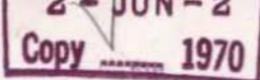


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**APRIL 1970**

**TENTH YEAR - No. 109**



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# **international review of the red cross**



**INTER ARMA CARITAS**

**GENEVA  
INTERNATIONAL COMMITTEE OF THE RED CROSS  
FOUNDED IN 1863**

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# INTERNATIONAL REVIEW OF THE RED CROSS

APRIL 1970 - N° 109

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**FRENCH EDITION  
OF THE REVIEW**

The French edition of this Review is issued every month under the title of *Revue internationale de la Croix-Rouge*. It is, in principle, identical with the English edition and may be obtained under the same conditions.

**SUPPLEMENTS  
TO THE REVIEW**

**SPANISH**

Hans Meuli : Los médicos y la Cruz Roja - El Convenio de Ginebra del 6 de julio de 1906 se ha convertido en un documento histórico - Misión del CICR en América Central - Una nueva etapa en el desarrollo del derecho humanitario.

**GERMAN**

Der moderne Staat und das Rote Kreuz. (J.-G. L.)

**INTERNATIONAL  
REVIEW OF  
THE RED CROSS**

*The International Review is published each month by  
the International Committee of the Red Cross*

7, avenue de la Paix, 1211 Geneva I, Switzerland  
Postal Cheque No. 12 1767

Annual subscription: Sw. fr. 25.— (\$6)  
Single copies Sw. fr. 2.50 (\$0.60)

Editor: J.-G. LOSSIER

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The International Committee of the Red Cross assumes  
responsibility only for material over its own signature.

## The Modern State and the Red Cross

In September 1968 the Henry Dunant Institute initiated its activities by a colloquium on "The modern State and the Red Cross", and it recently published two booklets, the first of which gives the introductory addresses by four well-known persons<sup>1</sup> and the second the substance of the debates which followed and which also brought out a number of facts and new ideas on a vast and important subject<sup>2</sup>.

The subject was dealt with from three different angles. The first two papers, those of General André Beaufre and Professor Denise Bindschedler-Robert, a member of the ICRC, dealt with the State and the Development of International Law. Canon Burgess Carr, Assistant-Secretary for Africa of the World Council of Churches, discussed certain problems facing States which have achieved independence after decolonisation. In Africa the Red Cross is faced with new conditions which are worthy of consideration. Finally Dr. Pierre Dorolle, Assistant Director-General of the World Health Organization talked on the protection of man's health. It was of importance, indeed, to make clear what scope in that field was still available to private initiative.

\*

We consider it useful to reproduce for our readers the main ideas contained in the papers presented,<sup>3</sup> particularly those which

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<sup>1</sup> *Colloque sur l'Etat moderne et la Croix-Rouge* (printed booklet), Editions l'Age d'homme, Lausanne, and Henry Dunant Institute, Geneva, Sw.frs. 6.—.

<sup>2</sup> *Colloque sur l'Etat moderne et la Croix-Rouge* (mimeographed), Henry Dunant Institute, Geneva, Sw.frs. 10.—.

<sup>3</sup> Our translation.

## THE MODERN STATE AND THE RED CROSS

gave rise to discussions among the representatives of the 19 National Societies, the ICRC, the League and the 14 other organizations invited. Neither the State nor the Red Cross are any longer what they were when the pioneers of the Red Cross decided what the movement's vocation was to be, and an exchange of opinions was intended to gauge the distance covered and take stock of the present situation.

When it was founded in 1863 the Red Cross had only one function, namely to assist the military wounded in the field. But times have changed. From lint to antibiotics, from cannon-balls to inter-continental missiles, from the hegemony of a monarchist Europe to the sovereignty of new countries, from the policies of chancelleries to the proliferation of international institutions, changes have been so many and far reaching that we might well ask whether our movement has not been overtaken by events; whether its view of the world to-day is sufficiently accurate for its own development. Furthermore is there still place for private charity now that public authorities are more and more involved in all sectors of life?

General Beaufre dealt from a strictly pragmatic point of view with the problem of "humanising" war. The development of air raids tends to eliminate the former distinction between combatants and non-combatants. With nuclear weapons the paradox has been reached where war is not "humanised" but prevented by its horror. "It is no longer the rule of humanitarian theory, but of humanitarian practice".

Revolutionary war is becoming more extensive in many quarters of the globe. "There are two important directions in which the Geneva Conventions have made notable progress, namely for the benefit of prisoners and of wounded. In these respects regulations appropriate to revolutionary war must be drawn up". After stating "that one solution would be the establishing of safety areas under Red Cross and UN supervision and where hospitals and prison camps could be sited, the purpose of supervision being to ensure that no other organizations received shelter in those areas", General Beaufre concluded by saying:

"This brief analysis which I have just outlined shows that there are many fields in which action may be taken to humanise war.

In conventional type warfare—the form highly probable—the problem consists of channelling the action of aviation and long range missiles by strict ethical action designed to restrict as much as possible the use of weapons to military objectives alone. Systematic attack on populations must be banished. In revolutionary war, an endemic phenomenon of our times, we have seen that many disadvantages may be remedied by strict moral rules and legal regulations. In atomic warfare—a form which is highly improbable—we are faced with fundamental contradictions which prevent our conceiving of a satisfactory overall system, but which at the same time make the outbreak of such warfare a practical impossibility. If by some grievous misfortune nuclear weapons were employed, I believe belligerents on both sides would themselves impose limits to destruction and reach a compromise as quickly as possible.

That is why I believe that going beyond the legal, practical and so useful rules which the Red Cross is helping to build up, its action is essentially moral: it develops those inhibitions which prevent wars from becoming too disastrous. We have become too powerful. We must become responsible. You have heard me use the word “ethic” several times. Therein, in my view, lies the essential. It is not a question of promoting a honeyed and utopian humanism, but of drawing up a code of chivalry for combatants. It is our duty to be civilised.”

\*

Mrs. Bindschedler-Robert first posed the question: what was the State's place in the present system of international law? She then explained the State's role in the progress of that law, and described the role of humanitarian law to-day from the special angle of the prohibiting of the use of force. She finally gave her opinion of what the function of Red Cross institutions should be.

During the last century agreements on rules for the conduct of war were concluded between one country and another. Since then the world has become a single unit and we observe a surprising paradox: “on the one hand the State has never been so powerful; wielded such absolute control over its population; it has never had such potential for the manipulation of economic activities and

wealth. This is valid for all States. In addition, with all their power, States have never been so interdependent ". Technology has overcome the space dimension, and world regulation of international life seems to be dominant everywhere and relegates States to the background.

A more thorough study leads to somewhat different conclusions. The international legal order is still decentralised. In spite of a whole pattern of interdependence and interaction, despite the closely knit network of international obligations which at present exists, " international society and organizations still depend on the State... The State still seems to be the original source, the administrator and the executor of the law. International organizations, despite their importance, still derive their powers from States "

" However, whenever it is in their own interest, and strictly limited effects can be predicted, States do sacrifice authority when necessary ". Over-ambitious plans must therefore be abandoned, but at the same time awareness of existing solidarity and community of interest must be aroused. " A characteristic, and perhaps decisive feature, seems to be the fact that in spite of tensions, conflicts, difficulties, conflicting interest and State mastery of international law, there is at present a movement towards universal awareness of man's common destiny ". Like General Beaufre, Mrs. Bindschedler underlined that certain limitations to war could be sought in a new ethical approach, and she concluded:

" An idea which seems to me to be taking hold today is that human rights are imprescriptible but that it is not sufficient to proclaim them to ensure their vindication. This idea may often be hidden by fanaticism and the hard feeling which accompanies conflicts, especially the ideological conflicts which, as we have seen, have become endemic. It is the privilege of the Red Cross to proclaim the truth that even an enemy is a human being and a fellow man. By continuing its efforts to have this concept prevail, the International Red Cross organization genuinely contributes to the pacifying of those high feelings I mentioned. It would be wrong to think the era of humanitarian law is passed. What we have heard at the beginning of this morning is sufficient to convince us of that. It would be wrong to believe it possible to prevent war merely by forbidding it; it would

be just as wrong to think that the possibility of total war, the atomic disaster, means that we must give up all efforts to draw up regulations. Neither that illusion nor that pessimism would be justified; it is given to us to continue to live, and perhaps for a long time to come, with limited conflicts.

However, we have also seen what serious theoretical and practical difficulties arise when we wish to regulate war for humanitarian purposes, whether, for example, to protect civilian populations or wounded or captured combatants.

How to ensure respect for humanitarian law in civil wars is a question which it is extremely difficult to answer.

How can we include in the present system of law stipulations relating to such units as guerrillas, such situations as rebellions in which one of the parties does not feel obliged to submit to regulations accepted and decreed by a State or government with which it is in opposition.

In other words, international society has neither the means nor the power to prevent war. On this point we have made no progress since 1864. The obstacle must be overcome by means of an international agreement. However, we believe it is through the International Red Cross and not the United Nations that we must seek that goal.

...International organizations in general should isolate the political aspects of problems on which they should confer a technical character. We must also—and this is another lesson to be drawn for the study of international organizations—limit ourselves to essentials. It is not necessary to have ambitious programmes which scare States, nor perfectionist programmes which prevent the application of rules; rules must be simple, accessible to all, but at the same time, they must, as already said by General Beaufre, be very specific. The International Red Cross is called upon to supply the framework of development of humanitarian law applicable in armed conflicts and thus to contribute to the fulfilment of that grand idea, an idea which is in fact an idea of peace: the protection of human rights. It is up to the International Red Cross, through that dynamic character for which it is known, to induce States to recognize the need to maintain the spark of humanity in conflicts.”

\* \* \*

## THE MODERN STATE AND THE RED CROSS

Canon Burgess Carr, for his part, explained the dual necessity for assistance to African countries and for respect of native cultures. The Red Cross is a factor in this new approach and its moral and social contribution is important. Its idea of humanity tallies with that of Africans who unanimously point out that technological progress and industrialisation are means but not an end in themselves. They should help men to become more human.

Africa and the Red Cross have much to contribute to each other. The African concept of man is in complete harmony with that of the Red Cross and it is first and foremost the moral plane which is most fitting for a discussion of these profound confluent ideas.

In his talk on the modern State and the protection of public health, Dr. P. Dorolle reviewed the background to medical action undertaken by public authorities since the Middle Ages and which leaves considerable scope for private charities. It may even be said that private—especially religious—initiative was predominant. But, for the training of personnel “it was towards the end of the XIXth century and the beginning of the XXth that the present structures of public health personnel began to be built up”.

As the speaker pointed out, even in hospitals, the idea of health protection was preceded by a defensive attitude and it was only much later that the concept of prevention was adopted. In this long process was to be found the embryo of all systems of relationships between the State and medical services as we know them to-day and which may be classified in three types: “free enterprise (USA); complete State control (USSR and the Socialist Republics); a far-reaching social system (United Kingdom)”.

Dr. Dorolle went on to describe the various methods of State action and, in the United States, for example, the gradual introduction of public authorities in the operation of private hospitals and in the financing of medical care to ever wider sections of the population. At the other extreme, in the USSR, the State “provides at all levels all health services, whether for prevention or for cure, for the whole population irrespective of age or income, from the cradle to the grave. Every citizen is entitled to free medical care and protection”. In the United Kingdom, with the introduction of the National Health Service “every citizen may obtain free medical care in hospital,

at home or at the doctor's consulting room and free medical supplies ". But there was free choice, " a patient and doctor may enter into a private contract if the patient wishes to pay ".

Dr. Dorolle then posed a question which is of capital importance for the Red Cross. When the State aims to take care of the individual from the beginning to the end of his life, what should still be left to private initiative? And he replied as follows:

Every possible transitional degree from any one of these three systems to the others can be imagined. I shall not harp on the various national systems but shall try to give some idea of the general trends.

In most countries of Western Europe, the private doctor-patient relationship, in which the patient pays for medical services or receives financial assistance to do so, is one of the main features of medical practice. Such payment is made either through schemes which are wholly or partly operated or strictly supervised by the State, or through sickness-insurance schemes which, whilst subject to State financial and legal supervision, are operated by private enterprises. In the French system, for instance, salaried workers must be registered with the social insurance organization, a large part of which is concerned with insurance against sickness and disablement. The German system was the pioneer in Europe, for it was Bismarck who, for reasons which, incidentally, were political, set up social insurance schemes in 1883 and began the movement on the continent. For example, in France, one reason for the introduction of social insurance was the need, after the 1914-18 war, for metropolitan France to get into line with the recovered provinces of Alsace and Lorraine which had received the benefit of the German system started by Bismarck. A system of social insurance is well developed in Scandinavian countries, in some of which all residents are covered after a certain age and in others benefits decrease inversely to the individual's resources, with full cover for the poor and part cover for people whose income can be shown to be at a certain level. State supervision in each country exists in one form or another. Nearly everywhere it is the patient himself who pays the doctor and who is refunded by the insurance organization. In some cases, nevertheless, doctors are paid direct by the insurance organization. This is

always a delicate problem because, for psychological reasons, the medical profession generally attaches great importance to the manner in which doctors' fees are paid.

If we delve to the bottom of the matter, we find that in all these systems socialization has gone a long way.

In Eastern European countries, hospitals tend more and more to be run by the authorities; in general by the State, by regional or municipal authorities, but there are important exceptions.

In all European countries there are many private hospitals which are managed by voluntary agencies. In some countries, e.g. the Netherlands, most hospitals are run by voluntary, sometimes denominational, agencies.

The number of hospitals belonging to associations or private organizations in Scandinavia differs from one country to another. But in all European countries today, the public health services are responsible for public health and hygiene, cleansing, the notification and control of contagious diseases and for preventive measures through compulsory or advisable vaccination under the school-hygiene system, military service or occupational regulations. These functions may be centralized to a great degree as is the case in France, or widely decentralized and entrusted to political associations or members of a provincial State as in the Federal Republic of Germany and Switzerland. But whether concentrated in the central government or the government of State subdivisions, public health throughout Western Europe is a State function.

Even when a system is liberal, with free choice of doctor and direct payment to the doctor by the patient, there is nevertheless a gradual tendency for the public authorities to intervene in health matters.

Regulations are becoming more and more necessary due to the increasingly complex nature of public health functions, for they are the only means of standardizing and achieving at least a minimum quality level. The subsidies system—as in the U.S.A.—enables the public authorities to participate more and more directly in public health functions. The State exercises a more and more evident supervision over social insurance schemes by making them, for instance, compulsory, even though they are managed by private

enterprise. It is the State which decides on the benefits payable or at least decides minimum and maximum benefits. Social insurance everywhere is gradually being applied to a wider range of social classes and it is thus that health functions are being socialized if not nationalized.

Similar trends are discernible in Australia and New Zealand. There is a clear movement towards the national health service.

In the countries I have mentioned, and in some more so than in others, private enterprise plays a very important role.

It is rather striking that nearly everywhere there is an observable return to voluntary service; for the benefit of the population as a whole, through health education, for the benefit of the ever vulnerable groups such as children, expectant mothers, the disabled and the blind, or in order to contribute to the control of illnesses such as tuberculosis, cancer, poliomyelitis, or—and this I think is important for your discussion—to co-operate with the State, for which a marked and direct co-operation from the population is necessary.

For example, it is not merely by chance that in many countries the National Red Cross Societies have assumed responsibility for blood-banks and blood collection, for this is a field in which active co-operation from the public is required and no doubt more readily forthcoming in response to an appeal to the public without that element of coercion which public opinion believes is inevitably attached to any action by the State.

These observations apply to a great diversity of voluntary organizations and institutions ranging from the completely private, absolutely independent of the State, to the theoretically voluntary but which, in fact, are involved in the State system.

In economically under-developed countries the State has applied the adage, "first things first", State action in matters of health in some of these countries is of recent origin; in some Member States of the United Nations there was not even the shadow of a health service fifteen years ago. Health services first spread from the highly developed countries, in the form of protection and preventive action, to those where public health had not developed. That is true both for the inchoate systems in certain countries where an

indifferent public health protection exists in large towns and the surrounding rural regions, and for countries having a highly developed network of public health authorities and health centres.

In countries which have acceded to independence in the last twenty years, medical services in varying degrees of development—that is to say the existing hospitals and health facilities—have often been taken over. These exist everywhere, or nearly everywhere, side by side with the free exercise of medicine, that is to say, freedom for the doctor to exercise his profession for the benefit of patients who can pay him. This is particularly the case where the resources of a developing country for medical services are insufficient to pay doctors adequately or, as is often the case, on a full-time basis. Consequently even doctors working for the State do so only part-time.

Some fine examples of voluntary service may be witnessed in the developing countries. In Iran, for instance, the Red Lion and Sun Society operates important health centres, some of them highly specialised; in Thailand the National Red Cross has hospitals and even scientific institutions. Then again, there are voluntary organizations, such as the Red Cross, which have set up blood-banks no doubt because voluntary organizations are best suited to infuse confidence and enlist the active co-operation of the population.

I think that if we plotted the evolutionary graph, we would see a progressive tendency, slow at first, with troughs and stops, leading to State intervention in public health and to-day showing acceleration. We may therefore say that responsibility by the State and by collectives in matters of public health is now well established, and that although to begin with that responsibility was discharged in a defensive manner, it was subsequently oriented by the public health trend as we know it to-day towards the protection and promotion of health, and preventive action which clearly tends to be socialistic if not State controlled. This is evident even in the free enterprise countries and can be explained—I do not say justified, but explained—on the one hand by progress in science and technology, which demands perfection and advances, so that health facilities become costly and can be afforded only by society collectively and, on the other hand, by the fact that the public, being more keenly aware of its right to health, is more and more demanding of society—that

mysterious entity which gives people a means of preserving their health or of recovering it if they are sick.

The function of private organizations in this evolving system is clear, although some curious kinks do at times occur. In Iran, for instance, there is at present a tendency to encourage the founding of private clinics by offering interest free loans to doctors who wish to build them. In Cyprus I was recently told there were more private clinic beds than public hospital beds. But these are transitional factors probably linked to special economic difficulties and we may say that the general trend is towards increasing State and public authority intervention.

How then does the intervention, participation and co-operation by large voluntary organizations—first and foremost, of course, the Red Cross Societies—fit into this evolution?

It is striking to note that it is in the systems where State control is most advanced, where socialism is complete, that most official recognition is given to the role of voluntary organizations. I said this in connection with USSR. What is the reason? As I have already hinted, the paradox is only apparent. When the State assumes full responsibility for public health it has greater need of active public co-operation, otherwise the public health facilities assume the nature of coercion. Moreover, full responsibility exceeds State resources in finance, personnel and moral influence. Hence, the more the State assumes responsibility for public health, the more it needs active co-operation and understanding from the public. Now if that co-operation is not to be disjointed it must be organized and regulated and this it can be only through voluntary societies like the Red Cross which, I repeat, are becoming ever more necessary as centralised State control becomes more marked. It is a historic fact that the role of private organizations in the most centralised system is officially recognized.”

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The discussions which followed confirmed Dr. Dorolle's conclusion and showed clearly that private organizations still had wide scope. It was certain that we lived in a world of planning and organization, and that dispersed voluntary work would be unthink-

## THE MODERN STATE AND THE RED CROSS

able. But it did not compete with the State and the functions available to voluntary workers, particularly those of the Red Cross, far from diminishing, were becoming more extensive and more clearly defined. In some States, even, there was co-operation between the State—supplying the necessary finance—and the Red Cross or some other voluntary organization—carrying out the work.

The work to be done had many and varied aspects, for the physical and mental health of the individual was ever threatened by new dangers. Consequently, the Red Cross had to do pioneer work, with flexibility in its choice of undertakings, rejecting some when necessary in order the better to concentrate on others. It had particularly to continue to maintain its basic principles and diffuse them as widely as possible.

Moreover, laws and official measures could be effective only if the population as a whole contributed to their implementation. The Red Cross spirit was a powerful factor in inspiring many to acts of solidarity with their fellow men and it was encouraging to record, in the developing countries, many examples of voluntary work unselfishly undertaken.

*J.-G. L.*



FOR INTERNATIONAL EDUCATION YEAR

## Education and Tomorrow's World

*At a UNESCO suggestion, the United Nations General Assembly proclaimed 1970 "International Education Year". This is more than a mere celebration; the objective is not only to review the situation throughout the world and expand education facilities, but also to strengthen international understanding. It is for that reason, incidentally, that the Red Cross, a factor for peace and world co-operation, associates and participates in the overall effort behind the IEY.*

*This is a particularly suitable time, for in many countries to-day the form and content of education is being challenged. As Mr. Maheu, UNESCO Director-General, said:*

We live in a world that is changing before our very eyes—a world in which the population explosion, decolonization and the profound economic and social transformations resulting from technological development are so many forces making for the democratization of education. At the same time the acceleration of scientific progress is resulting in the more and more rapid obsolescence of knowledge, and the development of mass communication techniques and audio-visual methods is revolutionizing the traditional bases of communication. With all this it is out of the question for education to be confined, as in the past, to training the leaders of tomorrow's society in accordance with some predetermined scheme of structures, needs and ideas, or to preparing the young, once and for all, for a given type of existence. Education is no longer the privilege of an élite or the concomitant of a particular age; to an increasing extent, it is reaching out to embrace the whole of society and the entire life-span of the individual. This means that it must be continuous and omnipresent. It must no longer be

## EDUCATION AND TOMORROW'S WORLD

thought of as preparation for life, but as a dimension of life, distinguished by continual acquisition of knowledge and ceaseless re-examination of ideas.

*As can be seen, education should be construed in its widest sense ; it embodies all types of instruction and training. Mr. Maheu went on to say :*

No one can be blind to the immense difficulties of the structural and intellectual conversion that this idea of life-long education implies if it is not to be allowed to sink in a bog of empty verbiage. For what is needed is nothing less than the organic integration of school and university education with out-of-school education and adult education—two branches which, even today, are all too often regarded as peripheral when it is obvious, if we take an overall view, that they are destined to play an essential part in the continuing and many-sided moulding of the human mind.

*How, however, can we predict what education in the world of tomorrow will be unless we are aware that the crisis in civilisation lies beneath the contemporary crisis in education and that the remedies applied to it considerably affect the building of that better world to which the Red Cross contributes by protecting human rights wherever they are threatened and also by forging bonds among young people the world over. This is an activity which is pursued in particular by junior Red Cross study and seminar centres, about which the League of Red Cross Societies has this to say in one of its publications :*

It can be seen that through the years there has been a trend away from the recreational meeting and holiday camp, where basic instruction was given on Red Cross, towards experiments in study centres where the whole personality of the delegate comes into play. The delegate's humanitarian principles are put to the test by direct contact with situations he does not encounter in his everyday life. To train him to become a "complete person", he is given ever more responsibility for the wellbeing of the physically handicapped, the elderly, diabetics and the mentally retarded. Practice as well as theory is the keynote today, a practice which corresponds to young people's wish to contribute to the planning and running of

Red Cross programmes. Awareness that Red Cross needs new leaders to carry on its work has resulted in a high percentage of all centres being devoted, in whole or in part, to leadership training.

An increasing number of National Sections invite members of other movements—in particular youth movements—to participate in their meetings: Scouts, Girl Guides, Future Farmers' and Future Homemakers' Associations, etc. In order to broaden the Red Cross outlook, and to brief members of non-Red Cross institutions on the work of our movement, leaders of other organisations are often invited as lecturers and instructors.

Another important, if far less recent element, is cooperation with the teaching profession, without whose contribution it may well be wondered what, in many cases, would happen to the Junior Red Cross. This cooperation continues to be evidenced at regular and repeated teacher training courses and seminars.

The general impression gained from a review of the centres reported on in the last two years is that National Sections have, from the point of view of personnel and finance, made great efforts to organise an increasing number of centres. They obviously consider them worthwhile and appealing to young people, and feel that they offer the most effective means of training.

*We must not forget the practical activities in community service ; those carried out by the Junior Red Cross, for example, in the field of hygiene and health, and again by the Red Cross in schools. As UNESCO said in one of its articles devoted to the teaching of human rights<sup>1</sup> :*

Out-of-class activities are perhaps those which approach most nearly the practice of human rights. In some countries pupils are encouraged to take part in community development projects for the improvement of roads, water supplies, food production or health campaigns. They can and do offer their services in literacy programmes. Pupils in city schools may assist in running recreational centres and holiday camps, in town improvement schemes and road safety drills. In some schools, classes “adopt” a family in need or volunteer to visit old people living alone. Fund-raising

<sup>1</sup> *Some Suggestions on Teaching about Human Rights, UNESCO, Paris, 1969.*

for contributions to the work of Unicef, the Red Cross, the Unesco Gift Coupon scheme, Freedom from Hunger programme, or similar good causes may be the culminating point of a project on the work of international organizations. Participation in these and other activities brings children into immediate contact with very real and pressing problems in the community and farther afield and helps to develop their sense of social responsibility. Aid activities of any kind should preferably be voluntary and spontaneous and should spring from knowledge of a given problem rather than from sentiment. Whether the activities are likely to consume time or money the accent should be on sharing, rather than giving.

The introduction to a survey of teaching about human rights carried out by an international teachers' organization touches the heart of the matter when it states: "Pupils should understand that learning about human rights must be coupled with proper and practical exercise of such rights in actual life. Principles not translated into action can, in the long run, be as dangerous as acts which are not based on principle. Consequently, complete education for human rights will provide opportunities for activity, self-direction and self-control, and will thus recognize the dignity and worth of each human person in deeds as well as in words."

*Let us not forget the exemplary value of the Geneva Conventions whose provisions should be known to all men and even more so to young people. Youth imbued with humanitarian principles for life will in turn promote the essential human values. Recently Professor A. Piedelièvre affirmed the need for teaching the humanitarian law of the Geneva Conventions and he outlined some possible techniques for such teaching.<sup>1</sup>*

*This dissemination of knowledge of the Geneva Conventions is of course linked to the dissemination in schools of the Red Cross itself, its ideal and its practical achievements. In this connection we might refer to the primary school textbook prepared by the ICRC and entitled "The Red Cross and My Country". This has been distributed and is a medium of teaching in schools in a number of African countries. We might add that if the Red Cross is a factor*

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<sup>1</sup> See *International Review of the Red Cross*, April 1968.

*for world peace it is to a great extent because it works to promote international understanding, thereby achieving one of the objectives of the International Education Year.*

In the closely knit world of the second half of the twentieth century, it seems clear that education must aim at developing among the youth of different countries mutual knowledge, understanding and respect and a sense of responsibility towards the community of nations. Studies of the question and the experience of many schools, teachers and youth movements in a number of countries demonstrate that education of every type and kind can make some contribution to the development among young people of international understanding. . . .

. . . In choosing the promotion of international understanding through education as one of the priority objectives for International Education Year, the General Conference of Unesco again evidenced the importance which the Organization attaches to this ethical aim of education and to Unesco's work to further its achievement. International Education Year can and should be an occasion for a reconsideration by governments, international organizations, educational authorities, teachers and youth leaders, professional organizations and the international community of the rôle of school and out-of-school education in promoting international understanding. . . .

. . . Most of the world's young people receive no formal schooling after the age of 12. Thus, the knowledge and experience that will help to promote the ideals of peace and better international understanding in this group must be provided by other means.

Out-of-school activities for young people both in and out of school can make a signal contribution to international understanding. Experience has shown that, as a general principle, these activities must reflect the real attitudes and interests of youth and they must involve young people themselves in the planning of the activities.

Programmes proceeding from broad moral imperatives towards generalized ends may be met with suspicion or cynicism. Thus, whereas as a project with an abstract aim such as "international understanding" may arouse little enthusiasm, many young people

are ready to take part wholeheartedly in activities of which better international understanding is an indirect but significant outcome. The most successful activities seem to be those which offer opportunities for participation in projects aimed at specific, tangible results. Four activities of this type are voluntary service abroad, activities in connexion with youth movements, international meetings and young workers' education and training programmes<sup>1</sup>.

*Now we have seen that the very concept of education is undergoing a radical change ; it is no longer of value for young people alone, but also for the more mature. Education is becoming permanent in that it does not finish at the school leaving age—whether primary, secondary or university. According to research on the subject, it continues throughout life, so that all may follow the ceaseless succession of discoveries which the human mind makes so rapidly, may keep abreast of world events, may understand that access to knowledge is the outcome of a triumph which is never more than temporary.*

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*The Red Cross too makes a valuable contribution to this permanent education. Within our movement, adults continue to work and to learn in order to help those who suffer. But it contributes especially to education in generosity ; it develops that intelligence of the heart which is as necessary as intelligence of the mind. For it is the Red Cross and other institutions which preserve humanity in these times when social intercourse is made more difficult by technology.*

*Such action, extending much longer than a single generation, must of course depend on youth which it may impress with the significance of human solidarity and of self-sacrifice for one's fellow man. Who could have disapproved when Dr. G. Sicault, Director of the European Office of the United Nations International Children's Emergency Fund stated last year in Stockholm, in his address to the World Child Welfare Congress<sup>2</sup> :*

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<sup>1</sup> *Youth and Education for International Understanding*, UNESCO, Paris 1970, N. 2.

<sup>2</sup> See *Revue internationale de l'enfant*, Geneva, January 1970.

Of course, if it were possible to build on the noblest aspirations of youth vast movements of solidarity; if one could fight intolerance and racism in all their forms, all over the world; if the search for better physical, moral and social wellbeing for all were to become the *raison d'être* of the majority, we could rejoice in witnessing the dawn of a new society. It is to be feared, however, that such sublimations may be as slow in appearing as will have been the transcendances of the past in fading out.

The hope of forging a new society of wide horizons was not yet clearly felt by everyone. But man's arrival on the moon showed to hundreds of millions of tele-viewers the earth... on a screen measuring a few square decimetres. They saw the continents and seas in a living image, where God did not seem to separate man, and all humanity found itself at its tiny scale in relation to the infinite... That image has engraved itself on the subconscious, and will not be effaced. Soon, we hope, new perspectives may be born—far away from the mediocre, the mean, from the daily round filled with sterile struggles; the young generations will no longer be able to see the world of men as our ancestors saw it...

Their passion for justice, their desire for sacrifice—which are among the dominant characteristics of the young—will inspire them to build a better world on earth until such time as our horizons widen to the planetary system. It is this new crusade, destined to bring the greater wellbeing and advancement of man, and the abolition of racial, economic and cultural barriers, which can tomorrow become their *raison d'être*...

One can invite youth not only to “participate” in this great adventure but to be the animators of it...

*This was the hope also of the educationalists meeting in 1963 at Lausanne for the Centenary of the International Red Cross<sup>1</sup>. Their objective was to teach young people—and the not so young—“how life is enriched when men help each other. From mutual assistance springs forth the friendship which can lead the world to peace”. As Mrs. S. Hashimoto, Director of the Japanese Junior Red Cross,*

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<sup>1</sup> See *World Conference of Educators*, Commission for the Red Cross Centenary in Switzerland, Geneva, 1964.

## EDUCATION AND TOMORROW'S WORLD

*stated when concluding her address on education in the world of tomorrow :*

Humanity is after all the "In-spite-of" effort between "Life" and "Death". So is education between Idealism and Realism. Nobody could ever be born with words of knowledge in his mouth. Every individual has to start from nothing, born naked. Being alive is a token of being educated somehow. It is a long process of hard labour like the piling up of small bricks, one by one. Under the heat of the sun three labourers were seen working at piling bricks. A visitor asked the first one what he was doing. The answer was, "Just piling bricks as you see". He asked the next one, who answered, "Building a wall". On asking the third labourer he was told very cheerfully : "I know I am building a wall for a temple. Once finished, it will surely please many people." Three are doing the same thing but what makes the difference? The last one knows the goal, the reason why. It inspires the man and makes his work meaningful.

Youth is the time, while the school is the place, for building Body, Brain and Character. For building, three things are needed: the blueprint, practical tools, and autonomous will power for patient unceasing labour. All three can be clearly and amply supplied by the Red Cross.

*While the League publication refers to what the Red Cross, Red Crescent and Red Lion and Sun Societies are doing in the sphere of education, it also rightly stresses that those Societies must continually adapt to technological progress and cannot rest on their traditions<sup>1</sup>. In this rapidly changing age, our movement must seek the most effective means of serving humanity, and consequently improve its methods and its staff training, and at all levels and by all the means made available for modern education, it must ensure the dissemination of its ideal.*

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<sup>1</sup> See *Panorama*, Geneva, February 1970,

## **The Geneva Convention of 6 July 1906 is now a Historic Document**

In 1966, we mentioned in these pages<sup>1</sup> that, following the accession of the Republic of Korea to the 1949 Geneva Conventions, the original Convention of 1864 was no more than a venerable museum piece.

To-day, with the accession of Costa Rica to the 1949 version, the “Geneva Convention of 6 July 1906 for the amelioration of the condition of the wounded and sick in armies in the field” is no longer binding on any State<sup>2</sup>. Thus, in its turn, it becomes a thing of the past, a glorious trophy like its predecessor.

We should not forget that although the 1864 Conference had to its credit the distinction of breaking new ground in international law, it was the 1906 Diplomatic Conference which set the Geneva Conventions on the road to development and at the same time gave them a more substantial form. At the same time as it confirmed established principles, it undertook that recasting of the Conventions which had been made necessary by the ordeal by fire<sup>3</sup>.

Whilst the 1864 Convention contained only ten articles, that of 1906 had thirty-three and the content was laid out in chapters by order of their importance. The “neutrality” of ambulances and

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<sup>1</sup> See *International Review*, October 1966, p. 547.

<sup>2</sup> It was on 15 October 1969 that the Republic of Costa Rica acceded to the Geneva Conventions of 12 August 1949. This formality becoming effective after a period of six months, it was on 15 April 1970 that the Geneva Convention of 6 July 1906 ceased to be valid anywhere in the world.

<sup>3</sup> *Plata*.—Some of the participants at the Diplomatic Conference.

## THE GENEVA CONVENTION

medical personnel was no longer mentioned; that unsuitable term was replaced by the idea of "respect and protection". It was also expressly stated that the wounded and sick would be respected. This was only implied in the 1864 Convention. Provision was made for the burial of the dead and the transmission of identifying information. The protection to which medical personnel were entitled became permanent and was no longer applicable only whilst they were carrying out their functions. The assistance of voluntary aid societies was expressly recognized. On the other hand, the prerogatives of inhabitants who took care of the wounded were put into proper perspective.

During the First World War, the Convention was fairly fully applied except for the repatriation of medical personnel, the belligerents having agreed to waive this requirement of the Convention and to retain in their camps a large proportion of medical personnel to take care of fellow prisoners.

In 1929 the Convention was not recast as in 1906 but was amended.

Thus from the outset, based not on theory alone, but on actual reality, one Geneva Convention led to another, setting up, by degrees, new landmarks of triumph for humanity.

*J. P.*

CONFERENCE FOR THE REVISION OF THE GENEVA CONVENTION

11 June - 6 July 1906



Photo Boissonnas, Gen

A view of the Diplomatic Conference (*right, standing*: Gustave Moynier, President of the ICRC and Honorary President of the Conference; *on his left*: Edouard Odier, Swiss delegate and Chairman of the Conference, and Louis Renault, French delegate and Drafting Committee rapporteur).



# INTERNATIONAL COMMITTEE OF THE RED CROSS

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## EXTERNAL ACTIVITIES

### Middle East

*Repatriation operation.*—On 2 March 1970, six detained Arab civilians, three of whom were wounded of Palestinian origin, crossed the Israeli-Jordan cease-fire line at Allenby Bridge under ICRC auspices.

*Reuniting of families.*—There took place on 5 March an operation for the reunion of families organized by the ICRC on the Suez Canal. Sixty-four Egyptians returned to the west bank of the Canal to rejoin their close relatives, whilst 70 Palestinians were able to go back to their homes in occupied territory at Gaza.

*Visit to 46 Egyptian merchant seamen.*—The ICRC delegates in Israel visited, on 17 February 1970, 46 Egyptian merchant seamen, detained in the civilian prison at Maassiahu Camp in Israel.

The International Committee representatives inquired into detention conditions there. As is customary, the report on this visit was handed to the authorities of the Detaining Power and to those of the detainees' Power of origin.

*Visit to an Israeli prisoner of war.*—On 28 February 1970, the ICRC delegate in the United Arab Republic for the second time visited an Israeli prisoner of war held since 14 December 1969.

The International Committee representative inquired into conditions of detention and his report was duly transmitted to the Detaining Power authorities as well as to those of the prisoner's Power of Origin.

*Transfer organized by ICRC.*—A notable humanitarian operation was carried out on the Suez Canal by the International Committee between 24 February and 22 March 1970, after 1,032 Palestinian students, who had passed their baccalaureat examination in the occupied Gaza territory and wished to continue their studies in the universities of the United Arab Republic, received authorization from the Egyptian and Israeli authorities to cross to the western bank of the Canal.

During the transfer operation organized by the ICRC five groups of students crossed the Canal: 258 on 24 February, 219 on 1 March, 255 on 8 March, 232 on 12 March and 68 on 22 March. All these students have been authorized to return to their families in the occupied Gaza territory for their holidays, and at the end of their studies.

### **Arab Republic of the Yemen**

In February 1970, the delegates of the ICRC made a series of distributions of cheese and milk in Sanaa, thus pursuing an action started several months ago.

Nearly 70 tons have been handed over to various establishments and hospitals. Nearly 3,500 people benefited from these supplies, part of which was sent on to Saada in North Yemen.

Five pairs of crutches and three invalid carriages have been given to disabled people.

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As long ago as 1964 the ICRC, in close co-operation with the Red Crescent of the United Arab Republic, was caring for Yemeni war wounded who had had to have limbs amputated.

Several groups of disabled, generally escorted by an ICRC delegate, were sent to the Red Crescent hospital in Cairo for treatment before being fitted with artificial limbs at the Rehabilitation Centre at Aguzah near the Egyptian capital. The ICRC bore the cost for each of them and the authorities of the United Arab Republic provided air transport between Cairo and Sanaa.

However, the number of disabled continuing to increase and the older artificial limbs requiring replacement or repair, it appeared more and more necessary to set up an orthopaedic centre at Sanaa

itself. The government of the Arab Republic of the Yemen again appealed to the ICRC for assistance.

After thorough study, the International Committee recently decided to found an artificial limb workshop in Sanaa, with the necessary machines, tools and material for the production of prostheses. A Dutch specialist in artificial limb manufacture was engaged. He left Geneva for Sanaa on 10 March 1970, and the orthopaedic centre will shortly be opened. The material was despatched in February. This will be the first such workshop founded by the ICRC in that part of the world.

Subsequently a physiotherapist will also go to Sanaa to train the disabled to use their artificial limbs. It is also planned to train Yemeni's to carry on the work when the ICRC hands the workshop over to the government.

### **People's Republic of South Yemen**

An aircraft of the ICRC, loaded with food and medicine, left Geneva on 10 March 1970 and unloaded two tons of rice, three tons of powdered milk and 1 ton of medicine the following day in Aden. The foodstuffs will be used by the delegation for its relief action for certain categories of the needy. The medicines are earmarked for the State hospital (mostly antibiotics and anaesthetic products). It should be recalled that the team working in that hospital was made available to the ICRC by the Alliance of Red Cross and Red Crescent Societies of the USSR.

After these supplies had been unloaded, the aircraft left for Sanaa in the Arab Republic of the Yemen, carrying the prosthetic specialist and the necessary equipment for the installation of the workshop.

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In co-operation with the Red Crescent Society of South Yemen (a Society which has not yet been recognized but is already active), the ICRC delegates continued distributions of milk powder. 1250 families amounting to about 9,500 persons, of whom 4,500 were children, have benefited from this assistance which was extended to the inhabitants of Bir Fokum, 20 kilometres from Aden.

## Republic of Vietnam

The Tet celebrations slowed down the work of the International Committee in the Vietnam Republic. Visits to places of detention were however resumed after the middle of February.

Previously, the ICRC delegates had visited the American Military Hospital at Chu-Lai on 16 January 1970 and, on 4 February, the Korean Forces collecting post at Phuoc Than near Qui Nonh. In these two places, the delegates made inquiries into detention conditions, and reports on these visits were transmitted, as usual, to the Detaining authorities.

## Laos

The ICRC delegates in Laos continued to distribute relief to persons having fled the fighting areas, in Xieng-Khouang Province (Plaine des Jarres region).

In co-operation with the Lao Red Cross, the representatives of the International Committee have again gone to Luang Prabang and in the neighbouring villages. They also handed over relief to the wounded and sick under treatment in the civilian hospital and the military hospital of the Royal capital.

On their return to Vientiane, the delegates took part at the Mahosot Hospital in the distribution of clothing and medicines of the Lao Red Cross for the sick evacuated from the Plaine des Jarres.

## Democratic People's Republic of Korea

After the skyjacking of a South Korean aircraft on 11 December 1969 in the Democratic People's Republic of Korea, the ICRC made representations for the repatriation of the passengers and crew members left in Pyongyang. At the request of the Red Cross of the Republic of Korea, the International Committee approached the Red Cross of the DPRK with a view to obtaining the repatriation of those persons and the reuniting of the families thus dispersed<sup>1</sup>.

Under date of 3 February, the ICRC received a message from Pyongyang stating that, in accordance with their wishes, the pas-

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<sup>1</sup> See *International Review*, March 1970.

sengers would shortly be released by the authorities of the People's Democratic Republic of Korea. In fact, 39 of these persons were taken on 14 February to Panmunjom where they were able to reach the Republic of Korea.

The Red Cross and authorities of this country have asked the International Committee to continue making representations for the return of the other occupants of the aircraft.

## Greece

The International Committee of the Red Cross continued in February the mission started on 24 November 1969 in accordance with the agreement concluded with the Greek Government.

The delegates visited several persons in assigned residence in the villages of Nikolaos Kinoureas, Makrakomi Phthitidos and Karpenission (gendarmerie) on 5 and 6 February. They also visited the hospitals at Sothyrias, Aghios Pavlos and Aghios Savas (Athens police), and also the Commissariat of National Security at Bouboulinas and the psychiatric hospital at Daphni on 10 February, as well as the Vourla Clinic (gendarmerie) on 11 February.

Visits to places of detention dependent on the military authorities and the Commissariat of Civil Police at Nea Ionia, which should have taken place between 10 and 14 February were postponed at the Greek authorities' request, and took place early in March.

From 23 to 28 February, a sub-delegation was opened in Salonika to receive the families of detainees who, for various reasons, had not been able to go to the ICRC offices in Athens. At the same time, the delegates of the ICRC carried out a tour of visits to different places of detention in the town (Eptapyrgion and Epanorthotiki prisons, transfer centre and the Commissariat of General Security).

In all places of detention visited, the ICRC delegates were able to move about freely and talk without witnesses and without any time limit with detainees of their own choosing. As usual, reports on the visits have been transmitted to the Detaining authorities.

During the same period, 262 families presented themselves at the ICRC office for enquiries of a family nature. Material assistance as laid down by the Agreement of 3 November 1969 on behalf of needy families was continued.

The delegation consisting of two delegates and one doctor-delegate was directed by Mr. Laurent Marti. Appointed to a new post at ICRC headquarters on 1 March, Mr. Marti was replaced on 15 March by Mr. Max Stalder.

### **German Federal Republic**

From 11 to 15 February 1970, Mr. H.-G. Beckh, former delegate and Mr. M. Borsinger, ICRC delegate-general for Europe, visited Bonn at the invitation of the German Red Cross in the Federal Republic of Germany. They had talks with the executive committee members of the German Red Cross, amongst whom were President Bargatzky, Mr. Schlögel, Secretary-General and Mr. Wagner, Deputy Secretary-General. Mr. Beckh and Mr. Borsinger also had meetings in parliament with Mr. Carlo Schmid, Vice-President of the Bundestag, in his capacity as member of the Commission for International Affairs of the German Red Cross.

### **ICRC Representatives' Mission in North Europe**

From 15 to 24 February 1970, Mr. Raymond Courvoisier, ICRC Executive Director a.i., and Mr. Georges Hoffmann, Delegate General for Africa, went to North Europe where they had talks with the National Red Cross Societies and governments of Sweden, Denmark, Norway and Finland.

The two ICRC representatives exchanged views on the International Committee's mission in Nigeria to which several National Societies and governments had so generously contributed.

### **Switzerland**

On 26 February 1970, Mr. Marcel A. Naville, President of the International Committee of the Red Cross, accompanied by Mr. Jean-Louis Le Fort, Secretary-General, was received at the Palais Fédéral in Berne by Mr. Hans-Peter Tschudi, President of the Swiss Confederation. During the interview Mr. Naville outlined the International Committee's current activities.

The previous day he and Mr. Le Fort met Mr. Pierre Graber, Head of the Federal Political Department.

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Accompanied by members and senior officials of the ICRC, the President of the ICRC was received on 11 March 1970 at the headquarters of the Swiss Red Cross by Professor Hans Haug, National Society President. The visitors were able to better acquaint themselves with the many activities undertaken by the Swiss Red Cross and to visit the new hospital building, the new Red Cross nursing school at Lindenhof, the new central blood transfusion service laboratory and the storage depot.

The discussions which followed centred on the common problems arising from the presence in Switzerland of two Red Cross institutions which, however, have different duties. The National Society's contributions to the work of the ICRC in war zones and in the development of international humanitarian law have many times been remarkable.

### **Central America**

Mr. E. Leemann, ICRC delegate, left Geneva on 14 February 1970 to carry out a mission of several weeks in Central America.

The first two countries visited by the representative of the International Committee were Honduras and El Salvador. It will be recalled that the ICRC intervened as a neutral intermediary in these two countries during the conflict last July and concerned itself chiefly with prisoners of war and interned civilians.

Mr. Leemann then went to Guatemala, where he was authorized by the authorities to visit several places of detention. He went to the Santa Teresa prison for women, the Salamá penitentiary, the "penal farms" of Quetzaltenango and Pavón and various police stations.

Mr. Leemann met some fifty persons held in detention for political or ideological motives or offences. As customary the visits, a previous series of which had been carried out in 1969, were for strictly humanitarian reasons, since the ICRC never investigates the grounds for detention.

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*IN GENEVA***Death of Miss S. Ferrière, Honorary Member of the ICRC**

On 13 December 1970 death took Miss Suzanne Ferrière, a warm-hearted woman who had devoted her life to her fellow men with calm courage and exemplary modesty.

She was the niece of Dr. Frédéric Ferrière under whose orders she worked in the civilians section of the Central Prisoners of War Agency from 1914 to 1915, after which she served in the ICRC Relief Section. In that capacity she was in touch with Eglantyne Jebb in 1919 with whom she participated in the foundation of the International Union for Child Welfare, of which she later became the Secretary-General.

On several occasions the ICRC assigned her missions which took her to Russia, South America and Africa and which she carried out with an intelligence equal to her courage, confronting great obstacles, using the least expected means of transport, as when she crossed the Andes on horse-back. At that time, in the distant countries to which she went for the Red Cross, travel was an adventure which she undertook heedless of the fatigue and danger, spurred on, like her uncle, by determination to help victims protected by no convention.

The International Committee appointed her to membership in 1924, since when she unflinchingly devoted part of her energies to the work of the Red Cross and to other social activities. She was a constant collaborator of the International Union for Child Welfare and contributed to the founding of the International Migration Service, of which she was the Secretary-General until 1945. She later became assistant director when that institution changed its name to International Social Service.

From the beginning of the Second World War she took an active part in Red Cross work, particularly for the benefit of civilians. She constantly widened its scope by instituting the civilian message

system which enabled families separated by the war to receive news of their relatives via Geneva, and by attending to migrant welfare, organizing exchanges and repatriation of civilians. In addition, she carried out several difficult and at times dangerous missions in countries at war. She never ceased to work for the cause she held dear until the end of the war, and her advice was valuable to the ICRC for the drafting of the four Geneva Conventions.

We would add that Miss Ferrière made a number of contributions to the *International Review* in important studies on "The Red Cross Societies of South America", "The Activities of National Societies in War and Peace", and "The Operation of the Civilians Section of the Central Tracing Agency".

In 1951 she resigned from the ICRC and was appointed to honorary membership. Aware of the value and effectiveness of the assistance she gave for so many years and with such dedication, the ICRC will remember her faithfully and with profound gratitude.

### **Appointment of a medical consultant**

The ICRC has appointed Dr. Roland Marti as its permanent medical consultant.

In 1936 he joined the ICRC as a delegate and was sent to Spain during the civil war. On his return in March 1940, he was appointed head of the delegation in Germany where he served throughout the Second World War. Many missions took him to various countries, particularly in the Middle East (1948), Kashmir (1949), Bengal (1950) and Vietnam (1951).

After seventeen years with the ICRC, Dr. Marti worked for a further seventeen years with UNICEF in Africa, South Sahara and the Maghreb States.

As the ICRC's medical consultant he will co-operate with its Field Delegations Servicing Department and with the Relief Service, in the training of doctor-delegates, their equipment and medical relief supplies. He will maintain contact with the ICRC medical teams and visit them regularly in the field.

## The International Red Cross Museum at Castiglione <sup>1</sup>

Castiglione lies between two poles: war and charity.

In this countryside, too prosperous and too beautiful not to arouse cupidity, many armies have shed blood.

But here was born, in a castle which war has destroyed, Saint-Louis de Gonzague, who renounced his title of prince to devote himself to the unfortunate and who met an early death caring for the plague-stricken. It was here too where the wounded of Solferino lay. The Army Medical Services, then almost non-existent, gave them paltry assistance. But without regard for the colour of their uniforms, the women of Castiglione lavished care upon them because they saw a man dressed in white go into the Chiesa Maggiore carrying in his arms a wounded Austrian and because they understood Dunant's message: *Tutti fratelli*.

And Castiglione chose charity.

The population raised a subscription and offered the Red Cross one of the city's finest buildings, the Palazzo Longhi, for conversion into a museum of charity on the field of battle.

The International Red Cross Museum of Castiglione delle Stiviere was inaugurated in June 1959 on the occasion of the centenary of the battle of Solferino <sup>2</sup>. Since then, a fairly numerous public has visited these charming baroque style rooms. But not pretentious enough to call to itself the attention it deserves, this Museum has sunk into semi-oblivion.

This cannot be allowed to continue. A fresh Committee has been constituted to make of Castiglione and its museum one of the land-

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<sup>1</sup> *International Review*, in April 1962, published a detailed article on Castiglione, its churches, the International Red Cross Museum and the exhibition rooms. See *J.-G. Lossier: Castiglione and the International Museum of the Red Cross visited*.

<sup>2</sup> *Plate*.—The entrance and one of the rooms in the Museum.

marks of the Red Cross. This management committee comprises senior officials of the Italian Red Cross, members of the Castiglione municipal authority and representatives of the Henry Dunant Institute, the League and the ICRC. It held its first meeting at Castiglione on 20 March 1970.

Its collections will be enriched, temporary exhibitions are being prepared. In addition the Palazzo Longhi will become a centre of meetings and seminars for which it is well suited.

Let us hope that the Red Cross will respond to so much good will by a keener interest. Solferino, San Martino, Castiglione, present a really extraordinary cohesive effect, a source to which a pilgrimage is well worthwhile.

*P. B.*

## Ceylon

The report submitted by the Ceylon Red Cross to the XXIst International Conference at Istanbul gives interesting details on that Society's important role in establishing and organizing a practical plan for nation-wide relief in case of disaster.

**Disaster Relief.**—A comprehensive National Disaster Relief Plan has been prepared by the Water Resources Board of the Government of Ceylon in consultation with the Ministry of Social Services which is the Agency responsible for initiating and coordinating all programmes of disaster relief caused by floods, cyclones, fire, drought, etc. The implementation and operational details have been worked out by the Ministry of Social Services. The Ceylon Red Cross Society is represented on the Committees at all levels. Further, the Director of Social Services of the Government of Ceylon is a member of the Council of the Ceylon Red Cross Society.

The responsibilities of the National Society in this plan are:—

- a) The establishment of First Aid Posts in the affected areas.

## IN THE RED CROSS WORLD

- b) Provision of immediate relief in the form of food, clothing and other household requisites to the affected families.
- c) Actively assisting the medical and para-medical personnel in public health operations including supply of emergency drugs held in stock by the National Society for this purpose.

In order to further effectivise the services of the National Society, a phased Three Year Programme of Development for the expansion of the Red Cross Movement was implemented in 1968 with special emphasis on areas prone to frequent disasters in rural Ceylon.

**Activities as auxiliaries of the public authorities.**—All the activities of the National Society are geared to function as auxiliaries of the respective programmes of the public authorities. These cover First Aid Services, Training, Blood Transfusion, Programmes for children and youth. Welfare Services, etc.

**Other Assistance.**—In the case of internal disorders, the National Society renders all assistance in the form of relief services, food distribution and medical care and functions as liaison between those in refugee camps and their friends and relations outside.

**Activities in the field of Health.**—*First Aid Practice and Accident Prevention.*

The main activities are:

- (a) The establishment of First Aid Posts where large crowds congregate for national, social, cultural and religious festivals.
- (b) Conducting training in First Aid, Artificial Respiration and Home Nursing for members of the Voluntary Aid Detachments and large industrial organisations which request such services, and
- (c) The organisation of training classes for Instructors who are required in increasing numbers to conduct the training classes under the Society's Rural Extension Programme.

### *Blood Transfusion*

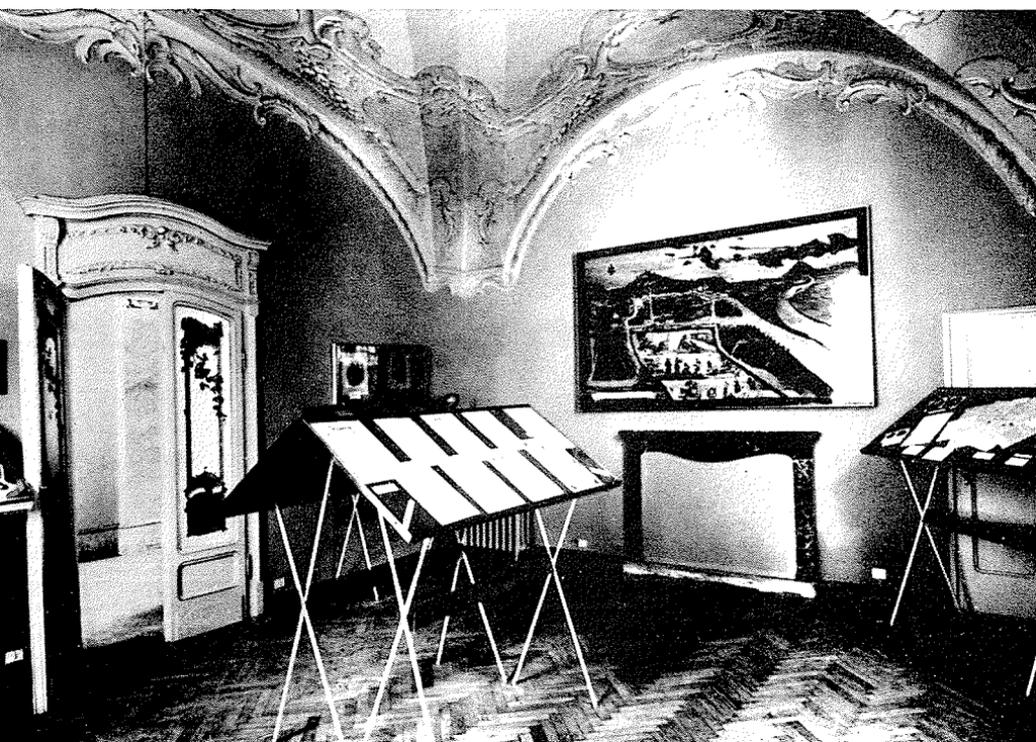
The Government maintains fully equipped Blood Banks at the large hospitals in Colombo and the out stations. The Society main-



The entrance ...

Photos Allegri, Br

... and one of the rooms in the International Red Cross Museum at Castiglione delle Stiviere.





The Indonesian Red Cross in action to help the Djakarta flood victims  
in February 1970.



tains a register of donors, classified according to Blood Groups. The services of these donors are availed of if and when the hospitals request us to supply a donor to meet a short supply. The Society also provides free transport for the donor.

*Health Education.*

The chief organisation through which health education is imparted is the J.R.C. Links and Bond Clubs have already been organised in rural schools, Community Centres, etc. under the Society's Development Programme.

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**Indonesia**

The Indonesian Red Cross recently sent us the following information which we reproduce as a testimony of that National Society's rapid action in disaster relief situations.<sup>1</sup>

On 7 February 1970, several lower parts of Djakarta, with its total population of 4.25 million, have been ravaged by severe floods due to torrential rains, afflicting some 93,305 people.

In some places the flooding waters reached a height of up to 2.5 m, causing considerable damage to houses and properties.

The Djakarta Chapter of the Indonesian Red Cross Society relieved the victims with medical treatment and first aid, besides her relief-distribution of:

3270 pcs. of sarongs,  
6600 pcs. of underwear,  
700 jars of infant foods,  
530 kg of milk and biscuits.

Besides the Indonesian Red Cross, many other charitable bodies gave their aid in some way.

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<sup>1</sup> *Plate* : Djakarta-Indonesian Red Cross helping flood victims.

## Rumania

*It is interesting to know the main activities of National Societies and their original work in some fields which may inspire sister societies by example. The internal organization of a Red Cross is also an important item in its effectiveness and speed. For these reasons we quote below some passages of a report submitted by the Rumanian Red Cross at our movement's recent International Conference in Istanbul and which relate to that National Society's members and the organization of their activities.*

Any citizen of the Socialist Republic of Rumania may become a member of the National Red Cross Society and take part in its activities.

The ranks of the Red Cross participating regularly and effectively in its activities are:

- members of Red Cross district and Bucarest Commissions;
- members of collectives working with those commissions;
- members of Red Cross Commissions for medical districts;
- members of medical groups (teams and reserves);
- members of urban, rural and school first aid teams;
- other voluntary workers for the Red Cross.

More than 500 000 adults and juniors are members of the Red Cross in the Socialist Republic of Rumania.

The Red Cross members participate in the activities of medical districts which are divided by streets or groups of houses and organized to deal with such problems as hygiene and health, mother and child welfare, blood donation, etc.), or they are formed into volunteer health teams. These are:

a) the *health contingents* comprising 18 members organized in 3 teams of 5 members and a leader. One member acts as deputy leader and another is responsible for equipment. The teams follow courses.

b) *first aid posts* are organized in enterprises, institutions, agricultural co-operatives, districts, stations, mining and forestry undertakings, etc. These first aid posts are manned by from 3 to 5 persons trained in hygiene and first aid.

These posts have the necessary first aid equipment and both the health contingents and the first aid posts provide emergency care, attend to minor injuries and alert the medical units in the event of serious accidents. They also see to the application and respect of rules decided by the health bodies and enterprise managements for the prevention of occupational accidents.

c) the *home help collectives*, organized in the medical districts, provide care for the sick living alone, particularly the elderly and the disabled.

These collectives trained in courses and in practical work in hospital, administer the care prescribed by the doctor, obtain the pharmaceutical products required and maintain contact between the patient and the doctor.

These collectives do not give treatment requiring special technique (injections, dressings) which fall strictly within the scope of medical personnel.

Training of these voluntary Red Cross workers and technical supervision of their activity are carried out by medical personnel.

The Red Cross enlists, helps, organizes and trains these voluntary workers and provides them with scope for practical activities.

Apart from the general instruction, when the collective is called upon to give assistance in a certain question of a medical order, it is first instructed in the respective problem then sent to work on it.

In addition, the local doctor periodically gives instruction to the voluntary collective which he employs.

As can be seen, the main work of the Red Cross members concerns health. The problems in which the Red Cross assists the State medical bodies include first aid—as already mentioned—blood transfusion and donation, health education for youth and for the population as a whole.

## M I S C E L L A N E O U S

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### HUMAN RIGHTS IN ARMED CONFLICTS

The Human Rights Commission, holding its regular meeting in New York from 24 February to 27 March 1970, was directed by the United Nations General Assembly to consider the Secretary-General's report on " Respect of Human Rights in Armed Conflicts ".

The report was studied on 5 and 6 March 1970. Many delegates conveyed their governments' opinions on this subject. Some gave notice of their intention to comment more thoroughly on the report at the General Assembly's 25th session (which will start in September), their governments not having completed their studies of the report.

Several speakers expressed their satisfaction at the U.N. Secretariat's close co-operation with the ICRC in that undertaking.

The International Committee was represented in New York by Mr. C. Pilloud, Director, who was available for consultation by the General Secretariat and delegations who so desired.

Among the more notable remarks during the proceedings were those of Mr. Jhal, the Indian representative, who talked on article 3 common to the four 1949 Conventions. He considered that that article should be on an equal footing with legislation on human rights.

The strict application of the Geneva Conventions by parties to a conflict and the search for better protection for humanity—particularly the civilian population—were two points on which delegates laid stress, asking that work be undertaken as a matter of urgency to improve existing regulations.

Other subjects of concern to representatives of several countries were the questions relating to irregular combatants (guerrillas), non-international armed conflicts and the use of certain weapons. However, on the whole, delegates were of the opinion that to apply

the existing Geneva Conventions in full, possibly by adapting them to modern warfare, was preferable to drawing up completely new regulations.

The strict observance of the Geneva Conventions, in the opinion of the Human Rights Commission, was the first step.

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### **THE REFUGEE PROBLEM**

Last November, 60 private American organizations concerned with the refugee problem met in Washington for the National Conference on World Refugee Problems. The meeting was convened by the United States Committee for Refugees in association with the American Council of Voluntary Agencies for Foreign Service and the American Immigration and Citizenship Conference. The ICRC was invited to attend and delegated Mr. C. Pilloud, director, to take part in a consultative capacity.

The purpose of the Conference was to rouse public interest in favour of refugees and to reach certain conclusions, the first being a definition of refugees. This being extremely topical, we believe our readers will be interested in the following quotation:

“ Service agencies are committed to the concept of assistance to refugees as a humanitarian act, viewing the refugee in the broadest sense as the victim of war, intolerance and social unrest, natural calamity, oppression, fear of persecution. They urge governments and intergovernmental and international voluntary agencies to move away from traditional rhetoric and standard approaches in their efforts to meet refugee problems. The refugee phenomenon has become too varied and complex in its manifestations, and too dangerous to peace and development throughout the world, to be responsive to old answers and historically conditioned reflexes. Such answers have little relevance to contemporary reality which witnesses refugees on every continent of the world, both within and outside of their native countries.

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The definition of a refugee is often the first step in seeking solutions to his problem. Therefore, definitions should be recognized as temporary and pragmatic tools, often dictated by political pressures and limited resources, and in need of constant reviews. Flexibility is required so that categories of eligibility for refugee services do not become exclusionary. Therefore, any single definition, for all purposes and for all organizations, must be viewed with great caution.

At the same time, it is considered desirable that it is in an international or perhaps regional context that the broadest standards for the acceptance of international concern for *all* refugees should be developed.

The principles of self-determination and human dignity which must guide any such effort are implied in the United Nations Declaration on Territorial Asylum and in Article II of the Organization of African Unity Convention on refugees in Africa, "The granting of asylum to refugees is a peaceful and humanitarian act and shall not be regarded as an unfriendly act of a member state".

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### THE FOUNDING OF AN INTERNATIONAL INSTITUTE OF HUMAN RIGHTS

It may be recalled that Mr. René Cassin, who was the rapporteur at the United Nations General Assembly which, in 1948, adopted and proclaimed the Universal Declaration of Human Rights, devoted the greater part of the Nobel Peace Prize which he had been awarded to the founding of an International Institute of Human Rights. In December 1969 that institute was inaugurated in Strasbourg. Its purposes are laid down in its Constitution some of the articles of which are quoted hereunder:

#### *Article 1*

There is hereby established at Strasbourg an "International Institute of Human Rights (René Cassin Foundation)", hereinafter

referred to as “ the Institute ”, which, in the service of humanity, shall promote, in complete autonomy, the protection and development of fundamental human rights—respect for such rights being an indispensable condition of preservation of peace.

The Institute shall be governed by relevant French legislation and by the Constitution.

### *Article 2*

It shall be the purpose of the Institute to undertake and promote the scholarly study of human rights by all lawful means, and in particular:

*a)* by organising sessions for the presentation of communications pertaining to human rights, and by organising colloquia, seminars, and courses of instruction;

*b)* by research undertaken on the Institute’s initiative or on the request of any private or public organisation, or any institute of higher learning, and by assisting in research undertaken by individuals or public or private organisations of any nationality;

*c)* by encouraging the development of the teaching of human rights in universities, schools of law and political science, and any other educational institutions or centres, and by the co-ordination of such teaching by exchanges and gatherings of teachers and students;

*d)* by publishing books and periodicals relevant to human rights;

*e)* by the collection and distribution of documentation relating to human rights, in particular, by the systematic analysis of works dealing with human rights.

In furtherance of the aforementioned purposes, the Institute may make its services available to any State, university, faculty of law or political science, educational institute or centre, and any other public or private, national or international organisation.

### *Article 3*

The seat of the Institute shall be at Strasbourg. The Institute may at any time create or agree to the creation of branches or related establishments in other countries, subject to conditions fixed by the rules of the Institute.

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### *Article 4*

The members of the Institute shall be:

*a)* natural or legal persons admitted as honorary or patron members by the Council of the Institute;

*b)* distinguished persons elected members or associates of the Institute by the Council, in view of their competence or activities in the study or protection of human rights;

*c)* universities, faculties of law or political science, or any other educational institution or centre, as well as any organisation of the legal profession, such as a Bar Association, which organises or promotes the teaching of, or research relating to, human rights, or proposes so doing;

*d)* any national or international non-governmental organisation which, by reason of its competence or activities in the field of human rights, is invited by the Council to become a member of the Institute.

The entities described in sections *c)* and *d)* of this Article may be allowed to participate in the activities of the Institute without becoming members.

The rules of the Institute shall determine the conditions governing the application of this Article.

### *Article 6*

The organs of the Institute shall be: the General Assembly, the Council of the Institute, and the Executive Committee.

### *Article 7*

The General Assembly of the Institute shall meet at least once a year in ordinary session.

All members of the Institute shall be entitled to participate or to be represented at the General Assembly. Only members described in sections *b)*, *c)* and *d)* of Article 4 shall be entitled to vote, each member described in sections *c)* and *d)* of Article 4 having three votes. The decisions of the General Assembly shall be taken by an absolute majority of the votes cast.

The General Assembly shall consider the report of the Council on the activities and financial situation of the Institute, approve the accounts for the preceding financial period after hearing the

auditors' report, and determine the general programme of work for the coming year on the basis of proposals of the Council.

The General Assembly shall adopt its own rules of procedure on the basis of proposals of the Council.

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### THE DOCTOR'S RESPONSIBILITIES

*In an inaugural lesson at Geneva University, Professor Pierre Engel of the Faculty of Law, stated the doctor's general duties. This problem of medical ethics and deontology, construed in the widest sense as the science of duties, is so important that it appears to us to be interesting to reproduce below his ideas on this subject.<sup>1</sup>*

1. There is one overriding consideration in the medical profession: the patient's interest. Hence it is imperative to respect human life and dignity.

2. Always be guided by conscience, propriety and amenity towards the patient and show sympathy, whatever his condition, nationality and religion, and whatever may be the doctor's own feelings for the patient.

3. Whatever a doctor's function or speciality he should, except in the case of *force majeure*, give emergency treatment to a patient in immediate danger if other medical care cannot be provided.

4. He shall, subject to legal exceptions, maintain professional secrecy even after treatment or the death of the patient.

5. It is forbidden for a doctor to resort to deceit likely to bring discredit to his profession and in particular to indulge in charlatan practices.

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<sup>1</sup> See *Médecine et Hygiène*, Geneva, 1968, No. 835.

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6. A doctor shall not divulge to medical circles, with a view to immediate application, any new process of diagnosis or treatment inadequately tested if he has not taken care to warn his colleagues against any risks.

Even more so is it forbidden to divulge such a process to the general public when its value and innocuity are not proved.

In a word, it is forbidden to deceive practitioners or clients by claiming an inadequately tested process to be salutary and without risk.

7. Attempting or experimenting with new treatment is lawful only if it is for the purpose of achieving a cure.

A strict distinction must therefore be made between experimenting in general and therapeutic experiments. It therefore follows that the person on whom the experiment is made should be a sick patient.

The experiment should be solely in the patient's interest, as distinct from the interest of other patients. The risks should be proportional to the sickness, suffering and possible deterioration. Fatal risks may only be taken in cases where there is no other hope.

8. In no case shall the doctor exercise his profession under conditions which might impair the quality of medical care.

The doctor must exercise his profession under conditions which afford him the regular use of equipment and technical methods necessary for his art.

9. Finally, and this is important, the doctor has a general duty to keep in training and up-to-date. Case law is severe on ignorant doctors.

*The responsibilities evoked here by Professor Engel are naturally those which apply to all medicine in general, whether it is a question of treating the military or civilians, as Colonel Médecin Jean Neuen recalled during the 28th session of the International Office of Documentation on Military Medicine, in Luxembourg last September. Even though the practical aspect of some problems differs, the most stable element of the army doctor's mission is still its humanitarian value.<sup>1</sup>*

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<sup>1</sup> See *International Review of the Army, Navy and Air Forces Medical Services*, Liège, 1969, No. 1.

Military medicine is surely a therapeutic medicine, but the very various aspects and the numerous responsibilities of any military medical service impose that military medicine be also *ecological*—for the study of the relationship man-environment—*ergonomic*—for the study of the best adaptation of the machines and weapons to the specific human aptitudes—and mainly *preventive*, the old saying “Prevention is better than cure” has significantly enlarged its importance since modern medicine has given us new techniques in *preventive* medicine.

This preventive aspect of military medicine will be mainly discussed during the present session:

- vaccinations, those magnificent weapons against the terrific epidemics which, not so far in the past, decimated populations and armies;
- medical education of officers and other military personnel of the Armed Forces, at every echelon, in matter of hygiene and emergency medical care, is a problem of essential and permanent importance, always painfully reminded by the high rate of casualties in the armed conflicts when a distressing lack of doctors and nursing personnel imposes that the victims furnish to themselves and to their neighbours the necessary care for survival;
- study of the influence of climate and diet upon teeth and oral cavity; this study to be held by our colleagues stomatologists, must necessarily lead to detect the ways for prevention of orodental troubles:—a well balanced collective diet, furnishing a sufficient quantity of vitamins and oligo-factors—a better preparation and a careful conditioning of troops before moving them towards areas where extreme climates or special environments are met.

However, for the military doctor, his humanitarian mission is the most attractive factor of his professional vocation. In order to be able to fulfil this mission in case of armed conflict, the doctor must receive some degree of protection and immunity. This point brings us to comment the fourth topic of our session: the study of

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methods of control and of sanctions in case of violations of humanitarian conventions.

Before the Second World War, a great Belgian lawyer wrote the following sentence: "The International Law is not sufficient by itself; it is only a form and its rules and conventions have just the value which the nations have." This sentence clearly emphasizes the huge difficulties of this problem and, at the same time, explains the dubious success of any measure proposed for sanctioning the violations of a humanitarian Convention, when these violations are cynically denied by those perpetrating them.

The magnitude of this acute problem has stimulated famous lawyers, for more than half a century. We must mention the high merits of the International Committee of the Red Cross in this field, by its incessant initiatives, from 1864 up to day...

*Colonel Brigadier Hans Meuli, himself a member of the ICRC, then took the floor at the same session of the IODMM. He stated that the exercise of the medical profession should be training for all in the defence of humanity and should demonstrate the increasing solidarity among men.*

The problem of humanity, set on a very large scale, by bloody battles on different fronts in the world, should create in us a reaction of solidarity, the amplitude of which is proportional to these dramas. The serious events of which we recently were the upset and painfully powerless witnesses have reminded that the present world has not yet acquired the degree of moral maturity which should be on an equal level with the material power. But they have also demonstrated that a living faith in the ideal for a better society exists, mainly amongst young people.

Hearing the distressing voices of wounded, of sick and of so many hungry children, we must do our best and hold high and firm in our hands the standard of humanity.

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EXTRACT FROM THE STATUTES OF  
THE INTERNATIONAL COMMITTEE OF THE RED CROSS

(AGREED AND AMENDED ON SEPTEMBER 25, 1952)

ART. 1. — The International Committee of the Red Cross (ICRC) founded in Geneva in 1863 and formally recognized in the Geneva Conventions and by International Conferences of the Red Cross, shall be an independent organization having its own Statutes.

It shall be a constituent part of the International Red Cross.<sup>1</sup>

ART. 2. — As an association governed by Articles 60 and following of the Swiss Civil Code, the ICRC shall have legal personality.

ART. 3. — The headquarters of the ICRC shall be in Geneva.

Its emblem shall be a red cross on a white ground. Its motto shall be “*Inter arma caritas*”.

ART. 4. — The special rôle of the ICRC shall be:

- (a) to maintain the fundamental and permanent principles of the Red Cross, namely: impartiality, action independent of any racial, political, religious or economic considerations, the universality of the Red Cross and the equality of the National Red Cross Societies;
- (b) to recognize any newly established or reconstituted National Red Cross Society which fulfils the conditions for recognition in force, and to notify other National Societies of such recognition;

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<sup>1</sup> The International Red Cross comprises the National Red Cross Societies, the International Committee of the Red Cross and the League of Red Cross Societies. The term “National Red Cross Societies” includes the Red Crescent Societies and the Red Lion and Sun Society.

- (c) to undertake the tasks incumbent on it under the Geneva Conventions, to work for the faithful application of these Conventions and to take cognizance of any complaints regarding alleged breaches of the humanitarian Conventions;
- (d) to take action in its capacity as a neutral institution, especially in case of war, civil war or internal strife; to endeavour to ensure at all times that the military and civilian victims of such conflicts and of their direct results receive protection and assistance, and to serve, in humanitarian matters, as an intermediary between the parties;
- (e) to contribute, in view of such conflicts, to the preparation and development of medical personnel and medical equipment, in cooperation with the Red Cross organizations, the medical services of the armed forces, and other competent authorities;
- (f) to work for the continual improvement of humanitarian international law and for the better understanding and diffusion of the Geneva Conventions and to prepare for their possible extension;
- (g) to accept the mandates entrusted to it by the International Conferences of the Red Cross.

The ICRC may also take any humanitarian initiative which comes within its rôle as a specifically neutral and independent institution and consider any questions requiring examination by such an institution.

ART. 6 (first paragraph). — The ICRC shall co-opt its members from among Swiss citizens. The number of members may not exceed twenty-five.

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- AFGHANISTAN — Afghan Red Crescent, *Kabul*.
- ALBANIA — Albanian Red Cross, 35, Rruga Barrikadavet, *Tirana*.
- ALGERIA — Central Committee of the Algerian Red Crescent Society, 15 bis, Boulevard Mohamed V, *Algiers*.
- ARGENTINE — Argentine Red Cross, H. Yri-goyen 2068, *Buenos Aires*.
- AUSTRALIA — Australian Red Cross, 122-128 Flinders Street, *Melbourne, C. 1*.
- AUSTRIA — Austrian Red Cross, 3 Gusshausstrasse, Postfach 39, *Vienna IV*.
- BELGIUM — Belgian Red Cross, 98, Chaussée de Vleurgat, *Brussels 5*.
- BOLIVIA — Bolivian Red Cross, Avenida Simon Bolívar, 1515 (Casilla 741), *La Paz*.
- BOTSWANA — Botswana Red Cross Society, P.O. Box 565, *Gaborone*.
- BRAZIL — Brazilian Red Cross, Praça da Cruz Vermelha 12 cz/86, *Rio de Janeiro*.
- BULGARIA — Bulgarian Red Cross, 1, Boul. S.S. Birusov, *Sofia*.
- BURMA — Burma Red Cross, 42, Strand Road, Red Cross Building, *Rangoon*.
- BURUNDI — Red Cross Society of Burundi, rue du Marché 3, P.O. Box 1324, *Bujumbura*.
- CAMBODIA — Cambodian Red Cross, 17, Vithei Croix-Rouge, P.O.B. 94, *Phnom-Penh*.
- CAMEROON — Central Committee of the Cameroon Red Cross Society, rue Henry-Dunant, P.O.B. 631, *Yaoundé*.
- CANADA — Canadian Red Cross, 95 Wellesley Street, East, *Toronto 284* (Ontario).
- CEYLON — Ceylon Red Cross, 106 Dharmapala Mawatte, *Colombo VII*.
- CHILE — Chilean Red Cross, Avenida Santa Maria 0150, Casilla 246 V., *Santiago de Chile*.
- CHINA — Red Cross Society of China, 22 Kanmien Hutung, *Peking, E*.
- COLOMBIA — Colombian Red Cross, Carrera 7a, 34-65 Apartado nacional 1110, *Bogotá D.E.*
- CONGO — Red Cross of the Congo, 41, Avenue Valcke, P.O. Box 1712, *Kinshasa*.
- COSTA RICA — Costa Rican Red Cross, Calle 5a, Apartado 1025, *San José*.
- CUBA — Cuban Red Cross, Calle 23 201 esq. N. Vedado, *Havana*.
- CZECHOSLOVAKIA — Czechoslovak Red Cross, Thunovska 18, *Praque I*.
- DAHOMEY — Red Cross Society of Dahomey, P.O. Box 1, *Porto Novo*.
- DENMARK — Danish Red Cross, Ny Vestergade 17, *Copenhagen K*.
- DOMINICAN REPUBLIC — Dominican Red Cross, Calle Galvan 24, Apartado 1293, *Santo Domingo*.
- ECUADOR — Ecuadorean Red Cross, Calle de la Cruz Roja y Avenida Colombia 118, *Quito*.
- ETHIOPIA — Ethiopian Red Cross, Red Cross Road No. 1, P.O. Box 195, *Addis Ababa*.
- FINLAND — Finnish Red Cross, Tehtaankatu 1 A, Box 14168, *Helsinki 14*.
- FRANCE — French Red Cross, 17, rue Quentin Bauchart, *Paris (8<sup>e</sup>)*.
- GERMANY (Dem. Republic) — German Red Cross in the German Democratic Republic, Kaitzerstrasse 2, *Dresden A. 1*.
- GERMANY (Federal Republic) — German Red Cross in the Federal Republic of Germany, Friedrich-Ebert-Allee 71, 5300 *Bonn 1*, Postfach (D.B.R.).
- GHANA — Ghana Red Cross, P.O. Box 835, *Accra*.
- GREAT BRITAIN — British Red Cross, 9 Grosvenor Crescent, *London, S.W.1*.
- GREECE — Hellenic Red Cross, rue Lycavittou 1, *Athens 135*.
- GUATEMALA — Guatemalan Red Cross, 3.º Calle 8-40 zona 1, *Guatemala C.A.*
- GUYANA — Guyana Red Cross, P.O. Box 351, Eve Leary, *Georgetown*.
- HAITI — Haiti Red Cross, Place des Nations Unies, B.P. 1337, *Port-au-Prince*.
- HONDURAS — Honduran Red Cross, Calle Henry Dunant 516, *Tegucigalpa*.
- HUNGARY — Hungarian Red Cross, Arany Janos utca 31, *Budapest V*.
- ICELAND — Icelandic Red Cross, Ølduggøtu 4, *Reykjavík*, Post Box 872.
- INDIA — Indian Red Cross, 1 Red Cross Road, *New Delhi 1*.
- INDONESIA — Indonesian Red Cross, Tanah Abang Barat 66, P.O. Box 2009, *Djakarta*.
- IRAN — Iranian Red Lion and Sun Society, Avenue Ark, *Teheran*.
- IRAQ — Iraqi Red Crescent, Al-Mansour, *Baghdad*.
- IRELAND — Irish Red Cross, 16 Merrion Square, *Dublin 2*.
- ITALY — Italian Red Cross, 12, via Toscana, *Rome*.
- IVORY COAST — Ivory Coast Red Cross Society, B.P. 1244, *Abidjan*.
- JAMAICA — Jamaica Red Cross Society, 76 Arnold Road, *Kingston 5*.
- JAPAN — Japanese Red Cross, 5 Shiba Park, Minato-Ku, *Tokyo*.
- JORDAN — Jordan National Red Crescent Society, P.O. Box 10 001, *Amman*.
- KENYA — Kenya Red Cross Society, St Johns Gate, P.O. Box 712, *Nairobi*.
- KOREA (Democratic People's Republic) — Red Cross Society of the Democratic People's Republic of Korea, *Pyongyang*.
- KOREA (Republic) — The Republic of Korea National Red Cross, 32-3 Ka Nam San-Donk, *Seoul*.
- KUWAIT — Kuwait Red Crescent Society, P.O. Box 1359, *Kuwait*.
- LAOS — Lao Red Cross, P.B. 650, *Vientiane*.
- LEBANON — Lebanese Red Cross, rue Général Spears, *Beirut*.

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- LIBERIA** — Liberian National Red Cross, National Headquarters, Corner of Tubman boulevard and 9th Street Sinkor, P.O. Box 226, *Monrovia*.
- LIBYAN ARAB REPUBLIC** — Libyan Red Crescent, Berka Omar Mukhtar Street, P.O. Box 541, *Benghazi*.
- LIECHTENSTEIN** — Liechtenstein Red Cross, *Vaduz*.
- LUXEMBOURG** — Luxembourg Red Cross, Parc de la Ville, C.P. 234, *Luxembourg*.
- MADAGASCAR** — Red Cross Society of Madagascar, rue Clemenceau, P.O. Box 1168, *Tananarive*.
- MALAYSIA** — Malaysian Red Cross Society, 519 Jalan Belfield, *Kuala Lumpur*.
- MALI** — Mali Red Cross, B.P. 280, route de Koulikora, *Bamako*.
- MEXICO** — Mexican Red Cross, Avenida Ejercito Nacional, n° 1032, *Mexico* 10, D.F.
- MONACO** — Red Cross of Monaco, 27 Boul. de Suisse, *Monte-Carlo*.
- MONGOLIA** — Red Cross Society of the Mongolian People's Republic, Central Post Office, Post Box 537, *Ulan Bator*.
- MOROCCO** — Moroccan Red Crescent, rue Benzakour, B.P. 189, *Rabat*.
- NEPAL** — Nepal Red Cross Society, Tripureswore, P.B. 217, *Kathmandu*.
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- PORTUGAL** — Portuguese Red Cross, General Secretaryship, Jardim 9 de Abril, 1 a 5, *Lisbon* 3.
- RUMANIA** — Red Cross of the Socialist Republic of Rumania, Strada Biserica Amzei 29, *Bucarest*.
- SALVADOR** — Salvador Red Cross, 3a Avenida Norte y 3a Calle Poniente 21, *San Salvador*.
- SAN MARINO** — San Marino Red Cross, Palais gouvernemental, *San Marino*.
- SAUDI ARABIA** — Saudi Arabian Red Crescent *Riyadh*.
- SENEGAL** — Senegalese Red Cross Society, Bld. Franklin-Roosevelt, P.O.B. 299, *Dakar*.
- SIERRA LEONE** — Sierra Leone Red Cross Society, 6 Liverpool Street, P.O.B. 427, *Freetown*.
- SOMALI REPUBLIC** — Somali Red Crescent Society, P.O. Box. 937, *Mogadiscio*.
- SOUTH AFRICA** — South African Red Cross, Cor. Kruis & Market Streets, P.O.B. 8726, *Johannesburg*.
- SPAIN** — Spanish Red Cross, Eduardo Dato 16, *Madrid*, 10.
- SUDAN** — Sudanese Red Crescent, P.O. Box 235, *Khartoum*.
- SWEDEN** — Swedish Red Cross, Artillerigatan 6, 10440, *Stockholm* 14.
- SWITZERLAND** — Swiss Red Cross, Taubenstrasse, 8, B.P. 2699, 3001 *Berne*.
- SYRIA** — Syrian Red Crescent, 13, rue Mahdi Ben Baraka, *Damascus*.
- TANZANIA** — Tanzania Red Cross Society, Upanga Road, P.O.B. 1133, *Dar es Salaam*.
- THAILAND** — Thai Red Cross Society, King Chulalongkorn Memorial Hospital, *Bangkok*.
- TOGO** — Togolese Red Cross Society, Avenue des Alliés 19, P.O. Box 655, *Lomé*.
- TRINIDAD AND TOBAGO** — Trinidad and Tobago Red Cross Society, 48 Pembroke Street, P.O. Box 357, *Port of Spain*.
- TUNISIA** — Tunisian Red Crescent, 19, rue d'Angleterre, *Tunis*.
- TURKEY** — Turkish Red Crescent, Yenisehir, *Ankara*.
- UGANDA** — Uganda Red Cross, 57 Roseberry Street, P.O. Box 494, *Kampala*.
- UNITED ARAB REPUBLIC** — Red Crescent Society of the United Arab Republic, 34, rue Ramses, *Cairo*.
- UPPER VOLTA** — Upper Volta Red Cross, P.O.B. 340, *Ouagadougou*.
- URUGUAY** — Uruguayan Red Cross, Avenida 8 de Octubre, 2990, *Montevideo*.
- U.S.A.** — American National Red Cross, 17th and D Streets, N.W., *Washington* 6 D.C.
- U.S.S.R.** — Alliance of Red Cross and Red Crescent Societies, Tcheremushki, J. Tcheremushkinskii proezd 5, *Moscow W-36*.
- VENEZUELA** — Venezuelan Red Cross, Avenida Andrés Bello No. 4, Apart. 3185, *Caracas*.
- VIET NAM (Democratic Republic)** — Red Cross of the Democratic Republic of Viet Nam, 68, rue Bà-Trièz, *Hanoi*.
- VIET NAM (Republic)** — Red Cross of the Republic of Viet Nam, 201, duong Hông-Tháp-Tu, No. 201, *Saigon*.
- YUGOSLAVIA** — Yugoslav Red Cross, Simina ulica broj 19, *Belgrade*.
- ZAMBIA** — Zambia Red Cross, P.O. Box R. W. 1, Ridgeway, *Lusaka*.