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*for*



# **international review of the red cross**



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**GENEVA**  
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# INTERNATIONAL REVIEW OF THE RED CROSS

March - April 1979 — No. 209

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# MODERNIZATION OF PROTECTIVE MARKINGS AND SIGNALLING

by Ph. Eberlin

## I

### SURVEY OF PROTECTIVE MARKING

The remarkable advances made during the last few years in technology, and particularly in electronics, and the increasingly rapid development of scientific inventions are likely to render obsolete the protective markings of the medical service as laid down in the Geneva Conventions of 12 August 1949.

For over a hundred years, the identification of persons and property protected by the Geneva Conventions has been based on purely *visual* methods, whereas armed forces nowadays very often employ *technical* means of detection: radar, radio location, infra-red observation, light amplifiers, acoustic detection. Sometimes, these detectors, or "sensors", may be combined, and other secret systems no doubt exist. An objective may thus be detected, localized and destroyed, without having been necessarily observed visually, which means that visual markings alone are insufficient for the identification of persons and objects protected by the Conventions.

#### 1. GENEVA CONVENTIONS

The rules for visual protective markings are laid down mainly in Chapter VII (articles 38 *et seq.*) of the First Geneva Convention for the Amelioration of the Condition of the Wounded and Sick in Armed Forces in the Field of 12 August 1949. The principal rules may be summarized as follows:

## **Military medical services**

### **Protected personnel**

Medical and religious personnel shall wear an armlet affixed to the left arm and carry a special identity card, both armlet and identity card bearing the distinctive emblem<sup>1</sup>. The 1949 Diplomatic Conference recommended in its resolution 4 that States and National Red Cross Societies should provide their medical personnel with these means of identification.

### **Medical units; military hospitals; hospital zones**

For the identification of fixed or mobile medical units, the distinctive flag of the Convention should be hoisted; it is recommended that the distinctive emblems should be made clearly visible to the enemy land, air or naval forces, in order to ward off hostile action. Hospital zones and localities should be marked by means of the distinctive red cross sign placed on the buildings and the perimeter of the zone or locality. Appropriate illumination at night or in case of poor visibility will aid the identification of such zones and localities.

### **Medical transports**

Land medical transports may be marked with the distinctive emblem in the same way as mobile medical units. Medical aircraft shall bear the distinctive emblem together with their national colours and any other markings or means of identification that may be agreed upon between the belligerents.

Under the Second Convention hospital ships, medical craft and coastal rescue craft shall make themselves known by being painted white all over, with dark red crosses painted on different parts of the vessel, and by flying a white flag with a red cross at the mainmast. By night and at times of reduced visibility, the emblems may be illuminated. The most modern methods available to facilitate the identification of the vessels protected by the Conventions may be used and the Parties to the conflict must endeavour to conclude agreements to that end. The use of modern

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<sup>1</sup> The expression "distinctive emblem" comprises the emblems recognized by the Geneva Conventions of 12 August 1949, these being the red cross, the red crescent and the red lion and sun, on a white ground. For the sake of simplicity, only the red cross is mentioned in this paper.

means of communication—that is to say, radio communication—by hospital ships was the subject of Resolutions 6 and 7 addressed by the 1949 Diplomatic Conference to the High Contracting Parties, but it was only twenty-eight years later that the use of radio was regulated, after it had been discussed by the Diplomatic Conference on the Reaffirmation and Development of International Humanitarian Law applicable in Armed Conflicts which met at Geneva from 1974 to 1977.

## **Civilian medical services**

The Fourth Convention says that civilian medical personnel, medical means of transport and hospitals, and hospital zones shall be marked in accordance with the same rules as those laid down in the First and Second Conventions concerning the use of the distinctive sign for the military medical services.

## **Other protective signs**

The protection granted by the Geneva Conventions of 12 August 1949 is extended to other categories of persons and objects identifiable visually by signs other than the distinctive emblem:

### **Prisoners of war**

*The letters PW or PG:* to indicate prisoner of war camps; the Powers concerned may agree upon any other system of marking (Third Convention, article 23).

### **Civilian internees**

*The letters IC:* to indicate civilian internments camps; the Powers concerned may agree upon any other system of marking (Fourth Convention, article 83.)

### **Safety zones**

*Oblique red bands on a white ground:* to mark safety zones, their buildings and outer precincts. The zones may be marked at night by means of appropriate illumination (Fourth Convention, article 14 and Annex I, article 6).

## Neutralized zones

The neutralized zones referred to in article 15 of the Fourth Convention must be the subject of an agreement between the Parties to the conflict. The Conventions do not, however, provide for any special sign for such zones.

## Special means of transport

Safe-conducts shall be granted for the circulation of the means of transport referred to in article 111 of the Fourth Convention. No provision is made for a special sign. It may be inferred that if the distinctive emblem may not be used, such means of transport may be marked in the same manner as neutral means of transport.

## 2. OTHER INTERNATIONAL CONVENTIONS

Besides the Geneva Conventions, several international conventions have laid down various markings and signals, visual and non-visual, for identification, in peacetime and in wartime, of the persons and objects which those conventions aim to protect.

### The Hague Conventions of 1907

Article 27 of the Regulations annexed to *Convention No. IV of The Hague of 18 October 1907* protects certain buildings and the places where the sick and the wounded are collected in case of sieges or bombardments, without laying down any uniform rules as to the protective and identification sign to be employed. Under *Convention No. IX of The Hague of 18 October 1907*, in case of bombardment by naval forces, hospitals and places where the sick and wounded are collected, sacred edifices, buildings used for artistic, scientific or charitable purposes and historic monuments must be spared. Such places must be indicated by large stiff rectangular panels divided diagonally into two triangular portions, the upper portion black, the lower portion white.<sup>1</sup>

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<sup>1</sup> In the draft Regulations respecting aerial warfare, prepared in 1923 by the Commission of Jurists of The Hague, and which were never ratified, these protected sites were also to be marked by the same black and white rectangular panels.

## **Convention for the Protection of Cultural Property**

Cultural property and the transport of cultural property are protected by the *Convention for the Protection of Cultural Property in the Event of Armed Conflict (The Hague, 14 May 1954)*. The Convention provides for a distinctive protective emblem in the form of a blue-and-white shield as a means of identification of cultural property, or three such shields as a means of identification of cultural property under special protection or for the transport of cultural property.

## **International Code of Signals**

At sea, the *International Code of Signals*, based on various old-established signals, was adopted in 1965 by the fourth Assembly of the Inter-Governmental Maritime Consultative Organization (IMCO). It lays down the various means of identifying vessels and persons in distress, and wounded, sick and shipwrecked persons. The International Code is valid in wartime and in time of peace and may also be used by aircraft and coastal radiocommunication stations. It describes identification procedures by visual, sound, radioelectric and light signals and also the means of communicating with persons in distress and in search and rescue operations. It includes, too, signals relating to medical and pharmaceutical questions. All hospital ships carry on board the International Code; it is universally utilized and is recognized by the International Telecommunication Union (ITU), the International Civil Aviation Organization (ICAO), the World Health Organization (WHO) and other organizations. Extracts from the International Code of Signals are printed in the WHO "International Medical Guide for Ships".

## **International Convention for the Safety of Life at Sea**

The international procedures used by shipping or aircraft for identifying and locating vessels in rescue operations on the high seas or in coastal areas are laid down in the *1960 International Convention for the Safety of Life at Sea* adopted by the Assembly of IMCO and effective since 26 May 1965. Rule 10 of Chapter V of the Convention reaffirms the obligation on every master of a ship at sea to proceed to the assistance of persons in distress, in accordance with the International Convention for the unification of certain rules with regard to Assistance and Salvage at Sea, signed at Brussels on 23 September 1910.

Under article VI of the 1960 Convention, in case of war or other hostilities a Contracting Government which considers that it is affected,

whether as a belligerent or as a neutral, may suspend the operation of the whole or any part of the Regulations annexed to the Convention. The IMCO must notify all Contracting Governments of any suspension or termination of suspension under this article. Any special rules drawn up by agreement between all or some of the Contracting Governments must also be communicated to the IMCO for circulation to all the Contracting Governments (article VIII). Article IX lays down the procedure for the amendment of the Convention. Such provisions make it possible to adopt the most efficient identification systems for safety of life at sea, in peacetime and in wartime, especially for hospital ships and neutral vessels responding to the appeals mentioned in article 21 of the Second Geneva Convention of 12 August 1949.

### **Chicago Convention on International Civil Aviation**

Annexes 10, 11 and 12 to the *Chicago Convention on International Civil Aviation signed on 7 December 1944* lay down procedures for communication and provisions for identification by radio, radar and luminous signals or visual signals, in particular in case of distress and for search and rescue operations. Annex 2 to the Convention introduced, in its sixth edition, international rules, adopted on 4 February 1975, for the interception of civil by military aircraft. Annex 2 also specifies an international method enabling an aircraft to identify a prohibited or dangerous area in which it may be flying without authorization or which it might be entering. The aim of the procedures mentioned in Annex 2 is to remove or reduce the hazards—which are multiplied in areas where hostilities are taking place—inherent in interceptions of civil aircraft. All those Annexes are amended from time to time and published by the ICAO.

Article 89 of the Chicago Convention says that in case of war, the provisions of that Convention shall not affect the freedom of action of any of the contracting States affected, whether as belligerents or as neutrals. The same principle shall apply in the case of any contracting State which declares a state of national emergency.

### **International Telecommunication Convention**

The operation of a range of radio frequencies for communication, radar and identification purposes is governed by the Radio Regulations of the International Telecommunication Union (ITU). The basic instrument of the ITU is the *International Telecommunication Convention* which is subject to revision every five years by the Plenipotentiary Conference

of the ITU. Nearly all States are members of the ITU. The last Plenipotentiary Conference, held at Malaga-Torremolinos in 1973, adopted Recommendation No. 2, "relating to the use of radiocommunication for announcing and identifying hospital ships and medical aircraft protected under the Geneva Conventions of 1949".

It was not the first time that this problem was examined at an ITU Conference.

### 3. RESOLUTIONS OF THE DIPLOMATIC CONFERENCES OF 1949 AND 1974-1977

One of the tasks of the Administrative Radio Conference in Geneva in 1959 was to examine draft Regulations prepared by Swedish, Italian and Swiss experts, with reference to Resolutions 6 and 7 of the Diplomatic Conference of 1949. These draft Regulations for radiocommunication by hospital-ships were approved by the ITU Conference and were adopted unilaterally by some States, although they were not included in the Radio Regulations.

In 1974, the World Maritime Administrative Radio Conference adopted Recommendation Mar 2-17, of considerable significance for medical and neutral means of transport. Mention will be made of this recommendation below, in connection with identification by radio.

In future, the employment of modern identification methods and procedures required for the safety of civilian and military medical services in armed conflicts will depend in great part on the action taken on Resolutions 17, 18 and 19 addressed by the Diplomatic Conference at Geneva in 1977 to ICAO, IMCO and the ITU.

In those resolutions, the Diplomatic Conference<sup>1</sup> requested the specialized international organizations to settle those questions on announcement, identification and radiocommunication, each within its own competence, so that any gaps in the present identification system should be filled by the introduction of modern methods of identification.

The organizations responded favourably. IMCO inserted in the International Code of Signals a new part—Chapter XIV—entitled "Identification of medical transports in armed conflicts". This amendment will enter into force on 1 January 1980.

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<sup>1</sup> Diplomatic Conference on the Reaffirmation and Development of International Humanitarian Law Applicable in Armed Conflicts, Geneva 1974-1977—(CDDH).

ICAO submitted some proposals concerning Resolution 18, to be discussed at the World Administrative Radio Conference (WARC—79) that will open at Geneva on 24 September 1979.

At the ITU, Resolution 19 was studied at the Special Preparatory Meeting of the International Radio Consultative Committee (SPM of the IRCC). The SPM report will serve as a technical basis for WARC—79. Chapter XI of the report concerns the identification of medical means of transport.

#### 4. TECHNICAL SHORTCOMINGS IN VISUAL MARKINGS

What are those shortcomings?

In the first place, the distinctive emblem, which is intended to protect medical personnel and vehicles on contemporary battlefields, is visible only at a short distance, while the armed forces confronting each other today possess much greater mobility and fire-power of far greater range than when the Geneva Conventions were conceived a hundred years ago. The rule concerning the armlet which medical personnel have to wear on the left arm is quite inadequate to give them protection from all sides, as has become necessary today. A 10 cm red cross on an armlet cannot be distinguished at a distance of more than fifty metres. The red cross painted on an ambulance cannot be identified at a range of a thousand metres, while the vehicle itself is an easy target for modern weapons. Today a purely visual method of identification, by means of the distinctive emblem, is quite useless, when modern military techniques for locating a target are used by land, sea or air forces.

One of the most familiar modern methods is infra-red observation, in which the red colour disappears if certain precautions are not taken. Another method is radar, together with a “friend or foe” system of identification which has been known since the Second World War, but without a “neutral” identification signal. A third means of detection is the sonar for under-water acoustic detection, a device, however, which cannot identify the noise of vessels such as hospital ships which have “neutral” status.

Details about various other ultra-modern methods of detection have been published: seismic and calorimetric “sensors”, various detectors, military spy satellites, under-water acoustic monitoring stations, etc. It is obvious that the visual sign alone is not sufficient to afford protection

to hospitals, mobile medical units, medical ships, aircraft and personnel, whenever military operations are being carried out with such systems, involving the use of long-range destructive weapons on land, on sea and in the air.

In the case of air attacks, the odds are heavily against the sign of the red cross as a means of protection without the prior notification to all the parties to the conflict of the exact location of the sites which have to be protected and which are marked by flags, red oblique bands, etc.

Very often, infra-red photographic air reconnaissance is carried out on objectives before they are attacked. ICRC tests have shown that an ordinary red cross is not visible in infra-red photographs and is too small for identification from the altitude at which aircraft carry out their attacks. A  $5 \times 5$  m red cross flag cannot be seen from an altitude of 2,500 metres vertically above it, and still less when observed at an angle.

Modern aircraft conducting low-flying attacks travel at such a high speed and are armed with weapons which have such a long range that a  $5 \times 5$  m red cross flag does not afford any effective protection if the attackers are not briefed beforehand of the location of the flag.

## II

### MODERNIZATION OF THE PROTECTIVE MARKINGS AND SIGNALLING PROVIDED FOR IN THE GENEVA CONVENTIONS

#### 1. Regulations concerning Identification, appended to Protocol I

Visual markings alone being inadequate for identification by modern detection techniques, it was necessary to evolve other means of identification of persons and property, and especially vehicles protected by the Geneva Conventions.

The ICRC submitted various suggestions to several meetings of technical experts. The first of these meetings was at ICRC Headquarters on 28 and 29 October 1970. Following the conferences of government experts on signalling in 1972 and 1973, draft regulations for identification were prepared by the ICRC for submission to the 1974 Diplomatic Conference in Geneva. That Diplomatic Conference set up a technical

sub-committee to study the draft regulations which, after several amendments, were adopted unanimously by the plenary meeting of the Diplomatic Conference in June 1977. The regulations were appended to Protocol I as Annex I. A procedure for the periodical up-dating of the Regulations was also unanimously adopted. The Regulations give the necessary technical bases for application of the provisions of Protocol I relative to marking, signalling and identification.

The Regulations should improve the visual markings and permit identification by such techniques as radar, radio and other means appropriate for technical detection systems. The new provisions are designed first and foremost to protect medical personnel and vehicles which require at least a minimum degree of safety to accomplish their mission. The modern identification methods proposed may also be used to make known non-defended localities and demilitarized zones (articles 59 and 60 of Protocol I).

## **2. Improvement of visual markings**

Articles 1 to 4 of the Regulations concerning Identification, annexed to the Protocols of the Geneva Conventions of 12 August 1949, supplement the Geneva Convention provisions on the identification of civilian and military medical and religious personnel, permanent or temporary, and those on the distinctive sign and its use. Article 4 mentions the wearing by medical and religious personnel of headgear and clothing bearing the distinctive emblem. This gives legal authority to the wearing of white helmets with a red cross—as used during the Second World War—and of white tabards with a red cross back and front—used today by several National Red Cross Societies.

### **Colours and shape of the distinctive Red Cross emblem**

In the official Records<sup>1</sup> of the Diplomatic Conference on humanitarian law, Geneva 1974-77, the distinctive signs are represented in colour, in Volume I, Annex I, p. 173-181, "Regulations concerning Identification". The colours used by the printers do not comply with any special specification since no colorimetric data are mentioned in the Conventions, the Protocols or the Regulations. The sign is depicted in a dark red

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<sup>1</sup> The Records, published by the Federal Political Department, Berne, in 1978, are on sale at the Office central fédéral des imprimés et du matériel, CH 3000 Berne, and in bookshops.

which it would have been inexpedient to define precisely, bearing in mind the expert opinions on marking and the comments given below.

In physics the study of colours is akin to the study of light, which is essential for the perception of colours. To determine a colour, the science of colours, or colorimetry, uses a chromaticity diagram (colour triangle), all the colours of which can be defined by chromaticity co-ordinates. The International Commission on Illumination (CIE) standardized a system of trichromatic co-ordinates  $x$ ,  $y$  and  $z$ . These have been recognized by various international organizations, including the International Organization for Standardization (ISO). The trichromatic co-ordinates of a colour may be measured by a spectrophotometer, a device fitted with a standard source of light. Colours are defined by means of a trichromatic co-ordinate system delimiting a monochromatic zone of the colour spectrum of diffracted white light.

It has always been held preferable not to define or standardize the red and white of the distinctive sign for three reasons:

- The protective sign of the red cross must be a sign that can be improvised on the battle-field;
- Time and means might not be available to obtain, out in the open, a colour defined with scientific precision;
- With time and use all colours deteriorate, but this should not be allowed to diminish the protection conferred by the sign in a zone where fighting is going on, for example.

Consequently, the Geneva Conventions of 12 August 1949 specified no standard for the red or the white of the distinctive sign, so that the sign would retain its full value whatever the hues of the red and the white.

Article 43 of the Second Convention states that hospitals, ships and protected craft, with all exterior surfaces white, shall be marked with one or more dark red crosses as large as possible. This requirement is particularly important, as will be seen later in connection with infra-red observation.

In the Regulations concerning Identification annexed to Protocol I, the red colour of the distinctive sign is not defined for the reasons already mentioned.

The Regulations define only one colour, the blue of the light signal for identification of medical transport. The trichromatic co-ordinates recommended in Article 6 of the Regulations should make it possible to choose the blue light to be fitted to medical aircraft and other vehicles.

The red and white of the emblem must therefore not be specified or standardized. If any particular hue of red for the protective sign were to be recommended, it would be advisable to specify dark red, for this would contrast more sharply against the white background and, because it contains black pigment, would be identifiable by infra-red monitoring.

But the dark red would become lighter on an armband, helmet, flag, aircraft, ambulance, etc. with time, as a result of exposure to the elements and to dust, and it would not always be possible to remedy this deterioration.

Hence the shape and size of the sign are more determinant than ever for identification at a distance. A simple shape is the best for any protective sign of two contrasting colours. It may be said that the simple cross, a purely geometrically convenient sign, is effective as a visual mark and technically preferable to any other shape. This was shown in the visibility tests mentioned below.

#### \* **Size of the distinctive sign**

Article 3 of the Regulations specifies that this sign shall be as large as appropriate to circumstances, so that it shall be as conspicuous as possible from afar.

As long ago as 1936, the ICRC, anxious about the visibility of the emblem, asked the Swiss Army to make aerial observations and tests of the visibility of the red cross. The reports on these tests and the photographs taken during them were published in number 209 of *Revue internationale de la Croix-Rouge*, in May 1936.

Hospitals were marked by red crosses on a white background measuring  $5 \times 5$  m. The cross straddled the summit of the roofs.

- From an altitude of 2,000 metres directly above the hospital, the cross appeared distorted but still identifiable;
- From a height above 2,500 m the cross was identifiable only in very good conditions of visibility to an observer exactly vertically above it and if he knew where to look for it.

The reports recommended displaying the red cross not astride the ridge of the roof but on each slope, or horizontally on a large lawn beside the building. It was stressed that signs measuring  $5 \times 5$  m were visible only up to a vertical altitude of about 2,500 m.

The 1936 observations are still valid and must be taken into account when the sign is used to protect an object from attack by land, sea or air. It should be visible in every direction. The ICRC uses emblems as large

as circumstances permit. Its red cross flags vary in size from  $1 \times 1$  m to  $10 \times 10$  m and in some operations it uses even larger flags.

The distinctive sign also should be as large as possible when displayed on medical means of transport such as medical ships, ambulances and medical aircraft. For example, the red cross markings on the Transall C 160, an aircraft with a 34-ton cargo capacity, assigned to medical transport, have the following dimensions:

- white background  $3 \text{ m} \times 3 \text{ m}$ ;
- height and width of the cross  $2 \text{ m}$ ;
- width of the branches of the cross  $0.60 \text{ m}$ .

This type of aircraft can display seven red crosses on a white background as follows:

- one on each side of the forward part of the fuselage;
- one on each side of the fin;
- one on the top of the fuselage, between the wings;
- one on the lower surface of each wing, near the engines.

The 1929 Geneva Convention stipulated that medical aircraft should be painted entirely in white. Neither the 1949 Conventions nor the 1977 Regulations concerning Identification make this a requirement. The distinctive sign of the red cross on a white background may therefore be displayed on an aircraft painted in military camouflage colours. In that case the aircraft must be permanently or temporarily assigned solely to medical missions. No medical aircraft may be armed.

If a medical aircraft is painted entirely white, its identification when flying low, as medical helicopters often do, is easier.

Illumination of the sign on a medical aircraft would be difficult and not very effective. Commercial aircraft equipped with projectors illuminate their airline colours on the fin only for publicity at airports.

#### **Self-adhesive material for marking of the distinctive sign**

There are a number of self-adhesive materials of various colours on the market which air transport companies use to mark their aircraft. Military aircraft are often marked in the same way. Marking by self-adhesive emblems is quicker than painting but requires special tools and skilled staff. To paint the seven emblems on the Transall C 160 requires sixteen hours of work by six painters.

When a medical aircraft displays the distinctive sign it must also display its national markings.

### Retro-reflective materials

Many self-adhesive materials are reflectorised or retro-reflective. Like phosphorescent or fluorescent surfaces they noticeably improve the efficiency of signs in some cases, for instance in road traffic, and under certain conditions. The retro-reflective surface throws the light impinging upon it back to the light source in a narrow cone, as do the eyes of a cat which are natural retro-reflectors, an optical principle on which the invention of retro-reflective material was based. The surface of such material consists of 40 millions microscopic spherical balls per square metre embedded in coloured or colourless flexible transparent plastic material. The incident light is reflected back without dispersal and therefore with slight loss of intensity in a cone of which the angle of incidence is about three degrees. The diameter of the base of the cone can be easily calculated:

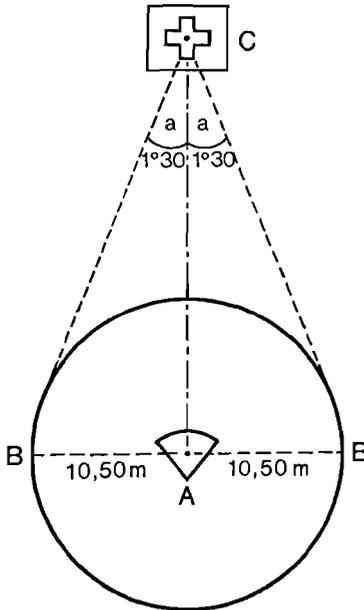
*Diameter of the base of a cone of light reflected by a retro-reflective surface 400 m from the source*

A = light source

AC = 400 m

angle A =  $1^{\circ} 30'$ ; tangent = 0.02619

AB = AC  $\times$  tan. a = 400  $\times$  0.02619 = 10.50 m.



From 400 m the reflected light is brightly visible in any direction 10.50 m on a vertical plane from the source light. Maximum intensity will be on the perpendicular AC; the reflected light will be visible from anywhere within the three degree cone formed by the angles of incidence.

Visibility tests have shown that the beam from a small electric torch revealed a 1 meter square reflectorized sign 500 yards away on a clear night. Manufacturers claim the retro-reflective tapes or films used on lifeboats increase the useful range of searchlights tenfold.

The use of retro-reflective material for security signals and for marking life-saving appliances is provided for in various national regulations and international treaties; in some cases it is compulsory.<sup>1</sup>

### Visibility tests

During the second session of the conference of government experts on the reaffirmation and development of international humanitarian law in Geneva, from 3 May to 3 June 1972, the ICRC organized tests to assess the visibility of the distinctive sign.

The Swiss army collaborated on the Bière exercise ground where, on 25 March 1972, tests were carried out jointly with the Geneva Civil Defence organization and the Swiss Association of NCOs. These tests were repeated at Versoix (Geneva) on 29 April 1976, for the experts attending the third session of the Diplomatic Conference.

The tests showed that the distinctive sign 10 cm × 10 cm on a white helmet could not be identified beyond 50 m. The 40 cm × 40 cm red cross on a tabard was identifiable at no more than 200 m. If seen at an angle, the range at which these signs could be identified by the naked eye was even less. The tests demonstrated that the flag was the best visual marking.

The observations confirmed the need to have a distinctive sign as large as possible on persons, flags, field medical stations, ambulances and buildings.

Phosphorescent paint, which accumulates light falling on it, emits only a small quantity of light in obscurity and is therefore not a great deal of use. Fluorescent paint, absorbing ultra-violet rays and re-emitting it in the form of visible light, is very effective, especially at dawn or twilight when ultra-violet radiation in the atmosphere increases for a short time and makes fluorescent colours very bright.

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<sup>1</sup>IMCO, *Safety of Fishing Vessels*, Chapter VI: "Protection of the Crew" Regulation 15: Retro-reflective tapes on life-saving appliances.

Night visibility tests showed the usefulness of retro-reflective materials for the marking of the distinctive sign and the need to make the sign visible to infra-red monitoring devices; this was the only detection technique used in these tests.

### **Materials making the sign recognizable by technical detection methods**

Under Article 3 of the Regulations concerning Identification, the distinctive emblem may be made of materials rendering it recognizable by technical means of detection.

These means include all systems for observation otherwise than by the naked eye. With the use of infra-red monitors and light-amplifying sights, their range far exceeds that of the human eye, especially at night. The infra-red detection systems have been the subject of studies, research and patents since the beginning of the century. During the two World Wars a number of systems were developed and there are now several types of infra-red detection devices, active, passive or thermic. Infra-red photography which has existed since before the Second World War, is now used with black and white or colour films. With other types of detectors, seismic sensors for example, infra-red devices can monitor large areas where military operations are being conducted.

With observation by pilotless aircraft, radar, radio and various types of detectors, surveillance of the battlefield is becoming increasingly automated and the distinctive sign symbolic of the protection afforded by the Geneva Conventions is ineffective if it is not identifiable by these detection techniques.

### **Infra-red detection of the distinctive sign**

Under infra-red radiation, the red colour does not appear against a light-coloured background and the screens of infra-red observation instruments and infra-red photography reveal no contrast of the red cross with the white background. There are several ways of making the necessary contrast visible. e.g., the addition of black pigment to the red colour; a black coating beneath the red; the use of retro-reflective material, etc. If a retro-reflective material, such as the self-adhesive materials for road signs or the marking of civilian and military aircraft, is used, only one of the two colours need be reflectorized to bring out the contrast under infra-red monitoring.

Another method would be to outline the perimeter of the cross by a wide black reflectorised strip. However, to identify the cross as red and not white, the red must be shown as a dark surface on the screen of the

infra-red image converter or on an infra-red photograph. For that purpose the background has to be reflectorized and the red cross to be superposed on a black cross.

### **Light amplification tubes**

This is an electro-optical system to intensify the feeble light at night and thus improve night visibility.

With such spectacles or light amplification tubes, the scene viewed takes on a greenish hue with a clear/dark contrast of red and white colours, without those colours having to be treated in any way. Such spectacles may be used in infra-red observation but if the colours are not treated as mentioned above the red cross on a light surface is not detected.

## **3. Distinctive signals**

These are the essential feature of modern means to indicate the protection provided by the Geneva Conventions.

They are “active” as opposed to the “passive” visual markings. The signal and the sign supplement each other. Article 5 of the Regulations concerning Identification recommends their simultaneous use. However, there is no provision forbidding the use only of signals to identify a medical aircraft if time and the necessary materials are not available to mark the aircraft with the visual sign, which in any case is practically useless as an aid to identification of a medical aircraft flying even at only a few thousand feet or seen from fore or aft.

### **Flashing blue light signal**

Article 6 of the Regulations establishes the use of a flashing blue light for the identification of medical aircraft. It recommends a dark blue as defined by trichromatic co-ordinates of the International Commission on Illumination (CIE) with a view to standardizing the blue colour and ensuring that the blue is visible from as far as possible. Beyond 1,500 m it is difficult to identify blue colour either by day or by night; to the naked eye it appears white.

For the blue signal to be visible in every direction the medical aircraft must be equipped with two such lights, like the anti-collision lights, one above the fuselage and one below. The red dome of the anti-collision lights could be changed for a blue dome if available, otherwise the blue

light should be fitted beside the anti-collision light, with an electric switching device. Experience has shown that it is difficult to improvise a blue dome by using a white dome; the heat from the bulb cracks the glass or white plastic dome if it is given a blue coating. For medical aircraft, it is essential to obtain the necessary parts and accessories for the blue light, including spares.

Resolution 17 adopted by the Diplomatic Conference in 1977 was transmitted to the ICAO, requesting that organization to recognize the use of a blue light flashing between 60 and 100 times per minute as a means of identifying medical aircraft.

Article 6 of the Regulations authorizes the use of such a flashing blue light for medical vehicles of all kinds, and the Diplomatic Conference Resolution 18 requested IMCO to consider introducing into the appropriate documents, such as the International Code of Signals, the flashing blue light for medical ships and craft.

In 1978 the IMCO Maritime Safety Committee after examining Resolution 18 did adopt the blue light as an additional visual signal for medical ships and craft; this is provided in the new chapter XIV of the International Code of Signals.

During the ICRC's visibility tests it was found that the flashing blue light on an ambulance could easily be seen and identified by the naked eye from 1,000 m whereas the red cross on the vehicle could not.

### **Radio signal**

In armed conflict the monitoring of radio communications is considered a military necessity. By transmitting a message on known radio frequencies at appropriate intervals medical vehicles can be heard by the enemy who may then give the necessary orders for respect and protection of such vehicles.

This system was inaugurated at the request of belligerents during the Second World War for neutral and non-belligerent shipping. From 1942 in the Atlantic and 1943 in the Mediterranean such ships were required to transmit their position and route at certain intervals on 500 KHz by radio telegraphy. It was because several attacks had been made by error, due to the difficulty of visual identification, against hospital ships and neutral merchantmen by submarines or planes that the use of radio for protective signalling was introduced.

The Diplomatic Conference not being competent to deal with radio communications, Articles 7, 8 and 9 of the Regulations were attached to Resolution 19 which was sent in 1977 to the ITU, requesting the World Administrative Radio Conference (WARC 79), scheduled to meet in

Geneva in September 1979, to make suitable provision to meet the essential radio communication needs of medical vehicles protected in armed conflict, especially hospital ships and craft and medical aircraft.

### **ITU Recommendations No. 2 and No. Mar 2-17 (1973-1974)**

In 1973, at the ITU meeting of plenipotentiaries at Malaga-Torremolinos, the Swiss PTT delegation submitted a draft recommendation on radio communication by neutral and medical vehicles in the event of war. The draft was adopted with some amendments and became Recommendation No. 2 in the International Telecommunication Convention. In 1974, at the World Maritime Administrative Radio Conference in Geneva, Switzerland presented another draft relating to radiocommunication by neutral shipping and hospital ships in the event of war. The Conference adopted that proposal, recommending that technical and administrative questions raised be dealt with by the WARC 79. It is included in the ITU Radio Regulations as "Recommendation Mar 2-17 Relating to the Use of Radiocommunications for Marking, Identifying, Locating, and Communicating with the Means of Transport protected under the Geneva Conventions of 12 August 1949, concerning the Protection of War Victims and any Additional Instruments of those Conventions, as well as for ensuring the Safety of Ships and Aircraft of States not Parties to an Armed Conflict".

### **Priority signal for radiotelephony and radiotelegraphy**

One of the important points to be settled is the adoption of a distinctive signal to claim priority for radiotelephony and radiotelegraphy transmissions by medical vehicles on land, at sea or in the air. One proposal was that the word "MEDICAL" be transmitted three times but this was rejected by the experts as a signal which could not be exclusively used by medical vehicles. It is in fact already used by ships consulting by radio a doctor at a coastal station. Suggestions should therefore reach the WARC 79 on a signal claiming priority and distinguishable from the priority calls already included in the ITU Radio Regulations.

The ICRC would be pleased to receive suggestions.

The signal should be brief and emphatic since its aim would be to make known immediately the nature of the message which follows it, with a view to facilitating military control and avoiding jamming of the transmission. In addition, in the event of an attack by mistake, the

signal would warn the attacker who may not have the means of identifying a normal call sign. The risk of abuse is no greater than with other signs or protective signals; it is even less, since the source of transmission can be located by radiogoniometry.

### **Electronic identification systems**

The electronic “identification friend or foe” (IFF) has existed since the introduction of air and naval radar monitoring between 1937 and 1939. In the intervening forty years no military system for the identification of neutrals or non-belligerents has supplemented the military IFF system. This question is occupying the minds of experts, one of whom stated at the beginning of 1977 that to devise a foolproof system of identifying friends, foes and neutrals was one of the most urgent and most difficult technical and operational problems to be solved.

### **Secondary radar identification**

To solve this problem of identifying medical aircraft by radar, Article 8 of the Regulations proposes the use of the secondary surveillance radar (SSR) adopted in civil aviation. The system is perhaps not perfect for medical vehicles in the event of war but at least it exists, and the ICAO has published international SSR standards, procedures and practices. The SSR can be used also with military radar systems for search and surveillance. It is in widespread use wherever aircraft are subject to regional air-traffic control.

In simple terms, the identification of an aircraft by SSR may be described as follows. A surveillance radar or interrogation radar sweeps the airspace with its impulse beam and detects the presence of an aircraft which is revealed as a luminous point on the radar panoramic screen. Aboard the aircraft detected is a transponder. This apparatus, hardly bigger than a packet of cigarettes, is a receiver-transmitter which automatically transmits a signal as soon as it is interrogated by the surveillance radar beam. The signal transmitted by the transponder is received by the radar interrogator and shows up on the panorama screen as an identification signal beside the luminous spot representing the detected aircraft.

The identification signal, depending upon the systems or codes agreed to beforehand, may consist of a series of dashes or figures. The radar codes used are displayed in advance in the transponders.

## **Secondary radar codes**

The International Civil Aviation Organization has prescribed the secondary radar modes and codes necessary for air-traffic control. It is therefore possible to identify an aircraft by radar and to check its height and course.

The Diplomatic Conference, in its Resolution 17, invited ICAO to establish procedures for the designation, in case of an international armed conflict, of an exclusive SSR mode and code to be employed by medical aircraft.

There is no radar surveillance system for civilian shipping comparable to the secondary radar for international civil aviation. Naval vessels are equipped with surveillance or search radar and IFF antennas for the identification of enemy or friendly ships. The enemy is the ship which does not reply by the IFF "friend" code which is secret and is constantly changed, hence the impossibility for non-belligerent or neutral vessels to be identified by such a system.

Both ITU and IMCO are examining the use of radar transponders aboard merchant shipping with a view to improving safety in the approaches to ports and in congested shipping areas. Proposals in this field will be put forward at the WARC 79.

When similar transponders have been fitted aboard non-belligerent vessels, such as hospital ships, medical craft and lifeboats, and aboard all neutral commercial shipping, warships will be able to identify them by radar, beyond the visible horizon sometimes, and thereby abstain from indiscriminate attacks.

## **Submarine acoustic identification**

Naval warfare was not an agenda item for the Diplomatic Conference. A special conference might some day deal with the problems peculiar to modern naval warfare, with particular reference to the signalling and identification of neutral and non-belligerent shipping. Several experts are of the opinion that it is high time to update the Hague Conventions on sea warfare which date back to the beginning of the century.

Since that time navies have changed from propulsion by sail to propulsion by atomic power. The large number of submarines which today plough the seas can detect the noise of ships from great distances but they can identify only the previously recorded acoustic "signature" of friendly vessels. The problem of acoustic identification of non-belligerent or neutral shipping is therefore comparable to the problem of identification by radar.

The provisions in the Regulations concerning distinctive signals—lights, radio, radar—are equally valid for ships and craft at sea protected by the Geneva Conventions. Under Article 8 of the Regulations, parties to a conflict may, by special agreement, establish for their use an electronic system similar to secondary radar for the identification of medical vehicles, ships and craft.

Electro-acoustic systems would therefore be admissible for submarine acoustic identification, in order to settle the old problem of identification of non-belligerent vessels by submerged submarines from a great distance, i.e. at least 25 nautical miles.

This need for identification was mentioned at the Tenth International Red Cross Conference in Geneva on 30 March 1921. On page 13 of its report on its work during the First World War, the Netherlands Red Cross mentioned that on 2 July 1917 the German Government asked that hospital ships engaged in the exchange of casualties be escorted by at least two paddle steamers, since “only the noise of paddles could be recognized from afar by submarines.”

### **Acoustic signalling**

An acoustic system of morse transmission of a ship's call sign on a sound-wave frequency in relation to the frequency of the vessel's noise was recently tested in the waters of the Lake of Geneva. The injection of the identification signal into the ship's noise causes that signal to follow the same submarine acoustic path and will be detected at the same time as the ship by the acoustic monitoring system of the submerged submarine. By a system of transducers, fed with an automated coding device, the underwater identification signal is omni-directional. The system is so construed that it cannot be used otherwise than for transmission of the identification signal. During the tests, the range of the underwater signal reached 40 km—about 22 nautical miles.

The acoustic identification of ships should enable any submerged submarine to refrain from attacking non-belligerent vessels, whether they be neutral or protected by the Geneva Conventions. With this acoustic system it is not necessary to notify parties to a conflict of the acoustic “signature” of the vessel, and the risk of confusion is eliminated.

## **4. Communications, international codes**

The Geneva Conventions and their Protocols make provision for agreements and notification between parties to conflicts, particularly for the evacuation and transport of wounded, sick or shipwrecked persons.

Such agreements must be concluded rapidly, otherwise casualties who might have been saved by timely intervention may die. Medical aviation would be useless if helicopter-ambulances were grounded while commanders of enemy forces were engaged in protracted negotiations for the approval of flight plans. However, there are international radio codes and maritime and aviation signal codes. The Regulations annexed to the Protocol mention their use to permit in all circumstances urgent bilateral communication with medical services.

The communications of medical units and vehicles, necessary for the application of the procedures provided for in the section on medical transportation in Protocol I, are the subject of Articles 9-12 of the Regulations.

### **Interception of medical aircraft—International signals**

Article 13 of the Regulations states that the international procedures prescribed by ICAO for the interception of civilian aircraft should also be used for the interception of medical aircraft. Consequently, the intercepting aircraft must use radiocommunication, and manœuvre as prescribed, to summon a medical aircraft to land, and not force it to do so by firing on it.

Radio signalling and interception aircraft manœuvres are described in Annex 2 to the Chicago Convention on International Civil Aviation of 7 December 1944.

## **5. Civil defence—Works containing dangerous forces**

The international distinctive sign for civil defence services is defined in Article 15 of the Regulations. It consists of a dark blue equilateral triangle on an orange background. The recommendations to ensure the visibility of the red cross apply also to this distinctive sign. Under infra-red monitoring, the dark blue triangle contrasts with the orange background without any special treatment. The same applies to observation with light amplifying devices. To permit, where necessary, improvisation of the sign with colours approximately the same as illustrated in the official records of the Diplomatic Conference (Vol I, Annex I, p. 173-181) no colorimetric specification is given for the blue or the orange.

The Regulations give no guidance concerning the distinctive signals which civil defence services may use under Article 66 of Protocol I.

Such signals could be useful for ships or aircraft to be given the benefit of the protection of the civil defence sign. Parties to a conflict should agree upon the use of distinctive signals in case of need.

The last chapter of the Regulations provides a special international sign for works and installations containing dangerous forces. This sign consists of three bright orange circles of equal size on the same axis, the distance between each circle being equal to one radius.

The hue of the orange is not specified by any colorimetric co-ordinates. The colour was chosen because it contrasted well against the colour of the concrete walls of atomic power plants and against the colour of dams on which the sign may be painted direct and may be illuminated or made of retro-reflective materials. Like the distinctive red cross, this sign, to be visible to infra-red monitoring, must be similarly treated, i.e. a black coating beneath each orange circle.

On a rectangular flag having a white background as prescribed in Article 16 of the Regulations, the three bright orange circles must be superposed on black circles of the same diameter in order to be visible to infra-red photography or to appear on the screen of infra-red monitoring systems. No special signal is provided for to supplement the visual sign.

Articles 56 of Protocol I lists three types of works and installations containing dangerous forces but does not say that there may be other types, such as offshore oil rigs which could pollute vast areas, causing harm on a world scale because of their geographic distribution.

## **6. Conclusions**

Article 98 of Protocol I provides for the periodic updating of the Regulations. In future, the protective markings and signals of the Geneva Conventions and their Protocols may be adapted to the changing military technology for identification and thus remain effective. The ICRC must keep up to date on this matter and convene meetings of experts if necessary; this is a new task assigned to it in 1977 by the Diplomatic Conference.

Radiotelephony, flashing blue lights and sound signals are already in common use by military and civilian ambulances. Medical aircraft are fitted with radar transponders and by radio they obtain priority in air traffic. An international sound signal for medical vehicles has been considered. Identification by visual markings alone is a thing of the past but is still useful to confer protection at short range. Distinctive

signals are more effective; they have the advantage of representing no symbol and of still leaving room for improvement.

Civilian and military research workers, scientists and technicians working to improve transport by land, sea or air and telecommunications may find a wide field for their activities in seeking improvements to protective signalling, and transmitting to others their knowledge on new techniques.

**Ph. Eberlin**

*Technical Adviser*

*to the ICRC Legal Department*

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# INTERNATIONAL COMMITTEE OF THE RED CROSS

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## Three new members of the International Committee

The Assembly of the International Committee of the Red Cross on 1 February 1978 co-opted two new members, Mr. Maurice Aubert and Mr. Rudolf Jäckli. On 4 April the Assembly co-opted a third new member, Miss Andrée Weitzel.

Mr. Aubert was born in 1924 in Geneva, where he was educated, obtained the degree of Doctor of Laws and qualified as a practising lawyer. After experience in New York he returned to Geneva where he started his banking career. At present he is a partner in a private financial institution in his home town. Mr. Aubert takes a keen interest in public affairs: for ten years he was a municipal councillor and for nine years a deputy, and latterly President of the Grand Council of the Republic and Canton of Geneva.

Mr. Aubert is the author of various publications, mainly on banking law, civil law and public international law. He was one of the founders of the *Institut universitaire d'Etudes du Développement*, of which he is the President, and he is a member of the *Association de soutien de l'Institut africain*.

Mr. Rudolf Jäckli was borne at Kloten (Zurich) in 1924. He studied at the Federal Polytechnical School in that town and obtained the Doctor of Science degree. In 1950 he was employed by an oil company for which he worked as a geologist in various parts of the world before being appointed a manager. He retired in 1975.

Apart from his occupational activities, Mr. Jäckli took an interest in a number of community projects: rural co-operatives, foundation of professional associations, award of scholarships. He is a member of a church council and of a committee for assistance to aged persons. Since 1977 he has been a special adviser to the ICRC and has carried out several missions abroad.

Miss Weitzel was born in 1917 at Lausanne where she was educated before doing a year's course at Oxford. She then launched out into a dual career in journalism in Switzerland and abroad and in the Swiss women's military service. She was attached to that service during the Second World War and from 1953 to 1977 was head of the women's auxiliary service of the Federal Military Department in Berne, the equivalent in Switzerland of the ministry of defence. At present she is engaged in writing a study on scope for women in national defence.

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## *CONFLICT IN SOUTHERN AFRICA*

### **ICRC APPEAL**

On 20 March 1979, Mr. Alexandre Hay, President of the ICRC made the following statement at a press conference in Geneva:

*Unusual situations provoke unusual reactions.*

*As the guardian of the Geneva Conventions, the International Committee of the Red Cross has been involved in virtually every armed conflict in the modern history of man. It channels and distributes relief to victims on both sides of political dividing lines, visits places of detention and monitors observance of the humanitarian rules that form the "raison d'être" of the Conventions of Geneva.*

*In this context the ICRC holds a position that is unique: in many situations its delegates, protected by the universally recognized emblem of the Red Cross, respected for their discretion and scrupulous impartiality, have access where others are barred.*

*This often involves delicate political brinkmanship. Working on both sides of front lines requires absolute neutrality, or any ICRC mission would be doomed.*

*But neutrality does not equal indifference. And in the pursuit of its humanitarian missions, the ICRC is proud to admit it does take sides: the side of the victims, wherever and whenever it is called upon to help.*

*In that respect our dedication to the victims of the Rhodesia/Zimbabwe conflict is no different from previous ICRC involvements—in Africa or elsewhere.*

*What is different is the callous disregard on the part of all parties in that conflict for the most basic standards of human decency, the appalling lack of respect for human life, and the way in which the self-denying efforts of our field workers are taken for granted—or worse.*

*In this context, the slaying of 3 ICRC delegates in the eastern part of Rhodesia/Zimbabwe last summer is a sad reflection on the mentality of those who know, or should know, that we are there for the sole purpose of alleviating human suffering—nothing more and nothing less.*

*If international relief workers are disposed of in such a way, it is not hard to imagine what fate awaits the real or presumed enemy who falls into the hands of the opposite side.*

*It is this climate of wanton and persistent cruelty in the Rhodesia/Zimbabwe conflict that has prompted us to launch this unprecedented appeal.*

*This departure from our habitual policy of diplomatic circumspection is deliberate. If it displeases one or all of the sides involved, so be it. Our commitment is to those who suffer, not to those who cause the suffering. For too long, we have been a witness on both sides of the conflict of systematic violation of the code of human conduct. The degree of misbehaviour has risen to such levels, that the ICRC feels it can no longer remain silent.*

*Hence, the International Committee of the Red Cross launched on 19 March the following appeal to the authorities in Rhodesia, the leaders of the Patriotic Front, the “Front-Line States”, to the members of the U.N. Security Council, to the Chairman of the Organization of African Unity, to the Secretary-General of the United Nations, and to all the 145 States parties to the Geneva Conventions, and in particular the United Kingdom.*

*The ICRC hopes that the global reach and top-level dissemination of this appeal will arouse the conscience of all the nations of the world about this intolerable situation prevailing in this region of Africa.*

## Appeal

1. The International Committee of the Red Cross (ICRC) has become increasingly alarmed in recent weeks by the multiplication of acts of inhumanity committed by the parties to the conflict in Rhodesia/Zimbabwe. As the fighting escalates and spreads out over the entire country and into the neighbouring countries, the warring parties adopt ever more merciless attitudes; they combat not merely to defeat, but to annihilate those who oppose them or seem likely to oppose them. Moreover, the authorities on both sides of the front often prevent the ICRC from properly carrying out its humanitarian tasks of protection and assistance to war victims—a task which is based on international humanitarian law and for which the ICRC has received a clear mandate from the international community.
2. The conflict in Rhodesia/Zimbabwe has been fought from the outset in a particularly cruel way. Fundamental humanitarian rules accepted by all nations—such as the obligation to distinguish between combatants and civilians, and to refrain from violence against the latter—have been largely ignored. In fact, those who suffer most in the conflict are the civilian populations living in the war-affected areas as well as persons displaced and families separated by the hostilities. Moreover, very little progress has been made towards providing effective protection against inhuman treatment to those who are in the hands of the adverse party: captured combatants and other persons detained as a consequence of the conflict.
3. Since the end of 1976, the ICRC has on several occasions launched formal appeals to the authorities in Salisbury and to the leaders of the nationalist movements in order that they respect and apply the basic humanitarian rules in their conduct of warfare. The Front-Line States as well as the United Kingdom have been informed of the launching of these appeals and invited to support them. In practice, these appeals have not had the desired results.
4. The rapidly deteriorating humanitarian situation compels the ICRC to launch an urgent appeal to the parties concerned and to spell out concretely, publicly, and in detail what is needed to stop the proliferation of indiscriminate violence in Rhodesia/Zimbabwe and to enable the Red Cross to effectively carry out its humanitarian tasks.

5. *In general*, the ICRC appeals to *all the parties* that they:
- cease all attacks against the civilian population in the war-affected areas (killings and ill-treatment, burning of villages and “protected villages”);
  - spare the lives of those who surrender, and give humane treatment to all captured enemy combatants;
  - respect the protective emblem of the Red Cross and thus allow those who carry it in the accomplishment of their humanitarian task to work in safety;
  - allow the freedom of movement necessary to all Red Cross personnel seeking to bring relief to the civilian population in the war-affected areas;
  - disseminate, or allow the ICRC to disseminate, to their armed forces the basic humanitarian rules for the conduct of warfare.
6. The ICRC *specifically* requests of the *Transitional Government in Salisbury* that it:
- formally suspend the execution of captured members of the nationalist forces and other persons sentenced to capital punishment for offences of a political character;
  - allow the ICRC delegates to visit regularly, and without witness, in their places of detention (in addition to detainees under the Emergency Regulations to whom the ICRC already has access):
    - all captured members of the nationalist forces,
    - all persons sentenced to terms of imprisonment for offences of a political character,
    - all persons detained under the provisions of martial law,
    - all civilians forcibly removed from their habitations in the war-affected areas and temporarily detained in camps;
  - allow the ICRC to provide medical care without discrimination to all wounded and sick war victims;
  - ensure normal supply of food to the civilian populations in rural areas and stop the destruction and confiscation by its armed forces of goods (food stocks, cattle) that are essential for the survival of the civilian population in the war-affected areas;

- permit continued material and medical relief assistance, by the ICRC and other humanitarian organizations, to the civilian populations in need as a consequence of the hostilities, and allow the ICRC to resume relief distribution in those areas where they have been forbidden by the security forces;
- abstain from attacking civilians in the course of military operations in neighbouring countries.

7. The ICRC *specifically* requests of the *Patriotic Front* that it:

- cease the killing of captured enemy combatants and civilians;
- cease the shooting down of civilian passenger aircraft;
- allow the ICRC to visit captured enemy combatants and civilians, regularly and without witness, wherever they are detained, and to forward family messages between them and their next of kin;
- refrain from abducting civilians, in particular children, to neighbouring countries and allow those who are in refugee camps in Botswana, Zambia, Mozambique and elsewhere to return to their homes if they so desire;
- allow the ICRC to register all civilians, whatever their age, in refugee camps in Botswana, Zambia and Mozambique, to forward family messages between them and their next of kin in other refugee camps and in Rhodesia/Zimbabwe, to trace missing persons and to carry out repatriation of individual persons on humanitarian grounds;
- clearly separate civilian establishments, particularly refugee camps, from military installations.

8. The ICRC points out that ultimate responsibility for respecting and applying the provisions of humanitarian law lies, not with the ICRC, but with the parties to the conflict and with all States which have ratified or adhered to the Geneva Conventions and have thereby committed themselves to respect and to *ensure respect* for these Conventions in all circumstances. It therefore also appeals to:

- all the States parties to the Geneva Conventions, and in particular the United Kingdom,
- the Front-Line States (Angola, Botswana, Mozambique, Tanzania, Zambia),

- the members of the United Nations Security Council,
- the Chairman of the Organization of African Unity,
- the Secretary-General of the United Nations,

to fully support its appeal to the warring parties in Rhodesia/Zimbabwe in order that an end be put to all the suffering there and that all the victims of the conflict receive the humanitarian protection and assistance to which they are entitled and which they so urgently need.

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## *EXTERNAL ACTIVITIES*

### **Africa**

#### **Conflict in Southern Africa ICRC Appeal**

On 20 March the ICRC President solemnly appealed to all the parties involved in the Southern Africa conflict. The text of the appeal is given in this issue of the *Review*, in the section entitled "International Committee of the Red Cross" (pp. 85-90).

#### **Rhodesia/Zimbabwe**

The ICRC delegation in Rhodesia/Zimbabwe in January, February and March continued assisting conflict victims, as described in our previous issues: housing construction for displaced persons, medical work in rural districts, and organization of bus transport for more than a thousand people wishing to visit detained relatives in Wha Wha prison.

On 13 February a 25-year-old man was repatriated under ICRC auspices. After studying for three years in the United States he landed in Lusaka by mistake; it took two-and-a-half months of negotiation by the ICRC delegations in Rhodesia/Zimbabwe and in Zambia to arrange for him to join his family in Salisbury.

#### **Botswana**

Health in the refugee camps has improved. The threat of a typhoid epidemic in the Dukwe camp has been eliminated, following the ICRC inoculation campaign; 8,130 people have recently received a second injection.

In the camps at Selebi Pikwe, Dukwe and Francistown, the ICRC has distributed some 20 tons of milk powder donated by the EEC. Selebi Pikwe and Dukwe received about a hundred tents also. At present there are some 19,000 people living in these camps.

### **Zambia**

Following the attack on two camps near Lusaka towards the end of February, when more than 120 people were injured, the ICRC responded to a request from the ZAPU by supplying 200 tents, 5,000 blankets and 9.2 tons of milk powder donated by the EEC.

In addition the ICRC gave 10 tons of milk powder for the women and children in the Victoria and Moyo camps. It also gave 50 tents, 500 blankets and 5 tons of powdered milk for 500 needy people.

Moreover, the work to make conditions healthier in the refugee camps, as recommended by the ICRC, is going on, and two wells have been sunk.

An ICRC delegate went to a new refugee camp in the Zambezi region to assess the needs which might be met with ICRC assistance.

### **South Africa**

Mr. R. Santschy, the ICRC regional delegate for southern Africa, in Pretoria, was in Namibia/South West Africa from 5 to 9 February. He conferred in Windhoek with the authorities and members of the South African Red Cross regional council.

Two repatriation operations were organized by the Nairobi-based ICRC regional delegation for East Africa: one enabled six people, and the other seven—a mother with her six children—to return to Namibia/South West Africa.

### **Tanzania and Uganda**

Consequent upon the fighting which erupted towards the end of 1978 between Uganda and Tanzania, the ICRC, as mentioned in our previous issue, undertook to assist the civilian victims in Tanzania.

The renewed outbreak of the combat at the beginning of 1979 impelled the ICRC to remind the parties, on 27 January, of their obligations under the 1949 Geneva Conventions.

In co-operation with the National Red Cross, forty tons of relief supplies—blankets, milk powder, clothing and kitchen utensils—were

distributed to about 15,000 displaced persons in reception camps in Tanzania.

The situation worsening in Uganda, the regional delegate for East Africa and a medical delegate carried out a survey from 24 February to 8 March, and the ICRC has decided to undertake a relief operation. As was the case in Tanzania, distribution will be handled by the National Society. Milk powder, soap, blankets, clothing and kitchen utensils will be provided for some 4,500 persons who have found refuge in the camps of Kahunge (Toro district) and Ibuga (Ruwenzori district). In addition, medical supplies will be provided to the Ibuga dispensary, to bring it back into operation. On 22 March the ICRC regional delegate supervised the first distribution by the Uganda Red Cross.

### **Ethiopia**

The ICRC is continuing its assistance to civilian victims of the fighting in the Ogaden and distributes among them each month about 180 tons of various relief supplies, mainly food and blankets. In the last two months ICRC assistance in the region of Sidamo, Gondar, Harar, Mekele and Bale has consisted of blankets, protein-rich food, salt, sugar, milk, edible oil, cereals and soap.

In January the programme of assistance to amputees began at the Debra Zeyit centre some 30 kms from Addis Ababa. A French physio-therapist has now joined the team. Part of the equipment was imported and part was bought locally.

### **Chad**

February and March were marked by fierce fighting between the Chad armed forces and the armed forces of the north, and between ethnic groups in the south. The ICRC was impelled by the emergency to provide protection and assistance for which it reinforced its delegation by recruiting five extra people, including a doctor and a female nurse from the *Coopération technique suisse* who were already working in Chad.

In February the ICRC broadcast by radio an appeal to all combatants to treat the wounded, prisoners and non-combatants in accordance with fundamental humanitarian principles.

At N'Djamena, split into two enemy sectors, the ICRC opened an office at the beginning of March in the sector held by the armed forces of the north, in order to permit the delegation to work on both sides of the front.

On several occasions the ICRC delegation evacuated casualties in N'Djamena and in Abéché to hospital in the capital. Those from Abéché were flown to N'Djamena in an aircraft chartered by the ICRC.

On each return trip to Abéché the plane took medical supplies for the local hospital. It also conveyed six tons of food for 1,500 wives and children of prisoners of war.

At N'Djamena the ICRC took supplies to people cut off from sources, notably in the central hospital and prison. It also delivered food for some 500 refugees at Koundoul, a locality not far from the capital.

In March, the delegation carried out a survey of needs in the south, in the regions of Moundou and Doba, where several thousand people who had fled the capital and were trying to return to their native villages had sought refuge in improvised camps. The problems of hygiene and food in these camps, caused by the large numbers of people and lack of facilities, made emergency assistance necessary. The ICRC aircraft therefore flew in 1.5 tons of food and medical supplies and a doctor-delegate worked for a time in the Sahr hospital where there were many casualties.

A medical team (a surgeon, an anaesthetist, a radiologist and an operating theatre nurse) flew out from Geneva on 14 March to revive the surgical department of the central hospital in N'Djamena.

In the Tibesti region, in February and March, ICRC delegates visited ten camps where they saw some 430 prisoners of war held by the Frolinat. Seven sick prisoners were removed to the Faya hospital. In addition 13 tons of food were provided to feed about 1,450 people—prisoners of war and their families—at Faya, and food and medical supplies to a value of 28,000 Swiss francs were sent to Mao, north-east of Lake Chad for prisoners of war and their families.

## **Latin America**

### **Colombia**

From 14 January to 1 February, the ICRC regional delegate for the Andean countries, Leonard Isler, was in Colombia where he visited 160 persons detained under the State security law in seven places of detention. In three of the places, under military control, his visit was the

first by an ICRC delegate. In some places he was accompanied by Dr B. Cosendey, a medical delegate.

While in Bogota, Mr Isler had interviews with the Ministers of Defence and of Justice, and with other government officials. His contacts had been arranged by the Colombian Red Cross.

### **Paraguay**

Mr A. Tschiffeli, the ICRC regional delegate for the Southern Cone, and his successor, Mr F. Robadey, were in Paraguay from 6 to 9 February. Mr Tschiffeli introduced Mr Robadey to the authorities and to the National Red Cross Society. The two delegates also visited five political detainees in three places of detention.

### **Nicaragua**

The ICRC action to provide protection and assistance continued in February and March. In the course of those two months ICRC delegates and doctors visited twenty places of detention where they saw 175 persons detained in connection with the events. They continued their regular visits to persons who had sought refuge in several embassies in Managua. During all these visits and also to a number of needy detainees' families relief supplies were distributed.

Large quantities of relief have reached Nicaragua since the beginning of the year, mainly from EEC and Swiss Government donations to the ICRC: 500 tons of flour (Swiss Government), 500 tons of rice and 100 tons of powdered milk (EEC), and 46 tons of tinned meat. Some of these supplies—150 tons of flour, 150 tons of rice and 12 tons of meat—were immediately forwarded to Honduras for the Nicaraguan refugees being cared for by the Honduran Red Cross.

### **Argentina**

The ICRC delegates in Argentina carried on their protection action in February and March. They visited the Sierra Chica and La Plata prisons where 1,357 people were detained.

In January twelve tons of food were distributed to about a thousand needy families of detainees. This aid amounted to 13,800 dollars, in addition to which relief to a value of 2,500 dollars was delivered to the prisons.

## Asia

### China — Viet Nam conflict

The clashes which took place along the border between China and Viet Nam, from mid-February onwards, led the ICRC to send a note, on 19 February 1979, to each of the parties involved in the conflict, namely the People's Republic of China and the Socialist Republic of Viet Nam, reminding them of their treaty obligations.

In its communication, the ICRC also stated its readiness to discharge the tasks incumbent upon it in such situations under the Geneva Conventions, in particular with regard to military and civilian prisoners and missing persons.

### Viet Nam

Since June 1978, the ICRC has been organizing the repatriation, from Viet Nam to Taiwan, of Chinese people of Taiwan origin who had been living in Viet Nam and wished to join their relatives in Taiwan. *International Review* has previously reported that eight repatriation flights took place between June and September. Additional flights were arranged on 9 November 1978, and on 1 and 8 March 1979.

### Malaysia

After a brief stay in Geneva at the end of February for consultations, Mr. Nicolas Vecsey, Deputy Director of the ICRC Central Tracing Agency, returned to Kuala Lumpur on 5 March. With the Malaysian Red Crescent Society and with the assistance of the United Nations High Commissioner for Refugees and of the League of Red Cross Societies, he is continuing his study of problems concerning persons reported missing among the Vietnamese refugees in Malaysia and the systematic organization of a scheme to trace them.

In the Vietnamese refugee camps, practical steps have been taken for the exchange of mail between the refugees in the camps and their relatives in various countries: special letter boxes have been placed, standard air-letter forms (similar to the Red Cross family message forms) are now available, and an appropriate system for dealing with incoming and outgoing mail has been introduced.

## **Thailand**

Since the beginning of the year, with the development of events in Cambodia, the ICRC delegation in Thailand has been paying special attention to the situation in the areas along the country's eastern and south-eastern frontier. From 8 January to 1 March, an ICRC delegate made a complete tour of all the police posts, detention centres and refugee camps in this region, with the object of seeing all recent arrivals from Cambodia, arrested by the police for illegal entry into Thailand. He visited altogether 42 places of detention holding 1,539 persons from Cambodia. Emergency supplies, mainly sleeping mats, blankets and soap, were distributed; most of the refugees crossing the border had nothing but the clothes they stood in.

## **Iran**

During the first three months of 1979, the ICRC delegation in Iran was hampered in its tasks because of the confused situation in the country.

After the incidents of 11 February, the ICRC delegation multiplied its efforts to secure from the new authorities in Iran the necessary agreements to continue its protection activities.

However, the ICRC delegation came up against some difficulties which prevented it from discharging its mission in accordance with the standards set by the ICRC.

In February, the delegation made a new assessment of the sanitary, medical and hospitals aspects of the situation and paid special attention to the question of supplies of medicaments.

## **Middle East**

### **Release of prisoners**

On 14 March 1979, an operation for the release of prisoners took place at Geneva, under ICRC auspices. This action was due to the initiative of the Israeli authorities and of the Popular Front for the Liberation of Palestine—General Command (PFLP/GC).

Two aircraft landed almost at the same time at Geneva's Cointrin Airport, one bringing 66 civilian Arab detainees released by the Israeli

authorities and the other an Israeli prisoner of war who had been captured in southern Lebanon on 5 April 1978 and released by the PFLP/GC. Meanwhile, a further ten civilian Arab detainees were released in the Middle East by the Israeli authorities.

During their captivity, all these prisoners had been visited periodically by ICRC delegates. Their release was the result of negotiations by the ICRC lasting several months.

### **Jordan**

The ICRC was invited by the authorities of the Hashemite Kingdom of Jordan to visit all places of detention in Jordan, for the discharge of its traditional humanitarian activities. From 10 February to 11 March 1979 a team of four ICRC delegates, including a doctor delegate and an ICRC interpreter visited the following prisons: Mahatta Rehabilitation and Correctional Centre, the General Intelligence Department in Abdali, Zarka Military Prison, the prisons at Madaba, Kerak, Tafleeh, Ma'an, Aqaba, Zarka, Salt, Jarash, Mafraq, Irbid, Kura and Ajlun, and Ruseifah police prison. As is customary, the delegates' report will be sent solely to the Jordanian Government.

### **Israel and the occupied territories**

In February and March, a number of operations involving the conducting of people through check-points took place under ICRC auspices.

Across the Allenby Bridge, a detainee of Iraqi origin who had been released by the Israeli authorities was conducted to Jordan on 13 February; and three persons who had been arrested after entering occupied territory and later released by the Israeli authorities were also taken to Jordan, one on 26 February, one on 8 March and the third on 15 March.

At Quneitra, in the United Nations buffer zone on the Golan Heights, a Syrian shepherd who had strayed into occupied territory was repatriated on 22 February.

At El Khirba, in the United Nations buffer zone in Sinai, in the course of two operations on 28 February and 26 March, 719 persons in all crossed the check-point. From the occupied territories of Gaza and Sinai, 351 persons (including 29 students) went to Cairo; and in the

opposite direction, 70 graduates and 298 other persons joined their families in the occupied territories.

### **Lebanon**

ICRC delegates in Lebanon continued their protection and assistance activities in aid of the civilian victims of the fighting in Lebanon. In February, after the region around Borj el Chemali had been shelled, the ICRC organized the distribution of foodstuffs and blankets to Palestinian refugees in camps.

The ICRC delegates also visited dispensaries in northern Lebanon (Tripoli, Akkar, Batroun, Bcharré) and other places in the south, and handed over medicaments and medical material where required.

The ICRC delegation presented the Lebanese Red Cross with foodstuffs and six and a half tons of powdered milk to be distributed to displaced persons coming from the south.

It also handed over 13 wheel-chairs for disabled persons to the Lebanese National Society and 13 more wheel-chairs to the "Palestinian Red Crescent".

As part of its protection activities, the ICRC delegation visited twice the persons detained at Tell el Nahas by conservative Lebanese groups. Two Syrian prisoners in the hands of the militias of Lebanon's National Liberal Party (NLP) were visited at Beirut at the end of January.

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On 8 February 1979, at Ras Nakura, 14 inhabitants of Lebanon who had been captured by Israeli forces in March 1979 were repatriated under ICRC auspices.

### **Yemen Arab Republic**

After the conflict which broke out towards the end of February between the Yemen Arab Republic and the People's Democratic Republic of Yemen, the ICRC began a relief programme in aid of the victims.

Mr. F. Isler, ICRC delegate, was sent on 8 March to the Yemen Arab Republic to assess the needs. At Sana'a he met government representatives and Yemen Red Crescent leaders and then went south where he visited Ibb, Taiz, Rada, Suadia, Al-Beyda, Dhamar and other places. In a camp set up at Dhamar he saw about a thousand displaced persons.

While, for the time being, the wounded were being taken care of by Yemen civil and military medical services, the ICRC delegate considered that the civilians who had fled their homes needed help. The ICRC has, therefore, started an emergency aid programme for 5,000 displaced persons. Blankets, mattresses and basic foodstuffs, to a value of 350,000 Swiss francs, are being purchased locally for distribution by the Yemen Red Cross Society.

Mr. Isler spent a week in Geneva from 15 to 22 March, before flying back to Sana'a to supervise the distributions and review the needs in relation to further developments in the area.

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## Red Cross emergency radiocommunications

Red Cross emergency radiocommunications have been the subject of several articles<sup>1</sup> these last few years in *International Review*, as its importance indeed should not be underestimated. Since 1959, when the Administrative Radio Conference of the International Telecommunication Union (ITU), made a recommendation (No 34) in its favour, the Red Cross emergency radiocommunication network has expanded substantially. When armed conflicts or natural disasters occur, and normal means of communication are damaged or disrupted, it is essential that the Red Cross should have at its disposal an independent radio network for direct and rapid communications, enabling it to discharge its traditional humanitarian tasks in aid of the victims of those events. The international community, that is to say the 145 States and the 125 National Red Cross Societies of the International Red Cross, as well as the millions of people who are members of the Red Cross, and the countless others who, by their voluntary contributions, support its relief activities, would be at a loss to understand, and would not suffer, that this system<sup>2</sup> of radiocommunication, which ensures the efficient deployment of humanitarian aid, should be lacking.

\* \* \*

Since 1963, when its central radio station at Geneva for the transmission and reception of emergency messages was set up, the ICRC has continually developed its radiocommunication system. As a matter of fact, this expansion was forced upon the ICRC by circumstances, the natural disasters and the succession of crises and conflicts which have

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<sup>1</sup> *International Review of the Red Cross*, January 1971, March 1972, November 1972, March 1975, October 1977.

<sup>2</sup> Note p. 105.

marked the past fifteen years, necessitating the intervention of the ICRC or of the League of Red Cross Societies. It should not be forgotten that the ICRC radio station is also utilized by the League; this is one of the spheres of action where co-operation between the two bodies of the International Red Cross is most active and fruitful.

At the end of 1978, the ICRC had twenty-two radio transmitting and receiving stations throughout the world. Eleven of them were in direct contact with Geneva, while the others had to be relayed by one of those eleven stations to call the Geneva main station. During that same year, the number of messages exchanged between Geneva headquarters and the other stations came to 7,800 (or over 500,000 words) while the various delegations sent each other a total of 12,600 messages.

It should be stressed that the ICRC stations transmit purely Red Cross messages, that is to say, communications directly concerning Red Cross action in the field (in an administration, they would be called "service messages") and that no other messages, for example for commercial purposes which other persons might wish to send, are transmitted. An exception is made by Red Cross stations, however, in the case of urgent messages of a personal character (that is a part of the normal business of the ICRC's Central Tracing Agency), when all other means of communication are lacking.

The radio stations that the ICRC sets up in countries where its intervention is necessary remain in operation for periods which vary a good deal, depending on circumstances. A station normally begins to operate when a delegation is set up and continues to do so for as long as the delegation is active. Quite often, after its delegates have left, the ICRC does not remove its radio equipment but donates it to the National Red Cross Society concerned, which can then make use of it for its own activities.

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With the development of the International Red Cross radiocommunication system, there was a similar expansion in the National Red Cross Societies which, stimulated by a resolution adopted by the Twentieth International Red Cross Conference held in Vienna in 1965, began to set up their own emergency radio communication networks. In 1978, there were almost fifty National Societies which possessed their own system and had obtained from their national authorities concerned an authorization and a call-sign to operate on the frequencies allocated to them.

It has been a spectacular advance, and the National Societies can measure the advantages of using radio stations in their relief programmes,

as communications within their own countries between Red Cross national headquarters and the local branches or first aid patrols are immediate; moreover, in emergencies the Societies of different countries may communicate with each other. A further advantage is that the International Red Cross radio system finds correspondents in those countries and an extension of its own network in that of those National Societies.

An immediate consequence of the increase in the number of transmitting and receiving stations of the International Red Cross and of the National Red Cross Societies is the vast number of messages exchanged on the frequencies allocated to the Red Cross. The licence-holders of these stations and those in charge of their operation must therefore beware of the dangers that may arise and it is essential that all concerned should keep to strict working rules.

First of all, the intense traffic of messages borne on a small number of frequencies must not be the cause of interference leading to difficult or inaudible reception. A message which has been delayed or misunderstood may have serious consequences, not only for the Red Cross relief programme but, very likely, for the actual victims who have to be succoured. It is therefore highly desirable, when there are joint operations in a particular theatre of operations, that the radio transmissions should be carried out in accordance with a schedule which has been fixed and agreed upon beforehand, so that those taking part should not, through misplaced zeal and lack of organization, disturb each other's transmission and reception. This is particularly true when National Societies co-operate in International Red Cross activities in other countries. In such cases, co-ordination with the League or ICRC is essential.

Secondly, it should be remembered that the 1959 Administrative Radio Conference in Geneva recommended that countries should assign frequencies for the "relief work of the Red Cross organizations" when "normal communication facilities are disrupted". These terms give a very good indication of the Conference's intentions when it approved this recommendation. The expressions "relief work", "of the Red Cross", "when normal communication facilities are disrupted", all give an accurate definition of what is meant by "Red Cross emergency radiocommunications".

In other words, they restrict the use of the radio transmission facilities granted. The messages must be only Red Cross messages and the persons in charge of radio transmission in the Red Cross bodies must be capable of resisting pressure of all kinds exerted from various quarters, by charitable organizations, the authorities or the public, requesting the transmission of non-Red Cross messages. The communications must have a

connection with Red Cross relief work—either protection or assistance—and it is completely unthinkable that the wavelengths allocated to the Red Cross should be used for the transmission of items of general information, press comments, periodical bulletins, etc., even if the subject concerns the Red Cross. For this, the “normal communication facilities”, mentioned in the Conference’s recommendation, are available and the Red Cross radiocommunication system must on no account enter into illicit competition with the official communication systems—telephone, telex, telegraph—when they operate normally.

\* \* \*

The Twenty-third International Red Cross Conference held in Bucharest in October 1977, adopted a resolution (Resolution IX), requesting the World Administrative Radio Conference, to be held at Geneva in September 1979, to take a constructive approach to all practical measures which might make this emergency network still more effective.

The Geneva Conventions, which have been signed so far by 145 States which are thereby entitled to take part in the International Red Cross Conferences, entrust the ICRC with various tasks, including that of acting as a neutral humanitarian intermediary in the event of war, civil war or internal strife, a task which obviously calls for the use of autonomous radiocommunication. In the last fifteen years, the ICRC has utilized its autonomous radiocommunication system in situations where human lives were at stake and where it was necessary to protect and assist the victims of the events. To perform its tasks, the ICRC uses the frequencies allocated by the Swiss PTT Administration and other national administrations.

The League and the National Red Cross Societies, when acting to help people affected by natural disasters, or in various circumstances endangering their lives and health, also utilize radiocommunication facilities under the conditions granted to the Red Cross.

The ICRC, in its concern to prevent any risk of interference, would like the question of the frequencies used by the Red Cross for its autonomous radiocommunications to be examined at the coming World Administrative Radio Conference, which will be held in Geneva in September 1979. It hopes that the representatives of the States will give their support to any proposal submitted at the Conference in favour of ICRC and Red Cross radiocommunication and that, without changing the distribution of the frequency bands allocated to the ICRC by the

Swiss PTT Administration, the Conference will recognize the need for such radiocommunications and take all necessary measures to make them more efficient, thereby enabling the ICRC and the Red Cross to perform still better their humanitarian tasks.

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The Administrative Radio Conference (Geneva, 1959) was decisive in the setting up of Red Cross emergency radiocommunications but similar recommendations adopted by other Conferences should also be mentioned:

- the World Administrative Radio Conference for Space Telecommunications (Geneva, 1971) adopted Recommendation No Spa 2-13, relating to the use of space radiocommunication systems in the event of natural disasters, epidemics, famines and similar emergencies;
- the Plenipotentiary Conference of the International Telecommunication Union (Malaga-Torremolinos, 1973) adopted Recommendation No 2 relating to the use of radiocommunications for announcing and identifying hospital ships and medical aircraft protected under the Geneva Conventions of 1949;
- the World Maritime Administrative Radio Conference (Geneva, 1974) adopted Recommendation No Mar 2-17, relating to the use of radiocommunications for marking, identifying, locating, and communicating with the means of transport protected under the Geneva Conventions of 12 August 1949 concerning the protection of war victims and any additional instruments of those Conventions.

## BOOKS AND REVIEWS

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### A NEW BIOGRAPHY OF HENRY DUNANT

Mr. Carl Vandekerckhove, Director General of the Flemish branch of the Belgian Red Cross, known for his Dutch translation of *A Memory of Solferino*, has just published a biography of Dunant<sup>1</sup> in Dutch, under the title: *J. Henry Dunant, Dream and Action*. This book is the outcome of extensive research in Dunant's unpublished documents preserved in Geneva. The text is accompanied by many illustrations.

The book was launched in December 1978 in the course of a ceremony attended by Prince Albert of Belgium, National President of the Belgian Red Cross Society. We quote below some parts of a speech by Mr. Hubert Lampo, a Flemish writer of repute:

"Carl Vandekerckhove was prompted to write this book by a powerful impulse and inspiration. It is of course a scientific work, a historical biographical panorama based on a wealth of documentary material, but the reader does feel that the writer had a need to dilate on the life of a man whom we know not too well although his spirit lives on in the Red Cross which he founded.

The author realized that to bear witness was not enough; that he had first to adopt a sincere and objective approach without compromising historical truth, and second to undertake, from the point of view of people living at the end of the 20th century, a new perspectivist, moral and philosophical study of the subject.

A reading of this account of Henry Dunant's life shows clearly that throughout his life, in his triumphs and his setbacks, Dunant's spiritual vigour was tremendous. He did things that no one else had ever done. What is more, he did things that no one had even thought possible.

In my opinion, that was the miracle of Dunant's life, a miracle made possible only by his unequalled creative imagination. Dunant, who in many respects reminds us of Tolstoi, was unquestionably a man

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<sup>1</sup> Carl Vandekerckhove: *J. Henry Dunant, Droom en Daad*, Brussels (Belgian Red Cross), 1978, 408 pp.

of infinite goodness. When I think of what he achieved, it seems to me that the word "goodness" does not go far enough to describe what he achieved or at least set afoot in spite of attacks and opposition, and we must not underestimate the contribution made by his outstanding intelligence. But even the most intelligent are conditioned by environment and to throw off that constraint needs genius and vision. The genius... the visionary...

The author follows Dunant through the years, in his negotiations and in his writings which gave rise to ideas which for us, in 1978, are familiar, to structures which are inseparable from the contemporary world: the Red Cross, the United Nations, Unesco, abolition of slavery and of the death penalty, emancipation of women, humane working conditions, social legislation that really works, consideration for the handicapped, the aged, orphans and waifs and strays; the notions of "open city", "snipers"... In Henry Dunant's time, all these ideas were wildly utopic, and perhaps even incomprehensible; but they have been brought into being as if by a miracle.

Carl Vandekerckhove's book, *J. Henry Dunant: Droom en Daad*, portrays a man who really was a benefactor of mankind. It describes the extraordinary work which Dunant did in a world in which his dreams had never before been dreamed, and much less translated into action and practical reality.

These are the reasons why, in my opinion, this new biography of Henry Dunant is an exceptional book with a message of vital importance. The message is that one man alone, with courage and imagination, can make a profound change in the world..."

*International Review of the Red Cross* congratulates the author and the Belgian Red Cross for this fine book. We believe that preparations are being made with a view to its translation into French and English.

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## THREE STUDIES

The Military Law and Law of War Review,<sup>1</sup> (vol. XV-1-2) contains three studies which for various reasons might be of interest to readers of International Review of the Red Cross. With the kind permission of The Military Law and Law of War Review we give below a summary of the three studies.

### THE LAW OF WAR AND THE ROLE OF THE NONLAWYER OFFICER IN ITS INSTRUCTION

by Dr. Walter L. Williams, Jr.

Achieving international peace and security is the continuing, primary challenge for humanity. Unfortunately, we may expect in the foreseeable future new and various forms of armed conflicts to which the law of war will be applicable. Thus, national military establishments must continue their responsible, effective participation in the development of the law of war.

The purpose of this article is to encourage transnational research and discussion concerning two subjects intimately related to the participation of military establishments in the development and maintenance of the law of war:

- I. The role of the nonlawyer officer;
- II. The methods by which that law can most effectively be taught in the different Military Services.

#### I.

The writer proposes first to apply a framework for inquiry into the multifaceted role of nonlawyer military officers in the field of the law of war. He begins by considering their various *functions in the decision*

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<sup>1</sup> Palais de Justice, Brussels, 1976.

*process* by which the law of war is established and applied. He then considers the roles played by nonlawyer officers in the *sanctioning process* by which military personnel are induced to observe the law of war.

*The conclusion of this first part* is that discussion of the vital role played by nonlawyer officers shows that it is the Officer Corps that determine for the State whether the law of war effectively regulates the conduct of its military personnel. General questions suggested for future research and discussion include:

1. To what extent are officers in the various national military establishments now performing the roles discussed above?
2. What actions have the various national military establishments taken to require and assist performance by officers of those roles?
3. How institutionalized are these actions, e.g. what is the status of formal training, of regulations, of structures of consultation among lawyers and nonlawyer officers and what other means are available to help both categories of officers in the performance of their functions relating to this field?
4. What actions could be advocated to improve the performance by officers of the roles required of them?

## II.

In the second part of his article, the writer examines how the law of war can most effectively be taught within the military establishment. Provisions of the principal multilateral agreements on the law of war require the parties to those agreements to provide instruction thereof to military personnel. The ultimate goal of education about the law of war is adherence to that law under combat conditions: to construct, as concerns the law of war, an effective "law-abiding habit" in the extremely difficult conditions of armed conflict. This requires adequate knowledge of the law of war and moral self-discipline to ensure its observance. The writer analyses methodology in instruction on the law of war by referring to United States Military Services practice and by quoting from articles published in 1973 in the "Military Law and Law of War Review" and from papers read at the 1972 San Remo Seminar on the Teaching of Humanitarian Law in Military Institutions.

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## AREA BOMBING AND INTERNATIONAL LAW

*by Esbjörn Rosenblad*

What are the legal limits, if any, to aerial warfare? How is the practice of target area bombing to be judged under the law of war?

By referring to the current definitions of certain terms (Ch. I), the writer considers the problems raised by the practice of area bombing (Ch. II). He outlines what occurred in this respect during the three great military confrontations of recent times, namely the Second World War, the Korean conflict and the Viet Nam conflict.

In Chapter III mention is made of some fundamental principles of international humanitarian law and of the as yet rudimentary rules of law established by treaties concluded in 1907 and 1949; the efforts made by jurists to codify the law of war are also referred to.

In the same chapter, the writer comments on a number of court cases and on the Nuremberg trials and refers to the principles of international law derived therefrom. The opinions of lawyers on those cases are considered. This study shows that the practice of States does not always correspond to the rules laid down by treaty. The treaties concluded at the beginning of the twentieth century have become somewhat out of date as a result of the rapid development of weapons technology.

The writer refers to the various discussions at the Diplomatic Conference on the Reaffirmation and Development of International Humanitarian Law applicable in Armed Conflicts (Ch. IV).

In Chapter V, he states that three main conclusions are reached:

1. The fundamental principles of international humanitarian law are still in force. The principle that belligerents must distinguish between, on the one hand, combatants and military objectives and, on the other hand, civilians and civilian objects, is still legally valid. But this distinction is becoming dangerously threatened by practices contrary to the law of war, terror attacks and indiscriminate or target area bombings.
2. Committee III of the Diplomatic Conference was very much aware of the importance of reaffirming and developing the law of war and it adopted a definition of the term "military objectives". It has also laid down specific rules on the protection of civilians and civilian objects and on precautions in attack. The Committee adopted a prohibition of terror attacks and target area bombing.
3. Military necessity is no justification for breaches of these rules of law.

Time and again, target area bombing has proved to be a waste of military effort. It has all the hallmarks of terror attacks and indiscriminate bombardment, and in these respects it violates the fundamental principles of international humanitarian law.

For the first time in history, the entire population of the globe is in danger of being wiped out.

The practice of target area bombing and the use of all contemporary weapons, whether they be conventional, atomic, biological or chemical, augur ill for the future of mankind. To guard against this threat, Committee III of the Diplomatic Conference, in 1975, adopted rules which will improve considerably the protection of civilians during an armed conflict.

MALOU HÖJER

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#### THE INTERNATIONAL LAW OF WAR; THE RED CROSS AND NEW TRENDS IN THE DEVELOPMENT OF HUMANITARIAN LAW

by *Marion Mushkat*

Before entering *in media res*, the author attempts to distinguish, in international law, some concepts that have become all too narrow and obsolete.

It is found that present day *jus gentium* no longer confines itself solely to settlements between Sovereign States, but encompasses a whole set of legal rules governing inter-State relationships and a whole range of international groups of social, political and economic interest.

Humanitarian law has become universal and its chief aim is the preservation of peace. This "law of peace" is essentially a law promulgated by way of "declaration", contrary to the law of war, which is a system of constraints.

The writer further finds—and deplores—the fact that, under the impulsion of certain States, in the recent work of the UN and other international institutions, Human Rights concepts have become intermingled with Law of War concepts (*jus in bello—jus ad bellum*); these are two topics of the Law of Nations which, despite the existence of various points in common, are different one from the other. The writer describes in clear cut terms common denominators and differences.

Since the colonial era is nearing its end and since most modern conflicts are "third world" type wars, the Law of War must adapt itself

to new situations relating to increasingly frequent internal conflicts where rebel groups clash with States.

It is equally pointed out that the classical distinction between international and internal conflicts and the law of war has lost a great deal of its importance and that provisions governing international conflicts should gradually be applied to internal conflicts, although there is an awareness of the risks entailed in the application *in toto* of the Geneva Law to each and every type of internal conflicts, e.g., acts of terrorism.

Finally, certain aspects of H. Dunant's life and personality as well as the organization and working of the International Red Cross to our day and age are highlighted.

J. LEJEUNE

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- AFGHANISTAN (Democratic Republic) — Afghan Red Crescent, Puli Artan, *Kabul*.
- PEOPLE'S SOCIALIST REPUBLIC OF ALBANIA — Albanian Red Cross, 35, Rruga e Barrikadave, *Tirana*.
- ALGERIA (Democratic and People's Republic) — Algerian Red Crescent Society, 15 bis, Boulevard Mohamed V, *Algiers*.
- ARGENTINA — Argentine Red Cross, H. Yrigoyen 2068, 1089 *Buenos Aires*.
- AUSTRALIA — Australian Red Cross, 206, Clarendon Street, *East Melbourne 3002*.
- AUSTRIA — Austrian Red Cross, 3 Gusshausstrasse, Postfach 39, *Vienna 4*.
- BAHAMAS — Bahamas Red Cross Society, P.O. Box N 91, *Nassau*.
- BAHRAIN — Bahrain Red Crescent Society, P.O. Box 882, *Manama*.
- BANGLADESH — Bangladesh Red Cross Society, 34, Bangabandhu Avenue, *Dacca 2*.
- PEOPLE'S REPUBLIC OF BENIN — Red Cross of Benin, B.P. 1, *Porto Novo*.
- BELGIUM — Belgian Red Cross, 98 Chaussée de Vleurgat, 1050 *Brussels*.
- BOLIVIA — Bolivian Red Cross, Avenida Simón Bolívar, 1515, *La Paz*.
- BOTSWANA — Botswana Red Cross Society, Independence Avenue, P.O. Box 485, *Gaborone*.
- BRAZIL — Brazilian Red Cross, Praça Cruz Vermelha 10-12, *Rio de Janeiro*.
- BULGARIA — Bulgarian Red Cross, 1, Boul. Biruzov, *Sofia 27*.
- BURMA (Socialist Republic of the Union of) — Burma Red Cross, 42 Strand Road, Red Cross Building, *Rangoon*.
- BURUNDI — Red Cross Society of Burundi, rue du Marché 3, P.O. Box 324, *Bujumbura*.
- CAMEROON — Cameroon Red Cross Society, rue Henry-Dunant, P.O.B. 631, *Yaoundé*.
- CANADA — Canadian Red Cross, 95 Wellesley Street East, *Toronto, Ontario, M4Y 1H6*.
- CENTRAL AFRICAN EMPIRE — Central African Red Cross, B.P. 1428, *Bangui*.
- CHILE — Chilean Red Cross, Avenida Santa María 0150, Correo 21, Casilla 246V., *Santiago*.
- CHINA (People's Republic) — 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, PEOPLE'S REPUBLIC OF THE — Croix-Rouge Congolaise, place de la Paix, *Brazzaville*.
- COSTA RICA — Costa Rican Red Cross, Calle 14, Avenida 8, Apartado 1025, *San José*.
- CUBA — Cuban Red Cross, Calle 23 201 esq. N. Vedado, *Havana*.
- CZECHOSLOVAKIA — Czechoslovak Red Cross, Thunovska 18, 118 04 *Prague 1*.
- DENMARK — Danish Red Cross, Ny Vestergade 17, DK-1741 *Copenhagen K*.
- DOMINICAN REPUBLIC — Dominican Red Cross, Apartado Postal 1293, *Santo Domingo*.
- ECUADOR — Ecuadorian Red Cross, Calle de la Cruz Roja y Avenida Colombia, 118, *Quito*.
- EGYPT (Arab Republic of) — Egyptian Red Crescent Society, 29, El-Galaa Street, *Cairo*.
- EL SALVADOR — El Salvador Red Cross, 3a Avenida Norte y 3a Calle Poniente, *San Salvador, C.A.*
- ETHIOPIA — Ethiopian Red Cross, Ras Desta Damtew Avenue, *Addis Ababa*.
- FIJI — Fiji Red Cross Society, 193 Rodwell Road, P.O. Box 569, *Suva*.
- FINLAND — Finnish Red Cross, Tehtaankatu 1 A, Box 168, 00141 *Helsinki 14115*.
- FRANCE — French Red Cross, 17 rue Quentin Bauchart, F-75384 *Paris CEDEX 08*.
- GAMBIA — The Gambia Red Cross Society, P.O. Box 472, *Banjul*.
- GERMAN DEMOCRATIC REPUBLIC — German Red Cross in the German Democratic Republic, Kaitzerstrasse 2, DDR 801 *Dresden 1*.
- GERMANY, FEDERAL REPUBLIC OF — German Red Cross in the Federal Republic of Germany, Friedrich-Ebert-Allee 71, 5300, *Bonn 1*, Postfach (D.B.R.).
- GHANA — Ghana Red Cross, National Headquarters, Ministries Annex A3, P.O. Box 835, *Accra*.
- GREECE — Hellenic Red Cross, rue Lycavittou 1, *Athens 135*.
- GUATEMALA — Guatemalan Red Cross, 3<sup>a</sup> Calle 8-40, Zona 1, *Ciudad de Guatemala*.
- GUYANA — Guyana Red Cross, P.O. Box 351, Eve Leary, *Georgetown*.
- HAITI — Haiti Red Cross, Place des Nations Unies, B.P. 1337, *Port-au-Prince*.
- HONDURAS — Honduran Red Cross, 7a Calle, 1a y 2a Avenidas, *Comayagüela, D.M.*
- HUNGARY — Hungarian Red Cross, V. Arany János utca 31, *Budapest V*, Mail Add.: 1367 *Budapest 5*, Pf. 249.
- ICELAND — Icelandic Red Cross, Nóatúni 21, 105 *Reykjavik*.
- INDIA — Indian Red Cross, 1 Red Cross Road, *New Delhi 110001*.
- INDONESIA — Indonesian Red Cross, Jalan Abdul Muis 66, P.O. Box 2009, *Djakarta*.
- IRAN — Iranian Red Lion and Sun Society, Av. Villa, Carrefour Takhté Djamchid, *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, 1-3 Shiba-Daimon 1-chome, Minato-Ku, *Tokyo 105*.
- JORDAN — Jordan National Red Crescent Society, P.O. Box 10 001, *Amman*.
- KENYA — Kenya Red Cross Society, St. John's Gate, P.O. Box 40712, *Nairobi*.
- KOREA, DEMOCRATIC PEOPLE'S REPUBLIC OF — Red Cross Society of the Democratic People's Republic of Korea, *Pyeongyang*.
- KOREA, REPUBLIC OF — The Republic of Korea National Red Cross, 32-3Ka Nam San-Dong, *Seoul*.
- KUWAIT — Kuwait Red Crescent Society, P.O. Box 1350, *Kuwait*.
- LAO PEOPLE'S DEMOCRATIC REPUBLIC — Lao Red Cross, P.B. 650, *Vientiane*.
- LEBANON — Lebanese Red Cross, rue Spears, *Beirut*.
- LESOTHO — Lesotho Red Cross Society, P.O. Box 366, *Maseru*.

- LIBERIA** — Lib ĩan National Red Cross, National Headquarters, 107 Lynch Street, P.O. Box 226, *Monrovia*.
- LIBYAN ARAB JAMAHIRIYA** — Libyan Arab Red Crescent, P.O. Box 541, *Benghazi*.
- LIECHTENSTEIN** — Liechtenstein Red Cross, *Vaduz*.
- LUXEMBOURG** — Luxembourg Red Cross, Parc de la Ville, C.P. 404, *Luxembourg*.
- MALAGASY REPUBLIC** — Red Cross Society of the Malagasy Republic, rue Patrice Lumumba, *Antananarivo*.
- MALAWI** — Malawi Red Cross, Hall Road, *Blantyre* (P.O. Box 30080, Chichiri, *Blantyre* 3).
- MALAYSIA** — Malaysian Red Crescent Society, 519 Jalan Belfield, *Kuala Lumpur* 08-03.
- MALI** — Mali Red Cross, B.P. 280, *Bamako*.
- MAURITANIA** — Mauritanian Red Crescent Society, B.P. 344, Avenue Gamal Abdel Nasser, *Nouakchott*.
- MAURITIUS** — Mauritius Red Cross, Ste Thérèse Street, *Curepipe*.
- MEXICO** — Mexican Red Cross, Avenida Ejército Nacional n° 1032, *México 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, B.P. 189, *Rabat*.
- NEPAL** — Nepal Red Cross Society, Tahachal, P.B. 217, *Kathmandu*.
- NETHERLANDS** — Netherlands Red Cross, 27 Prinsessegracht, *The Hague*.
- NEW ZEALAND** — New Zealand Red Cross, Red Cross House, 14 Hill Street, *Wellington 1*. (P.O. Box 12-140, *Wellington North*.)
- NICARAGUA** — Nicaragua Red Cross, D.N. Apartado 3279, *Managua*.
- NIGER** — Red Cross Society of Niger, B.P. 386, *Niamey*.
- NIGERIA** — Nigerian Red Cross Society, Eko Aketa Close, off St. Gregory Rd., P.O. Box 764, *Lagos*.
- NORWAY** — Norwegian Red Cross, Parkveien 33b, *Oslo*. Mail Add.: *Postboks 7034 H-Oslo 3*.
- PAKISTAN** — Pakistan Red Crescent Society, National Headquarters, 169, Sarwar Road, *Rawalpindi*.
- PAPUA NEW GUINEA** — Red Cross of Papua New Guinea, P.O. Box 6545, *Boroko*.
- PANAMA** — Panamanian Red Cross, Apartado Postal 668, *Zona 1, Panamá*.
- PARAGUAY** — Paraguayan Red Cross, Brasil 216, *Asunción*.
- PERU** — Peruvian Red Cross, Jirón Chancay 881, *Lima*.
- PHILIPPINES** — Philippine National Red Cross, 860 United Nations Avenue, P.O.B. 280, *Manila 2801*.
- POLAND** — Polish Red Cross, Mokotowska 14, *Warsaw*.
- PORTUGAL** — Portuguese Red Cross, Jardim 9 Abril, 1 a 5, *Lisbon 3*.
- ROMANIA** — Red Cross of the Socialist Republic of Romania, Strada Biserica Amzei 29, *Bucarest*.
- SAN MARINO** — San Marino Red Cross, Palais gouvernemental, *San Marino*.
- SAUDI ARABIA** — Saudi Arabian Red Crescent, *Riyadh*.
- SENEGAL** — Senegalese Red Cross Society, Bd Franklin-Roosevelt, P.O.B. 299, *Dakar*.
- SIERRA LEONE** — Sierra Leone Red Cross Society, 6A Liverpool Street, P.O.B. 427, *Freetown*.
- SINGAPORE** — Singapore Red Cross Society, 15 Penang Lane, *Singapore 9*.
- SOMALIA (DEMOCRATIC REPUBLIC)** — Somali Red Crescent Society, P.O. Box 937, *Mogadishu*.
- SOUTH AFRICA** — South African Red Cross, Cor. Kruis & Market Streets, P.O.B. 8726, *Johannesburg 2001*.
- SPAIN** — Spanish Red Cross, Eduardo Dato 16, *Madrid 10*.
- SRI LANKA (Dem. Soc. Rep. of)** — Sri Lanka Red Cross Society, 106 Dharmapala Mawatha, *Colombo 7*.
- SUDAN** — Sudanese Red Crescent, P.O. Box 235, *Khartoum*.
- SWEDEN** — Swedish Red Cross, Fack, S-104 40 *Stockholm 14*.
- SWITZERLAND** — Swiss Red Cross, Taubenstrasse 8, B.P. 2699, *3001 Berne*
- SYRIAN ARAB REPUBLIC** — Syrian Red Crescent, Bd Mahdi Ben Barake, *Damascus*.
- TANZANIA** — Tanzania Red Cross Society, Upanga Road, P.O.B. 1133, *Dar es Salaam*.
- THAILAND** — Thai Red Cross Society, Paribatra Building, Chulalongkorn Memorial Hospital, *Bangkok*.
- TOGO** — Togolese Red Cross Society, 51 rue Boko Soga, P.O. Box 655, *Lomé*.
- TRINIDAD AND TOBAGO** — Trinidad and Tobago Red Cross Society, Wrightson Road West, P.O. Box 357, *Port of Spain, Trinidad, West Indies*.
- TUNISIA** — Tunisian Red Crescent, 19 rue d'Angleterre, *Tunis*.
- TURKEY** — Turkish Red Crescent, Yenisehir, *Ankara*.
- UGANDA** — Uganda Red Cross, Nabunya Road, P.O. Box 494, *Kampala*.
- UNITED KINGDOM** — British Red Cross, 9 Grosvenor Crescent, *London, SW1X 7EJ*.
- 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, D.C. 20006*.
- U.S.S.R.** — Alliance of Red Cross and Red Crescent Societies, J. Tcheremushkinskii proezd 5, *Moscow 117036*.
- VENEZUELA** — Venezuelan Red Cross, Avenida Andrés Bello No. 4, Apart. 3185, *Caracas*.
- VIET NAM, SOCIALIST REPUBLIC OF** — Red Cross of Viet Nam, 68 rue Bà-Triêu, *Hanoi*.
- YUGOSLAVIA** — Red Cross of Yugoslavia, Simina ulica broj 19, *Belgrade*.
- REPUBLIC OF ZAIRE** — Red Cross of the Republic of Zaire, 41 av. de la Justice, B.P. 1712, *Kinshasa*.
- ZAMBIA** — Zambia Red Cross, P.O. Box R.W.1, 2837 Brentwood Drive, *Lusaka*.