



Rotarian's wife aids Hong Kong refugee children

In last month's column, which listed the Rotarian physician and dentist volunteers who are serving in the refugee camps of southeast Asia, the generous service performed by the wives of some of these Rotarians was briefly mentioned.

Since then, we have received a more detailed account of the work done by one of these women. Aileen Meier accompanied her husband, Rotarian dentist John J. Meier, of the Rotary Club of Columbia City, Indiana, U.S.A., to the Kai Tak North refugee camp, where they served from August 11, 1980, to September 5, 1980. Aileen is a medical technologist who had hoped to serve in that capacity, but when she discovered a greater need at a newly established day-care center, she began working with the children instead.

Here, in her own words, is Aileen Meier's account:

"I feel fortunate to have been one of the Rotary wives who accompanied her husband to Hong Kong to work in a refugee camp. I did not know what to expect in the camp, only that I wanted to keep busy and feel needed. I thought perhaps I could make use of my training as a medical technologist, or possibly assist my husband in the dental clinic.

"After arriving at Kai Tak North that first morning we were shown the dental clinic and the hospital facilities. There was no laboratory in the hospital, so my medical technology training could not be used. We were then given a tour of the camp by one of the staff, and were shown a spacious building that had recently been renovated and had opened just that morning as a day-care center.

"The day-care center was called the 'creche,' and was set up to take care of small children whose parents had found work in Hong Kong. (The refugees were encouraged to find employment.) The facility was well planned, but that morning there seemed to be chaos everywhere.

"We returned to the dental clinic, and my husband started seeing patients. It did not take me long to realize that,

with the efficiency of the camp dental assistant and the size of the clinic, my presence was not needed. I remembered the children at the new day-care center, and thought that certainly they could use some help. From that day forward, my desire to keep busy was more than fulfilled.

"There were about 40 children in the creche, ranging in age from six months to three years. The children were not used to being separated from their families, not used to toys, and especially not used to diapers. In fact, what they were used to was being held most of the time by older brothers or sisters, not being alone in a large room with other children.

"Morning and afternoon naps were difficult because the children wanted to be held to go to sleep. After a while we were able to sit on mats with the babies and small children, and get two or three of them to lie down around each one of us. We would pat one child and then another until they all went to sleep. My 'western' appearance was strange to a few of them, and of course I couldn't reassure them in Vietnamese. My tone of voice and my facial expressions were my only tools of communication. After some familiarization, it worked pretty well.

"My favorite child was a little boy whom I called David. He was fairly self-sufficient, so I didn't spend any time with him at first. However, as time went by he would come over to me, hand me a toy, and then come back to get it. I became very attached to David, but it was our last week in camp before David smiled. I almost cried.

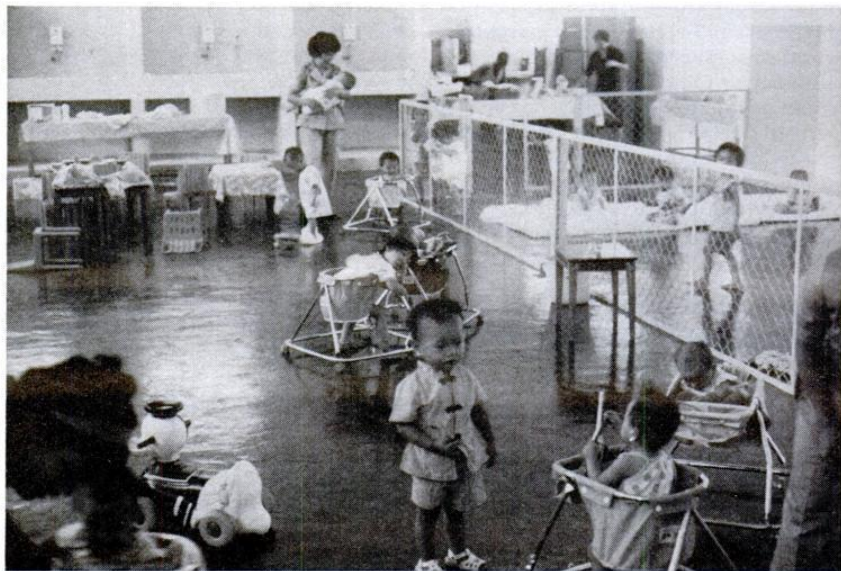
"By the third week, the creche was



Hong Kong—Aileen Meier, wife of Rotarian dentist John J. Meier, of Columbia City, Indiana, U.S.A., cuddles a Vietnamese girl who was one of her charges at a day-care center in Kai Tak North refugee camp.

running smoothly and the children were adjusting well. The major problems had been worked out and there were even periods of relative silence. The typical 12-hour day had been divided into two shifts of eight hours each, with a two-hour overlap at lunch.

"The staff was composed of eight Vietnamese workers, two assistants, and Joan Childs, a pediatric nurse from Ireland. Joan was in charge of the creche and of course spoke English, as



Hong Kong—In this "creche," a day-care center at Kai Tak North refugee camp, Aileen Meier helped care for 40 children daily, while her husband was serving in a camp dental clinic. Aileen recalls that at first the small children were frightened by her "western" appearance, but soft, soothing words and loving hugs soon reassured them.

did the assistant from England and the one from Hong Kong.

"In spite of our busy days, we all got acquainted and enjoyed working together. On my last day, the assistants and Joan gave me a pair of earrings with the Chinese symbol for long life on them. I always will treasure this present, but more than that, I will treasure the memories of the boys and girls of whom I became so fond during our month at Kai Tak North.

"It is impossible for me to sum up the rewards I gained, or the emotions I felt as I departed from the creche that last day. I can only encourage any Rotary wife who has the opportunity to go with her husband and work in a refugee camp to do so. The experience of working with these cheerful, courageous people was more rewarding than I could have ever imagined."

Protection against a childhood killer

Red measles is one of the worst childhood diseases in tropical and subtropical India. It is a major killer of Indian children under the age of three, and a major cause of blindness in children under the age of five.

But thanks to an R.I. Health, Hunger, and Humanity project which got underway during the early months of 1981, millions of Indian children will be protected against this scourge.

A late January shipment of 500,000 doses of red measles vaccine to Madras began the campaign, which will inoculate 2.5 million children during the next two years. The goal is to protect

all the children in the Indian states of Kerala and Tamil Nadu (parts of R.I. Districts 320 and 321).

The project will be financed by a \$101,275 (U.S.) Rotary Foundation grant for the 3-H Program, and a 3-to-1 matching grant of \$303,825 from the Canadian International Development Agency (CIDA). It will be jointly administered by Canadian and Indian Rotarians.

Each of the 139 Rotary clubs in Kerala and Tamil Nadu will provide volunteer members to help set up inoculation centers and coordinate the efforts of government medical personnel and volunteers from other local service organizations.

Rotarian volunteers from Canada and other nations will travel to Madras to meet the shipments of vaccine when they arrive. Five shipments of vaccines will be needed to complete the project.

The first shipment of a half million doses was met in late January by two Canadian Rotarians: Aubrey Oldham of the Rotary Club of Bracebridge and Francis M. Smith of the Rotary Club of Scarborough (both in Ontario). The two spent nearly a month in India monitoring the distribution of the vaccines.

In India, Rotarians Dr. C.R.R. Pillay of Madras and K. Ramesh of Madurai are overseeing the inoculation campaign.

The project will be the largest non-governmental health program ever attempted in India, says campaign chairman Paul McKelvey of Alliston, Ontario.

A 1979 pilot program which distributed 68,000 doses of measles vaccine in the Madras area showed that such a project is indeed feasible. Rotarian doctor Kenneth Hobbs, of Whitby, Ontario, chairman of the pilot program, points out that, in the two Indian states where children will be inoculated, 30 to 40 of every 1,000 babies die as a direct result of red measles, and many more suffer such tragic after-effects as blindness, mental retardation, and an increased susceptibility to polio.

He added that, indirectly, the inoculation program will have a positive effect on family planning; studies show that any factor which decreases child mortality often results eventually in a lower population growth.

Thus, this effort to protect the children of today against a dread disease will continue to benefit families in the area for years to come.



This poster, in vivid red and white, is used not only to label the crates of red measles vaccine, but is also nailed to trees and walls in remote Indian villages to alert residents that protection from one of the region's most dreaded diseases will soon be available.

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Glossary

(1) The 3-H Grants of The Rotary Foundation

In 1978, The Rotary Foundation launched its most comprehensive humanitarian service activity with the Health, Hunger and Humanity Grants program. The “3-H” Grants program was designed to undertake large-scale service projects beyond the capacity of individual Rotary clubs or groups of clubs.

Since 1978, almost 290 3-H projects have been carried out in 75 countries, with an appropriation of more than US\$74 million. The objective of these projects was to improve health, alleviate hunger, and enhance human, cultural, and social development among peoples of the world. The ultimate goal was to advance international understanding, goodwill, and peace.

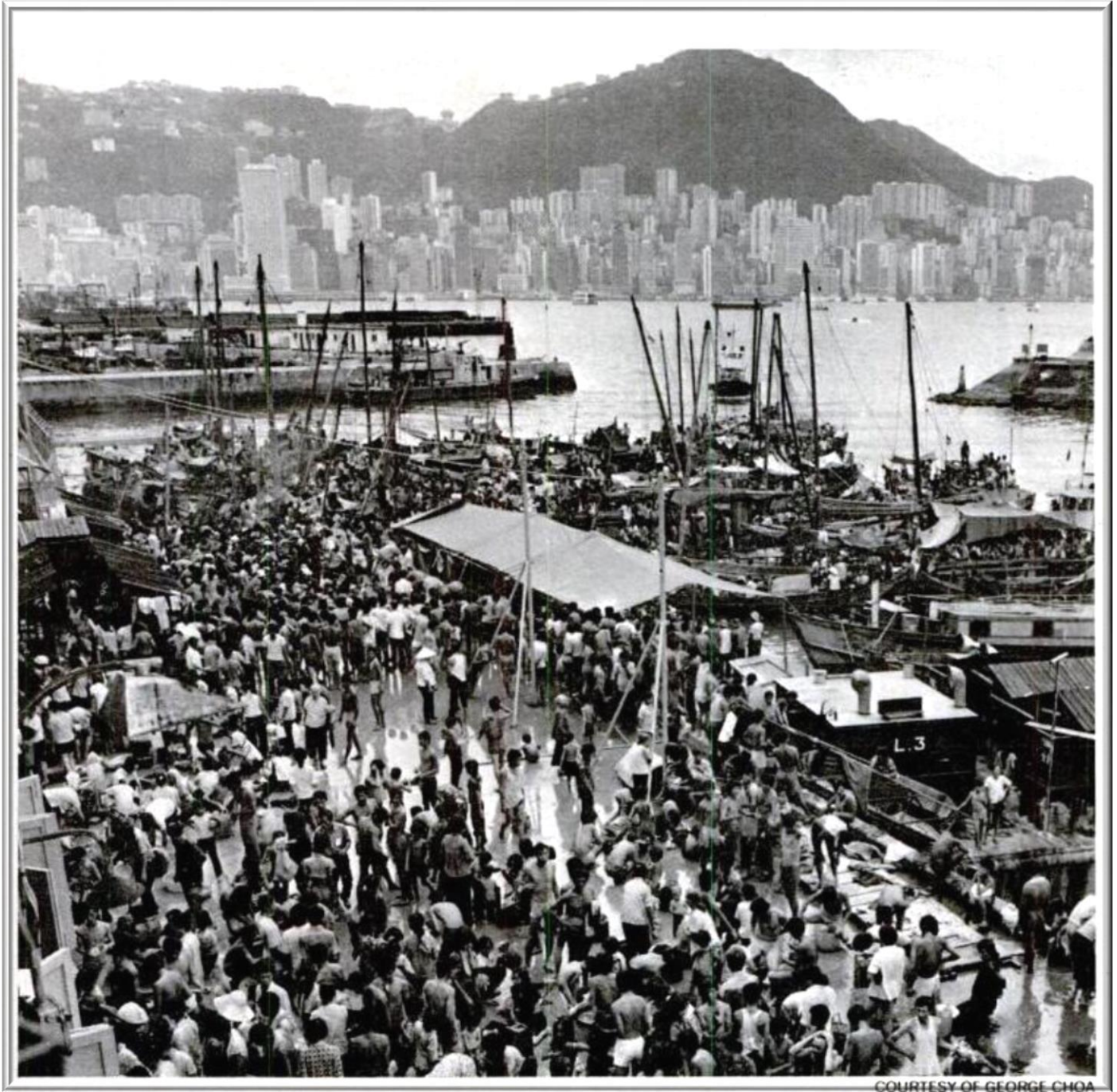
The first 3-H project was the immunization of six million children in The Philippines against polio, marking the birth of what we now know as the PolioPlus program. As 3-H progressed, new projects, including nutrition programs, vocational education initiatives, food production enhancement, and polio victim rehabilitation, were carried out to help people in developing areas of the world. All 3-H projects were supported by the voluntary contributions of Rotarians through The Rotary Foundation of Rotary International.

As of 1 July 2009, the Rotary Foundation ceased to award 3-H Grants, with the exception of projects being developed to support water and sanitation projects in Ghana, The Philippines, and the Dominican Republic.

(2) Vietnamese War Refugees in Hong Kong

After the Vietnam War ended in April 1975 with the Fall of Saigon, North Vietnam reunited the northern and southern halves of the country, many people began to flee out of fear of the new Communist Government. Many refugees headed by boat to nearby countries, initially Singapore, Malaysia, Thailand, Indonesia, and the British Crown Colony Hong Kong. Many Southeast Asian nations had repulsed “boat people”, but Hong Kong was one city that had kept the door open. Hong Kong received its first wave of Vietnamese refugees on 4 May 1975 (*see photo below*). The result, as Hong Kong Rotarians said, was inhuman over-crowding in one of the world’s most heavily populated cities. Rotarians were working hard, though, to relieve the situation. Hong Kong Rotarians, in co-operation with the Government and other local service organizations, had prepared a film and an illustrated booklet explaining the plight of Indochina’s refugees and Hong Kong’s efforts to relieve the situation. The film and literature were distributed among the service organizations in the United States, stirring support for efforts to resettle the thousands of homeless refugees. Hong Kong had been one of the central disembarkation ports for Indochinese “boat people” in search of an open port and new home. The result was over-crowded camps filled with sickness, hunger, and misery.

Backed by a humanitarian policy of the Colonial Hong Kong Government, and under the auspices of the United Nations, some Vietnamese were permitted to settle in Hong Kong. The illegal entry of Vietnamese refugees was a problem which plagued the Government of Hong Kong for 25 years. About 15 refugee camps were set up in various locations to provide free shelter, food, medical services, educational classes, etc. The problem was only resolved in 2000. Between 1975 and 1999, 143,700 Vietnamese refugees were resettled in other countries and more than 67,000 Vietnamese migrants were repatriated.



This article was edited by Herbert K. Lau (劉敬恒) (Rotary China Historian) on 1 July 2014.