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

17, avenue de la Paix, 1211 Geneva, Switzerland
Postal Cheque No. 12-1767.

Annual subscription: Sw. Fr. 30.— ($10.—)
Single copy Sw. Fr. 3.— ($1.—)

EDITOR: J.-G. LOSSIER

The International Committee of the Red Cross assumes responsibility only for material over its own signature.
In earlier times, the President of the ICRC may sometimes have been taxed with aloofness, unapproachability and unawareness of the practical action of National Societies. I think this is no longer the case. My predecessors and I myself have been cordially invited to visit National Red Cross Societies, and we in turn have had the pleasure of receiving their representatives in Geneva.

Let us without more ado say how greatly the President of the ICRC appreciates the welcome he has been given everywhere and the tokens of esteem he has received. He makes no mistake, however: the object of that deference and courtesy is merely the person who embodies the institution's principles and carries the ICRC message. The tribute is rendered to a great idea which is continuing to enlist the devoted support of millions of men and women in every nation.

When a new country emerges, once its flag and national anthem are selected, it sets about establishing a Red Cross Society. How comforting is the thought that in every part of the world there are men and women imbued with the same purpose and determined to give their best in the service of others!

The ICRC President finds it most rewarding to see new countries and learn the value and diversity of the activities carried out by National Societies. The duties and responsibilities of Red Cross Societies vary according to the area, political regime and economic situation. Many of them have advisedly concentrated on specific activities outside the operational field of State bodies and other welfare organizations. Red Cross work may be extensive or confined; but it is its own. Duplication and useless effort are discouraging to those who want to do a good job.
The President of the ICRC now in office is a doctor and has always been interested in medico-social action, which is just as necessary in the countries of the Third World as it is in industrialized areas. Many Red Cross Societies have provided the aid of voluntary workers. Emphasis should be laid on that feature: the totally disinterested action of the Red Cross; its acceptance of voluntary work that is strenuous, often obscure, yet useful to the community. In our present-day world, selfless aid may be a rare thing, but let no one say that it is non-existent! Time and again, we have witnessed it on our visits to National Societies.

Local contact with the leaders of those Societies has helped the President of the ICRC to realize the difficulties they have encountered, the obstacles that stand in the way of their development, and the restriction of their independence. That experience was useful for it gave him a better understanding of the various aspects of the International Red Cross.

When he makes a visit, however, the President of the ICRC makes a point of recalling the great principles of the Red Cross, those principles which cannot be debased, interpreted or ignored. If the foundations are undermined, the whole building collapses. Our present-day communications show us how small the world is, but they also show the differences that separate nations. Despite antagonism, misunderstanding and mistrust, there is an idea which unites human beings and, under the emblem of the Red Cross, prompts them to provide relief for the weak and the suffering, whoever they may be.

The President of the ICRC must also explain the stand taken by the institution over which he presides, and describe its activities and problems. Any misapprehension must be dispelled, and the dialogue must in all circumstances be frank. The ICRC performs its duties in a struggle which is renewed from day to day. Its purpose is to provide relief for victims of conflicts. When hindered in its mission by circumstance or human malevolence, when its action is restricted owing to the size of the tasks which confront it, it experiences failure and is sometimes paralysed at the very time when an emergency may call for immediate action. On the other hand, difficulties such as these are offset by the numerous undertakings which are successfully completed.

Thus direct contact between the ICRC President and leaders of National Societies is useful. It makes for confidence and creates bonds of friendship.
Lastly, the President of the ICRC recalls the role of National Societies in the dissemination of principles. The principles of the Red Cross should be taught at school, at the university, in the army, in factories, on the land, and in administrations. For every age, every grade of education, every category of individual, there is a special message, an appropriate method of presenting the Red Cross. Our action may occasionally lack vigour and conviction in this field, and the procedure should be given closer study.

Yet the aim is abundantly clear: to imbue people with the Red Cross spirit of tolerance, mutual understanding, service and devotion; a spirit of which the world, in its quest for peace, stands in such great need.

Eric MARTIN
President of the International Committee of the Red Cross
The international law of armed conflict \textit{(jus in bello)} has undergone a long course of development. Its first traces date from antiquity, but we find a more substantial evolution during the latter part of the Middle Ages. 

One of the remarkable elements in this development was the \textit{"Code of Chivalry"}. Although this was not a written document, being transmitted only by tradition, it possessed great authority. It prescribed that combat must take place in such a manner as not to compromise the honour of the knight and condemned unnecessary killing and killing by treachery. It required that the vanquished be treated with generosity and that assistance be rendered to the helpless and destitute.\footnote{Students of international law history have reported that an immediate effect was exercised by the humanitarian ideals of Islamic law on the principles upon which the code was based.}

The second and more decisive element consisted of the military regulations which the European monarchs began to promulgate, from the 14th century onwards, designed to establish greater order and discipline in their armies, which often committed outrages and abuses not only on enemy territory but at home as well.

As these regulations spread and became better known, there came to be more uniformity in the conduct of belligerents, and some rules covering periods of warfare began gradually to develop. At first, these were not obligatory, but they were generally applied and respected as customs \textit{(usus in bello)}. With the passage of time, and as they became more widespread, these customs began to have obligatory force \textit{(opinio juris vel necessitatis)}. In this way, the customary law of war took form, but it was not codified until the second half of the 19th century, in the form of international conventions.
The process of codifying the *jus in bello* is still incomplete, despite the conclusion of nearly twenty international treaties, which are now in force, dealing with the law of international conflicts. There are still quite a few areas within this law in which customary rules are regularly applied. In addition, the customary law of war plays an important part as a useful device for interpreting the provisions of the conventions when they are not sufficiently clear and precise.

This also applies in the very large field of international protection for victims of war, for wounded and sick combatants, for prisoners of war and for civilians in periods of armed conflict. There are still numerous gaps in the four Geneva Conventions of 12 August 1949, despite their great length, with regard to the rules for such protection.

It is essential therefore to give close study to the content of the norms of the customary *jus in bello* and hence to study its history, primarily with regard to the practice of states during the period of its formation, with particular attention to military regulations, which are highly significant in this respect.

The ill-founded and unwarranted opinion has long prevailed in the world’s scientific literature on international law that the first regulations in this field appeared in England. Ernest Nys, an eminent Belgian professor and specialist in the history of international public law, maintained that the first document of this kind was drawn up in 1385 by Richard II of England.1

The fact is, however, irrefutably established by more painstaking and profound historical research, that King Casimir the Great, who acceded to the throne of Poland in 1333 and died in 1370, established the first such act in Poland, several years earlier.2 The original document has not come down to us but we know its contents through an extensive quotation of it by Wladislaus IIJ agiello, King of Poland and Grand Duke

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2 This sovereign, of the first Polish dynasty, owes his designation “the Great” to his major achievement in affirming and strengthening the power of the state after assuming the throne on the death of this father Wladislaus I (1305-1333), who had brought about the unification of the kingdom, previously divided into several principalities.
of Lithuania (1386-1434) in his edict on “the passage of troops”.

The same act was reaffirmed by the son of Wladislaus II, King Casimir II (1447-1492), on 3 September 1457, at Piotrkow.

The most important provisions in the edict consisted of the orders given to soldiers forbidding them to perpetrate any act of pillage or violence “in the towns, villages, farms and other ecclesiastic, conventual and laic possessions”. It forbade the troops to take food from the people without paying the prices laid down in regulations.

The first royal edicts contained compulsory provisions, unlimited in time and covering all wars in which the Kingdom of Poland was a belligerent. Under the reign of Sigismund I, also known as Sigismund the Elder (1506-1548), there were already some rules promulgated for a specific military expedition.

The destruction of a great part of the Polish archives, during the subsequent wars and after the partitions of Poland toward the end of the 18th century, explains the disappearance of most of the original texts of these military regulations. The few that were saved, however, are sufficient to show how the Polish sovereigns sought to carry out warfare in a less cruel and less destructive manner.

Sigismund the Elder, on 6 February 1530, on the occasion of the meeting of the Diet at Cracow, then the capital of the kingdom, promulgated a long and detailed edict consisting of two chapters, each of which was divided into a number of articles. In the first chapter, consisting of eleven articles, under the general heading, “De profectione ad bellum”, Article 7 forbade the imposition of any exactions upon, or the causing of unnecessary damage to, the inhabitants of localities in which soldiers were stationed.

Article 9 forbade the violation of women under pain of death. The death penalty was also provided, in the following article, for looters.

1 After citing the text of the edict by Casimir the Great, Wladislaus II Jagiello stated, “We therefore, by the grace of God King of Poland, renew and reaffirm the praiseworthy edict cited above, promulgated by our ancestor, the Most Serene Prince and Monsignor, by the Grace of God King of Poland...”

2 Under the title, as given in the original, “Statutum regis Kasimiri primi et per regem Kasimirum modernem confirmatum in Pyotrkow pro transeundis ad bellum”.

3 Entitled “Constitutiones sive mandata de profectione ad bellum facienda et ordine in castris servando articulatim scriptae”.

4 In the original: “Ne autem homines onerentur et indebite damnificentur in locis ubi statio facta fuerit...”

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and for those who desecrated churches. The last article in the first chapter forbade “on the pain of severe punishment” the destruction of beehives and fishponds.

The second chapter, entitled “Ordinatio secundum quam omnes in castris se conservare debent”, contained provisions whose purpose was to minimize the abuses to which inhabitants were subjected in connection with the provisioning of military camps. Capital punishment was provided for those violating those provisions.

On 3 August 1557, King Sigismund Augustus (1548-1572), son and successor to Sigismund the Elder, issued a decree on the rules of military law to be applied during the war in Livonia. Article 14 stated: “Anyone who pillages a church, even on enemy territory, shall be put to death”. In the following article, the same penalty was provided for anyone violating a girl or woman. Article 34 forbade “the killing on enemy territory of girls, women, children, old people, sick people and priests”.

During the latter half of the 16th century, in addition to military rules issued by kings in their capacity as supreme commanders of the armed forces, there were also rules promulgated by army commanders who at that time were known in Poland as “hetmans”. In some relatively rare instances, comparable regulations were issued by commanders appointed ad hoc who did not have the rank of hetman. Among the earliest of these were the “martial laws” issued in a camp near the locality of Zelberk in Livonia by hetman Florian Zebrzydowski, on 10 September 1561, during the reign of Sigismund Augustus.

Their basic provisions were divided into seventeen articles, preceded by an introduction which explained their purpose in the following terms: “These articles . . . apply to all the knights at the camp near Zelberk . . . and to all their servants and all others in the vicinity of the camp, so that they should all know how they must comport themselves, whether they are stationed in the camp or are only passing by, in order that everyone should keep them in mind and not offer ignorance as an excuse.”

They also provided in the introduction that “the articles are to be read for one week, by order of the captain and in his presence, to the entire detachment, the members of which will thus be able to learn the
conduct required of them, without oppressing anyone. The provisions which follow show very convincingly that the desire to minimize the evils of war, as they affected the civilian population, was indeed the main ratio legis for these martial laws.

A great many of the orders issued by the hetman Florian Zebrzydowski repeated, with some changes, rules which were to be found in earlier Polish military codes, relating for example to punishment for those guilty of violating girls and women, killing children, women, old people and priests, and pillaging places of worship in enemy territory.

The provisions of 1561, however, introduced new and more detailed provisions concerning the provisioning of troops on enemy territory. Article 9 forbade the “taking of any object, even of small value, whether in a house, in the fields or in the forest, with the exception of food”. Food which was taken had to be paid for “in accordance with the law”. If it was impossible to pay for such food items, a report had to be made to the hetman or his deputy so that payment could be ordered. Anyone taking food without paying its full value in money and without reporting to the hetman “would be punished as a thief”.

Somewhat surprising from the military point of view was the ban in the fourth paragraph of the same article: “Since horses and mares do not constitute food, they must not be taken by anyone to harness to wagons or for any other purpose, because one might forget to return them and because it would be difficult under such circumstances for the peasant to follow them”. Finally, the sixth paragraph of the same article stated that “No one has the right to dismantle houses or any other buildings and anyone found with construction wood in his possession shall be punished by death.”

At about the same time that hetman Florian Zebrzydowski was issuing these regulations, Stanislas Cikowski, vice-regent of the Polish

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1 The introduction contained a further specific stipulation providing that the articles were to be applied not only within the military camp but also in any place to which the detachment might be “ordered or sent”.

2 The same article contained a somewhat curious provision forbidding the removal of honey from beehives on the ground that “honey should not be dealt with in the same manner as food, since the troops can get along without such delicacies”.

3 A further provision in the same article stated that “kitchen gardens must be regarded as the same as larders; anyone entering such a garden and taking anything whatsoever will have committed an offence like that of stealing from a larder”.

4 In addition, all the costs of reconstruction were to be charged against the offender’s property.
armed forces in the Grand Duchy of Lithuania, was promulgating his own, at Born on 14 February 1565, for the troops under his command. Issued “before entering upon enemy territory”, they contained two particular provisions which were not found in earlier Polish military codes. The first of these forbade “the burning of villages, settlements or any cottages whatsoever without orders from the hetman” (Article 22). The second forbade the soldiers “to take, or to keep, even for an hour, any woman of an enemy country, except in the case of a girl under the age of six years”.

On 10 August 1581, in a camp near Woronice, the Polish king Stephan Batory (1576-1586) signed a long document containing 44 articles, characterized especially by provisions concerning prisoners of war. Article 12 forbade the capturing or imprisonment of “peasants, priests, children, women and girls”. Article 24 ordered that prisoners of war be presented to the hetman and “be liberated at the discretion of the hetman”.

A little less than six months later, on 3 February 1582, the great hetman Jean Zamoyski, then near Pskov, promulgated an order containing 11 articles whose purpose was primarily to protect against hunger and cold the children and women of enemy nationality in territory under the control of Polish troops. Article 8 ordered that they were to be brought to the hetman’s camp so that they could be turned over to the enemy authorities. Another provision worthy of mention is Article 11, concerning the duty of burying all the dead.

In August 1635, the great hetman Prince Christophe Radziwill issued a decree with 89 articles. Article 22 provided that “within His Majesty’s kingdom, no one should cause any injury whatsoever to a widow, to a married or unmarried woman, to a woman in childbirth, to a pregnant woman, to any other woman, or to any child, under pain of such punishment as the hetman should decide. Whoever might dare, even on enemy territory, to violate a woman, whoever she may be, or incarcerate any of the persons enumerated above, shall be punished by death”. Article 27 stated: “If anyone brings grain into the field for the purpose of sowing it, or comes into the field with an ox or horse to plough or harrow the land, any soldier who dares to take them away from him shall be punished by death”.

The various provisions we have noted, dispersed among a number of codes, were brought together and excellently amplified in a huge
compilation prepared at the order of King Wladislaus IV, who reigned from 1632 to 1648. This compilation, consisting of twenty chapters divided into articles, constitutes in a way a relatively complete codification of the laws of war. Its language is precise and its subject matter is presented systematically. Primarily, however, its content constitutes a great step forward, since it testifies to the desire to provide victims of war with the utmost possible guarantee of protection against the disasters and suffering resulting from armed conflicts.

Without risk of exaggeration—and this is on the basis of exhaustive comparative research of historical sources and documents—we can definitely affirm that the Europe of the 17th century, which witnessed almost constant warfare, has no comparable laws of war. In evidence, we may note the fact that many of the rules proclaimed in the decrees of Wladislaus IV of Poland were not regarded as obligatory until the signing of the international humanitarian conventions of Geneva and The Hague in the latter half of the 19th century. In such an article as this, it is not possible to illustrate this fact in full detail, and we shall therefore limit ourselves to some especially significant examples.

In Chapter XVI of the Code of Wladislaus IV, concerning fire and theft, Article 1 categorically forbids setting on fire "whether in towns or villages, churches, hospitals, schools or mills, in enemy territory, or to demolish and destroy buildings not used for the purpose of war, forges, ploughs or other agricultural implements. Any person doing so shall be punished by death as an outlaw".

It was not until 1899 that the Hague Regulations—annexed to the Convention on the Laws and Customs of War on Land—set forth, in Article 27, that “in sieges and bombardments, all necessary steps must be taken to spare, as far as possible, buildings dedicated to religion, art, science or charitable purposes, historic monuments, hospitals...” We can see that this article in the Hague Regulations is clearly more restrictive than Article 1 of Chapter XVI of the military regulations of King Wladislaus IV, promulgated more than two and a half centuries earlier.

The first article of Chapter XVII forbids, under penalty of death, looting, in towns and villages, hospitals, religious buildings and buildings devoted to the education of the poor, even when towns and villages have been taken by assault.
To understand the real significance of these two provisions in the Polish royal ordinance dating from the first half of the 17th century, we should remember that the renowned Swiss author Emerich de Vattel, justly recognized for his direct influence on the development of international law in the modern epoch through his great work published in 1758, considered that one had the right to demolish religious and public buildings if this should prove to be necessary in the course of a siege.¹

Article 3 of Chapter XVII of the code of Wladislaus IV contained, among other provisions, instructions concerning the care to be given to sick people in captured localities. Article 4 forbade even officers of the highest rank to hold prisoners of war for any longer than thirty-six hours. Before the expiration of this period, the prisoners had to be taken to the hetman or provost marshall.

To ensure the utmost respect for the royal decree, all officers and soldiers were required to swear an oath to obey all of its provisions to the letter.

Later on, other military regulations were promulgated by Polish kings and hetmans, such as the 97 articles concerning the conduct of war issued in a camp near Kluck in 1684 by the great hetman Prince Janusz Radziwill, the law on military courts by King Jean Casimir (1649-1668), and orders concerning the conduct of war by King Augustus II (1697-1706 and 1709-1733) which were issued in 1698.

As evidence of a religious toleration which was quite uncommon in Europe at that time, there is the decree of the hetman Prince Janusz Radziwill which said that the ban, "on pain of death and without mercy", on the desecration, burning or destruction of religious buildings was effective without regard for what religion was practised or what rites were observed in those buildings.

Jean Casimir banned "looting or any damage whatsoever in churches, hospitals or schools or in any other buildings devoted and dedicated to the worship of God and for assistance to the poor, whether in one's own state or in that of the enemy". Article 16 of the same law forbade, "under pain of severe corporal punishment, the causing of injury to

old and handicapped people, to women, to pregnant women and to children.”

Augustus II, in his orders, provided a more extensive list than those given in earlier Polish codes of the property in enemy territory which should be exempt from burning or devastation. He enumerated, among other things, “churches, convents, town halls, other public buildings, mills, bakeries, refineries and all institutions serving the needs of the community” (Article XVIII). In defining the way in which prisoners of war should be treated, Article XXI forbade “dealing with them in an unworthy manner”.

The tragic events in Poland towards the end of the 18th century, involving the total loss of its independence following the successive partitions of its territory by the three neighbouring powers, put an end for a long time to the international existence of Poland, which had been a sovereign state ever since the 10th century. During 122 years of occupation, until it regained its independence in 1918, Poland could play no part in the development of international law. The conclusive and incontrovertible examples we have cited above, however, with regard to legislative practice and juridical thinking, testify to the important contribution made by an independent Poland to the universal patrimony of mankind in the international law of armed conflicts. They also offer convincing proof of the great humanitarian spirit of the Polish people.

Andrzej GORBIEL
Doctor of Law
Associate Professor, University of Lodz

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1 Article 23 of this law contained an instruction to captains “to have readings, as often as necessary, of the articles concerning the duties of their units”.

2 It is interesting to note that articles in the decree of Augustus II, as well as those in the 1635 ordinance of the hetman Prince Krzysztof Radziwill, provided that no one violating their terms could invoke drunkenness as an excuse or justification, and that under such circumstances the punishment would be more severe (Article XXIII).
INTERNATIONAL COMMITTEE OF THE RED CROSS

EXTERNAL ACTIVITIES

ICRC President’s Missions

Hungary
At the invitation of the Hungarian Red Cross and authorities, Mr. Eric Martin, President of the ICRC, was in that country from 4 to 9 May 1975, accompanied by Mr. Melchior Borsinger, delegate-general.
The ICRC President was welcomed on his arrival in Budapest, on 4 May, by a Hungarian Red Cross delegation comprising Mr. Gegesi Kiss, President of the Society, Mr. János Hantos, Secretary General, and other leaders.
On 8 May, he was received by Mr. Pál Losonczi, Chairman of the Presidential Council of the Hungarian People’s Republic. He conferred with members of the Hungarian Government including Dr. Emil Schultheisz, Minister of Health, Dr. Szazlo Medwed, Vice-Minister of Health, and Mr. Jozsef Marjai, Under-Secretary of State in the Ministry of Foreign Affairs.
During his stay, the ICRC President met a number of high Red Cross officers at the Society’s headquarters.
On these various occasions, the representatives of the ICRC spoke of the present concerns and action of the ICRC, particularly in South-East Asia, Chile and Cyprus. They also had an interesting exchange of views regarding the future activities and new structures of the Red Cross movement, in the light of current studies. Another question discussed was the Red Cross contribution to the building and maintenance of peace in the world.
In 8 May, the ICRC President attended the official ceremony held at the meeting of the national directorate of the Hungarian Red Cross to commemorate World Red Cross Day. During that ceremony he addressed a large gathering in the name of the ICRC and presented the Florence Nightingale Medal to Mrs. Roza Almassy and Mrs. Zsofia Maroskőzi, dedicated nurses of the Hungarian Red Cross.

The ICRC representatives were subsequently given an opportunity to familiarize themselves with various practical aspects of the Society's activities and State health services. They visited the National Institute of Haematology and Blood Transfusion. Red Cross volunteers are known to donate almost all the blood used in Hungary. A visit was also made to Salgotarjan, where the ICRC representatives were received by the County and Town Council and also by directors of the Nógrád county Red Cross branch. They visited the Central Hospital, first-aid installations in a large glass factory, and the local Red Cross organization in the district of Karancskeszti.

Lastly, Mr. Martin and Mr. Borsinger were shown the film "The Red Cross, your safeguard in an emergency", a co-production of the Hungarian and Bulgarian Red Cross Societies and the League, and were privileged to hear the "Cantata to the Memory of Henry Dunant", by a Hungarian poet and a Hungarian composer. The cantata was sung by several hundred high-school pupils.

France

Mr. Eric Martin, President of the International Committee of the Red Cross, and Mr. Laurent Marti, on special assignment for the ICRC Executive Board, went to Paris at the invitation of the French Red Cross.

On 27 May, Mr. Martin and Mr. Marti met Mr. Jean Sauvagnargues, French Minister for Foreign Affairs. On the following day, the ICRC President was granted an audience by Mr. Valéry Giscard d'Estaing, President of the French Republic.

The main problems discussed during the two talks were the ICRC's activities in the world and the financial support which it needs and which France, like other governments, might be able to supply.
Africa

South Africa

Between 17 April and 3 May 1975, the delegate-general for Africa and three ICRC delegates, one of them a doctor, visited some 300 prisoners convicted of offences against the security of the State in South Africa.

The places of detention visited were Robben Island (21-25 April), Pretoria Local (28 April) and Kroonstad Prison (29 April). On 30 April they also saw Mr. Bram Fischer, temporarily discharged from prison in view of his grave illness and who was living with his brother at Bloemfontein (Mr. Fischer died at the beginning of May).

As usual, the delegates talked at length with prisoners without witnesses.

Before and after these visits, the ICRC delegates had interviews with the Minister of Justice and Police and the Commissioner of Prisons, with whom they discussed detention conditions and matters relating to non-convicted security detainees.

Rhodesia

Early in May, the ICRC regional delegate for Southern Africa and two delegates, one of them a doctor, made a round of visits to places of detention in Rhodesia, to see persons detained under the emergency regulations.

The delegates visited some 300 prisoners in prisons at Chikurubi (5 May), Salisbury (6 May), Gwelo (8 May), Hokonui Ranch (9 May), Wankie (12 May) and Wha Wha (13 and 14 May). They delivered relief supplies for the detainees.

Morocco

From 5 to 10 May 1975, the ICRC delegate-general for Africa, accompanied by another delegate, was in Morocco. He was received by H.R.H. Princess Lalla Malika, President of the Moroccan Red Crescent, and met directors of that National Society.

At Rabat, the delegate-general met the Minister of Higher Education and representatives of the Ministries of Foreign Affairs and Health.

At Fez, he was received by the King's personal representative and Minister of the Royal Household, who is also the Chief of the General
Staff of the Armed Forces. Subjects of mutual interest including the dissemination of humanitarian law among youth and the armed forces were discussed at all the meetings.

The ICRC delegate-general handed the President of the Moroccan Red Crescent a contribution for the approximately 10,000 victims of recent floods which had occurred in different parts of the country.

Upper Volta and Mali

An ICRC delegate carried out a mission to the Republic of Upper Volta and the Republic of Mali from 23 to 28 April 1975. In the Ouagadougou central prison, he visited seven Malian civilian internees, four of whom had been visited previously. At Bamako, the delegate made a second visit to two Upper Volta prisoners of war captured in December 1974. In both countries, the delegate was able to speak to the prisoners without witnesses. The visits were made with the support of the National Red Cross Societies concerned.

Latin America

Chile

During April 1975, the ICRC delegates and doctors in Chile visited twenty-nine places of detention and saw some 1,700 detainees held by the military authorities.

Assistance to detainees and their families continued. In six places of detention the ICRC delivered relief supplies and eleven batches of medicaments for detainees, to a value of more than 4,000 dollars. In addition, 2,584 needy detainees' families received from the ICRC medicines, food, clothing and toilet articles valued at over 80,000 dollars.

The Tracing Agency is continuing to deal with many special cases and to transmit mail between detainees and their families.

Guatemala

An ICRC delegate, while in Guatemala from to 4 to 24 April 1975, met the President and several directors of the Guatemalan Red Cross, and had talks with the Ministers of the Interior, Defence and Education. The discussions centered mainly on ICRC activities and the dissemination of the Geneva Conventions among the armed forces and youth.
The delegate also visited six places of detention where he saw more than 2,200 detainees, about ten of whom were detained for political reasons.

On 25 April, the ICRC delegate left Guatemala for Mexico.

Asia

Indo-China

*International Red Cross activities for Indo-China, with the exception of Cambodia, are continuing, both in Geneva and in the field.*

South Vietnam

The delegation of six persons—one of them a doctor—which had already been in Saigon some time when the situation changed, was able to continue various activities: food distribution, medical care and Agency problems.

At the end of April, the head of the ICRC Relief Division and a delegate of the Central Tracing Agency went to Hanoi for talks with the authorities and the Red Cross Societies of the Democratic Republic of Vietnam and of the Provisional Revolutionary Government of the Republic of South Vietnam (PRG).

During those meetings, a fresh list of requirements for the civilian population of South Vietnam was handed to the Red Cross. The listed relief, to a total value of 38 million Swiss francs, included some 10,000 tons of food (especially rice, tinned meat and condensed milk), 50 ambulances, X-ray and pharmaceutical units, 1,500 medical kits for dispensaries and maternity homes, and miscellaneous medical supplies.

In Geneva steps were promptly taken to ensure that the request was met without delay.

Cambodia

The International Red Cross delegation at Phnom Penh—sixteen members in all, including a British surgical team, two doctors and several nurses—on 16 April 1975 set up a hospital and safety zone in the Royal Phnom Hotel (see our April 1975 issue). In that zone, which was under the direct administration of delegates of the International Red Cross, more than 2,000 civilians fleeing from combat zones found temporary shelter from the effects of hostilities.
In addition, the medical delegates set up a medico-surgical dispensary in two of the hotel annexes. In the morning of 17 April, after the revolutionary forces' entry in Phnom Penh, the head of the Red Cross delegation had his first contact with one of their representatives, to whom he described at length the nature and purpose of International Red Cross activities, and the status of the safety zone in particular. The decision and the offer were noted.

As the situation appeared to warrant such a step, the surgical team went to Prea Keth Mealea hospital to resume its activities in more suitable surroundings and get ready to receive the wounded collected in the zone. The team was not, however, allowed to resume work. As the medical supplies stored in the zone had been requisitioned by the authorities, a further attempt was made in the afternoon, but the team was prevented from reaching the hospital, which was being evacuated.

In the early afternoon of that same day, the authorities asked the head of the International Red Cross delegation to go to the delegation's depot and hand over the stocks of medicaments stored there. On his return to the safety zone, he found that the revolutionary forces had ordered it to be evacuated within thirty minutes, and that the first civilians were already leaving.

The delegation head thereupon assembled his team and told them to evacuate as many wounded as possible to hospitals which were presumed to be functioning. Realizing shortly after that the hospitals were also being evacuated, he had no alternative but to ask families to take care of their own sick and wounded (there were about a dozen patients). Moreover, as the evacuation order also applied to International Red Cross personnel, who realized that further activities were impossible, the head of the delegation went to the French Embassy—to which most of the residents of the zone were already going—to ask whether the delegation could be received there. Consent was given, and towards the end of the day the International Red Cross personnel went to the French Embassy. Later, the Red Cross delegates, like those who had already taken refuge there, were driven in a truck to the Thai frontier, which they reached on 3 May.

The International Red Cross thus has no personnel or activities in Cambodia at present. It is, however, prepared to respond to any request for relief for the Cambodian civilian population.

* * *

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Tracing Agency. — Owing to the problems posed by the arrival of Vietnamese nationals in Guam, the Philippines, Thailand and Hong Kong, consultations are being held with the Office of the United Nations High Commissioner for Refugees (UNHCR) and the Intergovernmental Committee for European Migration (ICEM). If necessary, the ICRC is prepared to issue travel documents on a purely technical basis. The consultations also relate to persons who wish to return to Vietnam.

Logistics. — By 18 May, the International Red Cross DC-6 aircraft had totalled fifty-seven flights to Vientiane and Hanoi, with more than 90 tons of various relief supplies (mainly food and medicines).

In addition, a 3,100-ton Red Cross ship transporting chick-peas arrived in Danang on 20 May. Another vessel, with 1,200 tons of rice, is on its way to South Vietnam and is due to arrive there towards the end of May.

By 20 May 1975 some 7,700 tons of relief supplies, valued at 23.2 million Swiss francs, had reached or were on their way to South Vietnam.

Delegates. — About twenty delegates, including experts in relief operations, logistics and radiocommunications, are at work, under a co-ordinator sent out specially from Geneva, at Bangkok, Singapore and Vientiane, the three advance bases for assembling relief supplies for Indo-China. A five-member Swedish medical team is working in cooperation with the Thai Red Cross, at Bangkok, where it is concerning itself with refugees. At Saigon, six delegates, including a doctor, are pursuing their activities. An expert of the ICRC Central Tracing Agency has been sent to the island of Guam in connection with the problem of Vietnamese refugees. Another ICRC delegate at Hanoi is acting as liaison officer with the Red Cross of the Democratic Republic of Vietnam and the Red Cross of the Republic of South Vietnam.

Finance. — On 20 May, the financial situation was as follows: in response to appeals to Governments and National Red Cross Societies for 87.5 million Swiss francs, 51.5 million francs had either been received or promised; 43.3 million in cash and 8.2 million in kind. A further 36 million Swiss francs, however, remain to be found in order to cover all the relief programmes for Indo-China.

The contributions received came from nineteen Governments and thirty-four Red Cross Societies and also from a number of private donors. Government contributions were from Australia, Austria, Belgium, Canada, Denmark, Federal Republic of Germany, Finland, Iceland, Ireland, Japan, Liechtenstein, Luxembourg, Netherlands, New Zealand, Norway, Sweden, Switzerland, United Kingdom and the United States of America.
The National Societies of the following countries made contributions: Australia, Austria, Belgium, Bolivia, Canada, Denmark, Finland, France, Federal Republic of Germany, German Democratic Republic, Iceland, India, Ireland, Italy, Japan, Republic of Korea, Liechtenstein, Luxembourg, Malaysia, Monaco, Netherlands, New Zealand, Norway, Philippines, Poland, Romania, South Africa, Spain, Sweden, Switzerland, Thailand, United Kingdom, United States of America and USSR.

Among the various other donors who responded to the Red Cross appeals we might mention the European Economic Community (EEC), which contributed to a value of more than 1.2 million Swiss francs, Nestlé and OXFAM.

Europe

Cyprus

Almost a year after the outbreak of hostilities in Cyprus, human problems are as distressing as ever, and it has been necessary to keep on the island an ICRC delegation of doctors and Tracing Agency and relief experts.

The ICRC has provided protection and material and medical assistance for isolated communities, both in the north, in villages inhabited by Greek-Cypriots, and in the south, in villages and urban areas in which Turkish-Cypriots are living. Delegates make regular visits to all communities, inquire about living conditions, the frequency and equity of relief distributions, and sanitary and medical conditions. The ICRC then approaches the authorities according to the particular situation of those protected populations.

As regards relief, the ICRC distributes food and medicines to supplement the programmes sponsored by the authorities, the Office of the United Nations High Commissioner for Refugees (UNHCR) and the United Nations.

The work of the mobile medical teams with which the ICRC was provided by National Red Cross Societies has changed in keeping with the situation. In the southern part of the island, the teams are providing weekly consultations in the hospitals of Limassol, Larnaca, Polis and Paphos. Turkish-Cypriot doctors living in those districts and able to move about freely are working in close co-operation with the ICRC and giving treatment in all Turkish villages.
Dispensaries have been opened in some Greek-Cypriot villages in the north. With improved health conditions throughout the island and as the activities of the local hospital infrastructure are resumed little by little, the ICRC is considering a gradual reduction of its medical activities.

As postal communications have not yet been restored between the two Cyprus zones, thousands of family messages are transmitted every month by the ICRC Agency bureaux (two in the Greek and Turkish areas of Nicosia and four in the south, at Limassol, Larnaca, Ormidhia and Paphos). The Agency’s experts from Geneva carry out the work with many local employees and in co-operation with the Cyprus Red Cross and the Turkish Red Crescent.

One of the many human problems that have arisen in Cyprus is that of persons missing during the hostilities and about whom nothing is known. This problem is on the agenda of the inter-community meetings on humanitarian matters regularly held at Nicosia, which are attended by representatives of the ICRC and UNHCR.

Poland

From 17 to 25 April 1975, an ICRC delegate visited Poland at the invitation of the Polish Red Cross. In Warsaw, she was received by Dr. R. Brzozowski, President of the National Society and Vice-Minister of Health, and by several members of the National Society's directorate. She also met various officials of the municipal authorities of Warsaw, Torun and Bydgoszcz.

During her stay in Poland, the ICRC delegate had an opportunity to familiarize herself with the various activities carried out by the Polish Red Cross, both in the capital and in the provinces.

Turkey

From 11 to 15 May 1975, the ICRC delegate accredited to the Turkish authorities was in Ankara, where he had fruitful talks on problems that still arise in connection with ICRC activities in Cyprus. He conferred with the Director-General for Political Affairs, representatives of the Department of International Organizations in the Ministry of Foreign Affairs, and the Director-General of the Turkish Red Crescent.
Middle East

Repatriation of Arab civilians. — Several Arab civilian repatriation operations have been carried out under the auspices of the ICRC.

At Ras Nakura, on 5 May, the ICRC repatriated a Lebanese civilian, a mental case, who had lost his way and crossed the frontier, and on 13 May a woman captured by Israeli armed forces during a raid into southern Lebanon the day before. On 15 May, a third operation enabled six Lebanese nationals captured on 12 and 13 May to return to their own country.

At Kuneitra, on 8 May an Arab civilian, released from detention by the Israeli authorities, was conducted into the Syrian Arab Republic by the ICRC.

Family reuniting. — In the United Nations buffer zone, a family reuniting operation took place under ICRC auspices on 7 May, when 114 persons (including a doctor, one student and 111 persons making family visits) crossed over from the Arab Republic of Egypt to Gaza-Sinai occupied territory. In the other direction, 243 persons (including 202 visitors and six students) went to the Valley of the Nile.

Relief for El Arish. — On 30 April, ICRC delegates operating in the Arab Republic of Egypt met delegates working in Israeli-occupied territories on the El Qantara-Balouza road and delivered to them 75 tons of relief supplies provided by the Egyptian Red Crescent Society for victims of last February's floods at El Arish. The ICRC will be responsible for organizing distribution.

The ICRC was also entrusted with transmitting government compensation to the families of the twenty-six persons who perished in that disaster.

This assistance supplements the ICRC emergency relief action conducted in co-operation with the Israeli authorities.

Lebanon

During the encounters which took place between Palestinian combatants and Lebanese phalangist militia, in Beirut in mid-April, the ICRC was asked by the Lebanese Red Cross and the « Palestinian Red Crescent » to arrange a truce and evacuate the wounded.

On 14 April, an ICRC delegate escorting nine ambulances tried to reach the districts where there was fighting, but the attempt failed owing to firing by snipers.

By the time it was possible to carry out the operation, the situation had distinctly improved, and only five wounded were transported from La Quarantaine Hospital to Al Kods Hospital run by the « Palestinian Red Crescent », the others not considering their transfer necessary.
The Australian Minister of Health presenting the President of the ICRC Executive Board, (right) with a cheque in favour of the work of the International Red Cross in Indo-China.

Photo J.-J. Kurz/ICRC

An ICRC delegate visiting places of detention in Togo.
The school textbook...

Photos Jollet ICRC

... and the Soldier's Manual, both are published by the ICRC.
IN GENEVA

Guests of the ICRC

On 30 April 1975, the new President of the Portuguese Red Cross, visiting the international Red Cross institutions in Geneva, was received at ICRC headquarters. He was welcomed by the President of the ICRC and the President of the Executive Board, and he met the directors of Operations, of the Department of Principles and Law, of the Central Tracing Agency, and other members of the directorate. The talks centered on questions relating to the Red Cross.

* * *

On the occasion of his visit to Switzerland, Dr. D. N. Everingham, the Australian Minister of Health, called at the International Committee's headquarters on 23 May.

He was received by Mr. R. Gallopin, President of the Executive Board, and Mr. J. P. Hocké, Director of Operations.

Mr. Everingham handed Mr. Gallopin a cheque for 686,140 Swiss francs as his country’s contribution to the international Red Cross action in Indo-China 1.

1 Plate.
IN THE RED CROSS WORLD

Joint Commission
of the
Empress Shōken Fund
No. 66

Geneva, April 1975.

FIFTY-FOURTH DISTRIBUTION OF INCOME

The Joint Commission entrusted with the distribution of the income of the Empress Shōken Fund met in Geneva in April. The Japanese Red Cross Society was represented by His Excellency Ambassador Kiyohiko Tsurumi.

The Commission noted the statement of accounts and the situation of the Fund as at 31st December 1974 and confirmed that the balance available amounted to Sw.Fr.s 147,426.81.

In examining the applications, the Joint Commission reviewed the experiences of the past few years. The Commission noted that the criteria (a. b. c.) it had established for allocation were still valid —

a. to restrict the number of allocations and thereby increasing the allocations so as to permit the beneficiary National Societies to implement the plans envisaged;

b. to uphold only those from developing National Societies unable to have their projects financed otherwise and, among such Societies, whenever feasible those which have hitherto benefited least from assistance from the Shōken Fund;
c. to refrain from considering the requests from those National Societies which have not conformed to the requirements under article 5b of the Regulations according to which the beneficiary National Societies are expected to report on the use of the allocations received.

The National Societies in default of the requirement referred to in the preceding paragraphs being — Cameroun, Chile, Mali and Upper Volta.

Twenty-seven requests were submitted by 24 National Societies for allocations from the 54th Distribution of income and the Joint Commission decided to make the following allocations based on the above-mentioned criteria:

The Burma Red Cross Society: Sw.Frs. 20,000,— for the purchase of outboard motors for relief/rescue boats.

Ethiopian Red Cross Society: Sw.Frs. 25,000,— for the purchase of medical equipment for the Mother and Child Health Services in Dessie-Wollo.

The Gambia Red Cross Society: Sw.Frs. 12,500.— for the purchase of a blood collection vehicle.

Ghana Red Cross Society: Sw.Frs. 25,000.— for the purchase of two ambulances.

Nepal Red Cross Society: Sw.Frs. 25,000.— for the purchase of an ambulance.

Red Cross Society of Panama: Sw.Frs. 12,500.— for the purchase of a vehicle for its health centres.

Paraguayan Red Cross Society: Sw.Frs. 25,000.— for the purchase of a blood collection unit.

The Joint Commission also decided that the unused balance of Sw.Frs. 2,426.81 will be added to the income available for the 55th Distribution.

In accordance with article 5b of the Regulations, the beneficiary National Societies are required to report in due course to the Secretariat of the Joint Commission on the use which has been made of the allocations received. The Joint Commission would like this report, accompa-
IN THE RED CROSS WORLD

nied by photographs if possible, to reach it at the latest by the end of the year during which the allocation is used. It furthermore reminds beneficiaries of article 5a of the Regulations which prohibits them assigning the grant for purposes other than those specified without the previous consent of the Commission.

In accordance with the Regulations, the 1975 income will be distributed in 1976. To facilitate National Societies to make applications in conformity with the Regulations, the Joint Commission has decided to send, as in the past year, model application forms to all National Societies.

The Joint Commission desires to remind National Societies that such requests must indicate the purposes for which the allocation will be used, in order for them to be considered; they must also, as far as possible, be accompanied by a plan of financing. Requests must be submitted to the Secretariat of the Joint Commission before 31st December 1975.

For the Joint Commission

League of Red Cross Societies
H. Beer
B. Petterson
K. Seevaratnam (Secretary)

International Committee of the Red Cross
R. Gallopin (Chairman)
P. Gaillard
M. Martin

* * *
Empress Shōken Fund

**BALANCE SHEET AS AT DECEMBER 31, 1974**

*(expressed in Swiss Francs)*

### ASSETS

<table>
<thead>
<tr>
<th>Item</th>
<th>SW.Frs.</th>
<th>SW.Frs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Securities in portfolio</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Swiss bonds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(market value: Swiss Francs 52,900.—)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foreign bonds in Swiss Francs (market value: Frs. 1,720,900.—)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other foreign bonds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(market value: Frs. 172,422.50)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Less:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provision for loss on investment</td>
<td>94,197.95</td>
<td></td>
</tr>
<tr>
<td>Total of securities in portfolio at book value</td>
<td>2,118,362.40</td>
<td></td>
</tr>
<tr>
<td>Debtor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Account receivable, withholding tax recoverable</td>
<td>7,175.65</td>
<td></td>
</tr>
<tr>
<td>Fixed deposit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade Development Bank, Geneva</td>
<td>150,000.—</td>
<td></td>
</tr>
<tr>
<td>Société Générale de Banque, Bruxelles</td>
<td>250,000.—</td>
<td>400,000.—</td>
</tr>
<tr>
<td>Cash at Bank:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Swiss National Bank, Geneva</td>
<td>12,948.28</td>
<td></td>
</tr>
<tr>
<td>Trade Development Bank, Geneva</td>
<td>1,046.90</td>
<td></td>
</tr>
<tr>
<td>MM. Bordier &amp; Co, Geneva</td>
<td>10,282.40</td>
<td>24,277.58</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td>2,549,815.63</td>
<td></td>
</tr>
</tbody>
</table>

### LIABILITIES AND OWN FUNDS

<table>
<thead>
<tr>
<th>Item</th>
<th>SW.Frs.</th>
<th>SW.Frs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance carried forward from the previous year</td>
<td>2,323,178.46</td>
<td></td>
</tr>
<tr>
<td><strong>Plus:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Special contribution received in 1974 from the Japanese Government</td>
<td>2,612.24</td>
<td></td>
</tr>
<tr>
<td><strong>Less:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provision for administrative expenses:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance carried forward from the previous year</td>
<td>5,716.50</td>
<td></td>
</tr>
<tr>
<td>Transfer from the income statement as per the statutes</td>
<td>7,724.45</td>
<td></td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td>13,440.95</td>
<td></td>
</tr>
<tr>
<td>Creditors (Allocations to be withdrawn)</td>
<td>56,000.—</td>
<td></td>
</tr>
<tr>
<td>Current account with the League of Red Cross Societies</td>
<td>11,209.87</td>
<td>67,209.87</td>
</tr>
<tr>
<td><strong>Total of own funds</strong></td>
<td>2,549,815.63</td>
<td></td>
</tr>
</tbody>
</table>

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### IN THE RED CROSS WORLD

#### SITUATION OF SECURITIES AS AT DECEMBER 31, 1974

<table>
<thead>
<tr>
<th>Category</th>
<th>Nominal Value</th>
<th>Purchase Price</th>
<th>Market Value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Sw.Frs.</td>
<td>Sw.Frs.</td>
<td>Sw.Frs.</td>
</tr>
<tr>
<td>4  % Canton de Genève 1963/1979</td>
<td>50,000.—</td>
<td>50,000.—</td>
<td>43,500.—</td>
</tr>
<tr>
<td>4J;2 % Crédit Foncier Vaudois 1964/1977</td>
<td>10,000.—</td>
<td>10,000.—</td>
<td>9,400.—</td>
</tr>
<tr>
<td>5J;2 % Japan 1964/1979</td>
<td>200,000.—</td>
<td>194,054.—</td>
<td>196,000.—</td>
</tr>
<tr>
<td>5J;2 % Japan 1968/1983</td>
<td>650,000.—</td>
<td>639,295.—</td>
<td>585,000.—</td>
</tr>
<tr>
<td>6J;2 % Japan Dev. Bank 1970/1985</td>
<td>400,000.—</td>
<td>402,480.—</td>
<td>364,000.—</td>
</tr>
<tr>
<td>7  % Asian Dev. Bank 1971/1986</td>
<td>200,000.—</td>
<td>202,765.—</td>
<td>162,000.—</td>
</tr>
<tr>
<td>6  % Norges Kommunbank 1972/1987</td>
<td>70,000.—</td>
<td>70,002.—</td>
<td>56,700.—</td>
</tr>
<tr>
<td>5I4 % Worldbank, Washington 1968/Nov. 1984</td>
<td>100,000.—</td>
<td>98,108.—</td>
<td>84,000.—</td>
</tr>
<tr>
<td>6I2 % Worldbank, Washington 1971/1986</td>
<td>160,000.—</td>
<td>160,000.—</td>
<td>139,200.—</td>
</tr>
<tr>
<td>5I6 % Worldbank, Washington 1972/1990</td>
<td>150,000.—</td>
<td>149,250.—</td>
<td>114,000.—</td>
</tr>
<tr>
<td>6  % Japan 1964/1979 DM 72,000.—</td>
<td>76,536.—</td>
<td>71,178.—</td>
<td>93%</td>
</tr>
<tr>
<td>6  % Japan 1980 US$ 12,000.—</td>
<td>39,000.—</td>
<td>39,000.—</td>
<td>36,260.—</td>
</tr>
<tr>
<td>6  % Tokyo 1980 US$ 15,000.—</td>
<td>39,000.—</td>
<td>39,000.—</td>
<td>34,710.—</td>
</tr>
</tbody>
</table>

**Total:**

- **Sw.Frs. 2,175,736.—**
- **Sw.Frs. 2,212,560.—**
- **Sw.Frs. 1,986,222.—**

#### NOTES:

1) As from 1.1.1969, the investments are accounted for at their purchase price.
2) Compared with the purchase price, the market value shows a depreciation of Sw.Frs. 266,338.— = 12.04%.

#### STATEMENT OF INCOME AND EXPENDITURE

**FOR THE YEAR ENDED DECEMBER 31, 1974**

**INCOME**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interest income from bonds</td>
<td>130,992.40</td>
</tr>
<tr>
<td>Interest in bank deposits</td>
<td>21,468.75</td>
</tr>
<tr>
<td>Re-imbursement of previous allocations</td>
<td>2,027.80</td>
</tr>
</tbody>
</table>

**Total Income:**

- **Sw.Frs. 154,488.95**

**EXPENSES**

- 5% of total income above transferred to the Provision for administrative expenses (article 7 of the statutes of the Fund)

**Total Expenses:**

- **Sw.Frs. 7,724.45**

**RESULT**

**Excess of income over expenditure for 1974:**

- **Sw.Frs. 146,764.50**

**STATEMENT OF APPROPRIATION**

- **Balance carried forward from previous year:**

- **Sw.Frs. 133,672.31**

**Less:**

- Fifty-third distribution of income for the year 1973 to five National Red Cross Societies, according to the decision taken by the Joint Commission (circular No 65 of April 1974).

**Total Deductions:**

- **Sw.Frs. 115,010.—**

**Unused balance:**

- **Sw.Frs. 662.31**

**Excess of income over expenditure for the year 1974:**

- **Sw.Frs. 146,764.50**

**Balance as at December 31, 1974 as per Balance Sheet:**

- **Sw.Frs. 147,426.81**

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DISSEMINATION OF THE GENEVA CONVENTIONS

It is important that the Geneva Conventions should be as widely known as possible. We are therefore continuing to publish information received from National Societies regarding their efforts in this direction.

FRANCE

The French Red Cross has distributed a booklet on the Geneva Conventions to its local committees. It has also urged universities to include courses on international humanitarian law in their syllabus. Students in some faculties have already asked the Society for documents that may enable them to write about the national and international Red Cross. Such documents are supplied to any teachers or professors who apply for them.

First-aid courses are another effective means. Each course must include teaching about the Red Cross, its principles and the humanitarian Conventions. Moreover, in medical auxiliary training courses, information on the international Red Cross is imparted, and at the eight national centres for the training of first-aid leaders, half a day is devoted to international problems every year. We might add that the first-aid section has brought out a booklet entitled "Historique et action internationale de la Croix-Rouge" with a visorama.

A manual has been published for "school delegates". The first five chapters deal with the organization of the international Red Cross, the Conventions and humanitarian principles. The foreword to the manual reads thus: "By his instructions of 22 September 1971, opening the doors of educational institutions to the Red Cross, the Minister of Education has offered school-attending youth a vast field of action. Youth must not disappointed, and the means must be devised for a prompt response to its generous impulses. Red Cross school delegates are the driving force for the desired co-operation".
IN THE RED CROSS WORLD

More recently, the French Red Cross approached the Ministry of Education with a view to ascertaining to what extent and by what means information about the Red Cross and its work could be introduced in schools.

JAPAN

Mrs. Sachiko Hashimoto, who was formerly director of the Japanese Junior Red Cross, is now in charge of the Henry Dunant Study Centre, in Tokyo. The Centre recently published two pamphlets in Japanese to acquaint the public with the Red Cross and its principles. One of the pamphlets contains three historical studies, the first by Mr. Koji Kata on "The Unknown Henry Dunant", the second by Mrs. Hashimoto on "Florence Nightingale", and the third by Pierre Boissier on a subject which he had already dealt with in the International Review in his article "Florence Nightingale and Henry Dunant".

The second pamphlet, entitled "The Red Cross and the Geneva Conventions", explores a domain which there has so far been but little opportunity to consider: the application in the daily life of the individual of the Geneva Conventions and of the ideas from which they draw inspiration.

USSR

The Alliance of Red Cross and Red Crescent Societies of the USSR makes regular use of documents received from the ICRC in making the Geneva Conventions known through its review "Soviet Red Cross" and other publications issued by its Executive Committee. The Society devotes special attention to teaching and disseminating the practical aspects of the Geneva Conventions through its review, which has a 650,000 circulation. During 1974, the review published information on various problems of international humanitarian law.

An article entitled "Under the emblem of the red cross" clearly illustrates the provisions of the Convention with regard to the "amelioration of the condition of the wounded and sick in armed forces in the field". Under the title "For the protection of victims of war at sea", another article explains the meaning of the Convention on the "amelioration of the condition of wounded, sick and shipwrecked members of armed forces at sea". A third article deals with the laws and customs of war as established by the Hague Conventions and the Geneva Conventions.

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"Soviet Red Cross" contains a detailed account of the proceedings of the Diplomatic Conference on the Reaffirmation and Development of International Humanitarian Law Applicable in Armed Conflicts. Notes on the teaching and dissemination of the Geneva Conventions are found in a special section edited by Professor I. Blishchenko, the Alliance expert on international humanitarian law.

HAITI

In February of this year, the official inauguration took place of the Blood Transfusion Centre at Jacmel, established by the Haitian Red Cross thanks to a gift from the ICRC. Among those taking part in the ceremony, under the honorary presidency of the Secretary of State for Public Health, were Dr. R. Germain, Under Secretary of State for Public Health, Dr. V. Laroche, President of the Haitian Red Cross, and Dr. A. Westerband, Director of Red Cross Blood Transfusion Centres. Others present included representatives of the civilian, military and religious institutions of the city of Jacmel.

Speakers drew attention to the significance of the Centre as a renewed effort to strengthen the public health infrastructure in the region and noted that the occasion marked the opening of a campaign leading to the celebration of the annual blood-transfusion day two months later. Dr. Westerband praised the Haitian Red Cross for its achievement in establishing in a very short period of time its first blood transfusion centre at Port-au-Prince, in November 1971, a second one at Cape-Haitien, in April 1972, a third at Les Cayes, in December 1972, and the fourth at Jacmel. He spoke of it as the fourth link in a network intended to cover all nine provinces of the country, with a refrigeration system and other equipment necessary for efficient operation.

Dr. Westerband emphasized that the new centre, like the others, would observe the principle of free blood from donors and to recipients. He called for a demonstration of human solidarity on the part of the population, by a mass turnout of blood donors at the centre, a symbol of the initiative and effectiveness of the Haitian Red Cross.
IN THE RED CROSS WORLD

FIRST WORLD GAMES FOR MULTI-DISABLED

International Review has reported on a number of occasions the interest displayed by several National Societies in the handicapped persons living in their country. This interest has taken the form of a variety of activities and in this connection we published an article in our June 1974 issue on the specific field of sport. The article, describing how the first Stoke Mandeville Games for the paralysed were organized in 1948, also referred to the work of the Junior Section of the Japanese Red Cross (directed by Mrs. Sachiko Hashimoto who was awarded the Henry Dunant Medal in 1971) at the 1964 International Games in Tokyo in the context of the Olympic Games at which hundreds of paraplegics took part.

Mrs. Hashimoto was invited last summer to the First World games for Multi-Disabled organized by the International Sports Organisation for the Disabled (I.S.O.D.) at the Stoke Mandeville Sports Stadium for the Paralysed and other Disabled, fifty miles from London. We print below extracts from Mrs. Hashimoto's account of the Games.

So far the World Games had been only for paraplegics, but now, for the first time, they were open to the paralyzed and other disabled: the former account for 40% of all disabled, and the latter, 60%.

"Seeing is believing", and my conviction in the victory of the mind over the weakness of the flesh was strengthened when, watching a totally blind champion participate in the high jump I almost choked with excitement. With his physical limitation he could not run and jump, but stood straight by the bar and touched it softly with his left hand to measure its height. Then, concentration and determination in his expression, he jumped over the bar with a twist of his shoulder and hip only, leaving the bar on the poles. He made it! Of course he tried the higher one next. Another success! I was completely overwhelmed with his accomplishment. All of a sudden, however, my attention was drawn to another man standing quietly behind the champion, that is, his coach. Laurels seemingly decorated the champion, but in heart they were shared by the two, or
rather the two were united into one in the joy of accomplishing a common goal. Unity is not uniformity, but symbiosis, each being interdependent as well as independent. Each one has his own role for the common goal. Being human means being incomplete, far from omnipotent in spite of our infinite aspiration. From our painful recognition of human limitation, somehow or other we learn to be humble enough to help and be helped for unity.

In Stoke Mandeville I witnessed an ideal example of success in unity of three persons, Dr. Gutmann (International Review has mentioned in a previous issue that he founded the Games), Miss Joan Scruton and Mr. Charles Atkinson, sports technical expert. They started in a bathroom in 1948, they say. Now simple but sufficient buildings and facilities have been added to the Stoke Mandeville Sports Stadium one by one every year.

In the general assembly held prior to the 1974 Games someone complained about the financial difficulty of developing the National Sports Organization for the Disabled. “Money is lying on the ground. You just do not pick it up”, was the prompt reaction of Dr. Gutmann.

Another delegate proposed that each National Sport Organisation for the Disabled should immediately approach the corresponding National Olympic Games Committee, because the next World Games for the Multi-Disabled of I.S.O.D. was to be held in Toronto, Canada, in 1976, following the regular Olympic Games in Montreal, the same year and in the same country. One delegate was against it and said: “Where has the spirit of Coubertin gone? It is right here in our hands! What do we have to go to them for?” Applause resounded in the hall and echoed in my heart and I said to myself, “The spirit of Henry Dunant is right here!”

The bigger a movement grows in organization and scope, the stronger becomes the temptation for us to depend on its power and status. “The machinery thus built up, having become an end in itself” cuts us off from the spirit of the founder who started with a humble prayer for its birth and his unselfish effort of dedication to the ultimate purpose. In the drama of human life no one should be left out, but each one, should be given a role whether able or disabled, young or aged. In youth programs, for instance, young people are very often entertained as guests; so are the aged and the disabled.

Life is indeed an educational process going through different stages where each one of us is invited only once and for a limited time. Hence the duty of each to play one’s role to the full for the survival of mankind, which is the ultimate purpose of the Red Cross in the battlefield and in
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peacetime. It is, however, hardly taught by lip service or beautiful legends of the organization in the past.

Let me quote from Jean Pictet's Red Cross Principles; "If the Red Cross were to lose the human touch, its direct contact with suffering, if it were to lose its voluntary character and become tied up with red tape, it would be like a flower which has been plucked and soon withers and dies." I fully agree with him and have been trying very hard to prepare better learning situations of human touch and direct contact with the disabled for our Junior Red Cross members. But the Red Cross is now quite limited in its supply. There are so many organizations doing programs similar to ours, and even better than ours because they concentrate on one special phase, while we have so widely spread when the world is tending more to technical specialization.

Then why do we not be helped by other specialized groups of the same humanitarian purpose for the good supply of educational opportunities by our helping them? We are now preparing for FESPIC Games for the Disabled (Far Eastern & South Pacific Games), June 1-3, 1975. This is not a Red Cross project, but we are willing to make our translation and interpretation services available as we did in the Tokyo Paralympics, in 1964.

A volunteer service on a smaller scale and yet of more human touch like this type vitalizes the cells of our large world-wide body of the Red Cross on a symbiotic basis more than our efforts to achieve "admirable statutes, a balanced budget and a well trained staff", etc.

*Thought without action is futile.*

*Action without thought is fatal.*

Thought and action combined for Humanity, for anybody, anywhere and any time is the essence of the Red Cross. It must be practised from childhood by Junior Red Cross not for laurels on earth but for the joy of all on earth.
MISCELLANEOUS

DEVELOPMENT OF HUMANITARIAN LAW
IN THE MEDICO-MILITARY FIELD

Under the above title the Revue suisse de médecine militaire (1974, No. 4) published a paper read last year at the Seventh International Advanced Course for Young Military Doctors by Mr. F. de Mulinen, whose article “Signalling and Identification of Medical Personnel and Material” appeared in the September 1972 issue of the International Review.

The writer refers to the need to “modernize” the 1949 Geneva Conventions by supplementing them, and to the ICRC’s efforts to prepare two draft Protocols. He goes on to consider problems of medical tactics and technique concerning military doctors in particular. The headings of the different parts of the paper are:

Improvement of protection for civilian medical services
Signalling of medical service equipment
Distinction between military objectives and civilian objects
Methods and means of combat
Special provisions for civilian population
Non-international armed conflict.

In the conclusion, which we reproduce below, he indicates the value of co-operation by military doctors in the work that still lies ahead for the development and practical application of international humanitarian law.

... No improvement will be of any value unless applied.

The methods of marking and identification show particularly well the procedure to be followed to ensure respect for humanitarian law. The use of such methods must be specified clearly and precisely to avoid the errors and confusion which are all too frequently the source of so-called breaches of the Geneva Conventions. Distinctive emblems too small by comparison with the surface of the object to be protected are
MISCELLANEOUS

often useless. They may wrongly be thought to confer protection, and an adversary might be accused of violating the immunity due to a medical establishment which is culpably marked in an inadequate manner. Such an alleged violation will sow doubt on both sides and endanger all other objects entitled to protection.

The problem is one of education. It is true that the Geneva Conventions and the Protocols do contain penal provisions, but no penalty can remedy the harm caused or revive the dead. Prevention is better than cure.

Military doctors can do much. Through the medical services they can counsel or guide their governments and contribute their knowledge to overcome the difficulties of developing humanitarian law.

After adoption of the Protocols, there will still be a great deal of work to be accomplished within each State and particularly in the armed forces. The co-existence of the 1949 Geneva Conventions and the Protocols has the advantage of not calling into question what has already been acquired. On the other hand, many points are contained in separate laws of various ages, spread at least over a quarter of a century and many bearing the stamp of their times.

What has to be done, therefore, is to summarize the Conventions and the Protocols and to submit outlines of the overall rules on specific matters. This procedure will be essential whenever a Protocol provision develops one Convention or another only slightly or only on a point of detail, as will probably often be the case. By contrast, where a Protocol introduces an almost complete innovation, it can be taken as a basis with little reference to the Convention. Such will be the case, for example, in connection with medical air transport on which subject the little that is said in the First and Second Conventions is entirely repeated and very much developed in Protocol I.

For this work of implementation too, military doctors can do much. The ICRC counts on them and knows that it may do so.
A NEW OBJECTIVE IN NURSING CARE

Basic health services in many countries are still notoriously deficient, especially in rural areas. It is important both to study the ways in which nursing services can contribute to the health of the community and to define the functions and responsibilities of community nurses, along with their role in the health team and the training they need in relation to local needs. For this purpose, the World Health Organization convoked last year a committee of experts whose conclusions were summed up in an article published in the March issue of the WHO Chronicle. We reprint below passages from the article referring to changes called for in the objectives of nursing training if medical and health care is to be available to everyone.

The community approach calls for a change in basic attitudes and in long-lasting habits in the provision of care; it requires flexibility and new thinking among health administrators. In particular it demands:

— acceptance of the responsibility of the nursing service for the effective provision of basic health services, including preventive, diagnostic, therapeutic, and rehabilitative care, in all communities and for all populations;

— the adaptation of the health services to the health needs and social systems of the community; a sharing of responsibility between the nursing service, the community, and health educational institutions for the selection, preparation, and utilization of health personnel at all levels; and the active promotion of self-help within the community;

— the enlargement of the pool of personnel available to supplement nursing services by the inclusion of indigenous groups, who should be properly trained and work under the supervision of the nursing service.

Strengthening community health nursing

A community nursing service may be described as one encompassing the whole community with a system of basic health care and so organized as to ensure continuous, comprehensive, co-ordinated, accessible, and appropriate care for all.
To face the crucial problem of providing care for all, the developed countries are training more health professionals and extending their scope. In developing countries, where the scale of the problem is daunting and the resources sparse, indigenous healers, village health workers, birth attendants, and similar groups are looked to for health care. They carry out simple curative functions and “frontline” measures for the protection and promotion of health. Undoubtedly these primary health care workers—members of the community trained within the community—offer a realistic and effective solution, especially in rural and peripheral areas. But their training, guidance, supervision, and efficiency depend on their recognition and integration into the health care system. Because of their special role, their inclusion in the community nursing system is not only logical but essential to the safe and appropriate care of the population served. This means that the community health nurse will have to assume responsibility for their training, guidance, and support, serving as the link between the primary worker and the rest of the health system.

Moreover, if the primary health worker is responsible for giving direct health care in communicable disease control, maternity care, child health, the treatment of common diseases, and home and village sanitation, the role and functions of the community health nurse will also have to change.

In order to attain the goal of community health services for all, major changes in the present roles of all health personnel are essential. As indigenous groups are drawn on increasingly and many services traditionally performed by nurses, physicians, health educators, and others are delegated to them, there will have to be a marked increase in responsibility at all other levels.

Perhaps the most dramatic change for the community health nurse will be the wider range of diagnostic and therapeutic responsibilities. In addition to teaching primary health workers many of the functions traditionally performed by nurses, they will have to carry out tasks more usually assigned to general medical practitioners. These include examining the sick and disabled, determining the source of the problems presented, and treating acute conditions as well as the main prevalent diseases. The role of the community health nurse should thus be that of a generalist, able to work in a team and (if appropriate) provide leadership, to teach and encourage other health workers, to communicate with and motivate population groups, and to interrelate community nursing with other systems.

The nursing education system will need to be reorganized so that learning starts in the community. The emphasis should be on health,
the process of normal growth and development, and those individual, familial, and social forces that promote, or cause deviations from, health.

The unqualified acceptance of community nursing as the foundation of all nursing practice is implicit in the new concepts, and curricula should be revised accordingly. Care of the sick in the home, following the development of skills in health maintenance and disease prevention, will prepare the student for care of the sick in hospitals and other institutions. This logical sequence of learning will help students to understand why the sick behave as they do, why they become sick, and what factors influence their return to health. They will gain knowledge of various styles of home life, of values, behaviours, and environmental influences, and of differences between social strata. Experience of this kind will guide students in nursing hospitalized patients and help to close the gap between hospital care and family and community life.

Curricula must be devised so that basic learning is done in a practical setting. Most difficult perhaps will be the expansion of programmes to train the numbers and types of nurses required in as short a time as possible. This means that every graduate nurse must be prepared to teach other nursing and health personnel. A great many teachers are needed to instruct primary health workers, others to prepare all nurses in community health, and still others to teach specialties such as clinical subjects, hospital care, administration, and research. To invert the pyramid shown in the figure on page 92, so that nursing services truly reflect health care needs, will call for a vast expansion and profound reorientation of education.
The title of this book is an excellent one, for it shows that the author, an honorary member of the ICRC, continues to look toward the future, and to try to discern its outlines. He is aware however that the world he dreams of is not the world that exists; that his longing for more justice and a better spirit of co-operation can only be fulfilled when a number of psychological, intellectual, political and spiritual transformations have taken place. As F.T. Wahlen says in his preface, “Rodolfo Olgiati is not a utopian, but a realistic thinker and an active idealist”.

It is essential therefore to specify the sense in which such words as “service” and “philanthropy” are used. One chapter is devoted to the idea of service and its connotations in today’s world. “The term ‘philanthropy’ remained in use long after the time of Henry Dunant to designate fraternal assistance rendered to those in need, which invariably offers something as well to the donor. Let us hope that this expression does not fall into disuse, for it connotes something that is more important today than ever before.”

The author also examines the relation between “neutrality” and “assistance”. He points out that Swiss neutrality has made it possible for Switzerland to play an active part in international affairs. It is in the same sense, he insists, “that the multiple activities of the ICRC must also be understood”.

The author is engaged in a fight to improve the condition of mankind, and it is the hope of achieving this that inspires him, in a book in which most of the problems considered are Swiss. Yet we cannot nowadays accept a fragmentation of the world, in which nations, economies and cultures are more and more closely linked. So it is that Olgiati writes, “Whether we like it or not, a new world must be born and will be born. Some of our efforts, however contradictory they may seem, are making

1 Verlag Herbert Lang, Bern and Frankfurt/M., 1975.
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their contribution, albeit imperfectly, to the birth of this new world. Since no one individual can expect to see the final accomplishment of such a great human ideal, the important thing for him is to know that he is fighting for this ideal. If he devotes the best of himself to this fight, he will achieve the noblest possible creative action. Then, he will have a share in the future, because he will be serving the future.”

J. H. DUNANT: “DENKEND AAN SOLFERINO”

The book written and published by Henry Dunant under the title Un souvenir de Solferino was translated into Dutch shortly after its appearance by Dr. J.H.C. Bastings, one of Dunant’s closest friends. After more than a century, it was necessary to revise this translation. This task was undertaken by Mr. Carl Vandekerckhove, director general of the Belgian Red Cross (Flemish section). He has made an adaptation of the text, condensing it into selected chapters, generously illustrated and accompanied by a colour map of the Solferino region.

Mr. Eric Martin, President of the ICRC, has written a preface for the work, published as part of a series devoted to the great personalities in Red Cross history. The preface is reprinted below. It will be recalled that the International Review published last March an article by Mr. Vandekerckhove on Constance Teichmann, known as the “Angel of Antwerp”.

The initiative undertaken by Mr. Carl Vandekerckhove is especially felicitous. It places at the disposal of readers a Dutch translation of A Memory of Solferino, the great work by Henry Dunant which was the starting point for the Red Cross concept.

“Our movement must again and again go back to its source to rediscover its original inspiration: beneficent and unreserved assistance given to victims of conflicts. As Henry Dunant wrote, ‘Is not the blood which is shed in conflict the same as that which runs through the veins of all the people of the nation?’ The tragic sight of the battlefield of Solferino evoked Dunant’s anguished cry to the people of the world and thus led to the creation of the ICRC and of all the National Red Cross Societies and to the mobilization for more than a hundred years of men and women of good will for voluntary assistance to suffering people.”

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Mr. Vandekerckhove's translation has slightly condensed the original text and has divided the book into short chapters, which strikes me as a good thing.

The present-day importance of the Red Cross is undeniable, and is rendered all the more vivid by the prophetic vision with which Dunant concluded his book:

'It if the new and frightful weapons of destruction which are now at the disposal of the nations seem destined to abridge the duration of future wars, it appears likely on the other hand that future battles will only become more and more murderous. Moreover, in this age when surprise plays so important a part, is it not possible that wars may arise, from one quarter or another, in the most sudden and unexpected fashion?'

As President of the ICRC, I express my whole-hearted wishes for the success of Mr. Vandekerckhove's adaptation of 'A Memory of Solferino'. I hope that reading it will attract many volunteers to the Belgian Red Cross in Flanders and to the Red Cross in the Netherlands, for lasting and disinterested service. Today, as much as ever, the world needs living and active National Red Cross Societies.

JEAN PICTET: "HUMANITARIAN LAW AND THE PROTECTION OF WAR VICTIMS" 1

In its issue of September 1973, International Review introduced this work, which had just been published in French. The English edition has now appeared, and this is a good occasion to recall the great significance of the book. It consists of the text of a course given at the University of Strasbourg under the auspices of the International Institute of Human Rights. It was published by the Henry Dunant Institute as part of a series which later included a text by Mr. F. Kalshoven, "The Law of Warfare", and one by J. Zourek, L'interdiction de l'emploi de la force en droit international.

Mr. Jean Pictet, vice-president of the ICRC and an associate professor at the University of Geneva, is especially qualified to deal with the funda-

mental problems of international humanitarian law, which are grouped in this book under four chapters: What is international humanitarian law?—The principles of humanitarian law—The general provisions of the Geneva conventions—Rules of application.

As we commented with regard to the French edition, this work is addressed not only to legal experts but also to those who are concerned with problems of social philosophy and the sociology of institutions. It is particularly valuable as a source of references for teaching, inasmuch as international humanitarian law has now assumed its proper place in the universities and research institutes of many countries. It provides convincing proof that humanitarian ideals require ever-increasing efficacy in protecting war victims, as this protection is more and more called into question by technical progress.

J. G. L.
UNICEF's particular contribution to India can be considered as a good illustration of the work that this Organization tries to achieve throughout the world. Progressing from what it was twenty-five years ago—an emergency organisation for immediate short term relief—it is now a development agency primarily interested in longer term planning for the benefit of children.

This year it is 25 years ago that the first UNICEF assistance arrived in India in the form of 150 tons of skim milk powder. And UNICEF is still here today, rather obviously so. This year the Executive Board approved a five-year programme of assistance of nearly $57 million for the five years of India's Fifth Development Plan. It is as natural as it is, to my mind, invidious at this particular point to want to assess what UNICEF has achieved in India.

It is natural to want to know what one has to "show" for 25 years expenditure of money and energy. It is invidious because all UNICEF assistance becomes part of and is merged with a much larger government effort and, while our assistance may remain identifiable as a programme input, I know of no way to quantify its contribution to the programme's outcome, except in some simply structured direct action programmes.

Our input is far from being limited to supplies, equipment and cash grants. UNICEF is not a technical agency like WHO, UNESCO or FAO. But complementary to the specialised technical advice provided by Specialised Agencies such as these there is the major UNICEF role of stimulating, advocating, suggesting, guiding, prompting, critiquing, in matters affecting children and youth. Apart from the consultants and fellowships we provide for these purposes, UNICEF staff devote a major part of their time to this.

So much so, in fact, that it is frequently felt that the success of a UNICEF assisted project is directly related to the amount of UNICEF staff time devoted to it. And this, not just in terms of management of supplies and equipment but in terms of our involvement in the project as a whole—from planning and programming its content to its "consumption" at grass root level.

This contribution which many consider UNICEF's most important one is even harder to evaluate in terms of outcome than supplies and cash grants. If a government official comes up with a good idea, who is to say whether it is his own or whether UNICEF put it there? And even if it could be proved that UNICEF put it there, modesty and diplomacy alike would bar us from saying so.

I have always believed that the proof of UNICEF's usefulness can best be found in the evolution of UNICEF as an organisation, its concepts, policies and priorities. This is not the place perhaps to analyse this issue. Suffice it to remind the reader of UNICEF's progression from an emergency organisation for immediate short-term relief to a development agency primarily interested in longer term planning for the benefit of children; its progression...
from a limited though understandable pre-occupation with health and nutrition to a concern for virtually all services affecting the lives of children; its progression from a sectoral approach to seeing the child as a whole and advocating that services for its benefit must be designed accordingly; in brief, its gradual progression to what might seem a sort of final stage of thinking: that countries need to take their concern for children to the national level and express it in a national policy in which all of the manifold sectoral concerns find their proper places.

_Books and Reviews_...

World Health, Geneva, May 1975

In the past, several programmes of health education in STD control have met with variable success because they were often based on a short-term publicity approach, and lacked the necessary continuity and diversity in approaches and methods that one fortunately observes more and more among some current education programmes.

Changing attitudes and misconceptions about sexually transmitted diseases, motivating people to do things which may be inconvenient or awake shame and fear, and creating the necessary conditions in society so that people can and will protect their health, is a long and difficult process, whose results may only be discernible over a long period. Nevertheless, in STD control as in other health matters, health education cannot be reduced merely to communicating facts since this would negate the reality of human behaviour which lies at the core of the problem.

Training health auxiliaries, Courrier, International Children's Centre Paris, N° 2, 1975

The concept of using health auxiliaries in health services has been accepted in many parts of the world in both developed and developing countries. Examples of their use in the United States of America, in Canada, and in Europe—special reference to Dutch “Maternity Aids” have been reported (Heath, 1967).

Wise and colleagues (1968) describe a neighbourhood health centre programme by the Montefiore Hospital Neighbourhood Medical Care Demonstration in July 1966. The programme demonstrates how a neighbourhood resident trained for six months and supervised by public health nurses can perform many of the functions traditionally assigned to public health nurses and social workers.

Fendall (1967) states that “the proper training and utilisation of the auxiliary permits the fullest advantage to be taken of the knowledge and skills
of scarce high level manpower and enables the professional to obtain a full
measure of job satisfaction".

Training schemes should be planned with imagination according to the
needs of the community. The auxiliaries must be able to speak the local
language and communicate easily with the local residents. While a maximum
basic education must be required, yet less attention should be given to the
academic achievement and potential than to other fundamental and necessary
qualities. The character and quality of the individual are of paramount
importance. Efforts should be made to recruit persons who are hardworking,
diligent, reliable and conscientious. Persons with initiative and foresight
would be an asset.

It is important that there be adequate supervision and guidance by more
experienced and senior persons in the health team. Provision must be made for
in-service training of all types of auxiliaries. It must also be remembered that
the auxiliaries should function only within their capabilities and should not be
expected to perform tasks or carry out duties for which they have not been
trained. Therefore, a very important part of the training is to outline carefully
a description of the job to be done.

Training should include both the theoretical classroom work and the
practical work of executing certain duties and demonstrating certain procedures.
Experienced and senior auxiliaries may assist in various ways in a training
programme. The training syllabuses will be determined to a large extent by the
job descriptions. The jobs to be done will, in turn, depend on the needs of the
health services.

If a need of the health services is to reach all the population of a country,
bringing them the benefits of both preventive and curative medicine at both the
individual and community level, then it must be realised that we cannot continue
in the old beaten traditional paths of delivery of health care. Efforts must be
made to train staff capable of providing a basic minimum of services to people
especially those in remote areas. This cannot be achieved in very many of
our communities without the training of health auxiliaries.

In conclusion, it is important to repeat that these auxiliaries must be
constantly supervised. They must also be able to reach the remotest districts.
Universities and the traditional institutions which train health professionals
have an important role to play in helping to achieve significant changes in the
patterns of health care. They must be committed to the changes and be con-
tinuously involved in creating the right atmosphere for developing attitudes
which are sensitive to the urgent needs of the communities and must give the
necessary knowledge and skills to help in the solution of the problems.
ART. 1. — *International Committee of the Red Cross*

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.

2. It shall be a constituent part of the International Red Cross.¹

ART. 2. — *Legal Status*

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

ART. 3. — *Headquarters and Emblem*

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. — *Role*

1. The special role of the ICRC shall be:

   (a) to maintain the fundamental principles of the Red Cross as proclaimed by the XXth International Conference of the Red Cross;

   (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;

   (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;

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.
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 ensure the operation of the Central Information Agencies provided for in the Geneva Conventions;

(f) 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;

(g) 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;

(h) to accept the mandates entrusted to it by the International Conferences of the Red Cross.

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

ART. 6 (first paragraph). — Membership of the ICRC

The ICRC shall co-opt its members from among Swiss citizens. It shall comprise fifteen to twenty-five members.
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AFGHANISTAN — Afghan Red Crescent, Puli Arten, Kabul.
ALBANIA — Albanian Red Cross, 35, Rruga e Hoxhit, Tirana.
ALGERIA — Algerian Red Crescent Society, 15 bis, Boulevard Mohamed V, Alger.
ARGENTINA — Argentine Red Cross, H. Yrigoyen 809, Buenos Aires.
AUSTRALIA — Australian Red Cross, 122 Flinders Street, Melbourne, 3000.
AUSTRALIA — Australian Red Cross, Red Cross, 3 Gunghausstrasse, Postfach 39, Vienna 4.
BAHRAIN — Bahrain Red Crescent Society, 34 rue Ramses, Bujumbura.
BANGLADESH — Bangladesh Red Cross Society, 34 rue Ramses, Addis Ababa.
BRAZIL — Brazilian Red Cross, Avenida 8, Apartado 1025, Rio de Janeiro.
BULGARIA — Bulgarian Red Cross, 1, Blvd. Birzov, Sofia 27.
BURMA (Socialist Republic of the Union of) — Burma Red Cross, 42 Strand Road, Red Cross Building, Rangoon.
BURUNDI — Red Cross Society of Burundi, rue du Marché 3, P.O. Box 324 Bujumbura.
CAMBODIA — The new address of the Red Cross Society is not yet known.
CAMEROON — Cameroon Red Cross Society, rue Henry-Dunant, P.O.B. 631, Yaoundé.
CANADA — Canadian Red Cross, 95 Wellesley Street East, Toronto, Ontario, M4Y 1H6.
CENTRAL AFRICAN REPUBLIC — Central African Red Cross, B.P. 1428, Bangui.
CHILE — Chilean Red Cross, Avenida Santa María 0150, Corro 21, Santiago de Chile.
CHINA — Red Cross Society of China, 22 Kanmien Street, Beijing.
CHINA — Red Cross Society of China, 22 Kanmien Street, Beijing.
COLOMBIA — Colombian Red Cross, Carrera 7A, 34-65, Apartado Nacional 1110, Bogotá D.E.
COSTA RICA — Costa Rican Red Cross, Calle 14, Avenida 8, Apartado 1025, San José.
CUBA — Cuban Red Cross, Calle 23 201 esq. N. Vedado, Havana.
CZECHOSLOVAKIA — Czechoslovak Red Cross, V. Arany Janos utca 13, Budapest V. Postfach 1, 1149.
EGYPT — Egyptian Red Cross, 193 Rodwell Road, P.O. Box 565, Jafa.
FINLAND — Finnish Red Cross, Tehtaankatu 1 A Box 158, 00140 Helsinki.
FRANCE — French Red Cross, 17, rue Quentin Bauchart, F-75184 Paris, caseaux 08.
GERMANY — German Red Cross in the Federal Republic of Germany, Friedrich-Ebert-Allee 71, 5300, Bonn 1, Postfach (D.B.R.).
GHANA — Ghana Red Cross, National Headquarters, Ministries Annex A3, P.O. Box 835, Accra.
GREECE — Hellenic Red Cross, rue Lycavittou 1, Athens 15.
GUATEMALA — Guatemalan Red Cross, 3a Calle 6-40, Zona 1, Ciudad de Guatemala.
HAITI — Haitian Red Cross, Place des Nations Unies, Port-au-Prince.
ICELAND — Icelandic Red Cross, V. Arany Janos utca 31, Budapest V. Mail Add.: 1167 Budapest 3, PL. 249.
ICELAND — Icelandic Red Cross, V. Arany Janos utca 31, Budapest V. Mail Add.: 1167 Budapest 3, PL. 249.
INDIA — Indian Red Cross, 4 Red Cross Road, Calcutta.
INDIA — Indian Red Cross, 1 Red Cross Road, Calcutta.
INDONESIA — Indonesian Red Cross, Djialab Abdul Maiz 96, P.O. Box 2009, Djakarta.
IRAN — Iranian Red Lion and Sun Society, Av. Villa, Carrefour Takhté Djamchid, Teheran.
IRAQ — Iraqi Red Crescent, Al-Mansour, Bagdad.
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, Kingstown 3.
JORDAN — Jordan National Red Crescent Society, P.O. Box 10 001, Amman.
KENYA — Kenya Red Cross Society, St. John’s Gate, P.O. Box 40712, Nairobi.
KOREA, DEMOCRATIC PEOPLE’S REPUBLIC OF — The Republic of Korea National Red Cross, 33-Za Nam San-Dong, Seoul.
KUWAIT — Kuwait Red Crescent Society, P.O. Box 1350, Kuwait.
LAOS — Lao Red Cross, P.B. 650, Viêntiane.
LEBANON — Lebanese Red Cross, rue Général Sparr, Beirut.
LEBETHO — Lesotho Red Cross Society, P.O. Box 565, Maseru.
LIBERIA — Liberian National Red Cross, National Headquarters, 107 Lynch Street, P.O. Box 226, Monrovia.

LIBYAN ARAB REPUBLIC — Libyan Arab Red Crescent, P.O. Box 541, Benghazi.

LIECHTENSTEIN — Liechtenstein Red Cross, Vaduz.

LUXEMBOURG — Luxembourg Red Cross, Parc de la Ville, C.P. 1806, Luxembourg.

MALAGASY REPUBLIC — Red Cross Society of the Malagasy Republic, rua Clémenceau, P.O. Box 1168, Tananarive.

MALAWI — Malawi Red Cross, Hall Road, Blantyre (P.O. Box 10080, Chichiri, Blantyre 3).

MALAYSIA — Malaysian Red Cross Society, No 319 Jalan Beliefi, Kinta Lampur.

MALI — Mali Red Cross, B.P. 280, route de Koulikoro, Bamako.

MAURITANIA — Mauritanian Red Crescent Society, B.P. 344, Avenue Gamil Abdal Nasser, Nouakchott.

MEXICO — Mexican Red Cross, Avenida Ejercito Nacional no 1032, Mexico 10 D.F.

MONACO — Red Cross of Monaco, 27 boul. de Monte Carlo.

MONGOLIA — Red Cross Society of the Mongolian People’s Republic, Central Post Office, Post Box 537, Ulan Bator.

MOROCCO — Moroccan Red Crescent, B.P. 189, Rabat.

NEPAL — Nepal Red Cross Society, Tachalal, P.B. 217, Kathmandu.

NETHERLANDS — Netherlands Red Cross, 27 Prinsengracht, The Hague.

NEW ZEALAND — New Zealand Red Cross, 27 Prinsengracht, The Hague.

NICARAGUA — Nicaraguan Red Cross, P.O. Box 12-140, Managua.

NIGER — Red Cross Society of Niger, B.P. 386, Niamey.

NIGERIA — Nigerian Red Cross Society, Eko Aketa Close, off St. Gregory Rd., P.O. Box 764, Lagos.

NORWAY — Norwegian Red Cross, Parkveien 33b, Oslo. Mail Add.: Postboks 7534, Oslo 3.

PAKISTAN — Pakistan Red Crescent Society, Dr. Daudpota Road, Karachi 4.

PANAMA — Panamanian Red Cross, Apartado Postal 668, Zona 1, Panama.

PARAGUAY — Paraguayan Red Cross, Brasil 216, Asuncion.

PERU — Peruvian Red Cross, Jirón Chacay, 881, Lima.

PHILIPPINES — Philippine National Red Cross, 860 Unidad Nations Avenue, P.O. Box 280, Manila 12-08.

POLAND — Polish Red Cross, Mokotowska 14, Warsaw.

PORTUGAL — Portuguese Red Cross, Jardim 9 de Abril, 1 a 5, Lisbon 3.

ROMANIA — Red Cross of the Socialist Republic of Romania, Strada Biserica Armata 25, Bucharest.

SAN MARINO — San Marino Red Cross, Piazza della Biblioteca.

SAUDI ARABIA — Saudi Arabian Red Crescent, Riyadh.

SENEGAL — Senegalese Red Cross Society, Blvd Franklin-Roosevelt, P.O. Box 299, Dakar.

SIERRA LEONE — Sierra Leone Red Cross Society, 6 A, Liverpool Street, P.O. B 427, Freetown.

SINGAPORE — Singapore Red Cross Society, 15, Pasir Lane, Singapore 9.

SOMALI REPUBLIC — Somali Red Crescent Society, P.O. Box 937, Mogadishu.


SPAIN — Spanish Red Cross, Eduardo Dato 16, Madrid 10.

SRI LANKA — Sri Lanka Red Cross Society, 106 Dhammapala Mawatha, Colombo 7.

SUDAN — Sudanese Red Crescent, P.O. Box 235, Khartoum.

SWEDEN — Swedish Red Cross, S-104 40 Stockholm 14.

SWITZERLAND — Swiss Red Cross, Taudensstrasse 8, B.P. 2699, 3001 Berne.

SYRIAN ARAB REPUBLIC — Syrian Red Crescent, Bd Maliki Ben Barake, Damascus.

TAZANIA — Tanzanian Red Cross Society, P.O. Box 1133, Dar es Salaam.

THAILAND — Thai Red Cross Society, Paribatra Building, Chulalongkorn Memorial Hospital, Bangkok.

TOGO — Togolese Red Cross Society, 51, rue Boko Soga, P.O. Box 655, Lomé.

TRINIDAD AND TOBAGO — Trinidad and Tobago Red Cross Society, Wrightson Road West, P.O. Box 527, Port of Spain, Trinidad, West Indies.

TUNISIA — Tunisian Red Crescent, 19 rue d’Angleterre, Tunis.

TURKEY — Turkish Red Crescent, Yenisehir, Ankara.

UGANDA — Uganda Red Cross, Nabunya Road, P.O. Box 494, Kampala.

UNITED KINGDOM — British Red Cross, 9 Grosvenor Crescent, London, SW1X 7EL.

UPPER VOLTA — Upper Volta Red Cross, P.O. Box 340, Ouagadougou.

URUGUAY — Uruguayan Red Cross, Avenida 8 de Octubre 2990, Montevideo.


U.S.S.R. — Alliance of Red Cross and Red Crescent Societies, Tcheremushki, 1. Tcheremushkinskii proezd 5, Moscow B-36.

VENEZUELA — Venezuelan Red Cross, Avenida Andres Bello No. 4, Apart. 3185, Caracas.

VIET NAM, DEMOCRATIC REPUBLIC OF — Red Cross of the Democratic Republic of Viet Nam, 68 rue Bak-Triu, Hanoi.

SOUTH VIET NAM — The new address of the Red Cross Society is not yet known.

YUGOSLAVIA — Red Cross of Yugoslavia, Simina ulica broj 19, Belgrade.

ZAIRE (Republic of) — Red Cross of the Republic of Zaire, 41 av. de la Justice, P.O. B 1172, Kinshasa.

ZAMBIA — Zambia Red Cross, P.O. Box R.W.1, 2637 Brentwood Drive, Lusaka.