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MEMORANDUM OF ACTIVITIES OF MEDICAL
ASSISTANCE SERVICES (S.A.M.) OF THE
POPULAR MOVEMENT FOR THE LIBERATION OF
ANGOLA (MPLA) IN THE LIBERATED REGIONS
OF THE EASTERN FRONT -- REGION III

INTERVIEW WITH DR. AMERICO BOAVIDA

BOAVIDA / S.A.M. / BOAVIDA / S.A.M.



LIBERATION SUPPORT MOVEMENT

50¢

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Dr. Americo Boavida, seated right. MPLA
First Eastern Regional Conference, Aug. 1968

Dr. Americo Boavida was killed September 25, 1968 when Portuguese planes bombed an MPLA base in Moxico District in Eastern Angola, where he was working as Director of MPLA Medical Assistance Services (SAM).

Dr. Boavida was interviewed May 1968 by LSM in Dar-es-Salaam, Tanzania.

liberation support movement
interview

DR. AMERICO BOAVIDA
(1923 - 1968)

director of medical assistance
services of MPLA

LSM:

What brings you to Dar es Salaam at this time,
Dr. Boavida?

Dr. Boavida:

I've come here for two reasons. First, to discuss
future medical requirements in the Eastern Region
following the Central Committee's decision to
shift its HQ to Angola. And second, to recuper-
ate and recover some of the weight I lost during
my two years inside the country.

LSM:

What, at present, are your major medical problems and needs within the Eastern Region?

Dr. Boavida:

When I was in the liberated and semi-liberated areas of Angola, in addition to practicing medicine I carried out a study of the medical needs in each zone which people and military must cope with. Many diseases you know are specific to particular regions. In Moxico and Cuando Cubango districts the major endemic diseases are malaria, sleeping sickness, leprosy, tuberculosis and African syphilis. There are many others, but these are the ones primarily responsible for the terrible death rate in this area. Life expectancy there is 20 to 30 years and infant mortality is extremely high. This helps to explain the very sparse population in the Eastern Region, which is only about 0.4 persons per square kilometer. Our major needs, therefore are very basic: vaccines and serums to inoculate the people against endemic diseases and locally trained medical cadres to administer our programs of inoculation. We've begun to bring malaria under control, but we lack the medical supplies to deal properly with the other sicknesses. Cadres are the other problem. We must train medical cadres in terms of the specific diseases in each area. At present we can't train them to handle all the diseases but we can give each student a knowledge of the diseases in the particular area where he'll work. This is what we started to do in 1967. Intensive medical - and nurses-aid courses were given, lasting from three to six months, after which the students were assigned to a particular zone, preferably in their home area.

LSM:

Perhaps you could give us a little more detail on the structure of your medical program.

Dr. Boavida:

Our liberated and semi-liberated regions are divided into zones, each having its Center for Revolutionary Instruction and medical center. In addition, there are smaller medical dispensaries in each zone to serve both the freedom fighters and the local population. In every area where military or political action is taking place we have a dispensary. But we are still very short of medical cadres and supplies. The areas under our control, you see, are very large and are continuing to grow, along with the population. Transportation and the storage of medicines also create difficulties. Supplies have to be carried a long distance by our people and we have no storage or refrigeration facilities. You know the people still live in very primitive conditions, so even elementary hygiene is a big problem. Again, there are many different and widespread diseases --eye diseases, skin diseases, etc. I've had 15 years of experience and have practiced in several African countries, but I've run across cases in Angola which I wouldn't have thought possible before. The Portuguese provided absolutely nothing for these people in the way of medical services.

LSM:

Where at present do you get your medical supplies?

Dr. Boavida:

We take some from the Portuguese and the rest comes from outside. I can't tell you exactly where, but a good deal of it comes from or through the OAU. When I was inside I would prepare my reports for the Central Committee and it was then their responsibility to try and get the supplies

which I requested.

LSM:

What happens, from a medical standpoint, when a guerrilla is wounded or falls ill deep inside enemy-held territory?

Dr. Boavida:

We have several zones which the Portuguese dare not enter; these are truly liberated areas. We also send medical-aids out with the guerrilla detachments to serve on the "front lines". They can administer first aid and handle simple cases. If someone is seriously wounded or ill he will be taken back to a medical center for treatment.

LSM:

Do you have any morale problems with those who are wounded?

Dr. Boavida:

You can't imagine what happens to a person who has been forced to live an almost animal existence when he sees his oppressor before him. He may be frightened but when he is wounded he experiences a sense of liberation, of having given something of himself for the revolution, for the people. No, I have not found morale to be a problem among the wounded. In fact, their major pre-occupation is to know if they will be able to fight again, to continue the struggle. Occasionally there will be someone whose wounds I can't treat -- because we don't have the necessary facilities to perform major surgery. And when I tell him that he must go outside for treatment he will usually plead with me to let him stay. "You can help me Doctor", he'll say, "it's not that serious" ... any reason which will allow him to remain with his comrades. During the recuperation period in

the interior the patients' time is fully utilized. There are political education courses, guard duty, mail to be given out -- there are many small tasks they can perform, always some useful job they can do according to the degree of their invalidity. One of my tasks is to determine what each patient can do to occupy himself usefully; to see to it that the patient never has a chance to believe that he is of no use.

LSM:

Have you had any military training yourself?

Dr. Boavida:

I haven't actually been trained to fight like our guerrillas. But I have had some training inside, enough to cope with emergency situations.

LSM:

MPLA intends to move its HQ into Angola. How will this affect your medical department?

Dr. Boavida:

I learned this over our radio broadcast while inside the country. Of course, this will mean added responsibilities for us. We shall have to speed up our plans for building a hospital inside, capable of handling the more difficult cases, major surgery, etc.

LSM:

Do you now have people studying medicine abroad?

Dr. Boavida:

Yes, we have many cadres studying outside Angola. This year a couple of medical doctors are due to return. We are waiting patiently.

LSM:

How could politically progressive medical personnel from, say Europe or North America help you inside the country?

Dr. Boavida:

This is a difficult matter. Under present conditions anyone who was not Angolan, who lacked the Angolan's intense hatred of the Portuguese regime, would find it next to impossible to accept the conditions under which we are now forced to live in Angola. The climate itself is a big problem. The Eastern Region is on the high plateau. In the dry season, from July to October, it gets very cold, dropping sometimes to -2 degrees C. During the rainy season the flatlands become flooded and we sometimes have to march considerable distance with water up to our necks. Some of our comrades have been stricken with asthma. Again, it would be difficult for a European to live on a steady diet of cassava and unpurified water. He couldn't stand the lack of proteins and vitamins, and he has no natural defenses against the local diseases. In some cases even preventives are of no use. For example, we have three types of malaria in this region. Anti-malaria drugs may protect you against one type but not the others. The Angolan who was born in a particular area, and has managed to live for more than a few years, has naturally acquired the vaccines which protect him against certain local diseases. But I'm afraid a European travelling around the Eastern Region as much as some of our people have to do wouldn't survive the first five or six months. To manage at all he would have to take every medical precaution, bring in some of his own food and remain in the particular area whose diseases he has been inoculated against. It could be done, but it is not easy. At present, given our primary needs, it is better to train local people.



Dr. Boavida was killed September 25, 1968 when Portuguese planes bombed an MPLA base in Moxico District in eastern Angola, where he was working. His death was a great loss to the Angolan people. The Executive Committee of the MPLA paid him this tribute published in Angola in Arms:

"The Executive Committee of the MPLA, expressing the feelings of all its militants, pays a high tribute, full of emotion, to Dr. Americo Boavida, who died in combat in Angola as a result of a bombing raid in one of the combat areas, where he worked as director of the Medical Assistance Services.

Americo Boavida came from Luanda, where he was born on 20 November, 1923. Overcoming all the difficulties imposed by the racially oppressive colonialist regime, he successfully completed his primary and secondary schooling and was one of the first Angolan graduates of the Liceau de Luanda, where Agostinho Neto was also a

student. He represented the local athletics club as an athlete and made an effective contribution to the sporting successes carried off by that group.

In 1952, he obtained a degree in medicine from the University Medical Faculty in Porto and Lisbon, followed by degrees in tropical medicine and hygiene. In both 1954 and 1958 he worked in the clinical hospital of the Medical Faculty of the University of Barcelona, and in 1965 he specialised in gynecology and obstetrics at the Institute for Post Graduate Medical Studies in Prague.

He practiced his profession in Angola, in the town of Luanda, where he lived from 1955 to 1960, becoming known for his qualities, both professional and nationalist. He earned enormous prestige and esteem of his compatriots.

His nationalist feeling led him to give up his professional activities and to devote himself entirely to the struggle for the national independence and freedom of his people.

In August 1960, he joined the MPLA, where he worked as a member of the Department of Foreign Relations, as President of the Angolan Volunteer Corps for Assistance to the Refugees (CVAAR) in Kinshasa and as a member of the National Committee. He was one of the first Angolan doctors to respond to our movement's call to go and fight inside our country.

Throughout his life as a doctor and fighter he had the affection and friendly counsel of his wife, a teacher of Portuguese nationality. The just nature of our struggle made her support and accompany him with courage in all his activities. His widow has made an active contribution to the development of our struggle and devoted herself with all possible enthusiasm and effort to the liberation of both the Angolan people and the

oppressed Portuguese people.

Deeply concerned about the evolution of the social and political problems of the Third World, Dr. Boavida made a profound analysis of the Portuguese colonial system, strongly condemning it in various articles published in the international press and in his outstanding book, Angola: Cinq Esculos de Exploracao Portuguesa (Angola: Five Centuries of Portuguese Exploitation*), published in Brazil by Editora Civilizacao Brasileira S.A., Rio de Janeiro.

The Executive Committee of the MPLA considers that Dr. Americo Boavida gave services of inestimable value on the Eastern Front, making himself specially noted for the setting up of a number of dispensaries there, for the way in which he insured the medical care of the local population and also for the scientific analysis he made towards a solution of the health problems in Angola.

A well-known figure internationally, Dr. Americo Boavida stands immortal at the side of all the heroes who have died for the Liberation of Angola from Portuguese colonial domination. His example will not have been in vain. Paying with his life for his feelings as a nationalist and revolutionary, Dr. Americo Boavida will remain a symbol to all Angolan patriots who are wholly dedicated to the task of transforming Angola into an independent, democratic and free country."

* The book is currently being translated and will be published by LSM.

WE SHALL
NOT MOURN
THE DEAD



On the earth that covers you

Comrade

We shall not drop tears

or flowers

The liberation of the Motherland requires blood

On the earth that covers you

Comrade

We shall let the children play

with their wooden rifles
with their wooden rifles

The liberation of the Motherland requires blood
The blood of her best sons

We shall let the children play.

We shall let feet hardened

by rough walking
without end

pass over the earth that covers you

Comrade

and follow the path

of the fields
where cassava swells

We shall let feet hardened

by rough walking
without end

pass over the earth that covers you

Comrade

The liberation of the Motherland requires blood
The blood of her best sons

We shall let the grass grow

high
to the height of the savanna.

We shall let the rains fall.

We shall let the rains fall

and may the earth that covers
you

Comrade

give out that smell good

and warm

that free smell

which is the smell of damp earth

which is the smell of fertile

earth.

The liberation of the Motherland requires blood
The blood of her best sons

On the earth that covers you

Comrade

We shall let the children play.

We shall let feet hardened

by rough walking
without end

pass over the earth that covers you

Comrade.

We shall let the wind blow.

We shall let the grass grow

high
to the height of the savanna.

We shall let the rains fall.

On the earth that covers you

Comrade

We shall not drop tears

or flowers.

On the earth that covers you

Comrade

We shall follow the example

of your heroism,
of your valour,

in order to advance

as much as possible

as quickly as possible

and,

thus,

make your heroism

useful to our people

On the earth that covers you

Comrade

I shall not speak

of those who necessarily fall

in the struggle

I shall not speak

Comrade!

But on the earth that covers you

Comrade

great,

with the immense greatness

of the liberation of Angola

every hour

every instant
I shall utter the cry
the cry
which was your last cry
and which resounded
in the hearts
of the comrades
who were attacking

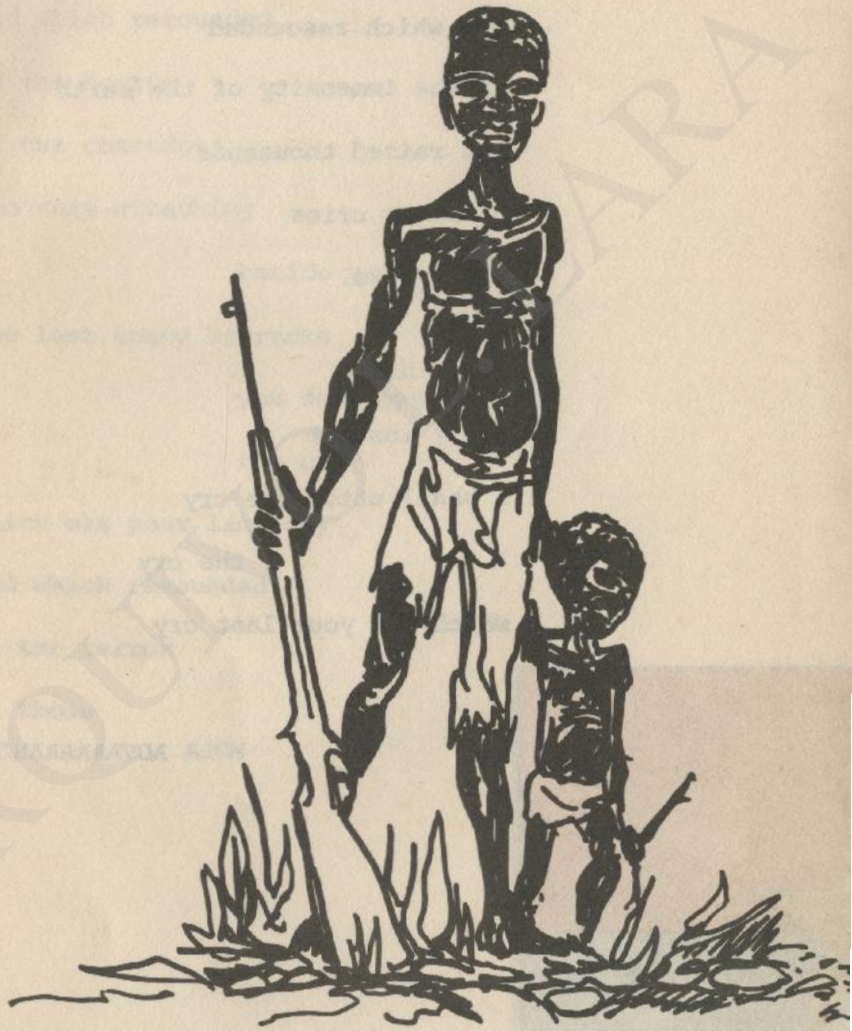
beside you
the last enemy barracks
you destroyed,
the cry
which was your last cry
and which resounded
in the terror
of those



who thought
they had killed you,
the cry
which was your last cry
and which resounded
in the immensity of the earth
and raised thousands
of other cries
like yours.

Every hour
every instant
I shall utter the cry
the cry
which was your last cry

MPLA ADVAAAAAANCE...



MEMORANDUM OF ACTIVITIES OF MEDICAL ASSISTANCE SERVICES (S.A.M.) OF THE POPULAR MOVEMENT FOR THE LIBERATION OF ANGOLA (MPLA) IN THE LIBERATED REGIONS OF THE EASTERN FRONT -- REGION III

I - Knowledge of MPLA's Third Region

MPLA's Third or Eastern Region comprises the districts of Moxico and Cuando-Cubango. We control 80,000 km. and operate in an area four times larger than Portugal, with a population of more than 100,000. This region has great sandy plains, dense forests and numerous small creeks. The rainy season (December to April) brings torrential rains followed by heat waves. The dry season (June to November) is very cold, with temperatures often below freezing, and there are great winds and sand storms.

II - Nutrition in the Third Region

The basic diet of the people in the Third Region is manioc (cassava) and millet. They are con-

stantly in a state of hypermalnutrition, not having access to foods that provide simple nutrition.

Meat is absolutely unavailable during the dry season. It is consumed in small quantity during the rainy season, and toward the end of the rains, fish may be found. There is a great deficiency of vitamins and fats (both essential to maintaining health) and there is no salt. The small amount of calcination from certain other products simply cannot replace the value that salt represents for the body.

All these factors make the people of the Third Region -- now cut off from the commercial colonialist circuit -- easy prey for the diseases of the simplest nature. Women and children are the most vulnerable to these factors. The customs and traditions of healing which are at the base of primary medical practices and the supernatural evocations of the people increase the high general mortality and maternal - infantile deaths.

III - Accelerated Formation of Cadres

MPLA, aware of the basic nutritional and sanitary problems in this Region began activities there by introducing an accelerated course of three to six months for the formation of auxiliary nurses aid. The first course -- "Formacao Nova Vida"-- was held in Zone A, Mandume Base 1, under the direction of the medical doctor responsible for SAM. It was attended by 8 students whose academic qualifications were between 2nd and 4th grade. The results of the course were very satisfactory as two of the participants showed exceptional intelligence and demonstrated good practical proofs of their skills when they returned to their respective sectors.

IV - The Medical Sanitary Program of Region III

The second objective of SAM in the Third Region, under the direction of MPLA, was the medical sanitary program.

First an extensive study was made of the distribution and geographic occurrence of sicknesses which yield highest death rates. Despite the continuous lack of medicines they were able to maintain an appreciable medical sanitary program in the five operating zones of Region III.

In the first phase, it was only possible to develop a more productive activity in the military-political detachments in most of the region. Even in sections of advanced posts in the sectors where no SAM brigade exists, they receive medical supplies for first aid and for the prevention of malaria, diarrhea, scabies, etc. with instructions written for the chief of the P.C. section on the utilization of drugs. The villages of the Quimbo people cannot be assisted yet, because permanent personnel cannot be maintained. And, more importantly, because there are insufficient medical supplies to cover the needs of the 100,000 inhabitants in the regions already liberated by the MPLA.

V - Campaign for the Prevention of Diseases During 1967 -

The incidence of malaria is very high in Region III, particularly among the military - political cadre who are not from that area originally. Also, a large endemic incidence of malaria among the Quimbos:

- serious and advanced cases of leprosy;
- a few cases of sleeping sickness (clinically diagnosed);
- a high incidence of tuberculosis;
- tropical syphilis (bouba);
- skin diseases, with grave ulcers;

osteomyelitis (disease of the bone);
repeated miscarriages; a high percentage
as a result of infertility;

Also a great threat to the general mortality are the seasonal sicknesses, such as chicken pox, hepatitis and the many still unknown - due to lack of microscopes and reactive laboratories - parasitic diarrheas.

Sicknesses such as scabies, blenorragie, kwashi-
okor, tetanus, etc. are prevalent illnesses provoked by misery, ignorance and promiscuity as a result of Portuguese colonialism.

The absence of medical and hospital equipment (during the year 1967) rendered impossible a prophylaxis against malaria, tuberclosis (BCG) and small pox, and prevented the combatting of scurvy and anemia caused by intestinal parasites and the absence of iron.

The cold forests of Moxico where the sun never penetrates become injurious to the pioneers of the Centers of Revolutionary Instruction (CIR). Cases of rickets were diagnosed among their babies.

Vaccination against tetanus could not be extended over the whole of Region III, inspite of the presence of herds of beef in the MPLA detachments.

The military political detachments and the Quimbos were plagued during the months of August and September with hepatitis, chicken pox and epidemics of conjunctivitis which could not be coped with due to lack of medicines.

In the struggle against sicknesses -- such as scabies -- which are due to lack of hygiene and the specific conditions in which the people are forced to live in the bases and detachments, MPLA was unable to face many hardships because of the impossibility of administering hygiene courses to

all the militants; there was also a serious lack of soap, antiseptics and other hygiene products.

Snakes constitute a permanent danger -- especially during the rainy season, the period when reptiles appear in great numbers. Reported cases of snake bite are quite frequent in the bases. Vaccines and serum are urgently needed.

VI - Statistical Chart

The movement of consultations, of medicine and treatments realized by SAM in all of Region III during the year 1967 can be approximated with good accuracy. For the five central bases of each zone amount the Quimbos where the Committees of Action already function:

Consultations - 10,316; Injections - 40,707
Treatments - 45,389;

Medicine used in base camps against diseases characteristic to the specific region:

aspirin - 50,048
cloroquine - 65,720
fercupar - 125,351
vitamins - 30,840
sulphanamides - 40,588
streptomycin - 1,215 (containers of 5 grs.)
penicillin - 3,630 (containers of 3 million U.I.)
tetracycline - 2,430 (capsules of 250 mg.)
chloranphenical - 1,056 (capsules of 250 mg.)

VII - Activities Planned for 1968

1.

There is only one medical doctor for the whole Region III. The arrival of new Angolan medical cadres is forseen. This would permit MPLA to raise the level of medical assistance all along the eastern front.

Nursing cadres of both sexes and midwives are finishing courses abroad and will arrive soon.

This will help raise the rate of formation of auxiliary nurses aid and a Health Brigade Chapter. In the first phase, each section will have at its head an auxiliary nurses-aid, chief of each Brigade and each Brigade will be made up of two auxiliaries.

2.

As for equipment, each section will have field-hospitals for first aid, uniforms, boots, rain-coats, etc.

3.

Each day the urgency increases for the installation of a rear-guard hospital in each zone. This will permit not only the elevation of medical assistance given to the military and the people, but also the realize detailed studies, in the first phase with the auxiliary nurses assigned to different sectors.

4.

With an increase in military activities the number of accidents, wounds, burns and disabled increases. One of the most pressing problems to be solved is the recuperation of these comrades in such a way as to permit them to continue to contribute to the revolution through tasks still possible in spite of their injuries and handicaps.

The installation of rear guard hospitals would permit MPLA to occupy a large portion of these comrades. Such tasks as preparing for distribution of pills, medical guard duty, cooking, gardening, can be done by the recuperation and convalescing comrades.

The directing committee also envisages the formation of small workshops which will keep a large number of injured and disabled productive.



LIST OF THE MOST URGENT NECESSITIES FOR EQUIPPING THREE 100 BED RURAL HOSPITALS

- A. Portable Surgical Equipment:
1. General Surgery
hernias, appendectomies, etc.
setting fractures
stomatology (mouth and teeth); dentistry,
ie. extraction of teeth.
 2. Obstetrics
gynecology - scraping (or curettments)
application of forceps
ceasareans
- B. Anesthetic Equipment
1. general anesthetic and resussitation
portable apparatus (gas masks)
 2. local anesthetic: novacaine, ether, 50cc
rubber-stopped bials of 2% procaine, etc.
- C. Equipment for intravenous infusion
apparatus for its administration

sorum glucose (isotonic) at 5% 500cc flask
sorum glucose (hypertonic) at 20% 500cc flask
mixed serum (Ringer-Lock, etc.) 500cc flask
proteolysin (Dextran) 500cc flask
human plasma 500cc flask .

D. Sterialization Equipment

portable gasoline-run autoclave
gasoline stove
metal storage boxes for sterilized materials
first aid supplies
glass and plastic syringes 5cc., 10cc., and
20cc.
absorbent cotton
lubricated gauze
gauze bandages and elastic bandages 5cm.
and 10cm.

E. Obstetric Equipment

obstetric tables
obstetric compass (to measure the diameters
of the human pelvis)

F. Miscellaneous

Mosquito net for drapes (khaki)
foam rubber mattresses, etc.

EQUIPMENT FOR THREE
CLINICAL ANALYSIS LABORATORIES

Microscopes and accessories

Slides and cover-slips

Portable gasoline refrigerators

Reagents for the following tests:

Urines: albumin, glucose, bilirubin, etc.

Bowel movement: routine examinations fresh
or after homogenization

Blood: speed of sedimentation, the pattern
& number of red & white globules,
typing

Spittle: Koch's bacillus, Bordet-Genout, Hans
etc.

Smears: vaginal, urethral, nasal, ganglions, etc.



MOST URGENT MEDICAL SUPPLIES FOR ONE YEAR PERIOD

Antipiretics

aspirins	.50gr.	comp.	1,000,000
phenacetin	.50gr.	comp.	1,000,000

Antimalaria drugs

chloroquine	.25gr.	comp.	2,000,000
chloroquine	.25gr.	capsules	1,000,000
quinine	.25gr.	comp.	500,000
quinine	.25gr.	capsules	500,000

Antibiotics

penicillin (suspension)	3,000,000 UI vials		500,000
streptomycin (suspension)	5gr.	capsules	500,000
choramphenicol	250mg	comp.	1,000,000

tetracycline	250mg	comp.	1,000,000
tetracycline	syrup		

Sulphanamides

sulphathiazide	.50gr.	comp.	2,000,000
sulphaguanidine	.50gr.	comp.	2,000,000
tri-sulphamides		comp.	1,000,000

Vitamins and Minerals

polyvitamines		comp.	2,000,000
vitamin C	.50gr.	comp.	2,000,000
vitamin B1	.10gr.	capsules	1,000,000
vitamin K	.01gr	capsules	1,000,000
complex B 12	1,000 micro gr.	capsules	1,000,000
vitamin D		capsules	1,000,000
ferrous sulphate		comp.	2,000,000

Anti-spasmodics and Sedatives

papaverine		capsules	500,000
buscopan*		capsules	500,000
avafortan*		capsules	500,000
phenergan	.25mg.	comp.	500,000
largatil*	.25mg. - 100mg.	capsules	500,000
phenobarbitol		comp.	500,000
phenergan	.25mg.	capsules	500,000
meprobamate	400mg.	comp.	500,000

Anti-parasites

anti-helminth		comp.	500,000
anti-helminth	syrup		
anti-schistosomiasis		comp.	500,000
anti-philariase (Hetrasan*)		comp.	500,000

Serums and Vaccines

anti-typhoid	10cc	vials	1,000,000
anti-tetanus	10cc	vials	1,000,000
anti-scorpion	10cc	vials	500,000
anti-valiolique*	10cc	vials	1,000,000
anti-diphtheria	10cc	vials	500,000
anti-gangrene	10cc	vials	1,000,000
D.T. Coque (Triplix*)		vials	1,000,000

Miscellaneous Medicines

calcium gluconate	10cc	ampoules	1,000,000
P.A.S.* (for T.B.)		comp.	3,000,000
isoniaside (for T.B.)		comp.	3,000,000
suphones (or similar)		comp.	3,000,000
pentamidine		capsules	3,000,000
colires			

Pomades:

penicillin
sulphamide
zinc oxide
tetracycline, etc.

Antiseptics:

ethyl alcohol at 60 to 90%
sulphuric ether
tincture of iodine (crystal)
potassium permanganate (crystal)
peroxide at 5,10 and 20 volumes
cetavlon* (or similar)
hibitane (or similar)
tethmosol* (or similar)
cresyl, DDT

Products for Galena Preparations:

vasoline, liquid or pomade
soda sulphate
magnesium sulphate
analgesic balm
castor oil
cod liver oil
boric acid
borate of soda

liberation support movement

an excerpt from the LSM Constitution:
"Aims and Objectives"

"The major objective of the LSM is to provide concrete and meaningful support to genuine National Liberation Movements and Struggles within the U.S. - Dominated Imperialist System. Such support is to consist primarily of essential supplies, research and publicity, and technical aid.

"Within North America, vast human and material resources are at our disposal to serve the pressing needs of Imperialism's super-exploited masses in their just struggles to achieve genuine political, economic and cultural independence. Such struggles, and the peoples engaged in them, are in a very real sense our own. Though of different national, ethnic and linguistic groupings, WE ARE ALL ONE PEOPLE WITHIN THE AMERICAN EMPIRE. The victories against exploitation and oppression achieved by OUR PEOPLE in the "countryside" of the Empire serve to hasten the total destruction of the Imperialist System. They thus bring those of OUR PEOPLE who dwell in the "metropole" of the American Empire closer to their own decisive victories and liberation.

"We believe that far too little practical and fraternal assistance has been given in support of National Liberation Movements by North Americans who are both capable and, in theory, desirous of providing such vitally needed support. The Liberation Support Movement was established in order to help resolve this glaring contradiction between theory and practice, between the potentiality and actuality of our own contribution to the anti-imperialist struggle."

LSM BRANCHES

474 55th St. Apt. A, Oakland, CA 94609 phone 658-3977

7525 Rosewood St. Burnaby 1, British Columbia Canada phone 526-0208

Walnut Grove Trailer Court # 30, Bloomington Indiana 47401 phone 9-8083

P.O. Box 15210, Seattle WA 98115 phone EA3-3989

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LSM Information Center functions under the direction of the National Executive Committee of LSM. In addition to publishing Liberation Support Movement publications, the Information Center publishes and distributes material of national liberation movements, such as the MPLA.

Funds are needed to cover printing costs and increased promotion - your contribution would be greatly appreciated.

Please send checks or money orders to LIBERATION SUPPORT MOVEMENT Information Center, P.O.Box 15210 Seattle WA 98115.

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