



# **+C RED CROSS RED CRESCENT**

MAGAZINE OF THE INTERNATIONAL RED CROSS AND RED CRESCENT MOVEMENT

**REPORTS:  
CHINA  
LEBANON  
BOLIVIA**

SEPTEMBER-DECEMBER 1989 3SFr.

## SECOND INTERNATIONAL PHOTOGRAPHIC COMPETITION

# RED CROSS AND RED CRESCENT WORLD IN FOCUS



*Grand Prix Prize - U. Chit Waing -  
"Ambulance Cart" - Burma*



*Merit Certificate - Mark Cornillie - "In The  
Grasps of Hope" - USA*

Following the success of the 1988 world-wide photographic competition, RED CROSS, RED CRESCENT magazine announces a second worldwide photographic competition for 1990. The aim: to find new photographers, amateur or professional, whose work best summarises Red Cross and Red Crescent care for humanity and protection of life.

The Prizes: (1) a photographic mission to a Red Cross/Red Crescent field operation, all expenses paid, plus photographic equipment and an exhibition in Geneva, (2) for five runners-up: photographic equipment.

Closing date for entry of photographs, which can be in black and white or colour, is 31 March 1990. Entry form and further details from RED CROSS, RED CRESCENT magazine, P.O. Box 372, CH-1211 Geneva 19, Switzerland or from the headquarters of national Red Cross and Red Crescent Societies.



*Merit Certificate - Mg Mg Ran Nyunt -  
"Ambulance Boat" - Mandalay*



*Merit Certificate - Boy Moke Katonia -  
"Helping A Pregnant Woman" - Zaire*

# +C RED CROSS RED CRESCENT

MAGAZINE OF THE INTERNATIONAL RED CROSS AND RED CRESCENT MOVEMENT  
SEPTEMBER-DECEMBER 1989 VOL.5 - No.3

The International Red Cross and Red Crescent Movement is made up of the International Committee of the Red Cross (ICRC), the League of Red Cross and Red Crescent Societies, and the National Red Cross and Red Crescent Societies.

RED CROSS, RED CRESCENT magazine is produced for the Movement by the League in association with the ICRC and National Societies, and with assistance from the Lundin Group of companies. Published in English, French and Spanish editions, the magazine is available in 160 countries.



Citizens of the German Democratic Republic have been emigrating by the tens of thousands through Hungary, Czechoslovakia and Austria to the Federal Republic of Germany. What was the humanitarian role of the Red Cross Societies involved?

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SUPERCAMP '89 saw 511 youth delegates representing 132 nationalities converge on Solferino/Castiglione, Italy and Geneva, Switzerland. What was their message?

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**COVER PAGE** by ZHOU Jian of Beijing, China depicts the Home Nursing Programme of the Chinese Red Cross Society. Photo received Merit Certificate in the 1988 World in Focus Competition.

**CENTRE SPREAD** is by Carolyn WATSON of Bolivian Red Cross high in the Andes Mountains.



Encho Gospodinov

As Armenia approaches the one year anniversary of the 7 December earthquake, are the people getting sufficient medical and relief assistance?

Page 15



Carolyn Watson

A look at the Red Cross at the top of the world. How is the Bolivian Red Cross meeting the challenge?

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The opinions expressed in the magazine are those of the authors and are not necessarily those of the Red Cross and Red Crescent Movement. Unsolicited articles are welcomed, but cannot be returned to their authors. RED CROSS, RED CRESCENT reserves the right to edit all articles and letters prior to publication.

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*Westward Ho! After weeks of waiting, relief shows in the faces of two families from the German Democratic Republic as they cross the Austro-Hungarian frontier at Nickelsdorf*



## NEW PASSPORTS TO A NEW LIFE

On 2 May, Hungarian frontier guards started cutting down the barbed wire which marked their country's frontier with Austria.

At first a trickle, and then a flood of citizens of the German Democratic Republic began heading West.

The new "open borders" policy led to much political controversy, but for the Red Cross it was business as usual as three National Societies mobilised to care for the men, women and children en route to a new life in the Federal Republic of Germany. **George REID** reports.

By late-September over 25,000 people had made the 2,500 kilometer journey through four countries to Passau in Bavaria, helped at each stage by the Red Cross Societies of Hungary, Austria and the Federal Republic of Germany.

As the convoy of overloaded Trabant and Wartburg cars rolled across the final frontier, spontaneous singing broke out. Newly issued Federal German passports were flashed at customs officials. Policemen were hauled aside and smothered in kisses.

"Right to the last minute, we were never sure that we would make it", said Carola from Leipzig. "After three weeks waiting in a camp in Budapest, we were frightened that the authorities would not let us go.

"We simply would not have coped but for the Red Cross".

For the Hungarian Red Cross it had been, in the words of Deputy Secretary General Dr Arpad Alföldy, a "delicate situation". His government had acceded to the United Na-

tions Convention on the Status of Refugees earlier this year and had proclaimed its commitment to the Helsinki Accords, allowing free movement between East and West Europe. But the government of the German Democratic Republic contested Bonn's intention to issue its citizens with new passports and travel documents.

"The politics were nothing to do with us", said Dr Alföldy, "Though obviously we had to take account of them. Our motivation was purely humanitarian - to ensure that the East Germans arriving in Hungary were fed and given somewhere to stay".

Around 900 "travellers" were accommodated in a camp at Zülzig, and a further 2,500 at Csilleberc in the suburbs of Budapest. Both soon, in the words of Red Cross coordinator Andras Kovacs, were "bursting at the seams".

The problem, he explained, was that people thought the frontier might be open for only a few days.



"So more and more arrived. They were sleeping in their cars in the streets. Others quit their holidays in Bulgaria and Romania and came here by train".

A third camp was opened at Zanka on Lake Balaton, with facilities for fishing, yachting and swimming. "Our guests show thoroughly Teutonic discipline", said the administrator. "They all get up at the same time. They eat and sunbathe at the same time. All as regular as clockwork".

While the Hungarians were coping with their guests, the Austrian Red Cross was making detailed arrangements to receive them while in transit to the Federal German Republic.

Some did not wait for official clearance. A "Pan-European party" organised right on the Austro-Hungarian frontier turned into a near riot as hundreds of East Germans suddenly abandoned their sandwiches and lemonade and dashed past border guards.

"It was a surprise, but we were ready for them", said Heinrich Unger of the Burgenland branch of the Austrian Red Cross. Reception centres had already been established at Mörbisch, Klingenbach, Deuschkreuz and Güssing, all equipped with sleeping accommodation, canteens and supplies of clothing.

Over 100 volunteers were mobilised in round-the-clock shifts, and a 7-man team administered medical services from an emergency ambulance provided by the Red Cross in Wiener Neustadt.

Klaus and Lutz from East Berlin made it through the woods by night. "Thank God for the Austrian Red

Cross", said Klaus. "They gave us a bowl of hot soup and a bed for the night, and next morning we got enough money to get us to West Germany".

The really big move, however, came on 11 September, when - after weeks of delicate negotiations - the Hungarian authorities announced that all citizens of the German Democratic Republic currently in the country were free to leave.

Within hours - by car, chartered buses and train - they started pouring across the border at Sopron and Nickelsdorf. Farewell waves from the Hungarian Red Cross; warm smiles, sandwiches, and petrol money from the Austrian Red Cross.

Three-and-a-half hours later, they were crossing the Austro-Federal German border at Suben: young bricklayers, musicians, mothers with a clutch of infants, the occa-



Volunteers of the Hungarian Red Cross dish up sausages for hundreds of "holiday-makers" waiting for visas at Lake Balaton

sional punk-rocker, and middle-aged professional families.

And waiting at the border were representatives of the Red Cross of the Federal Republic of Germany who, after weeks of meticulous planning, had organised reception centres in Freilassing, Trostberg, Tiefenbach and Vilshofen. "Germans help Germans", read the welcome sign.

Nothing had been left to chance. In the emergency shelters the camp beds were neatly aligned, two blankets folded on each bed. The mobile toilets were in place. The Red Cross ambulances and cars parked in rows



A nurse from Burgenland branch of the Austrian Red Cross issues toys and new clothing for a mother and her daughter from Leipzig

in the car park. Signs pointing to the showers and swimming pool. A radio transmitter truck providing instant communication with headquarters in Munich. Nearly 1,000 volunteers of the German Red Cross on duty, and all senior staff equipped with beepers. There was even a mobile Lutheran church.

"Our duty is to care for the immediate needs of the new arrivals", said Rolf Herzbach, spokesman of the Federal German Red Cross. "To provide accommodation and food, to advise them on the necessary formalities, and to counsel those who are stressed by the wrench of leaving home".

Compared to the lot of refugees in other parts of the world, it was all very straightforward. By law, each new arrival immediately became a West German citizen.

"The basic idea is to get them out of the camp and into the community within a few days", commented Herzbach.

This policy was clearly working. "Best of Luck for a New Start in Life" read the headline in a supplement to the Passauer Neue Presse, listing underneath 4,000 immediate job vacancies and 2,000 offers of accommodation.

Dietrich and his sister Ingeborg, who had traveled by motorbike from East Berlin, arrived in Passau that morning. By night they were both

employed in a Passau bar, with their own little flat above the premises.

Joachim and his wife Angelika had deliberately flown on holiday with their three children to Bulgaria, immediately taking a train on arrival to Budapest. As a professional musician he had his own spacious apartment, car and country cottage. "We left a lot", he said, smiling at his two sons in new Batman hats, "but our boys will soon be at school here and I'm sure we'll make out".

Monika, a peroxide blonde in a black tee-shirt reading in Berlin dialect "Alles Quatsch" (roughly, 'It's all rubbish') seemed less sure. She came on impulse, didn't know what she's going to do, and was missing her boyfriend.

"It's not going to be that easy", said a local journalist. "They've abandoned a lot, and it will take them time to adjust".



Notice Board at the Red Cross camp in Vilshofen: over 4,000 jobs and 2,000 homes

"But others will still be coming, so long as the frontier stays open..." , says Joachim.

And as long as the need is there the Red Cross "chain of solidarity" linking Budapest, Vienna and Bonn will be in business.

**STOP-PRESS .....** In early October German (Fed Rep) Red Cross workers provided care for a further 12,000 East Germans transferred by special trains from Prague, Czechoslovakia where they had camped in and around the West German embassy.

## CHINA

# Following the Humanitarian Principle...

The events in Tian'an Men Square in Beijing, as well as the natural disasters in China's rural areas since May, have taxed the resources of the Red Cross Society of China. The following report has been compiled from dispatches from the Society and from observations made by **Xiaohua Wang, Bruce Dick and Jürg Vittani**, members of the League Staff who travelled on fact finding missions to China.

At 5 o'clock in the afternoon of 13 May, university students initiated a hunger-strike in Tian'an Men Square. From the afternoon of the next day, students began fainting and were sent to various hospitals. By May 16 the numbers treated had reached over 6,000.

At the same time, several students began refusing not only food but also water, resulting in a more serious situation. In order to provide emergency medical care for the hunger-strikers in the square, a temporary Red Cross headquarters was set up.

With the Beijing section of the Red Cross given the task of provid-



Red Cross ambulances worked around the clock during the peak of the crisis



University students and military in Tian'an Men Square kept Red Cross busy

ing medical assistance to the students, the Red Cross Society of China issued warnings regarding the health consequences of continued fasting. Additionally there were concerns regarding the sanitary conditions in the square. The ground had become scattered with garbage and other wastes and the air smelled foul. The authorities were concerned about the possibility of hepatitis and dysentery.

On the evening of 17 May, in advance of a threatening thunder storm, negotiations were held with students regarding both the cleaning of the square and the provision of shelter. Immediately following the students' agreement, the Red Cross contacted the Beijing Public Transportation Company, which went all out to muster 100 buses for temporary use as shelters for the fasting students.

Under the coordination of the Red Cross, the Beijing Environmental Sanitation Bureau transferred in garbage vans and hundreds of workers, to clean away more than 60 tons of garbage. Beijing Epidemic Prevention Station sent more than 20 people to carry out disinfection of the camping area in the square.

The Red Cross also provided the students with more than 2,000 blankets, rain-proof materials, straw hats, soft drinks, disposable sterilised napkins, cleaning tools and other health related materials. During the period of the hunger-strike, almost 100,000 students received medical assist-

ance. None died and no contagious diseases were spread.

On 20 May, Martial Law was imposed in Beijing. The students in the Square completed their hunger strike and then staged a new sit-in protest. While the health of the students improved, the sanitation problems of the square continued, causing the Red Cross to work together with the students and the government bureaus in their continued medical and sanitation operations.

On 3 June military personnel forcibly removed the students from the Square. With the outbreak of violence which resulted in great number of casualties including the loss of life, the Red Cross Society of China, adhering to the principles of humanity, impartiality, neutrality and independence rescued the dying and provided assistance to the wounded.



Flood waters in Sichuan Province destroyed homes and affected 50,000,000 people

Working together, medical workers, Red Cross volunteers and civilians helped carry the wounded quickly to nearby hospitals. All available transport was used including ambulances, automobiles and tricycles, many of these vehicles being damaged or destroyed in the operation.

Forty hospitals provided emergency treatment to the wounded. Thanks to the outstanding medical effort of all involved, thousands of wounded received timely treatment, 85 percent of them being released after a short stay. The Red Cross provided funds, medicines and medical equipment to some hospitals.

Both the International Committee and the League sent delegates to Beijing to carry out their separate humanitarian missions, which was "highly appreciated" by the Red Cross Society of China. Also appreciated was the support offered by various National Societies.

At the same time that political events were taking place in Beijing (and other cities of China), natural disasters were affecting tens of millions of Chinese in various parts of the country. Sichuan Province, a fertile area of 100,000,000 inhabitants in southern China, was hit hard by natural disasters. In the western part of the province, earthquakes

destroyed homes and roads; in the south, hail storms (with some hail stones weighing as much as 15kgs and winds up to 40m/second); and in the east floods and landslides (with some areas receiving 140mm of rain per hour) created chaos.

In Sichuan Province alone, fifty million people were affected, the economy suffered more than 4 billion Yuan (approximately US\$ 1 billion) in losses, 790 million kgs of crops were lost, and more than 4 million fruit trees were damaged. Also affected by the rains and flooding were Guangdong, Jiangsu and Zhejiang provinces.



Red Cross nurse checks wound

"Each year one-third of China's population is affected by natural disaster of one kind or another" stated League senior relief advisor Jürg Vittani upon his return to Geneva from China. "I am encouraged that the Red Cross of China is eager to reinforce its disaster preparedness and relief capacity"

To that end the League launched a SFr 3.45 million appeal to aid the Chinese National Society. The funds will provide rice for one month for 330,000 among the worst affected, plus food, clothing, medical supplies and tents. Relief will be distributed by local branches of the Red Cross



Going through rubble of flood-destroyed home

Society of China, which began the purchasing and distribution of goods, using its own funds and monies advanced by the League.

Due to the massive infrastructural damage sustained, requests for additional aid made by Chinese Red Cross officials in the field and in Beijing were wide ranging. Requests included hospital equipment for destroyed facilities, medical supplies and ambulances, as well as funds to build or rebuild houses, schools, roads and Red Cross training centres.

"The requests made by the Chinese officials of the League's China Fact Finding Mission at times went beyond providing assistance to the victims, but also included aspects of rehabilitation and recovery from the massive destruction," observed Dr Bruce Dick, Head of the League's Community Health Department.

"If a National Society is involved with humanitarian activities, then surely it should be supported and strengthened. I think that it will be a tragedy if we don't help the Red Cross Society of China to increase its credibility and its capacity to provide humanitarian services to its people."



Temporary shelters for disaster victims whose homes have been destroyed

## LEBANON

# The Conflict Continues

Every day, from March to September, there were new casualties in Lebanon. Fifteen years of war culminated in further escalations of the conflict which lead to a mass exodus of the inhabitants of Beirut.

Those who have been unable to get out, take refuge in underground shelters, often with no light, sometimes spending several days there totally cut off from fresh supplies of food and water. Their anguish and despair under such conditions can easily be understood.

Red Cross assistance in Lebanon initially concentrated on providing urgent medical aid to hospitals and dispensaries, care for the wounded, and food aid for the hundreds of thousands of inhabitants of Beirut who had fled the shelling of the capital and sought refuge in public places or camps until the situation became calmer.

Assistance was also given to the population remaining in Beirut. People whose houses had been destroyed were included in the distribution of Red Cross family parcels.

But other less obvious activities have also been undertaken. Last



Beirut on fire

April, an ICRC sanitary engineer was sent from Geneva to evaluate the water supply system in Beirut and its suburbs; the survey has led to a joint ICRC-UNICEF project.

### No electricity, no water

A water supply system depends, above all, on the availability of electricity for pumping and distribution; for some months, the Zouk power station has not received enough fuel supplies to function at full capacity. In addition, it has on several occasions been hit during shellings and part of it has been destroyed by fire. Electricity cuts have become longer over the weeks, adding further hardship to the already difficult daily lot of the city's inhabitants.

The existing water system which has already been patched up many times, is scarcely adequate and is very vulnerable. UNICEF has been working to offset any shortages affecting the city itself.

One area of particular concern is the very densely populated suburbs of South Beirut. Here any breakdown in the piping system, would mean an almost total lack of piped water. However, there are several large wells in the vicinity.

It was therefore decided to equip the Borj el Brajneh pumping station

with a 420-kw generator which could take over in the event of a crisis. In addition pumps have been installed in the two deep wells in Hay-Sellum, making them capable of supplying, thereby ensuring the distribution of an extra 4,000-m<sup>3</sup> in the southern suburbs.

Under the agreement between the ICRC and UNICEF, in cooperation with the Beirut City services concerned, the ICRC has responsibility for the purchase and installation of most of the equipment and for construction of the pumping chamber. UNICEF is in charge of supervising the installation and the bringing into service of the Borj el Brajneh gener-



Reconstructing water lines



Checking out a destroyed building in Beirut for survivors

ator and of purchasing the piping. UNICEF is also to establish the link-up with the Hay-Sellum pumping station supply network, where a 200-kw generator is to be installed.

Thanks to this joint ICRC-UNICEF operation, the cost of which, to be borne by the ICRC, amounts to US\$ 145,000, some 3,000 m<sup>3</sup> of water can be distributed daily to the population of South Beirut. This will ensure that in the event of a crisis the inhabitants have the minimum amount of water they need to survive. On 21 June, the first stage of the project was completed when the Borj el Brajneh generator was put into service. This operation is financed by a special European Economic Community grant.

### Cleaning and disinfection of shelters

Since March, the population of Beirut has spent much of its time in bomb shelters. To cope with rapidly deteriorating sanitary conditions, the ICRC, in cooperation with the Lebanese Red Cross and the Ministry of Health, has begun to disinfect a number of these places.

The premises covered by this ICRC operation are of two types: shelters where large numbers of people take refuge occasionally and those where displaced persons live permanently (various other organizations have assumed responsibility for other types of shelter). ICRC delegates became aware of the need for these measures when distributing food aid in shelters where living conditions are, unfortunately, often extremely poor.

The Ministry of Health has provided the ICRC and the Lebanese Red Cross with its experience and know-how. Its technicians are teaching relief workers and members of the LRC Youth Section how to use disinfectants, insecticides and rat poison. The ICRC is supervising and financing the project.

Between mid-May and mid-June some 150 shelters in East Beirut and several hundred cells in Roumieh

*Removal of garbage is difficult causing potential sanitation problems and the spreading of disease*



ICRC/L. Chessex



K. Daher/Gamma

*Nearby explosion destroys windows of Lebanese Red Cross ambulance*

prison were disinfected, at a cost of some US\$ 4,000.

Similar operations were undertaken in late August in West Beirut and its surroundings. In addition, specially designed first-aid kits were

distributed in the shelters, together with disinfection materials in both in East and West Beirut.

• Marjolaine Martin and Giorgio Nembrini

### Update

#### Palestinian Request to Sign Geneva Conventions

The Swiss Federal Council (Government) announced on 13 September that it had examined an application by Palestine for accession to the Geneva Conventions of 1949 and their Additional Protocols of 1977, according to a communiqué from the Swiss Foreign Ministry.

The Federal Council, depository of the Geneva Conventions, stated that the request for accession (signature) was submitted on behalf of the "State of Palestine", by the Permanent Observer of Palestine to the United Nations in Geneva.

The Government, the communiqué continues, has decided that because of uncertainty within the international community as to whether or not a Palestinian State exists, and as long as the matter was not resolved within an

appropriate forum, it was not for the Government to decide whether the Palestinian request should be considered an instrument of accession to the Geneva Conventions.

It was also decided to inform the States party to the Geneva Conventions of the content of the Palestinian message. This way of proceeding, continued the communiqué, is in accordance with the responsibilities of the Depository State, as they were codified in the Vienna Convention of 23 May 1969 on the Law of Treaties.

However, the unilateral declaration of application of the four Geneva Conventions and of Additional Protocol #1 made on 7 June 1982 by the Palestine Liberation Organization (PLO) remains valid.

## SUPERCAMP '89

*Red Cross/Red Crescent Youth SUPERCAMP '89 marked the culmination of the 125th anniversary of the International Red Cross and Red Crescent Movement. During the first two weeks in September, 511 delegates representing 132 nationalities gathered together in Northern Italy where the idea of the Red Cross was realised in the mind of Henry Dunant. Loretta FitzGerald of the American Red Cross reports:*

**B**ecause we are all involved with Red Cross, we all come with the same outlook," observed Terri Lynn Almeda, leader of the delegation from the Canadian Red Cross. "We've all got that spirit inside of us, and it's really quite a wonderful thing, to know that those seven Principles are why we're doing the work. We're hoping to do something good for humanity."

Supercamp was organised into seven subcamps of approximately 20 delegations, each taking its name and theme from one of the seven Fundamental Principles. Within their subcamps, the delegates worked together in groups to discuss and develop a better understanding



*Situated halfway between the Italian villages of Solferino and Castiglione on the Battlefield of Solferino, Supercamp '89 covered an area the size of two and a half football fields*

and application of the "Principles in Action". They prepared presentations of art, music, drama, and writing to demonstrate and reinforce the commitment of youth to the Red Cross and Red Crescent Principles.

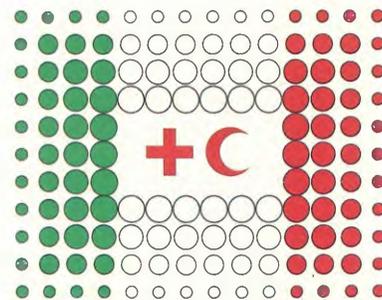
"Young people are trying to get involved more and more", said John Geoghegan, International Assistant for the subcamp Independence, and Youth Officer of the British Red Cross. "Supercamp has given them the opportunity to get together, to share problems, to share challenges, and also to share solutions. And I think what will come out of here, is

that all the delegations will be able to go back to their own societies enriched and confident that they'll be able to start getting more involved in their own organization. The message they've given to the Movement right around the world is that young people have got a say, and young people want to contribute, and I reckon they're going to demand it when they get back".

Henry Dunant left a message with his book, "A Memory of Solferino". While at Supercamp, delegates followed his direction. Using postcards showing the Supercamp '89 logo, each participant sent two messages - one to an individual and one to a public figure, whose lives and actions illustrate the application of the Seven Principles.



*During the workshops, delegates developed an understanding of the "Principles in Action"*



**SUPERCAMP 89**

The messages, sent to all parts of the world with the Supercamp '89 postmark, symbolise the humanitarian work of the Red Cross and Red Crescent through 'people to people' programmes.

"If the youth with their message are heard all over the world, maybe, we're just one step - even if it's a tiny step - further towards peace", said Nathalie Chekaibe from Lebanon and International Assistant for the subcamp, Impartiality. "If we go back with a spirit of hope in our hearts, we can transmit that to the rest of the people we are working with in Red Cross. And we can continue to do what we believe in, and that is helping people who are most in need of help".

The torchlight parade through the surrounding landscapes of Solferino became a most impressive occasion for many of the delegates. They walked the rolling hills that were once battlefields, reflecting on the influence one man has brought to the world. In his memory, the delegates carried torches to the tower and the memorial, reliving a history and a belief that has brought them all here together.

"I think this is a unique chance for me", commented Marina Guiller, a youth delegate representing the Alliance of Red Cross and Red Crescent Societies (USSR). "I will tell my friends from my Na-



With SuperMail, delegates sent messages to all parts of the world

tional Society, that in this camp I thought that our Movement is very strong. It's international, it's developing rapidly, and I think that our colleagues from different countries have the same ideas that we have. We're a strong power, a strong force, and we can do much".

The Supercamp delegates left Italy for Switzerland on a special train for the manifestation in Geneva. Escorted by a 100-piece Youth band and Swiss Red Cross volunteers, the delegates paraded to the Place des Nations, to make the presentations of the PRINCIPLES IN ACTION, their expression of Youth's

### Supercamp '89 Youth Message to the World

*Conflict, destruction, pain, pollution, famine, oppression - even at this very moment.*

*Does it have to continue?*

*Look at us, we are the living proof of peaceful co-existence, united by our common commitment to alleviate human suffering.*

*We are young members of the Red Cross and Red Crescent, representing 132 nationalities, we live by the 7 fundamental principles and we rejoice in our differences:*

*Let us stop playing with human lives*

*Let us stop destroying the earth*

*Let us break down the barriers of prejudice*

*Let us work together to achieve equality and respect of human dignity*

*Our world needs both the experience of the elders and the energy, idealism, and hope of the young.*

*Listen to us as we call upon you, the nations of the world, to build with us a better future for humanity.*



In memory of Henry Dunant, torches were carried to the tower and memorial of Solferino

## "The 7 Principles"

**Humanity  
Impartiality  
Neutrality  
Independence  
Voluntary Service  
Unity  
Universality**

action within the Movement and their commitment to the Principles.

Finally, the SUPERCAMP'89 YOUTH MESSAGE TO THE WORLD was read in English, French, Spanish, and Arabic by the four delegates chosen to represent the four corners of the world. Representatives of the United Nations, the Swiss Confederation, the League of Red Cross and Red Crescent Societies and the International Committee of the Red Cross received the message for their respective institutions.

"We, the youth, have been given an opportunity to show that we are responsible. It is a chance that does not come every day", commented Okadiri Razack of the Benin Red Cross Society. "There is a spirit here of confidence that is shared amongst the youth of the Red Cross and that is international. I am very optimistic. We will remember the experience that we had here in Supercamp and I think that we will continue with the same spirit".



Delegates prepared presentations to illustrate their commitment to the Principles

"Youth have a very important role to play", stated Helen Torr, leader of the delegation from the British Red Cross. "They should be an integral part of the Red Cross, and they are enthusiastic. They need the support and help from older people, but they themselves need to have a chance to express themselves, because they care deeply about the Movement".

The Supercamp experience concluded with study visits to the League of Red Cross and Red Crescent Societies, the International Committee of the Red Cross, and the International Museum of the Red Cross and Red Crescent.

"Bringing all the youth together reconfirms my absolute conviction that the work of the Red Cross/Red Crescent is vital for the world," said

Joanna MacLean, Head of the League's Youth Department. "If the Movement doesn't reach out to the younger generation and recognise the need to call upon young people, then it is wasting an opportunity and losing a huge potential resource. The Movement needs the young volunteers and they need the guiding force of the Red Cross/Red Crescent Movement, as ever".

Supercamp '89 was an opportunity and an experience that will live on within the hearts and minds of the participants. Seldom has there been such a gathering of young people within the Red Cross and Red Crescent Movement to show both the strength of the past and the commitment of the Movement to the future.



Reading the message in four languages



Delegates paraded to the Place des Nations to present their message to the world



Radio Transmission Centre in Versoix, Switzerland

## SPECIAL REPORT

# Telecommunicating With The World

Telecommunications have come to play such an important part in our private and working lives that it is only when one of the most common services, such as the telephone or telex, is accidentally interrupted for any length of time that we realize just how useful they are.

Under the Geneva Conventions of 12 August 1949, the Geneva-based International Committee of the Red Cross (ICRC) has been made responsible by the international community to bring aid and protection to the victims of international armed conflicts. These victims may be the sick and wounded of armed forces in the field (First Convention), the sick, wounded or ship-wrecked of armed forces at sea (Second Convention), prisoners of war (Third Convention) or civilians (Fourth Convention).

By its very nature, this work is carried out under difficult conditions, requiring close contact between

ICRC headquarters and its delegations in the field.

The need for rapid, effective and independent communications between ICRC headquarters and its delegations was already felt during the Second World War and has continued to grow ever since.

As a result, at the time of the 1959 Administrative Radio conference in Geneva, the ICRC supported a proposal by the German Red Cross, submitted by an official delegation of the Federal Republic of Germany, for the allocation of special frequencies for emergency Red Cross radiocommunications. This proposal eventually led to the adoption of a Recommendation (no. 34), as a result of which, in 1963, the Swiss PTT granted the ICRC a licence to set up and operate an independent short-wave radiocommunication network with the call sign HBC88.

The very first ICRC radio link was inaugurated the same year the licence was issued between ICRC headquarters in Geneva and the field hospital of Uqd in the middle of the Yemen desert.

In the course of that first year and in subsequent years, the service was steadily expanded and modernized, a

*Communicating from the field in Mozambique*



RED CROSS, RED CRESCENT SEPTEMBER-DECEMBER 1989

development which culminated in the commissioning of a new ICRC radio station in December 1974.

Traffic continued to increase as new delegations had to be opened, and the equipment used has been regularly modernized to ensure the high degree of reliability required by the ICRC in its humanitarian work.

The infrastructure of the present ICRC radio and telex telecommunication service includes a transmitting and receiving station in Versoix, near Geneva, which channels most of the traffic. This station is equipped with five automatic HF transceivers (10 frequencies each), four directional antennae and one station for transmitting and receiving on all wavelengths between 2 and 30 MHz.

The radio station at headquarters, with three transceivers and three directional antennae, maintains direct links outside normal working hours and during special operations. The station is part of the dispatch centre, which now manages annual traffic of more than 36,000 messages of all types sent and over 32,000 received. The dispatch centre is also equipped with a phone-patch, which can be used by an ICRC official at headquarters to contact any delegation directly over the telephone.

Although, when the ICRC's telecommunications network first started practically all traffic was sent by radio-telegraphy (morse), this type of transmission has now been replaced by the TOR system, which is quicker and more reliable and offers a teleprinting facility. To some extent, the system can be operated by non-specialized staff, who have been put through a strict training course at the institution's headquarters by the experts of the ICRC Telecommunications Division.

By the beginning of this year, the network included over 22 stations world-wide, mainly in Africa, South America, Central America, the Middle East and Asia. Most of the time, stations are situated in places where operating conditions are extremely difficult, and they sometimes provide the only means of communication

with ICRC headquarters. At times the stations operate their own local radio network in the field, with equipment supplied by the ICRC. These networks can be set up only thanks to the co-operation of the national authorities, acting in the spirit of Resolution No. 10 of WARC-79, and they are extremely useful to ICRC delegations in their mission.

It may be worth noting that the entire infrastructure of this telecommunication network was set up by ICRC staff, who also maintain it.

The radio consoles used by the Geneva and Versoix stations were in fact designed, assembled and equipped by the technicians themselves, who worked on them whenever their task of maintaining radio links with the field left them some free time.

The HF equipment is 100% internally managed. It includes a total of some 400 transmitters, including equipment belonging to the League of Red Cross and Red Crescent Societies, on whose behalf and at whose request the ICRC telecommunication experts act in the event of a major natural disaster requiring the establishment of a radio link between the scene of the disaster and Geneva.

A good hundred or so of these transmitters pass through the ICRC's workshops every year, either for a thorough technical overhaul when they are sent out to or brought back from the field, or for repairs, or for major technical modifications.

Some 750 VHF transceivers are used at the same time in most operations, as either fixed, portable or



Radio Transmission from sub-delegation in Aranyprathet, Thailand.

mobile stations, the latter being on board vehicles.

These short-range communication networks, which are used systematically for security reasons, obviously account for a significant part of the work of technicians in the field.

The ICRC's telecommunication service, which includes radio and telex as well as telefax and PC over telephone lines, is run at the institution's headquarters by 12 staff working as telegraph operators, electronics engineers, telex operators and radiotelephone operators.

In conjunction with the League of Red Cross and Red Crescent Societies, the ICRC has also made an effort to develop radio-communications throughout the International Red Cross and Red Crescent Movement. In 1971, the two institutions called on National Societies to approach their governments with a view to being authorized to use "Red Cross frequencies". This is now the case for over 40 Societies, mainly in Latin America and Europe. Some of them have even set up and operate their own internal network.

As a means of ensuring the success of its humanitarian work, the ICRC has to keep its telecommunication equipment up to the latest technical standards. Its departments therefore keep a close eye on recent developments in telecommunication technology, including the use of satellites.

For the time being, telecommunication satellites do not appear to offer any substantial advantages compared with short wave services, which over the last 25 years have proved to be effective, simple to use, relatively small and therefore easy to transport and to install. Even in the worst conditions, they are reliable and easy to operate and have the advantage of providing a direct link, without any intermediaries, from the field stations to ICRC headquarters.

Lastly, any account of the growth of the ICRC's radiocommunications would be incomplete without some mention of amateur radio operators, who have often played a vital role in humanitarian work.



1800m high antenna at El Boquerón, El Salvador.

Before concluding, it may be worth recalling that the ICRC also has a broadcasting service dating back to the International HF Broadcasting Conference of Atlantic City (1947) and Mexico (1948), which granted the Swiss Confederation extra broadcasting time for the ICRC. This service actually depends on the ICRC Press Division and not on its Telecommunications Division. The ICRC uses over 100 hours of short-wave broadcasting time a year on programmes about its own activities.

It would be clear from the above that telecommunications and radio communications in particular are essential to the success of the humanitarian work undertaken by the Red Cross. Both the ICRC and the League of Red Cross and Red Crescent Societies feel confident that, in the future as in the past, they can count on the effective support of the International Telecommunication Union (ITU) and governments in obtaining the facilities required for the satisfactory fulfilment of their mission, in the spirit of Resolution No. 10 of WARC-79.

● Kurt Ruesch & Gérald C. Cauderay

With special thanks to "Telecommunication Journal"

## ARMENIA

# It Still Hurts

On 7 December 1988 a massive earthquake left much of Armenia in the Soviet Union in ruins. 25,000 people were killed, 15,000 injured and half a million made homeless. With the first anniversary of the Armenian earthquake fast approaching, reports from Armenia indicate the reconstruction effort will take a substantial time.

*Encho Gospodinov was one of the first journalists to arrive in Armenia in December. He recently returned to the earthquake zone and files the following report on the continuing Red Cross and Red Crescent assistance:*

**I**t's a hard 24 hour a day job. Three shifts each of 8 hours. And at least six days in a row.

It's 11 am and nurses Theresa Eisler from Canada and Yasue Sawada from Japan have already been on their feet for five hours. In the Institute of Physiotherapy, paralysed patients have to be turned regularly in their beds. "Otherwise, there's a danger of pressure sores", says Theresa.

Meanwhile, down the road at the Ani Hotel, physiotherapists Mary Walsh from Ireland and Dutch nurse Kate Soenveld are trying to fall asleep in their rooms. Unsuccessfully, as it happens since the temperature inside the hotel - where the entire 21-strong League Delegation live - is hovering above 40°C.



Turning paralysed patients is necessary to prevent pressure sores

"My first impression was of the big eyes of the patients, full of hope", says Kate. "Sadly, some thought we would 'cure' them and they would walk again. The reality is that it is hard, specialised work - both for us and for them."

The League team of 13 foreign nurses and 7 physiotherapists--recruited through the Red Cross Societies of Australia, Canada, Czechoslovakia, the Federal Republic of Germany, France, Ireland, Netherlands, Japan, Switzerland and the United States -- is headed by 44-year-old Dr Doug Brown from Australia, and works alongside Armenian colleagues.

"There are no miracles here", he comments. "Most of the patients will spend the rest of their life in a wheelchair. The challenge is to convince them that they can still be mobile, do a great deal for themselves, and live in the community."

Despite the harshness of such reality, one can find joy in the Institute. One only had to see Mary Walsh's face, when her patient, a young man, managed to move his leg. It was only a tiny movement and it took Mary and the patient endless hours of prac-

tising, but it was progress and hope for the future.

If you go to "Dom Journalistov" on Puskin Street in Yerevan, you will see that 250 days after the earthquake, the League's Headquarters in Yerevan is still full of people. It was 9 a.m. and Dr. Johannes Richert, the League Chief Delegate from the German Red Cross (Fed) was ready to start the next round of negotiations with Gosstroy and Gosagroprom, two Soviet institutions deeply involved in the Red Cross projects.

"Part of my job here," said Dr Richert who speaks fluent Russian, "is pure diplomatic work, since we have to spend hours in discussion with local authorities. It's a time consuming process, but it's inevitable".

For Dr Richert and his team, which also includes eight representative of the Soviet and Armenian Red Cross, the work is more than daily conferences, it is an ongoing struggle to find answers to practical problems.

To highlight the difficulties, League Construction Delegate Walter Meise (54), a West German architect explained: "The time pressure is enormous. We have to erect over

Model of future Red Cross Rehabilitation Centre in Yerevan





*A few steps forward under the watchful eye of American Red Cross nurse Gail Howard*

1,000 prefabricated houses in 30 villages but the lack of wood, cement and steel reinforcement bars make it difficult to predict completion dates.

"Even if we manage to build our houses - and numbers - wise its just a drop in the bucket," added Dr Richert, "local authorities estimate that at least 40% of the rural population may not be in permanent housing this winter".

Even with the erection of these prefabricated houses provided by the League and the National Societies of Bulgaria, the Federal German Republic, Canada and the United States, it is important to note that the Red Cross is not a housing agency. The biggest part of the reconstruction work will be done by the Soviet Union and its Republics. In many places their presence is obvious: new streets and new neighbourhoods are mushrooming in Stepanavan and Kirovakan. Smiling kids are playing in front of new houses built by the Baltic Republics in the outskirts of Stepanavan. In fact, the new town will be entirely rebuilt on the opposite river bank from the old. A huge bridge connecting the old and the new is already completed.

*The Federal Republic of Germany Red Cross hospital in Stepanavan - 182 babies have been born here since January 89*



But according to the "Communist", Yerevan's daily newspaper, during the first half of 1989 only 50% of the housing programme of the Soviet construction companies was completed.

This is partly due to logistics. Railcars with reconstruction materials for Armenia have been delayed and are not reaching their destinations. The ethnic problems between Armenia and Azerbaidjan have been blamed by Yerevan officials for these delays but according to Nazik Manukjan (29) of Gerashen, a small village not far from Spitak, Armenia has not been totally forgotten. "I



*With a new leg there is hope*

don't know what would have happened to us if the foreign rehabilitation teams were not here. They are people with such big hearts. I feel Gail is as close to me as my sister". And with that she smiled at Gail Howard (38) physiotherapist from Virginia (USA) who arrived in Armenia on 1 March.

*Construction of the Norwegian Red Cross hospital in Spitak approaches completion*



*Many residents still have to live in tents and makeshift housing*

There continues to be a great demand for wheelchairs. But even with wheelchairs, earthquake survivors have difficulties getting around as most of the public buildings and transport are inaccessible to disabled people. "It's impossible even to cross the street in some places", said an Armenian nurse.

That is why some of the League's nurses have had to go to Spitak to show their patients how to move around in the small houses built by the Italian Civil Defence. They have also recommended that the prefabricated houses being brought in by the Red Cross be modified to ensure that the disabled can easily gain access, cook and go to the toilet.

A major project still ahead is the building of a Red Cross Rehabilitation Centre in Yerevan for spinal injury victims and amputees. Though the beginning of construction for the 80 plus bed facility (with a further 56 beds for outpatients) is still some months away, architectural plans are proceeding on schedule.

250 days after the earthquake and she still hasn't changed her chair. At the peak of the crisis when thousands



Netherlands Red Cross

*A Soviet lorry in the Netherlands being loaded with League houses for transportation to Armenia*

## Armenia: Rehabilitation Highlights

### International Medical Programme :

International team of doctors, nurses and physiotherapists - working with Soviet colleagues - provide immediate assistance to spinal injury victims and to amputees.

### Red Cross Rehabilitation Centre:

A 60-bed unit for paraplegic and quadraplegic patients, plus 20 beds for amputees and 56 for outpatients to be constructed in Yerevan.

### Medical Training Programme:

10 Soviet doctors and 60 nurses are being trained in rehabilitation techniques.

### Prosthetic Workshop:

As part of the Rehabilitation Centre a modern workshop will be set up with trained local technicians to manufacture prosthetic and orthotic devices.

### Emergency Housing Project:

Over 1,000 prefabricated Red Cross houses to be erected in 30 remote villages before the start of the winter.

### Hospitals and Schools:

In addition to hospitals in Stepanavan and Spitak built by the German (Fed) and Norwegian Red Cross societies, a number of medical centres, schools and kindergartens will be built.

### Disaster Preparedness:

Training will be given to the local Red Cross rescue team and the emergency response system of the Armenian Red Cross will be strengthened. A new warehouse will be built and the computerised Tracing Centre strengthened.

of people were missing, Susana Sarafian, 23, a computer-programmer from Yerevan started working for the Armenian Red Cross Tracing Centre. Now she has collected and stored in her computer diskettes some 50,000 personal tragedies.

"More than 90% of the missing were identified" she states emphatically. "Some are dead, some are alive ... but 300 are still missing. What is the most surprising? Many people have come to us asking for their relatives. And too often we have to tell them the hard truth: 'Your father is dead'.

"You would expect these people to burst into tears, but just the opposite happens. They are relieved to know exactly where a father or a mother or a sister is buried. It's a strong local tradition to bury the dead according to old beliefs. And if we don't have any information, then they are again full of hope - he or she might be alive - somehow, somewhere."

Alexei Tiuliandin is Deputy Chairman of the Soviet Red Cross. "We learned a real lesson last December", he states. "The lesson was 'Be Prepared'. Therefore we are now changing both our disaster preparedness policy and the structure of our local Society".

Following the Armenian earthquake, a Pan-Soviet Rescue Centre was established in Leningrad. In the future it will coordinate the work of local rescue squads in the different Republic of the USSR.

Throughout the country the Soviet Red Cross has started forming groups of first aiders for rescue activities. Warehouses are also being stocked with appropriate disaster supplies and equipment. The Council of Ministers in Moscow is to approve a new regulation enabling all rescue team members to be freed from their jobs in an emergency and to provide planes, trucks and other means of transportation.



E. Gaspardov

*Susana Sarafian of the Red Cross Tracing Centre, searching for the missing - 50,000 listed and 300 still missing*

From his hospital bed, Leninakan resident Hanum (53) summed it all up: "The Red Cross has provided wonderful care for those of us here. Let's hope that with lessons learned from this earthquake, the Red Cross can also ensure that with proper preparedness not so many people will end up injured in future disasters."

## Hurricane Hugo Hits Hard

In mid-September Hurricane Hugo, the most damaging storm of the Americas in thirty years created a swarth of destruction beginning in Guadeloupe in the southern Caribbean, going northwesterly through the British and US Virgin Islands, then striking Puerto Rico and finally hitting the Carolina coast of the United States.

Damage has been estimated at over US \$1,000,000,000. Numerous Red Cross National Societies were involved in providing assistance. Fund raising drives to help the hurricane victims are underway with the largest drive being the US\$ 42 million drive of the American Red Cross. A full report of Red Cross emergency operations will be reported in the next issue of RED CROSS, RED CRESCENT.



Villagers of Taucachi, Murillo at an outdoor meeting concerning the use of oral rehydration solution (ORS)

Carolyn Watson



Dentistry student and Red Cross volunteer, Jose Padilla, extracts tooth of Taucachi villager

Carolyn Watson

Irminia de Torrico (right) and a member of the "Corazones de Cobre" (hot copper) Mothers' Club remove freshly baked bread from the oven -- project assures women of a moderately-priced source of nutritionally balanced fresh bread



Carolyn Watson

## BOLIVIA

# Transforming Lethargy into Action

It was a grim report on the basic health of the Bolivian Red Cross. In 1978 the League of the Red Cross and Red Crescent Societies released the report of the evaluators who visited Bolivia, concluding that the BRC had become derailed and ineffective.

Specifically, the report charged that the BRC "is in a state of lethargy; it does not sponsor major, effective activities; its development work is at best local. For a series of regrettable circumstances the BRC has been losing its financial resources; its rights have been encroached upon, its propriety alienated and membership reduced."

Rising to the challenge to change, the BRC is rapidly spanning the chasm between lethargy and appropriate action. "To serve is the first love", explains Ana Maria T. de Landivar, Secretary of the Santa Cruz Branch of the BRC. She and other volunteers spend long hours at the Hogar Fatima orphanage helping to care for 120 abandoned children.

Ana is among the diverse and growing ranks of some 5,000 dynamic, dedicated Red Cross volunteers who are making a difference in the daily lives of the people. As they give of their time and talent, these volunteers carry the new National Development Plan into action.

Starting in 1983 the national directors of the BRC conducted a first-time analysis of the social, economic and health conditions in each of the nine departments of Bolivia. With the support and funding assistance of the Swedish Red Cross, the BRC was able to design and implement a uniquely Bolivian program. Incorporating new knowledge with past experience, the BRC sought to create a plan that would identify Bolivian needs and build programs that would

involve communities as participants rather than mere recipients of assistance. The result was the National Development Plan of 1984. According to Dr A Gaston Ponce Caballero, President of the BRC, the National Development Plan is a successful design for development. As a measure of its merit, Dr Ponce points out that the League recommended that the BRC formula be copied by other Red Cross Societies working in Latin America.

Designing an appropriate, national plan for a country as diverse as Bolivia was no small challenge. Bolivia is a land of great drama and beauty, ranging from its snow-capped Andes dominating the vast Altiplano landscape and magnificent Lake Titicaca along the shores of which colourful Ayamara Indian farmers eke out a living on the cold dry 4,000 meter high plateau, to Amazonian jungles, hostile chaco and lush lowland valleys.

The lowlands are populated primarily by people of mixed European-Indian blood who are being joined daily by settlers. Diversity characterises the people, languages, cultures and climates of this landlocked country, approximately the size of California and Texas combined. Lack of transportation and communication facilities helps maintain these differences.

The dramatic scenery of Bolivia tends to mask other dramatic images: unemployment, illiteracy, a declining gross national product per capita, complications of the illicit drug trade, and an urban population growing at the rate of 5.6 percent annually. Only 49 percent of the total population (and 14 percent of the rural population) has access to potable water. Only 63 percent of the people has access to health services. Bolivia has the

highest Under-Five Mortality rate in all the Americas.

As recently as 1985, Bolivia suffered a period of inflation which peaked at an annual rate of 2,400 percent. Painful economic reforms have reduced inflation to below 10 percent. The nation now has a balanced budget and the Government is working to reduce the national debt.

However, the cost of reform has been a decline in social spending as the Government sought to lower the debt. Between 1972 and 1986, expenditures on education fell from 31.3 percent to 11.6 percent of the national budget. At the same time, expenditures on health plummeted from 6.3 percent to 1.4 percent of the budget.

Today, the Bolivian Red Cross staff and volunteers are enthusiastically implementing the National Development Plan with activities in four areas: 1) Medico-Social; 2) Social Welfare and Voluntary Service; 3) Disaster Relief; and 4) Youth.

Key to the Community Integration program of the Medico-Social Department are the first aid posts. From highlands to lowlands, first aid post volunteers like Carlos Marques are serving their communities as first aid attendants who help to bring new ideas for improved health, nutrition, sanitation and community development to poor villagers.

Twelve years ago, Carlos was invited by Dr Mercedes Villena, Head of the National Medico-Social Department, to participate in a five month basic health care course in La Paz. On completion, Carlos returned to Totorani, his rural Altiplano village of 270 people. Working with materials supplied by the BRC, Carlos and the Ayamara farmers of Totorani repaired an abandoned former hacienda house which they opened as the first BRC first aid post.

Carlos speaks with modest pride of the accomplishments of his community. From the beginning, "people were very enthusiastic to have a medical post and to start activities. Working with volunteer community

labour and supplies from the BRC, we've brought potable water from the mountains to taps outside every house in Totorani. Each family now has one or two simple pit latrines built with community labour and assistance of the Red Cross. Today we have no problems. Cases of diarrhoea are less now because women know more about sanitation. We have no tuberculosis; only bad colds."

Traveling on a Red Cross motorcycle, Carlos visits nearby communities, trying to extend health post services to a wider population of 2,700. Here the average family has seven children. "Since we have the only health post in the area, we help as much as we can", explains Carlos.

Red Cross volunteers from La Paz assist the Totorani first aid post. Travelling two hours over dirt roads winding along the edge of the Altiplano, they bring information on breast feeding, the preparation of weaning foods and improved nutrition as well as dental hygiene and health services to augment the work of village volunteers.

Traditionally, communities of the Altiplano are dependent on the potato harvest for most of nutritional intake. Now, with the support brought by the Red Cross, each family of Totorani has a vegetable garden yielding lettuce, onions, carrots, cabbage, cauliflower and beets. "It is the only source of income here", explains Carlos as he stresses the importance of gardening for improved family nutrition as well as income generation.

Most active among the branches is the BRC of Santa Cruz, founded in 1933. Some 200 volunteers carry out a broad range of activities: assisting prisoners, providing health services including those of a tuberculosis clinic and laboratory, establishing pre-school groups, caring for orphans. To visit the Hogar Fatima orphanage with volunteers like Ana F de Roig, President of the Santa Cruz branch, is to witness a wonderful example of Red Cross caring and affection being offered to abandoned



La Paz Branch Youth volunteers play with some 50 children who live in the Womens Rehabilitation Centre (prison) where their mothers are serving time (mostly for theft or murder). Children leave prison grounds to attend local schools but return each day to be with their mothers.

## BOLIVIA

### Facts & Figures

*Government:* Republic

*Area:* 1,098,581 km<sup>2</sup> (twice the size of France)

*Climate:* varies dramatically from tropical highland climate (on the 3,000 - 4,000 m Altiplano) to humid equatorial lowlands

*Religion:* Catholic

*Languages:* Spanish (official); Ayamara and Quecha

*Population:* 7 million (70% live on the Altiplano and 53% are Indian)

*Annual Population Growth:* 2.7%

*Infant Mortality Rate:* 167 per 1000

*Literacy Rate:* 75%

*Education Rate:* 79% (children from 6 to 11 years)

*Life Expectancy:* 54 years

*Medical:* One doctor per 2,000

*Principal exports:* petroleum, natural gas, tin, lead, silver, coffee, sugar, cotton. Illegal export: coca leaves, cocaine.

### Bolivian Red Cross In Brief

Founded in 1917

*Structure:* One National Board; nine branches, each branch with a board

*Main Activities:*

\* Medical-First Aid

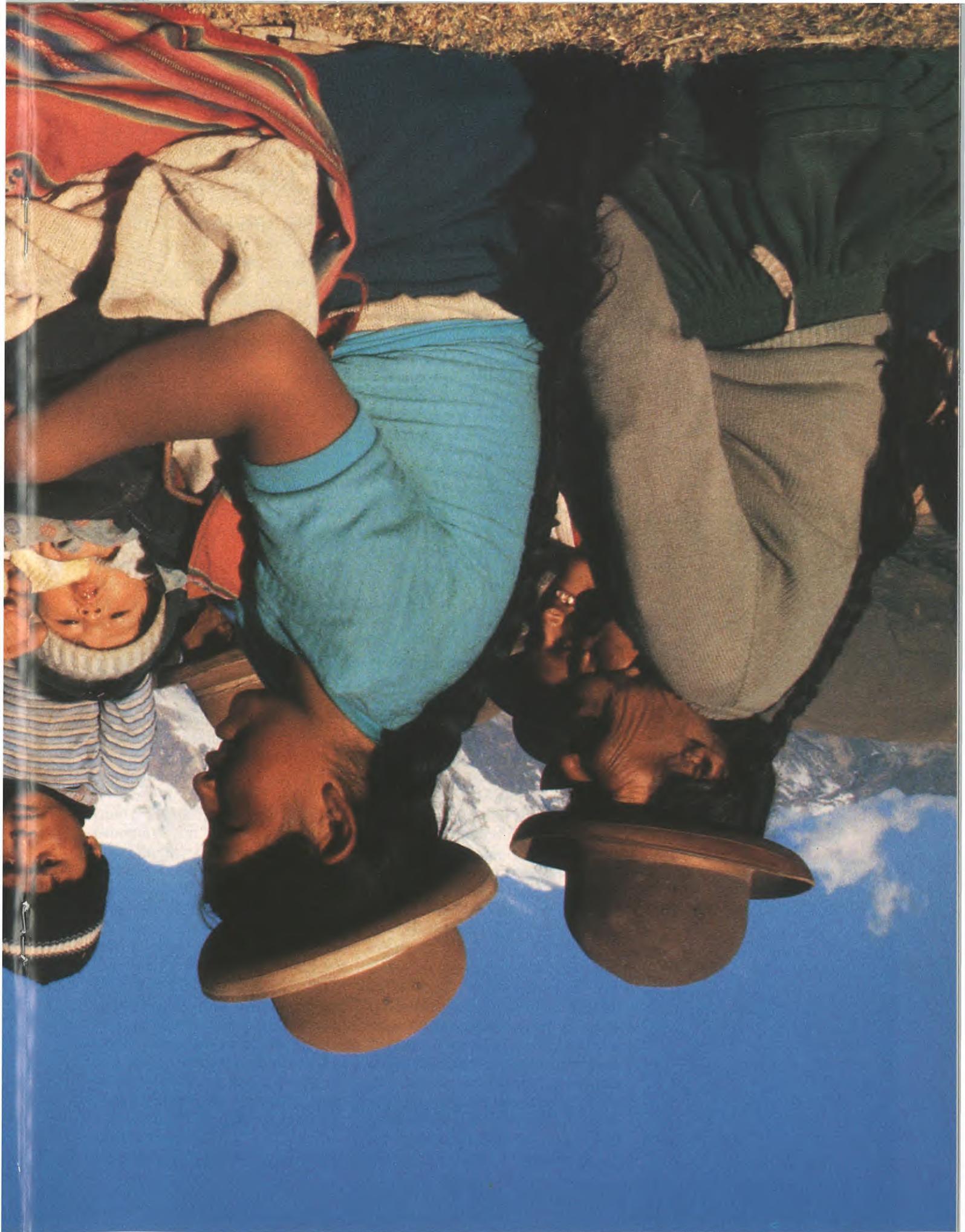
\* Social Welfare

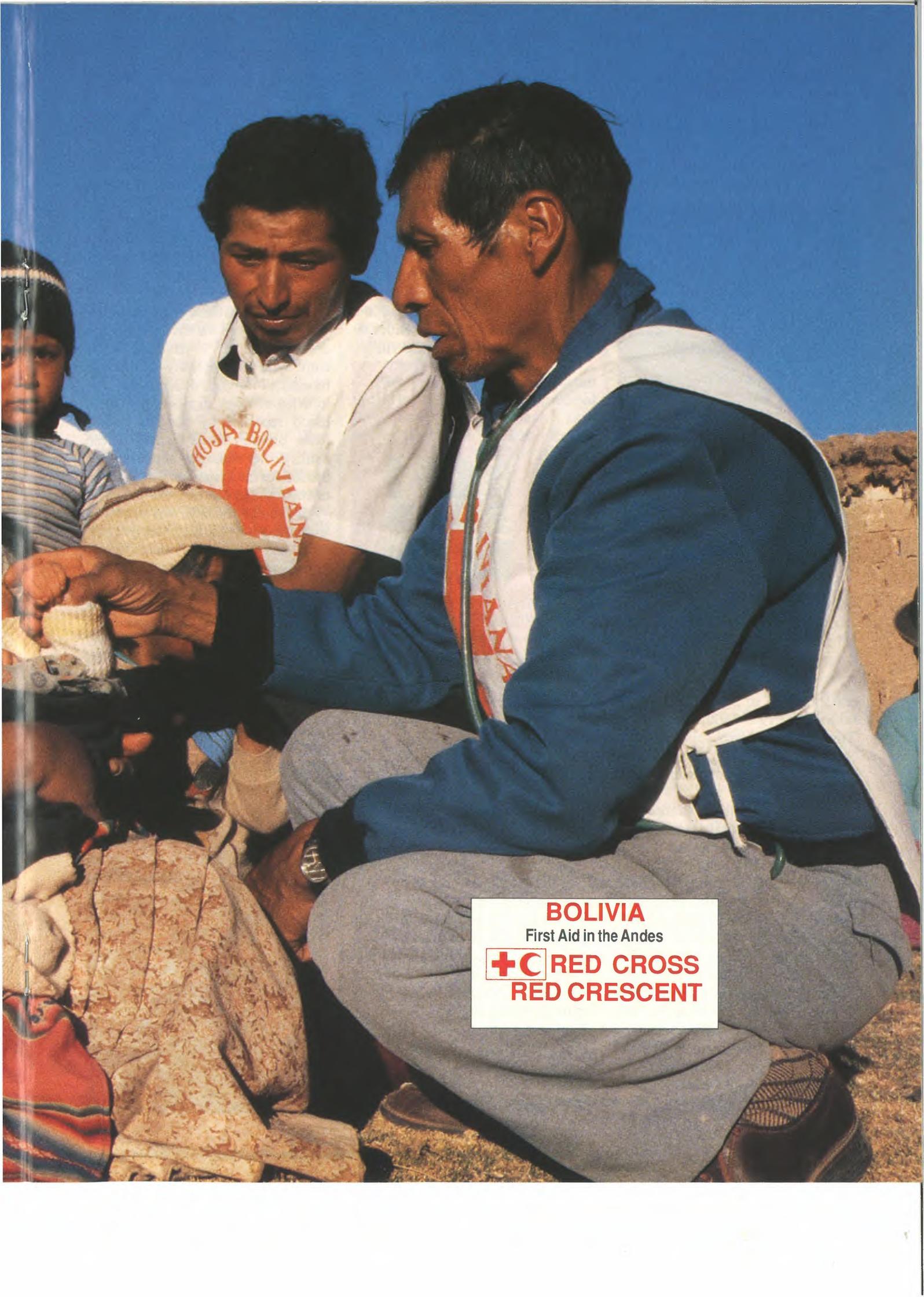
\* Disaster Relief

\* Voluntary Service

\* Youth

\* Blood (under development)





**BOLIVIA**

First Aid in the Andes

**+C RED CROSS  
RED CRESCENT**

children who excitedly extend their arms to volunteers for hugs and kisses.

In the words of one volunteer, "it is sad to see children without parents. The most they need is love. When we first came here, the children did not know how to smile. They used to die...one or two each month. Now they are in good health and do not need to go to the hospital".

The majority of Santa Cruz volunteers are involved in community development activities aiming to empower women to improve the lives of their families. Toward this



Anti-drug pamphlets are colourful and well illustrated

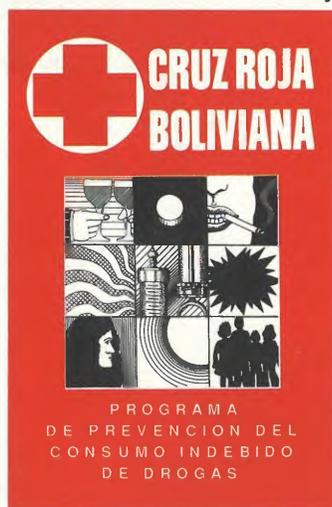
end, the BRC of Santa Cruz has established 17 Mothers' Clubs. Through the clubs, milk, donated from the European Economic Community via the League, is distributed to needy families.

Used clothing from Europe and North America is sold to families for a small fee and the income is used to support club activities. Participating mothers learn income generating skills, improved nutrition, the cultivation of kitchen gardens and the importance of basic health care. As a part of their involvement they may also improve their reading and writing skills.

Being prepared for emergency relief is a tall order in Bolivia. To meet the wide range of disasters occurring each year, the Bolivian Red Cross Disaster Relief Department has trained at least 5,300 disaster volunteers. Disaster operations range from

drought relief on the Altiplano to flood conditions in the Beni and Santa Cruz areas where the BRC keeps two boats equipped for emergencies. Mountain rescue units known as "Andeanists" are prepared to scale icy Andean inclines reaching to 7,000 meters. Many of the Andeanists remember participating in the rescue efforts following the ill-fated flight of the Eastern Airlines plane which crashed into the Andes enroute to La Paz in 1985.

With the redevelopment of the Bolivian Red Cross, the Youth Department has taken on a new vitality



to become the fastest growing corps of volunteers. Speaking of youth, Dr Ponce believes that "youth is for us the seed. This seed, if we farm properly, will grow up with a spirit and philosophy of the Red Cross and we will have a source of human resources for the work of the Red Cross in Bolivia."

Having worked for the Red Cross for 12 years, Dr Alcaraz is well prepared to head the Youth Department as it tackles the battle against drugs and alcohol abuse in Bolivia. International experience has shown that drug producing nations become drug consumers, sooner or later. Already abuse is becoming a national program, especially in major cities. Research conducted by Dr Alcaraz during 1986 showed that 42 percent of La Paz youngsters between the ages of 10 and 25 had sampled addic-

tive drugs. 1.6 percent had become addicts.

"Youth Against Drugs" is an image projected by the BRC Youth Department on television, in pamphlets, through youth programs and any other means they can find to spread the message that "drugs kill". This work is done in cooperation with other international agencies including UNICEF, World Health Organization, Pan American Health Organization, and USAID.

In addition to the war on drugs, the major challenge for the 1990s is the development of a national blood bank with safe, quality controlled, blood. Dr Franklin Alcaraz, a specialist in hematology, explains that "most blood received by patients comes from private blood banks. These banks do not make any kind of examination for infections such as syphilis or hepatitis, let alone AIDS".

At present, the BRC has signed an agreement with the Bolivian Government and the Pan American Health Organization to develop a national blood bank that would provide quality controlled blood. To cover the cost of the program, the Social Security Bureau along with other governmental help would pay the BRC for its services and assist in distributing the blood to hospitals. Plans are scheduled to commence blood bank activities during 1990 in La Paz. As Dr Alcaraz sees it, "we know it will be very difficult because giving blood is not a tradition in Bolivia. We intend to have a donor club...an altruistic club because the donors will not be paid".

Will these challenges be too great for the Bolivian Red Cross? Not as the staff and volunteers see it. As the Red Cross in Bolivia comes of age, it finds new energy. As the BRC continues to develop strategies for social mobilization, it finds its volunteers bringing miracles into the daily lives of the people. Not all miracles are large. But each one counts. And each volunteer adds up to a revitalised Bolivian Red Cross Society.

● Carolyn WATSON

# FOOD FOR AN ECONOMIC DISASTER

Since May of this year, Mrs Santa has been getting up very early in the mornings. Besides her duties as a housewife, she runs a free-meal service with her neighbour, Mrs Irma. The meals they prepare are for the needy of her neighbourhood, "El Marilo", in the township of Moreno, part of Metropolitan Buenos Aires. At eight o'clock in the morning, the children arrive for breakfast - a glass of hot milk. It is prepared, like the other meals, in the big pot, an old barrel cut in half, and placed on a wood fire on the patio of Mrs Santa's house. The mornings are cold in southern winters and many children are insufficiently dressed for the cold and the rain. But even so, they come to the house of Mrs Santa, or "Chicha" as everyone calls her. It is their only way of getting a meal.

At midday, Mrs Santa and Mrs Irma serve a hot meal to some 250 people. The economic crisis which has hit the country has left most of their neighbours without work and therefore without money.

In the afternoon, after school, the children come back to Mrs Santa's

house for an afternoon snack, a glass of rice with milk. Mrs Santa and Mrs Irma can count on the support of the Argentine Red Cross (ARC). The volunteers of the Moreno Branch come once a week to deliver powdered milk, rice and corn flour. Without that help, the free-meal service could not function.

"The problems in our township are so enormous that the municipal programmes are not enough", says Maria Teresa Gomez, President of the Moreno Branch, "and that is why the Red Cross has to help. In our township, there are more than 100 free-meal services or refectories. We try to direct our limited resources to the poorest neighbourhoods and the ones which receive the least from other sources".

Ruben Diaz, a 22-year-old Red Cross volunteer, when asked, expresses the reason why he and so many others give of their time and enthusiasm. "Our reward is in the eyes of the children. Their eyes show gratitude and hope when they receive the rice and milk."

The tragic paradox of the meal programme is clearly shown in the residential development of "La Catorna", a neighbourhood of newly-constructed buildings, surrounded by a "villa miseria" (town of misery), the popular name Argentinians give to marginal neighbourhoods. What a strange sight to see 800 children lining up to receive their snack right across the street from the modern buildings.

These buildings give an impression of prosperity which no longer exists. The 1,300 persons receiving a free lunch there can attest to that. Here, as in other working-class neighbourhoods, unemployment has turned the lives of families upside



Hans Baechli

Mrs Santa's big pot

down, forcing them into a poverty they had never before experienced.

"The number of poor people in the country is estimated at more than 8 million", explains Eduardo Poveda, National Relief Director of the ARC, "and the number of free-meal service centres and refectories is approximately 50,000. Obviously, in this situation the Red Cross operation can only compliment government efforts. However, it is obvious that initiatives such as ours are essential."

"We are distributing some 400 tons of food a month", says ARC President, Dr Susana Ciaccio de Alonso. "Thanks to the support we receive from sister societies and the European Economic Community, in response to the international appeal we launched with the League, we are able to carry out an operation of this size." "Operation Solidarity", as the project is called, has been established in twelve branches throughout the country.

• Hans BAECHLI



Hans Baechli

Delivering supplies to the neighbourhoods

## BULGARIA

# Muslim Emigration

As soon as the mass exodus of Bulgarian Muslims into Turkey began last June, the Bulgarian Red Cross set up six First Aid Posts. They were located close to the checkpoints in the Haskovo and Burgas districts along E80, the international highway which runs from the Bulgarian-Yugoslav border to the Turkish border.

Due to the large number of emigrants, the First Aid Posts were quickly increased to 30. Red Cross doctors, nurses and volunteers worked around the clock providing medical assistance, shelter, blankets, and refreshments to people crossing the border. Particularly appreciative



Bulgarian nurse provides help to tired child



Bulgarian Red Cross First Aid Post near the border crossing to Turkey in the Burgas District

of this help were mothers with tired children who spent the night sleeping in tents set up at the First Aid Posts.

Since June over 300,000 Bulgarian Muslims have crossed the border into Turkey where the Turkish Red Crescent Society met them and provided first aid, food and shelter. Due to various difficulties, not all Bulgarian Muslims were able to cross the border and had to return back the routes they came.

In addition, as of September, approximately one thousand Bulgarian Muslims per day have been re-crossing the border back into Bulgaria to return to their original villages. The humanitarian work of both the Bulgarian and Turkish National Societies will continue until there is a resolution of the situation.

• Encho GOSPODINOV  
Clarissa STAREY



Turkish Red Crescent distributing food at Turkish Rail Station

## USSR APPROVES

The Supreme Soviet of the Union of Soviet Socialist Republics (U.S.S.R.) approved the ratification of the two Protocols additional to the Geneva Conventions in August, without making any reservation or declaration of interpretation.

The two Protocols of 1977 strengthen the protection of victims of international and non-international armed conflicts. Their ratification by the U.S.S.R. will bring the total number of States party to Protocol I to 86 and those party to Protocol II to 76.

## IRANIAN RED CRESCENT ASSISTS KHOMEINI MOURNERS

During the forty days of mourning following the death of Imam Khomeini the Iranian Red Crescent Society provided relief assistance to the millions of mourners and pilgrims in Tehran and other Iranian cities.

On the fortieth and last day of mourning, which was the culmination of demonstrations of grief, the Red Crescent set up 2 field hospitals with 200 beds plus 43 clinics. Staffing the operation were 59 doctors and 110 nurses from the ministry of health plus

344 relief workers from the Society.

An additional 700 relief workers provided transport and other services with the assistance of 195 ambulances and 2 helicopters. Relief assistance included the setting up of 2,230 tents for 23,000 pilgrims plus the coordination of various facilities (schools, mosques, and sport centres) for an additional 250,000 mourners. Due to the heat and the distraught nature of the mourners, there were over 6,500 requests for medical assistance.

## Towards Safer Motherhood

**M**otherhood creates such warm and comforting images among most people. The serenity of pregnancy, happy, healthy babies and the comfort and caring of loved ones standing by to help weather any storm. But for many mothers the picture is very different. For these women, the act of giving birth presents a risk of permanent injury, and even death.

Take the example of Fatia- the name is not important because the sequence of events she faces is repeated with such monotonous regularity around the world. The problems start even before she is born. Fatia's mother had problems in pregnancy because she had already had too many pregnancies too close together, and her body was simply exhausted.

As a result, Fatia was born small and weak. During childhood Fatia was often ill and she grew up malnourished. She was always last in line at mealtimes with her father's and brothers' needs taking priority. This prevented her pelvic bones from growing properly. They would never be big enough to allow the easy passage of a baby's head. Lack of food also meant that when she was anaemic ("weak" blood) and would not be able to cope with the increased demands that pregnancy would make on her fragile body.

Fatia's problems continue as she grows older. Her parents decided not to send her to school because the limited educational opportunities are reserved for the boys. Fatia has no say in the matter. She lives in a society where others take all the decisions about her life and at 14 years old, a decision is taken which will have enormous repercussions on her life. She is married off and is soon expecting her first child.

### Unhappy Pregnancy

How does her story unfold from here? As with many of her sisters in

developing countries, she is surrounded by poverty and cultural influences that place little value on her apart from her role in producing meals and babies. She faces a pregnancy without any trained person to look after her and with little chance of obtaining any skilled help when "emergencies" arise. During her pregnancy, she is expected to carry out hard physical labour and to con-



*Healthy mothers usually bring forth healthy children which makes for happy families*

tinue to satisfy the needs of her parents and husband.

Fatia not only has a child too early in life, she has the next one too soon, and she continues to have children

until she is too old. Thus she runs the gauntlet of death or permanent disability as a result of either an obstructed labour, when the baby's head is too large to pass through the pelvic bones of the birth canal; excessive bleeding when there are no facilities to either prevent the bleeding or replace the blood; an infection which is not treated; other complications of pregnancy; or an illegal abortion.

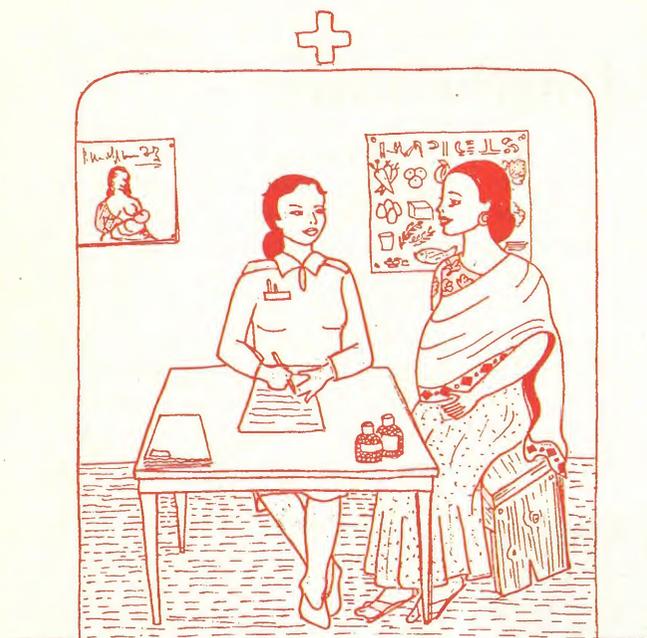
Most of these problems could be prevented, but when they occur they do require medical care. Poor women like Fatia know that the help they need is either unavailable or that there is too little money to pay for either the services or the transport needed to reach them.

The problems of the non-rich, non-men are far down the list of most decision-makers' priorities, yet saving women's lives would have enormous benefits for families and communities.

This is not a new problem -- it is just a very neglected one. It is only recently that accurate statistics have been made available and they show just how big the problem is. Hundreds of thousands of women die during pregnancy and childbirth every year and millions suffer for the rest of their lives. Some "only" have to contend with pain; others will



*Regular examinations for all women during pregnancy are a must if the goal of halving the present toll of 500,000 maternal deaths per year is to be achieved*



*The Red Cross and Red Crescent Societies in various part of the world operate family planning centres and medical clinics where expecting mothers may receive assistance. More are needed.*

become social outcasts because they smell of stale urine as a result of a hole or fistula, between their bladder and their vagina caused by prolonged and obstructed labour. The list of long-term problems is seemingly endless. For some of those who do survive, death might have been preferable.

Nearly all of these deaths and disabilities take place in developing countries. In developed countries, one woman dies for every 4,000 - 10,000 successful pregnancies whereas in developing countries the risk is 200 times higher, with a woman dying every 20 - 50 pregnancies. But while inequality among the world's children has caused much concern and constructive action by governments, intergovernmental organisations and nongovernmental organisations alike, relatively little attention has been paid to the problems of women's health. Why has the "maternal" component of Maternal and Child Health been neglected and what needs to be done?

### **The need for action**

Because the causes of these unnecessary maternal deaths are many and different, our responses will similarly need to be many and different. Improving the status of women

and girls and empowering them to be involved in the decisions which affect their lives would be a start; improving their access to education and employment, and improving the health and nutrition of girls and women would also help.

We should also ensure that women have access to family planning services and, when necessary, clinical abortions. Every woman should be able to take advantage of the services of a trained pregnancy/birth attendant, with additional assistance for those who need it. This will require that transport is available so that those who need to will be able to reach a hospital.

Yes, it sounds like a lot but it would cost a mere pittance of the amount of money that is spent on a variety of machines of war. Preventing these deaths would have enormous benefits for families and communities in which women are often the cornerstone. However, money is not all that is needed. Perhaps, of even greater importance is the commitment to do what needs to be done.

### **Red Cross involvement**

The Red Cross/Red Crescent is already concerned and involved. It has been developing policy on women

and development, with a major resolution at the 1987 General Assembly on this subject. It is also working on primary health care programmes which will benefit girls and women as much as boys and men, and training Traditional Birth Attendants (or perhaps better called "Trained Pregnancy Attendants").

There is also training of other health workers (for example midwives), as well as the collecting and distribution of the blood that is so often a matter of life or death for women in pregnancy and childbirth. In fact, almost all the health services for which the Red Cross/Red Crescent Movement is collecting and channelling funds will positively effect the outcome of pregnancy and childbirth..

There are also opportunities for the Movement to do more, and to do what we are doing a little better. "We should also be getting more angry", observes Dr Bruce Dick, Head of the League's Health Department. "We should be making a loud noise about this inexcusably neglected problem.

"We should be making people more aware of this tragedy, of the injustices and inequalities that lie at its roots and of the need to do something NOW to stop this constant undermining of women, their families and their communities. We are a very powerful Federation when we want to be. We can have a big influence on how other people think and what they do."

The image of a mother dying in the act of creation - from infection, from bleeding or from some other preventable cause - is an image that enflames the heart and goad society into action. It is therefore hoped that by adding the effort of the Red Cross and Red Crescent Movement to the increasingly strong international commitment of the Save Motherhood Initiative\*, the world will be able to halt this Solferino of the twentieth century.

*\*The Safe Motherhood Initiative is a global effort to halve the present toll of 500,000 maternal deaths each year by the end of the century.*

● Diana G. Smith

## EUROPE

# First Aid Competition

**N**aarden, a fortified town in the heart of the Netherlands, on 17 June was the site of the 3rd European First Aid Competition. Sixteen European Red Cross First Aid teams competed in three simulated casualty situations: a fall during a cycle race, a pop concert that gets out of hand and a fatal barbecue on the beach.



Concurrent with the competition were presentations and demonstrations throughout the town. Quite spectacular was the rescue-and-aid action by the German Red Cross Wasserwacht (Water Watch), the German Air Rescue and the Netherlands Red Cross which simulated the flood disaster of 1953 in the fortress' moat. At another site the Belgian Red Cross demonstrated first aid at a serious traffic accident.

*Teams compete as judges and Queen Beatrix (wearing yellow dress) observe*



Attending the day's event was Queen Beatrix of the Netherlands. She met with representatives from all the participating teams and was briefed on the various aspects of first aid.

At 2 o'clock in the afternoon the results were made known through a spectacular laser-projection at the Big church. The winning team is Austria. Next year's competition is scheduled for Vichy, France.



*Rescue demonstration using Fortress Moat*

### Third European First Aid Competition 1989

1. Austria	1175 pts
2. France	1173 pts
3. Belgium	1151 pts
4. Netherlands	1106 pts
5. Germany (Fed)	1099 pts
6. United Kingdom	1060 pts
7. Spain	1033 pts
8. Eire	1031 pts
9. Norway	1024 pts
10. Sweden	1001 pts
11. Finland	989 pts
12. Hungary	981 pts
13. Soviet Union	968 pts
14. Italy	903 pts
15. Denmark	866 pts
16. Switzerland	775 pts

## World AIDS Day - 1 December

On 1 December, concerned people throughout the world will speak with one voice against AIDS. World AIDS Day is talking about HIV infection and AIDS, caring for people with HIV infection and AIDS and learning about AIDS to sustain and reinforce the global effort to stop its spread.

The World Health Organization estimates that 5 to 10 million persons worldwide were infected with HIV as of 1988. About 375,000 of these cases had developed into

AIDS, less than half of which (177,965 cases) have so far been reported to WHO. With no cure or



vaccine available for at least another five years, the only hope for containing this epidemic lies in informing and educating people

about how AIDS is spread and not spread, the untold suffering it creates and the need to treat those infected with HIV with compassion and respect.

Red Cross and Red Crescent National Societies around the world will observe World AIDS Day with various events including public awareness events, technical meetings and media campaigns for both AIDS prevention and the promotion of respect and care for people with AIDS and HIV infection.

## UGANDA

# Hope For The Handicapped

An orthopaedic workshop has been in operation in Kampala for just over a year now. It is a joint project run by the British Red Cross, the International Committee of the Red Cross and the Italian Voluntary Association for International Service (AVSI), in cooperation with the Ugandan Red Cross and the Ugandan Ministry of Health.

"In Uganda the number of handicapped people is amongst the highest in Africa", says Joop Gehrels, the Dutch prosthetic technician who works for the ICRC, "and the needs are enormous". Indeed, security problems due to the conflict situation prevent the undertaking of mass immunization campaigns in some regions, leaving the way open to outbreaks of epidemics. Children are particularly hard hit for they often contract diseases such as poliomyelitis, with dramatic consequences. Because of the protracted nature of the conflict, there are also many war wounded who are left permanently handicapped or have undergone amputation and consequently need artificial limbs which in the past were difficult to obtain within the country.

"The idea of opening an orthopaedic workshop is a long-standing one", Joop goes on to say. "Already in 1960, a British organization, with

*Using modern equipment, trained Ugandan technicians produce prosthetic appliances for 50 handicapped persons per month.*



the help of Professor R. L. Huckstep, an orthopaedic surgeon, launched a project for polio victims. It was unique in that it supported local manufacture of simple, inexpensive devices, using locally available materials. This idea was rather surprising in the 1960s as it was normal practice at that time to import orthopaedic appliances from Europe. As a result there were often long-term maintenance and repair problems".

### Adapting techniques to local conditions

Professor Huckstep's principles were applied by the ICRC when it opened its first orthopaedic centre for war victims in Yemen in the early 1970s. Following World War II the one legged wooden stump or the box on wheels for people who had their lower limbs amputated had disappeared from Europe and had been replaced by more sophisticated devices. But in developing countries the situation remained the same owing to the lack of appropriate techniques and financial resources.

It is evident that orthopaedic techniques should be adapted to the living conditions of the handicapped and to local resources. Excellent artificial limbs can be made of wood, leather and metals found within a country, thereby avoiding the costly import of plastics which are also difficult to repair. One prime example is the rubber foot manufactured in Zimbabwe. This foot, when attached to an artificial limb, enables an amputee accustomed to walking barefoot, as is often the custom in Africa, to walk easily.

In Uganda, the national centre opened some twenty years ago in Kampala had, for reasons related to the internal difficulties of the country, gradually fallen into disuse. In 1986, the ICRC and the Red Cross of the Federal Republic of Germany at-



*Handicapped Children & Adults with appliances made in Red Cross Orthopaedic Centre in Kampala*

tempted to reactivate the centre, but the project was abandoned as a private organization was interested in taking over. However, a year later, it was obvious to the Red Cross that there was still a need for orthopaedic care.

### The centre reopens

The ICRC therefore took up the matter again and contacted the British Red Cross, which immediately showed great interest in reviving the centre. Within a few months, plans and financing had been established. The premises were put in order, machines were repaired and new acquisitions added. The centre started operations in November 1988 under the technical supervision of an ICRC orthopaedist who was responsible for setting up the centre, giving technical advice and training Ugandan personnel.

The centre is run by two prosthetic and orthotic specialists from the British National Society together with a technician from the Italian AVSI. In addition there are some 70 local employees, who are receiving technical training so that they can continue production after the departure of the expatriates.

An agreement signed on 4 July 1988 with the Ugandan Red Cross and the Ministry of Health covers the technical aspects of the project and the division of labour. The Ugandan Red Cross Society is responsible for registering new patients and transport. Although access from the north is still difficult for security reasons, patients come to the centre from

throughout the rest of Uganda. Distances are long and means of communication few and far between. Thus the transport service provided by the National Society is vital. There have been discussions about the establishment of provincial centres, in order to decentralize care for the handicapped, but further planning and financing will be necessary to make this a reality.

### Fifty patients a month

Some fifty patients are rehabilitated each month at the Kampala centre. Accommodation is available for those who have travelled long distances. The workshop is next to a physiotherapy centre where the amputees exercise and learn to use their artificial limbs.

The centre produces a monthly average of 16 artificial limbs, 12 orthoses (support appliances), forty pairs of crutches and five wheelchairs. In this respect it is interesting to note that bicycle wheels are included among the basic materials used for construction of wheelchairs. Indeed, with a few simple modifications, they fit the bill admirably, their tyres affording perfect comfort for the user. Leather, wood and metal, mostly bought on the spot, are also used in this "local" production.

For the handicapped, the Red Cross orthopaedic workshop represents more than a treatment centre. It represents hope for regaining both physical and social independence and an almost normal life. It is doubtless this ardent desire to live "like everybody else", that inspired a paralysed 12-year old to travel the 200 km from his village to the Kampala orthopaedic centre on his hands and knees.

● Françoise BORY

*Bicycle wheels are great for wheel chairs*



Arthur Bisi/CIC

## MEDIA UPDATE

### Films and Videos



**CARING ABOUT AIDS: THE COMMON GROUND** (League, 39') is a series of stories about people. People who respect and enjoy life in a world that has fear. The fear of AIDS. To fight this fear and to bring people together four organizations co-produced this programme (The League of Red Cross and Red Crescent Societies, The International Planned Parenthood Federation, The World Council of Churches and the American Red Cross).

It documents four different AIDS care and prevention efforts in four different countries (Noah's Ark - Red Cross Foundation, Sweden; Sociedade Civil Bem-Estar Familiar No Brasil (BEMFAM), Brazil; Salvation Army Hospital, Chikankata, Zimbabwe; and American Red Cross - East Bay Chapter, Oakland, California, U.S.A.).

(Orig.: U-matic-High Band; Video copies in most formats and standards. Available in English, Spanish, French and Portuguese)

**WHAT TO DO IN CASE OF AN EMERGENCY** (Mexican Red Cross, 60') is a good laymen's overview of basic first aid in a modern world. Narrated by Maria Victoria Llamas, with the support of Mexican Red Cross staff, the video demonstrates what to do in various emergencies: dehydration, burns, acid spills, choking, haemorrhaging, fractures,



heart attacks, convulsions, affixation, etc. Viewers are also instructed to call the Mexican Red Cross for medical and ambulance assistance.

(Available from the Mexican Red Cross - VHS/Beta NTSC format - Spanish)

### Journals and Books

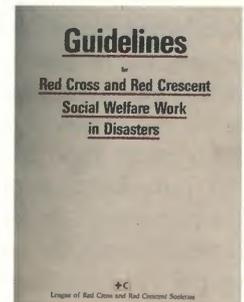


**GUIDELINES FOR RED CROSS AND RED CRESCENT SOCIAL WELFARE WORK IN DISASTERS** is a practical guide for National Societies, as developed at the Round Table held in Madrid, Spain in 1988, in which some twelve National Societies and colleagues from the Central Tracing Agency (CTA) of the International Committee (ICRC), the Henry Dunant Institute (HDI) and the League Secretariat took part.

Guidelines are based on the premise that in times of disasters there are more needs than search and rescue and basic medical. The emotional shock of disaster, the death or injury of family members, the separation of families, the lack of news, changes in living accommodation, hardship from material losses, physical handicaps resulting from injury, and the loss of income or employment, etc. all may create problems and affect the ability of an individual or family to recover.

Guidelines is intended to be a reference document for planning and implementing social welfare programmes in times of disaster and is intended for the use of both Red Cross/Red Crescent social workers as well as for social welfare personnel of government and non governmental organizations that are involved in such situations.

Copies are available from the League, P.O. Box 372, 1211 Geneva 19, Switzerland.



## INTERVIEW

# Dr. Bernard Lédéa Ouedraogo: Winning The War Against Famine

Dr Bernard Lédéa Ouedraogo of Burkina Faso on 3 August was named by the Hunger Project as the co-recipient of the 1989 Africa Prize for Leadership For the Sustainable End of Hunger. He shares the award with H.E. Quett K. J. Masire, president of Botswana.

The award was announced during a satellite transmitted global televised news conference emanating from the United Nations in New York and from Dakar, Senegal, where H.E. President Abdou Diouf delivered the major address.

It may well be that no other African has in recent years made such an impact on the lives of African farmers as Dr Ouedraogo, founder of the NAAM Movement, Africa's largest peasant-farmer organization. In Burkina Faso, his home country in the Sahel, over 200,000 farmers now belong to 4,000 village self-help groups.

He started his career as a teacher and school director, then moved on to agriculture, where his talents as a trainer led him to the top echelons of the civil service of his country. Early on he realised that the "cooperatives" that were being imposed on the farmers in the villages were not working. Therefore he looked for a better way to stimulate the participation of farmers in their own development.

Within his own Mossi society, he realized there existed a traditional association called "Kombi-Naam", which gathered all the young men and women in a village for various agricultural, cultural, social and community activities. Over the years, and in close collaboration with the villagers, he managed to

persuade them to transform this traditional structure into improved grass-roots self-help groups open to all.

Leaving the civil service he became General Secretary and Co-founder of the International Six-S Association. Six-S stands for the French "Se servir de la saison sèche en Savane et au Sahel," (Using the Dry Season in the Savannah and the Sahel). It is a network of peasant-farmer self-help projects in eight West African countries (Senegal,

accounting procedures, limitations of administrative expenses, etc. RED CROSS, RED CRESCENT interviewed Dr Ouedraogo just after the award was announced.

**There have been many attempts to help African villagers to increase their production of food without success. What makes NAAM and Six-S so successful?**

The motivation of farmer-peasants is extremely important. In the past African governments and outside aid



Jean Coenraed

*"The danger for many Africans is that the erosion of our own ways by the aggressive ways of others, our own values by foreign values, will destroy our sense of responsibility for solving our communities' problems".*

Mali, Mauritania, Burkina Faso, Guinea Bissau, The Gambia, Niger and Togo).

The originality of Six-S is that it is run by the farmers themselves, and that money is not tied to specific projects - which is an indirect way for the donor to keep a certain control - but given to peasant-farmer organizations who are free to use it as they please - given, certain agreed-upon constraints like strict

organizations (both NGO and governmental), while having noble aims, failed to understand the culture and needs of the local people. Too often they treated the local farmers merely as food producers whom they tried to manipulate into producing greater yields.

They strived to increase cash crops yields to acquire foreign currency. This encouraged them into higher production levels so as to in-

sure a continued flow of money. What often happens then is the reverse of what is desired.

But in Kombi-Naam, everyone is equal: the prince and the freeman, the subject and the nobleman, men and women, the poor and the rich. We realized, after an in-depth study of Kombi-Naam, that because of the equality, Kombi-Naam was a co-operative that had no reason to be envious of European Cooperatives.

It was a qualitative democracy: leaders, for example, were chosen not on the basis of their rank in society - and the Mossi society has a strict hierarchy - but on the basis of moral traits. The Kombi-Naaba, the supreme leader of Kombi-Naam, was chosen for his leadership qualities: natural authority, ability to persuade, and self-control. Working within this indigenous village structure, farmers are motivated to improve their way of life. They are given both incentives and training so as to improve. Gradually they themselves introduce modern changes into the traditional structure and improvements take place. Other villages see what is happening and they too adopt the NAAM concept. That's how the grass root movement has grown, first among young people and later between the different age groups and sexes, thus avoiding a generation conflict.

**Doesn't this concept of self reliance take so much time that some people won't get the aid being offered?**

"People die twice in their life...they die when their enthusiasm dies, and when their body dies. The danger for many Africans is that the erosion of our own ways by the aggressive ways of others, our own values by foreign values, will destroy our sense of responsibility for solving our communities' problems.

This is the first and the only important death. That is one of the

reasons why the NAAM groups have to organize and work for two, three, sometimes up to ten years before they receive any outside aid at all. Because the aid is only useful if the will is there.

**What type of assistance is needed by these village self-help groups?**

Once a group has reached the point of being able to properly use help, the basic needs are for tools, water pumps, cement, medicine, and technical assistance. The villagers may then operate cereal banks, diesel-powered grain mills, cooperative gardens, transport operations...all the basic activities needed in a rural community.

As villagers improve their activities there is a need for financial resources as well, which is usually available on a loan basis. The villages pay back the loan with interest once the project is on its feet. This allows other peasants in turn to benefit from financial resources in order to work.

**It has been stated that Six-S provides aid to villagers without strings attached. Doesn't this allow for misuse of funds?**

By leaving the groups free to decide

how to use the funds, the Six-S approach stimulates creativity and encourages the peasants to learn management and accounting skills. The definition of the term "development" in their own terms, gives them the tools for success. Funds are only given to groups that maintain clear records of how they spend their money and to those with good management.

But it is important to remember the freedom to spend the money for their projects is a key to the success of the groups supported by the Six-S. Some have spent their monies on celebrations and village festivals. But as they begin to look around these same groups begin to realize it would be wise to keep some of their monies for tools and equipment that will help them in the future. The concept of capital development, even on a simple scale, is really a western idea that must take root in Africa on Africa's terms. Farmers therefore need to be motivated from their own culture.

Once villagers get involved you can hear statements such as "We are building a future for our children". With such an outlook you can be sure aid given will be aid used and that aid will multiply and help both the villagers and the Africa of the future.



*The introduction of well-watered market gardens is one of the innovations brought to the Sahel by the NAAM Movement. These farmers are working in the community gardens near Ouahigouya, Burkina Faso*



ICRC/A. Jallat

1972  
*Indo-Pakistan War :  
 Pakistani Child  
 trapped in the conflict*

**COMING SOON....**

## **CHILDREN IN WAR**

The next temporary exhibition at the International Museum Of The Red Cross and Red Crescent, Geneva, is a moving display of photographs and documents which capture the effect of war on children.

The exhibition goes on display this December. The photographs and documents are from the collections of the International Committee of the Red Cross, the Museum and other archives worldwide.

*1985 - Angolan Child waiting for a future.*

ICRC/Y. Muller

Future exhibitions will also include a philately display and an exhibition of objects made by prisoners of war .

\* \* \*

The museum is located at 17 avenue de la Paix (across from the Palais des Nations) and is open six days a week (closed on Tuesdays), from 10:00 a.m. to 5:00 p.m. There is an entrance fee with special rates available for groups.

*1985 - Axum, Ethiopia - Children wake up after a bleak night*

ICRC/D. Gignoux



# WITNESS

Seven million glass encased index cards, entombed histories, assembled to locate and identify two million detainees held in prison camps during the First World War. This is just one of the permanent exhibits in the International Museum of the Red Cross and the Red Crescent in Geneva.

A museum of ideas rather than things, profoundly moving, provocative and inspirational, the International Museum is an enduring testimony to all those who over the last



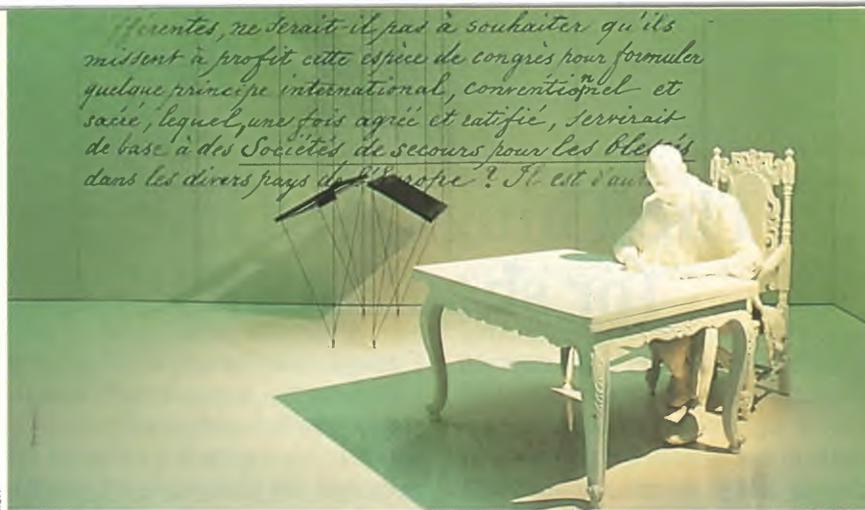
Entrance to the Museum

125 years have served humanity in the face of war and natural disaster.

Approached through a cleft in the hillside, the central courtyard is dominated by Carl Bucher's "Les Pétrifiés" - faceless symbols of the subjugation of man, shielded from above by two canopies emblazoned with the Red Cross, Red Crescent emblems. The images reflect in the angled mirrored walls of the atrium and symbolically represent the theme of protection and violation explored so creatively throughout the museum.

Through hi-tech audiovisual displays and avant-garde photographic montages - modern art in its own right - the Red Cross story unfolds. Black and white depersonalises and makes suffering dignified. Here images speak louder than words - hope grows out of despair.

The exhibits are imaginative and thought provoking. Witness a re-enactment of the battle of Solferino. Pictures of archive material with ac-



"Henry Dunant Writing" by George Segal.

companying sound effects portray the carnage seen by Henry Dunant, when he stumbled across the battle in 1859. Past becomes present with a subliminal flash of five soldiers from the modern world, and then becomes past again. The sculpture of "Henry Dunant Writing" by George Segal captures the essence of Dunant putting down on paper his memories of Solferino. Out of the darkness of Solferino, hope for humanity is born with the formation of the Red Cross.

Experience too the labyrinth formed by a series of pictures and mirrors portraying the rise of fascism which foreshadowed the Second World War. This is part of the Wall of Time, an inventory of the major events that have shaped 125 years of Red Cross and Red Crescent history. There is a radiotelegram of 21,590 words sent by the Americans to the International Committee in 1943 listing the names of prisoners of war transferred to the United States.

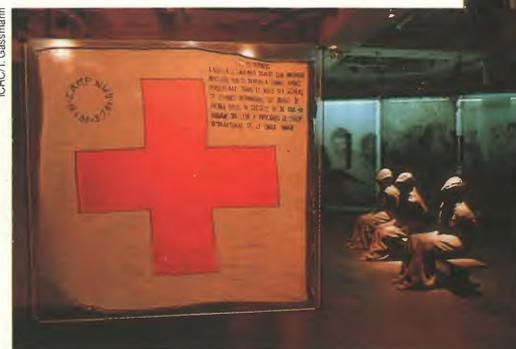
And so to modern times. A flag measuring 100 square metres used in Beirut to protect a building that served as a temporary refuge for civilians and wounded illustrates the importance of the Red Cross em-

blem, while two hands-on displays reveal information about National Societies and allow the visitor to test his knowledge of the Red Cross.

Scaffolding symbolising a world under construction ends the time line. Nearby, a cell measuring 4 square metres - an exact replica of one in which 17 detainees were held for 90 days. The guilty country is not named. It is a graphic reminder of the continuing need for Red Cross efforts. A 20 screen video wall showing live pictures of Red Cross/Red Crescent operations all over the world is testimony to the unswerving dedication of all those who work for the Movement.

The exhibition ends with photographs of three children's faces. Each questioning gaze seems to ask what part each one of us has played in the history of humanity. It is impossible not to respond to their appeal.

● Jo FOX



Labyrinth of pictures and mirrors

Red Cross flag made by prisoners of war

## REVIEW

# The Things We Give (or shouldn't)

Relief actions after the Armenian Earthquake of December 1988 were a supreme example of international donor attention - and perhaps also of inappropriate donations. A high percentage of donations for all disasters channelled through the international network of Red Cross and Red Crescent Societies is material assistance - food, clothing, medical supplies and equipment, vehicles, spares, tents, shelter material, etc.

While cash is the preferred form of disaster and development assistance among those who deal with distribution, donations in kind remain the most popular form of assistance among many donors. In a new study, Red Cross and Red Crescent specialists take a critical look at donations in kind.

Many recent disaster relief operations have again underlined the need to match relief donations with identified needs. In a new book ("The Things We Give: A Critical Look at Donations in Kind", Henry Dunant Institute Studies on Development No. 1, 1989; Sfr 10.) seven authors approach the subject from the perspective of recipients (operating Societies), donors (participating Societies), a coordinating body (the League) and an independent observer. They arrive at a remarkably unanimous view of the problems surrounding donations in kind.

"Experience shows", writes Major Ali Hassan Quoreshi (Rtd), Secretary

General of the Bangladesh Red Crescent Society," that, although donors are generally imbued with the lofty ideals of humanity and aware of the principle and philosophy of international aid, their supplies often consist of goods which are either unacceptable to the people or cannot meet their urgent needs". In recent floods, where almost two thirds of Bangladesh was affected, a large part of the several million dollars of aid received was in the form of tents, when there was no dry land on which to pitch them.

"In the shimmering sun of the tropics the victims look in amazement at the fur-lined jackets when the bundles of clothing are unpacked." Medical supplies arrive with directions for use in the wrong language, sometimes after their date of validity has expired sometimes even when their use has been declared too dangerous in the industrialised countries.

Some food aid is totally inappropriate nutritionally or even offensive to the religious beliefs of the victims. Vehicles are sent for which no spare parts exist in the country or which are not fitted to cope with rugged terrain.

What all this adds up to, say the authors, is that donors should not send donations in kind that have not been designated as necessary and specifically requested by informed and experienced people in the area of the disaster. "In many instances", writes Juan Alvaro Ruiz, Red Cross specialist from Colombia, "dona-

tions in kind are given according to the donors' wishes and not on the basis of the affected community's real needs...Attempts should be made to put a stop to paternalism leading only to the victims' dependency...The populations affected...must be enabled to participate from the outset in their own strategies for recovery so as not to become dependent on outside aid for long periods of time.

"Priorities for disaster victims are often quite different from what we imagine. Poverty is the key issue and only too often the result of underdevelopment or development in the wrong direction. Only the poor die of hunger" states Anton Wenger, an official of the Swiss Red Cross.

Sue Faulkner of the British Red Cross writes "While crates of ball gowns for famine victims in Ethiopia are acknowledged as a hideous caricature of aid which is no aid at all, more subtle distortions of aid continue to occur, damaging economies, eroding culture and diet, attacking communities' will and motivation to work, making survival for the world's poor even more difficult".

"The international aid system has an emphasis not simply on humanitarian aid but on using up surpluses. There is a need for aid money to be spent on in-country purchases rather than dumping surpluses" said a spokesman at Oxfam. Purchase in the locality or in neighbouring areas is nearly always better than sending goods from afar. Food habits are respected, clothing and shelter materials are suitable for the climate, transport costs are minimised and, since money can be transmitted in almost no time at all, relief can be



F. Vermod

Unneeded used clothing clogs relief operations in Italy (left) and Mexico (right) following earthquakes of 1980 and 1985.

Mexican Red Cross





*Appropriate relief supplies are distributed in Senegal*

greatly speeded up and purchases made by people with direct knowledge of requirements.

Alan McLean, Secretary General of the Australian Red Cross Society, points out that unsolicited or otherwise inappropriate disaster relief supplies congest ports and airports, burden off-loading facilities, demand storage space, divert both untrained manpower and specialised Red Cross staff, add to accounting, freight documentation and perhaps inspection procedures and all this to the detriment of correct approved consignments. "The combined impact.....is wastage on a massive scale".

He further comments: "Any media attention highlighting local dismay concerning an inappropriate consignment which needs to be dumped or destroyed, is absolutely counter-productive in a world already sceptical whether disaster relief supplies reach those in greatest need".

League Officer Mohamed Othman-Chande provides observations at the coordinating level, analysing assistance channelled "in response" and "not in response" to League appeals. He concludes that "there is a tendency to consider disaster assistance predominantly from the point of view of the donors. There are also mistaken assumptions or myths that disaster victims are helpless; that they would accept any form of assistance (no matter how undignifying or insulting); that the immediate and basic needs in every disaster situation are the same; and that imported solutions are the most appropriate responses to such situations. Donors need to recognise that disaster relief

does not mean gifts, but the most appropriate, timely and cost-effective response to identified needs."

The many other examples given in this book of inappropriate and unsolicited material assistance lead inevitably to the question: Why do donors act like this? The authors suggest a variety of motives ranging from misplaced humanitarianism, constraints on the use of foreign currencies, a desire to be seen on the scene, to purely domestic objectives such as the dispatch of surpluses.

This book is a forceful reminder of a problem that is not new. It suggests some remedial measures: a better observation of the "Principles and Rules for Red Cross Disaster Relief", post-disaster evaluation of relief programmes, new Red Cross policy guidelines for the disposal of clothing, textiles, vehicles and perhaps shelter materials (such guidelines already exist for food and medical supplies although they are not sufficiently followed), prior information to be funnelled through the League and operating National Society for advice before aid in kind is dispatched.

Dr Alan Taylor, an independent observer specialising in institutional development and training for NGOs active in relief and development, writes that most existing recommendations are poorly designed and, above all, boring. More fundamentally he argues that humanitarian aid organizations based in the rich northern countries help ordinary people to cope psychologically with suffering elsewhere. Gifts in kind give more psychological satisfaction than collecting funds.

"Long term donor education is clearly what is required. There is a need for institutional learning within the Movement, the need for greater professionalism and the need for policy direction". He rightly adds, "the Red Cross Movement is not alone with its struggles in becoming more professional".

The problem of misdirected aid faces all relief efforts. This book sets the scene for remedial measures: it

does not seek to spell them out in detail. The League/Voluntary Agency Steering Committee for Disasters is currently working on "Guidelines for Donors of Disaster Relief Assistance" which aims at combining the experience of a wide range of United Nations and Non-Governmental Organizations to make specific recommendations.

A review of "Guidelines for Donors" will appear in a future issue of RED CROSS, RED CRESCENT magazine.

● Robert ROSSBOROUGH

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## PEOPLE

**Mr Guy Deluz** has been appointed by the 23-member International Committee of the Red Cross as its Director-General. At its regular August meeting the ICRC decided to strengthen the Directorate which was established in September last year.

Mr Deluz worked for the ICRC during the 1970s as a delegate and head of delegation serving in Israel and Lebanon, and then as head of its Logistics Division. He is currently Chairman and Managing Director of Pathé Marconi EMI France.



Guy Deluz

Of Swiss nationality, he has degrees from the University of Neuchatel, the Conservatory of Neuchatel and the Conservatory of Geneva. He also studied in the USA at Oswego High School. He has been a member of the Swiss Romande Orchestra, a professor at the Conservatory of Neuchatel, the Director-General of EMI Brasil and the Resident Director of Toshiba EMI, Japan.

Mr Deluz will take up his post as member of the Directorate and Director-General of the ICRC on 1 January next year.

*Tornado strikes unfortunately are a too common occurrence in Bangladesh. The low lying lands off the Bay of Bengal provide little shelter to the millions of people living in corrugated sheeted homes. The need for food, shelter and medical support following the April Tornado strike taxed the Bangladesh Red Crescent Society to its limits. While checking out operations, Major (rtd.) Ali*



Food for Bangladesh tornado victims

**Hassan Quoreshi**, Secretary General of the BDRCS, was photographed in Manikganj, assisting in food distribution.

USA Congressman Mickey Leland, who along with 15 other persons died in a plane crash in western Ethiopia on 7 August, was on his way to visit a camp for Sudanese refugees. Mr Leland headed the House Select Committee on Hunger and was known for his concerns regarding the welfare of people in the developing world.



Hon Mickey Leland

Though the responsibility for the 300,000 plus Sudanese refugees in Ethiopia are that of the United Nations High Commission for Refugees, the Ethiopian Red Cross has been an operational partner with UNHCR in the camps. Medical teams of the ERCS were put on alert to assist in the search rescue operation for the plane carrying the Leland party, but unfortunately were not needed. The ERCS expressed its profound sympathies to the families of the deceased and to the American Red Cross. "It is regrettable that a true friend of Africa and of the world's poor has been lost".

*Mme Georgina Dufoix, newly appointed President of the French*



Mme Dufoix with League Under Secretary General Andrei Kisselev

*Red Cross visited Geneva in August to meet with both ICRC and League officials. She expressed her concern over an international relief issue common to many Societies: how to reconcile public pressure for immediate visible action with the Movement's goal of providing assistance in an orderly and appropriate manner.*

*On this first visit, Mme Dufoix was accompanied by the Society's Director General Pierre Boutonnat, Assistant Secretary General Jean-Daniel Remond and Ambassador Louis Dauge who is in charge of international affairs.*

**Alain Modoux**, former member of the Directorate and Head of the Communication Department, left the ICRC after 19 years of service to take up the post of Director of Information at UNESCO, Paris, in early July. His new responsibilities include overseeing a staff of one hundred and keeping the world informed of UNESCO's diverse scientific, cultural, educational and communications acti-



Alain Modoux

vities. Truly a great challenge. When his former colleagues in Geneva wished him adieu, they also expressed full confidence that Alain will surely meet this new challenge.

After his first few weeks at UNESCO, Modoux agreed that the post was a challenge and that he will try to "decentralise information and adapt it to local conditions and needs".



Australian Golden Wattle Trees for the League

Mrs Marjorie Monahan from Malvern, Victoria, a 50 years volunteer with the Australian Red Cross, presented League Secretary General Pär Stenbäck with an Australian landscape painting by local artist Shirley Bennett. The presentation took place during the visit of 28 volunteers from Victoria and New South Wales to League headquarters in September. Ron Ellis, Manager of Special Projects in the Victoria Division, who organised the European tour under the auspices of the Society's 75th anniversary celebrations, calculated that 23 tour members had between them given 585 years of voluntary service to the National Society.



Sports Centre used for food distribution after Typhoon Judy hits Republic of Korea

When Typhoon Judy smashed into the Republic of Korea in August, torrential rains caused serious damage in the town of Kwangju, leaving 109 people dead and 42 missing. The Korean National Red Cross Society set up eight food distribution centres in the affected area and provided emergency relief supplies (food, tents and clothing) to 15,000 families. More than 1,000 volunteer, recruited from various parts of the

Republic of Korea took part in the relief action.

Screen actress **Nastassja Kinski** was among the dignitaries who met Supercamp '89 delegates upon their



Supercamp '89 celebrity Nastassja Kinski

arrival in Geneva. In her remarks at the Palais des Nations she stressed the importance of youth adhering to the Principles of the Red Cross and Red Crescent Movement.

She was seen much later that night in the middle of the massive meal tent wearing a Red Cross tie signing autographs and passionately discussing issues of common concern.



Ernest Schurch retires

**Ernest Schurch**, a Swiss fixture at the League for 17 years retired as caretaker in July. One of his greatest challenges he recalls was the mounting of an exhibition of National Societies' disaster relief field equipment -- a tent camp, field surgical hospital, field kitchen, water purifying unit, et al -- in the League garden, as part of the League's 50th anniversary programme. Schurch's cheerful smile and willingness to cope with the sudden emergency at the Secretariat will be remembered with appreciation by his colleagues.

The 125th anniversary of the signing of the First Geneva Convention, was feted with special ceremonies in both Geneva and Berne. Though the original Geneva accords were signed in Geneva, they are presently kept in Berne, capital of Switzerland. The Swiss Confederation, according to international treaty, is the depositary State of the Geneva Conventions.



The Casino in Berne, site of the festivities marking the 125th anniversary

On 22 August an Official Programme was held in Berne and was attended by members of the Diplomatic Corps and members of the various Red Cross and Red Crescent institutions. The Berne Symphony Orchestra performed works of Gluck, Mendelssohn and Mozart. Joining the orchestra for the concluding Mozart work were the students of the Kirchenfeld Gymnasium, Berne. Addressing the gathering were **Jean-Pascal Delamuraz**, president of the Swiss Confederation; **Cornelio Sommaruga**, President of the ICRC; and **Karl Kennel**, president of the Swiss Red Cross.

Following the ceremonies the original manuscripts of the Geneva Convention were on display.



Jo Fox of the British Red Cross and Renée Jordi of the Swiss Red Cross looking at the signatures on the original manuscripts of the first Geneva Convention

# Letter from Paris

On 14 July France celebrated Bastille Day and the 200th anniversary of the French Revolution. Joining the festivities, attended by both Heads of States and the general populace, was **Gustavo Montero**, a citizen of Chile. His commentary on the festive events follows:

Fireworks, parades, music, dancing, speeches, and celebration. Paris had it all and even more. The centre of the city was a total festival with cars banned and pedestrians and bicycles crowding the thoroughfares normally clogged with traffic. Even travel on the Metro was free at night. People were everywhere celebrating in their own way the revolutionary concept of "Fraternité, Liberté and Egalité."

When France wants to throw a party, they know how to do it, and they did it well. But to remember it just as a party would be a mistake. For 14 July was more than the 200th anniversary of the storming of the Bastille to release some prisoners. It also commemorated the other activities of the French Revolution which are best summarised in "The Declaration of the Rights Of Man and the Citizen" as adopted on 26



French Red Cross first aiders watching bicentenary fireworks over Paris

August 1789 by the French National Assembly.

"Men are born, and always continue, free, and equal in respect of their rights" begins Article I. It is a message of humanitarian hope for the world and its future. Though this was not the first or only such statement made on behalf of mankind (Magna Carta, the American Declaration of Independence were others), it had an impact well beyond the borders of France.

In the 200 years since its writing, respect for human rights has become a rallying cry of free societies. Unfortunately there are still many individuals in this world who continue to cry out for release from the human bondage of civil strife, prisoner of war camps, refugee centres, life in exile, and the lack of food and shelter.

It is most appropriate that the Grande Arche, the new monument in Paris commemorating the bicenten-

ary of the "Declaration of the Rights of Man and the Citizen" will also house the offices of L'Arche de la Fraternité. This is a new humanitarian organization that will work, with already existing human rights organizations, in tackling the difficult issues that keep all people from enjoying basic human rights.

125 years ago this August 21 the First Geneva Convention was signed, signalling another forward step in man's struggle for a humanitarian world.

It is no secret to those in the International Red Cross and Red Crescent Movement, that additional steps are needed today, truly to bring the peace and human dignity to this world that both the ideals of the Geneva Conventions and the "Declaration of the Rights of Man and the Citizen" aspire to achieve.

It is hoped by many attending these summer events that there will be a recommitment of mankind to the basic humanitarian ideals being celebrated. Thus there will continue to be a message of humanitarian hope for the world.

The cheers of "Long live the revolution!" and "Long live human rights!" need to be translated quickly into the opening of prison doors, the cessation of hostilities, the repatriation of prisoners of war and the welcoming of refugees into countries of asylum. When that happens, mankind can truly celebrate.....



Providing first aid and evacuating the injured during the bicentenary was a major task for 1,200 French Red Cross first aiders. 200 ambulances plus two specially equipped mobile communications units were used over the four day festivities

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Box 404, *Luxemburg 2*. **MADAGASCAR** - Malagasy Red Cross Society, 1, rue Patrice Lumumba, *Antananarivo*. **MALAWI** - Malawi Red Cross Society, Conforzi Road, P.O. Box 983, *Lilongwe*. **MALAYSIA** - Malaysian Red Crescent Society, JKR 32 Jalan Nipah, off Jalan Ampang, *Kuala Lumpur 55000*. **MALI** - Mali Red Cross, P.O. Box 280, *Bamako*. **MAURITANIA** - Mauritanian Red Crescent, P.O. Box 344, avenue Gamal Abdel Nasser, *Nouakchott*. **MAURITIUS** - Mauritius Red Cross Society, Ste Thérèse Street, *Curepipe*. **MEXICO** - Mexican Red Cross, Calle Luis Vives 200, Col. Polanco, P.O. Box. 11510, *Mexico 10, D.F.*. **MONACO** - Red Cross of Monaco, 27 bd de Suisse, *Monte Carlo*. **MONGOLIA** - Red Cross Society of Mongolia, Central Post Office, Post Box 537, *Ulan Bator*. **MOROCCO** - Moroccan Red Crescent, P.O. Box 189, *Rabat*. **MOZAMBIQUE** - Mozambique Red Cross Society, Avenida 24 de Julho, P.O. Box. 2986 *Maputo*. **NEPAL** - Nepal Red Cross Society, Kalimat, *Kathmandu*. **NETHERLANDS** - The Netherlands Red Cross, P.O. Box. 28120, 2502 *KC The Hague*. **NEW ZEALAND** - The New Zealand Red Cross Society, Red Cross House, 14 Hill Street, *Wellington*. **NICARAGUA** - Nicaraguan Red Cross, P.O. Box 3279, *Managua D.N.*. **NIGER** - Red Cross Society of Niger, P.O. Box 11386, *Niamey*. **NIGERIA** - Nigerian Red Cross Society, 11 Eko Akete Close, off St. Gregory's Rd., P.O. Box 764, *Lagos*. **NORWAY** - Norwegian Red Cross, P.O. Box 6875, St. Olavsp. 0130 *Oslo 1*. **PAKISTAN** - Pakistan Red Crescent Society, Sector H-8, *Islamabad*. **PANAMA** - Red Cross Society of Panama, P.O. Box 668, *Panama 1*. **PAPUA NEW GUINEA** - Papua New Guinea Red Cross Society, P.O. Box 6545, *Boroko*. **PARAGUAY** - Paraguayan Red Cross, Brasil 216, esq. José Berges, *Asuncion*. **PERU** - Peruvian Red Cross, Av. Camino del Inca y Nazarenas, Urb. Las Gardenias - Surco - P.O. Box 1534, *Lima*. **PHILIPPINES** - The Philippine National Red Cross, Bonifacio Drive, Port Area, P.O. Box 280, *Manila 2803*. **POLAND** - Polish Red Cross, Mokotowska 14, 00-950 *Warsaw*. **PORTUGAL** - Portuguese Red Cross, Jardim 9 Abril, 1 a 5, 1293 *Lisbon*. **QATAR** - Qatar Red Crescent Society, P.O. Box 5449, *Doha*. **ROMANIA** - Red Cross of the Socialist Republic of Romania, Strada Biserica Arzei, 29, *Bucarest*. **RWANDA** - Rwandese Red Cross, P.O. Box 425, *Kigali*. **SAINT LUCIA** - Red Cross Society of St Lucia, P.O. Box 271, *Castries St. Lucia*. **SAN MARINO** - Red Cross of San Marino, *San Marino*. **SÃO TOME AND PRINCEPE** - Sao Tome and Principe Red Cross, P.O. Box. 96, *Sao Tome*. **SAUDI ARABIA** - Saudi Arabian Red Crescent Society, *Riyadh 11129*. **SENEGAL** - Senegalese Red Cross Society, Bd Franklin-Roosevelt, P.O.B. 299, *Dakar*. **SIERRA LEONE** - Sierra Leone Red Cross Society, 6, Liverpool Street, P.O.B. 427, *Freetown*. **SINGAPORE** - Singapore Red Cross Society, Red Cross House, 15 Penang Lane, *Singapore 0923*. **SOMALIA** (Democratic Republic) - Somali Red Crescent Society, P.O. Box 937, *Mogadishu*. **SOUTH AFRICA** - The South African Red Cross Society, Essanby House, 175 Jeppe Street, P.O.B. 8726, *Johannesburg 2000*. **SPAIN** - Spanish Red Cross, Eduardo Dato, 16, *Madrid 28010*. **SRI LANKA** (Dem. Soc. Rep. of) - The Sri Lanka Red Cross Society, 106, Dharmapala Mawatha, *Colombo 7*. **SUDAN** (The Republic of the) - The Sudanese Red Crescent, P.O. Box 235 *Khartoum*. **SURINAME** - Red Cross Society of Suriname, Gravenberchstraat 2, *Paramaribo*. **SWAZILAND** - Baphatali Swaziland Red Cross Society, P.O. Box 377, *Mbabane*. **SWEDEN** - Swedish Red Cross, Box 27 316, 102-54 *Stockholm*. **SWITZERLAND** - Swiss Red Cross, Rainmattstrasse 10, P.O. Box 2699, 3001 *Berne*. **SYRIAN ARAB REPUBLIC** - Syrian Arab Red Crescent, Bd Mahdi Ben Barake, *Damascus*. **TANZANIA** - Tanzania Red Cross National Society, Upanga Road, P.O.Box. 1133, *Dar es Salaam*. **THAILAND** - The Thai Red Cross Society, Paribatra Building, Chulalongkorn Hospital, *Bangkok 10500*. **TOGO** - Togolese Red Cross, 51, rue Boko Soga, P.O. Box 655, *Lome*. **TONGA** - Tonga Red Cross Society, P.O. Box 456, *Nuku'Alofa*. **TRINIDAD AND TOBAGO** - The Trinidad and Tobago Red Cross Society, P.O. Box 357, *Port of Spain*. **TUNISIA** - Tunisian Red Crescent, 19, rue d'Angleterre, *Tunis 1000*. **TURKEY** - The Turkish Red Crescent Society, Genel Baskanligi, Karantli Sokak No. 7, 06650 *Kizilay-Ankara*. **UGANDA** - The Uganda Red Cross Society, Plot 97, Buganda Road, P.O. Box 494, *Kampala*. **UNITED ARAB EMIRATES** - Red Crescent Society of the United Arab Emirates, P.O. Box No 3324, *Abu Dhabi*. **UNITED KINGDOM** - The British Red Cross Society, 9, Grosvenor Crescent, *London, SW1X 7EJ*. **USA** - American Red Cross, 17th and D. Streets, N.W., *Washington, D.C. 20006*. **URUGUAY** - Uruguayan Red Cross, Avenida 8 de Octubre 2990, *Montevideo*. **USSR** - The Alliance of Red Cross and Red Crescent Societies of the U.S.S.R., I, Tcheremuchkinski proezd 5, *Moscow, 117036*. **VENEZUELA** - Venezuelan Red Cross, Avenida Andrés Bello, No. 4, P.O. Box. 3185, *Caracas 1010*. **VIET NAM** (Socialist Republic of) - Red Cross of Viet Nam, 68, rue Ba-Trieu, *Hanoi*. **WESTERN SAMOA** - Western Samoa Red Cross Society, P.O. Box 1616, *Apia*. **YEMEN ARAB REPUBLIC** - Red Crescent Society of the Yemen Arab Republic, P.O. Box 1257, *Sana'a*. **YEMEN** (People's Democratic Republic of) - Red Crescent Society of the People's Democratic Republic of Yemen, P.O. Box 455, *Khormaksar, Aden*. **YUGOSLAVIA** - Red Cross of Yugoslavia, Simina ulica broj 19, 11000 *Belgrade*. **ZAIRE** - Red Cross Society of the Republic of Zaire, 41, av. de la Justice, Zone de la Gombe, P.O. Box 1712, *Kinshasa*. **ZAMBIA** - Zambia Red Cross Society, P.O. Box 50 001, 2837 Brentwood Drive, *Longacres, Lusaka*. **ZIMBABWE** - The Zimbabwe Red Cross Society, P.O. Box 1406, *Harare*.

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## League of Red Cross and Red Crescent Societies

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