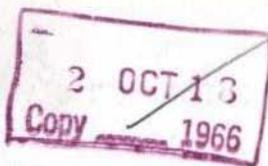
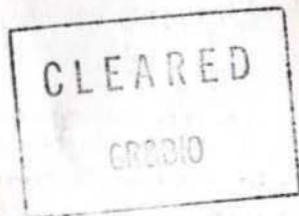


AUGUST

SIXTH YEAR — No. 65



International Review of the Red Cross



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1966

GENEVA
INTERNATIONAL COMMITTEE OF THE RED CROSS
FOUNDED IN 1863

INTERNATIONAL COMMITTEE OF THE RED CROSS

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INTERNATIONAL REVIEW OF THE RED CROSS

SIXTH YEAR — No. 65

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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.

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SUPPLEMENTS TO THE REVIEW

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SPANISH

- J. Pictet: Los principios del derecho internacional humanitario. — Agencia Central de Informaciones. — Información sobre el CICR. — Seminario regional de las Sociedades Nacionales de Africa del Norte y de Oriente Medio. — La universalidad de los Convenios de Ginebra.

GERMAN

- J. Pictet: Die Grundsätze des Humanitären Völkerrechts. — Zentraler Suchdienst. — Information über das IKRK. — Regionalseminar der nationalen Gesellschaften Nordafrikas und des Mittleren Ostens. — Die Universalität der Genfer Abkommen.

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INTERNATIONAL COMMITTEE OF THE RED CROSS

THE INTERNATIONAL COMMITTEE AND THE VIETNAM CONFLICT

On August 11, 1965 the ICRC sent the National Red Cross (Red Crescent, Red Lion and Sun) Societies a first general information note on its action in Vietnam. The data which follows is intended to show the work which has been done and the steps taken in the interval on behalf of the victims of this conflict.

I. GENERAL

1. Geneva Conventions of 1949

The Republic of Vietnam acceded to the four Geneva Conventions of August 12, 1949, in 1953, the Democratic Republic of Vietnam in 1957 and the United States ratified them in 1955.

Alarmed by the increasing internationalisation of this conflict and the constant extension of hostilities, the ICRC launched an appeal on June 11, 1965 to all the belligerents requesting them to take the necessary measures with a view to ensuring the full application of the Geneva Conventions.

In answer to that appeal, the Governments of the Republic of Vietnam and of the United States declared that they agreed to apply the Geneva Conventions as a whole. The authorities in Saigon, however, expressed reservations on account of the particular character of hostilities taking place South of the 17th parallel.

Without disputing the application of the Geneva Conventions, the Ministry for Foreign Affairs of the Democratic Republic of Vietnam (DRVN), in its reply of August 31, 1965, restricted itself to protesting against the bombing of its territory.¹

The National Liberation Front ("Vietcong") informed the ICRC in October 1965 that, since it did not participate in the Geneva Conventions, it was not bound by them and that these Conventions contained provisions which corresponded neither with its action nor with the organization of its armed forces. It declared nevertheless that it was observing a humane and charitable policy towards the prisoners who fell into its hands.

As regards the countries which have sent military contingents to South Vietnam, Australia of its own accord declared that it recognized the application of the four Geneva Conventions. Following a request made by the ICRC, New Zealand has adopted a similar position. The ICRC has also approached the Republic of Korea, which has not yet acceded to the Conventions, in the same sense. A reply from Seoul is awaited.

2. Protests against the war itself and the conduct of operations

The ICRC has received numerous protests emanating from the Government and Red Cross of the Democratic Republic of Vietnam as well as from other National Red Cross Societies and from the "National Liberation Front of South Vietnam". Some of these protests declared that the DRVN was a victim of unilateral acts of aggression and invited the ICRC to condemn them publicly. Others were aimed at the methods of fighting employed, the International Committee being requested itself to protest against bombing from the air and the resort to chemical weapons.

The International Committee replied to the first that the Red Cross, in virtue of its statutes, was not empowered to pronounce on the legality or the illegality of hostile acts committed by one State against another, even though it deplores them and that their consequences, on the humanitarian plane, deeply preoccupy the ICRC.

¹ See *International Review of the Red Cross*, October 1965.

On the second point, the Government and Red Cross of the DRVN, principally in their communications of July 21, 1965, August 31, 1965, September 30, 1965 and May 18, 1966, raised the issue of the bombing by American aircraft of many villages and town centres. Precise facts, accompanied by photographs, were submitted to the ICRC on the destruction caused by air operations to hospitals, leper colonies, schools, places of worship and other non-military objectives, as well as on the resultant loss of life.

These communications which referred, in particular, to the Geneva Protocol of June 17, 1925 as well as to the Geneva Conventions of 1949 and to the rules of war in general, protested also against the use of poison gas, napalm and defoliant chemicals by United States forces engaged in South Vietnam.

In accordance with the customary procedure followed by the ICRC, confirmed by several international conferences of the Red Cross (Resolutions XXII of the 1948 Stockholm Conference and XXVII of the 1965 Vienna Conference) these protests were duly transmitted to the Red Cross Society of the country implicated.

The United States Government disputed the validity of these accusations and proposed that an enquiry be made concerning them, a proposal which was not followed up by the DRVN.

In this connection, it should here be recalled that the XXth International Conference of the Red Cross (Vienna 1965) adopted a resolution on the protection of civilian populations against the dangers of indiscriminate warfare. This resolution requires belligerents to observe a number of essential principles. It also invites all Governments which have not yet done so, to accede to the Geneva Protocol of June 17, 1925 which prohibits the use of asphyxiating, poisonous or other gases (Resolution XXVIII).

On July 27, 1966 the ICRC reminded 80 Governments, not yet bound by this Protocol, of the terms of the above-mentioned resolution.

On the other hand, the ICRC has sent proposals to the Red Cross of the DRVN on the protection and marking of hospitals, as well as the setting-up of hospital zones and localities in which shelter could be given to the wounded and the sick, the infirm, the aged and to children. The International Committee referred, in

INTERNATIONAL COMMITTEE

particular, to the First (wounded and sick) and Fourth (civilians) Conventions, as well as to Resolution XXVIII mentioned above.

A similar communication has been sent to the American National Red Cross.

3. The Red Cross as a factor for peace

A certain number of National Societies invited the ICRC to act in the sense of Resolution X of the XXth International Conference of the Red Cross (The Red Cross as a factor in world peace).

In the case of the Vietnam conflict, the ICRC has, since the outbreak of hostilities, constantly aimed at obtaining the undertaking from the belligerents that they would take all necessary steps to ensure full and faithful application of the Geneva Conventions. There is, in fact, no doubt that the effectual application, on both sides, of these Conventions would already lead to an appreciable alleviation of the sufferings endured by the Vietnamese population and would thus, to a certain extent, contribute towards creating favourable conditions for the re-establishment of peace.

The ICRC is, naturally, following events in Vietnam very closely indeed and, in the spirit of Resolution X already mentioned, is prepared to seize any favourable opportunity to take the initiative or to co-operate in measures which could lead to the ending of hostilities in that unhappy country.

II. NORTH VIETNAM

1. Offers of services

The ICRC has, on several occasions, offered its services to the Red Cross and to the authorities of the Democratic Republic of Vietnam (DRVN) and proposed sending a delegate to Hanoi. These offers have, so far, been refused. The President of the ICRC personally repeated them in July 1966, by proposing to send a special mission to Hanoi with a view to examining, on the highest level, the entire situation created by this conflict and to obtain the

possibility for the ICRC to fulfil its humanitarian task, in accordance with the four Geneva Conventions of 1949 for the protection of the victims of war.

2. Wounded and sick

The ICRC, having no delegation in the DRVN, has not been able to submit a relief programme to National Societies based on a firm estimate of requirements. It has, however, considered that medical supplies, surgical equipment, bandaging material and blood plasma would be of considerable aid in view of the situation created by the bombing. Several consignments have, therefore, been despatched to Hanoi. The latest, sent by air in April 1966, jointly with the Swiss Red Cross and the Swiss Medical Centre, via the USSR and China, reached its destination. The Red Cross of the DRVN has acknowledged receipt of these consignments and expressed its appreciation of the aid received from sister Societies. A further consignment is in course of preparation, made up out of contributions still at the disposal of the ICRC. A list is attached hereto of donations received and despatched to date.

3. Prisoners of war

The Red Cross and the authorities of the DRVN have made known to the ICRC that the captured American pilots are treated humanely, but that they cannot, however, be considered as prisoners of war. The DRVN Government is in fact of the opinion that the bombing attacks constitute crimes for which these prisoners will have to answer before the courts and that the Third Geneva Convention (prisoners of war) is consequently not applicable to them. This Government has therefore referred to this Convention, but has recalled the reservation made by the DRVN to article 85 of the same Convention (legal prosecution for acts committed prior to capture). In fact, the DRVN declared, in acceding, on June 28, 1957, to the four Geneva Conventions, that contrary to the stipulation of article 85 of the Third Convention, prisoners of war convicted of war crimes would no longer have the right to protection under the said Convention.

INTERNATIONAL COMMITTEE

The DRVN authorities and Red Cross have, therefore, rejected the requests of the ICRC, which has only received news of 4 prisoners of war.

The ICRC Central Tracing Agency in Geneva transmits to the DRVN Red Cross all mail it receives from families. A few prisoners appear to have been authorized to write direct to their relatives. The ICRC has, however, not been able to obtain a nominal roll, and the Red Cross in the DRVN has refused to distribute relief made up by the ICRC out of funds sent by the families concerned. Some of the prisoners were forced, in July 1966, to parade in front of the population during a demonstration organized in the streets of Hanoi.

In view of this situation, the ICRC again intervened on July 14, 1966 with the Government of the DRVN by invoking the guarantees laid down for all persons protected by the Geneva Conventions. It expressly drew its attention to the provisions of the Third Convention of 1949 (prisoners of war) prohibiting the subjection of prisoners of war to public curiosity. It requested that, so long as they were not under definite sentence, pronounced after regular trial, the prisoners remain under the benefit of the Convention and in particular of the guarantees stipulated in the case of legal prosecution.

In its reply of July 27, 1966, the Ministry of Foreign Affairs in Hanoi recalled the point of view expressed in its previous communications and stated that "the policy of the Government of the DRVN as regards enemy captured in time of war is a humane policy".

III. SOUTH VIETNAM

1. Delegation

The ICRC is represented in Saigon by a four member delegation (1 head of mission, 1 resident delegate, 1 assistant delegate, 1 female nurse). This delegation may be strengthened at any time should circumstances so require.

2. Prisoners of war

a) *In Vietnam hands*.— In August 1965 the Republic of Vietnam agreed to grant prisoner of war status to National Liberation Front

(NLF) fighters taken captive while bearing arms. The ICRC immediately asked for a list of these prisoners and for permission to visit them. So far, however, it has not received full satisfaction.

The first visit took place on December 22, 1965, when ICRC delegates went to the Tan-Hiep camp near Bien-Hoa and were able to interview some of the prisoners of their own choosing, without witnesses. Further visits took place in March and June 1966 to the Con-Son penitentiary on Poulo-Condore Island. Three lists totalling 205 names have been delivered to the Central Tracing Agency at ICRC Headquarters. The delegates are continuing their negotiations to obtain access to all camps where prisoners are detained by reason of the events and they are endeavouring also to obtain further nominal rolls.

a) *In American hands.*—The ICRC also intervened in order to obtain from the American authorities a list of Vietnam prisoners taken by the United States armed forces, and permission to visit these prisoners in the transit camps where they are held pending their transfer to the Vietnam authorities. The US Government having given its agreement in principle, the ICRC delegates in Saigon have contacted the military authorities in order to make arrangements for these visits.

The ICRC has received a list of the names of 19 North Vietnam seamen taken prisoner in the course of naval action in the Gulf of Tonkin. This list was immediately transmitted to the Hanoi authorities by the ICRC. Two delegates visited these prisoners on August 3, on board the vessel which picked them up.

c) *Treatment of prisoners of war.*—Bearing in mind the many photographs which have appeared in the press showing ill-treatment of prisoners in South Vietnam, the International Committee took this question up with the South Vietnam and American authorities. The Republic of Vietnam, by way of reply, conveyed to the ICRC a file on atrocities attributed to the NLF forces. It also invited the Committee to investigate the plight of Vietnam prisoners held by the Democratic Republic of Vietnam.

The International Committee appealed for a cessation of ill-treatment.

It also recommended the authorities to distribute copies of the Geneva Conventions among the armed forces and to give troops liable to take prisoners instructions in conformity with the Conventions. The South Vietnam and American authorities complied with this recommendation.

3. Wounded and sick

a) *Medical teams.*—In December 1965 the ICRC offered to send medical teams to each of the three belligerents in Vietnam. The Democratic Republic declined this offer; the Vietnam Republic accepted; the NLF did not reply.

At the ICRC's request, the Swiss Red Cross undertook to provide and finance a 10-member medical team; this team took up station in April 1966 in Kontum (high central plateau). The Red Lion and Sun Society of Iran, for its part, also sent a medical team of 19 members which has taken up its base at Ben-Tre, Kien-Hoa (Mekong Delta).

The ICRC delegates in South Vietnam are in touch with these two medical teams to which they give assistance and support. These teams are nevertheless independent of the ICRC's delegation.

Mention should also be made of the forthcoming despatch to South Vietnam, by the Red Cross of the Federal Republic of Germany, of the hospital ship "Helgoland".

There are also a number of other medical teams, sent by governments or organizations not connected with the Red Cross, working in various South Vietnam hospitals.

b) *Medical supplies.*—In addition, the ICRC delegation in Saigon has reported that many hospitals, leper colonies, orphanages and similar establishments were inadequately provided with essential medical supplies.

Local stocks have been made available to the most important hospitals, particularly the civilian hospital in Hué, which has received a donation from the Swedish Red Cross. The delegation undertook a thorough study to determine, first of all, which hospital establishments were in the most urgent need, taking into account the supplies which they had already received, and secondly to ascertain what guarantees were provided to ensure rational dis-

tribution. At present, the delegation is checking and classifying the information obtained in the course of this investigation.

c) *Da Nang civilian hospital*.—A project is at present being examined conjointly by the ICRC and the Swiss Red Cross to improve the equipment in the Da Nang civilian hospital which is seriously short of space, equipment and staff.

4. Displaced persons

a) *Categories of displaced persons*.—A large section of the South Vietnam rural population has been compelled by air-raids and military operations against the NLF to evacuate their homes. According to government statistics, approximately 484,000 Vietnamese have had to be sheltered in temporary reception centres since the end of 1964. Some 60 to 70% of these people are living in camps. The remainder have been taken in by the inhabitants of the towns where they sought refuge. In addition, the number of civilians who have been able to return to their villages is estimated at 123,000 while those who have been re-settled in new villages are estimated at 325,000. These figures, reflecting the situation at the end of April 1966, vary constantly as a result of military operations. They do not include a large number of persons evacuated but not registered as “refugees”.

Most of the displaced persons are in the coastal provinces of the north and centre of the country, particularly in Quang-Ngai, Phu-Yen and Binh-Dinh. They belong to all sections of the population, including, no doubt, Vietnam families known for their sympathy for the rebel forces.

b) *Government and private assistance*.—The Saigon government's work for the benefit of refugees is carried out by the Refugee Commission, which took over from the Ministry of Social Affairs. The Vietnamese authorities are assisted by several foreign governments, particularly by the United States through the “United States Agency for International Development” (USAID). In addition, some 20 non-government organizations, mainly American, co-operate, under supervision by the Refugee Commission, in assistance programmes drawn up by the Vietnam Republic and the United States.

c) *First phase of ICRC assistance.*—In view of its relatively modest means to meet the situation, the ICRC concentrated the first phase of its action on displaced persons who have not been accommodated in camps. For these people, relief to a value of approximately 372,000 S. fr. (of which 189,000 S. fr. was provided by cash donations and 183,000 S. fr. by donations in kind) has been distributed throughout the country, including contested areas which are not continuously under the control of the authorities. A summary of these distributions carried out with the assistance of the Vietnam Red Cross may be found in the appendix.

d) *American National Red Cross teams.*—Concomitantly with the ICRC's action, the American National Red Cross has just sent to South Vietnam a team of seven experts with instructions to go to refugee camps to co-operate with the South Vietnam Red Cross in administering the camps and training Vietnam technicians. The ICRC is prepared, on request, to supply National Societies with details which it receives from USAID on this and other refugee assistance programmes including operational training, hygiene, agriculture, etc. These programmes require co-operation in the form of qualified technical personnel: not donations in cash or kind.

e) *Second phase of ICRC's assistance (highland populations).*—Following the principle according to which the rôle of the Red Cross is to help first those who need help most, particularly by its emergency actions, the ICRC has given special study to the plight of tribes living in mountainous regions who have been compelled to flee their villages to seek refuge elsewhere. It is estimated that there are some 100,000 refugees from the mountains now spread throughout the provinces of the high central plateau and enquiries have revealed that the state of health of a large proportion of these people is alarming. For a number of reasons many of them are not registered with the Vietnamese Refugee Commission or are in regions too difficult of access to enable them to be given assistance similar to that received by the Vietnam refugees in organized camps. The local organizations looking after them have but limited means. The most urgent needs are rice, milk, malted-milk, blankets, clothing, mosquito-nets, dressings and medical supplies (anti-

malaria drugs, antibiotics, anti-tuberculosis drugs, anti-dysenterics, tonics and vitamins).

In order to avoid dispersal of efforts and to ensure continuity, without which those efforts would be useless, the ICRC intends to set afoot two relief actions for the benefit of refugees from mountain areas whose plight at present appears to be the most precarious according to enquiries now in progress; one of these actions is to be concentrated in the Dalat-Djiring region where there are 15 to 20,000 refugees from the mountains; the other in the Kontum area where there are some 20,000.

Part of the necessary relief supplies could be obtained locally but large funds would be required to set up the distribution machinery. The ICRC is prepared to supply National Red Cross Societies interested in these two actions with details of its programme in favour of these particularly destitute refugees.

5. Orphanages

The ICRC's enquiries have also extended to the material situation of the many orphanages where a large number of orphans were abandoned or gathered. It will supply National Societies, on request, with detailed information on the nature and scope of the assistance required by these very deserving institutions.

6. Disabled

In 1965, civilian disabled were left to fend for themselves; now, on ICRC initiative and thanks to the joint action of the South Vietnam authorities and the " World Rehabilitation Fund ", which supplies artificial limbs, a programme of assistance is under way. The disabled reception centre, previously on the premises of the Vietnam Red Cross, has been transferred to hutments made available by the British organization " War-on-Want "; these hutments are erected on land provided by the Republic of Vietnam Red Cross Society. The American National Red Cross has supplied some 50 beds. This centre operates under the guidance of a nurse sent out by the Swiss Red Cross Society as a member of the ICRC delegation. The ICRC has devoted the balance of cash contribu-

tions from National Societies to the maintenance of these disabled patients while they are in the reception centre and to the acquisition of equipment for re-education and re-adaptation therapy.

With assistance from the "World Rehabilitation Fund", the government plans to set up other artificial limb workshops in the provinces; in due course the ICRC, for its part, will study the possibility of opening other reception centres, similar to the one in Saigon.

IV. TERRITORY CONTROLLED BY THE NLF

1. Offers of assistance and contacts

The ICRC's offers of assistance to the NLF, through its representatives in Eastern Europe (Prague and Moscow) and in Algiers, have elicited no response. Similarly, the offer made in December 1965 to send a medical team to tend the wounded and the sick has been ignored.

On the other hand, ICRC representatives were able on several occasions to interview the Moscow and Algeria representatives of the NLF. These contacts were made on and off until the end of 1965 and ceased at the beginning of 1966 by decision of the NLF.

2. Wounded and sick

a) *Despatch of relief.*—The ICRC has sent several consignments of medical supplies to the NLF delegates in Moscow, on the basis of the list of requirements already mentioned in our communication of August 11, 1965. So far, the NLF has neither acknowledged receipt nor sent the distribution reports to donors which it was requested to supply.

On the advice of the Red Cross Society of the DRVN, the ICRC sent subsequent consignments to the NLF delegate in Hanoi. The appendix gives a list of consignments sent so far. These will be continued in so far as the ICRC's means permit.

b) *Destruction of field infirmaries.*—In addition, the ICRC has intervened with the responsible authorities on the subject of the destruction of NLF field infirmaries and stocks of medical supplies uncovered in the course of military operations.

3. Prisoners

All the ICRC's requests for lists of prisoners held by the NLF and for authorization for them to correspond with their families and to receive parcels have been rejected. Yet some of these prisoners are sick and cannot receive the treatment their state of health demands. Parcels of medical supplies have been sent to the Cambodian Red Cross which agreed to keep them until an opportunity occurs to forward them to the NLF. The Central Tracing Agency continues to forward letters, which it receives from prisoners' families, but it is neither able to ask for enquiries to be instituted—despite the existence of a “Red Cross of Liberation of South Vietnam”—nor able to find out whether letters sent reach their addressees.

The ICRC received a protest from the American government against the execution by the NLF of two American prisoners, by way of reprisal for the execution of two Vietnam prisoners held by the South Vietnam government. This protest was forwarded to the NLF which rejected it.

V. CAMBODIA

1. Prisoners

At the request of the government of the Republic of Vietnam, the ICRC approached the Cambodian government on the subject of members of the south Vietnam armed forces taken prisoner in the course of frontier incidents and sentenced to death by Cambodian tribunals. The ICRC requested a stay of execution and communication of a list of these prisoners.

The Cambodian government, for its part, stated that several Khmer frontier guards had been taken into South Vietnam territory and it requested a list of their names. The ICRC obtained this list and sent it to the Khmer authorities and is still pressing for the list of south Vietnamese prisoners.

2. Vietnam refugees

The ICRC's Delegate-General in Asia visited 400 Vietnamese at O-Yadao; these refugees, from the village of Duc-Co, had asked

INTERNATIONAL COMMITTEE

Cambodia for asylum. After being notified of the existence of these refugees by the United Nations High Commissioner for Refugees and by the Khmer government, the ICRC contributed a donation of 15,000 S. fr. to the relief supplies for these refugees, who have now returned to their own country.

3. Victims of frontier incidents

The border between the Republic of Vietnam and Cambodia is frequently the scene of incidents which give rise to civilian and military victims as well as material damage. These victims or their families receive assistance from the "Œuvre nationale d'entraide", an institution presided over by the Head of State. The Cambodian Red Cross has been unable to afford any participation in this assistance programme. Additional relief having proved necessary, the ICRC has just made available the sum of 25,000 S. fr. The use to be made of this credit for the benefit of about one hundred families will be decided jointly by the ICRC Delegate-General in Asia and the Cambodian Red Cross.

VI. LAOS

The increase in military operations and air raids has given rise to a new influx of refugees from the mountainous regions to the Mekong valley.

Their number is estimated at 20,000. The government in Vientiane and USAID have planned a large-scale resettlement programme for these refugees.

The Laotian Red Cross also hopes to be able to assist them. The ICRC Delegate-General, who went to the affected area, has therefore been instructed to make available to the Laotian Red Cross Society the relief material bought with the balance of contributions provided the ICRC by National Red Cross Societies for the previous action in favour of displaced persons in Laos, i.e. 38,000 S. fr.

*

**STATEMENT OF DONATIONS ENTRUSTED TO THE
INTERNATIONAL COMMITTEE OF THE RED CROSS
AND OF DISTRIBUTIONS EFFECTED BY JULY 31, 1966**

On December 31, 1965, the International Committee of the Red Cross sent all National Red Cross (Red Crescent, Red Lion and Sun) Societies a statement giving a full account of material assistance to the victims of the war in Vietnam.

The Committee has considered it expedient, for the information of donor Societies, to bring this account up to date.

I. Donations received

1. Cash Donations received in Geneva since the Inception of the Relief Action

A. Red Cross Societies	Swiss francs	
Australia	7,284.—	
Canada	83,000.—	
Denmark	79,396.—	
Ethiopia	3,450.—	
Finland	10,000.—	
France	880.—	
Great-Britain	46,329.—	
Ireland	6,028.—	
Japan	20,147.—	
Korea, South	864.—	
Lebanon	200.—	
Liechtenstein	500.—	
Monaco	1,759.—	
Netherlands	63,236.—	
New Zealand	2,369.—	
Norway	32,528.—	
Switzerland	10,000.—	
Thailand	1,656.—	
	<hr/>	369,626.—

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B. Governments

Switzerland	50,000.—	
Denmark	46,800.—	96,800.—

C. Committees for Assistance to Vietnam

Swiss francs

Finland	16,196.—	
Norway	3,261.—	
Norway (town of Skien)	3,619.—	23,076.—

D. Individuals and Private organizations

18,096.—

18,096.—

Total contributions

507,598.—

This list does not include two contributions received before the appeal, namely

— from the British Red Cross Society	12,000.—
— from the New Zealand Red Cross Society	3,677.—

2. Donations in Kind

SOUTH VIETNAM

(consignments sent direct to the delegation of the International Committee of the Red Cross in Saigon or to the Vietnam Red Cross Society, in Saigon)

		<i>Value</i>
Australian Red Cross Society	towels	200.— A.£
Swedish Red Cross Society	blankets, clothing and under-clothing	50,000.— Crowns
Swedish International Development Authority	medical supplies for Hué hospital	50,000.— Crowns
Finnish Red Cross Society	blankets	5,000.— Sw. Frs.
Indian Red Cross Society	material	2,500.— Rs.
Canadian Red Cross Society	clothing	10,749.— \$
French Red Cross Society	medical supplies	1,000.— Fr. Frs.
Norwegian Red Cross Society (Norwegian National Subscription)	sweetened condensed milk	30,000.— Sw. Frs.

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		<i>Value</i>
Netherlands Red Cross Society	blood plasma, medicaments, dressing material	46,000.— Fl.
Japanese Red Cross Society	medical supplies	1,000.— Sw. Frs.
Australian Red Cross Society	woollens	220.— A. £
German Red Cross Society (Berliner Zeitungs-leser Verband)	medical supplies	360,000.— D. M.
Netherlands Red Cross Society	medical supplies, baby foods	15,314.— Fl.
Swiss Government	powdered milk	25,000.— Sw. Frs.
Finnish Red Cross Society (Vietnam Committee)	tonics	6,000.— Sw. Frs.
Swedish Red Cross Society (Vietnam Committee)	anti-malaria drugs	8,500.— Sw. Frs.
I.C.R.C.	cigarettes	20,000.— Sw. Frs.

NORTH VIETNAM

Direct consignments notified to Geneva

Swedish Red Cross Society	antibiotics, surgical instruments	85,000.— Crowns
Swedish Red Cross Society (Vietnam Committee)	anti-malaria drugs (from Hong Kong)	8,500.— Sw. Frs.
Swiss Red Cross Society Swiss Government	blood plasma and substitutes, medical supplies	60,000.— Sw. Frs.
Yugoslav Red Cross Society		
Polish Red Cross Society "Centrale Sanitaire Suisse"	blood plasma and medical supplies	13,800,000.— Din.
	food and clothing	not stated
	surgical kits	40,000.— Sw. Frs.

SOUTH VIETNAM (NATIONAL LIBERATION FRONT)

a) *Consignments via Geneva to the NLF representative in Moscow*

Swedish Red Cross Society	medical supplies and dressings	50,000.— Crowns
Finnish Red Cross Society and Committee for Vietnam	dressing material, tonics	7,350.— Sw. Frs.
Indian Red Cross Society	medical supplies	2,500.— Rs.

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b) *Consignments direct to the NLF representative in Moscow*

	<i>Value</i>
Norwegian Red Cross Society (Norwegian National Subscription) antibiotics	60,000.— Sw. Frs.
Swedish Red Cross Society (Vietnam Committee) anti-malaria drugs	50,000.— Sw. Frs.

II. Use made of donations

a) SOUTH VIETNAM

The sum of 239,000 Swiss francs was allocated to relief action in South Vietnam in accordance with wishes expressed by donors. These funds, increased by a 50,000 francs donation from the ICRC out of its own funds were transferred to Saigon. The ICRC's delegates used this money for the purchase of rice, except for an amount of 100,000 Swiss francs to cover the yearly expenditure of the Red Cross Centre for the disabled in Saigon.

From October 22, 1965, to March 26, 1966, 10,430 refugee families in the central regions of Vietnam (Thua-Thien, Da Nang, Quang-Nam, Quang-Fin, Quang-Ngai, Qui-Nhon) received Red Cross assistance. Apart from rice (5 kilos per family), donations in kind (condensed milk, baby food, blankets, straw matting, material and clothing) were distributed by the Vietnam Red Cross Society in the presence of ICRC delegates.

The medical supplies were delivered to hospital establishments in accordance with the urgency of the needs observed by the ICRC delegates. These distributions are continuing and a final report will be sent to donors in due course. An enquiry is at present under-way in order the better to assess the medical supply and dressing material needs most seriously felt in the provincial hospitals, children's homes and isolated missions in the bush.

b) NORTH VIETNAM

At the request of the donor Societies, funds from the Swedish and Japanese Red Cross Societies (Crowns 50,000.— and Swiss francs 10,000.— respectively) were remitted to the Red Cross

Society of the DRVN in Hanoi. In addition, the ICRC remitted to this Society a sum of Swiss francs 50,000.— appropriated from its own relief fund. Funds received in Geneva have been used for the dispatch of relief to Hanoi.

The first consignment of Stabicilline, Chloramidina and dressing material against burns was dispatched on October 8, 1965, via Bangkok-Rangoon-Peking. Its value was Swiss francs 8,300.—.

The second consignment, valued at Swiss francs 7,000.—, was dispatched on February 22, 1966. This comprised Chloramidina, Achromycine, Stabicilline, Madribon and dressing material; it was forwarded by the same route as the previous consignment.

The third, a larger consignment, contained relief goods purchased by the ICRC, blood plasma provided by the Swiss Red Cross Society, a donation from the “Centrale Sanitaire Suisse”, and parcels for prisoners of war detained in the DRVN. The medical supplies consisted of: Madribon, Fenoxypen, Nivaquine, Chloramphenicol and Tetracycline. The total value of the consignment was 115,000 Swiss francs. Thanks to the negotiations conducted by the “Centrale Sanitaire Suisse” with the Embassies concerned, free transport was allowed on the Geneva-Moscow-Peking-Hanoi flight.

The Red Cross Society of the DRVN in Hanoi acknowledged receipt of all these consignments. On the other hand, it has not given any account, so far, of how this material has been used.

A fourth consignment is now being prepared. It includes blood plasma and medical supplies provided by the Swiss Red Cross Society, the Swiss Government and the “Centrale Sanitaire Suisse”.

The ICRC has suggested to the Red Cross Society of the DRVN in Hanoi that the funds still available in Geneva (about 50,000 Swiss francs) be used for the purchase of a dry battery X-Ray apparatus.

c) TERRITORY CONTROLLED BY THE NLF

Various relief supplies, provided by the Swedish, Indian and Finnish Red Cross Societies and the Finnish Committee for Aid to Vietnam, as well as medical supplies purchased in Geneva on behalf of the Danish Red Cross Society, were forwarded by the ICRC to the NLF representative in Moscow, Mr. Nguyen van Dong. However, the latter wrote to the ICRC on January 5, 1966, that

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“ the permanent NLF representative in Moscow was only authorized to have direct contact with donors, an intermediary being therefore unnecessary ”.

The ICRC lent its assistance for the despatch by sea of surgical kits and instruments provided by the “ Centrale Sanitaire Suisse ” and other individual donors. The 40,000 Swiss franc consignment, addressed to Machinoimport in Haiphong, duly arrived at its destination.

However, no acknowledgement of receipt or report on the use made of these consignments has so far been received in Geneva.

A further consignment has just left Geneva for the Hanoi representative of the NLF, to the address communicated to the ICRC by the Red Cross Society of the Democratic Republic of Vietnam. It consists of plastic syringes, Chloramidine, Nivaquine, Mexoforme and dressings to a value of 35,000 Swiss francs.

*EXTERNAL ACTIVITIES***Angola**

During his mission in various regions of Angola, Mr. Georg Hoffmann, International Committee of the Red Cross delegate-general for Africa, has visited various detention centres in which people are interned by reason of the events of the last few years. Accompanied by the President of the Portuguese Red Cross delegation in Luanda, Dr. Armando Cardeso de Albuquerque, he was received by the Governor General of Angola, Colonel Silvino Silverio Marques, who gave him the necessary support for the accomplishment of his mission.

The ICRC delegate went to Luanda, Serpa Pinto, Sao Nicolau, and Moçamedes. He visited an internment camp, a prison and the penitentiary division of a hospital.

West Africa

The ICRC, anxious to spread knowledge of the Red Cross principles and particularly of the Geneva Conventions, at all levels, has undertaken a large-scale campaign to disseminate information on the subject in West Africa.

In a number of States where the National Red Cross Societies are young and sometimes inadequately supported, there is a keenly felt need to make known the organization and even the emblem of our movement, not only among urban but also rural communities. Experience has shown that implementation of the Conventions in time of war requires the support of the entire population. Consequently, the ICRC entrusted to one of its delegates, Mr. Laurent Marti, the mission of proposing to the Governments of eleven West African countries the introduction in primary school curricula of instruction on the Red Cross, based on a text book of which he submitted them copies.

This proposal was favourably received by the governments consulted and the ICRC is now undertaking to constitute a fund to finance the despatch of the teaching material necessary for this campaign, which could subsequently extend to the whole of Africa.

Cuba

For some years past the Central Tracing Agency in Geneva has been receiving frequent requests from Cuban families in exile for news of relatives in Cuba. These requests generally concern people being prosecuted or having been sentenced for subversion.

The ICRC has already forwarded several hundred such requests to the Cuban Red Cross. The latter's replies to Geneva are generally brief but have the merit of bringing a little comfort to the families concerned. The Cuban Red Cross has just confirmed to the ICRC its intention to continue this co-operation.

It also happens that families request the ICRC to forward medicines to their members detained in Cuba. However, the Cuban Red Cross has stated it is unable to transmit such relief and that ailing detainees receive satisfactory care, often from doctors who are themselves interned. The necessary medicines are supplied by the penitentiary administration.

The Cuban Red Cross has stated that it is not competent to examine cases of families wishing to emigrate following on the relaxation of restrictions last year. It has requested such families to apply direct to the Ministry of the Interior in Havana.

The President of the ICRC in the USSR, German Democratic Republic and Hungary

Leaving Geneva on June 6, 1966, Mr. Samuel A. Gonard undertook a journey which led him to three countries from which he returned at the end of that month. He was accompanied by Mrs. Gonard and in the USSR by Mr. P. Basset, Head of Administration at the ICRC, in the German Democratic Republic by Mr. H. G. Beckh, delegate and in Hungary by Mr. M. Martin, delegate. He was everywhere warmly welcomed and he was impressed by the energy and variety of the work of the Red Cross and Red Crescent.

USSR. — The ICRC President went first of all to Moscow where he was received by Mr. Miterev, President of the Alliance of Red Cross and Red Crescent Societies, as well as by members of the Praesidium.



In the **USSR**, the President of the ICRC addressing a group of active members of the Red Cross of the Moscow area...

... and in **Hungary**, he attends a first-aid exercise by Red Cross Juniors.





Singapore Seminar: Mr. Fok Fook Choon, President of the Red Cross, welcoming participants.

Rabat Seminar: A working session.



The Society's practical tasks were made known to him and these cover three aspects in particular : 1) instruction to the population in the rudiments of hygiene ; 2) training of first-aiders ; 3) recruiting of blood donors.

The *International Review* published an article in this year's March issue on the Alliance's activity. It should be recalled that this Society at present numbers some 62 million members of whom 18 million are juniors, and that there are in the USSR 425,000 « basic organizations », that is to say Red Cross and Red Crescent cells in factories, and in labour and teaching centres. Two examples of these were shown to the President of the ICRC in Moscow when he visited the University and an industrial enterprise.

At the University he saw the Red Cross branch which counts several thousand members amongst the professorial staff and the students. He then visited a factory employing 60,000 workers and watched some of the more important " basic organizations " at work. These number 30,000 paying members, 5000 activists and tens of thousands of blood donors. Each workshop possesses first-aid equipment at the disposal of a team of four first-aiders who have had an instruction course of 20 hours given by the doctors of the factory's polyclinic. Furthermore, an office is reserved in each building for a medical detachment of 23 first-aiders who themselves have attended a preparatory course of 35 hours.

Mr. Gonard also went to Leningrad where he was welcomed by the President and members of the Red Cross Committee and visited the Centre for medical education and a blood collecting centre. Before returning to Moscow, he had an interview with the President of the Supreme Soviet of Leningrad.

The Alliance then invited him to Tadzhikistan. In Dushanbe, the Republic's capital, he was welcomed by the President of the Red Crescent and met the Deputy Minister of Health.

Visits had been arranged to various enterprises such as a textile factory, a kolkhoze and a yard for the construction of a dam. Teams of Red Crescent first-aiders are everywhere ready to give aid, supplied with the necessary equipment. In a children's village Mr. Gonard observed how seriously the young members of the Red Crescent took their turn at medical posts.

The following figures prove moreover how enthusiastically all serve our common ideal. In this republic of 2,500,000 inhabitants, more than 700,000 are members of the Red Crescent, of whom 146,000 juniors distributed in 3,300 « basic organizations ».

On return to Moscow, Mr. Gonard was received by one of the Vice-Presidents of the Praesidium.

He spoke at a meeting at the Alliance's headquarters to active members of the Red Cross of the Moscow area.¹

German Democratic Republic. — Welcomed by Dr. W. Ludwig, President of the National Society, Mr. Gonard visited East Berlin, Dresden and Leipzig, then Berlin again where he spoke with the Chairman of the Council of State and with the Minister of Foreign Affairs of the German Democratic Republic.

Wherever he stopped, the President of the ICRC had the opportunity of meeting leading personalities of the German Red Cross which, by the number of its members and the diversity of its humanitarian work, plays an important rôle in the country. This Mr. Gonard was able to observe in different circumstances during his stay.

At Rathen, a mountainous region popular with climbers, he visited a mountain rescue section. Treatment is given there at all times to the victims of accidents and 39 similar first-aid posts exist throughout the country.

In East Berlin, he saw a first-aid centre which is in permanent radio communication with 150 ambulances which it possesses, then the Emergency Service which, with ambulances of various types at its disposal, decides the one most suitable to be chosen on an emergency call. Then, in the same town he was shown the life-saving service, installed along the lakes and canals with its 28 watercraft bearing the red cross sign.

We would also mention that Mr. Gonard gave a lecture in Dresden on the present activities of the ICRC and that in Leipzig he met the leading members of a committee of professors and students of the University who have undertaken to publicise, under the aegis of the Red Cross, elements of hygiene and to co-operate in disseminating the Geneva Conventions.

¹ *Plate.* In Moscow, the President of the ICRC speaking to active members of the Red Cross.

Hungary. — On his arrival in Budapest, Mr. Gonard was met by the President of the Hungarian Red Cross, Dr. Gegesi Kiss, as well as several leading personalities of the National Society. A working session took place during which various questions of common interest were raised.

It should be mentioned that Mr. Gonard had a meeting during his stay in Budapest with the Hungarian Prime Minister and with the Minister of Health and the Deputy Minister of Foreign Affairs.

Several visits were arranged to enable the ICRC President to see some of the practical work of the Hungarian Red Cross. He thus visited the National Society's first-aid posts and watched an excellent demonstration by young first-aiders on Lake Balaton.¹ In Budapest, he saw an emergency post to give aid in ski accidents and a post on a beach on the Danube, where Red Cross volunteers, doctors and first-aiders are in a permanent state of readiness. Another important activity is blood collection. This is carried out in liaison with the Ministry of Health, by the National Society which, through its local branches, does publicity work and recruits blood donors.

The President of the ICRC was also able to visit an institute near Budapest. Orphans and children whose parents are unable to look after them are settled in a large building, where the Hungarian Red Cross has set up a well-ordered clinic comprising a paediatrist, a dentist and nurses. This is a symbol of Red Cross initiative in all spheres of humanitarian work.

¹ *Plate.* Mr. Gonard at an exercise by young first-aiders of the Hungarian Red Cross.

INTERNATIONAL RED CROSS

SOUTH EAST ASIA DISASTER RELIEF SEMINAR

One of the unfortunate areas of the world, where disasters strike almost relentlessly, is the South East Asian region—not less than 60 international appeals having been launched for the period 1946-1966. The magnitude of the disasters has invariably caused untold hardships to the local population and has, by the same token, given the Red Cross Societies in this area added responsibilities. These frequent challenges reflect the difficult situation in which the National Societies find themselves, and the solution of this problem lies in enhanced regional and international co-operation, far-sighted planning and the training of leaders. This was recognised at the first regional Seminar organised under the Red Cross Development Programme in Sydney in May-June 1964, and it was then felt that a technical seminar on the subject of Disaster Relief, most important to the Societies in this region, should be held in the near future. The Board of Governors meetings at Vienna, in the autumn of 1965, confirmed this need and accepted the offer of the Singapore Red Cross Society to be host.

The Seminar was held in Singapore from the 2nd to the 9th May 1966 and was attended by delegates from the National Societies in the following countries—Australia, Ceylon, India, Japan, Republic of Korea, Laos, Malaysia, New Zealand, Philippines, Singapore, Thailand and the Republic of Vietnam, together with observers from the following National Societies—British, Laotian, Malaysian, Singapore and Swedish.¹

The objectives for this Seminar were as follows:

To further develop and strengthen the National Societies in the South East Asian area through—

- a) The mutual exchange of practical experiences and programmes in the specific field of disaster relief ;

¹ *Plate* : Singapore Seminar. Mr. Fok Fook Choon greeting participants.

- b) The consideration of the special needs and problems of the National Societies in this regard ;
- c) The examination of pre-disaster planning possibilities for the benefit of the National Societies ; and
- d) The development of relationships between the League and the National Societies.

The South East Asia Disaster Relief Seminar, the first of its nature, was declared open by the President of the Republic of Singapore, Inche Yusof bin Ishak, Patron of the Singapore Red Cross Society. In his opening remarks the President said : " Very often a disaster strikes with little or no warning and plans for disaster relief must be made in advance. While the welfare of the people affected by disaster is the immediate concern of the Government of the country where the disaster has occurred, the Red Cross has a very important role to play in providing emergency assistance with the basic necessities of life on the basis of the greatest help to the greatest need. By its principles, chief among which are the principles of neutrality, impartiality and universality, the Red Cross is eminently suited to play this role."

The need and value of such a Seminar was stressed by the Acting Minister for Health, the Honorable Mr. Jek Yuen Thong, who stated that " This programme to bring together representatives of nations from this region to discuss this all important subject so necessary in this part of the world is indeed an excellent one and the Development Programme of the League of Red Cross Societies is to be congratulated for organising this Seminar on a regional basis."

Finally, Mr. H. Mathiesen, Chairman of the Seminar, expressed his thanks and on behalf of Mr. H. Beer, Secretary-General of the League, stressed the constant development of the Red Cross movement, its training of nursing personnel and the effectiveness of its relief actions. " Since the League started its work, it and the National Societies have been planning, co-ordinating and executing development programmes. . . Every Society is in need of development aid, but some more than others."

The programme of the Seminar covered the various aspects of Disaster Relief and each subject was presented by a represen-

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tative of the various delegations present. The subjects discussed were :

*Responsibility of Red Cross in Disaster Relief*¹
Basic Principles of Red Cross in Disaster Relief
Survey of Needs
Feeding, Shelter and Clothing
Medical and Nursing Care and Welfare
Public and Human Relations
Development of Volunteer Activities relating to Disaster
Communications and Transportation
Pre-Disaster Planning
Coordination with Government and other Organisations
Relief to Victims of Conflict
International Assistance
Asian Disaster Relief Store.

The highlight of the discussions during the whole of the Seminar was the need for adequate pre-disaster planning and the importance of it was discussed in detail and reference to this aspect was made at every session. It was recognised that this should be a joint responsibility of the Government and the Red Cross, in cooperation with all other agencies in a position to assist in time of disaster. Reference was made to the resolutions of the United Nations urging Governments to set up national planning and operating machinery for disaster relief and that it was the duty of the National Red Cross Societies to offer to participate in the creation of a National Disaster Relief Committee, together with the carrying out of subsequent duties involved in disaster relief. The various technical details in disaster pre-planning were thoroughly studied and it was suggested that as a pre-disaster planning measure the League draw up a "vulnerability chart" of disasters in South East

¹ This subject was introduced by Miss Shirley Robertson of the League and the discussion resulted in the following resolution.

RESPONSIBILITY OF RED CROSS IN DISASTER RELIEF

1. Responsibility of National Societies to give assistance to disaster victims in the emergency period should include welfare services.
2. If National Societies desire assistance to help them carry out these responsibilities they should apply through the League Secretary-General to the Development Programme.

Asia, both of national and international magnitude. In sending such information to National Societies an indication should be given by the League of the types of disasters to be anticipated in the various countries and the types of relief most likely to be required so that Societies could be better prepared to help themselves and their neighbours.

In order to assist those National Societies which have not yet developed their pre-disaster planning, it was recommended that the League establish a study group on disaster relief for the South East Asia area, the members of which should be drawn from the Societies in this region and could be made available on loan to other National Societies on request—

- a) to assist in their pre-disaster planning ;
- b) to study and evaluate their pre-disaster plans with the aim in view of strengthening such plans ;
- c) to conduct leadership training courses ;
- d) to help in major relief operations.

Another point that held the interest of the participants was “Relief to Victims of Conflict” following a most informative lecture given by the representative of the International Committee of the Red Cross, Mr A. Durand. The presentation emphasized the part to be played by the National Societies and the need for legal, medical and military personnel to be instructed in detail on the Geneva Conventions and for information of the public on the provisions contained therein.¹ The various responsibilities of National Societies in this regard were also mentioned and discussed as well as specific questions interesting particularly the National Societies in these regions.

¹ A recommendation more especially concerning the ICRC was adopted on the subject.

RELIEF TO VICTIMS OF CONFLICT

It is recommended that—

1. the ICRC establish more regular communication with National Societies on their responsibilities arising from the Geneva Conventions.
2. National Societies study Resolution XXI of the International Conference of the Red Cross held in Vienna in 1965 concerning the implementation and dissemination of the Geneva Conventions and take every possible step to carry out this Resolution.

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The cooperation of National Societies with the Government and other organisations also held interest to the participants and this subject was presented through a panel composed of representatives from the WHO, World Alliance of YMCA, CARE, Catholic Relief Services and Church World Service. The information provided concerning the programme of these organisations was instructive and the desire expressed by all that there should be closer cooperation with the National Societies in the task of helping disaster victims was well received.

The Seminar ended on Monday the 9th May with the adoption of report and recommendations.

Dr. Kingsley SEEVARATNAM

Planning Officer and Desk Officer for Asia,
Development Programme
League of Red Cross Societies

NORTH AFRICAN AND MIDDLE EAST NATIONAL SOCIETY SEMINAR

The first regional seminar for North African and Middle East National Societies was held in Rabat, from May 23 to 28, 1966. This important event was organized jointly by the League of Red Cross Societies and the Moroccan Red Crescent.¹

Twelve National Societies of the Middle East and North Africa took part in this meeting, namely : Algeria, Iran, Iraq, Jordan, Kuwait, the Lebanon, Morocco, Saudi Arabia, Sudan, Syria, Tunisia and Turkey. In addition, four European Red Cross Societies (France, Spain, Sweden, Switzerland) were invited by the Moroccan Red Crescent to send observers. There were also observers present from seven intergovernmental or voluntary societies, notably the WHO and UNICEF.

¹ *Plate* : A working session.

The opening ceremony took place at the Mohamed Theatre in the presence of H.R.H. Princess Lalla Malika, President of the Moroccan Red Crescent, and also of members of the Central Committee, the Government and the Diplomatic Corps. In a message which was read out by Mr. M'Hamed Zeghrari, Deputy Prime Minister, H.M. King Hassan II stressed the need to awaken the conscience of the nations to a common responsibility and also to create new bonds of confidence and comprehension. He paid tribute to this "chivalrous order of compassionate hearts" of National Red Cross, Red Crescent and Red Lion and Sun Societies.

Dr. Hadj Ahmed Elaydouni delivered an address of welcome in which he said: "... The first seminar for North African and Middle East National Societies constitutes in the opinion of the Moroccan Red Crescent, a decisive stage in the fulfilment of its five year plan and it opens to sister Societies which have honoured it by accepting our invitation, a door on the threshold of an era of co-operation which we hope will prove fruitful and beneficial for National Societies as a whole."

Mr. Henrik Beer, Secretary-General of the League, then took the floor. After expressing the League's gratitude to the King of Morocco and the President of the Moroccan Red Crescent, he stated that the organization of the seminar was part of a development programme set afoot by the League.... "To enable National Societies to disseminate in their countries basic knowledge in these fields of activity and to cope with the tasks of primary importance incumbent on them, co-ordination is essential. Perhaps there is no single method suitable for all regions, but an exchange of information, views and experience might elucidate valuable basic principles for co-ordination and collective action when disaster strikes. From co-operation along these lines might emerge policies for the organization of first-aid work, home nursing, health education, and participation of youth in the life and perpetuance of the National Society.

"In addition, this type of international forum at regional level can help to solve special problems by appropriate means, such as the co-ordination of relief services on the occasion of the pilgrimage to Mecca...."

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Finally, Mr. Pierre Gaillard, on behalf of the ICRC, thanked those acting as host to the seminar. He then briefly outlined the ICRC's rôle in the world. "What I would like to stress is that none of the International Committee's various actions could be achieved without the active aid of National Societies. Their assistance is absolutely indispensable, hence the necessity to be ready beforehand for all eventualities. It is only by dint of these preparations that we, National Societies, League and ICRC, will achieve both efficiency and rapidity."

The agenda included several items submitted by most of the Societies taking part in the work of the seminar. We give below a list of these items, each of which after discussion, gave rise to a recommendation :

Structure and organization of a National Society (Morocco).

Pre-disaster relief planning (Syria).

Regional and international assistance in the event of disaster (Syria).

Orientation of the Red Crescent emblem (Tunisia).

Medico-social action during the pilgrimage to Mecca (Jordan).

First-aid (Iraq).

Health education (Turkey).

Junior Red Cross (Algeria).

News in the service of National Societies (Lebanon).

News dissemination in Arabic (Lebanon).

The League, for its part, presented the following two subjects :

Financing of a National Society.

Future prospects.

As is well known, the red crescent emblem is oriented in different ways from one country to another, some countries having the opening of the crescent to the left (Turkey, Tunisia), and others to the right. As this question is one of principle, and undoubtedly not without importance—the determining factor being still the emblem's rôle as a protective sign—we think it will be of interest to give below the text of recommendation VII.

The first seminar of National Red Cross, Red Crescent and Red Lion and Sun Societies of North Africa and the Middle East,

having heard expositions by the Tunisian and Turkish Red Crescent Societies, based on legal, historic and sentimental considerations and stressing the need for unity in the orientation of the crescent,

having also heard the various points of view advanced by a number of delegations on this point,

emphasizes the importance of this problem, both for populations accustomed in each country to seeing the red crescent sign oriented in a specific direction and for the governments which are the custodians of the protective emblem by virtue of the Geneva Conventions, considers that this subject necessitates more thorough study by the parties concerned, the ICRC and the governments,

suggests the question be submitted to one of the League's executive organs with the object of achieving uniformity of orientation of the red crescent in accordance with the wish expressed by Societies taking part in this seminar,

directs the League Secretariat and the ICRC to submit a working document on this subject to the next meeting of the League Executive Committee

The ICRC representative presented two papers, one on *The Rôle of the ICRC and National Societies during conflicts*, the other on *Relief to the Victims of Armed Conflicts*.

Following these expositions, the meeting unanimously adopted two recommendations with a view to stricter application of the Geneva Conventions in the event of conflict and inviting National Societies to give their support to ICRC interventions. Recommendation No. III, which enlarges on decisions reached at the recent Vienna Conference, makes a pressing appeal to the ICRC to continue working for the extension of Red Cross humanitarian assistance to the victims of conflicts which are not of an international character, and it also recommends governments of States parties to the Geneva Conventions, as well as National Societies, to give their support, in their own countries, to the efforts being made to achieve that objective. The same resolution recalls "the need for all National Societies to safeguard, by every means available to them, the humanitarian principles of which they are the custodians and to see that they are applied in the event not only of international war but also of civil war or internal disorder, and wherever men suffer as a result of international or national politics".

Recommendation No. IV concerned in particular material relief for victims of international conflicts and it concluded by inviting

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National Societies to "undertake any action required by circumstances and to support the relief activities undertaken by the ICRC".

In his report on the Junior Red Cross, the Vice-President of the Algerian Red Crescent included a paragraph thanking the ICRC for its rôle during the Algerian conflict and the League for taking over that rôle after the conflict. He stated in particular "for Algeria, the International Red Cross, during the long years of struggle for liberation and for thousands of us who spent years in prison, was synonymous with hope. It extended a generous hand, providing thousands of tons of various goods which undoubtedly saved thousands of our people. For many of us, it was the living symbol of universal friendship, and our generation will certainly not forget it."

In his closing address, the League Secretary-General summed up as follows the problems dealt with and the results achieved at Rabat :

To conclude an event such as this first seminar, we must naturally draw up a report. This is no easy thing and only a provisional account can be formulated. First, delegates have adopted a series of recommendations and resolutions covering all fields of Red Crescent activity. Some of these can be put into immediate effect.

We were particularly interested in the expositions by the delegate of the International Committee of the Red Cross concerning the rôle of National Societies in the event of conflicts and the assistance that they endeavour to provide for the victims. We have assured the ICRC of our support for its great work, so often a thankless task.

We have dealt with questions of National Society structure and finance, stressing particularly the need for good organization based on the real capital of our movement, namely voluntary workers. We have underlined the independent character of the Red Crescent and the Red Cross while stressing the need for co-operation with government authorities for planning and carrying out our work.

We have discussed subjects of special interest to Red Crescent Societies, such as the orientation of the red crescent emblem and the health problems set by the pilgrimage to Mecca¹. In this

¹ This is a problem which is of interest to all the Moslem world. Pilgrims go to the Mecca in increasingly large numbers and meet difficulties in the course of their journey particularly when they travel overland. The gathering

respect the work and preparation by the Government and Red Crescent of Saudi Arabia have been noted with the greatest satisfaction.

We have reached important decisions on the use of Arabic in the League's publications and in our general news programme. With regard to relief in the event of disaster, a tribute has been paid once again to the work of the Red Cross, Red Crescent and Red Lion and Sun. This work is recognized throughout the world by international bodies, particularly by the United Nations.

These decisions, of genuine interest for the future, concluded this seminar. Like that of Singapore, described in the preceding article, it shows the need for ever-more constant co-ordination and mutual consultation among National Societies at the regional level.

AT THE HENRY DUNANT INSTITUTE

With Prof. A. von Albertini presiding, the council of the Henry Dunant Institute met for the second time on July 8, 1966, at the headquarters of the Swiss Red Cross in Berne.

The Institute will be informing National Societies of its future plans and the many various activities it has in mind. A start has already been made in practice.

In addition to its own teaching work, the Institute is also to become a study and research centre. For this it will begin to set up a large bibliographical index which will enable anyone to obtain rapid and complete information on all Red Cross spheres of activity. This is a long-term project and, unique of its kind, it will certainly render most useful service. It will be of help to National Societies in many of their problems. Research workers, becoming more and more numerous, who interest themselves in the Red Cross, will now find in Geneva easily accessible documentation which they are lacking.

After this good start, it will be interesting to see how the Institute develops in the near future.

of pilgrims in large numbers gives rise to medical and health problems which National Societies can contribute to solving. For this reason recommendation No. VIII urges that a study be undertaken on "responsibilities which National Red Crescent Societies could assume in order the better to satisfy pilgrims' collective health and humanitarian needs".

Australia

Under the title "A Library Without Books", the Australian Red Cross publication "Action" (No. 8, 1965) is devoted to the "talking book library" which was founded by the National Society and operates under its auspices with the aid of its members. In view of the originality and usefulness of this scheme, we quote below extracts from the article in question.

According to the Directory of the Library Association of Australia there are, scattered throughout Australia, over 500 Public Reference and Lending Libraries, apart of course from the many Private Libraries which still exist in many places.

These libraries cater for the needs of hundreds of thousands of readers, all of whom have at least one thing in common, a pair of eyes that enable them to read any books they may care to borrow.

There is, however, one library in this country with members in every State of the Commonwealth, not one of whom can see.

Why these blind people are able to read, how they read, and what they read—these things are told in this short article—which is a warm, human-interest story, not known by many.

Formation of the Talking Book Library.—The Australian Red Cross Society conducts a great many Community Services in this country. One of the more unusual of these is the National Red Cross Talking Book Library. This is a lending library service of books, recorded on long-playing records, for Blinded ex-Servicemen and Women in all States of Australia.

Whilst it is true that each State has Talking Book societies, apart from the service provided by Australian Red Cross, it is nevertheless a fact that Red Cross is the only organization that caters exclusively for the reading requirements of blinded ex-Service personnel. Further, it is believed, that of the 106 different countries that belong to the world-wide organization of Red Cross, our Australian Red Cross Society is the only one which provides this service.

Shortly after the Second World War, the Blinded Soldiers' Association of Victoria sent a request to the Headquarters of the Australian Red Cross Society asking that a Talking Book Library be established for blinded ex-Servicemen.

The Repatriation Department agreed to co-operate by supplying the necessary Talking Book machines, or record players, especially designed for independent operation by the blind.

The Postmaster-General's Department also agreed to assist by undertaking to deliver the "books" free of charge throughout Australia, a service which it has rendered for the past 15 years. For those "readers" who live in the vast outback of Australia, the arrival of the postman with his precious parcel of records is always a highlight.

"Books" for all Tastes.—Although the range of "books" available from the Red Cross Talking Book Library is not as wide as one may expect to find in most Lending Libraries, there is nevertheless a large number of classifications from which the "readers" may choose. At present there are 1,270 different titles in the Library, with new "books" being added nearly every week . . .

"Readers" may select from the Library Catalogue, which includes Mysteries, Fiction, Historical, Westerns, Biographies and Autobiographies, Travel, Short Stories. The Library covers the range of both fiction and non-fiction.

Over a period of years it has become evident that the "books" with the most popular appeal are good Adventure stories and Travel "books". Good Mysteries and Westerns are also popular.

It doesn't take long for a new "reader" to learn how to use the machine, and for his convenience all titles on the recordings are in Braille.

Production.—Of interest to the technically minded is the fact that the records are played at either 24 or 33 revolutions per minute. Not many have been actually produced in Australia; the main sources of supply are the Nuffield Library for the Blind in England, the American Printing House for the Blind in Louisville, Kentucky, and the American Foundation for the Blind in New York, U.S.A.

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In England many well known B.B.C. announcers give their time willingly, in an honorary capacity, to record these "books".

Although at present the "books" are recorded on 12 inch discs, the general trend in other similar Talking Book Libraries is towards using tape recordings for this purpose, and it is anticipated that ultimately all "Talking Book" equipment will be converted to tapes and play-back machines.

In the meantime, however, the Australian Red Cross Society will continue to use discs, and the task of sorting, cleaning, filing and despatching is one of extreme importance. The Australian Red Cross Society has always been fortunate in the vast army of dedicated women who voluntarily give their services to assist the Society in its many functions, and the Talking Book Library is no exception. A team of voluntary workers comes into the National Headquarters in Melbourne each day of the week to clean and sort the "books". Each "book" is numbered, and stamped with the Red Cross symbol on the cover, and the staff at Headquarters select and pack the "books", which are despatched in special containers which take up to 13 records.

Readers have their say.—It is always a source of encouragement, and often amusement, to the voluntary helpers and the staff in the Library, to read the warm and personal little notes that the "readers" frequently enclose with the "books" when they are returned.

Despite their disability, many of the 187 blinded ex-Servicemen, who borrow these "books", have learnt to type! In fact "Touch Typing in Ten Lessons" is one of the books in this library which is frequently requested. Those "readers" who haven't learnt to type, get their wife or a friend to write to the Director of the Talking Book Library, who has, because of this correspondence over a period of many years, come to know a great deal about each of her 187 borrowers.

Many of these "boys", as the Director calls them, are now over 60 or 70 years of age; in fact, quite a few are in their eighties and nineties.

One such is 92 years of age and living now in the Victorian country town of Casterton. He found much to interest him in

T. E. Lawrence's "book" "Revolt in the Desert", which he borrowed last month from the Talking Book Library, for he served with Lawrence in the Secret Service in Arabia during the First World War.

Another member of the Library with an interesting background served for 20 years as a mounted police officer in the Northern Territory.

As a result of his action in rescuing wounded civilians during the first air raid on Darwin, he lost his sight, and subsequently turned to writing as a career.

His long experience in the Northern Territory has made him an acknowledged authority on the Australian aborigines.

He now lives in Birkalla, South Australia, and, although he will be 70 this year, he is still "reading" and writing. Two more of his books dealing with life in the inland of Australia are to be published later this year.

It could well be that one of his books will at some time in the future be recorded for inclusion in the Talking Book Library.

The longest "book" in the Library is the well-known novel "Gone With the Wind". It consists of no less than 72 separate recordings. A "reader" who was a veteran of the First World War requested this book last Christmas to "read" over the holiday period. A few days later a reply-paid telegram was received at Red Cross Headquarters asking permission to keep the 72 records. This reader had enjoyed it so much he wanted to commence again immediately and replay the 72 records.

Still another "reader", this time from Western Australia, was so pleased with the first parcel of "books" sent to him that he re-read every one three times before returning them to the Library.

This Library is unique.—Time is catching up with some of the veterans of the First World War, and many of them are only now losing their sight and therefore being accepted as readers in this unique Library, so that although some members pass away each year, the actual number of "readers" enrolled remains fairly constant.

Unlike other normal libraries, this is one Library that seldom loses a book. True it is that occasional breakages are inevitable, but "readers" treat their books with as much care as the voluntary

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helpers and Library staff at Red Cross Headquarters. In fact, during the 15 years this Library has been in existence, very few "books" have been mislaid.

The Australian Red Cross Society is proud of this achievement; just as it is honoured and privileged to provide this invaluable amenity to so many blinded ex-Servicemen.

Luxemburg

It is known that the Luxemburg Red Cross is particularly active in its work for children. The French Red Cross review Vie et Bonté (No. 165) which describes how six different countries are working under the same emblem has published the following account of this activity.

Since the end of the First World War, the Luxemburg Red Cross devoted part of its work to health and welfare problems of children. On the initiative of the Red Cross the first modern maternity home in the country was built in 1932 near the capital. It has since been taken over by the State whilst the Red Cross has extended its activity on behalf of children especially in the medico-social sphere.

Assistance to infants. — Thanks to courses in puericulture given by the Luxemburg Red Cross, future mothers are made familiar, before the birth of their children, with problems raised by the hygiene and health of infants. These courses which are organized in the remotest districts arouse considerable interest and render valuable service in filling a gap in the education of the young women of Luxemburg.

Whilst giving theoretical preparation to future mothers, the Red Cross also gives help to infants. For the latter it maintains no less than 37 dispensaries, a high figure considering the smallness of the country. About half the new-born babies in Luxemburg are registered in these dispensaries where the mothers, who regularly submit their infants to medical inspection, receive advice in feeding them and generally in all problems raised in rearing them. It should

however be mentioned that medical allowances are excluded from the services provided by the dispensaries of the Luxemburg Red Cross. Results obtained by the Red Cross in assistance to infants are encouraging. Mortality amongst infants registered at dispensaries does not reach one tenth of the rate recorded for other infants. To give an idea of the work undertaken by these dispensaries, we would quote the case of one of the visiting Red Cross nurses who in the Canton of R edange is in charge of a mobile dispensary. Last year she had 126 infants in her care and paid 591 visits to the homes of young mothers.

In the same Canton a modern cr eche has been in operation since 1961 which takes in babies whose mothers are unable to look after them for social or health reasons. Of the 30 beds in this institution an average of 80 per cent are occupied.

Infants who remain separated from their parents after they are two years old are taken in charge by the family placing service of the Red Cross. This Service looks for the most suitable foster-parents for the child, defrays its living expenses, makes clothing and school kits available and continues to supervise its development.

Aid to children at school. — Since 1949, the year in which a school medical service was introduced into the Grand Duchy of Luxemburg, the Red Cross has constantly given its co-operation in the medical supervision of the school population. It places at the disposal of the Ministry of Health and of the communes, its 30 visiting nurses for medical examinations at schools, X-ray tests and for long-term surveillance of disabilities discovered on inspection, which all pupils of primary schools have to undergo from time to time. Many communes have available, in addition to a general practitioner, a school dentist and some also an oculist. These examinations have had the effect, as shown by statistics, of a distinct decrease in cases of scoliosis, to mention only one example.

Whilst the Red Cross is carrying out work on behalf of the school population as a whole, the Colnet d'Huart Foundation at Bertrange only takes in children of school age in need of a rest cure. This home, installed in a property on the outskirts of the capital gives medical and hygiene care as well as a healthy and balanced diet. Primary education is given in this home which also possesses a specialized

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section for the treatment of poliomyelitis where children are cared for and who are suffering from the results of this illness and cannot be looked after by their families. This polio station ensures daily massage and places at their disposal, amongst other things, a rehabilitation room and radiotherapy appliances.

For the past few years, the Luxemburg Red Cross has also been running a school holiday-home, the Edmond Muller-Tesch Foundation at Berg-Betzdorf. Every year hundreds of schoolchildren from the industrial communes south of the capital spend a week there with their teachers to breathe pure country air and become acquainted with rural life.

Holiday-homes. — The Red Cross produces the “*Revue de la Jeunesse*”, a periodical highly popular with the children. It is edited by teachers and professors, although young readers can contribute by submitting essays and drawings or by taking part in competitions arranged for them. The editorial team concentrates on giving children standards of hygiene and publishes for that purpose a sort of serial entitled “*Your health*”.

The Junior Red Cross is also active amongst adolescents, in order to interest them in Henry Dunant's ideas. Each secondary school in the country has its Junior Red Cross section, whose members keenly train themselves in first-aid technique, exchange correspondence with children of their own age all over the world, take part in international camps of the Junior Red Cross during the holidays and act as voluntary helpers in holiday-homes for flag days or other Red Cross activities.

The Junior Red Cross is a nursery from which the organization recruits those whom it needs to ensure its permanence and to spread the Red Cross ideal.

To sum up, the Luxemburg Red Cross takes over from the community a certain number of serious obligations it has to the young. Thanks to its efficient organization of work it enjoys the support and sympathy of the whole population and the government.

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

THE AUXILIARY NURSE

Basing itself on material available to it at the end of 1965, the World Health Organization has produced a survey of comparative health legislation in connection with auxiliary nursing personnel. This has now appeared in the International Digest of Health Legislation¹ and whilst its purpose is not to give an account of legislation in all countries, it enables conclusions to be drawn from certain general tendencies.

We know that the Red Cross is concerned in the training and status of nurses on a world-wide scale and that in this connection it has close contact with the International Council of Nursing. Now, as regards auxiliary nurses a certain confusion exists at present. Divergence of views can be explained no doubt not only by the variety of terms used to designate this profession, but also by the different concepts of the rôle and functions the auxiliary nurse is expected to assume.

We have therefore thought it to be of interest to reproduce the introduction of the above-mentioned survey which is followed by a study of legislative texts established in thirteen countries and teaching programmes for auxiliary nurses.

In certain countries, the training of nursing auxiliaries is at such a level that the dividing line between their duties and those of fully qualified nurses has become difficult to draw; provision is even made, in certain countries, for the nursing auxiliary to acquire the title of qualified nurse. In other countries, on the other hand, the training prescribed is not sufficient to make it possible for greater responsibilities to be given to nursing auxiliaries.

¹ WHO, Geneva, vol. 17, N° 2, 1966.

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As long ago as 1953, the report on the Working Conference on Nursing Education noted that "with economic and social development, there is a trend towards increased hospital facilities, thus creating more demand for skilled nursing". This demand is such that it is often no longer possible "to support a service, either in institutions or in the home, undertaken mainly by the nurse... This means that certain functions of nursing care will again be undertaken by the family and the auxiliary worker, this time at a higher level of competence."

The demand made on the services of nursing auxiliaries has increased to such an extent that Brown¹ has stated that the whole character of the nursing profession has been changed, nurses now carrying out only those procedures which require a high degree of skill and judgment. It has been necessary, therefore, in a number of countries, to recruit large numbers of unqualified persons in order to carry out certain essential duties in hospitals. Brown also stated, in this connexion, in 1961, that the National Association for Practical Nurse Education and Service had devised a programme of study whereby it hoped that instruction could be given to at least a proportion of the approximately 200,000 untrained practical nurses employed in the USA.

In a number of countries, at the present time, the profession of nursing auxiliary is governed by legislation, but in most cases this legislation is fairly recent, having been promulgated during the course of the last ten years. The legislation of the following countries will be studied in this survey, the dates given in parenthesis after each country referring to the most important items of legislation: Australia (South Australia) (1962), Belgium (1957), Brazil (1961), Canada (1947-1962), France (1956), Japan (1948), New Zealand (1945), Peru (1958), Poland (1961, 1963), Sierra Leone (1955, 1959), South Africa (1963), Switzerland (Canton of Vaud) (1963), United Kingdom (1943, 1961 and 1964).

The terms used in the legislation to designate nursing auxiliaries vary quite widely from one country to another, and are a possible source of confusion. It may be noted that, in some countries, a

¹ Brown, E. L. (1961) in: *Aspects of Public Health Nursing*, Geneva, WHO (Publ. Hlth Pap., No. 4), p. 9.

certain development in the terminology has taken place. Thus, in Belgium, the old name of "sick-nurse" [garde-malade] has been replaced by that of "hospital attendant" [hospitalière], while in the United Kingdom, "assistant nurses" became "enrolled nurses" in 1961. In other countries, the nursing auxiliary is called an "auxiliary nurse" (South Africa), a "nurse aide" (South Australia), "auxiliar de enfermagem", "enfermeiro prático" or "prático de enfermagem", according to the qualifications possessed (Brazil), "nursing aide", "licensed practical nurse", "nursing assistant" or "registered nursing assistant" (Canada), "aide-soignante" (France), "licensed practical nurse" (USA), "nursing aid" (New Zealand), "auxiliar de enfermería" (Peru), "nursing assistant" (Sierra Leone) and "aide-soignante" or "aide-hospitalière", according to the training received (Switzerland, Vaud). It will be realized that the terms given here refer only to auxiliary nursing staff as such; in certain countries, provision is also made in the legislation for various classes of specialized nursing auxiliaries especially in the fields of psychiatry and paediatrics.

Definitions are given in the legislation of certain countries as to the character of the profession of nursing auxiliary, or concerning the duties which such personnel may be assigned and the procedures which they may carry out. In Canada, for example, the legal definition in the Province of Prince Edward Island lays down that a "nursing assistant" is a person trained to care for certain types of patient among those who are convalescent, or sub-acutely or chronically ill. She assists the professional nurse in a team relationship in the care of those more acutely ill. She may be employed both in institutions and in private homes. It is also laid down in a general way in this definition that a nursing assistant may work only under the direct orders of a physician or the supervision of a registered nurse. The legislation of the Province of Manitoba is even more explicit in character, giving not only a definition of the term "practical nurse", but also stating that she may carry out the duties which she has been trained to perform in mild types of illness, chronic illness not requiring the services of a registered nurse, before and after childbirth, in the absence of complications, etc. It is laid down that, if so required by the physician, these duties must be performed under the supervision of a registered nurse.

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The most detailed enumeration of the procedures which nursing auxiliaries may perform is given in an Instruction promulgated in Poland in 1961. Apart from the list of normal nursing procedures involved in the care of patients, this Instruction also lists the various activities for which they may be responsible in the fields of aseptic and antiseptic measures, diagnostic procedures and the administration of medicaments and medical procedures. The last-named include subcutaneous and intramuscular injections, the application of dressings, administration of enemas, etc. In Switzerland (Vaud), it is laid down that a nursing aide has the duty of caring for chronic patients, in institutions for such patients, under the instructions of a qualified nurse. She may also look after, independently, adults and children needing assistance other than nursing care, for example, in old-age homes, convalescent homes, etc., and assist qualified nurses in the care of chronic patients hospitalized in general hospitals. She may not give others the impression that she holds a nursing diploma. In South Africa, a Government Notice of 1963 lists the procedures, the performance of which by an auxiliary nurse is forbidden. Thus the administration of an anaesthetic is strictly prohibited, except in an emergency, and the same provision also applies to the administration of intravenous injections and the taking of blood. On the other hand, she is permitted, under the orders and on the responsibility of a physician, to perform intramuscular and hypodermic injections.

Very brief definitions are sometimes found in the legislation, for example, in Japan, where a law of 1948 defines the term "assistant nurse" to mean a female who has been licensed by the Governor and who, under the direction of a medical practitioner, a dentist or a nurse, provides nursing care to the injured, the sick or women in childbed, or any other assistance connected with medical examination and treatment. At its first session (1950), the Expert Committee on Nursing made a distinction between "nurses" and "auxiliary nursing personnel", the latter being defined as "those who give, in comparison, less exacting care which supplements that given by nurses, or those whose duties are confined to some particular phase of nursing care (e.g. vaccinators)." The rôle of the nursing auxiliary has also been defined, in 1957, by the National Federation of Licensed Practical Nurses (USA). The same basic

principle is found here too, namely that the rôle of the auxiliary is to provide nursing care where the constant attention of the professional nurse is not required. Nevertheless, the ultimate responsibility for developing plans for nursing care and for delegating nursing functions rests with the professional nurse. The same considerations apply to training. The Federation also drew up in 1957 a list of the duties which auxiliaries may perform.

An article published in 1962 in *The American Journal of Nursing*, by the American Nurses' Association, emphasizes that there exist, at the present time, two attitudes towards auxiliary workers in nursing service. The first of these allows them to take on more and more responsibilities for nursing procedures, so that eventually, with little or no preparation, they are actually assigned to nurse patients, while the second tends to limit their tasks so that they cannot make the contribution to patient care which they should.

There is no doubt a great deal more that could be said on this subject. In fact, in a recent article (1963), F. S. Beck emphasizes how difficult it is to define precisely the duties of nursing auxiliaries. She points out that, over the years, the duties for which the nurse herself is responsible have also been changed, and that certain duties previously performed by the physician are now carried out by the nurse. The Expert Committee on Professional and Technical Education of Medical and Auxiliary Personnel (1961) put forward the view that "the need for the auxiliary to act frequently as a substitute for, rather than as assistant to, professional personnel dictates the exercise of care in supervision, in order to achieve a feeling of adequate support for the auxiliary rather than one of discipline." One cause of misunderstanding is undoubtedly the consequence of the training received by auxiliaries, which may vary considerably from one country to another.

The age laid down in the legislation at which training may be begun varies from 16, in the case of the "auxiliar de enfermagem" in Brazil, to 19 for the nursing aide in Switzerland (Vaud). It is 17 in South Australia, as in Switzerland (Vaud) for hospital aides, and 18 in New Zealand, Peru and the United Kingdom. It is prescribed, in most countries, that the theoretical training must be carried out in schools approved to this effect, and the same provision

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applies to the hospitals in which the practical training is carried out. The South African legislation goes into considerable detail in this connexion, and lays down the number of medical, surgical and paediatric beds which must be available, while not more than 20 students may be admitted for each registered general nurse. In South Australia, the approval given to a training school may be cancelled by the Nurses Board by written notice addressed to the person in charge of the institution in question.

In Belgium, training centres must have nursing sections, established, subsidized or recognized by the State as entitled to grant the certificate of hospital attendant (male or female). The Director of the centre must be a person holding a nursing diploma, scientific supervision of the training being the responsibility of a physician who is given the title of Medical Director. In Canada (New Brunswick), the Director of the school must be a registered nurse who has demonstrated administrative ability and with professional experience in nursing. In France, the training of nursing aides is carried out in public or private establishments approved by the Departmental Directorate of Health. In Japan, training schools are approved by the Governor of the Prefecture on application by the founder of the school; the application must include information such as the school regulations, the number of pupils, the teaching equipment, the number of patients, etc. The Japanese regulations give details as to the number of hours of instruction to be given in the various subjects and the way these are to be divided up between the physicians and nurses on the teaching staff. In New Zealand, no hospital may be approved as both a nurses' training school and a nursing aid training school. In its application for approval, the governing body of the hospital, as in Japan, must give information to the Nurses and Midwives Board as to the teaching staff, the number of patients, the teaching equipment, etc.

The variation found in the length of the training period and in the curriculum prescribed for nursing auxiliaries confirms what has already been pointed out, namely the very different ideas which exist as to the rôle and duties to be assigned to such auxiliaries. In addition, changes have taken place in these ideas within individual countries. In Belgium, for example, the former sick-nurses, whose course of training lasted for one year, have been replaced

by hospital attendants, for whom the period of training is two years. A similar development has taken place in the United Kingdom, where the "assistant nurse" has become the "enrolled nurse", who is required to undergo a training course lasting two years. These new requirements, which make it more difficult to obtain the title of nursing auxiliary, are counterbalanced by the fact that it is now possible, in Belgium and Poland for example, for the auxiliary to obtain the nurse's diploma. On the other hand, thanks to the establishment of the profession of nursing auxiliary, it is possible, in certain countries, for a pupil nurse who has not completed the full course of training or who has failed the final examination, for example, to qualify, under certain conditions, as a nursing auxiliary. This provision is contained in the legislation of the following countries: Australia, Canada, Poland, South Africa and the United Kingdom.

Thus in South Africa, for example, a person who has completed the prescribed period of training for a registered general nurse, but has not taken the final examination, is exempted from the entire training period for auxiliary nurses. The same exemption applies to student psychiatric nurses, mental nurses and nurses for mental defectives. Exemptions from part of the period of training may be granted to student nurses who have completed a period of training of length ranging from 9 months to 2½ years.

Under normal conditions, however, the length of the training period for auxiliary nurses in South Africa is 18 months, as compared with 12 months in South Australia, two years in Belgium, 18 months for the "auxiliar de enfermagem" in Brazil, 10 to 12 months, according to the province, in Canada, two years in Japan, 10 months in France, 18 months in New Zealand, 6 months in Peru, two years in Poland, two years in the United Kingdom, 12 months in Sierra Leone, and 18 months in Switzerland for the nursing aide. . . .

Questions concerning the organization of the profession, the training and the registration of auxiliaries, generally come within the jurisdiction of the body which is responsible for the affairs of qualified nurses, and it is rare to find boards set up specially to deal with questions of auxiliary nursing. Nevertheless, in order to assist the central body in the performance of its duties and to enable auxiliary nurses to be represented on it, it is laid down that one or

more representatives of the profession of auxiliary nurse must be included among the members of the central council. In the United Kingdom, certain questions concerning auxiliary nurses are dealt with by the Enrolled Nurses Committee, which is attached directly to the General Nursing Council for England and Wales. In South Africa, the enrolment of candidates who satisfy the prescribed conditions as to training or who possess a recognized equivalent qualification, is the responsibility of the South African Nursing Council. In South Australia, enrolment is the responsibility of the Nurses Board. In Canada, in Manitoba, for example, the Advisory Council is empowered to issue, suspend or cancel certificates of qualification and licences to practise as a practical nurse. Students are entered in a special register. In Nova Scotia, certain provisions of the regulations permit the registration of nursing auxiliaries trained in other provinces or in another country, if their training is considered to be similar to that prescribed in the regulations. In Japan, the licence to practise is granted by the Governor of the Prefecture. The list of assistant nurses is kept up to date at the Prefecture, and entry in this list constitutes the licence to practise. An assistant nurse who wishes to begin, or who has ceased to practise, must inform the Governor of the Prefecture in which her place of work is situated to this effect.

In New Zealand, nursing aids are registered with the Nurses and Midwives Board, after having passed the examination in an approved school, or if they hold an equivalent certificate. As in most of the Anglo-Saxon countries, a person who has not been duly registered as a nursing aid may not, whether by wearing the uniform, the badge or in any other way, give the impression of being a registered nursing aid. A practising certificate, which must be renewed annually, is given to registered nursing aids. The purpose of registration is solely to protect the title of nursing aid, and does not have the effect of restricting the performance of the corresponding duties exclusively to holders of the certificate. In the United Kingdom, the General Nursing Council for England and Wales is responsible for keeping the Roll of enrolled nurses. In France, the nursing aide's certificate is issued by the Departmental Director of Health.

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.¹

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 ;

¹ 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 co-operation 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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- ALGERIA — Central Committee of the Algerian Red Crescent Society, 15 bis Boulevard Mohamed V, *Algiers*.
- ARGENTINE — Argentine Red Cross, H. Yriogoyen 2068, *Buenos Aires*.
- AUSTRALIA — Australian Red Cross, 122-128 Flinders Street, *Melbourne, C. 1*.
- AUSTRIA — Austrian Red Cross, 3 Gusshausstrasse, *Vienna IV*.
- BELGIUM — Belgian Red Cross, 98, Chaussée de Vleurgat, *Brussels 5*.
- BOLIVIA — Bolivian Red Cross, Avenida Simon-Bolivar, 1515 (Casilla 741), *La Paz*.
- BRAZIL — Brazilian Red Cross, Praça da Cruz Vermelha 10-12, *Rio de Janeiro*.
- BULGARIA — Bulgarian Red Cross, 1, Boul. S.S. Biruzov, *Sofia*.
- BURMA — Burma Red Cross, 42, Strand Road, Red Cross Building, *Rangoon*.
- BURUNDI — Red Cross Society of Burundi, P.O. Box 98, *Bujumbura*.
- CAMBODIA — Cambodian Red Cross, 17 R Vithei, 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 5*.
- 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, Kannien Hutung, *Peking, E*.
- COLOMBIA — Colombian Red Cross, Carrera 7a, 34-65 Apartado nacional 1110, *Bogota D.E.*
- CONGO — Red Cross of the Congo, 24, Avenue Valcke, P.O. Box 1712, *Kinshasa*.
- COSTA RICA — Costa Rican Red Cross, Calle 5a Sur, Apartado 1025, *San José*.
- CUBA — Cuban Red Cross, Ignacio Agramonte 461, *Havana*.
- CZECHOSLOVAKIA — Czechoslovak Red Cross, Thunovska 18, *Prague I*.
- DAHOMEY — Red Cross Society of Dahomey, P.O. Box 1, *Porto-Novu*.
- DENMARK — Danish Red Cross, Ny Vestergade 17, *Copenhagen K*.
- DOMINICAN REPUBLIC — Dominican Red Cross, Calle Galvan 24, Apartado 1293 *San Domingo*.
- ECUADOR — Ecuadorean Red Cross, Avenida Colombia y Elizalde 118, *Quito*.
- ETHIOPIA — Ethiopian Red Cross, Red Cross Road No. 1, P.O. Box 195, *Addis Ababa*.
- FINLAND — Finnish Red Cross, Tehtaankatu I A, *Helsinki*.
- FRANCE — French Red Cross, 17, rue Quentin-Bauchart, *Paris (8^e)*.
- 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, 14 Grosvenor Crescent, *London, S.W.1*.
- GREECE — Hellenic Red Cross, rue Lycavittou 1, *Athens 135*.
- GUATEMALA — Guatemalan Red Cross, 3.^a Calle 8-40 zona 1, *Guatemala C.A.*
- HAITI — Haiti Red Cross, rue Férou, *Port-au-Prince*.
- HONDURAS — Honduran Red Cross, Calle Henry Dunant 516, *Tegucigalpa D.C.*
- 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 Red Crescent, P.O. Box 1337, *Amman*.
- KOREA (Democratic 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*.

ADDRESSES OF CENTRAL COMMITTEES

- LAOS — Laotian Red Cross, *Vientiane*.
- LEBANON — Lebanese Red Cross, rue Général Spears, *Beirut*.
- LIBERIA — Liberian National Red Cross, National Headquarters, Sinkor, P.O. Box 226, *Monrovia*.
- LIBYA — Libyan Red Crescent, Berka Omar Mukhtar Street, P.O. Box 541, *Benghazi*.
- LIECHTENSTEIN — Liechtenstein Red Cross, *Vaduz*.
- LUXEMBURG — Luxemburg Red Cross, Parc de la Ville, *Luxemburg*.
- MADAGASCAR — Red Cross Society of Madagascar, rue Clemenceau, P.O. Box 1168, *Tananarive*.
- MALAYSIA — Malaysian Red Cross Society, 519 Jalan Belfield, *Kuala Lumpur*.
- MEXICO — Mexican Red Cross, Sinaloa 20, 4º piso, *Mexico 7, 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 Calmette, *Rabat*.
- NEPAL — Nepal Red Cross Society, Tripureswore, P.B. 217, *Kathmandu*.
- NETHERLANDS — Netherlands Red Cross, 27 Prinsessegracht, *The Hague*.
- NEW ZEALAND — New Zealand Red Cross, 61 Dixon Street, P.O.B. 6073, *Wellington C.2*.
- NICARAGUA — Nicaraguan Red Cross, 12 Avenida Noroeste, *Managua, D.N.*
- NIGER — Red Cross Society of Niger, B.P. 386, *Niamey*.
- NIGERIA — Nigerian Red Cross Society, Eko Akete Close, Ikoyi, Yaba, P.O. Box 764, *Lagos*.
- NORWAY — Norwegian Red Cross, Parkveien 33b, *Oslo*.
- PAKISTAN — Pakistan Red Cross, Frere Street, *Karachi 4*.
- PANAMA — Panamanian Red Cross, Apartado 668, *Panama*.
- PARAGUAY — Paraguayan Red Cross, calle André Barbero y Artigas 33, *Asunción*.
- PERU — Peruvian Red Cross, Jiron Chancay 881, *Lima*.
- PHILIPPINES — Philippine National Red Cross, 860 United Nations Avenue, P.O.B. 280, *Manila*.
- POLAND — Polish Red Cross, Mokotowska 14, *Warsaw*.
- PORTUGAL — Portuguese Red Cross, General Secretaryship, Jardim 9 de Abril, 1 a 5, *Lisbon 3*.
- RUMANIA — Red Cross of the Rumanian People's Republic, 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, *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*.
- 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, *Stockholm 14*.
- SWITZERLAND — Swiss Red Cross, Taubenstrasse 8, B.P. 2699, 3001 *Berne*.
- SYRIA — Syrian Red Crescent, 13, rue Abi-Ala-Almaari, *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, 17 Jinja Road 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*.