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# international review of the red cross



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An independent humanitarian institution, the ICRC is the founding body of the Red Cross. As a neutral intermediary in case of armed conflicts or disturbances, it endeavours on its own initiative or on the basis of the Geneva Conventions to protect and assist the victims of international and civil wars and of internal troubles and tensions, thereby contributing to peace in the world.

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# IDENTIFICATION OF HOSPITAL SHIPS AND SHIPS PROTECTED BY THE GENEVA CONVENTIONS OF 12 AUGUST 1949

by P. Eberlin

## Introduction

The Second Geneva Convention of 12 August 1949 for the Amelioration of the Condition of Wounded, Sick and Shipwrecked Members of Armed Forces at Sea received its baptism of fire in 1982, during the conflict in the south Atlantic. The author of this article was present as one of the members of the ICRC delegation. This article is based largely on his experiences at the time and on the thoughts and considerations to which they have given rise.

Naval and aeronaval forces were engaged in this conflict, which lasted approximately from April to July 1982. Each side had its own hospital ships, six in all, none of which had been built as a hospital ship. On one side there was an icebreaker of 11,811 tons and an Antarctic transport vessel of 10,000 tons, and on the other side there were three oceanographic survey vessels, of 2,893 tons each, and a passenger ship of 16,907 tons.

The icebreaker and the Antarctic transport vessel each had a large hangar and carried one light and one heavy helicopter, *Alouette* and *Sea King* or *Puma*. These four medical helicopters were painted all white with several small red crosses. On board the three survey vessels, there was hangar space only for a single light *Wasp* helicopter. The three *Wasp* medical helicopters had kept their original colour; they were marked with small red crosses on a white ground.

The six ships were converted into hospital ships at the outbreak of hostilities; they were painted all white and displayed red crosses, in conformity with the Second Convention.

Thanks to the Second Geneva Convention, they were all able to accomplish their humanitarian tasks whilst being accorded the immunity, respect and protection for which provision is made in Article 22 of this Convention, sometimes designated “Maritime Convention” in Mr. Jean Pictet’s *Commentary*.<sup>1</sup> The origin of the Maritime Convention is mentioned in Article 58, which stipulates that it replaces the Tenth Hague Convention of October 18, 1907, for the adaptation to Maritime Warfare of the principles of the Geneva Convention of 1906.

The value of the Second Convention was amply demonstrated. The need emerged, however, to define the interpretation of certain provisions and to adopt in future, for hospital ships, means of identification adapted to the modern weapons used in aeronaval warfare. The identification of hospital ships by modern methods is recommended in the final paragraph of Article 43, and Resolutions 6 and 7 accompanying the Second Convention express recommendations concerning communications between war ships and hospital ships (Resolution 6) and the use of radio-communications (Resolution 7). Article 43 likewise authorizes the use of the most modern methods of identification available by the other ships and craft designated in this article: hospital ships utilized by relief societies or by private persons (Article 24), hospital ships of neutral countries (Article 25) and coastal rescue craft (Article 27).

It should also be recalled that under Article 21 appeals may be made for charitable activities, to neutral merchant vessels, yachts or other craft. Since such vessels cannot sail without modern means of identification in times of conflict at sea, they should consequently also be able to use similar methods of identification.

## **Notification of hospital ships**

The Second Geneva Convention does not make any provision for the notification in advance, in time of peace, of hospital ships, coastal rescue craft or other vessels protected by the Convention; it stipulates that the parties to the conflict shall be notified no later than ten days before these ships are employed, and that their characteristics must appear in the notification. These characteristics<sup>2</sup> are specified in

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<sup>1</sup>J. Pictet (ed): *Commentary, II: Geneva Convention for the Amelioration of the Condition of Wounded, Sick and Shipwrecked Members of Armed Forces at Sea*, ICRC, Geneva, 1960.

<sup>2</sup>The French text of Article 22 mentions the “caractéristiques” of the ships. In the English text of Article 22, this term has been translated by “description” in the first paragraph and by “characteristics” in the second. The Spanish text uses only “características”.

Article 22; they include the registered gross tonnage, the length from stem to stern and the number of masts and funnels.

It will always be very useful when making the notification to give a detailed description of the hospital ship, with photographs, and silhouettes, as well as the characteristics specified in Article 22. The description of the vessel could include a list of its means of radio-communication, i.e. the number of radio transmitters and receivers on board, the frequencies used, the frequencies guarded permanently, the frequencies used for radiocommunications with the hospital ship's helicopters.

The ship's radar installations could likewise be described: navigational radar systems and possibly air surveillance radar for the medical helicopters, giving all their characteristics, in particular the mode and code of radar identification used for the medical helicopters. When possible, mention should be made of the ship's mode and code of radar identification.

If the ship possesses underwater acoustic devices, for example ultrasonic echo sounder or any other system, it would likewise be advisable to mention them, unless the use of such devices is customary—which is very often the case—and is accepted in maritime practice.

By giving the most detailed description possible of the hospital ship, its identification and that of its helicopters is facilitated, and likewise any check that might be made of the radio and electronic equipment used.

The same detailed notification should be given concerning the medical helicopters on board.

In the case of a vessel converted into a hospital ship, it will also be very useful for subsequent control purposes to indicate the previous use of the vessel and any major modifications carried out, for example the construction of a helipad for helicopters transporting casualties or the addition of special embarcations. The hold capacity which has not been converted for hospital use should be specified, likewise the nature and tonnage of stores destined for the hospital ship's time at sea and for the flights of medical helicopters (including spare parts and other items). The number of the ship's officers and crew, the number of aircrew and maintenance personnel, the number of the medical complement and the presence on board of personnel for liaison with the Naval Command cannot be regarded as part of the description of the vessel, but such details will facilitate the tasks of observers who might subsequently be requested to control it in accordance with Article 31; the number of crew and other personnel will explain the quantity of stores, which must also allow for the number of casualties which might be taken aboard.

The notification for which provision is made in Article 22 concerns hospital ships equipped “specially and solely with a view to assisting the wounded, sick and shipwrecked, to treating them and to transporting them...”. Notification must likewise be made, according to Article 38 of the Second Convention, of ships chartered for the conveyance of medical equipment. The Convention does not say whether such ships can likewise transport stores of food and clothing, fuel and spare parts for the medical helicopters. The Commentary on this article refers back to the First Convention, in which Article 33 mentions the welfare of the wounded and sick; this implies that they must be fed and clothed, since the wounded generally lose their personal equipment when the injury is sustained, and clothing and footwear have to be provided by the hospital ship in which they are being treated.

According to the Second Convention, it is not the hospital ship which should transport food and medical equipment, but solely the carrier ships for which provision is made in Article 38. In practice it would be more economical—above all in the case of distant naval operations—to combine the two roles of hospital ship and carrier ship. This problem and the question of controlling supplies transported for the use of medical units on land raises the problem of controlling the use of stocks destined for these medical units. But this is outside the scope of this article on identification, which does not deal with the actual use of ships and craft protected by the Conventions and the Protocols.

Articles 22 and 23 of Protocol I, which are devoted to hospital ships and protected craft, contain provisions relating to notification which give rather more flexibility to the stipulations of Article 22 of the Second Convention (Article 22, para. 3, and Article 23, para. 4). Paragraph 4 of the latter article moreover suggests that any other information may be provided which would facilitate identification and recognition, and also requests that the receipt of such information be acknowledged by the adverse party.

## **Visual and infra-red identification**

Hospital ships are visually identifiable by their white paint and the red crosses they display, with a white flag bearing a red cross flown at the mainmast as high as possible. By night, and in times of reduced visibility, their distinctive emblems can be illuminated. These provisions similarly apply to their lifeboats.

In replacing the Hague Convention N° X of 1907 by the Second Geneva Convention, the Diplomatic Conference of 1949 once and for all eliminated the green or red bands around the hull of hospital ships, which could still be seen during the Second World War.

According to Article 43 of the Second Convention, all exterior surfaces of the ship shall be white. The white of the decks will probably vary in shade; this will be tolerated if horizontal red crosses are applied on a clearly visible white ground. Decks of teak, pale gray and almost white in colour, would be very difficult to paint white. Some hospital ships have painted white only the parts of the deck not made of teak, or have fixed white canvas marked with the red cross upon the wood. On metal decks the white paint is soon worn off by the passage of feet or the congestion of deck machinery or equipment.

Article 43 stipulates that one or more dark red crosses, as large as possible, shall be painted on each side of the hull and on the horizontal surfaces. These red crosses must be very big, and the entire height of the ship from the waterline to the top of the superstructure should be used to paint at least one very big red cross on each side. Similarly a big red cross should be displayed on the superstructures, both fore and aft, to enable the hospital ship to be identified from ahead or astern more easily than if small white crosses were painted on the bows or the stern. On the after superstructure of a ship there is often not enough space to paint a big red cross. This can be solved by constructing a vertical surface out of spaced wooden planks, painted white and bearing the red cross.

From two miles away, it is very difficult to identify red crosses three metres high. Only very big red crosses remain identifiable at a distance when the distinctive features of a vessel are no longer clearly discernible: as the distance increases, the ship becomes little more than a silhouette on which the contrasting colours rapidly fade from view, so that the protective sign, even if it is very big, is no longer visible. Tests carried out in 1936 by the Dutch and Swiss air forces to determine the visibility of the red cross produced the following results:

Visibility from the air of a 6 metre red cross with arms 0.80 m. wide on a white square with sides measuring 6 metres each, placed horizontally on the ground:

- from 1,500 m. altitude, the red cross is visible for an observer knowing where it is;
- from 2,500 m., the red cross is scarcely visible for the observer knowing its position;

— from 3,500 m., the white square alone is perceptible against a background of green grass.

These observations were made at midday in very clear weather and excellent visibility.

The Dutch observers concluded that to be visible from an altitude of 4,000 m., the white square should be 50 m. long on each side, and the cross would likewise have to be 50 m. in length with arms almost ten metres broad. They also pointed out that a red cross three metres in each direction—which is quite large—is not visible at all from an altitude above 1,500 m.<sup>1</sup>

The visibility tests carried out in Switzerland with a red cross and a white ground measuring 5 × 5 m. showed that it was identifiable up to a height of 2,500 m. for an observer knowing its position. If the cross is not horizontal, for instance if it is placed straddling the top angle of a roof, it is already no longer identifiable from a height of 1,000 m., unless seen perpendicularly from above.<sup>1</sup>

Aboard ship, there is not enough deck space available to paint very big horizontal red crosses. Red crosses there will not be identifiable from aircraft flying at high altitudes.

Similarly the white flag with a red cross hoisted at the mainmast,<sup>2</sup> which generally measures 1 × 1 m., can only be seen from a distance of up to 1,000 m. There is likewise not enough space to paint big red crosses upon the lifeboats of hospital ships. In addition to marking them with dark red crosses, they should be fitted with a mast capable of flying a flag with a red cross measuring 2 × 2 m., or even larger if possible.

By night and in times of limited visibility the protective emblems can be illuminated, but the hospital ship sails with all lights on at night, and the illumination of the red crosses on the hull and superstructure tends to merge with the lights of the ship. Since the illuminated red crosses can only be identified at a short distance, the sight of a ship running under full lights in a combat zone can only mean that it is a ship protected by the Geneva Conventions.

In addition to the hospital ships and the coastal rescue craft to which Article 43 refers, ships used for the conveyance of medical equipment as specified in Article 38, and the other vessels and craft used for medical

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<sup>1</sup> *Revue internationale de la Croix-Rouge*, N° 207, March 1936, and N° 209, May 1936.

<sup>2</sup> Some ships only have a single mast. In this case the flag with the red cross is hoisted on the signal yard, if it cannot be flown at the top of the mast. The other protective emblems can also be used; for simplification this article only refers to the red cross.

transports under the provisions of Article 21 of the Fourth Convention must likewise be notified, respected and protected. They can therefore display the protective emblem of the red cross for visual identification, but there is no text indicating that all their exterior surfaces must be painted white.

According to Article 23, paragraph 1, of Protocol I, the other medical ships and craft entitled to protection must as far as possible comply with the second paragraph of Article 43 of the Second Convention. For a vessel temporarily assigned to transport sick and wounded or medical equipment, it could be difficult or even impossible to have all its exterior surfaces painted white as is demanded for hospital ships, which cannot be used for any other purpose for the whole duration of hostilities. The ships used by the ICRC for the conveyance of relief supplies to civilian or military war victims, which are not hospital ships, use the protective emblem on a white ground whilst retaining the original colours of the hull and superstructure. During the Second World War, the 43 ships chartered by the ICRC operated with their original paintwork, as did all the ships chartered by the ICRC in subsequent conflict situations.

Both on land and at sea, detection by infra-red observation or photography makes the pale-dark contrast necessary for identification of the red crosses indicating a hospital ship or a craft protected by the Conventions.

It has not yet been possible for the ICRC to carry out tests with a vessel bearing dark red crosses to ascertain whether the distinctive emblem is identifiable by the contrast of dark and light colours, particularly near sources of heat such as the engine room. For ambulances, it has been recommended that the cross should first be painted black, then covered with a red coat of paint, for the contrast with the white ground to be visible to infra-red observation. This recommendation likewise applies to the protective emblem on hospital ships. To save time, if necessary, the red cross need only be outlined in black. It is remarkable that the experts at the Diplomatic Conference of 1949 should have stipulated the painting of “dark” red crosses on hospital ships, because red paint mixed with black pigment can prove dark enough for infra-red detection of the dark contrast against the white ground.

### **Distinctive light signal: the flashing blue light**

The tests in 1936 to determine the visibility of the red cross emblem showed that a hospital ship must have a distinctive light signal identifi-

able at a great distance. This question was discussed at the Diplomatic Conference on the Reaffirmation and Development of International Humanitarian Law, which adopted the Regulations Concerning Identification annexed to Protocol I. Article 6 of these regulations defines the characteristics of the flashing blue lights established as a distinctive light signal for the use of medical aircraft; this signal can also be used by medical means of transport on land and at sea.

On 18 August 1977, the Secretary General of the Diplomatic Conference transmitted Resolution 18 adopted by the Conference to the Inter-Governmental Maritime Consultative Organization, now International Maritime Organisation (IMO). This resolution requested the introduction in the International Code of Signals of the flashing blue light as described in Article 6 of the Regulations annexed to Protocol I; it also requested that the distinctive emblem be included in this code. The IMO agreed and inserted a new Chapter XIV in the International Code of Signals, which came into force on 1 January 1980. This chapter, entitled "Identification of medical transports in armed conflicts", reproduces verbatim Articles 3, 4 and 6 of the Regulations Concerning Identification, and in particular specifies the characteristics of the flashing blue light.<sup>1</sup>

It has not yet been possible to find a manufacturer to supply the flashing blue light designated for medical aircraft and hospital ships. The manufacturers of blue lights for airport runways should be able to supply the necessary blue lights; the main difficulty is to obtain a blue glass or plastic dome sufficiently resistant to heat.

Tests were made in the South Atlantic in 1982 with hospital ships with fixed blue lights aboard similar to those used on police cars. Such lights were identifiable at night, to the naked eye, at a distance of three miles; with binoculars they were identifiable at a distance of seven miles. The ideal would be to have a flashing blue light identifiable by day and by night at a distance of 10 miles.

Hospital ships today all use one or several helicopters to transport patients. Everything relating to the identification of medical aircraft likewise applies to the medical helicopters aboard hospital ships.<sup>2</sup> These helicopters are not yet fitted with the flashing blue light. In the South Atlantic they flew with all lights on. Seen by day from directly ahead, with their white landing light on, they could be identified at great distances, before their distinctive emblems became visible. This is a possibility of identification for which no provision is made in the Regu-

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<sup>1</sup> This chapter is currently being revised at the IMO, to take into account the recent experiences mentioned in this article.

<sup>2</sup> Medical aircraft, Second Convention, Articles 39-49.

lations Concerning Identification, but which can be compared to the illumination of hospital ships.

In all maritime States, the naval authorities should try to provide the necessary flashing blue lights for which provision is made in the International Code of Signals, to equip hospital ships and medical aircraft.<sup>1</sup>

The positioning of the flashing blue light is not specified, but it goes without saying that by placing it as high as possible it is given the maximum range of visibility. It should therefore be placed at the top of the mast or superstructure, so as not to interfere with navigation, but still be visible from every side. Article 6 of the Regulations Concerning Identification gives the trichromatic co-ordinates for the recommended blue colour:

green boundary  $y = 0.065 + 0.805 x$

white boundary  $y = 0.400 - x$

purple boundary  $x = 0.133 + 0.600 y$

The recommended flashing rate of the blue light is between 60 and 100 flashes per minute. This rate is not compulsory; it is the same as that of aircraft anti-collision lights.

## Identification by radio : radio signal

The new Radio Regulations adopted by the World Administrative Radio Conference (WARC 79) in Geneva in 1979 came into force on 1 January 1982. Article 40, with the heading "Urgency and Safety Transmissions, and Medical Transports", contains a new section, Section II, which specifies, and defines the use of, the radio signal reserved exclusively for medical transports.

The hospital ships and the ships and craft protected by the Geneva Conventions can use the provisions of Article 40 to identify themselves by radio and to establish communications. The text of this article, with its Section II "Medical Transports", was published in the *International Review of the Red Cross* of July-August 1982.

Transmission of the radio signal by a hospital vessel operating in a combat area enables war ships to locate it. The signal can likewise be monitored by coastal radio stations, either military or civilian, which

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<sup>1</sup> See *International Review of the Red Cross*, July-August 1982: "The Identification of Medical Aircraft..." by Ph. Eberlin.

can then inform the authorities concerned. The position of the hospital ship will be communicated to aircraft overflying the area and to submarines. Knowledge of the position and movements of the protected vessel should induce the parties to the conflict to take the necessary precautions to prevent it from being attacked inadvertently.

The frequencies prescribed for transmission of the radio signal are specified in Article 40, paragraph 3201, of the Radio Regulations. They are:

- 500 KHz international distress and calling frequency for radio telegraphy—hectometric waves (MF)
- 2182 KHz international distress and calling frequency for radiotelephony—hectometric waves (MF)
- 156.8 MHz international distress, safety and calling frequency for the maritime mobile radiotelephone service—metric waves (VHF)

Radio operators are familiar with these frequencies and the procedures to be followed for their use. The frequency of 156.8 MHz can be used by ships and, solely for safety purposes, by aircraft. This enables a link to be established in cases of emergency between ships and planes, in accordance with the procedure laid down in the radio regulations.

## **Communications**

The six hospital ships of the two parties to the conflict in the south Atlantic exchanged radio communications using the calling frequency of 2182 KHz. All communications were made in clear. As the use of secret codes is banned by Article 34 of the Second Convention, the radiocommunications exchanged by the hospital ships with their land bases were also in clear. It was not possible for them to communicate directly with the warships, since any communication in clear could reveal the warship's position to the adversary. Consequently the hospital ships were not informed about the movements of the fleet or about the development of military operations on land, and thus had to wait in readiness in a zone known as the "Red Cross Box", which could be equated with a neutralized zone. This zone, with a diameter of about 25 miles, and established at sea about 30 miles north of the theatre of operations, was also used by the hospital ships to exchange, by medical helicopters, the wounded of both parties to the conflict.

To maintain long distance contact with their bases, the three survey vessels and the passenger ship converted into hospital ships used radio telex via the Inmarsat satellite system. Telex messages were likewise exchanged in clear, which meant that the hospital ships could not be informed in detail about the medical evacuations in which they were required to participate. For instance, an order was given to the hospital ship to approach a point off shore in order to meet helicopters evacuating casualties from the battlefield. The ship had to proceed to the given position without drawing too close to the combat areas, where clashes between warships and aircraft could occur at any time. The Naval Command, from which the hospital ship received its orders, could not use coded radiocommunications to inform it directly, and thus rapidly, about the military situation and dangers in the area where it was operating, nor about the numbers of casualties to be evacuated, the wounds sustained, emergency cases, etc.

An examination should be made of the ways and means which modern radiocommunication technology could undoubtedly provide to enable a war fleet in cases of emergency to call its own hospital ships by radio without the risk of disclosing its position. Could the hospital ship receive a coded message and decipher it without having the means of transmitting coded messages itself? Article 34 of the Second Convention is very precise when it stipulates "...hospital ships may not possess or use a secret code for their wireless or other means of communication".<sup>1</sup>

Would the presence of a decoder-receiver on board a hospital ship be compatible with Article 34? This is a question for naval experts to settle. Furthermore, what would happen to the decoder-receiver and the coded messages incoming or already received if the ship is boarded and controlled by the adversary? It would apparently be easier for warships to communicate with their hospital ships via their naval bases on shore.

Messages for the hospital ships would have to be deciphered on shore and retransmitted in clear. This can result in considerable delays, for combat communications have priority, and if there is no satellite link, communications with the hospital ships can be interrupted by the difficulties of radio electric wave propagation.

Chapter IV of the Regulations Concerning Identification give directives for communications by medical transports, with reference to the

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<sup>1</sup> The French text of article 34 reads « pour leurs émissions par TSF ou par tout autre moyen de communication »; and the Spanish text « para sus emisiones por T.S.H. o por cualquier otro medio de comunicación ».

rules, practices and procedures laid down by the International Telecommunication Union, the International Civil Aviation Organization and the International Maritime Organization. There is nothing secret about the rules and codes adopted by the specialized international organizations; hospital ships can therefore use them.

## **Identification by radar**

To be identifiable by radar, a ship must be fitted with a radar transponder, i.e. an automatic transceiver, like almost all civilian or military aircraft today.<sup>1</sup> Warships are equipped with such transponders and can thus identify each other at considerable distances, beyond the visual horizon, as the transponder aeriels are installed at the top of the mast, as high as possible above the ship.

The International Telecommunication Union (ITU), which is responsible for management of the whole range of electro-magnetic frequencies, including the frequencies used by radar devices, has instructed its International Radio Consultative Committee (CCIR) to examine rules applicable to shipborne radar transponders for all ships.<sup>2</sup> The next World Administrative Radio Conference for maritime and aeronautical mobile services (WARC Mobile 83), which will open for three weeks in Geneva on 28 February 1983, will examine the CCIR's reports and the suggestions made by the national telecommunication administrations taking part in the Conference. Once these rules have been adopted, it will be possible to construct standardized ship's transponders, enabling all ships and craft protected by the Geneva Conventions to be identifiable by radar. The national telecommunication administrations presenting proposals for the identification by radar of hospital ships are well aware of the electronic environment in which these radar transponders will have to operate in a area of aeronaval hostilities. An exhaustive study of the characteristics required of these transponders is therefore essential.

The six hospital ships had no standardized radar transponders and could not be identified by radar. Conversely their medical helicopters were fitted with radar transponders in accordance with the air safety regulations issued by the ICAO and used, in mode 3A, the identification

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<sup>1</sup> See "The identification of medical aircraft in periods of armed conflict", by Ph. Eberlin, in *International Review of the Red Cross*, July-August 1982.

<sup>2</sup> ITU — WARC Recommendation N° 605 (Geneva 1979).

code 5000 for the Wasp medical helicopters and codes 5010, 5020 or 5600 for the other medical helicopters. Apparently no co-ordination of these radar codes was requested of the ICAO regional aeronautical control centre, which is located in Argentine territory, or of ICAO headquarters in Montreal.

## **Underwater acoustic identification**

This means of identification is intended to enable submerged submarines to identify the sound of a hospital ship. An underwater electro-acoustic identification system does exist, and is installed on three ships, the MS Regina, MT Rhône and MT Cervin, all registered under the Swiss flag. These devices are prototypes of a system which transmits the ship's callsign under water in morse code on frequencies of 5 KHz and 5.1 KHz.

The need to be able to identify a hospital ship in the event of submarine warfare was mentioned in a report by the Netherlands Red Cross at the Tenth International Red Cross Conference in Geneva on 30 March 1921. It was pointed out that the German Government had requested on 2 July 1917 that hospital ships be escorted at least by two paddle boats, because "only the sound of paddle wheels can be identified at great distances by submarines". Almost three quarters of a century have passed, and underwater acoustic identification signalling is still only rudimentary, whereas the very numerous submarines are fitted with increasingly sophisticated acoustic systems.

## **Conclusion**

With the use of long-range remote-controlled weapons by naval and aeronaval forces, a new-means of identification is imperative for hospital ships and other ships or craft protected by the Geneva Conventions. These ships must be respected and protected regardless of the performance and nature of modern weapons used at sea, whose range is always greater than the protective emblem's range of visibility.

The Regulations Concerning Identification annexed to Protocol I provide for the use of distinctive signals and radiocommunication by medical transports to offset the shortcomings of solely visual identification. For protected ships, the distinctive signals needed are:

- the flashing blue light, with a range of about 10 sea miles,
- radio, radar and acoustic underwater signals.

Experience has shown the importance of radiocommunications and the value of Inmarsat satellite links for maritime medical services.

It is a moot point whether there is a risk of these distinctive signals being misused by a belligerent vessel operating at sea. It must be recalled, however, that the distinctive signals in question are designed for long-range detection to show the position and movements of a protected ship, which has been duly notified and is therefore known. It is consequently hard to see how a belligerent vessel would misuse a method of identification which consists of revealing its position and movements and placing itself under the constant surveillance of the adversary, whose suspicions would already have been aroused by the lack of notification or of any cross check on the notification of a vessel. The notification of a protected ship and the simultaneous use of all the distinctive signals available—in particular the radio signal—should eliminate the risk of abuse of the means of identification exclusively reserved for medical transports.

In view of the nature of modern arms used at sea, it is also worth considering whether hospital ships should not be entitled to greater protection, for instance against missiles which have been diverted by electronic counter-measures or decoys and could home in on another target, possibly a hospital ship. Should hospital ships be fitted with defensive equipment: early warning systems of missiles approaching the ship, electronic anti-missile equipment, decoys and “chaff”?

The six vessels converted into hospital ships had not been built for medical use, but together with their helicopters they rendered service comparable to that of true hospital ships, constructed specially as floating hospitals. This shows that it is possible to plan the conversion of certain selected vessels in advance and thereby have hospital ship rapidly available in case of need. Their safety must be ensured and preparations must be made accordingly. This has been the purpose of the ICRC's contribution in recent years, whenever possible, to the elaboration of new rules for the identification by modern means of hospital ships and medical transports in general. Experience has shown the value of this work.

**P. Eberlin**  
*ICRC technical adviser*

# The Hiroshima disaster

by Marcel Junod

(Continuation)

## IV. Japanese information

At the beginning of the afternoon, we were received by the Japanese authorities in what remained of the former police headquarters. We were offered a frugal lunch. Each guest was given a can of Japanese food: seaweed, meat and beans, and a can of mandarin oranges. A piece of brown bread, with rather a strange taste, completed this meal; for drinks, we had water. This fare showed to what extent the Japanese themselves were short of supplies.

At the end of lunch, the deputy governor of Hiroshima Prefecture made a short speech. He started by apologizing for the Governor's absence; I learned later that, while the Governor had been away for the day, his wife and two children had been killed in the air raid.

The deputy governor went on to welcome the Technical Investigation Commission and gave us an overall account of the situation. He introduced several Japanese officers who were later to describe their own experiences or those of others who had witnessed the events of 6 August 1945. He spoke with great courtesy, showing no emotion whatever. Once again, I was amazed by this politeness, almost obsequious, which smothered any trace of feeling.

We then spent several hours listening to the witnesses. Below is a summary of their accounts and of the official information that I was given. After this, I shall quote the statement of a man who seemed to me to be very objective: Mr. Dazai, head of the Special High Police of the Hiroshima Prefecture. His text was translated word for word for me.

### *Eye-witness accounts of the nuclear attack*

On 6 August 1945, there was not a cloud in the sky above Hiroshima; the south wind was barely noticeable (speed about half a mile per hour) and visibility was perfect up to ten or twelve miles.

At 7.09 a.m., the air-raid sirens sounded all over Hiroshima; four enemy B29 airplanes had entered the sector. Two of them, after turning north-east over the city, headed south and disappeared towards the Shoho sea; two others, after turning near Chukai, a central region to the south of the sector, quickly left again in the direction of the Bingo sea.

Believing that there were no more enemy aircraft in the Chugoku airspace, the military authorities gave the all-clear signal at 7.31 a.m. The townspeople, feeling reassured, then left the shelters.

Three-quarters of an hour later, at about 8.15 a.m., when the inhabitants were going to work, a sudden blinding light, pink and white, appeared in the sky; this was accompanied by a sort of shudder, followed almost immediately by suffocating heat and a blast-wave sweeping away everything in its path. When we visited the ruined station in Hiroshima, the hands of the clock had stopped at this historic moment, 8.15.

Several witnesses claimed to have heard an aircraft and seen a parachute fall, but most people had had no idea that there was an enemy plane over the city. This probably means that the aircraft which dropped the bomb was flying at a very high altitude.

In a few seconds, according to witnesses, thousands of human beings in the streets and gardens in the town centre, struck by a wave of intense heat, died like flies. Others lay writhing like worms, atrociously burned. All private houses, warehouses, etc., disappeared as if swept away by a supernatural power. Trams were picked up and hurled yards away, as if they were weightless; trains were flung off the rails. Horses, dogs and cattle suffered the same fate as the people. Every living thing was petrified in an attitude of acute pain. Not even the plants were spared. Trees were charred, leaves ripped off and grass turned yellow, shrivelled and burned.

Outside this area, houses collapsed in a whirl of beams, planks and iron. Flimsy buildings were flattened like cardboard up to 3 miles from the explosion. Those inside were killed or injured. Those who managed miraculously to get out did not escape the fire which broke out, a vast belt of flames, trapping the victims within the town and preventing help from arriving. The few who, in spite of everything, managed to get through the wall of fire, apparently to safety, generally died ten, twenty or forty days later from a delayed reaction to the mysterious and relentless gamma rays. Most of the strong structures (concrete, stonework) resisted the heat but were completely gutted by the ensuing blast.

Nearly thirty minutes after the explosion, while the weather was clear all around Hiroshima, a fine rain fell on the city for five minutes,

after which the wind rose and blew away this cloud, formed as a result of the over-heated air rising at tremendous speed and then condensing in the upper atmosphere. The wind fanned the flames which spread very rapidly, as Japanese buildings are made almost entirely of wood.

In the evening the fire died down and finally burned itself out through lack of fuel. Ninety per cent of the town of Hiroshima had been destroyed.

It was only the next day and the day after that the extent of the disaster could be assessed and relief organised, though totally inadequate. The public services were disrupted. It was the armed forces, especially the Navy, who conducted the relief and reconstruction work.

Here is the personal report by the Chief of the Hiroshima Special High Police:

*“An atom bomb exploded over Hiroshima on 6 August 1945, at around 8.15 in the morning. The centre of the explosion was above the Aioi bridge. The location is determined by the type and orientation of the damage caused to buildings; the parapet of the ruined bridge also clearly shows that it was twisted outwards.*

*“I live in Yokogawa Machi, on the river, about 4 miles from the centre of the explosion. Forty minutes before the explosion, I had just returned from a trip to Tokyo. While I was eating my breakfast, my wife was at the door receiving my luggage, brought from the station by a porter. At that moment, I saw a blinding flash of light pass through the front door of my house (its colour was similar to that of sparks seen with electric welding), and a couple of seconds later my house was completely destroyed. The whole family (my wife, two children and myself) were buried under the rubble of the house. The blast of air which immediately followed the flash was so strong that my glasses were blown off, injuring my face. Five minutes later, I managed to clamber out from under the ruins of my house and I immediately set to work to free my family. My efforts were successful and I was fortunate to find them all safe and sound. At the time of the explosion, I heard no sound but later several people living 4 or 5 miles from the area told me that they had heard a terrible explosion.*

*“After extricating my wife and children, I intended to go into the fields a few blocks away; but I saw that this was impossible as we were enveloped in thick smoke. I noticed that not only my immediate neighbourhood but also the mountains and the town were covered in a pall of smoke. Luckily, I found a way open on the north side. We forged ahead and succeeded in reaching an open space where there was a field of vegetables. On the way there I observed many people in the street, screaming, dying, and covered*

*with blood. The street was littered with wires and cables torn away by the blast and our way was barred by stones, bricks and rubble strewn on all sides. Just as we arrived at the vegetable field, I noticed that a fire had started in the centre of town. I left my family in this field and went to the Oshiba driving school, where I hired a car to go to the Kabe police station. From there, I sent several policemen and members of civil defence groups in all directions, to see if there was any route open to the town centre. I repeated these attempts several times up to 4 o'clock in the afternoon, because all roads were impassable owing to the fire and the heat. It was from the Kabe police station that I sent my first report to the Home Office (Naimusho) in Tokyo; at the same time, I issued instructions to eleven police stations located near the centre of Miroshima (Hiroshima city) and ordered them to make sure that food and medical care were given to those suffering from injuries and burns.*

*“Late in the afternoon, I was told there was a road open to Tammonin, one of the first-aid centres where the governor had ordered the police from the Prefecture to assemble. I set out with a small number of police officers and arrived at 8 o'clock in the evening. On the road from Kabe to Tammonin, I expected to feel tremendous heat and encounter fires. However, this was not the case because towards midday, all the buildings, or nearly all, had been burned down and by about 4 o'clock in the afternoon the worst of the heat had abated. As I am very short-sighted and had lost my glasses during the explosion, I could not see much around me on the way to Tammonin. However, the policemen accompanying me told me that trams had been derailed and had been thrown to the side of the road. The whole way was strewn with many corpses and people who had been burned or injured. Metal telegraph poles, bent over or broken, lay in our path; trees had been torn to shreds.*

*“When I arrived at Tammonin, the governor, who heard later that he had lost his wife and two children, was already on the spot with several other members of the government. By pure chance, the governor had been at Fuchumachi at the time of the explosion. From that moment on, the staff of the Province had organised systematic rescue operations.*

*“The next day, at 5 o'clock in the morning, we went to the Higashi police station. This is a very robust structure, and several nearby houses had been evacuated and destroyed before the atom bomb fell. The policemen belonging to this station had done their utmost to prevent the building catching fire from outside and consequently we found it almost intact. We therefore transferred the office of the prefectural government to this police station for the next ten days, and we worked and lived in the building.”*

### *Material losses*

In the city, 67,650 buildings were affected, of which 55,000 were completely burned, 2,300 half burned, about 7,000 destroyed and 3,700 half destroyed.

Ninety rail carriages, eighty-seven trams, forty-four fire engines and one hundred and twenty-two trucks were completely destroyed and put out of service. All the hospitals were completely destroyed, except that of the Japanese Red Cross, whose walls remained standing but whose doors and windows, with their frames, had been torn away by the blast-wave. The furniture and technical equipment inside had also suffered enormous damage. Most of the schools, banks and factories had disappeared. The stocks of medicine, medical equipment and food were partially destroyed. Luckily, a certain quantity of medicine was saved because the authorities, as a precaution, had dispersed it in a number of depots. Ninety per cent of the telephones had been burned; only one line to the outside was more or less intact and this was repaired two days after the nuclear attack. However, communications with the outside world remained precarious for several days. The electric power stations had all burned down; luckily, in the southern part of the town, which was the least affected, the electricity supply was resumed on 7 August.

The supply of drinking water was less affected than other systems; but because of the vast extent of the damage, there was a great amount of leakage and the pressure was almost down to zero. Out of 54 fire pumps, 29 had been burned, 12 unusable and only 13 were in working order.

Only two or three of the many bridges in Hiroshima spanning the seven branches of the river Ota, were damaged. The railway and tram lines were almost entirely untouched.

### *Human losses*

On 11 August, rescue teams, composed mainly of soldiers from other areas, completely unaware of the danger of exposure to the continuing radioactivity, gathered up 32,000 corpses in the streets. This figure applies almost exclusively to those affected by direct radiation from the bomb. Many bodies were later discovered in the rubble of houses which had been ripped open or burned down. The total number of dead was later calculated to be about 80,000. Many of the injured died from their burns in hospital; thousands also died later from the delayed effects of the gamma rays.

Below are some figures showing the heavy losses among people in professions of public utility:

Out of 300 doctors	270	were killed or injured	
Out of 1,780 nurses	1,654	»	»
Out of 162 dentists	132	»	»
Out of 140 pharmacists	112	»	»

  

	Post Office employees	Officials of the prefectural government	Firemen
Dead	202	57	39
Seriously injured	188	267	48
Slightly injured or unhurt	396	254	99
Missing	859	529	64
Total:	1,645	1,107	250

This, then, was the dramatic situation with which the Japanese authorities had to cope the day after the disaster. The injured were only collected later and about fifty temporary hospitals were hastily set up either in the few buildings which remained intact or those which were only partially damaged. The number of injured was estimated to be about 100,000 but many died from the seriousness of their injuries or through lack of medical care.

### *Second part*

## Reflections on atomic fission

Physicists have already described the operating mechanism of the atom bomb in newspapers and magazines. Basically, a uranium nucleus struck by a slow neutron splits explosively, releasing a huge quantity of energy.

This is not the place to enter into technical details; we are more concerned with describing the various effects of this released energy and trying to analyse their causes. Our personal experiences were limited to Hiroshima, but we also heard accounts of the nuclear attack on Nagasaki.

It would seem, according to information we received, that the bomb, dropped on Hiroshima on 6 August 1945, exploded 600 metres above the ground, with its epicentre not far from the centre of the town. This was estimated as being more or less above the Aioi bridge, not far from the Chamber of Commerce (Shoko Kaigi-Sho). In fact, this bridge was the only one really badly damaged by the bombing; the parapet was destroyed and the tram lines with their sleepers were ripped out.

The total weight of the bomb is said to have been 500 pounds (about 230 kilos) for 7.235 pounds of uranium (about 3.3 kilos).

As Hiroshima sprawled over the Ota delta, without any change of level, the effects of the explosion extended over the whole city.

The bomb, dropped on Nagasaki on 9 August 1945, exploded 50 metres lower than the one over Hiroshima, i.e., at an altitude of 550 metres. Instead of uranium, it contained about the same amount of plutonium. The effect was apparently more violent but less widespread, because of the lower altitude. The city of Nagasaki was built over several valleys and hills, and the latter formed a protective screen against the full force of the bomb. There were fewer casualties in Nagasaki than Hiroshima: 20,000 dead and 50,000 injured.

In this second part, we shall therefore deal with the main effects of the atom bomb on individuals. In so doing, we shall bear in mind the various ways in which the atom bomb took effect and the place where individuals were at the time: in the street, in Japanese houses or in stone buildings and whether they were more or less distant from the centre of the explosion.

### **Effects of the atom bomb on individuals**

The effects apparently varied, depending on their cause, and could be divided into four categories:

1. Burning effect (skin burns),
2. Thermal effect (carbonization, deep burns),
3. Mechanical effect,
4. Radioactive effect.

#### **1. *Burning effect***

By this definition, I mean the results of irradiating and corrosive action by ultra-violet radiation, ranging from simple erythema of the skin to third-degree burns and ulceration.

The fact that some people suffered from burns on one side only would seem to prove that this action was extremely brief, a few split seconds. This is what the Americans call "flash burn". The severity of the burn did not depend on the duration of the explosion but on the distance of the victim from the source of ultra-violet rays.

## 2. *Thermal effect*

According to research carried out by Japanese experts on materials which melted in Hiroshima, it appears that the ground temperature rose to 6,000 degrees Centigrade. The thermal energy was estimated at ten to the power of twelve calories ( $10^{12}$ ).

This temperature was caused by intense infra-red radiation. The effects on human beings were suffocation, severe burns or even carbonization. The severity of the burns obviously depended upon whether the victim was directly under the centre of the explosion or some distance away. The casualties nearest the explosion were carbonized, whatever clothes they were wearing. The most widely divergent cases were observed. One of the most curious was that of a woman wearing a white blouse chequered with black stripes; the skin was burned only under the black stripes. The absorption of light rays by dark substances had raised the black material to such a high temperature that it had burned the skin on contact, whereas the white material did not absorb but reflected the rays, and this protected the skin under the white squares.

In many cases, the action of the ultra-violet and infra-red rays, although operating in different ways, were inextricably linked.

## 3. *Mechanical effect (blast wave)*

This is the well-known effect of the blast of an explosive bomb. However, in the case of the atom bomb, it is infinitely greater than anything the world has seen before. One thousand metres from the site of the explosion, the pressure was estimated to be 130 kg per  $\text{cm}^2$ , and the blast wave flattened wooden houses up to 4 miles from the centre of the explosion. People seemed to have been thrown violently to the ground. Countless accidents occurred inside houses built of wood: people were stunned, had their legs broken, etc.

On the whole, stone buildings resisted the blast; that is, they did not collapse completely, but the blast wave entered by doors and windows, causing considerable damage inside. Most of the round chimneys, incidentally, stood up to the blast, as their shape offered less resistance to the movement of air and their flexibility enabled them to withstand the blast pressure.

#### 4. *Radioactive effect*

This effect is caused by X-rays, gamma rays and neutrons. Gamma rays, capable of passing through solid bodies, definitely produced the greatest biological reaction, compared with ultra-violet rays which are more superficial. Their action is specific inasmuch as it is not short-lived like that of ultra-violet rays but lasts as long as substances remain radioactive. In Hiroshima, apparently, radioactivity remained harmful for human beings for about five days after the explosion; after that time, the effect seems to have been virtually innocuous.

Two examples illustrate this long-term danger:

People came from the country to the places where their relatives had been living, to search for them. They found nothing but ashes and ruins but then, among the rubble, they noticed some bones. These they gathered up reverently for honourable burial, holding them pressed against their chest and carried them for several hours until they reached home. A few days later, doctors noted burns on their hands and chests, clear signs of "radiodermatitis".

The branch office of the Nippon Bank, situated 380 metres from the centre of the explosion, was partly destroyed; but one wing remained intact, and some rooms containing stores (iron and silk) were spared. Several employees, who had been away from Hiroshima at the time of the disaster, returned there three days afterwards and lived for some time in these rooms. Two weeks later, they showed slight radiation-induced symptoms, including leukopenia with a count of 2,500 leukocytes. However, they all recovered.

During the testing in New Mexico, when the bomb exploded on the ground, the radioactivity had lasted very much longer—according to some publications, about a month.

All the clinical and biological symptoms observed amongst Hiroshima victims therefore constitute a syndrome which could be called "hirosimitis". This syndrome seems to have been caused mainly by the action of gamma rays. The exact role of neutrons has not yet been established but would appear, at first sight, to be important. Individuals needed to be exposed to these rays for only a relatively short time, anything from a few seconds to a few days, depending upon the intensity of the radiation.

People affected by radioactivity may show varying symptoms. They may be suffering from all the effects of the bomb or from one or the other. For example, one person, having been treated for a broken leg, suddenly complains of anemia. Others, suffering from slight burns, develop melena (intestinal hemorrhage).

However, in most of the persons affected by radioactivity, we observed pure cases of the syndrome which I shall describe as "hiroshimitis".

Apart from this syndrome, there were a few exceptional cases of X-ray burns which appeared several days after the explosion. At first, they took the form of erythema, then developed into ulceration. No case of secondary cancer was observed.

### **The hiroshimitis syndrome**

#### *a) Clinical symptoms*

The first symptoms appeared from one to six days after the explosion. The patients felt generally weak, were pale, lacked appetite and tended to suffer nausea. It was often this lethargy which prompted them to consult their doctor or go to one of the temporary hospitals.

A few days later, the patient began to suffer from hematemesis caused by melena, and sometimes from hematuria, hemoptysis and epistaxis; then from the tenth to the fourteenth day, lung troubles started, as well as gingivitis. Small and numerous petechiae appeared on the skin. Symptoms of anemia, such as skin pallor, tachycardia and faster breathing, increased. The least infection became alarming. Cases of necrotica angina were frequent. The blood sedimentation rate was greatly accelerated and the tourniquet test was always positive. The length of bleeding time was prolonged. Sometimes a patient had a temperature without any infection; this was probably due to blood resorption and heavy suffusions. Many patients completely lost their hair, their gums receded and their teeth fell out.

#### *b) Hematological symptoms*

The rapid reduction in the number of leukocytes in the blood, in other words leukopenia, was often the first symptom to appear. This was accompanied by severe anemia, a type of aplastic anemia. The blood platelets diminished and even disappeared altogether. Sternal puncture revealed a decrease in new corpuscles. Hemoglobin fell in almost the same proportion as the red blood corpuscles.

#### *c) Morbid anatomy*

Autopsies on twenty victims, carried out by Japanese professors from the Imperial University of Tokyo, presented the same pathological

picture of the various organs as noted by Professor Tsuzuki in his experiments on rabbits in 1925. I myself saw many anatomical specimens.

To summarize, examination under the microscope revealed heavy suffusions of blood in almost all the organs: the brain, meninges, lungs, liver, kidneys, suprarenal capsules, etc. All possible reactions were noted under the microscope, from severe hyperemia to fatty degeneration and atrophy. A few rare signs of bone-marrow degeneration were observed.

The cause of death appeared to be acute aplastic anemia with severe leukopenia and the usual complications, infections, etc.

For further details, I refer readers to the work of Heinecke and Tsuzuki, which is still valid, as well as the considerable literature on the subject by American authors.

#### *d) Specific observations*

Children were more severely affected than adults but recovered faster.

Hematological examination of twenty witnesses, selected from those who had been more than three kilometres from the explosion, revealed two cases of slight leukopenia (4,000 to 5,000 leukocytes); all the other cases had normal blood counts.

The simultaneous action of ultra-violet and gamma rays seems to have been more harmful than gamma radiation alone. This was probably due, in addition to the troubles caused by burns and hiroshimitis, to the metabolism being upset by ultra-violet radiation.

One case of leukemia was recorded in Nagasaki, but this was probably pure coincidence.

### **Extent and consequences of the atom bomb on human beings in Hiroshima**

We give below the general consequences of the effects already mentioned above, in relation to the distance of the victim from the centre of the explosion.

To understand clearly, we have to ask: what was the effect of this nuclear attack in areas within a radius ranging from 0 to 3,000 metres, depending on whether the victims were:

- a) outside houses (in the streets and gardens);
- b) inside Japanese houses built of wood and extremely flimsy, or
- c) inside buildings made of robust materials (stone, concrete, etc.).

## **I. Persons within a radius of 0 to 500 metres from the centre of the explosion**

Although the real epicentre of the explosion was estimated to be at 600 metres altitude, we shall take as our reference point the place where the bomb would have presumably fallen if it had exploded on the ground.

### *Category a) : Persons overcome outside houses*

They were all affected by direct ultra-violet, infra-red and gamma radiation as well as by blast. They all died instantly.

The principal cause of death seems to have been the high temperature which developed as a result of the intense infra-red radiation—as mentioned above, this rose to 6,000 degrees Centigrade on the ground. Some also died from accidents following the blast, for example, houses collapsing, falling beams and tiles, etc. The bodies collected were often completely carbonized.

Within this first ring 1,000 metres in diameter the light rays struck straight down on streets and gardens, covering the entire area, with hardly a patch of ground unaffected. It can therefore be deduced that the victim was much more exposed, being under the most direct radiation and within the shortest path.

### *Category b) : Persons overcome inside Japanese houses*

Almost all died as a result of the triple action of temperature, radio-activity and, particularly, blast.

The wooden houses were smashed like matchboxes and what remained of them immediately caught fire.

People died on the spot, knocked senseless, burned or smashed by the blast.

### *Category c) : Persons overcome in buildings made of robust materials (concrete, stone, thick bricks, etc.)*

Almost all the persons in this category were mainly affected by gamma rays or by the blast wave which came through doors, windows and sometimes even the roof of stone houses. The ultra-violet rays, being superficial, had no effect.

The action of the gamma rays varied according to the thickness of the shield, such as outside walls, partitions, ceilings, etc. Japanese doctors were able to reconstruct scenes with persons who had suffered from hiroshimitis or who had even escaped completely, as they had

been in one of the rooms in these concrete buildings. They concluded that a thickness of at least 20 cm. of strong material (concrete, stone) was enough to form a screen against the force of radiation and so to protect human beings.

However, it is difficult to lay down hard and fast rules on this subject, as most of the victims in this category left the buildings immediately after the explosion and so were exposed to the continuing ambient radioactivity, to an extent impossible to establish.

The death rate among persons in this category c was apparently as high as 50%.

## **II. Persons within a radius of 500 to 1,000 metres from the centre of the explosion**

Category a): 80% killed immediately.

Category b): 20 % survivors, but almost all showing symptoms of delayed effects of gamma radiation.

Category c): 10% killed immediately. Of the remaining 90%, 50% had a delayed reaction to gamma-ray exposure, but the death rate was not recorded; 50% appear to have been unaffected.

## **III. Beyond the radius of 1,000 metres from the centre of the explosion**

In the area ranging from 1,000 to about 3,000 metres from the bomb's epicentre, persons seem to have been affected either by all the effects of the explosion or at least by one of them; they suffered to varying degrees, depending on how far they were from the centre of the explosion and where they were (see a, b and c above).

There are no exact statistics on this subject but, since the number of dead and injured for the whole of Hiroshima totalled 180,000, it would seem that the effect was fairly powerful in this area.

According to witnesses who were a mile or so from the centre of the explosion, there was a fairly long time-lapse between the flash, then the heat-wave and finally the blast (some seconds). Many people living on the outskirts of the town were even able to reach the shelters in the time between seeing the flash and hearing the sound of the blast wave. As a general rule, and these are rules of elementary physics, the greater the distance, the longer the interval.

## CONCLUSIONS

These lines are only intended to give as objective an account as possible of what a Swiss doctor witnessed in Hiroshima and of the information he managed to obtain from Japanese or American experts.

Two main questions seem to me to arise now that this new weapon has been used:

1. What new factors in warfare does the atom bomb bring to bear?
2. Is there any possible defence system to protect civilians from similar attacks?

### 1. New factors

These basic principles had been known for a long time; what was new was the specific use to which they were put. A relatively small bomb is capable of emitting light rays which, within a given area, are fatal for human beings in the direct path of radiation or inadequately screened.

Furthermore, the blast felt within a radius of a few hundred metres of the bombs used previously, now extends for many miles. Its force therefore seems 10 to 20 times stronger.

It should be pointed out that the effects of the killer rays, although more rapid, are considerably less widespread than those of the blast. The two types of force are together capable of destroying all signs of life over an area of several square miles in a split second.

The huge scale of such a disaster in a city partly destroys and totally disrupts public services. The continuing radioactivity is a real danger for relief teams coming in from outside or leaving the shelters, because they may also be put out of action.

### 2. Defence

#### *a) Overall defence*

Defence is a military problem which, in the final analysis, depends upon scientists and technicians. As things stand now, we are unequipped to provide any defence whatsoever, if V2s are used to carry the atom bomb. These missiles reach a speed of 2,000 to 2,500 miles per hour, much faster than the speed of sound, and nobody has yet been able to stop them.

Furthermore, if the bomb explodes on the ground or under water, it builds up such a force that even the apparently safest shelters or strongest ships cannot withstand it.

The Bikini experiments, carried out since the nuclear attacks on Hiroshima and Nagasaki, apparently had even more terrifying consequences but we do not yet have enough precise information on the subject to be able to form a reliable opinion.

*b) Civil defence*

This is what most concerns us, as civilians living in cities, because nuclear war would mean first and foremost the destruction of towns and industrial centres.

Is passive civil defence possible ?

If the atom bomb explodes right on the ground, the answer to this question would seem to be no; the force of the blast would be so great that shelters, even protected by several metres of concrete, would cave in as a result. Furthermore, how could these shelters be fitted with a ventilation system which would block the entry of radioactive substances? Even if this was feasible, persons in the shelter would have to be able to remain there for a very long time before emerging, so as not to expose themselves to the radioactivity in the atmosphere.

On the other hand, it seems that underground concrete shelters, with walls five or six metres thick, will withstand the blast of a bomb which explodes several hundred metres above the ground. This was the case in Hiroshima. Moreover, even if the bomb explodes on the ground, some shelters further away from the centre of the explosion will remain intact, as the triple action of the blast, the heat and the radioactivity moves along the surface of the ground and is attenuated by successive obstacles, such as dwellings, offices, etc., which will act as shields to the more distant buildings.

To sum up: despite uncertainty about the efficacy of shelters, they must be retained for civil defence purposes. However, it would be wise to locate hospitals, and stores of food, water and medical supplies outside the cities, if possible behind hills or slightly rising ground.

The treatment of persons affected by ultra-violet radiation is the same as for burn victims, but it must be borne in mind that all have been exposed to a greater or lesser extent to gamma rays. In order to counteract the effects of the latter, as in the treatment of hiroshimitis, small transfusions of whole blood should be given several times a day, as well as plasma, etc. Massive transfusions are contra-indicated as they only increase the purpura and blood suffusions. Penicillin successfully combats secondary infections.

Above all, healthy or injured people should be immediately evacuated from towns having suffered a nuclear attack, to protect them from the effects of long-term radiation.

In conclusion, for someone who was a witness, albeit one month later, of the dramatic consequences of this new weapon, there is no doubt in his mind that the world today is faced with the choice of its continued existence or annihilation.

If this weapon is used in a future war, we shall experience the annihilation of thousands of human beings in appalling suffering.

A parallel can be drawn with the First World War, when poison gas was first used at Ypres. After the war, the various nations, horrified by the effects of this poison, signed a convention banning the use of this gas for ever in future armed conflicts. This commitment was upheld during the Second World War, to the credit of humanity.

Once again, the world is at the edge of an abyss and peace has only just been re-established. Political ideals and material interest seem to be incompatible today and nobody has the right to demand of anyone that he give up these ideals or interests.

The mystical and material forces of the world are at work, for better or for worse. Nobody can foresee the outcome. And these forces are being stirred up by men. It is to them that we should express our anxiety, to them that we should cry out in alarm: Do the same for atomic energy as you did for poison gas. Ban its use in time of war, if the worst happens and war itself cannot be avoided.

Only a unified world policy can save the world from destruction. State leaders should follow the example of doctors and scientists, who come together at congresses to share the benefits of discoveries and new ideas with their colleagues. The world would then have the peace of mind it longs for.

**Dr. Marcel Junod**

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# INTERNATIONAL COMMITTEE OF THE RED CROSS

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## **Recognition of the Red Cross Society of the Republic of Rwanda**

GENEVA, 8 October 1982

CIRCULAR No. 524

*To the Central Committees of the National Red Cross  
and Red Crescent Societies*

LADIES AND GENTLEMEN,

We have the honour to inform you of the official recognition, by the International Committee of the Red Cross, of the Red Cross Society of the Republic of Rwanda. This recognition, which came into effect on 6 October 1982, brings to 130 the number of National Societies members of the International Red Cross.

The new Society submitted its request for recognition, dated 13 August 1982, to the International Committee of the Red Cross through a mission of representatives of the International Committee and the League of Red Cross Societies, who visited Rwanda from 9 to 17 August 1982. It also presented, together with the text of its Statutes and a report on its activities, a copy of the presidential decree of 29 December 1964 conferring legal status upon the Rwandan Red Cross association and recognizing it as a voluntary aid society auxiliary to the public authorities.

These various documents have been jointly examined by the ICRC and the Secretariat of the League of Red Cross Societies, who certify that the ten conditions required for the recognition of a new National Society have been fulfilled. It remained necessary, under the legislation in force in Rwanda, for the Statutes of the National Red Cross to be approved by the competent authorities; this final formality was completed by a decree issued by the Ministry of Justice on 4 October 1982.

Representatives of the International Committee and the League of Red Cross Societies have visited the Rwandan Red Cross Society several times in recent years. They observed that the Society had a considerable number of volunteers and that its operational capacity was of a high standard. The Society has extended its activities throughout the country, and each commune has its own local section.

The Rwandan Red Cross has set up a national relief service whose activities consist of preparation for intervention in time of war alongside the medical services of the armed forces; intervention in natural disasters, epidemics or accidents; assistance to refugees; and the prevention of accidents or disasters. The Society also trains first aid volunteers and community health workers, organizes courses for the population on basic hygiene and the prevention of disease and provides assistance for the needy and the sick. In addition it has important achievements to its credit in the field of blood transfusion and aid to orphans. It has a well-structured youth organization.

The Republic of Rwanda acceded on 21 March 1964 to the Geneva Conventions of 1949, by a declaration of succession which became effective on 1 July 1962.

The President of the Red Cross of the Republic of Rwanda is Dr. Claudien Kamilindi; its Secretary General is Dr. Alphonse Nteziimana. The Society has its headquarters at Kigali, at the following address: Rwandan Red Cross, B.P. 425, Kigali, Republic of Rwanda.

The International Committee of the Red Cross has great pleasure in welcoming the Red Cross of the Republic of Rwanda as a member of the International Red Cross and accrediting it, by the present circular, with

its warmest commendations, to all National Societies . The International Committee of the Red Cross wishes the Rwandan Red Cross every success for its development and for its humanitarian activities.

FOR THE INTERNATIONAL COMMITTEE  
OF THE RED CROSS

*Alexandre HAY*

*President*

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### **Resignation and Appointment to the Executive Board**

Mr. Jakob Burckhardt last summer requested the ICRC Assembly to release him from his functions on the Executive Board. The Assembly has expressed its profound gratitude to Mr. Burckhardt for the outstanding services he had rendered since July 1978, during his four years as a member of the Board. Mr. Burckhardt will continue to be a member of the Assembly.

To replace Mr. Burckhardt, the Assembly has appointed Mr. Olivier Long, who began in September to take part in the meetings of the Executive Board. Mr. Long has been a member of the ICRC since December 1980.

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### **Resignation and re-elections at the ICRC Assembly**

At its meeting on 15 December 1982 the ICRC Assembly accepted the resignation of Mr. Harald Huber, Vice-President, who has reached retirement age. The President of the ICRC, Mr. Alexandre Hay, warmly thanked him on behalf of the International Committee, which appointed him an honorary member.

Mr. Harald Huber, who has occupied a prominent place in Swiss public affairs throughout his career, was a member of the Grand Council of the Canton of St Gallen and of the Swiss National Council, then judge and finally President of the Federal Tribunal, the supreme court in Switzerland. He was elected a member of the ICRC in 1969, and became its Vice-President in 1971. Mr. Huber has conducted delicate negotiations for the ICRC and has carried out difficult missions to various European and Asian countries, and very recently to the Middle

East. The ICRC also entrusted him with mandates which, in various commissions whose work is of interest for the Red Cross as a whole, he accomplished with greatest distinction. Mr. Huber is not retiring completely from active life, since he will continue to chair the Commission on the Red Cross and Peace, which he has presided over since 1976.

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At the same meeting the ICRC Assembly renewed the appointments, which according to the Statutes were due to expire, of Mr. Victor H. Umbricht, a member of the ICRC since 1970, and of Mr. H. Huguenin, a member since 1974.

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### **Accession of the Republic of Vanuatu to the Geneva Conventions**

The Government of the Republic of Vanuatu, by a note dated 11 October 1982 addressed to the Swiss Federal Department for Foreign Affairs and received on 27 October 1982, has deposited its instruments of accession to the four Geneva Conventions of 12 August 1949 for the protection of war victims.

In conformity with the final provisions of the Conventions, the Republic of Vanuatu will become a Party to the Geneva Conventions six months after the date of deposit of the instruments of accession, namely on 27 April 1983.

The Republic of Vanuatu is thus the 152nd State party to the Geneva Conventions of 12 August 1949.

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### **Accession to the Protocols by Saint Lucia**

On 7 October 1982 Saint Lucia deposited with the Swiss Government an instrument of accession to the Protocols additional to the Geneva Conventions of 12 August 1949 relating to the protection of victims of international armed conflicts (Protocol I) and non-international armed conflicts (Protocol II), adopted at Geneva on 8 June 1977.

In accordance with their provisions, the Protocols will take effect for Saint Lucia as of 7 April 1983.

This accession brings to 26 the number of States parties to Protocol I and to 23 those parties to Protocol II.

## *EXTERNAL ACTIVITIES*

*September and October 1982*

### **Africa**

#### **Southern Africa**

#### **Angola**

At the end of September new security problems arose, compelling the ICRC delegation in Angola temporarily to suspend its activities on the Planalto. In the night of 24 to 25 September the ICRC premises in Katchiungo (Huambo province), where fortunately no one was present at the time, were attacked and ransacked. After this incident the delegate general for Africa, Mr. J. M. Bornet, went to Angola from 29 September to 7 October to reexamine the situation with the delegation and to discuss with the authorities. At the end of October, the danger in the field had not diminished and continued to prevent a resumption of activities.

However, the emergency programme, which has regularly benefited more than 120,000 persons during recent months, has helped to substantially improve the nutritional condition of the displaced population.

It will be recalled that the Bomba Alta orthopedic centre, run by the ICRC and the « Angolan Red Cross », was seriously damaged by two sabotage explosions (the second at the end of July), necessitating extensive repairs. Work at the centre continued, however, although the rate of production was slowed down.

In the far south of Angola, seven local employees of the ICRC were abducted on 18 October in the Cunene district. This new abduction —

it will be recalled that an ICRC nurse, Miss Burnier, was released on 18 September after almost four months of detention by UNITA (National Union for the Total Independence of Angola) — is yet another attempt to undermine ICRC protection and assistance activities in the area. Steps were immediately taken to obtain the release of these employees as quickly as possible.

Despite these developments, two ICRC employees (one delegate and one nurse from Europe) continued their activities of protection and medical assistance; their movements were confined, however, to the town of N'Giva, as the risk outside was still too great.

### **Republic of South Africa**

From 6 to 21 September, the ICRC delegation in Pretoria carried out its annual series of visits to security detainees. The team, composed of ICRC delegates based at Pretoria and Windhoek and a medical delegate from Geneva, went to 10 places of detention, where they visited 413 convicted prisoners and two persons detained under the internal security regulations.

A Soviet and a Cuban prisoner of war were likewise visited several times by the delegates in September and October.

Finally, as the Venda authorities had consented in principle to protective activities in their territory, the Pretoria delegation sent Venda a memorandum specifying the ICRC procedure for such activities.

### **Namibia/South-West Africa**

After completing their annual series of visits in South Africa, the ICRC delegates went to Mariental Camp in Namibia. On 27 and 28 September, they visited 94 Angolan prisoners of war and 136 persons detained in accordance with decree AG 9 issued by the Administrator General.

### **Lesotho**

In response to the invitation by the Lesotho authorities, Mr. Berchtold, ICRC regional delegate in Maputo (Mozambique), went to Maseru in early October. This mission had a dual purpose, namely to resume negotiations with the government on the offer of protection services made by the ICRC in November 1981, and also to meet the Lesotho Red Cross and in particular discuss dissemination. During his visit, the delegate was authorized to visit 12 convicted prisoners.

**Zambia**

Two delegates from Geneva and the ICRC regional delegate in Harare took part as observers in the meeting of Red Cross Societies of southern Africa, organized by the League of Red Cross Societies and held in Lusaka from 13 to 17 September.

**Central and West Africa****Burundi**

From 4 to 29 September, three delegates from Kinshasa carried out a series of visits to prisons in Burundi pursuant to the agreement in principle obtained from the authorities in 1981. They had access, throughout the country, to eleven places of detention administered by the Ministry of Justice, where there were a total of 3,222 detainees. The visits took place in accordance with the customary procedure of the ICRC; at the same time relief supplies representing approximately 33,000 Swiss francs were distributed. During this mission, the ICRC raised the question of Burundi's accession to the 1977 Protocols.

The ICRC delegates had talks with Lieutenant-Colonel Stanislas Mandi, Minister of the Interior, Mr. Laurent Nzeyimana, Minister of Justice, and senior representatives of the Ministry of Foreign Affairs and of the prison administration authorities. They likewise had talks with the President of the Burundi Red Cross.

**Cape Verde**

Accompanied by a doctor, the ICRC regional delegate for West Africa, Mr. J. C. Rochat, carried out a mission to Cape Verde from 16 to 24 September to make a second visit to prisoners convicted of endangering the security of the State. He had access, in accordance with customary ICRC procedure, to 12 persons detained in Mindelo prison on the island of Sao Vicente. The previous visit, to 15 persons in the same prison, had taken place at the end of March; in the meantime three detainees had been released.

This mission also enabled discussions to be continued, in particular with the President of the « Cape Verde Red Cross », on the country's accession to the Geneva Conventions and the procedure for recognition of the society.

**Ivory Coast, Senegal, Togo**

In the course of September and October, the ICRC regional delegate for West Africa went also to the Ivory Coast, Senegal and Togo, mainly to promote relations between the ICRC and the National Red Cross Societies there.

**Chad**

In September, the ICRC continued its participation in the UNDRO emergency relief programme in Chad, which it had helped to launch, since the representatives of the international organizations were alerted by ICRC delegates to the humanitarian needs they had observed. Northern and central Chad were kept supplied by an airlift until 5 October. The ICRC itself chartered an aircraft and flew in 342 tons of food aid between 23 September and 5 October, mainly to Mongo, Abeche, Iriba and Oum Chalouba. Overland food convoys were resumed when the rainy season ended.

Surveys to assess nutritional needs were also carried out in October in Ounianga and Melfi, and the delegates continued to keep the authorities and international organizations informed about the alarming situation in certain regions.

With regard to protection, the delegates visited the Abeche remand centre, then toured the various oases in the east of the country in September to visit prisoners of war. Ten localities in the Biltine and Ennedi regions were visited between 27 September and 4 October; 130 prisoners were seen there and given relief supplies. In October, the central areas were also toured, and one visit was made to the places of detention in the east of the country.

**Zaire**

In September and October three prisons administered by the Ministry of Justice and containing 435 detainees were visited in the capital of Zaire. An ICRC doctor took part in these visits.

From 1 to 8 October, the ICRC head of delegation in Kinshasa and a medical delegate went on mission to the Shaba province. They had access to four places of detention administered by the Zaire armed forces, and to one place of detention administered by the security authorities, which had previously been visited in August; there were a total of 23 detainees there, all of whom were given a medical examination.

During this mission agricultural assistance projects for five prisons administered by the Ministry of Justice, which were visited in August,

were discussed. In order to bring about a lasting improvement in the supply of food for the detainees, the ICRC has decided to promote agricultural production in certain places of detention, in close collaboration with the Ministry of Justice in Kinshasa and the rural development authorities of the Shaba province.

In the latter half of October, an ICRC delegate and a sanitary engineer carried out a further mission to the Shaba province to launch the agricultural assistance projects in the five prisons and to advise on sanitation there (repair of drains and septic tanks, insect control). They distributed maize seed, fertilizer, farming implements, cement, pipes, soap, building tools and cleaning utensils to improve hygienic conditions. In all, this assistance programme consisted of more than 74 tons of material and cost almost 47,000 Swiss francs (including transport costs).

### **Western Sahara**

In connection with the conflict in the Western Sahara, the ICRC again approached Morocco in October through the Permanent Mission in Geneva, requesting access to the Algerian prisoners and pointing out the obligations, under the Geneva Conventions, of the parties to a conflict. It also informed the Permanent Mission of Algeria about the approaches made to the Polisario Front since the end of 1981—including two missions to Algiers—which have not as yet resulted in any protective activities being undertaken; it delivered a memorandum to the Algerian mission.

### **East Africa**

#### **Ethiopia**

During their survey from 14 to 27 September of needs in the Gondar province, ICRC delegates were present at several distributions of general relief supplies by the local branch of the Ethiopian Red Cross in collaboration with the Rehabilitation and Relief Commission. They examined the possibility of starting feeding programmes in a number of villages. It was decided to launch a special feeding programme for 330 infants suffering from malnutrition. This was organized by the delegates during a second mission to Gondar in October. Distributions will begin in November in the rural clinics administered by the Ministry of Health in four villages of the Siemen and Libo regions.

Missions were also made to the Bale and Harar provinces, both to assess the situation and to check on distributions of relief supplies.

In Eritrea, lorries loaded with Red Cross consignments took out aid to places outside of the town of Asmara: 22 tons of food and medicaments was transported to two localities, Adi Ugri and Adi Kwala.

On 25 September, two ambulances were handed over by the ICRC to the local Eritrean branch of the National Red Cross Society.

### **Uganda**

The regional delegate for East Africa, based in Kenya, visited Uganda and stayed in Kampala from 23 to 29 September with the purpose of reminding the Ugandan authorities of the offer of services conveyed to them by the ICRC in August.

## **Latin America**

### **Regional delegation in Bogota**

In September and October, Mr. G. Heumann, ICRC regional delegate for the Andean countries, Guyana and Surinam, continued his contacts with the governments and National Red Cross Societies in the region.

He carried out a second mission to Peru as from 14 October. The negotiations begun with the authorities in August have thus resulted in an agreement allowing access to persons detained for reasons of internal security. Visits were scheduled to begin in mid-November.

From 28 October, the regional delegate went to Surinam to meet government representatives there, and senior members of the newly formed Red Cross Society. After his conversations with the government, the ICRC delegate was authorized to visit 21 persons detained for security reasons.

### **El Salvador**

ICRC activities in El Salvador increased sharply in September, when ICRC aid was given to 78,500 displaced persons in the conflict zones, the highest figure so far. In September and October no less than 830 tons of food was distributed under the delegates' supervision. The ICRC likewise gave aid to the National Society to facilitate its emergency assistance programme for the thousands of victims of the torrential rains.

ICRC mobile medical teams continued visits to displaced persons in the departments of Chalatenango, Morazán and Cabañas.

In September and October, the ICRC delegates continued their work of protection in the various detention centres, both at San Salvador and in the provinces; 180 security detainees were seen for the first time and registered. These visits took place according to customary ICRC procedure.

During the same period, four members of the government forces, captured by opposition groups, were visited twice. In October, 66 captured government soldiers were released by the opposition forces, under the auspices of the ICRC.

### **Nicaragua**

In September and October, the ICRC delegates continued their activities of protection and assistance for persons detained and those convicted for security reasons in the prisons of the national penitentiary service.

Discussions also continued between the authorities and the delegates on two questions which have been a source of concern for the ICRC for several months, namely: the situation of the Miskito Indians displaced by the authorities from the zones close to the Honduran frontier and resettled in the department of Zelaya; and access to persons under interrogation detained in places administered by the States Security Services.

### **Guatemala**

From 25 October to 5 November Mr. Gaillard-Moret, ICRC regional delegate for Central America, in Costa Rica, stayed in Guatemala for talks with the authorities. He discussed with the Minister of Foreign Affairs, the Minister of Defence, the Minister of the Interior and with officials of the « Commission to study the problems of the people in conflict areas ». The ICRC intends to continue the dialogue thus begun with the government of Guatemala.

### **Argentina**

The series of visits to persons detained for security reasons, which began last July, was continued. In September and October, 525 detainees were visited in seven places of detention and a hospital; 237 of them were interviewed without witnesses.

## **Asia**

### **People's Republic of China**

From 19 to 24 August, Mr. R. Pestalozzi, Vice-President of the ICRC, and Mrs. Harroff-Tavel, delegate of the Division «Principles and National Societies», were in the People's Republic of China and had talks there with representatives of the Chinese Red Cross. They were also received by the Deputy Minister of Foreign Affairs and by senior representatives of the Ministries of Foreign Affairs and of Education. Dissemination was a particular topic of discussion during this mission.

### **People's Democratic Republic of Korea**

The two ICRC representatives subsequently stayed from 24 to 27 August in the People's Democratic Republic of Korea; they were received by the leaders of the National Red Cross Society and by one of the deputy prime ministers. The main purpose of this visit was to maintain relations with this country, which was visited last year, for the first time since 1959, by the ICRC delegate general for Asia.

### **Afghanistan**

A team of four ICRC delegates arrived on 14 August in Kabul, at the invitation of the Afghan authorities, and made a first visit to Block I of Puli Charki Prison (see previous *Review*). On 8 October the delegation was intimated by the same authorities to cut short its mission and to leave Afghanistan temporarily.

During negotiations between its delegates and the Afghan authorities, the ICRC received an assurance that it would be able to carry through its activities in Afghanistan particularly those of protection.

The negotiations continued in October, mainly in New York, to set a date with the Afghan authorities for the ICRC delegates to return to Kabul and resume their visits to prisons and the programme of medical assistance for hospitals and dispensaries.

### **Pakistan**

In September Dr. Arbex, of the ICRC Medical Division in Geneva, went to Pakistan to assess, with the ICRC delegation, the medical assistance the ICRC is providing for Afghan wounded there.

The ICRC surgical hospital at Peshawar—whose capacity had had to be increased from 120 to 164 beds—continued to receive numerous

casualties (164 admissions in September and 142 in October); in addition, 1,325 out-patient consultations were given in the course of these two months.

The ICRC paramedical teams likewise continued their activities at the centre for war paraplegics and the artificial limb workshop, which are attached to the hospital. The team of local personnel, trained by ICRC specialists, are now capable of running this centre which is scheduled to be handed over to the Pakistan Red Crescent at the end of 1983.

As there are no medical facilities in the region for paraplegics and tetraplegics, a particularly unfortunate category of casualties, it has been decided to enlarge the present centre to a capacity of about 80 beds and treat Pakistani paraplegics there as well. The Pakistan Government will provide the necessary land for the project.

### **Indonesia/East-Timor**

In September and October, the assistance programme set up for the latter half of 1982 in conjunction with the Indonesian Red Cross, was continued for the displaced population on the island of Atauro and in seven villages on the island of Timor.

The ICRC programme of family reuniting is likewise continuing and eight persons rejoined their families in Portugal in September.

From 29 October to 10 November, the head of the ICRC delegation in Indonesia, accompanied by a woman delegate, a doctor and a specialist from the ICRC Relief Division went to East Timor.

They carried out a second series of visits to displaced persons on the island of Atauro and to two places of detention (one of which was visited for the first time) on the main island. These visits took place in accordance with customary ICRC procedure. During this mission the doctor and the expert from the ICRC Relief Division, in collaboration with representatives of the National Society, assessed the medical, nutritional and logistic situation on the main island and on Atauro.

### **Philippines**

In the first half of October two ICRC delegates, Mr. Olivier and Mr. Nicod, went to the Davao Sur and Davao Norte provinces on the island of Mindanao, where an emergency food aid programme for displaced persons had been launched in July. The programme, planned in co-operation with the Philippine Red Cross on the basis of needs observed during a previous survey, will last until the end of 1982.

Through the feeding centres which have been set up food aid is being given to the most vulnerable members of the displaced population (infants, expectant and nursing mothers and old people).

In the Davao Norte province aid is being given in 158 feeding centres to some 4,000 displaced persons, and approximately 3,800 persons are receiving similar aid in 27 centres in the Davao Sur province. In Davao Norte, the ICRC has appointed a nutritionist and a nurse. In Davao Sur, the assistance programme is being supervised by a medical technician of the Philippine Red Cross and a nurse from the provincial Health Service. Statistics have confirmed the encouraging results of this aid: after one month, the infants showed a gain in weight of between 0.5 and 1.5 kg.

### **Viet Nam**

The Vietnamese Deputy Minister of Foreign Affairs, Mr. Ha Van Lau, visited the ICRC on 7 October. He was received at ICRC headquarters in Geneva by Mr. Alexandre Hay, President of the ICRC.

During their talk, ICRC activities in connection with the conflict in Kampuchea and questions concerning Viet Nam were discussed.

### **Thailand**

At the end of September, a survey was carried out by ICRC delegates in the frontier region to the north-east of Aranyaprathet (Ban Sagnae, Ban Baranae, O-Bock and Chong Chom districts), where the ICRC had never previously had access and where there are thousands of civilian Cambodian refugees. After this mission, the possibility of evacuation in case of emergency of the 13,000 Khmers living in the Chong Chom/Osmak camp was discussed with the Thai authorities. Consent was given to their provisional asylum in Thai territory if safety conditions deteriorated.

The ICRC also continued its attempts to find a solution for the evacuation of a particularly vulnerable group, the Vietnamese "land refugees". For this purpose an invitation was sent, in collaboration with the United Nations Office of the High Commissioner for Refugees (UNHCR), to the representatives of Permanent Missions of twenty countries of potential asylum to participate in three successive meetings (17 and 28 September, and 6 October) chaired by Mr. A. Hay, President of the ICRC, at ICRC headquarters in Geneva. At the same time a similar meeting was held at the ICRC delegation headquarters in Bangkok with the representatives of the same States in Thailand.

A high ranking Thai delegation led by Squadron Leader Prasong Soonsiri, Secretary General of the National Security Council, visited

Geneva on 12 October. President Hay informed the delegation about the latest steps taken and about the ICRC's hope that a solution would soon be found.

The ICRC also continued its protection activities (visits to and registration of detainees) in places of detention near the frontier, specifically at Phnom Chat, Nong Chan and Samet, and in the military prison of Aranyaprathet.

## **Middle East**

### **Iraq/Iran Conflict**

#### *Mission by the Director of Operational Activities*

Mr. J. P. Hocké, ICRC Director of Operational Activities, was in Teheran from 16 to 23 October and in Baghdad from 28 October to 3 November to meet the authorities of these two warring countries and try to solve the problems encountered by ICRC delegates in their work.

In Iran, Mr. Hocké had talks with the President of the Islamic Republic, Hojjatoleslam Seyed Ali Khamenei, the Speaker of the Islamic Parliament, Hojjatoleslam Hashemi Rafsanjani, the Commander-in-Chief of the Armed Forces, the Minister of Foreign Affairs, the head of the Second Military Intelligence Bureau and the President of the Iranian Red Crescent Society.

In Iraq too, Mr. Hocké met senior government representatives and was received by the President of the Republic, Mr. Saddam Hussein; he also had talks with the Minister of Foreign Affairs and an exhaustive discussion with the Permanent Committee for War Victims.

Both in Teheran and in Baghdad, Mr. Hocké received assurance that each State intended to respect all the clauses of the Geneva Conventions.

#### *Distribution in Iran*

After the survey carried out in August among the Iraqi Kurds in Ziveh (Azerbaijan), two ICRC delegates took there twenty tons of warm clothing and 150 kilos of multivitamin preparations by lorry between 22 and 26 October.

#### *Visits to prisoners of war in Iraq*

The ICRC delegates in Baghdad carried out their monthly visits to the Mosul, Ramadi and Anbar prisoner-of-war camps.

**Kuwait and Bahrain**

The ICRC regional delegate for the Arab Peninsula went on mission to Kuwait and Bahrain from 5 to 11 September. He met the representatives of various ministries there, and also the senior members of the National Red Crescent Societies. In both countries, the discussions were mainly concerned with the problems created in that area by the conflict between Iraq and Iran.

**Lebanon**

There was little improvement in September and October in the general situation in Lebanon, with the presence of diverse foreign armed forces, massacres in refugee camps, the assassination of the President of the Republic of Lebanon: such was the background to the ICRC's activities of protection and assistance.

*Protection*

The ICRC reacted vigorously as soon as news was received of the massacres in the camps of Sabra and Chatila. On 18 September it appealed to the international community to halt the slaughter and protect the Palestinian population's simple right to live; at the same time the ICRC reminded the occupying authorities of their duty to restore and maintain public law and order, in accordance with the regulations annexed to the IVth Hague Convention of 18 October 1907 and with the Fourth Geneva Convention.

In Beyrouth the delegates took practical action as fast as possible. On 17 September, they transferred to various other hospitals in the capital the most serious cases from the Gaza and Akka hospitals, situated in the area the massacres had occurred. On the following day both hospitals were completely evacuated. Owing to the overcrowding of hospitals in Beyrouth and the general state of insecurity, the ICRC took the Gaza, Lahoud and Najjar hospitals under its supervision and protection during the emergency period. Almost 300 people who had sought refuge at the ICRC delegation were given provisional shelter there.

As soon as the situation allowed, the ICRC organized and took part in the identification and burial of the massacre victims. The medical personnel based in other parts of the country came to Beyrouth to help. Once the initial emergency phase was over, the ICRC continued to visit the camps each day to reassure the people there by its presence; a round-the-clock consultation service was maintained at Akka and Gaza hospitals until 11 and 13 October respectively.

From mid-September and throughout the month of October, a series of sometimes murderous incidents in the camps of the south of the country induced the delegates to carry out regular tours there as well, by day and by night, to maintain the ICRC presence among the people there.

The ICRC also developed considerable activity on behalf of prisoners of war held by the Israelis, the Syrians and the Palestinians.

The Insar camp, near Nabatieh (Southern Lebanon), where Palestinian, Lebanese and foreign prisoners are held, was visited daily. The ICRC delegates registered and interviewed the prisoners without witnesses. By the end of October, some 8,300 prisoners had been registered and almost 2,300 of them had been released under the auspices of the ICRC.

The ICRC likewise took part in organizing the release and repatriation of prisoners of alien origin: 69 North Yemenites were transferred from Insar to Beyrouth airport by the ICRC on 21 October for repatriation; they were followed by 17 South Yemenites some days later. Other foreign nationals will be released shortly and repatriated in the same manner.

The ICRC approached the Israeli authorities several times to ask for steps to be taken to make Insar camp habitable in winter.

In Israel itself the ICRC was authorized to visit, at the end of September, seven women arrested in Lebanon; four of them were released soon after. A Palestinian detainee captured in Lebanon was twice visited in Israel, in September and October.

The approximately 300 Syrian prisoners of war were visited twice by the ICRC delegates from Tel Aviv, first on 21 and on 22 September and again on 25 October; the delegates provided them with books. Nine wounded Syrians were also visited by the ICRC on 6 October, and one of them was repatriated one week later under the auspices of the ICRC.

In Syria, the three Israeli prisoners of war registered in August were visited by the ICRC on 26 September, and again on 16 October. Parcels were delivered and family messages were exchanged.

Finally two ICRC delegates and one medical delegate visited six Israeli prisoners in Palestinian hands on 31 October, though without being able to interview them without witnesses. These prisoners also received family messages and parcels.

In order to review the various questions relating to protection, the ICRC delegate general for the Middle East carried out a mission to the region from 3 to 11 October, staying first in Damascus and then in Beyrouth.

*Assistance*

In September and October, there was a slight diminution of ICRC assistance activities. The reunification of East and West Beyrouth resulted in the return to the capital of numerous families who had been scattered throughout the country in summer. Since basic products were again available, the number of people requiring aid gradually declined. In September and October, some 26,000 families still received rations of food; for the coming winter 27,000 blankets were distributed in September and 22,640 in October. The most destitute people, primarily displaced persons, are in Beyrouth and in southern Lebanon.

The airlifts from Larnaca and Damascus to Tel Aviv stopped in mid-September, after a total of 60 flights carrying 1,009 tons of relief supplies since mid-June.

The head of the ICRC Relief Division stayed in Lebanon from 28 September to 12 October to reassess the assistance programme, and decided that the amount of relief distributed could gradually be reduced. The logistic bases of Damascus and Larnaca have progressively reduced their activities. The ship "Flora", placed at the ICRC's disposal by the German Red Cross in the Federal Republic of Germany, continued its activities throughout the entire period.

Apart from the intense work deployed in connection with the Sabra and Chatila massacres, medical activities considerably diminished. However, sporadic outbreaks of fighting have induced the ICRC delegates to carry out surveys and distribute kits of medicaments to dispensaries, particularly at Kfarmatta. In Beyrouth the ICRC medical team regularly visited the hospitals of Akka and Gaza in October, whilst in the north the delegates visited two treatment centres and distributed 500 kilos of medicaments to the dispensaries and hospital of Tripoli.

**Israel and occupied territories**

In addition to its activities in connection with the Lebanon conflict, the ICRC delegation in Israel continued its traditional work. In September and October, the delegates based in Jerusalem visited 184 detainees under interrogation, 100 of them for the first time; the delegates in Gaza visited 232 detainees, including 101 for the first time.

The 49th series of prison visits was made to the prisons of Ramallah, Beer Scheva, Beit Maatsar, Ashkelon and Tulkarem. Interim visits were made to the prisons of Nablus and Hebron. The prisons of Damoun, Kishon and Kfar Yona, the police station in Bethlehem, the military prison of Fara and the Ramallah barracks were also visited.

Three persons were transferred under the auspices of the ICRC from the Left Bank to Jordan.

The guards of Kfar Saba prison attended a course on the principles of humanitarian law given by the ICRC delegates.

### **Jordan**

The protection activities are continuing. The eighth series of visits to civilian and military places of detention began on 6 September. By 31 October, 473 persons had been visited in the prisons of Irbid, Zerka (military and civilian) and Madaba; 66 of these prisoners were interviewed without witnesses.

At the same time visits were made regularly to prisoners at the General Intelligence Department and the Military Intelligence Department.

## **Europe**

### **Poland**

Protection and assistance activities continued in Poland in September and October.

Several internment centres were re-opened by the authorities in September following the events of 31 August and the subsequent new wave of arrests. The Polish authorities notified the ICRC of the existence of 14 centres, to which the ICRC delegates have access.

The third series of visits to persons interned under the martial law declared on 12 December 1981, which began in June, was continued. From June to the end of October, ICRC delegates made 18 visits to the internment centres, several of which were seen four times.

In the assistance field, the ICRC and the League of Red Cross Societies continued their support for the Polish Red Cross assistance programmes, in particular those for hospitals, which are kept supplied with blood and are receiving standard sets of medical equipment and medicaments.

Non-medical relief supplies (38.5 tons worth approximately 650,000 Swiss francs) were also transported to Poland in September.

# IN THE RED CROSS WORLD

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## **Joint Commission of the Empress Shōken Fund**

**No. 73**

Geneva, April 1982.

### SIXTY-FIRST DISTRIBUTION OF INCOME

The Joint Commission entrusted with the distribution of the income of the Empress Shōken Fund met in Geneva on 24 March 1982. The Japanese Red Cross Society was represented by H. E. Ambassador Fumihiko Suzuki.

The Commission noted the statement of accounts and the situation of the Fund as at 31 December 1981 and confirmed that the balance available amounted to S.Fr. 228,169.66.

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

- a. to restrict the number of allocations and thereby increase the allocations so as to enable the beneficiary National Societies to implement their plans;
- b. to uphold only those from developing National Societies unable to have their projects financed otherwise and, among such Societies, whenever feasible those which have hitherto benefited least from assistance from the Shōken Fund;

- c. to refrain from considering requests from National Societies which have not conformed to the requirements under article 5 ter of the Regulations, according to which the beneficiary National Societies are expected to report on the use of the allocations received.

The Joint Commission further decided that:

- i. allocations be transferred to the beneficiaries only upon presentation of either invoice or proof of purchase;
- ii. allocations remaining unclaimed or unused after six months of such allocations are to be withdrawn and added to the amount available for the next distribution.

Thirteen National Societies and the Henry Dunant Institute submitted requests for allocations from the 61st distribution of income and the Joint Commission decided to make the following grants based on the above-mentioned criteria:

*Chilean Red Cross Society*: SFr 40,000  
for the purchase of a "Cryoprecipitator" and a blood collection vehicle

*Jamaica Red Cross Society*: SFr 16,000  
for the purchase of a small Toyota station wagon

*Lesotho Red Cross Society*: SFr 20,000  
for the purchase of an ambulance

*Pakistan Red Crescent Society*: SFr 20,000  
for the purchase of an ambulance

*Peruvian Red Cross Society*: SFr 20,000  
for the purchase of means of transport

*Philippine National Red Cross Society*: SFr 40,000  
for the purchase of a multi-purpose vehicle

*Syrian Arab Red Crescent Society*: SFr 40,000  
for the purchase of equipment for the Relief Section of the National Society

*Henry Dunant Institute*: SFr 25,000  
for scholarships for candidates to attend the Henry Dunant Institute courses

The Joint Commission also decided that the unused balance of SFr 7,169.66 would be added to the income available for the 62nd distribution.

In accordance with article 5 ter of the Regulations, the beneficiary National Societies are required to report in due course to the Secretariat of the Joint Commission on the use which has been made of the allocations received. The Joint Commission would like these reports, accompanied by photographs if possible, to reach it at the latest by the end of the year during which the allocations are used. It furthermore reminds beneficiaries of article 5 bis of the Regulations, which prohibits them assigning the grant for purposes other than those specified, without the previous consent of the Commission.

In accordance with the Regulations, the 1982 income will be distributed in 1983. To help National Societies submit applications in conformity with the Regulations, the Joint Commission has decided to send, as in the past year, model application forms to all National Societies.

**The Joint Commission wishes to remind National Societies that such requests must indicate the purposes for which the allocations will be used, in order for them to be considered; they must also, as far as possible, be accompanied by plans of financing. Requests must be submitted to the Secretariat of the Joint Commission before 31 December 1982.**

*For the Joint Commission*

*League of Red Cross Societies*

H. Beer  
B. Petterson (Secretary)  
B. Bergman

*International Committee  
of the Red Cross*

M. Aubert (Chairman)  
P. Gaillard  
M. Martin

## Empress Shôken Fund

*BALANCE SHEET AS AT DECEMBER 31, 1981*  
*(expressed in Swiss Francs)*

ASSETS	SFr	LIABILITIES AND OWN FUNDS	SFr	SFr
Securities in portfolio		Capital as at 1.1.1981 . . .		2,830,943.53
Bonds in Swiss Francs (market value: <i>SFr 1,330,000.—</i> ) . . . .	1,303,259.20	<i>Plus:</i> Contribution from Japanese Government . . . . .	93,757.50	
Bonds in foreign currencies (market value: <i>SFr 542,000.—</i> ) . . . . .	668,792.—	Contribution from Meiji Shrine Sunkei-Kai . . . .	101,993.51	
	1,972,051.20	Contributions from Japanese visitors . . . . .	991.85	196,742.86
				3,027,686.39
Fixed deposits		Funds available at 31.12.1981 . . . . .		228,169.66
Messrs. Hentsch & Cie, Genève . . . . .	270,000.—	Provisions:		
Crédit Suisse, Genève . .	1,400,000.—	Reserve against fluctuations		224,257.25
	1,670,000.—	for administrative expenses: Balance carried forward from the previous year . .	20,017.31	
		Transfer from the income statement as per the statutes . . . . .	11,911.80	
Debtor				31,929.11
Account receivable, with- holding tax recoverable . .	20,664.30	<i>Less:</i> Administrative expenses for the year 1981 . . . . .	13,249.70	18,679.41
Cash at bank		Commitments		
Messrs. Hentsch & Cie, Genève . . . . .	5,603.73	Allocations to be withdrawn League of Red Cross So- cieties (current account). .	110,267.95	
	26,268.03	Crédit Suisse, Genève . . . (current account). . . . .	57,863.87	
			1,394.70	169,526.52
Total of assets . . . . .	3,668,319.23	Total of liabilities . . . . .		3,668,319.23

*SITUATION OF INVESTMENTS AS AT 31 DECEMBER 1981*

	<i>Nominal Value SFr</i>	<i>Purchase Price SFr</i>	<i>Market Value SFr</i>	<i>o/o</i>	
5 %	Crédit Suisse, Zurich, variable, 1980/92 . . .	50,000.—	50,000.—	48,250.—	96.50
4¾ %	Union Bank of Switzerland, 1980/83 . . .	200,000.—	200,300.—	200,000.—	100
3⅞ %	Fujitsu Ltd., convert., 1979/84 . . . . .	100,000.—	100,165.—	167,000.—	167
6½ %	Cie Française des Pétroles, 1981/91 . . . . .	20,000.—	20,060.—	18,800.—	94
4⅜ %	Dainichi Seika Co. Ltd., 1977/82 . . . . .	100,000.—	100,000.—	96,000.—	96
5¾ %	Best Denki, Japan, 1980/85 . . . . .	150,000.—	150,450.—	138,750.—	92.50
6¾ %	Japan Development Bank, 1970/85 . . . . .	320,000.—	321,984.—	329,600.—	103
6½ %	Worldbank, Washington, 1971/86 . . . . .	160,000.—	160,000.—	163,200.—	102
4⅝ %	Worldbank, Washington - May, 1979/89 . . . . .	200,000.—	200,300.—	170,000.—	85
		<u>1,303,259.—</u>	<u>1,331,600.—</u>		
5½ %	Tokyo Rubber Industry Co. Ltd., 1978/83 DM	100,000.—	86,756.—	72,864.—	92
6½ %	Nippon Kokan K.K., 1979/84 . . . . . DM	100,000.—	90,571.—	73,378.—	92.65
10¾ %	The Netherlands, 1981/91 . . . . . DFL	200,000.—	169,473.—	139,248.—	96.70
8 %	The Netherlands, 1977/87 . . . . . DFL	180,000.—	148,805.—	121,176.—	93.50
10¼ %	Ennia Assur. Co., NL, 1980/90 . . . . . DFL	200,000.—	173,187.—	135,360.—	94
		<u>668,792.—</u>	<u>542,026.—</u>		
	<b>Total</b>	<u>1,972,051.—</u>	<u>1,873,626.—</u>		

<i>Short-term investments:</i>	<i>SFr</i>			
Messrs. Hentsch & Cie	135,000.—	04.12.81 - 04.01.82	9.25 %	
	135,000.—	07.12.81 - 08.01.82	9.44 %	
Crédit Suisse	500,000.—	19.11.81 - 19.02.82	9.00 %	
	300,000.—	08.12.81 - 08.03.82	9.50 %	
	600,000.—	10.12.81 - 10.03.82	9.19 %	
	<u>1,670,000.—</u>			

*STATEMENT OF INCOME AND EXPENDITURE  
FOR THE YEAR ENDED DECEMBER 31, 1981*

<i>INCOME</i>		<i>SFr</i>
Interest income from bonds . . . . .		140,019.65
Interest in bank deposits . . . . .		98,216.21
		<u>238,235.90</u>
<i>EXPENSES</i>		
5% of total income above transferred to the Provision for administrative expenses (article 7 of the statutes of the Fund) . . . . .		11,911.80
<i>RESULT</i>		
Excess of income over expenditure for 1981 . . . . .		<u>226,324.10</u>
<i>STATEMENT OF APPROPRIATION</i>		
Balance carried forward from previous year . . . . .		176,845.56
<i>Less:</i>		
Sixtieth distribution of income for the year 1980 to five National Societies . . . . .		175,000.—
Allocation to the reserve against fluctuations . . . . .		—
<i>Unused balance</i> . . . . .		<u>1,845.56</u>
Excess of income over expenditure for the year 1981 . . . . .		<u>226,324.10</u>
BALANCE AS AT DECEMBER 31, 1981 AS PER BALANCE SHEET . . . . .		<u>228,169.66</u>

The accounts of the Empress Shôken Fund have been audited by la Société Fiduciaire OFOR S.A. The financial report is obtainable from the League of Red Cross Societies.

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

ADOPTED 21 JUNE 1973

ART. 1. — *International Committee of the Red Cross*

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

2. It shall be a constituent part of the International Red Cross.<sup>1</sup>

ART. 2. — *Legal Status*

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

ART. 3. — *Headquarters and Emblem*

The headquarters of the ICRC shall be in Geneva.  
Its emblem shall be a red cross on a white ground. Its motto shall be *Inter arma caritas*.

ART. 4. — *Role*

1. The special role of the ICRC shall be:

- (a) to maintain the fundamental principles of the Red Cross as proclaimed by the XXth International Conference of the Red Cross;
- (b) to recognize any newly established or reconstituted National Red Cross Society which fulfils the conditions for recognition in force, and to notify other National Societies of such recognition;
- (c) to undertake the tasks incumbent on it under the Geneva Conventions, to work for the faithful application of these Conventions and to take cognizance of any complaints regarding alleged breaches of the humanitarian Conventions;
- (d) to take action in its capacity as a neutral institution, especially in case of war, civil war or internal strife; to endeavour to ensure at all times that the military and civilian victims of such conflicts and of their direct results receive protection and assistance, and to serve in humanitarian matters, as an intermediary between the parties;
- (e) to ensure the operation of the Central Information Agencies provided for in the Geneva Conventions;
- (f) to contribute, in view of such conflicts, to the preparation and development of medical personnel and medical equipment, in co-operation with the Red Cross organizations, the medical services of the armed forces, and other competent authorities;
- (g) to work for the continual improvement of humanitarian international law and for the better understanding and diffusion of the Geneva Conventions and to prepare for their possible extension;
- (h) to accept the mandates entrusted to it by the International Conferences of the Red Cross.

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

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

The ICRC shall co-opt its members from among Swiss citizens. It shall comprise fifteen to twenty-five members.

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

## ADDRESSES OF NATIONAL SOCIETIES

- AFGHANISTAN (Democratic Republic) — Afghan Red Crescent, Puli Artan, *Kabul*.
- PEOPLE'S SOCIALIST REPUBLIC OF ALBANIA — Albanian Red Cross, 35, Rruga e Barrikadavet, *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 REPUBLIC — 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, 53 Kanmien Hutung, *Peking*.
- COLOMBIA — Colombian Red Cross, Avenida 68, No. 66-31, Apartado Aéreo 11-10, *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 No. 201 esq. N. Vedado, *Havana*.
- CZECHOSLOVAKIA — Czechoslovak Red Cross, Thunovska 18, 118 04 *Prague 1*.
- DENMARK — Danish Red Cross, Dag Hammarskjöld's Allé 28, Postboks 2600, 2100 København Ø.
- 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, 17 Av. Norte y 7a. Calle Poniente, Centro de Gobierno, *San Salvador*, Apartado Postal 2672.
- ETHIOPIA — Ethiopian Red Cross, Rass 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 14/15*.
- 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, 3ª 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. 121.
- 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 Crescent, Avenue Ostad Nejatollahi, Carrefour Ayatollah Taleghani, *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, *Pyongyang*.
- 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** — Liberian 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, JKR 2358, Jalan Tun Ismail, *Kuala Lumpur* 11-02.
- 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, P.O.B. 30427, *2500 GK 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, Drammensveien 20 A, *Oslo 2*, Mail add.: *Postboks 2338, Solli, Oslo 2*.
- 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, Av. Camino del Inca y Nazarenas, Urb. Las Gardenias - Surco - Apartado 1534, *Lima*.
- PHILIPPINES** — Philippine National Red Cross, Bonifacio Drive, Port Area, P.O. Box 280, *Manila 2803*.
- POLAND** — Polish Red Cross, Mokotowska 14, *Warsaw*.
- PORTUGAL** — Portuguese Red Cross, Jardim 9 Abril, 1 a 5, *Lisbon 3*.
- QATAR** — Qatar Red Crescent Society, P.O. Box 5449, *Doha*.
- ROMANIA** — Red Cross of the Socialist Republic of Romania, Strada Biserica Amzei 29, *Bucarest*.
- RWANDA** — Rwanda Red Cross, B.P. 425, *Kigali*.
- 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 0923*.
- SOMALIA (DEMOCRATIC REPUBLIC)** — Somali Red Crescent Society, P.O. Box 937, *Mogadishu*.
- SOUTH AFRICA** — South African Red Cross, 77, de Villiers Street, P.O.B. 8726, *Johannesburg 2000*.
- 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*.
- SWAZILAND** — Baphalali Swaziland Red Cross Society, P.O. Box 377, *Mbabane*.
- SWEDEN** — Swedish Red Cross, Fack, S-104 40 *Stockholm 14*.
- SWITZERLAND** — Swiss Red Cross, Rainmattstr. 10, 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*.
- TONGA** — Tonga Red Cross Society, P.O. Box 456, *Nuku'alofa*.
- 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, I. 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-Triệu, *Hanoi*.
- YEMEN (Arab Republic)** — Yemen Red Crescent Society, P.O. Box 1471, *Sana'a*.
- 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*.