

MARCH

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International Review of the Red Cross



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BOOKS AND REVIEWS

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FRENCH EDITION OF THE REVIEW

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

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SUPPLEMENTS TO THE REVIEW

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SPANISH

Estructura, organización y procedimiento de la Conferencia Internacional de la Cruz Roja — XXI Día Mundial de la Cruz Roja — En América Latina (*J. Gómez Ruiz*).

GERMAN

Aufbau, Organisation und Verfahren der Internationalen Rotkreuzkonferenz — Eine Broschüre über die Genfer Abkommen — 21. Welttag des Roten Kreuzes — Rechtshilfe für Flüchtlinge und Auswanderer.

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International Year for Human Rights

1968 has been chosen International Year for Human Rights and the UN General Assembly has invited states and institutions to commemorate the twentieth anniversary of the adoption of the Universal Declaration of Human Rights. Red Cross too is associated in this commemoration by publishing in the International Review the following article on Red Cross and Human Rights; this will be followed in other issues with contributions on the same theme.

It will be recalled that the United Nations, in order the better to promote the principles contained in the Universal Declaration, decided to convene a Conference in Teheran in order to review what has been achieved in the field of Human Rights over the last twenty years, and to prepare a programme of further measures.

The efforts of the United Nations to ensure recognition and protection for Human Rights are in line with earlier efforts exemplified by Magna Carta, the American Declaration of Independence and the Declaration of the Rights of Man following the French Revolution. On December 10, 1948, the United Nations General Assembly adopted and proclaimed the Universal Declaration of Human Rights " as a common standard of achievement for all peoples and all nations ". This standard, even today, is not one which even the most developed countries can pride themselves in having completely achieved. But the adoption of this Declaration is a landmark. The Red Cross views it as akin to the humanitarian Conventions and is gratified to do so. This Declaration is important for two reasons: because it is the first attempt of its kind on a supra-

national level; and because the more solidly established rights are as the moral and legal inheritance of peoples, the less prone they are to be trampled on during tension and conflict.

*The author of the first draft of the Universal Declaration, Professor René Cassin, defines as follows the significance and scope of the 30 articles of the Declaration adopted twenty years ago:*¹

“The dominant feature that characterizes the universality of the Declaration is its broad scope and content. The Declaration embraces all the rights and freedoms essential for the dignity and development of the human personality: the right to life and to physical and juridical freedom; to spiritual and political freedom such as freedom of conscience, opinion and information; the right to work, to own property, to education, to leisure, to the benefits of culture, and to engage in intellectual and artistic creation.

Originally conceived as an international Declaration produced by States for the benefit of the citizens of those States, the Universal Declaration focussed increased attention directly on man’s relations with his fellows and on a wide range of social patterns such as the family, religion, employment, and professions, the city and State, and society as a whole. All members of the family of Man are consequently encompassed within the Declaration in so far as they are directly subject to international law (jus gentium), irrespective of their original or present status, and without distinction of race, sex, creed, language, birth, fortune, social condition or opinion. The Universal Declaration applies to all States or territories regardless of the political, juridical, economic or international status of the country, or whether or not it is a member of the United Nations.

Although the authors of the Declaration in no way attempted to avoid direct references to the contempt for human rights that had resulted in barbarous acts which had outraged the conscience of mankind, they refused to turn the Declaration into a document of acrimony and bitterness harking back to the past. Instead, they sought to erect the foundations for the building of a better future.

The Declaration voices the deep-rooted, enduring aspirations of all men for liberty, equality and at least a measure of security, whether the society people live in is more advanced and provides

¹ UNESCO, *Courier*, Paris, January, 1968.

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certain basic rights, or underdeveloped and deprives them of proper food, liberty and education.

In short, the Declaration sets forth an ideal of achievement and marks out the guide-lines for a vast programme of positive action.”

This ideal is by no means applied fully throughout the world and this year’s commemoration of the Universal Declaration’s anniversary will be worth-while only to the extent that new progress is achieved towards broader recognition of every human being’s dignity.

*

THE RED CROSS AND HUMAN RIGHTS ¹

by F. Siordet

From the beginning of its existence the Red Cross has had two objectives: the setting up of relief societies and the promotion of rules in law justifying and facilitating relief action. At the present time it has two types of activity: relief in the field and the improvement of humanitarian law. It is this second activity, the Red Cross contribution to humanitarian law, which we shall consider here.

The life, behaviour and existence of human communities and the individuals of which they are composed are conditioned by two trends: to permit man's personal development for the benefit of which he makes his own contribution; to permit the community, whilst working for the good of its members, to develop and defend itself, if need be against individuals.

In a recent publication, Mr. Jean Pictet, Director-General for Legal Affairs and Member of the International Committee of the Red Cross, Lecturer at Geneva University, showed that the birth of humanitarian law was due to the opposition between humanity, which calls for action for man's benefit, and necessity, according to which the maintenance of public order justifies the use of force and the state of war justifies recourse to violence.² According to Mr. Pictet, the principle of humanitarian law is "Respect for the human being and his development shall be ensured to the fullest extent compatible with public order and, in time of war, with military necessity". Although this statement of principle may not

¹ Extracts from an address in Geneva, in 1967, to the Summer School organized by the World Federation of United Nations Associations in co-operation with the International Student Movement for the United Nations.

² J. PICTET. *The Principles of International Humanitarian Law*, ICRC, Geneva, 1967.

satisfy idealists, it does, it must be admitted, correspond to the normal practice of States.

Humanitarian law has two distinct but complementary branches: human rights and the law of war. The start of human rights was the principle which Mr. Pictet expressed as follows: "The individual shall at all times be guaranteed the exercise of fundamental rights and liberties as well as living conditions suitable for his fit and proper development". The latest statement of these rights is the Universal Declaration of Human Rights of 1948. The law of war, on the other hand, has been built up piecemeal, particularly during the last century, with the constant development of means of destruction. It is the outcome of conscience-searching and the awareness of war's true nature. The aim of war, according to the ideas by then prevalent, was to weaken the enemy's military power, so that belligerents should abstain from inflicting on an enemy harm out of proportion to this objective.

This principle gave rise to two offshoots:

The first of these is that genuine law of war which tends to impose the fewest possible rules for the conduct of military operations. It has been expressed in several laws such as the "Annex to the Hague Convention of October 18, 1907, Regulations respecting the Laws and Customs of War on Land", hence this branch of the law of war is known frequently as "the Law of The Hague". On the basis of the principle laid down by article 22, i.e., "The right of belligerents to adopt means of injuring the enemy is not unlimited", its aim is to protect non-combatants and restrict attacks to military objectives. It proscribes weapons causing needless damage; it prohibits pillage, needless destruction and treachery. The second offshoot was the 1864 Geneva Convention. It has been continually amended on Red Cross initiative and is now contained in the four 1949 Geneva Conventions, hence its name "the Law of Geneva" or "Law of the Red Cross". It is this which we shall examine here.

The guiding principle of the law of Geneva is that anyone *hors de combat* or not taking direct part in hostilities shall be respected, protected and treated humanely: wounded and sick shall be cared for, no matter to what party in conflict they belong. This motivat-

ing principle gave rise to a series of fundamental practical principles which make up the four hundred odd articles of the Geneva Conventions.

What is the distinction between these two fields of humanitarian law, the declaration of human rights and the law of Geneva; and what have they in common? We shall first consider what distinguishes them. There are it seems to us four differences, relating to origin, scope, form, and legal character.

Origin.—The universal declaration of human rights was the outcome of an awakening of conscience and a claim to rights justified by a feeling of fraternity and equality among men, all too often stifled by living conditions for some human communities. The law of Geneva was the outcome of an awakening of conscience and the assertion of a moral duty which also was demanded by the same feeling of fraternity and equality.

Scope.—The universal declaration is precisely what it says: universal, that is to say man as a human being everywhere and always in all circumstances.

The Red Cross, originating in battle, was at first restricted, in that relief societies and humanitarian law were limited to military wounded and sick. Subsequently its scope was extended to other categories of war victims and, particularly after the First World War, when the advent of the League of Nations gave hope that there would be no more war, it turned its energies to peace-time activities and by degrees embraced all human suffering.

The relief society side of its activity developed enormously in some countries, attending not only to the relief but also to the prevention of suffering. There is no need to dwell here on the major rôle played in many countries by the National Red Cross, Red Crescent and Red Lion and Sun Societies and the League of National Red Cross Societies, their world federation, for the advancement of hygiene, the prevention of disease and for the collection, co-ordination and distribution of relief supplies during large scale natural disasters. However, in humanitarian law, which is the aspect we are concerned with here, its scope is still to alleviate or prevent suffering inflicted by war.

Form.—On the international level, and irrespective of resettlement agreements or other special treaties guaranteeing certain fundamental human rights, we are still at the stage of declarations. A declaration is not law. It states what is considered should be law in all countries. “The General Assembly (of the United Nations) proclaims this universal declaration of human rights as a common standard of achievement for all peoples and all nations . . . etc.” It is a manifestation of *lege ferenda*.

The Geneva Conventions are law. They form a code not of what is desirable but what is already admitted by all States parties to them, that is to say, in fact, the entire or nearly entire world.

Legal character.—The Universal Declaration lays on member States of the United Nations the moral obligation to do everything in their power to bring its provisions into force if they are not already included in national legislation. The Geneva Conventions as a whole have the force of law, they become national law in each of the countries which has ratified or acceded to them.

Another special point about these is that they contain no reciprocity clause; these always restrictive and emasculating clauses are to be regretted in humanitarian legislation. The Conventions are both a series of bilateral contracts and a form of solemn undertaking to the world . . .

Henry Dunant made two suggestions.¹ First the setting up of Societies for the relief of war wounded. He had them almost at once in, to begin with, about a dozen European countries. In time their number rose to the 109 National Red Cross, Red Crescent and Red Lion and Sun Societies throughout the world today, with their 210 million members. Secondly, he appealed for some international principle, “sanctioned by a convention” which would be the basis of their work. The 1864 Convention gave him two such principles. The first of these was the neutralization of medical services and voluntary rescue workers whose action was not only

¹ “Would it not be possible in time of peace to set up societies with the aim of nursing wounded in time of war? Would it not be desirable that . . . a Congress formulate some international principle, sanctioned by a Convention . . . which might constitute the basis for societies for the relief of the wounded . . . ?” Henry Dunant, *A Memory of Solferino*.

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recognized and considered justified, but also encouraged. The second is to be found in the first sentence of article 6 of that Convention: "Wounded or Sick Combatants, to whatever Nation they may belong, shall be collected and cared for".

Thus not only were relief actions made legal and the discharge of what future Henry Dunant's would consider as a moral obligation made easier. This moral obligation, at least as far as armies were concerned, was converted into a legal duty. Wounded and sick combatants shall be collected and cared for. This was an obligation; an order to belligerents. Military leaders had a duty to conform to this principle and make arrangements in advance for it to be possible. Incidentally, it is not one of the least creditable actions of the promoters of the Red Cross that, by this means, they instigated a remarkable and salutary development of the army medical services.

It must not be forgotten that in the course of history treaties providing for the respect of military hospitals had been known previously. But these were bilateral agreements drawn up to suit the occasion by the generals of opposing forces at the beginning or in the course of and valid only for the duration of hostilities. These agreements were made necessary, as much by self-interest as by humanitarian feeling. Soldiers were professionals. They cost the sovereign whom they served a great deal. It was therefore an advantage, whilst seeking to destroy the enemy's military strength, to do so with the least expense. "Respect my hospitals and wounded and I shall respect yours". Such, in most cases, was the significance of these reciprocal agreements. The Geneva Convention is quite another thing. It is a multilateral treaty concluded in time of peace not for a particular occasion but for all times. Its aim is to make of moral principle a legal obligation, not for the advantages to be derived therefrom but solely for its own virtue from the humane point of view.

So the Convention is a legal obligation. And it is for that, particularly at the time when it was the first of its kind, that it is of considerable importance, for legal duty implies law. The obligation to care for the wounded "to whatever nation they may belong" gives every wounded soldier the right to assistance. This means nothing less than that this article 6 and, for the first time in history,

an international convention of universal character, recognized and proclaimed the first human right, the right to life. To enjoin that every wounded man be helped, even if an enemy whom one was a moment previously entitled to kill, is to recognize and proclaim to the world that importance of human life which impelled Dunant to act.

This brings us to the heart of the matter, the Red Cross and human rights.

In this age of motor and traffic accidents, legislation in several countries makes it an offence not to help a person whose life is in danger. This precept is undoubtedly a descendant of the 1864 Geneva Convention and of the ideas which the Red Cross has spread throughout the world since then and which it illustrates by its action. Yet no such legislation existed when the 1864 Convention was drawn up. It is consequently the more remarkable that it was not due to some natural disaster that this obligation to care for the injured—that is to say, to respect life—was incorporated into international law but to a war, and through the law of war, applied in circumstances where anything goes, where to kill becomes legitimate.

* * *

Thenceforth the trend initiated by the Red Cross with the Geneva Convention, that is to say the attempt to check violence and confront the “ necessities of war ” with “ necessity of humanity ” was to continue. It did so in accordance with a general pattern in the field we are considering, namely: events precede law. Governments are particularly sensitive about their national sovereignty especially in time of war. It would be futile to try to restrict their national sovereignty. They would consent to such restriction only if events convinced them that it was necessary and harmless to do so. Moreover, when a whole nation is concentrating on the war effort, when its existence is at stake, the highest principles which are admitted in time of peace are easily called into question. There is a tendency to respect them, if they appeared to be a hindrance, only to the extent that to ignore them would be a flagrant breach of the law and an affront to the law of nations and perjury of a sort.

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It can be stated with certainty that if Solferino had not happened it would have been unthinkable to induce a number of States to sign a text such as the Geneva Convention. But the army medical services having been found wanting and their inadequacies having provoked such feeling throughout the world, whilst voluntary assistance had proved of such value without detracting from their authority, States consented to sanction, as it were, Dunant's initiative in order to enable it to be repeated when occasion arose with greater efficiency, because it would be organized beforehand. Similarly, observing that far from harming, but rather ennobling, State authority, they conferred the force of law on the moral principle which Dunant's own personal conviction had impelled him to obey.

Thus came about under the direct and indirect impetus of the Red Cross and the work of the International Committee: the Hague Convention of July 29, 1899 for the Adaptation to Maritime Warfare of the Geneva Convention; the revised Geneva Convention of 1906; the adoption in 1907 of the "Hague Regulations" already mentioned and which, let it be said again, limits the choice of means of inflicting harm on an enemy.

In addition, this regulation includes the first international statute relating to prisoners of war, who, according to its article 4, "must be humanely treated". Why was this statute issued? Because from the Franco-Prussian War of 1870, the ICRC, concerned for the plight of prisoners of war, set up for their benefit in Basle an information and relief agency. What else is a prisoner of war other than a soldier rendered *hors de combat* who suffers, if not from wounds, from the conditions of his captivity. He is therefore not an enemy but a man and should be treated as such.

After the First World War, the Geneva Convention was again revised in 1929 in the light of experience of the war. A third Convention was added, that of July 27, 1929 relative to the Treatment of Prisoners of War. In 29 articles, and based on drafts drawn up by the ICRC, it re-stated and developed considerably the principles affecting prisoners of war which were contained in the Hague Regulation of 1907. This new Convention was a genuine code for prisoners of war. There again law sanctioned previous events.

During the world conflict, and while the National Red Cross Societies of belligerent countries were extremely active on the national level, the ICRC in Geneva was by no means inactive on the international level. As it had done during previous conflicts, it opened a prisoners of war agency which, with its seven million index-cards, was to become known throughout the world. In addition, taking advantage of a clause in the Hague Regulations authorizing relief society delegates to distribute relief supplies in prisoner of war camps, it carried out a humanitarian control of the treatment to which prisoners were subject. It took note of shortcomings, proposed improvements, organized relief collections, suggested special agreements to belligerents, promoted and arranged repatriation or internment in neutral countries of seriously wounded or sick prisoners. In writing and by action it ceaselessly pleaded the cause of the prisoner and contributed to an improvement of the often rigid conditions in which he had to live.

These various forms of activity were in their turn legalized by the new law. Thanks to this more complete code the ICRC was able during the Second World War to carry out its beneficial work through the Central Agency with its 40 million index-cards. It forwarded across frontiers some 24 million family messages, carried out 11,000 visits to camps and thanks to a whole fleet of vessels chartered by it and flying its flag, it conveyed across the oceans through blockades some 450,000 tons of relief goods in the form of 90 million 5-kilo parcels and distributed them in the camps.

In 1949, after the Second World War, it had again acquired experience both in theatres of military operations where the Convention relative to the Treatment of Prisoners of War was applied and in regions where the Convention was not in force and had been applied only in part or not at all. The ICRC set itself the task of improving this humanitarian law which was, as it were, its brain-child. With the assistance of government and other experts in the various questions to be studied, it drew up draft amendments for the three existing Conventions relating to the Wounded and the Sick of Armies in the Field; the Wounded, the Sick and the Shipwrecked of the Armed Forces at Sea; and Prisoners of War. It also drafted a completely new Convention for the Protection of Civilians in Time of War, that is to say people in the hands of an

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enemy, whether interned or not, either because they are resident on enemy territory or because their territory has been occupied by the enemy. The plight of millions of civilians during the Second World War in some occupied territories, where they were left to starve and of millions of others in concentration camps, showed how acutely such a Convention was required.

These four new Geneva Conventions with their 420 articles which sometimes go into minute detail, include provisions for control, both by the Protecting Power as a legal requirement and by the ICRC as a purely humanitarian function. A new feature is the provision of sanctions. According to the article 2 which is common to all four, they are applicable "to all cases of declared war or of any other armed conflict which may arise between two or more of the High Contracting Parties, even if the state of war is not recognized by one of them". They are applicable also in the event of occupation, "even if the said occupation meets with no armed resistance". Furthermore, they make deep inroads into the sacrosanct field of national sovereignty by laying down rules which, in the absence of full-fledged Conventions, must be observed in the event of conflict not of an international character, for example a rebellion. That States—almost all in fact—should agree in advance to assume undertakings towards a possible future rebel force, would have been unthinkable even thirty years ago. This is a legal victory in which the ICRC as the promoter of the law of Geneva and author of the draft Conventions of 1949 takes special pleasure. It is an achievement which shows that as a result of the desolation of the last world conflict, governments are more aware than ever of the value of Red Cross principles and fundamental human rights.

When considering the distinction between the Universal Declaration of Human Rights and the law of Geneva, we stated that the former is a common objective to be reached and included in part in the national legislation of many countries or in bilateral or multi-lateral treaties but not universally applicable as a whole, whereas the Geneva Conventions are a code of law in force internationally.

We shall now briefly review the points on which the Geneva Conventions as they stand at present comply with the requirements of the Universal Declaration.

The foundation and the aim of the Universal Declaration are mentioned in the preamble: recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation; the objective is the advent of a world free from fear and want. To achieve these standards, these rights must be protected by the rule of law.

There is no preamble to the Geneva Conventions. A draft was submitted to the 1949 Diplomatic Conference, but the insistence of a number of delegations on including a reference to man's divine origin—to which many others could not subscribe—led the Conference to forgo any preamble. But the history and development of the law of Geneva are, after all, an excellent preamble.

What Dunant called the moral concept of the importance of human life is the foundation of the Conventions; it is recognition of the intrinsic value of every human being *per se*, irrespective of his value according to physical, political, scientific, military standards, etc., which varies. This intrinsic value, equal for everybody, is so great that, in the words of Max Huber, former President of the International Court of Justice at The Hague and former President of the ICRC: "When belligerents subordinate human life completely to the devastating struggle which they carry on, relief to man in suffering, merely by the fact of his suffering, may go to such length as to involve sacrifice". The aim of the Conventions therefore, if not the advent of a world without suffering, is at least the prevention and alleviation of the sufferings of the greatest possible number of individuals in a world plagued by war.

If we consider the Red Cross not only from the legal point of view, but from the aspect of all the activities of National Societies and of the League, jointly with those within the sphere of the ICRC, we may almost say that, concurrently with other institutions and movements, such as the World Health Organization, the Red Cross does contribute to the advent of a world free from suffering. The Red Cross Conventions are a code of law protecting at least some of the fundamental human rights referred to in the preamble of the Universal Declaration.

The third paragraph of the preamble states that human rights should be protected by the rule of law if man is not to be compelled to have recourse as a last resort to rebellion against tyranny and

oppression. Irrespective of the selfless spirit of human fellowship, an appeal is here made to the interest of governments by alluding to rebellion which might be the price of tyranny scorning fundamental rights. This veiled threat is almost a way of inserting an additional article to the effect that any man has the right to revolt against tyranny and oppression.

There is nothing of the kind in the Geneva Conventions. It must be borne in mind that these Conventions, devoid of any "reciprocity clause", are not only in the nature of bilateral agreements between possible future enemies, but also solemn, unqualified, undertakings by each to all.

The first article of the Universal Declaration, with its postulate that all human beings are born free and equal, etc., has no equivalent in the Geneva Conventions in which there would be no more reason to include this than there was to include a reference to the divine origin of man. On the other hand, the Conventions repeat no less than nine times the prohibition on discrimination laid down in article 2 of the Declaration. For instance, the common article 3 specifies that protected persons shall "in all circumstances be treated humanely, without any adverse distinction founded on race, colour, religion or faith, sex, birth or wealth, or any other similar criteria". The use of the wording *adverse distinction* will be noted; it is not found in the Declaration. It is justified by the fact that circumstances may, for the application of the Conventions, require special consideration for such people as women, children and the sick.

In its article 3, the Declaration goes on: "Everyone has the right to life, liberty and security of person". In the Geneva Convention the obligation to take care of enemy wounded is nothing less than the assertion of the right to life even in the turmoil of war and although the Conventions cannot proclaim the right to liberty, as they were drawn up precisely for the benefit of people deprived by law of all or part of their freedom due to their capture or due to occupation by the enemy, they do ensure, through the considerable details regulating internment conditions, that deprivation of liberty may never degenerate into slavery. Under the rule of the Geneva Conventions, the fate of people held by an enemy is no longer dependent on the captor's arbitrary decisions.

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An idea of the achievements of the Geneva Conventions in the safeguarding of fundamental human rights may be obtained from the common article 3; it sets minimum standards in the event of conflict of a non-international character and summarizes the essentials of the four Conventions:

Persons taking no active part in the hostilities, including members of armed forces who have laid down their arms and those placed hors de combat by sickness, wounds, detention, or any other cause, shall in all circumstances be treated humanely, without any adverse distinction founded on race, colour, religion or faith, sex, birth or wealth, or any other similar criteria.

To this end, the following acts are and shall remain prohibited at any time and in any place whatsoever with respect to the above-mentioned persons:

a) *violence to life and person, in particular murder of all kinds, mutilation, cruel treatment and torture;*

(corresponding articles 3 and 5 of the Universal Declaration)

b) *taking of hostages;*

c) *outrages upon personal dignity, in particular humiliating and degrading treatment;*

(preamble and article 5)

d) *the passing of sentences and the carrying out of executions without previous judgment pronounced by a regularly constituted court, affording all the judicial guarantees which are recognized as indispensable by civilized peoples.*

The wounded and sick shall be collected and cared for.

(article 11)

Suffice to say that for the persons they are intended to protect, all these provisions are repeated in great detail in each of the Conventions where in addition it is stipulated that:

- the personal effects of prisoners of war shall be safeguarded;
- prisoners retain their civil rights;

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- they may correspond with their families and receive relief parcels;
- they shall be allowed full liberty to practise their religion;
- intellectual, educational, recreational and sporting activities shall be encouraged and facilitated; and
- that all the provisions of the Conventions shall be subject to a dual control by the Protecting Powers and by the ICRC, to whose delegates the persons protected by one Convention or another shall not be denied access, in order to ensure that the law of Geneva, even during war, shall maintain the most vital of fundamental human rights.

* * *

It may be thought that as they stand at present, the Geneva Conventions cover the whole field. There is however another sphere in which the Conventions have not penetrated. It is becoming more and more obvious that within States there may break out strife which, whilst not characteristic of armed conflict entailing the application of at least article 3 of the Conventions, nevertheless causes victims.

A government anxious to maintain order without recourse to armed force may order mass arrests of persons who are merely suspect. If such measures are accompanied by the suspension of constitutional guarantees and a state of emergency, these political detainees might find that their fate is dependent on decisions of the military administrative authorities. Although they are only suspect, guilty of no offence, they are detained as a precautionary measure to keep them from doing harm to the government or impeding its policies and to all intents and purposes their situation is that of the prisoner of war or of the civilian internee, without, however, the benefit of a protective statute such as the Third and Fourth Geneva Conventions. This situation is not one to which the Red Cross, any more than the champions of human rights, can remain indifferent. But the efforts of both have met more than ever with the barrier of national sovereignty and State security, the concept which, in the absence of any Convention protecting

civilians, denied the Red Cross and Protecting Powers access to concentration camps.

There are two possible solutions. The first is *legal*. It would consist of defining the rights of political refugees as human beings and of setting up by international agreement machinery for the protection of those rights. This would stop up the loop-hole on this point in human rights legislation. But the difficulties in the way of putting human rights into effect are well known. As Professor Donnedieu de Vabres so rightly said, "The requirements of State interest and security will always override individual rights and freedoms, if it is left to the State itself to fix the limits free of higher control".

Article 3 might be extended to apply to these situations. This would require the convening of a Diplomatic Conference, yet there is little chance that the 120 States parties to the Geneva Conventions would agree to meet again to supplement the 1949 Conventions. There can, in addition, be no assurance that such a Conference would reach the desired result, at least not in present circumstances.

We are thus left with the *practical* Red Cross solution. This, in the absence of an applicable treaty clause, is buttressed only by the Red Cross principles. The Conventions are but an instrument. They are the expression, however imperfect, of principles which precede and transcend them. Governments may, if it suits them, stick strictly to the letter. The ICRC, for its part, for the very reason that it was the initiator of the Conventions, must abide by the spirit. It must apply the Conventions but not be hamstrung by them.

This is the practical way in which the ICRC operates. When the gravity of a situation impels it to take action, it has asked here and there permission to visit detention centres, inspect detention conditions—from the humanitarian point of view, needless to say—and in case of need to provide relief supplies. Government reactions differ. One might think, with the event preceding the law and, being found good, finally creating law, that the repeated and strictly humanitarian intervention of the ICRC would, in the long run, create favourable custom. However, in order to increase its chances as much as possible, the ICRC must proceed with caution. That is why on three occasions the ICRC consulted experts whose

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advice enabled it to decide on policies and ways and means of enabling the Red Cross to intervene for the benefit of political detainees without being accused by the governments concerned of interference in national affairs. There is no denying that the experts' reports have helped the ICRC to open doors. They can help to create a more clement international practice pending the still distant legal regulation.

Another subject of serious concern is the backward state of the law of war itself, which regulates the conduct of military operations. Whereas the law of Geneva, from its 10 short articles at the start in 1864, has developed into the four truly monumental legal Conventions for the protection of man in war-time, the law of The Hague has remained essentially the same since the Regulation of 1907, the pre-aviation age and well before the invention of nuclear weapons. The result of this stagnation is all too clear. At the outset the two branches of the law of war seemed distinctive enough for each to develop along its own lines. However, with the great strides in the destructive power of weapons and methods of war, the two are inseparable, and the out-dated character of the law of The Hague cannot but jeopardize the proper application of the Geneva Conventions. The ICRC has drawn the attention of governments to this point on a number of occasions, particularly by its appeal in April 1950 concerning the use of weapons of uncontrollable effect, and by the 1957 Draft Regulations intended to re-state and adapt to present conditions, for the protection of civilian population, the limitations on means of harming an enemy. But this is a very important problem, and this article can do no more than bring attention to it.

Although the law of The Hague has failed to keep abreast of the times, through no fault of the Red Cross, the enormous progress achieved in the field of the Geneva Conventions is to be welcomed. The protection which was granted at first solely to military wounded and sick has been successively extended, improved and made to match a whole series of laws, to cover all categories of war victims in the hands of an enemy, and the scope of the Conventions was increased to embrace all forms of armed conflict. We cannot but admire the many studies, the patience, the persuasion and also the struggles required to achieve such progress.

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At the same time it must be mentioned that each stage in this development is a corollary to a retrograde step of civilization. What does that mean? The purport of the first Geneva Convention was that a wounded soldier was not an enemy but just a man who had been neutralized, taking no further part in the fighting, and was, in fact, just another civilian. Now nobody at the time thought it necessary to provide protection for civilians who were not considered as active enemies; war was not made on civilians. No doubt they did from time to time become afflicted and sometimes suffered ruinous economic loss, but armies fought armies, not populations.

With the weapons of today and with total war the picture is quite different and for that reason, and because of the occurrence of large scale internment, it became necessary to demand for civilians a degree of protection at least equal to that granted to the armed forces. It is a topsy-turvy world.

* * *

What can we conclude from this observation that the progress of law, no matter how remarkable, is apparently always behind that of the new barbarity in which humanity seems to be sinking? That we of the Red Cross, or defenders of human rights, are working in vain? That the proportion of people we save, no matter how numerous they are, will always be less than those who are destroyed or suffer or left simply to starve?

But we must not despair, for that would be to admit that men, "this being endowed with reason and consciousness" is really no longer worthy of the rights he claims and the protection granted to him. We all have a long task ahead of us. The most resounding of world-shaking statements, the most humanitarian of Conventions and the wisest laws will be futile if they are not made known. It is not for nothing that the United Nations General Assembly, after adopting and proclaiming the Universal Declaration of Human Rights, called upon all member States to publicize the text of the Declaration and "to cause it to be disseminated, displayed, read and expounded principally in schools and other

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educational institutions . . . ”. Nor is it for nothing that an article was included in the four Geneva Conventions stipulating that “ the High Contracting Parties undertake, in time of peace as in time of war, to disseminate the text of the present Convention as widely as possible in their respective countries, and, in particular, to include the study thereof in their programmes of military and, if possible, civil instruction . . . ”, for only when these Conventions have been read, marked, learned and inwardly digested will they become established.

Let us all work to that end.

Frédéric SIORDET
Vice-President
International Committee of the Red Cross

INTERNATIONAL COMMITTEE OF THE RED CROSS

JOINT ICRC AND LEAGUE APPEAL

Emergency Relief in Vietnam

9 February, 1968

On receipt of messages from the Delegates in Saigon of the International Committee of the Red Cross and the League of Red Cross Societies concerning the new needs of the civilian population in the Republic of Vietnam as a result of recent events, the ICRC and the League sent the following joint appeal to the National Societies on the 9th February, 1968:

View new situation created by extension hostilities Vietnam
ICRC and League appeal National Societies

Republic Vietnam Government request behalf 500,000 newly displaced persons whom 100,000 Saigon in order priority foodstuffs specially milk medicaments clothing. Vietnam Red Cross assisted by ICRC and League Delegates organising milk distribution to 100,000 displaced persons Saigon. Funds already sent enable commencement this first action in close liaison ICRC League Geneva and locally. Are in contact WHO Geneva concerning health situation Saigon and indication needs will follow. As supplies available local purchase preferable receive cash contributions at ICRC account Swiss Bank Corporation Geneva or League account Union Bank of Switzerland Geneva. Please contact ICRC or League before despatching supplies as air connections still interrupted. Will send supplementary information concerning evolution situation Saigon and Provinces.

No new request relief received Geneva from Hanoi or NLF. Nevertheless believe needs victims bombardments in North

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and military operations South side NLF surely increased and must be considered. Details surgical material medical dressings medicaments as published previous appeals. Desiring bring help all victims Vietnam conflict based fundamental Red Cross principles ICRC and League ready handle gifts cash or kind according donors instructions. Please advise ICRC or League your intentions before despatching gifts = Intercroixrouge Licross.

12 February

The Red Cross personnel in the Republic of Vietnam are all safe after the recent extension of the conflict and in a message received from Saigon it appears that the number of displaced persons in Saigon at the moment is approximately double the figure quoted in our above cable.

The ICRC has transferred to its Delegation an advance of Sw. Fr. 100,000 and the League has sent Sw. Fr. 174,000 to its Delegation to ensure that the emergency programme can be implemented as well as possible under the present difficult conditions. Further information is expected shortly and all National Societies will be kept informed of developments.

The support of the whole Red Cross organisation is urgently requested to show the neutrality and universality of our activities and our deep concern for the human suffering involved.¹

16 February

Following the joint appeal launched the 9 February by the two international Red Cross institutions, many National Societies have announced fund-raising campaigns for relief for the civilian population throughout Viet Nam.

For the Republic of Viet Nam contributions now exceed one million (1,000,000) Swiss francs. Top priority is being given gifts in cash for local purchases of the most urgently needed relief supplies.

Several important gifts for aid to the Red Cross of the Democratic Republic of Viet Nam and for regions under control of the National Liberation Front have also been announced.

¹ *Plate. — Republic of Vietnam, February 1968: The sad plight of displaced persons.*

VIETNAM



Cholon, Republic of Vietnam, February 1968: The sad plight of displaced persons.

VIETNAM



Cholon, Republic of Vietnam, February 1968: The sad plight of displaced persons.

With the help of delegates of the International Committee of the Red Cross and the League of Red Cross Societies, the Viet Nam (Rep.) Red Cross was active throughout the recent fighting in the capital.

Viet Nam (Rep.) Red Cross teams transported the injured and evacuated refugees from the combat zones. During the past two weeks thousands of people, mainly from the Cholon quarter of the city, took refuge in the enclosure where the National Society and the League of Red Cross Societies delegation have their headquarters.

The refugees were given two meals daily, and are now being progressively transferred to Government Social Welfare Ministry centres, where the Red Cross continues to help distributing thousands of hot meals daily. It is also running a mobile clinic working daily at various centres, and operating milk distributions in outlying districts of the capital.

Refugees in Saigon receive regular visits from Social Welfare Ministry—Viet Nam (Rep.) Red Cross medical teams and vaccination campaigns are under way.

In the provinces where the situation is particularly alarming, notably at Cantho, Danang and Vinhlong, Vietnamese Red Cross relief work is continuing despite great difficulties. ICRC—League delegates are also working in these areas.

A plan has been drawn up for distribution to 10,000 families (approximately 70,000 persons) of rice, sleeping mats, condensed milk, fish and other foods, cloth for clothing. These distributions will be extended as further funds become available.

20 February

Following the joint League-ICRC appeal, donations have already started to arrive. Relief distributions organized by the Red Cross of the Republic of Vietnam began in Saigon on February 20, whilst the League is expecting news from the provinces and in particular from its delegate in Da-Nang with whom it is in touch by telephone, which will enable similar programmes of action to be carried out in Central Vietnam where hostilities are continuing.

THE REQUIREMENTS OF HUMANITY IN VIETNAM

On 9 February 1968, the ICRC issued the following press release:

The International Committee of the Red Cross in Geneva is constantly being questioned about press news describing inhuman acts committed during the fighting now taking place in Vietnam.

The ICRC reminds belligerents that in all circumstances they are bound to observe the elementary and universally recognized rules of humanity. These rules demand that the lives of combatants who have been captured shall be spared, that the wounded, the sick and those giving them medical care shall be respected, that the civilian population shall not be subject to attack from the air and lastly, that summary executions, maltreatment or reprisals shall be prohibited.

The ICRC has often made known to those taking part in the hostilities the obligations they must fulfil. It ardently hopes that they will shortly put an end to this blood-stained conflict and meanwhile urgently calls upon them to observe the basic rules of humanity.

The delegates of the International Committee of the Red Cross in Vietnam have been instructed to co-operate actively in assisting the victims of the recent events and to ensure the observation of the humanitarian principles.

*EXTERNAL ACTIVITIES***Korea**

The ICRC has received an inquiry from the American authorities concerning the crew of the USS "Pueblo" captured on January 23 by the forces of the Democratic People's Republic of Korea.

A request for news of these men and especially of the wounded was addressed on January 26 to the North Korean Red Cross in Pyongyang.

Laos

At the request of the Lao Government and Red Cross, the ICRC launched an appeal¹ on January 26 to the National Red Cross Societies on behalf of 25,000 refugees who have fled from the fighting areas in the North and South of the country to the Mekong river and of 500 wounded as a result of military operations which took place in the first fortnight of January on the outskirts of Luang-Prabang and in the southern provinces. These new refugees, added to the many Laotians who had preceded them in the past few years, have found temporary refuge in pagodas, other public buildings and in tents, but the government has not sufficient stocks available to provide them even with basic food supplies in the North. In addition, mosquito netting, blankets, matting and medicines are required.²

¹ See *International Review*, Feb., 1968.

² *Plate.* — *Ban Dane*: Distribution of blankets and mosquito netting by the ICRC delegate in Laos.

The Prime Minister and Minister of Foreign Affairs of the Kingdom of Laos, Prince Souvanna Phouma (*facing*) examining a medical kit, donated by the ICRC, being shown him by Dr. Oudom Souvannavong, President of the Lao Red Cross (*right*) and Dr. J. Baer, delegate of the ICRC.

The ICRC has also asked for relief for the population of the northern and eastern provinces under the control of the Pathet-Lao forces. In accordance with ICRC tradition, Dr. Baer is in contact with the Pathet-Lao representative in Vientiane, with a view also to providing relief for the victims of the hostilities in those territories.

Thanks to a first consignment despatched already on January 19 by the Australian Red Cross, Dr. Jürg Baer, ICRC delegate in Vientiane, was able to bring the necessary blood plasma to the hospitals of Luang-Prabang, Vientiane and Savannakhet. The Canadian Red Cross has sent several consignments of clothing. The Indian Red Cross has announced a direct despatch of 200 blankets for displaced persons in the South and 100,000 tablets of Mepacrine for the northern and eastern provinces. The French Red Cross for its part has sent 3,000 flasks of Streptomycine direct to the Lao Red Cross.

These first contributions and the funds sent by the ICRC as an advance have enabled the Lao Red Cross, assisted by Dr. Baer, to start distributions in the Houa-Khong province on the borders of Burma and Thailand.

By February 20 the National Societies of the following countries had announced cash contributions:

Australia, Canada, Malaysia, Sweden, Luxemburg, France, United States, South Africa, Lebanon, Ecuador, Belgium, United Kingdom.

Thailand

Mr. André Durand, delegate general of the ICRC in Asia, was in Bangkok from January 19 to 25 to discuss with the Thai authorities and Red Cross the situation of Vietnamese in Thailand and in particular of detainees.

It should be recalled that in August 1959 the ICRC delegate had taken part in the Rangoon talks between delegations of the Red Cross of the Democratic Republic of Vietnam and of the Thai Red Cross with a view to the repatriation of 70,000 Vietnamese having

LAOS



Ban Dane: Distribution of blankets and mosquito netting by the ICRC delegate in Laos.



LAOS

The Prime Minister and Minister of Foreign Affairs of the Kingdom of Laos, Prince Souvanna Phouma (*facing*) examining a medical kit, donated by the ICRC, being shown him by Dr. Oudom Souvannavong, President of the Lao Red Cross (*onright*) and Dr. J. Baer, delegate of the ICRC.

taken refuge in Thailand in 1946, and who expressed the wish to be repatriated. By June 1962, 34,209 persons, in 55 sailings, had returned to the Democratic Republic of Vietnam.

Rwanda

Repatriation of a wounded ex-mercenary. — The International Committee of the Red Cross, following on a number of representations made since December 1967, has obtained permission from the African governments concerned to evacuate on strictly humanitarian grounds a former mercenary, of French nationality, who was seriously wounded during the siege of Bukavu and paralysed since then. The Belgian and French National Red Cross Societies arranged the transit and reception at Le Bourget airport, Paris, where he arrived on February 16 escorted by an ICRC delegate, Mr. Jeangros, and a nurse.

Nigeria

Medical relief. — After making several unsuccessful attempts, the latest of which was on February 16, the International Committee of the Red Cross is continuing to make representations to the Federal Government and the authorities of secessionist Biafra in order to arrange air transport of 7 tons of medical relief supplies expected for the past two months and a surgical team to replace the Swiss medical team which had to return to Europe towards the end of January on the expiry of its contract.

Mr. K. H. Jaggi, ICRC delegate in Biafra, with whom the Committee remains in touch through radio liaison established by the ICRC, has informed it of medical requirements which are critical, as well as a shortage of vitamins and powdered milk essential for children suffering from under-nourishment.

The ICRC is also considering the possibility of sending relief by sea, provided agreement is given by both sides.

New medical teams. — The medical team placed at the disposal of the International Committee by the Swedish Red Cross on

December 9, 1967, was replaced on February 10 by a surgical team provided by the Finnish Red Cross.

Installed in the hospital at Makurdi, a town in Federal territory North of the fighting area, it consists of a surgeon, Dr. Mauri-Aaro Koskela and two nurses, Miss Aini Kärkkäinen and Miss Raija-Liisa Hyphen. The necessary medical equipment for their mission was offered by Oxfam.

The Lutheran Church, for its part, has informed the ICRC that it will provide two fully equipped mobile medical teams, which the delegates will set up in the Nsukka area and further East near Ogaja. Their task will be to care for the civilian population and also distribute food relief.

It should be recalled that UNICEF had supplied the ICRC, for its programme for Nigeria, with a considerable donation consisting of more than 200 tons of powdered milk and vitamins. These have been sent to areas where needs are acute in the Federation and in Biafra.

The Nigerian Red Cross, assisted by personnel from the Scandinavian Red Cross Societies, is actively participating in these relief distributions.

Visits to detainees. — The delegates of the ICRC have continued visiting prisoners of war and civilian detainees in Biafran and Federal hands.

Appointment of a new delegate to Lagos. — The ICRC has appointed Mr. J. R. Pierroz, formerly its correspondent in Togo, to replace Mr. Georg Hoffmann, delegate general in Africa, as head of the ICRC delegation in Lagos.

Near East

*The ICRC and the Allenby Bridge Incident*¹. — Since the beginning of the Israeli-Arab conflict the Allenby Bridge over the Jordan has played a rôle of prime importance. After being partly demolished, it was the site of exchanges and repatriation operations

¹ See *International Review*, Feb. 1968.

of prisoners of war, refugees and civilians, between Israel and Jordan, arranged under the auspices of the International Committee, in agreement with the parties to the conflict.

On January 25, 1968, Mr. Jean Munier, ICRC delegate in Amman, Mr. Pierre Tacier and Mr. Pierre Gachoud, delegates in Jerusalem, together with Jordanian and Israeli liaison officers, made a rendez-vous on Allenby Bridge in order to decide upon methods of reuniting Jordanian families. This meeting, as the previous ones, took place with the full agreement of the authorities concerned.

At about 3 p.m. firing suddenly broke out. Shortly afterwards, during a lull, the Israeli officer and the two ICRC delegates from Jerusalem who were present at the ICRC meeting, found themselves on the Jordan East bank and wanted to cross over to the West bank. Whilst they were crossing the bridge firing was renewed. Two Israeli soldiers were killed and two others wounded. Mr. Tacier and Mr. Gachoud immediately went to their aid when they too were fired upon. Taking advantage of a further pause of over an hour after these incidents, Mr. Munier was able to have the wounded evacuated and the two delegates taken by car to Jericho whence a helicopter of the Israeli army transported them to the Hadassa hospital in Jerusalem.

Mr. Tacier's wounds from four bullets are fairly serious; Mr. Gachoud has less severe injuries.

The Israeli Minister of Defence, General Moshe Dayan, personally visited the two wounded men on January 26 at the Hadassa hospital. Mr. Abba Eban, Minister of Foreign Affairs of the State of Israel, as well as the permanent representative of Israel in Geneva sent messages of sympathy to the President of the ICRC.

The Jordanian authorities too made a point of conveying, through the ICRC Amman delegate, their good wishes for the recovery of the two wounded delegates who have declared their intention of continuing their mission in Jerusalem as soon as they are healed.

As a result of this incident, the ICRC has decided that no further meeting or repatriation of civilians can take place at the Allenby Bridge so long as the Israeli and Jordanian Governments are unable to ensure the safety of ICRC delegates and civilians repatriated through their efforts from both banks of the Jordan.

In addition, safety measures taken by the two Governments involved will have to be communicated to the ICRC in Geneva.

A suggestion made by Mr. Michel Martin, ICRC delegate in Israel and Mr. Munier, delegate in Jordan, to demilitarize to a depth of one km. behind the Allenby Bridge during meetings and repatriations, seems to have met with the approval of the Israeli and Jordanian Governments. Its implementation is now being studied.

Reuniting of families. — On January 20, the ICRC delegates at Tel Aviv and Cairo went to El Qantara for a repatriation operation of fifty Palestinian families coming from Egypt and going to Sinai and of four families of Egyptian prisoners of war to Egypt.

Exchange of prisoners of war. — As expected, the exchange of all prisoners of war between Egypt and Israel came to an end on January 23, 1968, with the repatriation of a certain number of Egyptian civilians interned at Ramleh, in exchange for the remaining Israeli prisoners of war.

Mr. Abba Eban, Israeli Minister of Foreign Affairs, in a message addressed to the ICRC in Geneva, personally thanked the ICRC delegates who mounted and supervised this vast operation.

The UAR authorities for their part expressed their gratitude to Mr. Marcel Boisard, ICRC delegate in Cairo, for the excellent organization of that exchange.

Yemen

North Yemen. — The Swiss medical team placed at the disposal of the ICRC by the Swiss Red Cross left Geneva on January 22 for Djeddah and Najran. It was joined on the 26th by a French Red Cross doctor. Under the direction of Mr. André Rochat, delegate general of the ICRC in the Arab Peninsula, the medical team reached its place of work on February 8 behind the Royalist lines near Sanaa.

This new team relieves the one which has just returned to Switzerland and which was directed by Dr. Peter Kuhn and Dr. Tibor Modly with the co-operation of male nurses Heinrich

Hefti, Hans Gerber and Mr. Jean-Paul Hermann, the latter having extended his engagement.

On his return to Geneva, Dr. Kuhn described the pitiful situation of the wounded in the Royalist army and the civilian population. The only medical relief from which they benefit is that brought to them by the ICRC.

“ Any seriously wounded man is condemned to die without aid, in the firing line as well as in the rear ”, commented the doctor-delegate on returning from Jihana, a small village situated on the edge of the desert.

The ICRC teams are safe only at night under cover of which they work continuously, operating and treating the wounded lying in heaps on the ground.

To alleviate this shocking state of affairs to some extent, the ICRC has decided to develop its medical action in North Yemen by installing a completely equipped field hospital which will probably be sited at Marib one day's drive from Jihana.

Sanaa. — Dr. Ulrich Middendorp, doctor-delegate of the ICRC, accompanied by Mr. Alfred Isler, delegate, left Aden for Taiz from where they reached Sanaa on January 30. They were received the next day by General Amri, in the presence of the Minister of Health and the Minister of National Economy. Medical needs of the Republican capital were discussed at the meeting. Dr. Middendorp after having talked with the authorities and visited the hospitals was able to assess how very great the needs were. There are only five doctors at present in Sanaa (three Chinese and two Italians).

Aden

New ICRC medical teams. — The Rumanian and Bulgarian Red Cross have placed at the disposal of the International Committee, for its medical action in Aden, two surgeons Dr. Clement Baciu and Dr. Nicolas Ionescu, who arrived there on January 25, followed on January 28 by the Bulgarian surgeons, Dr. Isanin Dobrev and Dr. Stanislas Baev.

*IN GENEVA***For victims of pseudo-medical experiments**

The Commission of neutral experts appointed by the International Committee to examine the cases of victims of pseudo-medical experiments practised in concentration camps under the Nazi regime, to whom the Government of the German Federal Republic is prepared to pay compensation, again met in Geneva at ICRC headquarters on February 2 and 3, 1968. The President, Mr. William Lenoir, Judge at the Court of Justice of Geneva, was assisted by Dr. Sylvain Mutrux, Medical Assistant Director of the Bel-Air Psychiatric Clinic and Dr. Pierre Magnenat, Professor at the Faculty and assistant at the University Clinic of the Nestlé Hospital in Lausanne. The Polish Red Cross was represented by Miss Zys and Dr. Nowkunski, whilst Dr. Goetz represented the German Red Cross in the Federal Republic of Germany.

Dr. Jacques F. de Rougemont, Member of the ICRC, who had previously visited Warsaw to meet the victims and the doctors who had examined them, gave his observations to the neutral Commission which accepted 51 of the 79 cases submitted to it. Five claims were rejected and four others were set aside for further investigation, and decision on the remaining 19 cases was deferred until the next meeting of the Commission.

At the Central Tracing Agency

It has been shown necessary to undertake the restoration of the Central Agency's premises installed since 1950 near ICRC headquarters, in Geneva. The work has recently been completed whose importance we indicate by giving a few facts and figures. It should first of all be pointed out that a staff of 27 still work there and deal on an average each month with a volume of 6000 letters and communications.

The items deposited there are beyond price, for behind these card-indexes, how much anxiety will be relieved and how many inquiries can be answered. The very first consideration was to arrange and carry out preventive measures against fire which the most up to date technique enables to be more effective from now on. An electronic smoke detector has in fact been installed. With its extraordinary sensitivity it can ensure vigilant protection of the places where it is sited by almost instantaneous detection of the seat of a fire. Automatic alarms, both visual and sonorous, immediately warn fire-fighting and disaster teams. In addition, the permanent post of the Geneva fire brigade is alerted, if the flames have not been extinguished after three minutes.

These detectors, numbering 150, therefore watch night and day over the mass, impressive as well as irreplaceable, of over 45 million card-indexes the oldest of which date from the 1870 Franco-Prussian war. Their numbers continue to increase and the index covers more than 4000 sq.m. in shelves over three floors.

There used to be bad conditions of working in these decrepit rooms. These have been greatly improved with the construction of an insulated roof. On the other hand, fire-proof partitions with non-inflammable doors can isolate the various bays. Individual offices have also been reinstalled, furnishings renewed, walls painted in light colours and the floor covered in certain places with carpeting. The lighting has also been improved, especially in the bays containing the national card-indexes.

All these improvements were seen by the President of the ICRC, its principal collaborators and those of the Central Agency at the inauguration of the premises on February 9, 1968. The effectiveness of the new installations and the system of protecting the files are certainly of inestimable value.

Another ICRC Film

The International Committee has just produced another colour film; it is entitled *They Are Still in Need*.¹ This film portrays the work carried out by the ICRC medical teams in the Yemen.

¹ 16 mm., 18 mins.

It shows among other things doctors working in caves in the heart of the Jauf desert where they treat the wounded soldiers and civilian victims of the events of the last few months.

The film which also shows scenes of life among the Yemen tribes, is now available from the ICRC in French, English and German versions.

Yemen, Land of Suffering produced by the ICRC in 1964 and filmed in Sanaa and at the Uqd hospital in the desert can also be obtained from the ICRC.

YEMEN AND ADEN

As Narrated by Two Doctors

The International Review has often described to its readers the main aspects of the medical work undertaken by the International Committee of the Red Cross for several years past in war-torn Yemen. This medical activity has changed considerably from the former field hospital at Uqd in the heart of the Yemeni desert to the mobile medical teams working today in the North of the country. These teams tend the wounded and sick combatants and civilians they encounter on their travels in a region where there are no other doctors or medical services.

The following account shows how essential is this relief work, improvised wherever found necessary or at temporary bases set up in caves serving the purpose of operating theatres and surgeries. What follows is an account given recently by a doctor on his return from the Yemen where he was a member of one of the ICRC's medical teams.

His team arrived at Djahaena in December after a trying journey across the desert.

On the edge of the desert the stone houses of the Yemeni village alongside the dirty streets stand out against the night sky. We go into the courtyard of the Government building which has been seriously damaged by bombs. Then we have a short interview with the Prince's adjutant.

On leaving the building, we went by chance into an ill-lit neighbouring house where groans could be heard. The light of our electric torches revealed a shocking sight. Against the walls lying on the stony ground were some thirty seriously wounded men, women and children who turned their eyes towards us as we entered. The air was heavy with the suffocating stench of gangrene and decomposing flesh.

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We take stock of the situation; even for a doctor it is horrifying. Six or seven patients are lying there with legs blown off, the stumps black and rotting, covered with dressings of dirty rags. They are all groaning and delirious. An eight year old boy has one leg blown off by a mine. Several inches of the femur show below the stump. Next to him lies his mother, her right foot a spongy mass smelling abominably with a gaping wound right through her foot. She has been lying there with her son in a state of shock for a fortnight. Beside them a ten year old girl has been lying for four days; someone has treated the bullet wound in her stomach, but she has peritonitis and a high fever. Further away is an old man, wounded in the forearm, the humerus fractured and splintered, the forearm hanging by the decayed tissue of a large gangrenous wound. Another man lies with his hip bone visible; a bomb had blasted the upper part of his thigh and blown off the great trochanter. He is lying twisted on a piece of sacking and suffering from infectious peritonitis.

Further away lies a soldier with a bullet wound in the neck, above one of the cervical vertebrae. The wound is running and his head fixed in opisthotonos. Another man has a piece of shrapnel as large as a door key in his left eye and no one dared remove it for fear of taking the eye with it. One young man has had his left hand blown off by a mine. The stump has been coated with hot wax to prevent his bleeding to death. Another young man's right knee is pierced and completely destroyed by a bullet; he has been lying here in agony for ten days.

There is no need to continue this catalogue of agony! The condition of the other people can be imagined!

We immediately sent for the rest of the team with the equipment and then set up a dressing station on the first floor with lighting from our power generator. We improvise a sterilizing plant. Conditions are primitive in the extreme and we cannot keep out all the dirt and dust of the desert which covers everything. We operate throughout the night, using a stretcher as an operating table, until six o'clock in the morning, by which time emergency treatment has been given to all the casualties. At sunrise, we retire to a cave. The next night we shall go to the hospital. During the day two Yemeni male nurses administer sedatives.

The ICRC also provides medical assistance to the republican part of the country. In February it sent half a ton of medical supplies to Sanaa, partly from its own resources and partly donated by the Rumanian Red Cross. In addition, an ICRC mission went to Sanaa to examine in conjunction with the authorities the prevailing situation and medical requirements. It saw clearly that there was a great and urgent need of medical supplies. With a view to remedying this situation, the ICRC appealed to a number of National Red Cross Societies for their help in supplying this acutely needed medical relief which the ICRC will forward to Sanaa. This programme is at present under way.

*

The ICRC is also carrying out medical assistance work in Aden. This does not involve mobile medical teams which may suddenly find themselves confronted with terrifying situations as described above. The ICRC doctor delegates in Aden work in the hospitals where they met a difficult situation at the end of December due to the fact that the British administration came to an end and hospitals were a sort of "no man's land". Action by the Red Cross became necessary and was in fact requested by the local authorities.

Since Aden became independent there has been a shortage of surgeons with the departure of those who were of British nationality. The Red Cross immediately filled the breach which had so suddenly occurred and for which Red Cross intervention was requested by the authorities themselves. One of the doctors sent by the International Committee to Aden gives his account.

We three surgeons left Geneva on November 28 and were met in Aden by the ICRC delegates already on the spot.

So far as we know there were three hospitals in Aden at the beginning of 1967: the municipal (QEH), the RAF hospital for British military personnel and their families, and the KBH for officers and other ranks of the Army of the Arabian Federation as well as for their families. Most of the surgeons were members of the RAF. Many doctors were Indians. In addition, in the town—or rather in some quarters of the town which were in several cases very distant from each other—there were dispensaries and a convalescent

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home. In the hinterland—the former protectorate—there were seven hospitals. It appears that the doctors and specialists had little by little deserted Aden and the hinterland. Only one field hospital still had a doctor when we were in Aden. We visited this 85 bed hospital. In Aden itself, few doctors had stayed behind. The RAF hospital had been evacuated and closed and was not in operation when we arrived. Then there was the Queen Elizabeth Hospital (now the municipal hospital and renamed “Al Gouriem”) and the Kormakshr Besh Hospital (KBH).

On the whole the QEH (where we took over the Surgery Section) was a vast complex having lost its driving force—the mainly English staff—which functioned with creaking protest and had to meet the needs of a population of about 300,000 in Aden and its surroundings. Apart from the KBH this was the only hospital in the country (with one and a half million inhabitants) where surgery of any complexity was possible.

The KBH was in perfect order; everything was ship-shape, operating theatres ready for use, instruments laid out in bags ready for sterilizing, blouses and galoshes in place and everything probably kept just as well as when the British were there. In short, it was in perfect order with full equipment and personnel ready to act, waiting for the ICRC surgeons to bring it to life.

On the evening of our arrival we performed our first operation. From then on, each one of us had our responsibilities allocated to us and we were all able to rely on the vast store of good will and professional dedication of the nursing staff.

By mid-December we had restored the surgical department to normal and conditions were probably very much the same as they had been in peacetime. Both at the QEH and the KBH smooth running had become routine and reliable.

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

N.G.O. CONFERENCE ON INTERNATIONAL YEAR FOR HUMAN RIGHTS

A Conference convened by the Geneva International Committee of Non-Governmental Organizations for the International year for Human Rights, was held in Geneva from January 29-31, 1968. It was attended by more than 90 institutions, and was split into four working commissions. The final session, in plenum, adopted most of the conclusions which will be submitted to the United Nations International Conference on Human Rights in Teheran in April 1968.

The *International Review* wishes to draw readers' attention to the importance of conclusion number 5 emphasizing the necessity to disseminate and apply the 1949 Geneva Conventions:

Only in peacetime can human rights be fully respected; war is their negation. It is the mission of the United Nations to prevent armed conflict and to institute an effective system for the peaceful settlement of international disputes. Until this aim is fully achieved, it is essential that humanitarian principles should be respected in every armed conflict. The Geneva Conventions of 1949, adopted under the aegis of the Red Cross, lay down the minimum rules of humanitarian conduct on the part of belligerents; at the present time they constitute the essential instrument available for the protection of human rights in time of war. The observance of these rules by all parties involved in a conflict, whether international or internal in nature, is absolutely imperative. Governments and the United Nations must join their efforts to ensure that the Conventions are known to all and that their provisions are respected in all circumstances.

The Conference notes with regret that the rules relating to the use of weapons date from the Hague Conventions of 1907, a time when practically none of the modern weapons of mass destruction, and in particular atomic weapons, existed. A new codification in this field is thus especially necessary for the protection of civilian populations.

INTERNATIONAL CONFERENCE ON SOCIAL WELFARE

When the United Nations declared 1968 as “ International Year for Human Rights ” the International Council on Social Welfare expressed its desire to participate by selecting the following theme: *Social Welfare and Human Rights*, for the XIVth International Conference on Social Welfare ¹ to be held near Helsinki from 18-24 August 1968.

In spite of the philosophical and legal implications of this theme, it will be dealt with from the point of view of applied social science and social welfare techniques.

Among the themes on the programme for the general meetings, we would, in particular, draw attention to the rights of the “ client ”, the rights of the child and the rights of the aged. Among the subjects for the study groups the following are of special interest: social welfare and the right to health, social welfare and the rights of the physically handicapped, social welfare and the rights of the mentally handicapped, rights and duties of persons under restraint, alcoholism and drug dependency, migrants, refugees and human rights.

These are only some of the themes to be discussed, and we can appreciate the full impact which the Conference may have on both public and private social welfare institutions, and National Societies in particular.

In addition, and in accordance with a now established tradition, a day of the Conference will be reserved for meetings of international organisations. On this occasion the Finnish Red Cross, in co-operation with the League and more especially its Health and Social Service Bureau, will organise a meeting at its Training Centre on Thursday, 22 August, for the members of National Red Cross, Red Crescent and Red Lion and Sun Societies participating in the

¹ This title now replaces that of International Conference of Social Work whereas the Organisation itself has adopted the name of International Council on Social Welfare.

Conference. In addition, a reception will be given by the Central Committee of the Finnish Red Cross on the evening of 21 August to enable Red Cross delegates to meet the organisers of the Conference and the representatives of Finnish social welfare bodies.

The programme of the Red Cross Meeting will be sent later to the National Societies. Attention must be drawn to the fact that it will, in particular, comprise a lecture by a representative of the International Committee of the Red Cross on the protection of the human being in case of conflict or strife, a report on the activities of the League and in particular on the IVth Red Cross International Seminar on Welfare Service, as well as visits to several institutions of the Finnish Red Cross.

*

The League Health and Social Affairs Bureau has conveyed the foregoing information to National Societies in the hope that as many of them as possible will attend this International Conference at which attention will be drawn to the work of the Red Cross and the importance of the Geneva Conventions in social welfare.

HEALTH IN THE WORLD OF TOMORROW

World Health Day takes place each year on April 7. This happens to coincide with the twentieth anniversary of the World Health Organization whose theme is Health in the World Tomorrow. For this occasion, Dr. M. G. Candau, Director General of WHO, delivers the following message:

The seventh of April this year marks the twentieth anniversary of WHO. It also provides an opportunity to review the past and to anticipate the future.

Looking back, the Organization and its Member States have witnessed the general improvement in world health which is largely due to their combined efforts.

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There have been disappointments; there still remain the inequalities between the developed and the developing countries which it is the Organization's aim to reduce.

In general, however, the record is one of success and achievement. Recent scientific advances have already contributed to these achievements; they will do even more in the future. Therefore on the seventh of April and throughout the Anniversary Year it is proposed to concentrate on the theme: "Health in the World of Tomorrow".

Tomorrow clearly means the next ten or twenty years. This is the period during which the scientific discoveries of the past decade will become generally applicable, and the new ones now germinating will prove their worth. These advances will affect the health of the inhabitants of every country. How will they operate?

We can assume that there will be some general improvements in environmental conditions, the control of communicable disease, nutrition, and in a greater availability of medical care. These will certainly be beneficial. But the impact of the new discoveries will be most dramatic.

We have been told that it is not unreasonable to expect from the extensive research now being undertaken a break-through in cancer. Similarly, more precise knowledge about certain common diseases of the heart and blood-vessels and their relation to the chemistry of the body opens up the prospect of controlling these great killers of today.

Research into the chemistry of our tissues and organs may throw light on the process of ageing and bring us nearer to the postponement of old age.

More will be learnt about the causes of the mental disorders, and when we are able to classify them better, treatment will be more specific and effective.

Drugs and antibiotics which will cope with the hitherto elusive viruses are other possible additions to this incomplete but formidable list.

But mankind will still be exposed to a multitude of influences which unless controlled can nullify these expected advances. Some are old, some new but all are potentially if not actually harmful. The list includes the various chemicals with which we live—pesti-

cides, food additives, radioactive residues; the polluted air, soil and water; urbanization with its possible squalor, disease and social maladjustments. In many countries population growth will bring comparable problems. Add to these the insidious evil of drugs and we have a grim catalogue.

Weighing the effect of these influences and remembering the health promoting activities now in progress, I consider the balance is favourable. The individual should benefit.

He will have better health with which to enjoy the leisure and the longer life which the future promises.

Finally what is the role of WHO in all this? It is not new. Much of the Organization's current programme has foreseen these developments. Indeed, many of its research activities have already contributed to them. WHO will maintain and extend all these interests, stimulating the advancement of knowledge and encouraging its application for the benefit of all. For the World Health Organization is itself an expression of faith in the future.

It can be seen that the Director-General of WHO is optimistic about the future. He does, however, also draw attention to the fact that considerable efforts must be made in every sphere in order to control technical progress which today is so advanced and rapid, to place it really genuinely at the service of mankind. This is also stressed by Mr. Pierre Gascar, author of a work on sickness in the developing countries which focusses on medicine in the future, his conclusions are also full of confidence ¹:

The movement has in fact been developing for some time, and since it favours a rehumanization of medicine and a sane assessment of the limits of technology, it is now spreading beyond its immediate frontiers, heralding a general reaction against enslavement by the machine. Medicine has always been in the vanguard of renaissance, of those revolutions that have shaped world history. In restoring modern society's essentially human scale, medicine offers us a glimpse of that new age when in every field, and in step with scientific progress, the brotherhood of man will become a phrase with fresh meaning.

¹ Mr. Gascar's address and that of Dr. Kavka, form part of a series of articles presented by WHO in Geneva for World Health Day.

MISCELLANEOUS

This means, however, that in order to safeguard the health of the world in the future, there must be open-mindedness in medical education and ethical training combined with international co-operation. Dr. Stanislav Kavka emphasises this point as follows when describing the future of medical training:

If there is to be one doctor for every 770 people, then the world today is 3.5 million doctors short. The figure is staggering, but what of tomorrow when the number of people in the world may have doubled?

In medical education one always has to think of tomorrow's needs, if only because it takes eight or nine years to make a doctor—about six years of medical school and two or three years of practical experience. Population increases and changes in the composition and distribution of population are going to have great influence on health services, and the demand for professional health care can everywhere be expected to increase by leaps and bounds. The economic aspect is important—new schools and teaching hospitals will have to be built and equipped—but so is the question of human resources, the question of attracting the right calibre of men and women as teachers and students. Over and above these considerations, the explosion of information and of scientific knowledge entails qualitative changes in the style of thinking and working: education will of necessity change both in form and in content.

Modern society and the modern style of life tomorrow call for doctors who have thorough professional knowledge, but also high moral qualities and a serious attitude to their work. Education in medical schools and post-graduate institutes will have to allow for the fact that the doctor in his daily work will need to apply more psychology and sociology. At present, this is no doubt accepted, but the general assumption seems to be that the doctor will pick up the knowledge he needs in these two fields as he goes along rather than as the result of systematic teaching. The danger of specialization is that the patient tends to become an object of investigation, of therapeutic techniques, and that the psychosocial factors are completely lost sight of. This should not be. Specialization is without doubt a higher professional echelon than general practice, it is the terrain on which new discoveries grow, but too much specialization,

eclipsing the general practitioner, can be detrimental to community health care, and if the family or district type of doctor is an essential member of the health team, then education in medical school should be geared to producing him. Though specialization may be attractive to the young men and women entering the medical profession, they should not forget that the generalist has important and fascinating tasks to perform in improving general health conditions, in actively promoting health, in disease prevention and the early detection of cases, and in the psychosocial field.

Post-graduate education is essential today if proper professional standards are to be maintained. The USSR has 13 institutes of post-graduate education and 13 post-graduate faculties in medical schools. In the United States of America, the American Medical Association organized 1600 post-graduate courses in 413 institutes during one year (1966-1967). A new centre for post-graduate medical studies was opened in London in 1967. In Czechoslovakia, all medical establishments take part in post-graduate education and a post-graduate medical institute was opened in Prague in 1953. Such activities will need to be intensified in the future to help doctors keep abreast of the new knowledge and new techniques that are going to transform medicine in the future.

In conclusion, it is probably justified to give an optimistic prognosis on the world's endeavour to secure the health of the human race, provided effective international co-operation is supported by all countries. The isolation of some countries needs to be abolished by an intensive international exchange of information and the development of science. Medical education on a level with contemporary scientific knowledge is an essential factor in the achievement of better health for man tomorrow.

TO IMPROVE NURSING

In September 1967, nurses from 19 countries met in Athens to study certain practical problems of their profession in a constantly and rapidly changing world. This Conference was organized by the International Association of Florence Nightingale Nurses. This was founded in 1925 and today has some five hundred members from 58 countries. Under its auspices are held study weeks organized alternatively by the League of Red Cross Societies (1928) and the International Florence Nightingale Foundation.¹

This Athens Conference, the fifth of its kind, met in the Hellenic Red Cross nursing school. Miss Yvonne Hentsch, Directress of the League Nursing Bureau, summarizes the proceedings below : ²

. . . The following extracts are taken from a summary submitted towards the end of the Conference by two participants, each of them a member of the rising generation of European nursing school instructors.

The general theme of the Conference was studied from four main aspects:

- a) Red Cross contribution to the improvement of nursing;
- b) improvement of public health nursing;
- c) improvement of nursing in hospitals;
- d) teaching as a factor in the improvement of nursing.

Each of these aspects was the subject of one or several papers followed by group discussion.

a) In connection with the Red Cross it was emphasized that its principles were identical to those which motivate nurses; that its

¹ In March 1965 the *International Review* published an article on the history and activity of the International Foundation.

² See *Revue Suisse des Infirmières*, Soleure, 1968, No. 1.

activities in the field of nursing are aimed at achieving the highest professional standards; that it is capable of encouraging constructive co-operation between nursing auxiliaries and nurses and that for these reasons it can contribute usefully to the improvement of nursing care.

b) With regard to the health visitor, it was recognized that her educative and advisory functions in a society where preventive and curative services were increasingly inter-dependent, demanded thorough preparation and a profound knowledge of human relations. As a member of a medical team she should know how to direct auxiliary personnel, obtain from the society she serves the necessary facilities for her work and she should be prepared to collaborate in research work.

c) The Conference studied what appeared to it to be the three essential aspects of the question of improving nursing standards in hospitals. These three aspects were: personnel, administration, evaluation.

The employment of married nurses, access to the profession for persons somewhat older than most present nursing school pupils, increased training for nurses, the judicious assignment of auxiliary personnel, rational use of present techniques; these were all considered valuable means of increasing the strength and efficiency of nursing personnel.

It was also emphasized that to a great extent nursing staff morale depended on good administration of the nursing services, and that morale, in turn, influenced the quality of the nursing.

In order to evaluate the quality of nursing various relevant factors must be studied and analysed and appropriate standards established.

d) Teaching was a subject which gave rise to prolonged debate in which various points of view joined issue. However, it was unanimously agreed that the traditional methods of teaching nurses were no longer applicable to preparation for the tasks entrusted to nurses today. Teaching should be on a broad basis and of a kind permitting students to exercise critical, analytical and reasoning faculties and intellectual curiosity so that their technical qualifications at all times can be backed up by sound knowledge of basics.

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Nursing students and, later on, nurses, must be prepared for advanced courses in order to cope with the ever-increasing spectrum of knowledge which she will require to carry out the new tasks entrusted to her.

It appeared in general necessary to admit to nursing schools only those candidates who were capable of following such basic instruction. Stress was also laid on the importance of well prepared teachers and a curriculum of various subjects forming a more readily assimilable programme than instruction in the separate subjects individually. Student participation in medical team work planning for the benefit of individuals or groups is one way of initiating students to a concept of nursing which takes into account moral, social, physical and psychological needs.

The Conference was closed with a reply to the question: What is the nurse's real function for which she alone is responsible? The reply is that one must seek close co-operation between persons responsible for drawing up teaching programmes and those who are responsible for directing the services where the nurse will be called upon to carry out her functions.

BOOKS AND REVIEWS

La médecine, demain, par Jean Hamburger — *La Presse médicale, Paris, 1968, n° 6.*

The revolution which is in preparation has the following phenomenon as its main reason. The mass of medical knowledge acquired, whose understanding is necessary for the treatment of the sick has suddenly overtaken the doctor's prehension and memory. No doctor can any longer know medicine as a whole. This has come about during the course of an unconscious progression without anyone expecting it, so that the significance of such an event has been realized. Today matters have become spectacular, it must be agreed, and the seriousness of the problem appears all the more evident that the number of facts theoretically indispensable increases each year at a bewildering rate . . .

. . . Medicine, therefore, without altering its form or abandoning any of its human quality must modify its scientific organization if one wants the sick to draw the full benefit of the progress which is taking place. The essential problem is for the doctor to have up to date information at all times. Present methods of dealing with information must be placed at his disposal. This is an immense, difficult and revolutionary task. The openings, however, which it will offer are extremely wide and the challenge merits the making of very considerable efforts.

The Young World Appeal : FAO's action-oriented youth program, by Angus Archer, *Freedom from Hunger, Rome, September-October, 1967.*

We are witnessing the ascendancy of the "now generation"—that increasingly large, increasingly powerful and increasingly vocal percentage of the population under the age of 25. To many young people in dozens of countries, both developed and developing, one (if not *the*) crucial issue of our time is the widening gap between the rich nations and the poor nations.

FAO's Freedom from Hunger Campaign, recognizing two powerful revolutions—the revolution of rising expectations and the revolution of youth awareness—happening side by side, launched in 1965 the Young World Appeal designed to link these two forces and harness them to the cause of development, particularly the aspects of development related to freedom from hunger.

BOOKS AND REVIEWS

A group of world youth leaders and youth personalities gathered in Rome in October 1965 at a Young World Assembly, from which there emerged the Young World Manifesto. The manifesto, which forms a philosophical basis for the appeal, has been translated into more than 30 languages and widely distributed in all FAO member countries.

Two somewhat obvious but not widely appreciated facts appeared unique and significant to the participants at the Young World Assembly:

⊗ First, in the overall context of international development in the *developing* countries the involvement of youth is new and relatively untried. Young people in these countries are experiencing an “opportunity gap,” and they represent a latent potential for constructive action in terms of rural development and increased food production. Here are the raw materials for a plan that could see the unleashing of literally millions of young people for development activities through rural youth programs.

⊗ Second, the involvement of youth themselves in the development process — in the developing countries, as agents of change and direct participants in projects; in developing countries as supporters of projects and advocates of more rapid world development — is a growing force to be tapped.

The concept of youth-to-youth support, while not applicable in all instances, is an increasingly valid one. Young people can force the pace of development, yet instances of youth being used in development are still comparatively rare. There are 30,000 young volunteers from developed countries serving in developing countries—there could be more; there are a few successful national youth services, volunteer labor movements or *services civiles*—there could be more; there is a small percentage of young people actively engaged in constructive development through voluntary organizations or rural youth programs—it could be much higher. Filling the obvious gap with this obvious but unused potential is a primary aim of the Young World Appeal.

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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- AFGHANISTAN — Afghan Red Crescent, *Kabul*.
- ALBANIA — Albanian Red Cross, 35, *Briga Barrikadavet, Tirana*.
- ALGERIA — Central Committee of the Algerian Red Crescent Society, 15 bis Boulevard Mohamed V, *Algiers*.
- ARGENTINE — Argentine Red Cross, H. Yrigoyen 2068, *Buenos Aires*.
- AUSTRALIA — Australian Red Cross, 122-128 Flinders Street, *Melbourne, C. 1*.
- AUSTRIA — Austrian Red Cross, 3 Gusshausstrasse, Postfach 39, *Vienna IV*.
- BELGIUM — Belgian Red Cross, 98, Chaussée de Vleurgat, *Brussels 5*.
- BOLIVIA — Bolivian Red Cross, Avenida Simon-Bolivar, 1515 (Casilla 741), *La Paz*.
- BRAZIL — Brazilian Red Cross. Praça da Cruz Vermelha 10-12, *Rio de Janeiro*.
- BULGARIA — Bulgarian Red Cross, 1, Boul. S.S. Viruzov, *Sofia*.
- BURMA — Burma Red Cross, 42, Strand Road, Red Cross Building, *Rangoon*.
- BURUNDI — Red Cross Society of Burundi, rue du Marché 3, P.O. Box 1324, *Bujumbura*.
- CAMBODIA — Cambodian Red Cross, 17 R Vithei Croix-Rouge, P.O.B. 94, *Phnom-Penh*.
- CAMEROON — Central Committee of the Cameroon Red Cross Society, rue Henry-Dunant, P.O.B. 631, *Yaoundé*.
- CANADA — Canadian Red Cross, 95 Wellesley Street East, *Toronto 5*.
- CEYLON — Ceylon Red Cross, 106 Dharma-pala Mawatte, *Colombo VII*.
- CHILE — Chilean Red Cross, Avenida Santa Maria 0150, Casilla 246 V., *Santiago de Chile*.
- CHINA — Red Cross Society of China, 22 Kanmien Hutung, *Peking, E*.
- COLOMBIA — Colombian Red Cross, Carrera 7a, 34-65 Apartado nacional 1110, *Bogotá D.E.*
- CONGO — Red Cross of the Congo, 41, Avenue Valcke, P.O. Box 1712, *Kinshasa*.
- COSTA RICA — Costa Rican Red Cross, Calle 5a Apartado 1025, *San José*.
- CUBA — Cuban Red Cross, Calle Zulueta 471, *Havana*.
- CZECHOSLOVAKIA — Czechoslovak Red Cross, Thunovska 18, *Prague I*.
- DAHOMEY — Red Cross Society of Dahomey, P.O. Box 1, *Porto-Novo*.
- DENMARK — Danish Red Cross Ny Vestergade 17, *Copenhagen K*.
- DOMINICAN REPUBLIC — Dominican Red Cross, Calle Galvan 24, Apartado 1293, *Santo Domingo*.
- ECUADOR — Ecuadorean Red Cross, Avenida Colombia y Elizalde 118, *Quito*.
- ETHIOPIA — Ethiopian Red Cross, Red Cross Road No. 1, P.O. Box 195, *Addis Ababa*.
- FINLAND — Finnish Red Cross, Tehtaankatu I A, *Helsinki*.
- FRANCE — French Red Cross, 17, rue Quentin-Bauchart, *Paris (8^e)*.
- GERMANY (Dem. Republic) — German Red Cross in the German Democratic Republic, Kaitzerstrasse 2, *Dresden A. 1*.
- GERMANY (Federal Republic) — German Red Cross in the Federal Republic of Germany, Friedrich-Ebert-Allee 71, 5300 *Bonn 1*, Postfach (D.B.R.).
- 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.^e Calle 8-40 zona 1, *Guatemala C.A.*
- HAITI — Haiti Red Cross, rue Férou, *Port-au-Prince*.
- HONDURAS — Honduran Red Cross, Calle Henry Dunant 516, *Tegucigalpa*.
- HUNGARY — Hungarian Red Cross, Arany Janos utca 31, *Budapest V*.
- ICELAND — Icelandic Red Cross, Ølduggøtu 4, *Reykjavik*, Post Box 872.
- INDIA — Indian Red Cross, 1 Red Cross Road, *New Delhi 1*.
- INDONESIA — Indonesian Red Cross, Tanah Abang Barat 66, P.O. Box 2009, *Djakarta*.
- IRAN — Iranian Red Lion and Sun Society, Avenue Ark, *Teheran*.
- IRAQ — Iraqi Red Crescent, Al-Mansour, *Baghdad*.
- IRELAND — Irish Red Cross, 16 Merrion Square, *Dublin 2*.
- ITALY — Italian Red Cross, 12, via Toscana, *Rome*.
- IVORY COAST — Ivory Coast Red Cross Society, B.P. 1244, *Abidjan*.
- JAMAICA — Jamaica Red Cross Society, 76 Arnold Road, *Kingston 5*.
- JAPAN — Japanese Red Cross, 5 Shiba Park, Minato-Ku, *Tokyo*.
- JORDAN — Jordan Red Crescent, P.O. Box 1337, *Amman*.
- KENYA — Kenya Red Cross Society, St Johns Gate, P.O. Box 712, *Nairobi*.
- KOREA (Democratic Republic) — Red Cross Society of the Democratic People's Republic of Korea, *Pyongyang*.
- KOREA (Republic) — The Republic of Korea National Red Cross, 32-3 Ka Nam San-Donk, *Seoul*.

ADDRESSES OF CENTRAL COMMITTEES

- LAOS — Lao Red Cross, P.B. 46, *Vientiane*.
- LEBANON — Lebanese Red Cross, rue Général Spears, *Beirut*.
- LIBERIA — Liberian National Red Cross, National Headquarters, Corner of Tubman boulevard and 9th Street Sinkor, P.O. Box 226, *Monrovia*.
- LIBYA — Libyan Red Crescent, Berka Omar Mukhtar Street, P.O. Box 541, *Benghazi*.
- LIECHTENSTEIN — Liechtenstein Red Cross, *Vaduz*.
- LUXEMBURG — Luxemburg Red Cross, Parc de la Ville, C.P. 234, *Luxemburg*.
- MADAGASCAR — Red Cross Society of Madagascar, rue Clemenceau, P.O. Box 1168, *Tananarive*.
- MALAYSIA — Malaysian Red Cross Society, 519 Jalan Belfield, *Kuala Lumpur*.
- MALI — Mali Red Cross, B.P. 280, route de Koulikora, *Bamako*.
- MEXICO — Mexican Red Cross, Avenida Ejercito Nacional, n° 1032 *Mexico* 10, D.F.
- MONACO — Red Cross of Monaco, 27 Boul. de Suisse, *Monte-Carlo*.
- MONGOLIA — Red Cross Society of the Mongolian People's Republic, Central Post Office, Post Box 537, *Ulan-Bator*.
- MOROCCO — Moroccan Red Crescent, rue Calmette, B.P. 189, *Rabat*.
- NEPAL — Nepal Red Cross Society, Tripureswore, P.B. 217, *Kathmandu*.
- NETHERLANDS — Netherlands Red Cross, 27 Prinsessegracht, *The Hague*.
- NEW ZEALAND — New Zealand Red Cross, 61 Dixon Street, P.O.B. 6073, *Wellington C.2*.
- NICARAGUA — Nicaraguan Red Cross, 12 Avenida Noroeste, *Managua, D.N.*
- NIGER — Red Cross Society of Niger, B.P. 386, *Niamey*.
- NIGERIA — Nigerian Red Cross Society, Eko Akete Close, Ikoyi, Yaba, P.O. Box 764, *Lagos*
- NORWAY — Norwegian Red Cross, Parkveien 33b, *Oslo*.
- PAKISTAN — Pakistan Red Cross, Frere Street, *Karachi 4*.
- PANAMA — Panamanian Red Cross, Apartado 668, *Panama*.
- PARAGUAY — Paraguayan Red Cross, calle André Barbero y Artigas 33, *Asunción*.
- PERU — Peruvian Red Cross, Jiron Chancay 881, *Lima*.
- PHILIPPINES — Philippine National Red Cross, 860 United Nations Avenue, P.O.B. 280, *Manila*.
- POLAND — Polish Red Cross, Mokotowska 14, *Warsaw*.
- PORTUGAL — Portuguese Red Cross, General Secretaryship, Jardim 9 de Abril, 1 a 5, *Lisbon 3*.
- RUMANIA — Red Cross of the Rumanian Socialist Republic, Strada Biserica Amzei 29, *Bucarest*.
- SALVADOR — Salvador Red Cross, 3a Avenida Norte y 3a Calle Poniente 21, *San Salvador*.
- SAN MARINO — San Marino Red Cross, Palais gouvernemental, *San Marino*.
- SAUDI ARABIA — Saudi Arabian Red Crescent, *Riyadh*.
- SENEGAL — Senegalese Red Cross Society, Bld. Franklin-Roosevelt, P.O.B. 299, *Dakar*.
- SIERRA LEONE — Sierra Leone Red Cross Society, 6 Liverpool Street, P.O.B. 427, *Freetown*.
- SOUTH AFRICA — South African Red Cross, Cor. Kruijs & Market Streets, P.O.B. 8726, *Johannesburg*.
- SPAIN — Spanish Red Cross, Eduardo Dato 16, *Madrid, 10*.
- SUDAN — Sudanese Red Crescent, P.O. Box 235, *Khartoum*.
- SWEDEN — Swedish Red Cross, Artillerigatan 6, *Stockholm 14*.
- SWITZERLAND — Swiss Red Cross, Taubenstrasse 8, B.P. 2699, 3001 *Berne*.
- SYRIA — Syrian Red Crescent, 13, rue Abi-Almaari, *Damascus*.
- TANZANIA — Tanzania Red Cross Society, Upanga Road, P.O.B. 1133, *Dar es Salaam*.
- THAILAND — Thai Red Cross Society, King Chulalongkorn Memorial Hospital, *Bangkok*.
- TOGO — Togolese Red Cross Society, Avenue des Alliés 19, P.O. Box 655, *Lomé*.
- TRINIDAD AND TOBAGO — Trinidad and Tobago Red Cross Society, 48 Pembroke Street, P.O. Box 357, *Port of Spain*.
- TUNISIA — Tunisian Red Crescent, 19, rue d'Angleterre, *Tunis*.
- TURKEY — Turkish Red Crescent, Yenisehir, *Ankara*.
- UGANDA — Uganda Red Cross, 17 Jinja Road P.O. Box 494, *Kampala*.
- UNITED ARAB REPUBLIC — Red Crescent Society of the United Arab Republic, 34, rue Ramses, *Cairo*.
- UPPER VOLTA — Upper Volta Red Cross, P.O.B. 340, *Ouagadougou*.
- URUGUAY — Uruguayan Red Cross, Avenida 8 de Octubre, 2990, *Montevideo*.
- U.S.A. — American National Red Cross, 17th and D Streets, N.W., *Washington 6 D.C.*
- U.S.S.R. — Alliance of Red Cross and Red Crescent Societies, Tcheremushki, J. Tcheremushkinskii proezd 5, *Moscow W-36*.
- VENEZUELA — Venezuelan Red Cross, Avenida Andrés Bello No. 4, Apart. 3185, *Caracas*.
- VIET NAM (Democratic Republic) — Red Cross of the Democratic Republic of Viet Nam, 68, rue Bà-Triêz, *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*.
- ZAMBIA — Zambia Red Cross, P.O. Box R. W. 1, Ridgeway, *Lusaka*.