Mrs. Thandiwe Dlamini, was pleased with the General Assembly's unanimous support for the South African Red Cross. At the International Conference she felt that government representatives were not fully aware of humanitarian law and the Fundamental Principles, and she suggested in future that arrangements be made for them to meet at least two or three days before the Conference to brush up on the law.

The National Chairman of Malawi Red Cross, Mr. Justice Ndinda Jere, whose delegation abstained from voting on the suspension issue, thought the Conference was "generally good. We came to grips with the problems facing us and solutions were put forth". Among the other African delegations, only Côte d'Ivoire did not vote for the suspension.

The Chairman of the South Africa Red Cross, Mr. Gurth Walton, was pleased with the warm welcome his Society was accorded by the entire Movement.

"We are now fully accepted by the Red Cross and Red Crescent family... and some sister Societies have already pledged material support," he said. The acceptance overwhelmed the South African Red Cross delegation, especially since the Red Cross Societies of all the "front-line" states supported its stay in the family for the work it does in that troubled land.

Fears that the Red Cross Society would be hindered in its work by the government were found to be groundless because the Society "has been given permission to go ahead with its tasks," Walton said.

He was, however, concerned that his Society might encounter problems in being accepted by the public. "We will have to work harder to gain acceptance at all levels," he concluded.

James MWAKISYALA

The Vote on South Africa

Sir Evelyn Shuckburgh, who contributed this personal OPINION, retired from the British Foreign Service as Ambassador in 1969. For ten years he was Chairman of the British Red Cross, and was elected Chairman of the Standing Commission of the International Red Cross, a post he relinquished in 1981. Today he lives in retirement in England, where he builds clavichords and has just published "Descent to Suez", his diaries of the years 1951-56. (Weidenfeld and Nicolson, London)

There is only one irrefutable reason why the Red Cross is of vital importance to the world. It is not our relief programmes; it is not our resolutions about war and peace; it is not our humanitarian and social work at home in peace time, our training, our voluntary service. All these things are good, but none of them is a monopoly of the Red Cross. Most of them can be done as well, and some of them better, by other international and national organizations.

The one thing that is unique and irreplaceable about the Red Cross is that its two symbols, Cross and Crescent, are universally recognized as symbols of impartiality, of neutrality and of unselective mercy toward individual human beings who have no other protector. This quality, this power of the Red Cross, which no other institution possesses, is under our care. We are its guardians on behalf of humanity. We have no right to misuse it and we have no right to let it slip from our hands.

We call it, for shorthand, the "Protective role". Although in practice it is the ICRC that performs the role, this does not mean that it belongs exclusively to them or that it derives its power and authority from them. The sources of the protective power of Red Cross are the authority and respect given to the two symbols all over the world, wherever the Geneva Conventions are in force.



© Graham Stone

Since all of us, ICRC, League and National Societies, use these symbols and operate under their aegis, we are all responsible for protecting their reputation. For this reason I think all elements in the International Red Cross and Red Crescent Movement – the International Red Cross – ought to feel equal responsibility (and shame) for the damage which has been done to the reputation of the two symbols by the recent vote of the International Conference.

It has been pointed out that the decision was brought about mainly by the votes of governmental, not Red Cross, delegates. I find very little comfort in that. It was a widely publicized decision of the International Conference of the Red Cross and we are all tarred with it. The impartiality and the non-political character of the Red Cross have been called into question by it and the protective power of the two symbols correspondingly weakened.

There is another factor, which should not be ignored by countries suffering from war, pestilence and famine. The funds which enable the Red Cross to assist them are derived for the most part from the voluntary subscriptions of private individuals in other countries. These people subscribe to the Red Cross because they believe it to be non-political and impartial; take away that belief and they will not contribute.

Already I am told that the vote on South Africa has led people in England to question their subscriptions to the British Red Cross Society, and I am sure the same will be true elsewhere. That is another reason why the vote is damaging; it is an "own goal" by the Red Cross.

The vote was of course unlawful and *ultra vires*, and should never have been allowed. As a State party to the Geneva Conventions, the South African government (whatever we may think of it) is entitled to sit in the International Conference, and no vote by the Conference itself has power to exclude its representatives. It is profoundly worrying that these irregular proceedings should have been allowed to take place.

What are we to do? A number of National Societies, and the ICRC itself, marked their position by abstaining from the unlawful vote; but this is not enough. The Movement as a whole should find some means of dissociating itself from the vote, and bringing itself back into conformity with the Geneva Conventions.

Article 18, para. 2 of the Statutes gives the Standing Commission sufficient power, as the arbiter between Conferences, to expunge the unlawful vote from the records. If that is not possible, then the Council of Delegates would seem to me to be the right forum in which to formulate an expression of the Red Cross and Red Crescent Movement's continued adherence to its Principles – and in particular to the Principle of Universality.

One final point; since it is the presence of government delegations at the International Conference which brings these tribulations upon the Red Cross, might it not be wise to consider whether we need these conferences every four years? There are precedents for a much longer gap. Here again, the Standing Commission, under the new Statutes, has power to change the pattern.

Evelyn SHUCKBURGH

RELIEF

GREECE

The earthquake in Kalamata, Greece, last September, did not grab the headlines in the same way as those in Mexico City, or San Salvador. But as **George REID** reports, it was only when the emergency phase was over that the inhabitants of the Greek town found that their real problems were beginning...

There are thirty or so police in the street outside the Governor's temporary offices, keeping a watchful eye open for demonstrators. Inside, the waiting area is thick with tobacco smoke and packed tight with people come to claim compensation, plead special favours, and desperate to move out of their tents before winter arrives.

The Governor, Vassilis Petropoulakis, looks utterly exhausted. "This was a prosperous town of 45,000 people," he says. "Today, 67% of the private houses are uninhabitable. 22% are totally destroyed. 27% are severely damaged. Even the remaining 18% will take up to six months to repair.

"The roof of the town hall has fallen in. The Government buildings are unusable. The Cathedral will probably have to be demolished. There are 8000 pupils without schools..."



A mile up the road Bishop Chrysostomos, President of the local Red Cross branch, is living in a tent like thousands of his fellow citizens. It is pitched in the grounds of the mental hospital, where the patients stare moodily out the windows at the 65 elderly pensioners who are accommodated - five to a tent - in the grounds.



Cold Comfort in Kalamata

"Winter will be the testing time," says the bishop.

Five miles away, and 800 meters up on Mount Kalathi, farmer's widow Evagelia Kotsis is arguing with a Red Cross nurse. "Come down to Kalamata?" she retorts. "Fine. But you tell me this - am I going to take my 300 goats down to Kalamata as well?"

The nurse asks if she is waiting for a prefabricated house. "Waiting?" Mrs Kotsis (*above*, with daughter and granddaughters) gestures at her tent, heated only by a burning log inside a tin box. "I know what I'm waiting for. I'm waiting for the snow..."

When the earthquake hit Kalamata at 7.23 pm on Saturday 13 September last year, the townspeople had an enormous stroke of luck. At 8 pm the ferryboat "Paros" was due to inaugurate a new service to Crete, and they were on the quayside in their thousands to wave her off.

"Only 19 people were killed," said the mayor, Stavros Benos. "But for the "Paros" it could have been hundreds."

The Hellenic Red Cross went into action fast. Within 24 hours, three lorries had arrived with tents and supplies from the Society's Athens warehouse. A mobile

surgery and a 30-bed field hospital followed quickly.

By the time a second quake shook the area two days later, the Society had 46 professional and volunteer staff in the town. Tents, camp beds, blankets and cash were quickly donated by sister Societies in answer to a 500,000 Swiss francs League Appeal.

The Red Cross was given the responsibility for looking after 400 people brought down from the mountain village of Eliaohori, which was almost completely destroyed. It provided classroom tents for 2000 pupils, and 1000 desks and chairs. It distributed bread and food from the Greek destroyer "Vellos" and the training ship "Aries", which acted as floating bakeries and kitchens. It set up a health unit in the centre of town. And its ambulances and cars toured the mountain, taking supplies, clothing and shelter to the people there.

"It was a good time," said team leader Vassilis Ivanu. "We slept in cars, tents, anywhere. There was tremendous community spirit. But it was still summer..."

Two months on, and Kalamata presents a melancholy sight. In street after street a depressingly large number of houses are marked

with a red "X", meaning they will be demolished. The majority of the 8000 schoolchildren are still under canvas, but some have begun to drift away to Athens and older students have threatened a strike.

"But for the Red Cross, we wouldn't be functioning at all," says Maniatis Panagiotis, headmaster of the local lycée (*right*). "But it's not easy teaching with the rain drumming on the roof. The final year are very worried about their University exams."

A Red Cross ambulance labours up the mountain road, trailing clouds of dust. It stops in what is left of the square of Elaiohori. The team leader Nikos Tsukis (*below right*) and two volunteer nurses begin distributing clothes and tins of food to the handful of villagers who have stayed on.

"God bless you," says 65-year-old Evagelia Fragu. "The Red Cross hasn't forgotten us." All around, buildings have collapsed across the square. Dogs and cats, abandoned, run around aimlessly. A piece of litter blows past. It is a photograph of somebody's daughter getting married in Melbourne, Australia.

Dekele Argiro bursts into tears. "That was the house my son built," she says. It has lurched to one side, cracked in all directions. "He spent all his savings in it. The bank wants him to keep on paying interest. His only income is from his olives and the oil, and they're buried under tons of rubble..."



Father George Malamas (*below*) wanders up to the group, looking remarkably cheerful for a man who should be dead. When the earthquake struck, the roof of his church fell in immediately and the walls bulged. Unable to get out, he

jumped into a little wardrobe where he kept his vestments. He was still there, jammed upright, when his congregation dug him out four hours later.

"The Good Lord was with me..." he beams.



There is no smiling, though, at a meeting of Elaiohori villagers at their Red Cross encampment outside Kalamata. Gathered under the olive trees, as dusk comes down, the debate turns nasty. For the Red Cross there is nothing but praise. But the authorities are a different matter, and so are neighbours accused of trying to jump the queue.

The trouble is simple. 36 prefabricated houses for 48 families are being erected on a nearby site. Another 50 will follow later. But who goes first? Will they all be ready before winter sets in? When will they get money to rebuild their own homes? What about relatives camped in the streets of the town? And the poor people stuck with their goats and chickens on the mountain, where the temperature drops well below freezing?

Within their resources, the Greek authorities have done their best. The Army and engineers are

in evidence everywhere. The millionaire shipowner, John Latsis, has his liner "Marianna 9" tied to the quayside, housing 1000 people and a school. All families have had a modest cash payment and – with finances raised internally and through the European Community – substantial funds will be made available to individuals for rebuilding their homes, one-third free and two-thirds repayable over 15 years.

"Kalamata was totally destroyed last century in the War of Independence," says Governor Petropoulakis. "It was rebuilt then, and will be again. But it could take two years."

The intervening period will be a challenge for the Hellenic Red Cross. Its relations with the government, following the integration of its hospitals into the state system, have been uneasy. Kalamata has helped change that.

Minister of Education Anthony Tritsis has praised the Society for making possible the re-opening of the schools. His colleague, Minister of Health George Genimatas, has said that the work of the Red Cross was "quite indispensable".

At a meeting in the town, international and national Red Cross staff outlined for the Minister, Governor and Mayor a programme of continued assistance until the spring: prefabricated houses were available from sister Societies ("though we must stress that housing is a matter for the government"), strong winter tents, thermal blankets, more stoves, and a four-wheel-drive vehicle to serve the mountain villages through the winter months.

The Mayor, Stávros Benos, smiled hugely. "In the days after the disaster, the Red Cross from all over the world showed that we were not alone. Nothing could have done more for the morale of the town.

"The next four months could be torture for many people. The fact that the Red Cross will stay with us will do much to ease the pain, and keep spirits up."

Photographs by
Liliane de TOLEDO

Red Cross Help Until the Spring

In December, the Hellenic Red Cross, backed by a League Appeal, announced a continuing programme of assistance for Kalamata until April 1987, including:

*150 winter tents for 4 to 6 people
600 winter-quality sleeping bags
500 kerosene and wood stoves
Winter coats and anoraks
A Red Cross welfare team of 6*

Priority will be given to inhabitants of Elaiohori, Karveli and Nedousa villages – for whom the Red Cross has responsibility – and to vulnerable groups in the town.

50 prefabricated houses donated through the Norwegian Red Cross will also be used to provide central welfare services in Kalamata. The total cost of the operation is 550,000 Swiss francs, of which almost half has been contributed by the Canadian Red Cross.



EL SALVADOR

Not Just A Mexico-in-Miniature

by Béatrice Barton

The media and some rescue teams were quick to compare El Salvador's earthquake on October 10, 1986, with the Mexican disaster of September 1985. They called it a "miniature Mexico". **Béatrice BARTON**, a reporter with Swiss Television, was covering Red Cross rehabilitation work in Mexico City when disaster struck El Salvador. She arrived in San Salvador, the capital, the following day, to send the League this report.

A lone in the middle of the ruins, Sister Amelia contemplates what remains of her school. A mountain of rubble, swirling dust fine as flour, and, against a section of wall, a statue of the Virgin still on its plinth, unharmed.

Pure chance that on Friday at 11.52, when the earth began to quake, the 800 pupils of Santa Catarina Girls School were almost all outside, waiting for parents or the bus to take them home. Yet 40 small girls still lost their lives.

After the earthquake, San Salvador is still in a state of shock. Fearing new tremors, people simply packed up and moved out, settling in the parks and courtyards, on the sidewalks, even in the roads.

Since all the hospitals except one have been damaged, the injured too are put out in the open. In the first 24 hours local medical teams, especially those of the Salvadorean Red Cross, have managed to treat almost all the 6800 injured.

At first, it seemed it was the city centre that was most affected by the quake. It was sealed off by the army. Inside, there was near-panic. Several buildings had collapsed like houses of cards and it was here there were the most fatalities.

A pile of iron and concrete is all that remains of the five-storey Ru-

ben Dario shopping centre. Dozens are still trapped under the debris. It is here, above all, that the first rescue efforts are concentrated.

Volunteers are arriving from all over the world: doctors, firemen, miners, first-aiders and a legion of media people. It is here too that the first pictures are shot which will transmit the disaster of El Salvador all over the world.

Yet the earthquake which rocked San Salvador has not only destroyed a few buildings in the city centre. It has also devastated the 'barrios',



Salvadorean Red Cross

the poor areas to the south of the city.

In the barrios it hit the poorest of the poor, many of whom had fled to the city from the civil war in the countryside. Few people have lost their lives here, but 50% of their dwellings have been destroyed.

People here have not only lost their homes, but often their businesses, their means of livelihood. Now they have nothing left. They are living in the only safe place, the streets. And they complain that they are forgotten.

Standing in front of the remains of his house whose roof has fallen in, Emilio Velasquez of barrio San Jacinto says bitterly: "We hear talk about international aid. But here we get nothing. We have no drinking water, no blankets, no tents. And it's raining every day."

Reconstruction will be a problem in the barrios. Before the disaster the houses were in a bad state, but people paid very low rents. Now, right after the earthquake, the price of affected land has shot up. And everyone is wondering when, how and at what cost the more than 150,000 homeless will be rehoused.

It is true that neither the strength of the earthquake nor the number of victims is on the same scale as the Mexican catastrophe with its estimated 10,000 dead. But should a disaster be judged in terms of the number of deaths?

El Salvador is a country suffering civil war. Seven years of combat between regular army and guerillas. An economy that has all but run out of steam. There is nothing "miniature" about this disaster. ●

Less than 48 hours after the 10 October earthquake, an aircraft had transported 13 tons of relief material into San Salvador from the League's warehouse in Panama.

By the end of the year, the League's appeal for 10 million Swiss francs (CHF) had received CHF 2.6 million in cash, CHF 4.2 million in kind, contributed by 38 National Societies and 10 governments.

4,000 volunteers took part in the relief operation, says the National Society, of whom 160 conducted a detailed house-to-house investigation to compile accurate lists of victims and the extent and value of material damage.

For the first time in Latin America, the data is being processed by computer, using a programme developed exclusively by the American Red Cross. This method will allow the League to define with great accuracy the rehabilitation and reconstruction projects it is mounting in El Salvador.

First results of the investigation indicate that the earthquake caused 1,000 deaths, 10,000 injured and left 160,000 homeless.

Close collaboration between League and ICRC delegations and the National Society which already has a disaster preparedness plan, allowed initial rescue operations to move rapidly and efficiently.

For three months the Red Cross has been distributing food rations to 9,700 families. Drinking water is also being supplied, since the water system of the capital was seriously damaged. Tents have been given to 10,000 families, while medicines are delivered to the hospitals and an ambulance service is maintained for 8,000 people.

USSR

Chernobyl Touches the Hearts Of a Nation

From the Chief Editor of "Soviet Red Cross" Magazine

The accident at the Chernobyl Nuclear Power Station on 26 April last year stirred emotions all over the world. Naturally, it also went deep into the hearts of the Soviet people.

"We knew there had been a misfortune at Chernobyl. There were victims, and that meant blood and blood components were needed," said Vera Gerasinchuk, Chairman of the Red Cross District Committee in Borispol near Kiev, and an honoured donor herself.

"One hundred and twenty donors arrived at the first call to a blood transfusion centre at our district hospital. They knew that you can't stay inside in an hour of need..."



Soviet Red Cross

Immediately after the accident at the Power Station, first-aid teams in the regions nearest to Chernobyl were brought into action.

Their assistance was not needed at the Station itself, but they had to work hard with the residents of nearby areas during the evacuation and organise accommodation for the evacuees in other regions.

"Our primary task was to reveal the slightest signs of radiation," said Sergei Ruhlenko, Chief Physician of the Ambulance Service of the Poleski region.

"It would have been absolutely impossible to keep all the people under observation without the help of the Red Cross volunteers."

Fortunately, apart from the few who fought the fire in the first hours, none of the inhabitants of Chernobyl or nearby settlements was exposed to radiation.

Leonid Teliatnikov led the fire brigade which first dealt with the accident. He was to receive the award of Hero of the Soviet Union.

"All of us who were in hospital for treatment after the accident felt the care and support of the whole country," he said.

"I will never forget the note and the bunch of flowers sent to me by the students of Moscow State University. They wrote that they were very glad their blood, the fourth group rhesus negative, a very ▶

COLOMBIA

After Armero's Apocalypse

A new beginning for some of the families of the November 1985 volcanic eruption.

Favio Oñate managed to rescue 15 of his neighbours from the disaster that overwhelmed Armero. It will be more difficult for him to erase the scenes of the nightmare from his memory. Even now when he recounts the story, a lump rises in his throat.

"That very day at 6 in the evening the priest told us there was no risk. We just had to open the windows and put on the fans so we wouldn't be choked by the ashes that were falling on the town.

"Towards 8 o'clock it began to rain heavily, so I decided to go back home where my mother and one of my nieces were waiting. At 9.30 we began to hear a roaring sound, and luckily our instincts told us to barricade ourselves in.

"Very quickly the house was surrounded by a layer of mud. The mud had carried everything before it. The town was plunged into darkness and every noise sounded louder than ever. We could hear the houses collapsing. Cars were exploding. Even closer we could hear the moans of the victims. It was the apocalypse!"

Favio kept his head. By throwing ropes and cables from one roof of another, he helped 15 of his neighbours to escape from the mire.

Daisy Oñate Nieto, 48, Favio's wife and mother of 5 children, is beginning to get over the shock.

"My husband made us leave town 10 days before the eruption.

"When we heard that Armero had been swept away by the river of mud, and we had no news of my husband, we were in despair.

"Then Favio appeared, and we all thought it was a ghost. It upset me so much I had to go to a doctor for treatment. But now we're beginning to lead almost a normal life." ▶



Olga Lucia JORDAN

rare group, had helped me. They had held an emergency day for blood donors in May. Hundreds of students came to give blood. It was like that all over the country... We received letters from Soviet citizens and from abroad, and from the Red Cross volunteers."

Everyone received a complete medical examination, although it was soon clear that apart from the firemen there were no other radiation victims. The volunteers made every effort to accommodate evacuees with families of similar ages and professions. Special attention was given to soldiers' widows, the aged, the lonely and the sick.

Red Cross volunteers checked hygiene conditions in the evacuees' temporary new homes, and helped to install canteens, shops and water supply systems. Sometimes they had to solve the most unexpected problems.

The "Ukraine" cardiology rehabilitation unit near Kiev received some unusual visitors (right): mothers with small children and pregnant women. Since there were no gynaecologists or paediatricians on the staff, the Ministry of Health had to send them immediately. Playrooms were opened for the children, and a school for young mothers started.



Soviet Red Cross/U. Inyakin

Soon a new department was needed: for the newborn. The population of the centre multiplied

by six in a couple of weeks. And a hundredth child was born under its hospitable roof at the end of September. The happy mother was Lubov Tumanova, a worker on the V.I. Lenin collective farm.

Today the situation at the Power Station has been brought fully under control. But the Red Cross is still involved. There is information about hygiene measures to be disseminated, and first aid posts to be set up in workplaces and residences.

Ordeals put everything in perspective, and misfortune puts people to the test.

In the difficult days after Chernobyl, many people felt closer to the principles of the Red Cross, and many became active volunteers.

From the Baltic to the Pacific, hearts and minds went out to the victims of the accident.

And the hard work of the volunteers made many more aware of the importance of the work of the Soviet Red Cross.

Igor A. MARTYNOV

All the Oñate Nieto family managed to escape from the Armero disaster. But they lost everything, their house, their work, their friends. And now they among the luckiest again, since they are part of a pilot project financed by the Colombian Red Cross and the German Red Cross in the Federal Republic.

Project members themselves are building their own houses under the supervision of a Red Cross architect.

Most of the families chosen to take part in the project are former farmers. But to maximise the economic benefits of the project, the local authorities are also providing additional training courses.

Daisy Nieto has mixed feelings. "We know we can think ourselves lucky compared with most of the volcano's victims. But my one regret is that my children will not be able to continue their studies. They'll have to adapt to this new life and be content with it."

Her husband Favio is more optimistic. "For us the only way to forget that nightmare was to have fled from that accursed region. Arriving here where everything is rich and green, I feel strangely like I've been born again."

Isabel GARCIA-GILL



Colombian/German Friendship Sign
Olga Lucia JORDAN

More than 400 kms from their former home, the Red Cross is rehousing 30 Armero families on 300 hectares of agricultural land.

CHILD ALIVE is the theme of WORLD RED CROSS AND RED CRESCENT DAY 1987

WHAT IS CHILD ALIVE?

A CHALLENGE FOR RED CROSS AND RED CRESCENT SOCIETIES AN OPPORTUNITY FOR FIRST AID, HEALTH AND YOUTH VOLUNTEERS

EVERY YEAR more than FOUR MILLION children die as a result of diarrhoea.

THEY NEED NOT DIE!

EVERY YEAR another FOUR MILLION children die from diseases that can be prevented by IMMUNIZATION – measles, whooping cough, tetanus, diphtheria, poliomyelitis and tuberculosis.

The same number become physically or mentally disabled.

WE CAN PREVENT THIS!

- There are cheap, simple and effective things which people can do in their own homes to prevent DEHYDRATION—the most important cause of death in children with diarrhoea...
- There are many things which people can do in and around their own homes to PREVENT children becoming sick with diarrhoea...
- If ALL CHILDREN were fully IMMUNIZED during their first year of life, they would not die of measles and whooping cough, or be disabled by polio...
- If ALL WOMEN were IMMUNIZED against tetanus before or during pregnancy, their babies would not needlessly die from this disease...
- There is a lot that people can do to keep their own children alive and healthy, if they have INFORMATION, SUPPORT and MOTIVATION...
- Many of these unnecessary deaths and disabilities CAN be prevented if WE can get a few simple health messages into every home, and

ENCOURAGE PEOPLE TO ACT!

THIS IS A BIG CHALLENGE

RED CROSS AND RED CRESCENT SOCIETIES CAN PLAY A BIG PART IN MAKING IT HAPPEN!

Most of these child deaths and disabilities occur in Africa, Asia and Latin America. Yet some of these diseases still affect the health of children in highly industrialised countries. The CHALLENGE is worldwide, and no other organisation involved in the field of health has a network of members and volunteers to compare with ours.

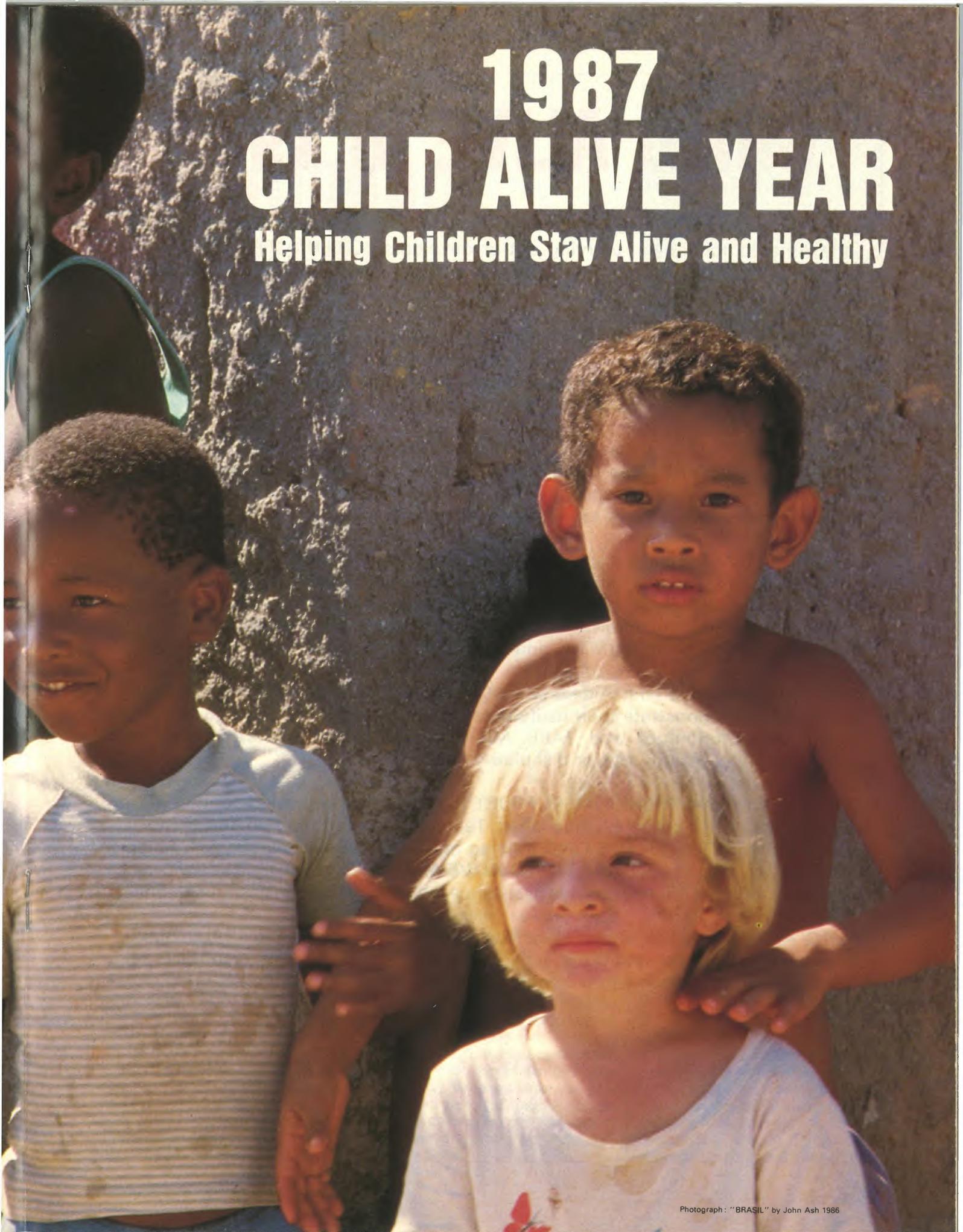
Many National Societies already play a major role in national immunization campaigns and other health programmes. With motivated VOLUNTEERS, and with programme and training support, there is now the OPPORTUNITY for CHILD ALIVE to help your Society

help people do what only THEY can do to keep their children healthy!



1987 CHILD ALIVE YEAR

Helping Children Stay Alive and Healthy



Photograph: "BRASIL" by John Ash 1986

CHILD ALIVE in 1987

Since the programme began in 1984, many National Societies in Africa, Asia and Latin America have been carrying out or developing CHILD ALIVE activities. A number of Societies in other countries participate by funding, information campaigns and related action.

In 1986 the important steps that National Societies have already taken towards improving the health of children were honoured by UNICEF's MAURICE PATE AWARD for their "*outstanding contribution to the survival and development of children through the CHILD ALIVE Programme*".

In 1987 the World Red Cross and Red Crescent Day theme of CHILD ALIVE aims to help National Societies—through their own networks of volunteers, staff, First Aiders, Youth, health, social welfare and information departments – spread the messages wider, and so save more children's lives.

In 1987 CHILD ALIVE will put special emphasis on introducing "*Oral Rehydration*", "*Prevention of Diarrhoea*" and "*Promotion of Immunization*" into FIRST AID and YOUTH activities. These departments are strong and enthusiastic in many National Societies and often have well-developed training programmes. They have the potential of INFORMING and MOTIVATING large numbers of people.

With this new focus, First Aiders will NO LONGER have to WAIT for accidents to happen to demonstrate their usefulness. Now they will be able to go out into their own communities and TAKE ACTION to PREVENT children dying or becoming unnecessarily sick or disabled.

CHILD ALIVE offers TECHNICAL SUPPORT to National Societies wanting to start new projects or improve existing ones. Teaching programmes on DIARRHOEA and IMMUNIZATION for FIRST AID training and YOUTH now exist. Basic training materials have been produced (*CHILD ALIVE Material for Training and Information*) and CHILD ALIVE can provide assistance with local adaption and translation.

CHILD ALIVE's *Newsletter* will keep you informed about existing CHILD ALIVE projects, new projects and other activities of National Societies which focus on diarrhoea and the vaccine-preventable diseases.

CHILD ALIVE exists to help National Societies INFORM and MOBILISE people to prevent avoidable disease, disability and death.

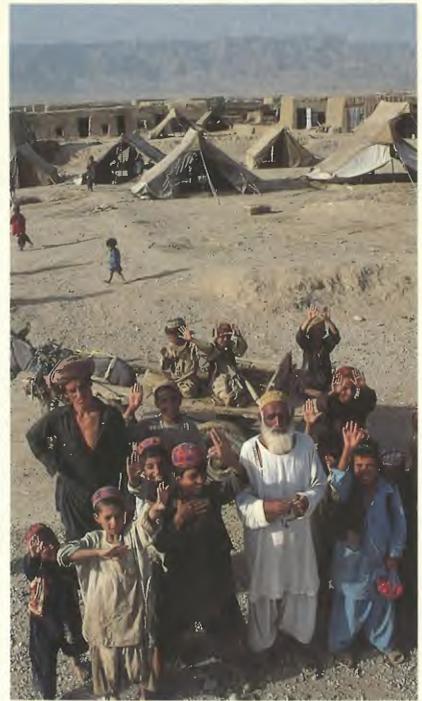
**CHILD ALIVE offers an opportunity to help keep children alive and healthy!
CHILD ALIVE IS YOUR PROGRAMME – MAKE 1987 YOUR CHILDREN'S YEAR!**

The Afghan Refugees

Seven Years of Exile

By George REID

Photographs by Liliane de TOLEDO



In its 3000-year history, Peshawar has gained at least three apt epithets: "The Guardian of the Khyber", "The Jewel of the Frontier" and "The Paris of the Pathans".

It remains a city of sweet-smelling gardens, canals, fruit trees, and the neatly aligned avenues of the old British cantonment.

But some of the old tranquility has gone. In just six years it has doubled its size to over 1,500,000 people. The great bazaar of Qissa Khwani – "the Street of the Story-Teller" – today buzzes with tales of a different sort. In its streets political activists of every hue, foreign aid workers, spies and military men rub shoulders with Pathans, Turkmens, Hazaras, Khirgiz and Mongols.

Peshawar has become the second biggest Afghan city after Kabul. And Pakistan's North-West Frontier Province (NWFP) of which it is the capital, has the largest single concentration of refugees anywhere in the world.

Lt. Col. Mazhar Ali Shah (Retd), Secretary of the NWFP Branch of the Pakistan Red Crescent, knew it was going to happen. With neat, military precision he points at the map behind his desk.



"1500 miles of common frontier with Afghanistan," he says, "from the Himalayas to the deserts of Baluchistan. Absolutely impossible to close, even if we had wanted to.

"These people share our common Islamic faith. Many of them share our language. What could we do but take them in...?"

When the refugees began trickling over the border in 1979, the local Red Crescent was the first agency to go to their aid. After the Soviet intervention in December of that year, however, the trickle became a flood.

"There are now well over 3 million refugees in the country," says Munir Hussain, the senior official in Islamabad charged with their welfare. "Around 75% are in the North-West Frontier Province, 20% in Baluchistan, and the remainder in the Punjab. About half of them are children."

A man of exquisite manners, he thanks the International Red Cross and Red Crescent for the relief aid which it has given. Modestly he says little about Pakistan's own effort.

The reality, though, is that the Commissionerate for Afghan Refugees for which Hussain is responsible employs 9000 people directly, plus a further 8500 in the health and education fields. And until the United Nations High Commissioner for Refugees, the World Food Programme and other agencies moved in with the really big money in January 1981, the vast bulk of the costs were met by the Pakistan government.

Today the Commissionerate has grown into a substantial administrative machine. Under the Chief Commissioner in Islamabad, there are Commissioners for the NWFP, Baluchistan, and the Punjab. Reporting to each of them are District

Administrators who in turn control Area Administrators handling five villages, and Village Administrators responsible for around 10,000 people.

In all, there are more than 300 such villages. The total cost of the operation is approximately 100,000,000,000 Swiss francs a year, of which about 40% comes from Pakistani resources.

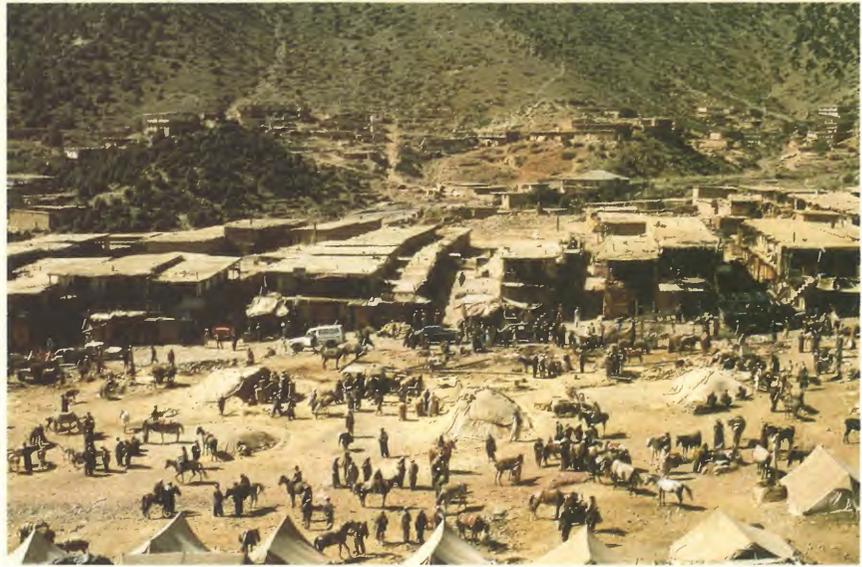
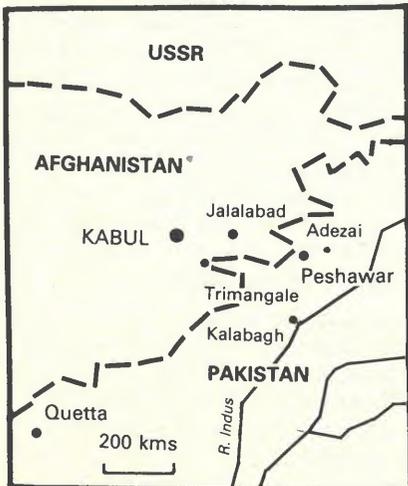
Trimangale, right on the border, is one of several villages which have now grown into towns. They are part supply bases and clearing stations for the Mujahedeen guerilla fighters, part forward registration point for the UN High Commissioner.

25 miles down the road is one of FAMS – the First Aid Mobile Teams – of the Pakistan Red Crescent (PRCS). Financed by the ICRC, there are four in NWFP and two in Baluchistan.

In the FAM centre, Afghan doctor Abdul Majeed is busy cleaning up a man with a shrapnel wound. Outside, another man with appalling abdominal injuries is being loaded into an ambulance for the six-hour drive to the surgical hospital which the ICRC established in Peshawar in 1981.

A similar ICRC hospital was opened in the south at Quetta in 1983 and last year between them they treated almost 3000 seriously hurt patients.

Many, with spinal injuries, will never walk again. For them, rehabilitation is available at the PRCS Paraplegic Centre in Peshawar (see: *Khyber Gul*, p. 28).



Top: Trimangale, on the Afghan border.

Above: First Aid Mobile Team No. 3.

“Of course, it is the fighting men – the Mujahedeen – who have got most of the publicity,” comments the Secretary General of the Pakistan Red Crescent, Mir Rifat Mahmood. “But the vast majority of refugees are simply fleeing conflict and seeking shelter.

“We extend that to them freely. But the strain on our national resources has been heavy.”

The open policy adopted by the authorities has been remarkable. All registered refugees are free not only to travel where they like, but to take paid employment as well.

The 2.6 million of them who are registered receive significant welfare benefits: blankets, clothing, shoes, a tent from PRCS and other agencies upon arrival; a cooking stove, kerosene, and a regular food basket; building material to start a *katcha* (unbaked) mud house

thereafter; and free medical attention.

With these benefits, the Afghans are able to undercut the local wage rates of Pakistanis and compete for construction and agricultural jobs. In the bazaars, their carpets are available just a little bit cheaper. And their lavishly decorated buses and lorries now ply a handsome trade all the way to Karachi.

Is all of this not going to stir up unrest, I ask Munir Hussain? “Not if we are careful,” he says, “The Holy Koran requires us to be hospitable to refugees. And many of us ourselves are originally refugees – from India and Kashmir after 1947, from Bangladesh after 1971.

“I agree, though, that wherever possible the Red Crescent and Red Cross should try and help needy people from both communities.”



Top: Staff of the Adezai Health Unit.



Above: Haji Syed Gulam, with stomach pains.



Above: Lt. Col. Mazhar Ali Shah, PRCS.

Into the PRCS/League health unit at Adezai refugee camp wanders an old man from the neighbouring Pakistani village. He has pains in his stomach. He can't afford the 20 rupees the local doctor is asking. The PRCS doctor, Sajjad Ahmed, examines him without question. The Afghan dispenser makes up a prescription without charge.

Several hundred miles to the south, in Kalabagh, Izat Bibi arrives at the PRCS/League hospital (see page 27) after a 5-day walk. In her village of Bani Afghan there is only a male nurse, whom she dare not let examine her. Will the League's lady nurses see her?

They do, as they daily see patients from the 140,000 population of Kot Chandana camp nearby and the 40,000 Pakistanis in the town.

The refugee villages, though, are beginning to feel remarkably permanent. A mere five years ago, they were still largely tented encampments. Today the *katcha* houses, cool in summer and warm in winter, look built to last a long time.

In the mornings, men leave by bus and lorry for their jobs in the towns and farms. In the bazaars, shoemakers and tailors and traders are again running the businesses they abandoned when they fled Afghanistan.

In Adezai I turn into one of the 650 schools which the Pakistani authorities have opened for the incomers' children. In the classrooms are hundreds of tiny Afghans who have never known their own country.

On the barren slopes of Salager

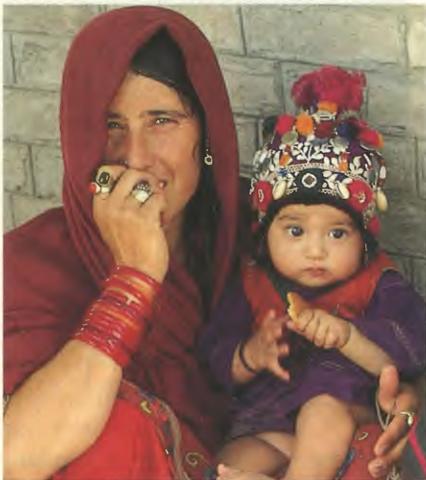
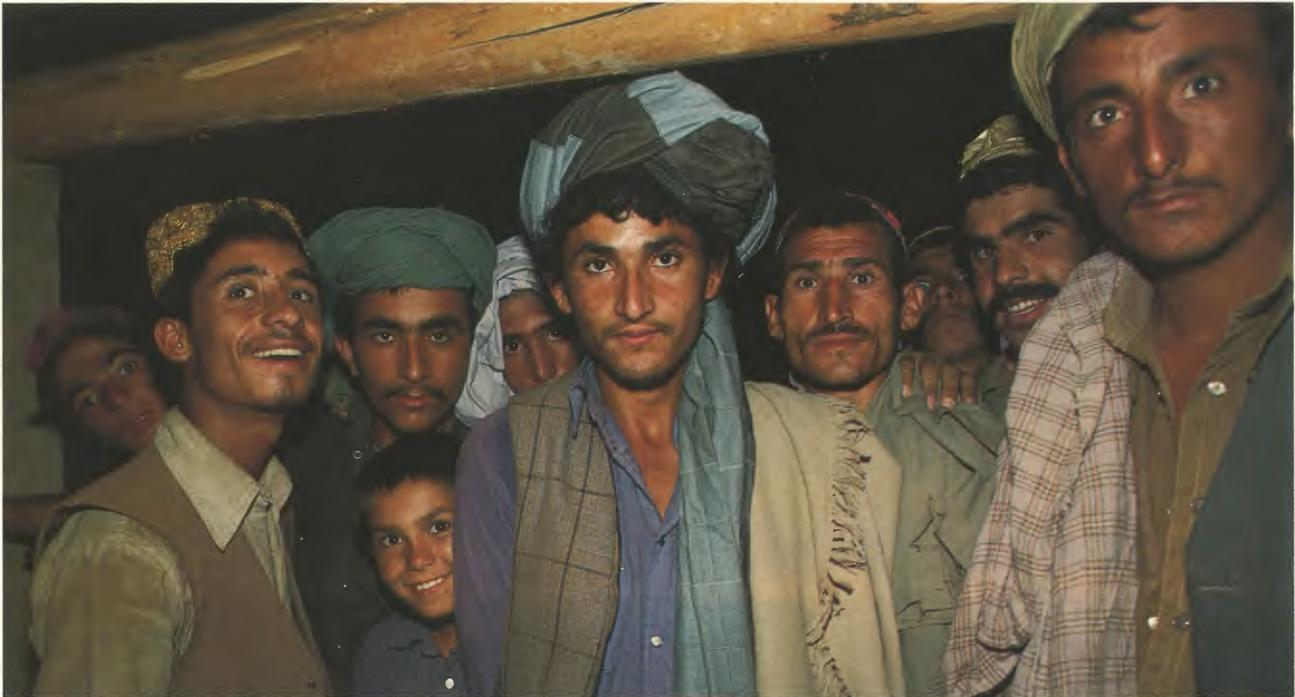
Mountain above Kot Chandana camp, I stand a respectful distance from the graveyard. They are burying an old Afghan, his head turned reverentially in the direction of Mecca. Another who will rest in foreign soil until the great Day of Judgment.

In Peshawar Lt. Col. Mazhar Ali Shah contemplates the problem of permanent settlement. "This town has seen them all come and go," he says. "The Greeks, the Mongols, the Mughals, the Sikhs and the British. The Afghans will go too. The pull of home is far too strong."

In Islamabad Munir Hussain says simply: "It is their country. A political settlement must, and will, be found." *Insh'Allah.*

If it be the will of God.

George REID



Above: Afghan Refugees at Kot Chandana camp, Kalabagh, Punjab, Pakistan
 Left: Mother and child at Kot Chandana

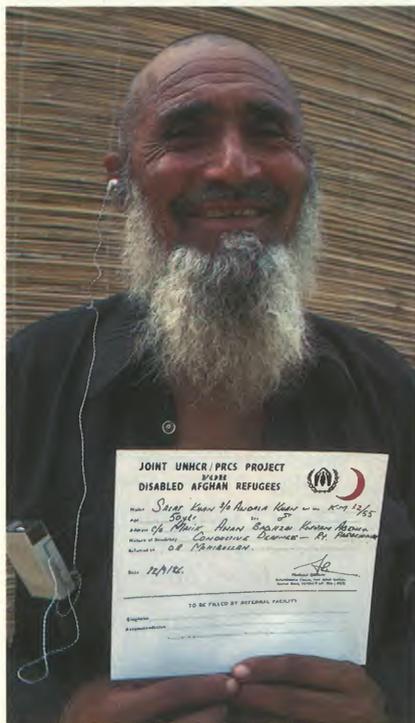
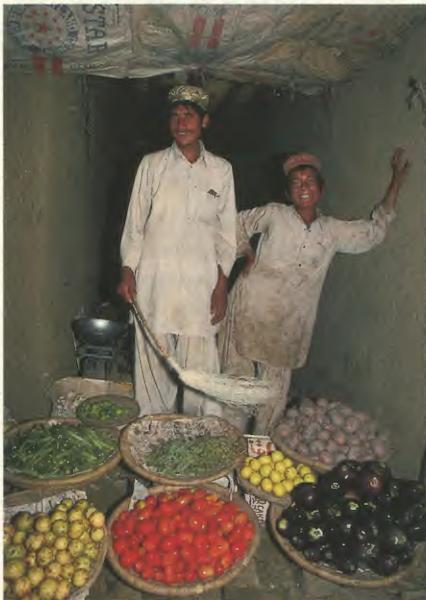
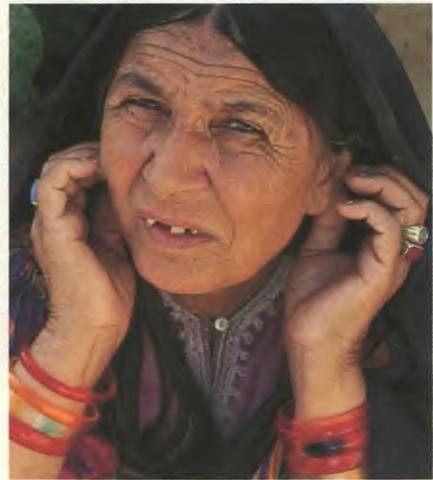
Right: Woman hard of hearing, Kot Chandana

Below left: Small shop run by refugees inside Kot Chandana camp

Below centre: Salat Khan with new hearing aid at the UNHCR/PRCS Peshawar Rehabilitation Clinic

Below right: Patient at the Pakistan Red Crescent Paraplegic Centre, Peshawar

Photographs by Liliane de TOLEDO



Nasim Akhtar

Doctor at Adezai

Dr Nasim Akhtar climbs out of the van which has brought her from home in Peshawar, and surveys the queue of patients already assembled outside the Basic Health Unit. "Business as usual," she says.

Five years ago the refugee village of Adezai, where she works for the Pakistan Red Crescent, was a tented encampment. Today it has grown into a small town of 6000 people, housed in solid *katcha* mud brick homes.

The first health unit was also a tent. Then, with funds from the town of Osnabrück in the Federal Republic of Germany, a more permanent structure was erected. The refugees build it themselves.

"The service which we provide is pretty basic," says Dr Akhtar. "But it gives reasonable curative and preventative cover.

"Since the Afghans practice *pardah* – the complete separation of male and female activities in public – all facilities have to be duplicated of course."

Outside the building the sexes sit apart. The men to see her male colleague, Dr Sajjad Ahmed, and the women to consult with her. The daily routine is remarkably similar: respiratory problems in winter, malaria in summer, diarrhoea most of the year round. Serious illnesses and accidents are transferred to hospital in Peshawar, 22 kms away.

"Our most important work is in the preventative field," says Dr Akhtar. "Immunization against TB, tetanus, diphtheria, polio, measles and whooping cough. Teaching proper baby care, and how to make up an ORS solution to cope with dehydration.

"Some of it is very, very simple: personal hygiene, proper diet, the need to use clean water..."

In this work, the medical staff are helped by two Community Health staff and 30 volunteers recruited through a Save The Children Fund scheme.

Dr Akhtar smiles. "Twenty-eight of the volunteers are men, nominated by the *maliks*, or elders. Given their pretty violent society, they are very interested in first aid, of course. But getting through to the women is a bit more difficult."

Advice is available, for example, on family planning – but upon request only. "I can't hand out the 'pill', since husbands would find them about the house. So I've had some women asking secretly for inter-uterine devices..."

The PRCS basic health unit is funded through a League Appeal for Afghan refugees. "But we can't ignore local Pakistanis, some of whom are even poorer. We don't encourage them, but we don't turn them away either."

A mother from a neighbouring village brings in a child who has been scalded. An old Pakistani arrives complaining both of stomach pains and the fact that his doctor wants to charge him 20 rupees for a consultation. The two patients are treated, and the unit's Afghan dispenser hands out free medications.

"You have to remember how much the history of all peoples in this region is interwoven," says Dr Akhtar. "We have a common Moslem heritage. We all speak one another's languages. Until the Afghans go home, we have to share what we have."

The River Kabul which flows past Adezai camp begins in the hills of Afghanistan. For the refugees, it is a constant reminder of home. A home which is both near, and painfully far away. ●



Khyber Gul

Orphan and Mascot

Khyber Gul is just 14-years-old. Wedged upright in his paraplegic chair, busy spinning the wheel of his sewing machine, his face is lit up by a boyish smile of great charm and warmth.

It is as though the terrible events which transformed his life for ever, that day in his home village near Jalalabad, have been relegated to some secret corner of his mind.

The Paraplegic Centre of the Pakistan Red Crescent in Peshawar is his new home. The paralysed refugee sitting beside him, Aziz-ur-Rehman, is his new father. He is learning a new trade, as a tailor. He has a bed of his own, three meals a day, free medical assistance, even a little pocket money.

For a boy carried, more dead than alive, through the mountains of Afghanistan and into Pakistan, it is quite a transformation.

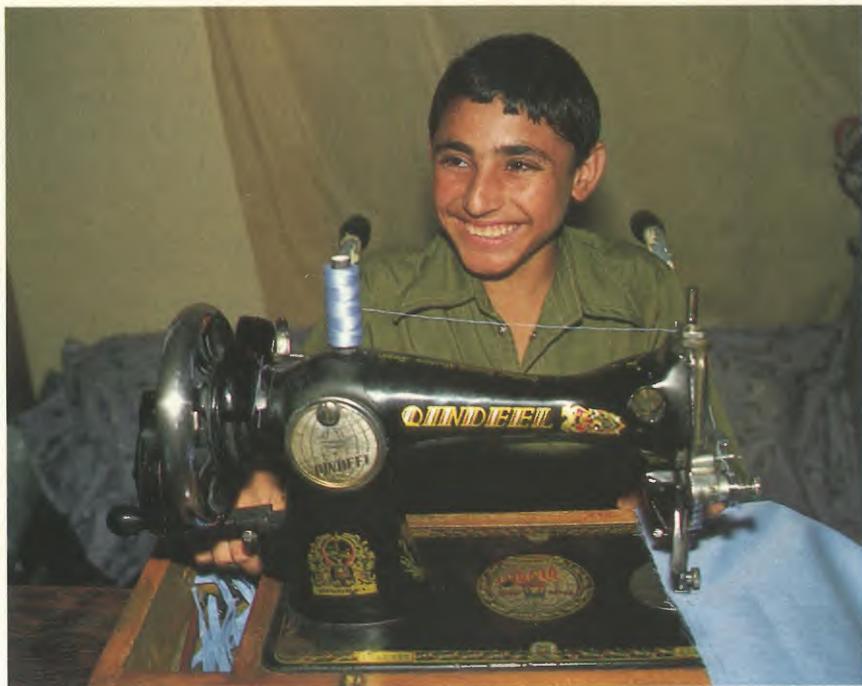
The Administrator of the Centre, Zafir Ali Shah, ruffles Khyber's crew-cut head. "Two years ago, armed men came to his village," he says. "They blew up the houses. Then they shot everyone.

"Khyber was shot too, and his body left for dead in a heap with his parents and relatives.

"The bullet went through his right shoulder, hitting the spine and coming out under his left armpit. It means, of course, that he will never walk again.

"But they are incredibly tough people, these Afghans. When he was found, there was still a spark of life in him.

"He was strapped on the back of a mule, and taken through the mountains to the Pakistan frontier. It was a journey that would have killed most men. But, somehow, Khyber made it."



The 12-year-old boy was picked up by a PRCS First Aid unit, and rushed by ambulance to the surgical hospital which the ICRC established in Peshawar in 1981. From there he went to the Paraplegic Centre, where he has remained ever since.

With its neat brick wards, laundry and cafeteria set round beds of roses, the Centre would not be out of place in Switzerland. Opened by the ICRC in February 1984, its management has now been transferred to the Red Crescent, with continued ICRC funding and technical support.

There are 120 staff and 100 beds, divided between two male and one female wards. The training facilities, managed by the ICRC's Dutch physiotherapist Theo Verhoeff, are excellent.

"In fact, they are so good that we have opened them up to Pakistani patients as well," says Zafir Ali Shah. "Currently we have 43 Afghans and 36 Pakistanis, and that is the sort of ratio we shall maintain in future."

In the women's area, Quadar Jana is busy exercising with weights suspended from the ceiling. In Pakistan's tribal areas virtually all the men carry a gun, and she was shot by mistake in her village of Banu Deik. Other Pakistanis have been hurt in road accidents, or by falling from buildings.

"Depression is a problem, of course," says Zafir Ali Shah. "People have to come to terms with the fact that they will never walk again. That is one reason why each patient has a relative with him throughout his stay - who will also look after him when he goes home."

Khyber Gul will not be going home, though. He has no home to go to. He has no known relative anywhere.

So he has been allowed to stay on at the Centre, zooming around the grounds in his wheelchair, joking with the staff.

"He has a fantastic influence on the morale of newcomers," adds Zafir Ali Shah. "They say: 'if a boy can do that, so can I...'"

So today, as usual, Khyber Gul is busy learning to become a tailor. Under the watchful eye of Aziz-ur-Rehman, a paraplegic and an Afghan refugee like himself, he carefully threads the needle of his sewing machine.

Again, the shy boyish grin. He holds up a pair of sky-blue pyjamas which he has just made for another patient. The grin becomes a serene smile of contentment.

"Anjuman Hilal-e-Ahmar Pakistan (Pakistan Red Crescent Society)," says a nurse.

Khyber Gul gives the thumbs-up sign. ●

Dr Claude Détoillon, from Besançon, France, is something of a human whirlwind. Stocky, with bright button eyes surmounting his luxuriant beard and moustaches, he seems to be everywhere simultaneously as he rushes round the hospital compound at Kalabagh.

A tubercular patient has somehow slipped into the men's ward – “Get him out of here tonight!” Wires trailing from the ceiling – “Fix them!” Yet another applicant for a job as *chowkidar* (watchman) – “No, no, no!” A Pakistani doctor prescribing antibiotics for a deep intramuscular abscess – “Stop it! Cut it, that'll get his temperature down!” The septic tank spilling sewage over the wall – “How do I know how it works? *Make it work!*...”

All morning a mother has been keening as her baby died before her eyes. The noise starts up yet again. A nurse plucks at Détoillon's sleeve: “Doctor, the baby is dead. The mother wants the ambulance to take the body back to the camp.”

“No. Sorry, but No!” He turns away abruptly: “Saying that hurt, you know. But we've only one ambulance. If we start running a mortuary service, it'll do nothing else...”

Détoillon's whirlwind qualities were badly needed at Kalabagh. When the Pakistani authorities decided in 1985 to turn the local hospital over to the PRCS and the League, an expatriate team was sent in for several months. A health survey was carried out in the nearby Kot Chandana refugee camp,



In Kalabagh Hospital

and substantial equipment ordered. Only the hospital itself was not ready...

Détoillon, pulled in at the end of a contract with the ICRC in Thailand, was given just six weeks to turn the situation around. One nurse from the previous team – Denyse Laquerre – had stayed on, and they were joined by American lab technician Roy Dexter. Working feverish hours, the cashbox to pay the workmen kept under Détoillon's bed, they made their 11 August deadline – just.

The Red Cross and Red Crescent flags flew prettily. The compound was newly whitewashed. The two men's and one women's wards were open, the kitchen and laundry ready, the operating theatre almost so. “You have turned *Kalabagh* (dark garden) into *Hara Bagh* (beautiful garden),” said the District Commissioner.

Today the expatriates have been joined by two Germans – surgeon Janos Kedves and theatre nurse Hildegard Nofls. In addition, there are six Pakistani doctors and six nurses recruited through the Punjab branch of the Red Crescent, and around 30 administrative, engineering, and support staff. Plus an indeterminate number of nurses' helpers – “I caught another in the

outpatients department this morning making up compresses,” says Détoillon.

Despite the hectic atmosphere, however, Kalabagh hospital looks set to become the jewel in the crown of the League's 600,000-Swiss francs programme for Pakistan. It serves not just the 140,000 refugees in Kot Chandana camp, but patients also referred to it from the 40,000 local people in the town.

“It is already the best hospital within hundreds of miles,” says League Chief Delegate Eberhard Halbach. “Previously the Afghans had to travel 50 miles to Mianwali, where the doctors are not Pushtu-speaking. And, among the locals, even the Nawab is sending his family to us.”

Claude Détoillon rushes past yet again, white coat flapping, snarling at someone who has dumped a pile of laundry in the corridor.

“We may have opened this place in six weeks,” he says. “But it has got to last sixty years and more. We won't be here for ever. Nor will the Afghans. But the Red Crescent will be, and we've got to bequeath them something that is absolutely first-rate.”

AFGHANISTAN: LETTER FROM KABUL

Optimism and Empty Shelves

Internal conflict and the population movement it has provoked, on top of efforts to modernise, are giving Afghanistan's struggling health services a bad headache, writes Ann NAEF.

"Our goal is health for all by the year 2000," said Health Minister Dr. Nabi Kamyar. "But with the present situation, this will be a difficult target to reach."

Attempts to provide health care to all the country's 15.5 million population come up against operating difficulties and material shortages caused by the conflict. And services also have to catch up on what the Minister calls "years of neglect by previous regimes".

Mass vaccination campaigns in Kabul province are part of a five-year plan to take primary health care to districts and villages throughout the country.

But mass migration to the capital and provincial towns, from the rural areas that bear the brunt of the fighting, is placing an added burden on health and social services. Kabul's population, around 1 million two years ago, has more than doubled, and there are similar influxes into provincial capitals.

Some of the migrants are absorbed into city life. Others face a tough struggle. In Kabul they are camped in flimsy shelters on stony wasteland along a main road. Some 30,000 families, or nearly 300,000 people are thought to need help in resettling.

Many turn to the Red Crescent. "Every day we receive requests for help, for food and clothing," says the Society, which also uses its mobile emergency units to take water and basic necessities to the camps.

The Red Crescent has now begun radio broadcasts telling newcomers the whereabouts of the Society's general hospital and of its biggest and most popular service, a network of 8 First Aid centres in the most populous districts of the capital and 13 more in the provinces.

The centres in Kabul see an average of 150 patients a day. Most are women with small children, drawn to the infant vaccination programme that is one of the centres' main services. They wait patiently, enigmatic figures behind their lime green or lavender blue *chadoris*, a top-to-toe garment with a woven lattice 'window' that is the preferred outdoor wear of many women.

The clinics are well-staffed, clean, with impeccably maintained records in massive old-fashioned ledgers. Two doctors and two or three assistants perform minor surgery, give vaccinations, treat minor ailments, change dressings and give First Aid to accident victims brought in from the streets. But services are severely limited by the lack of equipment and supplies.

Khair Khama clinic, the oldest centre in the city, is located in a former private house. An elderly peach tree, propped up on crutches, leans over the doorway. At 6.30 in the evening, the last patient has just left. The doctor in charge indicates the waiting and examination rooms - small, dark and with almost no furniture. Then he turns with an apologetic gesture to his equipment, a blood pressure cuff, a primitive steriliser and a disposable syringe that has been used dozens of times.

When he opens the medicine chest, the cupboard is almost bare. Half a dozen bottles contain only the most basic analgesics and antibiotics. It is the same in other centres. The manpower is there, but if the clientele is to increase, then so must the resources.

In a determined show of optimism, the Society has drawn up plans for 1987 that include out-of-school care for the migrant children and vocational training for the adults. This in addition to the emergency care for those who daily come knocking at their door. The Ministry too is looking to the Red Crescent for support with First Aid services.

The Society can only hope that the solidarity of the Red Cross and Red Crescent Movement will come to the rescue: "The task is almost beyond us... it will be thanks to our friends the National Societies that we will be able to help."

Ann NAEF accompanied a League delegation to Kabul last year to discuss aid projects with the Afghan Red Crescent Society.

INTERVIEW

ROBERT CHAMBERS

Learning The Lessons Of Evaluation

Robert CHAMBERS was the Team Leader of the Institute of Development Studies evaluation team which was asked to report last year on the League's African drought relief operations during 1984-86. Their Report, which looked at operations in Sudan, Chad, Mali and Geneva, was critical of the League's performance in many areas, and produced a substantial list of recommendations for improving future operations and procedures. Dr. Chambers talked to "Red Cross, Red Crescent" about his work.

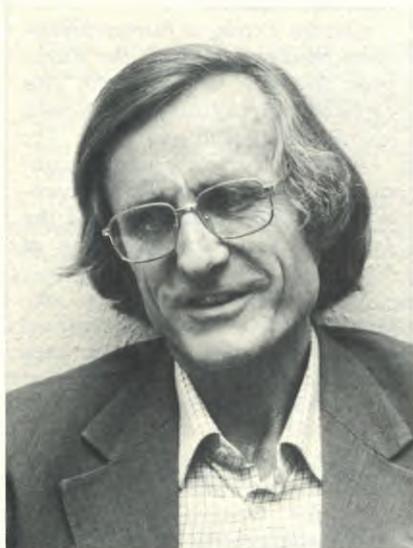
RCRC: Did you bring previous experience of disaster relief agencies with you to this particular job?

CHAMBERS: I've worked in Africa for about ten years altogether, in various capacities to do with rural development, training and research projects. I was the first Evaluation Officer with UNHCR (UN High Commissioner for Refugees) in 1975/76 and I concentrated on rural refugees in Africa, partly because in the mid-60's I had done a comparative study of resettlement schemes in Africa, and partly because rural refugees were very neglected. They were in the millions, yet very little was known about them or how they managed.

How has your personal experience helped you to look at the League's operations?

One piece of experience which was surprisingly relevant to me was

mountain rescue. My hobby is mountaineering, and when I lived in Kenya I was for a number of periods the Convenor of the Mountain Rescue Sub-Committee. Which meant that if there was a rescue, you were in charge of the thing on the climbing side. And we found that logistics and radio were absolutely vital. When radio communications broke down, it was extremely difficult to know what was happening and coordinate activities, and we often had radios which didn't work very well. So when we went to Sudan and discovered that the radios there hadn't worked very well, I had an immediate sense of empathy with the people who were trying to coordinate a very complex and difficult operation over huge distances, without adequate communications.



Did you find other similarities between League relief operations and your mountain rescue experience?

One of the comparisons is that when you are *not* actually faced with an emergency, *getting prepared* for one which you are not sure is going to happen requires a lot of will-power. We criticised the League for its low capacity—which I may say it shares with other voluntary agencies—for learning from experience. We call it a lack of “institutional memory” in the Report. There are a lot of aspects of preparedness (office kits, a vehicle

policy, radios, lists of suitable nutritionists and delegates) where you'd expect the League to be ready to go, and it wasn't.

Well, with our mountain rescue in Kenya, it was terribly difficult to pluck up the energy and the will to spend a Sunday lowering stretchers down a cliff and getting prepared in that way, when you would rather have spent the time rock-climbing on your own.

So I've a lot of sympathy for people working in an organisation like the League who have got to drop other things which appear pressing, in order to get prepared.

We also said the League should pay far more attention to keeping up professionally with relevant fields like logistics, communications, nutrition, camp management and understanding rural poverty and deprivation, which is something everybody thinks they know about. Actually very few people do, unless they are poor and rural themselves.

Why is it that organisations like the League suffer from a lack of “institutional memory”?

I think there is a sort of “emergency culture” that quite a lot of agencies develop. You can get a state of mind in which people live from cable to cable. These days from telex to telex. Some people are workaholics. They become addicted. And if you're addicted to emergency, the one thing you *don't* do, except personally, is learn lessons. You don't prepare manuals. You don't interview people in order to extract their experience. You don't analyse whatever is in delegates' reports, to see what they are all saying, and what the conclusions are.

If you need *some* people who have this addiction because of their tremendous capacity for hard work (and in most emergency organisations most of the running is done by a handful of people who work round the clock) then you have got to have *other* people who are more detached, who are doing the learning, extracting the experience and turning it into procedures and then training people in those proce-

dures, preparing the handbooks and the kits. Maybe you need two different kinds of people in an organisation like this. You *can* find it in the same person, but it's very exceptional.

What do you feel about the recruitment of field delegates for emergency operations?

I think a position like Chief Delegate needs people who are in a sense professionals. You probably have to look to people with military backgrounds, people who have been trained in decision-making under stress, with uncertainty, multiple pressures, irregular hours, problems of communications and logistics: people who have been through fire.

When it comes to delegates themselves it's much more difficult, because there has to be a first time, and people have to gain experience. I think it would be very desirable to select people who are likely to have a second or third go, not people who are just in it for kicks, but people with a sustained commitment. Because the experience gained by all these delegates is a very valuable resource which, in my guess, isn't going to be used.

Interviewing and recruitment should also be done by people who themselves have field experience. We were told of one instance, which we quoted in the Report, of a mechanic being interviewed for the job of chief mechanic. He was asked whether he knew about “vehicles with four wheels”! He should have been asked about vehicles with four-wheel *drive!* The interviewer knew a question of that sort had to be asked, but didn't know enough to ask about four-wheel-drive vehicles.

With the League's new selection procedure, with job descriptions, with three candidates being nominated by donor Societies and selection taking place in a different way, I think this will vastly improve the situation. All this was being implemented and prepared *before* we did our Report, and I think the League deserves credit for that. This is an example of learning from experience. ▶

INTERVIEW

Are there lessons for the National Societies of the disaster-prone areas?

I think it is not generally realised that people who were starving or near-starving in the Sahel emergency have not recovered to their pre-1980 position. They're much more vulnerable than they were in 1980. It won't take a succession of bad years to bring them to famine conditions again. What is needed is an entirely new sort of programme which doesn't exist: to enable people to avoid getting poorer, to avoid having to go to the roadside. Food-for-work programmes, for instance, and much earlier intervention in the process, an early-warning system *before* you have got children and adults starving.

Here I think National Societies have got potentially a very important role. Sometimes governments don't want to admit that there's any problem. In this situation, the National Society should be able to blow the whistle. The Society may also be under pressure from the government *not* to blow the whistle, as in fact happened this time, but it would be very good if their network of rural branches could alert the Society and then the international community to what was happening.

This is a great potential strength of the Red Cross. One of the weaknesses is the danger of urban elitism. People who suffer in these situations tend to be remote and rural. Leaders of the Red Cross Movement, though not all, tend to be urban people from the profes-

sional elite. And the distance between poor rural people and urban professional people can be considerable. Sometimes there can be very little difference. People in the urban elite may have been brought up in the countryside themselves and may have maintained their links. But with urbanisation and development, that is becoming less and less true.

What do you feel may be the long-term value of this evaluation?

A lot of evaluation is requested because people want to say that they've had an evaluation. They don't really want to *do* anything about it. My impression was that there was a serious desire at the League to learn lessons. I thought that was very much to its credit.

The Report on Sudan by Peter Cutler concludes that the League can compare quite favourably with some other organisations in its performance, but perhaps the biggest question for the future is whether the League is going to learn the lessons better than the other organisations. I think there is a real chance that it will.

I am encouraged by the speed of reaction to our Report. I'm encouraged by the reception it received (in the October meetings). There was a strong will among the National Societies that there should be substantial implementation of the recommendations. I'm encouraged by the Ad Hoc Committee which has been set up under the chairmanship of (Dr. Venedictov of) the Soviet Red Cross to consider the policy recommendations and report back in a short time. Finding a Deputy Secretary General and a Director of Operations who will be chosen purely on merit and relevant field experience are also encouraging moves. But the real test is in three months time: whether that Committee makes recommendations which can be translated quickly into policy, and, even more, whether *within* the secretariat the "no-need-to-wait" recommendations are implemented quickly, and that means finding people who can take particular recommendations, and *implement* them.



The Institute of Development Studies, at the University of Sussex in England, was established in 1966 as a national centre concerned with Third World development and the relationships between rich and poor countries.

IDS Fellow Dr. Robert Chambers led the team commissioned by the League to review and evaluate the Africa drought relief operation.

Peter Cutler, a Disaster Relief consultant, reviewed operations in Sudan.

Susan Morris-Peel, former nutrition adviser to the League, reviewed the health and nutritional aspects of the operations in Chad, Mali and Sudan.

Charles Petrie, a former investment banker now with the European Association for Health and Development in Brussels, reviewed operations in Mali and Chad.

Nicholas Russell, a logistics consultant, reviewed logistics operations in Chad and Mali and the League's Sahel logistics base at Niamey, Niger.

Susan York, a social anthropologist, evaluated the use of human resources in Sudan, with particular reference to the case of Darfur, Western Sudan.

Price Waterhouse Consultants were assigned evaluation responsibility for Geneva-based operations, management and finance in a separate independent report.

The fact that the League wants to learn lessons and make changes is enormously encouraging. It is not often that organisations have this sort of courage, or give people the sort of privilege we had: a free run, and very open, if detailed, terms of reference, and good access. A lot of people were willing to talk freely and constructively about their experiences and about the future. It was a great privilege personally and to us as a team to be invited to do this work. ●



Where Are We Now?

by

Anthony F. H. BRITTEN, M.D.,
Head of the League's
Blood Programme Department

At the end of 1986 three things can be said with absolute certainty about AIDS - Acquired Immune Deficiency Syndrome:

- There is no cure in sight (and no vaccine available);
- More and more people are becoming infected, far beyond the original 'risk groups' of promiscuous homosexuals and intravenous drug users;
- People who develop the full clinical disease will die, mostly within two years. (Estimates at the moment suggest that up to 30% of those infected will develop the disease, though we cannot yet be sure.)

The number of unanswered or partly answered questions remains daunting, but we are increasingly adding to our knowledge.

We *do* know that the virus, now renamed HIV (Human Immunodeficiency Virus), is subject to frequent genetic changes (mutations) and that different variants have been encountered in different places. This adds to the difficulties of vaccine research: nailing down the form of HIV to be fought against.

We *do* know that, in the "North", the virus is spreading far beyond the homosexual group it first seemed to attack, largely as a result of heterosexual prostitution involving intravenous drug users, whose needle-sharing can introduce the virus from one bloodstream into another.

We *do* know that, in the "South", particularly in central Africa, variants of the virus are now widespread as a result of heterosexual contact. In these areas homosexuality and intravenous drug abuse are very rare.

We *do* know that, since AIDS has appeared in our age of mass air transport, it will, like malaria and some other diseases, inevitably spread wider through the sheer volume of human air traffic in all parts of the world. No-where, and no-one, is immune.

We *do* know that, since spreading the AIDS virus requires the transfer of fluids into the bloodstream of the recipient, AIDS *cannot* be contracted through casual contact in the workplace, in schools or other public places.

We *do* know that there is no risk from toilet seats, door knobs, CPR, coughing, sneezing, sharing eating utensils or other simple social contact.

We *do* know that AIDS is transmitted through anal or vaginal sexual intercourse, shared injection equipment or infected blood products.

We *do* know that it is already technically possible to keep blood transfusion services virtually free of the risk of HIV transmission, through careful selection of donors, testing of all donated blood and heat-treatment of some plasma products.

We *do* know that, in the absence of a cure or protective vaccine (certainly many years of difficult research away), the *only* way to be sure of not getting AIDS is to **PREVENT** yourself getting it by your personal behaviour:

- For the minority: if you use intravenous drugs, and cannot stop, NEVER share needles. NEVER use a needle that is not new. DESTROY it afterwards.
- For the majority: in heterosexual or homosexual intercourse today, AIDS can be caught from anyone. You can reduce the risk by using a CONDOM, by staying with ONE PARTNER only, or by abstinence.
- AIDS is *not* a "gay" disease. Like syphilis and hepatitis B in industrialised societies, it is most common in homosexual communities and among intravenous drug users, but **anyone who is sexually active is also at risk.**

We are facing one of the most serious threats to health in human history. It will serve no purpose to try to tone down the drama. Every day, newspapers and television programmes report frightening statistics from wider and wider areas of the world. Belatedly, by their own admission, the World Health Organization, some governments, even some Red Cross Societies, are recognizing the magnitude of the problem.

It is not a question of being "too late", but certainly many opportunities to stem the spread of the disease have been lost, not least because of the sensitive and personal nature of many of the discussions involved. Now many parts of the world are experiencing a new kind of sexual revolution: talking

openly and publicly about aspects of human behaviour which were often taboo, in an urgent effort not to change morality, but to save lives and health.

Advocating these changes in behaviour for the sake of health must now also be a duty of Red Cross and Red Crescent Societies throughout the world. People need reassurance in the face of sensational media reports, but they need to be told the truth:

No-one is immune from AIDS.

In the long term, vaccines may well be developed, although other fatal diseases like hepatitis, rabies, even influenza, still have no dependable vaccines. Yet nature, in time, develops its own systems too, as with syphilis which over the years has decreased in its most virulent effects as human immune systems develop their own resistance and defences.

Research into an AIDS vaccine or vaccines needs time and enormous funds. Governments, in particular those of the USA, France and Great Britain, are now devoting more resources to research, though in the view of the medical profession, nothing like enough. More is being done with information and education. Fortright advertising campaigns are now appearing, in explicit language unthinkable a few years ago.

The targets today are not the special interest groups who are already aware and well-organised, like hemophiliacs or homosexual organisations. The target today is the general public, everywhere in the world. The message is straightforward: **PROTECTION**, through the use of condoms and refraining from promiscuous behaviour, is the *only* way for sexually active people to be sure of not picking up the virus.

As the campaigns continue, and as public anxiety will inevitably rise with more and more cases reported, and more and more people testing positive as carriers, Red Cross and Red Crescent Societies will need to be prepared themselves to give practical advice, counselling and factual information, drawing on their special status within the community as impartial, neutral, independent and universal humanitarians.

Some Societies, notably the American Red Cross (see next page), are already in the forefront of realistic public information campaigns. But, as the future will surely tell, AIDS knows no frontiers. We are all involved. ●

SOCIETY PAGES

USA/AIDS

From Fear To Understanding

In 1986 more than 25,000 men, women and children were suffering from AIDS in the United States. That number is expected to double during 1987, while the number of virus carriers will rise into the millions.

The American Red Cross, which already runs more than 50% of the nation's blood services, has taken a lead in the difficult task of public information about AIDS.

"Beyond Fear", a 60-minute documentary film in three parts, is a major tool in the Red Cross education programme to provide the public with the known facts.

"The Red Cross and our organizations are working together to provide accurate information to the millions of Americans who are concerned about this problem," says James L. Moorefield, President of the Health Insurance Association of America, which, with the American Council of Life Insurance, sponsored the Red Cross film.

"We looked for a credible group with a credible message, and decided the Red Cross was the best group to sponsor," says ACLI President Richard S. Schweiker.

With easy-to-follow computer graphics, Part One, "The Virus", shows how HIV kills immune system blood cells, robbing the body of its defence against infection. The film explains how HIV enters the bloodstream through sexual contact or through shared intravenous drug needles, through contaminated blood products, or from infected mothers to their unborn or newborn children.

"The Individual", the second part, looks at what can be done to reduce the risk of getting AIDS.

Candid and moving interviews with physicians, researchers, families, friends and AIDS victims themselves add to the understanding that is necessary to reduce fear.

Part Three is called "The Community". AIDS patients need medical social and psychological support. The public needs information. The final part of the film looks at how people and organizations are responding to these needs.



Hollywood actor Robert Vaughn narrates the film for the American Red Cross.

From scenes and interviews all over the country, a picture of reasonable community response emerges, like the STOP AIDS Project in San Francisco which offers information to risk groups and services to patients.

"Most people, when they are given the information, can make a reasonable decision about their own behaviour," says Bert Bloom of the STOP AIDS Project.

In Iowa, the film looks at a Red Cross AIDS education programme for teenagers. In New York, home nursing courses train people who care for AIDS patients. Volunteers

in Atlanta deliver pre-cooked meals, supplied by local restaurants, to bed-ridden patients.

"Beyond Fear" aims to dispel many of the myths and misconceptions about AIDS. It has already been seen by millions of Americans on television, with nearly 2,000 copies circulating throughout Red Cross chapters, schools, clubs and community groups. Bookings run well into 1987.

With further distribution agreements for the Army, state education offices, hospitals and public health departments, "Beyond Fear" is benefitting from the most ambitious and successful viewing plan ever for an American Red Cross health film.

"The key factor is that AIDS is a preventable disease," says the film. "It is not a 'gay' issue... it is a public health issue. It is not transmitted by who we are, but by what we do."

Knowledge about AIDS is far from being complete. But, in the words of American Red Cross President Richard F. Schubert, "the Red Cross, as an established and credible source, can provide information to help people move beyond unwarranted fear to understanding".

"Beyond Fear"—in three segments: **The Virus, The Individual, The Community**, was written and produced for the American Red Cross by John Selden Allen, with funding from the American Council of Life Insurance and the Health Insurance Association of America.

AIDS AND THE THIRD WORLD

is the title of the first dossier from the Panos Institute, a new London-based research group. The dossier is published in association with the **Norwegian Red Cross**. It presents a global review of the AIDS crisis up to December 1986, and the picture, according to Panos President Jon Tinker, "is a grim one. This crisis will dominate the international scene for many years to come. So far, our main weapon against it is knowledge, our only protection is education".

AIDS AND THE THIRD WORLD: Panos Dossier I, Panos Institute, 8, Alfred Place, London WC1E 7EB, UK and 1405 King Street, Alexandria, VA 22314, USA.

BULGARIA

Red Cross Fights White Death

Sofia, in December. It was nearly noon when an exhausted man reached the Rila Monastery, some 140 kms south of Sofia.

Soaked to the skin and gasping for breath like a long-distance runner after the finish, Stefan Michev, mountain rescuer, grabbed the phone and gave the head office of his service some very bad news.

Early that morning, an avalanche had buried alive a large group of tourists. Before starting for the monastery to get help, Stefan himself had dug out some of the victims with his bare hands.

That alone, it was later confirmed, helped prevent panic among the others still buried under the snow.

At noon, the news reached Sofia-based rescue teams, and several groups of rescuers started at once for the place the avalanche had hit.

The narrow path leading to the victims was covered with deep snow. "It was deadly difficult to move the special sledges for the injured," Stefan said later. "But we finally succeeded."

But victory over "white death" is never easy. Several hours later, the rescuers were back at the Rila Monastery with the people they had saved, and with three bodies that lay on the sledges, unmoving. "We did our best," said Drago Ivanov calmly. "For some it was just too late. But at least we found them."

Drago was not to know that three weeks later, after another



Bulgarian Red Cross

rescue operation, he and two of his friends would also be found dead, trying to do their best yet again.

Why they do it? One of the rescuers answers: "You see, we are volunteers, not paid people. We are Red Cross teams, and that makes the difference. To help people in need, it's something different. It's simple humanity." There's no arguing with that.

The Mountain Rescue Service was founded in 1933. In 1950, it joined the Bulgarian Red Cross and now the service covers all of the country, most of whose 111,000 sq. km. are mountainous.

So far, the Bulgarian Mountain Rescue Service has saved the lives of more than 100,000 people, of whom nearly 12,000 were seriously injured. According to Mr. K. Petrov, an official of the Service, most of the rescuers are volunteers from

many backgrounds, workers, physicians, engineers, sportsmen, students. On duty for thousands of hours every year.

"Of course, we have some professionals too," Mr. Petrov says. "We need them to deal with the sophisticated techniques we operate. But the vast majority are volunteers."

Today in Bulgaria, the Red Cross has 32 permanent Rescue Teams in 13 regional Red Cross Committees. Nearly 700 mountain rescuers (54 of them doctors) are on non-stop duty in 74 observation posts connected by radio. All are well equipped and some have specially trained dogs to help them in their dangerous but vital work. For professionals and volunteers alike, the Red Cross is not afraid of fighting white death.

Encho GOSPODINOV

GREAT BRITAIN/SUDAN

Radio, Robots and Royalty

The British Red Cross gets together with the BBC, a famous auction house and Sarah Ferguson, now the Duchess of York, to fund and promote new development activities in Sudan's Red Sea Hills. Ann KNIGHT reports.

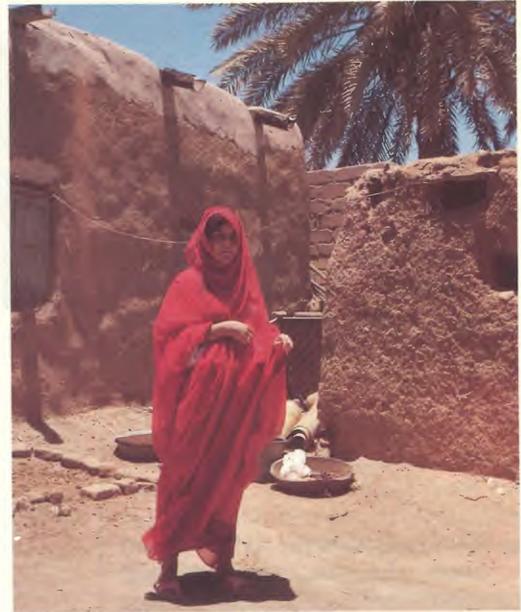
It was a first in the history of the BBC – a unique fundraising venture which mobilised the support of royalty, popstars and politicians.

Gaining the support of one of the BBC's most popular radio programmes was also a first for the British Red Cross. "Woman's Hour" is the longest-running national daily radio programme. An hour-long mid-afternoon current affairs magazine, it gave the Red Cross the ability to reach more than a million listeners on a regular basis for more than a year. And despite its title, more than 20% of the listeners are men.

Towards the end of 1985 the British media were beginning to lose interest in Africa, and that meant the public were rapidly following suit. For the British Red Cross, about to embark on a £½ million long-term development programme in Sudan, something had to be done. So in November 1985 the "Woman's Hour" Red Cross Appeal for Sudan was launched with a one-hour radio phone-in programme.

Listeners were invited to put their questions about aid and development to a team of specialists, including League delegate Khalil (Ken) Dale whose passion for the Beja people of the Red Sea Hills and for his collection of camels, has become widely known.

Nicola Kibble, textile designer and Community Development worker with the British Red Cross, in Simkat, Red Sea Hills, last June.



British Red Cross

At the end of that first programme, £5000 of donations had been pledged by telephone, and the appeal still had a year to run.

BBC "Woman's Hour" journalist Tessa Shaw paid frequent visits to Sudan throughout 1986, bringing back recorded interviews with League, Sudanese Red Crescent and British Red Cross personnel.

By May enough funds had come in to cover the cost of sending two development delegates to the Red Sea Hills, the north-east region of Sudan devastated by famine the previous year.

Through Tessa's broadcasts listeners were able to follow the two delegates into the field. It was a rare insight into the progress, and pitfalls, of post-famine development projects in their earliest stages.

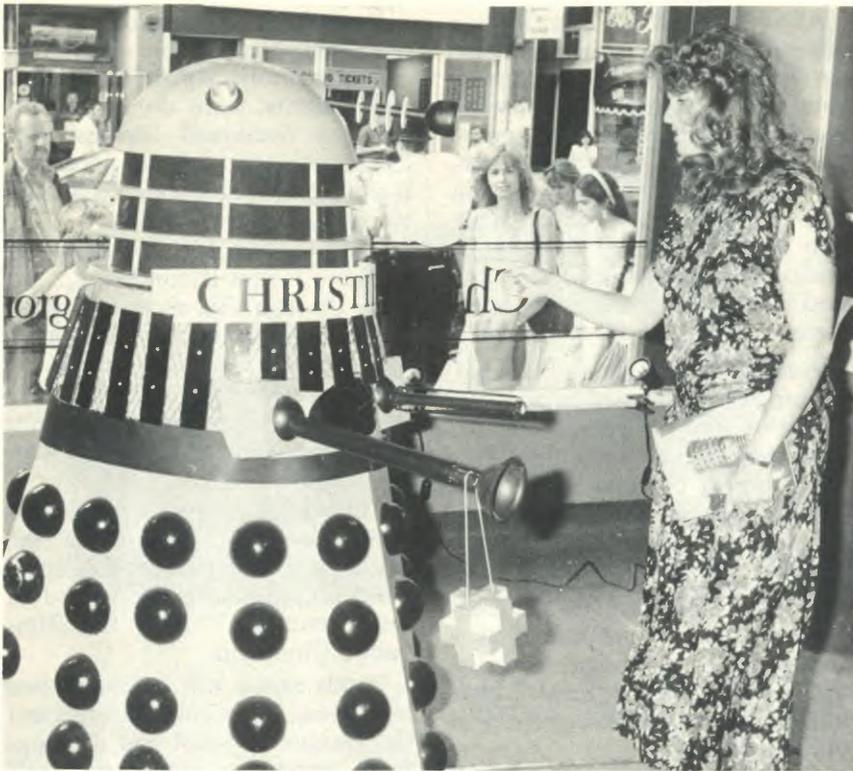
Tessa Shaw confesses that her approach to 'third world' development at the start of the appeal verged on the "naive". She learnt as she went along, and the public learnt with her.

During one of her first visits, the women of a local community centre in the Red Sea Hills asked for her

Nicola Kibble with the BBC's Tessa Shaw and Sudanese Red Crescent Society Information Officer El-Fadil Amir El-Tahir in the Red Sea Hills.



British Red Cross



Press Association

help. She responded swiftly and generously with two sewing machines bought in Port Sudan.

The women were delighted. British Red Cross community development worker Nicola Kibble was not amused.

In a radio interview Nicola, a textile designer by trade and one of the delegates funded by "Woman's Hour", described Tessa's gift as "irresponsible".

The machine were handed out without any prior discussion with the women about why they needed this kind of technical assistance. Nicola stressed the importance of establishing *why* the women wanted to learn new skills, *what* they would do with the money generated by those skills, and *how* a new source of income would affect their lives.

"I felt quite guilty about that, and had my knuckles severely rapped," Tessa said. "It made me realise that development isn't as simple as just giving people everything they ask for."

The interview was used as part of a special 20-minute radio feature about Red Cross work in Sudan, and sparked off a flood of dona-

tions from listeners who wrote in saying they appreciated this new and refreshingly honest approach to development.

"It may sound trite," says Tessa, "but the Sudan appeal has changed my life. I don't think I'll ever be happy going back to report on things like new books... From now on I'd rather use my journalistic skills to cover third world issues."

The appeal also captured the imagination of the British public who responded with thousands of letters of support and some inventive fundraising schemes.

One divorcee sent in her gold wedding ring. She had planned to hurl it off the nearest mountaintop in a fit of pique. When her story was told on "Woman's Hour", Broadcasting House in London was swamped with listeners' jewellery, watches and family heirlooms.

Some of the gold was melted down, and by October this spin-off "gold appeal" had raised £30,000. Other valuable items were sent to auction, where the high spot of the whole appeal was an all-star sale organised by famous London auctioneers Christie's in July.

Hundreds of celebrities, including British Prime Minister Margaret Thatcher and Queen Noor of Jordan, gave personal possessions for the auction.

The BBC itself donated a "Dalek", a talking robot from the television programme "Dr. Who" which has built up a worldwide cult following over the years. It was the first time a "Dalek" had ever been on sale, and fans from as far afield as the United States flew in to bid for it.

Even more media coverage was assured by a guest appearance of Sarah Ferguson (*left*), now the Duchess of York, on the eve of her marriage to Prince Andrew. In two and a half hours, the auction raised another £30,000.

October 1986 was the 40th anniversary of "Woman's Hour" at the BBC, and by then the appeal had topped £100,000. But in terms of publicity and development education, its real value would be impossible to estimate.

Sudanese Red Crescent Information Officer El-Fadil Amir El-Tahir who accompanied Tessa Shaw on several of her trips, agrees. "What is inspiring is that both ends are involved in every step of this project," he says. "On one side, they try to know what it is we actually need, and on the other many Sudanese personnel are involved, which is very important training for us."

Besides being very touched by the huge success of the fundraising effort, El-Fadil found the "Woman's Hour" approach "a very good means of promoting better understanding between the two countries. Radio in Sudan is the most effective way to reach the people too, so this project in Britain has given us ideas to make more use of our own Omdurman Radio for development."

El-Fadil had one parting thought about the British Red Cross/BBC link-up: "I do wish it could be broadcast on the international service. For us it's such a big story, we would like the whole world to hear it too."

Ann KNIGHT

ZIMBABWE

On Record: Thanks From Africa

"We hear them sing 'We are the world, we are the children' 'Now the time has come when we would like to say 'We thank you'."

African artists and musicians from all over the continent raise their voices in chorus to a catching rhythm to sing out their thanks to all the individuals, groups and organisations who have helped millions of fellow Africans back to life.

*"We thank you... for giving us a brighter day,
We thank you... for making the world a better place."*

Alton Edwards, Zimbabwean singer, composer and musician, had the vision of an all-African effort to show the world Africa's appreciation. He wrote the lyrics, composed the music, and walked into Gramma Records in Harare with his idea. The record company immediately committed itself to donating studio time and technical help, and used its contacts to round up musicians from around the continent.

Zimbabwe Red Cross 'adopted' the project and agreed to administer it. A project committee was appointed under the enthusiastic leadership of National Red Cross Chairman Byron Hove.

Supporting video to help promote the record? Of course. Central Film Laboratories of Zimbabwe agreed to produce it as a donation. Sleeve design, advertising, publicity? The local Lintas team in Harare volunteered to do it all, for nothing.

Recordings in London were a must, since that's where many African artists work. Again, the studios and facilities were donated. This time by Swanyard Studios. Air Zimbabwe provided the necessary flights, and Lonrho catered for the recording crew in London.

"Although it is a Zimbabwean initiative," says Byron Hove, "we hope through this record to raise funds for Red Cross assistance wherever it is needed in Africa."

The record will be sold all over Africa and in Europe, and there is hope that even the tough US market will open its doors.

"Our wish is that as many Red Cross Societies as possible the world over will give us a helping hand in promoting the record in their countries," adds the Zimbabwe Chairman.

Funds raised will be channelled by African Red Cross Societies and the League to relief and development assistance still very much needed throughout the continent.

"Thanks . . . From Africa" follows in the same path as its big forerunners, Live Aid, Band Aid, United Support of Artists for Africa and many others. Now Africans themselves join in an effort to say "thank you".

In an introduction to the record, Zimbabwe Prime Minister Robert Mugabe says: "... a great deal has been done by the international community to alleviate the immediate effects of such catastrophic events.

"In addition, and perhaps more significantly and certainly more impressively, much has been accomplished by private individuals and groups who, fired by the spirit of humanity and selfless service to their fellow men, have exerted efforts to organise immediate and long-term assistance to those suffering under the onslaught of the droughts and famine.

"For us, Band Aid, USA for Africa and Sport Aid are phenomena that will forever be remembered. Thank you."

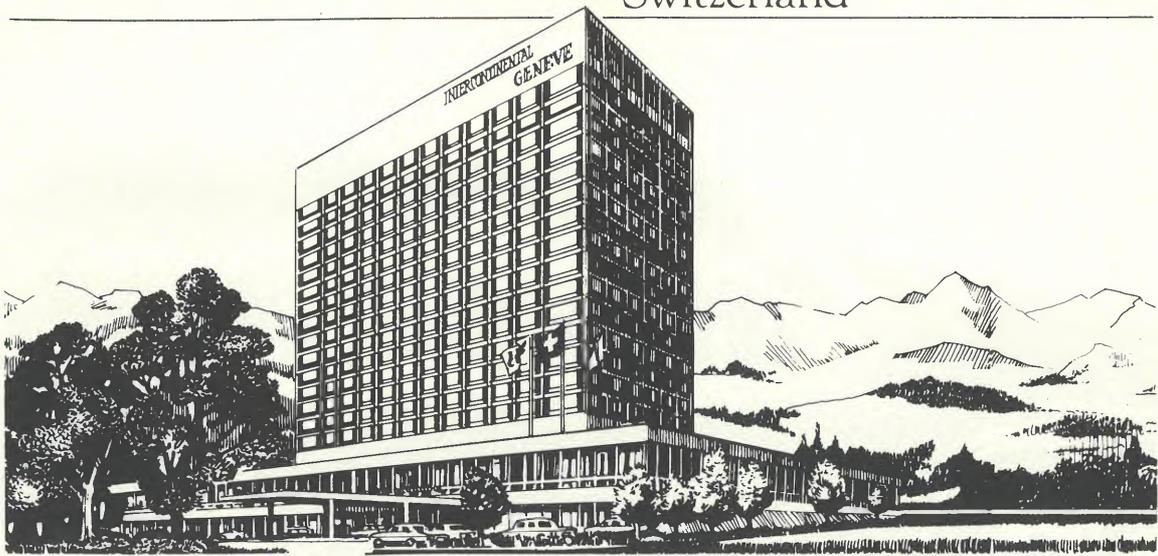
Helena KORHONEN



Zimbabwe Red Cross

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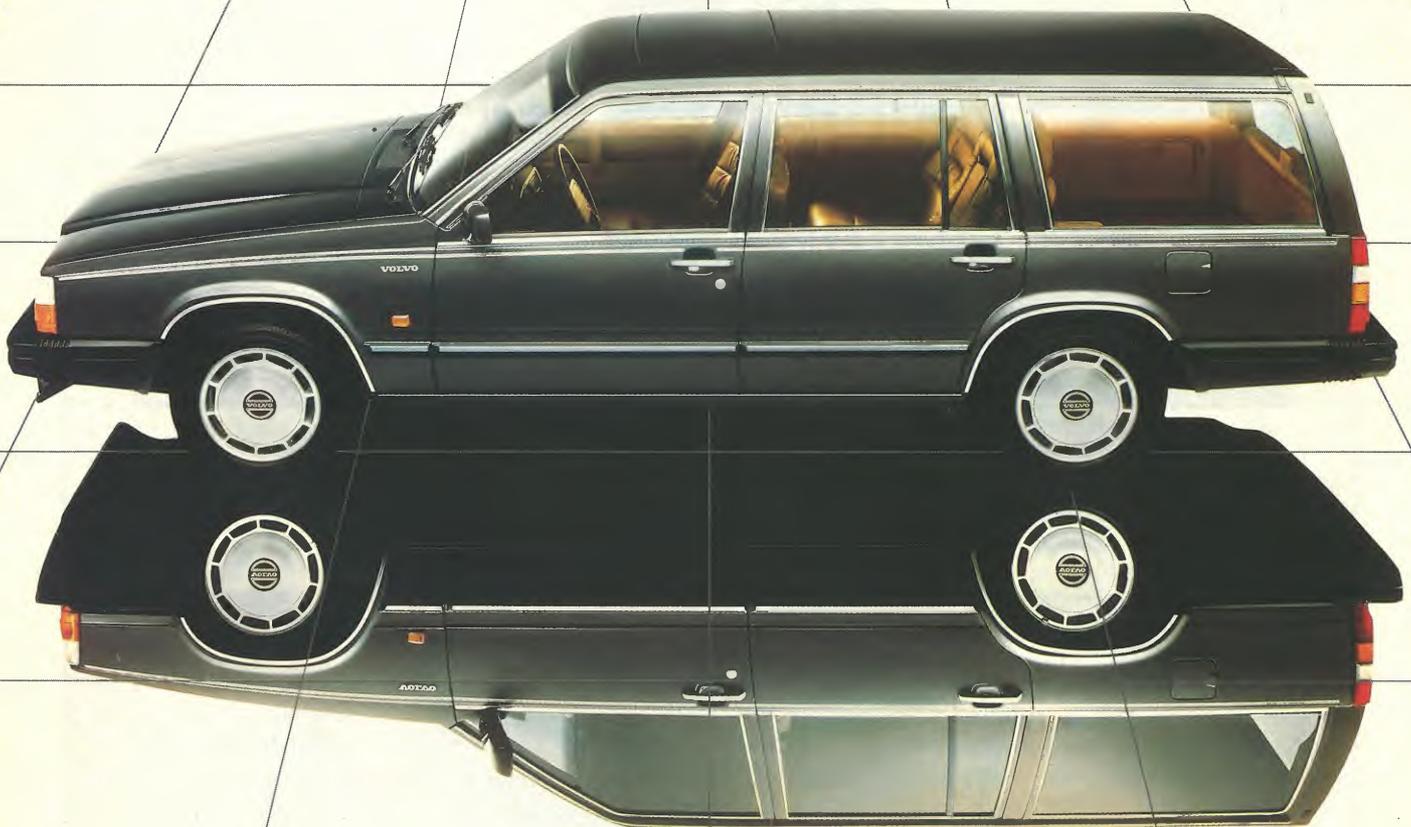
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