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THE CHILDREN YOU'VE NEVER KNOWN

by

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As an ambassador-at-large for the United Nations Children's Fund, UNICEF, Danny Kaye has investigated and observed the human side of the needs of children for UNICEF in 23 countries. What he saw has been reported through 33 languages, to an audience of 450 million throughout the world. Perhaps no individual has ever focused more widespread attention on serious problems affecting the child in underdeveloped countries.

For this paper, Mr. Kaye has drawn partly on his own experience. But in collaboration with UNICEF he had drawn more heavily from the research and progress reports of that organization, World Health Organization, Food and Agriculture Organization, U.N. Bureau of Social Affairs, International Cooperation Administration and other international organizations, government and private, which contribute to heartening progress in behalf of the world's children.

There are some basic concepts, and some hard facts, which seem elementary to me now but which I had to learn when I first became immersed in international work for children six years ago. In most of the world they are just beginning to be recognized. But these concepts and facts are starting to stimulate positive action. They are essential to any understanding of the needs at this moment of the overwhelming majority of children.

First, let us see what children we are discussing. We are not concerned here with the 1,167,000 youngsters of Denmark, or the 3,000,000 in Australia, or the 56,600,000 in the United States. The needs of children in such affluent countries do not compare with my group, even when the needs are special and individually serious, like the 3,200 children who are wards of New Zealand because of split families, and the 50-odd thousand in foster homes in Sweden. These present problems which can be resolved by national health and welfare services.

Our concern here is the 750 million children, about three-fourths of all there are. Almost all of them live in countries where the income per person ranges downward from \$250 a year and usually averages less than \$10 a month. These are the youngsters who, handicapped or not, must struggle simply to exist. They literally fight for their lives every day.

The Children's Common Denominator

A cynic might say the only common denominator of the affluent youngsters and those of this group is that they are children--they fall into the same age bracket, from birth to 15 years.

If that were the only common denominator I would not have traveled 100,000 miles to see what these children were up against. If children were no more than living statistics, I would not have buttonholed kings and presidents and village chiefs; sultans and midwives and technical experts by the score, from here to Rangoon and back again.

Children everywhere--the haves and the have-nots--share the most important common denominator of humanity. All mankind's hopes are based on the future. The past is experience; there is no hope in yesterday. All human aspirations aim at achievement tomorrow. And tomorrow is for the child.

This is as true of Italy and India, of Indonesia and Iran as it is of Istanbul and Independence, Kansas. We live in a world from which there is no longer any escape or withdrawal. So today the basic needs of the overwhelming majority of the world's children should be no less compelling of attention than, say, the effects of TV on the pre-adolescent.

To Build, To Create, To Learn

The reason is simple. The underdeveloped world desperately needs almost every material thing we take for granted: steel and power and transportation and education. These countries need to create and to build. But in order to build and to create, even to learn, there must be a healthy body. The sickly do not create; the hungering child, drained of vitality, doesn't learn. Nor does he grow into a positive being who solves problems and overcomes obstacles that have baffled his forebears for a thousand years. Our future progress--our future peace--is in the hands of today's children, the world's children.

When we look at the health of the world's children, what do we find?*

I can tell you what I found in four words: disease, hunger-sickness, ignorance.

The First Step

This devastating combination was repeated again and again and again wherever I went--in Morocco and Nigeria; in Thailand and Yugoslavia; in India and Korea; in Turkey and Burma. Disease, hunger-sickness and ignorance handicap three-fourths of the world. This is the enormous triple threat which must be met before the effective preventive services, which are the aim of all child health workers everywhere, can be made effective. Here is what comprises the threat:

* Statistical data on which this paper is based are found in the appendix.

Malaria, a killer once rampant but now virtually unknown in this country, strikes down 100 million a year.

Trachoma and conjunctivitis, which often lead to blindness, diseases of great rarity in the United States, are devastating whole populations, with 400 million victims.

A disease called yaws, entirely unknown to us, which cripples children but rarely kills them--far more devastating than we could imagine polio to be, threatens 200 million.

The ancient scourge of leprosy, now less awesome because it is understood, nevertheless claims literally millions of victims.

Tuberculosis is ceasing to be a major problem in the United States, as in other affluent countries. But in the rest of the world it kills five million a year.

The Need for Simple Hygiene

Insanitation and its inevitable diseases are so unusual here that it was news all across the country recently when several people died of typhoid due to water pollution. But rare indeed is the child of UNICEF's world who drinks water or eats food that is clean and safe.

Lastly, but more important than all of these--and what makes many of them so potent--there is the debilitating hunger-sickness. There has been hunger in this country, even in prosperity. Only a few years ago the cause and the remedy were uncovered for a diet deficiency disease that racked much of the south: pellagra. But we have not known the chronic hunger that makes millions of starvelings out of three-quarters of a billion children in the world's

underdeveloped areas. Nor have we experienced generally the problems affecting child growth during the vulnerable period after weaning, when the weaned infant is transferred directly from mother's milk to a deficient, starchy, adult diet.

The last great enemy of the health of these children is ignorance. Mark Twain's classic cure for warts--stump water--is advanced medical science compared with the utter absence of rudimentary health knowledge which characterizes many parts of the world. There are no empirical means of measuring this kind of ignorance. Here is just one sample of the conditions as a whole: Some 55 million children are born each year with only the assistance of a village woman who has had no training whatsoever, either in technique or sanitation and to a mother who has never been in contact with anyone; doctor, nurse, clinic attendant or informed layman, with even an elementary understanding of the first principles of infant care.

This is ignorance that kills!

The Child is Most Vulnerable

These grave threats to health and well-being affect adults as well as children. But it is the child who is the most vulnerable. It is the child who is the first to be weakened and the first to succumb. And it is the child with whom we are here concerned.

This is a bleak outlook. It is also a true one. Many child workers are closely and perhaps mainly interested in such problems as the effect on children of increasing employment among mothers, and the civic and social situations that limit opportunities for children. They will be the first to

recognize that understanding these concepts--these simple if painful facts-- is essential to any appreciation of what is being done and what can be done to make the world a reasonably safe place for children to grow.

This picture is not encouraging. But there is a brighter side. It has been made possible by the energy and generosity of more than 100 national and territorial governments including particularly my own. It has attracted cooperative action in various forms of many scores of private groups from the Rockefeller Foundation and the All Pakistan Women's Association to a child aid society in Pernambuco. It has enlisted the consultative help of some 60 international non-governmental agencies.

Ten Years of Cooperation

In the past ten years these cooperative long range efforts have wrought a substantial change in international understanding of the needs of children.

It is an amazing transition to witness. It renews confidence in the underlying goodness of men. It demonstrates that the most serious international need is not goodwill but understanding. Today, in many of the economically underdeveloped countries fatalistic attitudes toward poverty and disease are giving way to attitudes of hope and effort. These stirrings toward improvement are an irrevocable break with the past. They are accompanied by the growing international awareness that remote countries have become near neighbors. Today, too, a new international conscience recognizes an obligation to share materials and experiences to help less fortunate countries break the chains that bind them to sickness and poverty.

Somewhere near the center of the broad cooperative effort is the United Nations Children's Fund. Perhaps more than any other organization UNICEF has served as a catalytic agent for international interest in child problems and a means by which that interest can be tangibly expressed. In just one decade of work on the formidable components of the triple-threat, this organization has helped transform the prospects for the world's children. Though its executive director, Maurice Pate, and his associates are much more modest, I like to compare the development of UNICEF in terms of children's needs with man's invention of the wheel in terms of his economic progress. I don't know which is the more important. But each marks a major turning point on the road toward fulfillment of the promise of tomorrow.

An Attitude of Mind

Whenever I think of the odds against UNICEF in its early days I am reminded of a fellow I met in an airplane on my first trip to Asia for the organization. He told me he couldn't see any point in UNICEF.

"After all," he objected, "isn't the disease of Asia--the malaria, tuberculosis, starvation--nature's way of taking care of overpopulation? I don't mean to sound cruel, but..."

"That's a very logical argument," I told him. "Why don't you put it to the test the next time your own child gets sick."

Obviously, not the least of UNICEF's problems at the outset was the way people thought.

But the physical problems were more serious. Briefly, here is what confronted UNICEF, and what has been done about it. UNICEF was created to meet the emergency needs of children in ravaged Europe at the end of World War II.

The success of UNICEF's distribution of food, clothing and medicine gained wide recognition. It also brought forward the ghastly facts of the condition of most of the world's children outside of Europe.

The Facts Come to Light

This was no post-war emergency. In places in Asia, Latin America and Africa comparatively untouched by the war, children had lived for generations in deprivation unmatched even in plundered, devastated Poland. UNICEF investigated. It was obvious there was a job to be done. In half the world, up to three hundred of a thousand new babies died within 12 months. Areas as big as California had no more than two or three barely trained doctors. For more than three fourths of the world's people superstition provided the only health code: "Cut the infant's finger nails or he will be killed by a fall" - "Only buffalo dung on the new baby's navel will insure healing". And for fever: "A verse from the Koran is written on paper, blessed by the Mullah and immersed in water. When the writing is dissolved the baby must drink the water."

To provide even the most elementary health services to rural areas, where 80 per cent of people live, might take up to a century at the rate of progress being made a decade ago. Even then there would have been but one doctor for 30,000 people compared with the desired rate of one in 1,000.

First Came Planning

The problem which confronted UNICEF 10 years ago was so gargantuan, so overwhelming that no one dared try to contemplate or digest the whole of it. The only way to tackle it was to start somewhere. Any effort would cause improvement. There was no place to go but up. But certainly it was a long term job and therefore the first step was long-range planning.

Gradually, and with patience laced by persistence, a combination so often found in dedicated people, UNICEF moved against the mountainous tasks. With a vaccine called BCG which was said to prevent some incidence of tuberculosis, and with only a single source of supply, a laboratory in Copenhagen, UNICEF commenced its crusade against a disease which was an immediate threat to children in most of the underdeveloped world. Infected people were spreading the disease at the rate of possibly 10 million new cases a year, mostly among vulnerable youngsters. Five million were dying annually. To retard the spread of TB would require testing, followed by BCG vaccination of the uninfected, of some 350 million people, most of whom were remote from any contact with urban life.

A Temperamental Vaccine

Furthermore the BCG was a highly temperamental vaccine which could be made impotent by light, heat or time. It had to be shipped refrigerated, in complete darkness to the sunbaked slums of the Middle East and to desert villages accessible mainly by camel. It wasn't easy.

Such handicaps have been overcome. UNICEF has helped establish 19 laboratories around the world for making BCG vaccine. Of a goal for testing 310 million, some 300 million people have been checked and 118 million vaccinated, and among these the chances of infection have been reduced by perhaps 80 per cent. Now chemotherapy and home care are being adopted increasingly into national pilot projects.

By tackling such apparently impossible tasks UNICEF gradually defined the fields in which its aid would be most useful. It became apparent, for example, that neither the infant nor the young child could be effectively helped as an

individual apart from his surroundings. Virtually everywhere and in practically every program, it was quickly appreciated, UNICEF should aim to aid the mother and the child together. For there could be no healthy child without the mother's understanding the meaning of health and something of how it is achieved.

Teen-Agers Need Guidance

Now there is the obvious need for building such understanding in the young woman at the pre-marriage age. This, too, is being built into UNICEF-aided programs and in time will be as generally accepted as pre-natal care and instruction promises to be.

The primary effort is to provide medical supplies, equipment and trained personnel for small and large health centers where maternal and child aid could be practically applied from pre-natal care through the pre-school period, the most crucial in a child's life. Today networks of such centers are supervised by a succession of larger units in urban areas right up to the appropriate central government authority. Thus even the smallest village centers are integrated into nation-wide programs. Up to now, more than 22,000 such centers, ranging from the village unit to adjuncts of complete hospitals are operating or projected with funds allocated by UNICEF.

Reaching 60 Million in Asia

Their present and potential effect is enormous. Asia, for example, has 12,200, each serving an average of 5,000 people for the impressive total of more than 60 million. Balancing this picture of achievement, UNICEF's Asian region contains 800 million, about two-thirds of them children and mothers, and at least 30 million new babies are born there each year.

A fundamental question is the quality of personnel manning these centers. UNICEF helps train the needed staff. Pressing needs can't wait and many young women receive instruction of a few weeks or a few months to become the equivalent of what we might call nurses' aides.

Essential Training Provided

These auxiliary workers begin serving as assistant health visitors, assistant midwives, social service helpers and auxiliary nurses. All get thorough grounding. They receive formal and practical training in first aid, home visiting, working with mothers' groups, practical nursing, simple child care and health and nutrition education. They help mightily to arouse interest in health services and are becoming effective channels for parent education.

Others--hundreds of others--receive help in courses lasting from one to two years. More than 27,000 have been helped by UNICEF to get training to meet present and future needs at all levels of service. Many thousands more will follow. This is a real measure of the quality of its work.

The Problem of Disease

When UNICEF stepped forward to encourage and help governments undertake the Herculean task of rampant disease control, tuberculosis, previously mentioned, was not the most difficult problem, nor the most widespread. The number one enemy was--and is--malaria. Only the wonder-working DDT, and similar insecticides, have made possible the world attack on malaria in which the United States government, the World Health Organization, the Pan American Health organization and UNICEF have been pioneers. Even today after years of intensive effort about

one billion people are still exposed to malaria and some 200 million are infected annually. But campaigns of eradication are underway or in preparation to protect 750 million of these people, and with persistence there is real hope for success.

Though UNICEF is playing a part in malaria eradication, its major contribution is stimulating action in many countries. By far the largest financial contribution is being made by the U. S. Government and, still larger, by the governments which receive help. Overall progress is most impressive. Asia, for example, is using 30 times the amount of DDT it consumed ten years ago. In the Asia region, the World Health Organization reports almost the total population as exposed to malaria. Regular spraying is already protecting 50 per cent of them and is spreading every year.

The importance of malaria stems from its insidious effects. It is the world's greatest single cause of disablement. It stunts physical and mental development. It hampers the exploitation of natural resources. It reduces agricultural production. It impairs industry and commerce.

The Toll of Malaria

I have watched UNICEF's war on malaria in Burma where, as everywhere, it takes a high toll among children. It is one of the main causes of infant and child mortality. In Burma, as elsewhere, DDT teams go from village to village spraying the inside walls of dwellings, making them deadly to mosquitoes for months. After biting a person the female anopheles--the carrier--usually rests on walls. If this mosquito is killed, with its load of parasites just sucked up from an infected person, the parasites can not be passed on to a healthy person when next the mosquito bites. Thus the cycle of transmission of man-to-mosquito-to-man is broken. If the break can be continued long

enough by repeated spraying the malaria will pass out of the bodies of those infected and the anopheles will be rendered as harmless as it is in the United States.

The problems are not yet all resolved: the mosquito evidently can develop a strain resistant to some now potent insecticides. It is a race against time. Eradicating malaria will be expensive but the reward will be in the future health and vigor of millions of children and with them brightened hope for tomorrow.

Where Yaws Strikes

At least 200 million people living in rural areas of the tropical belt are exposed to yaws, a painful, disfiguring and often crippling disease. Eighty to ninety per cent of the new cases occur in children under 15 years of age. It is highly infectious and many of its victims suffer some permanent damage.

I saw yaws in Thailand. A typical case was a small boy with a complicated name whom I called Sam. His entire body was a mass of sores erupting like the boils that plagued Job. Then came UNICEF and the miracle of penicillin. A few weeks later I gave young Sam a lollipop in celebration of his complete cure. There wasn't a sore on his body, only fading marks where they had been.

It is almost six years since I saw Sam. It is frightful to contemplate what he might have been without that cure. Maimed and disfigured; no chance of ever being able to work; at ten years of age he would have become a life-time burden to his family and his community. And yet five cents worth of UNICEF penicillin cured him!

In 25 countries UNICEF-aided yaws campaigns have examined 75 million people and treated all those infected--27 million.

The Blinding Eye Sickness

Then there is trachoma, the blinding eye sickness. In a village on the slopes of the Atlas Mountains near the edge of the Sahara, 2,000 people live. When I arrived there with the temperature at 120 degrees I was told that every person in the village was infected with this disease. But the UNICEF-aided team moved in and in a single day every one of those people was treated with aureomycin. The treatment has been repeated often and now there is no more trachoma in this village. That experience multiplied by the whole dust and fly belt from Casablanca to Taiwan (where one million cases among two million school children have been cured) provides an idea of the extent of this effort to reach 400 million infected people.

The Attack on Leprosy

If the miracle of aureomycin and penicillin could be extended to leprosy that ancient scourge would by now be almost extinct. But when I went to Nigeria to watch UNICEF in action against this dread disease it seemed a miracle enough to discover that leprosy was curable at all. In the village of Bindawa, one of the world's leading experts on leprosy, Dr. Charles McConaughy Ross, told how the cure was accomplished. Sulphones are the drug but the cure isn't quick. Sometimes it takes years. But sooner than that the infected person is rendered non-infectious. He is no longer a threat to his fellows.

The end of leprosy, which has hampered mankind's progress for thousands of years, may take time. But the end is no longer in doubt.

These are the great and classic illnesses--the Goliaths that have been challenged by UNICEF. Of real importance, too, has been its effort to combat almost universal hunger-sickness. The main weapon has been milk.

Among my most vivid memories is the picture of a line of eager little Korean children carrying their bowls to a distribution station to receive a daily ration of milk. It was milk brought by UNICEF, donated from U. S. surplus stocks. What I saw was part of a job of sustaining 2,000,000 Korean children. I thought it was a lot. This was only a fraction of the job. That year and every year since, UNICEF has provided milk rations for some 7,000,000 children and child-bearing mothers in 72 countries. Now the principal source of supply faces substantial reduction.

The Common Food

Milk is one food which is common to all humanity. The mother in a thatched hut in Nigeria may not know about vitamins but she knows about milk. Simple sanitation may be virtually unknown among the mothers of Burma, but there isn't one of them who doesn't know the meaning of milk. The Arab woman of Morocco may not know that flies and dirt can mean blindness for her child but she knows the life and death significance of milk.

UNICEF milk has been used to meet emergencies, as I saw in Korea. But it has done far more than this. It has been the magnet which has brought mothers, sometimes for miles, trudging to outpost clinics with their babies on their backs. They come for the bag of milk powder. But they stay for the commercial--the weighing and checking of the baby; the brief talk on simple rules of child care; the sanitation demonstration. AND THEN SLOWLY AND gradually, over the months and years, they have put some of this teaching into practice. They

have seen its effect on the children. They express themselves simply but their meaning goes deep. I asked one of them what a clinic meant to her. She said: "Since UNICEF came no baby has died in our village." And as another one put it in a letter addressed only, "To UNICEF"---"I am ignorant to write but my heart is thanking." Wherever UNICEF has penetrated, milk has brought the mother along the path toward trust in the new, foreign ways.

Winning mothers while building up their children is producing unprecedented results. But it is far from the complete story of UNICEF milk. In many places it has been the ingredient which has started enduring school lunch programs. In Nicaragua, for instance, thousands of children went to school, when they went at all, with no breakfast but a glass of dolce or sweetened water. Before midmorning the lethargy of chronic hunger overtook them. Their sluggish reaction to lessons seemed to stem from stupidity. Occasionally a child would faint. Learning was snail-paced.

A Novel Experiment

In 1950 UNICEF proposed an experiment to the government. UNICEF would provide milk if the government would add to a school lunch program some simple foods available locally. It worked. When fed the children roused from their dullness. Their alert responses inspired the teachers. The lunches were soon reaching 40,000 youngsters a day. Then UNICEF helped build a milk pasteurizing and drying plant in Managua. From once remote areas farmers began shipping in milk over new roads financed by the World Bank. Soon better cattle were imported for breeding stock.

Today all school children of Nicaragua receive free milk produced locally. None of it is supplied by UNICEF. In more than 70 countries, from Costa Rica to India, a small amount of initial UNICEF aid has sparked a similar pattern

of self-help. The milk plant in Managua is one of 148 in some 30 countries assisted as a part of UNICEF's effort to help people develop their own resources, independent of outside aid.

In Nicaragua it was possible to encourage a local milk supply. Some places cannot produce milk. Moreover, gifts of surplus stocks are not a dependable source of supply. Since UNICEF's aim is to enable countries to produce their own protein, its aid to investigation of possible low cost food sources of protein has been broad. In Indonesia, a milk substitute made from bountiful soybeans called saridele, is enriching the bodies of 5,000 children every day.

With the Rockefeller Foundation, the World Health Organization and Food and Agriculture Organization, UNICEF is trying to develop such presently untapped potential sources as fish flour and presscakes made from the residue of commercial extractions of oil from peanuts, cottonseed, sesame, soya and coconut. Experimental work and testing are being advanced in a wide geographical area and include laboratory and pilot projects and standard methods of large scale production. Ultimately governments will be assisted in establishing national programs to promote consumption of the products.

Objectives of the Future

In this way UNICEF demonstrates its interest in long-range objectives. Now it has taken a new step toward the future. Last year the 30-nation Executive Board which governs UNICEF was persuaded by Mrs. Katharine Oettinger, director of the U. S. Children's Bureau and a member of the UNICEF Board, to go beyond the physical needs of children. Mrs. Oettinger proposed tangible recognition of the need for social services for children, especially for those requiring some

form of care outside their homes. This is not an unfamiliar problem to this Conference. In much of UNICEF's world it is unique. Employment of mothers, death, chronic illness, separation of parents, and urbanization which breaks up the ties of kinship, may subject the child to trauma.

The First Steps

UNICEF's initial aid in this field is aimed mainly at training of national staff to help improve the quality of care in existing children's residential institutions and encourage alternative forms of care such as day-care centers, family placement, group homes and adoption. An objective also is services designed to keep the family together and to improve home care of children through neighborhood centers, family counseling, parent education, youth clubs and playgrounds.

This is the first step in assisting countries to develop well organized national systems of social services to preserve and strengthen family life, and foster opportunities for the healthy growth of the personality, abilities and social habits of the child.

UNICEF is adding a new field of service which will strengthen all its efforts. This is aid to primary education. Among three-fifths of the world's population only about one-third of school age children attend school. The resulting high illiteracy rates reduce the number of young girls qualified for training in basic health and social services. UNICEF will soon begin testing methods of overcoming this handicap by aiding practical training projects related to its major objectives.

Thus UNICEF is taking the first tentative steps toward resolving the type of problems which are now a main concern of the affluent countries such as Sweden and New Zealand, referred to early in this text.

How It Comes About

The progress in behalf of children for which UNICEF has some responsibility depends technically on the advice and consultants of the World Health Organization and the Food and Agriculture Organization. Another United Nations group, Technical Assistance, also provides tangible support. UNICEF itself operates no programs. They are the responsibility of governments. But in every underdeveloped country there are people in the professions, in private agencies, in voluntary groups and in government, desiring to improve the lot of children. UNICEF encourages them to use its international aid as a lever for mobilizing their own national resources in behalf of children. UNICEF's help consists mainly of the necessary materials which are not available within the aided country. These usually are medicines, food supplements, transport and technical equipment, from X-ray machines to baby scales.

With the promise of the materials it does not have and cannot afford, a ministry of health can plan and allocate the personnel and things it does have, and thus--in oversimplified terms--the work begins.

This is not a happenstance--this use of needed materials to stimulate action for children. It is an integral part of UNICEF policy. It is called the matching principle and is one key to UNICEF's success. It is the new rule in philanthropy that no help endures without self-help.

The Matching Principle

Since the beginning of its long-range efforts--as contrasted with the temporary emergency in post-war Europe--UNICEF has given aid only for projects which will be matched at least dollar for dollar with equivalent value in local resources. This not only insures double value for the UNICEF investment; it gives the aided country a financial stake in the program and insures fullest

support and cooperation. Moreover, since UNICEF assistance is given only to programs requested by governments, it helps insure that such requests will be carefully weighed before they are made.

In practice the matching principle has been so popular and effective that governments now provide an average of \$2.50 for every dollar of UNICEF help. On some projects, as with aid to maternal and child health aspects of community development in India, the proportion may be as much as four to one.

In the past ten years the matching principle has resulted in the pledge or expenditure by governments for child care of more than a billion dollars. This is in addition to UNICEF's own commitments which average about \$20 million a year. In terms of dollars this is a tremendous sum. It is even more impressive when it is realized that very little--and in many cases not any--of this money would have been spent for children had it not been for the incentive provided through UNICEF.

Aid Without Bias

Matching, with its stimulation of local expenditure, is not the only principle which guides UNICEF support. For example, supplies provided by UNICEF, or which are produced as a result of UNICEF aid, must be distributed on the basis of need, without discrimination as to race, creed, nationality status or political belief. Moreover, UNICEF materials must be in addition to, and not in substitution for, similar health efforts which the government itself has committed or budgeted. And, of course, no person will be required to pay.

With the substantial and sensible foundation provided by these and similar principles which are behind its solid achievement, UNICEF has, somewhat understandably, won wide public attention. People have wanted to help and many

have found various ways of doing so. Happily UNICEF doesn't engage in huge public campaigns for funds. UNICEF doesn't compete with the many child agencies which need and deserve private support and which do not receive government help.

UNICEF is supported largely by governments and the number of those contributing has increased from 35 to 90 in the past ten years. This increase has occurred because people in those countries--as well as government officials--know about UNICEF and want it supported. It is this public knowledge and appreciation which is UNICEF's greatest strength. Supplying the information on which it is based is an important job. No matter how effective its work has been, if people didn't know about it, and therefore didn't care, UNICEF would gradually wither away.

Wide Public Support

For this reason many people desiring to help UNICEF have formed national committees. The United States Committee for UNICEF, for example, has for its primary function the continuous education of the public on UNICEF's progress. When people are informed they give Congress the support needed to contribute annually to UNICEF's budget.

This is why the U. S. Committee for UNICEF sponsors the annual Trick or Treat Halloween in which millions of school children are diverted from the destructive tendencies which have marked this holiday to the constructive and rewarding collection of pennies for UNICEF. Ten years ago when this movement was started near Philadelphia--UNICEF didn't start it--to counteract youthful excesses and give purpose to energy generated by exuberance, the children in one Sunday school took part. Last year, more than two million children in 10,000 communities participated and their combined effort provided the means to buy enough DDT to protect 12,000,000 children from malaria for a year.

What, you may ask, would these children learn of UNICEF? Not very much, perhaps, but that little bit will stay with them; and their parents learn. The parents are important today. As I said, tomorrow is for the children.

Children Help Children

Trick or Treat is observed only in the United States and Canada. But another effort which tends to help people learn about UNICEF is rapidly becoming world wide. This is its annual sale of greeting cards, the designs for which are contributed by outstanding artists of many nations. These greeting cards are now distributed in over 70 countries and act as a seasonal reminder that there is an agency that is working every day, in season and out of season, to give children help they desperately need. Last year some 14 million of these cards were exchanged in places as widely separated culturally, ethnically, religiously and geographically as Tel Aviv and Lahore, Singapore and Buenos Aires, Bangkok and Boston.

In the practical way that UNICEF operates you might expect that there was something left over after the cost of printing and distributing the cards had been met. There was. It was enough to equip 15,600 maternal and child welfare centers--the backbone of UNICEF's programs.

Committees Active

In the 19 countries where UNICEF committees are already at work, greeting cards are an important project. But throughout the year they also stage exhibits, arrange for movies on TV and in theatres and develop radio broadcasts and feature stories in newspapers and magazines.

This sounds as if there were a flood of publicity. There isn't really. There is barely a trickle. But there has been enough to keep alive the interest

of people and gradually to widen the scope of UNICEF's operation so that the organization can assume more of the responsibilities which are constantly being thrust upon it.

Nearly all of the participants in this Conference are geographically remote from the health problems of most of the world's children. It is difficult for them to become seriously involved with the forces that will shape the health, vigor and eventually the outlook of the 75 million children to be born in the underdeveloped world this year.

New Voices Shaping Our Lives

But let us not forget that those 75 million babies will soon have a larger voice in the way we live and the rules we live under than any of us can now conceive. As the world shrinks, so does our protected place in it. Our children can no longer live in America, they must live in the world.

I earnestly hope an impression has been made of a new concept of the world's children. If there can be awareness of their existence, that is something, and I will be satisfied. If people appreciate that these children will have an increasing and even profound effect on our future way of life, that is a lot, and I will be rewarded. And if people can see in UNICEF an instrument by which their effect can be influenced for the benefit of all people then my fulfillment is complete. We have become brothers in understanding.

Perhaps I could sum up by paraphrasing Johann Goethe, a man who appreciated children and understood their importance.

"In praising or loving a child", wrote Goethe, "we love and praise not that which is, but that which we hope for."

And in my belief, in aiding and sustaining the world's children today, we move nearer the promise of a brighter tomorrow.

This is what the world's children mean to me. These are the children that most of us have never known. I hope that as people know them at least a little, they will make them their very own.

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