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SUPPLEMENTS TO THE REVIEW

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SPANISH

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Problems and trends of social welfare in Switzerland and the world today

by W. Rickenbach

I. GENERAL

1. **Definitions.**— Social welfare is a relatively recent field of activity and knowledge. The notions themselves are therefore constantly evolving. In addition to a certain number of social workers and social workers' associations, the United Nations as well as the International Conference of Social Work have attempted to define them.¹ There is an increasing tendency in various countries to differentiate between social welfare and social work.

By *social welfare* one means all the efforts made of a material, medical, psychical and mental character aimed at helping men to satisfy their vital needs. This, amongst other things, is a question of workers' protection, housing construction, social insurance, medical and nursing care, as well as individual aid. *Social work*, on the other hand, means the activities carried out by social workers, both male and female. This is becoming more and more to be an "aid of relationship", signifying the relationship created in the field of relief between the social worker and his or her "client".

2. **Aims.**— Institutions and interventions all of which constitute social welfare, have as their purpose, as we have already said, to provide the most favourable conditions of existence for the largest possible number of people. To this end men should not only have the right to the material comforts of this world, but they should

¹ The Swiss National Conference of Social Welfare, the organization which coordinates all Swiss social institutions set up, some time ago, a working party charged with the question of defining terminological terms.

also be able to choose them of their own free will, consciously and in accordance with a scale of values which takes spiritual values into account. One should also therefore develop a man's personality and increase his freedom. This implies an effort towards more social equality, that is to say, for the improvement of social conditions, a balance between rights and duties and, consequently, a restriction of privileges. All countries, with more or less successful results, have made this their aim.

The role of social work is to encourage the integration of individuals and groups in society, or better still, their interpenetration, and prevent their living on the fringes of the community. It should also foster the development of different communities and prepare new structures and forms for them, without too much dislocation.

3. Problems to be resolved.—The problems facing the social welfare services today are multiple and complex. In the first place, it is undergoing constant transformation and, according to present-day fashions, change is the rule.

This certainly applies above all to the *population*. In most countries this is constantly increasing on account of increases in the birth-rate which reach explosive proportions in the developing countries, a smaller number of deaths and due finally to immigration. A strong movement of migration inside many countries can also be observed. Displacement of the population takes place not only from the country to the towns and from mountain areas to the plains, but also from one urban centre to another. People move house more often than before. In the United States, for example, one speaks of the "nomadism" of the American community. Furthermore, movements there and back, either daily or at weekends, are more and more frequent over ever increasing distances. Categories of age groups are constantly being modified in view of the fact that the proportion of aged persons is regularly increasing.

Rapid and radical changes are also occurring in the *economic sector*. Whilst agriculture is mostly in regression, industry, on the other hand, is developing often at an ever progressively accelerated rate. Furthermore, the so-called "public services", such as commerce, the administration, banks, insurance companies and social

institutions assume more and more importance. The result is a concentration of the population in towns and urban areas. Advancing industrialization has led and continues to lead to a rise in the cost of living. The developing countries often experience, it is true, an increase in the number of town dwellers which remind one of the early days of capitalism in Europe and North America, with the result, according to indications from the United Nations General Secretariat, that the gap between them and the developed countries is widening rather than decreasing.

As regards the *structure of society* one can observe a growing levelling process. In spite of this phenomenon, present-day society is still formed of different levels, although these are no longer differentiated by social rank, but by professions and wealth. To the horizontal migratory movement has been added a vertical movement known as "mobility". Thus an ever increasing number of people very rapidly climb the social ladder only often to fall as speedily. There is also a weakening, in certain cases, even the dissolution, of so-called primary groups, the large family, local environment, the village. In their place secondary groups, communities of a political character, economic ties, cultural associations, etc., gain in importance. One speaks of a transition from the "affective" to the "reflective" society. All this also leads to a transformation of community standards and of the conception of social values. Another important indication of the changes undergone in the social structure is the present situation of women, so different from the past. For women are ever more enmeshed in professional work and are often more or less deprived of family life.

The problems raised in the field of physical *health* and above all of psychical and mental balance are multiple, giving cause for anxiety. With an increase of the number of aged people more cases of chronic illnesses can be observed. It has become difficult to face the increasing and changing demands of our period, the accelerated tempo of life and this shows itself in a greater number of cases of mental and nervous disorders, suicides and drug addiction. Sexual obsession, the increase in divorces and crime are all part of this pattern.

In the developing countries whole groups of the population are particularly threatened. These are the ones who, in a short space of

time, torn from the relatively sheltered tribal life which they had led since the stone age, in one step pass into a stage of development which would normally extend over several centuries to be precipitated into the ant heap of the large modern town.

4. Methods.— The problems and tasks which social welfare has to face today have become too complex for them to be resolved simply on an ad hoc basis. *Social planning* (la planification sociale, Sozialplanung) is therefore necessary. By this is meant, first of all, the drawing up of plans for all social welfare. This should also be done in conjunction with economic planning, failing which society cannot progress in a harmonious manner. Social planning is acquiring more and more importance. This is above all true for the developing countries in which it is systematic and is based to a large extent on scientific facts. In a highly developed country as Japan, for example, it is at a very advanced stage.

In Switzerland also it shows itself to be more and more necessary, since financial resources are lacking there, as are, above all, the necessary land and manpower to enable several important tasks to be carried out at the same time. Moreover, as in all planning, the question of priorities must be taken into account, which means that those responsible must decide which tasks require to be dealt with first. In countries in which the social structure and that of common law are complex, as in Switzerland, for example, such decisions are difficult to impose, because it is not merely objectivity which is the determining factor but also political reasons. In the developing countries opportunities for work, accommodation, hygienic facilities and a general aid service must first be created. Only then can the question of social insurance (social security) and of specialized social aid services (such as for the handicapped or potential alcoholics) be considered. It should be realized that social planning is especially necessary in new urban centres.

Alongside planning of social welfare, there is also that of the social work, that is to say of the social service institutions. Here again, a list of problems and requirements should be drawn up for a decision to be then made as to which are the priority tasks. The planning of social work has already been started in various countries. This is often in the hands of bodies co-ordinating the social

services which will be dealt with further on. In Switzerland, the National Conference of Social Welfare has formed a “ planning ” group. On the cantonal level we would mention the “ Office social neuchâtelois ” and that in two or three places a few social workers have also formed independent study groups. Planning of homes and reception centres is also most important and in this respect the Netherlands have realized model results.

*

Social research is at the basis of all planning and also of measures which will subsequently be taken as regards social welfare. It has therefore become indispensable and its importance is recognized today throughout the world. In view of the difficulties of the tasks, how can one still be satisfied with practical experience gained from day to day? Thus, to quote only one example, a “ Swiss Society for Practical Social Research ” was constituted some time ago, thanks to private initiative, and which includes representatives of the economic sector and public administration. Use is made of precise methods in which the choice of persons to interrogate plays an important rôle.

In the sphere of social work in its restricted sense mention is made of *social work research*. This could have as its purpose, for example, the urgency of social needs and the effectiveness of methods employed in order to satisfy them. This also consists in making inquiries about the needs and availability of future social workers. In Switzerland, social institutions of some importance make occasional inquiries which can, to a certain extent, come in the framework of research in the social services. We would finally mention the different schools and university institutes of social studies whose students prepare work on these subjects with a view to their obtaining diplomas.

In social welfare and especially in social work it is more and more important to establish *public relations* in a continuous manner and to make its activity widely known, which is still not the case. One should, to use a modern expression, endeavour to give social work an up-to-date “ image ”. It should be explained, amongst other things, that social work does not consist in the first place of pro-

viding material aid, but that its object is rather to establish "relations of aid" between the social worker and his client; that it is a question, according to circumstances, of preventing people from breaking all ties with their own community or of intervening so that they may be reintegrated therein, that it is not humiliating to have recourse to the social services and that foster-parents and homes are indispensable factors in the action of the social work. The general public must also be told that donations and personal co-operation are required of it.

There is an ever-increasing need for social workers and publicity on behalf of this profession is part of the purpose of this article. Everyone now recognizes the importance of publicity, the explanation of social welfare, and this also applies to Switzerland. Several years ago the "National Conference of Social Welfare" set up a commission of information and publicity which was later to become a working party entitled "Public Relations". This group attempts furthermore to train directors and collaborators in social work and in the administrative services, whom they can in their turn help in matters of publicity.

In addition to the methods we have just mentioned and which apply to all social welfare, there are others which more especially concern the relations between the social worker and his or her client and which consequently are employed in social work. These are chiefly *casework*, *group-work* and *community organization*. Originating from the English-speaking countries, the United States in particular, they are above all based on applied psychology, social psychology and sociology. They aim at creating a climate of broad confidence and even, as far as possible, at collaboration between workers and those being aided. Casework operates on behalf of individuals and families, group-work in favour of certain categories of persons (adolescents in peril, divorced women, the aged), whilst community organization, which also includes elements of social planning, aims at threatened communities (villages, for example) or those which have need of measures to be taken for their development (industrial districts, new urban centres, housing estates, satellite towns). Social work dealing with individual cases or groups on the one hand and the community organization on the other hand intervenes at the same time, since the present social

problems have to be broached by taking into account the individual one wishes to aid as well as his surroundings.

Since the end of the Second World War and in all countries these methods have been considerably developed, thanks to the efforts of the United Nations (exchanges of social assistants, study-groups) and of the International Conference of Social Work. In the emerging countries and in regions tending to "urbanization", the intervention of the community organization which has been known for a long time in Great Britain (settlements) and the United States, is especially desirable. It has also been introduced in the Netherlands in the polder districts (land reclaimed from the sea).

In Switzerland, one finds above all social work for individual cases. This is essentially the province of the younger generation leaving schools of social studies which tends towards the introduction of new methods of social work.

Interest has also begun to be taken in this question, however, by public assistance, the official bodies of individual aid. The group-work method is less wide-spread, although it is gradually developing and a training centre for the application of this method has recently been set up near Thun. As regards the community organization, this is only in its initial stages, no doubt for the reason that until quite a short time ago there was no community which had any particular need of it. This situation has however completely changed as a result of the rapid growth of industry and urbanization.

5. Social welfare: those in charge, its structure.— Those responsible for social welfare are everywhere either *public* institutions, as in Switzerland for example the communes, cantons or the Confederation itself, or else *private* bodies of public interest such as societies, foundations or co-operative institutions. The churches, according to their legal position should be included in one or other of these categories. At the outset there were first of all private works. In Great Britain, North America, Switzerland and also in the German Federal Republic, France and the Netherlands, they are considerably widespread and possess the experience of many decades. They have frequently taken part, as they do at present, in the thorough study of social problems, thus providing the State with practical bases for social legislation and public social institu-

tions. In the emerging countries also private social work is constantly being undertaken because its pioneering role finds an excellent environment in which to operate, since the State is unable always, with its own institutions, to keep abreast of the rapid pace of development. The previous antagonism between the public and the private sector, whose functions are moreover complementary, has diminished and has been succeeded in many places by most satisfactory co-operation.

The more people there are responsible for social welfare, the more is *co-ordination* necessary, if one wants to avoid both duplication and gaps. This applies first of all on the local level. This task is carried out in Switzerland amongst others by the "Commission de coordination des institutions sociales genevoises" and the "Zentralkommission für soziale Fürsorge" in Bâle. In districts of lesser importance, communal social services have been created. These co-ordinate not only the individual social services, but also deal, as far as time permits, with the community organization and planning. It is in this direction in which the "Councils of Social Service" operate in Great Britain and Australia (in the United States the "Community Welfare Councils"). In Switzerland the co-ordinating bodies on a cantonal level are the Social Welfare Office of Neuchâtel and the Cantonal Social Aid Office of the Grisons. Furthermore, in several countries there have for some time been national co-ordination commissions which, to a greater or lesser degree, have also been dealing with social welfare policy on the national level. Amongst these mention should be made of the "Deutscher Verein für öffentliche und private Fürsorge", the "British National Council for Social Service", the "Nationale Raad voor Maatschappelijk Werk" (Netherlands), the "Nationaler Bund für Soziale Wohlfahrt" (Finland) and the "Conférence nationale suisse de travail social".

Since the end of the Second World War, national committees of the International Conference of Social Work which exist in some forty countries, have also formed a sort of national co-ordinating body, insofar as they do not restrict themselves to carrying out tasks allotted to them by the International Conference. Generally speaking, co-ordination is assured by the latter and the corresponding institutions of the United Nations.

6. Finance.— Public social welfare is financed by taxes and other State receipts, whilst private social welfare is supported by subscriptions, endowments, donations and collections. However, in all countries private works are also being more and more subsidised by the State and local councils. The collections system varies greatly according to place and the methods employed are constantly being improved. In a small number of countries, as in North America and Japan, these collections are organized in common by the works concerned (Community chests) and the product is divided according to a fixed scale, although in Switzerland such a procedure would be difficult to apply. In order to standardise the position, special offices have been created in several European countries, partly supported by economic circles and included in the “International Commission for the control of donations”. In Switzerland an information office for welfare work (Zewo) deals with these tasks in Zurich.

7. Personnel and training.— Social welfare personnel and especially that of social work consists partly of social workers, that is to say of professionals and partly of volunteers. The latter have existed ever since man has carried out works of aid whilst *social workers* have been known only for a few decades. That is the reason that their profession does not yet enjoy the necessary esteem with the general public and they have to struggle to have it recognized. In order to increase its reputation and improve working conditions, the “Institute of the Industrial Organization of the Federal Polytechnic” in Switzerland has recently made a survey of employment. In addition, the professional associations of social workers are attempting to draw up a set of professional ethical principles such as have existed for centuries for doctors.

As regards the various categories of social workers, a distinction should be made between the social secretary dealing with administration and planning, also with the community organization when required, and the male or female social worker in charge of individual cases and of group-work. Social work in reception centres is in the hands of educators and directors (internal service), of both sexes.

In most countries and for each of these functions there is a shortage of personnel. In the Netherlands, the Ministry of Social

SOCIAL WELFARE

Security has opened a wide inquiry on the subject. The "Public Relations" working group of the Swiss National Conference proposes to do likewise for the canton of Zurich. The shortage of social workers makes itself felt in a particularly acute manner in the reception institutions.

It should be added that the training of social workers is carried out by special schools, schools of social work, where instruction is given either during the day or in the evening. Efforts are made in all cases not only to prolong the period of training but also to raise its standards and increase knowledge.

Although a tendency to "professionalism" is also manifest in the social sector, *volunteers* retain all their importance. Their activity is however orientated in a different direction. If formerly it happened that a volunteer concerned himself occasionally with individual cases, he has today to be entrusted to a male or female social worker, since the problems raised and, consequently, the appropriate measures to be taken in the treatment of each case have become more complex. Volunteers may find themselves entrusted with partial tasks of well defined social aid which they carry out under the direction and supervision of the social worker as, for example, the effecting of simple controls and preventive surveillance, co-operating in the directing of youth groups, taking charge of the aged, foreign workers' families, etc... Today, as in the past, social administration requires the co-operation of volunteers for fund collecting and in emergency relief actions. More and more often social works and the administrative services which occupy them initiate them in their tasks. Social welfare cannot and must not discard volunteers if one wishes to maintain the sense of responsibility for others in a state of alertness. One cannot but take pleasure, indeed, to observe that voluntary aid is everywhere in demand and that it enjoys the same esteem as in the past.

II. VARIOUS FIELDS OF SOCIAL WELFARE

1. **Aid to youth and to the family.**— It is not possible, and this one realizes more and more, to assist children and adolescents without remaining in constant touch with their families. For this reason parents are encouraged to prepare themselves for their

responsibilities (parents' schools), one tries to give them advice on matters of education and that attempts are made also to exercise some influence over the family circle when youth is being threatened. This intervention is all the more necessary when it appears that there is an increasing number of maladjusted children. Similarly, "parents advice services" have also been created, dealing not only with material matters, but also with problems raised by life in common inside the family itself.

There is thus need to deal with the "mother-child" group, in the first place divorced or separated women and the children entrusted to their care. In many countries the forming of bands of hooligans and juvenile delinquency are a serious problem. The origins of this must no doubt be attributed to improvements in living conditions and the development of the Welfare State, which shelters the young from struggling for existence and consequently deprives them of engaging in positive activities. These phenomena, however, can also be found in the urban centres of the emerging countries. On the national level, aid to the young is encouraged by certain States in a systematic manner. Mention can be made, by way of example, of a law of the German Federal Republic ("Jugendwohlfahrtsgesetz") and of a plan ("Bundesjugendplan" to which "Landesjugendpläne" have recently been added) from which it emanates.

2. Aid to the aged.— On account of an increased number of aged persons, the problem of old age today imposes itself everywhere, with the rare exception of regions where large families exist of a patriarchal character which themselves look after their members in advanced age. From the economic point of view and where compulsory official old age insurance exists, the aged are today protected to a considerable extent. On the other hand the possibilities of placing them, whether in lodgings or in old people's homes, are still partly lacking. Frequently, especially in towns, this category of persons is in need of protection or even finds himself in danger. More must therefore be done to give them advice, take care of them and organize their leisure. Those benefitting from these services would find advantage in organizing these themselves, as is the case for the old people's clubs in Great Britain and the "communities"

in Federal Germany. Furthermore, only to take one example, the house-help service which aids the aged living in their own homes, by devoting a certain number of hours to them, a system first introduced in Scandinavia, has been of great benefit.

It has become a matter of urgency to increase the number of personnel entrusted with caring for the bed-ridden in hospital or in their homes. Training is therefore now given to male nurses and nurses specialized in giving care to the aged, aid programmes for the old are being carried out and commissions set up to pursue work in the field of geriatry.

3. Material Aid.— As a result of the dangers to which man is exposed in the modern world, psychical and mental distress certainly take an ever increasing part and of the first order. But material aid remains no less important amongst which are measures aiming at maintaining purchasing power. The fight against the cost of living is often an important part of social policy.

In a number of countries can be found a more or less complete system of social insurance, also known as “ Social security ”. In this connection, it should be recalled that in 1930 the United States of America, under pressure from the economic crisis, introduced the “ New Deal ” and took a considerable step by going from Manchester liberalism to the Welfare State. Similarly, the English system, based on the Beveridge plan, is unified and centralised, whilst in Switzerland the various branches of social insurance are independent although they are fairly well co-ordinated.

In spite of progress achieved in the question of “ Social security ”, general social assistance retains its importance. For there are always men and women whom neither social insurance nor special assistance can preserve from distress. This is the case for social misfits, divorced women bearing the charge of children alone, unmarried mothers, numerous families with a mental defective on their hands, etc. These people who have need of help are taken charge of by official individual assistance. This, still sometimes called “ Public Assistance ”, finds itself having to follow up difficult cases. In Great Britain it is regulated by national laws as it is in Federal Germany (Bundes-Sozialhilfegesetz), whilst in Switzerland it is still in the hands of the cantons. However, these (with one exception) have

now acceded to an agreement which regulates assistance at the dwelling place.

As a result of the rapid increase in the population, and especially because of migration to the towns, the problem of accommodation is becoming ever more acute in nearly every country. Nowhere can building really meet growing demands for accommodation. Attempts are being made, however, to attenuate this situation with the allocation of housing allowances, as is now the case in several countries.

4. Medical aid.—In spite of progress, a considerable number of illnesses remain virulent throughout the world. In succession to the epidemics which have been eradicated to a large extent, cancer, rheumatism, chronic physical and mental sickness, in particular have made their appearance. In many countries alcoholism is in progression and is prevalent amongst women and youths. Water and air pollution are other sources of danger. Finally, one problem poses itself above all in the emerging countries, that of birth control. In order to find a solution, practical methods are not sufficient, a sense of sexual responsibility must first be awakened. This task now devolves on schools and on the family.

Health education shows itself to be necessary when it is not introduced everywhere in a systematic manner. On the other hand, psychical and mental troubles being frequent today, mental health assumes increasing importance as do those activities whose purpose it is to reintegrate into the community people who suffer from or who are predisposed to neuroses. The “open” treatment of this category of the sick (placing in reception centres, by day or by night, and in “supervised workshops”) has made great progress during the course of the past few years. We would mention as an interesting example of medical aid, the British National Health Service with its widely extended free medical charges. In the emerging countries, it is the National Red Cross Society which often assumes important tasks in this sphere.

5. Moral and spiritual aid.— It is difficult to master all the problems which this period raises for each of us, and all are not able to do so. There is therefore need for advice of every description. The

British "Citizens' Advice Bureaux", some of which have been organized in the framework of the communal organization, are of interest in this connection. Mention should also be made of "The outstretched hand" in Germany and Switzerland which is becoming increasingly effective. This service, in reply to a telephone call, comes to the aid of all in despair, whoever they may be. Similarly, the welfare service helps the homeless and participates by its moral and social action the fight against prostitution.

6. Aid in special situations.— The problem of immigration is the concern of a number of countries, such as notably Israel, Canada, the United States, Australia and also Great Britain. The integration of immigrants into the community indeed demands, in addition to official measures which are evidently effective, an understanding attitude on the part of the population. Immigration sometimes creates minority problems and to those immigrants who have definitely been established in the country are added others who are staying there on a more or less temporary basis, such as foreign workers. Such a situation also demands important measures to be taken which, without having at all times and in all cases to aim at assimilation, have as their object to facilitate a partial social adaptation. The case of families who have remained in the country also have to be considered and who often have to be taken charge of by the social services. Furthermore, the reintegration of emigrants returning to their own country is not often effected without difficulties.

In certain areas there arises the problem of mountain dwellers. These will continue to migrate as long as the standard of living and conditions of existence in mountain districts remain lower than those for the inhabitants of the plains. The tasks to be accomplished is therefore a vast one, of long duration. Financial measures are not sufficient to overcome the distress of these populations. There must also be action by the community social services, which also intervenes in order to face problems arising from increasing urbanization.

One of the most recent tasks of social welfare has been to bring aid to the emerging countries in Asia, Africa and Latin America. The work which missions have been undertaking in those areas for many years, is carried to completion and multiplied, thanks to bi-

lateral aid between the “donor” States and the “beneficiary” countries, as well as through the United Nations specialized agencies throughout the world.

*

In conclusion, we can see that in spite of considerable and continuous progress, the field of activity for social welfare is by no means contracting. Needs which can be satisfied are replaced by others created precisely, at least in part, by civilization itself. It is sufficient to mention in this connection mankind's growing isolation and the resultant insecurity especially in the towns. Therefore, it is essential that all who deal with social welfare, above all social workers, should continuously follow developments in process, discover new tasks and be prepared to undertake them.

Walter RICKENBACH
Doctor of Social Studies
Secretary to the Swiss National Conference
of Social Welfare

REGULATIONS
ON THE USE OF THE EMBLEM OF THE RED CROSS,
OF THE RED CRESCENT, AND OF THE RED LION
AND SUN BY THE NATIONAL SOCIETIES

*Adopted by the XXth International Conference of the Red Cross
in Vienna, 1965*¹

Preamble

In its 1949 version, the First Geneva Convention for the amelioration of the condition of the wounded in armies in the field, distinguishes for the first time in its article 44 between the two different uses of the red cross emblem. On the one hand is the *protective* sign, which is the visible manifestation of the protection conferred by the Convention on certain persons and objects, essentially those which belong to the Army Medical Service, and, on the other hand, there is the purely *indicatory* sign, which indicates that a person or an object is connected with the National Society, but without the protection of the Convention. Article 44 also defines in a general manner the legitimate uses of the emblem in its two meanings.

The present regulations define the various methods of employment of the sign by the National Societies and their members, in the light of the provisions of international law and also of the essential rules of the institution. They start with several general principles which should enable cases which have not been expressly foreseen to be resolved.

¹ In its Resolution No. XXXII, the XXth International Conference of the Red Cross requested the ICRC to publish the text of this regulation, which thus became official. We now do so in discharge of that mandate.

PRINCIPLES

1. The signs of the red cross, of the red crescent and of the red lion and sun ¹ on a white ground are essentially meant to protect, in times of conflict, persons, buildings, establishments, vehicles and material dependent on the Army Medical Service. In this case, they will always be of the largest possible size in relation to the object to be covered, so that they may be plainly visible, especially to aircraft, and can be displayed on the roofs of buildings, as well as worn on armlets.

The National Societies do not have an ex-officio right to the protective emblem ². In principle, only persons, buildings, vehicles and equipment placed by them at the disposal of the Army Medical Service in time of war can cover themselves with this emblem according to directives laid down by the military authorities.

2. National Societies can freely use the red cross emblem in time of peace in accordance with national legislation. In time of war, they can continue to use the sign, but in conditions such that persons and objects upon which it figures do not appear as persons or objects protected by the Convention. The sign, in particular, should be of relatively small dimensions and cannot be affixed on an armlet or on a roof of a building.

In order to avoid having to alter signs already thus in use, so as to prevent any misunderstanding and to accustom their members to the correct use of the emblem, National Societies are invited only to employ for their activities in time of peace signs already complying with the requisite conditions, as above, in time of war. The emblem will therefore always be of small dimensions in relation to the object to be designated. It will not appear on a roof. The wearing of the red cross armlet, which is exclusively a "protective" sign, is inadvisable.

3. National Societies cannot carry out their activities under the cover of the emblem unless these are "in conformity with the

¹ For simplification, mention will henceforth only be made of the red cross, but it goes without saying that all that will be said about it applies equally to the red crescent and the red lion and sun.

² The International Red Cross organizations and their duly authorized personnel have the right to make use of the emblem "at all times", by virtue of article 44, paragraph 3.

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principles laid down by the International Red Cross Conferences ”. These principles give to the institution its aims and its *raison d’être* and are the basis for its specific action; voluntary assistance to the suffering, to the direct and indirect victims of conflicts, and of national and social disasters.

National Societies will therefore refrain, as a general rule, from displaying the red cross emblem whilst carrying out activities which do not fully comply with these principles and which only have a most tenuous connection with their proper duties and essential mission: e.g. work of a patriotic nature, the organization of welfare services for certain categories of civilians or military personnel, the teaching of sport or domestic economy, activities for gainful ends, etc...

4. The “ protective ” sign when displayed shall be in its original form without alteration or addition. The cross known as the Greek cross with four equal limbs, formed of one vertical and one horizontal arm intersecting in the centre, and not touching the edges of the flag or shield should preferably be used; there is no limit to the length and the width of these limbs. Whilst the shade of red is not prescribed, the background, on the other hand, will always be white. There is no limit either on the dimensions, the form or the direction of the crescent.

5. The “ indicatory ” sign will as far as possible be framed by or under-inscribed with the Society’s name or initials; no drawing, emblem or inscription being displayed on the cross or the crescent itself. The National Society can, if it so desires, decide the dimensions and the proportions of the emblem used in each case.

6. The National Society decides under what conditions its emblem may be used.

No person shall wear the Society’s emblem under any form whatsoever without being the holder of a relevant document: membership card, duty order, etc.

Similarly, when the Society has the emblem affixed on buildings, offices or vehicles which belong to it or which it uses, it will also deliver the justifying documents to the persons in charge of such buildings, offices or vehicles.

RULES

A. USE OF THE INDICATORY SIGN

I. Persons

1. Active members

If they wear a uniform, active members can display the emblem of the Society, surrounded by or under-inscribed with its name or initials, on the collar, chest, arm or shoulder or on the head-dress.

In civilian clothes, active members can wear the badge of the Society in the form of a button, brooch, pocket-badge or tie. This badge will comprise the name of the Society surrounding or under-inscribing the emblem.

2. Non-active or auxiliary members

Non-active or auxiliary¹ members can wear the emblem of the Society in the button-hole or in the form of a button, brooch, pocketbadge or tie and bearing its name or initials. As a general rule this badge will differ from that of active members and be smaller.

3. Members of the Junior Red Cross

If these members wear a uniform, the red cross sign surrounded by the words "Junior Red Cross" or the initials JRC may figure on the collar, the chest, arm or shoulder, or also on the head-dress. In civilian clothes these members may display the Junior Red Cross button or brooch.

4. First-Aid workers trained by National Societies

Persons who are non-members but qualified, such as first-aid workers or rescuers who have been trained by the National Society or who have undergone examinations directed by it, may, with the agreement of the Society wear a badge, in the form of a brooch or insignia, which will draw the attention of the public to them. The Society will however maintain control over the wearing of this badge, which will be withdrawn should the person concerned cease from serving in such a capacity or if he does not regularly attend refresher courses or classes of instruction.

¹ Certain National Societies do not recognize this category of members.

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5. Members of affiliated Societies

With the agreement of the Authorities, the National Society may authorize another Society, pursuing the same or similar ends as itself and affiliated to it, to grant to its members, while carrying out their humanitarian duties and whilst they are in uniform, the right to display the red cross emblem under the same conditions as members of the National Society, as defined in article 1 above. The name or the initials of the Society thus authorized should be shown on the uniform, but separate from the red cross emblem which, as a general rule, should be different from that of the National Society. Such authorization cannot be granted unless the affiliated Society remains entirely under the control and the authority of the National Society.

II. Buildings

6. Buildings fully occupied by the National Society

The name and emblem of the Society may be displayed on buildings fully occupied by the Society, whether they belong to it or not. The emblem, which will be removable, will be of relatively small dimensions. It can be shown on a board or a flag, but not on a roof.

7. Buildings partly occupied

When a building is only partially occupied by the National Society, its emblem can only be displayed on the offices which it occupies and under the conditions as laid down in the preceding article.

8. Buildings belonging to but not occupied by the Society

A National Society may display its name but not its emblem on buildings or offices which are its own property and which it rents or lends to third parties.

III. Vehicles

9. Vehicles belonging to the Society

Vehicles, especially ambulances, belonging to or operated by the National Society and utilized by its members or employees may

display the name and emblem of the Society. The emblem shall be small in size and cannot be shown on a flag. Such authorization is also valid in time of war.

10. Ambulances not belonging to the Society

In conformity with national legislation and by virtue of article 44, paragraph 4, of the First Geneva Convention of 1949, National Societies may authorize the use of the emblem, in time of peace, to indicate ambulances belonging to third parties, individuals, societies or authorities.

They shall not give such authorization except in exchange for the right regularly to control the uses which may thus be made of the emblem.

IV. First-Aid Stations

11. Stations belonging to and operated by the Society

The name and emblem of the Society may be displayed in time of war as in time of peace on first-aid stations belonging to and operated by the Society.

In time of war, the emblem shall be small in size and cannot be shown on a flag.

12. Stations not belonging to a Society

In conformity with national legislation and by virtue of article 44, paragraph 4 of the First Geneva Convention of 1949, National Societies may authorize the use of the emblem in time of peace to indicate first-aid stations reserved exclusively for free treatment to be given to the injured and sick.

They shall not grant this authorization except in exchange for the right regularly to control the uses which may thus be made of the emblem and that free treatment is in fact given.

V. Collection of Funds

13. Publicity material

National Societies are at liberty to utilize the emblem to give support to their fund-raising campaigns, notably on leaflets, posters,

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boards, etc., preferably displayed together with the name of the Society or a publicity text or drawing.

14. Objects placed on sale or offered free

Objects placed on sale or offered free by the Society may bear the emblem, which shall then be of a decorative character, preferably shown together with the name of the Society and of the smallest possible size, or else made of perishable material. Badges especially shall be such that they do not imply the wearer to belong to the Red Cross,

As a general rule the emblem will be utilized in such a way as not to lay itself open to possible later misuse.

The sale or distribution of flags or banners displaying the emblem alone is prohibited.

VI. Various Uses

15. Co-operation with other organizations

National Societies co-operating with other national organizations in humanitarian action cannot share either their name or their emblem with these organizations.

16. Medals

The emblem of the Society may figure on medals or other testimonies of recognition, on condition that it is shown together with the name of the Society and, if possible, by a few words describing the purpose of the medal or defining the services rendered.

17. Decorative emblem

There is no restriction on the utilization of the emblem for decorative or ornamental purposes, especially during celebrations or public manifestations, or on printed matter or on publications of all descriptions.

National Societies will however ensure that in no circumstances will the dignity of the emblem be degraded, nor the respect which is due to it be in any way lessened.

18. Relief supplies

The name and emblem of the Society may be used by National Societies to mark supplies consigned by rail, road, sea or air for

the relief of distress caused by armed conflicts or natural disasters. National Societies will ensure that the right to use the emblem for such purposes is not abused.

B. USE OF THE PROTECTIVE SIGN

I. Persons

19. Members of the Society

Members of the Society trained to be placed at the disposal of the Army Medical Service will not have the right to wear the protective emblem, notably the red cross armlet, unless they are in fact placed under the authority of that service. In agreement with the latter they can also wear the badge of the Society.

20. Non-Members

Other persons trained by the National Society for medical duties and placed at the disposal of the Army Medical Service shall have the right to wear the protective emblem, notably the armlet, but not the badge of the Society.

21. Personnel of civilian hospitals

In time of conflict, in occupied territory or in the theatre of military operations, members of the personnel of civilian hospitals have the right to wear the protective emblem, notably the armlet: whilst in service for regular personnel, and during the performance of their duties for temporary personnel.

If they are members of the National Society, or its employees, they can also wear its badge with the agreement of the competent authority.

II. Buildings and Equipment

22. Buildings

Buildings belonging to the National Society or administered by it may, in time of war, be marked with the protective emblem, in particular on roofs, if they are placed at the disposal of the Army Medical Service. Such marking may be authorized in time

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of peace if their military assignment has already been made or is of a definite character.

With the agreement of the military authority, the name and the emblem of the Society may also be displayed on these buildings. The emblem will however remain of small dimensions.

23. Civilian hospitals

Hospitals which are of a permanent character which are recognized as such by the military authority may, with the agreement of the latter, be marked, already in time of peace, with the protective sign, notably on their roofs.

If they belong to the National Society or are administered by it, its emblem and name may also be displayed there under the same conditions as in the preceding article.

24. Equipment

Medical equipment prepared by the National Societies to be placed at the disposal of the Army Medical Service and accepted by it can also be at once marked with the protective sign.

The name and the emblem of the Society may also appear on such equipment, if the Society is its owner or donor.

III. Hospital Ships and Lifeboats

25. Hospital ships and lifeboats

Hospital ships and lifeboats belonging to National Societies may, already in time of peace, be marked as laid down by article 43 of the Second Geneva Convention of 1949, with the agreement of the competent authority and if they have received from the latter a document declaring that they have been submitted to its control during their commissioning and sailing.

Again with the agreement of the authority, the name and emblem of the Society may appear on these vessels and craft. The emblem will however remain small in size.

26. Fixed coastal installations

Fixed coastal installations for lifeboats belonging to the National Society may be marked with its name and emblem.

In time of war and with the agreement of the competent authority, they may in addition display the protective sign.

27. Personnel of hospital ships, lifeboats and fixed coastal installations

In time of conflict, the members of this personnel have the right to wear the protective emblem, notably the armband. The personnel of lifeboats and fixed coastal installations possess this right, however, only when they are on duty.

Members of this personnel may at all times also wear the badge of the National Society if they are members, or if the Society decides to confer it upon them.

**IV. Personnel and Property made available by a Society
of a neutral Country**

28. In conformity with article 27 of the First Geneva Convention of 1949 the personnel, equipment, vehicles or lifeboats made available to a belligerent by the National Society of a neutral country shall display the protective emblem from the time of their departure, with the agreement of the authorities of the neutral country and of those of the belligerent country. Under the same conditions, the name and emblem of the Society may also be shown on the uniform of persons or on property.

INTERNATIONAL COMMITTEE OF THE RED CROSS

EXTERNAL ACTIVITIES

Vietnam¹

A Swiss medical team.—It will be recalled that on December 27 1965, the ICRC had offered, to the Hanoi and Saigon authorities, as well as to the National Liberation Front (NLF), to send Swiss medical teams to each of the belligerents.

The Republic of Vietnam having given a favourable answer to this proposal, a doctor-delegate, Dr Ulrich Middendorp, was charged with studying the conditions in which a medical team could work and what should be its composition. He stayed from January 30 to February 21 in South Vietnam as doctor-delegate representing the ICRC and the Swiss Red Cross. On the basis of Dr. Middendorp's detailed report, the latter stated its agreement to sending such a team to South Vietnam and to attach it to a civilian hospital.

In Saigon, the doctor-delegate immediately made contact with the Ministry of Health and the committee of the Vietnamese Red Cross and with them studied the problems which would be raised by the forthcoming arrival of the Swiss medical team in Vietnam.

He visited several hospital centres, in particular those for the disabled, whose surgical work has been interrupted through the lack of an anaesthetist, and a home run by a Swiss sister in which there are 1,400 infirm, orphans and old people.

At Cantho the ICRC delegate visited the town hospital, the anti-tubercular centre and the local Red Cross. He then went to the Danang base whence he continued his journey to Hué and Quang-Ngai.

Basing himself on his observations, Dr. Middendorp recommends that the Swiss medical team be installed in a provincial hospital, such as at Kontum, in the central highlands. He considers that the team should be composed of eight to ten persons to be able to work

¹ *Plate.* In South Vietnam, refugees receiving Red Cross parcels.



IN INDIA

Refugees receiving Red Cross relief.

IN SOUTH-VIETNAM



in an autonomous manner under the official responsibility of a Vietnamese senior medical officer. It would replace a Philippine medical team at present in action in this area.

Medical requirements in this remote region are immense, the mountain population having been somewhat forgotten in the present medical equipment programme in Vietnam.

The Swiss team would certainly bring most valuable medical aid to the many refugees around Kontum whose conditions of existence are extremely precarious. It would also have the possibility of distributing emergency relief to them, after having won the confidence of an entire population rendered fearful by the events.

First list of prisoners of war.—The Saigon authorities have handed to the ICRC delegate the first list of 161 names of prisoners of war, held in the Republic of Vietnam. This list has been immediately forwarded to the institution's headquarters in Geneva.

As a result of a meeting which he had with Mr. Phan-van-Thinh, Secretary-General at the Ministry of Foreign Affairs in Saigon, who has recently been appointed Ambassador to Berne, Mr. André Tschiffeli, delegate of the ICRC, hopes to undertake very shortly further visits to camps and receive fresh prisoner of war lists.

Dissemination of the Geneva Conventions.—Mr. André Tschiffeli, ICRC delegate, had a meeting on February 7, 1966, with Mr. Matthews, Secretary of the American Embassy and Colonel George Shipley Prugh, legal adviser to General Westmoreland and head of the legal services of the US Army in Vietnam.

He affirmed that he had a thorough knowledge of the Geneva Conventions and was engaged in their application. The Americans have had the four Conventions translated into Vietnamese, of which 2000 copies have already been distributed.

We would recall that the Red Cross of the Republic of Vietnam in Saigon had, on its own initiative, distributed precise instructions on the application of the Geneva Conventions to its army units. It had also made official translations of the Third and Fourth Conventions which it had handed to all unit commanders. (Conventions relative to the treatment of prisoners of war and to the protection of the civilian population in time of war).

Application of the Geneva Conventions.—The Prime Minister of New Zealand, Mr. Keith Holyoake, has given the International Committee of the Red Cross the assurance that his country's forces engaged in Vietnam had received all the necessary instructions for the application of the Geneva Conventions, especially as regards the treatment of prisoners of war. The New Zealand Head of State was replying to a letter sent to him by the ICRC on January 19, 1966 asking him what the attitude of his Government was as regards the application of the Conventions in the Vietnam conflict.

Mr. Holyoake's letter states in particular : " I am able to say that the New Zealand Government has, from the beginning of its involvement in this conflict, taken the position that the humanitarian standards set out in the 1949 Geneva Conventions for the Protection of War Victims should be applied by all parties to the conflict. So far as the conduct of New Zealand forces is concerned, our personnel are always instructed to follow the principles of the Geneva Conventions in any conflict in which they are engaged, and this instruction holds good in the case of Vietnam ".

India and Pakistan¹

The repatriation of Prisoners of War.—The Indian and Pakistani prisoners of war with whom, by virtue of the Geneva Conventions, the International Committee of the Red Cross had concerned itself since the beginning of their captivity, have now mostly been repatriated. In India, as in Pakistan, the delegates of the ICRC had on several occasions visited these prisoners in internment camps and military hospitals. They saw to their well-being, organized their mail and distributed large numbers of parcels to them from the Red Cross Societies of their country of origin and then exchanged meetings on the cease-fire line.

Since the end of the hostilities, the delegates had advocated the repatriation of captives, insisting especially on the repatriation of wounded prisoners without delay, in accordance with the terms of the Geneva Conventions. After the first exchange arranged in January 1966 relating to some air force personnel on both sides, it

¹ *Plate.* In India, refugees receiving Red Cross relief.

was not until February that the wounded were able to be repatriated.

The more seriously injured have been transported by air. On February 2, an Indian aircraft left New Delhi carrying 19 wounded Pakistani prisoners, three of whom were officers, accompanied by Professor Egon Wildbolz, doctor-delegate of the ICRC. Shortly afterwards, the aircraft landed at Lahore aerodrome in Pakistan, where a group of 17 Indian wounded were waiting. These in their turn, again accompanied by the ICRC's representative, were flown in the same aircraft to New Delhi, after a captivity which for some had lasted more than five months.

On the same day, in the presence of Mr. Otto Burkhart, delegate in Pakistan and Mr. Jacques Moreillon, assistant delegate in India, the reciprocal repatriation of a much larger number of prisoners took place at Husseiniwala on the frontier between the two countries. This crossing point, situated in a sector where the cease-fire line corresponds with the former international boundary was, in some measure, the door opened by the Red Cross to enable the first peaceful exchanges to be made between the two countries since the war in which they had been opposing each other. In fact, it was at Husseiniwala that the first civilian meeting, arranged on December 3, 1965, under the ICRC's auspices, took place between the representatives of the two National Red Cross Societies. Parcels for prisoners of war on both sides were then exchanged. Such meetings took place on two further occasions until, on February 2, parcels were no longer exchanged, but the prisoners themselves.

This exchange involved 583 Indian prisoners of whom 22 were officers, and 552 Pakistani, including 15 officers. Similar operations were continued throughout February and did not concern military prisoners exclusively, but also a certain number of interned civilians who had not yet had the opportunity of being repatriated.

Federal Republic of Germany

In January, Mr. Herbert Beckh, ICRC delegate, visited Bonn where he had talks with representatives of the Federal Government, as well as with leading members of the German Red Cross in the

Federal Republic of Germany, on various humanitarian problems and in particular with the reuniting of dispersed families.

We would also point out that the Berlin Section of the German Red Cross has expressed its thanks to the ICRC and its delegate for the efforts made on behalf of the temporary reunion of Berlin families during the end of year festivities.

ICRC President in the USA and in Central America

The President of the International Committee of the Red Cross, Mr. Samuel Gonard and Mr. Serge Nessi, delegate, stayed from the 7th to the 12th February 1966 in New York and Washington where they had talks with U Thant, Secretary-General of the United Nations, Mr. Dean Rusk, Secretary of State and leading members of the American Red Cross and with General Collins, the Society's President. At these meetings they discussed the development and the application of humanitarian law, questions which were the subject of important resolutions adopted by the recent International Conference of the Red Cross in Vienna. They spoke in particular of the humanitarian mission devolving on the ICRC in armed conflicts. The ICRC's representatives recalled that, during the Vietnam conflict, the ICRC has offered its good offices and services as neutral intermediary to all the parties to the conflict.

The President of the International Committee of the Red Cross, Mr. Samuel Gonard, and Mr. Serge Nessi, delegate, also visited Guatemala, after having stayed several days in Mexico, where they met notably the President of the Mexican Red Cross, Mr. Barroso Chavez, who is also Chairman of the League of Red Cross Societies. They discussed all the problems raised on the international level for the ICRC and the League. Mr. Gonard and Mr. Nessi then visited hospital establishments in two provinces, in many cases reserved for the poor which are administered and financed by the Mexican Red Cross.

Further stages of this journey in Central America will be described in a forthcoming issue of the *International Review*.

*IN GENEVA***A film on the International Red Cross**

As President of the Monegasque Red Cross, Princess Grace of Monaco recently spent several days in Geneva during which she took part in a film being produced for Canadian Television. This company is in fact preparing a documentary of importance for the forthcoming World Red Cross Day, May 8, 1966, on the activity of the Red Cross, in particular of the International Committee and the League of Red Cross Societies. The Princess had accepted to present and comment on the work of the two international institutions of the Red Cross. She thus divided her days between the ICRC and the League. An imposing series of "shots" were taken of the ICRC's Central Tracing Agency in which are classified card-indexes and archives concerning more than fifteen million prisoners of war and displaced or missing civilians during the course of armed conflicts in Europe and in the rest of the world. The Princess commented, in front of the cameras, on several cases with which the Agency had to deal and brought out the effectiveness and extent of the work carried out at ICRC headquarters on behalf of the victims of all those conflicts.

ICRC'S ACTION IN THE YEMEN

Role of telecommunications

At 6 a.m., GMT, on February 3, 1966, the last message to be received by the head of the ICRC's mission to the Yemen through his mobile unit was broadcast from HBC 88, the International Committee's radio station :

Transmitting message from President Gonard to radio operators Yemen network and Station HBC88 : quote at this moment when you are about to dismantle your aerial in the Yemen after two years of daily communication which has contributed enormously to the success of the mission undertaken by the International Committee of the Red Cross, I have pleasure in extending my congratulations for the efficiency you have displayed and in expressing the ICRC's gratitude for your loyal service.

This was the end of a long-term operation, the first to have had the benefit of direct radio contact between ICRC headquarters in Geneva and the delegates in the field in a far-distant country.

Every morning for two years, without a single failure, inquiries and instructions were exchanged in short communications of a few hundred words, giving long lists of medical supplies urgently required, to which advices of despatch provided the answers ; this was the nature of the dialogue between the delegates in the field, working under difficult conditions, and the International Committee which gave them counsel.

Efficient logistic support, adaptable yet reliable directives, as well as a presence among those who were carrying the sign of the red cross into the wilderness of the tawny sands in the remote corners of North Yemen : this was made possible by the ICRC's emergency radio communications system.

One aspect of this network which was of particular interest to the experts was its reliability in spite of its relatively simple equipment. The mobile units working in the Yemen were transmitting and receiving on only 150 W — 100 to 1,000 times less than the power of commercial stations. Nevertheless, reception was at times so good that it seemed as if the delegates in the field and the executives at ICRC headquarters in Geneva were in touch by telephone, thus permitting important decisions to be made immediately, with a major influence on the outcome of the mission, particularly as regards the exchanges of prisoners.

In an earlier issue we described how an X-ray apparatus at the Uqhd hospital was repaired without loss of time thanks to the radio network.¹ Of the many appeals—veritable SOS calls—which reached Geneva, one we might mention is the radio-telephone link which enabled one of the head doctors in the field hospital, remote in the desert at Uqhd, to contact his wife at the grocery store in a village in the Swiss mountains, so that on the very same day she was able to send the ICRC a vitally important medicine.

Bringing relief to the wounded with a little lint and a few simple instruments is a thing of the past. Today's doctors and surgeons working in the field are no longer solitary first-aiders: they have the most modern techniques at hand to save ever more numerous human lives and they must, consequently, have recourse to a wider and wider range of pharmaceutical products and also to specialist advice. A link must be maintained between the first-aid station and the surgeons' wireless aerial, which itself should be in direct touch with its own base, the ICRC headquarters in Geneva, where the necessary ways and means can be brought into play.

Whilst it is true that the efficiency of medical and surgical facilities in a region cut off from the rest of the world depends to a great extent upon direct contact with a well equipped relief base, it is perhaps even more obvious that the organization of delegations carrying out the complex duties incumbent on the International Committee of the Red Cross would be inconceivable without some reliable and rapid system of communication.

¹ See *International Review*, December 1964, "Red Cross Radio Communications set up by the International Committee".

INTERNATIONAL COMMITTEE

It is not only the supply of food and equipment which depends upon constant exchange of information to avoid loss of time and to ensure safety for all concerned ; equally dependent on such communication—and perhaps more so—is the movement of delegates and doctors in a country where ambush is a frequent occurrence, and also the relief of teams by fresh personnel sent out from Switzerland to take over. Radio communication is the only means of ensuring the well co-ordinated functioning of arrangements which must be constantly adapted to ever-changing circumstances and to the uncertainties of crises.

Relief operations must respond immediately to emergencies. Information and decisions today must travel at the speed of radio waves if assistance to the victims of disasters and conflicts is not to be found wanting.

P. E. B.

IN THE RED CROSS WORLD

WORLD RED CROSS DAY

World Day, which is an annual event, has as its purpose to stress the important role played by the Red Cross in its humanitarian action, which knows no frontiers. It is indeed a factor for peace and understanding between peoples. This anniversary day is also an occasion for recalling the spirit of fellowship and mutual aid uniting some 190 million men, women and children under the same flag and to appeal to all who have not yet joined their efforts in the work which the Red Cross tirelessly pursues without distinction of race, religion or public opinion in its attempts to alleviate human suffering.

No frontiers for the Red Cross is the theme chosen for May 8, 1966¹. The principle of universality will thus be emphasized which Mr. Jean Pictet in his basic work on "Red Cross Principles" has defined as follows: "The work of the Red Cross must extend to all men and all countries". Mr. Henrik Beer, Secretary-General of the League, addresses the following message on the subject to the world of the Red Cross, Red Crescent and Red Lion and Sun:

In its narrowest sense, Red Cross is an idea around which we have built an organizational structure. In its widest sense, Red Cross represents the only ideal to which all men everywhere can subscribe without violating other allegiances.

There is no doubt that ours is the most universal of all organizations, but we must question whether we are taking full advantage of this factor of universality. Our symbol for World Red Cross Day is a bridge. A bridge is not a resting place; it is a means of crossing more easily over difficult areas. Never before in history has Red Cross been faced with such monumental problems. Yet never before have we been as confident as we are today.

¹ See *International Review*, November 1965.

IN THE RED CROSS WORLD

We must remember that each of us has an influence not only in our communities and nations but throughout our world. This is the greatness of Red Cross. Our hope for World Red Cross Day 1966 is that we can communicate to all in our areas of influence the true meaning of "No Frontiers for Red Cross."

The 8th of May is certainly the splendid occasion each year to draw attention to the work accomplished under the sign of the red cross, red crescent and the red lion and sun, as well as to the aims of our movement in the near future. The theme chosen for 1966 will doubtless inspire all members of National Societies as much as that of last year which, it will be recalled, was: "Red Cross Youth: Tomorrow's Strength Today" and which had wide effect.

Wishing to demonstrate the importance which the anniversary of Henry Dunant's birth has now assumed, we give some details below of the 1965 commemoration as supplied to us by the League of Red Cross Societies:

Radio and Television Coverage. — Many Societies arranged television and radio programmes, often in the form of interviews with Junior Red Cross leaders, to make better known the aims of the movement for young people. In their own radio programme on 9th May, children in Pakistan put questions concerning Junior Red Cross to their Field Officer. In Sierra Leone, a typical link meeting was demonstrated on Children's television. The Finnish School Radio devoted one hour to international Junior Red Cross activities. The Red Cross Day ceremony in Togo, at which a wheelchair was presented to a crippled girl, was recorded by the Government Information Service Newsreel. A similar newsreel was taken in Dahomey depicting a World Red Cross Day ceremony at which gifts were received from the American and French Red Cross Societies. In Uruguay, a demonstration of First Aid and Home Nursing was televised.

A programme on Swedish Radio covered different Red Cross activities both past and present and put emphasis on actual commitments and plans for the future. The Bulgarian Red Cross for the first time took part in the Red Cross International Broadcast from Radio-Geneva, in which the Radio Services of Beirut, Berlin,

Berne, Brussels, Budapest, Lugano, Luxemburg, Madrid, Monte Carlo, Montreal, Moscow, Munich, Prague, Rome, Toronto, Vienna, Warsaw and Zagreb also participated, and followed it up with a programme on the International Red Cross and the National Society.

On 9th May the sermon delivered by the Bishop of Oslo, in which he mentioned the Norwegian Red Cross and urged his fellow countrymen to support the Society, was both televised and broadcast. In the Syrian Arab Republic, an 8th May television interview covered the significance of the Red Cross and Red Crescent emblems and the growing interest in Junior activities.

Governmental Support.—Many Societies sought the support and encouragement of the Education and Health Authorities. In Upper Volta, this was particularly valuable and a Red Cross Week has now been officially recognized. Daily broadcasts were given for a week and schoolchildren were allowed special leave on the afternoon of 8th May to attend Junior Red Cross functions. A march past was arranged in which athletes from each youth organization took part and an exhibition was held in the Town Hall. In Ghana, the Minister of Health and two deputies saw Junior Red Cross members off on a route march. The contingent numbered 250 and was accompanied by the Young Pioneers Band. Placards carried by Juniors read: "Join the Red Cross", "Serve One Another", "Be Prepared", "Give Aid to the Needy."

The King and Queen of Nepal and other members of the royal family took part in several Red Cross ceremonies and the King set an example by donating blood. In Tunisia, President Bourguiba received members of the Tunisian Red Crescent and showed special interest in the health activities of the Society and the co-operation between the Government and the Society in raising the standard of hygiene in the villages.

A message from Madame Kasa-Vubu, President of the Congolese Red Cross Society and wife of the President of the Republic, was broadcast in which she congratulated all the members of the Society on their work and mentioned the World Red Cross Day Theme.

Deeds as well as words.—National Societies, particularly the Junior Sections, were determined that their programmes should

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be positive and active, that, as well as words, there should be deeds to illustrate them. In Yugoslavia, Juniors were elected to several local Red Cross Committees and helped with the planning of activities. In Austria, Juniors filled 5,000 disaster relief kits, some of which have been distributed to the population in flooded areas of Yugoslavia. They also raised 70 % of the Red Cross Day funds. British Red Cross Juniors carried out special acts of service to the aged, sick and handicapped. In Ethiopia, a distribution of clothing was made to people in need. In Ghana, Greece, India, Indonesia, Nepal, Sierra Leone, Thailand and Yugoslavia, visits were made to hospitals and gifts distributed among the patients. In Hungary, gifts of First Aid and hygiene kits and school stationery were presented to a representative of Vietnamese children. At Tezpur, India, a public function was held to celebrate Red Cross Day at the refugee camp at Borgori where a distribution of 1,350 articles of used clothing received from the Federal Republic of Germany was made among the refugees and a group of 20 girl volunteers gave milk, biscuits and sweets to the children. In the Belgian town of Enghien, Juniors chose World Red Cross Day to present old age pensioners with garden chairs, tables and sunshades. In Luxembourg, Juniors collected pencils and notebooks to be sent to UNESCO to help in the campaign for literacy.

The Red Cross Societies of Ghana, Nigeria, India and the Democratic Republic of Vietnam organized working parties to go out and sweep streets, clear up litter and clean the market places. In Yugoslavia, Juniors repaired wells and drinking troughs. In South Africa, schoolchildren collected warm clothing and money with which to buy soup powder for distribution to poorer schools in the very cold areas of the Cape Region. In Syria, where, as yet, there is no established Junior Red Crescent, a ceremony was held at the Headquarters of the National Society in Damascus at which children were given small gifts.

In Ireland, concerts, sewing competitions and house to house collections organized by Juniors, raised a substantial contribution to the "Freedom from Hunger Campaign."

An ambitious one-day conference was arranged in Sydney, Australia, almost entirely by young people. Representatives from secondary schools were invited and the programme included talks

by students on the theme " Red Cross and Youth ", the showing of colour slides, reports on club activities, tape recordings from youth leaders sent by the League and sketches on the life of Henry Dunant.

In Iran, Juniors chose three days in May and devoted each to activities concerning the three different aims.

First Aid and methods of Life Saving featured in many Junior Red Cross celebrations on 8th May. In Chile, Juniors demonstrated their skill in these domains in sports centres and swimming pools. In Belgium, the Cameroons, Lebanon and the U.S.S.R., there were First Aid competitions and displays of gymnastics and dancing.

Cadets of the Northumberland Branch of the British Red Cross organized holidays for handicapped children, 8th May celebrations in 1965 coincided with the tenth anniversary of this activity, and a special weekend was arranged to which were invited some of those who had attended the first camp.

A Nordic " contact-camp " was arranged in Sweden for handicapped Junior Red Cross members between 15 and 21. Groups of two Juniors and one handicapped came from all over Sweden, Denmark, Finland, and Iceland and lived in small cottages for two weeks. The programme of the camp was a kind of Olympic Games : each cottage represented a nation and competed for its colours.

For the Ivory Coast Red Cross, 8th May 1965 was particularly important. The Junior Section had only recently been formed in one school and numbered 40 members. A delegation of Juniors came from their town of Bouaké ville (north) to present the Junior Red Cross to more than 1,000 schoolchildren in Abidjan and to outline five different activities in the school. The press, radio, and television gave coverage to the different aspects of Junior Red Cross work.

The Swiss Red Cross concentrated most of its Junior activities in connection with the World Red Cross Day theme on raising money to have a special bus built for handicapped children. Schools all over Switzerland contributed. They earned money by digging up potatoes, window-cleaning, picking apples, sweeping up leaves and a variety of other useful jobs.

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International Aspects. The international aspect of the Red Cross was illustrated in Liberia by a popular bazaar where stalls were set up for different countries and by a concert of music from various parts of the world performed by artists of different nationalities. In Tanzania, an imaginative float symbolizing international friendship was part of a colourful 8th May procession.

International art exhibitions of work by Junior Red Cross members were very popular in the United States and in Pakistan. The exhibition held in Karachi displayed paintings from 22 countries.

8th May, 1965, held a double significance for Greece. It was also the 80th anniversary of the founding of a Swiss consulate in Patras. The links between Greece and the country of the Red Cross Founder were particularly emphasized at a ceremony arranged in Patras at which the Swiss Ambassador was present.

Conferences and Training Courses.—Conferences and Leadership Training Courses were organized throughout the world in connection with the theme of Red Cross Youth. In Tokyo, the Japanese Junior Red Cross National Convention was opened on 8th May in the presence of the Crown Prince and the Crown Princess and lasted for three days. Some 370 people from all over the country attended and the Crown Prince encouraged the Junior Red Cross members in their efforts towards the “realization of World Peace and the Happiness of Mankind.” The first National Seminar for Junior Red Cross Leaders was organized in Nicaragua and a special congress was held on 8th May in Panama. At an International Educators’ Meeting in Ulm, Federal Republic of Germany, lecturers spoke of the influence of the Junior Red Cross movement on pedagogy and humanity as a whole in the future.

For the first time since the formation of the National Society, two-day Junior Leadership Training courses were held in the three provincial branches of the Sierra Leone Red Cross Society. Each was opened by the Education Officer attached to the Ministry of Education of that province. The aim of the courses was to give teachers in primary schools an understanding of the Red Cross both at the national and international levels with emphasis on Junior Red Cross. All national conferences arranged by the British

Red Cross Society in 1965 at the Training Centre at Barnett Hill used the theme of World Red Cross Day. A seminar broadcast from Amman wound up the 8th May activities for the Jordan Red Crescent Society after delegates had visited Branches throughout the country.

The commemoration of World Red Cross Day therefore achieved great success last year. It is to be hoped that the 1966 event will succeed as well, if not better.

Thailand

The Thai Red Cross has sent us a most interesting communication on health centres which we have pleasure in publishing below.

One of the main tasks of the Thai Red Cross Society during the early twenties was to provide medical services to those people who inhabited the remote parts of the country where disease was rife and communications and transportation facilities left much to be desired. Not only government hospitals and health stations were then non-existent but local doctors and nurses as well. Thus sick people were in a sad plight, and great concern had been aroused by their suffering.

The Thai Red Cross then saw the need for providing them with suitable health services, and the first Red Cross Health Centre was opened in 1925 followed by eight more centres during the next decade in different parts of the country where the need for them appeared¹.

Since then the government health authorities have set up hospitals and health stations in all provinces in order to render invaluable medical services to the rural population. In consequence, it is likely that the Thai Red Cross may close down some of its health centres in certain areas where health services are now readily obtainable at the government hospitals or health stations.

¹ *Plate.* Red Cross Health Centre, Bangkok.

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However, it will continue to operate the existing health centres if they still serve a useful purpose, and open new ones if and when they are required.

Generally speaking, the work of a Red Cross Health Centre is directed primarily towards the betterment of the health and welfare of the people. It renders them health services and helps teach them how to take care of their health. It makes efforts to raise their health standards and promotes their health education for the prevention of disease.

Each Health Centre is staffed by a head nurse aided by three or four nurses and assistants. Its main activities are health advice, first aid, medical examination, immunizations, inoculation, home nursing, visits to homes, family hygiene, ante-and post natal advice, infant and mother welfare, disaster relief. The Centre pays special attention to the members of the Junior Red Cross who are taught first aid, personal hygiene, home nursing and health care. By arrangement with the local private enterprises and government offices the Centre carries out regular medical examination of workers and officials as well as their families.

In all 200,000 persons received medical advice and treatment at the nine Red Cross Health Centres during the year 1964.

U.S.S.R.

The Alliance of Red Cross and Red Crescent Societies has published a brief account of its activity from 1957 to 1965 entitled The Soviet Red Cross (Moscow, 1965). This report, submitted to the XXth International Conference, comprises the following headings : 1) Structure of the Alliance, 2) Medico-Social work, 3) Juniors, 4) International activities, 5) Aid to other peoples and 6) Information, extracts of which we have thought it to be of interest to reproduce¹.

¹ *Plate.* Thanks to the Missing Persons Tracing Bureau of the Alliance, a young girl hugs her mother, after having been separated from her family for several years. (Photograph of the Soviet Red Cross, from material prepared by the League of Red Cross Societies for "World Red Cross Day" on May 8, 1966).



Thailand.— Red Cross Health Center, Bangkok.

U.S.S.R.— Thanks to the Missing Persons Tracing Bureau of the Alliance of Red Cross and Red Crescent Societies, a young girl hugs her mother, after having been separated from her family several years.



In the past eight years between the XIX and XX International Red Cross Conferences (1957—1964), the number of Soviet Red Cross organizations has considerably increased ; great progress has been made in its humane activities within the country, as well as in the extension of international ties and cooperation with National Societies of many other countries.

During this period the total number of primary organizations of the Red Cross and Red Crescent Societies of the USSR has grown by 114,000 (from 309,000 to 423,000). 124,000 primary organizations successfully function in the schools of the country, their growth in the last eight years constituting 48,000.

Due to widespread propaganda the Soviet Red Cross membership, in the period under review, showing a marked yearly increase until at present it has reached 61,108,000 people which is 27 per cent of the country's population.

In the last eight years 39 million people joined the Societies, among them 11.3 million schoolchildren. Such rapid growth of the ranks of the society organizations testifies to the wide popularity and authority that the Soviet Red Cross enjoys among the population of the country.

All Red Cross and Red Crescent Societies of the USSR have achieved a great increase in their membership. For example, there has been almost four-fold membership increase in the Red Cross Societies of the Lithuanian and Moldavian Soviet Socialist Republics, a three-fold membership increase in the Red Cross Societies of the Russian Federation, Ukrainian, Kazakh and Latvian Soviet Socialist Republics and a two-fold membership increase in the Red Crescent Societies of the Uzbek and Tajik Soviet Socialist Republics, to name but a few.

There was a considerable improvement in the activities of the Red Cross and Red Crescent organizations directed to rendering assistance to public health bodies in their struggle for health protection and longevity of the Soviet people. In this connection the main attention of these organizations was concentrated on the following measures : mass sanitary education of the population, especially of students and schoolchildren ; training of active public health volunteers and their use in rendering help to the medical profession in

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the conduct of health protection and prophylactic campaigns ; involvement of the population in the ranks of donors.

Here are some of the main figures showing the volume of this work. In the last eight years 21.3 million schoolchildren of 5—6—7 forms have received sanitary education. Since 1959 up till now 5 million women have been trained for home nursing.

Hundreds of thousands of active public health visitors render assistance to doctors in getting the population at large to come to the medical, laboratory, roentgenologic fluorographic examinations, as well as to take preventive inoculations, vaccinations and other preventive measures.

At present the total number of active public health volunteers trained by Society organizations and medical workers has reached 10 million. Public health in the USSR has been improving from year to year. Now the average life-span of the Soviet citizen is 70 years. The mortality rate of the population is steadily decreasing and in 1964 it was 7.2 persons per 1000 people. Considerable is the reduction in the children's mortality rate, the physical standards of the rising generation are steadily improving.

Public health in our country is taken care of by the standing army of more than 502,000 doctors.

Such dread diseases as smallpox, cholera, plague have long since been forgotten in the Soviet Union. The last few years also saw the elimination of malaria, a considerable drop in the incidence of typhus, typhoid, diphtheria, poliomyelitis, scarlet fever, whooping cough and other infectious diseases. In some parts of the country these diseases have been completely wiped out.

In all these achievements in public health in our country a certain role belongs to the Soviet Red Cross, the workers and active members of which are always in the forefront, assisting the public health bodies and establishments in their struggle for the health, longevity and happiness of the Soviet people.

MEDICO-SOCIAL WORK

From the very first day of its existence the Soviet Red Cross renders to public health bodies every kind of assistance directed at the improvement of medical service and health protection of the population.

The Soviet Red Cross and Red Crescent organizations do not have their own medical establishments in the USSR. The entire network of medical and prophylactic establishments and institutions belongs to the public health bodies, and medical aid is free of charge.

Voluntary Formations of Soviet Red Cross. — The basic types of voluntary formations of the Alliance of Red Cross and Red Crescent Societies of the USSR are sanitary posts and sanitary teams.

Sanitary posts consisting of four persons trained under a 20-hour programme are established at all industrial enterprises and offices, in collective and state farms, in higher and secondary educational institutions. At present sanitary posts are widespread in apartment houses, at railway stations and highways. The sanitary post equipment (medicine chest, stretchers, etc.) is provided and paid for by the sponsor organization.

Sanitary teams, bigger bodies, each consisting of 23 persons, are formed in bigger primary organizations by the Red Cross and Red Crescent Committees in the urban and rural areas.

Members of the sanitary teams are given a 50-hour training, which gives deeper knowledge than the 20-hour sanitary post programme.

The basic task of sanitary posts and sanitary teams in business establishments, in rural areas, in educational establishments and apartment houses is to give first aid in case of accident ; to assist the medical personnel in checking the proper hygienic conditions at workshops, in classrooms and other premises ; to participate in carrying out preventive measures with a view to reducing the incidence of general and industrial diseases as well as industrial injuries.

Apart from that, members of the sanitary posts and teams take an active part in public sanitary education. They conduct among the population medical and sanitary lectures and talks and organize lectures by doctors.

Here are several examples of sanitary posts and teams activity ; in the Turkmenian Soviet Socialist Republic in 1964 the so-called seasonal sanitary posts formed at the pastures for rendering medical aid to cattle-breeders examined for brucellosis more than

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5,000 persons, helped to vaccinate against anthrax more than 700 persons and against poliomyelitis—2,500 persons.

During the influenza outbreak in Leningrad early in 1965 more than 11,000 sanitary posts and 4,500 sanitary teams were involved in helping public health bodies. The outbreak was brought under control in a short time.

Red Cross Active Sanitary Members—Assistants of Medical Personnel. — Soviet public health is truly public health, the basic principle of which is prevention of diseases. It readily finds wide support among the public, and first and foremost among millions of active sanitary members of the Soviet Red Cross.

The number of active sanitary members trained by medical personnel together with Red Cross and Red Crescent organizations increases each year. At present the number of active sanitary members, as mentioned above, is 10 million people.

Of late the Soviet Red Cross organizations have taken greater part in the preventive and sanitation measures carried out by the public health bodies. Invaluable assistance by Red Cross and Red Crescent organizations to the public health bodies is given by public sanitary agents.

The main task of the public sanitary agents is to help sanitary inspectors and epidemiologists carry out sanitary surveys and sanitary and anti-epidemic measures. Such sanitary agents are usually appointed by primary organizations from among medical nurses, members of sanitary posts, teams and other active Red Cross members, who have undergone special training. Since 1957 the number of public sanitary agents has increased by 395,268 people. At present they run to about two million. It means that each year the sanitary service of the country draws more and more assistants who participate in carrying-out sanitation measures directed at further reduction and elimination of infectious diseases.

The Red Cross and Red Crescent committees with the help of the medical personnel have started a wide education of the active sanitary members with the view to combatting infectious diseases. The training of the active members concerns the people who have earlier undergone training in accordance with the first aid programmes, public sanitary agents and those trained in home nursing.

Trained active sanitary members greatly help the medical personnel in conducting widespread sanitation measures directed at prevention of tuberculosis, poliomyelitis, diphtheria, influenza and other diseases.

For example, the active sanitary members of the Ukrainian Red Cross Society participate in protecting child health. Regional Red Cross Committees, together with the management of the medical establishments, set up at rural regional hospitals mother's training courses according to a special programme. Active members hold lectures for mothers on child care, they bring to light the newly-arrived and non-inoculated children, they supervise and control inoculation teams, rational infant feeding and so on.

Home Nursing Courses. — Since 1959 overall training of the population has been carried on in home nursing (a 28-hour course). The courses are organized by the primary organizations of the Red Cross and Red Crescent Societies at apartment houses, in rural areas, at business establishments and offices.

At present the expanding activity of the Red Cross and Red Crescent Societies in setting up such courses enjoys wide popularity among the population. Whereas in 1959 only 265.5 thousand people finished these courses, at present more than 5 million people undergo training at such courses, which render assistance to the medical personnel in home nursing.

In 1964 alone 1 million 311 thousand people were trained on these courses, and they nursed more than 914,000 sick people in their homes.

For the purpose of rendering help to the public health bodies regarding medical service and home nursing of the lonely patients (from among the Great Patriotic War disabled persons, disabled workmen and others) who are bed-ridden but by the nature of their malady do not qualify for admission to hospital, the Red Cross and Red Crescent Societies organized Bureaux of nurses, whose expenses are paid by the membership fees.

As a rule, nurses visiting their patients carry out doctor's orders only. As for domestic help, it is done by the active sanitary members, particularly, by home nursing course trainees.

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Since the Bureaux' inception in 1960 nurses have treated more than 500,000 patients, whom they visited more than 7,000,000 times.

Together with the Bureaux maintained by the membership fees, voluntary Bureaux without payment came into being. The active Red Cross members of the town of Volzhsk, the Volgograd region, were initiators of this noble undertaking. While at the start only nine nurses were involved in this work at the town of Volzhsk in three years' time their number in the Volgograd region had increased to 1,268. At present the Voluntary Nurses Bureaux are functioning in most of the republics.

Training of Nurses. — The Soviet Red Cross provides help to public health bodies in training nurses required by medical institutions. The two-year nurse training course is conducted by the Red Cross Society committees in the trainees' spare-from-work time.

The courses admit persons working in business, offices in agriculture, at ages varying from 17 to 35, with at least 8 years of school education. The active members of the Red Cross and Red Crescent Societies are accepted on more favourable terms.

As a rule, courses for medical nurses are organized at hospitals, secondary and higher medical educational institutions. The training is free.

Even when in training, future nurses become active members of the Soviet Red Cross and reliable assistants of the medical personnel in conducting medico-preventive and sanitation measures among the population.

Those who pass final examinations are qualified as medical nurses with secondary medical education. Many nurses who graduated at the Soviet Red Cross courses work at medical and prophylactic establishments of our country.

Recruitment of Donors from Among the Population. — The blood transfusion service in the Soviet Union is entirely operated by the public health bodies.

As far as this important issue is concerned, the Soviet Red Cross renders great assistance to the public health bodies by carrying on country-wide organizational activities aimed at the recruitment of blood donors both from among the members of the Red Cross and

Red Crescent Societies and from among the population. This has resulted in the yearly increase of the number of donors in our country. Gratuitous donorship has gained particular prevalence.

The Executive Committee of the Alliance of Red Cross and Red Crescent Societies of the USSR has different kinds of encouragement to offer to gratuitous donors. Donors who have donated their blood not less than 15 times are awarded the badge of "Donor of the USSR—1st Degree"; donors who have donated their blood 10 times are awarded the badge of "Donor of the USSR—2nd degree", and those who donated their blood 5 times are awarded the badge "Donor of the USSR"—of the 3rd degree. The badge "a Drop of Blood" is given for the first donation.

The most active donors, who help to draw the population into the ranks of donors are given the highest reward—the badge of "Honourable Donor of the USSR".

Medical and Hygienic Education of the Population. — Health education of the Red Cross and Red Crescent Society members and the wide sections of the population is an important task of the Soviet Red Cross and is conducted in close contact with the public health bodies and various other public organizations.

The following methods and forms in bringing to the masses of medical and hygienic education are employed: lectures, talks, broadcasts and telecasts, topical "get-togethers", People's Universities, health schools, exhibitions, printed propaganda and others.

Since the XIX International Red Cross Conference our Societies have been improving the old methods and forms of mass propaganda and trying to find new ones.

For more profound and regular dissemination of medical and hygienic knowledge People's Universities and health schools were started in urban and rural areas at the instance of the medical personnel and with the active participation of the Red Cross and Red Crescent Societies. Lectures at these Universities and schools of health creating on a free time, voluntary basis are given 1-2 times monthly, and are planned for a two year programme. At present 1420 People's Universities of Health are functioning in our country.

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For instance, the Red Cross Society of the Georgian Republic is active in setting up People's Universities and Health Schools and in recruiting students for them. At present 47 People's Universities and 121 Health Schools are functioning in the Georgian Republic. In the last four years, in this republic only, Health Schools have discharged 50 thousand trainees or 25 % of the active members of the Red Cross Society.

The Society Committees take an active part in creating " Health Rooms " in residential quarters and " Sanitary Education Rooms " in rural areas. Their major occupation is the sanitary education of the population.

Recently, most of the district, regional and republic committees very successfully organized regular talks on Health over the radio and television, during which medical and hygiene subjects are discussed. The Red Cross Society Committees take part in their preparation.

To help the Society organizations, the Executive Committee of the Alliance of Soviet Red Cross and Red Crescent Societies has issued series of gramophone records and tape-recordings of talks of leading medical specialists on prevention of different diseases, on correct diet, child care and on some other subjects of public health.

Of late more than 100 sanitary-education short films have been released by the Public Health Ministry of the USSR with the Executive Committee of the Alliance of Soviet Red Cross and Red Crescent Societies having a hand in their preparation too.

Independently the Executive Committee released 12 films on donorship, hygiene education of schoolchildren, international activities of the Society, fight against poliomyelitis, activities of active sanitary members of the Societies etc. The Executive Committee has also released three series of slide-pictures for training the active sanitary members. Films and slide-films are also widely used for spreading medical and hygiene education among the population.

The Soviet Red Cross organizations attach great significance to printed matter. Booklets, leaflets, posters, instruction hand-books; slogans are published not only by the Executive Committee of the Alliance of Soviet Red Cross and Red Crescent Societies but by all local Society Committees as well.

Besides books and posters on sanitary education the Executive Committee publishes text-books and instruction brochures for the training of the active sanitary members.

In 1964 alone, the Executive Committee of the Alliance of Red Cross and Red Crescent Societies of the USSR in conjunction with the Red Cross and Red Crescent Societies published 4,127 different books on sanitary education with a total circulation of 41,5 million copies.

The Executive Committee is responsible for publishing its own mass-circulation magazine "The Soviet Red Cross", which supplies information about its versatile activities, popularizes the best experience in sanitary, educational and organizational work and tells about cooperation with public health bodies.

In March 1964 the Executive Committee of Soviet Red Cross and Red Crescent Societies held a special Plenum devoted to the discussion of the Red Cross Societies' participation in popularizing medical and hygienic knowledge among the population. The Plenum had approved the activities of the Soviet Red Cross in general and of its most effective methods of spreading medical and hygienic knowledge in particular and marked out new ways of further improvement of this work.

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

PALAIS DES DROITS DE L'HOMME

The International Review last year published an article in which the European Convention on Human Rights was presented as a useful supplement to the Geneva Conventions. It was ratified by all member States of the Council of Europe, the headquarters of which is in Strasbourg. It was in that town, on September 28, 1965, that the Palais des Droits de l'Homme was inaugurated. Mr. Polys Modinos, Assistant Secretary-General to the Council of Europe, delivered the following address :

For having built an edifice based on an ethical concept which is more than ever necessary to the world, for having promoted, in and for peace, the abiding disciplines of law, the Council of Europe is today receiving from the town of Strasbourg this fine building which it is hoped will be worthy of the name Palais des Droits de l'Homme.

I realize, Mr. Mayor, that it is your intention thereby to maintain the traditions of Strasbourg, to prolong its history and at the same time express in cement and stone that the Council of Europe has fulfilled its great mission.

Having suffered throughout the centuries from hatred among men and nations, having been ravaged time and again and having seen destruction follow destruction, Strasbourg may first claim the honour of raising a building devoted to the safeguard of human rights.

This building is one of several—the Palais de la Paix in The Hague, the Palais des Nations in Geneva, and other centres of fellowship in New York, Brussels or Luxembourg—which were erected after gory wars. These buildings are an admission of our sins and our repentance, but they are also testimony to the victory

of good over evil, justice over injustice, eternally symbolized by the Parthenon.

Just as the basilicas and cathedrals have emerged triumphant from the dark night of the catacombs, this new temple of justice springs from our faith in destiny and our hope in our future.

Just as it is true that the worth of men is measured by their creative ability and the fervour of their sentiments, buildings are of value for the ideals which they evoke.

To recognize the rights of the individual and at the same time the obligations of the community ; to ensure respect for human dignity ; to define the limits of State powers ; to entrust to international organizations the supervision of undertakings assumed ; to guarantee to one and all the exercise of the essential freedoms for the maintenance of democracy ; such are the predominant principles of the European Convention on Human Rights.

The outcome of the great spiritual trends of our time, this Convention bears within itself the stamp of universality. It teaches that there are not two different types of justice, one for the individual and the other for the State. Individuals and States must observe the same moral rules. Neither are there two ethic codes, one national and the other international, for Justice cannot hold two sets of scale.

Here, more than anywhere the words of Montesquieu assume their significance : « If I had something of use to my country which was detrimental to Europe and the human race, I would regard it as a crime ».

As the vigilant guardians of these principles, the Commission and the European Court of Human Rights have earned their place in a setting worthy of the task to which they have been dedicated for years, without respite, without weakness, but with the proper measure and consideration.

What has so far been accomplished—the five or six volumes of jurisprudence hitherto unknown in the law of nations—proves that the preparatory stage is long passed. We are no longer about to set out upon our road, we are well on the way and the path is open and well marked.

How justified is our satisfaction at being able to say that there are now in Europe fifteen countries which have agreed to submit

MISCELLANEOUS

the operation of their own national institutions to an over-all international control. And how can we fail to rejoice at the confidence displayed by these countries in our European institutions which, in reality, are only the projection of national institutions.

Thus, this Europe which destroyed itself without dying, today shows itself capable of making human dignity man's "raison d'être".

And as the right to life is the first of rights for nations and for individuals, let us hope that this building will be, for us and future generations, the expression of a life which can and will renew itself.

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

(AGREED AND AMENDED ON SEPTEMBER 25, 1952)

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

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

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

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

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

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

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

¹ The International Red Cross comprises the National Red Cross Societies, the International Committee of the Red Cross and the League of Red Cross Societies. The term " National Red Cross Societies " includes the Red Crescent Societies and the Red Lion and Sun Society.

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

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

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



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ADDRESSES OF CENTRAL COMMITTEES

- AFGHANISTAN — Afghan Red Crescent, *Kabul*.
- ALBANIA — Albanian Red Cross, 35, *Rruga Barrikadavet, Tirana*.
- ALGERIA — Central Committee of the Algerian Red Crescent Society, 15 bis Boulevard Mohamed V, *Algiers*.
- ARGENTINE — Argentine Red Cross, H. Yrigoyen 2068, *Buenos Aires*.
- AUSTRALIA — Australian Red Cross, 122-128 Flinders Street, *Melbourne, C. 1*.
- AUSTRIA — Austrian Red Cross, 3 Gusshausstrasse, *Vienna IV*.
- BELGIUM — Belgian Red Cross, 98, Chaussée de Vleurgat, *Brussels 5*.
- BOLIVIA — Bolivian Red Cross, Avenida Simon-Bolivar, 1515 (Casilla 741), *La Paz*.
- BRAZIL — Brazilian Red Cross, Praça da Cruz Vermelha 10-12, *Rio de Janeiro*.
- BULGARIA — Bulgarian Red Cross, 1, Boul. S.S. Biruzov, *Sofia*.
- BURMA — Burma Red Cross, 42, Strand Road, Red Cross Building, *Rangoon*.
- BURUNDI — Red Cross Society of Burundi, P.O. Box 1037, *Usumbura*.
- CAMBODIA — Cambodian Red Cross, 17 R Vithei, P.O.B. 94, *Phnom-Penh*.
- CAMEROON — Central Committee of the Cameroon Red Cross Society, rue Henry-Dunant, P.O.B. 631, *Yaoundé*.
- CANADA — Canadian Red Cross, 95 Wellesley Street East, *Toronto 5*.
- CEYLON — Ceylon Red Cross, 106 Dharmapala Mawatte, *Colombo VII*.
- CHILE — Chilean Red Cross, Avenida Santa Maria 0150, Casilla 246 V., *Santiago de Chile*.
- CHINA — Red Cross Society of China, 22, Kanmien Hutung, *Peking, E*.
- COLOMBIA — Colombian Red Cross, Carrera 7a, 34-65 Apartado nacional 1110, *Bogota D.E.*
- CONGO — Red Cross of the Congo, 24, Avenue Valcke, P.O. Box 1712, *Léopoldville*.
- COSTA RICA — Costa Rican Red Cross, Calle 5a Sur, Apartado 1025, *San José*.
- CUBA — Cuban Red Cross, Ignacio Agramonte 461, *Havana*.
- CZECHOSLOVAKIA — Czechoslovak Red Cross, Thunovska 18, *Prague I*.
- DAHOMEY — Red Cross Society of Dahomey, P.O. Box 1, *Porto-Novo*.
- DENMARK — Danish Red Cross, Ny Vestergade 17, *Copenhagen K*.
- DOMINICAN REPUBLIC — Dominican Red Cross, Calle Galvan 24, Apartado 1293 *San Domingo*.
- ECUADOR — Ecuadorean Red Cross, Avenida Colombia y Elizalde 118, *Quito*.
- ETHIOPIA — Ethiopian Red Cross, Red Cross Road No. 1, P.O. Box 195, *Addis Ababa*.
- FINLAND — Finnish Red Cross, Tehtaankatu 1 A, *Helsinki*.
- FRANCE — French Red Cross, 17, rue Quentin-Bauchart, *Paris (8^e)*.
- GERMANY (Dem. Republic) — German Red Cross in the German Democratic Republic, Kaitzerstrasse 2, *Dresden A. 1*.
- GERMANY (Federal Republic) — German Red Cross in the Federal Republic of Germany, Friedrich-Ebert-Allee 71, 5300 *Bonn 1*, Postfach (D.B.R.).
- GHANA — Ghana Red Cross, P.O. Box 835, *Accra*.
- GREAT BRITAIN — British Red Cross, 14 Grosvenor Crescent, *London, S.W.1*.
- GREECE — Hellenic Red Cross, rue Lycavittou 1, *Athens 135*.
- GUATEMALA — Guatemalan Red Cross, 3.^a Calle 8-40 zona 1, *Guatemala C.A.*
- HAITI — Haiti Red Cross, rue Férou, *Port-au-Prince*.
- HONDURAS — Honduran Red Cross, Calle Henry Dunant 516, *Tegucigalpa D.C.*
- HUNGARY — Hungarian Red Cross, Arany Janos utca 31, *Budapest V*.
- ICELAND — Icelandic Red Cross, Ølduggøtu 4 *Reykjavik*, Post Box 872.
- INDIA — Indian Red Cross, 1 Red Cross Road, *New Delhi 1*.
- INDONESIA — Indonesian Red Cross, Tanah Abang Barat 66, P.O. Box 2009, *Djakarta*.
- IRAN — Iranian Red Lion and Sun Society, Avenue Ark, *Teheran*.
- IRAQ — Iraqi Red Crescent, Al-Mansour, *Baghdad*.
- IRELAND — Irish Red Cross, 16 Merrion Square, *Dublin 2*.
- ITALY — Italian Red Cross, 12, via Toscana, *Rome*.
- IVORY COAST — Ivory Coast Red Cross Society, B.P. 1244, *Abidjan*.
- JAMAICA — Jamaica Red Cross Society, 76 Arnold Road, *Kingston 5*.
- JAPAN — Japanese Red Cross, 5 Shiba Park, Minato-Ku, *Tokyo*.
- JORDAN — Jordan Red Crescent, P.O. Box 1337, *Amman*.
- KOREA (Democratic Republic) — Red Cross Society of the Democratic People's Republic of Korea, *Pyongyang*.
- KOREA (Republic) — The Republic of Korea National Red Cross, 32-3 Ka Nam San-Dong, *Seoul*.

ADDRESSES OF CENTRAL COMMITTEES

- LAOS — Laotian Red Cross, *Vientiane*.
- LEBANON — Lebanese Red Cross, rue Général Spears, *Beirut*.
- LIBERIA — Liberian National Red Cross, Camp Johnson Road, P.O. Box 226, *Monrovia*.
- LIBYA — Libyan Red Crescent, Berka Omar Mukhtar Street, P.O. Box 541, *Benghazi*.
- LIECHTENSTEIN — Liechtenstein Red Cross, *Vaduz*.
- LUXEMBURG — Luxemburg Red Cross, Parc de la Ville, *Luxemburg*.
- MADAGASCAR — Red Cross Society of Madagascar, rue Clemenceau, P.O. Box 1168, *Tananarive*.
- MALAYA — Malaysian Red Cross Society, 519 Jalan Belfield, *Kuala Lumpur*.
- MEXICO — Mexican Red Cross, Sinaloa 20, 4º piso, *Mexico 7, D.F.*
- MONACO — Red Cross of Monaco, 27, Boul. de Suisse, *Monte-Carlo*.
- MONGOLIA — Red Cross Society of the Mongolian People's Republic, Central Post Office, Post Box 537, *Ulan-Bator*.
- MOROCCO — Moroccan Red Crescent, rue Calmette, *Rabat*.
- NEPAL — Nepal Red Cross Society, Tripureswore, P.B. 217, *Kathmandu*.
- NETHERLANDS — Netherlands Red Cross, 27 Prinsessegracht, *The Hague*.
- NEW ZEALAND — New Zealand Red Cross, 61 Dixon Street, P.O.B. 6073, *Wellington C.2*.
- NICARAGUA — Nicaraguan Red Cross, 12 Avenida Noroeste, *Managua, D.N.*
- NIGER — Red Cross Society of Niger, B.P. 386, *Niamey*.
- NIGERIA — Nigerian Red Cross Society, Eko Akete Close, Ikoyi, Yaba, P.O. Box 764, *Lagos*.
- NORWAY — Norwegian Red Cross, Parkveien 33b, *Oslo*.
- PAKISTAN — Pakistan Red Cross, Frere Street, *Karachi 4*.
- PANAMA — Panamanian Red Cross, Apartado 668, *Panama*.
- PARAGUAY — Paraguayan Red Cross, calle André Barbero y Artigas 33, *Asunción*.
- PERU — Peruvian Red Cross, Jiron Chancay 881, *Lima*.
- PHILIPPINES — Philippine National Red Cross, 860 United Nations Avenue, P.O.B. 280, *Manila*.
- POLAND — Polish Red Cross, Mokotowska 14, *Warsaw*.
- PORTUGAL — Portuguese Red Cross, General Secretaryship, Jardim 9 de Abril, 1 a 5, *Lisbon 3*.
- RUMANIA — Red Cross of the Rumanian People's Republic, Strada Biserica Amzei 29, *Bucarest*.
- SALVADOR — Salvador Red Cross, 3a Avenida Norte y 3a Calle Poniente 21, *San Salvador*.
- SAN MARINO — San Marino Red Cross, *San Marino*.
- SAUDI ARABIA — Saudi Arabian Red Crescent, *Riyadh*.
- SENEGAL — Senegalese Red Cross Society, Bld. Franklin-Roosevelt, P.O.B. 299, *Dakar*.
- SIERRA LEONE — Sierra Leone Red Cross Society, 6 Liverpool Street, P.O.B. 427, *Freetown*.
- SOUTH AFRICA — South African Red Cross, Cor. Kruis & Market Streets, P.O.B. 8726, *Johannesburg*.
- SPAIN — Spanish Red Cross, Eduardo Dato 16, *Madrid, 10*.
- SUDAN — Sudanese Red Crescent, P.O. Box 235, *Khartoum*.
- SWEDEN — Swedish Red Cross, Artillerigatan 6, *Stockholm 14*.
- SWITZERLAND — Swiss Red Cross, Taubenstrasse 8, B.P. 2699, 3001 *Berne*.
- SYRIA — Syrian Red Crescent, 13, rue Abi-Ala-Almaari, *Damascus*.
- TANZANIA — Tanzania Red Cross Society, Upanga Road, P.O.B. 1133, *Dar es Salaam*.
- THAILAND — Thai Red Cross Society, King Chulalongkorn Memorial Hospital, *Bangkok*.
- TOGO — Togolese Red Cross Society, Avenue des Alliés 19, P.O. Box 655, *Lomé*.
- TRINIDAD AND TOBAGO — Trinidad and Tobago Red Cross Society, 48 Pembroke Street, P.O. Box 357, *Port of Spain*.
- TUNISIA — Tunisian Red Crescent, 19, rue d'Angleterre, *Tunis*.
- TURKEY — Turkish Red Crescent, Yenisehir, *Ankara*.
- UGANDA — Uganda Red Cross, 17 Jinja Road P.O. Box 494, *Kampala*.
- UNITED ARAB REPUBLIC — Red Crescent Society of the United Arab Republic, 34, rue Ramses, *Cairo*.
- UPPER VOLTA — Upper Volta Red Cross, P.O.B. 340, *Ouagadougou*.
- URUGUAY — Uruguayan Red Cross, Avenida 8 de Octubre, 2990, *Montevideo*.
- U.S.A. — American National Red Cross, 17th and D Streets, N.W., *Washington 6, D.C.*
- U.S.S.R. — Alliance of Red Cross and Red Crescent Societies, Kouznetsky Most 18/7, *Moscow k.31*.
- VENEZUELA — Venezuelan Red Cross, Avenida Andrés Bello No. 4, Apart. 3185, *Caracas*.
- VIET NAM (Democratic Republic) — Red Cross of the Democratic Republic of Viet Nam, 68, rue Bà-Trièz, *Hanoi*.
- VIET NAM (Republic) — Red Cross of the Republic of Viet Nam, 201, duong Hồng-Tháp-Tu, No. 201, *Saigon*.
- YUGOSLAVIA — Yugoslav Red Cross, Simina ulica broj 19, *Belgrade*.