
GENERAL CONCLUSIONS

Due to their general nature, an attempt has been made to establish realities, trends, and standards of behavior common to the region's National Societies—in addition to the extraordinary diversity of situations in different countries—in these conclusions. Despite the heterogeneity that seems to characterize the Red Cross in Latin America and the Caribbean at first glance, great similarities exist in the principal strategic

challenges that the National Societies and the Movement face together in upcoming years, as we will presently point out. These conclusions thus reflect a situation that in greater or lesser measure embraces all the National Societies in the region. It should be noted, however, that there are National Societies which are obviously exceptions to what is reflected in the conclusions

ROLE AND ACTIVITIES OF THE NATIONAL SOCIETIES IN THEIR RESPECTIVE COUNTRIES

Principal activities

The Study has inquired into various forms of "humanitarian action" through the action taken by the National Societies of the region in their relationship to their own environment. In other words, through this inquiry an attempt has been made to examine how the Principle of "humanity" which gives meaning to the Red Cross Movement is being practiced and made concrete in Latin America and the Caribbean, and whether these practices address the situations which manifest themselves as "human suffering" and vulnerability in each country. Conclusions pertaining to this inquiry are as follows:

Diversity and heterogeneity of humanitarian action

In Latin America the National Societies have come to carry out "humanitarian actions" which are characterized by diversity in their nature, objectives, the population involved, and the priority given each action. This indicates that in practice and with respect to the Movement's general objectives, there is no unanimous, commonly accepted interpretation of "prevention and alleviation of human suffering" or, therefore, of the function and goals of the Red Cross. Depending on the country, the activities of the region's Red Cross Societies

range from blood programs to disaster relief, including ambulance services offered directly by the Red Cross or in collaboration with the state; activities to assist the needy; nursing education, hospitals where curative medical services are offered; emergency clinics; community development activities for vulnerable groups in the population—in this case with much less frequency; and many others described in the institutional analysis of each National Society. Regarding the priorities established by each Society ("priorities" mean the most important activities, defined explicitly by their *de facto* existence), it is possible to establish a classification or "typology" of these priorities which is basically as follows:

- a) Some National Societies give priority to **Disaster or Emergency Relief**. A good number of these, particularly in Central America (the Societies in Costa Rica, El Salvador, Honduras, and Nicaragua) but also in other countries (Trinidad and Tobago, in the Caribbean), have undertaken intense activity in this field in emergencies which are local and of smaller magnitude (accidents, medical emergencies), natural disasters (earthquakes, floods, landslides), and in the context of armed conflict. This is generally evidenced by the preeminence of ambulance, first-aid, and relief services with respect to other volunteer bodies or volunteers in general. These Societies have gained much experience in the area of immediate assistance for disaster victims, and there is a certain amount of public recognition of this fact. Such Societies also serve as major auxiliaries of the state in this field (especially in countries where the ambulance service, for example, belongs to the Red Cross or is not offered by any other agency). However, there is not always a governmental framework and/or precise plans regarding these services to clearly define the operational capabilities and responsibilities of the Red Cross and various other organizations in a disaster or emergency. This is also true of the financial concerns related to the situation.

It is important to note that in this type of National Society, emergency relief activities have generally been limited to immediate assistance. These efforts have not therefore been coordinated with existing activities related to prevention, organization, and preparation for disasters and medium- or long-term assistance for disaster victims through rehabilitation and development strategies. Generally, efforts at prevention have been limited and narrow, and their approach has been confined to consideration of the geographic dimensions of the risk of natural disasters. The socioeconomic and environmental aspects, for example, have been given little or no importance in this sphere. Though organization and preparation for disasters has existed it has been less significant than is required, and has often been limited to training of relief workers and management of warehouses containing relief equipment, as may be seen in many of the Societies in the English-speaking Caribbean, where hurricanes are common. Finally, in the area of rehabilitation certain innovative housing and infrastructure reconstruction activities have been carried out by National Societies such as those in El Salvador, Mexico, and Nicaragua. They have had very positive results, and have been analyzed from the viewpoint of the relationship between disaster situations and development in National Societies. Nevertheless, the leaders and various sectors of the Red Cross Societies involved have often considered such activities extraordinary in nature and not part of the Red Cross's usual work. In this context, it should be noted that in general they have been conducted with external financing (resulting from relief appeals), by professionals hired ad hoc and with little participation by the Institution's volunteers, and—finally—without continuity after their completion. A notable exception is the Jamaican Red Cross, which made some of the activities stemming from the

rehabilitation phase after Hurricane Gilbert in 1988 continuing programs.

- b) A good number of National Societies give priority to **health care** activities, particularly in the Southern Cone of South America, although this is also a priority in parts of the Andes and the Greater Caribbean. In this field it is necessary to differentiate between various types of programs and services:

- i) **medical and hospital services**, offered in large hospitals with specialist facilities (trauma treatment, maternal and child care) and a certain level of qualification, as in clinics oriented toward outpatient care and medical emergencies. In this field we may cite the Paraguayan and Venezuelan Red Crosses, whose main activity has been the management of large hospitals, and the Mexican Red Cross, which has a large network of emergency hospitals and clinics. Other National Societies follow this scheme, though their scale of services, provided through small emergency clinics, is much smaller. This is true of the Guatemalan Red Cross, for example.
- ii) **nursing education and services**, through both their own initiatives and those of the state. This activity has been most important in the Argentinian Red Cross, and to a lesser extent in the Chilean Red Cross. Home nursing is also a common activity in some of the National Societies in the English-speaking Caribbean.
- iii) **blood programs**, in the recruitment of volunteers as well as the processing and distribution of blood products through blood banks. These programs are important in some of the National Societies in Central America and the Dominican Republic, partly because of the support of external cooperation; and in the case of Ecuador it is the most important and almost exclusive activity of the National Society. Such blood banks are operated with professionalism and with adequate technical support, though they are activi-

ties whose high cost leads to some difficulties in financing.

- iv) **prevention, promotion, or health education** activities, in some cases congruent with the strategy of primary health care (PHC), such as campaigns for vaccination, AIDS prevention, and care of mothers and children (in the fields of health care and nutrition).

In most National Societies this kind of activity has a low profile. Its coverage—generally local—is usually very limited, not much importance is ordinarily attached to it in the scale of priorities of the National Societies in the region, and at times such activities are considered or called "primary care," though their orientation does not really or completely coincide with the strategy of PHC as it is generally defined and practiced. Exceptions are the Red Cross in Bolivia, oriented toward primary maternal and child health care through the "National Development Plan," and the Red Cross in Belize. Finally, there is a clear orientation in those Societies which favor the health sphere toward services which emphasize curative medicine, which have also been characterized by much centralization (congruent at times with their technological sophistication) and by being, in general, very costly.

- c) **Social assistance and welfare** activities are considered priorities by very few of the region's National Societies, though this is a field of action in which most of them have been involved to some degree. This is true of the Bolivian and Uruguayan Red Crosses. In general, the Societies offer compensatory and assistance programs with a charitable approach which emphasize distribution of food and used clothing to people with limited resources, often with support from international cooperation. Among them are the assistance programs of the Argentinian Red Cross, the Bolivian Red Cross, the

Chilean Red Cross, and the Haitian Red Cross. In the English-speaking Caribbean various National Societies also conduct the Meals on Wheels program. Some National Societies have quite varied and interesting experience, though almost always limited, with projects such as centers for elderly people, child care facilities, drug addiction care or prevention programs, child-care or feeding facilities, homes for abused women, job training courses, or schools or centers to care for the disabled. Despite this diversity, in very few instances have activities in this field been guided by a rationale of promotion and development by making a sustained effort with the most vulnerable groups or communities requiring their participation. Further, in some National Societies these programs have been weakened somewhat when they have experienced financial difficulties resulting from the crisis, though such problems have not affected relief programs or more traditional health care programs to the same extent.

- d) Finally, activities to **promote and disseminate International Humanitarian Law** are also quite widespread, though they have only been important in those countries in which domestic armed conflicts of varying intensity have occurred. Such activities have been aimed both at the Armed Forces and security bodies of the state and at armed politico-military organizations, not without problems and risks, and with the collaboration or leadership of the ICRC. Despite the similarities of and close relationship between International Humanitarian Law and human rights, and the Movement's resolutions favoring a more active role in this area,¹ it must be noted that the activities of National Societies have by and large been few. Generally speaking, the focus has been more on mitigating the effects of violations of human rights than on their promotion, dissemination, and defense.

The problem of program balance

The variety and number of different humanitarian action options is associated in many cases with the problem of imbalance in programs and services. According to this criterion, we can distinguish between two realities in the National Societies of the region. The first is that group of National Societies in which the strategic option or specialization—be it explicit or implicit—becomes the focus of most of the Society's human, material, and financial resources, and is executed with greater efficiency, and in the end is the principal strength of the Society. It is also the National Society's source of identity and draws recognition from the community and the state. The best known cases are the Ecuadorean Red Cross, which focuses on blood banks, the Red Cross Societies in Paraguay and Venezuela, which concentrate on administering large hospitals, and the Costa Rican Red Cross, which to a large extent is based on its ambulance service. Though in lesser degree, this reality may also be seen in other Societies such as the Red Cross in Argentina or Guyana; a corollary is that other programs which have become integral to the work of the Red Cross are very weak or still in their early stages of development.

A second group is composed of those National Societies which have greater balance among their relief, health care, social welfare, and information programs. This is true of the Red Cross Societies in Colombia and Mexico among others. In some cases, however, this better balance is associated with dispersed efforts and a lack of definition in the National Society's strategic priorities.

Disparities in operational capacity

Diversity and heterogeneity occur not just in "humanitarian action" activities in the panorama

of the Red Cross in Latin America. Extreme disparities exist in operational capacity, which means that the impact of programs and services varies widely from one country to another. Furthermore, operational capacity bears little or no relation to the size of the country, its population, or its level of income. In Latin America all kinds of combinations may be seen in Societies that are operationally strong or weak, in countries large or small, and with greater or lesser levels of income. The explanation of this paradox lies in many other factors, determined to a great degree by the Societies' level of institutional development. This emphasizes that the institutional development potential of many Red Cross Societies is quite high, even taking into account the fact that they are evolving in troubled national contexts.

Definition of priorities in humanitarian action: tradition vs. community needs in a changing environment

The aforementioned realities—diversity in humanitarian action and, therefore, practical efforts to make the Principle of "humanity" concrete; and program imbalance or a vague expression of priorities—bring us to a key question: What are the criteria used by the National Societies to define priorities for humanitarian action in their countries? In other words, how is the Movement's governing Principle—the Principle of "humanity"—interpreted and translated into concrete acts?

Analysis of the region's National Societies suggests that they establish their priorities according to the following factors, which—without excluding others—we consider the most significant:

- a) The origins and traditions of the Red Cross Movement and the National Society in each country. This factor would explain the im-

portance attached to relief and emergency services and/or hospital services and nurse training in certain National Societies. This can also be observed in the case of National Societies in countries that have recently won their independence, as in the English-speaking Caribbean, where recently formed Societies have closely imitated the tradition of the National Society in the former colonial power (the British Red Cross).

- b) The different relationships that have been adopted over time between the National Societies and public authorities (e.g., civil defense bodies, the armed forces, Social Security agencies, or ministries of health). In part, this also explains the priority given by certain National Societies to hospitals, ambulance services, training health workers, or some blood programs.
 - c) A very limited, cautious, negative, and sometimes unilateral interpretation of the Principle of "neutrality," which has frequently overlapped the Movement's reason for being—the Principle of "humanity." In other words, on occasions that have called for humanitarian action by the Red Cross, an "apolitical" approach has prevailed and this has even led to isolation from the public problems associated with humanitarian action and an exaggerated perception of the risks involved. This has had both doctrinal and operational consequences. In the former area, the Principles have become an abstract and historical doctrinal corpus in some National Societies with little or no capacity for motivation, adherence, and mobilization of society. This is related to a problem which has been mentioned repeatedly and which the Tansley Report in fact recognized: the lack of clarity which characterizes definition of the Principles.
- As for the latter area, the Principles have in some instances become a brake on action and have defined a pattern of cautious and not very dynamic behavior. Such an attitude has not only created image problems but has let other organizations, even

ones with a strictly humanitarian character (which are also defined as neutral and independent), and which do not suffer such a brake on action, to more easily enter situations of emergency or social vulnerability which would have been dealt with by the Red Cross.

- d) The limited availability of human and financial resources for carrying out new actions and programs, which has meant that traditional activities have been maintained or that new ones have not been developed.
- e) The impact of exceptional events (major disasters, armed conflicts), which through *shock learning* has ingrained in the National Societies an immediate need to create or perform services, especially for relief and emergencies, or in Central America, refugee assistance services. Examples of this situation may be observed in countries where disasters of great magnitude have taken place: hurricanes such as Hugo and Gilbert in the Caribbean, volcanic eruptions such as of Nevado del Ruiz in Colombia, or large earthquakes in other countries.
- f) The cooperation—especially bilateral—of other Red Cross National Societies in developed countries. Through support either in cash or kind, such cooperation has enabled the creation, strengthening, or maintenance of specific services and programs, which—as we will point out in the section devoted to “cooperation”—have occasionally become the most important activities for the National Society, even distorting its structure and operational effectiveness, as well as its influence and role in the national context.

In many cases there is no clear awareness of the influence that these factors have or how they affect the National Societies’ organizational culture. In other cases they act according to explicit options arising from an interpretation of the Fundamental Principles which is characteristic of a National Society. In this interpretation, “humanitarian action” is associated with certain specific activities and not others. This involves options which to some degree are arbitrary or

merely reinforced by the realities noted above. But this is not necessarily a widespread interpretation of the Fundamental Principles, commonly accepted or sanctioned by the Movement’s organs or decisions. In any case, it is important to point out that it is above all a matter of factors internal to the Movement and the National Societies.

External factors have been of limited importance in most of the National Societies, however, in determining Red Cross “humanitarian action” priorities in each country. Among the external factors affecting the environment in which the Red Cross operates, we would cite the national context, the social demands and needs of a region which has been experiencing one of the worst crises in its history, the rise in social vulnerability (signified in terms of “human suffering” or “permanent disaster”), the weakening and changes which have occurred in Governments, and lastly, the plans and actions of Governments and other agencies (NGOs and international organizations, particularly the United Nations System and bilateral cooperation agencies) in fields of action similar to or concurrent with those of the Red Cross. This is particularly significant if we take into account that the *Strategic Plan of the League for the 1980s* noted that ability to adequately define the population’s needs and the role and objectives of a National Society in its country’s context is one of the “effectiveness” criteria of each Society.²

All these factors point to one of the most characteristic traits of the organizational culture of the Red Cross: the frequently deliberate lack of knowledge of the external world and of the economic, political, social, and cultural conditions within which the institution operates, and the fact that it is sustained ideologically by a limited and unilateral interpretation of the Principles of neutrality and independence. The weight of tradition and inertia in already existing activities and programs, as well as in the sphere of ideas, values, and attitudes—while facing a context of crisis, instability, and the accelerated changes that characterized Latin

America and the Caribbean in the 1980s—denotes in sum that a heavy rigidity and strong resistance to change has existed in many National Societies.

The growing influence of market orientation

An external factor such as the economic and social crisis has nevertheless had a strong influence on most of the National Societies in the region by making their financial basis more delicate and, at the same time, causing a heavy demand for services related to both disasters and emergencies and to health care, nutrition, or social welfare. As will be set out in detail below, private contributions to and state support of many Societies have fallen significantly due to the population's lessened ability to contribute, inflation, the state's budget crisis, and policies of budget cuts stemming from structural adjustment programs.

A fair number of National Societies have found it possible to deal with the reduction in available resources and the increase in demands by the population by accepting growing contributions from international cooperation, mostly from the Red Cross Movement itself. This has been especially noteworthy in those regions and countries whose situation of crisis and conflict has made them recipients of significant foreign assistance, as in Central America, Haiti, or some of the Andean countries. It is clear, however, that external cooperation tends to be sporadic. The reality is that since the end of the 1980s, due to the ending of armed conflicts and the worst periods of the crisis as well as the simultaneous development of new priority areas for foreign aid such as the countries in Eastern Europe and the former Soviet Union, the region has been losing importance as a recipient of cooperation. At the same time, the international economic recession has led to a significant reduction in cooperation and assistance budgets in most of the donor countries.

For other Societies, which have received little or no foreign assistance, the crisis has meant a

broad decline in their operational capacity, with closure of programs considered "unessential" or very significant reduction in their coverage. In such cases the crisis has, then, been a factor weakening the institution, and among other things this has shown the lack of medium- and long-term viability of "charity approaches" which stress the simple transfer of resources to the neediest without reimbursement.

In this regard, it is important to note that in only a few cases has the financial crisis helped to break with charitable concepts and models of action through the adoption of promotion strategies aimed at increasing capacity to mobilize local resources, whether material, financial, or human, or the application of low-cost and potentially multiplying strategies such as the participation of beneficiaries at the local level or promotion and community organization. Such strategies have been successfully applied by various governmental and international agencies and NGOs in the context of the crisis.

In the face of this reality and the difficult dilemma of survival, services which had been free have begun to be provided in exchange for financial contributions, whether they are considered "voluntary donations" or explicit fees which in some instances are uniform and in others are scaled according to the recipient's ability to pay. In several cases this has meant that only those services which have remained solvent and so have been able to generate revenues have been kept in operation, while other services aimed at the most vulnerable, from which no potential for generating revenue is seen, have been excluded, abandoned, or not initiated. Most National Societies have been adopting this practice as an immediate answer to the crisis in a partial way and without long-range planning. Other Societies, in contrast, are fully aware of this reality, which is seen as inevitable and have openly opted to prioritize their activities and services, especially in the health field (hospitals, clinics, medical consultations, blood banks, laboratory services, and ambulance service), in favor of those for which there is potential demand with payment ability

and thus the possibility of generating revenue. All this is highly visible in the Colombian and Venezuelan Red Crosses, but it can also be seen implicitly in many other National Societies. In some cases this option has been accompanied by growing professionalization of programs, administrative and managerial reforms which stress competitiveness and efficiency, and some dismissals of volunteers not considered full professionals and hence unable to provide quality services which can compete in the market.

It is noteworthy that this is occurring at the peak of neoliberal policies, which in various countries assume that the idea that the state is responsible for providing health and social welfare services to the entire population will be abandoned in favor of the notion that stresses the ability of the market to provide such services most efficiently. In various countries this shift in concepts has taken shape in policies of privatizing health and social welfare services.

Although it has improved the self-sufficiency of some Societies and the quality of specific programs or services, the market orientation noted above has produced segmented access and has meant that only those social groups with a certain amount of purchasing power will receive services provided by a National Society, while low-income and vulnerable groups will be excluded from them. This dynamic clearly cannot help guide the National Societies in fulfilling the objective of improving the situation of the most vulnerable which the Federation has established as the strategic goal for the 1990s.

This contradiction has given rise to major internal doctrinal debate of varied form and extent in many of the Red Cross Societies in the region. Two alternate concepts are juxtaposed in this debate, sometimes excluding each other. On one side is the traditional view stressing the institution's universal, impartial, and philanthropic nature, in which charging for services signifies divesting the Red Cross of its humanitarian character. The other side holds that the merely altruistic or "charitable" concept is outdated and proposes quite pragmatically the need to prioritize activities on the basis of their financial return or

at least their self-sufficiency. They believe that National Societies operate in a "market" context and so must provide efficient and competitive professional services. In the first view, traditional methods of collecting funds (transfers from the state, collections, raffles, etc.) would be the natural way of financing, while without abandoning the earlier method the second view would charge for services, as we have noted.

In this debate, which has gradually been arising in different National Societies and may become widespread, a concept based on the Principle of solidarity which does not consider the financial strategies set out in the two other concepts to be mutually exclusive, is taking root, though it is still very new and advocated by a minority. This "third way" would make achievement of the financial self-sufficiency, efficiency, and profitability of the market orientation compatible with a strategic orientation of solidarity toward the most vulnerable sectors. This option would therefore be based on a policy of diversified financing in which agreements with the public authorities as well as systems for making selective charges for services in which revenues would be obtained from those able to contribute would be established. Traditional sources (subsidies, donations, collections, contributing members, raffles, or lotteries) are also maintained in this option, and new sources (such as the sponsorship or implementation of productive or commercial projects) would be experimented with.

New assistance activities in a critical context: effective, though limited, responses

As we have indicated in previous sections, the limited concern that the National Societies show for their environment and the new realities of the 1980s and the beginning of the 1990s (see socioeconomic conclusions)—despite the fact that they directly affect the sphere of activity and action of each Society—is one of the most important causes of the limited changes that the

Red Cross's work and priorities in Latin America have experienced in the previous decade.

Some National Societies have developed totally new programs, sometimes of great breadth, in response to the demands of their environment, however. In some Central American Societies such as those in Costa Rica and Honduras, for example, major assistance programs for refugees and displaced persons have been implemented, often with funds and support from UNHCR and other agencies. These programs have been an important challenge for the Red Cross Societies in question, as much because of their involvement in a new field of action as for the significant mobilization of means and personnel which they have required. Other Societies have developed interesting social assistance programs for the poor, and many varied programs have been started to address the problems presented by AIDS, which arose during the 1980s.

The actions which could be classified as 'innovative' have been adopted primarily as *reactions* to an uncertain environment or to an emergency situation, however, rather than as *strategic development options*, the product of a premeditated, planned intervention effort in a process of sustainable development in dealing with the manifestations of the crisis in the national reality. Such actions have been a limited response to a critical context. Very few assistance programs have been directed toward major sectors of the population affected by conflicts in Central America and/or those in precarious situations of vulnerability in these and other countries in Latin America and the Caribbean. In this context, an example is the meager action on behalf of the domestically displaced, or, in general, groups affected by extreme poverty which have remained on the margins of assistance by the state and other social agencies.

Promotion: a missing strategy

In relation to the foregoing, it must be noted that most Latin American National Societies have

based their activities on assistance strategies, also called "charitable," rather than on other strategies generally defined as "promotion," which already belong to the many other NGOs which work at the community level. Related to this, the Federation's Strategic Plan for the 1990s³ noted the need to develop new promotion strategies, which are understood as those that create adequate conditions for community development. Specifically, these are: a) encouragement of self-help activity by the community, b) coordination with other resource providers and mobilization of local resources, and c) defense and support of communities by calling their needs to the attention of Governments. These actions, in other words, imply new working methods which exclude assistance and a paternalistic approach by developing a much more active role for the National Societies. This would anticipate realities through focused planning efforts and so avoid acting reactively, which is the passive role now characterizing many of them.

In this respect, it is significant that—except for the health care and "Child Alive" maternal and child nutrition programs, certain specific housing construction programs in response to disasters, and the "mothers' clubs" that some National Societies have initiated—social welfare and emergency assistance activities have become characterized by an assistance strategy in which community participation, especially at the local level, has been very limited. In many current programs and services, even those which put most stress on assistance, there is nevertheless a useful potential for developing a promotion strategy. Such is the case, for example, with food distribution programs such as Meals on Wheels of the English-speaking Caribbean Societies, in which present distribution of food may be a good basis for an integral approach through new primary health care and socioaffective support activities as well as a means for including volunteers and greater community participation.

The gap between National Societies' priorities and the population's vulnerability

A diversity of priorities, program imbalance, operational weakness, the weight of tradition, lack of attention or limited responses to the new demands of a changing environment, market orientation, and the absence of a promotional strategy are greater or lesser realities in all the National Societies. Together they have defined an institutional profile and priorities for "humanitarian action" in their programs and services which in many cases are far from what is needed in a social reality characterized by population growth and dramatic vulnerability.

Within this context, the fact that the Movement has established "the improvement of the situation of the most vulnerable"⁴ as its priority objective for the 1990s has a twofold meaning. On one hand, it allows reliance on a standard by which to determine the effectiveness of humanitarian actions in reducing the vulnerability that characterizes the region. On the other, as has already been said, it allows the conclusion to be drawn that in the Latin American National Societies there are as many programs and services relevant to vulnerability as there are others that are irrelevant and which together result in the Red Cross's activities in the region being distant from what its fundamental commitment should be.

Consequently, a need exists for a major effort to redefine and make "humanitarian action" priorities as well as the priorities of concrete programs and services adequate. The importance attached to certain priorities, programs, or services should be reduced or even annulled, and other services should either be reinforced or initiated to address the characteristics of social vulnerability in each country in order to shrink the gap between the Societies' priorities and the population's vulnerabilities. This is perhaps the most important challenge the Red Cross faces in the 1990s.

Relations with public authorities

Problems and biases in relationships

The priority activities, pertinent national legislation, statutory framework, and traditions of each National Society determine the public institutions with which it has been privileged to have relations or those which participate in the National Society's governing organs. Most such relationships are with ministries of health and, to a lesser degree, ministries of education, the armed forces, civil defense agencies, or other organizations involved in the disaster field. These relationships, which are far from being extensive or numerous, often make the Red Cross vulnerable to changes in the political sphere or to state initiatives which could result in a reduction in their scope of action. In this regard, it is important to point out that various National Societies have expressed their concern about some governmental disaster plans in which the Red Cross has been assigned a subsidiary role, or the Government has created voluntary bodies dependent on civil defense organs which duplicate Red Cross functions.

It is significant that in many cases relationships are established, as a priority or almost exclusively, with central governmental agencies. Consequently, relations with local and regional governments are often less significant or almost nonexistent. This is due to the weakness of local authorities and the centralization which has historically characterized the Latin American state (a characteristic that, partly because of its historic presence in the region, has been reproduced in various National Societies there) as well as the selective focus and limited plurality of relationships of the National Societies, which is also often reflected in the lack of autonomy and weakness of the branches.