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International Review of the Red Cross



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INTERNATIONAL REVIEW OF THE RED CROSS

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BOOKS AND REVIEWS

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 to the English edition and may be obtained under the same conditions.

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SUPPLEMENTS TO THE REVIEW

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GERMAN

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MINIMUM RULES FOR THE PROTECTION OF NON-DELINQUENT DETAINEES

by J. Graven

This subject, which was on the agenda of the last meeting of the Medico-Legal Commission of Monaco, was dealt with by Professor Jean Graven in a report of which extracts were given in the International Review of August 1967 and to which were attached draft "minimum rules" by the same author. The Commission adopted the Rules quoted below.¹ After examining this text the ICRC suggested some additions which are given in italics.—(Ed.)

Considering that, in application of universally recognized principles of human rights for all sorts and conditions of men, a body of minimum rules for the treatment of detained delinquents has been drawn up on the basis of resolutions and recommendations adopted by the Congress of the United Nations, which met for that purpose in Geneva from August 22 to September 3, 1955;

Considering also that social conscience would not be satisfied if, whilst penitentiary science is increasingly adapting the treatment of delinquents deprived of their liberty to the requirements of justice and humanity, minimum guarantees were not granted to persons deprived of their liberty without having been prosecuted for penal offences and accused or convicted of an infringement of national or international law;

¹ By kind permission of *Annales de Droit international médical*, Monaco.

PROTECTION OF NON-DELINQUENT DETAINEES

Considering, further, the absence of such guarantees for administrative, political and military internees and persons arrested for security reasons in the event of danger or internal and external strife;

There should be drawn up for the protection of these people a general statute prescribing minimum standards derived from the principle contained in article 94 of the Standard Minimum Rules for persons detained after legal conviction, even for civil offences, the letter and the spirit of which are to be found in the fundamental rules of the Universal Declaration of Human Rights of December 10, 1948, which stipulates that no one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment (article 5).

I. General principles

1. Nothing in these Rules shall justify or encourage measures of detention dictated by exceptional circumstances. Their sole object is to attenuate the hardships of detention.

2. The minimum Rules set forth in the following articles shall, in accordance with the requirements of article 2 of the Universal Declaration of Human Rights, be applied impartially and without distinction of any kind based on race, colour, national or social origin, sex, language, religious, political or other opinion, property or other considerations of a similar personal order.

3. Specific rules suitable for particular categories of non-delinquent detainees, taking their condition and need for special treatment or work into account, are not precluded, provided they are consistent with these general Rules, notably in so far as they extend the guarantees or benefits herein provided.

II. Registration — Identification and control of detainees

4. In any place, institution or camp in which persons are detained, there shall be maintained complete and up-to-date lists or registers with numbered pages showing:

a) The identity of each detainee, his citizenship or nationality and the conditions of his detention;

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b) the date of his arrival, details of any transfers from place to place, the date of release or departure.

5. Personal effects which cannot be left in his possession shall be recorded and maintained in proper condition to be returned to him upon his release.

III. Separation of detainees

6. Men and women detainees shall be accommodated in separate institutions or parts of institutions. In the event of collective detention, family or communal accommodation shall be provided wherever possible.

7. In the event of collective civilian detention, children shall remain with the family or family circle whenever detention conditions and organization make this possible. Notwithstanding, exceptions justified by educational or professional training requirements shall be permitted.

Children less than six years of age shall in no case be separated from their mothers.

8. Civilian or military detainees or internees belonging to countries which are hostile to one another shall be separated. They may be accommodated together in other cases, taking into account national, linguistic or other affinities.

9. Non-delinquent detainees shall in all cases and without exception be distinguishable and separated from penal law detainees and convicted prisoners.

IV. Premises, fixtures and fittings

10. All institutions or places of detention shall satisfy the necessary requirements of safety, health and hygiene, taking the number of detainees and climatic and seasonal conditions into account. They shall be sufficiently large to avoid overcrowding and demoralizing promiscuity. They shall be properly maintained and cleaned.

11. There shall be adequate space, ventilation, lighting and heating for each detainee, in a manner consistent with scientifically

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acknowledged standards of hygiene to provide normally healthy living conditions and to avoid any risk of impairing the health of persons detained. (*As a general rule, 8 cubic metres of space for each detainee is an acceptable standard.*)

12. Premises shall be appropriate to the demands of any work performed, particularly as regards space, lighting, ventilation and any other essential condition to enable work to be carried out normally and to maintain the health of the workers.

13. When detainees need not be kept in individual cells, but are in rooms and dormitories (*when detainees are not in individual cells but in rooms and dormitories*) they shall be grouped by selection according to their suitability for such accommodation, in accordance with disciplinary and moral requirements. Night supervision should be appropriate.

14. Each detainee shall, in keeping with local or national standards, have an individual bunk or bedding; the latter shall be properly maintained and changed often enough to ensure its cleanliness. Detainees shall be responsible for keeping rooms, premises and beds neat and tidy in accordance with standing regulations.

15. Amenities for baths, showers and cleanliness shall be adequate and maintained in proper operating condition at temperatures suited to the climate so that each detainee shall be enabled and required to use them as frequently as hygiene demands. Sanitary facilities shall be such as to enable detainees to comply with the needs of nature at any time in a manner proper and decent.

V. Hygiene, personal cleanliness, clothing, exercise

16. The authorities shall demand personal cleanliness of the detainees and provide them with the facilities therefor (water, toilet requisites, necessities for care of the hair and the beard), to enable detainees to maintain a decent appearance, dignity and self-respect. The authorities' demands shall not be of a vexatious nature under the pretext of hygiene (e.g. head shaving or forbidding beards).

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17. If detainees are not permitted to wear and change their own clothing that which is issued shall be appropriate to the climate and shall afford adequate protection. It shall not be degrading or humiliating nor give rise to confusion with the garb issued to convicted penal law offenders.

All clothing shall be clean and well maintained. When detainees are permitted to wear their own clothing arrangements shall be made to ensure that it is clean, decent and fit for use at the beginning of the detention period. Provision shall be made for the cleaning and changing of underclothing as frequently as is consistent with the demands of hygiene.

18. Every detainee shall be entitled to daily physical exercise (*in the open air*) for at least one hour; this may take the form of sport, gardening or supervised walks within the detention institution and to the extent permitted by climatic conditions. Grounds, equipment and other necessities appropriate to the number of detainees shall be provided as far as possible. (*Detainees in single cells shall be permitted to leave them during the day to associate with other detainees. They shall be confined to their cells only during the night.*)

VI. Work and diet

19. Work which detainees are compelled to perform shall not be harmful or degrading. It shall as far as possible be appropriate to their physical and intellectual ability. It shall not last for an excessive length of time and there shall be the necessary breaks to avoid impairing the health of those obliged to perform it.

Means of compulsion to enforce the performance of work or the standard output are subject to general rules in this respect (art. 30 and 31).

20. (1) Every detainee shall at normal hours be decently served a wholesome meal of nutritious value sufficient to maintain health and strength. Drinking water shall be available as detainees require.

The daily diet shall be issued free and its calorific value and vitamin content shall be consistent with acknowledged standards appropriate to age and work performed.

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(2) Permission for non-delinquent detainees to obtain extra food at their own expense or at the expense of their family, friends or of a relief society, shall be provided for in the internal regulations on condition that such facilities are not abused.

If circumstances permit, detainees may themselves prepare the food with which they are provided.

VII. Medical care

21. (1) Every place of detention shall have the services of at least one doctor. The medical service shall be organized in close co-operation with the public health administration.

Provision shall be made for the services of a psychiatrist for diagnosis and treatment of mental disorders.

Any place of detention where treatment is given shall, as far as possible, have experienced personnel, equipment, means for treatment and the pharmaceutical products required for nursing and for suitable and appropriate medical and dental treatment.

(2) When places of detention do not have the necessary doctors, personnel, equipment and means, provision shall be made for transfer of detainees to suitable civilian or military hospitals, subject to the essential security measures.

22. In every institution where women are detained there shall be suitable provision for pre- and post-natal treatment of maternity cases, and for child-birth. In the absence of such facilities provision shall as far as possible be made for transfer to hospital subject to the necessary security measures.

Nurseries shall be provided, with experienced personnel, where nursing infants may be cared for whenever they cannot be left with their mothers.

23. The doctor shall watch over detainees' health in accordance with the generally acknowledged principles of medical ethics. He shall carry out the necessary regular inspections and examinations.

In particular he shall:

a) examine detainees on arrival and whenever necessary thereafter, in order to isolate detainees who have or are suspected of

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having infectious or contagious diseases and those liable to be dangerous to their fellow detainees; to prescribe, order or take precautionary measures and give necessary treatment; to decide every detainee's capacity for work;

b) visit regularly and as the need arises, special cases, sick detainees, those who display or complain of symptoms of illness and those to whom his or the staff's attention has been drawn;

c) advise the director of the institution on matters of hygiene and cleanliness of premises, dormitories, work rooms and quarters, on the need for and operation of occupational equipment and sanitary installations (lighting, ventilation, heating, etc.), on diet, suitable clothing, regulations for physical exercise, rest periods, and any other requirements for the health of the detainees.

24. The doctor shall report to the director regularly and whenever any circumstance involving a detainee or detainees makes this necessary.

The director shall take into consideration the advice and reports of the doctor responsible for hygiene and the detainees' health. If the director agrees with the doctor he shall immediately take any necessary measures. If he disagrees he shall submit the matter without delay to higher authority.

VIII. Discipline and outside contacts

25. (1) Order and discipline shall be firmly maintained but shall not involve restrictions unnecessary to good order, security and organization of community life.

(2) No detainee shall be empowered to exercise disciplinary measures. According to circumstances, systems of good order and discipline, the operation of which is to some extent confided in the detainees themselves, with responsibility for organizing certain social, educational, sporting or recreational activities subject to supervision, may be justified.

(3) Detention conditions, the rights and obligations of detainees, working hours, leisure time, and the nature and duration of disciplinary punishment, shall be determined by legislation or administrative regulations.

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26. (1) To an extent compatible with the maintenance of good order, administrative needs and security requirements, detainees shall be permitted to correspond with their families and relatives as well as with the legal representatives, agents or advisers whose services they require for the defence of their interests.¹

(Detainees shall be permitted to correspond with their families and relatives as well as with the legal representatives, agents and advisers whose services they require for the defence of their interests. They shall be permitted to receive visits from these persons. There shall be a strict time limit to any restrictions in this connection.)

Death, illness, serious accidents, transfer to an institution for mental cases or to another place of detention shall be communicated to the detainee's family or relatives either by the administration or by the detainee himself when he is able to do so or by a relative or friend at his dictation. Likewise detainees shall be kept informed of events concerning their families.

(2) Unless serious and exceptional circumstances demand otherwise, foreign detainees shall be granted reasonable facilities to communicate with their country's diplomatic or consular representatives or with those of the State entrusted with their interests, and with any authorities or national or international humanitarian institutions whose task it is to assist or protect detainees.

27. Detainees shall be kept regularly informed of major current events either through newspapers, periodicals, other publications, radio broadcasts, lectures or any similar media authorized or controlled by the administration.

IX. Culture, recreation and moral comfort

28. Subject to the same conditions of authority and control, reasonable recreational and educational amenities appropriate to the circumstances and place of detention shall be provided in the

¹ The ICRC suggests the first paragraph be deleted and replaced by the text in italics which follows.

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form of lectures, slide or film projections, musical, theatrical, sport and other programmes, reading material and various games.

29. Detainees shall as far as possible be provided with spiritual or religious comfort. If there is a sufficient number of detainees of the same religion a minister thereof should be authorized to organize religious services and visit the detainees at specific times.

A detainee shall never be refused the right to contact a qualified representative of any religion. If a detainee refuses to receive a minister of religion or to take part in religious service his attitude shall be respected; no compulsion shall be used or punishment inflicted for that reason.

X. Instruments of restraint and punishment

30. (1) No means of restraint such as handcuffs, chains, irons or strait-jackets shall be used except in the following cases:

a) As a precaution against escape, during transfer or in conditions and circumstances involving a risk thereof; such implements shall be removed when the detainee appears before a judicial or administrative authority and when the risk of which there was reasonable apprehension no longer obtains;

b) On orders of the director, if need be after urgent consultation with the doctor, when normal means of controlling a detainee have failed or proved inadequate to prevent him from injuring himself and others and from damaging property;

(2) The nature and use of restrictive measures shall be prescribed by the general administration, to which the director of the institution shall report immediately on serious or urgent cases. They shall not be applied for longer than is strictly necessary.

31. (1) No detainee shall be punished otherwise than in conformity with legal provisions and regulations, and never twice for the same offence.

Punishment shall not be inflicted, except in very minor cases, without the detainee's being informed of the accusation against him and his being given the possibility of presenting his defence, if necessary through an interpreter, and without a full and impartial enquiry by the director.

PROTECTION OF NON-DELINQUENT DETAINEES

(2) Corporal punishment, confinement to cells which are dark or too small to permit normal posture, blows, and all cruel or degrading treatment shall be prohibited.

Solitary confinement, reduction of diet or any other punishment likely to impair physical or mental health shall be inflicted only to an extent which is reasonable or certified in writing by a doctor to be bearable and without great danger.

The doctor shall visit detainees undergoing such disciplinary punishment and report to the director immediately if he considers the punishment should be changed or ceased for physical or mental health reasons.

XI. Transfers

32. In the event of transfer from one place of detention to another, detainees shall be protected as much as possible from the public gaze, unwelcome or hostile curiosity, humiliation, insult or violence.

33. The cost of transferring detainees shall be borne by the administration and transfers shall be carried out in the same conditions for all, subject to special consideration for age, sex or sickness and even rank where appropriate.

Transfer of detainees, prisoners or internees under conditions which are inhuman or dangerous for their health due to overcrowding, lack of air, light, or food or for any other circumstances affecting their physical well-being, shall be prohibited.

XII. Information and complaints

34. On arrival, each detainee shall be given, through posters or otherwise, precise, written, and clearly understandable information on conditions and rules applicable to detainees of his category, regulations for discipline, authorized methods of obtaining information and lodging requests or complaints, and any other details necessary for him to know his rights and obligations and to adapt to life in the penitentiary institution.

If a detainee is illiterate such information should be given to him orally.

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35. Every detainee shall have the opportunity of making requests or complaints to the director of the place of detention or to an official authorized to represent him, either through the ordinary channels adopted in the institution or by addressing himself to the inspector or panel of inspectors in the course of their inspection.

He shall be permitted to talk with the inspector or any officer appointed to carry out inspection, without the presence of the director, other members of the detention institution's staff or any other person.

(2) Unless a request or complaint is obviously groundless it shall be investigated quickly and impartially by the director and a reply shall be given as soon as possible. If rejected, the grounds therefor must be stated.

Detainees shall not be punished for making complaints even if they are rejected.

XIII. Staff professional qualifications and character

36. (1) The administration responsible for places of detention and for their proper organization and conduct shall exercise care in the recruitment of its officials and staff of all ranks in places of detention of all types (including detention camps and internment camps), by enquiring into their character, qualifications and sense of duty and responsibility.

(2) Any official or staff member committing a breach of legal and professional obligations or duties shall be punished by disciplinary or penal measures.

XIV. Inspections and supervision

37. Qualified and experienced inspectors appointed by the authorities shall regularly and frequently inspect places of detention and the conditions therein.

Inspectors shall, in particular, check that:

a) places of detention are run in conformity with the law, regulations, agreements or prevailing provisions, including the

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present Minimum Rules, with a view to ensuring observance of the conditions and aims thereof;

b) detainees and internees are treated in accordance with principles of humanity, justice and dignity consistent with the present Rules and those postulated by the Universal Declaration of Human Rights.

38. Inspection and control shall be authorized, particularly by qualified representatives of the International Committee of the Red Cross or other international or regional institutions of which the objectives are humanitarian and the action and impartiality acknowledged and known to be reliable.

The necessary arrangements for such inspections shall be made with the relevant administration and directors of institutions, camps and other places of detention or internment.

Visits and inspections shall be permitted without let or hindrance by conditions or obstacles which would vitiate them and impede the achievement of their humanitarian purpose. (*Persons carrying out such inspections shall be given facilities to talk in private with detainees of their own choosing.*)

Jean GRAVEN

Professor at the Faculty of Law at Geneva University,
President of the Geneva High Court,
President of the International Association of Penal Law

The structure, organisation and procedure of the International Conference of the Red Cross

We are pleased to give below the report submitted by the Countess of Limerick, Chairman of the Standing Commission of the International Red Cross, to the Council of Delegates at The Hague on September 6, 1967.¹

The Standing Commission has given careful thought and time to the future organisation and structure of the International Conference of the Red Cross. In order to ensure that due weight and consideration was given to the question, the Standing Commission set up a Joint Committee consisting of representatives of the ICRC and the League to study the matter, and in addition a questionnaire was sent to all National Societies inviting their views on certain points.

At the meeting of the Standing Commission held on October 3rd, 1966, Dr. Geoffrey Newman-Morris presented a memorandum which served as a basis for the work of the Joint Study Committee.

The report of the Joint Committee was considered by the Standing Commission on September 1st, 1967, and the following points were examined:

I. Structure of the Conference

1. *Participation of Governments.* — It was agreed that the Statutes of the International Red Cross should not be altered as regards the participation of Governments in International Conferences. The suggestion that Red Cross conferences with Government attendance should be replaced by regular Diplomatic Con-

¹ See *International Review*, November 1967, pp. 596-601.

INTERNATIONAL CONFERENCE

ferences was considered impracticable, since it was not for the Red Cross to instigate such Diplomatic Conferences.

It was noted that Governments had no right to propose items for the Agenda of the Conference except in accordance with Article 9 of the Rules of Procedure (which authorises the Conference Bureau to add items to the Agenda if requested to do so by five delegations each belonging to different countries). It was not thought justifiable to propose an alteration of the Rules of procedure to enlarge the powers of Governments in this respect.

It was agreed that the Standing Commission should, in future, take particular care to refer to the Council of Delegates, rather than to the Conference, matters which were of little interest to Governments.

2. *Powers of the Conference.* — It was considered by the Commission that no alteration of the Statutes on this point was necessary.

II. Organisation and Procedure of the Conference

1. As regards the *frequency, duration, time given to plenary meetings, number of commissions, documentation, interpretation and translation*, no changes in the present practice were considered necessary.

2. *Agenda.* — It was considered that the Agenda was a decisive factor for the success of the conference and that it qualified the questions raised by many other points in the questionnaire, i.e. number of commissions, composition of delegations, etc. The Standing Commission should, therefore, give particular attention to the establishment of the Agenda of the next International Conference, and should at the same time consider the comments on this subject made by the National Societies.

3. *Method of drafting resolutions.* — It was thought by the Standing Commission that a drafting committee of three persons, each one knowing one of the working languages of the Conference, should be set up for each conference commission. These three committees would later amalgamate to constitute the drafting committee for the plenary meeting which would thus be composed of at least 9 persons.

III. Questions Concerning the Standing Commission

1. *Method of election of members.* — It was felt that future conferences should adhere to the method of election laid down in the Statutes. The Chairman of the Conference would call attention to this at the opening of the Conference and circulate to delegations the procedures to be followed for this election. The Joint Committee was also asked to consider whether the Conference Bureau could undertake to examine the qualifications of candidates nominated for membership of the Standing Commission in order to ensure the highest standard of membership.

2. *Composition and number of members of the Standing Commission.* — It was agreed not to suggest any alteration to the Statutes in this respect.

3. *Powers of the Standing Commission just prior to the opening of Conferences.* — Experience has shown that during the period before the Conference, certain decisions relating to organisation have to be taken.

It was observed that in accordance with the Statutes and Rules of Procedure, the Standing Commission and the host Society are responsible for the organisation and preparation of the Conference, and it is, therefore, for these two bodies to make the necessary decisions on the spot before the opening of the Conference.

It was thought that whilst the Standing Commission could not be expected to be present in corpore at the seat of the Conference a week or two before its opening, the Commission should entrust its Chairman or one or more of its members with this duty.

Some of the conclusions reached require further study by the Joint Committee and the various points of procedure will be considered again at the next meeting of the Standing Commission.

The Standing Commission is very grateful to the 45 National Red Cross Societies who were good enough to send their answers to the questionnaire and their constructive suggestions, on which the above summary is based.

INTERNATIONAL COMMITTEE OF THE RED CROSS

AN APPEAL BY THE INTERNATIONAL COMMITTEE

On behalf of victims of the conflict in Laos

At the request of the Lao Government and Red Cross, the ICRC launched an appeal on January 26, 1968, with the League's full support, to National Red Cross Societies on behalf of victims of the conflict in Laos. This is the text of the appeal:

A. Civilian Population

According to the ICRC delegate on the spot working with the Lao Red Cross, a further 25,000 persons fled the fighting areas in the first fortnight of January, to make their way to the region of the Mekong basin. Most of them are now in the northern provinces of Houa-Khong, Luang-Prabang and Sayaboury. Many others have sought refuge to the South in the provinces of Savannakhet, Saravane, Attopeu and Sedone. Others again, less numerous, have reached Paksane and Thakek in the central provinces. It is estimated that 15 % of these refugees are men, 25 % women and 60 % children.

About a fifth of these displaced persons have found temporary shelter in pagodas, other public buildings, and in tents. Only in the South can the Vientiane government provide a ration of meat and rice, for in the North stocks have been exhausted.

The ICRC delegate has therefore reported that additional assistance was required. The most urgent needs are:

- 630 tons of rice (3 month requirement for 14,000 people)
- unspecified quantity of tinned meat
- 25,000 blankets

- 25,000 mosquito nets
- 25,000 straw mats

These articles can be purchased either locally or in Thailand.

B. Wounded and Sick

The ICRC delegate has reported 200 wounded casualties in the northern provinces and 300 in the other provinces. In keeping with its tradition, the ICRC is also endeavouring to send help to the wounded and sick in the northern and eastern provinces controlled by the Pathet-Lao.

Already on January 19 the Australian Red Cross, at the request of the Lao Red Cross and the ICRC, sent supplies of blood plasma to Vientiane. Present needs are for:—Dressing material—Antibiotics—Sulfamides—Anti-malaria drugs—Blood serum—Surgical kits.

In view of the urgency and transport difficulties, the ICRC makes a special point of urging National Societies to donate cash as a matter of priority, to enable local purchases to be made and the foregoing relief programme to be implemented without delay.¹

National Societies able to provide relief in kind are requested to contact the ICRC beforehand, informing it of the type and quantity of commodities they can make available. The ICRC will then give them the necessary directives for despatch.

The ICRC expresses its thanks beforehand to National Societies for their action on receipt of this appeal, and will be grateful if they will inform it of their intentions.

¹ Funds for the programme should be remitted to the Swiss Bank Corporation, Geneva, for account of the ICRC and with the reference "Laos".

*EXTERNAL ACTIVITIES***Middle East**

Exchange of prisoners. — The Israeli and Egyptian authorities have mutually decided to release all prisoners of war held by them as a result of the conflict in June 1967 and to carry out this exchange as soon as possible at El Kantara.

The ICRC delegates in Israel and Egypt went to El Kantara on January 11 to make definite arrangements for this exchange which was to have started the next day and end on January 18. Unfortunately this action was held up by bad weather, the Sinai road having become impassable through violent sandstorms. The exchange could only be resumed on January 18. The delegates of the ICRC took part in this large-scale release operation on the Suez Canal.

Simultaneously, the Israeli Government repatriated to Jordan the last prisoners of war still held at Atlith.

Repatriation of Civilians. — On December 26, the ICRC delegates in Tel Aviv and Jerusalem organized and supervised the repatriation of a certain number of Palestinians coming from Egypt and returning to Gaza. At the same time several persons of Egyptian origin living in occupied territory at El Arish were able to return to Egypt. The repatriation operations of Palestinian and Egyptian civilians were resumed once the exchange of prisoners of war had ended on January 23, 1968.

Reuniting of families. — At the beginning of January 1968, the Israeli authorities handed over to the ICRC delegation in Amman a new list of 115 persons, originating mostly from Qalkilya and

authorized to return to their families on the West bank of the river Jordan. This is the twelfth list to appear since November 27, 1967.

Meeting of an ICRC delegate with General Moshe Dayan. — During a meeting on December 21, 1967, with Mr. Laurent Marti, the head of the ICRC delegation in Tel Aviv, General Moshe Dayan gave authorization for visits to civil prisons in occupied territory, as well as freedom of movement of ICRC delegates in all those areas.

Relief Parcels to POW's. — For the fast of Ramadan, the delegation of the ICRC in Tel Aviv handed a parcel containing food, cigarettes, soap and one blanket to each of the 4,500 prisoners in Atlith camp, who were released shortly after.

Visit to civil prisons. — After receiving permission to visit detained civilians in West bank territory, the ICRC delegation in Israel went to Nablus on December 24 where it made a thorough visit of the municipal prison. It was able to observe that the detainees were living under satisfactory hygienic conditions. Visits to other prisons on the West bank of the river Jordan will take place shortly.

In this connexion, it should be recalled that the delegates of Kuneitra received permission to visit the municipal prison there several months ago which they have done on various occasions.

The ICRC and the Allenby bridge incident. — Greatly alarmed at the incident which took place at the Allenby Bridge on January 25, 1968, the ICRC has asked its representatives in Israel and Jordan to send it a detailed report on the circumstances in which its two delegates, Mr. Pierre Tacier and Mr. Pierre Gachoud, were wounded.

This distressing incident occurred during an operation for reuniting Jordanian families, which was taking place with the assistance and full agreement of the competent Jordanian and Israeli authorities.

The Allenby Bridge has been the scene of operations for the repatriation of prisoners and refugees between Israel and Jordan under ICRC auspices since as far back as June 1967.

In view of this incident, the ICRC, being concerned for the welfare of the people it repatriates and of its delegates, will discontinue these operations until it receives from the responsible authorities binding guarantees that precautions will be taken to ensure adequate safety.

Rwanda

Since the group of 1,300 Katanga gendarmes left Rwanda, the International Committee of the Red Cross has been continuing its aid to the refugees and mercenaries from Bukavu.

Mr. Jacques de Heller, ICRC delegate, has had discussions in Rwanda with the authorities and diplomatic representatives concerned with the problem of the mercenaries' evacuation.

He also went to the camp at Shagasha where he took part in the weekly visit made by the ICRC delegates in connexion with their work of assisting the internees.

Nigeria

The International Committee of the Red Cross had chartered a "Balair" DC 6 aircraft which was ready to leave on January 16 for the secessionist State of Biafra. With a load of eight tons of medicines provided by various donors to a value of around 500,000 Sw. frs., it was also to have flown two medical teams, ten doctors, surgeons and male nurses in all, intended to relieve the medical team of the Achi hospital (Enugu) in full activity since November 17, 1967, and to strengthen the ICRC's medical action in Biafra.

Because of last minute difficulties made by the Biafra authorities and the Nigerian Federal Government, the aircraft's departure had to be cancelled. Yet, according to the latest information from the ICRC medical team in Biafra, the need for medicines has become acute.

The International Committee has therefore been trying to convince the authorities concerned of the urgent necessity of allowing this flight to proceed, otherwise thousands of people in an area devastated by war will find themselves deprived of the basic medical relief laid down in the Geneva Conventions.

Yemen

Medical Missions

Since December 20, Mr. André Rochat, head of the delegation of the International Committee of the Red Cross in Arabia, accompanied by five members of the ICRC's medical mission to the Yemen, has been discharging a difficult mission in the hinterland.

This consists of tending the numerous casualties of the recent fighting, many of whom would be abandoned in the desert, for only minor casualties can make their way to the ICRC's medical base at Najran; the intervening Jauf desert becomes the graveyard of many of the wounded who try to cross it. Victims of the fighting are not only soldiers, but also women, children and aged people seriously wounded in air raids.¹

In order to continue this assistance to these victims, a Swiss medical team comprising Dr. Hans Rudolf Wolfensberger and three medical orderlies, Mr. Berthold Conod, Mr. Alfred Moser and Mr. Jürgen Sitzner, left for North Yemen on January 22, to take over from the team at present on the spot. It was later joined by Dr. Maximilian Récamier of the French Red Cross, who has already carried out a mission in the Yemen and left Geneva on January 26.

At the request of the Yemen Arab Republic, the ICRC appealed to several National Red Cross and Red Crescent Societies to send surgeons quickly to Sanaa, the Republican capital. Dr. Ulrich Middendorp, the ICRC's head doctor for this operation, left on January 10 for Aden, where he will be joined by Mr. Alfred Isler, delegate, before proceeding to Sanaa in order to examine with the authorities ways and means of carrying out this new medical relief action.

An Appeal by the ICRC

The ICRC was informed at the beginning of January that heavy fighting was taking place around Sanaa. Mr. André Rochat,

¹ *Plates.* Convoy of food and medical supplies makes a stop in the Jauf desert on the way to the ICRC medical teams in the eastern sector of the Yemen.

Doctor-delegate treating a casualty.

head of the International Committee mission who was in the rear of the Royalist forces, stated that the civilian population near the capital had incurred many casualties.

An ICRC medical team which had been stationed in the North of the country has been able to reach the rear of the Royalist lines after a difficult march across the desert. This team consisting of Dr. Modly, Dr. Kuhn and male nurses Hermann, Hefti and Gerber, all of Swiss nationality, are caring for the victims especially women and children who have been seriously wounded by bombing attacks.

The ICRC has received from the Government of the Arab Republic of the Yemen an urgent request for medical personnel, surgeons in particular, to treat the wounded who have flowed into the Sanaa hospitals. The International Committee immediately made contact on the subject with several National Red Cross and Red Crescent societies.

Mr. Rochat himself tried to reach Sanaa in order to contribute to the organizing of this medical aid.

In view of the ferocity of the fighting the ICRC has made an urgent appeal to the military leaders of the two parties in conflict requesting them in particular to respect the elementary rules of the Geneva Conventions relative to the protection of the victims of war.

Vietnam

ICRC delegates have continued visiting places of detention in which Vietnamese are held by the army of the Vietnam Republic.

After visiting these camps, hospitals and screening centres, of which the inmates have been granted prisoner of war status, the ICRC representatives went to the reform centres where most of the Vietnamese arrested in connection with the hostilities are held. The delegates visited centres at Pleiku, My-Tho, Phuoc-Le, Chi-Hoa, Phu-Cuong, Rach-Gia, Bac-Lieu, Cantho, Long-Xuyen, Thu-Duc and Than-Hiep.

A doctor-delegate generally took part in the inspection visits and relief parcels were delivered to detainees.

YEMEN



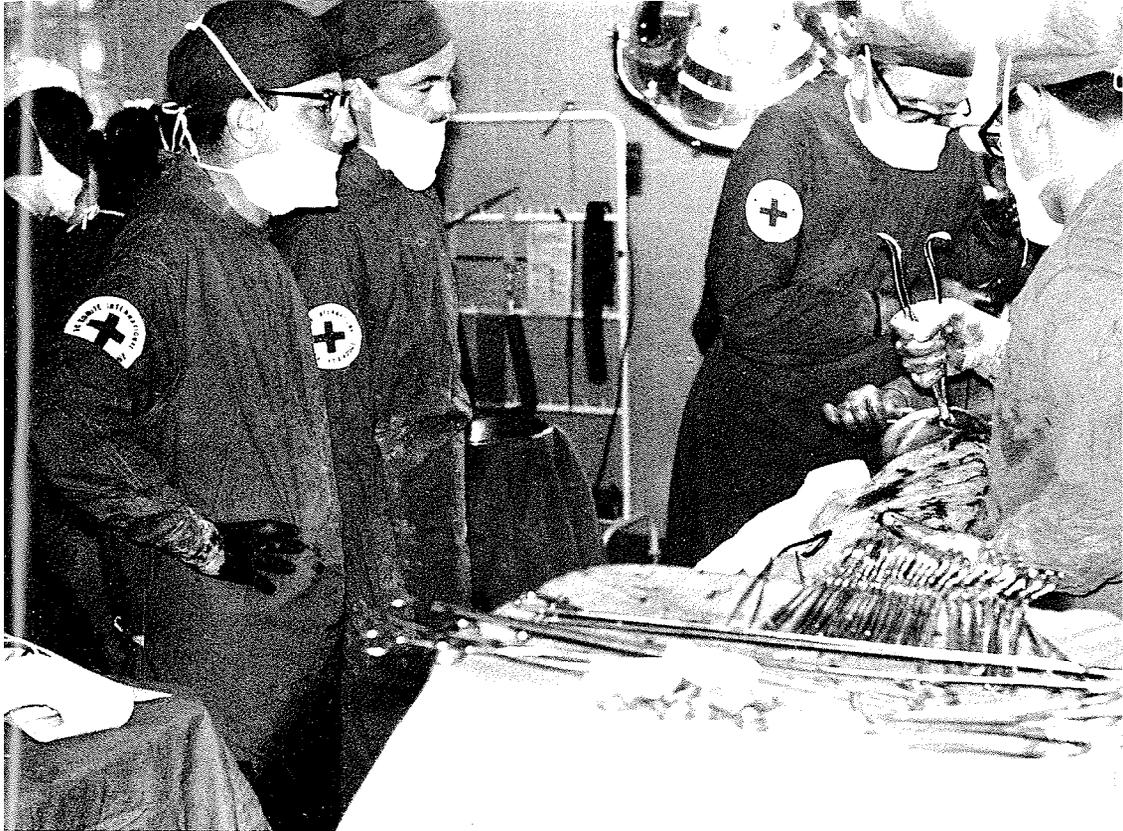
Convoy of food and medical supplies makes a stop in the Jauf desert on the way to the ICRC medical teams in the eastern sector of the Yemen.

YEMEN



Doctor-delegate treating a casualty.

ADEN



ICRC surgeons operating at government hospital in the South Yemen Republic.

SYRIA



ICRC delegate distributes blankets to refugees.

YEMEN



Convoy of food and medical supplies makes a stop in the Jauf desert on the way to the ICRC medical teams in the eastern sector of the Yemen.

Greece

Another tour of inspection of detention centres in Greece, the fifth since the events of April 21, 1967, has been started by Mr. Laurent Marti, delegate, who went to Athens on January 16.

He was joined a week later by Mr. Charles Ammann, head of the ICRC Relief Bureau and Assistant Director.

Aden

In view of the serious shortage of medical services in Aden, the ICRC sent out on November 28, three doctor-delegates, Dr. A. Narakas, Dr. J. Parramore and Dr. A. Bloudanis.¹

This team returned to Switzerland on December 28 and for January its place has been taken by Dr. A. Pellet and Dr. H. Delgado; they arrived in Aden on December 20 and 28 respectively.

IN GENEVA

A Booklet on the Geneva Conventions

Miss A. Pürter, head of the ICRC Nursing Personnel Service, has written a series of articles intended for nurses. She comments on those provisions of the Geneva Conventions which concern particularly military and civilian medical services and their personnel and also on those which regulate the use of the red cross sign.

These articles have now been published in French and German in a booklet.² Part of the production has been reserved by the ICRC, which can supply anybody placing orders with it. The Swiss Red Cross is the distributor for Switzerland.

¹ *Plate.* — ICRC surgeons operating at government hospital in South Yemen Republic.

² A. Pürter: "Les Conventions de Genève", off-print of *Revue suisse des infirmières*, Soleure. Available from ICRC, price Sw.fr.s. 0.50. A mimeographed English version has been produced by and is available from the ICRC at the same price.

IN THE RED CROSS WORLD

21st WORLD RED CROSS DAY

Every year, on May 8, National Societies celebrate the anniversary of Henry Dunant's birth. They avail themselves of the opportunity to make known in their countries, as widely as possible, and in a manner as vivid as it is varied, the activities of the Red Cross, Red Crescent and the Red Lion and Sun. The aim of the League of Red Cross Societies in choosing *Red Cross is Everybody's Concern*¹ as the theme for the celebration, was to stress a twofold reality:

The many and varied activities of the Red Cross may be of interest to each one of us, whoever and wherever we may be, whether young or old, at some moment in our lives. Everyone may one day need the Red Cross.

But the Red Cross also has an imperious need of ever-increasing voluntary support, which the public can give it by offering its time, its ability, its blood and its money. On the occasion of World Red Cross Day 1968 the intention is to emphasize these two important and complementary aspects, which have become indissolubly linked. Henry Dunant's own comment on the movement he founded was: "It is work by all for all: it must appeal to every human being". It is an invitation to all, and a constant, insistent reminder which explains the movement's development, to which the following figures give eloquent testimony:

In 1950, there were 67 National Societies, with a total membership of 95 million persons; in 1968 there are 109 with more than 210 million members, i.e. an increase of more than 50 % in the number of National Societies whose total combined membership has more than doubled.

¹ Complete documentation on World Red Cross, Red Crescent and Red Lion and Sun Day is available from the League Information Service in Geneva.

The theme chosen this year makes it possible to stress the universality of the movement in the widest sense of the term. It involves the extension of the Red Cross to all parts of the world and also its amazing diversity of action through which it can be of service to each and everyone both in time of peace and war, and not only in periods of emergency. This was the message stressed by the Chairman of the Board of Governors and the Secretary-General of the League:

Mr. José Barroso. — *We are confronted by a paradoxical world situation: while each day ever faster modern transport and more effective electronic communications help to bring men closer together, at the same time the words "humanitarian ideals" seem to be losing their meaning. Faced with the spectacle of so much indifference among men, we wonder whether it is still possible to say: "The Red Cross is everybody's concern".*

For us in Red Cross it appears inconceivable that in an age of such rapid material progress anyone can remain indifferent to this noble movement and deaf to the appeal made to the best in human nature.

This appeal was made for the first time by Henry Dunant, when, faced by the anguish and desolation left by the war he had just witnessed, he felt the depth of the tragedy and dimly saw the possibility of finding a remedy.

On World Red Cross Day, we evoke our founder's initiative. In a world which seems to be blindly hurtling towards self-destruction his work becomes more necessary than ever. It might almost be said that the negative forces are conspiring to challenge our movement.

We should not confine our efforts to playing a charitable role. We must repeat the dramatic appeal which lies at the origin of the Red Cross, to move the hearts of those so far indifferent and encourage them to join in our theme "The Red Cross is everybody's concern". We must fight to make it understood that the aims of the Red Cross are worthy of the dedication of all men of goodwill—the right to live in peace, the right to health and dignity of the individual no matter what his race, political convictions or creed.

World Red Cross, Red Crescent and Red Lion and Sun Day gives us an appropriate opportunity to reveal to each man the full significance of the slogan "The Red Cross is everybody's concern". Its best

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and most positive meaning, in the spirit of Henry Dunant, is not ask "What can the Red Cross do for me in case of need?" but rather—and this is more worthy of our human race—"What can I do to keep alive the ideal of the Red Cross?"

Mr. Henrik Beer. — *That Red Cross is everybody's concern may seem to some to be a pretty big statement. Of course, they may know that Red Cross concerns the injured, the sick, the homeless, the hungry, the old, the lonely . . . Then, it may concern them more directly, once a year, when a fund-raiser comes to their door, or stops them in the street.*

But how many have stopped to think, or are even aware, that Red Cross is really their direct concern, whether they be sick or well, hungry or well-fed, old and lonely or young and "in with the group". Do they know that this world-wide movement unites the efforts of hundreds of millions of men, women, and young people who are giving of themselves to find ways of rooting out the causes of the suffering which no one, in this age of rapid communications, can ignore? Do they know that Red Cross, through its health education programmes for young and old alike, is making a significant contribution to the fight against disease? Do they know that National Societies in the world's newest nations, where development problems are most difficult, are working side by side with governments to improve nutrition and health standards? Or that Red Cross in many ways is attacking the causes of accidents, and is helping draw up plans to reduce the hazards of natural disasters?

Do they know that by working to spread its principles, the Red Cross is in the forefront of efforts to achieve lasting peace?

The World Day of the Red Cross, Red Crescent, and Red Lion and Sun offers an ideal opportunity for all to be convinced at heart, that "The Red Cross is everybody's concern."

*

Suffering is an appeal to everybody: the 1968 slogan stands for increasing recourse to voluntary workers. What are the jobs open to Red Cross volunteers? Very roughly they can be split up into two broad categories: helping to relieve suffering; and helping to prevent suffering. In Henry Dunant's time, the accent was on the first; today, more and more, Red Cross is looking for ways to

achieve the second. Here, without giving a full catalogue, are some examples:

Helping to relieve suffering: All the most traditional Red Cross services fall into this category: caring for the sick (nursing auxiliaries, home nursing, hospital service to relieve pressure on professional personnel); first-aid (trained volunteers ready to care for the injured in accidents, disasters, at sports events, in time of conflict); caring for and serving the aged and the handicapped (helping to relieve their physical and *mental* sufferings); disaster relief (sheltering, clothing, feeding and comforting those who have lost all in a catastrophe); giving blood and helping to recruit blood donors.

Helping to prevent suffering: Many jobs are open to all types of volunteers, both trained and untrained, old and young, in this most important field. They include participating in a wide variety of campaigns for better health standards and the prevention of accidents in the home, on the roads, in factories, on the beaches and sports grounds, in the schools. Red Cross Volunteers help in mass vaccination campaigns to prevent epidemics such as smallpox; they go out into their towns and villages to clean up slums and teach better hygiene to the population.

The approach to voluntary service varies widely from country to country however.

In some countries, the very idea of voluntary service is a relatively new one, and the Red Cross is faced with overcoming centuries-old prejudices to educate the public in the idea of giving time to help people they do not know.

In many of the developing countries of Asia, Africa and Latin America, the demand for Red Cross services in its rôle as an auxiliary to public health authorities often exceeds the available supply of volunteers with the necessary skills and aptitudes. Here the need to recruit and train volunteers is one of the first concerns of National Societies. Hence much of the technical assistance contributed by National Societies last year to the League of Red Cross Societies "Red Cross Development Programme" went towards this training.

*

IN THE RED CROSS WORLD

World Red Cross Day in 1968, depending on various events which are planned, such as processions, broadcasts by radio and television, articles in the press, conferences, relief supplies collection and distribution, will demonstrate the activity and ubiquity throughout the world today of the Red Cross, Red Crescent and the Red Lion and Sun.

IN LATIN AMERICA

Three League of Red Cross Societies Seminars

We have already on several occasions brought to the attention of our readers the activities, problems and achievements of the Red Cross in Latin America.¹ In this part of the world the Red Cross is a living reality and every day it seeks the better to fulfil its rôle as an auxiliary to the public authorities and to help those in need, whatever their religion, race or nationality. To achieve this, the National Societies, which already hold regular inter-American Red Cross Conferences, have been encouraged by the League of Red Cross Societies to come together for the purpose of exchanging ideas, comparing experiences and as far as possible standardizing working methods.

To facilitate meetings, the continent has been divided into four sectors: North and Central America; Northern South America; Southern South America; Caribbean. For the first three regions, the League convened and sponsored three seminars which were recently held, the first in Guatemala, the second in Caracas and the third in Buenos Aires. Each time the Red Cross in the host country extended a warm welcome to each guest.²

¹ e.g. *International Review*, April 1965.

² The author of this article represented the League of Red Cross Societies at these three seminars. (*Ed.*)

Guatemala. — The first of these meetings, attended by National Societies from Canada, USA, Mexico, Guatemala, Honduras, Salvador, Nicaragua, Costa Rica and Panama, was held from November 15-18, 1967. The opening speech was by the President of the Republic of Guatemala. More than one hundred delegates took part in the work as representatives of the National Societies concerned.

Most of the recommendations adopted were of a technical order and concerned the standardization of methods and equipment in first-aid, so that combined operations by several National Societies would be more effective. Two recommendations particularly are worthy of note; one concerns the organization of a seminar for disaster relief technicians, the other the setting up of a body of specialists in mass communication, fund collecting and public relations, from the National Societies. These two seminars are expected to be held in Guatemala in March 1968. There is no need to stress the importance of these two forthcoming meetings for Central American countries, which are often the victims of earthquakes, volcanoes, etc., so that the National Societies must constantly be prepared and make plans for action in the event of disaster. It is also useful for them to make their principles and their work as well known as possible.

Attention must also be drawn to another two of the seminar's 62 recommendations. They concern the necessary intervention of the Red Cross during internal disorders. Humanitarian, and based on the Geneva Conventions, these recommendations are undoubtedly important. For that reason we quote them hereunder:

The Third meeting of Presidents and Technical Seminar of Red Cross Societies of the United States, Mexico, Central America and Panama, recommends :

10. — *that National Societies report to their respective governments about the resolutions of a humanitarian nature that have been adopted by the International Red Cross and for assurance that they (the governments) will do everything in their power to implement such resolutions in case of internal strife ;*

11. — *that National Societies appeal to their respective governments for utmost assistance in the performance of their humanitarian work*

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in behalf of the victims of internal conflicts, in accordance with extant international agreements.

Caracas. — From November 20-25, 1967, The Venezuelan Red Cross was host to the Second Meeting of Presidents and Technical Personnel of the Northern South American National Societies. Delegations attended from National Societies in: Colombia, Ecuador, Peru, Trinidad and Tobago, Venezuela, whilst the American Red Cross and the Dutch Red Cross West Indies Committee sent observers. Another seminar was taking place simultaneously at Caracas; this—the first of such meetings—was of South American National Society “ Health in the Home ” instructors. Its conclusions and recommendations were submitted to the meeting of Presidents, which approved them in plenary session.

Without going into the details of the recommendations adopted we would mention that which requests National Societies to endeavour to give courses on accident prevention and first-aid in factories and large undertakings, and to set up in such establishments permanent Red Cross teams as a contribution to the safety of the workers and in order to induce the various social strata of the population to take greater interest in and participate more actively in our movement. This might be an interesting and useful Red Cross contribution to the necessary general effort towards social progress and we think it appropriate to give below the text of this recommendation:

“ The IInd Meeting of Presidents and Technical Personnel from the National Societies of the Northern Region of South America :

10 — The Red Cross in Industry

recommends that the participating National Societies endeavour to conduct courses on accident prevention, first-aid and hygiene in major factories, industries, etc., for the two-fold purpose of contributing to the safety of the workers and to establish permanent Red Cross groups at the industrial concerns where the courses are conducted.

11 — Legal Assistance

recommends that, following the example of the Venezuelan Red Cross, the participating Societies proceed to create a Legal Assistance Service if they feel this is needed.

Some idea of Red Cross vitality in Latin America will be realised when we recall that Caracas was severely damaged during a violent earthquake in July 1967. The National Society's headquarters were particularly hard hit, although this did not prevent the Society from organizing the meeting as arranged, on its own premises.

Buenos Aires. — A third seminar was attended by National Societies from Chile, Argentina, Uruguay, Paraguay and Brazil, as well as by observers of the American Red Cross. This took place from December 4—10, 1967. In addition many members of local and provincial committees of the Argentine Red Cross came to the capital for the meeting, sometimes after covering very great distances. They thus displayed their interest for the work of the Red Cross and their desire to improve their knowledge and develop their activities.

In the course of the meeting, various problems such as disaster relief, blood transfusion, Red Cross Youth, nursing care, etc., were examined. One of the topics considered seems worthy of special attention and for that reason we give below the text of the relevant recommendation.

Indeed, although community organization and development (to assist the shanty-town populations on the outskirts of large cities) is the responsibility of governments, the Red Cross can play its part in teaching the rules of pre- and post-natal hygiene by setting up clinics, nurseries and other hygiene and social centres:

Community organization and development

Recommendation No. 1: *The second regional Conference of the National Red Cross Societies, meeting in Buenos Aires, in order to co-ordinate, stimulate and carry through community development programmes, recommends:*

.....
2. — *that co-operation be sought through general action on the part of the community so that everyone contributes to the progress and*

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welfare of the country through the effort of each individual and mutual assistance ;

3. — *that the methods of social service concerning community organization be used to that end ;*

4. — *that following a survey of needs and problems in a given area, plans be made to direct problems concerning education, health, sanitation, work, recreation, economy, interests and ideals, and then to establish minimum and maximum plans ;*

5. — *that, on the basis of statistics, health education and sanitation, higher living standards of the family be fostered by providing the communities with all primary services, such as medical, sanitary, preventive and social, which will make for better development ;*

6. — *that every effort be made to plan the organization on a nationwide basis, which will work from the periphery to the centre and thus will facilitate an increase of team effort and material and technical assistance, because development is not only an organizational process but an educational evolution as well ;*

7. — *that the structure be planned on a local or community basis, creating solidarity, faith in one's resources, serving without discrimination and teaching the value of one's own personality.*

The Caribbean. — Our readers will no doubt be wondering what progress is being made by the Caribbean National Societies which have not so far been mentioned here. From June 22-30, 1968, these Societies will hold a seminar on pre-disaster planning. This useful meeting will take place in Port-of-Spain, Trinidad-and-Tobago. The hurricanes which periodically devastate the countries of this region are a major problem for National Societies. These disasters require them to be always ready for anything, through special preparation and training of technicians to assume responsibility in operation, when disaster strikes and the emergency relief teams go into action. This is the task facing the Port-of-Spain Seminar which will be a new experience in Latin America.

Conclusion. — To illustrate these few impressions of National Red Cross Society activity in Latin America, and perhaps also to

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show the importance of contact among neighbouring National Societies, a practical example might be appropriate.

On November 25, after the meeting at Caracas in the Venezuelan Red Cross headquarters, the President of that Society went to the airport to bid farewell to the Colombian Red Cross delegation. When he arrived the loud-speakers were calling him to go to the manager's office; a few moments later we received the sad news that at Chiquinquirá, Boyacá (Colombia), a case of mass poisoning had caused 70 deaths and hospitalization of more than 500 people in a condition varying from the most serious to the mild. An amateur radio enthusiast, on behalf of the Colombian Red Cross, was requesting urgent despatch of an antidote as local stocks were spent.

As soon as the appeal was heard the Venezuelan Red Cross went into action. It called in the Minister of Health, the military and civilian hospital directors, and others; in a word all who might help to find the necessary medicine. A Caracas pharmacy opened its shop to make available its stock of antidote. In addition, at the request of the Venezuelan Red Cross, the Caracas/Bogotá flight was delayed to allow as much antidote as possible to be loaded aboard the aeroplane. As the Colombian Red Cross delegation was travelling in the same aircraft they were able to make radio contact with Chiquinquirá and Bogotá to announce their arrival in the capital, so that arrangements were made for the immediate transport of the medical supplies to the victims.

What better example of National Society co-operation? We can state that the Red Cross in Latin America is alive and constantly demonstrating its efficiency.

José GÓMEZ RUIZ

Head of Latin American and
Caribbean Service of the
League of Red Cross Societies

Yugoslavia

Seminar on the dissemination of the Geneva Conventions amongst medical personnel

Continuing its effort to extend knowledge of the Geneva Conventions in its country, the Yugoslav Red Cross from December 7, to 9, 1967 organized an important seminar on the dissemination of these Conventions amongst medical personnel.

This event which was held at Basko Polje on the Dalmatian coast, not far from Split, was attended by some 230 participants who had come from every part of Yugoslavia. As the seminar's title indicated, these, beside members of the Yugoslav Red Cross, included civil and military doctors, nurses and the heads of hospital and medical establishments.

To animate and direct the work, the Yugoslav Red Cross had called upon the services of several well-known Yugoslav professors of international law, namely Mr. Andrassy, Mr. Bartos (prevented from attending at the last moment), Mr. Ibler and Mr. Radojkovic. It also had the excellent idea of inviting National Society representatives of neighbouring countries three of whom were able to attend. These were from the Bulgarian, Hungarian and Czech Red Cross Societies (Mr. Pushkarov, Mr. Pastor and Mr. Blaha respectively). The ICRC was represented by Mr. Wilhelm, Assistant Director and the League of Red Cross Societies by Mr. Dabney, Assistant Secretary-General.

Opened by General Mesterović, President of the Yugoslav Red Cross and under the direction of General Mezić, member of the Society's Executive Committee, the seminar devoted the first day to hearing several addresses on the Geneva Conventions in general, the legal protection of medical personnel and medical organization on a national level. Presented in summary form all these reports had been sent in advance to the participants.

During the two following days the seminar was divided into four discussion groups directed by the professors already mentioned. All participants thus had the possibility of raising a number of questions on various points in the reports, on certain practical cases which they might have to face in the event of hostilities as

doctors or in charge of hospitals, and on the application of the Geneva Conventions in the present armed conflicts. The general attention given to these discussions showed how successfully the seminar had been organized.

During the final session several conclusions were adopted which are given below in translation with the permission of the Yugoslav Red Cross. In his closing address, General Mezić stressed that anyone might be called upon one day either to benefit as a victim from the Geneva Conventions, or to apply them and that therefore everyone should know their principles. He also asked participants to pursue, in the circles or institutions which they represented, the work of dissemination started at the seminar. Finally, he indicated the intention of his National Society to organize similar seminars for other categories of the population.

Thanks to written translations of the principal reports and to the help of interpreters, the representatives of other Red Cross Societies and international Red Cross organizations were able to follow the seminar's work with keen interest, which was unanimously considered to have made a very positive contribution and set an example for other countries to follow.

The Yugoslav Red Cross must be congratulated for this event which required a very considerable amount of organizing, at a time when it had to undertake relief work as a result of the earthquake at Debar, which obliged its Secretary-General, Professor Patrognić to curtail his participation in the seminar.

CONCLUSIONS

Participants in the seminar on the dissemination of the Geneva Conventions amongst medical personnel, regard the organizing of such a seminar as being an important step in the realization of the duty incumbent on the Yugoslav State, by virtue of the obligations it has contracted, to disseminate these Conventions amongst the population generally and members of the armed forces.

The participants consider that efforts to disseminate the provisions of the Conventions must be intensified. To that end:

it is necessary

— that the Yugoslav army, the appropriate health authorities, the Yugoslav Red Cross and other interested organizations

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co-ordinate their activities as regards dissemination of the Conventions;

- that the provisions of article 21 on the regulation of the use and protection of the emblem and the name of the Red Cross be applied and that corresponding rules be drawn up;

it is recommended:

- to organize similar seminars within the Republics and communes;
- to Councils of the protection of communal assemblies to co-ordinate their work of disseminating the Conventions with a view to reaching the whole population;
- to use for dissemination purposes other available methods, such as conferences, publications, press, radio, television etc. . . .
- to disseminate the Conventions amongst the youth in schools, universities, in undertakings generally and also by pre-military training;
- to the Yugoslav Red Cross, universities, civil and military schools, other colleges of science and studies and also social organizations, to study the protection laid down by the Conventions, by pointing out their imperfections in order to contribute to the improvement and development of that part of humanitarian law;

it is proposed:

- to produce as soon as possible a publication containing the texts of the Conventions, together with rules of application, in order to make their dissemination possible;
- to publish the material of this seminar for transmission to Federal and other bodies and interested organizations and to draw up special publications suitable for the various groups of the population.

Participants in the seminar consider that it would be useful that all proposals and observations concerning the dissemination and study of the Conventions be conveyed to the Federal Committee of the Yugoslav Red Cross through the Republican Committees of the Yugoslav Red Cross.

Conscious of the importance of the Conventions, the participants are of the opinion that it is necessary to fight for the most complete respect to be given to the Conventions and they unreservedly condemn all infractions of the Conventions committed in present armed conflicts.

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

DOCTORS' RIGHTS IN WAR

Professor Christian Dominicé of the Geneva University Faculty of Law, has published an article entitled *Le droit des médecins en cas de guerre* in which he outlines the law designed to ensure for the medical profession the respect, protection and freedom of action which is necessary for it to carry out its humanitarian mission.¹ It is a fact, as he emphasizes, that the Conventions of the Red Cross have developed a veritable doctors' law:

“International medical law—the body of legal rules determining the status of doctors and of medical personnel and equipment in general in the event of armed conflict—is the subject of close study, work, and seminars, which testify to the concern of specialized circles to ensure better knowledge of existing law and if possible to improve law and even promote new ideas and concepts.”

After considering the import of present law, the author adds:

“Although this summary of the main rules affecting the status of doctors in war is limited to essentials, it does show both the positive character of the principles to which governments have subscribed as a result of the untiring efforts of the ICRC and specialized circles, and also the shortcomings which still exist in the present system of international medical law.

Treaty law is not drawn up by good intentions and the humanitarian ideal alone. Account must constantly be taken of political realities, government resistance and various national attitudes. Although each improvement is but a step forward and not an end to itself, we must take care not to discredit—perhaps unwittingly—what has been accomplished, on the pretext of doing more and better. Notwithstanding this reservation, no pains must be spared to ensure that, by intelligent constructive action, the doctor is in a better position to acquit himself of his mission.

Tribute must be paid to the efforts which have been exerted in a number of quarters to provoke some conscience-searching in

¹ See *Revue suisse de médecine militaire*, Basle, April 1967.

MISCELLANEOUS

connection with humanitarian demands and the responses they require. Apart from the sustained attention devoted to the question of status for doctors by the ICRC—the guardian of the Geneva Conventions—mention must be made of the activity carried out by specialized bodies such as the Committee of Military Medicine and Pharmacy, the World Medical Association, the Centre d'études de droit international médical de Liège, the Medico-Legal Commission of Monaco, the International Committee for the Neutrality of Medicine, and the International Law Association which has set up a medical and legal commission.”

The author also reviews various developments worthy of consideration, after describing the significance of “ medical neutrality ” in time of war, a concept which, due to the way it is sometimes applied, might give rise to misunderstanding :

“ Ambiguity may be caused by the fact that some people have advocated the complete neutralization of health services, which they hold should not be part of the armies in the field. To the inexperienced, there is a contradiction here, or at least a fundamental difference, between the idea of medical neutrality on the one hand and the law as it stands on the other. This is a wrong view of the situation. Since Solferino, all the efforts of the promoters of the Red Cross have been directed to having medical neutrality recognized and the treaties which have been adopted by governments have sanctioned this fundamental idea. In point of fact, it is not the neutrality of medicine *per se* which is the aim of the Red Cross, it is the neutrality of the victims of conflicts, i.e. the wounded, the sick, the prisoners, non-combatants and the civilian population. Because the man who is in suffering cannot be considered an adversary, anyone alleviating his distress shall be considered “ neutral ” or “ neutralized ”. This is the common denominator of all rules demanding respect and protection for doctors, stipulating that they shall not be considered prisoners of war and shall be granted the benefit of a distinctive sign. It is true that the word “ neutrality ” is not mentioned in the Geneva Conventions,¹ but this is because in law it has a specific and more restricted sense than that given to

¹ It might be mentioned that the First Geneva Convention of 1864 stipulated that ambulances and military hospitals “ shall be recognized as neutral ” and that medical personnel “ shall have the benefit of the same neutrality ”.

the idea of neutrality of medicine for which the terms *respect* and *protection* have been used to avoid any misunderstanding.

It would not therefore be correct to say that the neutrality of medicine was an end unto itself which had not been even partly sanctioned. On the contrary, it is one of the fundamental principles of the Red Cross."

Professor Dominicé concludes:

"Before bringing this brief summary of present law and contemporary efforts to a close, we might give a few observations to summarize certain features which demand special attention.

Humanitarian law, and particularly international medical law, are not the transcription in legal texts of those provisions which appear to be the most desirable. They are merely the compromise to which governments have been induced to subscribe. They should therefore be appreciated in the light of political considerations by which all law achieved through diplomatic procedures is conditioned. And especially *de lege ferenda* it may be reasoned, in abstract, any proposition must be commensurate with its chances of being accepted and effectively applied.

Consequently, it is obvious that the law as it stands at present, with its highlights and its shadows, is the only possible basis from which to go forth. It is on the strength of this body of rules that we can, on the one hand, work for the improvement of control procedures and, on the other hand, detect points which require revision or completion.

From this point of view, we have seen that although it is desirable to draw up a genuine medical status valid in all circumstances, it appears preferable not to jeopardize the rules already existing but to work for this objective by starting with the present distinction between military and civilian doctors and by trying to solve the problems affecting each of these two categories.

We have had occasion to mention the attention being given to the introduction of an international code of medical ethics and it is in fact obvious that there is a close connection between this problem and the improvement of protective rules for doctors. Such rules are likely to be accepted and observed only to the extent by which those who benefit from them inspire confidence.

It must be said, in conclusion, that the "Geneva mission", far from being the exclusive sphere of a few specialized institutions and

governments, is of concern to all medical circles whose co-operation is desirable on as wide a basis as possible through medical studies, dissemination of ideas and even through co-ordinated approaches to governments.”

PROTECTION OF CULTURAL PROPERTY

In July 1954 the Revue internationale published an article by Mr. R.-J. Wilhelm entitled « La Croix-Rouge des monuments » concerning the Convention for the Protection of Cultural Property in the Event of Armed Conflict; this Convention was signed in The Hague on May 14, 1954, by 37 States. The text and the regulations for its implementation were quoted in the article in question. This Convention, described as « humanitarian » by its authors, could be considered, as Mr. Wilhelm pointed out, a tribute to the Red Cross and the 1949 Geneva Conventions, in that it secures for works of art the same regard as the Red Cross had succeeded in obtaining for the benefit of war victims. This was, moreover, how it was viewed by the delegates meeting in The Hague, as they demonstrated by declaring their intention to have recourse as much as possible to the solutions advocated by the Geneva Conventions and adopted in the draft which was submitted to them.

In a subsequent issue we had occasion to mention the meeting of the contracting parties to The Hague Convention which took place in Paris in 1962 under the auspices of UNESCO and to which the ICRC sent an observer.¹

More recently, in October 1967, UNESCO gave information which was the more interesting as it referred to the present situation and the implementation of this Convention in the Middle East, i.e. where there are so many treasures of the past.²

¹ See *International Review*, September 1962.

² See *UNESCO Chronicle*, Paris, 1967, No. 11.

Two officials, one Swiss and one Dutch, have accepted appointments as Commissioners-General, accredited respectively to the Arab States and Israel, to supervise the application in the Middle East of the Hague Convention on the Protection of Cultural Property in the Event of Armed Conflict. In accordance with that Convention they were appointed after discussions at UNESCO headquarters between a representative of Switzerland as a neutral power, on the one hand, and a representative from each of the five States party to the conflict on the other.

Each Commissioner-General, in co-operation with representatives of the party to the dispute to which he has been accredited, will supervise the application of the Convention on that party's own territory or on territory occupied by it. Contracting parties to the Hague Convention undertake to respect cultural property in their own countries or in the countries of other contracting parties, by abstaining from using such property for any purpose likely to expose it to destruction or damage, and by taking measures necessary to safeguard and preserve such property. They also undertake to prevent and put a stop to any form of theft, pillage, mis-appropriation and vandalism directed against such property. They undertake also to abstain from requisitioning it or taking any reprisals affecting it. There are at present fifty-six States parties to this International Convention.

Instruments of ratification of the Convention and Protocol for the protection of Cultural Property in the Event of Armed Conflict (1954) were deposited by the Federal Republic of Germany with UNESCO on August 11, 1967.

THE FIRST INTERNATIONAL HEALTH ORGANISATION

When Simon Bolivar summoned governments to the Congress of Panama in 1826 he hoped to lay the foundations for realizing his life-long dream, Pan American unity.

MISCELLANEOUS

Health was not on the Congress agenda, but its relation to international conferences, at least, was soon forcibly impressed upon the delegates, for all of them fell sick during the meeting, two secretaries of the British Mission died, and one of the United States delegates succumbed, a victim of yellow fever, on his way to the Isthmus. Indeed, fear of disease was one of the prime reasons for the Congress's early adjournment.

Thus, early in their independence and from the very birth of the Pan American movement, the American governments were given a rude lesson in the international malevolence of disease and its indifference to flags and national borders.

Perhaps that is why the world's first international health organization came to life in the Americas 65 years ago, and this anniversary is celebrated by the agency known today as the *Pan American Sanitary Bureau*, the Regional Office of the World Health Organization for the Americas.

Created in Mexico City in December 1902, the Pan American Sanitary Bureau was given as its mission "to lend its best aid and experience toward the widest possible protection of the public health of each republic in order that diseases may be eliminated and that commerce between said republics may be facilitated." The Bureau was also given the mandate of destroying "mosquitos and other vermin".

From very modest beginnings in a small Washington office (a budget of \$5,000 and a staff of 6 part-time officials and 2 clerks), the Pan American Sanitary Bureau has grown. In 1949 it assumed the function of the Regional Office for the Americas and today employs more than 1,100 staff, some 808 of them in the field and in offices in Caracas, Mexico City, Guatemala City, Lima, Buenos Aires, Rio de Janeiro and El Paso. The current budget runs to more than \$22 million and there are 550 projects under way in the Americas, ranging through the full scale of modern public health services: from air pollution control to health planning and population dynamics.

*

The health situation in Latin America, although improved, is still a cause for grave concern.

Child mortality. — Children under 5 account for about 40 per cent of all deaths in Latin America, with intestinal infections, pneumonia and nutritional deficiency diseases among the major killers. Latin America's death rates are still about 10 times higher than those of Canada and the United States.

Health Personnel. — Latin America's doctor-patient ratio is considered good on paper but most doctors practise in cities and the rural areas are badly covered. And the "brain drain" costs Latin America about 300 physicians each year. The shortage of nurses, however, is by far the most acute. In Canada and the United States, nurses easily outnumber doctors, but the reverse is true for Latin America, where the number of fully qualified nurses is less than half the number of physicians. And there are only 130,000 auxiliary nurses, roughly equalling the number of doctors.

Malaria. — 70 million people have been freed from malaria. Programmes are now protecting an additional 79 million. Another 17 million will be reached by programmes now in the planning stage.

Smallpox. — Five countries reported 3,000 cases of smallpox in 1966. Brazil accounts for four fifths of the total. Eradication programmes are in progress and there is good hope that the disease will be finally banished by 1976.

Yellow fever. — The *Aedes aegypti* mosquito which carries yellow fever has now been wiped out in 15 countries but is still a threat in a number of areas mainly around the Caribbean.

Conclusion. — As a result of 65 years of international cooperation in the field of health the Pan American Sanitary Bureau and the American governments are now much closer to eradicating such ancient scourges as malaria, smallpox, yellow fever and yaws. The Bureau is turning also to new problems afflicting modern man.

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As the Pan American Sanitary Bureau Director, Dr Abraham Horwitz, stated on the occasion of the 65th anniversary of the Bureau:— “ Once the inter-American health agency's task was focussed mainly on the control of disease so that commerce and trade would be facilitated. Today, as the governments have enlarged upon that mandate in succeeding years, virtually no condition that affects human health, from age-old communicable diseases to the ills of modern life, is beyond its responsibility.”

The PASB thus faces both the old and new challenges but its aim remains today even as it was 65 years ago—the betterment of health of all the peoples of the Americas.

DISSEMINATION OF THE GENEVA CONVENTIONS

The Third Congress on the neutrality of medicine, organized by the International Committee for the Neutrality of Medicine, will take place in Rome from April 16-20, 1968, with “ The Dissemination and Application of the Geneva Conventions ” as one of the themes on its agenda. A second item of equal interest to the Red Cross movement is “ The Duties of the Medical Profession and its Right to Protection in case of War ”. Two further subjects to be considered by the Congress are: “ Possibilité de création d'un Pool blanc médical international ou d'un Pool blanc européen ” and “ Medical Personnel Status and Statutes ”.

LEGAL ASSISTANCE TO REFUGEES AND MIGRANTS

The Secretary-General of the International Centre for the Co-ordination of Legal Assistance (CICAJ), Geneva, has drafted a report giving information concerning legal assistance to refugees, stateless persons and migrants. He submitted this report to the Secretary-General of the International Association of Lawyers whose last biennial Congress took place in Vienna (17-21 October, 1967). Extracts of the report are given below :

... One of the limited, but from a humanitarian point of view by no means unimportant, problems involved in providing legal assistance (free advice and counsel in civil and penal cases) concerns many thousands of refugees who had to flee from their own countries and who are scattered almost everywhere throughout the world. Many of them are unable to speak the language of the country of asylum, they are ignorant of its laws and customs, and they are no longer able to seek help from the consular representatives of their country of origin. They are therefore likely to become the victims of all sorts of administrative misunderstandings and vexations and even of exploitation. The same applies, albeit to a lesser degree, to some categories of migrant workers . . . How can these people be provided with the most effective assistance? On a national scale, of course. And this must be done in every country where free assistance is still unsatisfactory. That is the aim of the CICAJ's efforts. For instance, an attempt was made some years ago in Italy when the CICAJ was represented by one of its delegates, Mr. Luigi Arnaboldi, a member of the Rome Bar. His office undertakes many cases on behalf of refugees, in direct liaison with the Rome delegation of the UN Office of the High Commissioner for Refugees. It soon became a pole of attraction for, and co-operated with, the voluntary agencies which deal in Italy with refugees who have either settled in that country or are preparing for a second migration, generally towards another country overseas.

The CICAJ would like this system to be extended to other countries, particularly to Latin America where the situation requires looking into, in such countries as Argentina (Buenos Aires), Brazil (Rio and Sao Paulo), Chile (Santiago), Colombia (Bogota), Peru (Lima) and Venezuela (Caracas). In the latter country a start has already been made by a group of legal experts sponsored by the Venezuelan Red Cross.

In each of these towns there is a voluntary agency, such as the International Social Service, the Red Cross, Caritas, International Catholic Migration Commission, the World Council of Churches, the American Joint Distribution Committee, and the United HIAS Service, to mention only the better known. These organizations record details on each refugee or migrant whose case they take in hand and they maintain close contacts with the local authorities and with the representative in Latin America of the UN High Commissioner.

Top priority must be given to forging stronger and more permanent links with members of the Bar in each town. As local circumstances and prevailing conditions differ from country to country, this might well be examined on the spot by representatives of the voluntary agencies, the International Association of Lawyers the International Bar Association and the delegate in Latin America of the UN High Commissioner for Refugees.

BOOKS AND REVIEWS

Health and Development, by Dr P. Dorolle, *Inter-Parliamentary Bulletin*, Geneva, 1967, No. 4.

... Despite all efforts at both the international and national levels, despite the positive results obtained, which should not be minimized, the general world health situation is not improving. It might, in fact, even be said that the situation is worsening. Moreover, in the social field, if we do not advance, we retreat ! And why is this ? Because, despite the increase in the quantity and the quality of the assistance given the developing countries, needs are increasing more rapidly than the resources available to satisfy them. Requirements are increasing more rapidly because fresh countries are achieving independence, because those that achieved independence in past years are more conscious of their needs and their right to health, and also because the population is rising. This constant increase keeps pace with, or may even outrun, whatever concrete progress has been made. Furthermore, there is a negative factor to whose existence and importance sufficient attention is not always drawn, namely, the fact that development itself has its drawbacks and creates new health problems. There are diseases of development, the physical and mental illnesses resulting from the crowding together around large towns in the under-developed countries of a population living under wretched conditions, unworthy of the human species, packed into absolutely inadequate dwellings in a grossly polluted environment. There are also diseases created by the great hydraulic engineering works: irrigation systems and dams encourage the spread of diseases whose vectors need water for their development. This applies to malaria, bilharziasis and onchocerciasis, which has been termed "river blindness", and these are only examples. Consequently, while remaining subject to the scourges of under-development, the populations of many of the under-privileged countries are also already subject to these diseases of development. This will make clear to you the immensity and complexity of the problem.

The inevitable conclusion to be drawn is that we must do more and we must do better. I am aware, and I repeat this, that the more fortunate nations are doing a great deal to help the less fortunate ones and I know that this effort is a considerable burden. Unfortunately, however, there can be no doubt that it is inadequate. I am referring not merely to health as such: health is only a part of development, one of its aims as well as a factor in its achievement, and cannot be dissociated from economic

BOOKS AND REVIEWS

and social conditions as a whole. Consequently, it is assistance to developing countries as a whole which should be increased and extended in all its aspects . . .

Illiteracy: Grim Companion To World Hunger Problem. — *Freedom from Hunger, Rome, November-December 1967.*

Illiteracy was directly related to lagging agricultural production in an address to the International Congress of Farm Writers held at EXPO 67 in Montreal.

“Over this next critical quarter century,” said FFHC Co-ordinator Charles Weitz, “we will be called upon to cope not only with more hungry people but with more untutored ones as well. We underestimate the inherent menace of such a situation at our own peril. I for one can imagine no more dangerous combination than hunger wedded to ignorance.

“Can peace prevail in a world where hundreds of millions, or billions, a majority of the world’s inhabitants, suffer both a hungry belly and an impoverished and bitter mind? Can civilization itself long survive such a test?”

Mr. Weitz said United Nations experts estimate that there are 200 million more illiterates in the world today than there were five years ago. The percentage of children attending school in an “alarming number” of African, Asian and Latin American countries was slowly but ominously falling.

The situation was not to be wondered at, Mr. Weitz said. In the developing nations, between 75 and 80 percent of all heads of household are farmers, so when agriculture in these countries failed or was depressed, there tended to be failures in other areas. It took money to build schools, to hire and train teachers, to provide schoolchildren with textbooks. The failure of a maize crop in the Andes, an outbreak of rinderpest in southeast Asia, or a drought in central Africa meant not only less food and less money but also fewer new schools and sometimes the abandonment of existing ones.

“Let us make no mistake about it,” Mr. Weitz told the gathering of journalists, “the world is engaged in a war, a war against hunger and human misery. Every man, woman and child alive today, and for at least another generation to come, is involved in this war—willing or not and ready or not.”

In the face of the crisis, two things had to be done immediately:

— World agricultural production had to be greatly expanded.

— Population had to be stabilized at some reasonable level before it crushed all man’s progress to date.

Human Rights and the Humanitarian Conventions, by Sean MacBride,
Annales de Droit International médical, Monaco 1967, No. 16.

... The Hague Convention was constantly considered by all belligerents throughout the Second World War and substantially during the First World War as compulsory and as the expression of the recognized principles of the law of war. Consequently, its scope goes far beyond that of a mere treaty or agreement between the Parties which signed it with liberty for any of them to withdraw from it at any time. For that reason, it is not necessary to examine whether the belligerent whose behaviour is attacked as a breach of the Convention has justification or not to contest the authority of the Convention on the ground that it has never been a Party thereto or, if it has been, that it denounces it. The Convention is compulsory as a rule of common law or as a rule valid for all members of the community of nations.

The same remarks are equally valid for the 1949 Conventions . . .

The World Crisis in Education, by René Maheu, *UNESCO Chronicle, Paris, 1967, No. 11.*

... The present crisis in education, in so far as it is positive, or in so far as it is due more to our understanding of the problems and our determination to solve them than to our mistakes or our short-comings, presents, however, one feature which is quite without precedent. For the first time in history it is now possible—indeed, it seems to be increasingly necessary—to apprehend the problem of education and try to solve it for humanity as a whole. It is the quantitative universality of the problem we are investigating and the qualitative universality of our thinking concerning it, that account for the complexity and difficulty of the task on which we are engaged, but also for its exceptional importance.

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.

SOME PUBLICATIONS

PUBLISHED BY THE ICRC

Geneva Conventions of August 12, 1949. **Essential provisions**, 1965, 8vo, 3 pp. Sw. Fr. 0,50.—

Claude PILLOUD. **Reservations to the 1949 Geneva Conventions**, 1965, 8vo, 8 pp. Sw. Fr. 2.50

ICRC. **Annual Report 1966**. 1967, 8vo, 83 pp. Sw. Fr. 7.—

PUBLISHED BY THE CENTENARY COMMISSION
OF THE RED CROSS IN SWITZERLAND

World Conference of Educators (Lausanne, 19-23 August 1963), 1964, 8vo, 205 pp. Sw. Fr. 5.—

International Red Cross Meeting of First-Aiders, Macolin (Switzerland), 18-24 August 1963, 1963, 8vo, 55 pp. Sw. Fr. 3.—

The Red Cross and Philately (1863-1963), 1965, 8vo, 24 pp., Ill., Sw. Fr. 2.—

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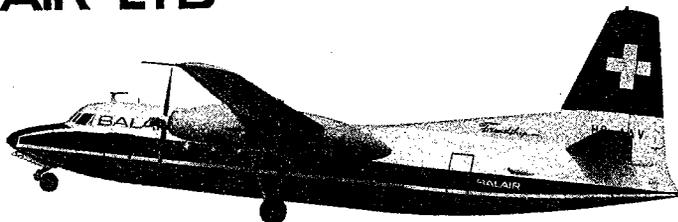
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- ALBANIA — Albanian Red Cross, 35, Rruga Barrikadavet, *Tirana*.
- ALGERIA — Central Committee of the Algerian Red Crescent Society, 15 bis Boulevard Mohamed V, *Algiers*.
- ARGENTINE — Argentine Red Cross, H. Yrigoyen 2068, *Buenos Aires*.
- AUSTRALIA — Australian Red Cross, 122-128 Flinders Street, *Melbourne, C. 1*.
- AUSTRIA — Austrian Red Cross, 3 Gusshausstrasse, Postfach 39, *Vienna IV*.
- BELGIUM — Belgian Red Cross, 98, Chaussée de Vleurgat, *Brussels 5*.
- BOLIVIA — Bolivian Red Cross, Avenida Simon-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. Viruzov, *Sofia*.
- BURMA — Burma Red Cross, 42, Strand Road, Red Cross Building, *Rangoon*.
- BURUNDI — Red Cross Society of Burundi, rue du Marché 3, P.O. Box 1324, *Bujumbura*.
- CAMBODIA — Cambodian Red Cross, 17 R Vithei Croix-Rouge, P.O.B. 94, *Phnom-Penh*.
- CAMEROON — Central Committee of the Cameroon Red Cross Society, rue Henry-Dunant, P.O.B. 631, *Yaoundé*.
- CANADA — Canadian Red Cross, 95 Wellesley Street East, *Toronto 5*.
- CEYLON — Ceylon Red Cross, 106 Dharma-pala Mawatte, *Colombo VII*.
- CHILE — Chilean Red Cross, Avenida Santa Maria 0150, Casilla 246 V., *Santiago de Chile*.
- CHINA — Red Cross Society of China, 22 Kanmien Hutung, *Peking, E*.
- COLOMBIA — Colombian Red Cross, Carrera 7a, 34-65 Apartado nacional 1110, *Bogotá D.E.*
- CONGO — Red Cross of the Congo, 41, Avenue Valcke, P.O. Box 1712, *Kinshasa*.
- COSTA RICA — Costa Rican Red Cross, Calle 5a Apartado 1025, *San José*.
- CUBA — Cuban Red Cross, Calle Zulueta 471, *Havana*.
- CZECHOSLOVAKIA — Czechoslovak Red Cross, Thunovska 18, *Prague I*.
- DAHOMEY — Red Cross Society of Dahomey, P.O. Box 1, *Porto-Novo*.
- DENMARK — Danish Red Cross Ny Vestergade 17, *Copenhagen K*.
- DOMINICAN REPUBLIC — Dominican Red Cross, Calle Galvan 24, Apartado 1293, *Santo Domingo*.
- ECUADOR — Ecuadorean Red Cross, 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.).
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- GREECE — Hellenic Red Cross, rue Lycavittou 1, *Athens 135*.
- GUATEMALA — Guatemalan Red Cross, 3.^o 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*.
- HUNGARY — Hungarian Red Cross, Arany Janos utca 31, *Budapest V*.
- ICELAND — Icelandic Red Cross, Ølduggøtu 4, *Reykjavik*, 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*.
- KENYA — Kenya Red Cross Society, St Johns Gate, P.O. Box 712, *Nairobi*.
- 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 — Lao Red Cross, P.B. 46, *Vientiane*.
- LEBANON — Lebanese Red Cross, rue Général Spears, *Beirut*.
- LIBERIA — Liberian National Red Cross, National Headquarters, Corner of Tubman boulevard and 9th Street 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, C.P. 234, *Luxemburg*.
- MADAGASCAR — Red Cross Society of Madagascar, rue Clemenceau, P.O. Box 1168, *Tananarive*.
- MALAYSIA — Malaysian Red Cross Society, 519 Jalan Belfield, *Kuala Lumpur*.
- MALI — Mali Red Cross, B.P. 280, route de Koulikora, *Bamako*.
- MEXICO — Mexican Red Cross, Avenida Ejercito Nacional, n° 1032 *Mexico* 10, D.F.
- MONACO — Red Cross of Monaco, 27 Boul. de Suisse, *Monte-Carlo*.
- MONGOLIA — Red Cross Society of the Mongolian People's Republic, Central Post Office, Post Box 537, *Ulan-Bator*.
- MOROCCO — Moroccan Red Crescent, rue Calmette, B.P. 189, *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 Socialist 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, Palais gouvernemental, *San Marino*.
- SAUDI ARABIA — Saudi Arabian Red Crescent, *Riyadh*.
- SENEGAL — Senegalese Red Cross Society, Bld. Franklin-Roosevelt, P.O.B. 299, *Dakar*.
- SIERRA LEONE — Sierra Leone Red Cross Society, 6 Liverpool Street, P.O.B. 427, *Freetown*.
- SOUTH AFRICA — South African Red Cross, Cor. Kruijs & 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-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-Trìez, *Hanoi*.
- VIET NAM (Republic) — Red Cross of the Republic of Viet Nam, 201, duong Hông-Tháp-Tu, No. 201, *Saigon*.
- YUGOSLAVIA — Yugoslav Red Cross, Simina ulica broj 19, *Belgrade*.
- ZAMBIA — Zambia Red Cross, P.O. Box R. W. 1, Ridgeway, *Lusaka*.