

that 404,000 square kilometers of forest had already been destroyed

Arguments about the scope of the destruction are only one manifestation of a greater debate: that regarding Amazonia's role in maintaining the global equilibrium of the biosphere and the effects on it of the massive destruction of tropical forest, and specifically about how deforestation affects the "greenhouse effect" and global warming. Environmentalists and various organizations and Governments have put pressure on the Brazilian authorities and international financial agencies—particularly the WB—to reorient or immobilize the development strategy which has been applied to the area. The WB, after having financed numerous projects in the region, some of which have had such devastating effects, such as the Greater Carajás project noted above and the Balbina hydroelectric power plant in Amapá, which flooded 2,360 square kilometers of forest, has paid heed to these pressures and has begun to condition its disbursements on protection of the environment. For its part, the Government of Brazil has defended its sovereign rights over the natural resources of Amazonia as an essential component of its right to development and has promoted some improvements in environmental legislation. Thus, the Constitution of 1988 is considered fairly progressive in this sphere for having required environmental impact studies, among other things.

Despite this, new dangers threaten Amazonia. The construction of a new highway from Acre to Peru, financed by Japanese capital, may lead the state of Acre, now almost untouched, into a stage of devastation similar to that which has taken place in Rondônia by attracting new waves of immigrants. In addition, the 2010 Plan, of which the Tucuruí hydroelectric plant is part, continues in force despite the fact that the WB has withdrawn part of its financing. The long-term plan provides for the construction of around 80 new hydroelectric power plants in the region by 2010.

Other ecosystems in Brazil are threatened by destruction. This is so of the Atlantic forest, Mato Grosso's swampland, and the last mangrove swamps which still remain in coastal areas. The

Atlantic forest originally occupied 1.5 million square kilometers in the extensive coastal fringe extending from Recife, in the Northeast, to the border with Uruguay and Argentina in the South. Its devastation began in the 17th century as a result of sugarcane and coffee growing, and today there are only a few surviving forests between São Paulo and Salvador, the capital of Bahia State. Interest in preserving them is rooted in environmental campaigns to protect the Atlantic forest in Ribeira Valley, which is threatened by the toxic emissions from the Cubatão petrochemical complex. Mato Grosso's swampland, which is on the current agenda of the Brazilian and international conservationist movement, is an area of about 140,000 square kilometers; it has great biological diversity and has become endangered by massive clandestine hunting, mercury pollution, and agricultural fires.

Pollution of the air and surface and coastal waters is also an environmental problem of major proportions because of Brazil's high level of industrial and population concentration in the metropolitan areas of São Paulo and Rio de Janeiro and in the industrial areas of Cubatão, Volta Redonda, Minas Gerais, and Inatinga. Contributing to this is a lack of regulation and control. Guanabara Bay in Rio de Janeiro received 20 m³ of household wastes per second in 1987, only 7 m³ were treated. These same problems are evident in the metropolitan regions of Recife and Pôrto Alegre, the Paraíba River, and other places. Gold mining, at which 800,000 people work in the states and territories of Amapá, Amazonas, Goiás, Mato Grosso, Pará, Rondônia, and Roraima is also exacting a high cost in pollution. It is estimated that the 240 tons of mercury employed annually to separate the precious metal from its ore are discharged directly into rivers, so contaminating their waters and concentrating in animal and plant tissues and—ultimately—in those of miners and the riverine population. Various studies conducted in São Paulo and parts of the Amazon basin have revealed mercury concentrations in blood much higher than allowed⁸⁶. The use of agricultural

chemicals has also caused serious environmental health problems, especially in states where there is intensive cotton and soya farming such as Paraná, Rio Grande do Sul, and São Paulo. Brazil consumes around 100,000 tons of toxic agrochemicals annually, a good part of which enter surface waters and underground aquifers. One of every three cases of poisoning is caused by such products.

This situation is worsened through massive pollution by highly toxic industrial wastes which, in some cases, reaches a level of such severity that it has been called an environmental disaster. Such cases have direct consequences for the health of the population. In 1982 the water supply of Minas Gerais and Rio de Janeiro had to be interrupted after a reservoir containing industrial wastes from a factory in Minas Gerais ruptured. In 1983, industrial wastes discharged into the Pirapama and Capibaribe Rivers in Pernambuco exterminated all fish for 100 kilometers along the littoral.⁸⁷ Finally, the contents of a capsule sold as scrap containing 800 kilograms of radioactive cesium-137, used in radiotherapy, were released in 1986 in Goiás State, irradiating a large number of people. The greatest risk of a nuclear accident, however, lies in the startup of the Angra dos Reis nuclear power station in a densely populated area between Rio de Janeiro and São Paulo.

The chief causes of human suffering due to natural disasters in Brazil are related to water—droughts and floods. In the particularly arid Northeast both phenomena recur, cause losses in the millions, and aggravate the already difficult

living conditions of the population, most of whom are poor. Some droughts, such as the one in 1983, are of catastrophic proportion. One of the consequences of droughts is flight of the population, who migrate to the Amazonian states and the Southeast in search of better living conditions.

It has been noted that among the most important causes of floods are human activities and specifically the deforestation of entire regions, as the Doce River's valley exemplifies. Very large hydroelectric works, such as the Itaipú dam, have altered the climate of surrounding areas in Santa Catarina and Paraná, and could help increase the floods that affect the two states. Floods in 1980 left 270,000 people homeless; floods in the Northeast dislodged 40,000 people in March 1981. In 1982 and 1984, water spouts and heavy winds in Paraná and Rio Grande do Sul, respectively, caused dozens of deaths and damaged the property of thousands. Floods in 1986 in the Northeast caused the evacuation of more than 220,000 people. New floods occurred in that region in 1989, leaving 88,000 homeless. The list could be extended into the 1990s. Floods bring with them specific health problems such as leptospirosis.

Favelas, built on sloping and quite unstable land, have also experienced the effects of rain; in 1981, landslides on densely inhabited hills in Rio de Janeiro produced 44 deaths. Fires also destroy such districts. In January 1990 a fire in the Manginhos *favela* at Rio destroyed 100 shacks and left 600 people homeless.

BRAZILIAN RED CROSS

Difficult growth in a country challenged by vast size and social problems

Two characteristics mark this National Society: the relative smallness of its infrastructure and institutional impact compared with the size of the country and the magnitude of its social problems, and the peculiarities of its programming.

The Brazilian Red Cross has established three interconnected areas of activity for itself—education, social welfare, and health. The educational area focuses on health education activities, often with a community approach and development of human resources. Educational projects aimed at children and adolescents put some emphasis on community development and occupational training.

Health services give priority to two components, preventive hearing and speech care in clinics for a target population which is largely children, and corneal transplantation. Features of the primary health care strategy also appear, especially in campaigns of broader coverage.

It is important to mention in this context that the Red Cross's policies do not consider medical treatment services in centers of mid-level or high complexity and blood banks as activities it should provide, though a recent project suggests that there may be a change of policy in this regard. This is true of the relief area, in which there is no standing program and activity occurs only in case of disasters.

During the past decade the Brazilian Red Cross grew rapidly after overcoming certain relatively recent critical situations. This growth, based above all on the formulation of new projects, has been seriously impeded by lack of human, financial, and infrastructural resources, however. In consequence, the growth stopped and was followed by a certain amount of stagnation.

The national headquarters is not located in Brasília, in the country's central-western region,

where the republic's capital has been since the 1960s, but in Rio de Janeiro, in the southeastern region where 40% of the Brazilian population lives. It is characterized by administrative centralism, excessive bureaucracy, and relative rigidity in its relations with the branches.

The organization's federal structure is based on the state and municipal branches, which have their seats and jurisdictions in the areas where they operate and whose strengthening is hindered by a combination of internal factors (lack of resources, lack of systematic efforts by the headquarters to promote branches) and external factors (inadequate support by the public authorities, difficult access to areas in which there are endemic health problems). The result is limited geographic coverage.

In the planning sphere the institution has a Four-Year Development Plan which lacks practical significance. More important are the Planning Directives and, for purposes of their specific activities, the reports presented by the departments and "campaigns." The latter, among which the recent Operation Ararajuba is noteworthy, are multifaceted projects which cross state lines.

Brazil's reality creates enormous challenges for the National Society, especially with regard to the social vulnerability problems affecting a large part of the population. According to United Nations reports, Brazil is the country with the greatest inequalities in the world in income distribution. Closely related to the lack of equity are the facts that more than half of the population is poor and that two-thirds of it has an inadequate daily caloric intake. Indigence, or extreme poverty, is a daily reality for more than 30 million Brazilians. Urban areas experienced the greatest growth in poverty in the 1980s, though relatively speaking there is more indigence in

rural areas. This situation is related to the serious inequalities in land ownership characterizing Brazilian agriculture

All this means that much of the population is vulnerable. There are sharp regional and socio-spatial differences in the geographic distribution of the vulnerable population, however. The northeast has the highest levels of poverty and unmet basic needs, while in urban areas poverty is concentrated in marginal zones and *favela* districts. The lack of adequate housing and the absence of basic services are especially acute in such areas. It is in all such areas that the challenges of social vulnerability are greatest.

Brazil's health system is characterized by a hospital bias, to the detriment of primary care, inequality in access to services, and the distance between the needs of the population and the supply of services, which leads to a scenario of vast unmet demands in this field. The indicators again reflect regional disparities: hunger is endemic and malnutrition widespread in the northeast. This is also the region with the highest rates of childhood mortality

Brazil is in fifth place globally in its number of AIDS cases and has the highest number in all Latin America; most of them are in the southeast. The high incidence of endemic diseases such as malaria, which is associated with migratory flows, demonstrates the precariousness of disease control systems and the weaknesses of the health system.

Children and teenagers represent almost half of Brazil's population and are one of the groups most affected by poverty and marginalization. Child labor is customary, and most children are unpaid family workers. Marginalized children are concentrated in urban Brazil and fall into three categories: institutionalized children, mostly from families which cannot support them; children in the street, who live with their families but work in the street, and children of the street, or those without family ties who are associated with delinquent behavior. Those in the last category suffer from the greatest material shortages and are subject to daily violence and the activities of death squads

From the viewpoint of environmental vulnerability, the devastation of Amazonia is one of the planet's greatest ecological disasters. This, together with the gradual desertification of the northeast, water and air pollution as a result of industrial development, and the environmental impact of development projects, has aggravated the risk of natural catastrophes and caused new kinds of manmade disasters to appear. Massive deforestation is related to the recurring incidence of the most significant and frequent natural disasters—waterway overflows and floods, especially in the southern states, and droughts in the northeast.

It may be said that the Brazilian Red Cross conducts important activities and projects, but both they and the social base it has achieved seem small when compared with the country's continental dimensions (almost 150 million people in a land of 8.5 million square kilometers) and the magnitude of its social and economic problems.

It must nevertheless be borne in mind that Brazil is also one of the world's largest economies and Latin America's most industrialized country, and has highly developed populational groups, regions, and technology as well as one of the greatest storehouses of natural resources on the planet. Against this background it can be said that the Brazilian Red Cross's growth potential is very large and still to be exploited.

Organization of the National Society

Organizational structure and geographic coverage

The most important governing bodies are the National General Assembly, the National Directing Council (NDC), and the National Directorate.

The National General Assembly is composed of members of the Directing Council and representatives of the state branches, whose number is fixed according to their respective number of contributing members,⁸⁸ and it meets annually. Its most important duties have to do with internal

electoral matters, control of financial statements and accounts, statutory reforms, authorization of certain activities by the President, and contracts related to the National Society's assets. Each meeting is chaired by one of its members elected for the occasion.

The NDC consists of 30 members elected by the Assembly, the Presidents of the state branches, and representatives of the executive power, making a total of 54 to 62 persons. It is the strongest unit of power: its members represent an important bloc of votes in the General Assembly, elect from among themselves all members of the National Directorate, and may confer special administrative powers. They also decide who is hired as Secretary General. By statute the NDC customarily meets every three months on convocation by the President of the National Society, but in practice it meets quite irregularly.

The National Directorate⁸⁹ is composed of a President, a Vice President, and a Director-Treasurer. Other directors, whose number and duties are set out by the NDC, are added according to the proposals submitted by the President.

Various members of the National Society have noted that the statutes, the institution's fundamental normative instrument, require revision and greater internal dissemination so as to improve their application and validity.

The basic governing structure in the branches is similar to that at national headquarters, except that in the municipal branches the Assembly may fulfill the duties of the Municipal Directing Council if the latter does not exist. By regulation, the state branches are directly subordinate to the NDC. Municipal branches are indirectly so, through the state branches.

Geographic coverage is very weak. It is a little more than 60% at the state level, with branches in 16 of the 26 states, and is much weaker at the municipal level: there are 42 municipal branches in more than 4,000 municipalities.⁹⁰

The functional structure of the national headquarters is based on departments and divisions.

Administration and planning

The NDC is the highest organ of government and administration of the Brazilian Red Cross. It is empowered to create and dissolve committees to support its functions, make decisions about the formation and dissolution of branches and their governing bodies, examine the budgets prepared by the National Directorate and its annual accounts, approve unforeseen expenditures in the budget, etc.

Because of its size⁹¹ and irregular meetings, the NDC basically exercises general supervision and control but has very little to do with administration, a situation which excessively strengthens single-person management functions, especially of the Presidency, which moreover has major responsibilities for direct supervision of subordinate bodies, personnel, representation, and finance.

The administrative system of the national headquarters is supported by the Administrative and Financial Divisions. The Presidency also has two advisory offices, the Legal Adviser's and that of the Adviser on Social Communication. Day-to-day administration is the responsibility of the Secretary General, while overall management is exercised by the Presidency. Excessive bureaucratization delays solution of problems, even those of greatest urgency, and there is clear administrative centralism.

Relations between the headquarters and branches are not efficient, which is a significant institutional weakness. A consensus exists that state branches need to be strengthened, but there is none about the need to establish Regional Superintendencies since possible bureaucratization is feared.

There is no effective system of planning to integrate programs and services and the institution's operations as a whole. The Four-Year Development Plan is at most a statement of intent: the text proposed for the period 1992-1996 is precisely the same as that for 1988-1991. In addition, the branches consider the overall plans of little practical use and stress the need to establish a regionalized organization and planning

system allowing them to adapt programs to the reality of each area and vary priorities according to local needs.

The Planning Directives—formulated for 1992 and 1993, and projected for the following two years—contain a programming model which more closely matches the prevailing functional structure than does the Development Plan. Moreover, it sets out more precise goals

The directives distinguish (a) activities/purposes (protection, relief, education, health, and social assistance); (b) basic structural activities supporting the former (branch creation and development, administrative organization, and member cadres), and (c) support sectors (volunteers, youth, and social communication)

Eight operating departments have been organized on the basis of the directives' plan: social assistance, international relations, education and health, branches, youth, social, relief, and volunteers. Inasmuch as the conceptual categories used to classify them do not have a unifying criterion,⁹² there are problems in delimiting their respective functions. This circumstance makes planning difficult because the departments are implicitly conceived as standing programs. The lack of organizational structure accentuates the problem.

A particularly dynamic component in the Brazilian Red Cross's planning is the so-called "campaigns," which are essentially of two kinds: "operations," which geographically are large-scale and have varied program content, and "SOS" activities undertaken after disasters.

Human resources

The Brazilian Red Cross relies basically on the contribution of volunteers and university tutors (*estagiários*), and has very few paid staff. As stipulated by the national legislation governing NGOs, all directors are volunteers. The institution has not been able to attract volunteers in the number it needs or offer them adequate training. The slow development of some projects due to financial obstacles helps discourage potential

collaborators. The organization's most dynamic department, youth, runs a continuous recruitment campaign and unquestionably attracts the most support: today it brings together 55,000 young people nationally, of whom 7,000 are in Rio de Janeiro. Those figures nevertheless are very small in a country as populous and large as Brazil.

In the judgment of the Presidency, the institution's rapid growth has been the key problem in this because it creates needs for specialists which cannot be easily met.

No census data about paid staff were obtained, but it is clear that the scarcity of technical staff is habitual and affects all areas of activity without exception. Timely payment of salaries and stable working conditions do not suffice to prevent staff from leaving. It is thought necessary to create a basic cadre of well-paid professionals with well-defined promotion routes.

Working conditions are good as to environment and schedules, but more modern working equipment is lacking and it is thought necessary to strengthen informational media.

Finance and budgeting

The institution's assets fall into three main categories—liquid, long-term, and fixed. The first represents almost the whole and consists of two financial categories: (a) foreign bank deposits (68%) and (b) registered funds and domestic bank deposits (32%).

Its main fixed assets are the building used as the national headquarters and other real estate.

Of the three categories of passive assets—short-term, funds and reserves for specific purposes, and nonspecific funds—the main one is the second (85% of the total) and it comes chiefly (79%) from donations received by national headquarters from abroad.

There are two sources of revenue, which are held inadequate: (a) an annual sum from the Sports Lottery which is the only fixed income and is distributed internally to meet the expenses of the headquarters (40%), increase the disaster

contingency fund (20%), and finance projects administered by the branches (40%); and (b) donations, monthly payments, and other revenues from educational and outpatient care activities. In Rio de Janeiro they are deposited in a special fund.

Fund-raising efforts such as donation campaigns and appeals are inadequate. It is thought that regulation of and the need to protect the emblem hinders using it in some kinds of advertising, and that reduces the possibilities of obtaining financial support from private enterprise.

The Finance Committee, elected by the General Assembly and composed of the Treasurer and four other members, is supposed to produce a statement about all financial aspects of the Brazilian Red Cross. The financial transactions of the branches are supposed to be monitored by the NDC, but they are not included in recent general financial statements because with some exceptions the branches do not submit the needed information in time.

The National Society's role and activities in the context of the country

Principal activities

Health services

Among the institution's activities in the health sector, four main areas can be recognized at this time: human resources development, preventive services, the blood program, and activities focusing on primary care.

As regards human resources development, nurses receive training in two schools, at Rio de Janeiro and Belo Horizonte. During the period 1987-1990 they reported 757 graduate nurses with an annual average of 189.3 and 1,452 nursing auxiliaries.

The National Training Center, part of the youth department, reported almost 11,000 participants in its courses during 1987-1990, with a

substantial increase in the last of those years. At least 90% were trained in first aid.

Among the preventive services in care units are:

The Outpatient Audiology, Speech Pathology, and Audiometry Service in Rio de Janeiro, which performs rapid examinations to evaluate hearing and speech pathology problems in children aged 5 to 16 years and gives educational talks to the children's parents and guardians. The National Society reports that more than 623,000 examinations were performed during the period 1987-1990 and that the annual rate of visits increased. The Service also offers a program aimed at poor adults that had more than 19,000 users during the same period.

The Corneal Pathology Institute in Rio de Janeiro conducts campaigns to recruit donors. With a team of volunteer physicians it performs cost-free transplants for its patients. In April 1991 it reported more than 234,000 donations and 717 transplants. Audiology, speech pathology, audiometry, and corneal transplant activities have little impact since they are performed only in the city of Rio de Janeiro. Moreover, the corneal transplant service is not a priority in the demands of socially vulnerable groups.

As it has no blood banks of its own, the Brazilian Red Cross has limited itself to playing an intermediary role based on recruiting volunteer donors through awareness-stimulating campaigns for subsequent transfer to other state and private agencies. More than 262,000 donors were recruited in 1987-1990. The annual recruitment rate in 1989 fell by 53% over the previous year, which was attributed to the fear that the increase in AIDS caused in the population.

Given the severe crisis affecting the country in this area, the Brazilian Red Cross has drawn up a project costing more than \$500,000 to establish a blood bank at its national headquarters. The administration is only willing to support it on condition that the Government approve it, however, because it does not want to commit the institution by itself to dealing with a

problem such as blood supply, which in Brazil has delicate social overtones.

Activities with a primary care focus⁹³ in reality do not refer to a separate program by that name but to a multiple component of the most important activity the Brazilian Red Cross now carries out, Operation Ararajuba,⁹⁴ whose fourth version was programmed for 1991-1992. This operation is based on the volunteer work of university students who devote their vacations to it and are trained to perform different responsibilities. It includes preventive diagnosis, educational, and community promotion activities, essentially training in first aid; eye, audiology and speech pathology, and blood pressure examinations, educational talks about basic health and environmental sanitation problems; situational diagnosis of housing and health conditions; planting of household and community produce gardens, and recreation. It also embraces the opening of Red Cross posts.

The operation, which includes substantial activities in the health area, is handicapped by not being year-round since it is conducted only during university vacations.

The National Society is negotiating financial resources to start a project called Amapá whose target population would be the families of miners in that territory in northern Brazil. Its objectives have to do with health education—diarrhea, malaria, sexually transmitted disease, and nutrition control.

Taking stock of itself, the institution acknowledges its absence from many basic health activities in communities and the need to strengthen its contacts with them to better evaluate their needs. The greatest difficulty in achieving this is the country's prevailing lack of interest in community development.

Social assistance and welfare services

Although placed in the educational area, the Preschool Pilot Project and the Occupational Training Courses for Disadvantaged Children, both at national headquarters, are clearly related to this area. The former has a center attended by

preschoolers at three developmental and literacy levels. The children receive preventive hearing and speech pathology services and are referred to the social service if they need treatment. Of the 177 pupils, 17% are grant holders who pay a nominal fee. Despite the project's good results, it is reported that its activities are on the wane.

As part of the Child Alive program, the National Society has implemented a set of courses aimed at training children aged 10 to 16 years in job skills. The program is varied: plumbing, typography, electricity, automobile repair, soldering, crafts, hairdressing, office work, etc. In courses lasting three to six months, more than 17,000 adolescents of both sexes are reported to have been trained so far throughout the country, approximately half of them in Rio de Janeiro State. The program conducts its own courses or pays for unused capacity in specific facilities.

The Brazilian Red Cross has stated its intention of quickly broadening the program's coverage through an ambitious project aimed at training 200,000 children annually, starting in 1990. Taking into account the results so far reported, that goal does not seem feasible.

Relief and emergency services

As in most of the region's National Societies, the Brazilian Red Cross intervenes only in cases of disaster which, since it does not stress prevention, community preparation, and postdisaster rehabilitation, reveals a quite limited view of such problems. This area of activity thus lacks continuity in its programming and execution. Its methods combine three kinds of activity: management and channeling of external aid, logistical support (collection, transportation, and distribution of foods, drugs, clothing, and basic materials for operating shelters), and direct collaboration with victims and the injured in some aid activities.

The relief department is clearly undersupplied in human and material resources. The headquarters has a special relief group composed of 80 volunteers. Most have basic first-aid training. They do not have permanent activities

and meet only to take action in public calamities. They have no special equipment, radio station, or vehicles of their own. Groups of this kind exist in only three other states.

The largest operations carried out under the leadership of the department were Operation Northeast, conducted in that region during the 1984-1986 drought, and the so-called Flood SOS, carried out to deal with the floods in several states in February 1988.

Other programs and activities

The international department coordinates two programs: (a) locating missing persons (it received 934 requests during the period 1987-1990, on which it acted in 603 cases and located 200 persons), and (b) publicizing International Humanitarian Law, an area in which there has been little activity. "Talks in schools and neighborhoods" and three seminars from 1987 to 1990 in which some branches and persons outside the institution such as judges, lawyers, and members of the Armed Forces took part, were reported.

School delegates are children aged 8 to 15 years recruited in schools to collaborate in publicizing the activities of the Brazilian Red Cross and take part in talks on first aid and hygiene. It is estimated that there are around 10,000 throughout the country.

Programs for the elderly are still at a very early stage and are more a possibility for the future.

Relations with the Government

At the end of the 1960s the federal Government intervened in the Brazilian Red Cross for two years, a situation that led to an institutional reorganization in which state governments, federal departments, and ministries related to the National Society's activities took part. Those governments and agencies are now represented in the Red Cross's governing bodies.

The institution does not receive regular financial contributions from public agencies, but may

receive specific grants and support from them. The Sports Lottery may be considered a kind of governmental aid. In 1990 the Government decided to impose a 10% tax, but the National Society's leaders disagreed with the measure.

The organization's educational, community promotion, and relief activities are supported in varied ways in collaboration with public institutions and local authorities. The relief department, for example, defines itself as a supporter of civil defense. The blood program sends donors to the Rio de Janeiro State Hematology Institute. The children's job-training program collaborates with official bodies traditionally active in the sector such as SENAI, SENAC, and SESI. The National Society believes that these relationships have been normal and do not give rise to "competitive" situations. Nevertheless, the Brazilian Red Cross's participation in governmental programs as well as exchanges and cooperation with official agencies are weak.

Relations with other organizations and agencies

The National Society maintains very varied collaborative relations with community organizations, educational establishments, and service clubs such as Rotary and the Lions, especially at the local level. In relief operations, much aid is collected from private enterprises. The blood program collaborates with civil societies, especially in the care of hemophiliacs.

Internally there are bureaucratic problems and regulatory restrictions which hinder participation by NGOs in existing projects and in formulating other projects which could be conducted with their support and collaboration.

Role of external cooperation

The Brazilian Red Cross has a policy of not requesting external assistance unless absolutely necessary.

Funds were solicited in 1990 in an appeal to the Federation for SFr992,000 for the communi-

ty development component of Operation Ararajuba and to finance arts and crafts schools for street children. A project costing SFr776,000 to create a blood bank was also presented for consideration. The first phase of Operation Ararajuba was financed. In a 1991 appeal, SFr79,000 were requested for the second phase, and the blood bank and street children arts and crafts school projects were again submitted for consideration.

The National Society has established bilateral collaboration with other National Societies with respect to disaster situations. During the period 1987-1991 the Brazilian Red Cross sent aid, chiefly as money and health materials, to 15 Societies and received the same kind of aid from 16.

The aid so received has been a key factor in making the most important relief operations carried out by the Brazilian Red Cross possible.

Great value is attached to the exchange of persons, experiences, and materials with other Societies. However, such exchanges are hindered

by the small production of documentary material to improve communications.

The National Society's perceptions of its public image

The Brazilian Red Cross's members show high confidence in the institution's image and credibility, and believe that many people would like to join it. But significant limitations on it are recognized at the same time: efforts to publicize its Principles, history, and activities are impeded by lack of a policy to disseminate information internally and of a unified national program in this area.

Nor is the staff trained to undertake such efforts stable. There is little communication through the mass media, though it is thought that they are quite receptive to it.

CONCLUSIONS AND RECOMMENDATIONS

Conclusions

Today the Brazilian Red Cross confronts the great challenge of strengthening its institutional profile in the context of an enormous country and vast social problems characterized by regional imbalances, extreme inequalities, and the great sweep of poverty, which is aggravated by the crisis of the 1980s.

The institution's great growth potential is still to be explored since, at the same time that it has grave social problems, Brazil also has one of the world's largest economies, well-trained population groups, and highly developed regions. One of the Brazilian Red Cross's strengths is its willingness to overcome stagnation and carry out important activities in education, social assistance, and health with a fairly creative focus on community development and relatively broad geographic scope, as in Operation Ararajuba.

Nevertheless, the Brazilian Red Cross confronts serious problems which must be solved in order to meet the challenges facing it.

As for program orientation, there is great diversity within which coherence and clear priorities are wanting. In some instances this leads to programs being implemented which, in addition to not being encompassed within a general plan-

ning strategy, also do not match the needs of the country's most vulnerable groups. Although Brazil is exposed to recurring natural disasters, the National Society lacks a broad, strong, and systematic program in the relief area.

Another problem is the Brazilian Red Cross's almost nonexistent geographic coverage—one of the smallest of all the Red Cross Societies in Latin America. This situation affects the growth of the institution's various spheres of activity, the possibility of meeting the challenges from its environment effectively and efficiently, and the feasibility of fund raising.

Added to scant geographic coverage is weak institutional capacity to attract numerous and committed volunteers and to retain a stable paid staff.

As for the administrative structure, there is excessive bureaucratization at the national headquarters and a highly centralist administration, which delay solving problems and weaken headquarters-branch relations.

Finally, the institution's financial situation is inadequate for dealing with the needs of social and physical growth facing the Brazilian Red Cross. Moreover, fund-raising efforts are very limited.

RECOMMENDATIONS

1. **Redefine the Brazilian Red Cross's action priorities in order to deal with situations of vulnerability as part of a strategic planning system**
2. **Broaden the institution's geographic coverage**
3. **Begin administrative and regional restructuring**
4. **Redesign the human resources development policy**
5. **Draw up a financial recovery plan**

1. Redefine the Brazilian Red Cross's action priorities in order to deal with situations of vulnerability as part of a strategic planning system

- 1.1 Using participative methods and a critical approach, make a comprehensive evaluation with the state and municipal branches of the present situation of the Brazilian Red Cross in the national context in order to identify priority programs and activities that are important to the extent that they are related to the needs of the most vulnerable population.
- 1.2 Based on the guidance provided by that evaluation, draw up a Development Plan defining the main strategic areas of activity, taking into account the needs of marginal urban sectors, rural indigents, migrants, and strengthening the activities related to primary health care, among them those related to preventing AIDS.
- 1.3 As part of the plan, comprehensively link together the program areas now being executed which respond to the needs of the vulnerable.
- 1.4 As part of the plan, strengthen and broaden program areas related to disaster preparedness and relief, especially those closely related to environmental problems and, more specifically, deforestation.
- 1.5 As part of the plan, strengthen and broaden activities aimed at street children and at information about and sensitization to the problems this population group faces in the national sphere

2. Broaden the institution's geographic coverage

- 2.1 Establish a Red Cross presence in all of Brazil's political jurisdictions and especially in the largest cities.
- 2.2 Undertake efforts to channel the headquarters' financial and technical resources to the regions considered most vulnerable by opening branches

Conclusions and recommendations

- 2.3 Conduct national campaigns to publicize the institution's activities and the role it plays in new areas of development in order to stimulate and promote the opening of branches.
- 2.4 Implement a branch development plan, using existing state headquarters as foci of expansion and giving priority to opening branches in states where the Red Cross is not present.

3. Begin administrative and regional restructuring

- 3.1 Reorganize the functional structure of the headquarters as an instrument to serve the Development Plan by doing away with bureaucratization and the dispersion of activities and resources
- 3.2 Define and establish a coordinated structure of divisions and departments suited to carrying out the program areas stipulated.
- 3.3 Establish a regionalized organization and planning system matching the country's huge expanse and its diverse regional, social, economic, and ethnocultural conditions.

4. Redesign the human resources development policy

- 4.1 Increase the number of volunteers by offering attractive and varied program activities linked to the country's needs.
- 4.2 Offer volunteers a system of special incentives and rewards as to training, scholarships, and exchanges to stimulate their joining and remaining part of the institution
- 4.3 Strengthen the Development Plan's priority areas through basic professional and technical cadres provided with the best possible salaries and a continuing education program
- 4.4 Outline a continuing education plan for volunteers and paid staff to rationalize the educational effect of the daily activities performed in all programs and the experiences gained from operations.
- 4.5 Diversify the programming of the National Training Center to provide training to carry out activities considered priorities in the Development Plan.

5. Draw up a financial recovery plan

- 5.1 Put into effect a system of budgeting by programs and projects which allows better linkage between financial administration and execution of the Development Plan
- 5.2 Regularize and put on a permanent footing adequate and flexible financial information and control mechanisms which promote transparency in the financial and accounting area, so improving the institution's image.
- 5.3 Establish a technical unit in the organizational structure to raise funds which closely coordinates with the institution's communication, information, and public relations activities
- 5.4 Establish a social communication and public relations program to strengthen and publicize the institution's activities and explore promoting activities through joint financing with Government agencies and NGOs.

SOURCES

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2. UNDP 1992, Table 1.
3. Leopoldo J. Bartolomé, *Informe nacional Brasil*, mimeo, Quito, International Federation of the Red Cross/Latin American Faculty of Social Sciences (FLACSO), 1992, p. 10.
4. Regional Program on Employment for Latin America and the Caribbean (PREALC)/International Labor Organization (ILO), *La evolución del empleo formal e informal en el sector servicios latinoamericano*, Santiago, Chile, PREALC/ILO, 1986, Working Document 279.
5. Instituto Brasileiro de Geografia e Estatística (IBGE), *Pesquisa Nacional por Amostra de Domicílios (PNAD)*, Rio de Janeiro, IBGE, 1990.
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12. *Ibid.*
13. According to governmental data cited in Ayrton 1991, pp. 22 and 227.
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88. A branch with up to 1,000 contributing members may appoint two representatives, and one more is added for every 2,000 additional members. More than 15,000 members in this category are required to have 10 representatives.
89. The term "*Directoría*" is used in some Spanish-language documents issued by the Brazilian Red Cross. Perhaps more appropriately, that may also be translated as "National Directorate."
90. At the end of 1987 Brazil had 4,180 established municipalities and 83 unestablished ones.
- 91 Counting only personally elected members and presidents of state branches, it has 46 members
92. Some sections speak of actors (volunteer groups) while others speak of areas of activity, and it is therefore impossible to separate them from the whole.
- 93 In its pertinent documents, the Brazilian Red Cross uses the term as a synonym for basic health education. Nevertheless, because of its objectives of promoting community self-responsibility, these campaigns match the principles of the Strategy of Primary Health Care set out in the Declaration of Alma-Ata (1978).
- 94 The name is that of a bird found only in Brazil which has the same colors as the national flag and has been proposed as the country's national bird.