

---

# INTERNATIONAL REVIEW

## OF THE RED CROSS

JAG SCHOOL

NOV 18 1994

LIBRARY



Published every two months by the  
International Committee of the Red Cross  
for the International Red Cross  
and Red Crescent Movement



# INTERNATIONAL COMMITTEE OF THE RED CROSS

- Mr. CORNELIO SOMMARUGA, Doctor of Laws of the University of Zurich, Doctor h.c. *rer. pol.* of Fribourg University (Switzerland), Doctor h.c. in International Relations of Minho University, Braga (Portugal), Doctor h.c. of Medicine of Bologna University (Italy), Doctor h.c. of Nice-Sophia Antipolis University, Doctor h.c. of Seoul National University (Republic of Korea), *President* (member since 1986)
- Mr. PIERRE KELLER, Doctor of Philosophy in International Relations (Yale), banker, *Vice-President* (1984)
- Mr. CLAUDIO CARATSCH, Bachelor of Arts, *Vice-President* (1990)
- Mr. ULRICH GAUDENZ MIDDENDORP, Doctor of Medicine, lecturer at the Faculty of Medicine of Zurich University, former head of the surgical department of the Cantonal Hospital, Winterthur (1973)
- Mr. MAURICE AUBERT, Doctor of Laws, Barrister, *Vice-President* from 1984 to 1991 (1979)
- Mr. DIETRICH SCHINDLER, Doctor of Laws, Honorary Professor at the University of Zurich (1961-1973) (1980)
- Mrs. RENÉE GUISAN, General Secretary of the international *Institut de la Vie*, head of medico-social institutions in the Canton of Vaud, member of the International Association for Volunteer Effort (1986)
- Mrs. ANNE PETITPIERRE, Doctor of Laws, Barrister, Professor at the Law Faculty of the University of Geneva (1987)
- Mr. PAOLO BERNASCONI, Barrister, LL. L., lecturer in economic criminal law at the Universities of St. Gallen and Zurich, former Public Prosecutor at Lugano, member of the Swiss *Pro Juventute* Foundation (1987)
- Mrs. LISELOTTE KRAUS-GURNEY, Doctor of Laws of the University of Zurich (1988)
- Mrs. SUSY BRUSCHWEILER, nurse, Director of the Swiss Red Cross College of Nursing in Aarau (1988)
- Mr. JACQUES FORSTER, Doctor of Economics, Professor at the Graduate Institute of Development Studies in Geneva (1988)
- Mr. JACQUES MOREILLON, Bachelor of Laws, Doctor of Political Science, Secretary General of the World Organization of the Scout Movement, former Director General at the ICRC (1988)
- Mr. MAX DAETWYLER, graduate in Economics and Social Sciences of the University of Geneva, Scholar in Residence of the International Management Institute (IMI) of Geneva (1989)
- Mr. RODOLPHE DE HALLER, M. D., lecturer at the Faculty of Medicine of the University of Geneva, President of the Swiss Association Against Tuberculosis and Lung Diseases (1991)
- Mr. DANIEL THURER, LL. D., LL. M. (Cambridge), Professor at the University of Zurich (1991)
- Mrs. FRANCESCA POMETTA, Bachelor of Arts, former Swiss Ambassador (1991)
- Mr. JEAN-FRANÇOIS AUBERT, LL. D., Professor at the University of Neuchâtel, former member of the Swiss National Council and Council of States (1993)
- Mr. JOSEF FELDMANN, Ph.D., tenured professor at the University of St. Gallen, Corps Commander (Rtd.) of the Swiss army (1993)
- Mrs. LILIAN UCHTENHAGEN, Doctor of Economics of the University of Basel, former member of the Swiss National Council (1993)
- Mr. GEORGES-ANDRÉ CUENDET, Bachelor of Laws of the University of Geneva, graduate of the Institute of Political Studies of the University of Paris, M.A. from Stanford University (USA), member of the Administrative Council of Cologne, Geneva (1993)

---

## EXECUTIVE BOARD

Mr. CORNELIO SOMMARUGA, *President*

Mr. CLAUDIO CARATSCH, *permanent Vice-President*

Mr. JACQUES FORSTER, *member of the ICRC*

Mrs. ANNE PETITPIERRE, *member of the ICRC*

Mr. PETER FUCHS, *Director General*

Mr. JEAN DE COURTEN, *Director of Operations*

Mr. YVES SANDOZ, *Director for Principles, Law and Relations with the Movement*

# INTERNATIONAL REVIEW OF THE RED CROSS

## CONTENTS

JULY-AUGUST 1994  
No. 301

*Special*

*ON THE OCCASION OF THE 75TH ANNIVERSARY OF THE  
INTERNATIONAL FEDERATION OF RED CROSS  
AND RED CRESCENT SOCIETIES*

### **THE RED CROSS, THE RED CRESCENT AND VULNERABLE COMMUNITIES**

- Greater solidarity for a more humane approach to development**, by  
*Mr. Cornelio Sommaruga*, President of the International Committee  
of the Red Cross ..... 311
- 75th anniversary of the International Federation of Red Cross and  
Red Crescent Societies**, by *Mr. Mario Villarroel Lander*, President  
of the Federation ..... 315

– I –

### **The concept of vulnerability – Identifying vulnerable communities**

- Jacques Forster**: Reversing the spiral of vulnerability ..... 318
- Mary B. Anderson**: The concept of vulnerability: beyond the focus  
on vulnerable groups ..... 327
- Lena Sallin**: Vulnerability and capacity assessment in Europe ..... 333
- ..... 309

- II -  
**Humanitarian agencies and  
vulnerable groups**  
**Case studies**

<b>Tim Allen:</b> The United Nations and the homecoming of displaced populations .....	340
<b>D. A. Lopes:</b> Vulnerable communities among asylum-seekers .....	354
<b>Antoine Degrémont:</b> Communicable diseases, health systems and humanitarian aid in Africa .....	360
<b>LaMond Tullis:</b> Illicit drugs and vulnerable communities .....	368
<b>Régis De Muylder:</b> The poorest of the poor, partners for a more equitable society .....	374

- III -  
**The role of the Federation**

<b>Meneca de Mencia:</b> The challenges of human development – The future of the Red Cross in Latin America and the Caribbean .....	383
<b>Cleopas Sila Msuya:</b> The role of the Federation in communicable disease prevention and control .....	387
<b>George B. Weber:</b> Responding to global change .....	395

**MISCELLANEOUS**

Declaration by the Republic of Bulgaria .....	399
Accession to the Protocols by the Kingdom of Lesotho .....	399
Accession to the Protocols by the Dominican Republic .....	400
Declaration by the Portuguese Republic .....	400

**BOOKS AND REVIEWS**

Crimes sans châtement ( <i>Crimes without punishment – Humanitarian operations in the former Yugoslavia 1991-1993</i> ) ( <b>Michèle Mercier</b> ) .....	401
The Cannes Medical Conference (1-11 April 1919) ( <b>Roger Durand</b> et al.) .....	404

## **The Red Cross, the Red Crescent and vulnerable communities**

---

### **GREATER SOLIDARITY FOR A MORE HUMANE APPROACH TO DEVELOPMENT**

*“To unite Red Cross Societies throughout the world in a concerted effort to prevent, mitigate and alleviate the suffering caused by disease and major disasters”. This was the primary aim of the League of Red Cross Societies (now the International Federation of Red Cross and Red Crescent Societies) whose seventy-fifth anniversary we have just celebrated. The League, it will be recalled, was founded in response to the wishes of National Red Cross Society leaders and eminent representatives of the medical world — inspired by President Woodrow Wilson’s ideals — to submit to Societies programmes of action in the general interest of humanity and coordinate their efforts in dealing with the scourges of that time.*

*By promoting solidarity among National Red Cross and Red Crescent Societies, the intention was to help establish a climate conducive to peace through greater international understanding.*

*Unfortunately it took a world war and the loss of millions of human lives to instil the concept of solidarity in people’s minds, to create a universal sense of responsibility for combating all sources of suffering, and to make the Red Cross and Red Crescent Societies aware of the extent to which they were united in their dedication to people in distress.*

*Although the peoples of the world were not united, the National Societies joined together in a common cause: to combat disease and work for general well-being in every country. From 1919 onwards, there were numerous displays of international solidarity in which the National Societies, the League and the ICRC took part, particularly in the campaigns to control typhus in Central Europe, overcome the famine in Soviet Russia and assist the countless emigrants and displaced people uprooted by the cataclysmic events of the Great War of 1914-1918.*

*Red Cross solidarity gradually became a constant feature of the Federation’s activities; it found expression in the relief provided in times of natural disaster and in medical and welfare programmes, first remedial and then preventive; it came to typify the pioneering efforts of National*

*Societies in protecting mothers and children, training nurses, teaching first aid, etc.*

*In setting up the League as a kind of meeting place for the entire world, destined to unite the peoples of the earth, Henry P. Davison and his followers — who considered themselves as “citizens of the world” — also wanted to break down national barriers and to eliminate economic and social inequalities. Of course this intention was ambitious, even unrealistic, but it had a profound impact in that it prompted the Federation to promote development strategies for National Societies so as to help them set up community service programmes for an ever-increasing number of vulnerable social groups.*

*By dedicating this issue of the **Review** to “The Red Cross, the Red Crescent and vulnerable communities” the ICRC wishes to pay tribute to the Federation for the work it has accomplished and contribute to examination of vulnerability as an issue which concerns the entire Movement.*

*“Improving the situation of the most vulnerable” is the priority which the Federation has set itself for the nineties. We have pleasure in providing Federation and National Society leaders with an opportunity to describe and comment on this challenge and its implications.*

*Similarly, experts, theoreticians, practitioners and researchers — belonging not only to the Movement but also to the United Nations system, non-governmental organizations and other research institutes — kindly consented to help define more clearly in this issue the concept of vulnerability. Taking into account radical changes in society and new forms of violence, they show by means of case studies how humanitarian agencies, and the Movement in particular, can help more effectively to improve the situation of vulnerable groups. Indeed, the ultimate goal is to achieve what is now often called “humane development”, namely to ensure that full scope is provided for the development of each individual person’s talents and abilities and that his or her dignity is respected.*

\* \* \*

*The concept of vulnerability is all the more difficult to grasp since it is constantly changing along with political, economic and social changes. Vulnerability involves more than poverty; it includes dangers which have increased in recent years with the upsurge in all forms of violence, the world economic crisis and environmental degradation. The “traditional” vulnerable groups such as women, children, refugees and displaced*

*persons affected by an armed conflict or a natural disaster, or the victims of infectious diseases and famine have now been joined by new categories of vulnerable people — youngsters thrust into homelessness and drug dependence and other social outcasts marginalized by the very inadequacies of our societies.*

*Measures to address the causes of vulnerability are a natural part of development activities to bring about a higher standard of living, a greater equality of opportunity and the enjoyment of fundamental human rights.*

*In the present exceptionally unstable international context, with its serious disparity between needs and resources and its contradictory tendencies towards ever-speedier world-wide integration and yet ever-greater fragmentation, the development concepts of the years 1970 to 1980 no longer enjoy the same credence.*

*It had long been held that economic growth and technological development could bring about harmonious development, forgetting that rapid modernization, just like periods of economic stagnation, could cause poverty and other forms of social exclusion and lead to environmental degradation. There has likewise all too often been a failure — or refusal — to realize that direct assistance, in many cases uncontrolled and media-hyped, is no panacea and can even be counter-productive by creating a state of dependence that seriously undermines the recipients' dignity. Examples of this abound in refugee camps.*

*It is now recognized — and the following articles are a convincing illustration — that the condition of vulnerable groups cannot be improved unless they themselves join in efforts to do so. They must rediscover and make the most of their own capacities in order to overcome their problems, with humanitarian agencies intervening only to help them take an active part in their development. In this respect noteworthy success has been achieved in several countries by groups of refugees who themselves took the initiative of planning their return home and organizing their own social integration, with the support of non-governmental organizations and in close consultation with the local communities concerned.*

*Similarly, health programmes launched to combat infectious diseases, in Africa for example, must be geared to local conditions; foreign technical aid must promote a balanced partnership with the communities concerned and hence encourage their own active participation in setting up both therapeutic and prophylactic measures.*

*With regard to medical aid in conflict situations, the approach adopted by the ICRC is to stress the paramount role which local insti-*

*tutions and communities can play in handling such situations; it thus intervenes only to give a helping hand and not to act as a substitute for them.*

*The examples given here in the **Review**, whether of children in distress, drug victims and the poorest of the poor, show how much the family — especially the mother — and relatives, neighbours and peer groups can do to create a sense of solidarity amongst these especially vulnerable groups and help them to improve their situation. At times, it is enough simply to establish dialogue, to listen attentively to the most destitute and help them to express themselves. Albert Camus likened poverty to a fortress without a drawbridge: bridges must therefore be built so that the have-nots of society can become full citizens again and exercise their rights.*

\* \* \*

*To reduce the number of vulnerable people and remedy their plight calls for a more humane notion of development in which political and economic factors will have to be restored to their true perspective by making due allowance for the social dimension. The responsibility for doing so lies primarily with the governments and international organizations concerned.*

*The International Red Cross and Red Crescent Movement is well placed to act as a catalyst and coordinator. Its many volunteers are particularly qualified to reach out to vulnerable groups, to involve them in assessing needs and priorities and to devise and carry out plans of action. Moreover, by developing a greater sense of responsibility among others, the message of solidarity which they convey at all levels is in itself an affirmation of human dignity.*

**Cornelio Sommaruga**  
*President*  
*International Committee*  
*of the Red Cross*

## 75TH ANNIVERSARY OF THE INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES

*This year, the International Federation of Red Cross and Red Crescent Societies has celebrated an important anniversary. Seventy-five years ago, five men from five different Societies — American, British, French, Italian and Japanese — sat together to forge a union of Societies around the world, a global consortium united in its quest to serve humanity. Decades later, with a membership of 162 National Red Cross and Red Crescent Societies, a total of 124 million individual members and 250,000 employees, the Federation has marked 75 years of response to the suffering of humankind. Now some changes are in order to help us meet our humanitarian goals. Yet our mission, governed by the fundamental principle of humanity, the cornerstone of the International Red Cross and Red Crescent Movement, remains constant.*

*Changes within our Federation are necessary to respond to changes in the world and to better serve humanity. This new world includes a dramatic increase in the number of people needing help, the number, complexity and duration of disasters and the geographical extent of need. From the perpetual threat of famine on the African continent to long-term environmental catastrophes such as that in Chernobyl, the world faces a different kind of disasters today than it did following the Second World War. Disasters are more far-reaching, complex and long-lasting today than ever before. As the nature of these emergencies has changed, the need has also changed. As people face this new kind of turmoil, they look to the International Federation of Red Cross and Red Crescent Societies for assistance. We can truly say we are needed now more than ever.*

*Change brings with it both challenge and opportunity. We in the Federation have a responsibility to respond to both. Some have used new liberties they have gained in the last decade to sponsor peace and understanding, to help those less fortunate than themselves, to build solidarity, self-esteem and capacity for self-improvement. Others have used these liberties to revive ancient tensions and to promote discord for self*

gain. It is up to the members of our International Federation to foster the former and to strenuously discourage the latter.

The original intent of the Federation's founding fathers 75 years ago is still the intent of the Federation today: respect for human rights under all circumstances, and most specifically, for the vulnerable. To this end, we have drawn up a **Strategic Work Plan for the Nineties**. Its main objective is to increase the capacity of vulnerable people to cope with emergencies through development. We must analyse how disasters are different today and respond accordingly. We must increase our work with disaster preparedness and build our resources. We must focus our efforts on supporting the most vulnerable.

By the year 2000, at least 350 million people a year will be affected by disasters, according to the Federation's annual **World Disasters Report**. If trends continue, this number could reach 500 million. Many of these people belong to the world's most vulnerable groups. The Federation is working to lessen this figure through its current relief efforts and major programmes. In this 75th year, the Federation launched an Emergency Appeal to provide humanitarian aid to some 13.2 million people in 46 countries through 26 emergency operations and continues to issue some specific appeals for unforeseen disasters. The Federation appealed for funds to undertake 437 programmes in 78 countries in 1994, concentrating on disaster preparedness and development, thereby helping the long-term vulnerable to help themselves. It also launched programmes to offer immediate assistance to refugees and displaced people in the former Yugoslavia, medical and social welfare assistance programmes for the newly independent States of the former Soviet Union and rehabilitation and reconstruction efforts in war-torn Somalia.

National Societies are responding similarly to local needs. The Malawi Red Cross and other National Societies in Africa have made significant strides in the treatment of cholera and diarrhoea. National Societies in the Americas are reaching hundreds of thousands of people each year with creative health and first-aid programmes. The Colombian Red Cross saved countless lives in the recent earthquake there because it had had the foresight to institute a practical, community-endorsed disaster preparedness plan. The Nordic National Societies have taken the initiative, led by the Swedish Red Cross, to create a vulnerability and capacity assessment system. The Italian Red Cross, which marked the 130th anniversary of its foundation in June, has greatly increased its relief activities in the last two years, especially its operations in Albania and the former Yugoslavia. National Societies worldwide are working to prepare in advance for when disaster strikes.

*The key to the work of the members of the International Federation is constant reaffirmation of the dignity of all human beings. We have arranged for three consecutive World Red Cross and Red Crescent Days of the International Red Cross and Red Crescent Movement to focus on maintaining this basic human right for every person; this year's focus was on children, and in 1995 it will be on women. The work of our National Societies always keeps human dignity in mind, and many programmes are created specifically to enhance dignity.*

*For example, National Societies in the Asia and Pacific region, such as the Red Cross of Viet Nam, provide social welfare programmes for the elderly and orphans, enhancing their lives within the community. Red Crescent orthopaedic programmes in places such as Afghanistan help the disabled lead a normal life. The Somali Red Crescent is enabling the Somali people to protect themselves against illnesses through its health care centres. Blood donation is a service that has been provided by compassionate volunteers through National Societies for half a century — the act of individual people giving a vital part of themselves to save the lives of others.*

*During my travels, I have seen much suffering, but I have also seen much healing. I am an optimist; I have faith in the individual. One single person can bring calm to chaos, can bring peace to the troubled, can bring comprehension to the formerly censorious. It is a matter of faith and firm commitment, and these are the hallmarks of the Red Cross and Red Crescent.*

*Our National Societies are made up of individuals. We rely on millions of volunteers who selflessly carry out our mission of arousing that humanitarian reflex which makes it possible for the world to answer the calls of those who suffer. The Federation, working as a unified whole, has the network, the dedication and the wisdom to achieve its objectives. In our 75th Anniversary Year, I believe that we must further strengthen our resolve to carry out our mandate to prevent and alleviate suffering, thereby contributing to maintaining and promoting peace.*

*The International Red Cross and Red Crescent Movement was born to survive. Life itself is a constant challenge; in order to fulfil our mission we have to meet that challenge. Like our predecessors, we shall succeed. All of us together.*

**Dr Mario Villarroel Lander**  
*President*

*International Federation of Red Cross  
and Red Crescent Societies*

## **I. The concept of vulnerability — Identifying vulnerable communities**

---

### Reversing the spiral of vulnerability

by Jacques Forster

#### **Introduction**

What can be done to counter the innumerable attacks on human dignity? This vexing question is today a global issue. Over the past 75 years — ever since the founding of the League of Nations and the International Labour Organisation — it has given rise to increasing concern. Indeed, the history of our century, with its seemingly endless succession of wars and economic crises, has furnished constant reminders of its urgency. The problem is currently taking on a new dimension in many States and international organizations, and it is in this context that “improving the situation of the most vulnerable”,<sup>1</sup> the strategic aim of the International Federation of Red Cross and Red Crescent Societies, should be situated.

Periodic assessments by the major international organizations, especially the World Bank and the United Nations Development Programme, have highlighted the progress made over the past 30 years in the struggle against poverty, but that progress remains very slow. In sub-Saharan Africa, for example, the rate of infant mortality (the most reliable indication of social advance) has decreased during this period from 165 to 103 per thousand, but still remains seven times higher than in Europe. Adult literacy has increased by 70% since 1970, yet more than half the population — two-thirds of women — remain illiterate. In the Western industrialized countries and those of the former communist bloc, moreover, poverty is on the increase. Caught unawares, the public authorities

---

<sup>1</sup> International Federation of Red Cross and Red Crescent Societies, *Improving the situation of the most vulnerable — Strategic Work Plan for the Nineties*, revised by the General Assembly at its IXth Session, Birmingham, 25-28 October 1993, p.5.

are overwhelmed by the scale of the problem and often find themselves powerless to respond to new forms of economic and social exclusion.

Economic development is regarded nowadays as a means of ensuring full development “of the whole individual and of all mankind”:<sup>2</sup> National and international development strategies place the accent on “human development”. Implementation of these policies, however, remains hesitant, for vested interests, social and political short-sightedness, unfavourable economic conditions and lack of imagination still hamper the few measures that are agreed.

In this difficult context, only action based on an analysis of the deep-rooted causes of these phenomena can be effective. This article will therefore consider some of the causes of vulnerability and current trends in this regard in different political, economic and social situations.

## Vulnerability and poverty

The concept of vulnerability may be applied to individuals, social groups and even societies. It reflects a position of weakness and the upset of a precarious equilibrium, which together propel the individual or group into an ever-deepening spiral of misfortune. Vulnerability is characterized by the inability in the short term to do anything to remedy the situation.

Does vulnerability go hand in hand with poverty? A distinction needs to be made here between absolute and relative poverty.

**Absolute poverty**, according to the World Bank, is a “*situation which is so deeply marked by malnutrition, ignorance and disease as to be outside any reasonable definition of human dignity*”.<sup>3</sup> Groups in this situation are those qualified by the International Federation of Red Cross and Red Crescent Societies<sup>4</sup> as being the most vulnerable. The definition of absolute poverty varies according to the society concerned, for the poverty threshold — the income below which an individual or a household lives in absolute poverty — differs from country to country, depending

---

<sup>2</sup> François Perroux, *L'économie du XX<sup>e</sup> siècle*, PUF, Paris, 1964, p. 370.

<sup>3</sup> World Bank, *Report on World Development, 1980*, World Bank, Washington 1980, p. 38.

<sup>4</sup> For the Federation, the most vulnerable are “*those at great risk from situations that threaten their survival or their capacity to live with a minimum of social and economic security and human dignity*”. *Op. cit.*, note 1 above, p.7.

on cultural values, average levels of consumption and climatic conditions. The poverty threshold for each country can be calculated. At the beginning of the 1990s, these thresholds ranged from \$275 per inhabitant in the low-income countries to more than \$3,500 in middle-income countries.<sup>5</sup>

**Relative poverty** refers to the distribution of income and wealth within a society and is measured by the percentage of total income received by the poorest quintile (or two quintiles) of the population. In theory, unequal distribution of income does not necessarily result in absolute poverty, any more than equitable distribution guarantees the elimination of absolute poverty. The relationship between absolute and relative poverty depends on average income in the country; the lower the average income, the more nearly relative poverty corresponds to absolute poverty. In general, the distribution of revenue tends to be more unequal in lower-income countries than in those with higher incomes.

The impoverished sector of a country's population remains very vulnerable, even though it may have the bare means to survive. The poor are at the mercy of the hazards of family life (illness, accidents, death of a breadwinner, loss of employment). Only "safety nets" such as those provided by social security and group or family solidarity can prevent their being drawn into the spiral of cumulative adversity. The relationship between relative poverty and vulnerability therefore depends not only on average income but also on the nature of the social fabric.

The concept of vulnerability is not limited to the non-satisfaction of material needs. It also includes discriminatory conduct which offends the dignity of individuals or social groups. Such conduct is not necessarily due to a malfunctioning of democratic institutions; it may also emanate from the accepted scale of values. People infected by the HIV virus in wealthy societies are a case in point. The sphere of social vulnerability therefore extends beyond that of poverty.

### **The causes of vulnerability: a systemic approach**

In every society, vulnerable groups can be identified according to their personal characteristics: age, sex, family situation, home, employment, level of education and training. Sometimes membership of a social group,

---

<sup>5</sup> World Bank, *World Development Report 1990*, World Bank, Washington, 1990, p. 32.

ethnic group or caste is an additional factor. Analysis of these various factors makes it possible to identify the “groups at risk” and to form a reasonably accurate idea of the phenomenon.

Any enquiry into the causes of vulnerability must take its economic, social and political determinants into account. At the **economic** level, the guarantee of a regular income ensuring the satisfaction of primary needs depends basically on access to the factors of production, i.e. land, capital and employment. At the **social** level it is a question of evaluating the accessibility of the various health, educational and training services. Health, in this context, implies preventive measures, access to curative services and the enjoyment of a healthy environment (clean water, proper waste disposal). The **political** determinant concerns participation in government, not only in the exercise of civil rights but also in local systems of decision-making which affect the economic and social factors of vulnerability.

These three determinants are closely connected and have cumulative effects. Access to education, for example, increases the chance of finding a job and enjoying a regular income. It is also the only way of knowing one’s rights and of participating in political life, in order to improve the availability of education and health services. In many countries, lack of access to land remains one of the major causes of poverty and vulnerability in rural areas, and is also a major cause of social and political tension. Only political decisions can remedy this situation. Finally, access to credit is an essential element in improving the economic security of the most vulnerable, but this can be extended only if the latter are in a position to negotiate with those in charge of the banking system. This in turn presupposes that the groups concerned are adequately informed and capable of making their voices heard.

In the last two decades the **natural environment** has become an additional factor affecting vulnerability alongside the various social factors, for it is evident that the rural population of low-income countries is under increasing threat from the effects of soil destruction (erosion or salinization). This phenomenon is the result of mismanagement of arable land and of deforestation. The process is cumulative because the impoverished population is unable to take the measures necessary to reverse degradation of the environment. It uses wood from the forests for cooking because it lacks the purchasing power to obtain other sources of energy, such as gas and kerosene. The over-exploitation of forests causes erosion and degradation of the soil and natural resources, and the population sinks deeper into poverty.

Vulnerable groups thus include the poorest rural populations who live in areas with limited agricultural potential and are threatened by a deteriorating environment. Some 370 million people (i.e. 57% of the poorest rural inhabitants of developing countries) belong to this group.<sup>6</sup>

Measures designed to remedy the fundamental causes of vulnerability must simultaneously address all its various dimensions. This involves attacking the vicious circle of poverty in order, as it were, to turn it back upon itself. Among the many preconditions for such action, the three most important are:

- firm political will and wide consensus among the most influential circles in society;
- the ability to analyse the situation and to formulate and implement a strategy which will affect almost every sector of society;
- adequate resources to ensure that the whole population has access to basic services.

These conditions are rarely met. Experience in numerous poor countries has shown that the most vulnerable groups in the population benefit less from economic prosperity than others; but they also pay a disproportionate price during periods of recession and crisis.

## **Towards a “two-speed” world society?**

This inequitable apportionment of the cost of economic crisis is now apparent in various parts of the world.

For the past fifteen years, a number of **developing countries** — and especially the poorest — have been in deep economic crisis, which has prompted austerity policies and structural adjustments. The measures taken, however, have often failed to prevent the impoverishment of certain social categories and have worsened the situation of the very poorest; particularly threatened are those barely able to survive. Frequently, the State has neither the political will nor the means to provide adequate social safety nets. The result is an erosion of living standards whose long-term effects are proving to be very disturbing. For example:

---

<sup>6</sup> These data come from a study conducted in 1989 by the Overseas Development Council, Washington, cited by UNICEF in: *The state of the world's children, 1994*, UNICEF, New York, p.33.

- When there are cuts in basic social services for the most needy because of a reduction in public expenditure, the education and health sectors are particularly hard hit. In sub-Saharan Africa, the rate of primary schooling stagnated or even declined during the 1980s.
- During the 1980s nutritional standards among children in certain Latin American and many sub-Saharan countries worsened.

This deterioration in the economies of the poorest countries is very worrying because it is children — the most vulnerable members of society — who are the most severely affected. What hope is there for the long-term development of a country whose youth has been denied health care and education?

The social cost of structural adjustments has received increasing attention since the 1980s. UNICEF, in particular, has made great efforts to promote “adjustment with a human face”,<sup>7</sup> for austerity in a context of poverty entails a relentless decline in the living conditions of the most destitute. More generally, in many countries it creates a polarized society. On the one hand there is a minority (some 20 — 25% of the population) who tend to reap the benefits of a level of production and consumption comparable with that of the industrialized countries. On the other hand there is a majority (those living in the rural areas and urban peripheries) who struggle to survive on uncertain income from agriculture and the “parallel” sector. This majority lives from hand to mouth, at the mercy of the slightest misfortune that can topple it into total penury. Women, children and old people are particularly fragile and at risk from exclusion from society. In such difficult living conditions, drugs, prostitution and delinquency may become the only means of survival.

Social vulnerability is linked with the international vulnerability affecting poor nations which occupy a marginal slot in the world economy. For several decades now, such marginalization of the so-called “less advanced” countries has become apparent. Their limited range of export products becomes ever more difficult to sell on the world markets.

The countries of **Eastern Europe and the former USSR** are also going through a painful political, economic and social transition period; the cost of change is proving greater and more enduring than was anticipated at the time of the collapse of communism. A recent report on the

---

<sup>7</sup> UNICEF, *Adjustment with a human face*, published under the direction of G. A. Cornia, R. Jolly, F. Stewart, Economica, Paris, 1987, 372 pp.

social situation in these countries<sup>8</sup> shows that the proportion of the population living below the poverty line, as defined for each country, increased considerably between 1989 and 1992.<sup>9</sup> This is attributable as much to the decline in economic activity as to the growing inequality in the distribution of income. The social groups hardest hit are those which were already below the poverty threshold under the former regime. For the most part they comprise old people, large families, single-parent families, the handicapped, and minority and marginal groups. In addition, there are now the “new poor”, mainly young people looking for their first jobs, the unemployed with no benefits and a growing number of migrants and refugees.<sup>10</sup>

In certain of these countries another new factor has emerged, that is, the sharp rise in male mortality between the ages of 20 and 39 years. Between 1989 and 1993, mortality in this group rose by 32% in Russia and 11% in Hungary. The first analyses of this new trend reveal an increase in suicide and violent death. This is attributable in particular to the “growing institutional and administrative vacuum, lack of social monitoring and erosion of the regulatory role of the State”.<sup>11</sup> Thus, in Russia from January to June 1993 the number of murders increased 1.6 times and deaths due to alcoholic poisoning 2.4 times as compared with the same period in 1992. This development is related to the economic situation and underemployment. Young adults and adolescents (both boys and girls) are proving especially vulnerable to poverty, alcoholism and delinquency. Added to the economic problems are those of a society which is adrift and which has rejected its former values without adopting new ones.

In the **high-income industrialized countries** the situation is different. In general there is less poverty, but national statistics can conceal disparities. It is estimated,<sup>12</sup> for example, that some 100 million people are living below the poverty line — a situation largely due to unemployment. The

---

<sup>8</sup> UNICEF, *Central and Eastern Europe in Transition, Public Policy and Social Conditions, Regional Monitoring Report No. 1*, November 1993, UNICEF, International Child Development Centre, Florence, 89 pp.

<sup>9</sup> These trends are confirmed by some studies conducted by the European Economic Commission (see Jean-Michel Collette, “*Perspectives économiques en Europe centrale et orientale*” (economic prospects in Central and Eastern Europe), in *Futuribles*, No. 183, December 1993, pp. 27 — 42.

<sup>10</sup> UNICEF (1993), *op.cit.*, p.11.

<sup>11</sup> UNICEF (1993), *op.cit.*, p.25.

<sup>12</sup> UNDP, *Human Development Report 1993*, Economica, Paris, 1993, p.13.

number of unemployed now stands at 30 million. In certain countries, such as France and Germany, fewer people were employed in 1987 than in 1960, despite a doubling of the gross domestic product. Long-term unemployment is increasing and has reached a level unknown since the end of World War II. A quarter of the unemployed have been jobless for more than two years. In many countries, social security has not been adjusted to cope with this new phenomenon. The unemployed who no longer receive benefits are especially vulnerable, sometimes slipping through the net of social security and becoming caught up in the vicious circle of poverty. Loss of employment and subsequently loss of regular income push them out onto the fringes of society, where they can end up homeless and become social outcasts.

During recent years, the social order in the industrialized countries has undergone profound changes. Family structures are changing. Single-parent families are becoming more and more numerous. The combination of poverty and the breakdown of the family is a factor conducive to vulnerability, especially if the single parent is a woman. Women are paid less than men and are more severely affected by unemployment. In many industrialized countries, the new poor are often women bringing up children on their own, widows and elderly women.

The phenomena of social exclusion are not exclusively related to poverty. Drug abuse and the suicide rate are indicators of human misery which high national incomes do not alleviate. Loneliness wreaks havoc in rich societies.

## **Conclusion**

Every type of society has its own forms of vulnerability, but it is difficult to compare them. There is a common feature, however, and that is the relatively marked evolution towards “two-speed” societies — societies in which some social groups become marginalized because they have a share neither in wealth nor in power. In the high-income industrialized countries, minority groups affected by the economic crisis tend to increase in number and become more impoverished as the recession deepens. In poor countries, most of the population live in a state of exclusion, and this division in society further foments ethnic and religious tensions.

This is a disquieting development, for it carries within it the seeds of conflict, violence and social unrest. There is, however, no cause for

despair: vulnerability is not inevitable. It arises from the economic, political and socio-cultural structures of a given society and the way in which they evolve. The cumulative process leading to destitution can be reversed if the will is there. The long struggle to secure respect for the pariahs of the caste system in India is a prime example of this determination to bring about change.

Experience in many countries has shown that the best antidote to vulnerability lies in social recognition, for this facilitates dialogue with the holders of economic and political power. Vulnerable groups are their own best advocates and must therefore be able to set up their own institutions to express and achieve their aspirations. This requires financial resources and skills which are not always available, so a catalyst often proves necessary.

It is for the non-governmental organizations to assume this role. They must complement or propose adjustments to the measures taken by public authorities, which are finding it difficult to achieve a lasting improvement in the condition of the most deprived. In many countries and in the most varied cultural contexts, these organizations are demonstrating their capacity for action. If the spiral of vulnerability is to be reversed, this potential of generosity, courage and skill must be developed.

**Jacques Forster**, an economist, is a professor at the Graduate Institute of Development Studies (GIDS) in Geneva. He was the Institute's director from 1980 to 1992. His areas of teaching and research are development economics, North-South relations (especially in the area of cooperation and development), and relations between Switzerland and the developing countries. Mr Forster is editor-in-chief of the *Annuaire Suisse-Tiers monde*, published by the GIDS. He has been a member of the ICRC since 1988.

# The concept of vulnerability: beyond the focus on vulnerable groups

by **Mary B. Anderson**

The recent explicit focus on “vulnerable groups” by international assistance agencies — particularly those that respond to emergency situations around the world — reflects two important concerns. First, aid providers want to be able to identify potential victims of disasters in order to anticipate and mitigate such events, and second, they use the identification of vulnerable groups as a way of targeting assistance, which is always restricted by limited resources, towards those groups who most need it. However, vulnerability should be understood as a far more powerful concept in the design and implementation of aid operations than simply as a criterion for targeting aid. In fact, problems arise when the notion of vulnerability is used only or primarily to identify groups who should receive assistance.

Below, I shall discuss the problems that can arise when vulnerability is seen only as a criterion for selecting beneficiary groups, and suggest an understanding of vulnerability which is more complex but more useful for programming purposes, and which should be adopted by donor agencies in their assistance efforts.

## **Vulnerable groups as target beneficiaries**

An understanding of vulnerability as useful only for identifying groups with which to work can limit or distort programme effectiveness. There are four ways in which this may occur.

## 1. Invisibility of capacities

The first and most important danger that may arise from too limited an understanding of vulnerability is the danger that, while recognizing the vulnerability of a particular group, providers of assistance may fail to recognize and support the capacities of the people in that group. “Vulnerability” is too often seen as “weakness”, and people who are vulnerable are assumed to be unable to provide for or protect themselves. They become targets of our programming because “they need our help”.

But all people, even vulnerable people, have capacities. These may be skills, ideas, possessions, or attitudes held by individuals. Or they may be, for example, systems of government, of sharing or allocating goods, or of protecting weaker members, which are capacities of communities.<sup>1</sup> People may live in a hazardous location, but if they have capacities to protect themselves (through escape systems, preventive construction technologies, insurance policies, etc.), then these capacities enable them to reduce, or even eliminate, their vulnerability.

When assistance is provided to people to “meet their needs” without regard to their existing capacities, very often the capacities that they possess are undermined and weakened by the overpowering presence of the aid giver. When this occurs, vulnerabilities are often increased rather than reduced by aid. An adequate notion of vulnerability, then, must also take account of people's capacities. For programming purposes, recognition of the capacities of vulnerable people with whom we work provides the basis for figuring out how to work — that is, how to provide assistance that best supports, rather than undermines, these capacities.

## 2. “Automatic” vulnerability

As the idea of identifying vulnerable groups has gained momentum, there has been a tendency to regard certain groups as vulnerable in all situations without adequate analysis of the reality of the circumstances that may or may not result in vulnerability in any particular situation.

For example, women are often labelled as “vulnerable”. But are they always? The answer, obviously, is “no”. When women are marginalized, excluded from meaningful economic and political participation, impoverished and unprotected (either by community structures or by family

---

<sup>1</sup> Anderson, Mary B., and Woodrow Peter J., *Rising from the Ashes: Development Strategies in Times of Disaster*, Westview Press, Boulder and San Francisco, UNESCO, Paris, 1989, 338 p.

members), then they are indeed vulnerable. Often, however, women are significant or even primary bread-winners for their families, they control and use resources to meet family needs, and they plan, organize and arrange matters to ensure family survival. In these circumstances, while some catastrophe may disrupt or threaten their capacities, it will probably not make women any more vulnerable than other family members.

On the other hand, in situations of war, able-bodied men may be more vulnerable than women, although aid agencies seldom identify this group as vulnerable. For example, if they become fighters, men are clearly vulnerable to death and injury; or, if they do not want to join the fighting forces, they may face conscription or be forced to flee to avoid it.

Who is actually vulnerable, then, depends very much on the particular circumstances of each context, and a group that is vulnerable in one context may not be vulnerable somewhere else. For programming purposes, identifying the causes of vulnerability is more important than simply identifying who is vulnerable. Programmes should always address these causes even as they serve the people who suffer from them.

### **3. Working with the “wrong” people**

Even when aid donors identify vulnerable groups accurately and acknowledge the capacities of these groups, if they focus all their programme attention on the people in the vulnerable group they may not be doing the best job of reducing this group's vulnerabilities. Sometimes the causes of vulnerability lie outside the community which is vulnerable. Control of a river upstream may make the people who live downstream vulnerable to floods or to water shortages. Bribes to building inspectors may mean that earthquake-resistant technologies are not incorporated into housing construction even though a community believes it is protected by housing codes.

For programming purposes, again, it is as important to analyse whose actions cause or reinforce vulnerability as it is to identify who is vulnerable as a result of those actions.

### **4. Once vulnerable, always vulnerable**

Finally, agencies which focus on working with vulnerable groups have too often understood vulnerability as a static concept. Once they have made the effort to identify who is vulnerable in a given situation, they accept this group as the “target” beneficiary group of their programming and continue to work with them without regular reassessment. However,

if programming is effective, vulnerability should be reduced through programme efforts. An agency that is committed to working with the “most vulnerable” would then be forced to identify another group for its primary attention.

Whether it is better to continue to work with a community in long-term partnership or to shift the focus of assistance to successive groups as some communities are helped out of vulnerability and others assume priority depends on a number of factors. Good programming decisions must, however, incorporate an understanding of the dynamics of vulnerability as well as an identification of who is vulnerable.

Having discussed these four problems that can arise when the concept of vulnerability is relied on only for identifying programme beneficiaries, let us now explore the importance of the vulnerability concept, as it forms the basis for both the design and the implementation of assistance programmes.

## **Understanding vulnerability more fully**

There are three important factors to consider in a fuller understanding of vulnerability as the basis for programming.

First, vulnerability does not come, somehow, from “outside”. While hazards may arise from nature and be, in that sense, outside human control, vulnerability to the impact of those hazards results from human decisions about where to live (and, thus, whether or not to be exposed to natural hazards) and how to live (depleting the earth’s resources, contaminating nature with the effluents of production and consumption or replanting forests, conserving soil, etc.). Thus vulnerability arises from the interaction of social, political, economic and psychological systems with hazards.

Because human decisions and choices are involved in increasing vulnerability, human decisions and choices can also reduce (even eliminate?) vulnerability. It is in our (human) power to ensure that no group needs to be identified as vulnerable any longer.

Second, although human activities affect vulnerability, it is not always those who cause vulnerability who also suffer from it. That is, actions by people in one part of the world may increase the vulnerability of others in some distant place. Many of the hazards of the late twentieth century are the result of the types of economic production system that have been adopted. Chemical wastes that pollute air, water and soil result in environ-

mental degradation that has no borders. Depletion of the ozone layer, for example, is the result of many actions undertaken by a number of different societies to improve their immediate economic welfare. The result is increased vulnerability worldwide, with an impact on people who neither gained from the production techniques nor had any choice in what was done.

Third, although human societies have made great progress in understanding nature and in controlling many of its negative effects, vulnerability has been constantly rising. The number of disasters has increased, the number of people affected and the value of property destroyed have risen.<sup>2</sup> Added to the disasters that are prompted by natural phenomena and environmental factors are the social/political disasters of the many and widespread wars and civil conflicts we see in today's world. Without some major changes in the ways that human societies operate, the trend of rising vulnerability will continue unabated.

Taking these three points together, it becomes clear that the concept of vulnerability is the starting point — and an important guide — for programming. As we identify certain groups as vulnerable and needing assistance, we must also identify the sources of their vulnerability. Why are these people in this context vulnerable? What decisions and choices have been made — and by whom — that have created the circumstances that put them at risk? To ask, and answer, such questions is the starting point for effective programme design. Such analysis clarifies what needs to be done, and who must be involved in doing it, to reduce the causes of vulnerability.

In addition, as noted above, identification of the roots of vulnerability is important for the people who are themselves vulnerable, as they develop and improve their own capacities for counteracting their vulnerability. Assistance agencies working with vulnerable groups, therefore, should assist these groups in defining the sources of their vulnerability and in developing their own capacities for overcoming it. As also noted above, recognition of the importance of this approach to vulnerability reduction constitutes the “how” of development assistance. Agencies concerned with vulnerability must work with vulnerable groups, emphasizing these groups' own capacity to change their vulnerable conditions.

---

<sup>2</sup> *World Disaster Report*, International Federation of Red Cross and Red Crescent Societies, Geneva, 1993, p. 33ff.

When an assistance agency defines its mission, as more and more are now doing, in terms of working with vulnerable peoples, it should also be clear that working with vulnerable groups involves identification of the causes of vulnerability, an analysis of who is involved and how, and an approach to work that enables the most vulnerable to realize their own capacities for changing their lives.

**Dr. Mary B. Anderson** is the President of the Collaborative for Development Action, based in Cambridge, Massachusetts. An economist, Dr. Anderson has worked in the fields of gender analysis, the relationship of disaster response to sustainable development, and increasing access to primary education. She is currently engaged in a broad exploration of the ways in which international assistance often fuels civil conflict and seeking to learn lessons about how such assistance can, instead, help people achieve the conditions for peace and reconciliation.

# Vulnerability and capacity assessment in Europe

by Lena Sallin

## Background

The Swedish Red Cross initiative to organize a workshop to exchange experience on vulnerability and capacity assessment in Europe and discuss the feasibility of conducting the assessment in a consistent manner was sparked by the report of the *Working Group on the Implementation of the Strategic Work Plan for Europe* (formed at the Fourth European Regional Conference in The Hague, in May 1992), which recommends that the European National Societies *proceed with identifying vulnerable groups in their respective countries and initiate a discussion on future cooperation on vulnerability and capacity assessment.*

The workshop, which was held at Gripsholm, the Swedish Red Cross Folk College in Mariefred, on 20-21 April 1994, was attended by 32 participants representing 16 European National Red Cross Societies (Albania, Belgium, Canada, Croatia, Denmark, Finland, France, Germany, Great Britain, Iceland, Lithuania, the Netherlands, Norway, Portugal, Sweden and Ukraine), the Canadian Red Cross and the Federation.

## Introduction

The Strategic Work Plan is to be implemented at a time when Western Europe is facing increasing poverty and social exclusion and Eastern Europe is battling with collapsing economies, war and internal conflict.

The increase of vulnerable communities in Europe has placed new demands on the European National Societies and raised the question whether today's Red Cross activities are geared towards the right groups.

Who *are* the most vulnerable? How should this group be identified? What methods should be used? Is it desirable, or, indeed, possible, to conduct the vulnerability and capacity assessment in Europe in a consistent manner?

If so, what would the obligatory components be? If not, what are the most important areas for future cooperation on vulnerability studies? Is there a need for future cooperation or not? In what way? What is the role of the Federation in this process? What support should the National Societies provide?

What is the role of the national versus the local level? Who is responsible for vulnerability and capacity assessment, activity planning and implementation? Is the national level to decide what groups are to be targeted? What is the role of the local level? How should vulnerable groups be involved in the process? Finally, what is the need in terms of support and training and how is the process to be evaluated?

## **Proceedings of the workshop**

By first focusing on the experience of the various National Societies in implementing the Strategic Work Plan and opening a general discussion on vulnerability and capacity assessment, the workshop identified the following issues for further discussion:

- dissemination of the Strategic Work Plan;
- role of a national study/national framework;
- organizational change;
- a “tool-box” of methods for the local level;
- capacity for needs assessment at the local level;
- capacity to work *with* the vulnerable;
- relations with other local organizations;
- evaluation.

The findings and discussions are summarized below.

## 1. Dissemination of the Strategic Work Plan

All National Societies present were at some level of dissemination and/or implementation of the Strategic Work Plan — some were already encouraging needs assessment at the local level, while others were still discussing strategy at the national level. None felt that they had come very far.

It was generally agreed that working on behalf of the vulnerable requires much more emphasis on *advocacy* and that the Red Cross should join the political debate in order to influence humanitarian issues. This triggered a discussion of the principle of neutrality and its impact on activities at the local level where, it was felt, neutrality is sometimes used as an excuse not to engage in new activities. It was emphasized that neutrality does not mean that the Red Cross is excluded from influencing political issues, but that the Red Cross should not be linked to any political party, ideology or movement.

## 2. Role of a national study

### *Social Pulse*, the Norwegian national study

The Norwegian Red Cross (NRC) is, to date, the only National Society in Europe which has carried out a comprehensive national study.

The purpose of the study was to make sure that NRC is targeting the right groups, to create a solid base for influencing the authorities to do something about social conditions, to show that Red Cross activities in Norway are up to date and that NRC is committed to bringing about a change.

NRC commissioned a well-known research institute, FAFO, to do the study, and an NRC working group followed the researchers closely through the year-long process. Data was collected through questionnaires sent to a representative sample of 1,000 individuals and Red Cross people in key local positions; interviews with local council decision-makers in health and social work; and by linking and matching the findings with official national data.

The study, *Social Pulse*, was released at the October 1993 NRC National Assembly, to which several political parties in Norway were invited and challenged as to what they were going to do about the changing social reality revealed by the study. This started a media debate which highlighted the findings of *Social Pulse*, Norwegian Red Cross activities and FAFO.

Local branches in Norway subsequently engaged in thorough discussions and some local pilot projects are now under way.

The workshop agreed that the *role of a national study* is to create awareness of vulnerable groups in society; suggest priorities for the National Societies and be a tool for advocacy; start the process of vulnerability and capacity assessment at the local level, generate ideas for pilot projects in vulnerability and capacity assessment; and provide a basis for “tool-box” guidelines. The national study should lead to a clear national statement of objectives, a framework which in turn should yield local assessment.

The significance of using a well-known research institute for the national study was debated, but since the capacity to fund such a study differs widely between National Societies, low-cost alternatives to engaging a research institute were proposed.

Questionnaires, perhaps prepared in cooperation with national academic circles on a voluntary basis, could for example be distributed to and processed by local Red Cross units. Returned questionnaires could then be compared with national statistics, and the result analysed. To guarantee attention from the public and the media, the analysis could be carried out in cooperation with a national “high profile personality”. The analysis could be complemented with case studies for subsequent distribution to local units and media.

It was stressed over and over again that the role of the national level is to *raise awareness* of the intentions in the Strategic Work Plan and the national framework, *provide encouragement, motivation and support* for professionals and volunteers at the local level, and *leave the local units to do their own vulnerability and capacity assessments within the national framework*.

This requires skilful dissemination of the objectives of the national study, and strong support for local-level activities.

### **3. Organizational change**

The Red Cross should meet changes in society, such as increasing poverty, social exclusion, xenophobia and violence, by adopting new methods and devising new ways of organizing activities. Adaptation to the new realities is necessary not only to meet the new demands, but also to stimulate awareness and attract new volunteers.

There were marked differences between the National Societies of Eastern and Western Europe. While the Eastern European Societies felt that today's massive external pressure (war, internal conflict, economic decline) guarantees that organizational change takes place, the Western European Societies felt that, in the West, new ideas do not come automatically but have to be induced.

#### **4. A “tool-box” of methods for the local level**

Common questions from active Red Cross workers are: “How do we initiate a discussion on vulnerability and capacity assessment? How do we go about it? What is appropriate for the Red Cross?”. This underscores the need for guidelines.

The workshop concluded, however, that a common methodology for assessment of vulnerability and capacity is hardly feasible, even in Europe. Rather, there is a need for a “tool-box”, a *collection* of methods and case-studies, “tools” to pick and choose from, adapt and improve until they fit local conditions.

There should be a “tool-box” for each country, and the contents could be shared between National Societies with the assistance of the Federation. These “tool-boxes” should have a common approach spelt out in a national framework to facilitate comparison.

#### **5. Capacity for needs assessment at the local level**

The importance of a framework for needs assessment set by the national level was again stressed. Effective activities at the local level were considered possible only if a consensus — including all levels of the National Society — on the national framework was reached. The ideas in the national framework must have credibility among facilitators and volunteers.

Training is a necessary precondition, and the goal should be to create awareness and motivation for change and development. The process needs to be facilitated by the national/regional level, integrating volunteers, who often have more credibility at the local level than paid staff.

In the process of assessment the following should be taken into account: existing Red Cross national activities and planning; existing Red Cross local services planning and procedures; activities of other NGOs and local authorities; and a realistic view of the capacities and methods of the Red Cross.

The consensus was that local capacity for assessment exists but depends on many local factors. There is a need, however, to motivate local units to use their resources. Organizational conservatism could be alleviated by the perspective of gaining new volunteers for and from new activities.

#### **6. Capacity to work *with* vulnerable groups**

To work with vulnerable groups and individuals was regarded as a major challenge to the organizations and methods of the Movement today.

The negative attitudes to change which are held by many volunteers, members and staff should not be underestimated. To work *with* the vulnerable, there is a need for the “right” people at the local level as well as at other levels.

The local level needs support, training and methods to do its own assessment and to be prepared to engage not only in “clean” social work, for instance with the elderly, but also in “dirty” social work, such as with AIDS victims, the homeless, street children and drug addicts.

## **7. Relations with other local organizations**

Cooperating with other organizations would give the Red Cross access to more information and more human and economic resources and is a precondition for good work *with* vulnerable groups instead of *for* them.

That the Red Cross is active in many different areas is a strength. The principle of neutrality allows the Red Cross to take the initiative in bringing different organizations together. Unfortunately, there are also examples where local branches have avoided cooperation by invoking the principle of neutrality.

## **8. Evaluation**

It was stressed that a cycle of assessment, evaluation and adjustment must be a regular and permanent feature of the process of vulnerability and capacity assessment in order to keep in touch with new developments, adapt to changes and avoid developing unnecessary long-term services.

The evaluations should answer the question whether the method meets the needs of the beneficiaries and is implemented in accordance with the Fundamental Principles.

## **Follow up**

1. A *follow-up workshop* should be held in 12-18 months, and case studies with practical examples should be provided. The meeting should be for both Eastern and Western Europe and held in Eastern Europe.

2. The various national departments should strengthen *cooperation* on the issue of vulnerability and capacity assessment.

3. Some kind of a *network* for an exchange of information between the National Societies should be created. All National Societies should contribute ideas and case studies to the Federation Secretariat. Once a

month these could either be summarized and collected into a newsletter or copied and distributed.

This type of network requires a focal point in each National Society and a firm commitment by the Federation to keep the Societies informed and to summarize and distribute documentation.

**Lena Sallin** is a Swedish freelance writer with extensive Red Cross experience. After working for the Swedish Red Cross for three years in the 1980s, she has covered national and international Red Cross issues for various newspapers and magazines. Ms. Sallin has also worked for the Federation as a Regional Information Delegate in the Caucasus and is currently the Federation's Information Delegate in Ngara/Tanzania.

## **II. Humanitarian agencies and vulnerable groups - Case studies -**

---

### The United Nations and the homecoming of displaced populations

by Tim Allen

According to UNHCR figures, in 1970 there were 2.5 million refugees in the world. In 1980, the figure was 11 million. By the early 1990s, the alarming spread of civil wars was prompting an average of 10,000 people a day to flee across an international border. In 1993, the estimated number of refugees had risen to 18.2 million. In addition there were at least 24 million people who been forcibly displaced within their own countries (UNHCR, 1993:1). \*In 1994, the situation has deteriorated further, particularly in Africa. In the past few weeks, well over a million refugees have fled the fighting in Rwanda.

In the short to medium term the international response to these mass population movements has been an attempt to provide some basic necessities and to create situations in which the migrants can provide for their own subsistence. In the long run, it is generally assumed that matters will be resolved when people go home. To this end, representatives of the United Nations High Commissioner for Refugees (UNHCR) have highlighted the need to create conditions favourable for mass return movements (UNHCR, 1981; 1985; 1990; Hocke, 1986). At the 1991 Executive Committee Meeting, the High Commissioner again drew attention to this issue. She saw 1992 as the first year of a decade for voluntary repatriation, and stated that it was a basic aim of the organization to pursue every opportunity to facilitate it. During the early 1990s, returnee flows have certainly been considerable. They may have received less publicity than refugee flows, but in 1992 alone about 2.4 million refugees went home, many of them with the active encouragement of UNHCR. In addition,

---

\* References in brackets are to the bibliography at the end of the article.

internally displaced populations in certain countries have also been persuaded to return home, as the international community has appeared to offer a measure of security by means of military intervention.

This enthusiasm for repatriation and for protection of people within their own borders is commonly expressed as if it were uncontroversial. It is made to appear as if it builds directly on long-standing agreements and precedents. It is therefore rather surprising to discover that this is in fact not the case, and that very little information has been available about what has happened to those refugees who have returned home in the past. In a book-length report written by Gervase Coles for a Round Table meeting sponsored by UNHCR in July 1985, it was noted that "although voluntary repatriation has been proclaimed as, in principle, the most desirable solution to a refugee situation, it has so far not been examined in any depth by experts or scholars" (Coles, 1985). Two years later, the point was reinforced in a comprehensive survey of the literature on voluntary repatriation between developing countries, undertaken by Jeff Crisp at the behest of the United Nations Research Institute for Social Development (UNRISD) (Crisp, 1987a). Although Crisp unearthed a few good reports and articles, he discovered that many large-scale repatriations had hardly been examined at all, and few authors had made any serious attempt to investigate the experience of the returnees themselves.

No doubt one reason why the literature was so thin and limited in scope has to do with the difficulties involved in studying returnees. Many refugees are distinct groups in that they can claim a legally recognized status, are often surrounded by an alien population, and may be geographically concentrated. In some parts of the world, their lives are regulated on a day-to-day basis by government officials and aid agencies. In contrast, once they have crossed the border into their homeland, returnees are usually dispersed populations and in practice have tended to be left to their own devices. Moreover, the socio-economic ramifications of repatriation cannot be assessed adequately from a short-term perspective. Establishing farms, forming communities, creating local markets, becoming integrated into national politics and rebuilding infrastructures take time. A further problem is that many mass return movements occur in highly unstable situations, sometimes in a context of full-scale war. Independent research in these circumstances is likely to be dangerous or impossible.

However, there have also been other factors at work. Although the initial UN resolutions appertaining to refugees explicitly mentioned voluntary repatriation as a first solution, discussion about it at international meetings was bound up with the far-reaching political implications of the creation of the State of Israel and of the Cold War. UNHCR tended to avoid confrontations by disavowing direct responsibility for seeking or

implementing solutions to refugee movements. With the important exception of the repatriation of some 200,000 refugees to Algeria in 1962, approaches to refugee problems during the 1950s and 1960s generally emphasized integration into other countries.

Discussion of the topic remained difficult in the 1970s. Nevertheless, several wars ended, at least temporarily, and further mass returns occurred, for example to Nigeria in 1970-1971, to Bangladesh between 1971 and 1972, to Sudan after 1972, to Angola, Mozambique and Guinea-Bissau between 1975 and 1977, to Zaire in 1978, to Cambodia in 1979, and to Zimbabwe in 1980. As a consequence, voluntary repatriation was finally forced onto the agenda at international gatherings, and in the course of the decade the United Nations General Assembly identified return as the solution to refugee problems in certain circumstances, notably where the principle of self-determination was involved. At the same time, the global refugee problem was becoming worse, and by the early 1980s donor countries were expressing concern about the increasing levels of funding required for emergency relief. The major refugee crises in Indo-China, Pakistan and north-eastern Africa led to an enormous growth in the UNHCR budget, and the organization came under pressure to reduce its overall requirements. This, in turn, prompted interest in the possibilities of actually promoting voluntary repatriation, and led to a different kind of controversy over the issue.

In several situations UNHCR's interest in repatriation during the 1980s coincided with an antagonistic attitude towards refugee populations in host countries. Not only were refugees sometimes regarded as a security risk in that they encouraged border violations, but the poverty of most States receiving refugees combined with inadequate international assistance meant that refugees were often viewed as being a drain on the local economy. Representatives of the international community occasionally came under pressure to encourage refugees to go back home, and concern began to be expressed that UNHCR was becoming involved in repatriation schemes which jeopardized the safety of refugees. Incidents of this type were documented among Ethiopian refugees in Djibouti, Ugandans in Sudan, and Salvadorians in Honduras (Crisp, 1987b).

Responding to criticism that it was in danger of abrogating its responsibilities, in 1985 the Executive Committee of UNHCR passed a conclusion stating that the organization had a legitimate interest in the consequences of return and should have access to returnees. Such statements reflected a growing consensus that the internationally accepted mandate of UNHCR to protect specific persecuted populations should in some way be formally expanded. But even with the easing of Cold War antagonisms, agreement on a broader mandate was not straightforward. The govern-

ments of many States were opposed to international monitoring of their returned citizens' welfare, while some of the other UN organizations were concerned that UNHCR might end up becoming a development agency and would take over or supervise some of their own activities.

The matter was not resolved, and in spite of the clear and unequivocal statements made by senior officials, the approach of UNHCR on the ground has often seemed confused. It appears to be dictated more by hand-to-mouth responses to donor pressure than by a set of established principles or detailed knowledge of the local situation. In some parts of the world, UNHCR has continued to facilitate the return of populations to politically unstable locations. In Cambodia this was done in the face of vigorous criticism from other international agencies, and in the Horn of Africa there have recently been reports that the "voluntary" repatriation of Somali refugees is being encouraged by the deliberate cutting of food supplies to refugee camps. Elsewhere, the ill-judged efforts to promote repatriation against the wishes of refugees in the early 1980s have been abandoned in favour of strategies to actively discourage repatriation until security could be guaranteed in the country of origin. A well-documented example of this was the return of an estimated 170,000 Tigrayans to war-torn Ethiopia between 1985 and 1987 (Hendrie, 1992). Under US pressure, UNHCR attempted to prevent the refugees leaving Sudan, and ended up in the ludicrous position of maintaining that the refugees were being coerced when the bulk of them had already returned home of their own volition.

It was against this background in the early 1990s that the United Nations Research Institute for Social Development (UNRISD) decided to initiate a programme dealing with returned populations. The aim was to investigate socio-economic aspects of particular mass repatriations, and to open the topic up for discussion among informed government officials and aid agency staff. The programme focused on the lives of returnees in Africa, and initial findings were presented at a series of week-long international symposiums held in Harare, N'Djamena and Addis Ababa in 1991 and 1992. The findings are being published in various books (Allen and Morsink, 1994; Allen, in press), and cannot be summarized in any detail here. However, it is worth making a few general remarks.

(1) Well-meaning international aid workers commonly overlook the fact that the movement of populations and the rehabilitation of damaged infrastructure is only a part of the problem. In most cases, it is the less visible costs of war that are more difficult to deal with. Roads can be rebuilt relatively quickly, fields can be cleared of secondary forest, seed can be distributed. Such inputs are important, but what economists call the "disarticulation of production" may take years to repair. The things

that make up a community are often invisible to outsiders. Little gifts, knowledge of the soils, acceptance of hierarchies, avoidance customs, flirting, a sense of duty, a complex network of debts, settlement of squabbles, assumptions about trust, a shared experience of the spirit world — all these things are part of the continual process of inventing and reinventing social life. When they have been set aside or destroyed they may be exceedingly hard to establish again. They are likely to take on new forms, and may be a focus for competition and conflict.

This is one reason for the frequent emergence of religious cults and of witch-cleansing movements among returned populations (for example in Mozambique and Uganda), and of outbreaks of violence towards women, some of whom may have found new economic opportunities in exile and may resist the imposition of controls by male relatives. It may also be a factor underlying the mendicant attitude of many returnees towards aid workers and government officials. Much has been written about the so-called “dependency syndrome” of refugee and returnee groups. It is usually assumed to be a consequence of having received relief supplies for so long. But many displaced Africans have received very little effective help from the international community, and an inability to mobilize around community leaders or respond to market incentives may be largely due to the weakness of social networks. Moreover, in a post-war situation, people are likely to look to the new government (or the international agencies which may be seen as the State's representatives) to demonstrate a capacity to provide services and meet basic needs.

Two further issues relating to the re-forming of communities should be mentioned. First, it seems reasonable to speculate that following a period of traumatic upheaval, particularly one associated with civil war, a large percentage of the population will be suffering from some form of mental or emotional disorder. There have been few insightful studies of mental health outside Western countries, but there are indications from psychological surveys of the prevalence of Post-Traumatic Stress Disorder, and from anthropological studies of spirit possession, that this is a huge problem. Second, most wars are nowadays fought with relatively cheap and easily available small arms, notably automatic rifles and landmines. Once these weapons have become widely distributed, it is very difficult to collect and remove them. It therefore has to be anticipated that a returned population will continue to experience the consequences of insecurity, usually in the form of low-level warfare or banditry. Populations settling in regions that have been heavily mined will face additional difficulties. Much of the best farmland may be unusable, and individuals may continue to be maimed or killed for generations (it is currently

estimated that there are over 100 million unexploded landmines in the world and thousands more are being laid each month).

(2) The label "returnee" needs to be treated with caution, particularly when attempting to compare one group of returnees with another, or returnees with refugees, or when examining an issue like repatriation in general. We are in fact imposing simplistic categories on complex social situations, and we classify together examples whose only similarity to other examples drawn from elsewhere in the world lies in the fact that the same label is used. The same type of difficulty can arise with respect to "refugees", but at least there is a legal definition of a refugee to fall back on. The very notion of "returnee" is ambiguous, implying conceptions of a homeland and of a population's shared values which may or may not exist.

Among exiled Zimbabweans and Namibians, the long struggles for self-determination and the political activities of resistance movements were instrumental in establishing a collective identity, which at least partially survived in the years following repatriation. But this was not the case for other African returnees. Many of the Ugandans and the Mozambicans who returned in the late 1980s had much more flexible attitudes to nationality. Crossing an international boundary into a neighbouring country and later recrossing into a homeland may not always be the enormously significant events that they seem to outsiders. Sometimes migrations may take place repeatedly as a way of making the most of a difficult environment, and in areas of long-term and unresolved war there may be no clear distinction between a "returnee", a "refugee", a "migrant" and a "stayee". An individual may even switch between these categories depending on whom he or she is talking to, and collective identity may be constructed as much out of the shared experiences of migrations as out of language or a traditional relationship with a particular territory. As a result, it is difficult to generalize sensibly about returnees in one region, let alone to do so at an international level. An insight about a specific group of returnees in Zimbabwe is less likely to be of direct relevance in Uganda than an understanding of the local sociological, political, historical, cultural and economic contexts. The term "returnee" is helpful in that it directs attention to populations which have persistently been overlooked, but it cannot be used simplistically as a defining category.

(3) Evidence from the UNRISD studies suggests that, at least as far as Africa is concerned, aid agencies have had a very limited capacity to mitigate the difficulties faced by populations when they are actually on the move, and that where UNHCR has attempted to control or coordinate events it has usually failed to do so. When refugees want to go home,

either because life in exile is impossible or because things in their country of origin have improved, then they will usually do so of their own accord irrespective of directives from United Nations institutions. In any case it seems that in most instances agencies are unable to mobilize adequate resources fast enough to transport thousands of people and their possessions. Even on occasions when sufficient aid has been allocated, it has rarely arrived before the migration has occurred. Following independence, refugees returned to Zimbabwe without assistance because they were determined to participate in elections. The majority did not return via official reception centres. In Uganda, the aid programme during the late 1980s had little impact either on encouraging return or on providing immediate help for returnees. The refugees left Sudan because the civil war spread to their areas of settlement, and back in Uganda they struggled to survive without significant quantities of relief food.

In both the above instances, UNHCR staff expended considerable efforts in registering and counting returnees. The reason for this was that humanitarian interventions were assessed in terms of the number of people who were supposed to have crossed borders, and not in terms of the outcome of such projects. Consequently, there was a tendency for agencies to exaggerate (or occasionally underestimate) figures for fund-raising purposes. But even if an attempt is made to collect data objectively, this can prove an impossible task. In Zimbabwe and Uganda UNHCR staff were constantly frustrated by the large number of people crossing borders informally and by the strategy adopted by some returnees of officially being repatriated more than once in the hope of obtaining donated items. Reported population figures were no more than guesses and subsequent census data indicate that they were not at all accurate. It was clearly useful for field staff to observe events at the borders (in the case of Zimbabwe this brought to light abuses by the Rhodesian security forces), but it is difficult to avoid the conclusion that resources might have been better used for visits to locations where returnees were actually settling rather than for time-consuming and often ultimately pointless bureaucratic arrangements at official reception centres.

(4) Several speakers at the UNRISD symposiums were also very critical of the way returnees are often treated as one undifferentiated mass, regardless of the needs, aspirations and capacities of individuals and of economic stratification and the particularities of social groupings. It was pointed out that categories such as "nationality", "community" and "tribe" are commonly used with little attempt to discover what these identities mean for the people so designated, and are frequently applied to conceptualizations of target returnee populations in ways that compound misconceptions. Partly as a consequence of this even where "top-down"

aid schemes are run efficiently in terms of accounting to donors, distribution of relief items and the installation of infrastructure, they may still be largely tangential to the daily concerns of most of those whom they are supposed to be assisting.

It would seem that efforts to provide relief and protection should be flexible and should focus on responding to the changing situation on the ground rather than on trying to direct or regulate it. In most situations there is likely to be a need for development-oriented assistance as well as short-term relief, but if resources are inadequate they should probably be concentrated on helping the most vulnerable. This in turn requires an understanding of what is actually happening, because it is not enough to define the vulnerable as infants, the elderly, the disabled and women. Invariably many of those suffering most will be quite specific groups. Those at risk include an old man without sons, children of a mother for whom no bridewealth has been paid by the father's family, or, as has been mentioned, a woman who has either chosen or been forced to earn money while in exile in ways that violate the customs of her people.

Taken together, the above points about returnee populations might appear to boil down to a plea for UNHCR and other organizations to treat situations on a case-by-case basis. But it is not as simple as that. At the UNRISD symposiums there was tension between arguments put forward for greater specificity and arguments put forward for greater consistency. Sometimes the same participant would point out that returnees were being treated as homogeneous populations and were being treated differently from one place to another without reference to any internationally agreed principles. In the early 1990s events have brought such tensions into the foreground of global politics, with disturbing implications.

Partly because of recognition of the fact that repatriations have not always meant an end to refugee problems and that relief efforts for returnees have fallen short of needs, and also partly because of more general shifts in international thinking about population displacement since the easing of Cold War tensions, new strategies have been adopted. For example, in Nicaragua UNHCR has developed a programme of "Quick Impact Projects" (QIP). These are small, rapidly implemented schemes which require one-time investments designed to satisfy urgent needs at community level, and which have been presented as "a formula for consolidating durable solutions" (Bonifacio and Lattimer, 1992). QIPs have become an ingredient of other UNHCR returnee programmes, and attempts have sometimes been made to have them taken over by other organizations as part of longer-term aid. In Cambodia, for example, UNHCR has arranged for some 45 QIPs to be supported by UNDP following the closing of the UNHCR field offices in 1993. A potentially

more ambitious approach is being attempted in parts of north-eastern Africa, where UNHCR has tried to establish something called a Cross Mandate. Here, UNHCR is attempting to work as an equal partner with several other agencies, including NGOs. It tries to provide assistance to all the population in devastated locations, irrespective of nationality or of refugee or returnee status. QIPs and the Cross Mandate are significant developments because they do not prioritize the task of counting and registering refugees and returnees in unstable areas where nationality may be ambiguous, and they move away from the narrow, emergency relief orientation of assistance activities towards some form of integrated response adapted to local needs.

In several respects such experiments seem to be positive initiatives, which reveal that lessons have been learned from past mistakes. However, it is not yet clear that they illustrate the future overall direction for UNHCR planning in situations of mass return. Behind the scenes, major donors have continued to put pressure on the organization to reduce expenditure, and have not supported its involvement in development work. It has been argued that UNHCR should leave longer-term aid to others, notably UNDP and NGOs. To some extent, fund-raising for QIPs sidesteps this problem by maintaining that the aim is not development, but the setting-up of conditions in which development will be possible. UNHCR thereby seeks to become a "catalyst" for development, something which relies on close cooperation with implementing partners who will continue operating in the area. Unfortunately, tensions between UNHCR and the NGOs remain common. Moreover, a 1987 agreement between UNHCR and UNDP on guidelines for cooperation has not resulted in a standardized way of handing over responsibility following repatriation. For example, in north-western Uganda during the late 1980s UNHCR was unwilling to move away from a narrow, emergency relief approach. This was partly due to a lack of funds, but field staff argued that UNDP should be responsible for anything to do with development. The fact UNDP was not operational in the area was dismissed as irrelevant.

Such inconsistencies in the responses of the international community to the needs of returnees are even more apparent when it comes to the crucial issue of protection. Although there has been no official agreement to extend the terms of the UNHCR mandate to include returnees, some kind of protection does seem to be suggested by the presence of UNHCR staff at field offices in areas of return, and by their involvement in operations like QIPs. Furthermore, in the early 1990s, a commitment by the international community to protect some populations within their own countries was manifested by United Nations association with military

activity in Iraq, Somalia and the former Yugoslavia. Yet, in many awful situations no action has been taken at all. Support for suffering populations has even been withdrawn because they have moved the "wrong" way across an international frontier.

For example, in Sudan during the 1980s, hundreds of thousands of people became internally displaced as a result of war, drought and atrocities perpetrated by the government. They received little assistance, in spite of the publication of harrowing accounts of what was going on by Amnesty International and other human rights organizations. Those Sudanese who managed to cross into Ethiopia or Uganda were given support because they were accepted as proper refugees. However, this support was forthcoming only as long as they did not cross back into Sudan. In 1991, many of the Sudanese refugees in Ethiopia were attacked by the Oromo Liberation Front, and had no option but to flee into Sudan even though fighting was still continuing in their home areas. Instead of being defined as "returnees" they were classified as "displaced people", and both protection and assistance came abruptly to a halt. It has been reported that people subsequently died in their hundreds (Keen, 1992: 31).

Highlighting the plight of the Sudanese is not an argument for abandoning other afflicted groups. The point is that whatever the humanitarian motivations behind the returnee programme in Nicaragua or Cambodia and the sending of troops to Somalia or Iraq, it cannot be demonstrated that decisions have been made according to universally applied criteria. This results in dangerous ambiguities. An indirect effect of intervention to help some returnees may be to undermine the rights of refugees. The impression has been given that security may now be guaranteed by the international community within the borders of war-torn States. This makes it hard to explain to the governments of countries burdened with large refugee populations why they should continue to recognize UN resolutions on refugee status. In situations where the international community is intervening to create "safe zones", refugee-hosting countries may push refugees home, and other countries may refuse to allow them in. When nothing is being done to impose peace, refugee-hosting countries may assert that they are being treated unfairly. Governments may legitimately ask why should Somalia be "restored to hope" and not Mozambique, Angola or Sudan. Refugees may end up being used as pawns in the inevitable squabbles. It also needs to be asked if the UN is really committed to protecting people from their own governments, or from a breakdown of civil society. In places where the UN has intervened, is it in a position to monitor human rights over the long term? What will happen to the repatriated Cambodians now that UNHCR has withdrawn?

There are no comfortable answers to such questions, but the extent to which the international community can grapple with the kinds of problems now confronting it depends on the UN being able to occupy the moral high ground and act according to generally accepted rules. Keeping the moral high ground and working within sets of rules are both extremely difficult enterprises. Nevertheless they have to be undertaken. When they are not, any influence the UN may have is rapidly undermined. A serious shortcoming of the present unstructured case-by-case approach to internal displacement and mass repatriation is that it can be viewed as serving the ends of the UN's main funders.

There is a clear and urgent need for the adoption of a fine-tuned procedural code which can be seen to regulate policy-making. This code might broaden the existing UNHCR mandate, but it will have to be acceptable to all (or almost all) governments and be variegated and sophisticated enough to deal satisfactorily with the complexities on the ground. This is a time of uncertainty in international thinking about the return of refugees. There are grounds for concern in that lack of a clear overall strategy has led to confusion in the planning and implementation of assistance. But the present lack of clarity has also afforded a degree of openness about repatriation at international gatherings which has not been possible in the past. It is important for those anxious about the welfare of the world's displaced millions to seize the opportunity to put returnee as well as refugee needs and aspirations on the agenda of such meetings, and to keep them there by persistent lobbying.

**Dr Tim Allen** is a senior lecturer at South Bank University, London, and a lecturer at the Open University. He has carried out several years of field work among displaced populations in Sudan, Uganda and in other parts of Africa. Among recent publications, he has edited the textbook *Poverty and development in the 1990s* (Oxford University Press, 1992) with Alan Thomas, and two books on returning refugees, *When refugees go home: African experiences*, with Hubert Morsink, and *In search of cool ground: displacement and homecoming in northeast Africa*, both of which are being published by James Currey.

A SELECT BIBLIOGRAPHY ON RETURNED REFUGEES

- T. Allen and H. Morsink, eds. (1994), *When refugees go home: African experiences*, James Currey, London.
- T. Allen, ed. (in press), *In search of cool ground: displacement and homecoming in northeast Africa*, James Currey, London.
- L. Altrows and D. Racicot (1985), *CCIC observer mission to El Salvador and Honduras, April 21-May 14, 1985*, Canadian Council for International Cooperation, Ottawa.
- T. Betts (1974), *The southern Sudan: the ceasefire and after*, Africa Publications Trust, London.
- A. Bonifacio and J. Lattimer (1992), *A primer on Quick Impact Projects: a formula for consolidating durable solutions* (mimeo), UNHCR, Geneva.
- G. Coles (1985), *Voluntary repatriation: a background study — a report for UNHCR's Round Table on Voluntary Repatriation*, International Institute of Humanitarian Law, San Remo.
- G. Coles (1989), *Solutions to the problem of refugees and the protection of refugees — a background paper*, International Institute of Humanitarian Law and UNHCR, Geneva.
- J. Crisp (1984). "The politics of repatriation: Ethiopian refugees in Djibouti", *Review of African Political Economy*, Vol. 30: 73-82.
- J. Crisp (1986a), "Refugees return to Tigray", *Sudan Information Service Bulletin*, No. 1: 1-3.
- J. Crisp (1986b), "Ugandan refugees in Sudan and Zaire: the problem of repatriation", *African Affairs*, Vol. 86, No. 339: 163-180.
- J. Crisp (1987a), *Voluntary repatriation for refugees in developing countries: a bibliographical survey*, UNRISD, Geneva.
- J. Crisp (1987b), "Voluntary repatriation programmes for African refugees: a critical examination", *Refugee Issues*, Vol. 1, No. 2.

F. Cuny, B. Stein and P. Reed, eds. (1992), *Repatriation during conflict in Africa and Asia*, Center for the Study of Societies in Crisis, Dallas.

ECA (Economic Commission for Africa) (1968), *Conference on the legal, economic and social aspects of African refugee problems, 9-18 October 1967*, ECA, Addis Ababa.

G. Goodwin-Gill (1986), *Voluntary repatriation: legal and policy issues*, Queen Elizabeth House, Oxford.

R. Gorman (1984), "Refugee repatriation in Africa", *The World Today*, October, 436-443.

B. Harrell-Bond (1985a), *Some comments on the repatriation programme for returnees in Djibouti*, Queen Elizabeth House, Oxford.

B. Harrell-Bond (1985b), *Imposing aid: emergency assistance to refugees*, Oxford University Press, London.

J. Hausermann (1985), *International protection of refugees and displaced persons: an analysis of lacunae and weaknesses in the legal and institutional framework for the international protection of refugees and displaced persons and recommendations for its strengthening*, Independent Commission on International Humanitarian Issues, Geneva.

B. Hendrie (1992), "The Tigrayan refugee repatriation: Sudan to Ethiopia 1985-1987", in Cuny, Stein and Reed, eds., *Repatriation during conflict in Africa and Asia*.

J. Hocke (1986), *Beyond humanitarianism: the need for political will to resolve today's refugee problem*, text of the Joyce Pearce Memorial Lecture, Oxford University, 1986.

D. Keen (1992), *Refugees: rationing the right to life*, Zed Books, London.

M. Larkin, F. Cuny and B. Stein (1991), *Repatriation under conflict in Central America*, Center for Immigration Policy and Refugee Assistance, Georgetown University, Washington D.C.

LCIHR (Lawyers Committee for International Human Rights) (1985), *Honduras: a crisis on the border*, LCIHR, New York.

S. Pitterman (1984), "A comparative survey of two decades of international assistance to refugees in Africa", *Africa Today*, Vol. 31, No. 1.

K. Radley (1978), "The Palestinian refugees: the right to return in international law", *American Journal of International Law*, Vol. 72: 586-614.

UNHCR (annual), *Report of the UNHCR*, Economic and Social Council of the United Nations, New York.

UNHCR (1981), "Voluntary repatriation", in *Notes presented to the Sub-Committee of the Whole on international protection by the UNHCR, 1977-1980*, Division of International Protection, Geneva.

UNHCR (1973), *Nursing a miracle: the role of UNHCR in the UN emergency relief operation in South Sudan*, Geneva.

UNHCR (1985), *Executive Committee of the High Commissioner's Programme, 36th Session: report of the Sub-Committee of the Whole on international protection*, UNHCR, Geneva.

UNHCR (1990), "Repatriation: policy and principles", *Refugees*, No. 72: 10-11

UNHCR (1993), *The state of the world's refugees*, Penguin, New York.

UNRISD (1993), *Rebuilding wartorn societies*, UNRISD, Geneva.

UNRISD (1993), *Refugees returning home*, UNRISD; Geneva.

# Vulnerable communities among asylum-seekers

by **D. A. Lopes**

## **Background**

The Malaysian Red Crescent Society (MRCS) has provided all facilities for the care and maintenance of Vietnamese Boat People (VBP) since the first landing on 4 May 1975 of 47 VBP, on a small island off the north-east coast of the Malay Peninsula. Since then, over a continuous period of 19 years more than 250,000 VBP have landed in Malaysia and all of them except about 6,500 have either been resettled in third countries or have been repatriated to Viet Nam. The remaining 6,500 are housed in two camps, located at Sungai Besi and Cheras, each a few kilometres outside the city of Kuala Lumpur.

The peak period of the influx of VBP into Malaysia was in the late 1970s and early 1980s, when there were as many as 40,000 to 50,000 VBP at a time in Malaysia. They were distributed over eight camps located in various areas in East and West Malaysia. These camps were run by the Malaysian Red Crescent Society. With the decrease in the VBP population, the camps were closed in stages and all VBP were transferred to Sungai Besi Temporary Camp (SBTC). The camp at Sungai Besi has been in existence since 1979 and was originally set up as a transit centre for the final documentation, orientation and medical examination of all VBP who had been accepted for resettlement in third countries. After the introduction of the Comprehensive Plan of Action (CPA) in March 1989, the role of the SBTC was changed and it became a holding centre for VBP, who are required to undergo a process of screening to determine their status, either as refugees or as economic migrants.

A sizable proportion of asylum-seekers underwent traumatic experiences when they were forced to leave their country. To cope with this group, a Social Services Section was formed by the MRCS in the camps

to provide counselling and follow-up services to various categories of VBP, especially to vulnerable groups and in problem cases like marital conflicts, potential suicides, child abuse, etc. This article is based on the experiences of the MRCS Social Services Section in Sungai Besi Camp.

## **Introduction**

Asylum-seekers, sometimes loosely called refugees, may be classed among vulnerable communities. In Sungai Besi Camp, the community consists of Vietnamese Boat People and a small number of Cambodians, who are vulnerable to the changing pressures of international politics as well as to the better-known risks to personal safety and psychological well-being. Like all VBP in the other South-East Asian camps, they are subject to the Comprehensive Plan of Action (CPA) and the drawn-out procedures which determine their status as approved refugees or as economic migrants. Those deemed to be refugees are offered the possibility of being resettled in third countries, while all others are urged to return voluntarily to Viet Nam. This latter option has generally been resisted, with the result that the majority of people in the camp have been there for more than four years and many for more than five years. During this period they have led an institutionalized life, having their meals provided already cooked, second-hand clothing distributed according to schedule, curfew, no opportunity to earn their living and limited scope for any work whatsoever.

In such a setting where they are not able to make the usual daily decisions, people become apathetic and are subject to anxiety, violence and depression. They lose touch with the necessity for work and the need to strive towards goals. Among these people the Social Services have identified the more vulnerable groups: unaccompanied minors, aged-out minors, unaccompanied women (with and without children), the physically handicapped, the mentally handicapped, victims of violence and the elderly.

The following paragraphs give some idea of the attempts made to address the problems of these groups in order to reduce their vulnerability.

### **Unaccompanied and semi-accompanied minors (UNAMs and SAMs)**

UNAMs are children who arrived here under the age of 18 without an accompanying parent. SAMs are children who arrived under the age of 18 with a distant relative (aunt, uncle or relation other than a parent). A system was established for the careful monitoring of each child, in terms of their behaviour and schooling and in relation to their future.

Each child is allotted a "caretaker". With SAMs, attempts are made to ensure that the accompanying relative assumes this responsibility. Where this is not possible and in the case of UNAMs, the caretaker is someone whom the child knows and trusts. This person is responsible for the child's day-to-day conduct with regard to schooling and camp rules, as well as for the child's welfare, food, clothing and other necessities. The child lives with the caretaker and takes part in his or her family life. As far as possible, the authorities try to ensure that the caretaker is a family man or woman. This person is also well known to the Social Services Section and is recommended by one of the counsellors. UNAMs and SAMs are encouraged to meet with their counsellor once a month. To this end and also to promote good school attendance, incentives such as pens, books and aerogrammes are given.

While this system cannot make up for the lack of the children's own family in ensuring good development, it is felt that this is a better alternative to grouping all UNAMs and SAMs together. The system allows the child to grow up in a family environment, with an identifiable family structure in which culture values are respected and maintained and in which the child can learn directly something of social, family and other relationships. Under this system, a member of the Vietnamese community, and not only the camp authorities, is responsible for the supervision of the child. The caretaker system also discourages the development of a "gang mentality".

### **Aged-out minors**

Aged-out minors are minors who attain the age of 18 during their time in the camp. At this age they can no longer be under the care of caretakers. In fact these are young men and women who have lived for up to five years in a camp in a foreign country without the presence and support of their own parents. These young adults with time on their hands are prey to the negative influences in the camp, and in seeking comfort can enter into unhelpful relationships. Social workers are assigned to assist these vulnerable young adults, continuing the relationships already built up when they were minors. In this way it is hoped that they can be helped to make better decisions concerning their lives and circumstances.

### **Unaccompanied women**

Unaccompanied women are women arriving alone, or with other female siblings, or as the single female head of a family (with male

children under the age of ten). These are provided with accommodation in a Women's Zone separate from the general camp population. In Sungai Besi Camp men outnumber women two to one. There are many young unmarried men in the camp and many older men whose spouses are not with them. In such a situation, women are particularly vulnerable.

Men are not allowed in the women's zone, and those of them whose work takes them into the area have to be accompanied by women from the Zone responsible for security. The Women's Zone is well fenced off from the general camp and well lit at night, to provide physical security for the occupants, and contains separate public facilities, such as toilets, bathrooms and cooking areas. A leader is chosen from among the Zone's occupants every six months (with the approval of the camp authorities) to represent the women at all public meetings in the community and with the camp authorities.

### **Pregnant women**

All pregnant women are seen and visited by Vietnamese voluntary case-workers, who encourage them to attend the prenatal and postnatal consultations held by the midwife in the sick bay. They are given advice on how to take care of themselves and their new-born babies. Family planning and the methods available in the camp are discussed with them, together with the dangers of abortion. Teenage pregnancies are especially closely monitored by social workers.

### **The physically handicapped**

The physically handicapped form a relatively small group in the camp. Since the camp has been established over a long period of time and since the present community has been in the camp for four or five years, care of the physically handicapped is well organized. The social worker responsible is in charge of their special ground-level accommodation, close to the camp sick bay, which gives more space to the occupants than the normal housing. Arrangements are made for visits to the orthopaedic clinic for the fitting and repair or adjustment of artificial limbs and close liaison with the sick bay concerning their continuing medical follow-up. A physical exercise room is available where clients receive regular physiotherapy under the direction of Vietnamese volunteers.

### **Psychiatric patients**

Considering the size of the camp, the number of people receiving psychiatric treatment is surprisingly small. It is clear from case studies

that a few patients were showing marked symptoms during their long stay in the camp, where the pressures and uncertainties have proved too much for them to cope with. For these patients the psychosis is often reactive, and they can usually be discharged after treatment without fear of relapse.

After identification, the patient is seen by the visiting consultant psychiatrist for assessment. With a positive assessment, the patient is accepted for treatment. The patient will see the visiting psychiatrist at regular intervals and the sick bay is responsible for dispensing any medicines that might be prescribed. A designated social worker is responsible for the patient's general care and any accompanying relative is made responsible for his or her day-to-day care, especially for ensuring that the prescribed medicine is taken. Where this is not possible or advisable, a caretaker who is trusted by the patient is appointed. This person informs the social worker immediately of any problem that may arise, especially of any change in the patient's condition. When such changes occur, the social worker cooperates with the sick bay in finding better ways of dealing with the patient. In all such dealings, the visiting psychiatrist, the sick bay personnel and the social worker cooperate closely with a Vietnamese volunteer case-worker who also acts as interpreter.

### **Victims of violence**

Victims of violence are people who suffered violent trauma during their escape journey. They may have lost relatives or close friends on the journey, have been attacked, beaten or abused by pirates, or have suffered rape. Once identified, these victims are allocated a social worker (if possible a Vietnamese-speaking counsellor) and are seen regularly to help them to cope with the aftermath of their ordeal. Women victims of violence are dealt with by a female social worker. Any of these with special problems can be referred to the visiting psychiatrist.

Details of these cases are kept separately from the normal social service case-sheets, and only authorized personnel involved in the case have access to them. Where a female victim of violence encounters particular problems, such as harassment by others in the camp, her needs are catered for immediately and special arrangements are made.

All victims of violence, male and female, have access to all the normal medical services and are free to seek the confidential help of their social worker whenever they wish.

### **The elderly**

Anyone born in 1941 or before is regarded as elderly. There are very few who fall into this category, since the vast majority of people in the

Vietnamese camps are young — the old mostly stayed at home. Of those who fall into the category of the elderly, most are in their fifties and are hale and hearty, well able to cope with the rigours of camp life. The few who are over 60 years of age are usually cared for by accompanying family members. They do not seem to be in any greater physical or medical need than the general population of the camp, except for some arthritic and rheumatic conditions. The provision of mattresses and blankets, together with medical help, alleviates their discomfort.

Each elderly person is registered with the social worker concerned. Each one is encouraged, by means of an aerogramme incentive, to meet with the Vietnamese volunteer case-worker once every two months. A system of Vietnamese volunteer home visitors, who report on their monthly visit to each of the elderly, ensures that the Social Services Section is informed rapidly of any change in circumstances. Once in every three weeks, the social worker concerned meets a small group of the elderly to help them to take charge of their own lives, especially with regard to their own future. A video is shown to encourage attendance.

## Conclusion

In its work with asylum-seekers, no consideration was more important to the MRCS than upholding the Universal Declaration of Human Rights. In addition to ensuring that every individual's basic needs in terms of food, shelter and clothing were covered, the MRCS also paid particular attention to the needs of vulnerable groups. Together with all other VBP camps in South-East Asia, the camp at Sungai Besi will be closed by the end of 1995, thus bringing to an end a 20-year era of provision of care and maintenance to Vietnamese Boat People by the Malaysian Red Crescent Society.

As this article was going to press we learned of the death of its author, Dr D.A. Lopes. The ICRC wishes to express its sincere condolences to the Malaysian Red Crescent Society.

**Dr D.A. Lopes**, Brigadier General (Rtd), was Director of the Malaysian Armed Forces Medical and Dental Services from 1969 to 1981. In March 1989 he joined the Malaysian Red Crescent Society as Medical and Administrative Director of its Assistance Programme for Vietnamese Boat People. Dr Lopes was promoted to Assistant Secretary General in October 1989 and in that capacity worked in close consultation with the Malaysian authorities, the United Nations High Commissioner for Refugees (UNHCR) and the International Federation of Red Cross and Red Crescent Societies.

# Communicable diseases, health systems and humanitarian aid in Africa

by Antoine Degrémont

What is the present situation, what are the lessons to be learned and what strategies should be adopted in the field of communicable diseases? These are the issues now facing us, some 15 years past two milestones in the evolution of health care: the Alma Ata Declaration on primary health care and the discovery of the last case of smallpox worldwide. The present article will attempt to address these issues, on the basis of the experience of the Swiss Tropical Institute in Africa.

## **The current situation and its main determinants**

There has been no recurrence of smallpox, so it may be considered to have been definitively eradicated. Onchocerciasis and sleeping sickness have ceased to be major public health hazards. There have been no large-scale yellow fever epidemics, and a simple and cheap treatment (oral rehydration solutes) for infectious diarrhoea has been developed and brought into use. That is practically all that can be said on the “asset” side, bearing in mind the resources available in the health sector in Africa.

Conversely, on the “liability” side the list grows ever longer, giving little reason for optimism. In the first place, AIDS has made its appearance and has spread at an astonishing pace, first in Central and East Africa, where it has wiped out whole sectors of the active population, leaving countless children orphaned. The disease has progressed more slowly in West Africa but has proved equally devastating. The ineffectiveness of control programmes, together with social and cultural constraints, has hampered and continue to hamper prevention efforts. At present it is impossible to predict when the spread of AIDS will be halted in Africa,

or even to foresee its socio-economic and cultural repercussions by the year 2000, except to say that they will be calamitous.

Malaria continues to be just as prevalent and as lethal as in the past, if not more so, since resistance to antimalarials has appeared and spread very rapidly. It is only owing to the semi-immunity that develops after repeated bouts of malaria — at a high cost in terms of infant mortality — that chloroquine has retained some degree of effectiveness and is therefore still the treatment of choice. Other antimalarials are too costly for large-scale use, and new medicines or vaccines are unlikely to reach the market within the next ten years. The only reliable means of mass prevention in areas where malaria is endemic, and especially where transmission is seasonal, therefore remains the use of mosquito nets impregnated with insecticide.

Apart from schistosomiasis, and to a lesser extent intestinal worms, the other so-called “tropical” diseases are not priority health problems. For several years a campaign has been under way to eradicate dracunculiasis, or guinea-worm disease, which is disabling and in theory easy to prevent. The campaign was recently revived, but has maintained the “vertical” approach\*, as the disease in question is one of the few that are easy to eradicate if one is prepared to pay the price.

Cholera, meningitis and even measles are still causing deadly epidemics. Poliomyelitis remains endemic and incapacitating in Africa, although it has been all but eradicated from the American continent. Tetanus is still frequent, particularly among newborns. Methods of preventing these infectious diseases (early rehydration or vaccination) are admittedly not always fully effective, and as we shall see later much of their effectiveness is lost at the application stage.

Tuberculosis is a major health problem in Africa. With the AIDS pandemic, which contributes to the spread of tuberculosis, and resistance to drugs, it is again on the increase and there is no prospect of a reversal. Alongside malaria and diarrhoeal diseases, infections of the respiratory tract are one of the leading causes of death and incapacity, a fact that is often overlooked.

For a variety of reasons, the public health services of several countries have also deteriorated over this 15-year period. The global primary health care strategy relying on community health workers has not come up to expectations, because it is ill-adapted to socio-economic realities and, to

---

\* The term “vertical” denotes approaches and programmes that focus on one specific disease and are poorly integrated in the activities of peripheral health services.

a large extent, because its implementation and supervision call for more time and resources than envisaged at the outset. Very rapidly an alternative, selective strategy was adopted by the international organizations during the 1980s, entailing the launching of many "vertical" programmes (immunization, maternal and child care, control of priority diseases, etc.). These were often in competition with each other and were never properly integrated into peripheral health structures. In contrast to other continents, Africa, for instance, had by 1990 not only failed to attain the targets of the WHO/UNICEF Expanded Programme on Immunization launched during the previous decade, but is now seeing immunization coverage fall to alarmingly low levels in many countries. Courses of action that worked on other continents have proved unsuited to Africa, and the relevant lessons should be learned from this experience.

While national referral hospitals have been able to maintain standards to a certain extent by consuming a large portion of health resources, district hospitals have become dilapidated and are often unable to fulfil their role as places of first referral. Hospitals run by non-governmental organizations have frequently been incorporated into national health networks, but they too often remain oversized and/or fail to mesh properly with the peripheral services.

In addition, there is the growing tide of migration, mainly to the towns which, because their infrastructure has been neglected over the past 30 years, can no longer provide adequate health services, and where sanitation levels are often deplorable.

Fortunately, the new trends that emerged at the beginning of the current decade give grounds for some optimism, as they focus on decentralization of responsibilities and of decision-making, as we shall see later.

## **The Swiss Tropical Institute (STI) and health development**

During its first 40 years of existence, that is, up to 1983, the STI built up its expertise in research and training in the domain of tropical diseases. As the same time it constantly endeavoured to ensure that the fruits of its work were "re-exported" to developing countries, chiefly by training Swiss health personnel assigned to work in those countries and by training Tanzanian nationals at the Ifakara Centre.

The Ifakara Centre has been of capital importance to the STI, not only because it enabled the Institute to acquire experience, as we just saw, but also because it offered STI staff an opportunity to gain first-hand knowledge of a new setting, a new culture and the problems of development. In the early 1980s the Centre was still the STI's "field laboratory" and

local staff had taken over teaching responsibilities. The STI then turned its attention to applied research — on a long-term basis this time, rather than maintaining the ad hoc approach followed up to then — determined by local needs. In addition to studies on schistosomiasis and malaria control, new areas of research were introduced, such as the aetiology and treatment of diarrhoea and anaemia, how to deal with malnutrition in children, community diagnosis, etc. Despite additional technical and financial support provided to the local health authority, the transfer of the results of this research to the health services was at times less than satisfactory. This led the STI to opt for less costly methods of diagnosis and evaluation on the one hand (1)\*\*, and, on the other, to undertake studies on the functioning of the health services, with special reference to their cost and quality (2).

At the same time, steps were taken for the phased integration of the Ifakara field laboratory (strengthening of local capabilities, decentralization of management, diversification of funding). In 1990 this laboratory became known as the "Ifakara Centre" and is now a branch of the Tanzanian National Institute of Medical Research (3). Its areas of research range widely, from field testing of a potential malaria vaccine to studying the interface between health services and users in terms of the perception of health problems and of the quality of services provided. The Centre is becoming increasingly autonomous, while maintaining close ties with STI.

It was from the late 1980s that the STI really became involved in health development cooperation, no longer in the spheres of research and teaching alone, but as an implementing agency for projects of the Swiss Development Cooperation agency. The first project was launched in Chad, where the STI is providing support to strengthen and develop health services in two socio-medical districts, including the one in which the capital N'Djamena is located, and the second in Tanzania, where since 1990 the Institute has been implementing a similar programme in the Dar-es-Salaam region. Lastly, since 1994 the STI has been involved in health-related environmental management. It is running two new programmes launched by the Swiss National Fund for Scientific Research, one in Burkina Faso, concerned with the impact on health of market gardening in urban areas, and the other in Chad, on community responsibility for dealing with environmental problems.

With its wealth of experience and mindful of its responsibilities both in the Third World and in Switzerland, the STI has in recent years developed a certain philosophy of health development and of its own

---

\*\* Figures in brackets are to the references at the end of the article.

development. It has consequently become more geared towards international health programmes and partnership arrangements for the following reasons:

- Health development concepts and strategies are not universal and should therefore be adapted to the cultural, political, socio-economic and even biological specifics of individual countries. They may stand up well or prove a complete failure when tested in one or another system, and the pertinent conclusions should be drawn, even in the case of industrialized countries.
- The origins of and solution to health problems are to be found within the different complex and closely interlocking systems and sub-systems. A methodical approach is therefore called for that pays particular attention to the interface between systems; this will entail not only multidisciplinary, but above all inter-disciplinary teamwork.
- Changes to any health system must come from the local communities themselves if they are to be sustainable, and must not be imposed by foreign systems. Development cooperation must therefore be strictly limited to the provision of services or support to projects run by local communities, organizations or institutions. This will imply structural and attitudinal changes on the part of financial backers and their implementing agencies. Foreign technical assistance must also take the form of equitable partnership. This philosophy and these new approaches are gradually being implemented in Basel, as well as in Chad and Tanzania (4).

### **What role and strategies for the humanitarian organizations?**

For a variety of reasons, our concern centres on prevention of emergencies and ensuring better community response should they occur. The example of the wolf sparing his vanquished fellow should prompt us to reflect beyond what the remarkable International Red Cross and Red Crescent Museum shows us. Would the wolf act in the same way in the absence of a social structure, outside that structure, or if it had been destroyed?

Three considerations should be central to our thinking in this connection:

- Adequate means do exist for reducing the morbidity caused by priority communicable diseases. The problem is first and foremost one of implementation, especially among the most needy population groups.

There is no shortage of documents and handbooks on these approaches and techniques, especially at the World Health Organization, but they are not circulated widely enough and are therefore under-utilized.

- The new health development strategies give priority to cost-effective investment, improving the quality of health care through healthy competition between public and private sectors, decentralization to the medical district or region, and involvement of local communities in covering the cost of their own health care (5). These strategies should in principle reduce inequalities and facilitate health projects, but they may very well fall short of expectations, especially in terms of appropriateness to local conditions.
- To have a lasting effect, communicable disease control measures must be integrated harmoniously into peripheral health activities — not only services but also families, communities and their internal structures, both traditional and modern. Non-governmental organizations (NGOs) and local associations have played and will continue to play a pivotal role in this process. Their diversity and often their lack of professional management skills are drawbacks, but these may be regarded as assets when it comes to innovation and effectiveness.

For the purposes of its development and in reviewing its priorities, each institution should take stock of its own comparative advantages so as to optimize its effectiveness and complementarity. In this connection, National Red Cross and Red Crescent Societies are often among the oldest, best known and most highly organized of the local non-denominational NGOs. We believe that by departing from the beaten track, taking account of local circumstances, adopting clear-cut objectives and placing their experience and resources at the service of local associations, these Societies have an enormous potential contribution to make to health development.

To enhance motivation and to ensure that their initiatives have a lasting impact, they should have a wider “mission” as well as local objectives. The mission is obvious enough — caring for displaced persons and for those in greatest need in material, physical and spiritual terms. Naturally, the objectives have to be set locally on the basis of a consensus and must take the country’s socio-economic and cultural particularities into account. The International Federation of Red Cross and Red Crescent Societies should play a guiding role and serve as a clearing house for ideas and experiences.

Accordingly, we offer only some unstructured ideas, all of which we feel would slowly but surely help mitigate the impact of communicable diseases:

- identify people excluded from and/or overlooked by the health services, arrange for them to receive health care and monitor their cases;
- study migration to urban areas and promote the social integration of migrants and their inclusion in health care systems; facilitate the resettlement in rural areas of those wishing to return;
- support local associations working to improve health and the environment, for instance by assisting them in management and fund-raising, providing them with moral support if necessary, or helping to organize them into a federation if that would strengthen their activities;
- promote the dissemination and adequate use of health education material among families and communities, evaluate its impact and help to improve it;
- by the same token, ensure the regular circulation to the peripheral health services of key technical documents that often never go further than the central services;
- put across “messages” concerning the health and the problems of the most needy groups both to the periphery and to the centre and/or take initiatives to make the more privileged groups aware of inequalities in the domain of health.

These aims, which are mainly promotional in character, call for new capabilities, new motivation and a change of attitude. Indeed, it is more a matter of stimulating action than doing things for others, of encouraging others to associate among themselves rather than associating on their behalf, of prompting others to mobilize rather than mobilizing in their stead. Hence, for example, in the event of an epidemic or a major disaster, the yardstick of efficiency would no longer be the number of volunteers or mobile Red Cross or Red Crescent teams engaged in combating its effects, but rather the extent to which local communities and associations effectively participate in the operation with the support of the National Society.

Volunteer work should continue to exist, albeit alongside a core of true professionals with experience of social and medical programmes. The socio-economic aspect, including the sociology of organizations, would seem to be most crucial as it is still a frequent weak point of health systems. An approach of this kind would call simultaneously for a permanent process of internal evaluation and for research activities. The latter should of course focus exclusively on operations and action and should give preference to participatory methods of research conducted both with communities (“popular research”) and with universities. National Societies could thus serve as a link between health systems and the poorest population groups on the one hand, and between university scientists and “popular” researchers on the other.

## REFERENCES

- (1) Lengeler C. *et al.*: "Community-based questionnaires and health statistics as tools for the cost-efficient identification of communities at risk of urinary schistosomiasis", *Int. J. Epidemiol.*, 20, 1991, pp. 796-807.
- (2) L. Gilson: *Value for money? The efficiency of primary health care facilities in Tanzania*, University of London, 1992.
- (3) Tanner M., Kitua A., Degrémont A., "Developing health research capability in Tanzania, from a Swiss Tropical Institute field laboratory to the Ifakara Centre of the Tanzanian National Institute of Research", *Acta Tropica*, 1994 (in press).
- (4) Degrémont, A., "Réflexions sur la coopération de santé en Afrique", *Santé Publique*, 1994 (in press).
- (5) *World Development Report 1993: Investing in health*, World Bank, 1993, 399 pp.

**Professor Antoine Degrémont** has been Director of the Swiss Tropical Institute since 1987. He had previously gained a wealth of experience in tropical disease control from several years of practice in tropical countries, especially in Africa. He is a member of committees of experts on health problems at the Swiss Development Cooperation agency, the World Bank and the World Health Organization. In this capacity he has led or participated in several research projects on problems of epidemiology and control of parasitic diseases and on the assessment of health services in developing countries. Professor Degrémont has himself written or co-authored many articles on these matters.

# Illicit drugs and vulnerable communities

by LaMond Tullis

In the 1980s and 1990s vulnerable people worldwide have suffered assaults on their basic survival and civilized existence. Ethnic upheavals have convulsed the former Yugoslavia and new republics of the former USSR. The struggles have produced human tragedies beyond calculation in Rwanda. Political terrorists have operated freely in some Latin American, Middle Eastern, and Asian countries. Hunger, disease, ethnic strife, and praetorian governments continue to stalk much of Africa, Asia, and Latin America. Economic restructuring has marginalized citizens of some countries, placing people even further below already abysmal poverty lines. Families and civilized social values continue to disintegrate in the inner cities of the United States of America where income disparities between the poor and everyone else are increasing, threatening to create an underclass extending well beyond current geographical confines.<sup>1</sup>

Illicit drugs walk hand in hand with some of this upheaval and disintegration. In some countries that have severely criminalized the consumption of heroin, cocaine, cannabis, and methamphetamines, illicit drugs offer a King Midas touch to many vulnerable people who both consume and sell. Consuming illicit drugs becomes an escape from life's realities and a surrogate means to "journey abroad" or, in some subcultures, to promote social bonding. Selling illicit drugs to one another as well as to middle- and upper-class consumers frequently produces incomes beyond imagination.

---

<sup>1</sup> Catherine S. Manegold, "Study Warns of Growing Underclass of the Unskilled", *The New York Times*, 3 June 1994, A10. Citing a Labor and Commerce Department joint report issued on 2 June 1994, Manegold states that "most chilling of all, however, was a brief notation at the end of the second chapter which warned of a 'large, growing population for whom illegal activity is more attractive than legitimate work'".

In net producing or transiting countries such as Mexico, Colombia, Bolivia, Peru, Myanmar, Laos, Thailand, Afghanistan and Pakistan, growing the botanical precursors to internationally traded illicit drugs (e.g., opium poppies, coca bushes, and cannabis plants) and refining and marketing them offer hundreds of thousands of people income opportunities frequently well beyond anything else they might pursue.

For whatever reason individuals may choose to participate in an illegal economy, with illicit drugs there is a temporal slide for some people into at least one unfortunate consequence—chronic or addictive consumption. This appears to occur most dramatically among marginalized people for whom normal society and the normal economy hold little attraction. For example, although the number of people consuming illicit drugs in the United States has declined overall by as much as one third in the last several years, chronic and addictive consumption among the country's underclass in its inner cities has increased. Drug abuse is a concern elsewhere, too. Peru, still the world's largest producer of coca (from which cocaine is derived) once had few non-traditional consumers of its own products. Now, however, thousands of street urchins in the employ of underground drug entrepreneurs take some of their pay in *bazuco* (semi-refined cocaine). Young girls sell their bodies both for *bazuco* and for food. As a result, many marginalized families have lost any traditional influence over their young. Worse, some parents send their children to the streets because they are unable to feed them at home.

Pakistan has had a ten-fold increase in heroin addicts in the past decade (now up to more than one million). Hill tribes in Myanmar, Thailand and Laos now consume heroin rather than the less dangerous opium. Heroin addiction is increasing in Eastern Europe and the republics of the former USSR. Cocaine has recently made substantial inroads there, too. Buoyant consumption of illegal drugs makes attractive circumstances for traffickers, international criminal organizations and some political terrorists who struggle for control of people's lives and territories in the interest of serving an expanding international market and distributing their political wares.

Illicit drugs are consumed by diverse people worldwide from all social classes and with frequencies that range from casual to addictive. Granting that all kinds of people have, and can, become addicted to illegal drugs, communities made vulnerable by internal wars and economic despair appear to be exceptionally vulnerable to chronic consumption and addiction—both to escape reality and to earn money to survive in it. The costs to individuals and societies are incalculable but nevertheless huge.

Is there a remedy, and can the Red Cross/Red Crescent help? No and yes. The large, macro-economic considerations that produce and maintain communities of poverty and potential drug vulnerability in the 1990s are unlikely to be changed in the short run. If they were, chronic and addictive drug consumption could be expected to decline, and certainly development efforts should be encouraged to this end. However, any single organization is unlikely to have much global impact.

The ethnic upheavals of the current decade are perhaps beyond anyone's capacity to resolve, except through time and, it is to be hoped, the emergence of sanity and reason in new national leaders. If these wars were resolved, one could expect vulnerabilities on many fronts to decline, including the drug front. Resolution of ethnic strife and discrimination should be encouraged, while it should be realized that, if not intractable, the problems have no short-term solution. The Red Cross/Red Crescent probably cannot reduce the causes of these conditions even though it effectively administers humanitarian aid for some of their tragic outcomes.

The social/psychological conditions contributing to social disorganization and disintegration of families might be countered to some extent by non-governmental organizations such as religious, community, and self-help groups that appeal to people's sense of intrinsic self-worth. This could motivate their hope, help rekindle family loyalties to children and the aged, and assist all to acquire appropriate survival skills (e.g., parenting, income earning, world view). Among affected communities, this could have a substantial impact on propensities to abuse drugs. Interest and success could be focused at manageable levels on many vulnerabilities associated with illicit drug taking.

Here the Red Cross/Red Crescent could be most useful. It could collaborate with—even take the initiative to help develop—a broad swath of community organizations and groups to assist people, as communities and families, in reducing their vulnerabilities, becoming reintegrated and starting a new life. This cannot be thought of in “maintenance” terms such as are frequently associated with traditional humanitarian or welfare aid. Rather, it must be viewed in the context of longer-term collaborative efforts that affect not only people's physical circumstances but their social, cultural and psychological lives. Target groups would have to be selected on the basis of a potential critical mass of community collaboration and absence of absolutely crippling macro-economic, political or social conditions. This would, of course, impose ethical decisions in the selection of communities and require collaborative efforts.

There is a growing realization that prevention and rehabilitation to help vulnerable people succumb less to addictive illicit drug taking must

be coupled with community-wide integrated efforts that involve peers, family, community leaders, religious figures, cultural heroes, and schools, and that these efforts must be combined with explicit values disseminated with peer and hero role modelling at a fairly early age.

Regarding peers and family, it has long been established that peer influence *for* drug taking has been substantially effective.<sup>2</sup> The question is, can that same influence be channelled into inducing *antidrug-abuse* behaviour? Up to 1982 the question was hardly ever asked. One author reported that "even a cursory review of current prevention and treatment strategies reveals that the peer friendship network has been all but ignored as a specific target for intervention."<sup>3</sup> It would appear that considerable latitude yet exists to orchestrate peer-influenced antidrug-abuse behaviour. The Red Cross/Red Crescent could do valuable work.

More interest has developed in the family as a means of reducing illicit drug abuse, at least where families, loosely construed, still exist, and where interventions may occur not only to help families come to grips with internal stress over addiction but also to make them a positive influence in its avoidance.<sup>4</sup> This is seen as being especially promising for female children, who appear to be more likely affected by family antidrug-abuse socialization than are male children.<sup>5</sup> Regardless, it might be said that the new frontier in abuse-reduction possibilities is parental involvement in reducing their children's drug dependency.<sup>6</sup> Thus the family is seen as one of the promising community resources that can be utilized for the prevention and reduction of drug addiction.<sup>7</sup> In the application of public health programmes the Red Cross/Red Crescent has developed a body of expertise in dealing with families as primary educational and gate-

---

<sup>2</sup> Kirk J. Brower and M. Douglas Anglin, "Developments, Trends, and Prospects in Substance Abuse", *Journal of Drug Education* 17:2 (1987), pp. 163-180.

<sup>3</sup> Delbert S. Elliott, David Huizinga, and Suzanne S. Ageton, *Explaining Delinquency and Drug Use*, Behavioral Research Institute, Boulder, Colorado, 1982, p. 148.

<sup>4</sup> See, for example, S. K. Chatterjee, "Drugs and the Young: Some Legal Issues", *Bulletin on Narcotics* 37:2-3 (1985), pp. 157-168; Mark Fraser and Nance Kohlert, "Substance Abuse and Public Policy", *Social Service Review*, March, 1988, pp. 103-126; and Reginald G. Smart, *Forbidden Highs: The Nature, Treatment, and Prevention of Illicit Drug Abuse*, ARF Books, Toronto, Canada, 1983.

<sup>5</sup> Jeanette Covington, "Crime and Heroin: The Effect of Race and Gender", *Journal of Black Studies*, June, 1988, pp. 487-506.

<sup>6</sup> Kent A. Laudeman, "17 Ways to Get Parents Involved in Substance Abuse Education", *Journal of Drug Education* 14:4 (1984), pp. 307-314.

<sup>7</sup> F. Ruegg, "For an Overall Approach to Prevention: Basic Critical Considerations", *Bulletin on Narcotics* 37:2-3 (1985), pp. 177-184.

keeping institutions. This expertise might be brought to bear on the addictive drug front.

Along with working through peers and families, community action is shown to be helpful. At this level, the Red Cross/Red Crescent might be particularly effective because of its long history of working with people's problems, not their politics.<sup>8</sup> It could be a catalyst for bringing ideas and people together in the interest of improving public health and reducing social vulnerabilities.

In many countries there is a clear tendency away from treating individuals outside the context of their actual lives as social human beings. Aside from integrating the resources of family, community, and religion, these new approaches may involve, by modern standards, curious particulars. For example, herbal therapy, although practised for hundreds of years before its decline in the twentieth century, is making a return with an integrated support system reminiscent of traditional religion.<sup>9</sup> For the same reasons, traditional medicine, as practised in Malaysia and Thailand, is used to treat some heroin abusers when their personalities and perceived needs so dictate. For these people, traditional medicinal approaches have been more effective than normal institutional treatment.<sup>10</sup> In New York City's Lincoln Hospital, even acupuncture is used to relieve withdrawal symptoms, prevent drug craving, and increase the participation rate in long-term treatment programmes.<sup>11</sup> In all these cases orchestrated family, community and other resources are brought to bear on vulnerable people and the circumstances that create their vulnerabilities.<sup>12</sup> Helping to orchestrate "resource integration" may be a point of entry for the Red Cross/Red Crescent to initiate discussions and contribute services in the interest of reducing drug abuse among vulnerable communities.

---

<sup>8</sup> See the discussion in LaMond Tullis, *Handbook of Research on the Illicit Drug Traffic*, Greenwood Press, New York, 1991, pp. 120-121 and 218-219.

<sup>9</sup> See Ethan Nebelkopf, "Herbal Therapy in the Treatment of Drug Use", *The International Journal of the Addictions* 22:8 (1987), pp. 695-717.

<sup>10</sup> See Sally Hope Johnson, "Treatment of Drug Abusers in Malaysia: A Comparison", *The International Journal of the Addictions* 18:7 (1983), pp. 951-958; and, Vichai Poshyachinda, "Indigenous Treatment for Drug Dependence in Thailand", *Impact of Science on Society* 34:133 (1984), pp. 67-77.

<sup>11</sup> M. O. Smith and I. Khan, "An Acupuncture Programme for the Treatment of Drug-Addicted Persons", *Bulletin on Narcotics* 40:1 (1988), pp. 35-41.

<sup>12</sup> An extended bibliographical discussion on treatment programmes may be found in LaMond Tullis, *Handbook*, pp. 137-141; pp. 177-184.

There is success and much failure. The Red Cross/Red Crescent as an independent non-governmental organization that has general non-politicized credibility could help tip a positive balance in assisting vulnerable communities to distance themselves from their vulnerabilities.

**LaMond Tullis** is professor of political science at Brigham Young University. His principal publications include *Lord and Peasant in Peru* (Harvard); *Politics and Social Change in Third World Countries* (Wiley); and, *Handbook of Research on the Illicit Drug Traffic* (Greenwood). Since 1987 he has focused his research on the socio-economic and political consequences of the international traffic in illicit drugs. On that subject he has directed research projects for the United Nations Research Institute for Social Development, the United Nations University and the David M. Kennedy Center for International and Area Studies. His latest book manuscript, now under publication review, deals with socio-economic and political consequences of the illicit drug traffic in nine countries.

# The poorest of the poor, partners for a more equitable society

by Régis De Muylder

During the century now nearing its end, the human race has undoubtedly fostered the notions of peace, solidarity and human rights. For this purpose, it has established bodies transcending national borders and creating awareness that everyone is a citizen of the world. Paradoxically, this century has also attained extremes of violence and horror. Yet the paradox is only apparent, since the awareness came about precisely because conflicts grew to world proportions.

On the occasion of the 75th anniversary of the International Federation of Red Cross and Red Crescent Societies, the ATD Quart Monde movement<sup>1</sup> has been invited to join it in the study of vulnerable communities. The movement can do this only by delving into its own history, covering more than thirty-five years of commitment among the poorest people in the world.

In 1956, Father Joseph Wresinski<sup>2</sup> discovered a camp of homeless people at Noisy-le-Grand, on the outskirts of Paris. There were 252 families, cut off from the rest of the world, living in shelters made of asbestos-cement sheets, with no amenities, and with only about ten public water taps to supply water for all those in the camp. Father Joseph settled among these families and shared their living conditions.

A few years after the Second World War, the horrors of which provoked the unanimous cry of "Never again!", Europe was rebuilding, excluding a part of the population from the society of peace and prosperity

---

<sup>1</sup> *Aide à Toute Détresse Quart Monde* (Aid to all distress in the Fourth World).

<sup>2</sup> Joseph Wresinski (1917-1988), a priest, founded the ATD Quart Monde movement in 1957.

that it claimed to be setting up. Speaking to a group of people who came to see him at Noisy-le-Grand in 1963, Father Joseph commented that: "*Society does not intend to move people out of its path, but it leaves them to one side and moves on, often without even noticing them. Thus, with no bad intentions, without any preconceived ideas, families are nevertheless thrust aside*".<sup>3</sup>

For the poorest of the poor there have always been terms, such as "isolated cases", "maladjusted individuals", changing of course over the years, but invariably conveying the idea that such people are themselves responsible for their plight. Father Joseph had always felt that this attitude was wrong; at Noisy he became convinced that it was, and said so. As a child he had known poverty; as a young priest he had witnessed the sufferings of the very poor in his parish. Later, he was to declare: "*At Noisy-le-Grand, it all began to make sense. I said to myself, these people are a nation, the nation of poverty. They are gathered together, not as part of a plan, a happy occasion, but because of their suffering. That is what unites them, shuts them off, humiliates them*".<sup>4</sup>

By its very existence, the "nation of poverty" challenges our society. This in itself constitutes an appeal to make contact with those people. For Father Wresinski, doing so was not entering an unknown world - on the contrary, it was rediscovering his own past, his own familiar surroundings. But he very soon recognized that he could not remain alone amid the families in the camp at Noisy. By sharing their intolerable existence, and remaining alone, he would either become repelled or would sink into apathy with them. Refusing to accept the situation, after a very short time he founded an association including the camp's inhabitants, convinced as he was that he must prompt people in all walks of life to abolish poverty. "*What could we accomplish, the families and myself, unless men and women wanting what we wanted - to eliminate poverty and its shame - rallied to our side?*"<sup>5</sup>

Amid the homeless, Father Joseph became utterly certain of what he had long felt: poverty destroys those who experience it. Because it destroys human beings, poverty challenges our society and calls upon it to reach out to the very poorest. "*Something has to be done ... because poverty destroys our fellow beings, and anything that destroys my fellows destroys me also*", said Father Joseph in 1963.<sup>6</sup>

---

<sup>3</sup> J. Wresinski, *Ecrits et Paroles* (Writings and sayings), p. 161, Editions St Paul-Quart Monde, Paris, 1992.

<sup>4</sup> J. Wresinski, *Les Pauvres sont l'Eglise* (The poor are the church), p. 149, Editions Le Centurion, Paris, 1983.

<sup>5</sup> J. Wresinski, *ibid.*, p. 152.

And because poverty destroys human beings, contact with the very poor brings us nearer to all who are afflicted by any kind of suffering that impairs human dignity. Moreover, we cannot but be close to those who strive to win respect for the rights of all human beings.

Extreme poverty, whether in industrialized or developing countries, is a threat to all the social and family relationships that individuals normally establish with those around them. Such relationships become gravely weakened, to the point where they may break down completely, so that the very poor are in the end excluded from society. It should be pointed out at once that they do not accept this situation passively, without reacting. They struggle to prevent themselves being broken by poverty, they try to maintain ties with their friends. They do so, it is true, with pathetic resources, and with no mutual comprehension between them and the society around them, so that there is little chance of their struggle being successful.

## **Relations with society around them**

Poor people always hope to find a school where their children will feel at ease and will learn, to find facilities (whether administrative authorities, a health centre, a social welfare office) where they will be pleasantly received, where nobody will reproach them for their poverty-stricken appearance or their difficulties in expressing themselves. Yet often we hear poor people say, "They don't understand us there - I don't want to go there, I'll be sent away". It seems that there is a gulf between society and its poorest members.

I think of a family living under a bridge in a big city in South-East Asia. Despite their intolerable living conditions, the mother, a widow, wants her children to go to school. This was possible for a time, thanks to her efforts, to support from friends and to the commitment of some teachers. But the children's attendance at school soon became irregular and finally impossible. The difficulties of daily life were a threat to the children's schooling, and we realized that the mother was afraid. Although the school has children from a nearby shanty town, her children are even more poverty-stricken than they are, and the mother doesn't want them to be ridiculed. In addition, one of the children has a skin infection — understandably, in view of the conditions in which the family lives —

---

<sup>6</sup> J. Wresinski, *Ecrits et Paroles*, p. 171.

which does not heal in spite of a number of treatments. This makes the mother all the more fearful about the school: "I'm afraid that he will be taken away from me and placed in a centre". At the school, the children's absence has been deplored; it is pointed out that the mother is sometimes drunk, and that she does not encourage her children to take up an apprenticeship. Yet, very early every morning, the mother does her utmost to get the children ready for school - and if you live under a bridge, this demands a level of dedication that cannot be imagined by anyone who does not live in such conditions. It is true that the mother is absent when the children return from school: it is the time when she goes to the market to earn something to enable her to bring food back for the family. Moreover, since she is illiterate, how could she possibly help her children with their lessons ?

This is how a breach occurs between the very poor and the rest of society. Those in extreme poverty have an attitude that others do not understand, because they are not sufficiently aware of the lives of the poor, whose behaviour appears disordered, so that finally this disorder is thought to be the cause of their plight, when in fact it is an effect. If the lives of the poorest of the poor were better known, there would be greater understanding of what is behind such disorder. Let us consider another example, the situation of a family living in Europe.<sup>7</sup>

The Parin family lives in a shack infested with rats and bugs, at the far end of a village. The father has lost his job, and family allowances have ceased. The year is 1978. There is no electricity; the family fetches water from a tap in the cemetery, at the other end of the village. They try to scrape a living from small jobs performed by the father, but these are very uncertain. As long as they had a bit of money, they bought their coal. Later, the father went to the authorities to ask for a voucher for coal, but was refused and called an idler. That winter, the cemetery tap froze, and the situation was desperate. The father began to rip planks from the shack to make a fire. At that point the neighbours became worried: they informed the police, who took the children away and charged the parents with wilful negligence.

It will be asked why parents whose children were undernourished and had chilblains did not seek help from a health care facility. In fact, when they had taken their children to the hospital earlier, they had been threatened with having the children taken away if they brought them again in

---

<sup>7</sup> This account is given in detail in the journal *Igloo-Quart Monde*, No. 110, *Pour une politique de la responsabilité collective* ("Towards a policy of collective responsibility"), published by Quart Monde. We here use the fictitious name given to the family in the journal.

poor condition. Living in such destitution meant that the family sank down into another world, a world outside society, where nothing linked them any longer to other people.

## The social context

In the poorest districts, in shanty towns where poverty is widespread, it can be seen, if one takes the time to get to know the inhabitants well, that the poverty is not uniform.

Let us take the case of a shanty town situated beside a public refuse dump in a city of Latin America. Families there live alongside the refuse, in shelters made of planks, corrugated iron sheets, cardboard or rags. The poverty is so great that one wonders how anyone can live there. Then, as one meets the people who share this existence, one gradually realizes that not everyone is equally deprived, as evidenced by examples from specific areas of daily life (family life, which we consider fundamental, will be dealt with in the following chapter).

**School:** All the children living in these places have to work, if only to help their parents and under the parents' supervision. They are forced to do so because of their generally precarious situation. But this does not necessarily mean that they receive no schooling. A child may work for a few hours and go to school for part of the day. So there is a balance, albeit a fragile one. When poverty is too great, this balance is destroyed, and schooling is no longer possible.

**Organization of social life:** In spite of the indigence, life is organized round work, and committees are even formed to obtain improvements in the surroundings. We then observe that the very poorest people take little if any part in such organization and so receive none of its benefits.

Many more examples could be given, concerning access to health care, relations with the authorities, etc. What is clear is that the greater the poverty the less those affected are able to assume their responsibilities and enjoy their rights as citizens. Indeed, extreme poverty could be described in terms of the enjoyment of rights and the exercise of responsibilities, it being understood, of course, that we refer to the rights and responsibilities devolving normally on citizens in the context under consideration.<sup>8</sup>

---

<sup>8</sup> In the report "*Grande pauvreté et précarité économique et sociale*" (*Extreme poverty and economic and social insecurity*), presented by J. Wresinski to the French economic and social council, the following definition of extreme poverty is given: "Insecurity is the absence of one or more of the assured conditions enabling individuals or families to

This difficulty in exercising rights and responsibilities increases as poverty becomes greater. There is not, in fact, any strict demarcation between poverty and extreme poverty. It is therefore of interest to consider the place of the poorest in a group of poor people. The conduct of the group as a whole towards the most deprived members is not simple, nor is it devoid of ambivalence.

First of all, a kind of defensive reaction is noticeable, since in their poorer neighbours the poor see what might happen to them if their own situation worsens. And they want to protect themselves against that. Hence there is a tendency to set the poorest apart. For example, we have found parents preventing their children from associating with a family whose children took drugs. What they wished to do was to protect their children against this type of behaviour, which they knew to be dangerous, while also knowing perfectly well that young people living in such conditions are driven to take drugs. When a project is drawn up and holds out the promise of improvements that are absolutely necessary, the most active among the poor people want to do their utmost to obtain them, and are not immediately willing to move at the pace of the poorest, which might slow down or even threaten the project. We said, in the preceding chapter, that the most deprived people behaved in a way that seemed disordered in the eyes of society. It should be pointed out that such behaviour may also appear disordered to their neighbours, and this too helps to cause a breach between them and the poorest of all.

However, the group is also capable of showing solidarity towards its poorest members. Daily life frequently brings such gestures of solidarity, the most obvious being those that occur at the most dramatic moments: someone's death, a dwelling swept away by a landslide, or when a family that has lost everything and is welcomed into another family's home.

If action depends solely on the most dynamic of the group, it will thrust the poorest to the sidelines. Yet if they are the only people considered, they are in danger of being set apart if they receive assistance. The poorest of all need to recognize their place within their own world, which in turn needs to be able to depend on the most deprived members. Any action taken must therefore benefit the group as a whole, while making sure that the very poorest take an active part.

---

*assume their occupational, family and social obligations and to enjoy their fundamental rights. The resulting lack of confidence may be more or less extensive and may have more or less serious and permanent consequences. It leads to extreme poverty when it affects a number of areas of existence, when it is long-lasting, when it jeopardizes the likelihood of reassuming responsibilities and repossessing rights for the foreseeable future". See Journal officiel de la République française, 28 February 1987, p. 6.*

## Relations within the family

Even relations inside the family are jeopardized by poverty. This is undoubtedly the worst threat, for the family is the last place where, for the poorest of all, human relations are still possible. When they have lost that, they have lost everything. I would like to illustrate this by describing the plight of children forced to live on the street. In its 1993 report, UNDP told us that the situation of such children is “one of the most obvious symptoms of urban poverty” and that “these children often do have a home and parents”.<sup>9</sup>

What exactly is happening? I will give the example of two children whom I knew in Central America; at the time, they were aged 12 and 14. When I met them they were working on a public refuse dump: all day long, they searched untiringly among the refuse for something that they could sell. Like many children living in this way, they drugged themselves by sniffing glue. I got to know these children very well. But where did they go in the evenings? One day I met one of them in a small shanty town beside the dump. After hesitating a moment, he took me to a little shack, in fact a miserable shelter. That is where he lived. He introduced me to a woman whom I had met elsewhere, and said, “This is my mother”. That is how I was able to make the link between these children met on the dump and this woman, their mother, who, as I had observed earlier, lived in the most abject poverty. From that time on, our relations with the family grew closer. We noticed the extent to which poverty weakens family ties and may go as far as to destroy the family. Starting by working outside, a necessity for the family’s survival, the children end up living independently in the street. Incidentally, we were able to follow this mother’s fight to save something of the family ties. This was demonstrated by the fact that every evening the children were able to find a welcoming home with her. The children, too, did their utmost to maintain these ties.

In some cases the ties weaken so much that they break down completely. However, this happens only at the end of a process against which families struggle as best they can. The immediate consequence of this, as I see it, is that we can do nothing for and with children unless we rely on their families. What is true for children is true also for any other member of the community. Thus we regard it as vital to link the rights of the individual with the rights of the family and, more widely, with those of their community.

If poverty weakens the ties normally established by an individual with those among whom he or she lives, any work devoted to the poorest must

---

<sup>9</sup> UNDP, Report on human development (1993), p. ??

aim to strengthen these ties. This cannot be done except by supporting the efforts made by the individuals themselves — and we have already shown the extent to which they do so.

This being so, the first step of all is to get to know them. With the poorest of the poor the only way is to build a gradual relationship of trust. Such knowledge is not acquired through surveys or statistical studies, but through daily commitment over a long period. It is in this sense that Father Joseph Wresinski explained that all he had done with the poorest people within the ATD Quart Monde movement “*arose out of our shared life, never out of a theory*”.<sup>10</sup> A shared life at once re-establishes the ties that have been broken by poverty.

We have mentioned the link between extreme poverty and the enjoyment of rights and the exercise of responsibilities. It is only to the extent that the poorest are able to recover the enjoyment of their rights and the exercise of their responsibilities that they will be able to feel that they are full members of society and thus take part in social life. That is the purpose of our commitment with them. However, the poorest of the poor, deprived of education and often excluded for several generations, do not have the resources to take part in society. Yet their experience of life and of suffering is essential to the whole human race. In the search for a peaceful world, a more amicable world, their unparalleled and unique experience should be turned to account. But they have no way of expressing it: poverty encloses the poorest of all like a wall shutting them off from the outside, even making it impossible for them to let their minds explore new ideas.

In the boxed text at the end of this article, we describe a project carried out in a rural area of Central America and based on the “sharing of knowledge”. This kind of project has been tried out in very different contexts, in industrialized as well as in developing countries. Naturally, the methods must be adapted to each context, but the common basis is that sharing of knowledge which makes it possible to break out of the confinement created by poverty. It is the prerequisite for partnership with the poorest of the poor.

**Régis De Muylder** was born in 1956. He is Belgian, married, with four children, and is a physician. In 1982 he joined the voluntary workers of the ATD Quart Monde movement, together with his wife. In Guatemala, where he went in 1983, he first took part in a “Savoir-Santé” project in a rural area, then in others in very poor districts of the capital. Since September 1993 he has been working in the movement’s international centre at Pierrelaye, France.

---

<sup>10</sup> J. Wresinski, *Les Pauvres sont l’Eglise*, p. 152.

**FROM SHARING KNOWLEDGE TO PARTNERSHIP:  
THE EXAMPLE OF THE "SAVOIR-SANTÉ"  
(KNOWLEDGE-HEALTH) PROJECT**

The "library of the fields" (called "library of the streets" in urban areas) is a library that goes where the families live, in the heart of the village or the district. It provides an activity that brings contact with the people: everyone is invited to join in. Those in charge of the library may visit families, so as to get to know them and build up relations of trust with them. The project also makes it possible to have effective links with the poorest of all.

The library always functions on the basis of books, but not with the aim of making people literate. The books, which are chosen for their illustrations and for the subjects they deal with, play a vital role in stimulating an opening to the world, helping to discover the environment, encouraging discussion among the various users of the library. It also serves as a base for other activities encouraging self-expression (drawing, painting, various workshops). Knowledge is not only a window on the universe, but is also essential for creating a favourable personal image, for it is all too true that the poorest people are judged according to their unfavourable conditions (illiteracy, mortality, isolation, and so on).

Once reciprocal trust and knowledge have been created, other projects can be planned. The idea is not to propose projects for the community that have been devised outside it, but to meet the poorest people in the context of projects that they nurture within them but are unable to express initially, precisely because of their extreme poverty.

This was how we worked in connection with child malnutrition. Contact with the part of the population most closely concerned by this situation showed us that it was not possible to get sustained action on malnutrition - which was a pernicious and painful reality - by suggesting an answer in the form of food aid. On the other hand, it was possible to get action in relation to an issue that the people regarded as important, namely, the development of the young child. The fight against malnutrition must first of all take into account the family unit, and only subsequently take action on the nutritional and medical levels. It was with the poorest families that we devised and implemented the project "*Savoir-Santé*", which represents a global approach responding to realities as experienced by the most deprived families.

### **III. The role of the Federation**

---

## The challenges of human development

### *THE FUTURE OF THE RED CROSS IN LATIN AMERICA AND THE CARIBBEAN*

by **Meneca de Mencía**

The very title of this work is thought-provoking for any member of the International Red Cross and Red Crescent Movement, but especially one from Latin America or the Caribbean.

What exactly is meant by human development? According to various experts, its basic objective is to create an environment that allows people to enjoy long, healthy, dignified and creative lives.

In my opinion, the multiple aspects of development cannot be covered adequately in a single issue of the *Review*. Indeed, whenever we pause to look closely at the work of the Red Cross (and Red Crescent), we cannot help feeling compassion for defenceless humanity and are spurred on to encourage development as a means of alleviating the problems of those we call the vulnerable.

I remember when, years ago, I first began to serve as a volunteer with a group of women, all of whom were doctors' wives. We doubtless worked hard at our task, which was to provide assistance for a group of malnourished children.

The problem seemed enormous at the time, but in the 1980s and 1990s, after I had joined the leadership of the International Red Cross and Red Crescent Movement and gained a wider perspective, the plight of a few hungry children no longer seemed quite as significant. I came to realize that although nature has endowed us with many resources we are currently threatened by a growing number of new or worsening ills, such as AIDS, wanton violence, the loss of basic human values, the breakdown of the family, a permissive attitude towards young people, the degradation of the environment, man-made and natural disasters and, over and above all this, overwhelming poverty.

Statistics compiled by experts worldwide give staggering figures for the poverty-stricken and often totally destitute people who make up vulnerable groups. In the face of this situation, the Red Cross needs to find more effective ways to meet the challenges of human development.

A recent study by the International Federation of Red Cross and Red Crescent Societies discusses in detail the need to redirect Red Cross efforts towards improving the situation of the world's most vulnerable people.<sup>1</sup> This study, which in my opinion is a highly serious one, offers us an excellent opportunity to modify the traditional Red Cross approach in such a way as to promote necessary change and remove the remaining obstacles to development. Fortunately, the International Red Cross and Red Crescent Movement is able, thanks to its many dedicated volunteers, to seek solutions imbued with humanity and respect for the Fundamental Principles, and to implement them for the benefit of the most vulnerable groups.

The study also provides important guidelines to help us give our activities new impetus and assess to what extent our responses meet existing needs. I firmly believe that it is essential to follow these guidelines. Various National Societies have already found appropriate ways of strengthening their activities and programmes, trading in their traditional approach for an updated one, and they deserve special recognition for this. Others are actively seeking new paths and they, too, deserve praise. All these Societies are helping to make the Movement more effective in its endeavour to assist the most vulnerable and needy groups and offer them the opportunity to play an active part in their own development.

There is moreover a growing trend within the Movement to build strategies at the international level, in cooperation with other development aid agencies, so as to achieve the most effective results and guarantee respect for human dignity.

However, the reshaping of Red Cross strategies in the area of community services is entirely dependent on the development of the Red Cross itself. The study points in particular to a tendency towards centralization among many Latin American and Caribbean National Societies. I feel that this problem reflects a traditional work pattern, possibly adopted as standard procedure in performing the tasks entrusted to our National Societies prior to the emergence of the new strategies, combined with a shortage

---

<sup>1</sup> *Los retos del desarrollo humano - El futuro de la Cruz Roja en América Latina y el Caribe*, International Federation of Red Cross and Red Crescent Societies, Editorial Absoluto S.A., San José, Costa Rica, 1993, Vol. I, 284 pp., and Vol. II, 856 pp.

of economic resources — a key factor which has seriously hampered internal development.

If we truly wish to change our approach and join the international consensus on development aims, we shall have to overcome some serious difficulties. Indeed, the socio-economic crisis in Latin America, and especially in the Caribbean, is hardly conducive to social well-being. However, the international community's will to tackle the problem has already stimulated greater participation in efforts to bring about a gradual improvement in the living conditions of the most vulnerable groups.

The study also strongly urges us to step up social welfare programmes and to include efforts to eradicate poverty as a basic part of all humanitarian work. We cannot turn a deaf ear to this vibrant appeal.

It is vital that we follow, in the years to come, the guidelines set forth in this study and the recommendations made in the Federation's strategic plan. Every effort must be undertaken to make optimum use of the human and material resources available within the Movement, and to assume the responsibility of making the changes needed to remedy our shortcomings.

To this end, each National Society must reshape its internal policies with a view to becoming more competitive and strengthening its institutional credibility. If we succeed in making the necessary changes for the future, we shall undoubtedly give greater prominence to the role of the Red Cross and be better able to fulfil our duty to provide assistance, protection and development to the most needy and ensure that they are given priority as beneficiaries and participants in the development process.

By adopting the strategies set forth in this study we shall be able to project an image that corresponds more accurately to the vast experience we have acquired in our numerous activities and is more in keeping with the Movement's aims. We shall also be better prepared to devise solutions and involve our fellow citizens in efforts to promote peace.

The study focuses specifically on 32 National Societies, including the Honduran Red Cross, of which I have the honour to be President. This provides me with the opportunity to comment on a subject which concerns me directly. Honduras is one of many countries going through a period of socio-economic crisis and beset by extreme poverty. Although the population is in need of large-scale assistance, there is unfortunately no tradition in the country of participation by vulnerable groups in their own development. Various United Nations bodies and friendly governments have promoted training programmes for senior staff of social welfare and development agencies and have helped the Honduran government launch community development programmes in various sectors with the help of such staff. These efforts, and those undertaken by the government itself,

have encouraged the most needy communities gradually to take a more active part in improving their own situation. However, such efforts remain a drop in the ocean compared with the enormous needs which remain to be met.

The Honduran Red Cross is striving to bring about the necessary changes and, although it has not yet managed to introduce a social welfare policy aimed at promoting development, it is fully aware of the importance of doing so.

The study specifically recommends that our National Society conduct activities aimed at helping the most vulnerable groups and suggests basic guidelines for doing so. Before such activities can be undertaken, however, considerable groundwork must be done within our Society itself to develop appropriate strategies based on current experience. What we require are projects for the needy in which, as was the case in the campaigns to control cholera, the beneficiaries are the main participants and are thus able to help themselves.

The Honduran Red Cross is ready to reassess and reshape its internal work plan, giving it a practical focus, in accordance with the recommendations set forth in the study. Above all it must mobilize its resources and channel its efforts towards providing services for women and children, especially among the most vulnerable groups.

These comments are offered with a view to promoting follow-up to this important study, in the preparation of which I had the privilege to take an active part, and whose title I believe accurately reflects the problems at hand.

**Meneca de Mencía** is a Vice-President of the International Federation of Red Cross and Red Crescent Societies and President of the Honduran Red Cross.

# The role of the Federation in communicable disease prevention and control

by **Dr. Cleopas Sila Msuya**

As late as the 1970s, conventional wisdom in epidemiology held that communicable diseases were on their way out as the predominant contributor to the world's morbidity profile, and were being replaced by non-communicable diseases (NCDs) comprising degenerative diseases such as diabetes, circulatory disorders and cancers, and by accidents. Except for the developing countries, most of the rest of the world was already experiencing this so-called "epidemiological transition" from the terrible epoch of famines and pestilence that lasted from the dawn of mankind to the middle of this millenium, followed by the age of epidemics that culminated with the influenza pandemics of the earlier part of this century, to the prevailing situation since the 70s where diseases largely due to changed lifestyles — lack of exercise, high-fat diet, smoking and other substance abuses — predominate.

With the scientific advances that followed the Industrial Revolution, the elaboration of the germ theory of disease causation propounded and proved by Robert Koch, the discovery and development of antibiotics pioneered by Alexander Fleming and the much earlier work by Edward Jenner in the field of vaccination, communicable diseases were expected to be ultimately overcome. In view of the successful eradication of smallpox, this idea was not far-fetched at all. Developing countries, it was thought, were only a few steps behind but going in the same direction, when the time came they would, like their counterparts in the developed world, have their transition too. Indeed, there was ample evidence that this was happening. Diabetes, which was rarely seen in the 60s, was beginning to appear with greater regularity in hospital admissions and cause-of-death statistics. So were heart disease, hypertension, lung cancer and liver cirrhosis, to mention only a few. The epidemiological landscape,

while still quite different in the developed from that of the underdeveloped world, was gradually, decade by decade, becoming similar.

Were it not for the appearance in the early 80s of the AIDS pandemic, perhaps this projection would have come true and the age of non-communicable diseases would not, as it were, have eluded the developing world. The advent of HIV infection and AIDS has ushered in an extension of the age of communicable diseases —most definitely in the developing countries and to significant extent in the developed world as well. The human immunodeficiency virus which has succumbed neither to vaccine nor to antibiotic continues to promote, through its uncanny ability to destroy the immune system, many communicable diseases including those that were considered to pose little threat to public health, for example tuberculosis, whose rapid resurgence in giving rise to concern all over the world, and other infections which only a decade or so ago were of no importance at all. In the developing world, where the epidemiological evolution described above remains incomplete, old-established communicable diseases such as diarrhoea and malaria and newer scourges such as AIDS and AIDS-related diseases continue to dominate the morbidity and mortality profiles. Prevention and control of these and all other communicable diseases therefore become a priority for all nations in the developing world and for international partners who participate in health care provision in its many forms.

The Federation's role in the prevention and control of communicable diseases has been summarized in several key documents and resolutions. In the resolution on "Strengthening the Role of the Federation in Communicable Disease Prevention and Control" adopted at the IXth General Assembly, Birmingham, 1993, the Federation is urged to "...ensure that each National Society is adequately equipped to respond to the problem of endemic and epidemic communicable diseases". In another resolution the same Assembly "...urges all National Societies to strengthen and develop their capacity for advocacy and implementation of sustainable activities in the field of water and sanitation by providing staff and volunteers with knowledge, skills and training ability in basic hygiene methodologies, water quality protection techniques, distribution and storage of water in disaster relief situations and the control of communicable diseases". Further, the Secretary General of the Federation is requested to assist National Societies in the above activities and to share information and elaborate policy guidelines on water supply and sanitation.

On AIDS, specifically, the Federation at its VIth General Assembly in Rio de Janeiro in 1987 laid down the following recommendations:

1. All National Societies should actively support and ensure cooperation and consistency in their government's AIDS control programmes.
2. All National Societies should integrate their AIDS activities into their existing health and information programmes, and carry them out in a way that strengthens their existing activities and capacity.
3. All National Societies should coordinate their AIDS programmes with relevant inter-governmental and non-governmental organizations. They should involve people who are carriers of HIV and people with AIDS in the planning and implementation of such programmes.
4. All National Societies should do everything in their power to prevent discrimination against and offer humanitarian support to people who are carriers of HIV, people with AIDS and their families.
5. The Federation Secretariat should assist with the development of appropriate policies and strategies, in close consultation with the World Health Organization's Special Programme on AIDS and play an active coordinating role between National Societies and between the Federation and relevant inter-governmental and non-governmental organizations.
6. The Federation Secretariat, together with National Societies, the Henry Dunant Institute and other relevant organizations, should convene and coordinate a working group to develop policies, strategies and studies on the involvement of the International Red Cross and Red Crescent Movement with the human rights issues raised by the AIDS pandemic.
7. All participating National Societies should provide appropriate technical and financial assistance to the Federation Secretariat and operating National Societies, in view of the emergency nature of the AIDS pandemic and the consequent need to support AIDS-related activities from sources outside existing statutory budgets.

There are also other resolutions that address the communicable diseases problem and the Federation's response, such as the decision on primary health care from the Vth General Assembly, Geneva 1986, which urges National Societies to involve their voluntary auxiliary personnel in national primary health care programmes by developing closer cooperation with the appropriate government departments and other relevant organizations and the decision of the IVth General Assembly, Geneva 1985, on vaccine preventable diseases "inviting National Societies to determine ways in which they could become more actively involved in

the control of vaccine preventable diseases through their participation in national immunization programmes...". In the meantime the Federation has gone a step further by producing guidelines that address these specific issues and resolutions such as the document on the role of the Federation in water and sanitation, which was compiled as a result of the Moshi Consultation in May 1993 and the proceedings of the Mukono Workshop in June 1993 on the health of women, children and young people.

From these resolutions and guidelines it is therefore quite clear that the Federation has a role to play in communicable disease prevention and control. In doing so it must take advantage of its unique position as one of the few humanitarian organizations which has an established presence right through from the international scene to the most humble village and can therefore access resources, both material and human, that are available at the various levels of human organization.

In both relief and development, the Federation has very critical roles to play. In relief, the Federation can use its enormous capacity to mobilize funds, material and personnel to mount immunization campaigns against diseases that tend to occur in situations of population instability and displacement, such as measles and meningitis, and to provide treatment kits for diseases such as cholera and other diarrhoeal diseases, malaria and respiratory tract infections. Also in relief, the National Society may use its volunteers to provide health care as in Zambia during the cholera outbreak of 1992, when volunteers of the Zambia Red Cross Society manned the emergency treatment centres that were set up in response to the epidemic and drove ambulances to ferry sick people to the treatment centres. Right now the Tanzania Red Cross National Society, the Federation and delegates from outside National Societies are together engaged in one of the most heroic relief efforts of this century — that to help the 300.000 refugees (in May 1994) fleeing the horrors of the Rwanda civil war. In an extremely remote area of Tanzania, Red Cross health personnel of many nationalities are giving medical and surgical care to sick people as well as immunizing thousands of children and providing water and sanitation facilities. In Malawi, where there were over one million refugees from Mozambique until the ongoing repatriation began, the Red Cross has provided curative and preventive care as well as food aid.

In development, the Red Cross/Red Crescent has many opportunities to participate in the prevention and control of communicable diseases. Everywhere it is a genuinely grassroots movement whose members are truly members of the community and therefore conversant with the community's culture. They are well-known and often very highly re-

spected members of the community; they often know individuals and households very well — better than any outside organization could ever hope to know them. They can therefore intervene at household and personal levels where changes of behaviour frequently desirable in health education and other preventive action can best be brought about.

Using the Red Cross organization at the community level, volunteers may play a key part in the prevention and control of childhood communicable diseases, such as those which are vaccine-preventable, by mobilizing mothers to have their children immunized and by providing health education specially tailored for the household or the family. Volunteers may also be trained as the community's own resource persons to enable them to give community health care, such as that provided by community health workers in many villages in the third world. The firmly established tradition of voluntary service within the International Red Cross and Red Crescent Movement means that one of the major problems often encountered in the deployment of community health workers will be overcome. Besides providing health education for communities and mobilizing them to take appropriate action, as trained community health workers Red Cross/Red Crescent volunteers will also be able to help mothers in caring for their sick children at home and ensure that they comply with medical regimens indispensable for the treatment of diseases such as tuberculosis. Volunteers have been used by the Red Cross in Child Alive programmes in Sierra Leone and Malawi, for example, where they have been engaged in growth-monitoring activities, in encouraging immunization and in training mothers in the preparation and use of oral rehydration solutions (ORS). Unlike other humanitarian and health organizations, the Red Cross is the organization that never pulls out, but it has not yet turned all its uniqueness to full account. It could be a most effective vehicle for humanitarian programmes targeting the vulnerable that other organizations have the means but not the organization to carry out.

Also as community health workers, volunteers may train mothers — the first front-line health worker in all cultures — to recognize simple medical conditions that affect their families and how to deal with them appropriately at home or search for more expert help. We all know how early diagnosis and management of upper respiratory tract infections confer a favourable prognosis on the infant. The aim of this training must be to give the mother more options in dealing with her family's illnesses, to enable her to make time-saving decisions. For example, walking long distances for treatment which may not be available is pointless when nutritional measures such as breast-feeding or ORS available in her home may be what she needs most for a child with diarrhoea.

As regards malaria, a field in which medical and technological interventions have largely failed, the trained Red Cross/Red Crescent community health worker may mobilize the community and other volunteers to drain stagnant water and clear weeds, simple measures which are effective and, unlike poisonous chemicals, represent no danger to the environment.

Perhaps even more than the church, the Red Cross/Red Crescent is the most strategically well-placed organization to deal with the AIDS pandemic. Whereas religious organizations may be hampered by the feeling that they are dealing with persons whom they may consider to have sinned and are therefore receiving their just deserts, the Red Cross, being a secular organization imbued with the spirit of caring, is free of such constraints. AIDS is squarely within the Red Cross mandate. Through the trained volunteer, the Red Cross may provide home-based care such as that being provided by the Zimbabwe Red Cross Society to bed-ridden patients. As the disease takes its toll and the number of hospital beds declines, home-based care will inevitably become more and more important as a means of care-giving. Building on the African tradition of providing care at home for loved ones, National Societies on the continent will find this activity making heavy demands on their time and resources. The involvement of many Red Cross Societies in blood donor recruitment and donation will also mean, in this age of AIDS and hepatitis, that National Societies engaged in these activities will have to provide pre-donation and post-test counselling. Already the National Societies of Botswana, Zimbabwe and Lesotho, to mention but these, are providing highly valued services through trained counsellors. Virtually all the National Societies of southern Africa are leading partners of governments and NGOs that work in AIDS — their activities ranging from IEC, including peer counselling and public education, to social support for children and old people affected by the pandemic through loss of parents or adult children.

An area of AIDS intervention which will also grow along with the epidemic and which attracts fewer organizations is the whole area of human rights for persons with HIV and AIDS. The Federation has an important role to play in this respect by providing National Societies with the means to combat discrimination of any form, wherever it may be found, and to provide timely advocacy for persons being discriminated against because of their HIV status. This includes standing up against countries and laws that prohibit free movement, even across borders, of persons with HIV and discrimination in terms of jobs, educational oppor-

tunities, access to health facilities and mandatory testing. Meanwhile the Red Cross must intensify its educational campaign, employing innovative and effective methods, targeting all situations that promote vulnerability to this infection and including education for the prevention, early detection and management of other sexually transmitted diseases.

Most effective interventions against communicable diseases are indeed outside the medical realm. It is now recognized that the single most effective preventive strategy against diseases is the education of mothers. The more years of schooling mothers have, the greater the survival rates of their offspring and the lower the incidence of preventable disease. While education is not a traditional Red Cross activity, the Federation is well placed to play an advocacy role for education, especially on the international scene. The eighties and nineties have seen education and health budgets in the developing world slashed to comply with debt-driven structural adjustment programmes. The Federation's voice should be added to those that speak of out for the child whose life has been mortgaged even before it is born.

Throughout the world, discrimination against women has increased their vulnerability so that they fall easy prey to illness, including AIDS. In disasters, the vulnerability of women and children is heightened. They are more exposed not only to the direct effects of war — during both the recent Burundi and the current Rwanda wars women and children have accounted for over 70% of the refugees and casualties — but also to epidemics and malnutrition. Through its worldwide membership the Federation must begin to address this discrimination.

The vulnerable suffer most from communicable diseases. With already lowered resistance, they carry proportionately higher mortality and morbidity burdens and their ability to increase their coping capacity is severely eroded on a daily basis as the haves continue to have more and the have-nots become destitute at both national and international levels. It is estimated that 20% to 30% of households (the poor in most countries) carry 80% of the morbidity burden. In southern Africa, the single most important cause of poor health for children is the almost all-pervading violence until recently in the Republic of South Africa, Angola and Mozambique. The two civil wars in the former Portuguese colonies have been responsible for the highest infant mortality rate ever recorded on earth — for both countries well over 380 per thousand live births. As we are witnessing — and can foresee — a grave deterioration in the health situation in many parts of Africa, the Red Cross/Red Crescent should seek ways not

only to help mitigate the effects of diseases, but also to cooperate with others in their prevention efforts.

**Dr. Cleopas Sila Msuya** is the Federation's Regional Health Delegate for Southern Africa. An epidemiologist, health educator and biochemist, Dr. Msuya is the founder of the Tanzania Public Health Association. After completing his studies in the United States, he taught and did research in his native country, Tanzania. Before joining the Federation's regional delegation based in Zimbabwe, he also worked as a health adviser and consultant in Kenya. Dr. Msuya has written extensively in books and articles on various aspects of health care.

# Responding to global change

by George B. Weber

The closing years of this century will be challenging ones indeed for all Red Cross and Red Crescent Societies. Vulnerability is increasing for much of the world's population as political and economic changes accelerate. Constraints on the resources that may be applied to meet the needs of the vulnerable are also becoming more numerous.

## Responding to global change

The International Federation of Red Cross and Red Crescent Societies is now responding to increased migration worldwide, growing numbers of refugees and displaced people, the appearance and escalation of AIDS, increasing socio-economic collapse in some parts of the world and an upward trend in disasters affecting people. In addition, the Federation is expanding its relief role to include displaced victims of war in places such as the former Yugoslavia. We have witnessed the misery of thousands of people who have been forced from their homes in the course of "ethnic cleansing" — a term unheard of before the Nineties began. These people, and others like them, will continue to need our help long after the fighting ceases.

In 1993, for example, it was estimated that there were almost 100 million international migrants, over 18 million refugees and approximately 24 million people displaced in their own countries. The gap between the world's richest and the world's poorest has doubled during the last 30 years. The number of people affected by disasters may reach 500 million by the year 2000, and the main groups affected by disasters are the vulnerable, living in poverty in crowded areas, subject to discrimination, in poor health and receiving little support.

The Federation is also focusing its attention and resources on the health services area, particularly AIDS and first-aid programmes. An estimated minimum of 38 million people will be infected with HIV by the year 2000. Red Cross and Red Crescent Societies are world leaders in attempts to educate about the virus. The Federation's Secretariat and National Societies also seek to update current first-aid programmes. First aid is a key part of the Federation's image and mission. It is vital that the Federation continue to update our life-saving programmes, make them attractive and develop training materials that take the emergencies of vulnerable people into account.

### **The right focus for the Nineties**

The Federation's Strategic Work Plan for the Nineties\* is the right focus for today, one that will unite our constituent parts and make them stronger. There is no National Society so rich or accomplished that it cannot improve. There is no National Society so poor or underdeveloped that it does not have valuable assets and experience to share.

As the Federation's Secretary General, I am wholly committed to the Strategic Work Plan and what it stands for. It will work for an enhanced spirit of cooperation among National Societies, for strong, independent, self-reliant National Societies and for change — since change has become a constant in the world we live in.

### **The decade's achievements**

We have achieved significant results through the Strategic Work Plan. Some regions are using the concepts of vulnerability and capacity to improve preparedness and disaster management training. Others have programmes in place to improve the health and social conditions of the most vulnerable. The community-based approach is becoming more widely used in many National Society programmes, and new activities are beginning to address some of the underlying causes of ill-health and

---

\* *Improving the situation of the most vulnerable — Strategic Work Plan for the Nineties*, revised by the General Assembly at its IXth Session, Birmingham, 25-28 October 1993.

poverty. Disaster preparedness is becoming a normal part of branch development. The Federation's Resource Development Programme was introduced to improve the financial capacity of National Societies in several regions. An information management system and a consolidated plan and budget have been established.

Results show that planning is reaping rewards. The combined effects of the Emergency Disaster Appeal 1994 and greater use of the Disaster Relief Emergency Fund have resulted in fewer appeals being launched. Above all, there has been a substantial expansion in the number and scale of operations and an increased capacity within the Federation to manage these operations. However, resources are still unevenly distributed, and much remains to be done in addressing the growing problems of vulnerable people worldwide.

### **A need for resources**

The amounts sought by the Federation in aid of those it serves increased from 22.8 million Swiss francs in 1987 to 387 million Swiss francs to help 15 million people in 1993.

In this time of endless competition and of wide recession, the world waits for our help but does not necessarily think of us when bombarded with advertising campaigns from competing agencies. For the past four years the Federation Secretariat has seen development contributions remain unchanged.

### **A call for unity and progress**

I therefore call on all National Societies to join together to achieve tomorrow's goals, avoiding the tendency to justify their credibility today by pointing to past accomplishments. Either the services the Federation offers are relevant to the real needs of people today, or those services will wither and die.

There are numerous ways we can attain our objectives. First, we need to identify who the vulnerable are in the community. Then we must decide where we will get the resources to help them and what we are going to do. Develop a methodology for the community. Involve other organizations in our efforts. As we create our community vision, we must work on our own attitudes and perceptions. Assumptions need to be questioned, asking community organizations and other parts of the Federation for their insight and assistance.

## Goals for the future

As we face tomorrow, we continue to have much to accomplish. Many of the world's most vulnerable communities do not benefit from a Red Cross or Red Crescent presence. The Federation's Development and Youth Funds, although established, are still very modest. If information databases are to be truly useful, Societies will need to forward relevant information on a regular basis. National Societies must identify vulnerable people within their own communities, even when it may seem that the most vulnerable are only in other countries. Most importantly, these challenges cannot be met without partnership between all parts of a unified Federation and vulnerable people themselves.

The Strategic Work Plan for the Nineties is very much a working document — a work in progress — designed for updating and evolution. It will change in response to the world's changing needs, to make tomorrow's world a better place for the poor, the suffering, the hungry... the vulnerable.

Change is never easy. But the vulnerable and suffering cannot wait. They cannot wait for lengthy negotiations to wind to a close or for answers to wend their way through layers of structure and form. The Federation must act and act quickly — together, today.

**George Weber**  
*Secretary General*  
*International Federation of Red Cross*  
*and Red Crescent Societies*

Confirmed as Secretary General of the International Federation of Red Cross and Red Crescent Societies in 1993, **George Weber** guides the coordination of the Federation's global relief and development effort. Weber, who began his association with the Red Cross 30 years ago, gives executive leadership to a team of 600 staff members in Geneva and around the world.

Born in Montreal in 1946, he graduated from McGill University, Montreal, Canada, and studied advanced management at Harvard University, Massachusetts, USA, in 1989. His first overseas assignment for the Red Cross was in Vietnam, in 1973. He has served as a delegate or head of a major relief operation, development project or survey mission, for periods ranging from a few days to seven months, in more than 60 countries.

He was Secretary General of the Canadian Red Cross Society from 1983 to 1993.

**DECLARATION BY THE REPUBLIC  
OF BULGARIA**

On 9 May 1994 the Republic of Bulgaria withdrew its declaration and reservations concerning the 1949 Geneva Conventions, i.e. the declaration relative to Article 10 of the First, Second and Third Conventions and Article 11 of the Fourth Convention, and the reservations concerning Articles 12 and 85 of the Third and Article 45 of the Fourth Convention.

Moreover, on the same date the Republic of Bulgaria declared that it recognizes *ipso facto* and without special agreement, in relation to any other High Contracting Party accepting the same obligation, the competence of the International Fact-Finding Commission to enquire into allegations by such other Party, as authorized by Article 90 of Protocol I additional to the Geneva Conventions of 1949.

The Republic of Bulgaria is the **39th** State to make the declaration regarding the Fact-Finding Commission.

---

**ACCESSION TO THE PROTOCOLS BY  
THE KINGDOM OF LESOTHO**

The Kingdom of Lesotho acceded on 20 May 1994 to the Protocols additional to the Geneva Conventions of 12 August 1949, and relating to the Protection of Victims of International Armed Conflicts (Protocol I) and Non-International Armed Conflicts (Protocol II), adopted in Geneva on 8 June 1977.

Pursuant to their provisions, the Protocols will come into force for the Kingdom of Lesotho on 20 November 1994.

This accession brings to **133** the number of States party to Protocol I and to **123** those party to Protocol II.

---

## **ACCESSION TO THE PROTOCOLS BY THE DOMINICAN REPUBLIC**

The Dominican Republic acceded on 26 May 1994 to the Protocols additional to the Geneva Conventions of 12 August 1949, and relating to the Protocols of Victims of International Armed Conflicts (Protocol I) and Non-International Armed Conflicts (Protocol II), adopted in Geneva on 8 June 1977.

Pursuant to their provisions, the Protocols will come into force for the Dominican Republic on 26 November 1994.

This accession brings to **134** the number of States party to Protocol I and to **124** those party to Protocol II.

---

## **DECLARATION BY THE PORTUGUESE REPUBLIC**

On 1 July 1994 the Portuguese Republic made the following declaration regarding its recognition of the competence of the International Fact-Finding Commission.

In accordance with Article 90, paragraph 2 (a), of Protocol I of 1977 additional to the Geneva Conventions of 1949, the Portuguese Republic declares that it recognizes *ipso facto* and without special agreement, in relation to any other High Contracting Party accepting the same obligation, the competence of the International Fact-Finding Commission to enquire into allegations by such other Party.

The Portuguese Republic is the **fortieth** State to make the declaration regarding the Fact-Finding Commission.

---

## **Books and reviews**

---

### CRIMES WITHOUT PUNISHMENT

#### *Humanitarian operations in the former Yugoslavia (1991-1993)*

After shaking off the Eurocentric attitude deprecated by countries in other parts of the world, the ICRC, over the years, had to some extent become specialized in conflicts occurring in the Third World. The crisis in the former Yugoslavia presented the Committee with an extremely bloody war in the very heart of Europe, a conflict, moreover, characterized by unbelievably vicious and dishonourable conduct by the belligerents. How can respect be won for humanitarian law when it is almost impossible to keep count of the agreements broken, the truces violated, the signatures repudiated, the solemn undertakings never honoured, the resolutions signed only to be flouted, the relief convoys attacked, the overt disregard of the Red Cross emblem?

In an impressive book, *Crimes without Punishment*,<sup>1</sup> Michèle Mercier, former head of the ICRC Information Department, skilfully relates and explains the immeasurable difficulties that the organization has encountered and continues to encounter throughout this particularly cruel war. All that the ICRC has had to face and overcome is described in a remarkably lively style, the precision of which is hardly tinged by emotion.

Yet this book, which is devoid of excessive sensibility and any kind of bias, nonetheless conveys the full scale and all the horror of the war. At the same time the reader emerges better equipped to answer the criticism, too often levelled at the ICRC, of having been overly discreet when the media gave Bosnia front-page coverage. Mercier, incidentally, examines the role of journalists, some of them malignant, members of a gang sowing and fostering hatred, others heroic, completely independent, risking their lives in search of the truth.

Against a highly detailed background, Michèle Mercier recounts numerous episodes, some scarcely known even at ICRC headquarters, and reports extensively on the day-to-day experiences of delegates in the former Yugoslavia,

---

<sup>1</sup> Michèle Mercier, *Crimes sans châtime*nt — *L'action humanitaire en ex-Yugoslavie, 1991-1993*, Emile Bruylant S.A., Brussels, 1994, 324 pp. The English translation is in preparation.

including, naturally, the killing of Frédéric Maurice. We thus learn how the ICRC, faced with a barbarity for which it was apparently unprepared, effects “a radical change in its approach to the parties to the conflict”. Nevertheless, though frequently feeling that it is alone, the ICRC has been able, in the former Yugoslavia, to rely on the support of extremely well-qualified individuals who have sought to retain their dignity as men and women, a dignity endangered by the savage belligerence of their compatriots. The war, which is not a civil war but a war against civilians, and which, as President Sommaruga stated on 29 July 1992, “already shows grim signs of being the greatest human disaster in Europe since the Second World War”,<sup>2</sup> has not left the ICRC delegates unscathed as they attempt, amid the chaos, to bring protection and assistance to the victims.

What can they do, when confronted with “ethnic cleansing”, with forced transfers of the population, with summary executions and with the “war crime” that is rape of women, and even of children? How can they bear the sight of the camps for arbitrary detention, described by those who have seen them as “death camps”, especially knowing that the whole population is under threat? What can they do when hospitals are made targets for shelling? And how can they draw a demarcation line between activities that are humanitarian and those that are political and military, particularly when the protection of UN forces, if only as an escort, is necessary to accomplish their mission, yet is not available?

Such inevitable problems arise almost daily for the delegates. For example, in order to save persecuted sections of the population in danger of death, they must transfer them to a place of safety; yet they know that in doing so they are taking part despite themselves in the detestable policy of ethnic cleansing, and thus acting as accomplices. Material pitfalls also abound. How can the convoys go through, when they are often attacked and looted, when roads are damaged by the fighting and — even worse — mined? How can delegates fail to be discouraged when they witness the impotence and selfishness of the international community, which not only fails to provide the help on the spot that the ICRC is entitled to expect, but shows no eagerness to receive released prisoners, and when zones designated as “protected” have not been capable of protection and have themselves become target areas? The testimony of delegates disillusioned by distress, as related in *Crimes without punishment*, is very telling. These men and women proclaim that humanitarian aid alone is not able to deal with the situation, that it is like treating a cancer with aspirin. Other comments are that humanitarian action is born out of the confusion of politicians incapable of giving birth to any political action, and that a harmful effect of humanitarian action is that it helps to diminish feelings of guilt and, in so doing, to defer the search for solutions. The delegates, they say, are not able to protect the people, who are sometimes exposed to additional dangers because of their presence. What, they ask, can the delegates undertake, faced with the inexorable plan of destruc-

---

<sup>2</sup> “porte déjà la marque funeste du plus grand désastre humain de l'après-guerre en Europe” (p. 81).

tion unchecked by any political or military force, when they are themselves ambushed and directly attacked both by military units and by irregulars?

In such a context, how can knowledge of the essential principles of humanitarian law be spread? Daniel Masse, in charge of dissemination, says "The only sense of values that I have been able to identify up to now is that of violence, of survival at any price, in other words, of destroying others in order to stay alive, and to ensure the survival of the nation by the total elimination or expulsion of others". Dr. Barthold Bierens de Haan, the physician responsible for the file on the former Yugoslavia, states that lives are being destroyed in secret, hidden places where thousands of people are being eliminated mentally and physically by massacre, torture and rape. It is in such conditions that the ICRC's Directorate of Operations must find ways to guarantee the safety of delegates while doing everything possible to carry out its mission in aid of the victims.

The President of the ICRC, in implacably clear terms, has vigorously denounced the crimes committed, while the leaders of the parties to the conflict systematically lie and repudiate their commitments. In the period between 21 July 1991 and 3 August 1992 alone, the ICRC appealed 34 times to the international community and public opinion, drawing attention to the worst excesses. It has approached various official representatives, for example, the diplomats accredited to the international organizations in Geneva. Yet despite all the peace plans that have been put forward, the war goes on.

A very striking conclusion is drawn at the end of the book. It is followed by a detailed chronology of 27 pages and by 14 pages of references, tables and numerous appended documents, enabling the reader to gauge the extent of the obstacles that the ICRC is obliged to overcome.

*Isabelle Vichniac\**

---

---

\* *Isabelle Vichniac* is *Le Monde's* correspondent with the international organizations in Geneva. She is the author of *Croix-Rouge, les stratèges de la bonne conscience* (Alain Moreau, Paris, 1988). See *IRRC*, November-December 1988, pp. 567-569.

*ON THE OCCASION OF THE 75TH ANNIVERSARY OF THE  
INTERNATIONAL FEDERATION OF RED CROSS AND  
RED CRESCENT SOCIETIES*

THE CANNES MEDICAL CONFERENCE  
*(1-11 April 1919)*

The Henry Dunant Society of Geneva has just published a book to mark the 75th anniversary of the Cannes Medical Conference (1-11 April 1919),<sup>1</sup> which preceded the establishment of the League of Red Cross Societies on 5 May of the same year.<sup>2</sup>

The first part contains the texts of the speeches delivered in Cannes on 9 April 1994, when a commemorative plaque was laid at the Town Hall. The speakers were Mr Michel Mouillot, Mayor of Cannes, Mr Roger Durand, President of the Henry Dunant Society, Mr George Weber, Secretary General of the International Federation of Red Cross and Red Crescent Societies, Mr André Delaude, President of the French Red Cross, Mr Rodolphe de Haller, member of the ICRC, Mr Philippe Michel, President of the *Association suisse du mimosa du bonheur* and Director of the Geneva Red Cross, Mrs Janine Nolant, President of the Cannes Committee of the French Red Cross, and Mr François Payot, President of the Geneva Red Cross.

The second and third parts of the book contain contributions by Red Cross and other experts on the subject of the Cannes Medical Conference and the medical and social welfare activities of the components of the Movement from the earliest days of the Red Cross up to the present.

The most significant features of these contributions are enumerated below.

In his paper Roger Durand, after recapitulating a series of milestones in the history of the Red Cross since the battle of Solferino, goes on to give a summary

---

<sup>1</sup> *La Conférence médicale de Cannes, 1<sup>er</sup>-11 avril 1919*, Roger Durand *et al.*, Henry Dunant Society, Geneva, 1994, 208 pp.

<sup>2</sup> With regard to the commemorative ceremonies in Cannes and Paris, see *IRRC*, No. 807, May-June 1994, pp. 279-284.

of the work of the Cannes Medical Conference in April 1919. As François Bugnion, Deputy Director of the ICRC Department of Principles, Law and Relations with the Movement, writes further on, “The Conference was ambitious, being imbued with the spirit of Wilsonian idealism: it set out to encourage the study of disease and measures to promote public health, maternal and child welfare, the education and training of nurses, and precautions against tuberculosis, venereal diseases, malaria and other infectious and chronic diseases, and to facilitate the provision of emergency aid in case of fire, famine, pestilence, etc.”

The Conference, which was attended by some sixty eminent members of the medical profession from the five nations that had emerged victorious from the First World War - Great Britain, France, Italy, Japan and the United States - unanimously adopted eleven resolutions concerning the main public health problems of the time, and its proceedings were widely reported in the international press.

An exhaustive account of the work of the Conference, published in the *Bulletin of the League of Red Cross Societies* (N° 2, 1 June 1919), is reproduced at the end of the article by R. Durand.

Jean Guillermand, pneumo-phthisiologist to the hospitals of the French Armed Forces and former administrator of the French Red Cross, describes the relations between the American Red Cross and the French medical corps. These relations developed significantly during the First World War, especially when volunteer American Red Cross nurses came to France to serve in military and civilian units. While expressing regret that participation in the Cannes Conference was limited to the five victorious countries, thus excluding other leading figures of the medical world, the author notes that the Conference had the merit of strengthening the links between French and American medicine.

The Cannes Conference “gave a tremendous impetus to international recognition of the nursing profession by establishing a really universal programme of nursing care”, writes Mireille Desrez, President of the *Association Henry Dunant/France* and former National Director of Nurses and Social Workers of the French Red Cross.

After describing the situation and activities of French nurses during and after the First World War and pointing out that nursing was one of the subjects to which the Cannes Conference gave priority, this author concludes by expressing the view that public health nursing still has a long road to travel in the face of such new phenomena of our society as AIDS, drug addiction, cancer, ostracism, loneliness, etc., all situations in which nurses have a vital role to play.

The third part, more historical in character, first deals with the health-related activities of the International Federation of Red Cross and Red Crescent Societies from 1919 to the present. In his contribution, George Weber recalls the circumstances in which the Cannes Conference was convened and then the early days

of the League, which “were both febrile and difficult”, since the organization was obliged at the very outset to launch a large-scale relief operation in Poland where a typhus epidemic was raging. That action prompted a vast cooperative effort among Red Cross Societies, but the League’s operation was hampered by the fact that its profile and *raison d’être* were not yet clearly defined. In 1921, in response to the famine that was sweeping Russia, the League and the ICRC launched a joint appeal which gave rise to a huge international relief operation. The League subsequently conducted relief actions in all parts of the world, while its Secretariat helped the National Societies to step up their activities in the areas of hygiene, nursing and work with young people.

During the Second World War, the League was primarily concerned with refugee problems, while the National Societies considerably developed their nursing staff. The International Red Cross and Red Crescent Movement as a whole endeavoured to help people in countries affected by malnutrition and epidemics.

From 1948, the League undertook many operations in behalf of refugees and extended its aid programmes all over the world. The author mostly concentrates on demonstrating the development of trends and methods of action by means of a large number of examples.

The main areas in which the National Societies are now developing their activities are those of prevention of natural disasters, nutrition and health care. The Federation also takes part in development programmes in the fields of maternal and child health, AIDS prevention, nursing and social welfare. In regard to both health care and development activities, “the Federation endeavours ... to spread the light of science and the warmth of human sympathy to all corners of the earth”, in order to attain its objective of “health for all by the year 2000”.

In the next article, François Bugnion reviews with the role of the International Committee of the Red Cross in health protection. He recalls that after his experience at Solferino Henry Dunant set as his major objective the establishment of societies for giving care to the wounded and the adoption of an “international principle, sanctioned by a Convention inviolate in character” to protect the wounded and all those who endeavour to come to their aid. The author goes on to stress the importance of the Second International Conference of National Aid Societies for the Nursing of the War Wounded, held in Berlin in 1869, which adopted a resolution imposing on aid societies the obligation to take advantage of peacetime years to prepare themselves for helping the wounded in the event of war. From that time on, the Red Cross has played a decisive part in combating disease and epidemics, and François Bugnion draws attention to the “spectacular development of Red Cross action during the First World War”.

At that time the ICRC was concentrating its efforts on the protection of prisoners of war, of whom there were millions, but it was also active in campaigns to control epidemics “in areas where such action was dictated by its traditional

role as a neutral intermediary". From 15 to 16 April 1919 in Vienna the institution convened under its auspices a Governmental Conference for the Control of Epidemics, attended by the heads of health services of several countries in Central and Eastern Europe. This Conference decided to set up a central office for combating epidemics in Eastern Europe, which led to the "establishment of a continuous chain of monitoring and disinfecting stations at all major transit points, from the Baltic to the Black Sea, while properly equipped health teams were sent to deal with centres of epidemics in Byelorussia, Russia and the Ukraine".

During the Second World War, assistance to the wounded was essentially provided by army health services, and the National Red Cross Societies played only an auxiliary role. After the war, coordination of epidemic control measures was entrusted to an intergovernmental body, the World Health Organization, but the Red Cross remained active wherever there were needs that State services were unable to cover, "... especially those which call for a humanitarian rather than a medical approach and can better be met by volunteers than by officials".

The ICRC for its part continued to develop its activities in the areas covered by its mandate, namely protection of and assistance to victims of the fighting and the war disabled. The institution tried as far as possible to support the medical and hospital structures of the parties to the conflict rather than to set up its own hospitals with the help of National Red Cross and Red Crescent Societies, and it opened dispensaries near the combat zones to help the wounded and facilitate their evacuation. It also tried to prevent epidemics, especially by protecting water supplies, and established orthopaedic workshops for the manufacture of prostheses and the rehabilitation of the disabled. In conclusion, turning to the problems raised by the AIDS epidemic, François Bugnion asks this question: "Would it not be appropriate for the International Movement to launch a new appeal, comparable to the one launched by Henry Dunant from the battlefield of Solferino, for a general mobilization of forces against this disease?"

The reader will find some interesting information in other contributions — on the town of Cannes, on the activities of the Cannes Committee of the French Red Cross and especially on its health care facilities, manned by volunteers — general practitioners, radiologists, biologists, nurses, etc.

And what could be more refreshing than to read the story of the *mimosa du bonheur*, describing how in 1948 the Cannes Rotary Club sent some mimosa to the directors of the Swiss *Chaîne du Bonheur* (a fund-raising organization) and to the Geneva Red Cross to thank them for what the city of Geneva did for the children of Cannes during the 1939-1945 war? Since then the annual sale of mimosa has become one of the most popular humanitarian fund-raising events in French-speaking Switzerland.

*Françoise Perret*

ARTICLES SUBMITTED FOR PUBLICATION  
IN THE *INTERNATIONAL REVIEW OF THE RED CROSS*

The *International Review of the Red Cross* invites readers to submit articles relating to the various humanitarian concerns of the International Red Cross and Red Crescent Movement. These will be considered for publication on the basis of merit and relevance to the topics to be covered during the year.

● Manuscripts will be accepted in *English, French, Spanish, Arabic* or *German*.

**Texts should be typed, double-spaced, and no longer than 20 pages (or 4 000 words). Please send diskettes if possible (*Word-perfect 5.1 preferred*).**

● Footnotes (*no more than 30*) should be numbered superscript in the main text. They should be typed, double-spaced, and grouped at the end of the article.

● Bibliographical references should include at least the following details: (a) for books, the author's initials and surname (in that order), book title (underlined), place of publications, publishers and year of publication (in that order), and page number(s) referred to (p. or pp.); (b) for articles, the author's initials and surname, article title in inverted commas, title of periodical (underlined), place of publication, periodical date, volume and issue number, and page number(s) referred to (p. or pp.). The titles of articles, books and periodicals should be given in the original language of publication.

● Unpublished manuscripts will not be returned.

● Published works sent to the editor will be mentioned in the list of publications received and, if considered appropriate, reviewed.

● Manuscripts, correspondence and requests for permission to reproduce texts appearing in the *Review* should be addressed to the editor.

**Articles, studies, and other signed texts from non-ICRC sources published in the *Review* reflect the views of the author alone and not necessarily those of the ICRC.**

The *International Review of the Red Cross* is the official publication of the International Committee of the Red Cross. It was first published in 1869 under the title "Bulletin international des Sociétés de secours aux militaires blessés", and then "Bulletin international des Sociétés de la Croix-Rouge".

The *International Review of the Red Cross* is a forum for reflection and comment and serves as a reference work on the mission and guiding principles of the International Red Cross and Red Crescent Movement. It is also a specialized journal in the field of international humanitarian law and other aspects of humanitarian endeavour.

As a chronicle of the international activities of the Movement and a record of events, the *International Review of the Red Cross* is a constant source of information and maintains a link between the components of the International Red Cross and Red Crescent Movement.

The *International Review of the Red Cross* is published every two months, in four main editions:

French: REVUE INTERNATIONALE DE LA CROIX-ROUGE (since October 1869)

English: INTERNATIONAL REVIEW OF THE RED CROSS (since April 1961)

Spanish: REVISTA INTERNACIONAL DE LA CRUZ ROJA (since January 1976)

Arabic: المجلة الدولية للصليب الأحمر (since May-June 1988)

Selected articles from the main editions have also been published in German under the title *Auszüge* since January 1950.

---

EDITOR: Jacques Meurant, D. Pol. Sci.

ADDRESS: International Review of the Red Cross

19, avenue de la Paix

1202 Geneva, Switzerland

SUBSCRIPTIONS: one year, 30 Swiss francs or US\$ 18

single copy, 5 Swiss francs

Postal cheque account No. 12 - 1767-1 Geneva

Bank account No. 129.986.0, Swiss Bank Corporation, Geneva

The *International Committee of the Red Cross (ICRC)* and the *International Federation of Red Cross and Red Crescent Societies*, together with the *National Red Cross and Red Crescent Societies*, form the International Red Cross and Red Crescent Movement.

The *ICRC*, which gave rise to the Movement, is an independent humanitarian institution. As a neutral intermediary in the event of armed conflict or unrest it endeavours, on its own initiative or on the basis of the Geneva Conventions, to bring protection and assistance to the victims of international and non-international armed conflict and internal disturbances and tension.

---

**INTERNATIONAL  
REVIEW**

*Special*

*ON THE OCCASION OF THE 75TH ANNIVERSARY  
OF THE INTERNATIONAL FEDERATION OF  
RED CROSS AND RED CRESCENT SOCIETIES*

**THE RED CROSS, THE RED CRESCENT  
AND VULNERABLE COMMUNITIES**